

RATFA Bulletin

Rochester Area Task Force on AIDS

April 2008

NETWORK NEWS

Elections

Voting took place at the Network's Annual Meeting on March 11th for new members to the Executive Committee. The Results were as follows:

CHAIR: Rich Fowler

SECRETARY: Letty Padilla

ADVOCACY CHAIR: Roberto Burgos

PREVENTION CHAIR: Kim Smith

AT LARGE A: Ann Williams

AT LARGE B: Priscilla Hardy

AT LARGE C: Ayub Smith

AT LARGE F: (one year term) Freddie Caldwell

YOUTH AT LARGE: Jackie Hernandez

A New Year, New Names

The Ryan White Care Network of the Finger Lakes Region began its contract year on April 1st. With the new AIDS Institute contract come some changes. From now on committees will have consistent names across the Networks. Our CAC will now be known as the **Consumer Involvement Committee (CIC)**; Services will be called the **Care Coordination Committee**; and Advocacy will be the **Policy, Advocacy and Education Committee**. Engaging the consumers in the rural counties will be one of the priorities this year. The Network Coordinator will spend at least one day a month in Bath and one day a month in Geneva working to strengthen the consumer groups and support the activities of the rural task forces. Some time will also be spent with HIV providers.

This space will be used to keep you informed of the committees' activities. Currently the Care Coordination Committee is planning a safety training open to all HIV case managers. They will also be holding a case conferencing meeting in the summer. More details will follow.

The Policy, Advocacy and Education Committee is planning a committee retreat for Friday, May 16th to review its mission statement and prioritize issues it will be addressing in the coming year. The committee is also planning a Legislative Breakfast for October 3, 2008.

NATIONAL NEWS

U.S. Prisons Missing Opportunities To Provide HIV Testing, Education, Prevention, Panel Says

The U.S. correctional system is missing valuable opportunities to provide HIV testing, educating and prevention to its more than two million state, federal and local inmates, panelists said at a recent briefing on HIV/AIDS in correctional settings. According to new information from the American Foundation for AIDS Research, prisoners are three times more likely to be HIV-positive than the general population.

The panel said the reasons that HIV rates are higher in prisons include needle sharing for tattoos or drugs among inmates, as well as unprotected sex with multiple partners at high-risk of HIV before and during incarceration. More than 90% of prisoners are eventually released, which leaves communities to deal with "the public health burden of having a high number of HIV-positive people."

Josiah Rich, professor of medicine and community health at Brown University, said that other than prisons and jails in Rhode Island -- the only state that mandates HIV testing for all inmates -- most correctional facilities nationwide do not require HIV testing as part of the entry process. Barry Zack, a correctional health programs consultant, said prisons should provide condoms to inmates -- a practice advocated by the World Health Organization and UNAIDS but implemented in only a few states.

Zack added that prisons should establish needle-exchange programs to stem the spread of HIV. In addition, Zack said that it is crucial to reform the country's prison release system to include providing inmates with access to health care, mental health care, affordable housing and job programs. Panelists said that prisoners preparing for release should be provided with copies of their prison medical records and information about how to access HIV/AIDS treatment (Source: Kaiser HIV /AIDS Daily Report, April 23, 2008).

The State of ADAP"

On April 8 in Washington, the Kaiser Family Foundation and the National Alliance of State and Territorial AIDS Directors (NASTAD) released their annual report on the US AIDS Drug Assistance Program. The \$1.43 billion program was declared to be in relatively good shape, though experts noted some areas of concern.

Thanks to several factors, changes in the distribution of Ryan White CARE Act money, a real increase in supplemental funding and the one-time impact of moving some patients to Medicare Part D programs, state ADAPs were able to offer more treatment options to more patients in 2007, said NASTAD's Julie Scofield.

Indeed, for one month, no state had an ADAP waiting list - though this was short-lived, and six Montanans are now awaiting assistance. This is in marked contrast to one year ago, when South Carolina alone had nearly 600 people in need of medications until the Legislature boosted its ADAP contribution and reallocated some Ryan White dollars.

All the states have met the reauthorized Ryan White Act's requirement that drug formularies include at least one drug in the six classes of antiretrovirals used to treat HIV, and all have added two more drug classes approved last year. Most states now offer all Food and Drug Administration-approved HIV/AIDS drugs, according to the report.

Among concerns voiced by experts:

*Demand for ADAP services will likely increase as more people respond to CDC's call for routine testing and learn they are HIV-positive. *As more Americans lose their jobs, and thus their health insurance, they can be expected to seek help through government programs. *At the same time, the economic downturn means the federal and state governments will be even more strapped for cash. *There is a shortage of physicians adequately trained to administer complex HIV drug regimens. (Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, Friday, April 11, 2008).

House Votes to Continue and Expand President's Global Effort Against AIDS"

By a 308 to 116 vote, the House of Representatives passed a five-year, \$50 billion reauthorization of the President's Emergency Plan for AIDS Relief (PEPFAR), a global initiative that has been running since 2003. In approving the program, lawmakers added \$20 billion above the president's request of \$30 billion. A motion to send the bill back to committee, offered by those unhappy with its cost, failed on a 248 to 175 vote.

Though it contained controversial features, such as a strong emphasis on abstinence-based prevention strategies, PEPFAR has enjoyed bipartisan support. The original program has spent \$15 billion over five years. The reauthorized version would be larger and more expansive.

Approximately \$9 billion would go to combat tuberculosis and malaria, which are often major burdens in countries where AIDS is endemic. Funds would also provide food for HIV/AIDS patients and their families; train health care workers; and dispense "micro-credit" loans to women widowed by the disease or ostracized due to infection.

Unlike the original program, the reauthorized version would not mandate that a percentage of prevention spending be used to promote abstinence. However, abstinence and sexual fidelity would remain important components of PEPFAR.

The House version of the reauthorization "strengthens our national security" since HIV/AIDS is "destabilizing governments and societies" in regions worldwide, said Rep. Ileana Ros-Lehtinen (Fla.), the ranking Republican on the committee. The Senate version has passed through committee and awaits floor action. (Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, Friday, April 3, 2008).

INTERNATIONAL

Sub-Saharan African Countries Not on Track To Meet MDGs, U.N. Secretary General Ban Says
Sub-Saharan African countries likely will not meet the United Nation's Millennium Development Goals -- which include reducing the spread of diseases such as HIV/AIDS, tuberculosis and malaria -- by 2015, U.N. Secretary-General Ban Ki-moon said recently at the U.N. Conference on Trade and Development in Accra, Ghana.

"Not a single country is on track to meet all the MDGs by 2015," Ban said, adding that many "countries are falling behind" and that sub-Saharan Africa is the "most at risk" region worldwide. In addition, increasing food prices worldwide are hindering efforts to meet the MDGs and "threaten to undo the gains achieved so far," Ban said.

Ban said that some African countries have made progress toward meeting some MDG targets. Senegal "is making great strides" in providing clean water, while Niger, Togo and Zambia "have made impressive progress in malaria control through the free distribution" of insecticide-treated nets, he said. "These success stories need to be replicated and scaled up across Africa with effective support from the international community," Ban said.

Ban called on African states that are benefiting from increased commodity prices to increase development spending and assist countries in sub-Saharan Africa. He also called on international donors to follow through with foreign aid spending commitments. The conference opened in Accra on Sunday and is scheduled to end on Friday (AFP/Google.com, 4/21). Ban traveled to Liberia on Monday and is expected to visit Burkina Faso and Cote d'Ivoire this week as part of his African tour. (Source: Kaiser HIV/AIDS Daily Report, April 22, 2008).

New York Times Examines Prevention of Mother-to-Child HIV Transmission in South Africa
The *New York Times* recently examined the South African government's adoption of a national treatment strategy to prevent mother-to-child HIV transmission. The country's Department of Health announced in January that it will begin requiring the World Health Organization -recommended strategy, which includes zidovudine and nevirapine.

Although some HIV/AIDS advocates are "celebrating the government's new policy," they also have said that South Africa "should have put it into practice long ago". Sibani Mngadi, a department of health spokesperson, said that the government had to review data and consult various people at WHO after the agency issued its guidelines in 2006. "There were a number of issues to be debated," he said

In related news, *Reuters/Washington Post* examined a recent government report that found a lack of financial resources could undermine the sustainability of South Africa's national HIV/AIDS plan. The report to the United Nations recently was posted on UNAIDS' Web site, and it was approved by the country's cabinet last week. South Africa's national strategic plan aims to provide 80% of HIV-positive people with access to antiretroviral treatment by 2011. Figures from the health department indicate that it will cost about \$747 million to implement this year -- increasing to \$1.37 billion in 2011. The report said that if the plan's treatment target is met, "this would exceed 20% of the health budget," adding, "This poses a challenge for both the affordability and sustainability of" the plan. According to the report, it is

"estimated that at current prices, the provision of antiretroviral therapy will account for about 40% of the total cost of the" plan. The report also said that there have been signs of reduced HIV prevalence among young pregnant women. "This could be the beginning of the long-awaited downward trend on prevalence among pregnant youth in South Africa," it said (Source: Kaiser Daily March 11, 2008)

NEWS YOU CAN USE

Web Series: HIV/AIDS Crisis Among African Americans

CDC and the Public Health Training Network will offer the six-part web series, A Call to Action for Leaders: The Crisis of HIV/AIDS Among African Americans, available online beginning June 30, 2008. This series is designed to 1) increase awareness of HIV/AIDS in African American communities; 2) highlight innovative, sustainable, and collaborative actions taken by leaders in places where African Americans live, work, play, learn, and worship; and 3) provide links to available resources. David Satcher, former Director of CDC and the 16th Surgeon General of the United States, will serve as senior host of the web series. Each part of the series is a prerecorded, 30-minute segment, which can be viewed on computers with Internet access and Windows Media Player. The series will be available at <http://www2a.cdc.gov/phtn>. Parts 1--3 can be viewed beginning June 30, and parts 4--6 can be viewed beginning November 30. A free DVD of this series can be ordered by telephone (800-458-5231) after June 30 (parts 1--3) and after November 30 (parts 1--6). (Source: MMWR Weekly, April 18, 2008).

HIV VACCINE TRIALS

HIV/AIDS Vaccine Researchers at NIH Meeting Call for Increase in Basic Research, New Strategies

HIV/AIDS researchers called for an increase in basic research on the virus and new strategies for research into a vaccine during an NIH AIDS Vaccine Summit. The summit was held to discuss the future of HIV vaccine research following the recent failure of a Merck vaccine candidate. Merck in September 2007 announced it had halted a large-scale clinical trial of its experimental HIV vaccine after the drug failed to prevent HIV infection in participants or prove effective in delaying the progression of the virus to AIDS. The vaccine candidate also might have put some trial participants at an increased risk of HIV.

Experts at the meeting said that NIH's National Institute of Allergy and Infectious Diseases should support basic research into HIV prevention, testing and treatment strategies. In addition, researchers said NIAID should support efforts to develop animal models of HIV, and they also called for cooperation between scientists developing such models and those developing vaccine candidates. NIAID Director Anthony Fauci at the meeting said scientists should begin to focus research on discoveries about the immune system, animal models and innovative vaccine concepts. According to Fauci, more fundamental knowledge about HIV, as well as the way the body and experimental vaccines respond to the virus, is needed before a safe and effective vaccine can be developed. "We need to turn the knob toward [basic scientific] discovery -- nobody should be unclear about that," he said. Carl Dieffenbach, head of NIH's Division of AIDS, said that the "summit does mark a change in our approach."

Several researchers at the meeting -- which drew about 300 scientists from around the world -- said NIAID should fund new, innovative research proposals and support younger scientists who might abandon HIV vaccine research for less challenging fields. Fauci said an initial step would be to trim existing projects to provide \$10 million to \$15 million in immediate funds for about 30 grants for researchers who propose novel ideas. He added that some of the grants would go to young scientists.

NIH is spending about \$497 million on HIV vaccine research this year, with about \$476 million going to researchers not affiliated with the agency. About 47% of the funds go toward basic research, while 38% go toward human testing of vaccine candidates. Fauci said that he will try to increase funding for vaccine research.

Reaction

Fauci said that there is not an "immediate solution to the problem," adding that researchers will need to "justify what [they] are doing" and determine the next steps during smaller meetings. Michael Weinstein,

president of the AIDS Healthcare Foundation, called on researchers to "pull the plug on vaccine research," adding, "Do we have any other enterprise that has been studied for 25 years and for which we've spent billions of dollars where we have no results?" He added that there is "no evidence we'll ever have an AIDS vaccine."

Mitchell Warren of the AIDS Vaccine Advocacy Coalition in response to Weinstein said that the failure of the Merck trial "is not the end of the line for AIDS vaccine research," adding that it is a "critical moment in the field". Glenda Gray of the University of Witwatersrand in South Africa added that "any call to halt vaccine funding is like abandoning Africa." Fauci responded that "under no circumstances" would researchers "discontinue AIDS vaccine research". "We will not discontinue research, period," Fauci said, adding, "Not only will we not decrease it, we will in fact try to increase it" (Source: Kaiser HIV /AIDS Daily Report, March 26, 2008).

A CALL FOR ACCURACY

The Vaccine Summit yielded some critical points of strong agreement among participants. The most important of these have, unfortunately, been omitted from or minimized in the mainstream media coverage of the event. These include:

The Need to Proceed With Discovery Work That Includes Human Clinical Trials

Research in humans is essential to moving forward with the search for an AIDS vaccine. There is no substitute for studies which gather information on the properties of human immune responses to different elements of vaccine constructs (vectors and immunogens). These "discovery" studies may not be part of a traditional Phase I, Phase II, Phase III trial sequence designed to bring a product to licensure. But they are absolutely critical for gathering much-needed information to move the field forward. Some of the articles covering the summit have presented a false dichotomy of basic science versus human trials. It is not a matter of "either/or" but rather of using the combined strengths of basic science, animal studies as part of a sound scientific strategy.

Going "Forward To Basics" By Building On Science To Date

The MRK-Ad5 candidate which advanced into efficacy trials did so on the basis of the best available science at the time. The failure of the candidate to provide protection against infection or to lower viral load set-point is disappointing and has reinvigorated discussions about how to evaluate candidates. This failure has not, however, dismantled the evidence-base that led the field to develop and evaluate candidates which induce T-cell based immune responses as a possible AIDS vaccine strategy. The meeting participants were clear on the fact that there is a rationale for seeking to induce cell-mediated immune responses as one component of an effective vaccine strategy. We are not going "back to basics" and abandoning the knowledge gleaned to date. We are going forward, building on sound science—including the STEP and Phambili data—that have come before.

The Need To End Flat Funding For The National Institutes of Health And Increase "Pay Lines" For Individual Investigator Initiated Grants (RO1s) And Project Grants (PO1s)

The backdrop for all of the discussions was the chilling and risk-averse climate created by the past five years of flat-funding for the National Institutes of Health overall. NIAID head, Tony Fauci, explained that raising the "pay line" for the NIH as a whole would have a barely incremental effect on AIDS vaccine-specific grants. However, Fauci and all participants agreed that the context of flat-funding forces young investigators, study sections (which review proposals), and established scientists to make decisions which are based on fiscal concerns and not on the best possible science. This is a situation with devastating consequences for AIDS vaccines and for many other fields of scientific inquiry. It must be addressed urgently by advocates, scientists and policy-makers.

The Need To Include Non-White And Non-US Based Investigators, Professionals And Community Members In Ongoing Discussions

Yesterday's meeting was overwhelmingly white in its participants and its speakers. Many in the room acknowledged the need to broaden conversations, and several African scientists at the meeting used their comments to emphasize commitment to AIDS vaccine research and to voice concern about the way that media coverage of such meetings—particularly reports which omit the need for additional human trials and over-state the views of skeptics in the field—affects their work in Kenya, South Africa and Uganda. This is a global epidemic. It is an epidemic that affects non-whites in the US at disproportionate

rates. The faces of the people hardest hit by the disease must be seen, and their voices heard, in the future consultations that Dr. Fauci promised as part of this "course correction."

The Need To Stop The Doom-And-Gloom Statements That Border On The Ridiculous

The recent Merck HIV vaccine trials results are obviously a major setback in the search for an AIDS vaccine. But these results are a disappointment, not a disaster. The global AIDS pandemic is the disaster. As the search continues, we need more informed dialogue about the way forward and less incendiary reporting which ignores what history has to teach us about how vaccines are discovered. To say that there has been no progress in the past 25 years or that we should stop the search for a vaccine completely, are statements without any basis in reality.

A CALL FOR RESPECT

Several speakers at the meeting reminded participants that AIDS vaccine skeptics and advocacy groups who follow false and damaging lines of logic about the possibility of reappropriating research funds for implementations purposes do so with great disrespect for the voices of people hardest hit by the epidemic.

"Any call to halt HIV vaccine research commits people in developing countries to a world without a biomedical intervention. Any call to halt vaccine funding is like abandoning Africa," said Glenda Gray at the AIDS vaccine summit. Gray is a principal investigator on the South African Phambili trial of Merck's candidate MRK-Ad5, which halted immunizations in September 2007.

This sense of urgency is not confined to Africa. Hamilton Richardson, a Baltimore resident and member of the "Community Partners" group of the NIAID AIDS clinical trials networks made the same comments from the floor, reminding the audience that rates of HIV in some African-American communities parallel those seen in the hardest hit developing nations.

To speak of the field's efforts to date as a failure is not only inaccurate it is also damaging—especially to efforts in developing countries, including Thailand, where a vaccine efficacy trial continues as we speak. The notion that the trials and the field as a whole has "failed" also disregards the efforts of the hundreds of thousands of volunteers and clinical trial staff.

As Margaret McClusky, Senior Technical Advisor for HIV Vaccines for USAID, and Brenda Larkin, Clinical Manager at the Clinical Trials Core at the Vaccine Research Center at NIH, have written in an open letter to their AIDS vaccine colleagues which is posted at http://www.avac.org/pdf/MM_BL.letter.mar08.pdf: "In fact, the trials themselves were successful... *even* when they delivered answers that none of us wanted to hear regarding the likely inefficacy of the product. A few examples of the success:

- The massive recruitment and efficient enrollment of trial participants allowed for timely data collection;
- the thoughtful trial design asked the question of efficacy at the right time;
- the collaborations and community involvement allowed for fluid communications, (of even unwelcome news);
- the independent regulatory oversight did just the right thing by stopping the trial immediately upon suspecting a lack of efficacy and a potential safety issue.

These, among many other aspects of the trials, were brilliant and have given us all much to build upon."

While the summit has not given a definitive road map for the future of AIDS vaccine research, is an important step forward in the cooperative sketching of that map.

Just as we must put the outcome of the STEP and Phambili trials in context, to understand that the failure of one vaccine candidate is not the failure of the field, we must also keep this meeting in perspective. One meeting will not decided the future of the field. We must all work together to decide the future of the field and to ensure that the tremendous momentum of the past decade is not lost.

There was, happily, broad consensus of 'what' needs to be done – more innovation, new investigators, more balance between vaccine discovery and vaccine development. Now the challenge lies in 'how' we move forward—as indeed we must. (Source: AIDS Vaccine Advocacy Coalition, March 26, 2008).

LOCAL RESPONSE

Commentary by Michael Keefer, MD, Principle Investigator for the HIV Vaccine Trials Unit at the University of Rochester Medical Center

The disappointing results of the Merck STEP Study have been broadly communicated by the general media and it has been difficult for HIV vaccine researchers to understand the implications of what has been seen, let alone the general public. One thing that seems clear to everyone is that we are unlikely to “get lucky” this time, a factor that has played a role for many of the vaccines we currently use. Also, it is all too apparent that the HIV vaccine research field is struggling to find adequate resources for the work that needs to be done...a common sentiment shared these days by pretty much everyone in the HIV/AIDS prevention and treatment fields.

Above you have read two representations of information stimulated by the STEP Study results. Both are correct, but each has a slightly different point of view. The New York Times article accurately communicates the need for more basic research to understand the details of HIV transmission in people and to take advantage of this new understanding in designing new vaccines. The commentary from the AIDS Vaccine Advocacy Coalition (AVAC), a Washington, DC-based independent advocacy group, paints an accurate picture that advances in the field will likely come as the result of many small incremental steps (the STEP study was called this for a reason). From 20 years of research we have learned that HIV is an unprecedented germ and developing an optimally effective vaccine will require an unprecedented effort; certainly one that can survive disappointments along the way. Not many people realize that there have been more than 20 failures of efficacy trials for malaria vaccines, but as the need is great, the work is continuing.

Indeed, the STEP Study will lead us forward; it will provide an important benchmark by which we can better gauge the chances for future success. It also points out that our animal models must be much better understood if they are to play the key role that is needed to move the field forward. In addition, we need to fully understand how the Merck vaccine may have increased the risk for HIV-acquisition in vaccine recipients who were previously exposed to the carrier ‘cold virus’ (adenovirus). And for sure, we need to continue to do careful studies in human volunteers, both those who are at low/no-risk for acquisition of HIV, as well as those who are at higher risk as this is THE ONLY WAY we can know anything for sure.

I, for one, feel that the NIH is taking the right approach in pushing for additional basic science and paving the way for a new, more systematic vaccine research approach. Until we get there, all other means of HIV prevention must be aggressively pursued. We at the UR HVTU are here to help you in your efforts to stop HIV in its tracks in Rochester, and let’s hope that one day that will also happen around the world.

If you would like to learn more about preventive HIV vaccine research, we invite you to become a member of the Vaccine Trials’ Community Advisory Board. For more information, please contact Patrick Fisher at (585) 275-0459.

RESEARCH

"HIV 'Hides from Drugs for Years'"

A study of 40 patients on long-term standard HIV therapy found low levels of dormant virus, confirming that patients must take HIV drugs indefinitely and suggesting that any breaks run the risk of reviving the infection.

Dr. Sarah Palmer of the US National Cancer Institute and colleagues followed the patients for seven years. While doctors do not usually record HIV levels once they drop below 50 per ml of blood, the NCI team used highly sensitive equipment to measure infection below this threshold. They found HIV was still present at low levels in 77 percent of the patients.

Although potent antiretrovirals can suppress HIV infection to nearly undetectable levels, they cannot eliminate the virus, the researchers said. And while participants' levels were low, they were high enough to prompt infection if treatment were interrupted.

HIV may be harbored by CD4+ cells, which play a role in immunity, the study suggests. These cells were likely infected before therapy was started, and the amount of virus they produce is small.

"It is extremely important that new drugs are developed to eradicate HIV infection as the side effects associated with long-term HIV treatment can be severe," said Palmer. In addition, she warned, failing to take HIV medicines as prescribed raises the risk of resistance, rendering future treatment less effective.

The study, "Low-Level Viremia Persists for at Least 7 Years in Patients on Suppressive Antiretroviral Therapy," was published in the Proceedings of the National Academy of Sciences (Source: CDC HIV/Hepatitis/STD/TB Prevention News Update Monday, March 31, 2008).

Gene Discovered That Can Block the Spread of HIV

A team of researchers at the University of Alberta, including a scientist at the University of Pennsylvania, have discovered a gene that is able to block HIV, and thought to in turn prevent the onset of AIDS.

Dr. Stephen Barr, a researcher in the Department of Medical Microbiology & Immunology at the U of A, says his team identified a human gene called TRIM22 that can block HIV infection in a cell culture by preventing the assembly of the virus. Barr says "interestingly, when we prevent cells from turning on TRIM22, the normal interferon response (a natural defense produced by our cells to fight infection by viruses such as HIV) is useless at blocking HIV infection. This means TRIM22 is an essential part of our body's ability to fight off HIV."

Barr's team finds the results very exciting because it shows our bodies have a gene that is capable of stopping the spread of HIV. They are now trying to figure out why this gene does not work in people infected with HIV and if there is a way to turn this gene on in those individuals. "We hope that our research will lead to the design of new drugs and/or vaccines that can halt the person-to-person transmission of HIV and the spread of the virus in the body, thereby blocking the onset of AIDS." (Source: Medical News Today, February 29, 2008).

UPCOMING EVENTS

18th Annual HIV/AIDS Clinical Conference: New Practice Strategies – May 16 at the RIT Inn & Conference Center.

HIV Testing Day Events – June 16 – 30, 2008. Several agencies will be hosting testing events during this time. Watch for further details in the May Bulletin.

7th Annual Finger Lakes Rural HIV Update – June 26 from 8:45am to 3:15pm at the Ramada Inn, Geneva.

JOB OPPORTUNITIES

Case Management Technician/Street Outreach Worker (Combined Position) – AIDS Rochester

Case Management Technician

Minimum Qualifications

Associates degree in health or human services plus one year of qualifying human services experience including case management or casework with persons who have HIV infection, a history of mental illness, homelessness or chemical dependence, **OR** a High School diploma or GED and two years of qualifying experience. Requires the ability to relate to people of diverse backgrounds, cultures, races, sexual orientations and gender identities or expressions. Ability to speak Spanish and/or ASL preferred. Must have a reliable vehicle and meet the agency driving policy requirements for this position, including but not limited to a valid NYS driver's license and proof of required automobile insurance. Must be able to lift, load and unload up to 25lbs.

Responsibilities include but are not limited to:

1. Assist with intakes, assessments, service plan development and referrals.
2. Identify, arrange and coordinate services.
3. Document each client interaction comprehensively and concisely, including updating service plans, goals and reassessments.
4. Escort clients to and from appointments as needed.
5. Make phone calls to appropriate agencies to advocate for services.
6. Conduct home visits and community follow-up to monitor services and the client's status.

Reports to Associate Director of Client Services

Schedule: Monday, Wednesday, Thursday, Friday = 32 hours per week

Location: University Ave Office

Street Outreach Worker Temporary Position (for up to 2 years)

Minimum Qualifications

High School Diploma or equivalent preferred. Experience with target population and fluency in Spanish preferred. Requires the ability to relate to people of diverse backgrounds, cultures, races, sexual orientations and gender identities or expressions. Must be able to meet agency driving policy requirements for this position, including a valid NYS Driver License, a good driving record and proof of required automobile insurance. Evening hours and schedule flexibility required. Requires the ability to lift 50 pounds.

Responsibilities include but are not limited to:

1. Target outreach sites where injectors congregate.
2. Assist the street outreach team in providing risk reduction information, condoms, and bleach kits into targeted high-risk neighborhoods.
3. Prepare and maintain inventory of street outreach and ESAP materials.
4. Provide HIV pre/post test counseling

Reports to Director of Prevention Services

Schedule: Tuesday = 8 hours per week

Location: Central Ave Office

ANNUAL SALARY: \$25,000

RESUMES: Personnel Department, AIDS Rochester, Inc., 1350 University Avenue, Rochester, NY 14607

Information Technology Manager – AIDS Rochester

Minimum Qualifications

BS in Computer Science or related field preferred. Minimum of two years experience with local area network operations, database management, and web site development and maintenance. Working knowledge of PC hardware and software. Windows based experience preferred. Requires the ability to relate to people of diverse backgrounds, cultures, races, sexual orientations and gender identities or expressions. Must have a reliable vehicle and meet agency driving policy requirements for this position, including a valid NYS driver's license and proof of required automobile insurance. Must be able to lift up to 25lbs.

Responsibilities include, but are not limited to:

1. Manage the agency's network operating system and infrastructure.
2. Manage various programmatic and administrative databases for ease of data collection, processing, and report generation.
3. Compile and submit periodic programmatic reports to funding agencies and create custom internal reports as necessary.
4. Manage Internet, Intranet, and E-mail access. Maintain security protocols to ensure that client data remains confidential and to prevent agency systems from being compromised.

5. Manage and continually update the agency's web site. Track and periodically report on web site activity and recommend improvements.
6. Maintain a strict backup routine to prevent loss of data.

Current Computer Environment: 4 Sites, 4 Servers, 60 Workstations

- Servers: Windows Server 2003, Exchange Server, Terminal Server, ISA Server
- Software: Windows XP Pro Workstations, Office 2003, Crystal Reports XI, AIRS – AIDS Institute Reporting System, Backup Exec 10
- Outlook Web Access

SALARY: \$35,000 based on experience

RESUMES: Personnel Department (No Calls), Personnel Department, AIDS Rochester, Inc., 1350 University Avenue, Rochester, NY 14607

Bilingual (Spanish/English) Program Assistant – Catholic Charities

Provide support to the Families in Transition Program by assisting with adult and youth groups and activities. Provide translation for clients in the Families in Transition Program.

HOURS: Approximately 10 hours/week. Hours will primarily be Wednesdays from 2pm-7pm and Thursdays 10am-3pm, but will require scheduling flexibility as client groups and activities vary between day and evening hours based on activities offered.

QUALIFICATIONS: High School Diploma or GED and one year experience working with youth or persons living with HIV/AIDS.

SPECIAL REQUIREMENTS:

- Valid New York State driver's license and a driving record considered acceptable by agency and insurance carrier
- Bi-lingual Spanish/English required
- Commitment to Agency Mission Statement

RATE OF PAY: \$9.30/hour

Apply at: CATHOLIC CHARITIES COMMUNITY SERVICES
1945 EAST RIDGE ROAD, SUITE 24, ROCHESTER, NY 14622
OR CALL 339-9800 TO GET AN APPLICATION

Case Manager II – Catholic Charities

Provide case management services to persons living with HIV/AIDS.

Full Time Position – Primarily Monday – Friday, 8:30 am – 4:30 pm.

Hours may vary based on needs of clients or department

QUALIFICATIONS: BA/BS in Health, Education or Human Services and at least one year experience working with HIV/AIDS, substance abuse, or mental illness.

OR

Associate's degree in Health or Human Services and at least two years experience working with HIV/AIDS, substance abuse, or mental illness

SPECIAL REQUIREMENTS:

- Valid New York State driver's license and use of a reliable, registered and insured vehicle to transport clients.
- Knowledge or experience working with individuals with HIV/AIDS desired
- Commitment to Agency Mission Statement

BENEFITS: Paid vacation, sick, holiday time. Retirement plan, group life and disability insurance. Paid training. Eligible for dental care at group rates, tax deferred annuities, pre-tax flexible spending plans for medical expenses or dependent care. Paid health care.

RATE OF PAY: \$100.00/day – position is full time (40 hours) and considered exempt.

CANDIDATES CAN SEND RESUMES TO: Catholic Charities Community Services, Human Resources, 1945 E. Ridge Road Rochester, NY 14622. For more information – look online at www.cccsrochester.org. Direct Questions to Phyllis McElligott at (585) 339-9800 ext. 250 or e-mail pmcelligott@dor.org

Director of Information Technology – Huther Doyle

Qualifications: Must have experience with and knowledge of Microsoft SQL Server (Backup, Scripting, Transactions, Report Writing); PC/Printer Hardware Troubleshooting; Windows 2003 Server Administration including (Active Directory, DHCP, DNS, Subnetting, File/Printer Sharing, Security); Microsoft Office Suite including Access; Network Management and Troubleshooting; basic application development. Must have clean New York State driver's license. Candidate must have 3+ years Administration Experience (MSCE preferred). Must demonstrate a commitment to working as part of a multi-cultural staff to provide culturally appropriate services to a widely diverse client population.

Duties include but are not limited to:

- Administer a 60+ user network.
- Order and install software/hardware as acquired.
- Provide support to system users
- Develop and maintain agency webpage.

Resumes Only: Mr. Ralph Preish, Huther Doyle, 360 East Avenue, Rochester, NY 14604.
rpreish@hutherdoyle.com

Director of Clinical Services – Huther Doyle

Qualifications: Status as a Certified Social Worker or Licensed Clinical Psychologist. Five years' experience in supervision/administration in a clinical setting required. Strong clinical and supervisory skills required. Must have an in-depth knowledge and understanding of addiction/recovery and community resources. Knowledge of budgeting and computer literacy helpful.

Duties include but are not limited to:

- Responsible for clinic management and operations.
- General supervision of clinical staff and completion of performance appraisals.
- Direct supervision of Supervising Counselor(s).
- Oversee clinic budget.

Resumes Only: Christine Urban, Huther Doyle, 360 East Avenue, Rochester, NY 14604.
curban@hutherdoyle.com