

RATFA Bulletin

Rochester Area Task Force on AIDS

August 2008

NETWORK NEWS

THERE WILL NOT BE A GENERAL MEETING IN AUGUST.

The next General meeting will be Tuesday, September 9 at 8:30 am at FLHSA. Topic of the Day: Ryan White Mental Health Grant which provides mental health services for uninsured and underinsured PLWH/As. Presented by Allair Reed from Jordan Health Center.

Committee News:

- **Care Coordination Committee** – hosted its first Case Conference on August 1. Thirty –two case managers attended. AIDS Rochester and Catholic Charities each presented a case for discussion. A second case conference is being planned for the fall.
- **Consumer Involvement Committee** – at the June meeting Dr. Corales gave a presentation on lipodystrophy and at the July meeting Ron Skwieralski from ACHC shared his experiences from his trip to South Africa. The next CAC meeting will be Tuesday, August 26 at 5:30pm.
- **Policy, Advisory/Education Committee** – held its planning retreat in May. It revised its mission statement and set priorities. The new mission statement is: **Inform government and community of regional needs and emerging issues related to HIV/AIDS and promote coordinated responses to the same. Educate community about services and treatment for HIV/AIDS and advocate for enhanced health and supportive services.** The committee is planning a Legislative Breakfast for Friday, October 3 from 8:30 – 11:00am so mark your calendars.
- **Executive Committee** – voted to reactivate the Prevention Committee which will begin holding meetings again in September.

Testing Day Results:

919!!! That's the number of people who were tested for HIV during the two week period. Four new positives were identified. The Network would like to thank:

- Crystal Hunter and the Testing Day committee for planning the events.
- Allen Forbes and Deloris Williams who assisted with the rural events .
- Perinatal Network for their continued support.
- Project WAVE for the incentives.

NATIONAL NEWS

"CDC Reports Syphilis Cases Up for 7th Straight Year"

At the 2008 National STD Prevention Conference in Chicago, CDC researchers said US syphilis cases rose in 2007 for the seventh year in a row. From 2006 to 2007, the syphilis rate increased about 12 percent to approximately 3.7 cases per 100,000 people. Rates of the STD have climbed 76 percent since 2000, when there were 2.1 cases per 100,000.

Last year, 11,181 cases were recorded, compared to 9,756 in 2006, CDC said. In men, the rate increased 14 percent to 6.4 cases per 100,000 - a 146 percent jump from 2000. CDC researchers said the rise mostly reflects increases among gay men. About 60 percent of syphilis cases last year occurred in gay men, compared with just 5 percent in 1999, the preliminary CDC data showed.

Among black men, rates jumped 25 percent to nearly 22 cases per 100,000. Rates among black women increased 12 percent to about 5 cases per 100,000.

Public health officials speculate the rise may be attributed to an increase in high-risk sex among gay men, including African Americans.

"The resurgence of syphilis among men who have sex with men represents a formidable challenge to our STD prevention efforts, but one that is surmountable," said Dr. Kevin Fenton, director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention.

Dr. John M. Douglas Jr., director of the agency's Division of STD Prevention, said CDC is working to implement broader screening and better prevention initiatives. "While STD screening is by no means the only weapon; it is certainly one of our best tools for ensuring prompt diagnosis and treatment and slowing the transmission of these diseases," he said.

"People need to be aware of early signs and symptoms to seek care," said Douglas. Physicians "need to know it's there and needs to be looked for."

CDC's final 2007 figures will be released later this year in its annual STD surveillance report. (Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, March 13, 2008).

CDC Releases Updated Estimates on New HIV Infections

CDC on August 2 ahead of the XVII International AIDS Conference, which opened August 3 in Mexico City, released updated national estimates of the annual number of new HIV infections that occur in the U.S. The new data were published in a special HIV/AIDS issue of the *Journal of the American Medical Association*, which was released at the AIDS conference.

The new analysis found there were about 56,300 new HIV infections in 2006, the most recent year for which data are available, about 40% higher than CDC's long-standing estimate of 40,000 for each of the last several years. According to CDC, the number of new infections likely was never as low as the previous estimate of 40,000 and has been relatively stable overall since the late 1990s. The estimate is based on data from a new advanced testing method, which enabled researchers to detect recent HIV infections. The study did not calculate the total number of U.S. residents living with HIV/AIDS, although such estimates are expected soon. Earlier projections estimated that about 1.2 million people in the U.S. are HIV-positive, and CDC is updating that number.

Among sub-groups, the report found that:

- Men who have sex with men accounted for 53% of all new infections;
- Non-Hispanic blacks accounted for 45% of new infections;
- People in their 30s had the highest number of new HIV infections, while people younger than age 30 accounted for 34% of all new infections;
- 73% of new infections were recorded among men;
- Injection drug users accounted for 12% of infections; and
- Heterosexuals made up 31% of new infections.

Although the report indicates general stability in new infections nationally, as well as reductions in new infections among both IDUs and heterosexuals over time, it also shows increases among MSM.

HIV incidence in 2006 among blacks was 83.7 infections per 100,000 people, seven times as high as the rate of 11.5 per 100,000 among whites and three times as high as the 29.3 infections per 100,000 people among Hispanics. According to the data, although new infections among blacks are higher than among any other racial or ethnic group, the number has been relatively stable since the early 1990s.

Historical Analysis

According to the analysis, new HIV infections peaked at about 130,000 annually in the mid-1980s and decreased to a low of about 50,000 annually in the early 1990s. The number of new infections increased in the late 1990s and has been relatively stable since then, with estimates of between 55,000 and 58,500 new infections annually in the three most recent time periods that were analyzed, according to the study (Source: Kaiser Daily HIV/AIDS Reports, August 4, 2008).

INTERNATIONAL

"AIDS-Related Deaths Decline 10 Percent in 2007"

UNAIDS issued a hopeful biennial report on the global AIDS epidemic ahead of the 17th International AIDS Conference in Mexico City.

Some of the most dramatic data show the push to make AIDS treatment accessible in poorer nations is paying off, with AIDS deaths dropping globally by 10 percent last year. There were 2 million AIDS-related deaths in 2007, down from 2.2 million deaths in 2006.

Prevention efforts that encourage condom use, delayed sexual debut, and limiting one's number of sexual partners, have also made inroads in 18 of the most heavily affected countries, the report noted. In the seven countries facing the worst epidemics, all in Africa, sexual debut before age 15 has dropped from 35 percent to 14 percent.

Nearly \$3 billion is being spent annually to treat people with HIV/AIDS in developing countries, benefiting 3 million patients at the end of 2007, up from fewer than half a million in 2003. An estimated 31 percent of those needing treatment globally are receiving it, according to the report. Treatment to prevent mother-to-child HIV transmission in developing countries increased from 9 percent of mothers in 2004 to 33 percent last year.

The number of new HIV infections in 2007 remained flat at 2.7 million, as declines observed in several countries were partly offset by increases in countries including China, Indonesia, Kenya, Mozambique, Russia, and Vietnam. New infections in children declined to an estimated 370,000.

"In a surprisingly short period of time, there has been a tripling of prevention efforts in some countries," said Dr. Paul De Lay, director of evidence, monitoring and policy for UNAIDS. "The lesson here is that where there is investment, prevention and treatment work," said the Rev. Canon Gideon Byamugisha of the Hope Institute in Uganda. (Source: [CDC News] CDC HIV/Hepatitis/STD/TB Prevention News Update July 30, 2008.)

"AIDS Hitting Asian Gays at High Rates: UN"

Recently, the chief of UNAIDS sounded a warning: "All over Asia, there are now epidemics of HIV in men who have sex with men [MSM] of the same magnitude that we saw in [the United States] 25 years ago." The phenomenon among MSM "is something that has been detected fairly recently," said Dr. Peter Piot. "There is not enough action yet but we are now starting programs."

"Recent study data from several major cities in the region, from Bangkok to Ho Chi Minh City, show increasing HIV prevalence among [MSM]," according to the latest report from UNAIDS.

"The epidemic [among Asian MSM] started in the mid-1990s. What we see now is a resurgence," said Dr. Paul De Lay, UNAIDS' director of evidence, monitoring and policy. That resurgence, he said, mirrors similar trends seen among US and Western European MSM.

"It's disturbing because it's this sense that we can never let our guard down as far as prevention, that the epidemic will come creeping back if there isn't this constant attention being paid to it," De Lay said.

He said several factors could be to blame, including inadequate funding for programs targeting MSM and a lack of HIV awareness among younger men. MSM in Asia often encounter homophobia, De Lay said, while discrimination by medical personnel discourages them from accessing testing and prevention information.

Unsafe sex between men may account for up to 7 percent of HIV infections in China, the report said. De Lay said high HIV rates among MSM have also been documented in the Indian cities of Chennai and Mumbai, and in Jakarta, capital of Indonesia. (Source: [CDC News] CDC HIV/Hepatitis/STD/TB Prevention News Update July 30, 2008.)

"Australia's Rising HIV Rates in Spotlight"

HIV rates are increasing in Australia, placing it among other nations trending against a global stabilization of new infections, according to a new UNAIDS report.

"After declining sharply in the 1990s, new HIV diagnoses in Australia have increased, from the 763 reported in 2000 to 998 reported in 2006," states the report. "There is evidence that the prevalence of unprotected sex between men has increased or remained at high levels in recent years in several cities including Adelaide, Brisbane, Canberra, Perth and Sydney."

"Numbers might be going up but we still look very good on the world stage as far as overall numbers are concerned," said Professor John Kaldor, head of public health programs at the National Center in HIV Epidemiology and Clinical Research in Sydney. "And we also look very good in terms of our response."

Among all groups but gay men, Australia still has very low HIV rates, Kaldor said. Surveys suggest there is both a growing complacency about having unprotected sex as well as a slackening in prevention campaign efforts.

"It's difficult to maintain a focus in any prevention program over a very long period," said Kaldor. "But the increase made us really refocus our attentions and increase funding to try to bring the numbers back down." (Source: [CDC News] CDC HIV/Hepatitis/STD/TB Prevention News Update July 30, 2008.)

New HIV Infections, Deaths From AIDS-Related Causes Down; Epidemic Not Over, UNAIDS Report Says

The number of deaths worldwide from AIDS-related causes decreased by 10% in 2007 to two million, compared with 2.2 million in 2006, according to UNAIDS' 2008 Report on the Global AIDS Epidemic, which was released ahead of the XVII International AIDS Conference.

There were about 2.7 million new HIV cases in 2007, down from three million in 2001. According to the report, about 33 million people in 147 countries are living with HIV/AIDS. Increases in prevention and treatment efforts in the previous two years have contributed to reducing the epidemic's growth and the death toll.

The relatively stable number of new HIV cases was fueled by increases in countries such as China, Indonesia, Kenya, Mozambique, Russia and Vietnam, the report found. HIV prevalence in some African countries is beginning to level off, but prevalence is increasing in parts of Asia and Eastern Europe, according to the report. About 1.5 million people are living with HIV in Eastern Europe, 90% of whom live in Russia and Ukraine. About 67% of people living with HIV/AIDS worldwide and 72% of AIDS-related deaths are in sub-Saharan Africa.

The report found that three million people in developing countries are receiving HIV treatment -- up from fewer than 500,000 in 2003 -- at a cost of \$3 billion annually. In Namibia, 88% of people in need of treatment were receiving it in 2007, compared with 1% in 2003. In Cambodia, the percentage of people receiving treatment increased from 14% in 2001 to 67% in 2007. It would cost an estimated \$11 billion annually to triple the number of people receiving treatment, the report said.

The report also found that 33% of HIV-positive pregnant women are receiving treatment to prevent mother-to-child HIV transmission, up from 14% in 2006. The number of new HIV cases recorded among children worldwide decreased to 370,000 in 2007 from 410,000 in 2005, according to the report.

The report also found that condom use is increasing among people with multiple sex partners and that adolescents are waiting longer to initiate sex. The percentage of people having sex before age 15 decreased from 35% to 14% in seven African countries, the report said.

Governments should continue to invest in HIV treatment and prevention efforts to continue making progress, the report said. Although a "sixfold increase" in funding for HIV programs in developing countries from 2001 to 2007 "is beginning to bear fruit," the future of the epidemic is "uncertain" and "intensified action to move towards universal access to HIV prevention, treatment, care and support" is needed, the report said.

Comments, Reaction

UNAIDS Executive Director Peter Piot said the global community has "achieved more in the past five years" toward fighting HIV/AIDS "than in the previous 20 years." However, if governments "relax now, it would be disastrous," Piot said, adding, "It would wipe out all of our previous investments". "Although we have seen real progress in the last two years, if we want to continue to see results, we will need to see more financial resources and commitment," Purnima Mane, deputy executive director of the United Nations Population Fund, said.

Paul De Lay of UNAIDS added that the global community is "not pushing back the epidemic enough," noting that there "are still five new infections for every two people who are newly added on treatment." Paul Zeitz, executive director of the [Global AIDS Alliance](#), added that it is "time to ramp up funding from all sources -- not to slow down or go on to other things." He added, "We're on the path toward victory here. Let's invest more".

James Chin, a clinical professor of epidemiology at the University of California-Berkeley, said that despite the progress, he is "not sure we will ever get to a point where we can say [HIV/AIDS] is not a public health problem." He added that until universal access to treatment is "accomplished," HIV/AIDS will continue to be a public health issue (Source: Kaiser Daily HIV/AIDS Reports, July 30, 2008).

Kaisernetwork.org is the official [webcaster](#) of the XVII International AIDS Conference in Mexico City.

NEWS YOU CAN USE

"Meditation Slows AIDS Progression: Study"

A new study finds that meditation improved CD4 T-cell counts in AIDS patients.

The researchers studied 67 HIV-positive adults from the Los Angeles area, most of whom reported highly stressful lives. "The average participant in the study was male, African American, homosexual, unemployed, and not on ARV [antiretroviral] medication," they wrote. Approximately 30 percent of the volunteers were on ARVs.

Forty-eight volunteers participated in some or all of a stress-lowering program called mindfulness meditation, defined as practicing an open and receptive awareness of the present moment, avoiding thinking of the past or worrying about the future. The meditation classes included eight weekly two-hour sessions, a day-long retreat, and daily home practice.

CD4 counts were measured before and after the two-month program. The more often the volunteers meditated, the higher their CD4 counts were. "This study provides the first indication that mindfulness meditation stress-management training can have a direct impact on slowing HIV disease progression," said study leader David Creswell of the University of California-Los Angeles. "Even when we controlled for ARV use, we still saw these effects."

It remains unclear how the stress-reducing effects of meditation work, said Creswell: Meditation may directly boost CD4 T-cell levels, or suppress HIV. "We know that stress has direct effects on viral load," he said, adding, "One of the main side effects of this particular treatment was an increase in their quality of life."

"The mindfulness program is a group-based and low-cost treatment, and if this initial finding is replicated in larger samples, it's possible that such training can be used as a powerful complementary treatment for HIV disease, alongside medications," said Creswell.

The study, "Mindfulness Meditation Training Effects on CD4+ T Lymphocytes in HIV-1 Infected Adults: A Small Randomized Controlled Trial," was published in the journal *Brain, Behavior, and Immunity* (Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, July 24, 2008).

mtvU, Kaiser Family Foundation, *POZ Magazine* Launch Online Game To Confront HIV/AIDS-Related Stereotypes

mtvU, MTV's college network, and the Kaiser Family Foundation, in partnership with *POZ Magazine*, unveiled "Pos or Not," an online game that aims to confront HIV/AIDS stereotypes and overcome obstacles that prevent people from talking openly about the disease. In the game, which also seeks to break down barriers that keep people from getting tested for HIV and using protection, players must decide whether a profiled participant is HIV-positive or negative based on a photo and a few personal details. HIV-positive participants share when they first learned their HIV status, and HIV-negative participants talk about how they have been affected by the disease. The game also provides information about HIV prevention, as well as local HIV and sexually transmitted infection resources from CDC.

The "Pos or Not" campaign, which was inspired by a nationwide competition asking college students to create a web-based game on the topic, is supported by several celebrities, including Wyclef Jean, Fall Out Boy, Will.i.am, Alyssa Milano, Say Anything, Perez Hilton, Angels & Airwaves, Atmosphere, The Spill Canvas, 30 Seconds to Mars, Aesop Rock, Motion City Soundtrack, All Time Low and Rise Against. Representatives from mtvU and the Kaiser Family Foundation will be presenting "Pos or Not" at the fourth annual Games for Health Conference on May 8-9 in Baltimore (Source: Kaiser Daily HIV/AIDS Reports, May 1, 2008).

Boehringer, Gilead Freeze Antiretroviral Prices for Some U.S. Agencies

Pharmaceutical companies Boehringer Ingelheim and Gilead Sciences are freezing the prices of their antiretroviral drugs for select agencies in the U.S., the AIDS Healthcare Foundation announced. Gilead will freeze the prices on its antiretrovirals Viread, Truvada and Emtriva for the U.S. Public Health Service, the Federal Supply Service and state AIDS Drug Assistance Programs, according to company spokesperson Amy Flood. The price freeze will be effective through Dec. 31, 2010, according to AHF. The wholesale acquisition cost is \$552 monthly for Viread, \$329 monthly for Emtriva and \$840 monthly for Truvada, Flood said. She added that government purchasers generally receive partial rebates from the prices. "We share your concern regarding antiretroviral cost pressures faced by government payers, particularly during times of limited budget access and flat funding," Gregg Alton, senior vice president and general counsel at Gilead, said in a letter to AHF.

Boehringer will freeze the price of its antiretroviral Aptivus for ADAPs through May 1, 2009, according to AHF. The price freeze became effective May 1, according to a Boehringer letter to AHF. Boehringer spokesperson Judith von Gordon did not return calls for comment.

"We urge the other drug companies to follow [Boehringer's] and Gilead's lead and to freeze price increases that create an unnecessary burden on an already overburdened public health system and keep lifesaving drugs out of reach for those who need them," AHF President Michael Weinstein said. AHF called on companies to freeze their prices because of issues government agencies have had in increasing access to antiretrovirals. Responses from Abbott Laboratories, Bristol-Myers Squibb, GlaxoSmithKline, Merck, Pfizer, Roche and Johnson & Johnson subsidiary Tibotec Therapeutics "reiterated the companies' commitment to increasing access but made no specific pledge with regard to" price freezes, according to an AHF release (Source: Kaiser Daily HIV/AIDS Reports, June 5, 2008).

The new Perceptions for People with Disabilities (PPD) website is now live!

Visit the website about HIV & the differently-abled at: www.perceptions4people.org.

The newly developed PPD website is designed to be the premiere quality educational information clearinghouse resource for individuals who are HIV positive / AIDS & differently-abled (visually impaired/blind, hard of hearing/deaf, physically and/or mentally challenged). It provides state-of-the-art quality website layouts tools, with real-world testimonials from HIV positive individuals, and an opportunity for sharing information and experiences among HIV providers and people living with HIV/AIDS.

HIV VACCINE TRIALS

HIV Vaccine Research Requires Innovative Ideas, New Scientists, More Funding, Researchers Say

New researchers and innovative ideas are needed to further research on developing an HIV/AIDS vaccine, U.S. scientists wrote in an edition of *Science* magazine. The researchers, including an NIH official, wrote that research should focus on developing a vaccine rather than on clinical trials for medicines that may not be effective. "Design of a vaccine that blocks HIV infection will require enormous intellectual leaps beyond present day knowledge," the researchers wrote.

NIH is looking for "fresh ideas" about developing an HIV/AIDS vaccine and is emphasizing laboratory research to fill knowledge gaps. Anthony Fauci, director of NIH's National Institute of Allergy and Infectious Diseases, in a *Science* podcast said that the failure of a Merck vaccine candidate illustrated that researchers "were maybe on the wrong track a bit." He added, "We will be turning the knob, as I like to say, more preferentially toward answering some of the fundamental questions that have gone unanswered." Increased research in chimpanzees will be a priority, although NIAID will continue to support studies in people under raised standards for federal funding.

The need for increased resources aimed at vaccine research comes at a time when NIH's budget remains flat, the researchers wrote. They added that if the agency's budget increases in future years, "one of the highest priorities will be to target those additional resources to HIV vaccine programs, particularly vaccine discovery research".

The researchers' comments in *Science* follow a summit held by NIAID in March, which was held to re-evaluate vaccine research after the failure of the Merck HIV vaccine candidate in September 2007 (Source: Kaiser Daily HIV/AIDS Reports, July 28, 2008).

Advocates Call for Increased Funding, Renewed Efforts for HIV/AIDS Vaccine Research

Advocates and researchers at a panel discussion called for an increase in funding for and a renewal of efforts to develop an HIV/AIDS vaccine. Panelists at the forum, which was sponsored by the Caucus for Evidence-Based Prevention and the AIDS Vaccine Advocacy Coalition, said that continued declines in funding from public and private institutions would severely undermine HIV/AIDS vaccine research.

AVAC Executive Director Mitchell Warren cited a recent headline in a Kenyan newspaper that read, "HIV Research Hits a Dead-End," adding, "In many ways that headline isn't entirely wrong; we have hit some barriers." Warren also referenced AVAC's latest annual report on HIV vaccine research efforts, saying, "The reality is there's a lot to be looking at; there's a lot to be planning for."

Panelists also emphasized the importance of a comprehensive strategy to fight HIV/AIDS. They used the metaphor of a "basket" or a "toolbox" of mechanisms to point out that there is no one universal approach to eliminating the disease. "We need to continue to ... have the discussion that there is no such thing as a magic bullet," Carl Dieffenbach, director of the division of AIDS at NIH, said. However, the vaccine "is the main ingredient that we need to put in this toolbox," he added.

In addition, Dieffenbach said that NIH should put more money toward reducing the risk of HIV vaccine research and development. He noted that drug makers generally are motivated to conduct vaccine research by the potential of a product's market success, but efforts often are hindered by the high risk involved. "There is so much unfunded opportunity," he said (Source: Kaiser Daily HIV/AIDS Reports, May 23, 2008).

"Study Shows Promising New Approach to Thwart HIV"

In new research, scientists have identified a protein in human immune system cells that HIV needs to infect the cells, a discovery that could lead to the development of a new drug to fight the virus.

The approach could also provide a new weapon against drug resistance, said Dr. Pamela Schwartzberg of the National Institutes of Health's National Human Genome Research Institute, one of the study's authors. "One of the real problems with treating HIV right now is that most of the drugs that we have are directed against parts of the virus. And with HIV, the virus rapidly mutates its genetic material, its genome," she said. Because of this, researchers have expressed interest in targeting proteins in human cells, which are much less likely to mutate.

The research team interfered with interleukin-2-inducible T cell kinase, or ITK. The protein alerts T-cells to come to the body's defense against invaders like viruses. Once HIV takes over T-cells, it forces them to make viral copies.

In the lab, working with human cells, the team inactivated ITK using two methods: small interfering RNAs, or siRNAs, which can stop certain genes from functioning; and the drug BMS509744, which is known to interfere with the protein but had not been evaluated in the context of HIV. Both methods were successful.

"We didn't completely block [infection] but we certainly severely impaired it. It has minor effects at multiple stages of the HIV life cycle, and together that all adds up to a more profound effect," Schwartzberg said.

Although Schwartzberg said human trials of any drug designed to fight HIV by inhibiting ITK could be years away, the National Institutes of Health and the researchers have filed a patent on the concept of using ITK for this purpose.

The full report, "Selective Targeting of ITK Blocks Multiple Steps of HIV Replication," was published online in the Proceedings of the National Academy of Sciences. (Source: CDC HIV/Hepatitis/STD/TB Prevention News Update Thursday, May 01, 2008)

Specific Adverse Events of Antiretroviral Therapy Vary Depending on Race, Gender, Study Says

Although the overall rate of adverse events among HIV-positive people initiating antiretroviral treatment does not differ significantly among different races and genders, there are significant differences for specific adverse events, according to a study recently published in the *Journal of Acquired Immune Deficiency Syndromes*. For the study, Ellen Tedaldi of Temple University's School of Medicine and colleagues compared the frequency and types of adverse events among 1,301 patients who were initiating antiretroviral therapy. The study included 701 black participants, 225 Latinos and 273 women. The study did not find significant differences among races or gender in regard to death from any cause or treatment withdrawal rates because of drug toxicity.

According to the study, several "baseline characteristics" differed based on gender and race -- including age, HIV transmission risk, hepatitis B or C coinfection, viral load, diagnosis of AIDS, body mass index and baseline hypertension. Cardiovascular and kidney side effects were 2.64 and 3.83 times more frequent, respectively, among the black participants than among white participants, the study found. This finding was consistent with the increased rates of heart disease, diabetes and kidney disease found among all black men and women, the researchers noted.

Black men experienced 2.45 times higher rates of psychiatric-related adverse events than white men, the study showed. Tedaldi and her team said that it is "likely that grade four psychiatric adverse events represent a constellation of factors that include psychosocial and biologic associations," such as undiagnosed mental illness or the virus' effects on the central nervous system.

The study found 409 grade four adverse events during an average five-year follow-up period, or a rate of 8.9 events per person per 100 years. Grade four events are considered the most severe types based on a scale of one to four. The study found that women were 2.34 times more likely to experience grade four anemia, compared with men, according to the study. This finding was "not unexpected" because most of

the women were premenopausal and black, the researchers wrote. Researchers also recorded 176 deaths -- a rate of three per person per 100 years. The study also recorded 523 antiretroviral discontinuations for any toxicity -- a rate of 13 per person per 100 years.

The researchers note that published data on the rate and types of adverse events by gender and race are limited, concluding that the findings "could inform HIV treating clinicians about particular issues to consider in the selection of antiretroviral regimens for diverse populations" (Source: Kaiser Daily HIV/AIDS Reports, May 1, 2008).

Appropriate Treatment Methods Can Prevent Nearly All Risk of Mother-To-Child HIV Transmission, Study Says

Providing appropriate treatment methods to HIV-positive women during pregnancy can prevent nearly all risk of mother-to-child transmission of the virus, according to a study published online recently in the journal *AIDS*.

For the study, Claire Townsend, research fellow at the University College London Institute of Child Health, and colleagues analyzed 5,151 pregnancies among HIV-positive women in the United Kingdom and Ireland between 2000 and 2006. The study found that the rate of MTCT decreased to 1.2% from 20% in the mid-1990s.

According to the researchers, the primary reason for the decline was the increase in prenatal HIV testing following the implementation of routine screening policies in the countries. Routine screening increased diagnosis rates before delivery from about 70% in 2000 to about 95% in 2005, data showed. Routine screening policies were introduced in Ireland in 1999 and between 2000 and 2003 in the United Kingdom.

Expanded access to antiretroviral treatment for HIV-positive pregnant women also was a factor, researchers said. The HIV transmission rate for women taking antiretroviral therapy for a minimum of two weeks prior to delivery was 0.8%, according to the study. The rate was found regardless of the type of antiretrovirals the women received or whether they had vaginal births or cesarean sections, the study found.

It was the first time such low rates of MTCT have been found at a population level, researchers said. Townsend said, "Continuing to improve the offer and uptake of antenatal HIV testing could have a significant impact on further reducing MTCT, since most perinatally acquired infection is now in infants whose mothers are among the approximately 5% of infected women who remain undiagnosed at delivery". She also said, "This emphasizes the importance of achieving and maintaining a high uptake of antenatal HIV testing on a national scale."

Lisa Power of the Terrence Higgins Trust said, "With the right treatment and relevant support, the vast majority of women living with HIV can have healthy uninfected children," adding, "This is why testing for HIV in pregnancy is so important and why treatment for pregnant women living with HIV in the [United Kingdom] should always be free, whatever their immigration status" (Source: *Kaiser Daily HIV/AIDS Reports, May 7, 2008*).

Most HIV Cases Traced to Transmission of Single Virus, Study Finds

Most HIV cases can be traced to the transmission of a single virus, according to a study published online in the *Proceedings of the National Academies of Science*. According to researcher George Shaw, a professor at the University of Alabama-Birmingham, the findings are surprising and could have an impact on HIV/AIDS vaccine development.

For the study, Shaw and colleagues analyzed blood samples from 102 people who had recently contracted HIV. The study was funded by NIH's National Institute of Allergy and Infectious Diseases and the Bill & Melinda Gates Foundation. The researchers genetically analyzed the samples and were able to count generations of HIV. They found that 76% of the cases could be traced back to a single virus. The remaining 24% could be traced to two to five viruses, according to Shaw. Shaw noted that in the "vast majority" of cases, a single virus has "gone across the sexual mucosa, and that virus has infected a cell." He added, "That cell then makes a lot of virus. Now you just have a firestorm of HIV replication in the next couple weeks. Very quickly the person is populated by millions of viruses." According to Shaw, the

findings help explain why it usually takes several exposures for a person to contract HIV, why transmission of the virus is so inefficient and why condoms help prevent HIV transmission.

The findings are significant because they indicate that if researchers are "trying to develop a vaccine or microbicide or whatever to prevent [HIV] infection, the only thing it has to do is prevent the transmission of a single virus," Shaw said. He added, "That should be possible. All you have to do is provide some additional block to what already is an efficient process." The findings "provide light on what was previously a very cloudy area of HIV infection," Shaw said, adding, "It puts acute and early transmission of HIV-1 in very sharp focus."

Most other sexually transmitted infections -- such as gonorrhea and syphilis -- "invade the body en masse". "They just all come across 10, 20, 100, 200 bacteria or spirochetes," Shaw said. Several research centers worldwide were involved in the project, including Duke University, the University of California-San Francisco, the University of Cape Town in South Africa, the University of Massachusetts-Amherst, the University of North Carolina-Chapel Hill, the University of Maryland, the University of Rochester, and the Los Alamos National Laboratory and the Santa Fe Institute in New Mexico (*Source: Kaiser Daily HIV/AIDS Reports, May 22, 2008*).

BROTHER'S KEEPER

Helping Patients Avoid Medication Errors

By helping educate patients about what they can do at home and in the hospital to avoid medication errors we will be one step closer to reaching our goal of becoming one of the safest healthcare systems in the country. Here are some medication safety tips to share with your patients and their families.

- Always ask your doctor, nurse or pharmacist the name of the medicine, dosage and what it is supposed to do.
- Ask how, when, and how long you should take the medicine.
- Ask about possible side effects and what to do if they happen.
- Tell your doctor about any medicines you take, including over-the-counter products such as drinks, vitamins, herbs or medicine you buy in the drug store.
- When you pick up your medicine, make sure it has both your name and your doctor's name on the label.
- Take your medicine as told by your doctor, nurse or pharmacist.
- Tell the doctor, nurse or pharmacist if you had a really bad reaction to medicines in the past.
- Do not break your pills in half unless your doctor, nurse or pharmacist told you to do so.
- Never take medicine in the dark. You should be able to see the medicine to make sure it is the right one.

The new Perceptions for People with Disabilities (PPD) website is now live!

Visit the website about HIV & the differently-abled at: www.perceptions4people.org

The newly developed PPD website is designed to be the premiere quality educational information clearinghouse resource for individuals who are HIV positive / AIDS & differently-abled (visually impaired/blind, hard of hearing/deaf, physically and/or mentally challenged). It provides state-of-the-art quality website layouts tools, with real-world testimonials from HIV positive individuals, and an opportunity for sharing information and experiences among HIV providers and people living with HIV/AIDS.

UPCOMING EVENTS

ADAP Workshop – September 11 from 11:00 am to 12:30pm at FLHSA. Susan Wade, NYS DOH provider liaison, will give an overview of **ADAP** and how it can work with Medicaid, Medicare Part D and other insurances.

Legislative Breakfast – October 3 from 8:30 – 11:00am at the Dugan Center.