

Michigan HIV News

A PUBLICATION OF THE MIDWEST AIDS PREVENTION PROJECT

FALL 2001

Hispanic outreach in Michigan

Agencies reach out to Latino MSM

As everyone in HIV/AIDS prevention extends beyond his or her comfort level to reach out to those at highest risk, the spotlight has recently focused on Hispanic men who have sex with men (MSM) at several ASO's in Michigan. Three organizations have started outreach to Latino MSM in the past year: the Midwest AIDS Prevention Project (MAPP), the Detroit Hispanic Development Corporation, and Hispanics Against AIDS (HAA). Also, AIDS Partnership Michigan (APM) held a special program in Southwest Detroit in May, *Latinos contra el Sida*, to inform participants about the state of the HIV epidemic in the Latino community.

Francisco Michel has been an HIV prevention consultant in association with MDCH - HAPIS for the past four years. *Michigan HIV News* talked with

him this summer about the recent outreach to Latino MSM by several Michigan agencies.

The last two years have seen Latino MSM increasingly become a center of attention for HIV prevention. MAPP's La Comunidad program was one of the first programs targeting Latino MSM specifically. "In the past, several agencies provided MSM interventions to Latinos, but in a less formal way as part of their broader programs with MSM," said Michel.

An example of this is Community AIDS Resources and Education Services (CARES). Juan Billion-Rivera, who has been a prevention specialist there for four years, said that he is the only bi-lingual outreach worker in the region. He does both MSM outreach and migrant farm worker outreach,

Continued on page 8

New directions for Hispanics Against AIDS

Teresa Cruz has been the anchor of Hispanics Against AIDS (HAA) for the past four years. When HAA received its first funding, she was *the* staff. Since Monica Delgado left in July 2000, Cruz had been program coordinator and acting as executive director. On July 30, Teresita Jamett-Yount began as the new executive director (*see page 3*). This fall, when HAA moves its offices a few blocks to the old Hispanic Center building, there should be about a dozen paid and volunteer staff members.

Cruz was trained by Rene Meave and Juan Luis Merced for the American Red Cross Hispanic HIV/

AIDS Instructor program. (See the feature story in the Fall 2000 issue.) "Actually Juan Luis was the one who recruited me. I wasn't interested in HIV at all." At the time, Cruz was a family support worker for an agency that helped prevent child abuse and neglect, and a single mom. At the time there was a cash incentive from Red Cross eager to recruit instructors from the Hispanic community. "So I said 'Why not?'" said Cruz, who took the course but afterward she put the instructor books on a shelf until the reality of AIDS hit home.

She did not become involved in prevention

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The total number of persons reported with HIV/AIDS in Michigan is increasing. See Page 5.

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AIDS' 20th anniversary brings concern

Statistics showing the epidemic leveling off and new demographics, released at the National HIV Prevention Conference in Atlanta, bolster the concern that many Americans, numbed by news of effective AIDS drugs, have become complacent about the disease.

"We really are at a very critical point in this epidemic," said Dr. Helene Gayle, in one of her last public appearances as the CDC's AIDS chief. "We must work to ensure that the plateaus that we've reached will not remain plateaus — or worse, given

some of the trends that we're seeing, evolve into a newly expanding epidemic."

The statistics suggest that the next wave of progress in fighting AIDS lies in expanding HIV testing, improving access to quality care and finding new treatments for patients in whom the virus resists drugs, Gayle said.

New studies released at the conference highlight two key demographic groups - young gay men and poor black women — who are at alarming risk for becoming infected with HIV. (AP 8/13/01)

EARLIER TESTING FOR HIV URGED

Two separate studies found 40 percent of patients diagnosed as HIV positive already had AIDS or developed AIDS very soon after diagnosis. The findings, presented at National Prevention Conference in Atlanta, prompted calls for more aggressive efforts to convince people at risk to be tested. (*Denver Post* 8/15/01)

HHS RELEASES MEDICAID MANAGED CARE RULE

Health and Human Services released proposed Medicaid managed care regulations. The proposed rule, which replaces a rule released by the Clinton administration in January, gives states "significantly more flexibility to decide how best to provide patient protections and use managed care in their Medicaid plans" (HHS release, 8/16).

ADULT AND ADOLESCENT GUIDELINES UPDATE AVAILABLE

HIV/AIDS Treatment Information Service (ATIS) - The updated Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents (The Living Document) is now available on the ATIS Web site.

The August 13, 2001, updated sections include: Considerations for Initiating Therapy in the Patient With Asymptomatic HIV Infection, Interruption of Antiretroviral Therapy, Table 5, Table 6,

and Table 12. <http://hivatis.org/trtgdlms.html>.

NIH RELEASES FINDINGS ON CONDOM EFFECTIVENESS

As reported in the July 23 Kaiser Daily AIDS Report, public health officials are concerned that a new National Institutes of Health (NIH) report "could deter some people from using" condoms because of its conclusion that condoms may not prevent some STDs. The report, which was formally released by HHS this summer, states that condoms "have been proven effective" at preventing transmission of HIV and male gonorrhea, but adds that "research so far was inconclusive" on whether they also prevent transmission of syphilis, herpes, chlamydia, and some other infections.

One member of the panel that drafted the report, said he fears that "misunderstanding of the report's conclusions could dissuade" some sexually active people from using condoms, adding that this would be a "very dangerous" result. It was also noted that the lack of research data on condoms' effectiveness at preventing other STDs does not mean that they are ineffective against those diseases, since studies have shown that viruses do not pass through latex condoms. (*ASHO HIV/AIDS Update*, July/August 2001) www.niaid.nih.gov/dmid/stds/condomreport.pdf

world news briefs

Drug maker develops 3-in-1 combination

Indian drug maker Cipla has developed the world's first three-in-one combination tablet of stavudine, lamivudine and nevirapine. Triomune is the first combination of the drugs due to the fact that different companies hold their patents. Also, generic AIDS drugs will soon face several key field tests in Africa and India.

An estimated 6 million people in Asia are currently infected with HIV, with 3.9 million in India alone. At the end of last year, the UN's official count of HIV/AIDS infected people in the Asia-Pacific region, including Australia, stood at 2.4 million. Seven months later the total is almost four million. As comparison, South Africa had 4 million HIV/AIDS patients by December 2000.

OF NOTE

Britain - New statistics reveal that the number of heterosexuals who have contracted HIV in Britain has nearly doubled in the last four years.

Norway will establish a special program for AIDS orphans in Uganda. In the African countries hit worst by the disease, one child in 10 is an orphan, the UN estimates.

Hong Kong has just begun offering voluntary universal HIV screening of pregnant women.

Japan had the world's first successful in vitro fertilization using sperm taken from HIV-positive men using a new technique to remove the virus before vitro fertilization.

Thailand - The V-1 Immunitor pill that a private foundation distributed free to thousands of people as an AIDS cure appears to be useless.

Michigan News

OmniCare in rehab

Michigan insurance regulators have assumed control of OmniCare Health Plan in an attempt to return the HMO to financial solvency, the *Detroit News* reports. One of the largest insurers in the state, OmniCare covers 70,000 Medicaid beneficiaries and 30,000 commercial members. The health plan was placed into rehabilitation by a court order. The *News* reports that patients "should experience no disruption in care." (*Detroit News*, 8/1)

Muskegon clinic honored

McClees Clinic, a branch of the Muskegon County Health Department dedicated to improving the lives of AIDS and HIV-positive patients, was honored this summer for the survival rate of its HIV/AIDS patients.

People

Dr. Harold Jaffe became the acting director of the National Center for HIV, STD and TB Prevention in August. Dr. Jaffe was an officer in the CDC Epidemic Intelligence Service (EIS) when reports of HIV/AIDS first began to surface in 1981, and subsequently headed several CDC programs dealing with HIV and AIDS. He replaced **Dr. Helene Gayle**, who is with the Bill and Melinda Gates Foundation for a year.

Edmund C. Tramont, M.D., became the new director of the Division of AIDS (DAIDS), part of the National Institute of Allergy and Infectious Diseases (NIAID) in July. Dr. Tramont was instrumental in developing eight experimental vaccines, two of which are now licensed.

Statewide Organizations

MDCH

Rick Underhile, HAPIS training consultant, has taken a new position at Western MI University. **Bear Pross** is now the case management training coordinator. He may be reached at (517) 241-5929.

Jim Kent is taking a leave of absence from his position with the HIV/AIDS Sur-

veillance Section as the HIV/AIDS epidemiology and data manager. Kent has been with the Section for 14 years. He has taken a limited term position with Seattle-King County Health Dept. as the HIV/AIDS Surveillance Coordinator. **Michelle Fox** is now the community-planning liaison. She may be reached at (313) 876 0855.

Community Health Outreach Workers

John Jones, Senior Training Consultant, started at CHOW in May. He has worked in several capacities in the HIV/AIDS service arena since 1990. He is responsible for all CHOW trainings and special events.

Stephanie Smith-El, Client Advocate, has been working in HIV/AIDS since 1991. She provides outreach services and assistance to newly diagnosed clients.

Kayle Mack, African American Men United Against AIDS Projects' Program Assistant. The youngest staff, he formerly worked for the Ruth Ellis Center.

Hispanics Against AIDS

Teresita Jamett-Yount, Hispanic Against AIDS (HAA)'s new executive director, is not new to HIV/AIDS work. She has been involved in the epidemic since 1989. She began at what was Wellness Network in Ferndale and started the Hispanic

AIDS hotline 1991 (no longer in operation), which provided Spanish-speaking and culturally sensitive telephone assistance.

After being a student in health administration, **Jamett-Yount** returned to what is now AIDS Partnership Michigan (APM) in 1995 as their only Hispanic case manager. She moved out of the Detroit area a year ago and has been a case manager at the Sparta Clinic in Kent County.

Awards

Michigan Women & AIDS Committee

Awards presented at the *Circle of Hope* conference in June.

Joy Schumacher, Oakland County Health Dept., received the Member of the Year Award, presented for her "exceptional leadership, dedication and tireless commitment to women who have and are at risk for HIV Infections."

Elizabeth Dawsey, CHAG, was presented the Outstanding Community Service Award.

Alberta Tinsley-Talabi, City of Detroit Council member, received the Dr. June Osborne Award.

Heikmat Abdul - a new award was presented posthumously by the Detroit Health Department, named after the Njedeka Program that she started.

In Remembrance

Evelyn Malave passed on Tuesday, June 19, 2001. She will be remembered by many throughout the state as a pioneer in Michigan's community planning process.

Honoring Evelyn By Lisa Taton

Evelyn was a woman who took it upon herself to try and represent a whole community—the Hispanic community. She stood up at meetings and shouted when no one wanted to hear that her people were being infected at disproportionate rates.

Evelyn wanted women to be heard in this epidemic, especially woman of color—but she represented all of us with HIV—white, black, Hispanic, gay straight, hemophiliacs. Evelyn was an energetic spirit who laughed easily, was extremely mischievous and was proud to be a lesbian woman. Evelyn stood up to represent Latinas when no one else was out there. May you rest in peace—you did lots of work here on earth—and we are all so proud of you. We love you Evelyn—all of you!"

Characteristics of Michigan Residents Living with HIV or AIDS

Quick Stats

As of 7/1/01

	Estimate ¹ of HIV Prevalence	Reported ² Living with AIDS	Reported ² Living with HIV/ not AIDS
MICHIGAN TOTAL:	13,500	4,844	5,249
GENDER		Pct.³	Pct.³
Male	10,400	81%	74%
Female	3,110	19%	26%
TRANSMISSION			
Male-to-male sex	7,160	55%	51%
Injecting drug use	2,970	23%	21%
Male-male sex + IDU	810	6%	6%
Blood products	270	2%	1%
Heterosexual	2,030	13%	18%
Perinatal	140	1%	2%
Undetermined ^{4,5}	NA	(13%)	(21%)
AGE AT DIAGNOSIS			
0-12 years	140	1%	2%
13-19 years	270	1%	3%
20-24 years	1,220	4%	13%
25-29 years	2,160	12%	19%
30-34 years	2,840	22%	21%
35-39 years	2,700	22%	18%
40-44 years	2,030	18%	11%
45-49 years	1,220	11%	6%
50-54 years	540	6%	3%
55-59 years	270	2%	1%
60-64 years	140	1%	1%
65 and over	140	1%	1%
Unspecified	NA	(0%)	(0%)
RACE/ETHNICITY			
White, non-Hispanic	5,000	40%	35%
Black, non-Hispanic	7,830	56%	62%
Hispanic	410	4%	3%
Asian	130	0%	0%
Native American	130	0%	1%
Unspecified	NA	(0%)	(2%)

Estimate of HIV prevalence in Michigan: 13,500

Counties in Michigan with more than 60 estimated persons living with HIV:

This does not include the prison population, which has a total of 670 inmates living with HIV/AIDS.

Allegan (80)	Kalamazoo (280)	Saginaw (180)
Bay (70)	Kent (650)	St. Clair (70)
Berrien (210)	Macomb (480)	Van Buren (70)
Calhoun (130)	Muskegon (100)	Washtenaw (430)
Genesee (520)	Oakland (1,420)	Wayne (1,330)
Ingham (410)	Ottawa (80)	City of Detroit (6,050)
Jackson (110)		

Total National AIDS cases reported through July 1, 2000: 753,907

83% male 43% White
17% female 38% Black
18% Hispanic

Asians and American Natives together were only 1%

Total Michigan AIDS cases reported through July 1, 2001: 11,577

84% male 41% White
16% female 55% Black
3% Hispanic

Michigan ranks 17th in the nation for numbers of AIDS cases ever reported and by rate Michigan ranks 19th.

Epidemiologic Profile

The "2000 Epidemiologic Profile of HIV/AIDS in Michigan" is now available. Call the MDCH HIV/AIDS Surveillance Section, at either the Detroit office (313) 876-0353 or the Lansing office (517) 335-8165, or see the web site: www.mihivnews.com/stats.htm.

Quarterly Statistics

OVERVIEW

In keeping with the MDCH HIV/AIDS Surveillance Section's report, you will see that the Michigan data shown here emphasize persons living with HIV and/or AIDS. In fact in this report there is only a brief breakdown of cumulative AIDS cases — cumulative including persons who have died.

The numbers that have taken prominence in the surveillance report are the estimated prevalence numbers — numbers that have been calculated using known data to show something closer to the real picture of the state of infection, and how widespread it is. They are now listed first in the table on this page.

Comparing reported AIDS cases to reported HIV can be like comparing apples to oranges since most people living with HIV have not been reported. So, for your comparison we have added here the percentage breakdown for the gender, behavior, age at diagnosis and race/

ethnicity of both reported persons living with AIDS and reported persons living with HIV not AIDS. As you compare the behavior percentages and the race/ethnicity percentages, it is easy to see in what direction the epidemic is moving. You may view the latest HIV/AIDS Surveillance Section report, "Quarterly HIV/AIDS Analysis," through our website (www.mihivnews.com/stats.htm).

If you have any questions regarding these data, please call the MDCH HIV/AIDS Surveillance Section, at either the Detroit office (313) 876-0353 or the Lansing office (517) 335-8165.

FOOTNOTES

Michigan Residents Living with HIV or AIDS

1. MDCH now estimates there are 13,500 HIV-infected persons (including those with AIDS) living in Michigan. This estimate includes all persons living in MI at diagnosis

of HIV or AIDS, including those not reported or not yet diagnosed. It is based, in part, on statewide maternal antibody seroprevalence survey data. It is supported by national estimates of HIV infection and rates of new AIDS diagnoses and deaths.

The minimum estimate given in each category is 130 persons (rounded up from 1% of the state total).

2. Includes reports that contain patient name or are otherwise unduplicated.
3. Age, sex, race, and behavior percentages are calculated excluding missing data. The percentages of total cases missing this demographic information are given in parentheses.
4. Includes persons with 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).
5. When heterosexual partners are not documented HIV-positive and risk behavior is unknown, these cases are reported here.

Michigan residents reported living with HIV/AIDS: Demographic breakdown

AS OF 7/1/01

	WHITE		BLACK		HISPANIC		OTHER/ UNKNOWN		TOTAL	
MALES:										
Male-Male Sex	2,350	73%	1,920	46%	113	43%	50	39%	4,433	57%
Injecting Drug Use	187	6%	885	21%	55	21%	7	6%	1,134	15%
Male-Male Sex/IDU	206	6%	311	7%	15	6%	5	4%	537	7%
Blood Recipient	91	3%	25	1%	1	0%	2	2%	119	2%
Heterosexual	83	3%	267	6%	29	11%	3	2%	382	5%
Perinatal	10	0%	49	1%	2	1%	0	0%	61	1%
Undetermined	279	9%	752	18%	47	18%	60	47%	1,138	15%
MALE TOTAL	3,206	(41%)	4,209	(54%)	262	(3%)	127	(2%)	7,804	100%
FEMALES:										
Injecting Drug Use	125	26%	577	34%	18	23%	7	16%	727	32%
Blood Recipient	12	2%	6	0%	0	0%	0	0%	18	1%
Heterosexual	252	52%	599	36%	43	56%	13	30%	907	40%
Perinatal	10	2%	43	3%	3	4%	1	2%	57	2%
Undetermined	90	18%	455	27%	13	17%	22	51%	580	25%
FEMALE TOTAL	489	(21%)	1,680	(73%)	77	(3%)	43	(2%)	2,289	100%
GRAND TOTAL	3,695	37%	5,889	58%	339	3%	170	2%	10,093	100%

Where to call

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.

INFORMATION

National Prevention

Information Network:

(800) 458-5231

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

Clinical consultation:

(800) 933-3413

The Health Resources and Services Administration provides consultation for health care professionals.

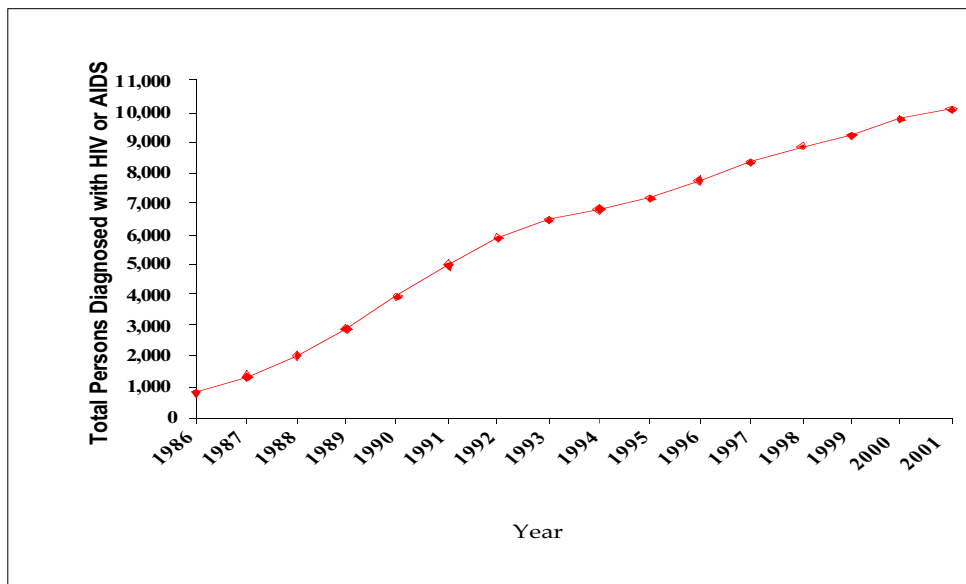
Clinical trials:

(800) TRIALS-A (874-2572)

Number of infected persons is increasing

Due to the combination of two factors, the total number of persons reported with a diagnosis of HIV infection or AIDS is increasing. The number of deaths has been declining, primarily due to effective therapies, since 1995. Meanwhile, there are new persons diagnosed with HIV each year. And though this number has declined each year since 1996, the number of diagnosed exceeds the number of those who die each year, leading to increased prevalence. Currently it is estimated by MDCH that there are about 13,500 persons living with HIV or AIDS in Michigan. This graph shows about 10,000 who have been diagnosed and reported.

Reported number of Michigan residents living with HIV or AIDS



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www.mihivnews.com

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Statewide Training

Schedules and contacts for training provided by the American Red Cross, Community Health Outreach Workers, the Wayne State University and Michigan State University AETCs are provided on the website at www.mihivnews.com/train.htm.

MDCH Training

On the website you will find the complete DHAS training schedules for HIV/AIDS and STD Sections, also the MDCH Division of Substance Abuse Evaluation's HIV/AIDS regional training centers training schedule. The following have fall registration.

STDs 101

October 11 Detroit
Contact Amy Peterson at (313) 256-3781.

Case Management Training

Participants must have already completed the five-day HIV Prevention/Test Counselor Certification training. It is necessary to attend the entire training session and satisfactorily complete the certification examination to become a MDCH-certified HIV/AIDS case manager.

2001 Training Schedule

October 1-5 Lansing
December 10-14 Detroit

Case Management Recertification Training

All MDCH-certified HIV/AIDS case managers must attend a recertification training every two (2) years in order to retain their certification. Case managers seeking recertification are invited to attend the first day of the upcoming case management trainings in Lansing and Detroit. *(See schedule above.)* **Contact:** Bear Pross (517) 241-5929.

HAPIS HIV Prevention/Test Counselor Training

Option 1: Five-Day HIV Prevention/ Test Counselor Training (Parts I and II)
Dates **Location** **Reg. Deadline**
Dec. 10-14 Detroit Nov. 16

Option 2:

Part I Two-Day HIV/AIDS Basic Knowledge Training

(HIV Prevention/Test Counselor Training, Part I)

Dates **Location** **Reg. Deadline**
Oct. 23-24 Lansing Sept. 28

Part II Three-Day HIV Prevention/ Test Counselor Training

Dates **Location** **Reg. Deadline**
Nov. 7-9 Kalamazoo Oct. 12
Nov. 28-30 Lansing Nov. 2

One-Day HIV/Test Counselor Update Training

Counselors who work in HAPIS funded/designated test sites are required to be updated every two years. For other options to meet update requirement, call Ellen Ives at (517) 241-5916.

Dates **Location** **Reg. Deadline**
Oct. 9 Lansing Sept. 14
Nov. 20 Detroit Oct. 26

Statewide Meetings

CHOW

Community Health Outreach Workers (CHOW) provides training statewide on HIV, STD and other community health information as related to outreach prevention and intervention strategies. CHOW meets the second Monday of each month at 1 p.m. with locations moving around the state. For more information, call CHOW (313) 963-3352.

HIV/STD and Adolescents Networking Committee

This statewide committee provides an opportunity to network with professionals in youth serving agencies. A subcommittee plans the annual Teen Peer Education Conference. **Contacts:** Laurie Bechhofer (517) 335-7252 or Andrew Yee (248) 545-1435.

MHAC

The Michigan HIV/AIDS Council is a merger of the Statewide planning groups for prevention and care. The next meeting

will be held November 14 in Lansing. This year's awards will be presented during the meeting. **Contact:** Debbie Davis, (517) 241-5919.

PLWH/A Task Force

The Persons Living with HIV/AIDS Task Force plays an active role in Michigan's community planning process. **Contact:** Belinda Chandler (517) 241-5926.

Michigan Women and AIDS Committee

MI Women and AIDS Committee usually meets on the last Friday of each month, from 2 to 4 p.m. at the Detroit Health Department, 1151 Taylor, Room 420B. Food and Beverages provided. A subcommittee plans the bi-annual conference. **Contact:** Bill Vallier (313) 876-0399.

See the website Calendar Month At-A-Glance for meeting dates.

Michigan Conferences and Workshops

P.A.C.T. Conference - Peers Acting for Change Together

October 5-7 West Michigan

This year's Adolescents and HIV/STDs Peer Educator Conference will be held at the Double J Ranch, near Muskegon. **Contact:** Andrew Yee (248) 545-1435.

HIV/STD Conference "2001: An Odyssey of Health, Hope and Healing"

December 6-7 Grand Rapids

This year's conference will be held at the Crowne Plaza Hotel in Grand Rapids. Workshops are diverse and will include STD and HIV issues. Drawing from last year's innovation, a special Institute on Mental Health is also being planned. Registration form and conference brochure available on our website at www.mihivnews.com/odyssey.htm. Early registration is due by November 16. **Contact:** Diversified Management Services (517) 663-5147.

National Conferences

Growing Up with HIV/AIDS: Issues

October 4-5 Memphis, TN

This conference will address issues affecting the community by the growing numbers of children, adolescents, and their families living with HIV/AIDS. **Contact:** Training Coordinator, tel: (901) 448-2660, fax: (901) 448-7097, TTD: (901) 448-4677, e-mail: cgreenwald@utm.edu, web: www.utm.edu/bcdd.

APHA 129th Annual Meeting and Exposition

October 21-25 Atlanta, GA

Meeting Sponsor: American Public Health Association (APHA). **Contact:** Edward Shipley, (202) 777-2478, e-mail: edward.shipley@apha.org, web: www.apha.org.

Back to the Future: School Health in the 21st Century - 75th Annual School Health Conference of the American School Health Association

November 7-11 Albuquerque, NM

Contact: ASHA, 7263 State Rte 43, PO Box 708, Kent, OH 44240, tel: (330) 678-1601 ext. 127, fax: (330) 678-4526, e-mail: mbramsi@ashaweb.org, web: www.ashaweb.org.

International Conferences

Workshop on Management of Treatment-Experienced Patients

September 19-21 Chicago

Contact: the Organizing Secretariat MTEP at the International Medical Press, 3340 Peachtree Rd, Atlanta, GA 30326, tel: (404) 233-6446, fax: (404) 233-2827, e-mail: mtep@us.intmedpress.com, web: <http://conferences.intmedpress.com/mtep>.

North American AIDS Treatment Action Forum

December 2-5 Vancouver, Canada

Scholarships & registration online: www.nmac.org/nataf/2001/welcome.htm.

Satellite Conferences

Update on Revised Guidelines for HIV Counseling, Testing and Referral

November 15 1-3 p.m. EST

For more information, web: www.cdcn.pin.org/broadcast, or fax: 888-CDC-FAXX (when prompted, enter document # 130040 and a return fax number).

Michigan Events



Sunday, September 16: Royal Oak
web: www.aidswalkdetroit.org



Saturday, September 29: Detroit, Grand Rapids, Berrien Co.

Sunday, September 30: Ann Arbor, Greater Flint Area, Kalamazoo, Lansing, Muskegon, Traverse City
web: www.aidswalkmichigan.org

International Events



This year's theme is "Men and AIDS: I care. Do you?" Start planning now. You can find resources at www.avert.org/worldaid.htm.

www.mihivnews.com/calendar

Please visit our website for a more extensive listing of conferences and events, meetings and trainings.

Hispanic outreach in Michigan

Agencies reach out to Latino MSM

Continued from Page One

and has been doing MSM outreach that has included Latinos for about two years. CARES began in bars and has expanded to rest stops and public parks; and CARES is now going into Chat rooms on the Internet.

With Hispanics only 3% of the Michigan population it is sometimes harder to reach this smaller population with intervention. It makes prevention work more difficult, even when there is money. "Compared to other states, we have a smaller Hispanic population. This makes it more difficult in terms of targeting – unlike LA where there are large pockets of Hispanics," said Michel.

"The population is much more identifiable there. Especially for populations like MSM, I think it's easier to target prevention there than a place like southwest Detroit, for instance."

HISPANICS AGAINST AIDS

Hispanics Against AIDS (HAA) is the first organization to reach out specifically to Latino MSM on the west side of the state. This past year, through the initiative of two board members, Jesus Jaime and Tony Peña, HAA has been exploring the needs of the invisible community with the Hispanic population, Latino MSM.

Teresa Cruz said she and several board members were invited to a workshop/focus group put on by Latina/o Lesbian, Gay, Bisexual & Transgender Organization (LLEGO) and the Midwest Hispanic AIDS Coalition in Chicago. These two groups were looking for feedback from CBOs to see what the issues were in the local Hispanic communities. In Chicago, Cruz learned of the need for empowerment programs for the Latino/a gay, lesbian and transgender community. "I am just shocked that I was not even aware of the Latino gay community here in Grand Rapids," said Cruz.

With assistance from Jaime and Peña

in writing the proposal, HAA now has a grant from the Michigan AIDS Fund (MAF) to address the needs for Latino MSM. This summer HAA began training Latino MSM in outreach and intervention with the LLEGO program called *Cultura es Vida*. "Once they identify more people, then they can do the empowerment training."

These new board members have promoted HAA to the local Latino gay community as a nonjudgmental place; and HAA had no trouble in recruiting members from the community for the training. They also recruited the new part-time outreach worker, Jesse Ramos.

For more information, call HAA at 616-742-4280.

MIDWEST AIDS PREVENTION PROJECT

The **Midwest AIDS Prevention Project (MAPP)** is targeting gay Latinos with prevention through its program called *La Comunidad*. CEO, Craig Covey saw the need to organize this community for HIV prevention and community building. MAPP held a focus group last summer to assess the needs of Latino MSM.

Michael Flores and Victor Oliveros have coordinated the new program since it began in October 2000. Flores was recruited from one of the first events held by *La Comunidad*. Flores, a native of Texas, is a first-generation American, Catholic and bilingual. So he appreciates this special outreach that is culturally specific. "Coming into *La Comunidad*," he told the *Metro Times*, "I knew there were going to be people just like me, who are Latin, who are gay and who dealt with the same issues of religion and culture and family."

Flores was new to HIV/AIDS prevention and intervention work when he came to MAPP. He has since been trained through the updated American Red Cross Hispanic HIV/AIDS instructor program as well as the MDCH - HAPIS HIV test counselor

program. In addition he attended the *Cultura es Vida* training in Grand Rapids.

La Comunidad reaches out to gay Latinos through planned social events and a monthly support group at MAPP. "Everything that we are doing now is social advocacy and community building," said Flores. "As we build up our member base, we will continue with our mission and be more intervention oriented."

This summer MAPP hired two additional part time staff, Janiel Moises Perez from Lansing and Ricky Feliciano from Detroit, so the program can expand to other areas in Michigan. "We are very excited about this new statewide initiative to organize the gay and bisexual Latino community. ... The support for this has been universal ... and we think our 3 new Latino outreach workers are going to be well-received indeed," said Covey.

"We are collaborating with agencies in Flint, Lansing, and Grand Rapids to begin to reach this growing and at-risk population. And in Detroit we have developed a close relationship with the Detroit Hispanic Development Corporation. Our activities will promote community-building, self-esteem, communication, and health promotion," he said.

For more information, call MAPP (248) 545-1435.

DETROIT HISPANIC DEVELOPMENT CORPORATION

Detroit Hispanic Development Corporation also does prevention outreach to MSM. Roberto Alvarez was hired this summer as an outreach worker. Alvarez is from Houston and has been living in the Detroit area for three years. He will target MSM as well as high-risk heterosexuals. One of his first tasks has been creating flyers in Spanish tailored specifically to the Detroit Hispanic community.

Michel said the congregation of Latino

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Hispanics Against AIDS

Agency targets culturally diverse population in Grand Rapids area

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work until after her brother died of complications from AIDS. Cruz faced the barriers at the hospital and witnessed the language barrier for her mother with the case-worker. This woke her up to her community's need for her training. "On top of my pain, I would have to explain to my entire family," said Cruz. "After that was over I decided I needed to do something for my community." Since then, the cause could not ask for more commitment or dedication than it has had from Theresa Cruz.

With the first grant from Michigan AIDS Fund to allow HAA to provide more Red Cross training for the Hispanic community, Cruz — working part-time for HAA (while keeping her full-time job) — recruited and trained 50 people, who are still very active, she said.

Under her direction, HAA's programs have been targeting the culturally diverse Hispanic community in greater Grand Rapids with prevention education and advocacy for those infected with HIV. This

is a Grand Rapids community that, according to the 2000 census, has grown considerably. In the city alone, the population of Hispanics of any race has grown from a reported 9,394 in 1990 to 25,818 in 2000.

"Still I find a lot of barriers to prevention and care, but little by little, I think we'll get there. We just have to develop more culturally sensitive programs. HAA cannot do it alone, but if we collaborate with agencies, we'll get there," said Cruz.

HAA has always worked collaboratively with other organizations. With referrals from Clinica Santa Maria and the Hispanic Center, Cruz has provided skills building and empowerment training for high-risk heterosexual women and youth. And HAA provides prevention education for several youth groups including migrant youth.

HAA started out in the American Red Cross building in Grand Rapids with the Kent County Chapter as its fiduciary. For the past two years, Cruz and her staff have been in the Clinica Santa Maria building along with the Hispanic Center. This has

made HAA much more accessible to the Latino community. With programs and staff expanding, they are moving a few blocks into the old Hispanic Center building this fall.

Along with a new MSM initiative, HAA has applied for funding to add peer educators for an adherence program; and to the Minority Health Initiative to hire a full-time prevention specialist for counseling and testing. This job is currently done by five trained volunteers.

At the time of the interview, Cruz was looking forward to taking off the exec's hat and leaving the politics to someone else. Jamett-Yount is new to the community planning process but said she is looking forward to working with everyone and collaborating with other agencies in Region 5. Jamett-Yount also plans to be involved with the Michigan HIV/AIDS Council. Her goal as the new HAA exec is "to move the agency forward; to make sure we are out in the public eye," she said. "We need to be in the forefront of prevention."

Latino MSM

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MSM in metro Michigan cities is not as easily accessed by prevention providers as it is in larger cosmopolitan areas. "And that makes the work more difficult, because it's not like you can just show up to do a bar outreach to Latino MSM," said Michel. "And there are other cultural issues. There's less of a gay identification, and much more heterosexually self-defined men who have sex with men sometimes.

"Especially if they are the active partner. These men are that much more difficult to reach. You are not going to be able to provide a gay message. ...You are not going to be able to use materials that are

explicitly homoerotic and have these be really effective with men who don't identify as gay. I don't think that's unique to Hispanics, it's probably just more so than with other racial or ethnic groups."

According to a report released in August by the Policy Institute of the National Gay and Lesbian Task Force, current HIV prevention methods do not adequately address social and cultural factors that can contribute to increased risk for HIV infection among Latino gay men. The report, entitled *Social Discrimination and Health: The Case of Latino Gay Men and HIV Risk*, directly connects social discrimination to an increased risk of HIV infection in the gay Latino population. The outreach and empowerment training that was provided by LLEGO this summer

should help these new Michigan programs address these issues.

While it is clear that black MSM are leading the statistics of new HIV infections in Michigan, this new outreach to Latino MSM may be an important intervention to prevent rates rising among the Hispanic population in Michigan. While the percentage of reported persons living with AIDS and HIV in the Hispanic population is still low, the rate is over 300% that for whites.



The first International

Reported by Dr. Paul Benson

This was the first international conference put on by the International AIDS Society (IAS) on HIV Pathogenesis and Treatment. This relatively new organization represents the world's professional society of scientists, health care workers, and others engaged in HIV/AIDS prevention, control, and care. Over 3,500 professionals from all over the world arrived in Buenos Aires, Argentina to participate in three full days of intensive work including 748 scientific presentations, July 8–11, 2001. These presentations addressed not only the present situation in the fight against AIDS, but also future solutions to stop the epidemic worldwide.

WHEN TO INITIATE THERAPY

As discussed in presentations, despite the undeniable success of HIV drug therapy, many questions remain unanswered. Recent changes to the published U.S. Health and Human Services guidelines recommended lowering the threshold of CD4 cells from 500 to 350 of when to start therapy. There was opinion by some leading experts at the conference of even dropping this number lower, perhaps as low as 200, regardless of the viral load level.

Delaying therapy may reduce the time exposure to toxicities related to HIV drugs. Caution is definitely advised at this time before adopting such a strategy, as more information is needed before making this a solid recommendation. The rationale for delaying therapy is the knowledge we now have that with good therapy, the immune system is able to an extent to repair itself. However, we don't want to delay therapy beyond a point of no return (recovery) or getting complications of HIV; and we are not certain exactly where that point is.

NEW CLINICAL TOOLS AND "BOOSTER" DRUGS

A promising new test may also assist in determining when to start therapy or even to judge the effectiveness of therapy. Currently we use plasma HIV RNA levels, commonly referred to as viral load testing. An HIV DNA test, not currently in use, would identify HIV virus inside and incorporated

into the cells. Low amounts of HIV DNA might tip the scale to delay starting therapy while high levels would suggest the opposite.

At some point in the management of HIV, the situation may develop that would require shifting therapy to a higher level. There were numerous presentations on combining different HIV drugs and using booster drugs. Booster drugs can reduce the number of pills one has to take while increasing drug levels, providing better action against the virus, and is one approach for managing resistant virus.

Therapeutic drug monitoring (TDM) may become important for identifying unique drug interactions, which can reduce or increase the amount of a drug in the bloodstream. This is important for effectiveness or toxicity of medication. A note with TDM is that the drugs work inside the cells and not in the blood stream which is what we are measuring using TDM. TDM is used less in this country than in Europe. This may change soon as we learn how to best interpret TDM results.

THERAPY COMPLICATIONS

Anyone knowledgeable about taking HIV medication understands the difficulties associated with taking these types of medication. Drug failure occurs early on if medication is not taken exactly as prescribed. Emerging toxicities from drug therapy also remain a significant concern. Besides physical discomfort and side effects, medication can cause diabetes, high cholesterol, high triglycerides, abnormal liver function, and more problems. The success of a treatment strategy requires a medical plan of sequencing medication in a proper order and adherence to the plan.

It is generally agreed that up to 50% of patients may develop lipodystrophy syndrome to varying degrees after 3 years of therapy. Although common, it is severe in only 10% of the time. Lipodystrophy may include alterations of body shape, elevations of cholesterol or triglycerides, or diabetes. The role of HIV itself contributing to this syndrome is unclear, and medication seems to be more involved with this syndrome. Cardiovascular risk is uncertain and can't be ignored in the long term.

AIDS Society Conference

VIRAL ERADICATION STILL ILLUSIVE

Nothing new, but definitely worth repeating is that viral eradication (a cure) is not yet attainable with current therapies. The biggest reason for this failure is the inability to completely eliminate all virus. The virus can hide out in reservoirs not reachable with today's current medication and in inactive, or latent cells where medication will not work.

Even in the light of chronic infection, the good news is that reduction of virus does dramatically reduce progression of disease. Also, selective pressure from using medication probably makes the virus less fit or able to damage the immune system. This maintenance of reduced fitness may be an important treatment strategy in the person with heavy resistance.

STRUCTURED THERAPIES

Anthony Fauci, from the National Institute of Health, gave a keynote presentation that included structured intermittent therapy (SIT). This concept is different from structured therapy interruption (STI). Both of these approaches have their own unique risks and possible benefits. His cohort found that when people stopped their therapy, the markers of disease progression (viral load and CD4 Lymphocytes) did not start to show progression until about 10 days after they stopped. He studied patients up to 30 months of cycling their medications one week on and one week off. To date he has not observed any progression of disease. Furthermore changes in cholesterol, tryglycerides, lipodystrophy and diabetes were reduced. Much more needs to be learned about this concept of intermittent therapy, as it is not the correct thing to do with all medications. There are also many unanswered questions including durability and resistance to medications that needs to be answered. Neither of these two types of therapy should be attempted without doctor supervision.

There is some promise that interrupting therapy at given intervals allows escape of virus so the immune system can use this to autoimmunize itself. Another potential for interrupting therapy is for the patient who is resistant to most medications. This interruption might allow time for the virus to mutate back to what is called wild type virus. Wild

type virus is more sensitive to medication than virus mutated by medication.

Although these concepts are being studied and do appear attractive, more time and knowledge is necessary before they can be recommended. Certainly reducing the total amounts of medication will potentially reduce toxicities and medication costs while improving quality of life.

DRUGS ON THE HORIZON FOR CARE

Fortunately there are some new drugs being developed that should become available in the not too distant future. There will be a new class of drugs called fusion inhibitors. This is exciting because fusion inhibitors will fight the virus differently from currently available medications. These medicines will be available only in injection form to be used similar to how diabetics use insulin. The mechanism for action of fusion inhibitors will be preventing the final stage of HIV entry into the cells. This is necessary for the virus to survive. Current medications all work on preventing the virus from replicating itself after they are inside of cells.

The first fusion inhibitor expected to be released is T-20. Another one being developed is called T-1249. T-1249 should work if one becomes resistant to T-20. Both of these drugs seem to be tolerated with minimal to no toxicities, other than perhaps some soreness around the injection site. They appear to be effective in heavily pretreated individuals in reducing viral load. Furthermore, resistance to other classes of HIV drugs does not seem to interfere with the fusion inhibitors. More information and experience is needed to determine how to best use this new class of drugs.

Tipranavir, a protease inhibitor unique from current protease inhibitors, promises to be effective against the virus after other drugs in its class have failed. Another new compound, already available in expanded access programs, is Adofovir. This is very similar to the nucleoside compounds currently used, however it has some important differences that makes it effective when there is resistance to other drugs in this class.

Another concept of using drugs is to specifi-

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**The International
AIDS Society
(IAS) on HIV
Pathogenesis
and Treatment
represents the
world's
professional
society of
scientists, health
care workers, and
others engaged
in HIV/AIDS
prevention,
control, and care**

The first International AIDS Society Conference

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cally stimulate the immune system. Interleukin II has been and continues to be studied for this treatment approach and appears successful.

THERAPY STRATEGIES

Much thought needs to be given when deciding when one should take advantage of these newer compounds. We know that it takes a combination of different drugs to make up an effective regimen that will be successful and remain durable. In a therapy experienced person, starting one new drug mixing it with previously used drugs, may make that new drug ineffective in a short period of time. It may be better to avoid switching regimens prematurely, to wait for another new drug, in order to introduce more than one new drug at a time. Individualization of therapy still remains of extreme importance.

HIV AND HEPATITIS C

Co-infection of HIV and Hepatitis C virus continues to be a concern. Both viruses share the similar routes of transmission which result in a high rate of co-infection in HIV infected drug users - up to 90%. There is increasing recognition of the deleterious effects HIV has on Hepatitis C. HIV worsens and accelerates the course of Hepatitis C. In the person with Hepatitis C

without co-infection of HIV, the disease can exist as long as 30 years before being problematic. For HIV patients, 10 years after Hepatitis C infection, 15 % might expect to develop cirrhosis of the liver, compared to 2.6% in those without HIV.

Hepatitis C, on the other hand, seems to have no effect on progression of HIV. However, HIV patients co-infected may have a more difficult time tolerating HIV medication with untreated Hepatitis C. There is currently treatment available for Hepatitis C, although it is far from 100% effective, and has many side effects. There are promising new forms of interferon which should increase the success of therapy and reduce side effects as well. Interferon, combined with another drug called Ribavirin, increases the success rate of treating Hepatitis C.

THE GLOBAL PERSPECTIVE AND PREVENTION

The HIV global epidemic continues to spread, especially in the African nations. New data suggests that HIV is also spreading in the Northern Hemisphere (including the United States). It seems that young gay men, African Americans, and women are accelerating in the number of new infections. It is important to continue education, with targeted interventions. Young gay men may not have heard enough about

the disease or have seen friends die from it. If you ignore education, the risk of HIV infection increases.

Paradoxically, with effective treatments, some people think that HIV is not that bad to have. Some say that drug advertising picturing young healthy beautiful people taking these medications gives the appearance that HIV isn't that bad. It's important to educate those infected that it's not ok to infect someone else. An oral abstract was presented discussing how the rectal mucosa, even in people with an undetected viral load, can become a reservoir for virus.

VACCINE UPDATE

Optimism prevails that there will be a safe and at least partially effective vaccine identified this decade. Some vaccines are even being tested for efficacy in the United States and Thailand at this time. Results should be available by the end of 2002. We want vaccines that will either prevent one from becoming infected, allow one to be infected for a short period of time and then recover, or allow one to live with HIV without ever progressing to the onset of illness.

Paul Benson, D.O. has a clinical practice in metro Detroit where he treats persons living with HIV and AIDS. Dr. Benson is the Chair of the Editorial Board for Michigan HIV News and a MAPP Board member.

Michigan HIV News

MAPP

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Michigan Walks For AIDS

In communities all around the state this month, walkers will be raising much-needed funding for local ASOs and CBOs. See the Calendar on page 7.