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Nota di contenuto	AIDS and Tuberculosis: A Deadly Liaison; Contents; Preface; List of Contributors; Part One: Immunology and Vaccination Strategies for AIDS and TB; 1 HIV Immunology and Prospects for Vaccines; 1.1 Introduction; 1.2 Challenges for HIV Vaccine Design; 1.3 What Immune Responses will be Required for an Effective AIDS Vaccine?; 1.3.1 Cytotoxic T Lymphocytes; 1.3.2 Neutralizing Antibodies; 1.3.3 CD4+ T Helper Cells; 1.3.4 Natural Killer Cells; 1.4 Models of Successful Vaccination?; 1.5 Human Trials of AIDS Vaccines; 1.5.1 Antibody-Based Vaccination; 1.5.1.1 VaxGen Trial of AIDSVax 1.5.2 T Cell-Based Vaccination1.5.2.1 The STEP Study; 1.6 Recent Advances in Animal Models: Reasons for Optimism; 1.6.1 Success against Heterologous Challenge; 1.6.2 Heterologous rAd26 Prime/rAd5 Boost Vaccine Regimen; 1.6.3 Induction of Effector Memory T-Cell Responses at Viral Entry Sites; 1.7 The Current Vaccine Pipeline; 1.7.1 DNA; 1.7.2 Adenovirus; 1.7.3 Peptides; 1.7.4 Bacillus Calmette-Guerin;

1.7.5 Listeria and Other Bacterial Vectors; 1.7.5.1 Listeria monocytogenes; 1.7.5.2 Salmonella enterica; 1.7.5.3 Shigella; 1.7.6 Canarypox; 1.7.7 Adeno-Associated Virus

1.8 Conclusions and Future DirectionsReferences; 2 Immune Response to Tuberculosis as a Basis for Rational Vaccination Strategies; 2.1 Introduction; 2.2 Clinical Aspects of TB; 2.3 Immune Response to TB: Innate Immunity; 2.4 Adaptive Immunity; 2.4.1 T-Cell Subsets; 2.4.2 T-Cell Activation; 2.5 Cytokines as Mediators of Immune Function; 2.5.1 IL-12 Family of Cytokines; 2.5.2 Tumor Necrosis Factor; 2.6 Vaccines against TB; 2.6.1 From the Past to the Present; 2.6.2 The Future; 2.6.2.1 Goals of Vaccination; 2.6.2.2 Vaccination Strategies; 2.6.2.3 Targets for Vaccination; 2.7 Biomarkers

2.7.1 Immunologic2.7.2 Transcriptomics; 2.7.3 Proteomics; 2.7.4 Metabolomics; 2.8 Concluding Remarks; References; 3 BCG Vaccination in the HIV+Newborn; 3.1 Bacillus Calmette-Guérin (BCG) and its Efficacy in Healthy Infants; 3.2 Adverse Events Caused by BCG in Healthy Infants; 3.3 Specific Immunity Induced by BCG in Healthy Infants; 3.4 Efficacy of BCG to Prevent TB in HIV-Infected Infants; 3.5 Adverse Effects Caused by BCG in HIV-Infected Infants not Receiving Antiretroviral Therapy; 3.6 BCG Immune Reconstitution Inflammatory Syndrome (BCG-IRIS)

3.7 Management of BCG Disease in HIV-Infected Infants3.8 Specific Immunity Induced by BCG in HIV-Infected Infants; 3.9 Weighing up the Evidence: Should BCG be given to HIV-Infected or HIV-Exposed Infants?; 3.10 How Can We Protect HIV-Infected Infants Against TB, if BCG is Not Given?; 3.11 BCG Vaccination of HIV-Exposed, Uninfected Infants; 3.12 Conclusions; References; Part Two: Drugs; 4 HIV/AIDS Drugs; 4.1 Introduction; 4.2 Nucleoside Analogue Reverse Transcriptase Inhibitors (NRTIs); 4.3 Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs); 4.4 HIV Protease Inhibitors

4.5 Newer Classes: Entry Inhibitors and Integrase Inhibitors

## Sommario/riassunto

Providing the latest information on preventive, diagnostic and therapeutic aspects of tuberculosis and AIDS, this is the only book to place a major emphasis on the increasing coexistence of these two life-threatening diseases in individuals. Edited by outstanding scientists in the field, this ready reference is divided into three main sections covering immunology and vaccination strategies, drugs, and clinical issues. Timely reading for microbiologists, virologists, bacteriologists, immunologists, and pathophysiologists, as well as for the pharmaceutical and biotechnological industries.