
In the Affirmative

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In the Affirmative, Vol.6, No.4 (Mid-April/Mid-May 1999)

Mick Martin

The AIDS Project

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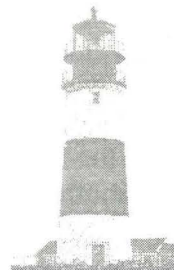
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Mid-April to Mid-May

volume VI number IV



IN THE AFFIRMATIVE

a newsletter for Maine's HIV/AIDS community



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Congressman Barney Frank to Speak in Portland / Art Auction Raises Funds for TAP

by *Demetra Giatas*
TAP Development Director

Massachusetts Congressman **Barney Frank**, an openly gay member of the U.S. House of Representatives, is coming to Portland on **Saturday, April 24th** to speak at the launching of an annual event called "The Frannie Peabody Lecture Series", which is a collaborative fundraising event to benefit The AIDS Project, Peabody House, and the AIDS Lodging House.

The lecture will be held at **First Parish Church** at 425 Congress Street in Portland. The lecture begins at **7:30 p.m.** and a champagne and dessert reception follows at 8:45 p.m. For more information or to buy tickets, please call TAP at 774-6877

And, thanks to the wonderful support of the community, artists, committee members, volunteers and, of course, the attendees and art purchases at the Spring for Life Art Auction in March. The Auction raised gross receipts of \$90,000 -- a record amount!

Many thanks to everyone for their hard work and support!

BY THE WAY

by Mike Martin

Let me start with an apology. I'm sorry that the size of the type in much of this issue is kind of small. Each month I put together a file folder that holds all the information I think will be of interest to our readers. Some months it seems a little thin; other months, like this one, it is overflowing with good stuff. So, I have to decide. Bigger print and fewer stories or smaller print and more stories? My bias is always to go with more news and information. So grab onto your magnifying glasses and read away.

Several weeks ago, The AIDS Project held its annual *Spring for Life* Art Auction. As always, it was a phenomenal event. When I think of the talent behind the many pieces of art, the time and energy it takes to plan the event, and the logistics of moving the art, I am overwhelmed. But, as before, everything came off without a hitch and a tidy sum of money was raised to benefit TAP and its clients. Let me echo Demetra Giatas's comments (on page one) to say, "Well done, everyone! And thank you so very much."

In the past month I've talked to a few people living with HIV about their management of their disease with the combination drug therapies. In almost equal

numbers, they reported either great results or disappointment. These conversations simply reinforce my perception that the new drugs are not the total panacea we want them to be. A couple of the news items in this newsletter comment on research into the side effects of these new drugs, research that has followed people who have been taking the drugs for some time now. For the first time, I have detected a real note of caution in the medical community about when to begin treatment and whether or not some of the side effects have greater immediate harmful consequences than the virus itself.

The other thing I heard in my conversations, and which I feel myself, is that the decision on what drugs to take is not an easy one. With more and more drugs now available, each with its own set of side effects to consider, it is now harder to decide, or to even know, what combination is best to take. And I also heard from some friends that when the drugs stop working, viral loads seem to really increase rapidly (and that's not good).

On the plus side, we have more options, more choices. The trick now is to learn what seems to work best. It is a process that people with HIV are learning "as they go" in the life of their disease.



Immediate Seating Update

from Daniel Schnorbus, TAP's Client Services Coordinator

There will now be another way to access tickets from the "Immediate Seating" program at The AIDS Project. Simply cut out and fill in this coupon and TAP will call you if tickets that match your interests become available. So, please fill out the coupon completely and then mail it or drop it off at"

The AIDS Project
Attention: Daniel Schnorbus
625 Congress Street (if in person)
P.O. Box 5305 (if by mail)
Portland, Maine 04101

Your Name _____ Daytime Phone _____

Address _____ City _____ State _____ Zip Code _____

May we leave a message at your phone number? Yes ___ No ___

Areas of Interest:

___ Musical Events

___ Sports Events

___ Movies

___ Theater Events

___ TAP Functions

___ Other

HIV Drug News

A Contraceptive Returns to the Market

New York Times (03/30/99)

The contraceptive sponge will return to the U.S. market after being pulled in 1995. The device, once the most popular non-prescription birth control devices for women, will be manufactured and marketed by Allendale Pharmaceuticals, which bought the rights to the product from American Home Products. Contraceptive sponges have not been shown to protect against sexually transmitted diseases, although the spermicide used in the product may confer some protection against them.

Glaxo Gets FDA Approval to Add Claims for AIDS-Drug

Wall Street Journal (03/25/99)

The FDA has approved measures allowing the U.S. unit of Glaxo Wellcome to extend marketing claims for its anti-HIV drug Efavir, also known as 3TC. Glaxo Wellcome announced that the FDA will allow the marketing of the drug in a liquid form for infants and children, and in an oral form for adolescents. Glaxo Wellcome will also be allowed to market 3TC for use in combination with other anti-HIV medications. The drug is one of the more commonly prescribed anti-HIV medications already often used in combination therapy.

HCFA Mandates Medicaid Reimbursement of Drug for AIDS Wasting

Reuters Health Information Services (04/06/99)

A press release from the National Association for People With AIDS states that the Health Care Financing Administration is requiring all states to provide Medicaid reimbursement for the recombinant human growth hormone Serostim, a treatment for AIDS wasting. The decision reverses a previous HCFA ruling that allowed states to refuse Medicaid coverage for the drug, classifying it as a treatment for cosmetic weight gain.

Vaginal Creams Can Cause Condom Failure

Reuters Health Information Services (03/30/99)

Certain vaginal creams can cause condom failure, report researchers from Baylor College of Medicine in Houston. The scientists exposed 20 condoms to 10 over-the-counter vaginal creams for five minutes each, observing that condoms exposed to products with vegetable or mineral oils took less time to burst when inflated with air. The researchers, who report their findings in the *Southern Medical Journal*, note that vaginal products containing vegetable or mineral oils may be associated with decreased condom integrity. They advised women using over-the-counter vaginal products containing the substances to use caution.

Abbott Asks FDA to Approve New Form of AIDS Drug

Reuters (03/31/99)

Abbott Laboratories Wednesday submitted an application to the FDA seeking permission to produce a new capsule form of its AIDS drug Norvir, which has been in limited supply because of problems related to production. Abbott indicated it began work on the soft-gel capsule form after production problems last September forced some consumers using the drug to switch to a liquid form. Although the drug maker said it could not determine when it would get regulatory approval, it said patients would still have access to the liquid form.

HIV Drug News

HIV Drug Treatment Successes and Failures

Lancet (03/13/99)

The Swiss HIV Cohort conducted a study of 2,674 HIV-infected patients receiving highly active antiretroviral therapy (HAART) and found that the subjects had a high rate of virological failure, but a low rate of clinical progression to AIDS. Of those treated, over 90% achieved undetectable viral loads by one year; pre-treated patients had lower rates of undetectable viral levels. Viral rebound was seen in about one-fifth of treatment-naïve patients after two years at undetectable viral levels, and up to 40% of pre-treated patients. After 30 months, about 6.6% of patients who had undetectable viral levels, 9% of those who showed viral rebound, and 20.1% of patients who never reached undetectable viral levels progressed to AIDS or died.

The authors note that a second regimen was often required in patients on HAART due to the high rate of virological failure. They recommend that "virological and immunological responses should be assessed before HAART is taken to be failing and the regimen is modified, especially because the number of available treatment options is limited." They further suggest controlled trials to determine the optimum initiation point for HAART.

Cost as a Barrier to Condom Use:

American Journal of Public Health (04/99)

The cost of condoms can act as a barrier to use, according to a study by Louisiana researchers. The study recruited 195 of over 1,000 businesses distributing free condoms, replacing the free condoms with low-cost condoms (25 cents). Pre- and post-test surveys measured condom use among participants reporting two or more sexual partners. The percentage of respondents who obtained condoms through the businesses dropped from 57% to 30% after the 25-cent charge was introduced. The percentage of people reporting condom use during their last sexual encounter fell from 77% to 64% after the introduction of the charge. The authors conclude that "free condoms should be distributed to encourage their use by persons at risk for HIV and other sexually transmitted diseases."

Program Increases HAART Adherence in HIV Patients

AIDS Alert (03/99)

A pilot program at a Rhode Island hospital appears to increase highly active antiretroviral therapy adherence rates. Thus far, only one month of the six-month project, which involves patients who were referred by physicians because of compliance problems, has been studied; however, the results show potential. At baseline, 75% of the patients said they had missed a dose of their regimen within the previous four days; but after one month of the program, only 22% said they had missed a dose.

Enrolled patients have their medications brought to them weekdays by peer outreach workers, who watch them take the morning dose and also check to see if the previous day's treatments had been taken. The workers also leave daily pill packets for the weekends. In all, the program cost less than \$40,000 for the first six months and has grown to 23 patients from the original nine. As patients progress in the program, medications are taken to them on a less frequent basis. However, if the patient appears to be having problems, the number of visits will be increased.

HIV Vaccine News

U.N. AIDS Chief Says No Vaccine for At Least 10 Years

Fox News Online (03/17/99)

The head of the Joint U.N. Program on HIV/AIDS, Dr. Peter Piot, said Wednesday that an HIV vaccine will not be available for at least 10 more years. Piot added that prevention is the only current option available for reducing the spread of the virus, which infects 35 million people worldwide. Piot also noted that the disease is increasingly affecting young people and that "there's still far too little attention given to AIDS."

UNAIDS is trying to increase this year's HIV-prevention efforts in Africa; Zimbabwe, Swaziland, Botswana, Namibia, and South Africa are estimated to have 25 percent to 33 percent of their adult populations infected with the virus. HIV is also expected to cause a significant decline in the life expectancy of these populations, resulting in economic problems.

Trials of Local HIV Vaccine to Begin

Age Online (03/29/99)

The Australian National Council on AIDS and Related Diseases recently determined that a number of possible Australian-produced vaccines against HIV are ready for future development and could enter phase I trials within the next few months.

Trials involving human subjects could begin as soon as next year. Even though the trials are likely to be given fast-track status, the chairman of the council's clinical trials and treatment advisory committee said that a vaccine against the virus would probably not be available for seven to 10 years. Preventive and therapeutic vaccines will both be considered, and trials will be undertaken in both developed and developing nations.

First Trial of HIV Vaccine Begins in Thailand

Reuters (03/24/99)

HIV vaccine trials will begin today in Thailand, with six volunteers receiving their initial inoculations. The subjects all use injection drugs and are the first of 2,500 people in the country to be involved in the three-year clinical trial. Half of the subjects will receive the vaccine, while the other half will be given placebo. The vaccine was developed by VaxGen in the United States and is designed to confer resistance against the HIV strain prevalent in Thailand, the rest of Asia, and the Pacific Rim.

Drug Makers Still Reluctant to Invest in HIV Vaccine

Albany Times Union Online (03/14/99)

The Pharmaceutical Research and Manufacturers of America reports that pharmaceutical companies are currently investigating 101 new drugs for HIV-infected individuals. However, the firms are supporting only 12 experimental vaccine proposals, and only VaxGen's AIDS vaccine has received Food and Drug Administration approval for large-scale human testing.

According to Dr. Peggy Johnston, the assistant director for AIDS vaccines at the National Institute for Allergy and Infectious Diseases, drug firm executives are concerned that too little is known about how HIV functions to justify significant investment.

Other problems include the various strains of HIV and the fact that the average vaccine costs \$100 million to develop, although the totals for an HIV vaccine could be much higher and the completion date much further off.



HIV and Youth

Treatment Issues for HIV-Positive Adolescents

AIDS Clinical Care (03/99)

HIV infection in adolescents may have different features compared to infection in adults. The Reaching for Excellence in Adolescent Care and Health (REACH) study is currently investigating infection differences found in younger patients. Initial findings indicate that adolescents may have a greater potential for immune reconstitution due to the presence of residual thymic tissue. Other studies show that most youth acquired their infection through sexual transmission during adolescence and begin care when asymptomatic, with moderate immune dysfunction. Perinatally infected children who survive to adolescence often have advanced disease.

According to the Montefiore Adolescent AIDS Program, there are four primary issues that HIV-infected youth need to address in coping with their health status: receiving an HIV diagnosis, disclosing status to family and others, coping with illness, and preparing for death. Infected adolescents may have problems with mental illness and substance abuse, both of which are important comorbidities for HIV-positive youth. These problems should be identified and addressed in patients to help them successfully cope with their disease and for the maintenance of antiretroviral adherence. Providers should be aware of the local legal issues in regard to the treatment of adolescents with sexually transmitted diseases. For routine health care, HIV-positive adolescents should be routinely screened for other STDs, while tuberculosis screening should be performed according to guidelines in place for HIV-infected adults.

Pharmacokinetics may differ in adolescents, and antiretrovirals may have interactions with commonly prescribed medications in younger patients. The AIDS Clinical Trials Group is currently undertaking measures to institute adolescent-relevant trials to improve treatment measures for infected youth.

HIV and Youth

Low Cardiorespiratory Fitness in HIV+ Teens

Reuters Health Information Services (03/29/99)

Researchers at the University of Maryland in Baltimore report that many HIV-infected teenagers have poor cardiorespiratory capacity. The researchers concluded that HIV-infected adolescents may have diminished physiological capabilities that may limit them to light physical activity. The study focused on nine HIV-positive teens who received combination therapy. The subjects reported low energy levels but were unaware that their fatigue was caused by their HIV status.

Beyond AIDS: Teenagers and STD's

Washington Post (03/23/99)

Many teenagers in the U.S. are informed about the dangers of HIV, but they are often unaware of many other common sexually transmitted diseases. A recent national survey of 15-17 year olds found that they seriously underestimated their risk of contracting STD's other than HIV. About one-third of the respondents who were sexually active felt they were at risk for acquiring an STD, and few had been tested for infection. Less than half knew that herpes and human papillomavirus have no known cure or that gonorrhea and syphilis can be cured.

Teens are at a higher risk for contracting STD's compared to many other groups, with three-fourths of non-HIV STD's occurring in people aged 15 to 24. Many infected people are asymptomatic and unaware that they have an STD. STD's can later result in cancer, infertility, neurological diseases, and death.

The CDC's Dr. Helene Gayle explains that "we as a society have not talked openly about STD's. There are severe consequences, particularly for young women." In addition to health issues, Gayle notes that STD's other than HIV cost about \$8 billion a year to diagnose and treat.

HIV and Youth

Students Believe Pill Can Stop AIDS

UK Independent Online (03/13/99)

New research into the sexual knowledge of British youth indicates large gaps. The "Young People and Health" survey, which involved more than 10,000 11- to 16-year-olds, revealed that only 39 had heard of gonorrhea, one-third of syphilis, and 51 percent of herpes. More than 25 percent believe the contraceptive pill will guard against STDs. The study also found that the teens want more information about AIDS.

'The Talk' With Kids Should Occur Early, Often

Washington Post (04/06/99)

A new survey funded by the Kaiser Family Foundation and Children Now indicates that talking about sex with their children is still hard for parents. Kaiser's Tina Hoff notes that the issue is difficult, "but once you break this barrier, you have really crossed a communication line."

The study found that nearly 50 percent of parents of 10- to 12-year-olds have not broached the topic of how to deal with peer pressure to have sex, and 60 percent of parents have not discussed pregnancy and sexually transmitted disease prevention. However, according to the survey, pre-teens are likely to be open to the information; almost 40 percent of 10- to 12-year-olds report that their peers get "a lot" of AIDS, sex, drugs, and alcohol information from their mothers. An equal percentage reported obtaining information from television/movies and schools/teachers. Over 60 percent of 13- to 15-year-olds reported friends and television/movies as the primary information sources, followed by schools and teachers, the Internet, and mothers, respectively. New York parenting expert Lynne S. Dumas notes that sex education should be an on-going discussion, not just a one-time conversation.

Need a home for unused medications? The folks at AID for AIDS has an idea. They are often asked if they can forward unused medications to clients who need them. For legal reasons, they must so "no". But, before you throw those medications away, consider mailing them! AID for AIDS is a non-profit organization that distributes HIV medications and information to Latin America. They provide a life-saving service to people who would not ordinarily have access to HIV meds. Currently, AID for AIDS has a waiting list of over 30 people who need all types of medications. You can send meds you no longer use to:

AID for AIDS
P.O. Box 1862, Old Chelsea Station
New York, NY 10113
Or call AID for AIDS at 212-358-9715

The AIDS Project
615 Congress Street - 6th Floor
(or 142 High Street)
P.O. Box 5305
Portland, Maine 04101
Phone: 774-6877 Fax: 879-0761
E-mail: tap@aidsproject.org
Website: www.aidsproject.org
AIDS Hotline: 775-1267
or 1-800-851-2437

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Annette Lemek,
Case Management Intern
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David Aaron Swander,
Education / Development Assistant
Kerry S. Tardiff,
Administrative / Case Management Assistant
Art Waller,
Accounting Assistant

HIV and Youth

Cash Changes Sex Ed Doctrine

Washington Post (04/05/99)

Almost 700 abstinence-only programs were established last year by states using federal funding, according to the Sexuality Information and Education Council of the United States (SIECUS). A provision in the 1996 federal welfare reform bill will provide nearly \$500 million of state and federal funds for abstinence programs over five years. SIECUS president Debra W. Haffner notes that the "influx of money has influenced what information young people are receiving about sexuality," although the group adds that, in general, most of the new programs did not replace other "comprehensive" sex education measures.

In Georgia, Mississippi, Oklahoma, Indiana, and North Carolina, there are now laws requiring abstinence-only-until-marriage as the standard for students. According to the SIECUS report, only two states -- California and New Hampshire -- have not received funding through the program, and 22 states have adopted abstinence-only programs in schools.

Cabin Fever Getting You Down? Go Take a Hike!

The AIDS Project and the University of New England are teaming up to bring clients a wonderful opportunity. Come enjoy the fresh air and meet other people for student-led, easy/non-strenuous walks and hikes around Cumberland and York counties.

These free Outdoor-Wellness groups will be happening once a month and will provide you with a way to be outside in a safe and social atmosphere, while getting some exercise and enjoying the beautiful seacoast of Maine.

All those interested may call Denise at 985-8199 to sign up or to get more information.

Don't miss out on this great chance to meet others, have fun, and see the beautiful sites of southern Maine.

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HIV and Needles

Needle Exchanges Don't Spur HIV, Study Suggests

Calgary Herald Online (03/29/99)

A survey of 700 injection drug users in Vancouver indicates that people who use needle-exchange programs are not likely to increase high-risk behaviors for HIV. Dr. Martin Schecter, lead author of the study, said that the study would be helpful in generating support for the programs. Schecter, of the University of British Columbia, noted that opponents to needle-exchanges had been using one of his previous studies to support their cause, asserting that "people were quoting our study in [the U.S.] Congress, using it to suggest that the needle exchange in Vancouver made things worse." He added that he felt the study -- which concluded that the HIV rate was nearly double among frequent users of exchanges compared to infrequent users -- was being misinterpreted, and he hopes that the present data will clear any confusion. While needle exchanges help raise HIV awareness in communities, said Schecter, other programs are needed to properly combat the spread of the virus.

Needle Program Doesn't Increase Crime

Baltimore Sun (03/30/99)

Researchers from the Johns Hopkins School of Public Health have found that a Baltimore needle-exchange program has not contributed to drug-related crime or to the number of discarded needles in the street. According to the scientists, arrest patterns in areas with a needle-exchange program did not differ significantly from patterns in other parts of the city. Baltimore's health commissioner, Dr. Peter Beilenson, said the study should help address concerns that needle exchanges contribute to the drug problem by sending a message that condones drug use. Currently, Baltimore spends over \$570,000 on programs for intravenous drug use, including treatment and needle exchanges. Beilenson said that the addition of federal funding would allow the city's program, one of the largest in the nation, to expand; however, a bill in the U.S. Senate would permanently ban the use of federal funds for needle-exchange programs.

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HIV and Needles

Health Care Worker's Occupational Exposures To Needle Sticks

Journal of the American Medical Association (03/99)

Researchers from Rush Medical College in Chicago and the University of Colorado Health Sciences Center at Denver analyzed HIV-1 genomes isolated from patients at a health care clinic to determine the prevalence of antiretroviral resistance. The scientists sought to determine health care workers' (HCW) risk of exposure to drug-resistant HIV strains, performing genotypic analysis on 15 isolates taken from individuals who were involved as source patients in HCW occupational exposure. None of the patients had received protease inhibitors, while 10 had taken zidovudine, five didanosine, three lamivudine, two zalcitabine, two stavudine, and one nevirapine. The researchers found a high prevalence of antiretroviral resistance, with mutations associated with reverse transcriptase therapy seen only in patients who received antiretroviral therapy.

The authors note that the transmission of resistant HIV strains has been reported, adding that "given the increasing utilization of combination antiretroviral therapy, and the growing number of patients harboring drug-resistant virus, the potential exists for HCW's to become infected with multidrug-resistant HIV through occupational exposure." They suggest that patient treatment history may be helpful in determining postexposure prophylaxis regimens for exposed HCW's.

'Safe Needles' Urged to Protect Health Staff

Chicago Sun-Times Online (04/05/99)

Statistics from the Centers for Disease Control and Prevention reveal that 1,800 needlestick accidents occurred at six hospitals over a two-and-one-half-year period. According to the CDC, there have been 45 confirmed HIV infections and 1,000 hepatitis B infections as a result of needlesticks.

The risk of a health care worker contracting HIV from a needle from an infected individual is one in 200. However, a variety of new products aim to reduce that risk, including a needle that automatically retracts after use.

In Illinois, the state House has approved a law requiring public hospitals and clinics to use safe needles. The measure, now pending in the state Senate, is opposed by the Illinois Hospital and Health Systems Association, which claims the government should allow the hospitals and clinics to come up with their own solutions.

Addicts Wary of New Program

Portland Press Herald Online (03/14/99)

Maine's first needle-exchange program was launched in January in an effort to keep the estimated 500 to 700 injection drug users in Greater Portland from contracting and spreading HIV. While the Portland program received widespread support in the community, organizers note that the addicts themselves have been slow to accept the exchange and only about a dozen IDU's are currently enrolled. Organizers of the city's needle exchange program say they anticipated the slow beginning and believe that more IDU's will come to prevent infection.

The Portland needle exchange is funded by private groups, certified by the state, and governed by strict federal standards on biohazardous waste.



HIV Medical Science

Common Protein May Link Viruses

United Press International (03/25/99)

Research conducted at Northwestern University indicates that there are similarities between the Ebola virus, HIV, and the pathogens that cause measles, mumps, and other infections. Scientists determined the structure of a protein that the viruses use to enter host cells. The protein, called the "fusion protein," snags the membrane of a host cell, allowing the virus to enter the cell. The discovery, which is documented in the March edition of *Molecular Cell*, may help scientists develop antiviral medications.

Hit the Dirt

POZ (03/99)

New research indicates that the mineral selenium, which is nontoxic at appropriate doses, could slow the progression of HIV, possibly preventing viral replication. University of Miami researchers found that selenium-deficient HIV-infected subjects had a significantly increased risk of death. The relative risk of death for deficient patients was 20 times the risk for non-deficient patients, even after adjusting for CD4 cell counts.

The researchers also found higher rates of death associated with vitamin A, vitamin B-12, and zinc deficiencies. The researchers are conducting a 328-person trial to assess the effects of selenium administration on disease progression.

Scientists Figure Out How Immune System Remembers

Boston Globe (03/13/99)

Researchers from the University of Chicago have discovered how the immune system "remembers" previous attackers, a finding that could eventually lead to improved vaccines and possibly treatment for HIV.

According to the scientists, who reported their findings in the journal *Science*, the process by which memory cells are produced is extremely slow. Following an attack by viruses or cells that are starting to become cancerous, T-cells move quickly to the site and multiply; however, after a time, the majority of the extra T-cells die off and the few cells that remain have a memory imprint of the attacker. Yet, researcher Philip Ashton-Rickardt notes, that at least five cycles of cell division are necessary for any of these cells to develop, and it could be for this reason that no AIDS vaccine to date has succeeded.

2 Human Proteins Isolated That Kill HIV, Report Says

Baltimore Sun (03/16/99)

Scientists have discovered that the urine of pregnant women, as well as human tears and saliva, contains proteins that have potent anti-HIV effects. The findings, reported in the *Proceedings of the National Academy of Sciences*, show that the protein lysozyme, a natural compound that the body routinely produces and which is found in human saliva and tears, killed HIV rapidly in test-tube studies.

Another kind of protein, ribonucleases, which are found in pregnant women's urine, was found to attack the genetic material of HIV. New York University researcher Sylvia Lee-Huang, a member of the team that identified the proteins' abilities, speculated that drugs made from them could be better tolerated and have fewer side effects than existing HIV therapies.

HIV Drug News

AIDS Researchers Target Poor Adherence

Journal of the American Medical Association (03/99)

Researchers at the Sixth Conference on Retroviruses and Opportunistic Infections in Chicago presented findings on HIV-infected patient adherence to medical regimens. Using an electronic device called MEMScaps -- bottle caps containing microelectronics that measure and record when the bottle has been opened -- scientists from the VA Medical Center in Pittsburgh and elsewhere found that even patients who skipped only a few doses of highly active antiretroviral therapy (HAART) showed virologic failure. According to the study results, decreasing adherence was associated with increasing treatment failure. The study also found that many patients overestimated their adherence levels. Two other studies determined that physicians did poorly in estimating patient adherence. A survey of nationally representative subjects showed that adherence was associated with how well the regimen fit with the subject's daily lifestyle, but that compliance was not correlated with the number of pills taken or the number of medications prescribed.

Additionally, the survey showed poor adherence to be associated with drug or alcohol use, while another study indicated that untreated depression was associated with decreased patient adherence.

Canada Approves AIDS Drug Sustiva

Reuters (03/23/99)

Canadian health authorities have approved the non-nucleoside reverse transcriptase inhibitor Sustiva for use against HIV-1, reports manufacturer DuPont Co. Sustiva is the first once-daily anti-HIV medication to be approved by the Canadian Health Protection Branch.

Lipid Abnormalities Associated With Protease Inhibitors

Journal of the Assoc. of Nurses in AIDS Care (03/99)

A team of researchers from Regions Hospital in St. Paul, Minn., reports that protease inhibitor therapy for HIV infection may result in high lipid levels in a large percentage of patients. The scientists, led by N. Holly Melroe, investigated lipid abnormalities in association with three different protease inhibitor regimens in 136 HIV-patients. Eighty percent of the patients on norvir/saquinavir showed a significant increase in cholesterol, as did 51 percent of patients on indinavir and 47 percent of patients on nelfinavir. An audit of patients found that 91 percent of 40 patients on ritonavir/saquinavir combination therapy had elevated and abnormal cholesterol after the initiation of therapy. Comparatively, 71 percent of patients on other protease inhibitors showed similar results, while only 35 percent of patients on non-protease inhibitor therapies and just 17 percent of patients not receiving therapy had elevated cholesterol levels. The researchers note that extended use of protease inhibitors may be risky and possibly have a greater life-threatening potential than HIV infection itself for some patients.

HIV Drug News

Changing Trends in HIV-Related Morbidity Confirmed in New York City

Reuters Health Information Services (03/29/99)

Researchers report in the February issue of *AIDS* that there has been a decline in the number of HIV-related hospital admissions and opportunistic infections in New York City since the introduction of highly active antiretroviral therapy (HAART). Researchers analyzed the records of HIV-infected patients at the New York Hospital-Cornell Medical Center during two six-month intervals: one in 1995 -- before HAART was available -- and one in 1997. The researchers determined that there was a significant decrease in admissions, opportunistic infections, and death among the 1,500 HIV-positive outpatients they followed during the study. Median CD4 cell counts also increased among patients during the study.

AIDS Fighters Pin Hopes on Immune Therapies

St. Louis Post-Dispatch Online (03/26/99)

Small-scale trials of anti-HIV drugs reported at the 11th annual National HIV/AIDS Update Conference in San Francisco show promise in the fight against AIDS. Immune-based therapies, such as interleukin-2, Remune, and GM-CSF, may help boost response to combination therapy. Interleukin-2 treatment in combination with antiretroviral drugs helped some subjects produce a prolonged response, lasting almost two years in some patients. Remune appears to help patients respond against multiple HIV subtypes, while GM-CSF may aid in the clearance of HIV from the body. None of the treatments have been proven efficacious in large-scale trials, though, and frequent side effects are a problem.

Initial HAART Discontinued at Rate of About 25 % Yearly

Reuters Health Information Services (03/25/99)

Dutch researchers report that each year about one-quarter of patients who receive highly active antiretroviral therapy (HAART) discontinue their initial regimen. A study published in the *Journal of Acquired Immune Deficiency and Human Retrovirology* showed that of 99 patients followed for 450 days, three patients withdrew from treatment and 27 patients altered their HAART regimen. Additionally, more than 50 percent of patients with low CD4+ cell counts discontinued initial treatment within one year. The authors concluded that many patients discontinue initial HAART treatment because of insufficient response to treatment or due to side effects.

The Effect of Combination Antiretroviral Therapy Soon After HIV Infection

Journal of Infectious Diseases Online (03/99)

Researchers from the Aaron Diamond Research Center in New York, and others, investigated whether HIV-1 can be cleared from infected individuals with the initiation of lamivudine, zidovudine, and ritonavir therapy within 90 days of acute symptom onset. They treated 12 subjects and found that viral replication was suppressed in adherent subjects during the two-years of therapy. However, all subjects showed the persistence of proviral DNA in mononuclear cells. The authors also found a decrease in HIV-1 specific antibodies and cytotoxic T lymphocyte response in selected subjects. Vaccine strategies designed to enhance these functions may be prudent before the withdrawal of antiretroviral therapy, the researchers said.

HIV News

AIDS Drastically Cuts Life Spans in So. African Nations
Philadelphia Inquirer (03/19/99)

The U.S. Census Bureau reports that people in five southern African nations have the shortest life spans in the world -- under 40 years -- due to high AIDS mortality rates. Furthermore, Andrew Mutandwa, spokesman for the Southern African AIDS Information Dissemination Service, predicts that average life spans in Botswana, Zimbabwe, Swaziland, Malawi, and Zambia will continue to decrease. Prior to the AIDS epidemic, average life spans in the five nations measured above 65 years. The census bureau also reported that life spans in Ethiopia, Namibia, Rwanda, and Uganda have fallen to under 45 years. The 21 countries with the highest AIDS death rates in the world are in Africa, with over two-thirds of the global AIDS population located in Africa. Southern Africa has been most affected by AIDS, which some experts believe is due in part to its extensive highway system.

Scientists Say HIV Originates From Long-Tailed Monkeys

Kyodo News Service (03/27/99)

Japanese scientists at Kyoto University report that HIV-1 could have originated in long-tailed monkeys in Africa. Last January, U.S. researchers said they had found proof that HIV-1 originated in chimpanzees, but the Japanese researchers said they found viruses similar to HIV-1 in drills - which are similar to mandrills -- in central Africa. They assert that the viruses are HIV-1 prototypes.

Miami's Black Clergy Prodded on AIDS

Miami Herald (03/16/99)

Speaking at a conference in Miami, Fla., the Rev. Jesse Jackson challenged the Miami-area African-American church community to increase its AIDS activism. Jackson criticized fellow ministers for their reluctance to confront the issue, urging ministers to get tested for HIV in a show of leadership. AIDS is the leading cause of death among African-Americans aged 25 to 44 and is the fourth leading cause of death among all African-Americans in Florida. Miami has the third highest AIDS rate among African-Americans in major U.S. cities. There are an estimated 30,000 HIV-infected people in the Miami-Dade County area, about 50 percent of whom are African American and one-third of whom are Hispanic.

Across the USA: Idaho

USA Today (03/22/99)

In Idaho, seven people in Idaho Falls and Pocatello have recently been diagnosed with HIV. State health officials said that the infected people probably contracted the virus from heterosexual sex with different partners. They called the outbreak a wake-up call to the region.

HHS Announces \$710 Million in Grants for HIV/AIDS

U.S. Newswire (04/06/99)

In an effort to increase access to HIV/AIDS primary care and related services, the U.S. Dept of HHS awarded formula grants worth \$710 million to the 50 states, the District of Columbia, and the U.S. territories. State AIDS Drug Assistance Programs will receive \$461 million of the funds, to help infected individuals buy HIV medications. HHS Secretary Donna E. Shalala said, "These grants reaffirm the administration's commitment to provide vital HIV/AIDS health care to communities most in need."

HIV News

AIDS Still an Epidemic; Cases on Rise
MSNBC Online (03/16/99)

Research conducted by Stella Theodoulou, chair of the political science department at California State University at Northridge, indicates that the AIDS rate is continuing to rise in some parts of the population in Los Angeles County. Using data from 1982 through 1997, Theodoulou found that rates are increasing substantially in certain populations, including African-Americans, Hispanics, and women. She said that media reaction to the disease creates the impression that the epidemic will soon be contained, which in turn misleads policy makers.

Advertising The Facts About AIDS

New York Times (03/17/99)

The American Foundation for AIDS Research (Amfar) and the advertising agency Young and Rubicam will team up in an effort to fight public complacency on AIDS issues. Amfar is also trying to raise donation levels by \$4 million to \$22 million a year. Young and Rubicam, Cato Johnson, Landor Associates, Burson-Marsteller, and Kenneth Cole Productions will all contribute to the campaign. In all, television and radio networks will contribute over \$2 million in commercial time and ad space. Amfar and Young and Rubicam seek an additional \$3 million in ad space and commercial time.

HIV Treatment News

Elective Caesarean-Section Versus Vaginal Delivery in Prevention of Vertical HIV-1 Transmission"

Lancet (03/27/99)

The European Mode of Delivery Collaboration conducted randomized clinical trials to assess possible vertical HIV transmission risk-reduction associated with caesarean-section delivery. The researchers assigned eligible HIV-positive pregnant women for either elective caesarean delivery or for vaginal delivery. Of 370 infants born to the women, 170 infants were born to women assigned to the elective caesarean-section delivery group. Three of these children (1.8 percent) were found to be HIV-positive by age 18 months. Comparatively, 21 of the 200 children (10.5 percent) born to women designated for vaginal delivery were HIV-positive after 18 months. Seven of 203 infants (3.4 percent) who were actually delivered through caesarean section contracted HIV, while 15 of 167 (10.2 percent) of children delivered vaginally contracted the virus.

The researchers conclude that "elective cesarean-section delivery significantly lowers the risk of mother-to-child transmission of HIV-1." They add that few postpartum complications and no serious side effects were observed among any of the women.

Men's Health Project - Sanford, York County

Thursday Evenings, 7-9 p.m., Sanford, Maine. May 6-June 24, 1999 (transportation available)

Are you a man who has gay sex, and may or may not call yourself "gay"? Are you just "coming out", but don't want to be labeled? Are you perhaps married? Are you already out, but want to meet other men to relate around healthy sexuality, relationships, and other issues?

You (especially TAP clients) are invited to a free, totally confidential, eight-week program for men who have sex with men, regardless of age, marital status, or HIV status. The group will be led by two professional health educators from The AIDS Project's Men's Wellness Program. All we ask is that you pre-register (confidentiality assured) and agree to come to all 8 sessions. The group meets at a downtown Sanford location, every Thursday evening in May and June from 7 to 9 p.m. First meeting: May 6th.

To register, call Gerry at (207) 774-6877 or 1-800-851-2437.

HIV Treatment News

Quality of Life and Self-Care Management Strategies of PLWA's With Chronic Diarrhea

Journal of the Association of Nurses in AIDS Care (03/99)

Researchers from the University of California, San Francisco, surveyed 20 people living with AIDS (PLWA's) who reported chronic diarrhea and 20 PLWA's without chronic diarrhea to analyze quality of life issues associated with diarrhea in AIDS patients. Diarrhea often results from pathogens, such as cryptosporidium and isoparabelli, and medications, such as antibiotics and nucleoside reverse transcriptase inhibitors. The researchers, led by Suzanne Bakken Henry, found that PLWA's without chronic diarrhea reported significantly higher general health perceptions. They also reported increased fatigue, greater psychological distress, and greater gastrointestinal discomfort.

The majority of patients with chronic diarrhea used dietary supplements, vitamins, and medications for self-management of their digestive problems. However, only 40 percent reported following a special diet and one-quarter said they used herbs to treat the diarrhea. Some common dietary restrictions included the avoidance of caffeine, sorbitol, alcohol, and insoluble fiber, with the limitation of fat and lactose intake.

PLWA's with chronic diarrhea also reported significant pain (60 percent of respondents), weight loss greater than 10 pounds (45 percent), decreased social activity (45 percent) and decreased sexual activity (20 percent). The authors conclude that the quality of life limitations created by chronic diarrhea support the need for symptom management interventions.

Factors Associated With Refusal to Treat HIV-Infected Patients: The Results of a National Survey of Dentists in Canada

American Journal of Public Health (04/99)

Researchers from the University of Western Ontario conducted a survey of dentists in Canada to assess the percentage of care providers who refuse to treat HIV-infected patients. Of 4,107 respondents, 16 percent said they would refuse treatment to HIV-positive patients. Treatment refusal was most strongly associated with lack of belief in an ethical responsibility to treat infected patients, while staff fears, patient loss, cost of infection control, and safety concerns also played a role.

Overall, 81 percent of dentists said they would treat HIV-positive patients, with 86 percent reporting that they would treat injection drug users, and 87 percent replying that they would treat patients infected with hepatitis B virus. Ninety-four percent of respondents would treat homosexual and bisexual patients, while 94 percent said they would treat people with sexually transmitted diseases, and 97 percent said they would treat recipients of blood and blood products. Almost one-third of respondents said they had knowingly treated an HIV-infected patient within the prior year. Current Canadian Dental Association guidelines state that dentists must not refuse patients solely on the grounds of HIV infection.



SUPPORT GROUPS FOR PEOPLE INFECTED AND AFFECTED BY HIV/AIDS



MONDAYS

Time: 5:00 p.m. to 6:30 p.m.

Group: HIV and Substance Abuse

Location: Portland, The Meeting Room, Suite 632.

Contact Carolyn Curtis at TAP at 774-6877, or David Gordon at Portland Public Health at 874-8784.

TUESDAYS

Time: 10:30 a.m. to noon

Group: HIV Infected/Affected Drop-In Support Group

A meeting for people living with and affected by the virus.

Location: Portland, TAP, The Meeting Room, Suite 632.

Contact Susan Parr at TAP at 774-6877 for more info.

THURSDAYS

Time: 10:00 a.m. to 11:30 a.m.

Group: HIV Infected/Affected Drop-in Group

A TAP-sponsored meeting for people living with and affected by HIV/AIDS in southern Maine.

Location: Sanford, Unitarian Church, located at the corner of Main St. (Rte. 109) and Lebanon St. (Rte. 202).

Contact Getty Payson at TAP at 985-8199 for more info.

Time: 12 noon

Group: Open Lunch for TAP Clients/Staff

An informal luncheon gathering of TAP staff and clients.

Location: Portland, TAP, Conference Room.

Contact Daniel Schnorbus at TAP at 774-6877 for info.

Time: 5:30 p.m. to 7:00 p.m.

Group: People Living with HIV/AIDS

A drop-in support group for anyone with HIV/AIDS.

Location: Portland, TAP, The Meeting Room, Suite 632.

Contact Susan Parr at TAP at 774-6877 for more info.

>>>>New Group<<<<

When: Day and Time to be announced

Group: Expressive Therapy

Explore your creativity through art, music, movement.

Location: Portland, The Meeting Room, Suite 632.

Contact Susan Parr at TAP at 774-6877 for more info.

York County Clients

York County Clients of TAP can use the computer at its Kennebunk office to access the internet. Call Getty Payson at 985-8199 to set up a time to use the computer.

Also, clients can now e-mail TAP's Kennebunk office at www.tap2@mail.javanet.com

WELLNESS AND YOU PROGRAM

A stress reduction and physical activity program designed for people living with HIV/AIDS. In this program individuals can participate in a variety of supervised physical activity, education, and specialized stress management segments. Contact Daniel at TAP at 774-6877 for more information.

For more information about programs The AIDS Project, call Susan Parr, TAP's Support Group Manager, at 774-6877.

CLIENT SERVICES

MEDICAL ASSISTANT FUNDS

An important reminder to clients:

There are funds available to TAP clients with financial need for the following items: Routine Dental Care, Routine Eye Care and Eyeglasses, Vitamin Supplements, Non-Prescription Skin Care Products, and Non-Medicaid Medication Co-pays.

There is a dollar limit to how much a client can receive in any fiscal year. Contact your case manager for assistance.

IMMEDIATE SEATING

For free tickets to area events as they become available, sign up for "Immediate Seating." Call Daniel at TAP at 774-6877 for more information.

I.V. LEAGUE

Meetings of the I.V. League support group are held on Thursdays from 10:00 to 11:30 a.m. at First Parish Church at 425 Congress St. in Portland. (Use the right side entrance and ring the bell)

For more information, call Steve Farrell at 874-8775.

THE MEETING ROOM

This room is used by TAP in Portland for support groups, counseling and testing, and some client/case manager meetings. Located in Suite 632, it provides more privacy for people served by TAP.

Enter from the High Street side of the building.

FOR YOUR INFORMATION

TAP ON-LINE

Visit our new website at: www.aidsproject.org

To e-mail The AIDS Project,

send your message along to:

tap@aidspj.org (Portland)

or tap2@mail.javanet.com (Kennebunk)

HIV WEBSITES

Check out these websites:

www.hivpositive.com

www.thebody.com

www.projinf.org

for info on HIV and AIDS.

AIDS HOTLINES

Questions about HIV/AIDS?

Call toll-free

National AIDS Hotline:

1-800-342-2437

Maine AIDSline:

1-800-851-2437

Maine Teen Hotline:

1-800-851-2437

(on Wednesdays from 6-9pm)



IN THE AFFIRMATIVE

In The Affirmative is a monthly newsletter published by The AIDS Project for people living with and affected by HIV/AIDS. Letters, articles, or other submissions should be sent to: *In The Affirmative*, c/o The AIDS Project, P.O. Box 5305, Portland, ME 04101, or call (207) 774-6877. Submissions can be printed anonymously as long as the person submitting the material includes his or her name and phone number for verification.

News, information, and features are as up-to-date as possible prior to publication. Any medical information included in this newsletter is submitted for the reader's information only, to be used as the reader so chooses.

Sources for some of the information in this newsletter include:

CDC HIV/STD/TB Prevention News Update

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