

WISCONSIN AIDS/HIV UPDATE

Prevention through education

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

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Comments and suggestions for future topics are welcomed.

Wisconsin AIDS/HIV Surveillance Summary

Cases reported 1983 through March 31, 2006

Total	Cumulative		Reported 2000 - 2006		Presumed alive	
	Cases	Percent	Cases	Percent	Cases	Percent
Cases	9,229	100.0%	2,381	100.0%	5,720	100.0%
Deaths	3,509	38.0%	167	7.0%	-	-
Current disease category						
AIDS	6,223	67.4%	1,143	48.0%	2,961	51.8%
Non-AIDS	3,006	32.6%	1,238	52.0%	2,759	48.2%
Risk Exposure Categories						
Men who have sex with men	4,799	52.0%	1,059	44.5%	2,696	47.1%
Injecting drug use	1,345	14.6%	256	10.8%	784	13.7%
Men who have sex with men and inject drugs	637	6.9%	137	5.8%	387	6.8%
Hemophilia/Coagulation disorder	121	1.3%	4	0.2%	44	0.8%
High-risk heterosexual contact	1,117	12.1%	377	15.8%	846	14.8%
Transfusion-associated	81	0.9%	9	0.4%	27	0.5%
Mother with/at risk	84	0.9%	28	1.2%	66	1.2%
Undetermined/Other	1,045	11.3%	511	21.5%	870	15.2%
Gender						
Female	1,526	16.5%	529	22.2%	1,131	19.8%
Male	7,703	83.5%	1,852	77.8%	4,589	80.2%
Race/Ethnicity						
White	5,166	56.0%	1,100	46.2%	2,832	49.5%
Black	3,075	33.3%	916	38.5%	2,176	38.0%
Hispanic	831	9.0%	305	12.8%	602	10.5%
Asian/Pacific Islander	53	0.6%	23	1.0%	42	0.7%
American Indian	86	0.9%	22	0.9%	50	0.9%
Multi-racial	10	0.1%	10	0.4%	10	0.2%
Unknown/Other	8	0.1%	5	0.2%	8	0.1%
Age at Diagnosis						
Under 5	79	0.9%	25	1.0%	60	1.0%
5-12	21	0.2%	3	0.1%	15	0.3%
13-19	234	2.5%	77	3.2%	181	3.2%
20-29	2,815	30.5%	650	27.3%	1,901	33.2%
30-39	3,697	40.1%	864	36.3%	2,241	39.2%
40-49	1,718	18.6%	537	22.6%	994	17.4%
50 years and older	657	7.1%	225	9.4%	320	5.6%
Year of Report						
Before 1990	1,485	16.1%				
1990	672	7.3%				
1991	656	7.1%				
1992	683	7.4%				
1993	650	7.0%				
1994	514	5.6%				
1995	562	6.1%				
1996	426	4.6%				
1997	447	4.8%				
1998	381	4.1%				
1999	372	4.0%				
2000	389	4.2%				
2001	336	3.6%				
2002	388	4.2%				
2003	364	3.9%				
2004	417	4.5%				
2005	375	4.1%				
2006	112	1.2%				



Wisconsin AIDS/HIV Surveillance Summary

Cases by DHFS region and county, cases reported 1983 through March 31, 2006

Region/County	Cumulative		Reported 2000-2006			Presumed alive		
	Cases	Percent	Cases	Percent	Average Rate*	Cases	Percent	Rate**
Northeastern Region								
BROWN	306	3.4%	84	3.6%	5.3	185	3.3%	81.6
CALUMET	9	0.1%	1	0.0%	0.4	5	0.1%	12.3
DOOR	18	0.2%	4	0.2%	2.0	11	0.2%	39.3
FOND DU LAC	43	0.5%	13	0.6%	1.9	26	0.5%	26.7
GREEN LAKE	9	0.1%	6	0.3%	4.5	8	0.1%	41.9
KEWAUNEE	4	0.0%	1	0.0%	0.7	2	0.0%	9.9
MANITOWOC	42	0.5%	11	0.5%	1.9	24	0.4%	29.0
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	107	1.2%	37	1.6%	3.3	69	1.2%	42.9
SHAWANO	26	0.3%	4	0.2%	1.4	11	0.2%	27.1
SHEBOYGAN	74	0.8%	22	0.9%	2.8	44	0.8%	39.1
WAUPACA	15	0.2%	7	0.3%	1.9	10	0.2%	19.3
WAUSHARA	11	0.1%	6	0.3%	3.7	8	0.1%	34.6
WINNEBAGO	140	1.6%	31	1.3%	2.8	73	1.3%	46.6
Northeastern Region Total	877	9.8%	242	10.4%	3.0	515	9.3%	44.4
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	9	0.1%	3	0.1%	6.2	3	0.1%	43.7
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	87	1.0%	30	1.3%	3.4	52	0.9%	41.3
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	0.3%	4.1	9	0.2%	42.8
WOOD	52	0.6%	9	0.4%	1.7	28	0.5%	37.1
Northern Region Total	303	3.4%	87	3.7%	2.6	167	3.0%	34.6
Southeastern Region								
JEFFERSON	39	0.4%	9	0.4%	1.7	20	0.4%	27.0
KENOSHA	270	3.0%	78	3.3%	7.4	167	3.0%	111.6
MILWAUKEE	4,662	51.9%	1,137	48.8%	17.3	2,914	52.6%	309.9
OZAUKEE	42	0.5%	14	0.6%	2.4	26	0.5%	31.6
RACINE	282	3.1%	77	3.3%	5.8	174	3.1%	92.1
WALWORTH	76	0.8%	22	0.9%	3.4	41	0.7%	43.7
WASHINGTON	52	0.6%	12	0.5%	1.5	32	0.6%	27.2
WAUKESHA	198	2.2%	52	2.2%	2.1	118	2.1%	32.7
Southeastern Region Total	5,621	62.5%	1,401	60.2%	10.0	3,492	63.0%	174.0

Region/County	Cumulative		Reported 2000-2006			Presumed alive		
	Cases	Percent	Cases	Percent	Average Rate*	Cases	Percent	Rate**
Southern Region								
ADAMS	25	0.3%	6	0.3%	4.6	13	0.2%	69.7
COLUMBIA	36	0.4%	8	0.3%	2.2	17	0.3%	32.4
CRAWFORD	22	0.2%	6	0.3%	5.0	9	0.2%	52.2
DANE	1,130	12.6%	322	13.8%	10.8	734	13.3%	172.1
DODGE	43	0.5%	12	0.5%	2.0	30	0.5%	34.9
GRANT	27	0.3%	3	0.1%	0.9	11	0.2%	22.2
GREEN	32	0.4%	7	0.3%	3.0	17	0.3%	50.5
IOWA	13	0.1%	4	0.2%	2.5	6	0.1%	26.3
JUNEAU	11	0.1%	3	0.1%	1.8	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	223	2.5%	61	2.6%	5.7	147	2.7%	96.5
SAUK	48	0.5%	16	0.7%	4.1	34	0.6%	61.6
VERNON	9	0.1%	2	0.1%	1.0	4	0.1%	14.3
Southern Region Total	1,634	18.2%	452	19.4%	6.5	1,038	18.7%	103.7

Western Region

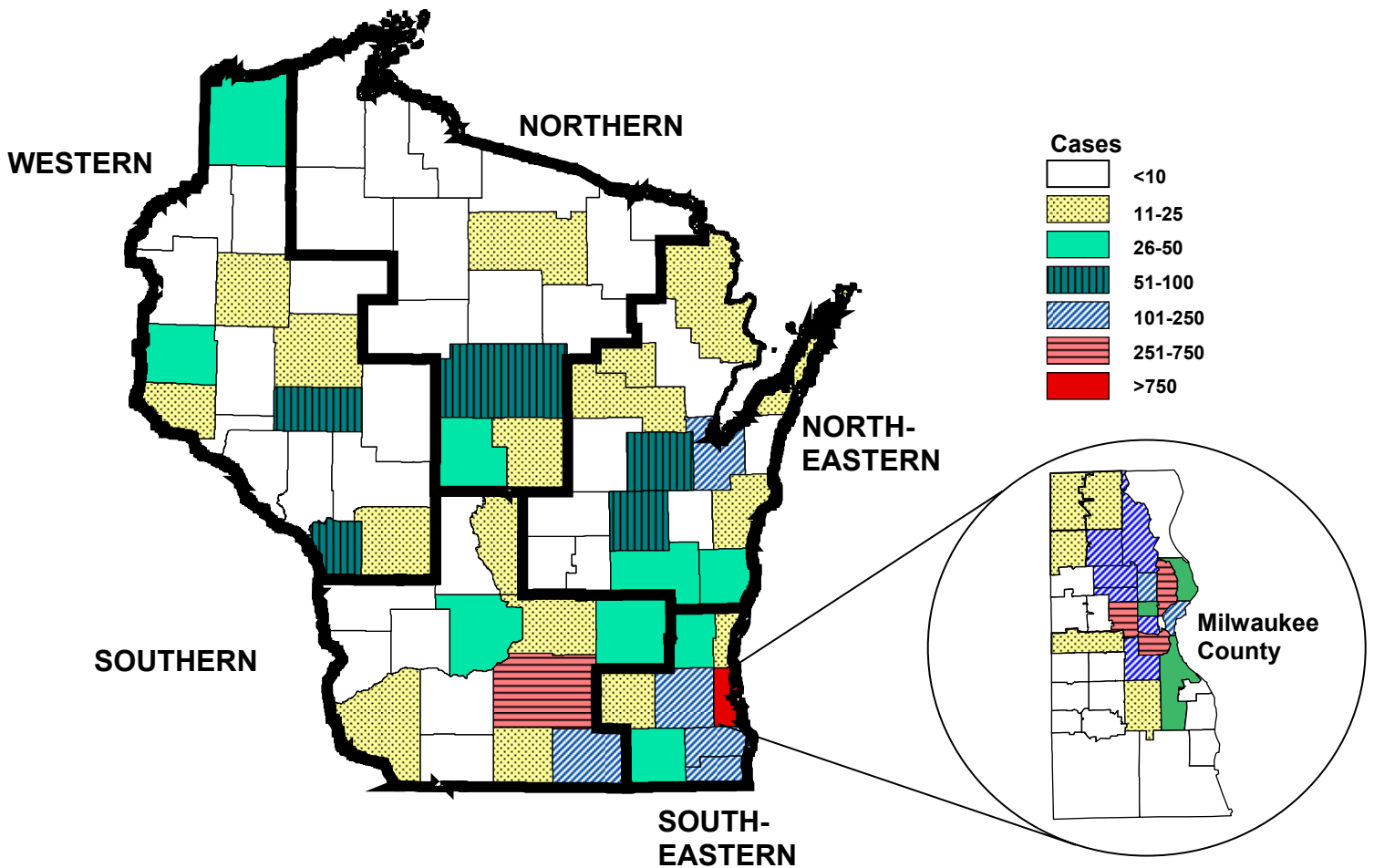
BARRON	36	0.4%	9	0.4%	2.9	21	0.4%	46.7
BUFFALO	2	0.0%	0	0.0%	0.0	0	0.0%	0.0
BURNETT	13	0.1%	7	0.3%	6.4	9	0.2%	57.4
CHIPPEWA	27	0.3%	7	0.3%	1.8	17	0.3%	30.8
CLARK	15	0.2%	10	0.4%	4.3	11	0.2%	32.8
DOUGLAS	51	0.6%	11	0.5%	3.6	26	0.5%	60.1
DUNN	15	0.2%	4	0.2%	1.4	8	0.1%	20.1
EAU CLAIRE	89	1.0%	22	0.9%	3.4	52	0.9%	55.8
JACKSON	7	0.1%	1	0.0%	0.7	2	0.0%	10.5
LA CROSSE	161	1.8%	43	1.8%	5.7	102	1.8%	95.2
MONROE	25	0.3%	7	0.3%	2.4	14	0.3%	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	16	0.3%	43.5
POLK	21	0.2%	4	0.2%	1.4	8	0.1%	19.4
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	553	6.2%	147	6.3%	2.9	327	5.9%	45.8

* 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.

Person living with HIV infection by county in Wisconsin and zip code in Milwaukee County. Cases reported through December 31, 2005



- At the end of 2005, 5,628 persons reported with HIV infection in Wisconsin were presumed to be alive. The statewide HIV prevalence rate at the end of 2005 was 104.9 per 100,000 population.
- While there are persons with HIV infection are living in every part of the state, the distribution of persons living with HIV infection is uneven. Most persons with HIV infection live in the Southeastern (3,441 cases) and Southern Regions (1,021 cases). There were 989 persons living with HIV infection in the Northeastern, Northern and Western regions combined.
- Milwaukee County had 2,867 persons living with HIV infection. This was the highest number for any county and represented more than one half of all persons living with HIV in Wisconsin. Within Milwaukee County, the majority of persons living with HIV infection resided within several zip codes in the inner city of Milwaukee. Five zip codes had more than 200 persons living with HIV infection. Together the total number of persons living with HIV in these five zip codes (1,243 cases) was higher the number in Northeastern, Northern and Western Regions combined.

Key resources in Wisconsin for the Medicare prescription drug benefit

Kathy Rogers, AIDS/HIV Drug Assistance Program Coordinator, AIDS/HIV Program, Wisconsin Division of Public Health

Starting January 1, 2006, the Medicare program provided a new prescription drug benefit (Medicare Part D) to its enrollees. Part D will help pay for some or all the drug costs for people who join a Part D Prescription Drug Plan (PDP). Approximately 60,000-80,000 Medicare beneficiaries have HIV infection nationwide and will be eligible for the new Part D drug benefit.

Wisconsin residents who enroll in a Part D PDP, may choose from among 45 different plans offered in the state. Individuals who do not enroll in Part D by May 15, 2006, pay a penalty resulting in a higher premium for the length of their Medicare prescription drug coverage.

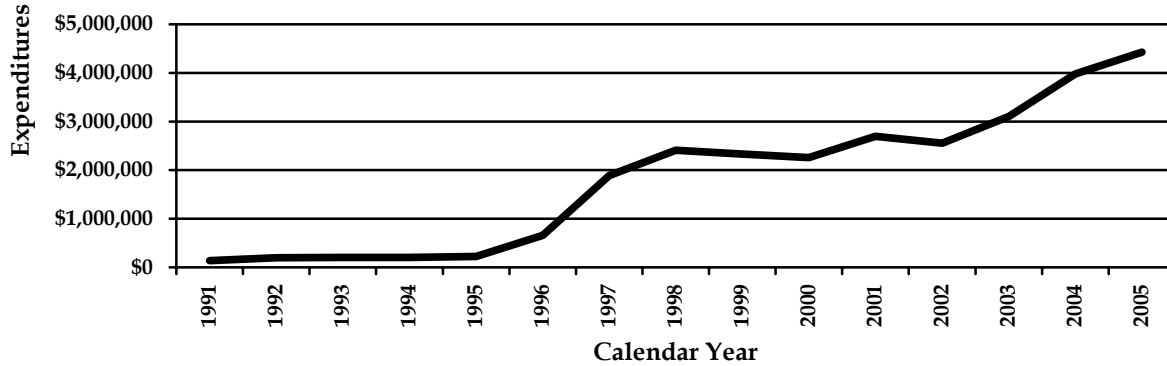
Choosing between prescription drug plans can be difficult, however, help is available from several sources:

- Persons with internet access can go to the Medicare website at www.medicare.gov. A search tool will guide individuals through Wisconsin Part D PDPs based on an individual's prescriptions, drug costs and preferred pharmacy. Individuals can then choose a plan and enroll through the Medicare website or by calling the PDP and having enrollment forms mailed to them.
- Persons under age 60 can call the Disability Drug Benefit Helpline toll-free at 1-800-926-4862 where the operators provide information and counseling about Medicare Part D to individuals receiving Medicare due to a disability. Operators can assist in choosing a plan and provide information about accessing enrollment materials but are not able to directly enroll persons in a plan.
- Individuals age 60 and over can call the Prescription Drug Helpline toll-free at 1-866-456-8211. Operators provide information and counseling to individuals with questions about how Medicare Part D interacts with health insurance, including Medicare supplements, Medicare Advantage plans, and group/employer/retiree health plans. Helpline operators can assist an individual in choosing a plan and provide information about accessing enrollment materials but they are not able to directly enroll individuals in a plan.
- People with limited income and resources, including those with Medicare and Medicaid and persons with an income below 150% of the Federal Poverty Level, may qualify for extra help in paying prescription drug costs. Those who qualify will get help paying for their PDP's monthly premium, yearly deductible and/or prescription copayments. Individuals who believe they qualify can call 1-800-MEDICARE (1-800-633-4227) or the local Social Security Administration office for extra help.

Update: Wisconsin AIDS/HIV Drug Assistance Program

Kathy Rogers, AIDS/HIV Drug Assistance Program Coordinator, AIDS/HIV Program, Wisconsin Division of Public Health

Wisconsin AIDS/HIV Drug Assistance Program Expenditures by Calendar Year



Calendar Year	Clients served	Prescriptions reimbursed	Amount expended
1991	187	945	\$141,328
1992	227	1,364	\$199,985
1993	236	1,802	\$201,701
1994	227	1,775	\$205,982
1995	269	2,036	\$226,600
1996	388	4,393	\$660,972
1997	564	10,270	\$1,888,802
1998	610	12,431	\$2,406,268
1999	647	12,227	\$2,328,490
2000	664	11,693	\$2,255,324
2001	770	14,079	\$2,697,020
2002	828	11,986	\$2,550,226
2003	866	13,500	\$3,107,223
2004	988	17,039	\$3,978,035
2005	966	16,934	\$4,427,094

For additional information on the Wisconsin AIDS/HIV Drug Assistance Program, visit the website of the Wisconsin AIDS/HIV Program at <http://dhfs.wisconsin.gov/aids-hiv>. To inquire about Program eligibility, contact the Wisconsin AIDS/HIV Program at 1-800-991-5532.

Wisconsin's Ryan White Comprehensive Plan

Lynsey Ray, MSSW, Ryan White CARE Coordinator, AIDS/HIV Program,
Wisconsin Division of Public Health

As part of the 2000 Ryan White CARE Act Reauthorization, Congress instituted a requirement for CARE Act Title II grantees and consortia to develop a comprehensive plan for HIV care and treatment services. The 2000 CARE Act outlined key components of a comprehensive plan, including state-specific information regarding:

- demographics of people living with HIV;
- existing HIV services, including a description of the service delivery system; and
- needs of people living with HIV, especially for persons aware of their HIV status but not in care and historically underserved populations.

In addition to meeting the federal requirement for Wisconsin's Title II Plan, the Wisconsin AIDS/HIV Program and the Ryan White Consortium wants to ensure that Wisconsin's Plan is useful for a range of stakeholders, including:

- *people living with HIV*
The Plan is a resource tool for individuals interested in gaining a better understanding of existing HIV-related services and the overall HIV service system in Wisconsin. It also provides program contact information and links to other programs and resources.
- *HIV-related service providers*
In addition to being a resource for coordinating services, the Plan outlines the needs of people living with HIV and barriers to services identified by needs assessments, Consortium focus groups, and current literature.
- *Wisconsin AIDS/HIV Program*
Service needs and barriers as well as goals and objectives identified in the Plan will guide future AIDS/HIV Program directions for HIV service planning and policy development.

Wisconsin's Comprehensive Planning Process

The Title II comprehensive planning process began in April 2005, at the start of the 2005 Ryan White planning year. To ensure an inclusive planning process, all Consortium members were asked to participate voluntarily in any of the following levels:

- *Comprehensive plan work group*
This group included individuals representing different life experiences, socioeconomic backgrounds, geographies, races, and ethnicities. The work group also included participation from Wisconsin's Title II, III, IV, and AIDS Education Training Center (AETC) grantees.
- *Consultants*
These individuals included community members, topical experts, and Consortium members not able to commit to ongoing work group meetings but who expressed interest or who had

expertise related to a specific section of the plan. Consultants provided information and expertise related to service sections of the Plan.

- **Key informants and reviewers**

These included other community and Consortium members who participated in Plan development as key informants and reviewers. The full Consortium participated in focus group discussions on each of the comprehensive plan service sections. The full Consortium also reviewed and provided input on document drafts.

In January 2006, the Consortium completed the planning process by providing final input on service needs, barriers, gaps, goals, and objectives for each core service.

Wisconsin's Title II Plan is not a final outcome but rather a beginning of an ongoing effort to identify needs and strategies to address the needs of people living with HIV in Wisconsin. For information or to receive a copy of the Title II Plan, contact Lynsey Ray, Ryan White Coordinator, at 608-261-8372 or rayla@dhfs.state.wi.us (email).

Ryan White CARE Act Reauthorization

*Lynsey Ray, MSSW, Ryan White CARE Coordinator, AIDS/HIV Program,
Wisconsin Division of Public Health*

Congress enacted the Ryan White CARE Act in 1990 to address the unmet care and treatment needs of people living with HIV throughout the United States. The CARE Act is required to undergo reauthorization every five years. Reauthorization provides the HIV community and key stakeholders an opportunity to reexamine CARE Act priorities and assess the program's effectiveness. Since 1990, the Care Act has been reauthorized in 1996 and in 2000. The CARE Act was due to be reauthorized last fall, however, domestic and international priorities diverted Congressional attention from reauthorization.

Key steps to reauthorization and resources for more information are summarized below.

Presidential Principles for Reauthorization

In July 2005, the Administration outlined the President's principles for reauthorization, including:

- ensuring flexibility to serve those most in need;
- focusing on life-saving and life-extending services;
- increasing prevention efforts; and
- increasing accountability

A fact sheet highlighting these principles is located on the Internet at <http://www.hhs.gov/news/press/2005pres/ryanwhite.html>

President's Advisory Council on HIV/AIDS Report

In December 2005, the President's Advisory Council on HIV/AIDS (PACHA) released the report *Achieving an HIV-Free Generation: Recommendations for a New American HIV Strategy*. This document included several recommendations related to the CARE Act, including:

- identification of the core medical services mental health, substance abuse, and case management services as well treatment of co-morbid conditions as core medical services;
- expansion of access to treatment through more effective distribution of AIDS Drug Assistance Program (ADAP) funds; and
- greater integration of prevention and care efforts.

The full President's Advisory Council report can be found at <http://www.pacha.gov>.

Senator Coburn Introduces Reauthorization Legislation

In February 2006, Senator Coburn (R-Ok) introduced CARE Act reauthorization legislation. Coburn announced that he viewed the bill as a starting point for discussion and that his goal is to spur movement on the legislation. Coburn's drafted bill mirrors the Administration's principles and calls for prioritizing early diagnosis and treatment of HIV, ensuring that CARE Act resources are targeted equitably and to those most in need, and ensuring accountability of CARE Act funds. The Coburn press release announcing the introduced legislation can be found at

http://coburn.senate.gov/public/index.cfm?FuseAction=LatestNews.PressReleases&ContentRecord_id=a3a90af4-435b-46f4-9f2c-5285a92d930c

Major issues that are receiving national discussion and will likely be addressed by Congress in the RW reauthorization includes:

- defining core services
- ensuring accountability of CARE Act funds
- targeting CARE Act resources equitably and to those most in need, including funding to address ADAP waiting lists
- preventing perinatal transmission through perinatal HIV testing

The following organizations are additional resources for information about the Ryan White CARE Act reauthorization:

National Alliance of State and Territorial AIDS Directors

http://www.nastad.org/reauth_watch.asp

Communities Advocating Emergency AIDS Relief (CAER) Coalition

<http://www.caear.org/coalition/reauthor1.html>

AIDS Action

<http://www.aidsaction.org/>

Update from the Midwest AIDS Training and Education Center

Marge Sutinen, Director, Midwest AIDS Training and Education Center – Wisconsin (MATEC – WI), University of Wisconsin School of Medicine and Public Health

MATEC-WI opens a Milwaukee office and hires new staff

L'laina Rash joined MATEC-WI as a Training Specialist in November 2005. She has 6 years of experience working in health education and public health. L'laina has worked as a public health educator with the Milwaukee STD Program; she is a Certified Health Education Specialist and has a Master's degree in Health Education; and she has vast experience working with diverse populations. At MATEC, L'laina is responsible for coordinating programs in the southeastern region of the state for healthcare professionals on HIV/AIDS with a focus on healthcare professionals of color. She is based in MATEC's new Milwaukee office at 302 N Jackson St, Milwaukee, WI 53202 and can be reached at 414-289-3742 (phone) or ltr@medicine.wisc.edu (email).

Empty moccasins keep on walking

The Menominee Nation AIDS Project, in collaboration with MATEC-WI (Midwest AIDS Training and Education Center of Wisconsin) and the Great Lakes Inter-Tribal Council, displayed the "AIDS Wall of Moccasins" at the first Native Peoples of North America HIV/AIDS Conference held in Anchorage, Alaska, May 2-6, 2006. In an effort to provide culturally sensitive awareness and prevention information on Native American reservations, the Menominee Tribal Clinic-Menominee AIDS Project created the "AIDS Wall of Moccasins" in 1997 to recognize tribal members who no longer "walk on this earth" due to their death from HIV-related illnesses. The wall, a series of unique pairs of hand-made empty moccasins created with traditional Native artwork, serves as a memorial and helps to break down barriers to HIV awareness in the community. MATEC-WI, with grant funding through the Health Resources and Services Administration (HRSA), sponsored a Menominee tribal clinician to accompany the "AIDS Wall of Moccasins" and to participate in this conference.

International AIDS Society-USA launches web-based continuing medical education

The International AIDS Society-USA (IAS-USA) is recognized for successfully sponsoring regional one-day continuing medical education (CME) programs on HIV disease through the US. Recently, IAS introduced "Web-based CME Conference," a new online CME activity designed for physicians and other health care professionals who are actively involved in HIV disease management. Clinicians can listen to the audio and watch the accompanying slide presentations from clinically relevant IAS-USA courses in a user-friendly environment while receiving continuing medical education (CME). The webcast CME sessions are available in Windows Media format and may be viewed with IBM compatible PC or Mac computers at <http://www.iasusa.org/webcast/index.html>. There is no fee for attending these webcast sessions. Lectures are also available as Pod casts in an audio only format.

New clinical resource materials

The following new and recently revised clinical care resource materials are accessible through websites listed below.

A Guide to the Clinical Care of Women with HIV- 2005

This comprehensive clinical manual addresses the primary care needs unique to women with HIV infection. This 2005 edition updates the first edition originally published in 2001. The target audience includes clinicians who provide primary care to women as well as those persons seeking a more in-depth understanding of how to care for women. The guide can be viewed or downloaded from the Health Resources and Services Administration website at: <http://hab.hrsa.gov/publications/womencare05/>.

A Sourcebook for the Primary Care Provider

This 48-page resource, developed by the Mountain-Plains AIDS Education and Training Center (MPAETC), covers basic patient care and common problems encountered in daily practice in managing HIV infection. The *Sourcebook* can be viewed or ordered from the MPAETC website at <http://www.mpaetc.org>.

Management of Psychiatric and Substance Use Disorders in Patients with Hepatitis C: A Reference for Hepatitis C Care Providers

The federal Veterans Health Administration (VHA) developed this guide which presents current clinical management recommendations that are intended to assist clinicians in diagnosing, monitoring, and treating psychiatric and substance use problems in persons with hepatitis C infection. The guide is available from the VHA at <http://www.hepatitis.va.gov/vahep?page=tp03-gd-01>.

Review of Wisconsin 2005 Counseling, Testing and Referral Program data

Jim Stodola, Counseling and Testing Coordinator, AIDS/HIV Program, Wisconsin Division of Public Health

The Wisconsin HIV Counseling, Testing, and Referral (CTR) Program

The Department of Health and Family Services subsidizes agencies throughout the state to provide HIV antibody counseling, testing, and referral services. The purpose of the HIV CTR Program is to prevent further transmission of HIV through individual HIV risk assessment, prevention education and counseling, case finding, and referral for medical evaluation and care. Established in 1985, the CTR Program offers both confidential (name-associated) and anonymous (code number associated) services.

Sixty-six sites throughout the state participate in the CTR Program including AIDS service organizations, community-based organizations, STD and family planning clinics, university health services, community health centers, and local health departments. Services are provided through outreach and clinic settings. Sites offer either serum or oral fluid testing, or both. Twenty-five sites offer rapid testing.

Table 1 summarizes demographic, risk, and prevalence data on tests conducted in calendar year 2005.

Table 1: 2005 demographic, risk, prevalence data for WI CTR Program

	Tests	% of all tests	HIV+	New HIV+ (% of new HIV+)	Prevalence: new HIV +
Total	22,978	100%	133	100 (100%)	0.4%
Sex					
Males	14,043	61%	80%	82 (82%)	0.6%
Females	8,829	38%	18%	18 (18%)	0.2%
Unknown	106	1%	2%	0 (0%)	0.0%
Age					
0-12	12	0.1%	0	0 (0%)	0.0%
13-19	3,238	14%	5	3 (3%)	0.1%
20-24	6,277	27%	15	14 (82%)	0.2%
25-29	3,821	17%	21	17 (82%)	0.4%
30-49	7,817	34%	73	52 (82%)	0.7%
50+	1,569	7%	17	13 (82%)	0.8%
Unknown	244	1%	2	1 (82%)	0.4%
Race/Ethnicity					
White	10,566	46%	59	47 (47%)	0.4%
African American	8,753	38%	43	31 (31%)	0.4%
Hispanic/Latino	2,627	11%	25	18 (18%)	0.7%
Asian/Pacific Islander	301	1%	1	0 (0%)	0.0%
American Indian	227	1%	2	2 (2%)	0.9%
Other/Unknown	504	2%	3	2 (2%)	0.4%
Risk Exposure¹					
High	5,895	26%	100	76 (76%)	1.3%
MSM & IDU	159	1%	4	2 (2%)	1.3%
MSM	3,729	16%	76	60 (60%)	1.6%
IDU	786	3.0%	7	5 (5%)	0.6%
Sex partner at risk	1,200	5%	13	9 (9%)	0.8%
Moderate Risk	9,260	40%	13	11 (11%)	0.1%
STD diagnosis	3,577	16%	6	4 (4%)	0.1%
Exchange sex	364	2%	0	0 (0%)	0.0%
Sex while using non-injection drugs	4,964	22%	6	6 (6%)	0.1%
Victim of sexual assault	355	2%	1	1 (1%)	0.3%
Low Risk	7,842	34%	20	18 (18%)	0.2%
Residence					
Wisconsin	19,892	87%	119	88	0.4%
Milwaukee County	12,853	56%			
Dane County	3,167	14%			
Other counties	3,872	17%			
Out of State	292	1%	2	2	0.7%
Unknown	2,794	12%	12	10	0.4%

¹ Definition of acronyms and risk groups

High risk groups:

MSM/IDU's: men who have sex with men and inject drugs

MSM: men who have had sex with men

IDU: persons who inject drugs

Sex partner at risk: persons who have heterosexual sexual contacts with a member of the above risk groups or a person known to have HIV infection.

Low risk: heterosexual intercourse-no other risks; no risk specified; no acknowledged risk; health care exposure; women who have sex with women; hemophilia/blood recipient prior to 1985

Who was tested in 2005?

The CTR Program uses a uniform data collection system to gather client-level information. Since the data system does not collect names, the total number of tests reported includes some persons tested more than once during the year.

In 2005, 22,978 tests were conducted, of which 15,625 (68%) were rapid tests. Among clients accessing testing, 32% tested anonymously (without name disclosed), 65% confidentially (name used), and 3% were unspecified. Sixty-one percent of persons tested were male, 38% percent female, and 1% percent were unidentified. Fifty-eight percent of tests were among individuals under age 30. Young adults (ages 20-24) accounted for 27% of all tests and 14% were among adolescents (ages 13-19). Ethnic and racial minorities comprised 52% of the persons receiving services. Fifty-six percent of persons tested were Milwaukee County residents, 14% Dane County residents, and 29% were residents residing outside Milwaukee and Dane counties. One percent of persons resided out-of-state.

Who tested positive?

Of the 22,978 HIV tests conducted in the CTR Program in 2005, 133 (0.6%) were positive. Thirty-three persons previously tested positive and were usually confirming a positive test result to access HIV specialty services. One hundred persons were newly identified with HIV infection. The HIV prevalence for the CTR Program, based on newly identified HIV positive clients, was 0.4 % or 1 of approximately every 200 persons tested.

A closer look at who tested positive

Table 2 summarizes 2005 HIV prevalence data by race/ethnicity and gender.

Table 2: Persons testing positive for the first time by race/ethnicity, risk and gender

M =male F=female

Race/Ethnicity	White		African American		Hispanic/Latino		American Indian		Unknown	
New HIV+ (n 100)	47		31		18		2		2	
High Risk	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
MSM/IDU	2									
MSM	33		11		11		2		2	
IDU	1		2	1	1					
Sex Partner at Risk	1	1	3		2	2				
Moderate Risk	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
STD Diagnosis				4						
Sex Exchange		2								
Sex while using non-injection drugs			1	2						
Victim of sexual assault		1								
Low Risk	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
Heterosexual; no other risk	3		2	2	2					
Unknown risk		3	3							
Total	40	7	22	9	16	2	2	0	2	0

Who received test results

Post-test counseling is important for several reasons. For a person testing negative, post-test counseling presents an opportunity to reinforce prevention messages, build on the consumer’s past successes in prevention, and access other beneficial services. For persons testing positive, it serves as an opportunity to assess support systems, discuss issues of disclosure of test results, explore how the consumer has handled difficult situations in the past, and dispel myths or correct misinformation. It is also the gateway to medical evaluation and care, Partner Counseling and Referral Services, case management, and other HIV specialty services. Research shows that persons who are aware of their HIV positive status and who are linked to services are more likely to take and maintain steps to reduce transmission to others.

In 2005, the overall post-test return rate was 87%, up from 71% in 2004, 66% in 2003, and 63% in 2002. Increases in post-test return rates are largely due to increased use of rapid testing. Table 3 shows the percent of CTR consumers who received post-test counseling by select characteristics. As indicated, there is notable variance for post-test counseling rates between and across characteristics. Females testing positive are more likely than men to receive test results. Men who have sex with men are least likely to receive test results.

Table 3. Percent of CTR clients who received post-test counseling, by select characteristics

	% of all tests	% of all HIV +
Total Tests = 22,978	87%	84%
Sex		
Male	90%	81%
Female	83%	96%
Race/Ethnicity		
White	89%	88%
African American	86%	79%
Hispanic	84%	84%
Asian/Pacific Islander	92%	100%
American Indian	88%	50%
Unknown	87%	100%
Risk Exposure		
High Risk	93%	83%
MSM & IDU	90%	100%
MSM	95%	80%
IDU	86%	86%
Sex Partner at Risk	90%	92%
Moderate Risk	87%	85%
Low Risk	83%	90%

For additional information regarding the Wisconsin HIV Counseling, Testing, and Referral Program, contact Jim Stodola at 608-261-9429 (phone) or stodojm@dhfs.state.wi.us (email).

Advancing HIV prevention: routine rapid HIV testing of inmates in short-stay correctional facilities

*Miche LLanas, Prevention Evaluation Coordinator, AIDS/HIV Program,
Wisconsin Division of Public Health*

The Fall 2003 *Wisconsin AIDS/HIV Update* announced that Wisconsin was one of four state health jurisdictions to participate in the Centers for Disease Control and Prevention's (CDC) Advancing HIV Prevention demonstration projects. The AHP initiative is aimed at reducing the annual number of new HIV infections in the US and to expand new approaches in preventing the transmission of HIV.

One of Wisconsin's AHP projects focused on implementing rapid HIV testing in two Wisconsin county correctional facilities, Milwaukee House of Correction and the Rock County Jail. Detailed background on the jail testing project is included in the Fall 2004 *Wisconsin AIDS/HIV Update* article, "Rapid HIV testing in short-stay correctional facilities."

In Wisconsin, project testing services began in January 2004 and concluded by March 2006. The project's aim focused on using rapid HIV testing as part of routine medical intake in jail and other short-stay correctional settings to:

1. identify new infections for inmates whose HIV status is unknown or negative,
2. notify all tested inmates of their rapid HIV test results before release,
3. link HIV-infected persons to appropriate antiretroviral care, treatment and prevention services upon release, and
4. refer persons at high-risk of acquiring HIV to prevention services.

Final project data is currently being analyzed, however, preliminary data (which is not yet citable) include the following:

- A total of 4,500 inmates received HIV rapid testing, with 99.9% receiving test results prior to release. Twenty-nine percent of inmates tested had never been tested for HIV. Fifty-three percent were under 30 years of age.
- Twelve inmates were identified with HIV infection and linked to care services.
- Eighty-three percent of inmates tested were male and approximately 19% of the males tested acknowledged high risk behaviors.
- Among female inmates, 17% elected to be tested and approximately 50% of those tested acknowledged high risk behaviors. Females accounted for 33% of inmates testing positive (4 out of 12).

Project activities in Wisconsin concluded in March 2006. Agencies are finalizing data submission and are working within the facilities on transitional plans for testing. A final report on rapid testing in Wisconsin jails, including project evaluation, will be completed in the summer of 2006.

CDC is coordinating two final project activities among the national project partners. These include a cost analysis of the project and development of implementation guidance and resources for jurisdictions and agencies working in correctional facilities. Wisconsin is actively participating in these final project activities and will disseminate project reports and guidance when they become available.

For additional information on Wisconsin's experience in implementing the AHP project on rapid HIV testing in short-stay correctional facilities, contact Miche Llanas at 608-261-6731 or llanamr@dhfs.state.wi.us.

AIDS/HIV Program selects vendor as alternative to PEMS for managing HIV prevention services data

Miche Llanas, Prevention Evaluation Coordinator and Mari Gasiorowicz, MA, Former Prevention Evaluation Coordinator, AIDS/HIV Program, Wisconsin Division of Public Health

Program Evaluation and Monitoring System (PEMS) is the Centers for Disease Control and Prevention's (CDC) HIV prevention data and reporting system. Wisconsin has worked with PEMS since its inception in fall 2004. However, AIDS/HIV Program staff and HIV prevention grantees have been challenged with installing digital certificates, using the software required to implement the PEMS, and in actually using PEMS. Users have found the system to be unresponsive to their needs.

As a result of extensive input from HIV prevention grantees, the AIDS/HIV Program has elected to contract for services that include a more user-friendly web-based reporting system and extensive user support. Luther Consulting was selected to perform this function through a competitive bid process. Luther Consulting, based in Indiana, currently provides web-based reporting to five additional states. Luther Consulting's *EvaluationWeb XPEMS* is described at <http://www.lutherconsulting.com/xpems/index.cfm>.

A number of the advantages and features of the Luther system include:

- a secure data network without the necessity to acquire digital certificates;
- clean, easy to use data entry screens, resulting in rapid data entry;
- flexibility to tailor the system to meet state-specific needs, including addition or elimination of selected variables and development of several "canned" reports, such as "percent-to-goal" and ability to enter quarterly narratives;
- ability to download data and reports from the system for use by grantee agencies;
- rapid response time to help desk inquiries, accessed through a toll-free telephone number or email; and

- support staff that are cross-trained in evaluation and are familiar with services provided by HIV prevention grantee agency staff.

Wisconsin will transition from the existing Wisconsin web-based reporting system and PEMS to the new system over the course of 2006. The transition will include:

- keeping grantees abreast of develops;
- seeking grantee input on the roll-out through the HIV Prevention Evaluation Work Group and other mechanisms;
- tailoring the system to meet the needs in Wisconsin, including paring down the number of variables for data collection and developing useful reports; and
- providing training and ongoing technical assistance on the new system.

Questions about the new system can be directed to Miche LLanas at 608-261-6731 (phone) or LLanamr@dhfs.state.wi.us (email).

National women and girls HIV/AIDS awareness day activities

*Karen Johnson, BSW, HIV Prevention Consultant, AIDS/HIV Program,
Wisconsin Division of Public Health*

March 10, 2006 marked the first observance National Women and Girls HIV/AIDS Awareness Day. This observance, sponsored by the Office of Women's Health in the federal Department of Health and Human Services was intended to heighten the awareness of the impact of HIV/AIDS on women in the US.

In Wisconsin, HIV infection has had a significant impact on women:

- In 2005, 89 reported cases of HIV (24 percent of all cases) occurred in females.
- The majority of cases of HIV infection in females occur in high risk heterosexuals, however, an increasing number of cases in females have been attributed to injection drug use.
- Women of color in Wisconsin are disproportionately affected by HIV infection. During the period 1990-2005, three-fourths of all cases of HIV in females occurred among minority females.
 - African American females had reported rates of HIV infection that were 25-36 fold greater than while females.
 - Reported rates of HIV infection were 14-16 fold greater among Hispanic females compared to white females.

The federal Office of Women's Health provided information resources and a mini-grant in the amount of \$2,000 for activities supporting observance of National Women and Girls HIV/AIDS Awareness Day. Community agencies that received technical assistance and support from the AIDS/HIV Program for implementing local events included the following:

- AIDS Resource Center of Wisconsin (ARCW) conducted a workshop for 6 female inmates in the Outagamie County Jail. The workshop featured the video "Living Positive: Women and AIDS" and a discussion of the video and ways to prevent HIV infection and sexually transmitted diseases.

- ARCW conducted a workshop for 7 female inmates at the Taycheedah Correctional Facility. The workshop included a viewing the video “Living Positive” and a focused discussion on personal values, personal priorities, and future goals of workshop participants.
- The Counseling Center of Milwaukee and Horizon House in Milwaukee collaborated in sponsoring the workshop “SISTERS’ Unite” at the Hillside Family Resource Center. Seventeen women age 25-52 years participated in the workshop which included pre- and post-tests that assessed knowledge gained after viewing the video “Living Positive.” Participants discussed condom use. Workshop sponsors noted that the video had an unusually strong emotional impact on several women who, after viewing the video, stated that they would demand that their sexual partners use condoms.
- The Sixteenth Street Community Health Clinic in Milwaukee conducted a workshop for eleven male-to-female transgender persons. The workshop titled “Silent No More, Latina Resources,” focused on participants increasing their knowledge on how to protect against HIV/AIDS. Participants played “AIDS Bingo” which tested their knowledge of AIDS/HIV prevention terminology. Workshop participants watched the video “Living Positive” which was followed by a discussion on HIV/AIDS, drug use, and safety.

National Women and Girls HIV/AIDS Awareness Day provided an opportunity for community agencies to share HIV/AIDS information with women at high risk for HIV transmission and to support women in taking personal responsibility for their health and well-being. These activities demonstrated the leadership and commitment of community agencies in collaborating with public health in addressing critically important HIV-related prevention support services for women and girls in Wisconsin.

For additional information regarding the National Women and Girls HIV/AIDS Awareness Day activities, contact Karen Johnson, HIV Prevention Consultant, at 608-266-1808 (phone) or johnskm@dhfs.state.wi.us (email).

Increasing perinatal HIV testing: options for setting a new direction

Kathleen Krchnavek, MSSW, Counseling and Testing Specialist, AIDS/HIV Program, Wisconsin Division of Public Health and Wisconsin State Laboratory of Hygiene

On April 10, 2006, the Wisconsin AIDS/HIV Program hosted a meeting to discuss options to increase HIV testing during pregnancy. Since 1994, the United State Public Health Service has recommended universal, voluntary testing of pregnant women. A random sample of Wisconsin birth records from 2003 showed that only 68% of women had documentation of a prenatal HIV test in their hospital record. Between 2000 -2005, eleven infants were born in Wisconsin with HIV infection. To reduce transmission of HIV from mother to child, more women must be tested for HIV infection during pregnancy.

At the April meeting, the AIDS/HIV Program offered several options for increasing the number of women tested during pregnancy, including:

1. Enhancing educational efforts directed at perinatal providers and women, without statutory changes. This might include working with state health maintenance organizations (HMOs), hospitals, and the Medicaid system to develop protocols that ensure HIV testing during pregnancy.
2. Establishing statutory requirements that health care providers offer HIV testing to pregnant women, document test results, and offer rapid testing to women in labor who do not have a documented test result in their medical record.
3. Changing laws regarding consent for HIV testing to allow for “opt-out” testing of pregnant women which would enable providers to notify women that they will be tested for HIV infection unless they refuse the test. In this circumstance, written informed consent would be eliminated but women would still know that they will be tested and have the right to decline.
4. Establishing statutory requirement for testing newborns when a mother’s HIV status is undocumented. Mandatory testing would ensure that no infant would leave the hospital without an assessment of the infant’s HIV status. This would likely motivate providers to offer HIV testing earlier in pregnancy and possibly motivate women to accept testing.

Although participants at the April meeting did not reach a consensus, the AIDS/HIV Program received detailed, thoughtful commentary regarding the options for increasing HIV perinatal testing. The AIDS/HIV Program has solicited input from other groups and hopes to set a direction for enhanced perinatal testing in the near future. To offer comments or obtain further information on perinatal HIV testing options, contact Kathleen Krchnavek at 608-267-3583 or krchnka@dhfs.state.wi.us (email).

Internet resources for rapid HIV antibody testing

Kathleen Krchnavek, MSSW, Counseling and Testing Specialist, AIDS/HIV Program, Wisconsin Division of Public Health and Wisconsin State Laboratory of Hygiene

This article highlights select web-based information resources on rapid HIV antibody testing. Four rapid HIV tests are currently approved in the United States. Two tests, OraQuick Advance Rapid HIV 1/2 Antibody Test and Uni-Gold Recombigen HIV Test, are approved for use at point-of-care sites outside of a traditional clinical laboratory. The other two, Reveal G2 Rapid HIV-1 Antibody Test and Multispot HIV-1/HIV-2 Rapid Test, must be conducted in a clinical laboratory.

The following recently published article addresses operating and performance characteristics, quality assurance and laboratory requirements, and HIV counseling implications of currently available rapid HIV tests:

Greenwald JL, Burstein GR, Pincus J, Branson B. A rapid review of rapid HIV antibody tests. *Current Infectious Disease Reports* 2006;8:125-131. (Available on the Internet at http://www.cdc.gov/hiv/rapid_testing/materials/rapid_review.pdf.)

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) website has the most comprehensive web-based information resource on rapid HIV testing. The site includes information on the four FDA -approved rapid HIV tests and information regarding counseling; training; and laboratory requirements.

http://www.cdc.gov/hiv/rapid_testing/

National Resource Center of the AIDS Education and Training Center

The website of the National Resource Center of the AIDS Education and Training Center has links to CDC information resources on rapid testing as well as charts listing details of the FDA approved rapid HIV tests, including details on sensitivity, specificity, and purchasing.

<http://aidsetc.org/aidsetc?page=et-09-00>

Websites of manufacturers of FDA-approved rapid HIV tests include the following:

Uni-Gold Recombigen HIV Test

<http://www.unigoldhiv.com/>

OraQuick Advance Rapid HIV 1/2 Antibody Test

www.orasure.com

Reveal G2 Rapid HIV-1 Antibody Test (Manufacturer: Medmira)

www.reveal-hiv.com

Multispot HIV-1/HIV-2 Rapid Test (Manufacturer: Bio-Rad)

www.biorad.com

Prevention planning council learns about the Menominee Tribe

*Molly Herrmann, MS, Community Planning Coordinator, AIDS/HIV Program,
Wisconsin Division of Public Health*

The Wisconsin HIV Prevention Community Planning Council met March 9-10, 2006 at the College of Menominee Nation on the Menominee Reservation in Keshena. The first day of the meeting focused on the Menominee Tribe and HIV-related health issues of this community. The following are select summaries of presentations at the March 9 Planning Council meeting.

Native American culture

Dave (Nahwahquaw) Grignon, Menominee Tribal Historic Preservation Officer, reviewed the history of the Menominee Tribe and explained aspects Tribal history, including traditional healing methods, the concept of sovereignty, tribal leadership and enrollment, treaties, and the Menominee Termination and Restoration Acts. Information on Tribal history is located on the Menominee Tribe website at www.menominee-nsn.gov/history/tribalHistoryGuideProject.asp.

Menominee Tribal Health Clinic and select health concerns

Jerry Waukau, Health Administrator, Menominee Tribal Health Clinic, described the Tribal Clinic and highlighted a number of areas, including the high percentage of clients who are

youth, no-show rates, poverty among clients, and mental health concerns. Mark Fuller, from the Maehnowesekiyah Treatment Center, provided an overview of alcohol and drug use, including the history and rates of alcohol and drug use among Wisconsin Tribes and Tribal recommendations to reduce problems associated with alcohol and drug use. Mary Webster, from the Maehnowesekiyah Treatment Center, described her work with youth who use alcohol and drugs. Information on the Tribal Health Clinic is located on the Internet at www.menominee-nsn.gov/health/clinicHome.asp. Information on Maehnowesekiyah Treatment Center is located at <http://www.menominee-nsn.gov/maehnowesekiyah/maehHome.asp>

Wall of Moccasins

Melissa White, of the Menominee Tribal Clinic, described the “Wall of Moccasins” memorial display which includes a pair of hand-made moccasins for tribal members who died from HIV-related illnesses. An article from the Wisconsin site of the Midwest AIDS Training and Education Center, on page 10 this issue of the *Update*, describes this exhibit and its display at an HIV-related conference in Alaska in May.

HIV epidemiology and HIV-related health services

Neil Hoxie, Wisconsin AIDS/HIV Program Epidemiologist, reviewed census data, HIV cases, and STD rates among Native Americans. Faye Dodge, of the Menominee Tribal Clinic, described HIV and STD-related services available through the Menominee Tribal Health Clinic.

Great Lakes Inter Tribal Council (GLITC)

The Great Lakes Inter-Tribal Council (GLITC) is a community based organization that supports member tribes in expanding sovereignty and self-determination through a variety of programs, including HIV prevention efforts. Karen Johnson, Wisconsin AIDS/HIV Program Prevention Consultant, provided the history of GLITC HIV prevention activities and how this organization works with the 11 tribes in Wisconsin. Art Bell, GLITC HIV/AIDS Program Director, presented youth and Native American-focused HIV prevention posters and an educational, HIV prevention music video created by and for Native youth. Additional information on GLITC is available from their website at www.glitc.org.

Midwest AIDS Training and Education Center

The Midwest AIDS Training and Education Center (MATEC) is a federally funded HIV-related regional training center for health professionals. Amanda Wilkins, Training Specialist with the Wisconsin site of the MATEC (MATEC-WI), provided an overview of MATEC training activities directed to health professionals serving Native Americans in Wisconsin. The Fall 2005 issue of the *Wisconsin AIDS/HIV Update* previously highlighted several of these activities. Additional information on MATEC is located on the Internet at www.matec.info.

Review of 2005 HIV partner counseling and referral services

Dhana Shrestha, MPH, Partner Counseling and Referral Services Coordinator, AIDS/HIV Program, Wisconsin Division of Public Health

HIV partner counseling and referral services (PCRS) are critically important HIV prevention services provided by specially trained public health nurses in most local health departments (LHD). The main goal of PCRS is to stop the chain of HIV transmission by providing counseling and referral services for HIV positive persons (clients) and to provide these and other services to sexual and needle-sharing partners of clients.

Brief review of the process of PCRS

After an HIV case report is received by the Wisconsin Division of Public Health, the PCRS Coordinator assigns the case (index client) to a PCRS worker in the LHD. The worker subsequently contacts the client, provides counseling and referral services, and assists the client in linking with needed services. After the client's immediate needs have been addressed, the worker discusses options for notifying the client's sexual and needle-sharing partners of their potential risk for HIV infection. The worker obtains information from the client that will assist in notifying partners of their possible risk. The discussion may also focus on the index client's family members, friends, and acquaintances (referred to collectively as "cluster members") who are part of a client's social network and who may benefit from HIV testing and/or counseling.

All PCRS activities are conducted confidentially. After gathering identifying information from the HIV positive client ("the index client"), the worker locates and notifies partners and cluster members about their possible risk exposure. This is done without revealing the index client's identity. The worker offers HIV prevention counseling, HIV testing, and assists partners and cluster members in accessing needed resources. The worker discusses ways partners and cluster members can change risk behaviors so that they can avoid being infected or transmitting HIV.

Summary of 2005 Wisconsin PCRS activities

In 2005, 416 cases received PCRS. Index clients who received PCRS identified 397 partners and cluster members. Of the partners and cluster members identified, 201 were located and received PCRS. Ninety-two were tested for HIV and nine tested positive. The HIV positivity rate among partners and cluster members who elected to be tested during PCRS was 10%. In comparison, the positivity rate of among persons tested in the Wisconsin HIV Counseling, Testing and Referral (CTR) Program in 2005 was 0.5%. The PCRS testing positivity rate demonstrates the effectiveness and efficiency in case-finding.

Wisconsin PCRS Activities, 2005

Cases receiving PCRS	416
Partners/cluster members identified	397
Partners/cluster members received PCRS	201
Partners/cluster members who tested positive previously	37
Partners never tested or who tested negative previously	164
Partners tested for HIV during PCRS	92
Partners/cluster members testing positive	9

Piloting partner elicitation

Select CTR sites piloted partner elicitation (PE) services in 2005. PE usually occurs as part of PCRS when HIV positive clients have an opportunity to discuss their sexual and needle-sharing partners and cluster members. The CTR agencies piloting PE offered this optional service to persons testing positive for HIV after post-test counseling. Because PE is a logical extension of CTR services for clients testing positive, the PE pilot project continues and it provides an additional option for clients electing to discuss partner information rather than receiving PCRS.

Integrating HIV rapid testing in PCRS

HIV rapid testing was integrated within PCRS in select agencies in 2005. While the number of partners and cluster members who were tested did not increase in 2005, compared to 2004, partners and cluster members indicated high acceptance of rapid testing which significantly shortened the time during which individuals waited to receive test results. Rapid testing also lessened the chance that some individuals receiving PCRS-based testing might be lost to follow-up.

Redirecting funds supporting PCRS staff in Milwaukee

One challenge faced in 2005 was the limited capacity of providing timely PCRS in the city of Milwaukee. During 2005 and 2006, PCRS activities in Milwaukee are being transitioned from the state AIDS/HIV Program to the City of Milwaukee Health Department (MHD). The transition resulted in unanticipated staff vacancies and a long training period for new MHD personnel. The limited capacity for staffing should improve in 2006 when the full complement of PCRS staff are hired by the MHD and complete their training.

For additional information regarding Partner Counseling and Referral Services, contact Dhana Shrestha, PCRS Coordinator, at 608-267-5288 (phone) or shresdm@dhfs.state.wi.us (email).

CDC redefines prevention case management

Prevention case management (PCM) has traditionally been a client-centered HIV prevention activity that combines HIV risk-reduction counseling and traditional psychosocial case management to provide intensive, ongoing, individualized prevention counseling and support. Because of confusion with existing case management resources funded by a variety of federal agencies, the Centers for Disease Control and Prevention (CDC) has changed the name of PCM to that of "comprehensive risk counseling and services" (CRCS). In addition to this name change, CDC developed program recommendations regarding the balance between the risk reduction and case management aspects of CRCS, including the following:

- CRCS staff do not conduct case management if a client has or can be referred to other case management services.
- CRCS staff should refer clients to available case management and other services and monitor clients' use of these services.
- CRCS staff can provide case management or referrals if there is no existing case manager or referral system or if a particular service is not covered by existing case management services.

- In all cases, CRCS staff work with other service providers and help with referrals and coordination.

CDC plans on releasing a revised implementation manual for CRCS in the fall of 2006. While previous CDC recommendations for PCM addressed services for HIV positive clients, the revised manual will address the needs of both HIV negative and HIV positive clients.

Milwaukee Alliance for Sexual Health: developing a community response to disparities in sexually transmitted diseases and unintended pregnancies

Tatiana Dierwechter, MSW, Supervisor, HIV Prevention Unit, 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, recently 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 Milwaukee Health Department (MHD), Health Care Education and Training (HCET), and faculty at the Medical College of Wisconsin (MCW).

In developing the grant application, the DHFS identified a compelling need to address major health disparities related to sexually transmitted diseases (STDs) and adolescent pregnancies in Milwaukee:

- Wisconsin ranks 21st out of 50 states for its combined case rate for chlamydia, gonorrhea, and syphilis.
- Milwaukee County, where 50% of reported STDs occur, has Wisconsin's highest STD case rate.
- Among 63 cities cited by the federal Centers for Disease Control and Prevention (CDC), Milwaukee ranks 10th highest in STD case rates.
- In Milwaukee zip codes with the highest prevalence of reported STDs, 22% of 15-19 year olds had a STD in 2004.
- African Americans, who represent 25% of Milwaukee's residents, accounted for 49% of reported STD cases in the city.
- Milwaukee has the second highest percent of births to teens in the 50 largest US cities in 2002.
- Nearly 26% of teen births in Milwaukee are to adolescents who are already parents.

Project timetable

From March – June 2006, project partners will conduct enhanced analysis of Wisconsin STD and teen pregnancy surveillance data and other data in Milwaukee zip codes with the highest STD morbidity and teen pregnancy rates. The MHD will sponsor in-depth needs assessments including focus groups, key informant interviews, and street intercept contacts to develop a better understanding of barriers and factors that increase access for youth in need of STD and

family planning resources. The project will build on previous community efforts by reviewing literature on evidence-based best practices, inventorying service providers, and assessing service gaps with a focus on the overlap of STD and family planning services. This information will be used to develop a series of brief analytic papers and other planning resources to support short-term, community planning. Examples of topics to be explored, among others, include:

- service models integrating STD and family planning services;
- strategies for improving access to the Wisconsin Family Planning Waiver Program, particularly for youth needing STD and family planning services;
- other states' legislative initiatives targeting African American health disparities; and identification of new and secure funding streams to support integrate models of care.

From July - December 2006, the project will convene a community planning group composed of diverse consumers, providers, and other non-traditional partners to review needs assessment data and develop an action plan for STD, HIV, and unintended pregnancies. Additional outcomes may include submission of grant proposals to other private and public grant sources, including the Healthier Wisconsin Partnership Program, consideration of legislative proposals that could be forwarded for the 2006-2008 state biennial budget, and linking to and strengthening ongoing alliances to implement other recommendations resulting from the planning process.

Highlights from the Wisconsin Hepatitis C Program

Sheila Guilfoyle, Hepatitis C Coordinator, AIDS/HIV Program, Wisconsin Division of Public Health

May: National Hepatitis Awareness Month

National Hepatitis Awareness Month, sponsored by the American Liver Foundation (ALF) and other national liver health partners, focuses attention on the prevention, treatment, and growing health burden of viral hepatitis in the US. During May, ALF hopes to increase awareness of the prevention of Hepatitis A and B through vaccination, the reduction of perinatal hepatitis B infections, and screening and treatment for hepatitis C. For more information about Hepatitis Awareness Month and other liver health topics, see the following websites:

The American Liver Foundation

www.liverfoundation.org

Hepatitis Foundation International

www.hepfi.org

**The Wisconsin HIV/STD/Hepatitis C
Information & Referral Center**

www.irc-wisconsin.org

Wisconsin hepatitis task force convened

The Wisconsin Hepatitis Task Force convened its first meeting in January 2006. The task force is facilitated by the Wisconsin Chapter of the American Liver Foundation and consists of a large

of group of health care providers, community stakeholder, treating physicians, and local public health departments.

The goal of the group is to implement educational and awareness programs outlined in the State Hepatitis Strategic Plan and to facilitate improved access to testing and treatment of viral hepatitis. (The State Hepatitis Strategic Plan is located on the website of the Wisconsin Hepatitis C Program at <http://dhfs.wisconsin.gov/communicable/hepatitis/PDFs/WIHepPlan.pdf>.)

For more information on the Wisconsin Hepatitis Task Force, contact Dee Girard, Executive Director of the American Liver Foundation Wisconsin Chapter at 414/961-4936 or alfwisc@sbcglobal.net (email).

Hepatitis related articles of interest to service providers

Dienstag JL, McHutchison JG. American Gastroenterological Association medical position statement on the management of hepatitis C. *Gastroenterology* 2006;130:225-30. (Available on the Web at: <http://www.gastrojournal.org/article/PIIS0016508505022717>.)

This medical position statement from the American Gastroenterological Association contains current recommendations to assist physicians and other health care workers in managing hepatitis C virus (HCV) infection. The statement addresses screening, pretreatment diagnostic evaluation, and treatment of chronic hepatitis C, including monitoring response to antiviral therapy, management of therapy side effects, and approaches to various patient populations (i.e., persons with cirrhosis, previous relapsers and nonresponders, acute hepatitis C, injection drug or alcohol use, hematologic disorders, children, end-stage renal disease, extrahepatic disease, HIV and HCV coinfection, and liver transplantation).

Committee on Pediatric AIDS. Reducing the risk of HIV infection associated with illicit drug use. *Pediatrics*. 2006;117: 566-571. (Available on the Internet from <http://www.pediatrics.org/cgi/content/full/117/2/566>.)

This policy statement from the American Academy of Pediatrics addresses clinical considerations regarding HIV transmission through illicit injection drugs, particularly intravenous use drug by adolescents and young adults. The statement emphasizes several important HIV prevention measures pediatricians can implement in practice and through advocacy efforts. Clinical practice recommendations include: patient risk assessment, HIV prevention education (including instruction on decontamination of used injection drug equipment), facilitating access to sterile syringes and needles and treatment services, and providing postexposure prophylaxis. The statement encourages consideration of the risks and benefits of postexposure prophylaxis with antiretroviral drugs for youth with a single recent (within 72 hours) high-risk exposure to HIV through shared needles/syringes with an HIV infected individual or having unprotected intercourse with an individual who engages in injection drug use. Youth with possible HIV exposure attributed to injection drug use should be assessed for hepatitis B and hepatitis C virus infection and, if not previously fully immunized, given hepatitis B vaccine.

Wisconsin Hepatitis C Surveillance Summary

Cases Reported 01/01/1999 through 03/31/2006

Summary

Total	22,368	100%
Confirmed (1)	17,850	80%
Unconfirmed (2)	4,518	20%

Gender

Males	15,079	67%
Females	7,113	32%
Unknown	176	1%

Age

0-12	71	0%
13-19	170	1%
20-29	1,003	4%
30-39	4,334	19%
40-49	10,218	46%
50+	6,497	29%
Unknown	75	0%

Race

White	8,841	40%
Black	2,983	13%
Am Indian	240	1%
Asian	95	0%
Other	59	0%
Unknown	10,150	45%

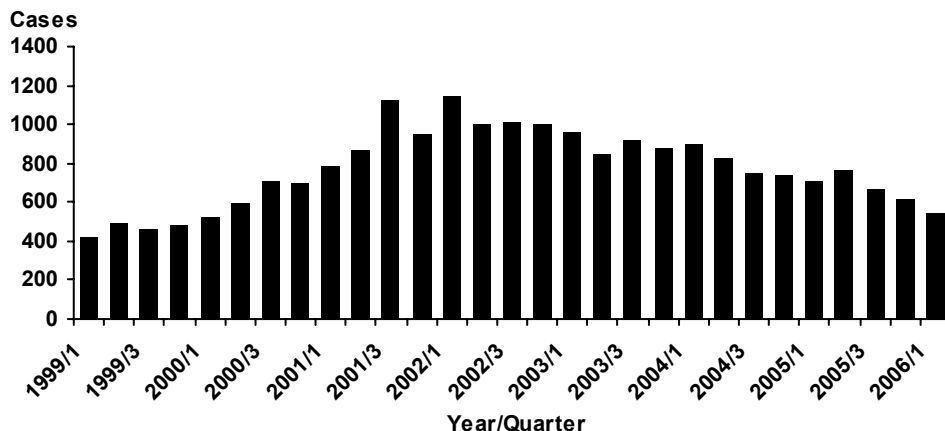
Ethnicity

Hispanic	708	3%
Not Hispanic	9,145	41%
Unknown	12,515	56%

Reported cases by county

Adams	76	Florence	7	Marathon	152	Rusk	43
Ashland	51	Fond Du Lac	235	Marinette	89	St Croix	92
Barron	76	Forest	34	Marquette	37	Sauk	191
Bayfield	27	Grant	46	Menominee	16	Sawyer	46
Brown	400	Green	60	Milwaukee	6545	Shawano	48
Buffalo	18	Green Lake	34	Monroe	179	Sheboygan	185
Burnett	57	Iowa	31	Oconto	63	Taylor	15
Calumet	39	Iron	18	Oneida	89	Trempealeau	47
Chippewa	103	Jackson	43	Outagamie	271	Vernon	30
Clark	44	Jefferson	156	Ozaukee	159	Vilas	72
Columbia	114	Juneau	95	Pepin	7	Walworth	302
Crawford	30	Kenosha	705	Pierce	58	Washburn	45
Dane	1284	Kewaunee	26	Polk	97	Washington	181
Dodge	168	La Crosse	306	Portage	145	Waukesha	576
Door	47	Lafayette	12	Price	28	Waupaca	88
Douglas	237	Langlade	38	Racine	801	Waushara	59
Dunn	54	Lincoln	34	Richland	24	Winnebago	407
Eau Claire	217	Manitowoc	92	Rock	693	Wood	128
						Unknown	5345

Reported cases by quarter



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.

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/

HIV/AIDS-related MMWR articles: January 2006 through April 2006

Each issue of the *Update* includes a list of AIDS/HIV-related citations from issues released during the previous quarter 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/> or from CDC's file transfer protocol server at <ftp.cdc.gov>. Public health agencies and most libraries in hospitals, medical schools and nursing schools subscribe to the MMWR. Single copies of selected MMWR reprints are available free from the CDC National Prevention Information Network at 800-458-5231.

Article	Issue
QuickStats: Percentage of persons aged 15-44 years overall tested for human immunodeficiency virus (HIV) during the preceding year and percentage by number of sex partners of the opposite sex – United States, 2002. (http://www.cdc.gov/mmwr/PDF/wk/mm5502.pdf)	MMWR 2006 January 55(02);49.
Racial/ethnic disparities in diagnoses of HIV/AIDS – 33 states, 2001-2004. (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5505a1.htm?s_cid=mm5505a1_e)	MMWR 2006 February 55(05);121-125.
Methamphetamine use and HIV risk behaviors among heterosexual men – preliminary results from five northern California counties, December 2001 – November 23. (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5510a2.htm?s_cid=mm5510a2_e)	MMWR 2006 March 55(10);273-277.
HIV transmission among male inmates in a state prison system – Georgia, 1992-2005. (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5515a1.htm?s_cid=mm5515a1_e)	MMWR 2006 April 55(15);421-426.

Wisconsin HIV prevention training system news

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

The Wisconsin HIV/AIDS Prevention Training System is pleased to announce the course entitled "Working More Effectively with Deaf People in HIV/AIDS Settings" and taught by Bette Mentz-Powell which will be offered on Thursday, May 25, 2006 from 9:00 to 3:00 at the Pyle Center in Madison. The purpose of this course is to increase the knowledge of service providers and their commitment to more effectively serve clients, and potential clients, who are deaf. The course content includes:

- information about people who are born deaf as well as those who acquire a hearing loss;

- differences in deaf individuals and the ramifications of their specific hearing loss;
- language, culture, and communication issues;
- identifying qualified interpreters, funding for interpreters, and how to use interpreters effectively and appropriately;
- HIV/AIDS in the deaf community; and
- suggestions for workshop participants to overcome barriers in providing culturally competent education, prevention, treatment and referral services.

A new feature of this course is an opportunity to try out various tools and technologies that will facilitate agencies' abilities to serve the deaf community. This course will be particularly relevant for staff from Wisconsin agencies who receive funding to provide HIV/AIDS services, including supervisors, managers, and frontline staff.

As the instructor, Ms. Mentz-Powell brings professional and personal experience to this training. Ms. Mentz-Powell holds a master's degree in Rehabilitation Counseling Psychology from the University of Wisconsin-Madison and is licensed as an Independent Social Worker and Professional Counselor.

Register on-line at www.wihivpts.wisc.edu by clicking on the "Registration" tab on the left side of the screen and then selecting the "Working More Effectively with Deaf People in HIV/AIDS Settings" by May 11, 2006.

The Wisconsin HIV Prevention Training System now provides an online registration option. Go to the website home page (www.wihivpts.wisc.edu) and click on the "Registration" button to use this option. Registration can also be done by faxing a registration form that can be downloaded from the "Library" section of the website (www.wihivpts.wisc.edu), scrolling to the title of the course, and clicking "download." Regardless of the registration method, an email message will confirm receipt of the registration and a second email will confirm enrollment in the course. The second email confirming enrollment is required in order to attend a course. Contact Tara Loushine (tloushine@dcs.wisc.edu or 608-265-4551) or Narra Smith Cox (nscox@wisc.edu or 608-262-2730) for further information regarding the Wisconsin HIV Prevention Training System.

Information resources on transgender persons and HIV

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

In recent years there has been a growing awareness of the need for HIV prevention targeting the transgender community. Evidence shows high rates of HIV infection among transgender persons. Despite reports of high prevalence, transgender populations are often overlooked. As with other high-risk populations, prevention efforts for transgender persons come with a special set of challenges.

Researchers in the U.S. have been working to gain a greater understanding of the challenges facing not only persons of the transgender community, but also the challenges faced by prevention workers trying to reach this underserved, high-risk population.

The following resources contain information on transgender populations, HIV-related prevention information that targets transgender persons, and other resources for transgender persons.

What are the Prevention Needs of Male-to-Female Transgender Persons (MTFs)?

<http://www.caps.ucsf.edu/MTF.html>

Fact sheet on HIV prevention needs of transgender people.

Transgender and HIV: Risks, Prevention, and Care. Edited by Walter Bockting, PhD and Sheila Kirk, MD. Binghamton, NY: Haworth Press, 2001.

Book presents collection of reports on the impact of HIV/AIDS on the transgender community. Includes description of unique risks of transgender people, exposes their largely neglected health and social service needs, and reports on prevention interventions targeting this community.

Transgender Persons: HIV Prevention Needs

<http://www.wihivpts.wisc.edu/libraryDownload.asp?docid=68>

A summary of literature citations prepared by the Center for AIDS Intervention Research, Medical College of Wisconsin.

HIV/AIDS and Transgender Persons

<http://www.osophs.dhhs.gov/aids/factsheets/FSTransgender.pdf>

Fact sheet on HIV/AIDS and transgender persons from the U.S. Department of Health and Human Services.

Transgender and HIV Information - Hawaii AIDS Education and Training Center

http://www.hawaii.edu/hivandaids/links_transgenderHIV.htm

Website provides links to full-text articles, a power point presentation and a number of fact sheets on the transgender population and HIV.

Transgender Law & Policy Institute (TLPI)

<http://www.transgenderlaw.org>

info@transgenderlaw.org

A non-profit organization dedicated to effective advocacy for transgender people. Website provides information on US and international laws affecting transgender and transsexual people, legislative advocacy tools and other information.

PFLAG Transgender Network (TNET)

<http://www.youth-guard.org/pflag-tnet/>

TNET is a PFLAG affiliate focused specifically on promoting health and well being of transgender persons, their family and friends. Site provides access to related news, newsletters, book reviews, and other resources.

Transsexual Women's Resources

<http://www.annelawrence.com/twr/>

Website designed to empower transsexual women by providing factual information, informed opinion, and personal narrative in hopes of helping transsexual women make decisions that will best serve their individual needs. Also provides information for medical professionals.

Transgender Crossroads: Connecting Communities One Person At A Time

<http://www.tgcrossroads.org>

Support, news and other resources for transgender persons.

International Foundation for Gender Education

www.ifge.org

IFGE is a leading advocate and educational organization promoting the self-definition and free expression of individual gender identity. Website provides most complete bookstore on the subject of transgenderism, publishes leading magazine on a variety of trans-issues, and also provides related news, events and access to other publications.

Gender Education and Advocacy

<http://www.gender.org>

Gender Education and Advocacy (GEA) is a national organization focused on the needs, issues and concerns of gender variant people in human society. They seek to educate and advocate for all human beings who suffer from gender-based oppression in all of its many forms. Website provides useful information for transgender persons including advisories, projects and other resources.

HIV/AIDS in Transgender and Transsexual Persons

<http://www.gender.org/resources/dge/gea02004.pdf>

Fact sheet from Gender Education and Advocacy on HIV/AIDS among the trans community.

Harry Benjamin International Gender Dysphoria Association

<http://www.hbigda.org/>

Professional organization devoted to the understanding and treatment of gender identity disorders. Developed widely used standards including Ethical Guidelines for Professionals and Standards of Care for Gender Identity Disorder for professionals who work with transgender persons. Website provides links to transgender organizations, information resources and other gender programs.

Transgender Advisory Hotline America

1-877-427-3230

FORGE: For Ourselves: Reworking Gender Expression

P.O. Box 1272

Milwaukee, WI 53201

FORGE provides local social support, education and resources for those interested in female-to-male (FTM+)/significant others, family, friends, and allies (SOFFAs) issues. FORGE meetings provide a friendly facilitated setting for FTM+s/SOFFAs to network, share their personal experiences and stories, become more informed, and to gather resources. FORGE social support meetings are open to ALL people interested in FTM+/SOFFA issues.

info@forge-forward.org
www.forge-forward.org

Gemini Gender Group

GGG
P.O. Box 44211
Milwaukee WI 53214
Support group for transgender persons. Meets monthly.
414-297-9328 (voicemail)
Gemini_gender_group@hotmail.com
www.geocities.com/gggwi/

Madison Area Transgender Association (MATA)

Provides information and support to cross dressers, intersex, transsexuals, their families, friends and significant others. Serves both the female-to-male and male-to-female communities in Wisconsin and neighboring states. Offers support, direction and social assistance to those of the transsexual community who are pre- and post-operative, male-to-female, female-to-male, ages 18 and older. Support groups meet twice per month.
608-233-2923 (please leave message)
608-255-8582 (contact at Outreach, Inc for additional information)

Milwaukee Transgender Program

Pathways Counseling Center
2645 N. Mayfair Road, Ste 230
First Financial Building
Milwaukee WI 53226-1304
A therapy program for male-to-female and female-to-male transgender persons. A complete program of emotional support, evaluation, psychotherapy, hormone therapy and reassignment surgeries. Follows the Harry Benjamin Standards.
414-774-4111

University of Wisconsin establishes Center for Global Health

The University of Wisconsin – Madison (UW - Madison) has established a Center for Global Health as a joint initiative of the UW schools of Medicine and Public Health, Nursing, Pharmacy and Veterinary Medicine, and the Division of International Studies. The Center’s mission is to develop and support global health education, research and partnerships by building on UW-Madison’s expertise in the health sciences and international studies.

The Center will be establishing global health education programs that include a broad range of study-abroad options, interdisciplinary courses and programs for undergraduate, graduate and special students; and global health tracks or concentrations for masters and PhD candidates.

The Center has already established an option for a Certificate in Global Health which is available as a Graduate Certificate to professional students in the health sciences and graduate students in health-related fields. The Capstone Certificate is also available to persons who have

a BA or BS in a health-related field and is directed at meeting the needs of both traditional and non-traditional students with an interest in global health. The program is based in the Department of Population Sciences of the UW School of Medicine and Public Health and is administered by the Center for Global Health at UW-Madison.

The Center will facilitate and encourage global health research by serving as a catalyst and clearinghouse for information sharing and networking. The Center also seeks to enhance global health services through partnerships with key institutions. Further information on the UW Global Health Program is available from the Program's website at <http://www.pophealth.wisc.edu/gh/index.htm>.

State health plan website contains evidence-based practices for Healthiest Wisconsin 2010

The Wisconsin Department of Health and Family Services (DHFS) website recently added content highlighting evidence-based practices that support attainment of goals of the state health plan *Healthiest Wisconsin 2010*. This content is located on the web at <http://dhfs.wisconsin.gov/statehealthplan/practices/index.htm>.

Of particular interest for HIV service providers are evidence-based practices directed at addressing the health priority *high-risk sexual activity*. Evidence-based practices pertaining to HIV and sexually transmitted disease prevention are located on the state health plan website at <http://dhfs.wisconsin.gov/statehealthplan/practices/obj/hiv.htm>.

Mari Gasiorowicz moves to Tanzania

Mari Gasiorowicz, former Coordinator of HIV Prevention Evaluation, resigned from her position with the University of Wisconsin and AIDS/HIV Program and assumed a two-year contract position with the U.S. Centers for Disease Control and Prevention in Dar es Salaam, Tanzania where she will serve as Monitoring and Evaluation Advisor. Mari's new responsibilities include the coordination of reporting among the U.S. government agencies on the President's Emergency Plan for AIDS Relief and providing evaluation technical assistance on Tanzanian national and local HIV efforts. During her 11 year tenure in the AIDS/HIV Program, Mari was instrumental in implementing several key initiatives, including the formation of Wisconsin's HIV Prevention Community Planning Council, development of HIV risk assessment tools, implementation of Wisconsin's HIV prevention web-based reporting system, and evaluation of prevention case management services. More recently, Mari participated with the National State and Territorial AIDS Program Directors in providing short-term AIDS/HIV-related consultation services in China and Zambia. AIDS/HIV Program staff extend gratitude and best wishes to Mari and her family as they embark on this new and exciting opportunity.

Terrie McCarthy joins AIDS/HIV Program

Terrie McCarthy joined the AIDS/HIV Program as the Office Operations Associate in March 2006. In this position, Terrie is responsible for a variety of program support activities, including data compilation and report submission, database maintenance, scheduling and managing logistics for training programs and professional seminars; processing correspondence and publication requests, and assisting professional staff in preparing meeting presentations. Terrie has over 15 years of office operations and word processing experience in the private sector. The AIDS/HIV Program staff welcomes Terrie!

Calendar

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|-----------------|------------------|---|
| May 3-6, 2006 | Anchorage, AK | Embracing Our Traditions, Values, and Teachings: Native Peoples of North America HIV/AIDS Conference. Sponsor: US Department of Health and Human Services (National Institutes of Health, Office of AIDS Research, and other DHHS entities) and US Department of Interior. Contact: 800-749-9620 or 301-628-3101 (fax); embracingourtraditions@s-3.com (e-mail); www.embracingourtraditions.com (website). |
| May 8-11, 2006 | Jacksonville, FL | National STD Prevention Conference: <i>Beyond the Hidden Epidemic: Evolution or Revolution?</i> Sponsor: Centers for Disease Control & Prevention; American Social Health Association; and National Coalition of STD Directors; American Sexually Transmitted Diseases Association. Contact: stdconf@cdc.gov (e-mail); http://www.cdc.gov/stdconference/ (conference website). |
| May 10, 2006 | Minocqua, WI | Communicable Diseases Spring Seminar. Sponsor: Bureau of Communicable Diseases and Preparedness. Wisconsin Division of Public Health. Contact: Joan Phelan at phelajm@dhfs.state.wi.us (email). |
| May 11, 2006 | Eau Claire, WI | Communicable Diseases Spring Seminar. Sponsor: Bureau of Communicable Diseases and Preparedness. Wisconsin Division of Public Health. Contact: Patti Anderson at anderpa@dhfs.state.wi.us (email). |
| May 11-12, 2006 | Chicago, IL | International Association of Physicians in AIDS Care (IAPAC) North American Sessions 2006. Sponsor: IAPAC; University of Medicine and Dentistry of New Jersey; American Academy of HIV Medicine; Association of Nurses in AIDS Care. Contact: http://www.iapac.org (website). |
| May 18, 2006 | De Pere, WI | Communicable Diseases Spring Seminar. Sponsor: Bureau of Communicable Diseases and Preparedness. Wisconsin Division of Public Health. Contact: Julie Maccoux at maccoJA@dhfs.state.wi.us (email). |
| May 19, 2006 | Madison, WI | Communicable Diseases Spring Seminar. Sponsor: Bureau of Communicable Diseases and Preparedness. Wisconsin Division of Public Health. Contact: Yolanda Shelton at heltyd@dhfs.state.wi.us (email). |

Wisconsin AIDS/HIV Update Spring 2006

May 19, 2006	National Observance	National Asian and Pacific Islander HIV/AIDS Awareness Day. Sponsor: Asian and Pacific Islander Wellness Center of San Francisco. Contact: http://www.omhrc.gov/hivaidsobservances/api/apiabout.html .
May 25-28, 2006	Miami, FL	HIV/AIDS 2006: The Social Work Response. Sponsor: Boston College, Graduate School of Social Work. Contact: Vincent Lynch at 617-552-4038 (phone); lynchv@bc.edu (email); http://socialwork.bc.edu/wp-content/pdf/flyer_hivaids06.pdf (brochure).
June 4-7, 2006	Dallas, TX	2006 HIV Prevention Leadership Summit. Sponsor: National Minority AIDS Council. Contact: http://www.nmac.org/conferences%5F%5F%5Ftrainings/HPLS/
June 24-25, 2006	Miami FL	2006 National Conference on Latinos and AIDS. Sponsor: Minority Healthcare Communications, Inc. Contact: http://www.minority-healthcare.com (website); MHCC@npedu.com (email); 866-901-6267 (phone).
June 27, 2006	National Observance	National HIV Testing Day. Sponsor: National Association of Persons with AIDS. Contact: http://www.napwa.org/hivtestinfo/ (website).
July 24-25, 2006	Miami, FL	2006 National Conference on Latinos and AIDS. Sponsor: Minority Healthcare Communications, Inc. Contact: 866-901-6267 (phone); 410-772-7915 (fax) ; MHCC@npedu.com (email); http://www.minority-healthcare.com/ (website).
Aug 13-19, 2006	Toronto, Ontario, CA	XVI International AIDS Conference. Sponsor: International AIDS Society and partner organizations. Contact: info@aids2006.org (e-mail); www.aids2006.org .
Sept 6, 2006	Elkhart Lake, WI	Wisconsin HIV Prevention Community Planning Council Meeting. Contact: Molly Herrmann at 608-267-6730 (phone) or herrmmm@dhfs.state.wi.us (e-mail).
Sept 21-25, 2006	Hollywood, FL	2006 United States Conference on AIDS. Sponsor: National Minority AIDS Council. Contact: For additional information including registration, program agenda, and scholarships access the website at http://www.nmac.org/conferences .
Oct 12-15, 2006	Toronto, Ontario	44th Annual Meeting of the Infectious Diseases Society of American (IDSA). Sponsor: IDSA. Contact: Phone: 703-299-0200 (phone); 703-299-0204 (fax); info@idsociety.org (email); www.idsociety.org (website).
Oct 15, 2006	National Observance	National Latino AIDS Awareness Day. Sponsor: Latino commission on AIDS. Hispanic Federation. Contact: http://www.nalaad.org (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).
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/ .

**Important
Contacts**



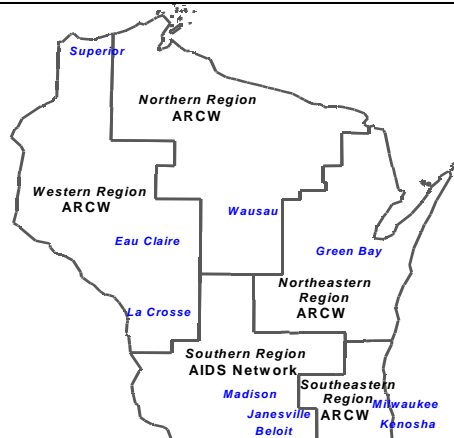
Wisconsin HIV/STD/Hepatitis C Information and Referral Center	
Outside Milwaukee.....	800/334-2437
Milwaukee Metro Area	414/273-2437
Wisconsin AIDS/HIV Program	608/267-5287
Wisconsin AIDS Research Consortium	
(clinical trials).....	800/359-9272
Wisconsin AIDS/HIV Drug Reimbursement Program.....	800/991-5532
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.....	800/342-AIDS
Hearing Impaired.....	800/AIDS-TTY
Spanish Language.....	800/344-SIDA
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		

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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 57 th St	Kenosha WI 53140	262-657-6644 800-924-6601 262-657-6949 (FAX)



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