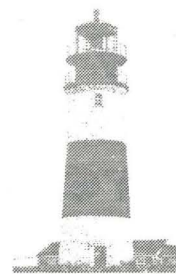


1999

Mid-September to Mid-October
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IN THE AFFIRMATIVE

a newsletter for Maine's HIV/AIDS community



IN THIS ISSUE **A Warning About Drug Holidays**

Page One

Cover Story: HIV Drug Holidays. Good Idea? Not!

from Project Inform (August 1999)

Page Two

By The Way. Mike Martin's Monthly Medley of Thoughts.

Page Three

HIV News.
AIDS Update.

Page Four

HIV News.

Page Five

HIV News.
HIV and Women.

Page Six

HIV News.

Page Seven

HIV News.
Community Bulletin Board.

Page Eight

Support Groups, Client Services, and For Your Information.
York County and TAP.

Recent discussions about the possibility of some people going off therapy have had both good and bad consequences. On the positive side, they renew hope that HIV may not necessarily require a lifetime of uninterrupted therapy and offers a hint that people may be able to overcome drug resistance. But the downside is that many people skim over the finer points of the discussion and have begun to use simple drug holidays whenever they like.

The notion of simple drug holidays -- taking a weekend or day off here and there -- is as much a bad idea today as it ever was. Repeated, short-term drug holidays will greatly increase the chances of developing resistance to anti-HIV drugs. In short, those who want to live long and healthy lives should avoid little drug holidays.

So what is the scientific discussion about? Researchers are talking about structured interruptions of therapy. This means that the effort to stop treatment is part of a plan, with a goal in mind, not a matter of whimsy or personal convenience. Three general hypotheses will soon be tested. All call for interrupting therapy for a specific length of time, in hopes of achieving a particular goal.

In one hypothesis, researchers hope to determine if cycling people on and off therapy according to a set of rules might trigger a stronger immune response against HIV, and over time, make a person less dependent upon drugs to control viral load. A second hypothesis asks whether months-long interruptions in therapy might overcome drug resistance. The third hypothesis simply asks whether people suffering serious side effects or severe drug weariness might give their bodies a rest from therapy without doing more harm than good. For now, there are no hard answers to these questions, only a few short crumbs of intriguing data from small, short studies.

by the way

"Pretty Good"

As I sit here typing away, the sky is blue, the humidity is low, the trees are casting cooling shadows in the bright fall-like sunshine. In short, today is a very good day. And today is all that counts right now. I can't undo my yesterdays and my tomorrows are yet to come, so pardon me if I enjoy this day without prejudice.

Just the other day I was thinking that life is pretty good. I based this on the fact that two of my favorite mystery authors came out with new books within days of each other. The authors, Gillian Roberts and Kinky (yes, Kinky!) Friedman, have given me enormous reading pleasure over the years and I eagerly await new adventures from them, sometimes fearing that they will grow tired of their main characters and will decide to stop writing about them. But so far, so good.

Of course, life is pretty good in other ways. My health is good, my family is settled down after a fairly uneven summer, and my cats seem content to watch the falling leaves and chestnuts from their window seats. And, I just became the President of the Board of Directors at The AIDS Project. I am very proud and pleased about this.

My first contact with The AIDS Project was in 1988, just after I tested positive for HIV and learned that TAP had a Thursday night support group for people like me. Back then TAP had little office space, very few employees, and none of us had much information on treating HIV. Now TAP has grown both in size and scope, with highly skilled and dedicated professionals providing support services and prevention education. And we know a lot more about treating HIV.

Now I said life is pretty good, but it's not

perfect. Recent articles in newspapers and stories on TV tell us what most of us knew already. Treatment of HIV is nowhere near perfection, and the best defense against HIV is prevention education. Far better not to get HIV in the first place, than to gamble on the myriad options of HIV drugs with their own advantages and disadvantages. And recent news tells us that the idea that the available drugs might be leading to a time when people could eradicate the virus from their bodies is just not happening and not likely to happen. Better treatments are needed if we are to ever find a cure.

I don't forget that many people with HIV have benefitted from the available drugs, and because the sheer number of these drugs has greatly increased, more treatment options are available. At the very least, some of us are buying a little quality time while we wait for newer and better options.

But, also, I can't forget the number of times in the last two years that I have seen people with HIV I've known for years who are not getting a boost from the available drugs. Folks who are wasting away day by day. Folks for whom life is not so good. It happened to me again last week, when I saw someone I hadn't seen in several months, someone who is a long-term survivor of HIV, but someone who is clearly in a bad period. Sometimes it's their HIV that is getting the better of them, and sometimes it is the HIV drugs that are adversely affecting them. Still, to a person, they put forth a positive attitude and a cheerfulness I admire (and hope that I can emulate if my health ever deteriorates).

So life is not perfect, as we were all warned by grown-ups years ago, but with a light breeze and a good book, today life is pretty good. ■

by Mike Martin

Sources for some of the information in this newsletter include:

Portland Press Herald
USA Today
Maine Bureau of Health - HIV/STD Program
CDC National Center for HIV, STD,
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HIV News

AIDS Outbreak Feared for U.S. Tribes

New York Times (09/99)

Some public health officials are concerned that the AIDS epidemic is about to take off among Native Americans in the United States. Ron Rowell, executive director of the National Native American AIDS Prevention Center, said, "We know HIV is being transmitted on the reservations, but the tribal leaders are just not paying attention." According to the Centers for Disease Control and Prevention, 1,939 cases of AIDS were diagnosed among American Indians and Alaskan Natives between 1981 and December 1998. But some experts note that the rate could be too low, due to spotty surveillance information and the stigma surrounding homosexuality in many tribes.

Indeed, a recent study by CDC epidemiologist Dr. Doug Thoroughman found that the actual number of gonorrhea cases was 82 percent higher than reported, while the numbers of syphilis and chlamydia cases were 36 percent and 45 percent, respectively, higher.

Also, a study by the Intertribal Council of Arizona and others last year discovered that 58 of 92 tribal health departments questioned were not reporting HIV or AIDS cases.

Drop in Donations Puts AIDS Groups at Risk

Chicago Tribune Online (07/99)

A new survey by Funders Concerned About AIDS, a New York group, reveals a 21 percent decline in the number of donors making HIV or AIDS grants since 1997. The study, which involved 276 foundations and corporate givers, also found that the number of grants of \$50,000 or more dropped 22 percent in the same period. In addition, the 1998 Foundations Grant Index shows that private foundation funding for AIDS prevention, treatment, and research dropped \$7 million in 1997 from \$37 million in the previous year. By all indications, small gifts are declining as well. Federal AIDS funding has seen a heartening 17 percent increase in the last year, from \$4.7 billion to \$5.5 billion. Analysts attribute the drops in giving to misperceptions that AIDS has become a "manageable disease," as well as seeing donor fatigue.

HIV News

Much More AIDS in Prisons Than in General Population

New York Times (09/99)

At a national HIV Prevention Conference, Dr. Theodore Hammett of the private research and consulting firm Abt Associates reported that the prevalence of AIDS among U.S. prisoners is five times that of the general population. Dr. Hammett, said that the heightened prevalence of AIDS among prisoners is most likely the result of widespread drug use before incarceration. In addition, high rates of other sexually transmitted diseases (STDs) in prisoners exacerbate the problem. STDs like chlamydia and syphilis increase the risk of contracting HIV. Another study presented at the conference found high rates of syphilis, gonorrhea, and chlamydia in women entering prison between 1996 and 1999. For example, between 3% and 22% of women entering prison were infected with syphilis. Meanwhile, according to Dr. Hammett, an estimated 8,900 prisoners had AIDS in 1997, and between 35,000 and 47,000 had HIV. Prisoners released into the general population in 1996 represented 17% of the total number of AIDS cases in the United States for that year. Prisons are a critical setting for detecting and treating STDs, Dr. Hammett noted. However, while 90% of prisons and jails say that they make new HIV drugs available to inmates, not all inmates have the same access to the medications. Dr. Hammett noted only 10% of state and federal programs and 5% of city and county jails provide comprehensive HIV prevention programs for prisoners.

Circumcision Reduces Risk of HIV/AIDS

Reuters (09/99)

New research indicates that male circumcision significantly reduces the risk of contracting HIV. European and African researchers found that uncircumcised men were at least three times more likely to contract HIV than circumcised men. Western Africa has a lower incidence of HIV than eastern and central Africa, a difference the researchers attribute to circumcision practices. The research suggests that the skin on the glans of a circumcised penis is tougher than the foreskin of an uncircumcised penis, making it less likely for small abrasions that increase the likelihood of transmission to occur.

AIDS Update

AIDS Cases Since Reporting Began

Total U.S. AIDS Cases

(thru 12/98): **688,200.**

Deaths: **410,800 (59.6%).**

Total Maine AIDS Cases

(thru 6/99): **877.**

Deaths: **466 (53.1%).**

Maine AIDS Cases by Gender

Male: **783 (90%).**

Female: **94 (10%).**

AIDS Cases Diagnosed in Maine in 1999: 14.

AIDS Cases Reported in Maine in 1999: 37.

(Includes cases diagnosed before 1999, but not reported on till 1999.)

Maine AIDS Cases by Region

Northern Maine: **142 (16%).**

Central Maine: **279 (32%).**

Southern Maine: **456 (52%).**

Maine AIDS Cases by Race

Native American: **1%.**

Asian/Pacific: **<1%.**

Hispanic: **3%.**

Black: **3%.**

White: **93%.**

Maine AIDS Exposure Categories

Child of Parent with AIDS: **1%.**

Transfusion/Blood: **1%.**

Hemophilia/Coagulation: **3%.**

MSM and IDU: **3%.**

Unidentified: **7%.**

IDU: **12%.**

MSM: **65%.**

Statistics are from the Maine Quarterly AIDS Update from the Maine Bureau of Health, HIV/STD Program in Augusta dated June 31, 1999.



HIV News

Bristol-Myers Wins FDA Approval for Combined Use of Two HIV Drugs

Investor's Business Daily (09/99)

The FDA has approved two AIDS drugs from Bristol-Myers Squibb for use both with each other and with other AIDS treatments. The two reverse transcriptase inhibitors, Zerit and Videx, have been used on their own since the early part of the decade; but they can now also be used with protease inhibitors and the non-nucleoside analogue efavirenz.

Takeda Chem to Delay Clinical Testing of AIDS Drug

Reuters (09/99)

Takeda Chemical Industries announced plans to postpone clinical testing of its TAK-779 AIDS drug in the United States, following an order from the FDA that a Takeda subsidiary amend testing plans it filed earlier this year. Clinical testing of the drug was slated to start in August, but the company said it will be delayed by three to six months. The drug is designed to block the CCR5 receptor, which HIV uses to attack immune cells.

New Rapid HIV Tests as Accurate as Standard Immunoassays

Reuters (09/99)

Researchers from the CDC studied the accuracy of rapid HIV tests against standard HIV tests currently in use. Dr. Bernard M. Branson and colleagues tested five of the new HIV detection products from manufacturers Capillus, Hemastrip, Quix, Unigold, and Genetic System EIA. The researchers found that the sensitivities of the new tests ranged from 98.5% to 100%, while their specificities ranged from 95.1% to 100%. The researchers noted that the new tests were easy to use and could be performed in under 15 minutes.

FED: Frozen Body Shows First US AIDS Case in 1969

Australian Associated Press (08/99)

Scientists have determined that the first recorded AIDS case in the United States was that of a teenage prostitute who died 1969. Frozen tissue samples of the 15-year-old, who died from Kaposi's sarcoma, revealed HIV antibodies.

HIV News

The Experience of Pain in Persons With HIV/AIDS

Journal of the Association of Nurses in AIDS Care (09/99-10/99)

Canadian researchers studied the phenomenon of pain in HIV-infected individuals. The study was based on open-ended interviews on pain with 22 HIV-infected patients. The subjects' descriptions of pain fell into four general categories: physical pain, painful losses, the pain of not knowing, and social pain. Pain was strongly associated with indices of disease progression, including the number of AIDS-related symptoms and HIV treatments being used. Loss was a significant element in the patients' pain, and loss of energy was a consistent and significant factor associated with pain. In addition, not knowing about the disease caused considerable stress and emotional pain. The researchers concluded that current approaches to pain assessment and intervention are too limited. Approaches to pain management might prove more effective if they included education, a wide range of pain management techniques, and self-care activities.

ADAP Fund Officials Predict Shortfall That Threatens Lives of HIV Patients

AIDS Alert (09/99)

Officials from the Working Group of the AIDS Drug Assistance Programs (ADAP) say that some states may have to cut off or restrict access to HIV drugs if Congress does not add \$90.2 million to the ADAP budget. While Congress has been relatively generous with the ADAP budget, increases in funding have not kept up with the growing number of HIV patients and the rising costs of HIV medications. State ADAP's have provided medication for people who do not qualify for medical assistance under Medicaid. ADAP's judge income eligibility by the federal poverty level and provide assistance from 100 percent to 400 percent of the poverty level. According to the 1999 National ADAP Monitoring Report, 26 states reduced ADAP services or dealt with budget shortfalls in 1998. In addition, 18 states reported drug expenses growing by 50 percent or more, while national per-client ADAP expenditures rose by 12 percent between July 1997 and June 1998.

HIV News

Hair Loss Associated With Indinavir Therapy

New England Journal of Medicine (08/99)

In an August issue of the *New England Journal of Medicine*, French researchers describe cases of alopecia associated with indinavir therapy.

Between March 1997 and March 1998, the team saw 10 homosexual men with HIV who presented with hair loss. The median age of the men was 40, their mean CD4 lymphocyte count was 243, and three had developed AIDS. All the patients were taking triple drug regimens that included indinavir.

Hair loss began during the first six months of indinavir therapy and, in some cases, was accompanied by skin dryness, cheilitis, paronychia of the great toes, and peripheral lipoatrophy. Hair regrowth began after indinavir was replaced by nelfinavir, ritonavir plus saquinavir, nevirapine, or efavirenz regimens. The researchers suggest "that a link between indinavir therapy and hair loss may result from an enhancement of retinoic acid signaling, as has recently been observed *in vitro* with indinavir but not with other protease inhibitors."

Human Immunodeficiency Virus 1 Protease Inhibitors in Clinical Practice

Archives of Internal Medicine Online (08/99)

A new report reveals that over 50 percent of the HIV-infected patients who started a drug regimen that included protease inhibitors in an academic clinical practice did not achieve durable suppression of viral replication. The researchers studied 366 patients in a university-affiliated HIV clinic between June 1995 and December 1997.

Virological success, as defined by plasma HIV-RNA levels lower than 400 copies/ml at last clinic visit, was achieved in 47 percent of patients at a median follow-up of 355 days.

Multivariate analysis showed that virological success was less likely in women and in patients who missed two or more visits in the prior year. Patients with lower nadir CD4+ cell counts and higher peak HIV-RNA levels also had reduced likelihood of virological success.

HIV News

Focusing on Prevention in Fight Against AIDS

New York Times (08/99)

At a conference sponsored by the U.S. Centers for Disease Control and Prevention and 17 other organizations, scientists reported Monday that death rates from AIDS in the United States appear to be falling less quickly than they did between 1995 and 1997. The number of AIDS deaths nationwide dropped 42 percent between 1996 and 1997, compared to 20 percent between 1997 and 1998. In addition, the rate of new HIV infections has held steady at approximately 40,000 annually in recent years.

Health officials say that such trends indicate a need to pursue prevention strategies more aggressively than before. Dr. Helene Gayle, director of the CDC's National Center for HIV, STD, and TB Prevention, notes that, "In this era of better therapies, it is clear that people are becoming complacent about prevention." A new blood test and better HIV reporting systems may help public health officials better target prevention programs. Studies released at the conference indicated high or higher annual rates of HIV infection for young gay men, people with other sexually transmitted diseases, intravenous drug users, women, and minorities. In addition, African-Americans, who make up 13 percent of the U.S. population, accounted for 49 percent of AIDS deaths and 48 percent of AIDS cases in 1998.

U.S. Sees High HIV Risk Among Young Gay Males

Reuters (08/30/99)

A study conducted in Baltimore, Dallas, Los Angeles, Miami, New York, San Francisco, and Seattle has found high rates of HIV and unsafe sex among young gay males, the Centers for Disease Control and Prevention announced. The survey of gay boys and men between the ages of 15 and 22 revealed that 7 percent were infected with HIV and 3 percent became infected each year. In addition, 41 percent of the respondents reported having unprotected anal sex in the past six months. According to the report, African-Americans and young men of mixed race showed particularly high rates of HIV infection.

HIV News

Complacency About HIV Growing Among Those Seen Most at Risk

Washington (08/99)

The first-ever National HIV Prevention Conference, sponsored by the CDC and 17 other organizations, was held in Atlanta. The conference covered the latest patterns in HIV and AIDS deaths, as well as infection rates for the general population. At the meeting, health officials noted there is increasing complacency about HIV, particularly among some individuals at high risk for the disease. Dr. Helene Gayle of the CDC said, "Despite a growing complacency about the need for HIV prevention, HIV remains a serious disease that is still very much with us and there is a greater need for HIV prevention today more than ever." While the rate of new HIV infections has dropped from about 100,000 a year to 40,000 a year, health officials noted that the epidemic is increasingly affecting women and minorities. According to U.S. Surgeon General David Satcher, African-Americans accounted for about 25% of new AIDS cases reported in mid-1980s, Hispanics about 14%, and women about 8%. As of 1997-1998, however, African-Americans made up 45% of the cases, Hispanics made up 22%, and women made up 23%.

'Low-Risk' Homosexual Activity May Drive HIV Spread

Reuters (08/99)

A report published in the *American Journal of Epidemiology* suggests that "lower-risk" homosexual activity, such as unprotected oral sex and protected receptive anal intercourse, may now be driving the HIV epidemic. Researchers from the UC at San Francisco and the San Francisco Department of Public Health studied the sexual histories of 1,583 sexually active homosexual and bisexual men. A total of 49 men seroconverted during the three years studied; however, the researchers note that unprotected receptive anal intercourse made up only 15% of all sexual activity reported by the newly infected men. The per contact risk for HIV infection of unprotected receptive anal sex was 0.82% when conducted with HIV-infected partners, while the per contact risk for HIV in receptive anal sex with a condom was 0.18%, followed by 0.06% for both unprotected oral sex and unprotected insertive anal sex.

HIV and Women

AIDS-Defining Conditions Among UK Women Vary by Ethnic Group

Reuters (09/99)

Members of the MRC Collaborative Study of HIV Infection in Women report that AIDS-defining conditions vary by ethnic group for women at genitourinary medicine (GUM) clinics in the United Kingdom and Ireland. The researchers studied approximately 500 women being treated at 15 GUM clinics between 1992 and 1995. According to the research, the most frequent AIDS-defining condition among white women was *Pneumocystis carinii* pneumonia, which was diagnosed in about one-third, while among black African women the most common AIDS-defining condition was tuberculosis, which developed in nearly 25 percent. The study was published in the August issue of *Sexually Transmitted Infections*.

White and Asian Women Don't Fit Doctors' Stereotypes of HIV Victims, Researchers Say

Nando Times Online (08/99)

A study published *Cultural Diversity and Ethnic Minority Psychology*, a special journal from the American Psychological Association, suggests that doctors often fail to offer white or Asian women HIV tests or compile sexual history profiles for these women because of cultural stereotypes about patients at risk for HIV. Furthermore, the study of 400 women aged 18 to 62 in Los Angeles County also revealed that most infected women failed to receive adequate diagnoses or care. Many women only learned of their HIV status through tests during pregnancy, job or insurance change, or after their partner became ill. White and Asian women tended to be infected for the longest time before discovering their seropositive status.

Health Tips: Cesarean Delivery Best for HIV-positive Women

United Press International (08/99)

The American College of Obstetricians and Gynecologists (ACOG) has issued a recommendation that pregnant HIV-positive women consider having a cesarean delivery two weeks before the anticipated birth date of their child.



HIV News

AIDS Drugs Linked to Attitudes on Safe Sex *Boston Globe Online (09/99)*

Researchers from the University of Southern California report that the drug cocktails used to treat AIDS may have negatively affected the attitudes of many gay men towards safe sex. The study, presented at the National HIV Prevention Conference, showed that men who felt confident about the effectiveness of AIDS drugs were less likely to abstain from anal sex or use condoms. Of the 346 men surveyed who did not have HIV, those who were optimistic about the ability of the treatments to control AIDS said they used condoms during anal sex 74 percent of the time, compared to 85 percent of the time for those who were less optimistic. In addition, among the 64 HIV-infected men surveyed, those who were optimistic about the drugs reported using condoms 66 percent of the time during anal sex, compared to 85 percent of the time for those who were less optimistic. The researchers said they believe, however, that the majority of gay men are still practicing safe sex.

African Americans Hard Hit by HIV/AIDS *Reuters (08/99)*

Reports released at the National HIV Prevention Conference in Atlanta show that the African-American community is being particularly hard hit by HIV and AIDS. Death rates from AIDS were 10 times higher for African Americans than for whites in 1998. In addition, the rate of new AIDS cases is 10 times higher for African Americans than for whites. The CDC attributes the heightened impact of AIDS on African-Americans to such factors as poverty, access to health care, drug use, and exposure to sexually transmitted diseases.

Next Issue



Mid-October 1999

HIV News

Young, Nonwhite, Female, and Complacent About AIDS

New York Times (09/99)

A report presented at the National HIV Prevention Conference this week indicates that new HIV infections are increasingly occurring among minority gay men, heterosexual women, and the young. Many healthcare providers in clinical practices say that those findings are consistent with their own observations. Teenagers seem less aware of the danger that HIV poses, and many believe that AIDS has become a manageable illness because of the new drug therapies. In addition, advocates assert that many prevention programs have not been aimed at the groups most in need. In some cases, important cultural issues have not been taken into consideration when targeting specific groups with HIV prevention messages.

Study: More Having Unprotected Sex *United Press International (08/99)*

Researchers at the University of California in San Francisco say that the number of homosexual men having unprotected sex has increased significantly in recent years. The researchers studied 510 participants in the 1992 San Francisco Young Men's Health Study, screening them for HIV and asking them to answer questionnaires on HIV and sexual behaviors between 1993 and 1997. Reporting the journal *AIDS*, they say the number of participants who reported having unprotected anal sex increased from 37 percent to 50 percent during the study period. In addition, the researchers found that by the fourth year, at least 25 percent of the men reported having partners of different or unknown HIV status.

'Building a Comfort Zone' With Clients at Risk of HIV

Los Angeles Times Online (08/99)

HIV intervention programs are beginning to tailor their message to high-risk groups. Over the years, prevention groups have realized that in order to be effective, counselors must be culturally sensitive and linguistically compatible. In Orange County, CA, the CDC is funding a pilot program that provides counselors to small numbers of extremely high-risk people.

HIV News

Privacy Questions Raised in Cases of Syphilis Linked to Chat Room

New York Times (08/99)

Following an outbreak of syphilis in San Francisco that was traced to an Internet chat room, public health officials and online service providers are reviewing people's right to privacy online. Some of the men who met through the America Online (AOL) chat room network and contracted syphilis know their partners only through their computer screen names, or "handles." As a matter of policy, AOL does not give out the names of subscribers unless given a court order or unless a physical threat is identified. Of the seven men involved in the outbreak, six met their sexual partners through the same AOL chat room, while the seventh met his partners through an Internet relay chat room. According to health officials, the seven men have reported a total of 99 sex partners in the last three months, and five of the seven men are infected with HIV. So far, one-third of the 99 sex partners have been tested for syphilis.

Public health officials are concerned that chat rooms may provide a new venue for unsafe sex. Following the discovery of the outbreak, AOL put San Francisco public health officials in touch with Planet Out, a worldwide online service in San Francisco for homosexuals. Planet Out posted instant messages to people who used the chat room, trained 60 volunteers to visit the chat room and spread the word about the outbreak, and also posted information about the outbreak on its own Web site.

Aspirin Coating Kills HIV, Could Block Sexual Diseases

USA Today (07/19/99)

Researchers have found a chemical that may protect women from HIV and other sexually transmitted diseases. The investigators, who reported their findings in the journal *Biologicals*, found that cellulose acetate phthalate, a chemical that coats aspirin and other over-the-counter drugs, "completely kills HIV, herpes viruses, chlamydia, gonorrhea, trichomonas, and chancroid" in lab tests, according to Robert Neurath of the New York Blood Center. Neurath also noted that the chemical does not harm natural, beneficial vaginal microbes.

HIV News

Resurgent Bacterial Sexually Transmitted Disease Among Men Who Have Sex With Men—King County, Washington, 1997-1999

Morbidity and Mortality Weekly Report
(09/10/99)

Syphilis, gonorrhea and chlamydia have increased among men who have sex with men (MSM) in King County, Washington, which includes Seattle. This resurgence of sexually transmitted diseases (STDs) among MSM reinforces trends recently documented in other parts of the country. By 1996, infectious syphilis had been eliminated from King County. However, a resurgence of syphilis occurred over the last two years, especially among MSM. Reported cases increased from zero in 1996 to 19 in 1997, 42 in 1998, and 46 in the first half of 1999. MSM accounted for 85 percent of cases in 1998 and 1999. Similar increases were reported in gonorrhea and chlamydia rates among MSM attending public clinics. From 1997 to June 1999, 75 percent of MSM with syphilis and 18 percent of those with gonorrhea and chlamydial infections were also infected with HIV, highlighting the close link between STDs and the sexual transmission of HIV. The presence of other STDs increases a person's risk of both acquiring and spreading HIV infection by two to five times.

In order to encourage STD testing and safer sex practices among MSM, King County publicized the outbreak in the press, held community meetings and expanded outreach in the gay community. CDC's Advisory Committee for HIV and STD Prevention published recommendations in 1998 for early detection and treatment of STDs to prevent HIV infection. CDC is also launching a national effort to eliminate syphilis from the United States, which will remove one important barrier to HIV prevention.

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.

HIV News

Insisting on Condoms Strengthens Relationship

Reuters (09/08/99)

New research in *The Journal of Adolescence* shows that requesting a new sex partner to use a condom brings more respect into the relationship, contrary to previous beliefs. Whereas previous studies had found that many people may be embarrassed to suggest using the prophylactics for fear that their partners might think they have a sexually transmitted disease (STD), the new findings indicate that the partner is more likely to have more respect and to like the other individual more. In addition, the use of a condom appeared to have no effect on beliefs about the partner's perception that the other individual had an STD. The study was based on role-playing by 268 college students about first-time sex.

Conference Highlights Downside to Good News About AIDS

Boston Globe Online (09/99)

The National HIV Prevention Conference in Atlanta closed with speakers emphasizing that new drug treatments alone cannot halt the AIDS epidemic. While new medications are allowing HIV and AIDS patients to live longer and healthier lives, the drugs do not keep people from getting infected. The new HIV infection rate in the United States has held steady at about 40,000 people annually for several years, and many of the new infections are among young people. "Prevention is just as important in 1999 as it was in 1981," noted Dr. Ronald Valdiserri, deputy director of the National Center for HIV, STD, and TB Prevention at the Centers for Disease Control and Prevention.

Community Bulletin Board



*Peabody House
is looking for
Residential Assistants*

PEABODY HOUSE

Employment Opportunity

Residential Assistants

(CNA, HHA, MHRT, CMT, or CRMA)

Peabody House is a beautiful residence on Portland's West End, providing residential care, from assisted living to end-of-life care, for six persons living with AIDS.

We currently have openings for full-time, part-time, and per diem staff. Most include alternate weekends.

Consider joining our high-spirited, creative, and diverse care team for a unique opportunity to deliver holistic and individualized care in a program where staffing ratios support the highest quality care. Competitive compensation, great benefits package, and ongoing training offered as well!

For an application package, call Andy Guy, RN, ACRN at 774-6281.

Peabody House is an Equal Opportunity Employer.

Just So You Know...

Mark Your Calendars!

The Women's Leadership Luncheon

to benefit The AIDS Project
will be held on
Thursday, October 7, 1999.

**The 14th Annual
Spring for Life Art Auction**
to benefit The AIDS Project
will be held on
Saturday, March 25, 2000.

SUPPORT GROUPS

FOR PEOPLE INFECTED
AND AFFECTED BY HIV/AIDS

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 TAP at 774-6877 for more info.

THURSDAYS

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

Group: York County HIV Infected/Affected Drop-in Group

A TAP-sponsored meeting for people

living with and affected by HIV/AIDS in southern Maine.

Location: Alfred, Notre Dame Spiritual Community Center,
located on Shaker Hill Road, in the Dining Hall.

Contact Denise Ferer 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 TAP at 774-6877 for more info.

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.

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.

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.

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.

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.) This group is for IV Drug Users past and present.

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

News for TAP Clients

New location for the York County Support Group!

The York County HIV Infected/Affected Drop-in Group is now meeting at the Notre Dame Spiritual Community Center in Alfred, located on Shaker Hill Road, in the dining hall (next to the chapel). The time remains the same, Thursdays at 10:00 a.m. to 11:30 a.m. For more information please contact Denise Ferer at 985-8199.

Fall Foliage Viewing with Outdoor/Wellness Group!

Leaf peeping time! The Outdoor/Wellness group is continuing to have trips and we will take a peek at the fall foliage! Join us on Tuesday, September 28th at 4 p.m. We don't know where we will be going just yet, but we'll be meeting at 142 High St. in Portland. Contact Denise Ferer at 985-8199 to sign up, to get transportation if needed, and to get more information.

The Outdoor/Wellness Group is an open group for clients and loved ones (including dogs, depending on the location of group!) to be together in a social environment for directed walking trips with trained students from UNE. All that is needed is a positive attitude, comfy shoes, lunch, and the ability to have some fun!

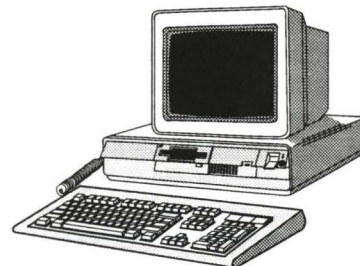
For more HIV information, try checking out these websites.

www.thebody.com
www.hivpositive.com
www.projinf.org
www.aidsproject.org

TAP's York County Clients Can Access The Internet

York County Clients of TAP can use the computer at its Kennebunk office to access the internet. Call Denise Ferer 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



FOR YOUR INFORMATION

AIDS HOTLINES

Questions about HIV/AIDS?

Call toll-free

National AIDS Hotline:

1-800-342-2437

Maine AIDSline:

1-800-851-2437



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)



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