RATFA Bulletin

Rochester Area Task Force on AIDS **September 2008**

NETWORK NEWS

The next RATFA General Meeting will be on Tuesday, October 14 at the Radisson in Corning, NY. The meeting will begin at Noon and will include lunch and a presentation by Patrick Quigley of Tibotec. Everyone is welcome. We encourage everyone to car pool. Please call Nora at 461-3520 x126 to RSVP and for a ride if you need one.

The November General meeting falls on Veterans Day and will be held as scheduled since most agencies are open on that day.

COMMITTEE REPORTS:

- **Care Coordination Committee** – is planning another case conference for the Fall. Watch for more details. Paul Dalton from Project Inform will be in Rochester on Wednesday, September 24 at AIDS Rochester to inform consumers and HIV providers about the latest developments in HIV medications and services. The morning session from 9:30am – 11:30am will be for consumers who can then stay for the Congregate Meal and the afternoon session (2:00 pm – 4:00 pm) will be for HIV providers. Please call Ed Rayburn at AIDS Rochester at 442-2220 x3041 or email erayburn@aidsrochester.org to RSVP.
- **Policy, Advisory/Education Committee** – is planning the Legislative Breakfast for Friday, October 3 from 8:30 – 11:00 am at the Dugan Center. All are welcome.
- **Consumer Involvement Committee (CAC)** – will hold its next meeting on Tuesday, September 23 at Noon at FLHSA. Gilead Sciences will sponsor the lunch.

RURAL TASK FORCES:

The Steuben County Task Force held a testing event at the Steuben County Fair in August. It was a very successful outreach event in which 10 people were tested and over a 100 people received HIV testing and prevention information. Thank you to AIDS Rochester for providing the testers for this event.

The Livingston County Task Force is planning an Internet Safety Training for parents, grandparents and guardians to be held on October 22 in Mt. Morris.

AGENCY NEWS:

Premier HIV/AIDS Organizations Initiate Task Force to Study Feasibility of Restructuring

On September 4, 2008, AIDS Community Health Center and AIDS Rochester Inc. simultaneously proposed to each organization's Board of Directors for vote, a resolution to establish a joint Task Force for the purpose of exploring the feasibility of:

- formalizing their relationship in a way that is to be defined through the process of re-engineering; this could mean anything from remaining two separate organizations to full merger, and/or
- co-locating AIDS Community Health Center and AIDS Rochester Inc. in the same facility (target date of October 2009).

Both Boards agreed to move forward with the establishment of the Task Force, which will consist of members appointed from each organization's Board. A team of consultants from the Council of Community Services of New York State, will assist the Task Force in fully exploring the potential benefits and feasibility of various restructuring alternatives. Once completed, the final Task Force recommendations will be presented to the AIDS Community Health Center and AIDS Rochester Boards for approval.

Jay Rudman, the president of AIDS Community Health Center, says, "We look forward to the work and recommendations of the Task Force, and believe this initiative represents a significant opportunity to enhance patient services, expand prevention activities, and attract more funding to the greater Rochester region to support those in our communities living with HIV/AIDS.

Current economic conditions have lead to a scarcity of resources and increasing competition for funding among healthcare and human services organizations like AIDS Community Health Center and AIDS Rochester. "Often AIDS Community Health Center and AIDS Rochester find their organizations pursuing the same sources of funding and appealing to the same communities and individuals for support," says Paula Silvestrone, Executive Director of AIDS Rochester. "I am so excited about the synergy this relationship has the potential to create for providing seamless services to those at risk for HIV, as well as those who are HIV positive in our region."

Because of these factors, there is growing public and private support for non-profit restructuring such as mergers and consolidation of services. In fact, the United Way of Rochester is in full support of this study and is underwriting the cost of the consulting agency.

STATE NEWS

"New York HIV Cases Underreported"
Based on CDC's revised estimate of HIV incidence in the United States, there were 6,200 more HIV cases in New York state in 2006 than previously thought, state health officials recently said. The CDC report, based on more accurate data and direct testing that distinguished recent from long-term infections, showed the previous US incidence estimate was too low by about 40 percent. Nationwide, there were 56,300 new HIV infections in 2006, the agency said.

"This new method for estimating the number of new HIV cases provides us with an important tool for better understanding and tracking the number of people infected with HIV," Dr. Richard F. Daines, the state health commissioner, said in a statement. "Our state continues to be heavily impacted by the HIV/AIDS epidemic. Through December 2006, New York reported 176,008 cumulative AIDS cases, more than any other state. Approximately 80 percent of new cases are among people of color."

In Suffolk County, there have been 439 new HIV diagnoses so far this year, up from 422 last year and 402 in 2006. Nassau County has reported 52 new diagnoses so far this year and 79 last year, down from 113 in 2006.

In May, the state reported that 70 percent of residents living with HIV are over age 40, and many are facing the burdens of a challenging economy. "What we've been seeing is an increase in the amount of services that people are looking for," such as food aid and clothing, said Karen Ross, chief program officer at the Long Island Association for AIDS Care. "We think that has to do with what is going on in the economy." (Source: CDC HIV/Hepatitis/STD/TB Prevention News Update August 12, 2008).

HIV Spreading in New York City at About Three Times the National Rate, Study Finds
HIV is spreading in New York City at about three times the national rate, with an incidence of 72 new HIV infections per 100,000 people, compared with 23 new infections per 100,000 people nationwide, according to a study released Wednesday by the New York City Department of Health and Mental Hygiene.

The study's findings are based on a new HIV testing method developed by CDC that can determine when an HIV infection occurred. Previous data did not distinguish recent infections from those that occurred years earlier, according to the health department. About 100,000 New York residents are living with HIV, health officials said. According to the study, 4,762 New York residents contracted HIV in 2006. Health officials attributed the higher rate of new HIV infections in the city to large populations of blacks, men who have sex with men and other high-risk groups. According to the health department, it is unclear whether the number of new infections that occurred in the city in 2006 had increased or decreased over previous years because the testing method is new.

According to the study, men accounted for 76% of new HIV infections while women accounted for 25%. Blacks accounted for 46% of new infections, Hispanics for 32% and whites for 21%. Whites living in the city contracted HIV at four times the national rate, Hispanics at three times the national rate, and blacks in the city contracted the virus at almost twice the national rate. The study found that 4% of new infections were among people younger than age 20, while people ages 20 to 29 accounted for 24% of new infections. People ages 30 to 39 and those ages 40 to 49 each accounted for 29% of new infections, while people older than age 50 accounted for 15%. People younger than age 30 accounted for 28% of new infections in New York City, compared with 41% nationwide.

The primary mode of HIV transmission was sex between men, which accounted for 50% of new infections. High-risk heterosexual sex accounted for 22% of new infections, and injection drug use accounted for 8%. The mode of transmission was unknown in 18% of new cases, the study found.

In addition, the study found that blacks living in the city contracted HIV at three times the rate of whites and that blacks accounted for almost half of new infections. Of new HIV infections among MSM younger than age 30, 77% occurred in black and Hispanic men. Black and Hispanic MSM ages 30 to 50 also accounted for 59% of new infections among MSM in that age group.

Assistant Health Commissioner Monica Sweeney said the study's findings reinforce the need to continue promoting HIV testing and prevention throughout the city. The department in a statement added that "even a rough gauge of HIV incidence is a valuable tool for understanding -- and combating -- the spread of HIV." The department said that by using the same testing method in future years, "researchers may be able to discern increases and decreases [in HIV incidence] over time and target prevention efforts. (Source: Kaiser Daily HIV/AIDS Reports, August 28, 2008).

NATIONAL NEWS

"D.C. Clinic's HIV Case Numbers Surge"
The number of HIV-positive test results at Whitman-Walker Clinic increased by 232 percent this year, though the clinic did not test more patients, officials there said recently. In the first half of this year, Whitman-Walker tested about 6,500 patients and 266 were found to be HIV-positive. The clinic tested roughly the same number in the first half of 2007, when only 80 tested HIV-positive.

"These are troubling statistics that warrant more aggressive education, prevention, and testing initiatives," said Dr. Raymond Martins, Whitman-Walker's chief medical officer. Clinic officials are reviewing demographic and other patient information to help explain the increase. Most of the cases were gay men and African Americans, and one-third had already progressed to AIDS, Martins added.

Whitman-Walker's testing data suggest an actual increase in new HIV infections among its client base, said Martins.

"At each of our testing sites, we are seeing an increasing number of young gay men, particularly African-American men, coming to us newly infected," said Justin Goforth, director of the clinic's medical adherence unit. "These are young men who don't remember the first wave of the HIV/AIDS epidemic and came of age when effective treatments were available. As a result, they have never seen HIV as a major problem."

Whitman-Walker recently conducted focus groups among African-American heterosexuals and young gay men, including men of color, to see why infections are rising among certain groups, the clinic said.

"One surprising theme emerged - even though everyone recognized HIV was a serious issue, every group identified HIV as really being a problem for another demographic group," according to a clinic statement. "This is of great concern because the highest risk groups do not identify themselves as being high-risk and thus increase their susceptibility to HIV through unsafe behavior and a lack of knowledge." (Source: CDC HIV/Hepatitis/STD/TB Prevention News Update August 18, 2008).

Eight States, Puerto Rico Will Not Receive CDC Funding for Advanced HIV Monitoring System
CDC recently announced that it will no longer fund an advanced HIV/AIDS monitoring system in eight states and Puerto Rico. The eight states are Georgia, Illinois, Maryland, Missouri, Ohio, Oklahoma,

Pennsylvania and Tennessee. The system uses a new test that distinguishes recent HIV infections from old ones, which helps "epidemiologists track [infections] in something much closer to real time than was previously possible."

Data from the advanced system were used in a recent report on new HIV infections in the U.S. based on 22 of the 34 states using the test, Terry Butler -- spokesperson at the National Center for HIV, STD and TB Prevention -- said. Butler added that future monitoring will include data from all 25 jurisdictions. The change in CDC funding will reduce the number of states using the advanced system from 34 to 25. Total funding for the advanced testing method will remain the same but the 25 states will receive a larger portion of funding, Butler said.

Butler added that the 25 states that will continue using the advanced test have the most reliable systems and could help CDC produce the most accurate estimate of HIV infections in the U.S. Julie Scofield, executive director of the National Alliance of State and Territorial AIDS Directors, said that more extrapolations would be necessary to estimate HIV infections nationwide if fewer states use the advanced test.

Scofield added that federal funding for HIV surveillance has decreased and that many states are struggling to meet CDC standards for HIV monitoring. She estimated that the eight states and Puerto Rico lost about $3 million in CDC funding with the announcement. "Surveillance funding is starving at the CDC," Scofield said, adding, "Their ability to say that they're going to have ongoing reliable reports of [HIV] incidence is somewhat questionable unless you have funding for that." NASTAD has called for a $35 million increase in funding for HIV surveillance efforts. (Source: Kaiser Daily HIV/AIDS Report, August 25, 2008).

Study To Look at Health Care System Trust Among Hispanics With HIV
Wake Forest University Baptist Medical Center in September will begin a two-year study to determine whether a lack of trust of the U.S. medical system is a factor behind a higher mortality rate among Hispanics with HIV/AIDS, the *Winston-Salem Journal* reports. Previous research has found that a number of factors -- including low incomes, a lack of health insurance and preventive care, and communication barriers -- affect Hispanics' health outcomes.

The new study, funded by the Foundation for AIDS Research, seeks to enroll 200 Hispanics and look at factors affecting the attitudes and opinions of the group about the health care system. Study participants either will be currently living with HIV/AIDS and receiving medical care or living with the virus without any medical care. Hispanics who do not have HIV but are at high risk for the virus based on their behavior also will be included in the study.

Hispanics represented 17%, whites 35% and blacks 45% of new HIV infections in 2006, according to data recently released by CDC. Hispanics' migration "may increase [their] risk behaviors due to factors such as loneliness, isolation, separation from partners, which can result in new partners, drug use and inadequate access to health care," Jennifer Ruth, a CDC spokesperson, said. She added, "Aggressively confronting the epidemic among Latinos is one of CDC's highest HIV prevention priorities. Prevention efforts must be designed to reach a multi-ethnic Latino population."

Scott Rhodes, the study's lead investigator and an associate professor in the Department of Social Sciences and Health Policy at the medical center, said Hispanics "generally" do not get tested for HIV "until they are very, very sick. And, once diagnosed, they don't take their medicine as prescribed, even when they have access to life-extending medicines."

Rhodes said the study will give researchers a "sense of all the variables that are affecting the trust or mistrust of medicine." He added, "From there, we can develop means to build trust and better communicate the value of medical treatment to Hispanics with HIV and preventive methods for those at risk of contracting HIV" (Source: Kaiser Daily HIV/AIDS Report, August 13, 2008).

Coalition of More Than 30 Groups Calls on Presidential Candidates To Develop National HIV/AIDS Strategy
A coalition of more than 30 HIV/AIDS advocacy groups representing minority communities in the U.S. has

called on presidential candidates Sens. John McCain (R-Ariz.) and Barack Obama (D-Ill.) to develop a comprehensive national strategy to fight HIV/AIDS.

Ravinia Hayes-Cozier, director of government relations and public policy for the National Minority AIDS Council, said it is important for the next U.S. president to address HIV/AIDS in the country because "there has been silence on the domestic side about HIV/AIDS." She added that is "important" that people living in the U.S. "still see [HIV/AIDS] as an epidemic that is affecting people in this country, particularly minorities," and that the number of minorities living with HIV/AIDS in the U.S. "continue[s] to go up." Minorities account for about 65% of the estimated 56,000 new HIV infections annually in the U.S.

The U.S. is "one of the very few countries" that does not have a national HIV/AIDS strategy, Hayes-Cozier said, adding that the U.S. is "at a point where we've had a great deal of experience with HIV/AIDS." She added that there are "some things that we know work well. There are some things we need to modify and change, and there are some things we just shouldn't be a part of."

According to Hayes-Cozier, a national strategy should include several elements aimed at fighting HIV/AIDS, starting with HIV prevention. The strategy's prevention component would "give consistent messages across the country that everyone supports," she said, adding that the plan would "provide a way of ongoing communication around HIV/AIDS" through education, health care and media. In addition, the plan would ensure "unified" HIV counseling and testing that provides "clear outcomes and expectations" that are not "just based on individual communities or states or cities," Hayes-Cozier said.

The treatment component of the plan would outline "strong protocols in how we implement care and treatment for those who are impacted by HIV/AIDS," according to Hayes-Cozier. The treatment component also would allow the community to look at HIV/AIDS from "a chronic disease perspective," develop "clear [treatment] guidelines" and increase efforts to reduce the spread of HIV/AIDS in communities most affected by the disease, according to Hayes-Cozier. (Source: Kaiser Daily HIV/AIDS Report, August 27, 2008).

INTERNATIONAL

"Global AIDS Prevention Gives Short Shrift to Gays"

Although HIV infections among men who have sex with men (MSM) are rising in many countries, UNAIDS figures show that in 2006, less than 1 percent of the $669 million spent globally on HIV prevention targeted these men. This is the smallest proportion of money targeting any at-risk population. Many MSM insist they are not gay, and many governments deny the existence of homosexuality.

During the opening ceremony of the 17th International AIDS Conference in Mexico City, UN Secretary-General Ban Ki-moon called on other countries "to follow Mexico's bold example and pass laws against homophobia." In 2003, Mexico banned discrimination based on sexual orientation, and it has opened clinics labeled homophobia-free. A national ad campaign includes radio spots in which mothers talk about accepting their gay sons.

Jorge Saavedra, who is HIV-positive and heads Mexico's AIDS prevention program, publicly declared his homosexuality for the first time at the conference, drawing loud applause from attendees. His department has earmarked 10 percent of its $12 million budget toward HIV prevention among MSM.

Data from 128 countries collected by the American Foundation for AIDS Research show that MSM are 19 times more likely to be HIV-infected than the general population. In Mexico, MSM are 109 times more likely to be infected. Kevin Frost, the foundation's CEO, said Thailand - for years lauded as an example for its massive condom-promotion efforts - is now seeing among MSM "an emerging epidemic of really unbelievable proportions." HIV prevalence among Thai MSM is now more than 15 percent, compared to 1.4 percent in the general population.

"This fight needs to be driven by epidemiologists," not only for the sake of human rights, but for the sake of public health, said Chris Beyrer, director of the Center for Public Health and Human Rights at the Johns Hopkins University. "It's a virus, so you need to put the money where the virus is," he said. (Source: CDC HIV/Hepatitis/STD/TB Prevention News Update August 12, 2008).

"Uganda Turns to Mass Circumcision in AIDS Fight"
Ugandan officials are using the month-long traditional "circumcision season" practiced by some tribes to promote mass male circumcision as a way to prevent HIV/AIDS. Some studies suggest that when used in conjunction with other prevention methods such as consistent condom use, male circumcision could reduce a man's risk of HIV infection during heterosexual sex by 70 percent.

"Socially, it is uniting, and now it has also been proven medically, that is gratifying and it is part and parcel of now the strategy for fighting AIDS," said Kibale Wambi, chairperson of Sironko district in the eastern part of the country.

Authorities hope to circumcise more than 3,000 Ugandan youth ages 12-18 during the campaign.

Traditionally, tribes like those in Sironko have used the same knife for all the young men. However, the government has introduced a strict one knife per operation mandate to ensure no infections are transmitted. "If a knife is to be re-used on another person, it first has to be sterilized," said Wambi.

"We have also discouraged the traditional practice of forcing the circumcised males into sexual intercourse to prove their manhood after the wound heals, to avoid the spread of [STDs]," Wambi added.

Some experts worry that some of the newly circumcised men will mistakenly believe they are immune to HIV following the procedure, leading to even more risky sexual behavior. Said one young man who lined up for the operation, "All I know is that when I am circumcised, it will not be as easy for me to get infected with HIV/AIDS." (Source: CDC HIV/Hepatitis/STD/TB Prevention News Update August 14, 2008).

NEWS YOU CAN USE

***Lancet* Publishes Articles About Presidential Candidates' Global Health Plans, HIV Prevention**
The *Lancet* in its Aug. 16 issue published an article about biomedical interventions to prevent HIV, as well as the U.S. presidential candidates' global health plans. Summaries appear below.

- "Biomedical Interventions To Prevent HIV Infection: Evidence, Challenges and Way Forward": Nancy Padian of the Women's Global Health Imperative and colleagues examine biomedical HIV prevention methods, including vaccines, male condoms, male circumcision, treatment of sexually transmitted infections and antiretroviral compounds. According to the authors, research on "biomedical interventions poses formidable challenges," and "[d]ifficulties with product adherence and the possibility of sexual disinhibition are important concerns." They add that biomedical interventions "will need to be part of an integrative package that includes biomedical, behavioral and structural interventions" and that "[a]ssesment of such multicomponent approaches with moderate effects is difficult. Issues to be considered include the nature of control groups and the effect of adherence on the true effectiveness of the intervention".

- "Obama vs. McCain on Global Health": The article examines the positions of presumptive presidential nominees Sens. John McCain (R-Ariz.) and Barack Obama (D-Ill.) on global health issues, including HIV/AIDS and international development. Some global health experts say the "key difference" between McCain and Obama on global health is that Obama is more invested in the issue, the *Lancet* reports. "Obama has a personal knowledge and interest that is not insignificant," Stephen Morrison, executive director of the HIV/AIDS Taskforce and the Africa Program at the Center for Strategic and International Studies, said, adding, "He made sure he was smart around the issues of global health." According to Morrison, "I do not think McCain is indifferent, but I do not think he has the same level of personal knowledge or passion." Although McCain is a supporter of the President's Emergency Plan for AIDS Relief and has pledged to address malaria in Africa, his "campaign documents are thin on the subject of global health," according to the *Lancet*. Obama's "campaign promotes proposals to confront HIV/AIDS globally and has a multiple page list of sweeping reforms in international development," the *Lancet* reports. Experts do say that "both candidates support a more collaborative relationship with other countries, which could be a boon for global health generally," according to the *Lancet* (Source: Kaiser Daily HIV/AIDS Report, August 18, 2008).

HIV VACCINE RESEARCH

Researchers Hoping That 'Elite Controller' Could Help in HIV/AIDS Vaccine Development
An HIV-positive woman who has never shown symptoms of the virus might provide insights into HIV/AIDS vaccine development, researchers from Johns Hopkins University said in a study recently published in the *Journal of Virology*.

The woman, a so-called "elite suppressor," contracted HIV 10 years ago from her husband, a former injection drug user. Although her husband takes antiretroviral drugs to control his viral load, the woman does not need to take the drugs to keep her viral load at undetectable levels. The couple, who has been monogamous for at least 17 years, has the same strain of HIV. According to the researchers, the key difference in their ability to control the virus is the woman's immune system.

Joel Blankson, who led the study, said that the role of the woman's immune system is a "good sign in terms of developing a therapeutic vaccine," which would not prevent transmission of the virus but could be used to prevent HIV-positive people from progressing to AIDS.

The researchers said the study disproved some theories about elite suppression, including those that claimed such suppression always involved a defective or weakened HIV strain, which is easier for the immune system to attack, or that genetic variants confer a protective effect in suppressors. According to Blankson, "This an extremely rare case of coinfection in a controlled, monogamous relationship, which showed us how a strong immune system in the elite suppressor kept the virus from replicating and infecting other cells." Blankson added, "Our findings offer hope to vaccine researchers because they reveal that the immune system's primary offense, known as CD8 killer T-cells, can effectively halt disease progression by a pathogenic form of HIV".

Tests conducted by the researchers indicate that the woman's CD8 cells stalled HIV replication by as much as 90%, while the man's cells stalled replication by 30%. In an apparent response to this attack by her immune system, the woman's HIV also has mutated to become weaker, while the man's HIV has remained strong.

The researchers are trying to figure out how the woman's T-cells work to inhibit viral replication. The researchers determined that while the man's T-cells make only one kind of cytokines -- which are immune system signaling proteins -- called gamma interferon, the woman's made that one and another called tumor necrosis factor. However, the cytokines cannot explain the woman's ability to suppress HIV, because HIV/AIDS researchers have tried using such immune system proteins in patients and found they did not work well. Furthermore, the woman's immune cells seem to respond in this manner only when they encounter the virus. Blankson said the case could be explained by the possibility of the woman having unusual activity in her human leukocyte antigen system, which helps recognize bacterial and viral antigens (*Source: Kaiser Daily HIV/AIDS Report/ August 14, 2008*).

HIV Conquers Immune System Faster than Previously Realized
DURHAM, N.C. – New research into the earliest events occurring immediately upon infection with HIV-I shows that the virus deals a stunning blow to the immune system earlier than was previously understood. According to scientists at Duke University Medical Center, this suggests the window of opportunity for successful intervention may be only a matter of days – not weeks – after transmission, as researchers had previously believed.

Appearing in the August issue of the Journal of Virology, the finding may make the challenge of designing an effective HIV/AIDS vaccine appear daunting. But researchers say the study has also yielded a blueprint for what a successful vaccine should look like, and moreover, when such a vaccine would need to work.

Until now, scientists believed that the window of opportunity to intervene in the process of HIV-1 infection lay in the three to four weeks between transmission and the development of an established pool of infected CD4 T cells. HIV-1 cripples the immune system by invading and killing CD4 T cells, key infection-fighters in the body.

"But this new study shows that HIV-I does a lot of damage to the immune system very early in that time frame, and now we feel that the opportunity to intervene most effectively may range from about five to seven days after infection," said Barton Haynes, M.D., the senior author of the study and director of the Center for HIV/AIDS Vaccine Immunology (CHAVI) at Duke University Medical Center.

Haynes said the findings suggest that an optimal vaccine strategy would have to pack a double punch: First, establishing as much immunity as possible before infection, much as classic vaccines do, and then following a few days later with a mechanism to provoke a strong, secondary, broad-based antibody response. "Vaccine candidates to date have pretty much followed a single strategy. Now we know that we need to activate multiple arms of the immune system and we have a better idea of when to do it."

The conclusion comes from the study of 30 people who were newly-infected with HIV-1. Plasma from these individuals was sampled every three days for several months – before, during, and after the "ramp-up" phase of infection, when HIV-1 is multiplying rapidly and heading toward its peak viral load. In measuring the levels of four products of CD4 T cell death during this period in these samples, they were able to track and establish a timetable of the virus's destructive path.

The four byproducts of CD4 T cell death include TRAIL (tumor necrosis factor-related apoptosis-inducing ligand), Fas ligand, TNF receptor type 2 and plasma microparticles, tiny bits of cell membrane that are broken up and left floating around in the plasma when the cell dies and breaks apart.

The researchers found that TRAIL levels increased significantly a full week (7.2. days) before peak viral load, which is approximately 17 days after HIV-1 transmission, suggesting that during the earliest period of infection, called the eclipse phase, TRAIL may actually initiate or hasten HIV-1's destruction of CD4 T cells. In contrast, they found that the levels of the other three cell death products were most significantly elevated during peak viral load.

"What this demonstrates is that significant T cell death is occurring much earlier during this period than we previously believed, and that TRAIL itself may be a co-conspirator in enhancing cell death," Haynes said. "This leads us to believe that the time frame for successful intervention has to move even close to the point of infection."

Researchers also examined the effects of cell death products upon B cells, another arm of the immune system responsible for the creation of antibodies. Previous studies have shown that the antibody response to HIV-1 is "too little, too late" – appearing after the virus has peaked and after the reservoir of infected T cells has already been established.

Through a series of in vitro laboratory experiments with peripheral blood cells, scientists found that microparticles suppressed levels of IgG and IgA, two classes of antibodies that normally would protect a person against infection. "This is important because many scientists believe that a fast-acting memory B cell response as well as a T cell response will be necessary to fight HIV-1" said Nancy Gasper-Smith, PhD, the lead author of the study.

Daniel Douek, M.D., PhD, chief of the Human Immunology Section of the National Institutes of Health, said the study sheds new light on key events in the earliest phase of infection. "The cohort is a gem. It is clear from the raised levels of TRAIL that the body senses the virus before plasma viral loads have peaked. This suggests that the virus begins to cause damage in ways that may be unrelated to the well-described massive depletion of gut CD4 T cells that becomes apparent around peak viral load. For clinical practice, this means the window of opportunity in which antiviral therapies and vaccines must act is becoming ever narrower."

"These and other studies that recently revealed more about the singular nature of HIV-1 have given us valuable information that is helping us move closer to establishing a basic science foundation that can lead to novel technologies for vaccine design, Haynes said. Haynes. "It is becoming clearer why we have failed in our efforts to date, and what we need to confront to succeed in the future."

The study was supported by grants from the National Institutes of Health. (Source: Duke Health News, August 18, 2008)

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.

Project Inform – September 24 at AIDS Rochester. Paul Dalton will speak on the latest developments in the HIV/AIDS arena. The morning session (9:30 – 11:30am) will be for consumers and the afternoon seesion (1:30 – 3:30pm) will be for HIV providers. Please RSVP to Ed Rayburn at ARI 442-2220 x3041.

Legislative Breakfast – October 3 from 8:30 – 11:00am at the Dugan Center. Subjects to be discussed with legislators are: accessibility to care for special populations (i.e. deaf, mentally ill); lack of transportation for rural consumers; and difficulties working with DSS case managers.

JOB OPPORTUNITIES

Huther Doyle

Position: Human Resources Clerk
Requirements: AAS degree and a minimum of three (3) years experience in office work.
Contact: Ralph Preish, CPA, Vice President Operations/CFO, Huther Doyle, 360 East Ave., Rochester, NY 14604 rpreish@hutherdoyle.com

Position: Assistant Medical Director (Physician's Assistant/Nurse Practioner)
Requirements: Graduation from a NYS accredited or accepted physicians assistant/nurse practioner program required; licensure as a physician's assistant/nurse practitioner in New York State.
Contact: Ms. Christine Urban, Vice President Programs/Services, Huther Doyle, 360 East Ave., Rochester, NY 14604, curban@hutherdoyle.com

Position: Chemical Dependency Counselor I
Requirements: BA/BS or MS/MA/MSW degree in psychology, social work, counseling, nursing or a closely related field and qualification as a Qualified Health Professional (CASAC, RN, CSW) is required.
Contact: Mr. Joel Yager, Director of Clinical Services, Huther Doyle, 360 East Ave., Rochester, NY 14604, jyager@hutherdoyle.com

Position: Intake Counselor
Requirements: Minimum of BA/BS degree in psychology, counseling, nursing or a closely related field and qualification as a CASAC is required. At least three years experience in an alcohol or drug treatment setting is essential.
Contact: Mr. Hector Diaz, Director of Intake Services, Huther Doyle, 360 East Ave., Rochester, NY 14604

Position: IT Assistant
Requirements: Must have experience with and knowledge of Microsoft SQL Server (Backup, Scripting, Transactions, Report Writing); PC/Printer Hardware Troubleshooting; Windows 2003 Server Administration, must have clean NYS Driver's license and transportation.
Contact: Ralph Preish, CPA, Vice President Operations/CFO, Huther Doyle, 360 East Ave., Rochester, NY 14604 rpreish@hutherdoyle.com

Position: Director of Information Technology
Requirements: Must have experience with and knowledge of Microsoft SQL Server (Backup, Scripting, Transactions, Report Writing); PC/Printer Hardware Troubleshooting; Windows 2003 Server Administration, must have clean NYS Driver's license and transportation.
Contact: Ralph Preish, CPA, Vice President Operations/CFO, Huther Doyle, 360 East Ave., Rochester, NY 14604 rpreish@hutherdoyle.com