



CHOICES

THE NEWSLETTER OF HAWAII ISLAND HIV/AIDS

February 2005

CDC Issues Guidelines for Use of Anti-HIV Drugs After HIV Exposure Through Sex, Injection Drug Use or Other High Risk Behaviors or Circumstances

For the first time, the US Centers for Disease Control and Prevention (CDC) has issued national guidelines for the use of anti-HIV therapy by individuals exposed to HIV in non-occupational settings, such as through sexual intercourse or injection drug use. This approach is called *non-occupational post exposure prophylaxis (NPEP)*.

The guidelines recommend NPEP only in limited circumstances – for people who seek treatment no more than 72 hours after a high-risk exposure from a person known to be HIV-infected. The sooner treatment is started, the more likely it is to interrupt HIV transmission. The treatment recommendation is for a combination of three anti-HIV drugs, which are taken for 28 days. Information on the treatment options should be drawn from the US Public Health Service **Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents**.

Dated January 21, 2005, the complete text of the NPEP guidelines is available online at www.cdc.gov/mmwr/mmwr_rr.html. Following is the CDC announcement on these new guidelines:

Nationwide, an estimated 40,000 new HIV infections occur every year, and there is concern that infections may be rising in some populations. HIV prevention options that can help uninfected individuals stay negative are urgently needed. In order to help provide an important safety net to reduce the risk of HIV infection, the U.S. government has issued national guidelines on the use of post-exposure antiretroviral treatment for people exposed through sexual intercourse, sexual assault, injection drug use, bite wounds or accidents.

Post-exposure prophylaxis (PEP) with antiretroviral drugs has been recommended since 1996 for health care workers exposed to HIV through needle stick injuries and other occupational accidents. NPEP represents an expansion of that strategy and, if used appropriately with other prevention methods, could be an important prevention alternative. However, NPEP is not a substitute for abstinence, mutual monogamy, consistent and correct condom use, use of sterile needles and syringes to inject drugs and other behaviors that can help avoid HIV exposure in the first place.

The national NPEP guidelines were developed by the U.S. Centers for Disease Control and Prevention (CDC), the Food and Drug Administration, the Health Resources and Services Administration and the National Institutes of Health.

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CHOICES

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Hawai'i Island HIV/AIDS Foundation

Mission Statement

The Hawaii Island HIV/AIDS Foundation is a non-profit organization dedicated to assisting those affected by HIV/AIDS to maximize their quality of life, and to ending the spread of HIV. We also utilize the lessons learned in the HIV epidemic to care and advocate for others in the fight against related diseases.

Vision

To build a healthier, stronger, and more sustainable community that supports all its members with a focus on HIV issues.

Core Values

Responsiveness: To people with HIV/AIDS and their families and to the prevention education needs of the community.

Accountability: To our consumers, funding sources, and the community at large.

Integrity: To provide services to the entire community in a humane, loving, non-judgmental manner.

Diversity: To embrace the philosophy of "inclusiveness".

Collaboration: To establish and maintain partnerships within the community that maximizes resources and decreases duplication of services.

Leadership: To set the highest standards for responsibility to our mission, vision and values, and be recognized as a positive, inspirational role model in our community.

Advocacy: A collective public voice to speak on behalf of those affected by HIV/AIDS.

*Why does a small tax
increase cost you two
hundred dollars and
a substantial tax cut
save you thirty cents?*

Peg Bracken

Dating & Disclosure

To tell or not to tell, that is the question?

Stories from an on-line message board

My personal disclosure tactic

And I have been criticized for it too.

I have always told on the first date. Sitting across from the guy, looking him in the face.

Not on the phone, where rejection comes easily. Not in a bar, where alcohol and music can prevent any real conversation.

First date, face to face. If he rejected me, he would have had to do so the adult way, the brave way, looking at me, having talked to me and gotten to know me. I can respect that courage, even as I disagree with it.

And the guys I saw online with the line "HI Neg UB2" or "HIV neg seeks same only" I avoided. Heck, I would have avoided them before I seroconverted. Why?

Because they are more likely than anyone else to have HIV, if their only criteria for meeting someone positive is that someone lie to them.

I make no big secret of my status. Its part of who I am. Its not the only part, so I dont put it in front of my name. But I couldn't imagine a first date going by without this disclosure. A fella's gotta look at himself in the mirror, after all.

Respectfully, Jonathan

disclosure tactic

While I am HIV-, I have always looked at it as I am not going to throw away my chance to meet Mr. Right just because he is HIV+. My first partner was a neg and a major jerk (I am also neg, but a non-jerk). After the break up I did a lot of dating and my roommate keep telling me about a guy who would love to go out with but would'nt because he thought the guy was HIV+. Well the more he talked about this guy the more I wanted to meet him, he sound just like the type of guy I would want to be with sex and all. Well I did meet him and we did fall in love,he is now my partner. He told me on our second date, before we had a chance to have sex. He told me he was an self centered opinionated SOB. I thought cool at least I know what I am getting and told him so. Then HE told me he was HIV+, I told him ok and that it would not hinder my dating him. We have been together now for 4 years, and he has been a wonderful man, I am so thankful for each day we are together.

Likewise....with a personal twist...read on.

Six plus years ago I became hiv+. I dated a guy once for about the first time when I began accepting it. In any case, I didn,t tell him before having sex. The guilt was so strong that I told him the next time we spoke on the phone. He freaked! Subsequent phone calls with

threatening words...I didn't know what to do.

The last time we spoke, I listened to his frustrations and analysed them for my own. I decided to disclose that information on the first date.

I find myself today re-questioning whether or not to tell on the first date. Sometimes I do, sometimes I don't...and feel less guilty about it. Dynamics of the disease have changed affected HIV people's view on life - not we are thinking about a early cessation of life, but, rather, knowing we have more time.....! People that are doing well - and not to ignore those who aren't, are thinking about life rather than death. I know I'm not the only HIV+ person who is thinking this. I am still confused but less so, perhaps because I have analysed my options in the future which includes living. I hope I'm coming across purposeful in my testimony that it's not about others' acceptance of your status, but rather that of your own...a bit metaphysical, but if you're with me, you'll understand of which I speak.

I have been wanting to discuss this topic with others...so thank you.

Al from Montreal, Canada

yo joe

I'm faced with telling all so....I have had sex with guys and not tell them at all,I make sure that I please them and just tell them I don't like to get blow-jobs,I like to give them...by that time they've cum twice and to tired to even go on,what can I say I'm good But ! I feel real geltie...and the ones I do tell befor I have sex with them and they say it's ok and still have sex,I'm just a little lirey-of! I met this guy the other day and we have been talking,we have a lot in commen we both have kids,and where in are 40's...I don't work and I told him why,It's not because I'm Hiv it that I had a brain tumor removed and I have seizures alot and it's taken a toll on my life. he seems to be a very nice guy he likes me and he has said that I'm a very nice person and that he would like to get together and see the whole package...I told him I could realy enjoy a massage but I would like to just be friends so I

Study: Pot boosts HIV therapy adherence

David Ryan Alexander, PlanetOut Network

published Wednesday, January 5, 2005

According to a new study released Jan. 1, HIV patients suffering from nausea adhere more closely to their HIV antiretroviral treatment regimens when using medical marijuana.

The study, titled "Marijuana Use and Its Association with Adherence to Antiretroviral Therapy Among HIV-Infected Persons With Moderate to Severe Nausea," was published in the Journal of Acquired Immune Deficiency Syndromes. Out of 168 HIV patients who participated in the study and provided information about their adherence to their antiretroviral therapy, 41 participants used marijuana.

While the study did not reveal that marijuana use increased adherence to treatment overall, it did show that patients suffering from mild to severe nausea who use medical marijuana did adhere more greatly to their treatments.

As part of the study's results, the report stated that while "examining subgroups of patients, among those with nausea, marijuana users were more likely to show an association with adherence than nonusers, while among those without nausea, marijuana use was lower associated with adherence."

"It is the first real concrete indication that medical marijuana specifically helps HIV drug adherence," said Bruce Mirken, director of communications for the Marijuana Policy Project, a marijuana policy reform organization. "Essentially people experiencing nausea were staying on their anti-HIV cocktails more consistently ... which adds to the success of treatment."

The study authors wrote, "Adherence to medications is a challenge to any chronically ill patient and is critically important to HIV-infected individuals, as sustained high levels of adherence are required for long-term viral suppression."

"If people can't tolerate drugs, they tend not to take them," said Howard Grossman, executive director of the American Academy of HIV Medicine. "And if they can tolerate the medications, they're usually going to try and take the pills the right way."

Grossman added that "many people don't find the same anti-nausea capabilities with Marinol (the synthetic form of a compound found in marijuana, THC), but when they smoke pot they do well."

In contrast, the study also found that HIV patients not suffering from at least mild nausea who used medical marijuana were less likely to adhere to their treatment programs. Additional illicit drugs, which the study defined as heroin, cocaine and amphetamines, were shown to decrease adherence to treatment.

It found no correlation "between adherence and gender, age, ethnicity, low quality of life, pain, or use of protease inhibitors or nonnucleoside reverse transcriptase inhibitors."

From page 6

Microwaveable soup

You choose the brand and flavor-it doesn't matter what you pick, as long as you stick with something that has 250-400 calories, 8-10 grams of protein, and at least a couple of grams of fiber. Look for a brand with lots of veggies on the label, as well as meat or beans for protein. Use a bowl for a quick late-night meal when your only other resort is making a call to Domino's. Or heat one up for a pre-meal appetizer. There's an ocean of research showing that people who eat soup at the beginning of a meal-or for a meal-are more satisfied and end up taking in fewer calories during the course of the day than non-soup eaters.

Canned sweet potatoes

If you buy only one vegetable in a can, this is the one to throw in your cart. Sweet potatoes are high in beta carotene-good for fighting cancer and keeping eyes healthy. The orange taters are also good for your wrapper, preventing sun damage to the skin (which will help keep your mug wrinkle- and spot-free well into old age). Open a can and eat them in place of other high-carb sides like mashed or baked potatoes, biscuits, pasta, or mac and cheese. Just make sure you buy the kind in light or no syrup, versus the Thanksgiving-style sweet potatoes, which are doing the backstroke in a sea of liquid sugar.

Alcohol may expose mouth to HIV

Contact with alcohol makes cells in the mouth more susceptible to HIV during oral sex, a recent study has found.

A team of researchers from UCLA announced their finding in the Dec. 1, 2004, Journal of Acquired Immune Deficiency Syndrome.

The group took cells that lined the mouths of HIV-negative people and exposed them to 4 percent ethanol alcohol -- about the same amount in beer -- for 10 minutes.

They then added a strain of HIV that had been modified with green protein so researchers could trace it more easily.

The exposed cells were three to six times more likely to become infected.

Alcohol consumption has been linked to increased HIV infection in earlier research, the UCLA team remarked in its report. But those studies zeroed in on the link between alcohol and high-risk sexual practices.

Deborah Jack, chief executive of the National Aids Trust, told the BBC that the study was preliminary, but welcome.

"Much more work needs to be done to prove a biological link between alcohol and HIV transmission," said Jack.

"However," she went on to say, "the influence of alcohol on the decision whether or not to have unprotected sex has already been established, and particularly at this time of year we urge people to enjoy the festive season safely."

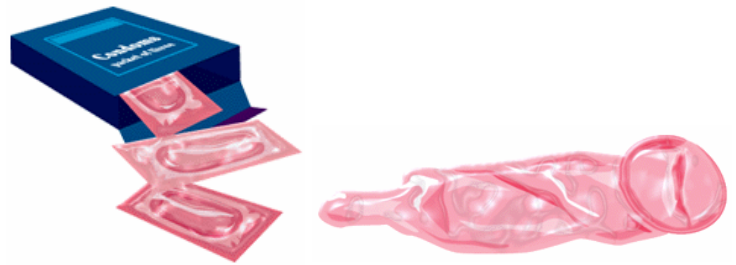
Hi, my name is Lissa, and I am very happy to be a part of HIFAF. I will be working from the Kona office, focusing on women's prevention and outreach. One of my tasks will be a new CDC-sponsored project called the SISTA project, which will be to facilitate a group of women meeting for 5 weeks to discuss HIV/AIDS education, self-assertiveness, coping skills and pride, among other things. I'm looking forward to meeting and getting to know more members of the community.

I am a nurse, and worked in HIV research in Northern California for 4 years. I have two teenage daughters, and enjoy reading, gardening, lei-making, and snorkeling.

-Lissa Montgomery

Brazil will distribute 11 million condoms during Carnival

Brazil, one of the Latin American countries hardest hit by the AIDS epidemic, will hand out a record 11 million condoms to prevent the spread of HIV during its erotically charged Carnival festival, when casual sex rises. With the pre-Lenten celebrations two weeks away, the "Dress Yourself" campaign is to remind revelers a condom should be part of their outfit, no matter how little they wear to parades and parties renowned for seminude, hip-thrusting dancers. Millions of Brazilians and foreigners flock to cities such as Rio de Janeiro, Salvador, and Recife for the February 4-9 festival. The safer sex campaign hits Brazilian television screens next week showing grinning celebrities waving condoms as they dance to popular Carnival samba tune, "What will you wear?" (Reuters)



New at Kona Office



Instant Eats

Stock up on these super-healthy staples and you'll always have some grub worth grabbing

By Kristine Napier, R.D.

Unless you've won the lottery or your mom still drops off groceries every week, sprinting down the aisle of your local Valu-Save is an inevitable part of your weekly routine. We'll assume you can handle grabbing the basics-milk, raw meat, malt liquor-but here's a handful of other foods you should toss into your cart. All are incredibly healthy and will help to ensure you've always got something good to eat stashed inside your mattress-er, cupboard.

Old-fashioned oatmeal

Buy the stuff in the canister, not the packets. (It's cheaper-plus the packets are flavored, so they have more carbs and sugar.) Pick up two tubes: a big one for at home and a smaller one to stash at the office. You can nuke some for breakfast, or mix it with hot water for a quick vending-machine-free snack at work. The benefit? Oatmeal's packed with energy-boosting complex carbs, plus B vitamins that will help keep your brain running at its peak, no matter the time of day. (Hate mushy cooked oatmeal? Dump half a cup of dry into your morning blender concoction. You won't even taste it.)

Peanut butter

Skippy and Jif are good for more than just a hefty dose of protein: All those mashed peanuts are also loaded with minerals, including zinc for immunity, disease-fighting selenium, and antioxidants to help repair workout-damaged muscles. Stick with regular PB instead of the reduced-fat sludge. When companies make lower-fat peanut butter, they take out heart-healthy monounsaturated fat and replace it with added sugar.

Garbanzo beans

A.k.a. chickpeas, or those weird little gallstone-shaped balls that salad-bar girls live on. Besides adding muscle fuel to rabbit food, garbanzo beans are high in bone-building calcium as well as compounds called phytochemicals-the same disease-fighting stuff that makes onions, garlic, and broccoli so smelly. Studies show that upping your phytochemical intake can help you fight off colds, heart disease, and cancer. Not the salad type? Try mashing a handful of garbanzos with lemon juice for a quick chip dip. You can also toss some beans into a wrap, mix 'em into tuna salad, or sink them in soup to up its flavor quotient.

Whole-wheat tortillas

These Mexican flying saucers have fewer carbs than bread, more fiber and vitamins, plus they last longer-two weeks or more without green stuff in the pantry, and almost indefinitely once they've been chucked into the fridge. Use 'em for wraps, tacos, even quick breakfast burritos with a scrambled-egg core. Melt cheese into a folded tortilla for a quick McSnack, or cut a couple of tortillas into pieces with scissors and toss 'em into the oven for instant low-cal baked tortilla chips.

Roasted red peppers

Choose the seven-ounce jars (the small ones) packed in water, not oil. They taste great, are less boring than frozen peas and carrots, and won't ever get freezer burn. Great in sandwiches, stirred into scrambled eggs or soups, or lobbed into a mass of salad greens. You can also stuff them into burgers or casseroles, or eat them right from the jar. (C'mon, you know you've munched on worse-and at least peppers have almost zilch for calories.) And in case you ever have the chance to lure Angelina Jolie back to your place and need a quick snack to help get those lips moving, you can mash red peppers with sour cream or cream cheese for a fiery dip that's great smeared over whole-wheat crackers.

Chunk tuna

You can opt for canned, or try the new foil packs. (Like the stuff you rip open for Puss, but without the juicy dolphin chunks.) Tuna is an almost perfect food, high in protein and loaded with omega-3s, a type of fat that improves your sex life, fights colds and heart disease, and can even make you smarter. (Note to Nick: All the Chicken of the Sea probably wouldn't do much for Jessica.)

would appreciate not to play with my tool"cock" We went dancing last night and he wanted me to come to his place I told him it was to late but would love a rain check.I really like the guy,and am attracted to him .I now I have to tell him I'm Hiv but I think I've waited to long and feel as he has a rite to be angry with me that I did not tell him...I have lead him on to wanting to have sex with him,but I really like this guy and don't want to hurt him,but then I don't want to give him Hiv either....Hiv sucks! I want to start living after what I've been through with all what cam along with the removal of the tumor... I try to be honest with my status when necessary,but I have waited on this one and I'm scared

Thanks for Sharing

Hey Yo Joe, I really felt good reading your message. I went through a similar experience and I have now decided to disclose as early as possible. However, at times I feel its my own damn business and if you're someone who is not important to me its not your business. I don't have sex without disclosing. Been there, done that, will never forget or get over it. But, when I first was infected, people that knew my status told me to keep my mouth shut. I'm grateful that I'm all grown up now and can finally be responsible for my actions. This disease ain't easy but, I have grown so much from it. That's the positive I get out of it! I'm not dying from AIDS, I living with it!!!

DISCLOSE, DISCLOSE, DISCLOSE!!!!!!!!!!

This whole conversation about to disclose or not baffles me. Are people aware that there are guys in prison for not disclosing? The courts are not friendly about this issue. There was a big write up about this in a recent POZ magazine. I have a friend who not only has not disclosed to his partner that he is poz and is living with him. He has also lied to this guy about it. Can you imagine? I have been friend with this person for years but I am so uncomfortable around him now I might cut off the friendship. I told him I do not want to be around his boyfriend because I do not like to edit my conversation. Editing your conversation is what you have to do if you do not disclose. An HIV negative friend of mine once told me, "If a guy does not tell me up-front about his status and tells me later, I wonder what else he has not told me." We have enough stress and things to worry about being poz. Why burden yourself about disclosure also? I strongly make the recommendation to decide to always

.disclose. There are plenty of guys out there willing to date poz men. I know because I am in a great relationship with one of them.

Mark in Seattle

Both Sides of the Fence

I recently found out that I was poz, I have only had a few dates since then, but have resolved myself to always be honest up front. Two major reason led to this decision, first off, i was in a relationship for 18 months with a poz guy and didnt know it! He hid it from me the whole time, Finally his friends, who had since become mine, told me. I confronted him and we split up soon after.

Now 5 years later I find that I'm the one having to disclose my recent seroconversion, I can't imagine putting anyone through what my first 'true love' put me through. After all you cant hide the truth forever, eventually they will find out, and then where will you be? Oh and a reply to Mark-in Seattle, who knows these nice guys who dont mind dating poz guys, you know any in Denver :) wink :)

JD

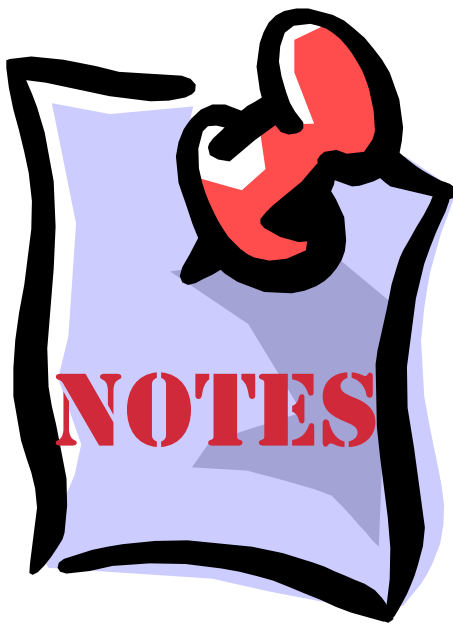
the denial of disclosure

For those who are seeking a false sense of security by relying upon the disclosure of a potential sex partner's HIV status, WAKE UP AND LEARN ABOUT SAFE SEX. This is a matter of personal responsibility and unless you are into barebacking, this virus is pretty damn hard to transmit.

I was recently come onto by a guy in a club. He was very forward, started kissing me in the club, and wanted to get together later that night. I called him and he asked the pre-requisite question "Are you HIV positive or negative?" I told him I was positive and then I was soundly rejected with the statement "well we really can't do anything." It really pissed me off, and I have to wonder why this guy is taking people at their word and what does he do with people who deny being positive or just don't know. In many cases the stigmatizer doesn't have the balls to get tested himself, but is ready to label the person who took responsibility for their own status.

Unless the you and the guy you just met have been tested a number of times for a period of 6 to 10 months while you both are sexually inactive, there is no way to know someone's HIV status.

From the message boards at Gay.com
Log on and join in



Leave a Legacy

When you evaluate your estate planning, please consider remembering the Hawaii Island HIV/AIDS Foundation in your will. Your gift will help support our Services to our clients.

Bring in a home made Valentine and win a prize... Drop it off or mail to the Kona office by February 28. Be sure to say who it is from.

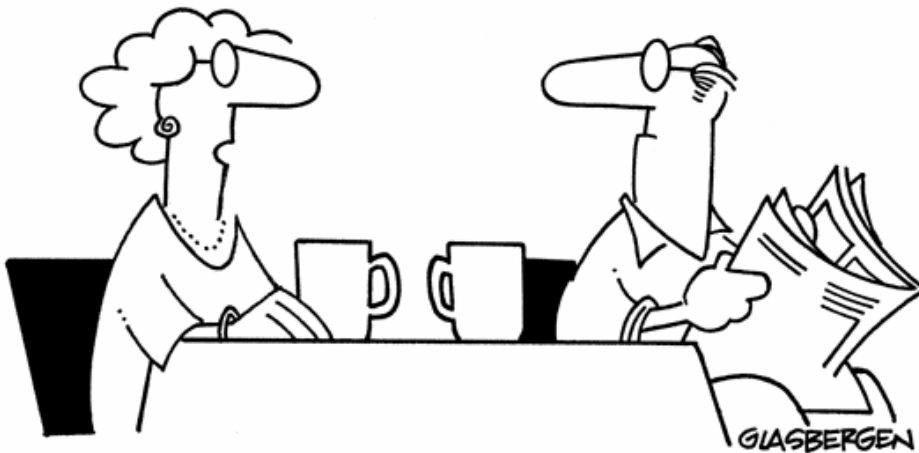
The Hawai'i Island HIV/AIDS Foundation offices will be closed

**Monday
February 21
Presidents day**

**&
Friday
March 25
Prince Kuhio Day**

As always, we have purified water available. Bring your own containers to fill

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**"Same-sex marriage is nothing new.
We've been having the same sex for 25 years."**

From
Community Advisory
Board

There are many drug trials open right now. All expenses are paid and they work with your Doctor as well, Contact Wing or call the Aids Clinical Trials Unit at 1-800-806-8208

Jim Smith and Dennis Walsh

February 2005

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5 Anuenu Potluck
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21 CLOSED	22	23	24	25	26
27	28					

March 2005

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5 Anuenu Potluck
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25 CLOSED	26
27	28	29	30	31		

What is NPEP?

NPEP is the use of antiretroviral drugs immediately after a non-occupational exposure to HIV – either from sexual intercourse, sexual assault, injection drug use, bite wounds or accidents (e.g., unintentional needle sticks) – to prevent infection from taking hold in the body. A combination of three antiretroviral drugs is started within 72 hours of exposure and is taken daily for 28 days.

For a short period of time following exposure to HIV, virus particles are present only in specialized cells in the part of the body where exposure occurred. If HIV replication can be inhibited during that window of exposure, the virus may not be able to establish a permanent infection. Using antiretroviral drugs within hours of exposure may inactivate the HIV that is present and prevent it from migrating to the lymphatic system, replicating in cells there, and then spreading into the bloodstream and throughout the body. The sooner treatment is started, the more likely it is to interrupt HIV transmission.

How Effective is NPEP?

A growing body of data from human and animal studies, as well as findings from case studies and public health registries in locations where NPEP has been used, suggests that antiretroviral drug regimens can significantly reduce the risk of HIV transmission:

***Post-exposure prophylaxis has been associated with an 80 percent reduction in the risk of HIV infection among health care workers exposed to HIV on the job (e.g., through needle sticks).**

***Providing antiretrovirals to HIV-infected women during labor and delivery, and to their newborns immediately following birth, has been shown to cut the risk of mother-to-child transmission by about 50 percent.**

*In several national registries, few seroconversions have been noted among HIV-exposed patients treated with NPEP, including among 1000 reports in the United States' registry.

Who Would Benefit from NPEP?

The U.S. government guidelines recommend NPEP only in limited circumstances – for people who seek treatment no more than 72 hours after a high-risk exposure from a person known to be HIV-infected. People who would benefit from NPEP include HIV-negative individuals who occasionally lapse in safer sex or drug-use behavior, or experience condom breakage or slippage with a partner who is positive, and those who are exposed through sexual assault or accidents.

If the HIV status of the source person is not known, use of NPEP should be considered on a case-by-case basis for people who seek care within 72 hours of suspected exposure. Clinicians should take into account the specific circumstances of the possible exposure and the likely risk of infection. If possible, the source person should be asked to take a rapid HIV test to determine if NPEP is appropriate.

Who Would Not Benefit from NPEP?

NPEP is not recommended for individuals whose HIV exposure risk is negligible, or for those who seek care more than 72 hours after suspected exposure. NPEP is also not recommended for people whose behaviors result in frequent, recurrent exposures to HIV, such as those who have HIV-infected sex partners and rarely use condoms, or injection drugs users who often share equipment. These individuals would require sequential or near-continuous courses of NPEP, which are not recommended. Individuals at ongoing risk for HIV should instead be referred to intensive risk-reduction interventions.

Limitations of NPEP

NPEP should be used only for infrequent exposures and is not a substitute for risk-reduction behaviors. Post-exposure prophylaxis has not prevented all HIV infections in occupational and perinatal settings, and similarly NPEP does not completely eliminate the risk of HIV infection. In addition, use of antiretroviral therapy is often associated with unpleasant side effects such as nausea and fatigue.

More serious side effects, such as severe allergic reactions and lactic acid build-up with enlargement of the liver, while rare, have also been known to occur. Adhering to the prescribed regimen is key to NPEP's effectiveness, yet many patients may find it difficult to comply with a month-long regimen of multiple drugs. For all of these reasons, NPEP should not be viewed as a first line defense against HIV infection or as a substitute for behaviors that reduce HIV exposure. Furthermore, NPEP should always be used in

combination with risk-reduction counseling.

Which Antiretroviral Treatments Are Recommended for NPEP?

Any antiretroviral therapy combination approved by the U.S. Department of Health and Human Services may be used for NPEP. No specific antiretroviral medication or combination of medications is known to be optimal for use as NPEP. However, regimens containing the drug nevirapine (Viramune), which has been associated with adverse reactions and liver damage, should be avoided. Women who are pregnant or of childbearing age should not receive regimens containing the drug efavirenz (Sustiva), which may increase the risk of birth defects. When available, the source person's history of antiretroviral medication use and most recent viral load measurement should be considered when selecting antiretroviral medications for NPEP.

Importance of Risk Reduction Counseling

Risk-reduction counseling and intervention services are critical components of NPEP and should be provided to all at-risk individuals. Data show that when coupled with intensive risk-reduction counseling, NPEP can help patients maintain long-term safer behaviors. For example, studies conducted in San Francisco and Brazil found that gay and bisexual men who received NPEP and prevention counseling were less likely to have unprotected sex a year or more later than they were before receiving these services.

With or without NPEP, health care providers should provide risk reduction counseling to all individuals who seek NPEP. Providers should help their patients identify ongoing risks for HIV, develop plans to help them avoid exposure to HIV, and promptly link them to other counseling and support services.

Next Steps in HIV Prevention

The impact of biomedical interventions such as NPEP will be determined by how effectively they are used in combination with proven prevention strategies. CDC supports a full range of proven approaches to reduce HIV infections in the U.S., including abstinence, mutual monogamy with an uninfected partner, correct and consistent condom use, expanded access to voluntary HIV counseling and testing, risk-reduction counseling for people both HIV negative and positive, linkage to drug-use treatment programs, and screening and treatment of sexually transmitted diseases, infections which can facilitate HIV transmission.

01/21/05

Source

US Centers for Disease Control and Prevention (CDC)

Reference

Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States: Recommendations from the U.S. Department of Health and Human Services. *Morbidity and Mortality Weekly Report*. Vol. 54 / No. RR—2. January 21, 2005.

Medicare—Medicaid News To toss or not to toss, that is the question.

December and January mark the season when SSA provides an updated benefit letter to recipients of both Social Security Income (SSDI) and Supplemental Security Income (SSI). Copies of these letters are needed for income verification for some programs at the foundation. So before you toss it out, please pass a copy to the Foundation. So, if your answer was "to toss", please pass along a copy to the foundation before you toss it. So much easier to do it upon receipt than to try to dig for it next April. The SSA benefit increase for 2005 was 2.7% so recipients should have seen an increase in the check already. However, Medicare Part B was raised to \$78.20 so it may have eaten a portion of that increase. In addition, food stamp grants were adjusted to reflect the changes; therefore, some recipients will see little change in usable income.

Medicare Prescription Coverage—\$600 Medicare recipients have been receiving information on various prescription benefit programs. This can be a good thing especially for individuals who are making less than \$1204 a month as there is a \$600 credit that can be applied to some prescription costs. This credit is a "use it or lose it" deal. If you are receiving Medicare, contact Kate or David to discuss your options.

Medicare—it's a new world Effective 2006 Medicare recipients will be required to sign-up for a prescription plan. It will supplant the current Medicare supplement plans and may replace Medicaid benefits. You can expect to get mailings from the Social Security Administration and Medicare. Good idea to discuss with Kate or David before tossing.

Social Security Disability Applications—now on-line. Social Security applications can now be done on-line. This makes the application easier. However, it does not change the desirability of a good disability planning session with your case worker prior to submitting the application. If you are considering a disability application, talk to Kate or David.