

RATFA Bulletin

Rochester Area Task Force on AIDS

January 2008

RATFA NEWS

RATFA Elections

At the RATFA General Membership Meeting in February a slate of candidates will be presented. At that time nominations will be accepted from the floor. The following positions are open for election or re-election:

- Network Chair
- Secretary
- Advocacy Chair
- Prevention Chair
- 4 At Large
- Youth At Large

All the positions except one At Large position have two year terms. At Large F is a one year term. If you are interested in running for any of those positions you can nominate yourself or have someone else nominate you at the February 12th meeting.

Voting will take place at the Annual Meeting on March 11th. Only those eligible to vote will be given ballots. To be eligible you must be either a person living with HIV/AIDS, or a member of the Executive Committee, or have been designated to represent your agency. If you have any questions you can contact Kraig Pannell, Chair of the Nominating Committee at 420-1405 x13.

CONGRATULATIONS!

Melissa Kelly from Planned Parenthood gave birth to Jack Ryan in November.

Isabel Rosa from ABC/Action Front Center gave birth to a son on January 14th.

Calvin E. Twoguns from Liberty Research Group has been chosen to be an International Judge for the HEAR ME Project Writing Essay Contest for 2007 and is a First Round Judge. The HEAR ME Project is dedicated to young teens and young adults from different parts of the world to write stories regarding how HIV/AIDS has affected them in their daily lives.

LOCAL NEWS

"Sexual Diseases Prevalent in Area"

A CDC report shows chlamydia and syphilis are on the rise in metropolitan Rochester. While the local gonorrhea rate has fallen to at least a five-year low, the STD remains more prevalent in the metro area, which includes Monroe, Livingston, Ontario, Orleans, and Wayne counties, than in other areas of the state, leaving public health officials and advocates unsure whether the numbers signal progress.

The report, based on 2006 data, found the chlamydia rate in the Rochester area reached 401.1 cases per 100,000, an 8.2 percent increase from 2005. In all, 4,168 cases were diagnosed in 2006. Dr. Andrew Doniger, Monroe County's health director, noted that more sensitive chlamydia testing and enhanced reporting methods are still so new that "it takes a while for the data to really become more accurate and dependable."

But some experts believe the high rates are not fully explained by better reporting. "The message about safe sex at an early age isn't necessarily getting out there," said Dr. Sheldon D. Fields, associate professor of nursing at the University of Rochester and board president of the Men of Color Health

Awareness project. "There's an overall apathy."

The area's syphilis rate more than doubled in 2006 to 8.7 cases per 100,000, with a total of 90 cases. While the local rate was relatively low, the New York-Newark-Edison area's rate was 26.2 cases per 100,000, the bump represents an "epidemic," said Fields.

The report ranks the Rochester area 29th highest in gonorrhea rates among the 50 most-populated US metropolitan areas. In 2006, the area rate was 140.2 cases per 100,000, a 23 percent drop from 2005's rate and the lowest rate since at least 2002. (Source: Democrat and Chronicle (Rochester) Justina Wang, January 6, 2008).

NEW YORK STATE NEWS

Manhattan: Survey Details H.I.V. Risks

A survey by the City Health Department has found that 18 percent of the city's adults are at increased risk for H.I.V. infection because of multiple sex partners or drug injection, but that 92 percent of that group believe they are safe. The survey also found that among the group with multiple sex partners, 60 percent do not use condoms all the time. (Source: Associated Press, January 11, 2008).

NATIONAL NEWS

AIDS Appears to Be Making an Alarming Comeback.

The Journal of the American Medical Association reports that the incidence of H.I.V. infection among gay men is shooting up, following an encouraging period of decline. The rise of infections among younger gay men, especially black and Hispanic men, is troubling, and the study carries the clear implication that people at high risk of contracting the disease are becoming less cautious.

Statistics gathered by New York City health officials show that new diagnoses of H.I.V. infection — the virus that causes AIDS — in gay men under age 30 rose 32 percent between 2001 and 2006. Among black and Hispanic men, the figure was 34 percent. Most troubling, the number of new diagnoses among the youngest men in the study, those between ages 13 and 19, doubled.

New York officials say increased alcohol and drug use may be partly responsible since they make unprotected sex more likely. Other basic precautions, including finding out whether a potential partner is infected, are also apparently being ignored.

The one bright spot in this bleak picture was the 22 percent decline in infections among men over 30 in the New York study. Awareness of the disease's devastating effects, as much as maturity, may explain the difference. A large number of these older men came of age when AIDS was all but untreatable. They may have buried friends who died after being horribly ill.

When the disease was new and terrifying, the gay community helped change behavior by preaching loudly against taking sexual risks. From San Francisco to New York, bathhouses notorious for promoting casual sex changed the way they did business or closed down. Condoms were encouraged, and so was H.I.V. testing. "Silence equals death" was the motto of the day.

Silence now seems to be winning the day. Nearly 6,000 gay men died of AIDS in the United States in 2005; still, many young men appear to have persuaded themselves that the infection is no longer such a big deal. It is true that antiretroviral therapy has improved the outlook for anyone who becomes infected. But the treatments are still too new to know whether they can work much beyond a decade. Public health officials need to continue to distribute condoms, encourage testing and treat those who are ill. Leaders in the hardest-hit communities need to start speaking out again. The fight against AIDS is far from over. (Source: New York Times Editorial, January 14, 2008).

Drug-Resistant MRSA Strain Spreading Through MSM Communities in Boston, San Francisco, Researchers Say

A drug-resistant strain of methicillin-resistant staphylococcus aureus, or MRSA, is appearing among men who have sex with men in Boston and San Francisco, according to a study published online in the journal *Annals of Internal Medicine*. HIV-positive people "seem especially prone" to the infection.

For the study, Binh Diep, a researcher at the University of California San Francisco, and colleagues reviewed the charts of 183 people treated for MRSA at the San Francisco General Hospital's Positive Health Program, an outpatient program for HIV-positive people. They also reviewed the charts of an additional 130 people at Fenway Community Health clinic in Boston. The review found that MSM ages 18 to 35 were the most likely to have the infection. According to a statistical analysis based on ZIP codes, one in 588 people in San Francisco's Castro neighborhood, which has the highest number of MSM residents nationwide, is living with MRSA, compared with one in 3,800 people across San Francisco. The study also found that MSM in San Francisco were 13 times more likely than other city residents to contract MRSA.

The study found MRSA spreads most often through anal intercourse but also can be spread through casual skin-to-skin contact or by touching contaminated surfaces. MRSA can cause abscesses and skin ulcers and can produce necrotizing fasciitis, or flesh-eating bacteria. The infection also can cause pneumonia, heart damage and blood infections. Among MSM in the study, MRSA was spread through skin-to-skin contact and caused abscesses and infection in the buttocks and genitals. The most effective way to prevent skin-to-skin transmission of MRSA is to wash with soap and water, particularly after sex.

The strain, called USA300, is resistant to six major antibiotic classes. USA300 is resistant to two of the three alternative MRSA treatments recommended by CDC and the Infectious Diseases Society of America. The strain also is resistant to mupirocin, which has been "advocated for eradicating the strain from carriers," Henry Chambers, a study author and chief of infectious diseases at SFGH, said.

USA300 is "more virulent than standard staph," Shelly Gordon, an infectious disease specialist at California Pacific Medical Center, said. She added that emergency department physicians should test for drug resistance to avoid using the wrong antibiotic and fueling further resistance. Diep added that "once" the strain "reaches the general population, it will be truly unstoppable. That's why we're trying to spread the message of prevention."

According to the researchers, the increase in MRSA among MSM comes at a time when HIV, syphilis and rectal gonorrhea also are increasing in the population in part because of an increase in risky sexual behavior and injection drug use. The "likelihood of contracting each of these diseases increases with the number of sexual partners that you have," Diep said, adding that the "same can probably be said for MRSA". Chambers said that high antibiotic use is the "most important factor" that the new drug-resistant strain is appearing among MSM.

According to Francoise Perdreau-Remington -- director of the molecular epidemiology lab at SFGH, where the strain was first identified -- USA300 has been found in 44 states and is beginning to spread through Europe. In 2007, CDC calculated that about 19,000 U.S. residents -- more than the number of people who die annually from AIDS-related causes -- died from drug-resistant strains of MRSA. (Source: Kaiser Daily HIV/AIDS Report, January 15, 2008).

RESEARCH

Recently Homeless Youth More Likely To Engage in Risky Sex, Increasing Risk of HIV, Other STIs, Study Says

Youth who recently have become homeless are more likely than other youth to engage in risky sexual behavior that can lead to the transmission of HIV and other sexually transmitted infections, according to a study recently published

For the study, researchers at the University of California-Los Angeles AIDS Institute -- led by M. Rosa

Solorio, assistant professor of family medicine at the David Geffen School of Medicine at UCLA -- identified 261 youth ages 12 to 20 in Los Angeles County. The youth had been homeless for a period of one day to six months, and the researchers tracked them for two years. The youth were interviewed at the beginning of the study and at three, six, 12, 18 and 24 months after the study began about symptoms of depression, substance abuse, living arrangements, number of sexual partners and condom use.

According to the study, 77% of the youth were sexually active at the beginning of the study, compared with 85% at the end of the study. According to the study, female participants were less likely to use condoms if they were living in nonfamily situations or abused drugs. Drug abuse was found to be the primary indicator of risky sexual behavior among female participants, and male participants who lived without their family members or who abused drugs were more likely to have multiple sex partners, the study found. The study also found that U.S. or foreign-born Hispanic female participants were less likely to have multiple sex partners than female participants of other groups.

"While gender and some racial/ethnic differences in predictors of sexual risk were found in this study, living with nonfamily members and drug use appear to be the most salient in explaining sexual risk," according to the authors. The authors added that "interventions aimed at reducing sexual risk behaviors, and thereby reducing [STIs] and HIV among newly homeless youth, need to help youth find housing associated with supervision and social support ... as well as aim to reduce drug use." Solorio said that the study's findings are "important" because previous interventions "have focused on addressing individual risk behavior and not on addressing structural factors, such as living situations that might have an impact" on risky sexual behavior. (Source: Kaiser Daily HIV/AIDS Report, January 9, 2008).

AIDS Patients Face Downside of Living Longer

John Holloway received a diagnosis of AIDS nearly two decades ago, when the disease was a speedy death sentence and treatment a distant dream.

John Holloway, 59, survived AIDS but has more health problems than his 84-year-old father.

Yet at 59 he is alive, thanks to a cocktail of drugs that changed the course of an epidemic. But with longevity has come a host of unexpected medical conditions, which challenge the prevailing view of AIDS as a manageable, chronic disease.

Mr. Holloway, who lives in a housing complex designed for the frail elderly, suffers from complex health problems usually associated with advanced age: chronic obstructive pulmonary disease, diabetes, kidney failure, a bleeding ulcer, severe depression, rectal cancer and the lingering effects of a broken hip.

Those illnesses, more severe than his 84-year-old father's, are not what Mr. Holloway expected when lifesaving antiretroviral drugs became the standard of care in the mid-1990s.

The drugs gave Mr. Holloway back his future.

But at what cost?

That is the question, heretical to some, that is now being voiced by scientists, doctors and patients encountering a constellation of ailments showing up prematurely or in disproportionate numbers among the first wave of AIDS survivors to reach late middle age.

There have been only small, inconclusive studies on the causes of aging-related health problems among AIDS patients.

Without definitive research, which has just begun, that second wave of suffering could be a coincidence, although it is hard to find anyone who thinks so.

Instead, experts are coming to believe that the immune system and organs of long-term survivors took an irreversible beating before the advent of lifesaving drugs and that those very drugs then produced additional complications because of their toxicity — a one-two punch.

“The sum total of illnesses can become overwhelming,” said Charles A. Emlet, an associate professor at the University of Washington at Tacoma and a leading H.I.V. and aging researcher, who sees new collaborations between specialists that will improve care.

“AIDS is a very serious disease, but longtime survivors have come to grips with it,” Dr. Emlet continued, explaining that while some patients experienced unpleasant side effects from the antiretrovirals, a vast majority found a cocktail they could tolerate. “Then all of a sudden they are bombarded with a whole new round of insults, which complicate their medical regime and have the potential of being life threatening. That undermines their sense of stability and makes it much more difficult to adjust.”

The graying of the AIDS epidemic has increased interest in the connection between AIDS and cardiovascular disease, certain cancers, diabetes, osteoporosis and depression. The number of people 50 and older living with H.I.V., the virus that causes AIDS, has increased 77 percent from 2001 to 2005, according to the federal Centers for Disease Control, and they now represent more than a quarter of all cases in the United States.

The most comprehensive research has come from the AIDS Community Research Initiative of America, which has studied 1,000 long-term survivors in New York City, and the Multi-Site AIDS Cohort Study, financed by the National Institutes of Health, which has followed 2,000 subjects nationwide for the past 25 years.

The Acria study, published in 2006, examined psychological, not medical, issues and found unusual rates of depression and isolation among older people with AIDS.

The Multi-Site AIDS Cohort Study, or MACS, will directly examine the intersection of AIDS and aging over the next five years. Dr. John Phair, a principal investigator for the study, which has health data from both infected and uninfected men, said “prolonged survival” coupled with the “naturally occurring health issues” of old age raised pressing research questions: “Which health issues are a direct result of aging, which are a direct result of H.I.V. and what role do H.I.V. meds play?”

The MACS investigators, and other researchers, defend the slow pace of research as a function of numbers. The first generation of AIDS patients, in the mid-1980s, had no effective treatments for a decade, and died in overwhelming numbers, leaving few survivors to study.

Those survivors, like Mr. Holloway, gaunt from chemotherapy and radiation and mostly housebound, lurch from crisis to crisis. Mr. Holloway says his adjustment strategy is simple: “Deal with it.” Still he notes, ruefully, that his father has no medical complaints other than arthritis, failing eyesight and slight hearing loss.

“I look at how gracefully he’s aged, and I wish I understood what was happening to my body,” Mr. Holloway said during a recent home visit from his case manager at the Howard Brown Health Center, a gay, lesbian and transgender organization. The case manager could soothe but not inform him. “Nobody’s sure what causes what,” the case manager told Mr. Holloway. “You folks are the first to go through this and we’re learning as we go.”

Mr. Holloway is uncomplaining even in the face of pneumonia and a 40-pound weight loss, both associated with his cancer treatment. Has the cost been too high? He says it has not, “considering the alternatives.”

Halfway across the country, Jeff, 56-year-old New Yorker who was found to have AIDS in 1987, said he asks himself that question often.

Jeff, who asked that he not be fully identified, has had one hip replacement because of a condition called avascular necrosis, the death of cells from inadequate blood supply, and needs another to avoid a wheelchair. Many experts think that avascular necrosis is caused by the steroids many early AIDS sufferers took for pneumonia.

“The virus is under control, and I should be in a state of ecstasy,” he said, “but I can’t even tie my own shoe laces and get up and down the subway stairs.”

His bones are spongy from osteoporosis, a disorder that afflicts many postmenopausal women but rarely middle-aged men, except some with AIDS. No research has explained the unusual incidence.

In addition, Jeff has Parkinson's disease, which is causing tremors and memory lapses. He is in an AIDS support group at SAGE, a social service agency for older gay men and lesbians. His fellow group members also say they find the illnesses associated with age more taxing than the H.I.V. infection. One 69-year-old member of the group, for example, has had several heart attacks and triple bypass surgery, and his doctor predicts that heart disease is more likely to kill him than AIDS.

Cardiovascular disease and diabetes are associated with a condition called lipodystrophy, which redistributes fat, leaving the face and lower extremities wasted, the belly distended and the back humped. In addition, lipodystrophy raises cholesterol levels and causes glucose intolerance, which is especially dangerous to black people, who are already predisposed to heart disease and diabetes.

At Rivington House, a residence for AIDS patients on the Lower East Side of Manhattan, Dr. Sheree Starrett, the medical director, said that neither heart disease nor diabetes was "terribly hard to treat, except that every time you add more meds there is more chance of something else going wrong."

Statins, for instance, which are the drug of choice for high cholesterol, are bad for people with abnormal liver function, also a greater risk among blacks. Many AIDS patients have end-stage liver disease, either from intravenous drug use or alcohol abuse. Among Dr. Starrett's AIDS patients is 58-year-old Dominga Montanez, whose first husband died of AIDS and whose second husband is also infected.

"My liver is acting up, my diabetes is out of control and I fractured my spine" because of osteoporosis, Ms. Montanez said. "To me, the new things are worse than the AIDS."

There are no data that compare the incidence, age of onset and cause of geriatric diseases in the general population with the long-term survivors of H.I.V. infection. But physicians and researchers say that they do not see people in their mid-50s, absent AIDS, with hip replacements associated with vascular necrosis, heart disease or diabetes related to lipodystrophy, or osteoporosis without the usual risk factors.

"All we can do right now is make inferences from thing to thing to thing," said Dr. Tom Barrett, medical director of Howard Brown. "They might have gotten some of these diseases anyway. But the rates and the timing, and the association with certain drugs, makes everyone feel this is a different problem."

One theory about why research on AIDS and aging has barely begun is "the rapid increase in numbers," Dr. Emler said. The federal disease centers' most recent surveillance data, from 33 states that meet certain reporting criteria, showed that the number of people 50 and older with AIDS or H.I.V. infection was 115,871 in 2005, nearly double the 64,445 in 2001.

Another is the routine exclusion of older people from drug trials by big pharmaceutical companies. The studies are designed to measure safety and efficacy but generally not long-term side effects.

Those explanations do not satisfy Larry Kramer, founder of several AIDS advocacy groups. Mr. Kramer, 73 and a long-term survivor, said he had always suspected "it was only a matter of time before stuff like this happened" given the potency of the antiretroviral drugs. "How long will the human body be able to tolerate that constant bombardment?" he asked. "Well, we are now seeing that many bodies can't. Once again, just as we thought we were out of the woods, sort of, we have good reason again to be really scared."

The lack of research also limits a patient's care. Dr. Barrett says the incidence of osteoporosis warrants routine screening. Medicare, Medicaid and private insurers, however, will not cover bone density tests for middle-aged men.

Marty Weinstein, 55 and infected since 1982, has had a pacemaker installed, has been found to have osteoporosis, and has been treated for anal cancer and medicated for severe depression — all in the last year. He also has cognitive deficits.

A former professor of psychology in Chicago, he presses his doctors about cause and effect. Sometimes they offer a hypothesis, he said, but never a certain explanation.

"I know the first concern was keeping us alive," Mr. Weinstein said. "But now that so many people are going to live longer lives, how are we going to get them through this emotionally and physically?" (Source: New York Times, Jane Gross, January 6, 2008).

TRAININGS

DePaul Addiction Services Trainings:

January 25 – ***Working with the Addicted Criminal Justice Client***. Presenter: Craig Johnson, MS, CASAC. 9:00am to 4:00pm. Cost: \$60.00. This workshop will provide participants with an opportunity to understand the impact of alcohol and other drug abuse in the criminal justice population. An overview of the Criminal Justice System will be discussed, including issues unique to the criminal justice population, and relapse as it applies to alcohol and other drugs and criminal behavior.

February 8 – ***Local Research: Relationship Between Crime and Drugs***, Presenter: John M. Klofas, Ph.D. Professor of Criminal Justice, RIT. 9:00am to Noon. Cost: \$30.00. Dr. John Klofas will share the results of local research illustrating the strong correlation between drugs and crime in the city of Rochester.

February 29 - ***Gang Violence and Substance Abuse***. Presenter: Moses Robinson, Rochester Police Department. 9:00am to 4:00pm. Cost: \$60.00. Participants will gain an awareness and understanding of gang activity in and around the Rochester area. Topics covered will include types of gangs, why young people join gangs, gang relationship to drug use and sale, bullying and its correlation to gang activity, the danger of gang mentality, and intervention and prevention strategies.

For more information, please call or email Elaine at (585) 719-3481, ealvarado@depaul.org.

UPCOMING EVENTS

January 31 – ***Burnout in the Formal Caregiver***. Presenter: Racqual Jones, Abbott Laboratories. 6:00pm at Max's Eastman Place. For reservations call Michael Booth at MOCHA 420-1405 x14.

February 4 – ***Panel Discussion on AIDS in Black America***. Noon at Damon City Campus.

February 6 – ***Black AIDS Awareness Day Health Fair*** 11:00 am to 2:00 pm at Damon City Campus. To reserve a table call Nora at 461-3520 x126. Sponsored by RATFA's Rays of Hope Committee.

February 26 – ***Albany AIDS Awareness Day***. Join the NY AIDS Coalition to make your voice heard with hundreds of people living with HIV/AIDS, AIDS Activists, and Community Organizers. Convince your state legislators to continue and increase support for HIV/AIDS and related services. The local group will leave Rochester at 6:00 am and return by 9:00 pm. If you are interested in participating please call Nora at 461-3520 x126.

February 29 – ***Creating an Inclusive Culture***. Presenter: Arthur Brown, Teaching & Training by Design. 9:00 am to 4:00 pm. Cost: \$50.00. If you have any questions, please call: Tess Mahnken-Weatherspoon at 654-4506.