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Bridging the Gap

12th World AIDS Conference Geneva June 28–July 3 1998

IMPORTANT DATES 1998

► **FEBRUARY 2**
- Deadline for abstract submission
- Deadline for scholarship applications
- Deadline for early registration fee
- Deadline for cancellation of registration with full refund
- Deadline for NGO booth requests
- Deadline for Satellite Meeting requests

► **APRIL 1**
- Deadline for accommodation requests
- Deadline for cancellation of accommodation with refund less CHF 50

► **MAY 1**
- Deadline for standard registration fee
- Deadline for cancellation of registration with 50% refund
- Deadline for child care requests

► **JUNE 1**
- Deadline for "Late Breakers"

As a result of limited space, we urge interested parties to register as early as possible. Please note that should registration be limited at any time before the Conference begins, there will be no on-site registration.

Second Announcement

& Call for Abstracts

Abstract Form

Abstracts must be received no later than February 2, 1998

Abstracts must be submitted on this form

Mail the abstracts to Congrex Sweden AB, Attn: AIDS 98, P.O. Box 5619, SE-114 86, Stockholm, Sweden.
DO NOT FAX THIS FORM.
Courier address: Linnégatan 89 A, Stockholm, Sweden.

12th World AIDS Conference Geneva June 28–July 3 1998

Abstract Option 1 ☐ Abstract Option 2 ☐

Location of research or project (country)

Community organisation ☐

For Office Use Only

Track Categories: Indicate two choices for track/category codes (e.g. A5, D1-2)

Choice 1: Track/Category

Choice 2: Track/Category

Serial No.

For Office Use Only

1 (Abstract Title)

2 (Body of abstract)

3 (Conclusion/Lessons Learned)
(max 5 lines)

4 **Name and full address of contact author**

Family name

Address

Country

Phone

Fax

Email

5 I certify that this abstract has not been published elsewhere or submitted for presentation at another national or international meeting
I certify that I am complying to the Rule of Two in submitting a maximum of two abstracts
Presenting author's signature _____

The presenting author will be 35 years of age or less on February 2, 1998 and wishes to be considered for a Young Investigator Award:

Yes ☐ No ☐

List of Authors and their affiliations

Presenting author (if different from contract author):

Co-authors:

Abstract Form

Abstracts must be received no later than February 2, 1998

Abstracts must be submitted on this form

Mail the abstracts to Congrex Sweden AB, Attn: AIDS 98, P.O. Box 5619, SE-114 86, Stockholm, Sweden.
DO NOT FAX THIS FORM.
Courier address: Linnégatan 89 A, Stockholm, Sweden.

12th World AIDS Conference Geneva June 28–July 3 1998

Abstract Option 1 ☐ Abstract Option 2 ☐

Location of research or project (country)

Community organisation ☐

Track Categories: Indicate two choices for track/category codes (e.g. A5; D12)

Choice 1: Track/Category

Choice 2: Track/Category

For Office Use Only

Serial No.

For Office Use Only

1 (Abstract title)

2 (Body of abstract)

3 (Conclusion/Lessons Learned)
(max 5 lines)

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Yes ☐ No ☐

List of Authors and their affiliations
Presenting author (if different from contract author):

Family name | Given name

Affiliation

City | State (if applicable) | Country

Co-authors:

2. Family name | Given name | Initials

Affiliation

City | State (if applicable) | Country

3. Family name | Given name | Initials

Affiliation

City | State (if applicable) | Country

4. Family name | Given name | Initials

Affiliation

City | State (if applicable) | Country

5. Family name | Given name | Initials

Affiliation

City | State (if applicable) | Country

6. Family name | Given name | Initials

Affiliation

City | State (if applicable) | Country

Sample Abstract Form

12th World AIDS Conference Geneva June 28–July 3 1998

Abstract Option 1: [X] Abstract Option 2: [ ]

Location of research or project (country): ARGENTINA

Community organisation: [ ]

Track Categories: Indicate two choices for track/category codes (e.g. A5, D12).

Choice 1: Track/Category: A 14 Choice 2: Track/Category: B 8

For Office Use Only

Serial No.

Early diagnosis of Tuberculosis (TB) in HIV patients by standard methods and polymerase chain reaction (PCR)

Objectives: To compare the results of the common diagnostics methods of TB (clinical preventive diagnosis, direct smear and culture) and PCR in patients with HIV infection and pulmonary infiltrates.
Design: Prospective, controlled study.
Methods: Adult patients with confirmed HIV infection and active pulmonary disease were included and a clinical preventive diagnosis was defined on admission. We exclude patients who received antimycobacterial treatment in the 9 weeks prior to admission. Pulmonary samples, blood and extrapulmonary sites specimens were processed for smear and culture of common bacteria, mycobacteria and fungi. Bold cultures were processed by lysis-centrifugation. Direct smears of pulmonary samples were stained for detection of P.carinii. Nested-PCR was performed in all samples using oligonucleotides based on the repetitive sequence IS6110, specific of M.tuberculosis complex. The gold standard for TB was defined as all positive culture for M.tuberculosis or objective response to standard anti-tuberculous treatment when no other therapy was applied.
Results: A total of 80 episodes were analyzed, 30 % (24/80) were diagnosed as TB. The sensitivity and specificity of PCR were 95, 65 % and 97,77 % respectively, as compared with the initial clinical diagnosis (82,6 % and 73,33 %), direct smear (47,8 % and 93,33 %) and culture (52,5 % and 100 %). We observed four false positive results with PCR, three in patients without clinical diagnosis of TB and one with M.kansaii.

Conclusion: PCR appeared to be an adequate method in the clinical scenario. The combination of clinical diagnosis and PCR are useful to initiate early and safe anti-tuberculous treatment in patients with HIV infection and pulmonary infiltrates.

Name and full address of contact author:

LOSSO MARCELO H

LAPRIDA 19165

1425 BUENOS AIRES

ARGENTINA 541-785-7884

541-805-5422

I certify that this abstract has not been published elsewhere or submitted for presentation at another national or international meeting
I certify that I am complying to the Rule of Two in submitting a maximum of two abstracts
Presenting author's signature _____

The presenting author will be 35 years of age or less on February 2, 1998 and wishes to be considered for a Young Investigator Award:

Yes [ ] No [X]

Sample Abstract Form

12th World AIDS Conference Geneva June 28–July 3 1998

Abstract Option 1 ☐ Abstract Option 2 ☒

Location of research or project (country) | Community organisation ☒

INDIA

Track Categories: Indicate two choices for track/category codes (e.g. A5, D12)

Choice 1 Track/Category: C20 | Choice 2 Track/Category: C41

For Office Use Only

Serial No.

Drug Intervention/Awareness among IDUs in the Slums

Issue: Population vulnerable to HIV/AIDS through IDU usage in the slums require innovative and appropriate intervention and awareness.

Project: Given the rapid increase in the number of IDUs in Delhi slums, an intervention using client perceptions through planning stages was developed. To this effect, a Harm Reduction programme with a Drop-In centre was established with IDUs from a socioeconomically deprived background in focus. This project includes in its staffing, rehabilitated exdrug users working as peer educators, a professionally qualified medical practitioner and a social worker. Strategies include an oral Buprenorphine maintenance programme (the only one in Asia), IDU needle/syringe exchange, one-to-one information and counselling on HIV/AIDS, a drop-in centre and sex education accompanied by distribution of condoms.

Results: The Harm Reduction Programme has been very well received by the slum dwellers. Within six months the number of clients increased from 15 to 288 exceeding our envisaged figure by over 100%. Many IDUs have stopped injecting, switching instead to safer methods of use leading to IDU prevention. A total of 789 doctor-client consultations have been recorded and 28 clients have been admitted to a full-time rehabilitation centre not including seven more who have been detoxified.

Lessons Learned: Harm reduction programmes in the slums are potentially successful if they are specifically addressed to meet the specific needs and understanding of the slum.

4 Name and full address of contact author

KANGA KEITH

SHARAN

T-3 GREEN PARK (MAIN) NEW DELHI

INDIA 110016 91-11-6858086

91-11-6858501

5 I certify that this abstract has not been published elsewhere or submitted for presentation at another national or international meeting
I certify that I am complying to the Rule of Two in submitting a maximum of two abstracts
Presenting author's signature _____

The presenting author will be 35 years of age or less on February 2, 1998 and wishes to be considered for a Young Investigator Award:

Yes ☐ No ☒

Registration Form

Unless specified otherwise, your name will be included in a participant list

12th World AIDS Conference Geneva June 28–July 3 1998

Family Name

Given Name

Company/Organisation *or*

Community Organisation

Street and Number

City and Code

Country

Telephone Fax

E-mail

Accompanying Person's Name

Children 0–2,5 yrs ☐ 3–8 yrs ☐ Special requests

Return this form to:

Congrex Sweden AB
Attn: AIDS 98
P.O. Box 5619
SE-114 86 Stockholm
Sweden
Phone: +46 8 459 6600
Fax: +46 8 661 8155

Courier address:

Congrex Sweden AB
Linnégatan 89A
Stockholm
Sweden

CHF 50 of your registration fee will cover your IAS 1998–1999 membership OR be used to support the Conference Scholarship Fund, OR to support the following three Conference co-organisers.
Please indicate your choice by ticking the appropriate box.

IAS ☐ *Conference Scholarship Fund* ☐ *ICASO/ICW/GNP+* ☐

REGISTRATION	No of pers or items	Price/pers or item	CHF Swiss francs
Regular Delegate			
Before February 2, 1998	1	**940**	
Before May 1, 1998	1	**1065**	
After May 1, 1998	1	**1190**	
Student (You must furnish proof of your student's status together with the registration)			
Before May 1, 1998	1	**590**	
Conference Record (Abstracts) *			
Choose one version print ☐ or CD-ROM ☐	1	included	
I wish to have both versions ☐		**50**	
Post-conference update CD * ☐ (See explanation on page 5, under "CDs")	1	**(150)**	
Bag Lunches *			
Monday–Tuesday–Wednesday–Thursday (4 days à CHF 11)		**44**	
Accompanying Persons * (Opening/Closing/Sightseeing Tour)	1	**100**	
* VAT 6,5% is included		**Total Registration Fees**	

REFUND POLICY

- **Cancellations received in writing before February 2, 1998 will be fully refunded less CHF 100, administration fee**
- **A 50 % refund will apply before May 1, 1998**
- **After May 1, 1998 no refunds**

VAT No: 410

VAT representative:
Congrex Sweden AB
SE-114 86 Stockholm
P.Adr. KPMG Fides
Postfach, Badenerstrasse 172
8026, Zürich, Switzerland

All payments should be made out in CHF (Swiss francs) to Congrex, attn. AIDS 98.
Please indicate which of the following means of payment you have used.

Make sure to indicate Congrex, AIDS 98 and your name on all money transfers.

We regret we are unable to accept personal, company, or Eurocheques

Banker's Draft ☐ Bank: S-E Banken, SE-106 40 Stockholm, Sweden, Account No. 5553-82 242 79 ☐

Visa ☐ American Express ☐ Eurocard/Mastercard ☐ Expiry date (M M Y Y)

Credit Card No

Card Holder's Name

Date (D D M M Y Y) Card Holder's Signature

I hereby authorise Congrex to debit this credit card account for the total amount due. I also consent to Congrex debiting or crediting my credit card account with the amount of any subsequent change(s) to the items booked.

Accommodation and Tour Form

(One form per participant, please)

12th World AIDS Conference Geneva June 28–July 3 1998

Family Name

Given Name

Company/Organisation *or*

Community Organisation

Media Representatives, tick here ☐

Street and Number

City and Code

Country

Telephone Fax

E-mail

Accompanying Person's Name

Return this form to:

AKM Travel AB
Attn: AIDS 98
Rosentalstrasse 71
CH-4016 Basel
Switzerland
Phone: +41 61 690 9411
Fax: +41 61 690 9414

no later than April 1, 1998

Booking/change fee of CHF 25 after April 1, 1998

ACCOMMODATION

Date of arrival _____ **Estimated time** _____

Date of departure _____ **Number of nights** _____

Special requests _____

Please note: A minimum stay of 4 nights is required by all hotels

Arrival by car ☐ train ☐ airplane ☐

REFUND POLICY

- **Cancellations received in writing before April 1, 1998 will be fully refunded less CHF 50, administration fee**
- **After April 1, 1998 no refunds**

Rates include service, taxes and breakfast

Category	Single room/night CHF Swiss francs	Double room/night CHF Swiss francs
A	310–355 ☐	380–435 ☐
B	270–310 ☐	320–370 ☐
C	220–260 ☐	260–310 ☐
D	170–210 ☐	200–250 ☐
E	120–160 ☐	140–190 ☐
F (Limited)	80–110 ☐	80–130 ☐

Reservations will be confirmed only upon receipt of your hotel deposit

In case the category I have chosen is fully booked, please book me in the next available higher ☐ lower ☐ category

DEPOSIT **CHF 400**

Transfer of Subtotal CHF _____

TOURS

		No. of persons	Price per person	CHF Swiss francs
Sightseeing Tour *				
Monday June 29	11.00-13.00	_____	30	_____
Tuesday June 30	09.00-11.00	_____	30	_____
Lake Cruise *				
Monday June 29	15.00-17.00	_____	35	_____
Tuesday June 30	15.00-17.00	_____	35	_____
Castle of Chillon *				
Wednesday July 1	09.00-13.30	_____	78	_____
Thursday July 2	09.00-13.30	_____	78	_____
Convent of St. Maurice *				
Wednesday July 1	09.00-18.00	_____	100	_____
Castle of Dardagny and Wine-Tasting *				
Thursday July 2	14.00-17.00	_____	50	_____
Chamonix-Mont Blanc *				
Thursday July 2	09.00-17.00	_____	95	_____
Post Conference Tour *				
Saturday July 4 – Monday July 6		_____	810	_____
Single supplement		_____	50	_____

*** Vat 6.5% is included**

Grand Total CHF _____

Please include a copy of the banker´s draft made out to AKM Travel, or a copy of your bank transfer to Union Bank of Switzerland, account No. 595.400.02H WAC or provide a credit card that we can debit. Your name and AIDS 98 should accompany all payments.
Please indicate below which of the following means of payment you have used for accommodation and tours.

We regret we are unable to accept personal or company cheques

Make sure to indicate AKM, AIDS 98 and your name on all money transfers.

Banker's Draft ☐

Bank Transfer **(free of charge for recipient)** to Union Bank of Switzerland 595.400.02H WAC ☐

Visa ☐ American Express ☐ Eurocard/Mastercard ☐ Diners Club ☐

Credit Card No |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Expiry date |_|_|_|_| (M M Y Y) Card Holder's name |_|_|_|_|_|_|_|_|_|_|_|_|

Date |_|_|_|_|_|_| (D D M M Y Y) Card Holder's signatue _____

Clinton Presidential Records
Digital Records Marker

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12th World AIDS Conference Geneva June 28–July 3 1998

Scholarship Application

Guide to Scholarship Application

The information you provide on this form is considered confidential and will only be shared with the staff and organisers of the Geneva 98 Conference for the purpose of reviewing and selecting scholarship recipients. Scholarship applicants will be told if they have been selected to receive a scholarship during the month of April 1998.

This Scholarship Programme will help to bring delegates from developing countries, educators, caregivers, health professionals, researchers, community workers and persons living with HIV/AIDS to the 12th World AIDS Conference. The total number of scholarships available is not known at this time but it will be limited. All applicants are therefore strongly advised to seek funding from other sources.

Note that persons who filled out an earlier version of this application form are asked to fill in this form. Those who filled out the previous form, however, will still be considered for a scholarship.

Scholarship Options

Not all of your expenses to attend the Conference will necessarily be paid. In some cases, however, full financial support will be considered.

Please indicate the support you really need:

- ☐ Registration fee
- ☐ Air travel (prepaid ticket at lowest fare)
- ☐ Accommodation (shared or dormitory)
- ☐ Living allowance while in Geneva

Application Procedure

Documents required:

- Completed application form
- A letter of support from your employer, your AIDS organisation, or your support group (with a contact person and telephone number) **must be attached** to your application.
- If you are submitting an abstract, please attach it to your application

---

APPLICANT INFORMATION *(Please print or type)*

Family Name

Given Name

Organisation

Your role and duties in that organisation

Mailing address

Street and Number

City and Code

Country

Telephone Fax

E-mail

Courier address *(if different from mailing address)*

Street and Number

City and Code

Country

Media Registration Form

12th World AIDS Conference Geneva June 28–July 3 1998

Return this form to:

Congrex Sweden AB
Attn: AIDS 98
P.O. Box 5619
SE-114 86 Stockholm
Sweden
Phone: +46 8 459 6600
Fax: +46 8 661 8155

Family Name

Given Name

Company/Organisation

Street and Number

City and Code

Country

Telephone Fax

E-mail

REGISTRATION

	No of pers or items	Price/pers or item	CHF Swiss francs
Media		0	0
Print ☐			
Broadcast ☐			
(credentials required)			
Conference Record (Abstracts) *			
print ☐		50	
CD-ROM ☐		50	
both ☐		100	
*** VAT 6,5% is included**		**Total**	

VAT No: 410 608

VAT representative:
Congrex Sweden AB
SE-114 86 Stockholm
P.Adr. KPMG Fides
Postfach, Badenerstrasse 172
8026, Zürich, Switzerland

All payments should be made out in CHF (Swiss francs) to Congrex, attn. AIDS 98.
Please indicate which of the following means of payment you have used.

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Banker's Draft ☐ Bank: S-E Banken, SE-106 40 Stockholm, Sweden, Account No. 5553-82 242 79 ☐

Visa ☐ American Express ☐ Eurocard/Mastercard ☐ Expiry date M M Y Y

Credit Card No

Card Holder's Name

Date D D M M Y Y

Card Holder's Signature

I hereby authorise Congrex to debit this credit card account for the total amount due. I also consent to Congrex debiting or crediting my credit card account with the amount of any subsequent change(s) to the items booked.

12th World AIDS Conference Geneva June 28–July 3 1998

Name _____

Address _____

_____

_____

Country _____

Abstract Acknowledgement sent from:

Congrex Sweden AB
P.O. Box 5619
SE-114 86 Stockholm
Sweden

)TOCOPY
'RVATION

Abstract ***Receipt Acknowledgement*** Card

Complete this card to receive an acknowledgement of receipt of your abstract. Please print your full name and address on the other side so we can mail the card back to you. Please include this card in the envelope with your Abstract Form.

This is to confirm that we have received your abstract. By April 15, 1998 you will receive written notice as to whether your abstract has been accepted for either oral or poster presentation at the 12th World AIDS Conference. In any future communications with Congrex please refer to your abstract by the number assigned to it below.

_____

Abstract Registration Number
(To be assigned by Congrex)

NATIONAL INSTITUTES OF HEALTH
OFFICE OF AIDS RESEARCH

Linda Jackson
Program Coordinator

Building 31, Room 4B54
31 Center Drive
MSC 2340
Bethesda, MD 20892
TEL: 301 402 3357
FAX: 301 402 3360
E-Mail: jacksonl@nih.gov

MAY - 7 '98

Ms. Sally G. Cowal
Director, External Relations
Joint United Nations Programme on HIV/AIDS
(UNAIDS)
20 av. Appia
CH-1211
Geneva 27, Switzerland

Dear Ms. Cowal:

The Office of AIDS Research, National Institutes of Health, has historically coordinated the participation by employees of the U.S. Public Health Service in the international AIDS conferences. For the upcoming *12th World AIDS Conference* to be held in Geneva this summer, Ms. Sandra Thurman, Director of the Office of National AIDS Policy, has requested that we make arrangements for a meeting on her behalf. The unique nature of this international event would allow us to bring together health policy leaders from all over the world to make introductions and facilitate informal discussions on potential areas of collaboration or resource sharing. I have met with representatives of the U.S. Mission in Geneva as well as Dr. Bernard Hirschel, Chair of the conference, and both have suggested that this is activity that UNAIDS should be involved in. I was given your name as a contact by Ms. Dottie O'Neil at the U.S. Mission.

I have attached a map that illustrates the initial group of countries we thought needed to be invited to participate in this event. I would very much appreciate your recommendations regarding any counties that should be added to this list. Do you feel there would be any advantage to having other sponsors such as the conference organizers? We have not yet determined what the most appropriate forum for this event is. We have considered a breakfast, a luncheon, or an early evening reception so as not to interfere with the formal conference programs, but to provide an appropriate setting for mingling and meeting. Based on your experiences working with similar groups and objectives, do you have any ideas on how to arrange this event in order to provide the most optimal setting?

I am just beginning the process of pulling thoughts and plans for this together to present to Ms. Thurman. Any comments or suggestions you have to offer regarding the organization of this activity would be most welcomed. I may be reached at (301) 402-3357 or fax number 301-402-3360. I look forward to your response.

Regards,

Linda Jackson

cc:
Todd Summers
Bernard Hirschel
Dottie O'Neil

Preliminary Countries for ONAP Meeting