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An experimental HIV vaccine has for the first time cut the risk of infection, researchers say. The vaccine - a combination of two earlier experimental vaccines - was given to 16,000 people in Thailand, in the largest ever such vaccine trial. Researchers found that it reduced by nearly a third the risk of contracting HIV, the virus that leads to Aids. It has been hailed as a significant, scientific breakthrough, but a global vaccine is still some way off. The study was carried out by the US army and the Thai government over seven years on volunteers - all HIV-negative men and women aged between 18 and 30 - in parts of Thailand.

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Half of the volunteers were given the vaccine, while the other half were given a placebo - and all were given counselling on HIV/Aids prevention. Participants were tested for HIV infection every six months for three years.

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Question 3: How would you analyze these data using the hypothesis test techniques you've learned in MA 2611?

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Let's use the 5-step method:

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 $b(8198, p_p)$ and $b(8197, p_v)$, where p_p is the population proportion that would get HIV infection if given a placebo, and p_v , the population proportion that would get HIV infection if given the vaccine.

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We will assume the latter.

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The observed value of the standardized test statistic is

$$z_0^* = \frac{\hat{p}_p - \hat{p}_v}{\sqrt{\hat{p}(1 - \hat{p})(1/n_1 + 1/n_2)}}, \text{ where}$$

$$\hat{p} = (74 + 51)/(8198 + 8197) = 0.0076, \text{ so}$$

$$z_0^* = \frac{74/8198 - 51/8197}{\sqrt{(0.0076)(0.9924)(1/8198 + 1/8197)}} = 2.0644.$$

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Then we have $p^+ = Pr(N(0, 1) > 2.0644) = 0.0195$ and $p^- = Pr(N(0, 1) < -2.0644) = 0.0195$. The p-value is then $p_{\pm} = 2 \min(p^-, p^+) = 0.0390$.

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Note that we could use the large sample interval, since the numbers of HIV cases and non-cases are large (> 10) in both groups.

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The p-value, 0.0390, is interpreted as follows: If H_0 is true (ie, if the vaccine has no effect), then only 3.9% of similar experiments would result in as large (or larger) a difference in the observed proportions of infected individuals.

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Statistically, we can say the observed difference is significant at the 0.05 level (and, in fact, at any significance level greater than 0.039).

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