

CHOICES



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2006

THE HAWAII ISLAND HIV/AIDS NEWSLETTER

HIV Patients Get First Once-A-Day Pill

By **ANDREW BRIDGES, AP**

WASHINGTON (July 13) -- People infected with the virus that causes AIDS will soon be able to take a once-a-day pill that combines three drugs in a "cocktail" therapy that can be swallowed in a single dose.

The pill, called Atripla, includes three Food and Drug Administration-approved medicines that already form one of the most widely prescribed treatments for HIV and AIDS. The FDA approved the combination version Wednesday.

The medicine will still be expensive: more than \$1,100 for a month's supply.

Atripla can replace the two or more pills HIV-positive patients now must take each day to keep the human immunodeficiency virus in check, making it simpler to stick to a treatment regimen. The new pill is expected to be available within seven business days.

"As a physician, I know -- whether in dealing with cancer or dealing with infection -- that's an opportunity to significantly improve compliance. And compliance with

therapy is as important as the therapy itself for a successful outcome," said Dr. Andrew von Eschenbach, the FDA's acting commissioner.

If the single pill does help patients stick to their pill-taking regimen, that in turn could slow the (continued on page 3)

NEW TEST SITE!

HIHAF will be providing free HIV testing and HEPATITIS "C" screening every 2nd and 4th Wednesday of each month at the Ka'u Family Health Center in Na'alehu.

Hours: 8:30 am to 12:00 pm

CHOICES

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Contributions of articles and other materials for publication are encouraged and welcomed.

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.**

emergence -- and ultimately, transmission -- of drug-resistant strains of the virus. Those strains can evolve when patients take less than 95 percent of their pills, said John Martin, head of Gilead Sciences Inc., the manufacturer of two of the drugs in Atripla.

"The fewer pills, the better they are able to achieve that 95 percent threshold," Martin

PLEASE CALL FOR AN APOINTMENT

Aloha

To better serve you and give you the time and attention you deserve, please schedule an appointment when you need to meet with your case manager/s.

Kea'au 982-8800
Kona 331-8177

said.

Atripla won't do away with the multiple other drugs that AIDS patients often must take to fend off infections and other complications of their weakened immune systems, said Frank Oldham Jr., executive director of the National Association of People with AIDS. And some patients will have to take other HIV drugs along with Atripla to combat the virus effectively.

Atripla combines Viread (tenofovir), Emtriva (emtricitabine) and Sustiva (efavirenz).

Viread and Emtriva, both made by Gilead of Foster City, Calif., are now sold in combination under the brand name Truvada. Sustiva is made by New York-based Bristol-Myers Squibb Co.

The pill will be just as expensive as Truvada and Sustiva when purchased separately: The wholesale price will be \$1,150 for a 30-day supply. Switching to the combo pill would require insured patients to make just one, rather than two, co-payments, saving some money.

Several initial attempts by the two companies to combine the three drugs failed. The

Free Hepatitis C Screening Now Available

HIHAF is happy to announce that we now have the training and resources available to offer free Hepatitis C Screening. Our office and outreach staff island wide will be able to provide clients who have not been screened for Hepatitis C within the past year a free screening. This is only a screening to determine whether you have or have not within your lifetime been exposed to the Hepatitis C virus. More testing would be required for those who screen positive to determine if the virus is currently active in the body.

We hope that all clients unaware of their Hep C status will take advantage of this new service. For more information, call us at 982-8800 (Kea'au) or 331-8177 (Kona)

two were unsuccessful but companies settled on a process called "bi-layer" technology to join them in a single pill.

"The fact that innovator companies in the U.S. have actually heeded the call to collaborate on this is just an amazing happening," said Veronica Miller, director of the Forum for Collaborative HIV Research. The effort, Miller said, could lead to future collaborations on better drug combinations formulated for use in infants and children.

The FDA approved last month the first three-drug combination pill to treat HIV as part of foreign AIDS relief efforts. Atripla also will be available for use in the 15 countries covered by that program, the President's Emergency Plan for AIDS Relief. Unlike Atripla, the other combo pill must be taken twice daily and is for sale only outside the United States.

Interest in Atripla as the first once-daily, three-drug pill may be greatest in developing countries, for both medical and logistical reasons, said Dr. Murray Lumpkin, deputy commissioner for international and special programs at the FDA.

"The idea of having a fixed-dose

combination has been one of the, as you might say, one of the holy grails," Lumpkin said.

About 40 million people worldwide, including 1 million Americans, are HIV positive. Each year, roughly 5 million people are infected with HIV and 3 million die from AIDS, according to the World Health Or-

ganization.

The three drugs inhibit the replication of HIV within the body but are not a cure. Nor will the new pill be suitable for all patients: Sustiva, for instance, can cause birth defects. Serious psychiatric symptoms including severe depression, suicide attempts, aggressive behavior, delusions and paranoia also have been reported in patients taking the drug.

Gilead, Bristol-Myers Squibb and Merck & Co. Inc. intend to seek approval to sell the pill outside the U.S.

Merck, based in Whitehouse Station, N.J., is involved because it has rights to market one of the three drug ingredients, efavirenz, under the brand name Stocrin in many foreign countries, including most of the developing nations.

KEA'AU CLINIC

Aloha All, There is an exciting development on the horizon. Dr. Tony Brown (the Bay Clinics' HIV treatment savvy Medical Director) and Dr. Stephan Harmeling (Bay Clinics' fabulous new HIV treatment savvy MD) have recognized the need for and are now discussing the development of an HIV Clinic. The clinic would be located in the Keaau Family Health Center. The goal is to centralize HIV medical care, lab services, dental care and mental health counseling under one roof. The doctors would like to see HIV patients one day a week and have follow-up appointments available for continuing care.

Continued on page 6

Free and Anonymous HIV Testing Locations and Dates

Free and anonymous HIV testing and counseling is available to the public on a regular, on-going basis. The testing is confidential and totally needle free.

Hilo/Kea'au

Hawaii Island HIV/AIDS Foundation
Shipman Business Park – 16-204
Melekahiwa Place, Suite 1
Monday-Thursday,
8:30am-3:30pm

Pahoa

Pahoa Family Health Center, Pahoa Village
Every 2nd and 4th Tuesday of month,
9:00am-12:00pm

Kona/West Side

Hawaii Island HIV/AIDS Foundation – Kona Office
75-240 Nani Kailua Drive, Suite 5
In the Pines Plaza , Kailua-Kona
Tuesday and Thursday,
8:30am-4:00pm

West Hawaii Community Health Clinic
Every Friday from
1:00pm-3:00pm

Ka'u Family Health Center
Na'alehu every 2nd and 4th Wednesday of each
month.
8:30am-12:00pm

MISSED AN ISSUE OF CHOICES?

You can view all of the past issues of CHOICES at www.hihaf.org. Click the News/Events tab.

Meet our New Women's Outreach Worker Yvonne Gilbert

We are very pleased to announce that Yvonne Gilbert has joined our prevention team as the Women's Outreach Worker in Kona. Yvonne comes to us after doing HIV prevention work and research in Zambia, Africa. Originally from Chicago, she has recently moved to the Big Island to live with her family here. She is very excited to be here and is a very proud auntie

MUCH MAHALO

Much Mahalo to all of those who helped with the Hilo Rummage Sale. We are most grateful to all of those special people who donated items and/or time to make this event happen.

All monies earned will be used to buy meals for clients in need at Thanksgiving and Christmas.

Once again Mahalo.

CLIENT ADVOCACY MEETING

The next Client Advocacy Meeting will be held on Wednesday, September 13, at 10:30 am in the Hilo office.

This is a new group which is exploring the possibilities available to help clients and administration interface and share concerns on a more efficient basis.

The meeting is held at our Kea'au office but Kona can be included by telephone.

Should you want to participate please feel free to do so.

For more information contact Bob at 982-8800 or by email at bob@hihaf.org.

A LETTER FROM WES

Aloha Everyone,

Please join me in welcoming 2 new employees to our ohana. Curtis Neck and Laura Acevedo have joined our prevention staff in East Hawai'i, and will add a great deal in the prevention outreach arena as well as the organization's overall functions.

I am certainly looking forward to meeting, as I am sure you are, both Laura and Curtis in person, and welcome you both to our team.

Laura's email address is laura@hihaf.org, and Curtis' email is curtis@hihaf.org. Please be sure to add them to your distribution list-

8TH ANNUAL TASTE OF LIFE

On Saturday, August 12th, the wonderful, stupendous and highly successful 8th Annual Taste of Life took place at the Sheraton Keauhou Resort and Spa in Kona. More than 440 people attend, 15 restaurants provided magnificent food and the wine and beer flowed. Pacific Fusion provided wonderful music and dancing continued throughout the evening. Our special emcee Emme Tomimbang added just the right amount of sparkle. Everyone commented that "this was the best one yet!" We were lucky to have in attendance Al and Jane Nakatani authors of "Honor Thy Children." The silent auction had more than 125 items and the bidding was spirited. The net proceeds of more than \$40,000 will go a long way to serve our clients and help our prevention programs to STOP HIV.

KEA'AU CLINIC

(continued from page 4)

As the client load builds, the doctors can add on more treatment days. Dr. Harmeling will start seeing patients in Keaau in September. So, if you are seeing Dr. Harmeling in Pahoa at this time, please have your records transferred to Keaau Family Health Center. Once your records transfer, you can make an appointment to see Dr. Harmeling at the Keaau Clinic. The number for Pahoa Clinic is 965-9711. The number for Keaau Clinic is 930-0400. I will keep you posted with new information as things develop.

STRENGTH FOR THE JOURNEY RETREAT COMING UP IN OCTOBER

This year's Strength for the Journey Retreat for people living with HIV/AIDS will be held Sunday, October 8 through Thursday, October 12, 2006 at Camp Mokuleia, on O'ahu's North Shore. An ecumenically-sponsored spiritual retreat, Strength for the Journey offers four days filled with recreation including swimming, volleyball and basketball; massage and other body work; unstructured time for reflection and meditation; for private time, group discussion and spiritual guidance; arts and crafts; and a variety of other opportunities for rest, relaxation, renewal and reaffirmation of life to any adult (18 years and older) living with HIV/AIDS regardless of gender, sexual orientation, race or religious affiliation. Attendees may participate in any offered activity, or in none, as they choose. Camp Mokuleia is a tranquil, safe, substance- and alcohol-free, healing environment located approximately 35 minutes' drive from Honolulu which offers Retreat participants accommo-

dations in a lodge facility with two twin beds per room, both private and shared bath facilities, bedding and linen service, and shared meals, prepared professionally and served in a camp-style dining hall. Twelve-step program support is also available and an RN will be in attendance to provide basic medical care as needed throughout the event, although attendees with special care giving needs must arrange for a caregiver (who may be HIV-negative) to attend as a registered participant. Cost of the Retreat is \$175 per person, which includes lodging, meals and all activities, but scholarships are offered for those in financial need. Advance registration, including a deposit of \$25, is required. Participants are responsible for their own inter-island transportation. Stop by the HIHAF office in Kea'au to pick up a registration application or call Robert at 982-8800 for more details. In Kona stop by the office or call there at 331-8177.

If you wish to request a scholarship to help defray all or part of the cost of this event please send in your request as soon as possible as the number of scholarships is limited and they "go fast."



THE DEBATE OVER THE NATION'S BIGGEST HIV BILL SPILLS OVER INTO A GEOGRAPHY LESSON

This spring, as the Senate Health and Education Committee finished up a year of wrangling over renewal of the Ryan White Care Act, the crucial bill providing most federally funded AIDS services, a new battle broke out, pitting big cities against small ones. In April, the Government Accountability Office reported that Ryan White provided positive people in urban areas with more cash per capita because under the first of the Act's four titles — Title I — only cities with at least 500,000 people and 2,000 AIDS cases can get funds for treatment and HIV facilities. "There's absolutely no doubt that there are funding discrepancies," says Kathie Hiers, chief officer of AIDS Alabama and co chair of the Southern AIDS

Coalition. "You cannot just take resources from places with the highest levels of HIV. It will exacerbate existing problems," counters Ernest Hopkins of the Communities Advocating Emergency AIDS Relief (CAEAR) Coalition, which represents urban areas.

When congress approved the Ryan white Act in 1990, AIDS was considered a mostly urban virus. But HIV has increasingly affected more people in rural areas, especially in the South. Southern states now house 41% of the nation's HIV infections, but only 34% of the population. While the highest HIV concentrations remain in urban areas, 79% of people on the Ryan White-funded AIDS Drug Assistance Program (ADAP) waiting list live in the South: While the CAEAR Coalition contends that the funding evens out if all four titles are averaged,

Hiers disagrees, saying that while these other titles deal with testing and education, they do not adequately cover treatment. "What good is it to test them, tell them they're infected but say we don't have the resources to treat them?" she says. The current Senate draft expands Title I to make cities with as few as 500 AIDS cases and a population of 50,000 eligible for funding. This means places like Birmingham, Alabama (the state with the nation's longest ADAP waiting list) will get covered.

But no matter what happens with the final vote, both sides agree they could agree if the Feds would just send more funds Ryan white's way nationwide.

REBECCA MINNICH

Title I of the Ryan White Care Act may be viewed at:

<http://hab.hrsa.gov/programs/factsheets/title1fact.htm>

HIGH RISK OF HIV INFECTION AND AMPHETAMINE USE

Amphetamine users among men who have sex with men (MSM) in San Francisco have a 3-fold higher incidence on HIV infection than amphetamine non-users (6.3% per year verses 2.1% per year respectively), according to study results published in the most recent issue of AIDS (September 2, 2005). Users of the drug are also 2.5 times more likely than non-users to report unprotected anal sex with a partner of opposite or unknown HIV status.

Amphetamine, and its common derivative methamphetamine (also known as speed or crystal meth), is a powerful addictive stimulant drug that can be taken by mouth, smoked, injected, or taken rectally ('booty bumping').

Methamphetamine abuse has significantly increased across the United States in the past decade, as evidenced by the increasing numbers of methamphetamine-related admissions to emergency rooms in metropolitan areas.

This trend is of particular concern, because the recreational use of amphetamine has been shown to be associated with unprotected sexual intercourse and HIV infection in men who have sex with men (MSM).

Whereas unsafe sex amphetamine injection practices may directly lead to parental HIV transmission, more common non-injection use may facilitate sexual HIV transmission, either by enhancing sexual desire, impairing safer sex decision-making, and of predisposing to unprotected sex, or by making the anal mucosa more susceptible to HIV infection, or both.

US CDC and San Francisco Department of

Health investigators looked at the association between amphetamine use and HIV incidence for 2991 MSM who tested anonymously for HIV in San Francisco. Their objectives of our analysis were (1) to assess the frequency of recent (in the past year) amphetamine use among MSM who sought HIV testing at AIDS Health Project (AHP), a large network of anonymous HIV testing sites in San Francisco in 2001 and 2002; (2) to examine the sociodemographic and behavioral correlates of amphetamine use; (3) to evaluate the association between amphetamine use and HIV seroconversion in MSM who did not inject any drugs.

RESULTS

- The 2991 MSM included in the analysis had a medium age of 34 years; 71% were white, 10% were Hispanic or Latino, 11% were Asian or Pacific Islanders, and the remaining 8 % were of other race or ethnicity.
- Forty percent reported having had 10 or more sex partners in the past year, and 52% reported engaging in unprotected anal sex in the past year.
- Overall, 290 MSM (9.7%) reported using amphetamine in the past year, and 236 (7.9%) reported having sex while using amphetamine.
- Compared with non-users, amphetamine users were more likely to report either unprotected anal sex in the past year or 10 or more sex partners in the past year.
- In addition, amphetamine users were more likely to be under 35 years of age ($P < 0.05$), but were no more likely to belong to any racial group.

- The overall calculated HIV incidence was 2.5% per year.
- HIV incidence among amphetamine users was 6.3 % per year, compared with 2.1 % per year among non-users; the incidence was 7.7% per year among those who had sex while using amphetamines.



Crab Salad

In conclusion, the authors write, “Our finding that recent amphetamine use is associated with unprotected anal sex and incident HIV infection among MSM is particularly worrisome because of anecdotal increases in the use of amphetamines by MSM in San Francisco in the past few years.”

“The finding is also corroborated by the reported high prevalence of sexually transmitted diseases among methamphetamine-using MSM in the municipal sexually transmitted disease clinic in San Francisco, and a recent epidemic increase in syphilis among MSM IN San Francisco.”

Division of HIV/AIDS Prevention, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, Atlanta, GA, USA, San Francisco, Department of Public Health, San Francisco, CA, USA, AIDS Health Project, University of California, San Francisco, CA, USA.



Though it can be expensive, crabmeat is great for quick and delicious dinners. Substitute canned lump crabmeat for fresh, if you prefer, but avoid using regular canned crabmeat; the meat is too flaky for this dish. Rinse canned crabmeat for the best flavor. Total time: 24 minutes.

DRESSING:

- 1/2 teaspoon grated lime rind
- 3 tablespoons fresh lime juice
- 1 1/2 tablespoons extravirgin olive oil
- 1 teaspoon sugar
- 1 teaspoon Thai fish sauce (such as Three Crabs)
- 1/4 teaspoon salt
- 1/8 teaspoon ground red pepper

SALAD:

- 3/4 cup finely chopped celery
- 2/3 cup finely chopped red bell pepper
- 1/3 cup thinly sliced green onions
- 3 tablespoons chopped fresh mint
- 1 pound lump crabmeat, shell pieces removed
- 4 medium Boston lettuce leaves

To prepare dressing, combine lime rind, juice, oil, sugar, fish sauce, salt, and ground red pepper, stirring with a whisk.

To prepare salad, place celery and next 4 ingredients (through crabmeat) in a medium bowl; toss gently to combine. Drizzle dressing over salad; toss gently to coat. Place 1 lettuce leaf on each of 4 plates; spoon 1 cup salad into each leaf.