



Positively Prevention

INSIDE

Poetic Justice, award winning writing - page 3

Report from CROI, with treatment and prevention news - page 6

Impact of MI Lab Reporting, with latest statistics - page 9

DHWDC ___ 2 - 3

Nation-World ___ 4

Michigan ___ 5

Research & ___ 7 - 8

Reports

Statistics ___ 8 - 9

Calendar ___ 12 -13

Feature ___ 14 -15

Prevention Options for Positives (POP) is an intervention proven to change the risk behavior of persons living with HIV within a context of peer support. It was researched and designed from the ground up starting with input from a Michigan needs survey of persons living with HIV/AIDS (PLWH/As or simply PWAs) initially conducted in 2001, with additional focus groups held 2001-2002. Rather than a top down approach this program was designed from the beginning around the needs voiced by people in Michigan living with HIV/AIDS.

Working for the Midwest AIDS Prevention Project in close collaboration with MDCH-HAPIS staff, Technical Assistance Coordinator/Program Director Mark Peterson spent over a year developing the POP pilot program. Peterson himself has been living with the virus for 14 years. Founder

and Director of MI-POZ, Michigan's advocacy group for persons living with HIV/AIDS, he has been an outspoken voice for PLWH/A's at the Michigan HIV/AIDS Council (and its prevention and care predecessor councils) since 1995; and is a past president of the former Michigan PLWH/A Task Force.

Peterson has worked on the streets with commercial sex workers and in bath houses with men who have sex with men (MSM) doing front line prevention work, so he's in touch with those most at-risk. He researched and co-created this science-



Mark Peterson

based program with HAPIS staff, fully aware of its intended audience and their needs.

The pilot program targeting HIV-positive MSM, was tested out at four CBOs around the state in 2002: Lansing Area AIDS Network (LAAN); HIV/AIDS Resource Center (HARC) in Ypsilanti; and Community Health Awareness Group (CHAG) and the former Men of Color in Detroit. Since September 2003, four agencies, LAAN, Wellness Flint, AIDS Partnership Michigan (APM) and HARC, have POP programs supported by HAPIS prevention funding.

PROGRAM DEVELOPMENT

POP is an intense program – initially designed to specifically target the most at-risk population,

A Veteran's Viewpoint

Leon Golson attended the POP facilitator training in November to see how it would be applicable to Black MSM. A veteran to prevention programming, Golson began his HIV/AIDS work in 1990 for the Southeastern Michigan American Red Cross and was one of the first trainers in the Red Cross African American HIV/AIDS Education program.

In his 12 years with the Midwest AIDS Prevention Project (MAPP) as Program Director, Golson has created several innovative targeted prevention programs.

Recently Golson has been using the CDC evidence-based intervention Many Men Many Voices (3MV), which is in its second year at MAPP.

Continued on page 14

Continued on page 14

Michigan HIV & STD News

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DHWDC News

MDCH Division of Health Wellness and Disease Control

The Michigan Department of Community Health - Division of Health Wellness and Disease Control (MDCH-DHWDC) directs the HIV/AIDS Prevention and Intervention Section (HAPIS) and the Sexually Transmitted Disease (STD) Section as well as the recently added Health Disparities Reduction and Minority Health Program.

HAPIS Loses Care Leader

Jane DuFrane led the nationally recognized Continuum of Care (COC) program from 1990 until she moved to Arizona at the end of January. During this time, her quality team of staff expanded as statewide care programs were developed to respond to the needs of Michigan's HIV-infected population. Michigan's AIDS Drug Assistance Program was created and managed without restrictions, and a dental program was created in response to an identified need from a periodic needs assessment. COC staff developed a national model Uniform Reporting System (URS) for the monitoring of care services, and case management services were improved with better training programs and development of principles and standards. COC Program Operations Coordinator Patrick Yankee is the interim COC Unit manager.

The following report has been edited from the Division's HAPIS Update for March 2006.

CONTINUUM OF CARE UNIT

AIDS Drug Assistance Program (DAP)

As of March 9, 2006 there are 2,116 clients on the DAP. To date the DAP has spent in excess of \$11 million on prescription medications and vaccines for eligible clients.

Beginning January 27, 2005 the DAP began the annual renewal process. All

currently eligible clients were sent the FY2006 renewal information to complete prior to their March 31, 2006 eligibility end date. As of March 9, 2006, the DAP staff has processed over 700 renewal applications.

The DAP continues to offer eligible clients up to five free viral load tests, five CD4/CD8 tests and two free genotype tests per calendar year. From April 1 through September 30, 2005, the State of Michigan Laboratories conducted 1012 Viral Load tests, 990 CD4/CD8 tests.

Over the past two years, the DHWDC has been working on contracting with a Pharmacy Benefits Manager (PBM) to provide real time electronic, point-of-sale (POS) claims processing of DAP pharmacy claims. In December DAP started utilizing the services of the Pharmacy Benefits Manager (PBM), RxAmerica for prescriptions claims processing. Prescription claims are now accessed for client eligibility and processed electronically at the point of sale. DAP clients now present a more traditional prescription card to the participating pharmacy of their choice and now have access to a pharmacy network of over 1500 retail and independent pharmacy locations.

DAP utilizes a Formulary Committee to discuss and provide recommendations to the Division regarding medications for the DAP Drug Formulary. This Committee consists of infectious disease clinicians, DAP and other Division staff, pharmacists, and persons living with HIV in Michigan.

Michigan Dental Program (MDP)

During 2005 the Michigan Dental Program (MDP) expended \$648,972.00 on dental services for

Continued on page 10

MDCH Creative Writing Competition Award

As part of the December 1st World AIDS Day celebration, MDCH hosted its first annual creative writing competition. Local writers were invited to send poetry, prose and essays that related to the event theme. These submissions touched many aspects of life with HIV—the struggles, the pain, the strength, the searching. MDCH says “Thank you” to everyone who entered.

The contest winner, Andie Lind, has been a volunteer for HIV/

AIDS support organizations and an HIV prevention and testing counselor since the early nineties. She received her MSW in 2000 with a Master’s thesis on factors impacting the decision to test for HIV. Lind is currently working on a series of essays related to her experiences as an HIV prevention and testing counselor, and has previously been published in Strut magazine. Following is Lind’s Award winning poem.

NAMES

Never before AIDS. . . have I felt so close to love and pain, so connected to other people.

—Abraham Verghese, from *My Own Country*

1985

We were warm then,
wrapped together like pieces in a family quilt,
and woven into each other’s lives.

Lee was gossamer,
invisibly shy until he smiled,
then shining as if ignited by sunlight.

And Darryl—like linen, slightly abrasive,
a bit less kempt than the rest of us,
and as reliable as any good, comfortable sports coat.

Amy had the laughter of rich tulle,
sultry and innocent all at once,
and in Tom’s voice was the roughness
of unwashed silk.

We were folded in the folds of
our joy in each other—
a rainbow fabric
that drew the stranger—that retroviral moth—
to Fire Island,
to the Castro,
and to the hundred thousand places where
blood runs through the embroidery of arteries and veins.

Now the stranger pulls at the threads that join us,
and the tapestry of our history unravels.
Threadbare, cold through to my soul,
I stitch your names into quilts,
six foot by three foot,
trying, crying frantically
to cover myself.

2005

The stranger remains,
As do I.

I stitch less now—the effects of modern medicine conjoined
with marrow-deep cynicism—
And studiously ignore the amorphous houseguest who will
not leave.

Five times the names of my chosen family
Have blanketed the national mall:
Bits of cotton and gauze in bright colors
A discordant reminder of possibility gone—
Gifts opened, blamed for their own defects and then dis-
carded,
Forgotten as quickly as bolts of fabric can be warehoused.

In each year of twenty I have listened to promises—
Of non-toxic drugs
Of vaccines
Of cures
Of money
For non-toxic drugs, vaccines and cures—
The cloth of insubstantial political will, shredded
By the sharp tones and clipped sermons of the righteous.

I can’t believe in this day and age...
The Lord knows the sinners...
What a waste...

And in each year of twenty,
The names of other Lees and Darryls and Amys and Toms
Are sewn onto six-foot squares
By those who still believe the promises
Of evicting the stranger...

...the stranger I will no longer name “enemy”
Existing, as I do, amid
The hatred of the righteous

Andy Lind

Research Gatherings

There were several important research conferences this winter: the 13th Conference on Retroviruses and Opportunistic Infections (CROI), held in Denver in February; the 2nd International Workshop on HIV and Hepatitis Coinfection, January 12-14 in Amsterdam; and the 45th Annual Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC), December 16 - 19, 2005 in Washington, DC (Medscape has an on-line CME course, Herpesviruses and Other Sexually Transmitted Diseases, from this conference at: (<http://www.medscape.com/viewprogram/5017?src=mp>))

CROI provided a wealth of information on both treatment and prevention. On pages 6 - 7 is a report on CROI covering just a few of the topics, including the latest on the human receptor gene CCR5 - reading this will help in the understanding of the upcoming class of drugs for antiretroviral treatment (ART), and the multi-drug or highly active (HAART) called CCR5 antagonists.

Another new class of drugs on the horizon is the integrase inhibitors, which block the HIV integrase enzyme, essential for HIV replication. After about a decade of research, two investigational, orally administered HIV-1 integrase inhibitor drug candidates have reached clinical trials, Merck's MK-0518 and Gilead Science's GS-9137 (JTK-303). They exhibit potent activity in



treatment-naïve patients and as salvage therapy in highly experienced patients, according to data reported at CROI.

"We're seeing the first glimmer of the possibilities of HIV integrase inhibitors," one researcher said. The results have been very encouraging, and both drugs are as potent as any antiretroviral agents seen

Continued on page 11

World News Headlines

Challenges of Enrolling Women in HIV Vaccine Trial Studies Reported

HIV/AIDS Awareness among Youth Crucial in Efforts to Tackle Epidemic - UNAIDS Asia Pacific Government, NGO Leaders Meet in Thailand to Discuss Universal Access to HIV/AIDS Treatment, Prevention

G8 Plan Would Subsidize Purchase of Vaccines Developed for Diseases Largely Affecting Developing World, Including HPV

Human Rights Watch Reports Link between Human Rights Abuses and HIV/AIDS Global Health Initiative Surveys Business Leaders' Concern about HIV/AIDS

Increased U.S. Spending on Global Health Programs

Randall Tobias Nominated to be New Administrator of USAID

UNESCO, Global Business Coalition Reach Agreement to Increase Private Sector Participation in HIV/AIDS Fight

Clinton Announces Deal for Low-Cost Second-Line Antiretroviral Drugs, HIV Tests

GlobalHealthFacts.org - New Web Site Provides Global HIV/AIDS Data

NASTAD Keeping Watch in 2006

In January the National Alliance of State and Territorial Directors (NASTAD) reported "Top Ten Things to Watch"

1. HIV/AIDS Among African Americans

This has moved to the top of NASTAD's list this year in light of alarming new prevalence data.

2. Reauthorization of the Ryan White CARE Act

"Given the likelihood that no new federal funds will be provided to the CARE Act outside of the AIDS Drug Assistance Program (ADAP), and given existing disparities in both services and funds, NASTAD expects that some formula changes may be proposed for Titles I and II. HIV cases will almost certainly be added into formulas in FY2007," according to the report in the January 2006 *NASTAD HIV Prevention Bulletin*.

3. "Doing More with Less": The Impact of Funding Cuts on HIV/AIDS Programs

"Shifting national priorities will continue to result in federal funding cuts for HIV/AIDS programs in 2006. Both preven-

tion and care will receive a 1% across-the-board cut in FY2006, as will all discretionary spending except Veterans Affairs. The 1% overall reduction in HIV prevention funding is on top of a \$5 million decrease for these programs." (See a 5-year budget comparison chart on our website: (www.mihivnews.com/care.htm)).

4. Advances in HIV Testing

As a result of these advances, CDC is expected to issue recommendations encouraging "an increase in routine screening of patients in clinical settings with a high HIV prevalence or where patients are at high risk, including acute care settings such as emergency rooms." These could be issued as early as spring 2006.

5. Care and Treatment in Flux

6. HIV/AIDS in Correctional Settings

7. The Future of Prevention

8. Lessons From the Global Front

9. The Integration of Viral Hepatitis into HIV and STD Programs

10. Politicization of Prevention

MICHIGAN: On the Cutting Edge

News Briefs from Around the State

HARC ad wins ADDY award

YPSILANTI - An ad campaign designed to raise HIV/AIDS awareness among African-American males won the Gold ADDY Award at an Ann Arbor ceremony Feb. 10. The ADDY Award is the only creative awards program administered by the advertising industry for the industry.



The campaign has images of African-American young men, and pushes them to consider getting tested by saying, "Listen, be safe, be sure, we can help." It calls on men to contact HARC [HIV/AIDS Resource Center in Ypsilanti] for testing, and to get a pair of silver dog tags. HARC is selling the dog tags at www.harctags.org for \$5 each. The campaign was created by Uproar Communications, an Ann Arbor based advertising agency. *Between The Lines News (3.2.06) Reprinted with permission*

PWA Reference Guide



The FRIENDS Alliance Reference Guide for Persons Living with HIV in the Detroit Metro Area, including all medical and support services has been updated. The 2005 Guide is available on-line at the Detroit Community AIDS Library website: <http://www.lib.wayne.edu/dcal/ufm.html>. The Guide is now also available on CD-ROM. CD's may be picked up at the MAPP office, 429 Livernois, Ferndale 9 am- 5 pm.

Black AIDS Awareness Campaign Success

On January 10, prevention professionals statewide rallied at an all day planning event in Novi to kick-off Michigan's 2nd Annual Black AIDS Awareness Campaign (BAAC) for representatives of community based and AIDS service organizations (CBOs/ASOs) participating in this year's Black AIDS Awareness Campaign held February 1- March 12.

The rally program was designed to honor the rich cultural heritage of African Americans with entertainment, as well as emphasize the disproportionate impact

that the HIV/AIDS epidemic has on Black Americans and Michiganders. MDCH HIV/AIDS Data Manager/Epidemiologist Melissa Reznar presented the statistics in "Racial Disparities in HIV/AIDS: Michigan & US" now on the website: (www.mihivnews.com/baac.htm).

HAPIS Prevention Consultant Robin Orsborn coordinated the event with African American Workgroup Co-Chairs Cindy Bolden Calhoun and Amna Osman. Calhoun and Osman are both executive directors of CBOs serving Afri-

Continued on page 11

Statewide Planning Update

The Michigan HIV/AIDS Council met in Lansing for the last time before the winter hiatus on November 9. New members for 2006 selected by the membership committee were approved.

The Comprehensive Plan & Needs Assessment Committees gave recommendations for evidence-based prevention interventions for the identified four prioritized populations approved at the September meeting: persons living with HIV/AIDS (HIV+), men who have sex with men (MSM), injection drug users (IDUs), and high risk heterosexuals (HRH). The members approved the recommended interventions.

The meeting's presentations included a report on Michigan's first Hepatitis C Conference held in Ypsilanti, which was attended by approximately 280 and attracted the diverse audience that the planning committee had hoped to bring together to network.

Gospel Against AIDS Executive Director Rosalind Andrews Worthy reported on the Detroit Summit for the CDC model program rollout for Business Responds/Labor Responds to HIV/AIDS.

PWA Open Forums

As part of the MHAC Care needs assessment, PWA Community Forums will be held June 19 - 29. All forums will run from 5 - 8 pm*.

June 19 Kalamazoo - Radisson Hotel
June 20 Grand Rapids - Crowne Plaza
June 21 Traverse City - Park Place Hotel

June 22 Frankenmuth - Bavarian Lodge & Conference Center
June 26 Detroit - Museum of African American History
June 27 Lansing - Holiday Inn South
June 28 Ypsilanti - Marriott
June 29 Ferndale area - TBA

*A UP conference call on June 22 will run from 2 - 4 p.m. Contact: Belinda Chandler (517) 241-5926.

CROI: The 13th Conference on Retroviruses and OIs

A summary of symposia and plenary sessions: The origin of AIDS; A genome that prevents HIV-infection; Can circumcision be used for HIV prevention in developing world?; Topical microbicides development to prevent HIV transmission

Written for NATAP by David Margolis, MD, University of North Carolina

Reprinted with permission from the National AIDS Treatment Advocacy Project; See the NATAP website CROI coverage at <http://www.natap.org>

HOW DID AIDS GET HERE?

Paul Sharp from the Univ. of Nottingham began the plenary session on the conference's second day with a review of the primate origins of HIV. Evidence suggests that HIV appeared in Africa about 100 years ago. There are four chimpanzee subspecies in Africa that have evolved from a common ancestor, and as SIV exists in only two of these species; it can be shown that the primate SIV progenitor of HIV entered chimpanzees prior to the divergence of these two, the pan troglodytes and pan schweinfurthii.

Non-invasive sampling of urine and feces from wild chimps has enabled the identification of when and how SIV spread to man and became HIV. A chimpanzee virus, SIVcpz, spread into man during at least 3 (and perhaps as many as 7) different animal-to-human transmission events. These temporally separate events resulted in the genetically distinct classes of HIV known as clades: clade A and B in the earliest transmission event, M and N in the next and O most last. Studies are now underway to understand the adaptation of SIV to replicating as HIV in humans, in the hope of better understanding AIDS pathogenesis.

A GENOME ARMED AGAINST HIV

Steve O'Brien of the NCI reviewed the understanding gained by his group and others over the past decade on human genes which either reduce or increase

the transmission of HIV and the progression of HIV infection to AIDS. The best known protective human genetic trait is the "delta 32" deletion in the chemokine receptor CCR5. Along with the CD4 receptor, HIV requires a chemokine co-receptor, most often CCR5 to enter cells.

About 1% of white Northern Europeans carry a 32-base pair deletion (termed delta 32) of CCR5 on both copies of their CCR5 genes that does not impair immune function but prevents infection by CCR5-using strains of HIV. Phylogenetics [the race history of a type of organism] have shown that this mutation occurred after migration of humans from Africa to Northern Europe. Linkage disequilibrium analysis [DNA marker mapping] suggests that the delta 32 event happened about 700 yrs ago, around the time of the Black Death, an epidemic of plague in Europe. Studies in transgenic mice in whom the CCR5 gene has been disrupted and expression of CCR5 is "knocked out" have shown that *yersinia pestis*, the plague bacteria, replicates with 30-fold lower efficiency in the macrophages of these mice. So it is argued that the Black Death exerted a selective pressure on Northern Europeans, resulting in some who carry a gene that generations later provides protection against a second, viral, plague.

Since the discovery of the delta 32 CCR5 mutation, at least 4 other mutations have been described that affect CCR5 receptor, and several other human leukocyte antigen (HLA) markers have been found that regulate T cell function and either increase or decrease risk of acquisition or progression of HIV. Six variations in genes related to the innate immune system (primitive immune responses not enacted by T or B cells) have also been de-

scribed that alter the risk of HIV infection or disease.

O'Brien and others have searched for relationships between known human genotypes or haplotypes [closely linked genes that tend to be inherited together] for relationships to the risk of HAART failure, post-HAART survival, and HAART-related toxicities. Many genetic markers have been found that have a statistical relationship to increased or decreased risk of progression to AIDS after HAART. However, thus far, these relationships are very complex, and it is not yet possible to guide clinical practice by genetic screening. However, this is certainly the goal of this work in the future.

O'Brien's group is now studying 332 single nucleotide polymorphisms (single site DNA variations in the human genome) within 8 known AIDS restriction genes (ARGs) in a sample of over 2600 HIV-infected patients. The group hopes to construct a genetic map to predict risk of HIV disease and complications. The group is working out methods and controls for this endeavor, but O'Brien is optimistic that a genome-wide scan for useful ARGs can be performed.

Overall, various genetic markers, or ARGs can be shown to increase the relative risk (>2.0) of morbidity and mortality in HIV infection. That is to say that those with such genes have a 2-fold increased risk of morbidity or mortality despite HAART. However, only about 10% of the total risk is explained by ARGs. This is similar to studies attempting to predict the risk of lung cancer, in which factors such as smoking increase the risk of lung cancer greatly, despite the fact that most smokers do not get lung cancer.

Continued on page 7

Continued from page 7

SURPRISING BENEFIT FROM AN UNKIND CUT

Tom Quinn of Hopkins and the NIAID reviewed the maturing data that show that male circumcision confers protection against HIV infection. The biological basis for the protective effect of circumcision is not clear, but the foreskin is not keratinized and heavily enriched in dendritic cells, making it a potentially advantageous entry site for the virus. Quinn reported a number of epidemiological facts that suggested circumcision protects against HIV infection:

- o the relative risk of HIV infection was 0.56 in circumcised men.
- o the relative protective effect is even greater in men with high-risk demographics, in whom the relative risk in circumcised high-risk men for acquisition of HIV was only 0.29.
- o Countries in which >80% of the men are circumcised have lower HIV prevalence than countries in which <20% of the men are circumcised.
- o In a cohort of HIV sero-discordant partners in Rakai, Uganda none of 50 circumcised men acquired HIV, irregardless of their partner's viral load.
- o Kenyan truck drivers are 2.5-fold more likely to be HIV infected if uncircumcised.
- o In circumcised Indian men presenting to STD clinics, 88% did not acquire HIV despite the fact that their acquisition rate of HSV, syphilis and GC rates were the same as uncircumcised men.

This hypothesis has been preliminarily tested in a South African study in which sterile circumcision was provided to a cohort of at-risk men. A 75% reduction in HIV acquisition risk was reported, with 58 adverse events (3.8%) related to the procedure. The study's conclusions are limited, as follow-up is so far short-term, protection was incomplete, and it is unclear if these results will be generalizable outside of southern Africa. Two other studies are expected to be reported in the summer of 2006.

Quinn suggested that as a public health measure safe circumcision should

be made available now and further data developed. In a model of the effect of circumcision, a 50% reduction in relative HIV acquisition risk would cut HIV incidence from 0.8 per 100 person yrs to 0.4 in women, in addition to the 50% protective effect in men. But if 30% of men believed that sex was now safe and stopped using condoms, the beneficial effect would be abrogated.

The procedure was estimated to cost \$69 in Rakai, and therefore would cost 1000 to 3000\$ per HIV case prevented. This cost is similar to that of nevirapine prophylaxis for pregnant mothers, in which the cost of an averted infection is estimated to be \$2500. Quinn felt that overall circumcision could reduce HIV and STD transmission, reduce cervical cancer, penile balanitis [inflammation] and cancer. He suggested that preparations be made to offer safe surgery and educate to maintain low-risk behavior.

TOPICAL MICROBICIDES: THE REAL FRONT LINE OF HIV PREVENTION

Topical microbicides, preparations able to kill HIV on contact and prevent infection, are a critical complement to vaccines and other prevention strategies. They can protect women, for example, who cannot protect themselves by other means. Gels are in development and testing, but a plan is needed for future approaches if the results of trials expected in 2006-07 are not encouraging.

John Moore of Cornell provided an excellent overview of what is needed in the field. A microbicide must be safe, effective, affordable, and acceptable. To accomplish this, a preparation must not damage the epithelium, not alter bacterial flora, and must not cause inflammation (as has led to increased HIV transmission following the use of past microbicides).

Several HIV reverse transcriptase inhibitors, AZT-like drugs, are in development. Among them are TMC 120, UC781, and tenofovir. Reagents that block chemokine receptors such as cyanovirin, PCS-Rantes, and others are under study. In the SIV model, PSC-

Rantes formulated in a gel protected monkeys from vaginal and rectal challenge, and did not induce inflammation. The "triple-therapy" cocktail of compound 167 (a Merck CCR5 inhibitor), combined with BMS 387806 (a Bristol CD4 blocking molecule), and c52L (a T-20 like fusion inhibitor molecule produced in engineered bacterial) were tested by Ron Veazey in macaques treated with progesterone to enhance their susceptibility to infection. 8 of 10, 6 of 8, and 3 of 5 monkeys were protected by each agent. 16 of 20 given two agents, all 3 of 3 given all 3 agents were protected from high-dose HIV mucosal challenge. In a delayed challenge SHIV (a SIV-HIV hybrid) experiment, microbicides were 80% effective 30 minutes after application, but only 33% protective at 12 hrs. Two of 5 animals were protected against 5 daily high-dose challenges by daily triple application.

In addition to being effective, microbicides must be affordable. Moore estimated that a product could only cost \$0.25-0.50/application. This is a challenge as the amount of compound needed to be effective varied from as little as 3 mg/application to 50 mg. Compounds must reach the millimolar range to protect in the monkey model, which is several-fold higher than in vitro models. In general, receptor blockers need to achieve higher concentrations than antivirals.

In the real world, the challenges will be great. Viral load (inoculum) is likely to be high in many settings as transmission is associated with other active STDs. A product requiring daily application is unlikely to achieve perfect adherence. The cheapest candidates as polyanion [macromolecule] detergent-like antivirals at <0.01\$ dose, antiviral drugs come in at \$0.01-0.10/dose, and small peptides or molecules are the Rolls Royce at \$1-20/dose.

An interesting idea that Moore mentioned was Dean Hamer's proposal to engineer live bacterial flora to secrete antivirals, a clever and interesting idea that would need proof of concept in a model system, and acceptance by the public.

Table 1: Characteristics of Michigan Residents Living with HIV and AIDS as of January 1, 2006

	Estimate of HIV Prevalence ¹	Estimated Prevalence Rate ²	Reported Living with AIDS ³		Reported Living with HIV not AIDS ³	
			Number	Percent	Number	Percent
MICHIGAN TOTAL	16,200	163.0	6,072	100%	5,909	100%
SEX						
Male	12,430	255	4,813	79%	4,383	74%
Female	3,770	74	1,259	21%	1,526	26%
BEHAVIOR						
Male-Male Sex	7,480	N/A	2,988	49%	2,543	43%
Injecting Drug Use ⁴	2,170	N/A	884	15%	718	12%
IDU w/ heterosexual	1,010	N/A	409	7%	340	6%
IDU w/o heterosexual	1,150	N/A	475	8%	378	6%
Male-Male Sex/IDU	760	N/A	302	5%	260	4%
Blood Products	160	N/A	77	1%	44	1%
Heterosexual ⁵	2,140	N/A	770	13%	816	14%
Partner IDU	640	N/A	230	4%	244	4%
Partner Bisexual	120	N/A	35	1%	51	1%
Partner Rec'd Bld	60	N/A	21	0%	20	0%
Partner HIV +	1,330	N/A	484	8%	501	8%
Perinatal	190	N/A	38	1%	105	2%
Undetermined	Not Applicable	N/A	1,013	17%	1,423	24%
Presumed Heterosexual ⁶	Not Applicable	N/A	805	13%	998	17%
Other ⁷	Not Applicable	N/A	208	3%	425	7%
AGE AT DIAGNOSIS						
0 -12 years	210	11	35	1%	117	2%
13 -19 years	400	40	63	1%	235	4%
20 -24 years	1,520	236	306	5%	818	14%
25 -29 years	2,350	359	696	11%	1,045	18%
30 -34 years	3,120	441	1,176	19%	1,135	19%
35 -39 years	3,180	404	1,332	22%	1,020	17%
40 -44 years	2,430	300	1,075	18%	719	12%
45 -49 years	1,470	200	676	11%	410	7%
50 -54 years	870	137	409	7%	236	4%
55 -59 years	370	76	171	3%	106	2%
60 -64 years	170	45	82	1%	42	1%
65 years and over	100	8	51	1%	23	0%
Unspecified	Not Applicable	N/A	-	(0%)	3	(0%)
RACE / ETHNICITY						
White, Non-Hisp.	5,780	74	2,232	37%	2,041	35%
Black, Non-Hisp.	9,450	674	3,532	58%	3,456	58%
Hispanic	600	185	244	4%	200	3%
Asian/Pacific Islander	70	39	30	0%	24	0%
American Indian	50	94	11	0%	29	0%
Unspecified/Multi-race	Not Applicable	N/A	23	(0%)	159	(3%)

Footnotes for Table 1

1. This estimate includes all persons living in Michigan at diagnosis of HIV or AIDS, including those not reported or not yet diagnosed. All estimates are rounded to the nearest ten, and the minimum estimate given is 10. See below for explanation of this estimate.
2. Rates are calculated per 100,000 population in 2000.
3. Includes reports that contain patient name or are otherwise unduplicated.
4. Age, sex, race, and behavior percentages are calculated excluding missing data. The percentages of total cases missing this demographic information are given in parentheses.
5. The IDU risk category is further subdivided to indicate the number and percentage of persons who also had a sexual partner who is considered to be a "high risk" heterosexual, (i.e., partner is an IDU, a bisexual male (for females), a recipient of HIV infected blood or blood products or a person who is known to be infected with HIV).

Continued on page 8

The Impact of Lab-Based Reporting on Michigan Statistics

PREVALENCE ESTIMATES

Since April 2005, MDCH has been implementing PA 514, which requires laboratories to report HIV test results. The addition of laboratory reporting to the HIV surveillance system has increased the case reports received and has improved reporting completeness, bringing the number of reported cases closer to the previously calculated prevalence estimates. However, since this procedure is still new, MDCH has not had enough months of complete laboratory reporting to fully evaluate the impact of PA 514 on the HIV/AIDS prevalence estimates.

Consequently, MDCH does not have sufficient data to recalculate the current prevalence estimate and it remains at 16,200. This estimate will be re-calculated for the July 2006 statistics at which time MDCH should have sufficient data to evaluate the impact of PA 514. The estimate is based on adding the following three components and rounding: 1) the number of cases living with HIV/AIDS, 2) the number of known HIV+ cases not yet reported, estimated at 20 percent of the reported living HIV/AIDS cases, and 3) the number of HIV+ cases that have not yet been tested, estimated at 25 percent of the total cases living

with HIV/AIDS (identical to the CDC estimate).

CHANGES SEEN SINCE THE IMPLEMENTATION OF LABORATORY REPORTING

Preliminary analyses show that new diagnoses of HIV in MI have been increasing since the implementation of PA 514 in April 2005. Diagnoses of AIDS cases have also been increasing, and at a higher rate, due in large part to the laboratory reporting of CD4 values. These increases cannot be properly measured until we have had a longer stretch of laboratory reporting. MDCH plans to conduct the first analysis of the effect of PA 514 during Summer 2006.

BOOKLET ON MICHIGAN HIV LAWS

A booklet written by the HIV/AIDS Prevention and Intervention Section (HAPIS) entitled "Michigan HIV Laws; How They Affect Physicians and Other Health Care Workers" has been revised. It now includes information on the lab reporting requirement that went into effect last year. It can be found at: http://www.michigan.gov/documents/mihivlaws_49845_7.pdf

Table 3: Michigan Residents Reported Living with HIV or AIDS: Sex by Race by Behavior

MALES:	White		Black		Hispanic		Other or Unknown		TOTAL	
Male-Male Sex	2,797	75%	2,489	50%	171	50%	74	36%	5,531	60%
Injecting Drug Use	168	5%	742	15%	47	14%	11	5%	968	11%
Male-Male Sex/IDU	220	6%	317	6%	18	5%	7	3%	562	6%
Blood Recipient	75	2%	18	0%	1	0%	4	2%	98	1%
Heterosexual	89	2%	331	7%	30	9%	6	3%	456	5%
Perinatal	13	0%	59	1%	1	0%	4	2%	77	1%
Undetermined	353	10%	976	20%	74	22%	101	49%	1,504	16%
<i>Presumed Heterosexual</i>	224	6%	717	15%	60	18%	33	16%	1,034	11%
<i>Other</i>	129	3%	259	5%	14	4%	68	33%	470	5%
Male Subtotal	3,715	(40%)	4,932	(54%)	342	(4%)	207	(2%)	9,196	100%
FEMALES:	White		Black		Hispanic		Other or Unknown		TOTAL	
Injecting Drug Use	109	20%	501	24%	17	17%	7	10%	634	23%
Blood Recipient	12	2%	10	0%	1	1%	0	0%	23	1%
Heterosexual	287	51%	768	37%	55	54%	20	29%	1130	41%
Perinatal	11	2%	47	2%	6	6%	2	3%	66	2%
Undetermined	139	25%	730	36%	23	23%	40	58%	932	33%
<i>Presumed Heterosexual</i>	118	21%	609	30%	20	20%	22	32%	769	28%
<i>Other</i>	21	4%	121	6%	3	3%	18	26%	163	6%
Female Subtotal	558	(20%)	2,056	(74%)	102	(4%)	69	(2%)	2,785	100%
GRAND TOTAL	4,273	36%	6,988	58%	444	4%	276	2%	11,981	100%

6. The heterosexual category includes only those persons with "high risk" heterosexual partners as defined in footnote 5.
 7. This subset of undetermined includes persons who had heterosexual sex but their partner(s) risk is unknown. This includes unconfirmed occupational exposures (1).

8. Includes persons with confirmed exposure in the health care setting in the U.S. (2) or other countries (1), and pediatric cases with probable sexual mode of transmission (2).
 Statistics, provided by the MDCH HIV/AIDS Surveillance Section, are from *HIV/AIDS Quarterly Analysis*.

For complete Michigan and the latest National statistics:
www.mihivnews.com/stats.htm

HAPIS Update

Continued from pg 2

764 clients. Effective May 1, 2005, after approximately a year of suspended enrollment, MDP began accepting new clients. As of March 1, 2006, 1,329 clients are currently enrolled on the program. The MDP offers a comprehensive list of services to eligible clients. All services are required to be pre-approved, via submission of a dental care plan by the treating dentist. As of March 1, 2006, there are 222 dental providers participating with the MDP.

CARE-Ware

The URS staff continue to test a new CARE-Ware 4 system, which will be setup as a centralized database that providers can access over the Internet. The new system will enhance data reporting and analysis at the same time that it facilitates service delivery to clients. Providers are asked to refrain from upgrading to CARE-Ware 4 on their own, so that the system can be tested and set up consistently across the state.

Participation in Quality Collaborative

MDCH continues to participate in the national Title II Quality Collaborative. The goal is to improve care for people living with HIV disease by developing an effective and actionable quality management plan that addresses four main areas for improvement: 1) alignment across jurisdictions and services to support common quality standards; 2) integration of data and information systems for information sharing and performance measurement; 3) access to care and retention in care of HIV/AIDS clients, and 4) optimization of resources.

CORE PUBLIC HEALTH SERVICES UNIT

Quality Assurance

DHWDC Consultant Robert Barrie has begun the third year of agency accreditation reviews, which serve to assist local health departments enhance their

delivery of HIV prevention services around HIV/AIDS counseling, partner counseling and referral services, client return rates for test results, and maintaining client record confidentiality. Barrie is also currently involved in work with a new task force on harm reduction efforts to help improve related services among agencies along the I-94 and I-96 corridors.

Title IV Program

This program supports services for children, adolescents, women and families living with HIV/AIDS. (See the Fall Issue of Michigan HIV and STD News.) At present, the program is involved in a variety of projects including: working with medical subcontracted agencies on improving the rate of pap smears for women who attend Title IV funded agencies; conducting follow up with medical providers and/or hospitals for compliance with HIV testing of pregnant women; and distribution of brochures titled: One Test May Save Your Baby's Life and It's the Law!



HAPIS to develop protocol on PCRS Internet use

Partner Counseling and Referral Services

Through this program, HIV-infected clients are counseled on the importance of notifying their at-risk sexual and/or needle-sharing partners so they may be offered confidential HIV prevention counseling and an opportunity to test for the presence of HIV. Clients are also informed of the various methods available to assist

with the notification process through local public health and their private provider.

PCRS staff are implementing a revised form to help facilitate early access by newly infected individuals into care and case management services, revising a PCRS guidance publication, and developing a new document for local public health, to address Health Threat to Others Situations. They are also collaborating with MDCH HIV/AIDS Surveillance to facilitate physician/provider education around PCRS. And in keeping up with the times, they are in development of draft protocol to promote PCRS Internet use so that additional at-risk partners may be reached and provided appropriate prevention services.

COMMUNITY PARTNERSHIPS — PREVENTION UNIT

Comprehensive Risk Counseling and Services

Currently staff is updating the Prevention Case Management section of the *Quality Assurance Standards for HIV Prevention Interventions*. Changes will include the new name that the CDC is using for this intervention to lessen confusion with Care Case Management. The new name, which better reflects the intent of the intervention is Comprehensive Risk Counseling and Services (CRCS).

Other changes include greater emphasis on the structure of CRCS, qualifications of staff providing CRCS Core Components of the intervention and changes in the types of clients to which CRCS is will be targeted.

Michigan is currently in its last year of a pilot project on Prevention Case Management, and will utilize the many lessons learned while conducting the intervention over the past 4 years. The HAPIS Request for Proposals for HIV Prevention programs will include the CRCS intervention this year.

HAPIS has submitted an abstract entitled "Michigan's Experience: Prevention Case Management" to the upcoming HIV Prevention Leadership Summit in June.

Research Gatherings

Continued from page 4

so far — 2006 might be called the “year of the integrase inhibitors.” (<http://www.medscape.com/viewarticle/523314?src=mp>)

Besides the need for new classes of drugs, increasing the tolerability and convenience of current drugs is also important. A newly published clinical trial reported favorable results for a once-daily three-drug pill containing Gilead’s drug Truvada (Viread and Emtriva) and Gilead partner Bristol-Myers Squibb’s drug Sustiva. The full study was published in the *New England Journal of Medicine* (2006;354(3):251-260).

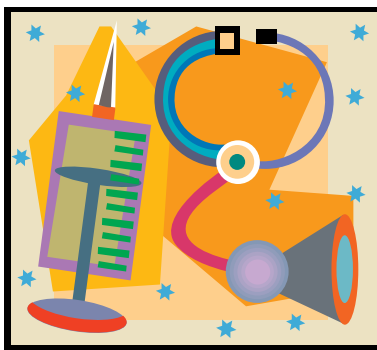
A previously hopeful treatment strategy was to be able to take time off from all drugs. Those hopes were — at least for the moment — dashed in January. Strategies for Management of Anti-Retroviral Therapy (SMART), one of the largest studies ever done with HIV therapies was abruptly halted when US researchers found that episodic dosing of AIDS drugs is far riskier than continuous use.

A routine safety analysis of this National Institutes of Health (NIH) study,

which had enrolled more than 5,000 patients in 33 countries, found that patients on an intermittent HIV regimen were more than twice as likely to get sicker or die as those who took the drugs daily. That prompted NIH to terminate the study.

Not only did intermittent therapy not control HIV, NIH researchers found it actually increased side effects related to the heart, kidney, and liver. CDC summary of SMART from Associated Press (01.18.06)

One study reported at CROI indi-



cated that early initiated HAART with high CD4+T cell counts reduce the risk of treatment related side-effects.

Liver toxicity caused by antiretroviral treatment has become increasingly problematic with long term HIV survival, especially with the growing numbers of those who are co-infected with hepatitis and HIV. Hepatitis has become

a major cause of mortality for PWAs.

Treating the HIV/hepatitis co-infected has become its own challenge. The good news is a few HIV ART drugs are also effective in treating hepatitis B, but there are drug resistance issues. HIV/HCV co-infected are harder to treat and have less success with standard HCV treatment. Medscape has a good review of co-infection treatment issues at: (<http://www.medscape.com/viewarticle/520519?src=mp>)

One study of early initiated ART, reported in the March 1 issue of *Clinical Infectious Diseases*, has implications for prevention. While HIV antibody seroreversion is possible when patients are started on ART early in the course of their infection, US researchers reported that such patients still remain infected and capable of transmitting the virus. During this study five subjects who tested negative for antibodies discontinued ART, after which they developed detectable levels of HIV and positive EIA (antibody test) responses, reinforcing the fact that they were still infected and infectious.

These findings have implications for the safety of blood and tissue donation, since a patient with an undetectable viral load and negative antibody test results while receiving ART could be misidentified as being HIV negative.

“This possibility does emphasize the importance of using the most sensitive donor-screening techniques, such as third-generation HIV-1/HIV-2 EIAs, as well as sensitive testing for HIV-1 RNA with nucleic acid amplification technology,” they write. “HIV Seroreversion Possible When Treatment Started Early” Reuters (2.22.06) (<http://www.medscape.com/viewarticle/524132?src=mp>)

The use of treatment drugs as microbicides is getting research attention. Tenofovir gel has been reported safe and well tolerated when used intravaginally as a possible preventive against HIV transmission, according to a report in the February 28 issue of *AIDS*. (<http://www.medscape.com/viewarticle/524129?src=mp>) See more in the CROI report on microbicides on page 7.

Black AIDS Awareness Campaign Success

Continued from page 5

can Americans in their communities, respectively Community Health Awareness Group in Detroit and Wellness AIDS Services, Inc. in Flint.

Over 60 attendees had the opportunity to hear about successful programs from previous years’ campaigns as well as have an afternoon of group planning sessions for the upcoming campaign. For the luncheon, two speakers from the Michigan AIDS Fund sponsored Positive Perspectives speakers bureau offered their heartfelt personal experiences of living with HIV/AIDS. MDCH in collaboration

with the African American Workgroup of the Michigan HIV/AIDS Council (MHAC) sponsored this event.

This year’s BAAC was hugely successful with over 70 events held around the state in Ann Arbor, Battle Creek, Bay City, Benton Harbor, Brighton, Detroit, East Lansing, Ferndale, Flint, Grand Rapids, Jackson, Lansing, Mt. Clemons, Port Huron, Saginaw, Warren and Ypsilanti. See the events listing on the website (link above). If you would like more information, please contact Robin Orsborn at HAPIS, (517) 241-5936 or OrsbornR@michigan.gov.

Statewide Training

Schedules and/or contacts for training provided by CHAG, MAPP, the MATEC Michigan AIDS Education and Training Center and MDCH are provided on the website (www.mihivnews.com/train.htm).

MDCH Training

You will find on the website the complete Division of Health Wellness and Disease Control training schedule for 2006. Following is a listing of those scheduled April through August. Application forms are also available to download at: www.mihivnews.com/dhwdc_train.htm.

HAPIS HIV Prevention/Test Counselor Related Training

To register for prevention/test counselor trainings, contact Training Unit Secretary Julie Babb at (517) 241-5903.

Module 1: Basic Knowledge Training

Dates	Location	Reg.
April 12-13	Detroit	March 24
May 11-12	Lansing	April 21
June 6-7	Detroit	May 19
July 12-13	Lansing	June 23
August 15-16	Detroit	July 28

Module 2: HIV Prevention Specialist Certification Training

Dates	Location	Reg.
May 2-3	Detroit	April 7
May 16-17	Lansing	April 28
June 8-9	Detroit	May 19
July 24-25	Lansing	July 7
August 28-29	Detroit	August 4

Module 3: HIV Test Counselor Certification Training

Dates	Location	Reg.
May 4-5	Detroit	April 7
May 22-23	Lansing	May 5
June 19-20	Detroit	June 2
August 10-11	Lansing	July 21

One-Day HIV Prevention Specialist/ Test Counselor Update

Dates	Location	Reg.
April 19	Detroit	March 24

Topic: HIV Prevention Counseling: Addressing the Issues of Clients Who Test Positive

This workshop is designed to enhance the ability of HIV Test/Prevention Counselors to address the early issues of clients who test positive for HIV. Participants will be able to identify the potential issues that clients who have just tested positive may be facing, and ways to help them begin to work on those issues. Participants will also learn how to make effective referrals for clients with multiple needs/diagnoses and how to manage the stress this work imposes on counselors. This course is designed for counselors with experience giving positive test results.

May 24 Lansing May 5

Topic: Adolescents and Street Youth

This topic will be an overview of trends of adolescents and risk behaviors that are related to HIV.

June 14 Detroit May 26

Topic: Understanding Basic Issues for Perinatal Transmission

This update will examine the epidemiology surrounding perinatal transmission, state laws and discuss how to meet the needs of HIV infected pregnant women.

August 9 Lansing July 14

Topic: Health Disparities

This update will focus on disparities in health and health care among people of color. It will review current disparities in several areas of health, including cancer, infant mortality and HIV. Additionally, it will examine factors that contribute to the growth of disparities, and finally, building a plan of action for addressing health disparities in HIV work.

Supervisor Training - Assuring the Quality of HIV Prevention Counseling

This workshop is open **only** to supervisors of HIV prevention and test counseling staff and is required for su-

perisors at DHWDC-funded sites. It is designed to help supervisors assure the quality of HIV prevention counseling. Supervisors must have attended the HIV Test Counselor Certification Training since 1994 or a supervisor's update.

Dates	Location	Reg
May 8-9	Detroit	April 14

HIV/AIDS Case Management Certification Training

For information on the Case Management Trainings, please contact Julie Babb at (517) 241-5903 / babbj@michigan.gov.

Training is designed to certify HIV/AIDS case managers who are required to adhere to the *Principles and Standards of Service for HIV/AIDS Case Management in Michigan*. Participants must have already completed the HIV Test Counselor Certification Training.

Date	Location	Reg.
April 25-28	Detroit	March 31
August 22-25	Lansing	July 28

Case Management Conference
 June 12 -14 Gaylord May 5

Partner Counseling and Referral Services Training

For more information contact Audrea Woodruff at (313) 456-4421.

PCRS Certification Training for LPH That Receive HIV Categorical Funding

The two-day Partner Counseling & Referral Services Certification Trainings for Local Health Departments are designed to familiarize staff with a number of strategies to control and prevent the spread of HIV and other STDs. Participants will learn about program policy and practices for conducting PCRS activities. Individuals registering for this course must have received prior certification as an HIV Test Counselor. The course is required for all HIV test counselors who are employed by LPH and designated to conduct PCRS activities.

Date	Location	Reg
May 17-18	Southfield	April 21

PCRS Certification Update

This one-day training is designed to provide certified PCRS staff of local health departments with updated information on new program initiatives as well as other key elements affecting PCRS delivery. This is required for PCRS staff at least every 2 years to maintain their certification.

Dates Location Reg

July 27 Flint July

Topic: Building a Collaborative Network

This update will include discussion on how to build a collaborative network to delivery PCRS effectively. It will also examine the non-compliant client, and what strategies can be used to delivery PCRS. The afternoon will include a panel from various agencies that will discuss domestic violence, substance abuse, and youth related issues.

Partner Counseling and Referral Services Supervisory Training

Trainings are required for supervisors in LPH and CBOs. This course is designed to teach supervisors to evaluate PCRS activities of agency staff.

Day one will explore the role of PCRS supervision and elements for evaluating the quality of PCRS delivery in agency and outreach settings. Day two will focus primarily on the evaluation of field investigations, documentation and techniques for enhancing staff skills.

Registrants for this course must have received prior certification in PCRS, and as an HIV Test Counselor.

Date Location Reg

March 22-23 Ypsilanti March 3

August 23-24 Grand Rapids Aug. 4

CORE Project Training

Community Health Awareness Group (CHAG) provides HAPIS sponsored outreach worker training and additional training through the CORE Project.

Outreach Worker Certification Training

March 22-24 Detroit

June 21-23 TBA

HIV/AIDS Related Stigma and Access to Care

April 28 Detroit

This training will examine the role HIV/AIDS related stigma plays in HIV testing behavior, disclosure of positive serostatus, and entry into HIV/AIDS care. It will also examine the impact HIV/AIDS related stigma has on women of color and MSM of color. Finally, ways in which providers who serve minority communities can address HIV/AIDS related stigma will be discussed.

All the trainings except the June training will be held at the CHAG POC office, 3028 E. Grand Blvd. in Detroit.

Contact: Ricardo Marble, Lead Trainer CHAG/POC, 3028 E. Grand Blvd., Detroit, MI 48202; phone (313) 872-2424; fax (313) 872-5546.

Statewide Meetings

HIV/STD and Adolescents Networking Committee

This statewide committee provides an opportunity to network with professionals in youth serving agencies. A sub-committee plans the annual teen peer education conference. The next meeting will be held in Flint from 10:30 am - 1:30 pm on June 20. **Contact:** Ardith Alderdyce, aaardith@sbcglobal.net.

MHAC

The Michigan HIV/AIDS Council is the statewide planning group for prevention and care. The next meeting will be held in Eaton Rapids on May 17. **Contact:** Belinda Chandler, (517) 241-5926.

Program Review Panel (PRP)

New Members Welcomed - the PRP always seeks new members to ensure that there is representation from a wide variety of people within the community.

The next two review meetings are scheduled for April 21 in Detroit and June 16 in Lansing. Materials for review should be submitted by April 7 or August 4. **Contact:** Dee Hurlbert. (517) 241-5921.

Conferences and Events

National Conferences and Events

April 27 1- 3 PM EST
Social Networks: A Recruitment Strategy for HIV Counseling, Testing and Referral Services

This CDC satellite broadcast can be seen at two Michigan viewing locations, Henry Ford Hospital in Detroit and Ingham Co. Health Dept. in Lansing. Contact: Kimberly Snell (snellk@michigan.gov).

Or view by webcast live or later at www.phppo.cdc.gov/phtn. Videotapes and CD-ROMs can be ordered: (800) 458-5231.

The forum will discuss the rationale for the use of social networks as a recruitment strategy for HIV CTRS; the components of the social networks strategy; how to assess an organization's readiness for using the strategy; and available training and technical assistance.

May 8 - 11 Jacksonville, FL
2006 National STD Prevention Conference: Beyond the Hidden Epidemic: Evolution or Revolution?

Web site: <http://www.cdc.gov/stdconference/default.htm>

May 18 Nationwide
HIV Vaccine Awareness Day: Hope For The Future

June 4 - 7 Dallas, TX
2006 HIV Prevention Leadership Summit
Website: http://www.nmac.org/conferences__trainings/HPLS/

June 27 Nationwide
2006 National HIV Testing Day
For Michigan information contact HAPIS, (517) 241-5900.

International Conferences and Events

August 13 - 19, 2006 Toronto, Ontario
XVI International AIDS Conference
Web site: <http://www.aids2006.org>.

Positively Prevention

Continued from page 1

HIV positive MSM, with multiple levels of intervention: individual level prevention counseling (ILPC) and group level (GLI) skills building workshops.

“Based on the needs assessment we found that the social component was going to be a critical part of this, and so we wanted to make this intervention a social event for people as well as an opportunity to explore their own risk reduction processes, etc.,” said the HAPIS consultant for evaluation of POP Maria Lapinski-Lafaive.

“There was a social component to this as well as the notion of the individual level behavior change issues and the group

dynamic with other members.”

The intervention covers communication, safer sex knowledge, psycho-social issues, status disclosure, substance use – and then safer sex skills. One of the things the PWAs asked for is that the program be peer-led, so as much as possible these programs around the state are facilitated by PWAs who are also MSM.

The individual level prevention counseling has a focus on the needs of PWAs. It is not psychotherapy and not prevention case management. “POP’s ILPC is targeted to specific things, that’s it,”

said Peterson. “We’ll make referrals for other issues.”

ILPC covers substance use and its connection to risk behavior, disclosure of status and sexual risk reduction. This is to help build the (personalized)

All of this has been generated by the PWA needs assessment that gathered feedback from support groups and case management clients.

risk reduction plan.

These counseling sessions also cover Partner Counseling and Referral Services (PCRS). “We deal with PCRS in a new way that models a way for disclosure in the future,” said Peterson. Referrals will be made for those who need professional mental health counseling and other support services.

All of this has been generated by the PWA needs assessment that gathered feedback from support groups and case management clients. Surveys uncovered risk behavior and lack of disclosure of HIV status to their sex partners: 43.6% reported protected sex without disclosing to partners their HIV status; and 36% reported unprotected sex without disclosure.

“Those statistics, by themselves can be alarming and enlightening,” said Peterson. “There are issues to disclosure – disclosure is a huge issue because we have a felony law in Michigan.

“Skills are important and are part of the intervention, best taught repeatedly,” said Peterson. But “the program is designed to look a little deeper than fear and skills,” he said. “What the surveys and other PWA input showed us is there are deep psycho-social issues around safer sex, intimacy, and how we express ourselves sexually. Also all of the other co-

Viewpoint

Continued from page 1

“POP and 3MV both have important and unique focuses. 3MV looks at issues specific to the African American gay/bisexual male and POP is broad in its scope for the gay/bisexual male who is HIV positive.” Golson said.

For example 3MV addresses multiple identities, one as a black man, one as a gay man, and as a black gay man. “All three of those identities play a vital role in the decisions we make,” said Golson.

3MV does not provide the intense individual level counseling sessions that POP does. “Overall I felt that having the individual level in addition to the group sessions provides POP with a complete, well rounded feeling,” said Golson. “It helps the person stay focused on what they want to do. The in-

dividual component, I think, is really key.”

If he could choose any program for African American men, he said, “I probably would choose certain pieces from POP, adapt them and add them to 3MV.” Although as it currently stands, POP and 3MV must remain separate interventions, Golson is bringing the two closer together. An activity he developed, called Herman’s Head, was added to the POP curriculum in the fall.

Leon Golson can be reached at (248) 545-1435, ext. 121.



*Leon Golson
MAPP Program
Director*

Continued on page 15

Continued from page 14

factors, mental health, substance abuse, etc. are all one big complex problem that when talking about prevention for positives you have to address. It's not as simple as just giving people condoms."

It was in 1999 that MHAC, the statewide community planning group, identified PLW/As as the group with the highest priority population for its prevention plan. Around the time that Michigan was looking at the need for the PWA focused prevention program, the CDC was beginning to target this group for prevention.

There were several programs nationally at the time that were adapted from older programs not originally designed for PWAs. In 2003 Peterson was invited to the CDC to critique them, so he had a good opportunity to review what was out there.

"The idea was to come up with the best model for Michigan," Peterson said. He didn't see one designed elsewhere that he would feel comfortable bringing to Michigan for use here.

MEASURING SUCCESS

From the beginning this program has merged science with street smarts, meeting the needs of the HIV+ community, while answering to the outcome measurement needs of MDCH. HAPIS Community Partnerships Unit Manager Liisa Randall and Lapinski-Lafaive have both been monitoring this program, with Lapinski-Lafaive looking at evaluation from the beginning of the project.

While the public health outcome goals are behavior change aimed at reducing transmission, as well as acquisition of new infections among the HIV+ community, this program took a wider view.

For the participants the objectives are increased knowledge regarding transmission and prevention, enhanced communication skills around disclosure and negotiation for risk reduction, and behavioral risk reduction as well as enhanced self-efficacy via social, normative support.

Continued on page 16

Facilitating POP

Chris Posler is the facilitator for the HIV/AIDS Resource Center's (HARC) POP intervention, and he's about as perfect for this as any CBO could find.

A long term survivor as a person living with AIDS (PWA) himself, Posler is also a minister and positive prevention specialist. He has been a PWA advocate for years, recently as co-chair for the North American Tour of the Campaign to End AIDS in Michigan. And



*Chris Posler,
HARC's POP
facilitator*

Positively Aware.

Posler thinks the social norm building in POP is only possible with a group that is peer led – "by an openly positive person who has thought about healthier behavior for many years, talking to their community, being part of their community. This makes it difficult for the facilitator because you are both of the community and something different." Posler said the job "requires a specific skill set and temperament."

"For years before coming back to Michigan I had always advocated for prevention for positives," said Posler. When Amy Peterson started talking about the program Posler said he was a bit skeptical of a "boxed intervention," what is now called an evidence-based intervention or EBI. Additionally, when he saw the training manual he was concerned that the program would be too

inflexible. Having since presented the program to several groups he now realizes there is considerable latitude for the facilitator.

Another concern that Posler had initially with POP was whether the need for community building would be fulfilled. Communication with other PWAs had been number one on the needs list in feedback from the PWA survey. "Now that I have done three POPs the number one thing that has happened is community building." Some participants, he said, have developed a very tight community from their POP group work.

"And as a by-product my other support groups are full of these POP guys. They have also become a part of the POL - Popular Opinion Leader project for men over 25 at HARC. So these were the first guys to come up and say 'I talk to other PWAs; I talk to other queer men. And I talk about prevention, I talk about counseling. I talk about treatment options and all these other things,'" said Posler.

POP has helped get HIV back up on the list of conversation topics among the local gay population he said. "And slowly we are getting more leaders of HIV advocacy and prevention."

Another by-product of the POP groups," said Posler was the number of participants who started having sex again. In the PWA survey 36% of respondents reported shutting down from sex or avoiding sex altogether. "They didn't know they could practice behaviors that wouldn't expose others to HIV," said Posler who has been positive since 1983 and has never had a doctor talk to him about his sexuality until recently. "So these guys were frightened and had turned off to life, which is very damaging to your immune system," he said. Participants have called him to say 'I just disclosed,'

Continued on page 16

Positively Prevention con't from page 15

THEORETICAL BASIS

"The main theories that are driving this model are the Theory of Reasoned Action, and Social Cognitive Model" said Peterson. "The Theory of Reasoned Action is kind of the big theory that we used for testing some of the outcomes, and we tailored the messages more around this theory," said Lapinski-LaFaive. "The Social Cognitive Theory has a strong emphasis on the idea of modeling behavior and how modeling is effective in changing behavior, so we used the principles of Social Cognitive Theory in that way to help us design curriculum."

The ILPC sessions are an adaptation of the CDC's HIV prevention counseling, which is based on the AIDS Risk Reduction Model and Stages of Change Model.

OUTCOMES

The POP pilot demonstration project compared outcomes from two different program models, one using just three Individual Level Prevention Counseling (ILPC) sessions and another that got these plus participation in six Group Level (GLI) sessions.

The big findings from the pilot study were "the people in the combined interventions had greater changes in knowledge than just the ILPC and were more likely to say they would avoid sexual activity with their main partner when they were drunk or high, and they were more likely to talk about their main partner's HIV status than those in the ILPC alone," said Lapinski-LaFaive.

"We also saw a trend for increased condom use among all participants with both their main and their other partners and that trend was stronger for the combined interventions group." She added the caveat that a lot of changes were not "statistically significant," but that was in part because they had a small sample.

The findings clearly indicated that

the combined ILPC with the GLI intervention had the greatest impact on the participants. "After we finished the data collection we went back and revised the curriculum based on the evaluation and made some changes that we hoped would make it more effective," said Lapinski-LaFaive. Mark Peterson along with HAPIS Technical Assistance Coordinator Amy Peterson, who has been a part of the program from the beginning for quality assurance, met with the project leaders from each of this fiscal year's POP programs around the state to gather more input

"We saw a trend in decreased number of sex partners, and we saw an increase in some risk reduction behavior..."

and make further changes to the group level intervention curriculum in the fall.

By December they had preliminary data on 2005 program participants. Knowledge increased again. "We saw a trend in decreased number of sex partners, and we saw an increase in some risk reduction behavior – which is what we saw with the original POP study," said Lapinski-LaFaive.

The POP team has made several presentations around the country and plan to package the program so that it can be replicated by others. For more information on POP, contact Mark Peterson at MAPP (248) 545-1435.

Facilitating POP

Continued from page 15

who before POP have been afraid to do this, but learned the skills they need and gained the empowerment to do this in the POP group.

"So now wherever I go I speak up POP because under the right facilitator and counselor I think it can be a wonderful thing." He likes to call it Prevention *with* Positives. You can reach Chris Posler at HARC, (734) 572-9355.

WHERE TO CALL

National Prevention Information

Network: (800) 458-5231

Expanded resource center, contracted by CDC, includes STDs and TB.

HOTLINES

National AIDS & STD Hotline:

(800) 342-2437

Hours: 24 hours daily

Spanish: (800) 344-7432

Hours: 8 a.m. to 2 a.m. daily

TTY: (800) 243-7889

Hours: 10 a.m. to 10 p.m. weekdays

Michigan AIDS Hotline:

(800) 872-AIDS (2437)

Hours: 9 a.m. to 5 p.m. weekdays

Teen Hotline (Red Cross):

(800) 440-TEEN (8336)

Hours: 6 p.m. to midnight Fri.-Sat.

Hotline for Women:

(800) 554-4876

Hours: 2 p.m. to 9 p.m. Monday, Wednesday, Friday

National HIV/AIDS Treatment Hotline:

(800) 822-7422

Hours: 9 a.m. to 5 p.m. weekdays, 1 p.m. to 7 p.m. Saturday

Confidential treatment information by phone call provided by Project Inform. Volunteer operators (most are PLWH/As) can answer questions on HIV treatments and related diseases.

Michigan's PWA Advisory Group

This advisory group to MDCH - for the purpose of planning and implementing needs assessment, the PWA Conference and related activities - is open to any person living with or affected by HIV/AIDS in Michigan. **Contact:** Belinda Chandler, (517) 241-5926.