

# 95/95 BY 2025

ENSURE THAT BY 2025  
95% OF PEOPLE WITH  
SERIOUS FUNGAL DISEASE  
ARE DIAGNOSED AND  
95% TREATED = 95-95



## Appendix 1

### Global Fungal Infection Forum, Seattle February 22nd, 2015

Opportunistic infections account for a significant burden of AIDS related morbidity and mortality. While about 25% of current AIDS deaths are attributed to tuberculosis (TB), 25-40% are probably attributable to fungal disease. Most deaths are a direct result of these diseases with some indirectly linked because of immune reconstitution (IRIS) and drug toxicity, some of which are attributable to unnecessary empirical therapy.

At the Global Fungal Infection Forum in Seattle, February 22nd 2015, speakers identified concrete steps to reduce 100,000s of deaths from AIDS annually. Organizations represented at the meeting included the World Health Organization, UNAIDS, Bill and Melinda Gates Foundation, Office for Global AIDS Coordination (PEPFAR), Centers for Disease Control (CDC), European Commission, Clinton Health Access Initiative, FHI360, Medicines for Africa and numerous universities and hospitals.

Participants highlighted the lack of diagnostics and access to treatments, including the oldest antifungal drugs, as the major hurdles to improvements in many developing countries. A preliminary economic model to analyze costs associated with treatment and care of fungal infections in Africa was introduced at the meeting. The model indicated that early detection and treatment of fungal meningitis and pneumonia can save lives, for a cost of 'only \$30 per HIV patient. The importance of addressing serious fungal infections to help achieve the 90-90-90 target was roundly voiced at the meeting. This 10-year roadmap is the product of that meeting.

A detailed summary of all diagnostic tests and treatment for fungal disease is provided on the LIFE website here:

[www.life-worldwide.org/fungal-diseases/diagnostics/](http://www.life-worldwide.org/fungal-diseases/diagnostics/)



**DEATHS** from fungal infections in AIDS are estimated at 700,000 annually, nearly half the total. Concrete steps to improve diagnostics and access to therapy, including a screen and treat program for pre-symptomatic cryptococcal disease, could realistically reduce deaths by 457,000 by 2020, if 60-90% of patients are reached.

**90-90-90** = 90% of HIV infected patients know their infection status, 90% of all HIV patients receiving ART and 90% viral load suppression.

Attendees enjoying the sun during a short break at the Global Fungal Infection Forum in Seattle.

OUR VISION IS TO REDUCE ILLNESS AND DEATH  
ASSOCIATED WITH FUNGAL DISEASES WORLDWIDE





## Appendix 1/2

### Global Fungal Infection Forum, Seattle February 22nd, 2015 - Participants List

Name	Society
Aida Badiane	Cheikh Anta Diop University, Senegal
Akaninyene Otu	University of Calabar Teaching Hospital, Nigeria
Alessandra Martini	European Commission, Belgium
Ana-Claire Meyer	Yale University, USA
Andrej Spec	Washington University in St. Louis, USA
Andrew Kambugu	Infectious Disease Institute-IDI, Uganda
Anna Gamell	Clinic of Ifakara, Tanzania; Swiss Tropical & Public Health Institute
Arnaldo Colombo	GAFFI Advisor; Federal University of São Paulo, Brazil
Arunaloke Chakrabarti	GAFFI Advisor; Postgraduate Institute of Medical Education & Research, India
Beatriz Gomez	Universidad del Rosario, Colombia
Blanca Samayoa	Asociación de Salud Integral, Guatemala
Carlos Fritzsche	University of Rostock, Germany
Christine Ross	CDC, USA
Colleen Connell	Clinton Health Access Initiative (CHAI), USA
David Bell	Global Good, USA
David Boulware	University of Minnesota, USA
David W Denning	GAFFI President; The University of Manchester, UK
David Fredricks	University of Washington; Fred Hutchinson Cancer Research Center (FHCRC), USA
David Perlin	GAFFI Advisor; Public Health Research Institute-PHRI & Rutgers University, USA
Dirk Thye	Cidara Therapeutics, Inc., USA
Dora Corzo-Leon	Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico
Douglas Shaffer	Office of the Global AIDS Coordinator, United States Government
Edward Garvey	Viamet Pharmaceuticals, Inc., USA
Ellis Owusu-Dabo	Kumasi Centre for Collaborative Research, KNUST, Ghana
Emilio Letang	Clinic of Ifakara, Tanzania; Swiss Tropical & Public Health Institute
Flavio de Queiroz Telles	Universidade Federal do Curitiba, Brazil
Gilla Kaplan	Bill & Melinda Gates Foundation, USA
Haileyesus Getahun	WHO, Switzerland
Iain Page	The University of Manchester, UK
Jahit Sacarlal	Centro de Investigação em Saúde de Manhiça-CISM, Mozambique
James Rosen	Bill & Melinda Gates Foundation, USA
Jeremiah Chakaya	Kenya Association for the Prevention of Tuberculosis and Lung Disease-KAPTL, Kenya
Joe Wheat	MiraVista Diagnostics, USA
John Abuga Guto	LIFE Program, Manchester, UK
John T Brooks	CDC, USA
Jonathan Kaplan	CDC, USA
Justin Mandela	FHI360, USA
Kenly Sikwese	African Community Advisory Board-AFROCAB, Zambia
Lenias Hwenda	Medicines for Africa, Switzerland
Li Wang	Jilin University, China



## Appendix 1/3

### Global Fungal Infection Forum, Seattle February 22nd, 2015 - Participants List

Name	Society
Lily Koros Tare	Kenyatta National Hospital, Kenya
Liqing Cen	Foshan Maternity and Child Healthcare Hospital, China
Liyan Xi	Zhongshan University, China
Luke Maitland	Meridian Bioscience Inc., USA
Malcolm Richardson	Mycology Reference Centre; University Hospital of South Manchester; ISHAM
Meg Doherty	Division of HIV/AIDS, World Health Organization, Switzerland
Melissa Briggs	CDC, USA
Michael Boeckh	University of Washington; Fred Hutchinson Cancer Research Center (FHCRC), USA
Mike Peel	Scynexis, USA
Peter Godfrey-Faussett	UNAIDS, Switzerland; London School of Hygiene and Tropical Medicine, UK
Peter Pappas	University of Alabama, USA
Rita Oladele	Lagos University Teaching Hospital, Nigeria
Sean Bauman	Immuno-Mycologics Inc.-IMMY, USA
Simeon Monda	Kenyatta National Hospital, Kenya
Slava Elagin	Meridian Bioscience Inc., USA
Sonia P. Sanchez	Gilead Sciences Europe, UK
Takahiro Hirata	Astellas Pharma US Inc., USA
Tom Chiller	CDC, USA
Tom Patterson	San Antonio Center for Medical Mycology; The University of Texas Health Science Center. USA
Victor Rydgren	GAFFI, Switzerland
William G. Powderly	Washington University in St. Louis, USA