Michigan HIV News

A PUBLICATION OF THE MIDWEST AIDS PREVENTION PROJECT SPRING 2002

INSIDE

New surveillance projects reported by the HIV/AIDS Surveillance Section of the MDCH Bureau of Epidemiology.

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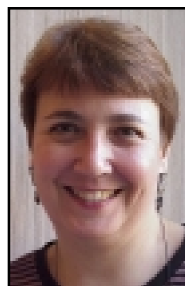
No small change

An interview with Ellen Ives



You could count on one hand Randy Pope's original Special Office on AIDS Prevention (SOAP) staff members in the mid-1980s. That founding group has since evolved into the HIV/AIDS Prevention and Intervention Section (HAPIS) with a staff now of 45. Ellen Ives started working as a trainer on a contract basis for SOAP in the summer of 1987. Her departure at the STD and HIV Conference in December was the biggest loss to HAPIS since Pope's retirement in 1999.

Several people you may remember have graduated from Ellen Ives' top notch Training Unit, Loretta Davis-Satterla, Harry Simpson, Odalis Martin. And Andrea Battle Kelly, while still with the unit, is now a CDC public health advisor.

News: *In the years you have been with (HAPIS), the prevention philosophy of the unit evolved over time.*

Ives: Sometimes I think the more things change the more they stay the same. In the past few years we have seen a lot of recycling old ideas or coming back to old ideas. I think when I started, a lot of our education was focused on general public education, teaching the basics, dispelling hysteria and fear. That I would say has been a pretty significant change. Over time we have been trying to get away from that, targeting the folks who really need the information, making the information

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Retrovirus Conference: A care overview

By Paul Benson, D.O.

Over 3,500 clinicians and researchers met in Seattle, Washington for the 9th Conference on Retroviruses and Opportunistic Infections, February 24-28, 2002. By far the biggest issue from this year's conference is lipodystrophy. It still remains elusive and difficult to understand.

LIPODYSTROPHY

This can be abnormal fat accumulation (usually in the abdomen or behind the neck), fat loss (lipoatrophy) which is usually in the face or arms and legs, and dyslipidemia (abnormally high cholesterol and/or triglyercides). There are several possible explanations for this observed syndrome. One belief is that as people are doing better, the immune system rebuilds itself, and this rebuilding may be the cause of lipodystrophy. Ironically, it may be that the more immune compromised you start off (the lower the CD4 count) and the healthier you get (a larger the increase in CD4 cells), the more probability you have of getting lipodystrophy. Race may be of issue, as lipodystrophy has been reported to be five times more common in Caucasians.

Protease Inhibitors and Nucleoside Reverse Transcriptase Inhibitors (NRTI'S) have both been implicated in causing lipodystrophy, yet some people have experienced this syndrome without ever starting this antiviral medication. Evidence shows there

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Bush advisory council meets

"This is not a partisan issue. This is a human issue," said Dr. Louis Sullivan, one of the 26 Bush administration appointees to the Presidential Advisory Council on HIV/AIDS formed in 1995 to advise the White House and federal agencies about prevention, treatment and cure for AIDS. Sullivan is PACHA co-chairperson with Dr. Tom Coburn, former Oklahoma congressman. *(See www.mihivnews.com/move.htm for the list of new members.)*

The first meeting of the council included comments from some members on the issue of abstinence education. Ingrid Duran, president of the Congressional Hispanic Caucus Institute, said comprehensive sexuality education - which teaches abstinence and safe sex - is better for youth than simply abstinence education. However, at least four of the new members are vocal proponents of abstinence education.

Health and Human Services (HHS) Secretary Tommy G. Thompson swore in the council members for their four-year terms. The Bush administration is committed to the fight, budgeting a total of $12.9 billion for HIV/AIDS, including $255 million more for AIDS research, said Thompson. Already, he added, $597 million has been allocated for hard-hit communities, and $500 million has been pledged for a new Global Fund to fight AIDS, TB and malaria. *Washington Times (03.15.02)*

WHAT THEY LEARNED

The Presidential Advisory Council on HIV/AIDS heard some sobering details of the HIV/AIDS epidemic:

- As of June 2001, 822,944 persons in the United States have contracted HIV/AIDS and 470,785 have died of the disease.
- Globally, at the end of 2001, 40 million people were living with AIDS and 25 million had died of it. Another 40 million more are expected to become infected by 2010.
- An effective AIDS vaccine could be a decade or more away, Dr. Anthony Fauci said.

Detroit tops charts at National STD Conference

Gonorrhea has leveled off in the United States but rates are still rising in many cities hit hardest by the infection. Gonorrhea is quickly diagnosed and can be treated with antibiotics. Left untreated, however, it can facilitate the spread of HIV and cause chronic pelvic pain and infertility. The disease rose more than 20 percent in five cities that already had high rates including Detroit. The gonorrhea figures were presented at the CDC's National STD Prevention Conference in San Diego. *Associated Press (03.05.02)*

Detroit was the US city with the most new cases of syphilis in 2001, according to preliminary data. Despite a major education effort by health authorities, syphilis cases in Detroit increased in 2000 and 2001, with more than 350 new cases last year. *Detroit Free Press (03.06.02)*

world news briefs

3/20 - Bush Administration commits to increase (all) foreign aid spending $10 billion over 3 years to level US spending at $15 billion by 2006. (UN Secretary General Kofi Annan has said $7 - $10 billion is needed a year for AIDS alone.)

3/20 - WHO announced a list of 40 "quality" AIDS drugs, approved for purchase by UN agencies. The list legitimizes generics regardless of intellectual property rights.

3/4 - The UN plans world's first major campaign to use food aid to counter the HIV/AIDS pandemic in Southeast Asian and East Africa.

India – now only trails South Africa in total people infected, with 3.97 million HIV-positive cases.

Proposed budget has ADAP scrambling

President Bush's proposed 2003 budget provides no additional funding for the Ryan White Care Act or HIV prevention. National Institutes of Health AIDS research received an additional $300 million in the proposal. The proposed budget could be devastating for many HIV-infected people, advocates say. The AIDS Drug Assistance Program (ADAP), now needs $162 million to cover shortfalls for FY 2002 and FY 2003, said Bill Arnold, chairperson of the ADAP Working Group in Washington, D.C. AIDS advocates hope Congress will improve on the president's budget, as it has in the past. *AIDS Alert (04.01.02) Note: Michigan's ADAP is still in the black, with an updated drug formulary as of 4/1 (http://www.mihivnews.com/dap_formulary_4-02.htm).*

MORE BUSH ADMINISTRATION APPOINTMENTS

- David Fleming, M.D., named acting director of the Centers for Disease Control and Prevention (CDC), one of three deputy directors under outgoing Director Jeffrey Koplan.
- Elias A. Zerhouni, M.D., to head the National Institutes of Health (NIH), a senior scientist and executive vice dean of the Johns Hopkins School of Medicine.
- Richard H. Carmona, M.D., M.P.H., FACS to be the Surgeon General, medical school professor at the University Arizona.
- Elizabeth M. James Duke, Ph.D., named administrator of the Health Resources and Services Administration (HRSA), acting administrator since March 2001.

For more information on these appointments, see www.mihivnews.com/move.htm.

CA LEADS MANAGED CARE

Managed care plans in California will now be required to refer HIV patients to doctors certified as AIDS specialists under regulations scheduled to take effect in July, making the state the first to impose this requirement on private health insurers. *New York Times (03.19.02)*

What's new with Michigan HIV/AIDS Council

The Michigan HIV/AIDS Council convened its first meeting of the year on Jan. 17. Debra Szwejda, HAPIS manager, continues as the Council Chair as appointed by MDCH. Shawne Parker was re-elected community co-chair to represent prevention. Re-elected Community Co-chair for care, Sammye Stamper acknowledged the body as "really coming into its own" as it enters its third year of existence.

MHAC WORKGROUPS

Prior to the January MHAC meeting, the executive committee decided to reconvene only four of the workgroups.

Workgroup	Chairs	HAPIS staff
African American Issues	Greg McAllister	Robin Orsborn
Hepatitis B& C	Joy Schumacher	Lisa Taton
Rural Issues	Mark Peterson	Francisco Michel
Youth Involvement	Nicole Adelman	Kris Judd

Adherence, access and monitoring pilot

HAPIS awarded ADAP funds for a one-year pilot period to increase HIV medication access, adherence and monitoring services. Programs and organizations funded include:

- **AIDS Partnership Michigan** for expansion of their MedLine medication adherence program and for services targeted to African American MSM through a partnership with **Men of Color Motivational Group Inc.**;
- **Berrien County AIDS Center** for focused HIV medication access, adherence and monitoring services targeting high risk populations;
- **Children's Hospital** of Michigan for Project Challenge's Comprehensive Continuum of HIV Medication Access, Adherence and Monitoring Services in the pediatric HIV clinic under the auspice of **Wayne State University**;
- **Lansing Area AIDS Network** for continuation of their Adherence Angel Project which began in July 2001; and,
- **HIV/AIDS Advocacy Program at Michigan Protection and Advocacy Service Inc.**, in partnership with **YOUR Center** in Flint, and another contractor in Region 6 for the Adherence Treatment Advocacy Program which will provide services in that region.

For more information about these programs or if you have any questions, please contact Christina Tabaczka, HAPIS Consultant, at (734) 604-1776 or via email at ctab@umich.edu.

CDC brightens Men of Color

The Centers for Disease Control and Prevention (CDC) has awarded Detroit-based Men of Color Motivational Group Inc. (MOC) a grant totaling $1.25 million to target young gay men (ages 13–24) with a prevention program over the next five years. Called H.O.U.S.S.E., this safe sex education program will outreach to members of Detroit's "houses" of informal social fraternities for young men who have sex with men.

MOC Executive Director Greg McAllister was quoted in *Between the Lines* saying the youth are "discarded from the cultural norm, coming together to create their own families." Johnathan Davis, an MOC outreach worker, is also the "father" of one of the 15 recognized houses in Detroit. He will be the point man and community liaison for the H.O.U.S.S.E. program. For more information, call MOC at (313) 964-4601.

HAAP conducts legal needs assessment

The HIV/AIDS Advocacy Program (HAAP) at Michigan Protection & Advocacy Service, Inc., is conducting a statewide legal needs assessment for consumers and care providers. HAAP has worked with consultant, Laura Anderson to issue a survey that really gets at what PLWH/A need from their legal advocacy services. Results will be utilized for future program planning and changes. If you have questions, call Michelle Johnson at (800) 292-5896, ext. 670.

2001 STD & HIV CONFERENCE

A total of 407 people attended this annual event, which was held in Grand Rapids in December. Award recipients:

- **Compassionate Heart Award:** Laura Anderson
- **Taking it to the Streets Award:** Peggy Curry
- **In the Trenches:** Cazz Cabot

The **Living Memory Award** was presented posthumously to Evelyn Malave.

STATE SCHOOL BOARD SAVES HEALTH CENTERS

State Board members unanimously approved a resolution in January urging continued support of school-based and school-linked health centers in Michigan. These centers risked closing when the governor slashed the state budget in November. The state legislature has supported the Board by introducing an emergency school aid bill (pending) to revive funding for the centers. These centers have provided an important prevention link for teens at-risk for HIV and STDs.

SCRUBS

No, this isn't about the new TV show. The Midwest AIDS Prevention Project has a new program for medical professionals – to increase their ability to communicate effectively with their gay and lesbian patients. MAPP recently received a three-year grant from MDCH to provide this free training statewide. Call MAPP (248) 545-1435.

Characteristics of Michigan Residents Living with HIV or AIDS

As of 1/1/02

	Estimate [1] of HIV Prevalence	Reported[2] Living with AIDS	Reported[2] Living with HIV/ not AIDS
MICHIGAN TOTAL:	**15,500**	**5,037**	**5,441**
GENDER		**Pct.[3]**	**Pct.[3]**
Male	11,940	80%	74%
Female	3,570	20%	26%
TRANSMISSION			
Male-to-male sex	8,220	55%	51%
Injecting drug use	3,410	23%	21%
Male-male sex + IDU	1,090	7%	7%
Blood products	310	2%	1%
Heterosexual	2,330	13%	18%
Perinatal	160	1%	2%
Undetermined[4,5]	NA	(13%)	(22%)
AGE AT DIAGNOSIS			
0-12 years	160	1%	2%
13-19 years	310	1%	3%
20-24 years	1,400	4%	13%
25-29 years	2,480	12%	19%
30-34 years	3,260	22%	21%
35-39 years	3,260	22%	20%
40-44 years	2,330	18%	12%
45-49 years	1,400	11%	7%
50-54 years	620	6%	3%
55-59 years	310	2%	1%
60-64 years	160	1%	1%
65 and over	160	1%	0%
Unspecified	NA	(0%)	(0%)
RACE/ETHNICITY			
White, non-Hispanic	5,580	39%	35%
Black, non-Hispanic	8,990	56%	62%
Hispanic	470	4%	3%
Asian	130	0%	0%
Native American	130	0%	1%
Unspecified	NA	(0%)	(2%)

Quick Stats

Estimate of HIV prevalence in Michigan: 15,500

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

This does not include the prison population, which has a total of 700 inmates living with HIV/AIDS.

Allegan (100)	Kalamazoo (320)	Saginaw (200)
Bay (80)	Kent (750)	St. Clair (90)
Berrien (240)	Macomb (570)	Van Buren (70)
Calhoun (150)	Muskegon (120)	Washtenaw (500)
Genesee (580)	Oakland (1,610)	Wayne (1,540)
Ingham (450)	Ottawa (90)	City of Detroit (6,960)
Jackson (130)		

Total National AIDS cases reported through July 1, 2001: 765,558

83% male 43% White
17% female 38% Black
19% Hispanic

Asians and American Natives together were 1%

Total Michigan AIDS cases reported through January 1, 2002: 11,925

83% male 41% White
17% female 56% Black
3% Hispanic

Michigan ranks 17th in the nation for numbers of AIDS cases ever reported and by rate Michigan ranks 29th.

Epidemiologic Profile

The "2000 Epidemiologic Profiles of HIV/AIDS in Michigan" are 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 quarterly statistical 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.

The table above includes 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 15,500 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 and results from a study on completeness of reporting. 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).

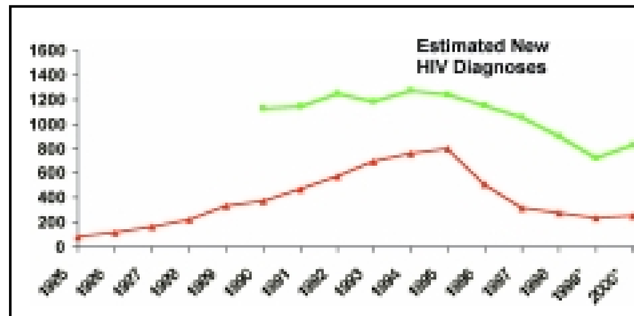
5. When heterosexual partners are not documented HIV-positive and risk behavior is unknown, these cases are reported here.

Michigan residents reported living with HIV/AIDS: Demographic breakdown

AS OF 1/1/02

MALES:	WHITE		BLACK		HISPANIC		OTHER/ UNKNOWN		TOTAL	
Male-Male Sex	2,418	73%	2,004	46%	121	44%	51	35%	4,594	57%
Injecting Drug Use	188	6%	886	20%	59	21%	9	6%	1,142	14%
Male-Male Sex/IDU	213	6%	333	8%	15	5%	5	3%	566	7%
Blood Recipient	90	3%	26	1%	1	0%	2	1%	119	1%
Heterosexual	82	2%	263	6%	30	11%	5	3%	380	5%
Perinatal	10	0%	53	1%	2	1%	0	0%	65	1%
Undetermined	298	9%	805	18%	48	17%	73	50%	1,224	15%
MALE TOTAL	**3,299**	**(41%)**	**4,370**	**(54%)**	**276**	**(3%)**	**145**	**(2%)**	**8,090**	**100%**
FEMALES:	**WHITE**		**BLACK**		**HISPANIC**		**OTHER/ UNKNOWN**		**TOTAL**	
Injecting Drug Use	128	25%	587	34%	18	21%	8	16%	741	31%
Blood Recipient	12	2%	6	0%	0	0%	0	0%	18	1%
Heterosexual	257	50%	621	36%	46	55%	14	29%	938	39%
Perinatal	10	2%	46	3%	5	6%	1	2%	62	3%
Undetermined	102	20%	486	28%	15	18%	26	53%	629	26%
FEMALE TOTAL	**509**	**(21%)**	**1,746**	**(73%)**	**84**	**(4%)**	**49**	**(2%)**	**2,388**	**100%**
GRAND TOTAL	**3,808**	**36%**	**6,116**	**58%**	**360**	**3%**	**194**	**2%**	**10,478**	**100%**

HIV/AIDS Surveillance Supplemental Projects



The HIV/AIDS Surveillance Section of the MDCH Bureau of Epidemiology does not just collect and calculate all of the numbers you see above. On page 12 you will find the summary of a recent report published in the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR), "Progress Toward Elimination of Perinatal HIV Transmission - Michigan 1993-2000." Eve Mokotoff, Chief HIV/AIDS Epidemiology was the lead author and Jim Kent who was with the Section at the time was a co-author. The HIV/AIDS Surveillance Section has several supplemental projects in the works presently.

You will notice in the graph above, the incidence of HIV (new infections) has taken an upswing since 1999. The data gathered in the following supplemental studies here in Michigan will add to the ability to more accurately measure incidence of HIV.

Of the six studies funded this fiscal year, these particular studies will assist prevention efforts by determining who is getting infected, where and when and provide a better understanding of those at high risk who seek testing, and seek care.

NEW SURVEILLANCE PROJECTS

Reported by the MDCH HIV/AIDS Surveillance Section

Serologic Testing Algorithm for Recent HIV Seroconversion

In October 2001, our section was awarded funding for several cutting edge surveillance projects that will change how we do surveillance and increase the usefulness of the data we collect and, in turn, provide to you, our data users. For several years we have been piloting the use of the STARHS (Serologic Testing Algorithm for Recent HIV Seroconversion) assay on anonymous specimens. This assay is a less sensitive EIA that can determine whether a newly diagnosed HIV infection represents a "new" infection (within approximately the last four months). We are one of five states selected to

Continued on page 12

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)

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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 and the Wayne State University AETC are provided on the website at www.mihivnews.com/train.htm.

MAPP Training

The Midwest AIDS Prevention Project offers training (also for trainers) for a variety of programs from peer ed to GTLB sensitivity for medical professionals statewide. **Contact:** MAPP at (248) 545-1435, or visit the website www.mihivnews.com/train.htm for details.

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.

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.

2002 Training Schedule

Date	**Location**
May 13-17	Southfield
August 5-9	Lansing

Case Management Recertification

All MDCH-certified HIV/AIDS case managers must attend a HAPIS-approved recertification training every two (2) years in order to retain their certification. Case managers seeking recertification may attend the first day of the upcoming CM training on May 13 in Southfield. Further options include:

Date	**Location**
July 30	Detroit
August 27-28	Detroit

More information on these trainings is available on the website. **Contact:** Bear Pross: (517) 241-5929.

HAPIS HIV Prevention/Test Counselor Related Training

2002 Training Schedule
(Through Summer)

Option 1:
Five-Day HIV Prevention/Test Counselor Training (Parts I and II)

Dates	**Location**
May 6-10	Lansing
June 17-21	S.Ste.Marie
December 9-13	Detroit

Option 2:
Part I Two-Day HIV/AIDS Basic Knowledge Training (HIV Prevention/Test Counselor Training, Part I)

Dates	**Location**
April 30-May 1	Lansing
June 4-5	Detroit
June 25-26	Flint
July 16-17	Kalamazoo
August 6-7	Lansing
August 21-22	Gaylord

Part II Three-Day HIV Prevention/Test Counselor Training

Dates	**Location**
April 23-25	Kalamazoo
May 22-24	Detroit
May 29-31	Lansing
July 10-12	Detroit
July 24-26	Flint
August 27-29	Kalamazoo

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 Andrea Kelly at (517) 241-5900.

Date	**Location**
April 16	Detroit
May 14	Marquette
June 11	Lansing
July 30	Detroit
August 30	Gaylord

Supervisors Training: Assuring the Quality of HIV Prevention Counseling

This workshop is only open to supervisors of HIV prevention/test counselor staff. It is designed to help supervisors assure the quality of HIV counseling, testing, and referral services. For more information, contact Amy Peterson at (313) 256-3781.

Date	Location
May 1-2	Lansing
June 6-7	Gaylord

HIV Counseling and Testing Report Form Training

The HIV Counseling and Testing Report Form training is designed to ensure accurate completion of the HIV Counseling and Testing Report Form. The training is a maximum of three hours. **Contact:** Sue Crandall at (517) 241-5945.

Date	Location
April 30	Kalamazoo
May 16	Detroit
June 6	Lansing
June 27	S.Ste.Marie

PCRS Training

Two-Day Course for Local Health Departments

The two-day Partner Counseling & Referral Services (PCRS) Certification Trainings for local health departments are designed to familiarize staff with one of a number of strategies to control and prevent the spread of HIV and other STDs. Participants will learn about program policies and practices for conducting PCRS activities.

Date	Location
May 1-2	S.Ste.Marie

One-Day Update Trainings

This one-day training is designed to provide certified PCRS staff of local health departments and community-based organizations with updated information on new program initiatives as well as other key elements affecting PCRS delivery. **Contact:** Audrea Woodruff at (517) 241-5900.

Date	Location
June 4	S.Ste.Marie
August 7	Lansing

STD Training

Intro to STDs for Non-STD Staff

Date	Location
May 21	Ann Arbor

Contact Phette Hollins at (313) 256-2105 for registration information.

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 April 19-21. **Contact:** Nicole Adelman (734) 572-9355.

MHAC

The Michigan HIV/AIDS Council is a merger of the Statewide planning groups for prevention and care. The next meeting will be September 5. **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. The next meeting will be September 4. **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.

Michigan Conferences

Michigan PWA Task Force Retreat: "Touching Our Hearts, Changing Our Lives, Speaking Out As One"

May 10-12 — *Spring Lake*

Visit the Task Force web site Retreat Information Page at www.mipwa.org/retreat.htm to submit a registration form. There is also a required "Code of Conduct" form. Additional questions can be directed to Rick Otterbein, e-mail: rickndan@attbi.com, phone: (616) 656-9196.

STD & HIV Conference

November 21-22 — *Novi*

Satellite Broadcast

Revised Recommendations for HIV Screening of Pregnant Women

April 25 — *1-3 p.m. EST*

More information is available online at www.cdcnpin.org/broadcast. For Michigan viewing locations, go to www.mihivnews.com/conferences.htm.

National Conferences

2002 United States Conference on AIDS (USCA)

September 19-22 — *Anaheim, CA*

Web: www.nmac.org/usca2002. Register online. Scholarship application deadline: June 7. Early Bird Exhibit Registration: June 21. The United States Conference on AIDS is the most widely attended gathering of HIV/AIDS prevention and service providers in the country.

International Conferences

XIV International AIDS Conference

July 7-12 — *Barcelona, Spain*

Web: www.aids2002.com.

www.mihivnews.com/calendar

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

No small change

An interview with Ellen Ives

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much more specific, much more concrete, much more behavioral skill focused.

At the same time — certainly at a national level — there's been recognition, in the past year or so, that a return to basics needs to happen. Some of the stigmatization/discrimination that we dealt with in the beginning of the epidemic is still going on and research shows a lot of it is based on fear.

News: *And ignorance.*

Ives: Yes.

News: *How have you seen the groups that you've trained evolve over time?*

Ives: We are certainly training a lot more folks who come from the communities at risk now. In the beginning it was (either general public) or much more medical orientation or social worker types. Our trainings now certainly have more folks from CBOs and who come from the communities that are at most risk.

News: *Do you think that statewide, we are going in the direction that we need to for prevention?*

Ives: In being diplomatic, I guess I would say that in terms of prevention, there are clearly research based areas of prevention which have not traditionally been supported by the state health department — that are difficult to support from a governmental level because of the controversial nature of the programs that would be required — ok we're talking about harm reduction. Other states have been able to do prevention programming that target men who have sex with men and injection drug users that are more behaviorally based and research drive than what we have been able to do here.

In addition to leading the HAPIS Training Unit, Ellen Ives has either taken the lead or been a key player in several statewide conferences for over a decade. In December, Ives left HAPIS to go to a new position with Michigan Public Health Institute.

A KEY PLAYER

In addition to leading the HAPIS Training Unit, Ellen Ives has either taken the lead or been a key player in several statewide conferences for over a decade. For many years there were two conferences. One was for HIV Educators with involvement of the American Red Cross, Michigan Department of Education and the Michigan PTA along with (at the time MDPH). The other was the HIV counselor update. When funding got tighter these two melded. Then when HAPIS and the STD Section came under the same department at MDCH, the conference expanded to become the STD & HIV Update. Andrea Battle Kelly took the reins for a couple of years, but Ellen got them back for her last year.

Ives also has been a key player in what was originally the AIDS and Adolescents Committee — now the HIV and STD and Adolescents Networking Committee. "It's been going on in various forms since about 1989," said Ives. That group has put on many conferences — "originally staff development for youth serving staff and then the focus changed to youth."

In December, Ives left HAPIS to go to a new position with Michigan Public Health Institute (MPHI) as Senior Project Coordinator for the Michigan Abstinence Partnership. "MPHI, along with MDCH, coordinates the grant funding for community coalitions around abstinence for young people ages 9-14 (although they can go up to age 17)," said Ives. "MPHI essentially monitors those community contracts and provides technical assistance." Ives is now the lead consultant for the team of three other community consultants and an evaluation specialist for the program. This had some who know Ellen Ives pretty curious. The Michigan Abstinence Partnership?

News: *You're coming out of a culture that promotes giving kids all of the information — how do you ...*

Ives: How do I reconcile this? I would say that the work that the Abstinence Partnership community coalitions do … is really the foundation laying work for keeping people healthier, longer. It's youth assets building, youth empowerment – really helping to develop that strong internal foundation for young people – before they're at risk for HIV and other STDS.

News: *Well we can hope that it's before.*

Ives: Well, right. And the other thing I would say – although this viewpoint may not be shared with everyone

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in the Abstinence coalitions – my viewpoint would be that the abstinence piece is an important piece, although it shouldn't be the only piece in a given community.

News: *Does each of these coalitions have its own program that gets approved?*

Ives: They have to respond to an RFP. MPHI and MDCH coordinate the grant review. From what I have seen so far, they make sure that the program is research and skills-based and effective.

News: *What are you looking forward to? You have been working with (HAPIS) for fourteen years, what are you looking forward to in this change?*

Ives: (Laughs) Well, I would say I am looking forward to change itself. I look forward to working with a new group of people who from what I have seen so far are energetic, committed and compassionate as well in a little bit different field. Certainly, it will take me back to my schooling and other studies on adolescent health.

I look forward to some different kinds of tasks. I am not going to be doing training; I may a little training coordination; I may do a few presentations. That's not going to be my focus. My focus is going to be more on program evaluation and contract monitoring and providing technical assistance, and some supervision. I'm looking forward to stretching my wings in other directions, using other skills.

News: *Any final words on your departure from HAPIS?*

Ives: I would just like to say that this has been a wonderful work experience for me and I have met so many incredibly inspiring people in this field. And people who have dealt with huge numbers of challenges in their lives and faced them with courage and with grace, and commitment and compassion for other people.

I have met a lot of professionals in this field who may not be facing HIV for themselves or an immediate family but who have extended their compassion for those who are more directly affected by the epidemic. And I think I will miss a little bit of that passion and that fire in my new field.

Another thing that I want to say is that what I have learned — it sounds a little simplistic, but — just how incredibly challenging behavior change is. And how we constantly underestimate the difficulty of it. And how even people who have been working in HIV for a long time underestimate the difficulty of behavior change *for other people*. How challenging it is to remain client-centered…that is going to remain a core challenge for HIV prevention. And how hard it is for people to grasp how hard behavior change is. That provides challenges for people who are making decisions about laws and policies, and for people who are making decisions about media campaigns, and for people who are sitting there counseling somebody.

Until more folks — especially at the higher decision making levels — can really understand and grasp *in a personalized way* how difficult behavior change is and what is needed for behavior change more than just telling people "Don't do it," we're just going to continue to have new infections….

> *"It's very easy to be simplistic about behavior change and very difficult to take the time and have the patience to look at the complexity of it."*
>
> *— Ellen Ives*

It's very easy to be simplistic about behavior change and very difficult to take the time and have the patience to look at the complexity of it.

The one thing that really excites me about the Abstinence Partnership is that a lot of the work that they do really does look at the complexity of what determines what behavior people choose. It has to do with core foundation stuff about who we are as people, what we believe about ourselves, the strengths that we have and our belief in those strengths.

Unfortunately by the time we see individuals in counseling and testing sites, when they are 35-40 or 25, it's a lot harder to build those foundations at those ages… and a lot more expensive.

MOVING ON

And so, off she went — on to new battles, as a Marine you might say, to persevere in the work of public health, reaching adolescents — those on the shores of adulthood. To be sure she will attack this with the smooth calm and rationale that is her hallmark. Who better to help determine the "arms control" of the increasing flow of dollars to abstinence programs than our former comrade.

Retrovirus Conference: A care overview

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is no association between the onset of lipoatrophy and duration, initiation, continuation, and discontinuation of any antiviral medication. Note this is true for fat loss, not accumulation. Some believe this syndrome may be related to the interaction of the different medications. Presentations offered many alternatives and possible explanations of lipodystrophy.

Some studies presented at the conference tried switching classes of medications to see if this would improve lipodystrophy. This strategy did not seem to demonstrate any benefit at this time. It is still unclear if this strategy is beneficial.

Further study is needed. Estimates of lipodystrophy prevalence vary, however it is believed that up to 30% of patients develop some form of lipodystrophy. Markers to predict who is more likely to develop it would be beneficial.

It appears that patients with lipoatrophy have abnormally high amounts of a cytokine called tumor necrosis factor (TNF). TNF is responsible for the destruction of injured cells, increasing the resistance to insulin (causing diabetes), and other functions included with the inflammatory response. Many years ago a drug called Trental, which is FDA approved for vascular insufficiency, was used in HIV as alternative therapy because of it's anti tumor necrosis factor ability.

IMMUNE SYSTEM REPAIR

On a good note, new studies have shown that the immune system is capable of repairing itself with antiviral therapy. This is true even if therapy is started when the HIV is very advanced (very low CD4 count).

We used to think that immune damage was irreversible in the advanced person. This new information certainly has implications in determining when to initiate antiviral therapy. The old thought was to treat early because of the inability of the immune system to repair itself if damaged beyond a point. Now we are delaying initiation of therapy as compared to only a few years ago.

We also are discontinuing protection, such as pneumocystitis pneumonia prophylaxis, in patients whose CD4 count has increased above 200. Caution must be taken because this immune repair (reconstitution) happens only when therapy is successful (when the viral load drops to near undetectable) and that does not always happen. If therapy is unsuccessful for whatever reason (resistance, non-adherence, etc.) and initiation of therapy is delayed, the patient will remain high risk for opportunistic disease.

Reported after 4 years of successful therapy for patients starting therapy with CD4 counts below 50 who remained undetectable in their viral loads, 86% had CD4 counts above 200, 61% had CD4 counts above 350, and 33% above 500. So, CD4 increases are not limited by a low initial CD4 count. This is very encouraging.

DRUG HOLIDAYS OR INTERRUPTION OF THERAPY

Benefits, if any, for these still remain unclear. Newer studies have clearly shown there is a much higher risk of disease progression if therapy is interrupted in advanced, more compromised patients. Benefits of therapy interruptions, if there are any, in the healthier patient still needs to be proven. As attractive as this option sounds, sound caution is advised, and it should probably be done only in a controlled clinical trial. For persons with CD4 counts less than 50 the risk of an AIDS defining event in one study of patients who did not interrupt therapy was 30%, and 80% if they went on a drug holiday. For those with a CD4 count above 200 the risk was 5% on therapy and 20% if they went off therapy. This provides reason for pause when considering this treatment strategy.

BLIPS

Information was shared studying what effects blips (short term low level detectable virus in a usually undetected person) have. Apparently blips are *not* a predictor of pending drug failure in a drug-naïve or not heavily treated person. Also data presented demonstrated that it is not harmful to switch out different classes of drugs in the successfully treated patient if this is being done because of toxicities (lipodystrophy, gastrointestinal disturbances, etc.)

NEW INFO ON OLD DRUGS

There was mention of a genetic marker HLA B 57 which may predict whether one is more susceptible to have a hypersensitivity reaction to abacavir (Ziagen). This could be an important finding in helping make the determination of what drugs to use in an individual patient. Before this test is recommended for use, it needs to be determined the limitations and accuracy of this test and much more information and studying needs be done.

Several studies have demonstrated that interleukin II is well-tolerated long term. In addition to being well tolerated it has been used successfully to increase CD4 cell counts. Further studies are underway to see if these CD4 increases correlate with improved health. These results, when available, should conclude if Interleukin II is clinically beneficial.

ADHERENCE

In an effort to improve adherence we are working towards therapeutic drug regimens that can be taken once daily. With some effort these once-a-day regimens can be prescribed presently. However, my personal opinion is that we are pushing the envelope if we routinely prescribe once-a-day regimens at this time with the medications that are currently available. It is a reasonable option if twice-a-day dosing is not appropriate for whatever reason.

FOR MORE INFORMATION

For further information on the conference, I suggest using the Internet, particularly **www.medscape.com**.

Prevention research: World issues

Edited from summaries provided by the CDC

"In Their Own Right: Addressing the Sexual and Reproductive Health Needs of American Men"
Alan Guttmacher Institute (03.05.02)

Highlights from the report's second chapter show that there is a great variation in when and how safely teenage men experience the transition to sexual activity. See the full report at www.mihivnews.com/medical_news_archives_3_02.htm.

"Childhood Sexual Abuse and Risk Behaviors Among Men at High Risk for HIV Infection"
American Journal of Public Health (02.01.02) Vol. 92; No. 2: P. 214-219

Mounting research suggests that men with a history of unwanted sexual activity during childhood are more likely than those without such a history to engage in sexual practices that place them a risk for contracting HIV.

"Study Tracks Women Who Remained HIV Free Despite Unprotected Sex with Infected Partner"
Associated Press (02.27.02)

For years, more than a dozen women have remained HIV-free despite having frequent, unprotected sex with an infected partner. Researchers at the University of Medicine and Dentistry of New Jersey found that in most of the women, key immune cells worked in various ways to block the HIV virus from multiplying in their bodies and infecting them — information that could help create an AIDS vaccine.

The study is published in the February issue of the *Journal of Infectious Diseases* (2002;185;4:428-438).

"Condom Use as a Function of Time in New and Established Adolescent Sexual Relationships"
American Journal of Public Health (02.01.02) Vol. 92; No. 2: P. 211-213

Relationship characteristics exert strong influences on condom use. Intimacy, mutual trust and presumed fidelity are elements of sexual relationships that influence condom use, contributing to lower rates of use in established relationships than in new ones. The time required for a "new" relationship to become an "established" relationship is therefore an important issue for prevention of STDs. The objective of this study was to establish the length of time required for adolescent women to fail to use condoms on a consistent basis.

"Our results show that, typically, condom use is discontinued in relationships before the duration of infection of most STDs has elapsed," the authors concluded. "Practical interventions for adolescents might include advice to prolong consistent condom use beyond 3 weeks of a presumably sexually-exclusive relationship and consideration of STD screening before cessation of condom use."

"AIDS-Related Risk among Adolescent Males Who Have Sex with Males, Females, or Both: Evidence from a Statewide Survey"
American Journal of Public Health (02.01.02) Vol. 92; No. 2: P. 203-210

Understanding and preventing HIV/AIDS among young men who have sex with men (YMSM) represents a critical aspect of stemming the AIDS epidemic in the United States. Of AIDS cases among young men ages 13 to 24, fully 69 percent involved homosexual activity as a risk factor. Although sexual risk-taking in the general population has declined since the early 1990s, existing evidence does not suggest a similar decline among YMSM. This study looks at data from the Massachusetts Youth Risk Behavior Study. High AIDS-related risk rates among bisexually active youths point to the urgent need for school-based AIDS prevention programs addressing these and other specific concerns of youths.

"What Makes HIV-positive Gay Men Disclose Their Disease Status?"
Lancet Infectious Diseases (01.01.02) Vol. 02; No. 01: P. 4

HIV-positive men tend to weigh the consequences of disclosure before confiding to friends and family that they are infected with HIV, according to a new study in the United States.

The results of the study are different from the popular "disease progression theory" - that HIV-positive men generally reveal they have HIV to family and friends only when physical manifestations of the disease appear.

"Microbicides to Prevent Heterosexual Transmission of HIV: Ten Years Down the Road"
AIDScience (01.28.02) Vol. 2; No.1 (AIDScience.org/articles/aidscience015.asp)

The development of topical microbicides for HIV prevention originated in response to the deepening spread of HIV despite the availability of an effective HIV prevention tool (condoms). Without an HIV vaccine, condoms or microbicides are the most feasible method of HIV prevention.

A microbicide is a product applied topically inside the vagina or rectum to prevent infection with HIV and potentially a number of bacterial and viral STDs. These may take the form of a gel, cream or suppository and may or may not be spermicidal (have a contraceptive effect). There are some indications that some microbicides may be used to prevent transmission of HIV from women to their male partners and they may be versatile for use in the rectum for anal sex.

The identification of novel microbicidal compounds is a rapidly expanding area of HIV prevention research. An estimated total of 56 products are currently in the pipeline.

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Prevention

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"Progress Toward Elimination of Perinatal HIV Infection - Michigan, 1993-2000"

Morbidity and Mortality Weekly Report (02.08.02) Vol. 51, No. 05, P. 94-7::Eve Mokotoff et al.

This report summarizes data collected in Michigan and highlights rapid adoption of US Public Health Service guidelines that have resulted in the reduction in Michigan of perinatally acquired HIV infection from 19 percent (15 children) in 1993 to 3 percent (2 children) in 2000.

According to this report a high proportion of health-care providers in Michigan are following PHS guidelines for maternal and neonatal ZDV use to reduce perinatal HIV transmission. The high prevalence of STDs and illegal drug and alcohol use among HIV infected women suggest that medical practitioners need to provide treatment appropriate care referrals for HIV-infected women to manage their HIV infection, substance abuse, and other conditions.

For more information, see www.mihivnews.com/mmwr.htm.

HIV/AIDS Surveillance Supplemental Projects

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pilot its use in patient populations. We still have a great deal of preparatory work to do but, once operational, we expect to be able to provide more detailed information on patients who are known to have been infected recently. We believe such information will allow prevention programs to target their messages.

For more information on this project, please contact Hollie Malamud, STARHS Study Coordinator at (313) 876-4115 or malamudh@michigan.gov.

HIV Testing Survey

In addition to the STARHS project, we were awarded funding for HITS (HIV Testing Survey). Later this year, this survey will measure testing patterns among MSM at gay bars, high-risk heterosexuals at local health department STD clinics and IDUs in the streets and at needle exchange programs. We plan to conduct HITS in Detroit, Oakland County, and Grand Rapids. Results from this survey will be used to: 1) guide prevention planning by characterizing persons not tested, identifying barriers to testing, characterizing late testers, and identifying venues where people are tested and 2) guide incidence estimation by providing information regarding testing behaviors among high risk populations and the reasons people seek testing. For more information on HITS in Michigan please contact Sha Juan Colbert, SHAS/HITS Study Coordinator at (313) 876-4768 or at colbertsha@michigan.gov.

Evaluation of the Performance of Integrated HIV and AIDS Surveillance Systems

The objective of this supplemental project is to conduct a thorough evaluation of Michigan's name-based integrated HIV/AIDS active surveillance system. The activities conducted under this cooperative agreement program will enable CDC and funded states to determine whether our integrated HIV/AIDS surveillance systems provide data and information of sufficient quality to meet our programmatic needs for epidemiologic monitoring including the ability to accurately estimate HIV incidence and prevalence, planning for HIV prevention programs, and allocating resources under the Ryan White CARE Act and other Congressional mandates.

Michigan HIV News
MAPP
429 Livernois
Ferndale, MI 48220

HAPIS POSITION OPENING: PCRS TRAINING CONSULTANT

This is a PT (20-30 hrs) contract position @ $19 hr. until 9/30/02, w/ possible FT extension. Based in Detroit, this position is part of the HIV Partner Counseling and Referral Services (PCRS)program. Application deadline is **5 p.m. April 15.** EOE. For information: www.mihivnews.com/jobs.htm or call Ms. Hollins at (313) 256-2105.