WISCONSIN AIDS/HIV UPDATE

Prevention through education

AIDS/HIV Program - Wisconsin Division of Public Health - Department of Health & Family Services – Fall 2006

HIV Surveillance

HIV Care and Support Services

HIV Prevention

Hepatitis

News Items

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Wisconsin AIDS/HIV Surveillance Summary

Cases reported 1983 through September 30, 2006

	Cumulative		Reported 2000 - 2006		Presumed alive	
Total	Cases	Percent	Cases	Percent	Cases	Percent
Cases	9,423	100.0%	2,575	100.0%	5,879	100.0%
Deaths	3,544	37.6%	178	6.9%	-	-
Current disease category						
AIDS	6,336	67.2%	1,233	47.9%	3,043	51.8%
Non-AIDS	3,087	32.8%	1,342	52.1%	2,836	48.2%
Risk Exposure Categories						
Men who have sex with men	4,908	52.1%	1,166	45.3%	2,792	47.5%
Injecting drug use	1,364	14.5%	274	10.6%	797	13.6%
Men who have sex with men and inject drugs	646	6.9%	145	5.6%	390	6.6%
Hemophilia/Coagulation disorder	120	1.3%	4	0.2%	43	0.7%
High-risk heterosexual contact	1,142	12.1%	402	15.6%	867	14.7%
Transfusion-associated	81	0.9%	9	0.3%	27	0.5%
Mother with/at risk	84	0.9%	28	1.1%	66	1.1%
Undetermined/Other	1,078	11.4%	547	21.2%	897	15.3%
Gender						
Female	1,551	16.5%	554	21.5%	1,151	19.6%
Male	7,872	83.5%	2,021	78.5%	4,728	80.4%
Race/Ethnicity						
White	5,272	55.9%	1,208	46.9%	2,922	49.7%
Black	3,129	33.2%	968	37.6%	2,215	37.7%
Hispanic	858	9.1%	332	12.9%	626	10.6%
Asian/Pacific Islander	61	0.6%	31	1.2%	50	0.9%
American Indian	86	0.9%	22	0.9%	49	0.8%
Multi-racial	10	0.1%	10	0.4%	10	0.2%
Unknown/Other	7	0.1%	4	0.2%	7	0.1%
Age at Diagnosis						
Under 5	80	0.8%	26	1.0%	61	1.0%
5-12	21	0.2%	3	0.1%	15	0.3%
13-19	243	2.6%	86	3.3%	190	3.2%
20-29	2,881	30.6%	716	27.8%	1,956	33.3%
30-39	3,760	39.9%	927	36.0%	2,291	39.0%
40-49	1,752	18.6%	571	22.2%	1,022	17.4%
50 years and older	678	7.2%	246	9.6%	336	5.7%
Year of Report						
Before 1990	1,485	15.8%				
1990	672	7.1%				
1991	656	7.0%				
1992	683	7.2%				
1993	650	6.9%				
1994	514	5.5%				
1995	562	6.0%				
1996	426	4.5%				
1997	447	4.7%				
1998	381	4.0%				
1999	372	3.9%				
2000	389	4.1%				
2001	336	3.6%				
2002	388	4.1%				
2003	364	3.9%				
2004	417	4.4%				
2005	373	4.0%				
2006	308	3.3%				

Wisconsin AIDS/HIV Surveillance Summary

Cases by DHFS region and county, cases reported 1983 through September 30, 2006

Region/County	Cumulative Cases	Cumulative Percent	Reported 2000-2006 Cases	Reported 2000-2006 Percent	Reported 2000-2006 Average Rate*	Presumed alive Cases	Presumed alive Percent	Presumed alive Rate**
Northeastern Region								
BROWN	312	3.4%	90	3.6%	5.7	189	3.3%	83.3
CALUMET	9	0.1%	1	0.0%	0.4	5	0.1%	12.3
DOOR	19	0.2%	5	0.2%	2.6	12	0.2%	42.9
FOND DU LAC	46	0.5%	16	0.6%	2.3	29	0.5%	29.8
GREEN LAKE	9	0.1%	6	0.2%	4.5	8	0.1%	41.9
KEWAUNEE	4	0.0%	1	0.0%	0.7	2	0.0%	9.9
MANITOWOC	43	0.5%	12	0.5%	2.1	25	0.4%	30.2
MARINETTE	30	0.3%	8	0.3%	2.6	16	0.3%	36.9
MARQUETTE	10	0.1%	1	0.0%	0.9	6	0.1%	37.9
MENOMINEE	17	0.2%	5	0.2%	15.7	12	0.2%	263.0
OCONTO	16	0.2%	1	0.0%	0.4	5	0.1%	14.0
OUTAGAMIE	112	1.2%	42	1.7%	3.7	74	1.3%	46.0
SHAWANO	26	0.3%	4	0.2%	1.4	11	0.2%	27.1
SHEBOYGAN	77	0.8%	25	1.0%	3.2	47	0.8%	41.7
WAUPACA	15	0.2%	7	0.3%	1.9	10	0.2%	19.3
WAUSHARA	11	0.1%	6	0.2%	3.7	8	0.1%	34.6
WINNEBAGO	142	1.5%	33	1.3%	3.0	75	1.3%	47.8
Northeastern Region Total	**898**	**9.8%**	**263**	**10.5%**	**3.2**	**534**	**9.4%**	**46.0**
Northern Region								
ASHLAND	11	0.1%	4	0.2%	3.4	8	0.1%	47.4
BAYFIELD	11	0.1%	3	0.1%	2.9	8	0.1%	53.3
FLORENCE	1	0.0%	1	0.0%	2.8	1	0.0%	19.7
FOREST	8	0.1%	0	0.0%	0.0	5	0.1%	49.9
IRON	10	0.1%	4	0.2%	8.3	4	0.1%	58.3
LANGLADE	10	0.1%	4	0.2%	2.8	7	0.1%	33.8
LINCOLN	7	0.1%	2	0.1%	1.0	3	0.1%	10.1
MARATHON	89	1.0%	32	1.3%	3.6	54	0.9%	42.9
ONEIDA	21	0.2%	5	0.2%	1.9	11	0.2%	29.9
PORTAGE	53	0.6%	17	0.7%	3.6	26	0.5%	38.7
PRICE	7	0.1%	2	0.1%	1.8	1	0.0%	6.3
SAWYER	7	0.1%	1	0.0%	0.9	3	0.1%	18.5
TAYLOR	3	0.0%	0	0.0%	0.0	2	0.0%	10.2
VILAS	16	0.2%	6	0.2%	4.1	9	0.2%	42.8
WOOD	53	0.6%	10	0.4%	1.9	29	0.5%	38.4
Northern Region Total	**307**	**3.3%**	**91**	**3.6%**	**2.7**	**171**	**3.0%**	**35.5**
Southeastern Region								
JEFFERSON	40	0.4%	10	0.4%	1.9	20	0.4%	27.0
KENOSHA	279	3.0%	87	3.5%	8.3	176	3.1%	117.7
MILWAUKEE	4,743	51.7%	1,218	48.4%	18.5	2,975	52.3%	316.4
OZAUKEE	43	0.5%	15	0.6%	2.6	27	0.5%	32.8
RACINE	288	3.1%	83	3.3%	6.3	179	3.1%	94.8
WALWORTH	79	0.9%	25	1.0%	3.8	43	0.8%	45.9
WASHINGTON	53	0.6%	13	0.5%	1.6	33	0.6%	28.1
WAUKESHA	202	2.2%	56	2.2%	2.2	121	2.1%	33.5
Southeastern Region Total	**5,727**	**62.4%**	**1,507**	**59.9%**	**10.7**	**3,574**	**62.8%**	**178.1**

Region/County	Cumulative Cases	Cumulative Percent	Reported 2000-2006 Cases	Reported 2000-2006 Percent	Reported 2000-2006 Average Rate*	Presumed alive Cases	Presumed alive Percent	Presumed alive Rate**
Southern Region								
ADAMS	25	0.3%	6	0.2%	4.6	13	0.2%	69.7
COLUMBIA	37	0.4%	9	0.4%	2.5	18	0.3%	34.3
CRAWFORD	22	0.2%	6	0.2%	5.0	9	0.2%	52.2
DANE	1,160	12.6%	352	14.0%	11.8	760	13.4%	178.2
DODGE	47	0.5%	16	0.6%	2.7	34	0.6%	39.6
GRANT	27	0.3%	3	0.1%	0.9	11	0.2%	22.2
GREEN	32	0.3%	7	0.3%	3.0	17	0.3%	50.5
IOWA	14	0.2%	5	0.2%	3.1	7	0.1%	30.7
JUNEAU	12	0.1%	4	0.2%	2.4	7	0.1%	28.8
LAFAYETTE	8	0.1%	2	0.1%	1.8	5	0.1%	31.0
RICHLAND	7	0.1%	0	0.0%	0.0	4	0.1%	22.3
ROCK	229	2.5%	67	2.7%	6.3	152	2.7%	99.8
SAUK	48	0.5%	16	0.6%	4.1	34	0.6%	61.6
VERNON	9	0.1%	2	0.1%	1.0	4	0.1%	14.3
Southern Region Total	**1,677**	**18.3%**	**495**	**19.7%**	**7.1**	**1,075**	**18.9%**	**107.4**
Western Region								
BARRON	36	0.4%	9	0.4%	2.9	21	0.4%	46.7
BUFFALO	2	0.0%	0	0.0%	0.0	0	0.0%	0.0
BURNETT	13	0.1%	7	0.3%	6.4	9	0.2%	57.4
CHIPPEWA	27	0.3%	7	0.3%	1.8	17	0.3%	30.8
CLARK	15	0.2%	10	0.4%	4.3	11	0.2%	32.8
DOUGLAS	51	0.6%	11	0.4%	3.6	26	0.5%	60.1
DUNN	15	0.2%	4	0.2%	1.4	8	0.1%	20.1
EAU CLAIRE	89	1.0%	22	0.9%	3.4	51	0.9%	54.8
JACKSON	7	0.1%	1	0.0%	0.7	2	0.0%	10.5
LA CROSSE	172	1.9%	54	2.1%	7.2	113	2.0%	105.5
MONROE	25	0.3%	7	0.3%	2.4	14	0.2%	34.2
PEPIN	2	0.0%	0	0.0%	0.0	2	0.0%	27.7
PIERCE	24	0.3%	7	0.3%	2.7	15	0.3%	40.8
POLK	22	0.2%	5	0.2%	1.7	9	0.2%	21.8
RUSK	6	0.1%	1	0.0%	0.9	3	0.1%	19.5
ST CROIX	38	0.4%	8	0.3%	1.8	26	0.5%	41.2
TREMPEALEAU	11	0.1%	2	0.1%	1.1	5	0.1%	18.5
WASHBURN	10	0.1%	4	0.2%	3.6	5	0.1%	31.2
Western Region Total	**565**	**6.2%**	**159**	**6.3%**	**3.2**	**337**	**5.9%**	**47.2**

* Average annual number of cases reported during the specified period per 100,000 population.

** Number of cases presumed alive per 100,000 population.

*** Totals do not include cases reported from State and Federal Correctional Centers.

Wisconsin AIDS/HIV Surveillance Special Focus

Table. Frequency of late testers*, reported cases first diagnosed with HIV infection between 1/1/2000 and 6/30/2005, Wisconsin**

	Total cases	Late testers	
Total	1654	602	36%
Risk exposure category			
Men who have sex with men	746	290	39%
Injection drug use	166	72	43%
Men who have sex with men and inject drugs	76	18	24%
High-risk heterosexual contact	287	99	34%
Other/Unknown	379	123	32%
Sex			
Female	385	127	33%
Male	1269	475	37%
Race/ethnicity			
White	721	269	37%
African American	668	227	34%
Hispanic	222	91	41%
Asian/Pac. Is.	23	10	43%
American Indian	11	2	18%
Multiracial	7	3	43%
Unknown	2	0	0%
MSA category***			
Dane County MSA	219	80	37%
Milwaukee MSA	892	309	35%
Other Metropolitan Areas	327	135	41%
Non-metropolitan counties	180	68	38%
Correctional system	34	9	26%
Unknown	2	1	50%

**Persons that met the AIDS case definition within one year of the time they first tested HIV positive.*
***Cases reported through 9/30/2006. Data subject to change as more information becomes available*
****The Dane County MSA includes only Dane County. The Milwaukee MSA includes Milwaukee, Ozaukee, Washington and Waukesha counties. Other metropolitan counties are Brown, Calumet, Chippewa, Douglas, Eau Claire, Kenosha, La Crosse, Marathon, Outagamie, Racine, Rock, Sheboygan, St. Croix, and Winnebago counties. All other counties are non-metropolitan.*

- Among the 1,654 persons reported to the Wisconsin Division of Public Health who first tested positive for HIV infection between January 1, 2000 and June 30, 2005, 36% were categorized as late testers; that is they developed AIDS within one year of the date they first tested HIV positive (table). This finding is similar to national data; the CDC reports that in 2004, 39% of persons who were diagnosed with HIV infection in the U.S. were late testers.

- Most late testers have been infected for a considerable length of time. In untreated populations on average 8-11 years elapse between the times a person becomes infected with HIV and when they develop AIDS. Eighty-four percent of late testers in Wisconsin had an AIDS diagnosis date concurrent with the date they first tested HIV positive.

- These findings have important health implications for individuals. Because late testers present at an advanced stage of disease they are at risk for poor health outcomes. An analysis of Wisconsin HIV surveillance data for 1996-1999 indicated that the four-year mortality rate for persons who had AIDS at the time they were first diagnosed was five times higher than for persons tested earlier in the course of their infection.

- These findings also have important public health implications. Persons with undiagnosed HIV infection play a significant role in HIV transmission. The CDC estimates that 25% of the one million HIV infected persons in the U.S. are unaware that they are infected, and up to 70% of all new HIV infections in the U.S. are transmitted by persons who do not know their HIV serostatus.

Perinatal HIV exposure and transmission in Wisconsin, 1994-2005

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A major breakthrough in the HIV epidemic was the evidence of the effectiveness of antiretroviral therapy in preventing perinatal transmission of HIV from an infected mother to her fetus/infant. Despite this success, perinatal HIV transmission is a public health concern requiring continuing vigilance by consumers, health care providers, and the entire public health community. In an effort to keep this issue in the forefront of Wisconsin's HIV prevention efforts, this article provides a brief epidemiologic analysis of the characteristics of infants born to HIV infected mothers in Wisconsin.

Approximately 16-25% of infants born to mothers untreated for HIV infection will acquire HIV during pregnancy, delivery, or breastfeeding. However, treating HIV infected mothers and their infants with zidovudine (ZDV) reduces perinatal transmission by nearly 70% (1,2). In addition, perinatal HIV transmission rates can be reduced to less than 2% by reducing the maternal HIV viral load to a low or undetectable level and by not breastfeeding an infant of an infected mother (3).

The following analysis characterizes the 271 infants born in Wisconsin hospitals to HIV infected mothers during the period 1994 through 2005. Of these infants, 22 (8%) were HIV infected and the remaining 249 infants (92%) were uninfected (Figure 1).

Figure 1. Infants born to HIV infected mothers in Wisconsin, 1994-2005

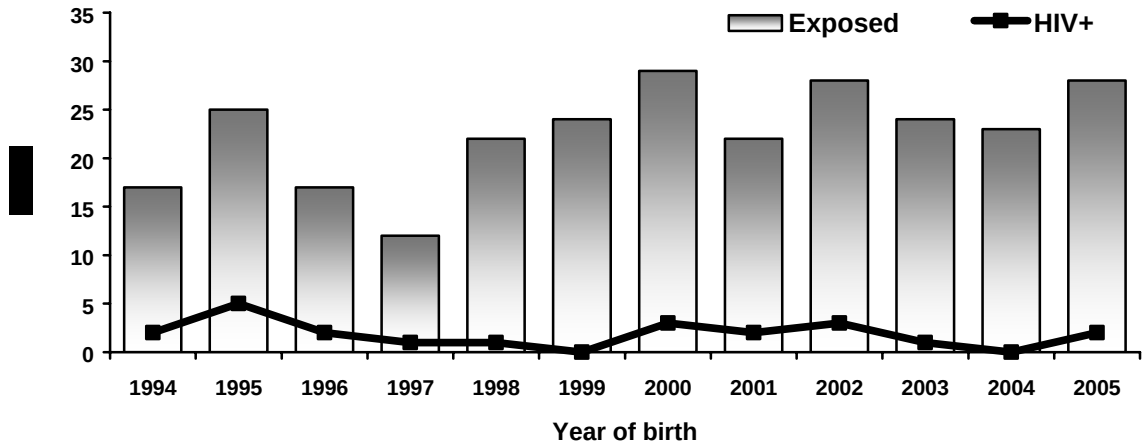

Table 1 lists the characteristics of infected and uninfected infants born to HIV infected mothers. Summary highlights include the following:

- Of the 271 infants born to infected mothers, 211 (78%) of the births occurred in major metropolitan counties compared with 60 births (22%) in all other counties. However, the HIV infection rate among infants born in the metropolitan counties was 6.2% compared with 15% in all other counties. This metropolitan/non-metropolitan difference was statistically significant.

- 231 infants (86%) were racial/ethnic minorities compared with 39 infants (14%) that were white. The HIV infection rate of infants was 7.8% among racial/ethnic minorities and 10.3% among white infants.

- The majority of maternal risk (60%) was attributed to high risk heterosexual activity.

- The majority of the medical care (74%) was covered by Medicaid.

- 43% of the births occurred from 1994-1999 and 57% from 2000-2005. Eleven positive infants were born in each period. Although the rate of HIV positive infants decreased for 2000-2005 (7.1%) from that of 1994-1999 (9.4%), this difference was not significant.

- An infant becoming infected (or remaining negative) for HIV was strongly correlated with when the mother's HIV status was known. In mother's whose HIV status was not known until after the infant's birth, 44% of the infants became infected vs. 6% of the infants whose mother's HIV status was known before or at delivery. In mother whose HIV status was known prior to pregnancy, 1% of the infants acquired HIV infection.

- Knowing the mother's HIV status is critical to the timely the delivery of prophylactic therapy. The timing of initiating zidovudine therapy was strongly correlated with the time the mother’s HIV status became known.

Table 1. Infants born to HIV infected mothers in Wisconsin, 1994-2005*

	Total	%	HIV+	%HIV+	p-value
Total	271	100%	22	8.1%	
Place of birth					
Major metropolitan counties**	211	78%	13	6.2%	<.05
Milwaukee MSA	*181*	*67%*	*12*	*6.6%*	
City of Milwaukee	*173*	*64%*	*12*	*6.9%*	
Remainder of MSA	*8*	*3%*	*0*	*0.0%*	
Dane County	*30*	*11%*	*1*	*3.3%*	
Other counties	60	22%	9	15.0%	
Race/ethnicity					
African American	178	66%	13	7.3%	NS
Hispanic	42	15%	4	9.5%	
White	39	14%	4	10.3%	
American Indian	9	3%	1	11.1%	
Asian/Pacific Islander	2	1%	0	0.0%	
Unknown	1	0%	0	0.0%	
Maternal risk exposure category					
Injection drug user (IDU)	35	13%	4	11.4%	NS
High-risk heterosexual	163	60%	16	9.8%	
Sex partner of IDU	*72*	*27%*	*4*	*5.6%*	
Other high-risk sex partner	*91*	*34%*	*12*	*13.2%*	
Other	1	0%	0	0.0%	
Unspecified	72	27%	2	2.8%	
Insurance status					
Medicaid	200	74%	15	7.5%	NS
Private/HMO	40	15%	1	2.5%	
None	5	2%	0	0.0%	
Unknown	26	10%	6	23.1%	
Year of birth					
1994-1999	117	43%	11	9.4%	NS
2000-2005	154	57%	11	7.1%	
Time mother's HIV status became known					
Before delivery	254	94%	14	5.5%	<.05
Before pregnancy	*153*	*56%*	*2*	*1.3%*	
During pregnancy	*57*	*21%*	*6*	*10.5%*	
At time of delivery	*2*	*1%*	*0*	*0.0%*	
Before delivery, time unspecified	*42*	*15%*	*6*	*14.3%*	
After delivery	16	6%	7	43.8%	
Unknown	1	0%	1	100.0%	
Zidovudine (ZDV) prophylaxis history					
Received any ZDV prophylaxis	248	92%	13	5.2%	<.05
Initiated prepartum	*216*	*80%*	*9*	*4.2%*	
Initiated intrapartum	*18*	*7%*	*1*	*5.6%*	
Initiated postpartum	*14*	*5%*	*3*	*21.4%*	
Did not receive ZDV prophylaxis	18	7%	7	38.9%	
Unknown	5	2%	2	40.0%	

* Cases reported to the Wisconsin Division of Public Health.

** Counties in the Milwaukee MSA (Milwaukee, Ozaukee, Washington, Waukesha) and Dane County.

It is encouraging that 249 infants (92%) in this time period were born to HIV infected mothers and remain uninfected. This is a commendable compared to higher transmission rates nationwide and those in Wisconsin prior to the advent of antiretroviral medications. However, 22 infants (8%) born in this period acquired HIV infection. With optimal prophylaxis and treatment, evidence based practice indicates the mother-to-infant transmission rate could be reduced to less than 2%.

Key to optimal treatment is the identification of pregnant women with HIV infection. A random survey of births in Wisconsin hospitals in 2003 showed only 68% of mothers had evidence in the hospital record of prenatal HIV testing (4). These data suggest that voluntary HIV testing of all pregnant women was not occurring. Rates of prenatal testing were highest in Milwaukee County. This trend is also reflected in the data in Table 1 with the Milwaukee MSA and Dane County having a lower percentage of infants with HIV infection compared with all other counties.

Newly published guidelines from CDC reiterate the recommendation for universal HIV screening early in pregnancy (see related article on page 24). The guidelines advise simplifying the process to maximize opportunities for women to learn their HIV status, preserving the woman's option to decline HIV testing, and ensuring a provider-patient relationship conducive to optimal clinical and preventive care (5). While care for pregnant women with HIV is complex, prevention of HIV perinatal transmission is within the reach and capability of every clinic and hospital in Wisconsin. At the present time, the CDC prenatal testing guidelines may not be fully implemented in Wisconsin because state law requires that persons undergoing testing provide written informed consent. Thus, the "opt out" approach recommended by CDC is not legal in Wisconsin.

Wisconsin HIV Primary Care Support Network:
A Resource for Wisconsin Health Care Providers

The Wisconsin HIV Primary Care Support Network, based at Children's Hospital of Wisconsin and the Medical College of Wisconsin, focuses on preventing perinatal HIV transmission; caring for infants, children, adolescents, and women with HIV and their families; and collaborating with providers care management. The Network supports primary care providers, consumers, and community agencies with several resources:

1. 24 hour/day access to an HIV specialist physician skilled in the care of children, youth, and pregnant women,
2. care coordination and active follow-up by nurses and medical social workers with extensive HIV experience, and
3. identification of support services in the community.

Health care providers seeking assistance in managing the care of a pregnant woman with HIV and a newborn of an HIV-infected mother are encouraged to call the Children's Hospital of Wisconsin at 414/266-2000 and ask for the HIV nurse on call to be paged.

1. Connor EM, Sperling RS, Gelber R, Kiselev P, Scott G, et. al. Reduction of maternal-infant transmission of human immunodeficiency virus type 1 with zidovudine treatment. Pediatric AIDS Clinical Trials Group Protocol 076 Study Group. *New Engl J Med* 1994;331(18):1173-80.

2. CDC. Recommendations of the US Public Health Service task Force on the use of zidovudine to reduce perinatal transmission of human immunodeficiency virus. *MMWR* 1994;43(RR11):1-20.

3. Ioannidis JP, Abrams EJ, Ammann A, et al. Perinatal transmission of human immunodeficiency virus type 1 by pregnant women with RNA virus loads <1000 copies/ml. *Journal of Infectious Diseases* 2001;183:539-545.

4. Hoxie NJ, Maxwell MJ, Schell WS, Reiser WJ, Vergeront JM. Prenatal HIV testing in Wisconsin: Results of a survey among women who gave birth in 2003. *WMJ* 2006;105(4):32-37.

5. CDC. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. *MMWR* 2006;55(RR14);1-17.

Introducing a new model for Wisconsin HIV community planning

Molly Herrmann, MS Community Planning Coordinator, Lynsey Ray, MSSW, Ryan White CARE Coordinator, and Lynn Tarnoff, MA HIV/AIDS Community Outreach Coordinator

Since November 17, 2005, members of the Wisconsin Ryan White Consortium and HIV Prevention Planning Council have been discussing merging HIV community planning activities. A single planning process is intended to strengthen the continuum of HIV prevention, care, and treatment services, reduce duplication in planning processes across the two groups, and reduce overall costs associated with two separate community planning processes.

Over the past year, a joint community planning work group composed of members from both the Ryan White Consortium and the Prevention Planning Council has been meeting to define the roles, responsibilities, structure and function of a new model for HIV community planning in Wisconsin. Early in the work group discussions, a multiple opportunity approach emerged as a future direction for HIV community planning in Wisconsin. The new model, the Wisconsin HIV Community Planning Network will be open to everyone and provides a variety of ways for individuals and groups to participate in Wisconsin's HIV service planning process. Individuals may participate through an individual information exchange, local community dialogues, and a statewide action planning group. The following provides an overview of the various community planning activities and participation opportunities within the model.

Individual information exchange
Individuals living or working anywhere in the state may obtain information about HIV Community Planning Network. Available information will include meeting schedules and minutes, HIV service plans, and other HIV related resources and information via the Network website at anytime. Individuals may also receive a monthly listserve email that will provide new topics of interest, health and advocacy alerts.

In addition to the website and listserve, AIDS/HIV Program staff and Community Planning Network Ambassadors will also work with HIV service providers to have information available locally for individuals who do not have access to the internet. Individuals will also be able to provide input and receive information via their Regional Network Ambassador.

Local community dialogues
In addition to accessing community planning information anywhere at anytime via the Individual Information Exchange, the HIV Community Planning Network will host a meeting in each of the five public regions annually. Individuals or groups interested in learning about or sharing perspectives related to planning HIV services will be invited to attend a half day local community dialogue meeting. A second full day Network meeting will be dedicated to a work meeting for Network Ambassadors.

Statewide Action Planning Group
For individuals who are able to make a volunteer commitment of five 1½ day meetings per year and maintain ongoing communication with one or more local community dialogue groups, the Statewide Action Planning Group is one more way to participate in the Wisconsin HIV Community Planning process. The Statewide Action Planning Group will be composed of 25 persons representing Wisconsin's diverse populations, including people of color, people at-risk, and people living with HIV as well as providers of HIV services from a variety of disciplines, ranging from health care, mental health, public health, education, behavioral and social services.

Members of the Statewide Action Planning Group will serve as ambassadors in all 5 regions of the state to foster communication and community involvement in the HIV planning process. In addition to strengthening linkages, ambassadors will participate in developing a joint HIV prevention and care services plan and advise the AIDS/HIV Program on the development, implementation, and prioritization of HIV prevention, care, and treatment services. Ambassadors may also work on other state priorities for HIV services such as developing a quality management plan to include a consumer grievance process.

Next steps in the process
The final 2006 planning meeting for current Ryan White Consortium members and HIV Prevention Planning Council members is scheduled for Tuesday, November 14, 2006 from 9:00-3:30 at the Radisson Hotel Milwaukee North Shore, 7065 North Port Washington Road, Milwaukee WI 53217. Joint community planning work group members will present the model and seek input from the two existing groups. Application materials for the Wisconsin HIV Community Planning Network will be disseminated by early December. An orientation and

first meeting of the Statewide Action Planning Group will occur in March, a date that is yet to be determined.

For more information on the new community planning model or to request application materials, contact Molly Herrmann 608-267-6730 (phone) or herrmmm@dhfs.state.wi..us (email); Lynsey Ray 608-261-8372 (phone) or rayla@dhfs.state.wi.us (email); Lynn Tarnoff 608-890-1424 (phone) or tarnoff@wisc.edu (email).

Wisconsin AIDS/HIV care & treatment program quality initiative

Pamela Rogers, MPH, Quality Assurance Program Specialist and Gail Nahwahquaw, BS, Life Care Services Coordinator, AIDS/HIV Program, Wisconsin Division of Public Health

Background
The federal government has focused on quality management (QM) in government programs since the mid-1980's. Today, virtually all federally funded programs are required to have some aspects of QM. The reauthorization of the federal Ryan White CARE Act in 2000 obliged CARE Act grantees to develop, implement, and monitor QM programs.

The Care and Treatment Unit in the Wisconsin AIDS/HIV Program coordinates HIV related services that include the Wisconsin AIDS/HIV Drug Assistance Program, the Wisconsin AIDS/HIV Health Insurance Premium Subsidy Program, and state and federally funded HIV case management and related health and social services. This article provides an overview of QM activities undertaken by the Care and Treatment Unit, including an example of QM activities associated with chart reviews of HIV case management clients.

Care and Treatment Unit Quality Management Program
In developing its QM program, the Care and Treatment Unit utilized the federal Health Resources and Services Administration (HRSA) definition which defines quality as "the degree to which a health or social service meets or exceeds established professional standards and user expectations."

The Care and Treatment Unit regularly monitors five dimensions of quality:
- effectiveness (following standards),
- acceptability (meeting needs),
- efficiency (fiscal responsibility, training and collaboration),
- accessibility (overcoming barriers), and
- equity (service to all).

A quality management plan guides the Care and Treatment Unit's QM efforts. This plan includes the goals of the quality program (one of which is the monitoring of the quality of services), the strategies and infrastructure needed to meet those goals, and the tools used to evaluate if goals have been met. The following table summarizes activities directed at

monitoring, measuring, and improving the quality of HIV care and treatment services supported by the Wisconsin Division of Public Health.

Activity	Frequency	Indicator(s)
Developing/reviewing contracts	Annually	Signed contracts filed in AIDS/HIV Program.
Reviewing work plans	Semiannually	Grantee agency work plans complete and reviewed/updated 2x/yr.
Reviewing expenditures	Monthly	Expenditures comply with CARE Act rules.
Training	Varies	Participant evaluations indicate utility and value of information presented.
Technical assistance	As needed	Assessment of needs and evaluation of assistance.
Collect & review data	Quarterly	Written data summary completed by Care and Treatment Unit staff.
Site visits	Annually	Documentation of grantee progress in following contractual work plan.
Monitoring outcomes	Semiannually	Grantees demonstrate accomplishment of contractual work plan outcomes.
Chart Audit	Annually	Audit summary and chart documentation support compliance with established standards.
Quality team meetings	Quarterly	Meeting summaries filed.
Staff meetings	Biweekly	Care & treatment staff included in other program planning.
Eligibility review (ADAP/Insurance)	Annually	Eligibility rules met; records complete and updated.
Medicaid cross check (ADAP)	Ongoing, all claims	Eligible ADAP client claims paid by Medicaid.
Consortium meetings	Quarterly	Summary documentation of meeting evaluations and participant feedback.
Client information	Varies	Documentation of focus groups, surveys, and interviews.

QM chart reviews

One QM activity coordinated by the Care and Treatment Unit is the annual review of HIV case management client charts. Initially, the chart review was an assessment of case management functions (intake, comprehensive assessment, service plan development, monitoring and evaluation, and discharge) to determine if services were consistent with the Wisconsin AIDS/HIV Program's *Practice Standards and Administrative Guidelines for HIV Related Case Management*. After establishing a chart review baseline, QM audits became more targeted and verified evidence of client signatures in documents regarding HIV status verification, release of information, and service agreements. Other targeted reviews focused on documentation of client/case manager contacts and, more recently, the financial section of the client's comprehensive assessment.

In 2003, the case management *Practice Standards and Administrative Guidelines* were updated and an acuity assessment tool was employed to assess a client's level of service need as one of three options: 1 (low), 2 (medium), or 3 (high). An additional acuity level of zero (0) is used by two agencies for clients who are stable in all assessment categories but want to remain linked to the case management agency.

Findings of 2006 chart reviews

The objectives of the 2006 chart review were to assess:

- *linkage* to financial services, including client financial education,
- *completeness* of chart documentation & data management,
- *consistency* of chart documentation, and
- *compliance* with case management *Practice Standards* and
- *improvement* in identified deficiencies.

An assessment tool developed by the CTU staff was used to review approximately 10% of each agency's case management client charts in 2006, resulting in a total of 176 charts reviewed.

Acuity

Fifty-nine percent of the charts reviewed had clients assessed at acuity levels 0 or 1. Greater than one-third of charts indicated an acuity level of 0 (where the standard for case management contact is once every year and a review of the client's chart semiannually). Four percent of charts assessed clients at high need (level 3).

Linkage

Client charts supported evidence of service linkage in all HIV case management agencies. Less than 1% (1/176) of the charts lacked evidence of service referrals. Thirty-two percent of referrals were internal (within the case management agency) and 68%were external. Internal referrals were associated with food pantry, food or transportation vouchers, and emergency financial assistance. Referral priorities, as reflected by frequency, included food pantry/food voucher services (48%), transportation (39%), and housing services (5%). The chart review indicated that 44% of referrals related to financial assistance in areas of medical care, dental care, AODA or mental health care, and for application processing fees needed to receive benefits.

Referral priorities differ somewhat between the regions, with clients in the southeastern region requesting more transportation assistance and clients in the northern and northeastern regions requesting multiple services rather than just housing, transportation or food alone.

Completeness

While the majority of charts were complete, 11% (20/176) had missing data or incomplete documentation.

Consistency

Two percent (4/176) of charts had data that was internally inconsistent.

Standards

The 2006 chart review focused selectively on that part of the assessment/reassessment standard addressing financial resources. The vast majority of charts met this standard and 3% (6/176)

lacked evidence of client financial education during assessment/re-assessment. Less than 1% (1/176) of the charts failed to meet case management timeliness standard.

Improvement
To address needs identified in QM, the Wisconsin AIDS/HIV Program's Life Care Services Coordinator provides consultation and technical assistance to agency administrative and case management staff. In addition, other agencies and educational institutions provide related training and support that addresses agency needs.

The Care and Treatment Unit of the Wisconsin AIDS/HIV Program is committed to expanding its QM efforts, including development of:

- standards for all services,
- an evaluation plan,
- standardized communication for stakeholders, and
- education opportunities focused on QM.

For further information on these and other QM activities, contact Pam Rogers at 608-261-6397 (phone) or rogerpf@dhfs.state.wi.us (email).

Wisconsin Department of Health & Family Services releases Ryan White HIV Care Services request for proposals

On September 25, 2006, the Wisconsin Department of Health & Family Services (DHFS) released a request for proposals (RFP) to award approximately $1.5 million in federal funds from Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. The RFP is directed at allocating funds consistent with core services guidance from the Health Resources and Services Administration (HRSA), the federal agency with oversight of Ryan White funds. The RFP solicits proposals for the following core and non-core services:

Core Services
1. Medical care
2. Oral health care
3. Mental health and substance abuse services
4. Case management

Non-Core Services
1. Emergency financial assistance (for medical care, food, short-term housing and transportation)
2. Outreach and advocacy (legal services, education and support groups)

Funds will be allocated to the five DHFS regions with target funding ranges determined by a formula based on a three year average of presumed living persons with HIV infection reported from each region. Applicants may apply to provide one or more services in a single region or multiple regions. The DHFS intends to award contracts under the RFP for a three-year cycle beginning April 1, 2007 and ending March 31, 2010. The DHFS will issue 12 month contracts

during the three-year cycle. Annual contracts will be renewed based on availability of federal funds, and grantee performance during the previous year.

Deadline
Applications must be received no later than 2:00 PM CST, Friday, November 17, 2006. Late, e-mailed or faxed proposals will be rejected.

Further information regarding this RFP is located on the DHFS website at http://dhfs.wisconsin.gov/rfp/.

International AIDS Society features *Cases on the Web*

The International AIDS Society-USA (IAS-USA) is a professional organization that has been sponsoring continuing medical education (CME) programs for physicians since 1992. IAS-USA educational activities include a variety of CME activities, including the IAS-USA journal *Topics in HIV Medicine* which features summaries of talks given at IAS–USA CME courses, highlights of scientific meetings, and special review articles.

To offer wider access for quality HIV clinical education, IAS-USA sponsors online CME through it web-based *Cases on the Web*. IAS–USA is accredited by the Accreditation Council for Continuing Medical Education and current online case presentation includes CME credit. The most recent addition to *Cases on the Web* is "Current Issues in HIV Medicine and Substance Abuse." Recent and archived IAS-USA case presentations are accessible on the web at http://www.iasusa.org/cow/presentations.php.

Kaiser report on HIV/AIDS drug coverage under Medicare drug benefit

The Kaiser Family Foundation (KFF) recently published a report on the implications of the new Medicare Part D prescription drug benefit for people with HIV/AIDS. The report, titled *The Role of Part D for People with HIV/AIDS: Coverage and Cost of Antiretrovirals Under Medicare Drug Plans*, found that all Part D plans that were studied cover approved antiretroviral drugs (ARVs), consistent with Medicare's formulary guidelines. The report identified several issues Medicare beneficiaries with HIV/AIDS might face, including the following:

- While plans studied in the Kaiser report cover all FDA-approved ARVs, they do not necessarily cover all ARV formulations.
- Plans vary considerably regarding tier placement, cost-sharing, and charges to beneficiaries during various phases (the initial benefit period, the "doughnut hole," and during catastrophic coverage).
- Plans that offer best coverage for ARVs may not have the best coverage for other medications.
- Beneficiaries may subsequently face unexpected costs despite having carefully selected a plan that initially appears to meet their needs.

The complete Kaiser report on Medicare Part D for persons with HIV can be viewed on the KFF website at http://www.kff.org/hivaids/7548.cfm.

CDC releases Sexually Transmitted Diseases Treatment Guidelines, 2006

In August, the federal Centers for Disease Control and Prevention (CDC) announced the publication of *Sexually Transmitted Diseases Treatment Guidelines, 2006* in the CDC *Morbidity and Mortality Weekly Report* (*MMWR*) *Recommendations and Reports*. This edition of the *Treatment Guidelines* updates the previous edition published in 2002.

The *Treatment Guidelines* are based on new clinical evidence and include information regarding:

- presentation, appropriate screening, and treatment of STDs among men who have sex with men;
- the benefits of rescreening for chlamydia and gonorrhea;
- recommendations for partner-delivered therapy for gonorrhea and chlamydia (if other strategies for reach partners are not likely to succeed);
- new medications and treatment regimens to manage chlamydia and trichomoniasis and decrease herpes simplex virus 2 (HSV2) transmission; and
- the new human papillomavirus vaccine.

The *Treatment Guidelines* and related supplementary information are available on the CDC website at http://www.cdc.gov/STD/treatment/.

CDC publishes guidance on expedited partner therapy in managing sexually transmitted diseases

Earlier this year, the federal Centers for Disease Control and Prevention (CDC) published a review and guidance on expedited partner therapy (EPT) for the management of certain sexually transmitted diseases. EPT provides medical treatment (medication) to sex partners of persons with sexually transmitted diseases (STD) without a medical evaluation or prior counseling. This nontraditional approach to health care is usually conducted through a sex partner who was initially diagnosed and treated for an STD and who subsequently delivers needed medication to at-risk partners.

The CDC report concludes that EPT is a useful option for partner management in heterosexual men and women with chlamydial infection or gonorrhea. The report cautiously points out the complexities and legal barriers that may exist and need to be addressed, including state laws and regulations regarding medical practice and the dispensing of prescription medications. The full text of *Expedited Partner Therapy in the Management of Sexually Transmitted Diseases* is located on the CDC website at www.cdc.gov/std/treatment/EPTFinalReport2006.pdf.

Update on the Milwaukee Alliance for Sexual Health

Kathleen Krchnaveek, AIDS/HIV Program, Wisconsin Division of Public Health

The Healthier Wisconsin Partnership Program, a part of the Blue Cross & Blue Shield endowment fund at the Medical College of Wisconsin, awarded the Wisconsin Department of Health and Family Services (DHFS) a $50,000 strategic planning and community mobilization grant to address the disproportionate impact of STDs and unintended pregnancies on African Americans in Milwaukee. Under this grant, the DHFS is partnering with the City of Milwaukee Health Department (MHD), Health Care Education and Training (HCET), and faculty at the Medical College of Wisconsin (MCW). The goal of the project is to develop specific recommendations to decrease STDs and unplanned pregnancy in Milwaukee zip codes with the highest STD morbidity and teen pregnancy rates.

The following updated timeline has been established to conduct more comprehensive analyses and needs assessments and to solicit community input and mobilize participants in implementing recommendations in the strategic plan.

Timeframe	Activities
October 2006 – February 2007	**In-depth community needs assessment completed (includes focus groups; individual interviews; community observations)**
October 2006 – December 2006	**Review of issue papers resulting in preliminary recommendations**
January 2007 – February 2007	**Recruitment of community stakeholders for input on recommendations**
March 2007 – May 2007	**Completion of three community meetings completed to obtain input on needs assessment and preliminary recommendations**
June 2007	**Completion of strategic plan**

The ultimate goal for the strategic plan is to serve as a blueprint of what needs to be done in Milwaukee to decrease STDs and unplanned pregnancy. This blueprint will be used as a tool to obtain funding, advocate for needed legislation, redefine services, and promote new avenues of communication between providers and the community.

For more information regarding the activities of the Milwaukee Alliance for Sexual Health, please contact Kathleen Krchnavek at 608-267-3583.

Highlights of current studies in Wisconsin at the Center for AIDS Intervention Research (CAIR)

Jeffrey Kelly, Ph.D., Chair, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, Milwaukee

The Center for AIDS Intervention Research (CAIR) at the Medical College of Wisconsin has entered its 13th year as a federally-designated HIV prevention research center supported by the National Institute of Mental Health (NIMH). CAIR is one of several HIV prevention research centers funded by NIMH and is the only NIMH-funded center between the east and west coasts.

Given the great global burden of HIV/AIDS in developing and resource-poor countries that account for over 95% of the world's disease, many of CAIR's recent projects have been international. However, Center investigators have also initiated new studies in Wisconsin especially directed toward population segments at greatest risk.

***Targeted Social Network HIV Prevention Intervention* (*Friend 2 Friend*)**
Jeffrey A. Kelly, Ph.D., Principal Investigator; Yuri A. Amirkhanian, Ph.D., Co-Principal Investigator
Risk for HIV is not uniform across a community, and sexually transmitted diseases (STDs) and HIV are disproportionately concentrated in high-risk community segments and social networks. Previous research conducted at CAIR has shown that the social network or close friendship group to which an individual belongs is one of the strongest predictors of high-risk behaviors and having an STD. HIV prevention efforts may have their greatest effects when focused on social networks at highest risk. Prior CAIR research also established that natural influence leaders of social networks who are trained and engaged to communicate HIV prevention recommendations can reduce risk behavior levels of network members.

This study, known as "Friend 2 Friend," is being carried out in Milwaukee. Field staff conduct ethnographic observations in gathering places of young men who have sex with men (YMSM) and of young high-risk heterosexual women and men. Persons noted to be centers of social attention are interviewed and are asked to recruit everyone in their immediate friendship networks into the study. Approximately 50 YMSM networks and 50 networks of high-risk heterosexual (about 500 participants) are being recruited.

Networks are randomized to intervention conditions. Control condition network members receive individual risk reduction counseling. In experimental intervention networks, sociometric questions are used to identify each network's influence leader. These network leaders attend a 9-session program that teaches and guides them to deliver ongoing HIV risk reduction advice, recommendations, and counseling to their network members. All study participants are assessed at baseline and at 3- and 12-month follow-up to determine if greater reductions in risk behavior occur in experimental networks more than control networks. The intervention trial seeks to test an approach designed to reach hidden but high-risk social networks and to train network leaders to function as behavior change agents to social network members.

***Individually-Tailored Computerized HIV Intervention* (*Power Forward*)**
Lance S. Weinhardt, Ph.D., Principal Investigator
For this project, a team of investigators, staff, and community members has been working for the past two years to develop a sophisticated computerized HIV counseling program for use in busy STD clinics to help patients reduce risk behaviors. The computer program, which is now being tested with clinic patients, uses professional actors to guide each patient through the counseling session. The "counselor" – a man or a woman based on the patient's preference – asks questions in order to personalize the experience for each patient. Feedback is given toward the end that is specific to each patient's circumstances, based on his or her responses to earlier questions and on theories of risk behavior change. The software uses mathematical models of infection risk to assess a patient's risk of acquiring STDs. Together, the computerized counselor and the patient develop a risk reduction plan that can help the patients to reduce risk after the clinic visit.

To determine how well the software works at reducing risk behaviors, CAIR investigators will compare people who use the computer to those who undergo 30-40 minutes of face-to-face counseling, and to those who use both the computer counseling and a shorter session of face-to-face counseling. CAIR staff will re-interview patients for one year following their counseling sessions to compare outcomes. Study investigators hope the computerized counseling combined with the abbreviated session with a human counselor will be a cost-effective intervention that can be used widely at urban STD clinics.

***Culturally-Tailored HIV Risk Reduction for African American MSM* (*Project ABLE*)**
David W. Seal, Ph.D., Principal Investigator
Men of Color who have sex with men continue to account for a disproportionate percentage of the total AIDS and HIV cases among MSM nationally and in Wisconsin. To address this disparity, CAIR investigators received one of six Centers for Disease Control and Prevention awards to develop and evaluate an innovative and culturally-tailored small-group HIV risk reduction intervention for MSM of Color. Four of the grantees will target African-American MSM (Baltimore, Chicago, Milwaukee, New York), while two will target Latino MSM (Miami, New York). The 3-year study begins in October, 2006 and continues through September 2009.

Although the final research design will be developed in collaboration with the other funded sites, CAIR's investigative team proposed to conduct a randomized clinical trial with 220 African-American MSM to compare the effectiveness of a rapid HIV testing and counseling (HCT) risk reduction intervention to one that includes HCT plus a theory-based and culturally tailored small-group intervention designed to reduce HIV and STD risk behavior among African-American MSM (HCT-plus). The proposed small-group intervention, tentatively titled "PROJECT ABLE": African-Americans Building Lives of Empowerment," will address key variables (such as sexual identity, internalized racism and homophobia, and cultural identification) that are believed to influence HIV risk behavior among African-American MSM.

The Milwaukee project will be conducted in close partnership with three community-based organizations that serve African-American MSM. Diverse and Resilient, Inc. is the lead community partner and will co-represent the local investigative team on the multi-site steering committee.

Staff at the Milwaukee LGBT Community Center and Charles 'D' Productions will have a key role in the design and implementation of the HCT and small group interventions. CAIR staff will elicit critical input from a community advisory panel comprised of African-American MSM and community allies.

Accuracy and Compliance in Daily Reports of Risk Behavior
Timothy L. McAuliffe, Ph.D., Principal Investigator
More reliable instruments for behavior data collection can benefit the development of effective prevention approaches. Cognitive theory has guided efforts to enhance persons' recall of sexual behavior and encounters by encouraging them to focus on individual partners and specific encounters. Computer-assisted self-interview (CASI) instruments provide respondents a private way to report sensitive information and may help to minimize self-presentation bias in reported risk behavior. However, a recent CAIR study found a 30% to 38% error rate in retrospective self-reports of sexual risk behavior when compared to diary-based measures.

CAIR is beginning a study that compares the accuracy of retrospective sexual behavior self-reports collected by computer, using partner-specific and timeline follow-back question formats, to responses using diary-based measures recorded daily for the same period. A total of 604 men and women will be asked to complete daily telephone, internet-based, and paper diaries to record daily sexual activity for 3 months. This study examines whether telephone or internet diaries can mitigate obstacles associated with asking persons to complete daily paper diaries. Compliance, accuracy, and costs related to electronic diaries will be compared to those for paper diaries. Determining the feasibility of using diary-based measures to evaluate outcomes of HIV prevention interventions is a critical part of this study. Because retrospective surveys will likely remain the standard mode for evaluating HIV prevention interventions, investigators will evaluate the accuracy of sexual self-reports obtained from two CASI assessments. By developing methods to assess the accuracy of risk outcome measures, this study seeks to improve ways to evaluate the efficacy of HIV prevention approaches and thus support public health strategies for identifying effective HIV interventions.

Center for AIDS Intervention Research

Based at the Medical College of Wisconsin, the Center for AIDS Intervention Research (CAIR) is a multidisciplinary HIV prevention research center. CAIR is one of only a handful of dedicated HIV prevention research centers in the country and is the only center of its kind supported by NIMH between the east and west coasts. CAIR faculty and staff are dedicated to the development, conduct, and evaluation of new strategies to prevent HIV among persons most vulnerable to the disease. CAIR's research also focuses on the prevention of adverse health and mental outcomes among persons living with HIV infection and their loved ones.

Center for AIDS Intervention Research
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http://www.mcw.edu/display/router.asp?docid=215 (website)

Preventing fatal opiate overdose through harm reduction

Scott Stokes, Director of Prevention Services, AIDS Resource Center of Wisconsin

The drug naloxone hydrochloride, classified as an opiate antagonist, is the standard treatment for heroin overdose. When administered by injection soon after a person has symptoms of an overdose (e.g., being unresponsive and having very shallow or lack of breathing), naloxone is highly effective and has a very low risk of harm. Prescribing naloxone for heroin users is a simple, inexpensive harm-reduction measure that can significantly reduce mortality associated with heroin overdose.

The AIDS Resource Center of Wisconsin began a naloxone harm reduction project earlier this year. The project targets persons who inject heroin and utilize ARCW's LifePoint needle exchange program. LifePoint staff provide training in small group settings and one-on-one regarding rescue breathing, cardiopulmonary resuscitation (CPR), contacting emergency 911 assistance, and administration of naloxone.

Following training, participants receive a prescription, eight single-use pre-filled syringes of naloxone, and are encouraged to contact trainers after intervening in a heroin overdose. Over seventy individuals from Beloit, Green Bay, Eau Claire, Madison, and Milwaukee have been trained and thirty-three peer reversal interventions have been reported. Because of increasing incidents of fatal overdose in the Midwest, ARCW is stepping up its training of heroin injectors and other individuals who may witness a potential fatal overdose.

For additional information on the ARCW naloxone risk reduction project, contact Scott Stokes at 920-437-4700 ext. 106 or scott.stokes@arcw.org (email).

For more information on naloxone prescription intervention . . .

While published literature on the effectiveness of naloxone intervention projects in the U.S. is limited compared to that of Europe, the following are examples of current peer–reviewed literature addressing activities and programs in the U.S.:

Baca CT, Grant KJ. Take-home naloxone to reduce heroin death. Addiction. 2005;100(12):1823-1831.

Galea S, Worthington N, Markham Piper T, Nandi VV, Curtis M, Rosenthal DM. Provision of naloxone to injection drug users as a n overdose prevention strategy: early evidence from a pilot study in New York City. Addictive Behaviors 2006;31:907-912.

Lagu T, Anderson BJ, Stein M. Take-home naloxone to reduce heroin death. Addiction. 2005;100(12):1823-31.

Lagu T, Anderson BJ, Stein M. Overdoses among friends: drug users are willing to administer naloxone to others. Journal of Substance Abuse Treatment. 2006;30(2):129-33.

Maxwell S, Bigg D, Stanczykiewicz K, Carlberg-Racich S. Prescribing naloxone to actively injecting heroin users: a program to reduce heroin overdose deaths. Journal of Addictive Diseases 2006;25(3):89-96.

Seal KH, Downing M, Kral AH, Singleton-Banks S, Hammond JP, Lorvick J, Ciccarone D, Edlin BR. Attitudes about prescribing take-home naloxone to injection drug users for the management of heroin overdose: a survey of street-recruited injectors in the San Francisco Bay Area. Journal of Urban Health. 2003 June;80(2):291-301.

Seal KH, Thawley R, Gee L, Bamberger J, Kral AH, Ciccarone D, Downing M, Edlin BR. Naxolone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: a pilot intervention study. Journal of Urban Health. 2005;82(2):303-11.

Worthington N, Markham Piper T, Galea S, Rosenthal D. Opiate users' knowledge about overdose prevention and naloxone in New York City: a focus group study. Harm Reduction Journal 2006;3:19.

Baltimore, Chicago, Los Angeles, New York City, San Francisco and Santa Fe are some of the urban areas that have naloxone prescription intervention projects similar to Milwaukee's. For highlights, including news summaries, of naloxone prescription intervention projects in the U.S., visit the website of the Drug Policy Alliance and search for the term "naloxone" at http://www.drugpolicy.org.

ARCW strategic prevention framework grant focuses on substance abuse, HIV, and hepatitis prevention

David A. Frazer, MPH, Associate Director of Prevention, AIDS Resource Center of Wisconsin, Milwaukee

In 2005, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the AIDS Resource Center of Wisconsin (ARCW) a multi-year Strategic Prevention Framework (SPF) grant which supports substance abuse (SA) services and HIV and hepatitis prevention services for at-risk minority individuals and minority community members re-entering the community from correctional settings.

Under the SPF grant, ARCW and two lead minority agencies, Sixteenth Street Community Health Center (CHC) in Milwaukee and La Casa de Esperanza in Waukesha, are working with the Hispanic communities in the Milwaukee-Waukesha metropolitan service area to reduce SA (alcohol, methamphetamine, and other injection drug use) that places individuals at risk for HIV infection and hepatitis.

Strategic Prevention Framework
The SPF promotes collaboration and development of integrated SA prevention services by:

- profiling needs and response capacity through an in-depth community needs assessment,
- mobilizing and building needed capacity to address SA, HIV and hepatitis prevention needs,
- developing a comprehensive strategic plan,
- implementing evidence-based prevention programs and infrastructure development activities, and
- evaluating program effectiveness and sustaining what has worked well.

SPF update
In the first year of funding, ARCW created a SPF workgroup of lead partners and key stakeholders to develop a prevention plan to address substance abuse, HIV and hepatitis prevention needs of the target population. A needs assessment process was conducted through focus groups of community members and a random sample of Hispanic persons and minority re-entry individuals.

The SPF workgroup needs assessment was approved by SAMSHA and the strategic plan has made it through the first round of reviews. Upon approval of the strategic plan, ARCW and lead agency partners will implement prevention interventions that include:

- substance abuse, HIV and hepatitis prevention outreach;
- HIV and hepatitis testing and referrals;
- screening for substance abuse and making appropriate referrals for substance abuse treatment;
- multisession substance abuse, HIV and hepatitis prevention education and counseling; and
- capacity building assistance to organizations to provide substance abuse, HIV and hepatitis prevention within their programs.

For additional information regarding this initiative, contact Scott Stokes at Scott.Stokes@arcw.org. For more information about the Strategic Prevention Framework, visit the SAMSHA website at http://prevention.samhsa.gov/.

UMOS Inc. awarded US Conference of Mayors grant supporting services for Hispanic migrant and settled-out migrant women

Mary Ann Borman, Director, Health Promotion, UMOS, Inc., Milwaukee

United Migrant Opportunity Services (UMOS) Inc was one of eight agencies in the nation recently awarded a US Conference of Mayors grant to support HIV prevention education for minority communities. Under this grant, UMOS Inc. provides HIV/AIDS prevention education, intervention and testing services to Hispanic, migrant and settled-out migrant women in southeastern Wisconsin. The program began September 1 and utilizes *VOCES/VOICES*, a behavioral intervention approved by the federal Centers for Disease Control and Prevention as part of its diffusion of effective behavioral interventions (DEBI). *VOCES/VOICES* is a one-time bilingual (Spanish/English) group intervention that involves

participants in viewing a video and a follow-up discussion on prevention strategies. Program participants are assessed for HIV-related risks and those at-high risk are encouraged to undergo HIV testing. A community-based advisory committee of Hispanic and migrant service providers and clients assists with outreach and program promotion.

UMOS Inc is one of the oldest and largest Hispanic agencies in the country and serves a six-state area. The agency operates a Job Center Program and programs in the areas of welfare-to-work, Head Start, child care, housing, education, domestic violence and health promotion. For additional information on the US Conference of Mayors grant or other related services at UMOS, Inc., contact Mary Ann Borman, Director, UMOS Health Promotion at maryann.borman@umos.org, 414-389-6511 or Gina Allende, Prevention & Testing Coordinator at gina.allende@umos.org, 414-389-4507.

CDC website focuses on comprehensive risk counseling services

HIV "prevention case management" (PCM) was the term used previously by the Centers for Disease Control and Prevention (CDC) for client-centered services that combines HIV risk reduction counseling and traditional case management in order to provide intensive and individualized risk reduction counseling and support. To avoid confusion and to distinguish PCM from traditional psychosocial case management, the CDC renamed PCM to "comprehensive risk counseling and services" (CRCS).

In further developing CRCS, the CDC released a CRCS implementation manual in 2006 to assist providers in implementing CRCS interventions. This manual and CRCS-related news and updates, training resources, and other relevant information are located on the CDC CRCS website at http://www.cdc.gov/hiv/topics/prev_prog/crcs/.

CDC publishes revised recommendations for HIV testing in health care settings

The federal Centers for Disease Control and Prevention (CDC) recently published revised recommendations for HIV testing in health care settings. The recommendations are intended for health care providers in public and private health care settings and do not modify current guidelines for persons at high risk who seek or receive HIV counseling, testing, or referral in nonclinical settings (e.g., community-based organizations, outreach settings, or mobile vans).

The objectives of the revised recommendations are to

- increase HIV screening of patients, including pregnant women, in health-care settings;
- foster earlier detection of HIV infection;
- identify and counsel persons with unrecognized HIV infection and link them to clinical and prevention services; and
- further reduce perinatal transmission of HIV in the United States.

Major revisions from CDC's previously published HIV testing guidelines are as follows:

For patients in all health-care settings

- HIV screening is recommended for patients in all health-care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Persons at high risk for HIV infection should be screened for HIV at least annually.
- Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing. (See "NOTE" below.)
- Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.

For pregnant women

- HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women.
- HIV screening is recommended after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing. (See "NOTE" below.)
- Repeat screening in the third trimester is recommended in certain jurisdictions with elevated rates of HIV infection among pregnant women.

NOTE: Despite CDC's recommendations suggesting that separate written consent not be required and that general consent for medical care is sufficient for HIV testing, Wisconsin law (s. 252.15) requires that written informed consent be obtained for HIV testing. The CDC recommendations are guidelines and consequently do not replace or pre-empt existing Wisconsin statute.

Written informed consent has been an established core and carefully integrated part of HIV legislation in Wisconsin. Careful deliberations and dialogue will likely need to occur among many parties, including consumers, providers, legislators, and advocacy groups, before any legislative changes to consent would be enacted. The AIDS/HIV Program will explore what changes might occur in Wisconsin statutes that are consistent with the intent of the CDC while not compromising the confidentiality and protections that currently exist in Wisconsin statutes.

The CDC recommendations are a positive force in normalizing and de-stigmatizing HIV testing. The AIDS/HIV Program will be examining ways to support providers in simplifying the way they might offer HIV testing (e.g., by de-emphasizing counseling) and more easily integrating it into routine health care.

The CDC *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings* were published in the September 22, 2006 issue of the *Morbidity and Mortality Weekly Report* (*MMWR*) [Vol. 55(RR14);1-17] and are located in the CDC website at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm.

CDC publishes proceedings of consultation on methamphetamine use and sexual risk behaviors

Over the past several years, public health professionals have become increasingly aware of health and safety concerns associated with methamphetamine (meth) use. Studies have indicated a two-fold or greater increase in sexual risk behavior or sexually transmitted diseases (STDs) among meth users compared with non-using peers, and outbreaks of hepatitis A, hepatitis B, and tuberculosis have been associated with meth use.

In 2005, the federal Centers for Disease Control and Prevention (CDC) convened a national consultation meeting of scientists, public health officials, and community providers to examine current scientific findings and practice regarding meth use and sexual risk behaviors. The proceedings of this meeting were published in *Public Health Reports* (March-April 2006;121:127-132). The CDC summary article provides a synopsis of content and recommendations of the CDC consultation meeting, including research and program suggestions that emerged and which may be helpful to service providers working with persons at risk for meth use. The summary article of the CDC consultation can be accessed through the CDC website at http://.cdc.gov/std/DearColleagueRiskBehaviorMetUse8-18-2006.pdf.

Rural Center for AIDS/STD Prevention develops fact sheet on rural meth use

The Rural Center for AIDS/STD Prevention is a joint project of Indiana University, University of Colorado, and University of Kentucky. In response to the continuing public health problem of methamphetamine (meth) use in rural areas, the Rural Center for AIDS/STD Prevention developed the fact sheet "Rural Methamphetamine Use and HIV/STD Risk." This fact sheet examines several aspects of meth, including trends in use, fundamentals of meth, characteristics of rural users, patterns of use, HIV/STD risk, rural context and challenges, promising approaches for prevention and intervention, and special considerations and tips for working with meth users. The "Rural Methamphetamine Use and HIV/STD Risk" fact sheet is located on the website of the Rural Center for AIDS/STD Prevention at http://www.indiana.edu/~aids/factsheets.html.

Information resources on human papillomavirus (HPV), cervical cancer, and HPV vaccine

Angie Clark, MLIS, Manager, Wisconsin HIV/STD/Hepatitis C Information and Referral Center, AIDS Resource Center of Wisconsin - Milwaukee

Human papillomavirus (HPV) is the most common sexually transmitted virus in the U. S. The federal Centers for Disease Control and Prevention (CDC) reports that over 6 million new infections occur each year and at least 50% of sexually active men and women will have HPV at some time in their lives. HPV includes more than 100 different viral strains or types. More than 30 strains are sexually transmitted and can infect the genital area of men and women. Genital HPV is spread through genital contact (including vaginal, anal, and oral sex) with someone who has HPV. While the majority of persons with HPV infection are asymptomatic and often do not know they are infected, they can transmit the virus to others. Some strains of HPV cause genital warts, some cause abnormal cell growth that leads to cancer, and others resolve on their own. Recently, the media has focused on the development and approval of a vaccine to prevent HPV and cervical cancer.

The following web-based resources include information on HPV, cervical cancer, and the HPV vaccine.

General HPV and Cervical Cancer Information

Genital Human Papillovavirus (HPV) Infection – Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov/std/HPV/STDFact-HPV.htm

HPV and Men – CDC
http://www.cdc.gov/std/hpv/STDFact-HPV-and-men.htm

National HPV and Cervical Cancer Prevention Resource Center
http://www.ashastd.org/hpvccrc/

HPV and Genital Warts - National Institute of Allergy and Infectious Diseases
http://www.niaid.nih.gov/factsheets/stdhpv.htm

HPV and Cancer: Questions and Answers from the National Cancer Institute (NCI)
http://www.cancer.gov/cancertopics/factsheet/Risk/HPV

Understanding Cervical Changes: A Health Guide for Women (NCI)
http://www.cancer.gov/cancertopics/understandingcervicalchanges

HPV and Genital Warts - Information from *womenshealth.gov*
http://womenshealth.gov/faq/stdhpv.htm

HPV Information from MedlinePlus
http://www.nlm.nih.gov/medlineplus/hpv.html

Cervical Cancer Information from MedlinePlus
http://www.nlm.nih.gov/medlineplus/cervicalcancer.html

HPV Information from the American Society of Colposcopy and Cervical Pathology (ASCCP)
http://www.asccp.org/hpv.shtml

Cervical Cancer and Pap Test Information (CDC)
https://www.cdc.gov/cdc-info/diseases-conditions.htm

Tell Someone About Cervical Cancer and Other Consequences of HPV
http://tell-someone.hpv.com/

Information on HPV and the HPV Test
http://www.thehpvtest.com

HPV Vaccine Information
HPV Vaccine - CDC Fact Sheet
https://www.cdc.gov/vaccines/partners/downloads/teens/vaccine-safety.pdf

HPV and HPV Vaccine Information for Healthcare Providers (CDC)
https://www.cdc.gov/hpv/hcp/index.html

Wisconsin Hepatitis C Surveillance Summary

Cases Reported 01/01/1999 through 09/30/2006

Summary

Total	23,404	100%
Confirmed (1)	18,739	80%
Unconfirmed (2)	4,665	20%

Gender

Males	15,754	67%
Females	7,474	32%
Unknown	176	1%

Race

White	9,307	40%
Black	3,071	13%
Am Indian	249	1%
Asian	101	0%
Other	61	0%
Unknown	10,615	45%

Age

0-12	72	0%
13-19	179	1%
20-29	1,096	5%
30-39	4,447	19%
40-49	10,579	45%
50+	6,956	30%
Unknown	75	0%

Ethnicity

Hispanic	734	3%
Not Hispanic	9,591	41%
Unknown	13,079	56%

Footnotes:

(1) Confirmed: A positive enzyme immunoassay test result with a high signal-to-cut-off ratio, recombinant immunoblot assay (RIBA) or polymerase chain reaction (PCR) test result, a detectable viral load or identified genotype.
(2) Unconfirmed: A positive enzyme immunoassay test result with a low or unknown signal-to-cut-off ratio and no other test result reported.

Technical Notes:

a. This report is compiled by the Wisconsin Hepatitis C Program and is based on reports of hepatitis C virus (HCV) infection submitted by laboratories and local health departments (LHDs). HCV infection is a reportable communicable disease by Wisconsin administrative rule (HFS 145, Appendix A). When cases are reported, LHDs contact persons with HCV infection to provide health education, risk reduction counseling, hepatitis A and B vaccine and medical referral as needed.

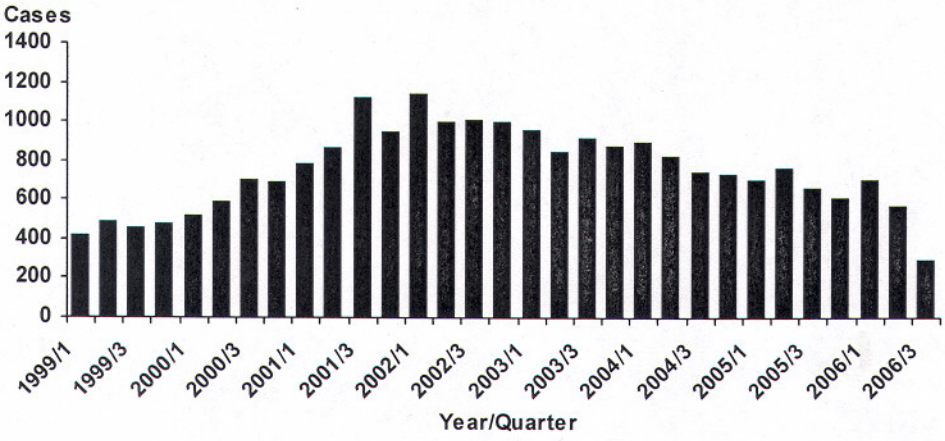
b Many cases of HCV infection are reported by laboratories. Since laboratories do not generally report demographic data such as region, race, or age, surveillance summary data by demographic characteristics are often incomplete.

c. Most reported cases of HCV infection represent chronic disease in persons who were infected years ago. Persons with acute infection are often unaware of their infection because it presents with few if any symptoms.

Reported cases by county

Adams	79	Florence	8	Marathon	163	Rusk	45
Ashland	54	Fond Du Lac	247	Marinette	92	St Croix	97
Barron	82	Forest	34	Marquette	39	Sauk	197
Bayfield	28	Grant	49	Menominee	17	Sawyer	48
Brown	422	Green	63	Milwaukee	6759	Shawano	49
Buffalo	18	Green Lake	38	Monroe	198	Sheboygan	193
Burnett	60	Iowa	31	Oconto	65	Taylor	16
Calumet	40	Iron	21	Oneida	97	Trempealeau	48
Chippewa	118	Jackson	48	Outagamie	286	Vernon	31
Clark	45	Jefferson	163	Ozaukee	168	Vilas	74
Columbia	119	Juneau	99	Pepin	7	Walworth	310
Crawford	31	Kenosha	769	Pierce	60	Washburn	50
Dane	1358	Kewaunee	27	Polk	99	Washington	189
Dodge	175	La Crosse	314	Portage	154	Waukesha	613
Door	53	Lafayette	12	Price	32	Waupaca	97
Douglas	241	Langlade	43	Racine	835	Waushara	65
Dunn	57	Lincoln	35	Richland	24	Winnebago	423
Eau Claire	236	Manitowoc	96	Rock	729	Wood	137
						Unknown	5584

Reported cases by quarter



For more information:

Questions regarding Wisconsin hepatitis C data may be directed to Sheila Guilfoyle (608) 266-5819. Annual Hepatitis C Surveillance Summaries are posted on the Wisconsin Department of Health and Family Services hepatitis C website at: www.dhfs.wisconsin.gov/dph_bcd/hepatitis/

Treatment Action Group publishes resource on drugs and vaccines in development

Treatment Action Group (TAG), a nonprofit organization with a strong commitment to advocacy and education efforts, focuses primarily on AIDS research activities, the drug development process, and health care delivery systems. TAG closely monitors new data on the epidemiology and natural history of HIV/hepatitis C (HCV) and HIV/tuberculosis (TB) coinfections as well as the development of new diagnostics, prophylaxis and treatments for HIV, HCV, and TB.

In August 2006, TAG's published *What's in the Pipleline: New HIV Drugs, Vaccines, Microbicides, HCV and TB Therapies in Clinical Trials*. This information resource summarizes new and emerging developments in HIV-, HCV-, and TB-related drug therapies, vaccines, and prophylaxis. An online copy of *What's in the Pipeline* is available from the TAG website at www.treatmentactiongroup.org.

AIDS/HIV-related MMWR articles: August 2006 - October 2006

Each issue of the *Update* includes a list of AIDS/HIV-related citations from issues released during the previous months of the *Morbidity and Mortality Weekly Report (MMWR)*, published by the Centers for Disease Control and Prevention (CDC). The *MMWR* is available free of charge in electronic format and on a paid subscription basis for paper copy. To receive an electronic copy on Thursday of each week, send an e-mail message to lists@list.cdc.gov. The body content of your message should read "subscribe mmwr-toc." Electronic copy is also available from CDC's World-Wide Web server at http://www.cdc.gov/. Public health agencies and most libraries in hospitals, medical schools and nursing schools subscribe to the *MMWR*.

Article	Issue
The global HIV/AIDS pandemic, 2006. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5531a1.htm?s_cid=mm5531a1_e	MMWR 2006 August 55(31);841-844.
HIV prevalence among populations of men who have sex with men – Thailand, 2003 and 2005. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5531a2.htm?s_cid=mm5531a2_e	MMWR 2006 August 55(31);844-848.
HIV counseling, testing, and care of tuberculosis patients at chest clinics – Guyana, 2005-2006. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5531a3.htm?s_cid=mm5531a3_e	MMWR 2006 August 55(31);849-851.

Trends in HIV-related risk behaviors among high school students – United States, 1991-2005. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5531a4.htm?s_cid=mm5531a4_e	MMWR 2006 August 55(31); 851-854.
Revised recommendations for HIV testing for adults, adolescents, and pregnant women in health-care settings. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm?s_cid=rr5514a1_e	MMWR 2006 September 55(RR14);1-17.
STD-prevention counseling practices and human papillomavirus opinions among clinicians with adolescent patients. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5541a1.htm	MMWR 2006 October 55(41);1117-1120.

Wisconsin AIDS/HIV Prevention Training System sponsors CDC broadcasts

Narra Smith Cox, PhD, Professor, Department of Professional Development and Applied Studies, University of Wisconsin - Madison

The Centers for Disease Control and Prevention (CDC) satellite broadcast and live webcast *Mobilizing against the HIV/AIDS Crisis among African Americans* will be held on Thursday November 16, 2006 from 12:00 noon to 2:00 pm CST. The Wisconsin HIV Prevention Training System is coordinating viewing sites in Milwaukee (UW-Milwaukee Plankinton Building) and Madison (UW-Madison Pyle Center). The purpose of the satellite broadcast is to raise awareness about the impact of HIV/AIDS in African American communities and to encourage organizations to respond to the crisis of HIV/AIDS among African Americans. The program will highlight research and programs across the country, and a panel of experts will address questions from viewers. The target audience for the broadcast includes staff and volunteers from public health programs, community-based organizations, the faith community, news media, businesses, professional organizations, behavioral scientists, and others. Program organizers indicate that at the conclusion of the broadcast participants should be able to:

- describe the impact of HIV/AIDS on African American communities,
- summarize CDC activities and collaboration with other organizations including non-traditional partners,
- demonstrate examples of effective strategies and collaborative opportunities for organizations to reduce HIV transmission and raise awareness about the importance of knowing one's HIV status, and
- identify resources and technical assistance available to all organizations.

There is no cost to attend the satellite broadcast, but individual viewers are requested to contact Judy Brickbauer (jbrickbauer@dcs.wisc.edu or 608-263-3609) at the Wisconsin HIV Prevention Training System prior to the airdate to confirm seating and the Milwaukee and Madison viewing sites. The broadcast can also be seen by webcast live or up to three years after airdate at www.phppo.cdc.gov/phtn on computers with Internet and Windows Media Player capability.

A videotape of *Mobilizing against the HIV/AIDS Crisis among African Americans* will be available for loan from the Wisconsin HIV Prevention Training System. In addition, the Training System has copies of the following previously aired CDC satellite broadcasts available for loan to Wisconsin agencies involved in HIV/AIDS.

- *Social Networks: A Recruitment Strategy for HIV Counseling, Testing, and Referral Services* (April 27, 2006)
- *Revised Recommendations for HIV Screening of Adults, Adolescents, and Pregnant Women in Health-Care Settings* (November 17, 2005)
- *Partner Counseling and Referral Services for HIV Prevention* (April 21, 2005)
- *Rapid Testing: Advances for HIV Prevention* (November 18, 2004)
- *Prevention with Positives: HIV Risk Reduction Strategies for Health Care Professionals* (April 29, 2004)
- *Incorporating HIV Prevention into Medical Care of Persons Living with HIV* (November 13, 2003)
- *Update on Rapid Testing for HIV* (April 24, 2003)
- *Public-Private Partnerships: A New Model for Community Mobilization Against AIDS* (November 21, 2002)
- *Effective Behavioral Interventions for HIV Prevention* (May 23, 2002)
- *Revised Recommendations for HIV Screening of Pregnant Women* (April 25, 2001)
- *Revised Guidelines for HIV Counseling, Testing and Referral* (November 15, 2001)
- *The Impact of Stigma on HIV Prevention Programs* (April 25, 2001)
- *Men Who Have Sex with Men* (November 30, 2000)

To borrow any of these videotapes please contact Judy Brickbauer at jbrickbauer@dcs.wisc.edu or 608-263-3609.

AIDS/HIV Program staff transitions

In July, **Matt Maxwell** left the AIDS/HIV Program to prepare for a career in medicine at the University of Iowa, College of Medicine. Matt originally joined the AIDS/HIV Program as a student intern in May 2003 and continued through May 2005 while completing undergraduate work in medical microbiology and immunology. In July 2005, Matt joined the AIDS/HIV Program as a Program and Planning Analyst and assumed responsibility for a range of activities related to hepatitis C and HIV counseling, testing, and referral. The staff in the

AIDS/HIV Program wishes Matt continuing success in medical school and thanks him for his contributions to the Program.

In August, **Lynn Tarnoff** joined the AIDS/HIV Program as the *HIV/AIDS Community Planning Coordinator*. In this contractual position with the University of Wisconsin - Madison, Lynn will be working closely with the AIDS/HIV Program staff, the HIV Prevention Community Planning Council, the Ryan White Consortium, the Collaborative Community Planning Work Group, and a variety of community agencies in promoting community input regarding HIV prevention , care, and treatment services in Wisconsin. Most recently, Lynn served as the Community Partnership and Evaluation Coordinator for the Syphilis Elimination Project in Milwaukee. Lynn worked previously as a Residential Director for St. Coletta of Wisconsin overseeing Community-Based Residential Programs in Waukesha and Jefferson counties and as Director of Children's Services at a rehabilitation center in New Jersey. Lynn has a master's degree in health care administration with a focus on strategic planning, evaluation and organizational development. Lynn can be reached at 608-890-1424 (phone) or tarnoff@wisc.edu (email).

In September, **Casey Schumann** joined the AIDS/HIV Program as a *University of Wisconsin Population Health Fellow*. As a fellow, Casey hopes to participate in a broad range of activities to strengthen and apply her knowledge, contribute to a range of communities, sharpen her skills, and develop a strong professional network. Currently, she is working on a collaborative project to develop a strategic plan to reduce sexually transmitted diseases and unintended pregnancies among Milwaukee youth. Casey will be with the program through June 2008. Prior to joining the program, Casey completed her MS in Population Health Sciences at the University of Wisconsin-Madison. During that time, she worked at the UW Population Health Institute performing program evaluation. Casey also spent several years in the pharmaceutical industry as a research scientist, a project coordinator, and as a sales representative. Casey can be reached at 608-266-3495 or schumcl@dhfs.state.wi.us.

Former CDC HIV/STD hotline ends January 2007

The former federal Centers for Disease Control and Prevention HIV/STD hotline (800-342-2437) has been integrated with the new source for public health information from CDC known as CDC-INFO (800-CDC-INFO).

Calls to the former CDC HIV/STD hotline are now automatically forwarded to CDC-INFO which provides English, Spanish and TTY service, 24 hours a day, seven days a week.

As of January 2007, the old hotline number (800-342-2437) will no longer be in service. CDC requests that references to the old number change to the following:

CDC-INFO
1-800-CDC-INFO (800-232-4636)
1-888-232-6348 (TTY)
24 hours/day
email: cdcinfo@cdc.gov

Archived coverage of the XVI International AIDS Conference on the web

In partnership with the International AIDS Society, the Kaiser Family Foundation's online resource kaisernetwork.org was the official webcaster of the XVI International AIDS Conference (AIDS 2006) that took place in Toronto, Canada on August 13-18, 2006.

Kaisernetwork.org's AIDS 2006 conference coverage includes:

- webcasts of select conference sessions,
- French, Spanish, and English language audio podcasts of select sessions,
- daily narrated video highlights of the conference,
- interviews with newsmakers and journalists to summarize conference developments, and summaries of the news coverage in the Kaiser Daily HIV/AIDS Report.

Archived webcasts, transcripts, and podcasts of these and other conference sessions are available from kaisernetwork.org website at http://www.kaisernetwork.org/aids2006/.

Oct 24-27, 2006	Charleston, SC	**Black Church Institute on HIV/AIDS and Other Health Disparities Conference 2006**. Sponsor: The Balm in Gilead, Inc. Contact: 888-225-6243 or 212-730-7381 (pone) or http://www.balmingilead.org **(web).**
Oct 26-29, 2006	Las Vegas, NV	**Scaling the Heights of HIV/AIDS Nursing: 19th Annual Conference**. Sponsor: Association of Nurses in AIDS Care (ANAC). Contact: http://www.anacnet.org/conf_natlconf.php.
Oct 27-31, 2006	Boston, MA	**57th Annual Meeting of the American Association for the Study of Liver Diseases (AASLD)**. Sponsor: AASLD. Contact: 888-254-0939 (phone); 312-329-9513 (fax); aasld@ttgonline.com (email); www.aasld.org (website).
Oct 28-Nov 1, 2006	Atlanta, GA	**National Conference on Correctional Health**. Sponsor: National Commission on Correctional Health; Academy for Correctional Health Professionals. Contact: 773-880-1460 (phone); conference@cnnhc.org (email); http://www.ncchc.org/education/national2006/atlanta.html (website).
Oct 31-Nov 2, 2006	Springfield, IL	**15th Annual HIV/STD Conference: 15 Years of Creating Partnerships and Hope**. Sponsor: Illinois Department of Public Health; Illinois Public Health Association. Contact: 217-524-6795 (phone); 217-524-60900 (fax); Sandra.douglas@illinois.gov (email); www.idph.state.il.us/training/htm (website).

Nov 4-8, 2006	Boston, MA	**American Public Health Association 134th Annual Meeting: Public Health and Human Rights**. Sponsor: American Public Health Association. Contact: 202-777-2742 (phone); http://www.apha.org (website).
Nov 8-12, 2006	Oakland, CA	**6th National Harm Reduction Conference**. Sponsor: Harm Reduction Conference. Contact: www.harmreduction.org/index.html?conference/conferenceindex.html (website); 212-213-63776 ext 15 (phone); Santiago@harmreduction.org (e-mail).
Nov 14, 2006	Milwaukee, WI	**Joint Meeting: Wisconsin Ryan White Consortium Meeting.** Contact: Lynsey Ray at 608-261-8372 (phone) or rayla@dhfs.state.wi.us (email); **Wisconsin Comprehensive HIV Planning Council.** Contact: Molly Herrmann at 608-267-6730 (phone) or herrmmm@dhfs.state.wi.us (email).
Nov 16, 2006	Satellite Broadcast	**CDC Satellite Broadcast/Webcast: Mobilizing Against the HIV/AIDS Crisis Among African Americans**. Sponsor: Centers for Disease Control and Prevention and the Public Health Training Network. 12:00 noon - 2:00 pm. Contact: http://www.cdcnpin-broadcast.org/ (website).
Nov 17-21, 2006	Baltimore, MD	**10th Anniversary Annual International Meeting**. Sponsor: Institute of Human Virology. Contact: www.ihv.org (website); lenzner@umbi.umd.edu (email).
Dec 1, 2006	International Observance	**World AIDS Day 2006**
Dec 7-9, 2006	San Francisco, CA	**Medical Management of AIDS: A Comprehensive Review of HIV Management**. Sponsor: University of California, San Francisco School of Medicine. Contact: Office of Continuing Medical Information, phone: 415-476-4251 or e-mail: info@ocme.ucsf.edu or access the website at https://www.cme.ucsf.edu/cme/.
March 21, 2007	National Observance	**National Native HIV/AIDS Awareness Day**.
April 5-7, 2007	Bloomington, IN	**HIV/STD Prevention in Rural Communities: Sharing Successful Strategies**. Sponsor: Rural Center for AIDS/STD Prevention, Indiana University. Contact: 812-855-1718 or 800-566-8644 (phone); aids@indiana.edu (email); http://www.indiana.edu/~aids/index.html (website).
May 7, 2006	Chicago, IL	**2007 Improving the Management of HIV Disease**. Sponsor: International AIDS Society-USA (IAS-USA). Contact: 415-544-9400 (phone); 415-544-9401 (fax); www.iasusa.org (website).
Dec 1, 2006	International Observance	**World AIDS Day 2007**
Dec 2-5, 2007	Atlanta, GA	**2007 National HIV Prevention Conference**. Sponsor: Centers for Disease Control and Prevention.

Important Contacts

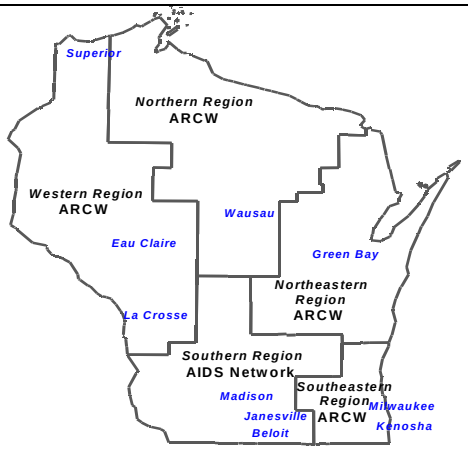
Wisconsin HIV/STD/Hepatitis C Information and Referral Center..... 800/334-2437
Wisconsin AIDS/HIV Program 608/267-5287
Wisconsin AIDS Research Consortium
(clinical trials)..... 800/359-9272
Wisconsin AIDS/HIV Drug Reimbursement Program..... 800/991-5532
Wisconsin AIDS/HIV Continuation Coverage Premium
Subsidy Program..... 800/991-5532
Wisconsin Partner Referral Program
Milwaukee..... 414/286-8513 or 8512
Madison 608/267-5288
Wisconsin Office of Alcohol & Other Drug Abuse (AODA)..... 608/266-9218
Wisconsin Division of Vocational Rehabilitation
(applying for disability) 608/266-1281
Wisconsin Department of Public Instruction
AIDS/HIV consultants..... 608/267-3721 or 3750
Wisconsin HIV Primary Care Support Network..... 414-266-2672
Wisconsin Site of Midwest AIDS Training & Ed Center (MATEC) 608-258-9103
National Clinical Trials Information 800/TRIALS-A
National Drug Abuse Hotline 800/662-HELP
National AIDS Hotline/CDC-INFO..... 800/232-4636
TTY 800/232-6348
CDC National Prevention Information Network..... 800/458-5231
CDC Hepatitis Information Line:..... 888-443-7232
National STD Hotline..... 800/227-8922
National Office of Minority Health
Resource Center.....800/444-MHRC
National Cryptosporidiosis Information Line 404/330-1242

Wisconsin Counties by Region

Northern Region	Northeastern Region	Western Region	Southern Region	Southeastern Region
Ashland	Brown	Barron	Adams	Jefferson
Bayfield	Calumet	Buffalo	Columbia	Kenosha
Florence	Door	Burnett	Crawford	Milwaukee
Forest	Fond du Lac	Chippewa	Dane	Ozaukee
Iron	Green Lake	Clark	Dodge	Racine
Langlade	Kewaunee	Douglas	Grant	Walworth
Lincoln	Manitowoc	Dunn	Green	Washington
Marathon	Marinette	Eau Claire	Iowa	Waukesha
Oneida	Marquette	Jackson	Juneau	
Portage	Menominee	La Crosse	Lafayette	
Price	Oconto	Monroe	Richland	
Sawyer	Outagamie	Pepin	Rock	
Taylor	Shawano	Pierce	Sauk	
Vilas	Sheboygan	Polk		
Wood	Waupaca	Rusk		
	Waushara	St. Croix		
	Winnebago	Trempealeau		
		Vernon		
		Washburn		

Regional Offices of Designated Wisconsin AIDS Service Organizations

Northern Region **AIDS Resource Center of Wisconsin**	1105 Grand Ave Suite 3 Schofield WI 54476	715-355-6867 800-551-3311 715-355-0640 (FAX)
Northeastern Region **AIDS Resource Center of Wisconsin**	445 S Adams St Green Bay WI 54301	920-437-7400 800-675-9400 920-437-1040 (FAX)
Western Region **AIDS Resource Center of Wisconsin**	505 Dewey St South Suite 107 Eau Claire WI 54701	715-836-7710 800-750-2437 715-836-9844 (FAX)
	Grandview Center 1707 Main St Suite 420 La Crosse WI 54601	608-785-9866 800-947-3353 608-784-6661 (FAX)
	Board of Trade Building 1507 Tower Ave Suite 230 Superior WI 54880	715-394-4009 877-242-0282 (toll free) 715-394-4066 (FAX)
Southern Region **AIDS Network**	600 Williamson St Madison WI 53703	608-252-6540 800-486-6276 608-252-6559 (FAX)
	101 East Milwaukee Street #96 Janesville WI 53545	608-756-2550 800-486-6276 608-756-2545 (FAX)
	136 West Grand Ave Suite 202 Beloit WI 53511	608-364-4027 800-486-6276 608-364-0473 (FAX)
Southeastern Region **AIDS Resource Center of Wisconsin**	820 N Plankinton Ave Milwaukee WI 53203	414-273-1991 800-359-9272 414-273-2357 (FAX)
	1212 57th St Kenosha WI 53140	262-657-6644 800-924-6601 262-657-6949 (FAX)



WISCONSIN AIDS/HIV PROGRAM STAFF DIRECTORY

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