

WISCONSIN AIDS/HIV UPDATE

Prevention through education

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

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Comments and suggestions for future topics are welcomed.

Wisconsin AIDS/HIV Surveillance Summary

Reported cases by select characteristics, cases reported through December 31, 2005

Total	Cumulative		Reported 2000 - 2005		Presumed alive	
	Cases	Percent	Cases	Percent	Cases	Percent
Cases	9,116	100.0%	2,268	100.0%	5,628	100.0%
Deaths	3,488	38.3%	160	7.1%	-	-
Current disease category						
AIDS	6,140	67.4%	1,074	47.4%	2,897	51.5%
Non-AIDS	2,976	32.6%	1,194	52.6%	2,731	48.5%
Risk Exposure Categories						
Men who have sex with men	4,737	52.0%	1,001	44.1%	2,642	46.9%
Injecting drug use	1,335	14.6%	246	10.8%	777	13.8%
Men who have sex with men and inject drugs	630	6.9%	133	5.9%	383	6.8%
Hemophilia/coagulation disorder	121	1.3%	4	0.2%	44	0.8%
High-risk heterosexual contact	1,108	12.2%	366	16.1%	840	14.9%
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	1,020	11.2%	481	21.2%	849	15.1%
Gender						
Female	1,508	16.5%	510	22.5%	1,118	19.9%
Male	7,608	83.5%	1,758	77.5%	4,510	80.1%
Race/Ethnicity						
White	5,113	56.1%	1,047	46.2%	2,789	49.6%
Black	3,030	33.2%	871	38.4%	2,138	38.0%
Hispanic	818	9.0%	292	12.9%	593	10.5%
Asian/Pacific Islander	50	0.5%	20	0.9%	39	0.7%
American Indian	84	0.9%	20	0.9%	48	0.9%
Multi-racial	9	0.1%	9	0.4%	9	0.2%
Unknown/Other	12	0.1%	9	0.4%	12	0.2%
Age at Diagnosis						
Under 5	79	0.9%	25	1.1%	60	1.1%
5-12	21	0.2%	3	0.1%	15	0.3%
13-19	231	2.5%	74	3.3%	178	3.2%
20-29	2,787	30.6%	623	27.5%	1,877	33.4%
30-39	3,659	40.1%	825	36.4%	2,214	39.3%
40-49	1,688	18.5%	507	22.4%	969	17.2%
50 years and older	643	7.1%	211	9.3%	307	5.5%
Year of Report						
Before 1990	1,485	16.3%				
1990	672	7.4%				
1991	656	7.2%				
1992	683	7.5%				
1993	650	7.1%				
1994	514	5.6%				
1995	562	6.2%				
1996	426	4.7%				
1997	447	4.9%				
1998	381	4.2%				
1999	372	4.1%				
2000	389	4.3%				
2001	336	3.7%				
2002	388	4.3%				
2003	364	4.0%				
2004	417	4.6%				
2005	374	4.1%				



Wisconsin AIDS/HIV Surveillance Summary

Cases by DHFS region and county, cases reported through December 31, 2005

Region/County	<u>Cumulative</u>		<u>Reported 2000-2005</u>			<u>Presumed alive</u>		
	Cases	Percent	Cases	Percent	Average Rate*	Cases	Percent	Rate**
Northeastern Region								
BROWN	301	3.4%	79	3.6%	5.8	180	3.3%	79.4
CALUMET	9	0.1%	1	0.0%	0.4	5	0.1%	12.3
DOOR	18	0.2%	4	0.2%	2.4	11	0.2%	39.3
FOND DU LAC	43	0.5%	13	0.6%	2.2	26	0.5%	26.7
GREEN LAKE	9	0.1%	6	0.3%	5.2	8	0.1%	41.9
KEWAUNEE	4	0.0%	1	0.0%	0.8	2	0.0%	9.9
MANITOWOC	42	0.5%	11	0.5%	2.2	25	0.5%	30.2
MARINETTE	30	0.3%	8	0.4%	3.1	16	0.3%	36.9
MARQUETTE	10	0.1%	1	0.0%	1.1	6	0.1%	37.9
MENOMINEE	17	0.2%	5	0.2%	18.3	12	0.2%	263.0
OCONTO	16	0.2%	1	0.0%	0.5	5	0.1%	14.0
OUTAGAMIE	105	1.2%	35	1.6%	3.6	67	1.2%	41.6
SHAWANO	26	0.3%	4	0.2%	1.6	11	0.2%	27.1
SHEBOYGAN	73	0.8%	21	0.9%	3.1	43	0.8%	38.2
WAUPACA	15	0.2%	7	0.3%	2.3	10	0.2%	19.3
WAUSHARA	11	0.1%	6	0.3%	4.3	8	0.1%	34.6
WINNEBAGO	137	1.5%	28	1.3%	3.0	70	1.3%	44.7
Northeastern Region Total	866	9.8%	231	10.4%	3.3	505	9.3%	43.5
Northern Region								
ASHLAND	11	0.1%	4	0.2%	4.0	8	0.1%	47.4
BAYFIELD	11	0.1%	3	0.1%	3.3	8	0.1%	53.3
FLORENCE	1	0.0%	1	0.0%	3.3	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%	7.3	3	0.1%	43.7
LANGLADE	10	0.1%	4	0.2%	3.2	7	0.1%	33.8
LINCOLN	7	0.1%	2	0.1%	1.1	3	0.1%	10.1
MARATHON	86	1.0%	29	1.3%	3.8	51	0.9%	40.5
ONEIDA	21	0.2%	5	0.2%	2.3	11	0.2%	29.9
PORTAGE	50	0.6%	14	0.6%	3.5	23	0.4%	34.2
PRICE	7	0.1%	2	0.1%	2.1	1	0.0%	6.3
SAWYER	7	0.1%	1	0.0%	1.0	4	0.1%	24.7
TAYLOR	3	0.0%	0	0.0%	0.0	2	0.0%	10.2
VILAS	16	0.2%	6	0.3%	4.8	9	0.2%	42.8
WOOD	52	0.6%	9	0.4%	2.0	29	0.5%	38.4
Northern Region Total	299	3.4%	83	3.7%	2.9	165	3.0%	34.2
Southeastern Region								
JEFFERSON	39	0.4%	9	0.4%	2.0	20	0.4%	27.0
KENOSHA	269	3.0%	77	3.5%	8.6	168	3.1%	112.3
MILWAUKEE	4,606	51.9%	1,081	48.7%	19.2	2,867	52.6%	304.9
OZAUKEE	41	0.5%	13	0.6%	2.6	25	0.5%	30.4
RACINE	280	3.2%	75	3.4%	6.6	173	3.2%	91.6
WALWORTH	76	0.9%	22	1.0%	3.9	41	0.8%	43.7
WASHINGTON	52	0.6%	12	0.5%	1.7	33	0.6%	28.1
WAUKESHA	194	2.2%	48	2.2%	2.2	114	2.1%	31.6
Southeastern Region Total	5,557	62.6%	1,337	60.2%	11.1	3,441	63.1%	171.5

Wisconsin AIDS/HIV Update -- Winter 2006

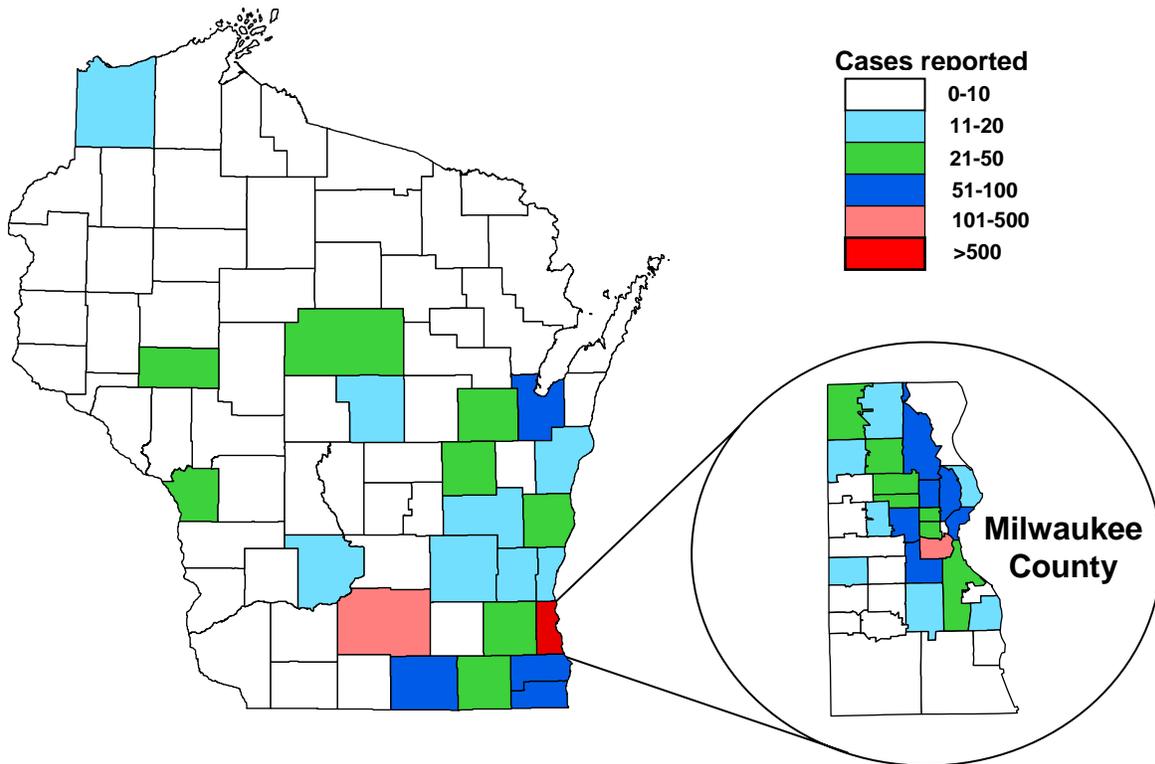
Region/County	<u>Cumulative</u>		<u>Reported 2000-2005</u>			<u>Presumed alive</u>		
	Cases	Percent	Cases	Percent	Average rate*	Cases	Percent	Rate**
Southern Region								
ADAMS	25	0.3%	6	0.3%	5.4	13	0.2%	69.7
COLUMBIA	36	0.4%	8	0.4%	2.5	17	0.3%	32.4
CRAWFORD	20	0.2%	4	0.2%	3.9	8	0.1%	46.4
DANE	1,117	12.6%	309	13.9%	12.1	722	13.2%	169.3
DODGE	42	0.5%	11	0.5%	2.1	29	0.5%	33.8
GRANT	27	0.3%	3	0.1%	1.0	11	0.2%	22.2
GREEN	32	0.4%	7	0.3%	3.5	17	0.3%	50.5
IOWA	13	0.1%	4	0.2%	2.9	6	0.1%	26.3
JUNEAU	11	0.1%	3	0.1%	2.1	7	0.1%	28.8
LAFAYETTE	7	0.1%	1	0.0%	1.0	4	0.1%	24.8
RICHLAND	7	0.1%	0	0.0%	0.0	4	0.1%	22.3
ROCK	219	2.5%	57	2.6%	6.2	145	2.7%	95.2
SAUK	48	0.5%	16	0.7%	4.8	34	0.6%	61.6
VERNON	9	0.1%	2	0.1%	1.2	4	0.1%	14.3
Southern Region Total	1,613	18.2%	431	19.4%	7.2	1,021	18.7%	102.0
Western Region								
BARRON	35	0.4%	8	0.4%	3.0	20	0.4%	44.5
BUFFALO	2	0.0%	0	0.0%	0.0	0	0.0%	0.0
BURNETT	12	0.1%	6	0.3%	6.4	8	0.1%	51.0
CHIPPEWA	26	0.3%	6	0.3%	1.8	16	0.3%	29.0
CLARK	13	0.1%	8	0.4%	4.0	9	0.2%	26.8
DOUGLAS	51	0.6%	11	0.5%	4.2	26	0.5%	60.1
DUNN	15	0.2%	4	0.2%	1.7	8	0.1%	20.1
EAU CLAIRE	89	1.0%	22	1.0%	3.9	52	1.0%	55.8
JACKSON	7	0.1%	1	0.0%	0.9	2	0.0%	10.5
LA CROSSE	158	1.8%	40	1.8%	6.2	100	1.8%	93.4
MONROE	25	0.3%	7	0.3%	2.9	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%	3.2	16	0.3%	43.5
POLK	21	0.2%	4	0.2%	1.6	8	0.1%	19.4
RUSK	6	0.1%	1	0.0%	1.1	3	0.1%	19.5
ST CROIX	38	0.4%	8	0.4%	2.1	26	0.5%	41.2
TREMPEALEAU	10	0.1%	1	0.0%	0.6	4	0.1%	14.8
WASHBURN	10	0.1%	4	0.2%	4.2	5	0.1%	31.2
Western Region Total	544	6.1%	138	6.2%	3.2	319	5.9%	44.7

* 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.

Cases of HIV infection reported 2000-2005 by county in Wisconsin and zip code in Milwaukee County



- During 2000-2005, a total of 2,268 new cases of HIV infection were reported in Wisconsin. At least one case was reported from 67 of the 72 Wisconsin counties during this period.
- While HIV infection has been reported from throughout the State, cases have not been evenly distributed. Fifty counties reported ten or fewer cases during this period. Three-fourths of all cases were reported from six counties. Milwaukee County had the highest number of cases (1,081 cases, 48%) followed by Dane County (309 cases, 14%). Together Brown County (79 cases), Kenosha County (77 cases), Racine County (75 cases) and Rock County (57 cases) had 288 (13%) cases reported.
- Within Milwaukee County, the highest number of cases was reported from zip codes in the inner-city of Milwaukee. Between 2000 and 2005 the highest number of cases (108 cases) was reported from zip code 53204, followed by 53206 (92 cases) and 53208 (86 cases). Each one of these zip codes alone had more cases reported during this period than all but two Wisconsin counties.

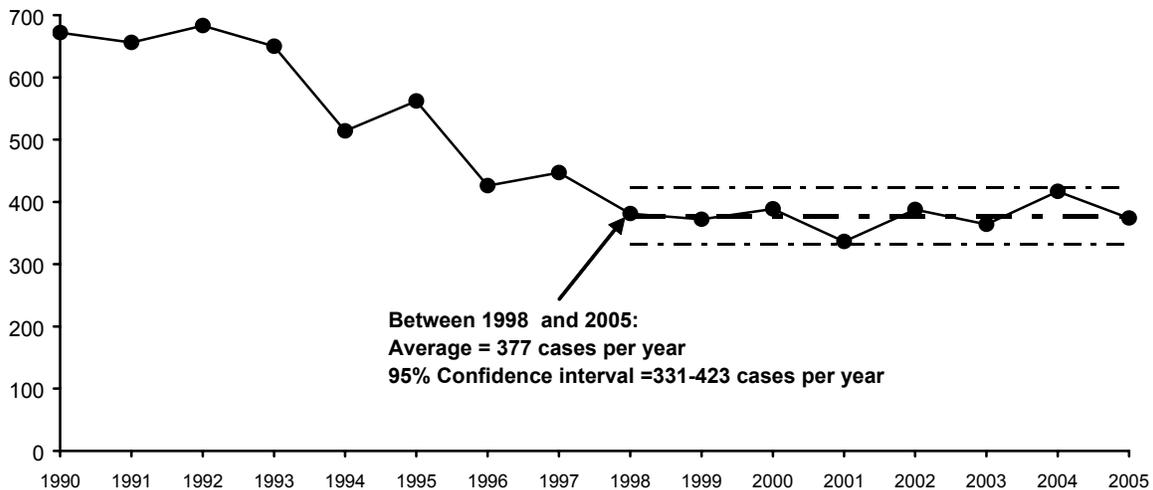
The epidemic of HIV infection in Wisconsin: review of case surveillance data collected through 2005

Neil Hoxie, MS, Epidemiologist, AIDS/HIV Program, Wisconsin Division of Public Health

The Wisconsin AIDS/HIV Program annually reviews HIV case surveillance data and produces a year-end epidemiologic profile. This article summarizes surveillance data collected through 2005. The entire profile can be found on the Wisconsin Department of Health and Family Services website (http://dhfs.wisconsin.gov/aids-hiv/Stats/AIDS_HIV_StatsRpts_Index.htm).

- In the year 2005, 374 new cases of HIV infection were reported in Wisconsin, bringing the total number of cases reported since 1983 to 9,116.
- The number of new cases of HIV infection reported in 2005 was 10% less than the 417 cases reported in 2004. Despite this year-to-year variation, this analysis suggests that 2005 was a continuation of a long-term level trend than began in 1998. During this period, an average of 377 cases were reported per year (figure 1).

Figure 1. Number of persons reported with HIV infection, by year of report 1990-2005, Wisconsin

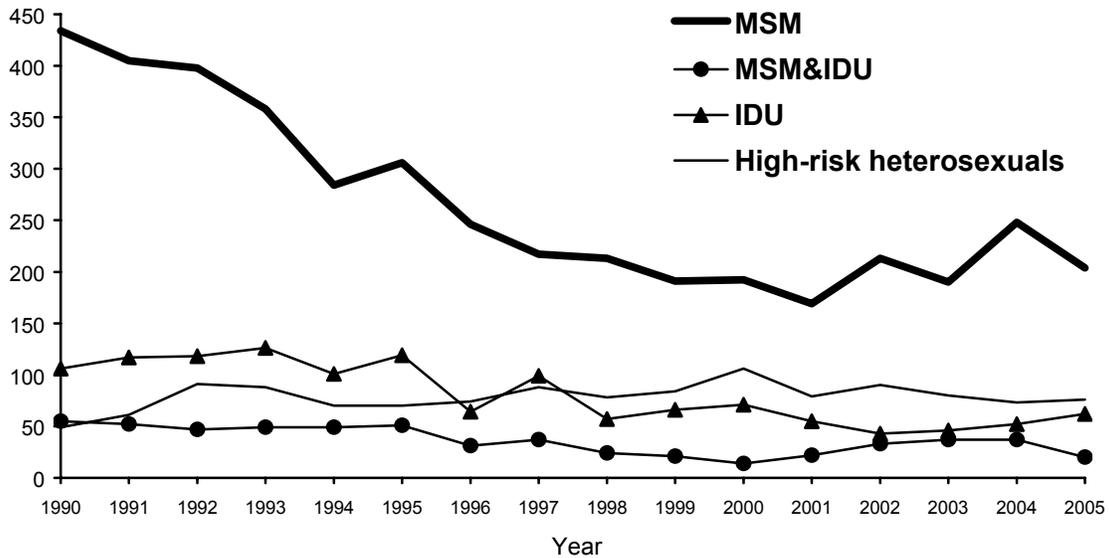


The epidemiologic profile of cases reported in 2005 reiterates many of the findings from similar analyses in recent years.

- Sexual transmission continues to be the dominant mode of HIV transmission in Wisconsin. Overall, approximately 75%-80% of cases reported in 2005 may be attributed to sexual transmission.

- Sexually transmitted HIV infection has occurred both among heterosexual men and women, and among men who have sex with men (MSM), but MSM have been and continue to be the population most heavily impacted by HIV infection in Wisconsin. While reported cases among MSM¹ declined during the 1990's, they have tended to increase between 2001 and 2005 (figure 2). In 2005, 60% of newly reported cases were among MSM (including MSM who also report injection drug use).

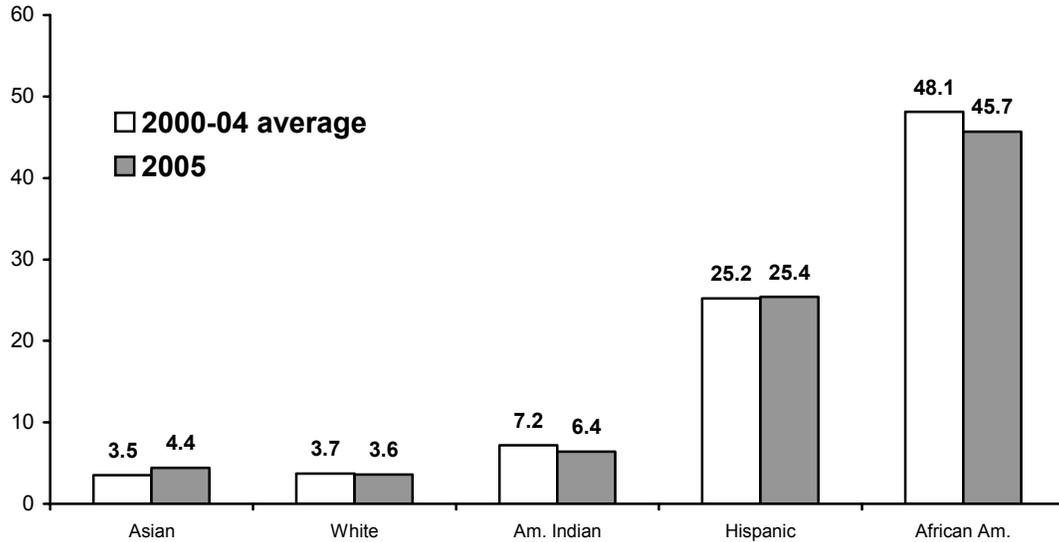
Figure 2. Estimated number of reported cases of HIV infection, by risk-exposure group and year of report 1990-2005, Wisconsin



- Primarily because of the high proportion of HIV infection among MSM, HIV infection in Wisconsin has disproportionately affected men and this finding has continued in recent years. In 2005, 76% of persons reported with HIV infection were male.
- While the median age of cases reported in 2005 was 36 years, most persons were likely infected at younger ages. This is because HIV infected persons often experience a long period during which they appear and feel healthy and thus remain undiagnosed for years. The CDC estimates that at least one-half of all persons with HIV infection in the U.S. acquired the disease before they were 25 years old.
- HIV infection has occurred among all race/ethnic groups in Wisconsin; however, the race/ethnic disparity continues to be one of its most disturbing features. In 2005, the average annual rate of reported HIV infection was 13-fold greater for African Americans, seven-fold greater for Hispanics, and nearly two-fold greater for American Indians compared to the rate among whites.

1. Risk-exposure case numbers in this report are estimates that have been statistically adjusted to allocate cases initially reported without an identified risk factor. Cases were adjusted by sex and race/ethnicity, assuming that cases without identified risk have the same risk-distribution as cases with known risk.

Figure 3. Reported HIV infection per 100,000 population, by race/ethnicity for two time periods, Wisconsin



- The race/ethnic disparity among females is even greater. In 2005, approximately three-fourths of all females reported with HIV infection were members of race/ethnic minority groups. Compared to white females, African American females had reported rates of HIV infection that were 36-fold greater and Hispanic females had reported rates that were 16-fold greater.
- While HIV cases have been reported from all 72 Wisconsin counties, the distribution of cases has not been even. In 2005, at least one case was reported from 42 counties, but Milwaukee County had nearly one half (48%) of all cases. Five other counties (Brown, Dane, Kenosha, Racine, and Sheboygan) had ten or more cases.

For more information, contact Neil Hoxie at 608-266-0998 (phone) or hoxienj@dhfs.state.wi.us (e-mail).

Statewide HIV/AIDS planning groups to merge

Molly Herrmann, MS, Community Planning Coordinator and Lynsey Ray, MSSW, Ryan White CARE Coordinator, AIDS/HIV Program, Wisconsin Division of Public Health

During the November 17, 2005 joint meeting of the Ryan White Consortium and the HIV Prevention Planning Council, the groups discussed plans for a consolidated HIV prevention and care HIV community planning body. A work group will form in early 2006 to provide input on the structure, function, and roles of the consolidated body. The transition to a consolidated planning group is estimated to take about a year.

The rationale for consolidation is three-fold:

1. Consolidated planning can strengthen and ensure a continuum of HIV prevention, care, and treatment services that result in improved health and prevention of new infections.
2. The two existing statewide groups are operationally comparable in many ways, sharing the following characteristics and requirements:
 - memberships representative of the epidemic;
 - comprehensive planning;
 - community input;
 - supported by federal bodies which support state programs;
 - comparable operating policies and structures;
 - priorities defined by epidemiology and best practices
3. Consolidated planning requires fewer resources, including reduced staffing, member time commitments, and cost. Fiscal savings will help offset the recent 2-3% reductions in federal funding.

In summary, a consolidated planning body will result in:

- a slightly larger group meeting less frequently;
- reduced staffing;
- reduced time demands for community member and staff; and
- development of a consolidated comprehensive plan.

The transition to a consolidated planning body is expected to occur over the course of a year. The consolidated group will retain the original intent of the current planning bodies, i.e., to gain community input on HIV/AIDS services based on the experience and expertise of individuals with or at risk for HIV infection and providers serving these populations.

For input on the consolidation process or to discuss this further, contact Molly Herrmann (phone: 608-267-6730; e-mail: herrmmm@dhfs.state.wi.us) or Lynsey Ray (phone: 608-261-8372; e-mail: rayla@dhfs.state.wi.us).

CDC fact sheet on influenza and HIV

Persons with HIV/AIDS are at increased risk from serious influenza-related complications and are therefore recommended for influenza vaccination. The Centers for Disease Control and Prevention (CDC) developed the fact sheet *HIV/AIDS and the Flu* to address questions and answers that can guide the administration of vaccination and antiviral medications in persons with HIV/AIDS. The fact sheet is located on the CDC website at <http://www.cdc.gov/flu/protect/pdf/hiv-flu.pdf>.

Methamphetamine information resources

Methamphetamine (meth) use continues to be public health concern and is contributing to the spread of HIV infection and other sexually transmitted diseases. The following are new information resources that are now available to assist clinicians and public health workers in addressing meth-related prevention and treatment services.

- **Tip sheet for HIV clinicians**

To assist HIV clinicians working with active and recovering meth users, the Pacific AIDS Education and Training Center (AETC) at UCLA and the Pacific Southwest Addiction Technology Transfer Center (ATTC) developed the document *Tips for HIV clinicians working with...Methamphetamine Users*. The tip sheet briefly highlights certain characteristics of meth users and addresses HIV treatment-related issues that may be affected by meth use. The clinician tip sheet is available on the Pacific AETC website at <http://www.aidsetc.org/pdf/p02-et/et-03-00/methusers.pdf>.

- **Methamphetamine bibliography**

The New York State Department of Health's AIDS Institute has compiled a comprehensive index of meth-related journal articles. This resource, titled *A Key to Methamphetamine-Related Literature*, is available as a web-based document. It contains citations that are hyperlinked to the National Library of Medicine's PubMed website with links to the respective article abstracts and, in some cases, links to full text articles. The index is located on the web at: http://www.health.state.ny.us/diseases/aids/harm_reduction/crystalmeth/index.htm

- **Federal website**

The White House Office of National Drug Control Policy, the Department of Justice, and the Department of Health and Human Services have jointly developed the new website www.MethResources.gov. The website contains information on meth-related publications, research, events, conferences, programs, funding, training, policies, and community involvement. Information resources are arranged categorically for law enforcement and public safety, prevention and education, treatment and health, parents and youth, business/retail/farmers/landlords, and policymakers and legislators.

New York Health Department guidelines: integrating prevention into primary care

The AIDS Institute of the New York State Department of Health recently released the first in a series of clinical guidelines on integrating prevention strategies in the primary care of HIV-infected persons. The initial chapter of the guidelines, *How to Integrate Prevention into Primary Care*, highlights several areas and approaches, including:

- tailoring prevention counseling to clinical settings
- implementing a spectrum of prevention interventions
- using resources & tools to augment prevention messages
- maximizing community referral resources
- enhancing & supporting clinician education

Future chapters will address prevention of transmission, prevention of secondary disease, health promotion and maintenance, and public health issues. The guidelines are located on the AIDS Institute's website at http://www.hivguidelines.org/public_html/prev-integrate/prev-integrate.pdf.

Updated perinatal and pediatric HIV treatment guidelines

The Public Health Service Task Force has updated its *Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States*. Clinical guideline changes include:

- updated information on the role of cesarean delivery in preventing mother-to-child transmission of HIV
- a revised supplement on the Safety and Toxicity of Antiretrovirals in Pregnancy that includes a section on tipranavir, a newly approved protease inhibitor

The *Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection* were also updated. Clinical guideline changes include:

- information about tipranavir and new formulations of emtricitabine and lopinavir/ritonavir
- a fully revised and updated *Supplement I: Characteristics of Available Antiretroviral Drugs*
- updated information on hepatotoxicity in *Supplement III: Adverse Drug Effects*

These revised recommendations and other federal HIV treatment guidelines are available on the *AIDSinfo website* (<http://www.aidsinfo.nih.gov/Guidelines>) or by calling 800-HIV-0440.

Milwaukee LGBT Center offers *Many Men, Many Voices* prevention trainings

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

In 2004, the Milwaukee LGBT Community Center began implementing the HIV prevention intervention *Many Men, Many Voices* (3MV). 3MV is one of several evidence-based HIV prevention interventions currently being implemented in Wisconsin. This intervention is endorsed by the federal Centers for Disease Control and Prevention (CDC) and is part of the Diffusion of Effective Behavior Interventions (DEBIs) project which was described in fall 2004 issue of the *Wisconsin AIDS/HIV Update*.

LGBT Community Center staff actively solicited input from men of color who have sex with men (MCSM) and involved key stakeholders and community leaders in recruiting participants and in planning and implementing 3MV. Currently, more than 60 HIV positive African American men have completed 3MV over the course of three weekend retreats.

The 3MV curriculum promotes MCSM capacity building while examining the areas of HIV risk; participants' individual risks; risk reduction strategies; partner communication and negotiation skills; social support; and preventing relapse. The training curriculum includes six sessions:

- The Dual Identity of Gay Men of Color
- STD/HIV Prevention for Gay Men of Color -- Sexual Roles and Risk
- STD/HIV Risk Assessment and Prevention Options
- Intentions to Act and Capacity to Change
- Sexual Relationship Dynamics -- Partner Selection, Communication, and Negotiation
- Social Support and Problem Solving to Maintain Change

An optional session focuses on building a healthy community.

LGBT Community Center staff have identified the following recurring themes expressed by 3MV program participants:

- MCSM want to be treated with respect and to have greater knowledge regarding sensitive health care providers and resources for daily living.
- MCSM want to reduce stigma in the African American community by having HIV testing information and prevention services accessible in a variety of venues such as clubs, television and radio public service announcements, and in gay newspapers.
- MCSM desire greater social networks testing, access to condoms, and ongoing sessions regarding safer sex practices.
- Younger MCSM want to foster greater family support and community acceptance of MCSM.

For additional information on 3MV and resources available through the LGBT Community Center, contact Johnny King at 414-271-2656, ext 117 or email at jking@mkelgbt.org. Additional

information on 3MV is located on the website of the [Diffusion of Effective Behavioral Interventions](http://www.effectiveinterventions.org/interventions/3MV.cfm) at <http://www.effectiveinterventions.org/interventions/3MV.cfm>.

Update on reports of false positive oral fluid rapid HIV test results

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

In December 2005, several agencies in New York and California reported a high number of false positive results when using the OraQuick Advance rapid HIV antibody test with oral fluid specimens. The federal Centers for Disease Control and Prevention (CDC) reported on this occurrence in a dispatch in the Morbidity and Mortality Weekly Report (MMWR) for December 16, 2005.

The MMWR dispatch reaffirmed current testing protocols indicating that all reactive rapid tests should be confirmed by Western blot or immunofluorescent assay (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm54d1216a1.htm>). For reactive rapid HIV screening test results and negative or indeterminate confirmatory test results, follow-up testing with a blood specimen collected four weeks after the initial reactive rapid test result is also recommended. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5310a7.htm>)

The Wisconsin AIDS/HIV Program is aware of the following information regarding clusters of false positives in New York and California:

- The false positives were limited to specific clinics in New York, San Francisco, and Los Angeles.
- The test manufacturer reported no correlation between false positive results and specific test lots. Field studies are focusing on several variables that could affect the test's performance, such as shelf life, specimen collection, lot variation, and site-specific factors.
- False positives may be related to cross-reactivity with another virus (e.g. hepatitis C) in the population tested at these sites.

OraSure developed a "[Frequently Asked Questions](http://media.corporate-ir.net/media_files/nsd/osur/FAQnews0106.pdf)" document regarding this situation (http://media.corporate-ir.net/media_files/nsd/osur/FAQnews0106.pdf).

There has not been a significant increase in false positive test results reported in the Wisconsin HIV Counseling, Testing, and Referral (CTR) Program. Preliminary program data from 2005 indicates that OraQuick Advance is performing within the identified specificity of 99.8% (although this includes both oral and blood specimens). The Wisconsin AIDS/HIV Program advises CTR sites to notify the Program whenever a client has a reactive OraQuick Advance test result followed by a negative or indeterminate Western blot test result.

Use of the OraQuick Advance test with oral fluid specimens is a valuable option for HIV antibody testing. OraQuick Advance enables testing of variety of populations and in a range of settings. The AIDS/HIV Program continues to support its use with oral fluid specimens and in

accord with established protocols. All reactive rapid tests (oral fluid or blood) must be confirmed with a Western blot test and all clients should be informed of this.

For additional information on HIV rapid testing and related false positive test results, contact Kathleen Krchnavek at 608-267-3583 (phone) or email krchnka@dhfs.state.wi.us.

Update on CDC's HIV Prevention Program Evaluation and Monitoring System (PEMS)

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

This article provides an update on the status of the Centers for Disease Control and Prevention's (CDC) HIV Prevention Program Evaluation and Monitoring System (PEMS) and Wisconsin's implementation of PEMS.

PEMS release 1.0

Agencies received training and began entering data for PEMS 1.0 in fall 2004. PEMS 1.0 includes agency, program, and intervention plan data. Wisconsin served as a pilot site for PEMS 1.0. All grant-funded agencies successfully entered their data, although some required significant technical assistance to complete data entry. Agencies were required to enter program and intervention plan data again in late 2005. AIDS/HIV Program staff and the technical assistance contractor are working with agencies that have not been able to complete data entry.

PEMS release 2.0

PEMS 2.0 significantly expands PEMS to include client-level data for applicable interventions. AIDS/HIV Program staff attended a one-week training program in November 2005 to learn the features of PEMS 2.0. Wisconsin's HIV Prevention Evaluation Work Group met in November to provide input to the AIDS/HIV Program on the Health Education/Risk Reduction (HE/RR) component of PEMS 2.0. The Counseling and Testing portion of PEMS (CT PEMS) was not addressed.

Concerns about PEMS

Prior to staff attending PEMS 2.0 training, Wisconsin planned to roll-out PEMS 2.0 in January 2006, with all agencies and all intervention plans. However, as a result of entering test data into PEMS 2.0 and observing the experience of Wisconsin agencies in obtaining digital certificates and entering data for PEMS 1.0, the AIDS/HIV Program identified concerns about the viability and usefulness of PEMS for local agencies. The AIDS/HIV Program is reviewing possible alternatives to implementing C-PEMS, CDC's web-based reporting system, in Wisconsin.

Wisconsin is one of a number of states that expressed concerns to the (CDC) about various aspects of PEMS, including the magnitude and specific features of the system, time required for data entry, limitations to reporting functions, timelines for roll-out, and training and technical assistance from CDC.

Data entry for data entry for HIV prevention activities

Until decisions are made about implementing a data collection system that meets CDC requirements, HIV prevention service providers have been instructed to continue entering data into Wisconsin's web-based reporting system.

HIV testing in PCRS is cost-effective

Recent sexual or needle-sharing partners of HIV positive clients are a priority population for HIV counseling and testing services. Data from HIV Partner Counseling and Referral Services (PCRS) in 2004 suggest that the HIV positivity rate among partners tested through PCRS is 15-fold greater than that of persons tested through the Wisconsin HIV Counseling, Testing and Referral (CTR) Program.

To identify one person who tests positive for HIV, approximately 129 persons need to be tested in CTR Program while only 9 partners need to be tested through PCRS. The Wisconsin AIDS/HIV Program's goal is to ensure that PCRS staff are able to offer HIV testing to all partners of HIV positive persons when they are notified about their possible exposure to HIV. For information on HIV PCRS, contact Dhana Shrestha, PCRS Coordinator, at 608-266-2664 (phone) or shresdm@dhfs.state.wi.us (email).

Wisconsin Department of Public Instruction releases Wisconsin Youth Risk Behavior Survey results

The Wisconsin Department of Public Instruction (DPI) released the findings of the 2005 Wisconsin Youth Risk Behavior Survey (YRBS) which is part of national efforts by the federal Centers for Disease Control and Prevention to monitor health-risk behaviors of the nation's high school students. The DPI has administered the YRBS every two years since 1993. The 2005 YRBS was administered to a representative sample of students in grades nine through twelve in 52 public schools in Wisconsin in the spring of 2005. The report of the 2005 Wisconsin YRBS contains findings from the eight priority areas: protective assets; traffic safety; weapons and violence; suicide; tobacco use; alcohol and other drug use; sexual behavior; and diet, nutrition and exercise.

In the area of sexual behavior, Wisconsin students reported decreases in sexual risk behaviors between 1993 and 2005.

- More students reported abstaining longer from having sexual intercourse and the majority of sexually active students reported using reliable forms of birth control, including condoms.
- Thirty-seven percent of students reported that it was important for them to delay having sexual intercourse until they were married, engaged, or an adult in a long-term committed relationship, while 22% reported it was not important to delay sexual intercourse and another 18% were unsure.

- Prevalence of students who reported ever having sex, sex before age 13, sex in the past 3 months, and multiple sexual partners decreased significantly from 1993 to 2005.
- The majority of sexually active students reported using a reliable form of birth control the last time they had sexual intercourse. Seventy-eight percent of students reported using a condom, birth control pill or Depo-Provera before their last sexual intercourse.

The 2005 Wisconsin YRBS questionnaire, Executive Summary, and PowerPoint presentation can be found on the [DPI website](http://dpi.wi.gov/sspw/yrbsindx.html) at <http://dpi.wi.gov/sspw/yrbsindx.html>.

New and updated CAPS HIV prevention fact sheets

The Center for AIDS Prevention Studies (CAPS) at the University of California San Francisco is an academic center conducting local, national, and international research on methods to prevent HIV infection and its consequences. CAPS' HIV prevention fact sheets have long been recognized as a valuable resource for prevention service providers.

CAPS prevention fact sheets, in both English and Spanish, are located on the CAPS website at <http://www.caps.ucsf.edu/FSindex.html>. Select fact sheets are available in Kiswahili.

In 2005, CAPS developed or updated/revised the following fact sheets:

- [*What is the role of male condoms in HIV prevention?*](#) (updated 01/05)
- [*What are homeless persons' HIV prevention needs?*](#) (updated 09/05)
- [*What are HIV+ persons' HIV prevention needs?*](#) (updated 09/05)
- [*What is the role of disclosure assistance services in HIV prevention?*](#) (revised 09/05)
- [*Is there a role for criminal law in HIV prevention?*](#) (published 05/05)
- [*How is rapid testing used in HIV prevention?*](#) (published 05/05)
- [*What is the role of rapid testing for US-Mexico border and migrant populations?*](#) (published 05/05)

Public information sources on HIV prevention for men who have sex with men (MSM)

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

In the past few years, Wisconsin has seen an increase in the number of HIV cases among men who have sex with men (MSM). This follows a trend that has been observed nationally for several years and is considered a serious public health concern. The continuing growth of the epidemic among MSM has led to an examination of existing public information and ways to structure effective health messages. The following resources contain links to HIV-related prevention programs and information on strategies and outreach efforts that target MSM.

Center for AIDS Prevention Studies Model Prevention Programs

<http://www.caps.ucsf.edu/projects/projectindex.html>

The Center for AIDS Prevention Studies (CAPS) at the University of California San Francisco is an academic center for HIV-related behavioral research. The CAPS website contains a variety of resources regarding HIV prevention programs, including the following that address men who have sex with men.

What Are Men Who Have Sex With Men (MSM)'s HIV Prevention Needs?

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

Fact sheet written for professionals by CAPS. Addresses various aspects of men's lives that play a role in risk behavior.

What are the HIV Prevention Needs of Young Men Who Have Sex with Men?

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

Fact sheet from CAPS. Addresses factors relevant specifically to young men's lives including social factors that play a role in risk behavior.

How do sexual networks affect HIV/STD prevention?

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

Fact sheet from CAPS. Describes how focusing on risk behavior alone does not explain why some populations continue to be infected with HIV more than others. Explains the concept of sexual networks and their impact on HIV transmission.

How do club drugs impact HIV prevention?

<http://www.caps.ucsf.edu/publications/clubdrugs.html>

Fact sheet from CAPS. Discusses role of drug use in HIV transmission risk.

The following resources, which also located on the CAPS website, address theory and research that can be applied to HIV prevention and information efforts, including those directed to MSM.

What is the role of theory in HIV prevention?

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

What Providers Think About HIV Prevention: The Implicit Theory Project

<http://www.caps.ucsf.edu/pdfs/ITS2C.pdf>

Working Together A Guide to Collaborative Research in HIV Prevention

<http://www.caps.ucsf.edu/capsweb/pdfs/workingtogether.pdf>

Good Questions, Better Answers: A Formative Research Handbook for California HIV Prevention Programs

<http://www.caps.ucsf.edu/goodquestions/pdf/gq.pdf>

Diffusion of Effective Behavioral Intervention (DEBI)

<http://www.effectiveinterventions.org>

The DEBI project was designed to bring science-based, community-and group-level HIV prevention interventions to community-based service providers and state and local health departments. The goal is to enhance the capacity to implement effective interventions at the

state and local levels, to reduce the spread of HIV and STDs, and to promote healthy behaviors. Provides general information on a number of effective interventions.

The following two DEBI interventions specifically address MSM:

Many Men, Many Voices (3MV)

<http://www.effectiveinterventions.org/interventions/3MV.cfm>

Detailed information on a multi-session group level prevention intervention for MSM of color. Includes guidelines for trainings, tools and resources.

Mpowerment

<http://www.effectiveinterventions.org/interventions/mpowerment.cfm>

Detailed information on a community level intervention for young MSM. Covers core elements of the program. Includes resources and tools. Additional information can be obtained from <http://www.mpowerment.org/>.

HIV/AIDS Among Men Who Have Sex with Men

<http://www.cdc.gov/hiv/pubs/facts/msm.htm>

Fact sheet from the CDC highlighting statistics, risk factors, and barriers to HIV prevention among MSM.

MSM: Clinician's Guide to Incorporating Sexual Risk Assessment in Routine Visits

http://www.glma.org/medical/clinical/msm_assessment.pdf

Recommendations for clinicians from the Gay & Lesbian Medical Association (GLMA) on “best approaches” and discusses barriers including social and cultural variables, mental health and substance use, in addition to risk behaviors.

MSM HIV/STD Prevention Task Force

<http://www.metrokc.gov/health/apu/taskforce/>

Located on the Seattle & King County Public Health website, the Task Force supports and guides ongoing effective and comprehensive prevention responses to HIV and STDs among MSM in the Seattle area.

Social marketing/prevention for MSM

<http://hivinsite.ucsf.edu/InSite?page=li-06-06>

Web page with links to examples of HIV prevention/social marketing efforts directed to MSM.

Structural interventions for HIV prevention among gay men/MSM

<http://www.effectiveinterventions.org/References/StructIntervMSM.pdf>

Discusses the rationale behind structural interventions and how they involve changing environments instead of behavior. Includes examples of current interventions being done in gay communities.

Washington State Department of Health Effective Interventions and Strategies

http://www.doh.wa.gov/cfh/hiv_aids/Prev_Edu/Effective_Interventions/3_msm_ints.htm

This site details Washington's recommended interventions for MSM including individual, group, and community level as well as street outreach, counseling & testing, prevention case management (PCM) and more - - all geared towards MSM. Includes references.

UNAIDS calls for intensified HIV prevention

In response to a call for developing a global strategy to intensify HIV prevention, the Joint United Nations Programme on HIV/AIDS (UNAIDS) published the policy position paper *Intensifying HIV Prevention* in August 2005. The primary goal of the paper is directed at increasing universal access to HIV prevention and treatment services. The report includes four sections that address:

- why HIV prevention must be strengthened to meet present challenges and harness available opportunities;
- key actions that are central to the HIV prevention response and core principles underlying the actions;
- what national partners must do to scale up HIV prevention at the country level; and
- support the UNAIDS will provide towards intensified HIV prevention efforts.

The intended audience of the position paper includes persons in leadership roles in HIV prevention, treatment, and care. While the UNAIDS paper takes a global perspective intensified HIV prevention efforts, the guiding principles discussed in the document are from a systems perspective that can be applied to HIV prevention and treatment services on other than global levels (local, regional, and national). The UNAIDS *Intensifying HIV Prevention* paper, can be viewed and downloaded from the UNAIDS website at <http://www.unaids.org>.

Sheila Guilfoyle appointed Hepatitis C Program Coordinator

In November 2005, Sheila Guilfoyle returned to the Bureau of Communicable Diseases and Preparedness to assume the position of Hepatitis C Program Coordinator. In this position, Sheila is responsible for overall program coordination of the Wisconsin Hepatitis C Program and the implementation of a multi-year strategic plan to decrease transmission of hepatitis C virus (HCV) infection and prevent HCV-related liver disease.

She has over 12 years of public health experience within the Division of Public Health, including positions in the AIDS/HIV Program, the Wisconsin Tobacco Control Board, and the Injury Prevention Program. Sheila can be reached at 608-266-5819 or by email at guilfsm@dhfs.state.wi.us.

Highlights from 2005 National Viral Hepatitis Conference

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

The 2005 National Viral Hepatitis Conference was held in Washington, DC December 5-9. The 500 attendees represented state and local health departments, federal health and human service agencies, consumers, advocates, and community-based prevention partners.

Workshop topics included:

- perinatal and childhood prevention activities;
- hepatitis prevention services to high-risk individuals (e.g., MSM, IDU, incarcerated and at-risk heterosexuals);
- health disparities;
- designing, implementing, and evaluating successful outreach, education, and counseling activities; and
- identifying and overcoming barriers to integrating viral hepatitis activities into existing program settings.

Highlights of the conference included:

- Announcement that CDC's Division of Viral Hepatitis will move to the newly established National Center for HIV, STD, and TB Prevention in early to mid 2006.
- Introduction of Kevin Fenton, MD, PhD as the director of the new Center. Dr. Fenton most recently served as the Director of CDC's Syphilis Elimination Project.
- Preview of updated recommendations for the Hepatitis B Immunization Strategy. The MMWR Report of the first set of recommendations regarding infants, children and adolescents is available at the following web link:
<http://www.cdc.gov/mmwr/PDF/rr/rr5416.pdf>
- A number of conference sessions were devoted to strategies for integrating hepatitis testing and prevention into existing HIV, mental health and substance abuse prevention programs.

Copies of presenters' PowerPoint slides from select presentations are available at the 2005 National Viral Hepatitis Conference website at:

http://www.cdc.gov/ncidod/diseases/hepatitis/partners/nvhpc_monday.htm

Hepatitis C educational video available online

O.A.S.I.S. (The Organization to Achieve Solutions in Substance Abuse) is a private nonprofit organization in Oakland, California that provides low-cost, subsidized medical care, clinical research studies, and educational materials for medically marginalized former or current drug and alcohol users.

O.A.S.I.S. produced a 4-module hepatitis C virus (HCV) education video series (Hepatitis C: Get the Facts!) that is available online and in DVD format. The modules provide a general overview to HCV infection, basic facts, testing, and treatment information. The video series is fast-paced and upbeat. Persons diagnosed with hepatitis C infection provide the commentary, while effectively presenting key facts and dispelling myths about HCV infection and treatment.

O.A.S.I.S. also produced an HCV video for African Americans. The video Hepatitis C & African Americans includes information similar to that in the 4-module Hepatitis C: Get the Facts! but it is condensed into a single video that is culturally tailored for African Americans who are at risk for HCV infection.

To view the Hepatitis C: Get the Facts! series, the video Hepatitis C & African Americans, or other O.A.S.I.S. educational resources, visit the O.A.S.I.S. website at

http://www.oasisclinic.org/8_BOOKS_VIDEOS.html

Revised hepatitis B immunization recommendations

In December 2005, the Centers for Disease Control and Prevention (CDC) published the first of a two-part statement from the Advisory Committee on Immunization Practices (ACIP) that updates the strategy to eliminate hepatitis B virus (HBV) transmission in the United States. The report provides updated recommendations to improve prevention of perinatal and early childhood HBV transmission, including implementation of universal infant vaccination beginning at birth, and to increase vaccine coverage among previously unvaccinated children and adolescents. The ACIP statement, including all of the revised recommendations, is available from CDC in the December 23, 2005 *Morbidity and Mortality Weekly Report* which can be viewed or downloaded from the CDC website at: <http://www.cdc.gov/mmwr/PDF/rr/rr5416.pdf>. The second part of the ACIP statement, which will include updated recommendations and strategies to increase hepatitis B vaccination of adults, will be published separately.

Recent hepatitis C articles published in Wisconsin Medical Journal

The following hepatitis C articles, recently published in the Wisconsin Medical Journal, were authored by staff in the Wisconsin AIDS/HIV Program and Wisconsin Hepatitis C Program:

Gasiorowicz M, Hurie M, Russell A, Hoxie N, Vergeront J. Epidemiologic trends in infection, mortality, and transplants related to hepatitis C in Wisconsin. *Wisconsin Medical Journal*. 2006 104(1):34-39.

Available on the web at:

<http://www.wisconsinmedicalsociety.org/uploads/wmj/Gasiorowicz.pdf>

Hurie J, Reiser WJ, Vergeront J. Hepatitis C virus infection: an overview of Wisconsin's public health resources. *Wisconsin Medical Journal*. 2006 105(1):30-33.

Available on the web at:

<http://www.wisconsinmedicalsociety.org/uploads/wmj/Reiser.pdf>

Wisconsin Hepatitis C Surveillance Summary

Cases reported 01/01/1999 through 12/31/2005

Summary

Total	21,762	100%
Confirmed (1)	17,323	80%
Unconfirmed (2)	4,439	20%

Gender

Males	14,656	67%
Females	6,924	32%
Unknown	182	1%

Age

0-12	71	0%
13-19	162	1%
20-29	973	4%
30-39	4,253	20%
40-49	10,003	46%
50+	6,225	29%
Unknown	75	0%

Race

White	8,542	39%
Black	2,893	13%
Am Indian	231	1%
Asian	88	0%
Other	57	0%
Unknown	9,951	46%

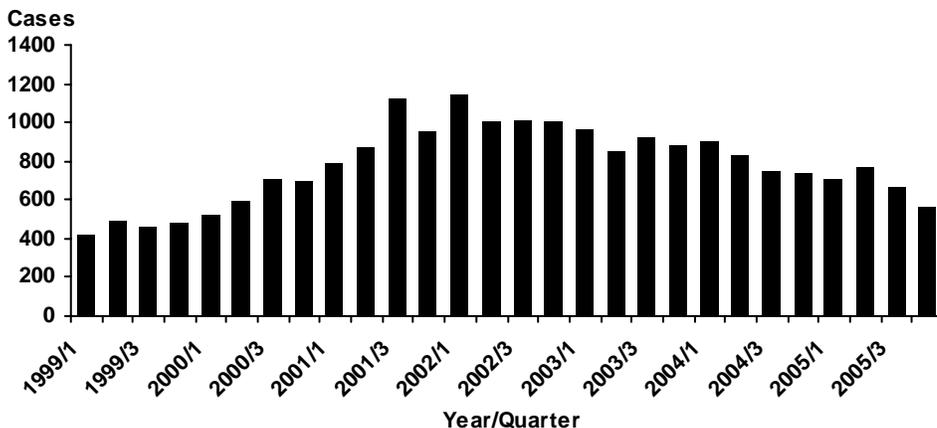
Ethnicity

Hispanic	674	3%
Not Hispanic	8,839	41%
Unknown	12,249	56%

Reported cases by county

Adams	71	Florence	6	Marathon	146	Rusk	42
Ashland	50	Fond Du Lac	229	Marinette	85	St Croix	90
Barron	70	Forest	32	Marquette	36	Sauk	184
Bayfield	26	Grant	44	Menominee	16	Sawyer	44
Brown	391	Green	59	Milwaukee	6348	Shawano	43
Buffalo	18	Green Lake	34	Monroe	176	Sheboygan	179
Burnett	54	Iowa	28	Oconto	61	Taylor	14
Calumet	36	Iron	18	Oneida	87	Trempealeau	45
Chippewa	102	Jackson	43	Outagamie	263	Vernon	29
Clark	40	Jefferson	149	Ozaukee	154	Vilas	70
Columbia	105	Juneau	94	Pepin	7	Walworth	296
Crawford	29	Kenosha	689	Pierce	55	Washburn	44
Dane	1222	Kewaunee	26	Polk	92	Washington	176
Dodge	166	La Crosse	300	Portage	143	Waukesha	568
Door	45	Lafayette	10	Price	28	Waupaca	86
Douglas	230	Langlade	34	Racine	770	Waushara	59
Dunn	54	Lincoln	30	Richland	23	Winnebago	402
Eau Claire	216	Manitowoc	91	Rock	673	Wood	121
						Unknown	5265

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 (608) 267-5287. 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/

AIDS/HIV-related MMWR articles: November 2005 through January 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
Trends in HIV/AIDS diagnosis - 33 states, 2001-2004. (http://www.cdc.gov/mmwr/PDF/wk/mm5445.pdf)	MMWR 2005 November 54(45);1149-53.
Screening HIV-infected persons for tuberculosis - Cambodia, January 2004 - February 2005. (http://www.cdc.gov/mmwr/PDF/wk/mm5446.pdf)	MMWR 2005 November 54(46);1177-80.
Dispatch: Supplemental testing for confirmation of reactive oral fluid rapid HIV antibody testing. (http://www.cdc.gov/mmwr/pdf/wk/mm54d1216.pdf)	MMWR 2005 December 54(Dispatch);1.
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.

CDC website on outreach to injection drug users

To strengthen community HIV prevention outreach to drug users, the Centers for Disease Control and Prevention (CDC) developed a community outreach website at <http://www.cdc.gov/outreach/>. This website is a repository of background information on: outreach and outreach models; outreach training resources and skill building resources; international perspectives on outreach; practical information regarding the principles and practice of outreach; and additional outreach resource materials (including outreach operation manuals, slides, forms, and conferences).

NASTAD releases call to action on HIV/AIDS crisis in African American communities

In November 2005, the National Alliance of State and Territorial AIDS Directors (NASTAD) released the document *A Turning Point: Confronting HIV/AIDS in African American Communities*. This publication is a call to action to address the disproportionate incidence of HIV/AIDS among African Americans in the U.S. The document focuses attention on the devastating impact of HIV/AIDS on African American communities and calls on state and local health

departments, African American leaders, federal agencies, and policy makers to strengthen their responses to this crisis.

NASTAD's *Call to Action* seeks to:

- Raise awareness about HIV/AIDS among African American leaders,
- Promote access to HIV/AIDS prevention and care services for African Americans,
- Support a comprehensive federal agenda to combat HIV/AIDS in African American communities, and
- Encourage state and local health departments to expand and strengthen their responses to the HIV/AIDS epidemic among African Americans.

NASTAD recommends strategic prioritization and resource allocation, policy education, research initiatives, strategic collaborations, and coalition and partnership building as action steps to achieve these goals.

The *Call to Action* as well as other NASTAD publications are available on the [NASTAD website \(http://www.nastad.org\)](http://www.nastad.org) or by contacting NASTAD at 202-434-8090 (phone) or email nastad@nastad.org.

Mary O'Rourke Pape joins HIV surveillance unit

Mary O'Rourke Pape joined the Wisconsin AIDS/HIV Program as an HIV Surveillance Specialist in January. Mary is responsible for collecting and analyzing HIV/AIDS data from HIV and AIDS case reports submitted to the Wisconsin Division of Public Health. She has previous work experience with medical records and coding systems in the insurance industry and health care settings. Mary completed a program in Health Information Management Certification at Regis University in Denver, Colorado and she has a Bachelor of Science in Community Health Education from the University of Wisconsin - La Crosse. Mary can be reached at 608-267-6727 (phone) or orourmb@dhfs.state.wi.us (email).

Calendar

Feb 5-9, 2006	Denver, CO	13th Conference on Retroviruses and Opportunistic Infections. Sponsor: Foundation for Retrovirology and Human Health. Contact: www.retroconference.org/2005 (website)
Feb 7, 2006	Nat'l Observance	National Black HIV/AIDS Awareness and Information Day. (NBHAAD). Sponsor: Community Capacity Building Coalition. Contact: http://www.omhrc.gov/hivaidsobservances/afam/ .
Feb 18-20, 2006	Philadelphia, PA	Ryan White National Youth Conference. Sponsor: National Association of People with AIDS. Contact: 240-247-1015 (phone); http://www.napwa.org/ryan_white_06_registration.pdf (website).
Feb 24, 2006	Satellite Webcast	Steps to Success in Community-based HIV/AIDS Prevention: How to Monitor and Measure Evidence-Based Intervention Effectiveness: Module 3: Building

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- Evaluation Capacity.** Sponsor: Centers for Disease Control and Prevention; Association of Schools of Public Health. Contact: Maria Gonzalez-Gelabert at mgg@healthconsultinggroup.com; 770-451-5800; <http://www.ihpl.org> (website).
- Feb 27-28, 2006 Philadelphia, PA **2006 National Conference on African-Americans & AIDS: National Forum on HIV/AIDS for Health Professionals Who Provide Care to Africa-Americans.** Sponsor: Minority Healthcare Communications. Contact: <http://www.minority-healthcare.com> (website) or 866-901-6267.
- March 5-11, 2006 National observance **Black Church Week of Prayer for the Healing of AIDS.** National sponsor: The Balm in Gilead, Inc. Contact: <http://www.balmingilead.org> (website); 1-888-225-6243 (phone); 212-730-7381 (fax).
- March 8-10, 2006 Jersey City, NJ **International Conference on HIV Treatment Adherence.** Sponsor: National Institute of Mental Health; International Association of Physicians in AIDS Care. Contact: Aimee Clark at clark@iapac.org
- March 9-10, 2006 Wisconsin Dells, WI **Wisconsin HIV Prevention Community Planning Council Meeting.** Contact: Molly Herrmann at 608-267-6730 (phone) or herrmmm@dhfs.state.wi.us (e-mail).
- March 10, 2006 National observance **National Women and Girls HIV/AIDS Awareness Day.** Sponsor: U.S. Department of Health and Human Services, Office of Minority Health. Contact: Frances Ashe-Goins at 202-690-6373 (phone) or fashe-goins@osophs.dhhs.gov (email).
- March 19-23, 2006 Atlanta, GA **International Conference on Emerging Infectious Diseases 2006.** Sponsor: Centers for Disease Control and Prevention; Council of State and Territorial Epidemiologists; CDC Foundation; Association of Public Health Laboratories (APHL); World Health Organization (WHO); American Society for Microbiology (ASM). Contact: Tony Johnson 404-498-3249 (phone); tjohnson3Acdc.gov (email); http://www.iceid.org/documents/Call4Abs_Final.pdf.
- April 27, 2006 Satellite Broadcast **CDC Satellite Broadcast/Webcast: Social Networks – A Recruitment Strategy for HIV Counseling, Testing, and Referral Services.** Sponsor: Centers for Disease Control and Prevention. Public Health Training Network. Contact: www.cdcnpi.org (website), see “Satellite Broadcasts and Webcasts” section.
- April 27, 2006 La Crosse, WI **Joint Meeting: Wisconsin HIV Prevention Community Planning Council Meeting.** Contact: Molly Herrmann at 608-267-6730 (phone) or herrmmm@dhfs.state.wi.us (e-mail). **Wisconsin Ryan White Consortium Meeting.** Contact: Lynsey Ray at 608-261-8372 (phone) or rayla@dhfs.state.wi.us (e-mail).
- April 28, 2006 Oconomowoc, WI **Communicable Diseases Spring Seminar.** Sponsor: Bureau of Communicable Diseases and Preparedness. Wisconsin Division of Public Health. Contact: Barb Truitt at TruittBL@dhfs.state.wi.us (email).
- May 2-6, 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: Beyond the Hidden Epidemic: Evolution or Revolution?** 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).

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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 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).
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).
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).
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

**Important
Contacts**



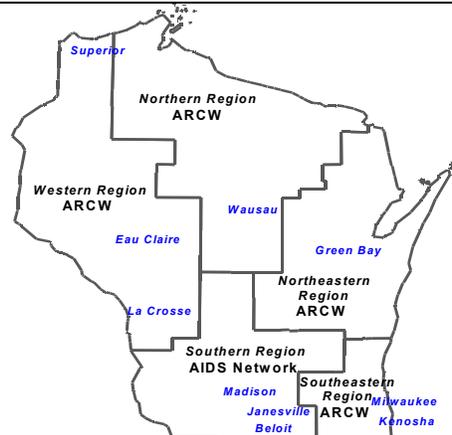
Wisconsin HIV/STD/Hepatitis C Information and Referral Center	
Outside Milwaukee	800/334-2437
Milwaukee Metro Area	414/273-2437
Wisconsin AIDS/HIV Program	608/267-5287
Wisconsin AIDS Research Consortium	
(clinical trials)	800/359-9272
Wisconsin AIDS/HIV Drug Reimbursement Program	800/991-5532
Wisconsin 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 Bayfield Florence Forest Iron Langlade Lincoln Marathon Oneida Portage Price Sawyer Taylor Vilas Wood	Brown Calumet Door Fond du Lac Green Lake Kewaunee Manitowoc Marinette Marquette Menominee Oconto Outagamie Shawano Sheboygan Waupaca Waushara Winnebago	Barron Buffalo Burnett Chippewa Clark Douglas Dunn Eau Claire Jackson La Crosse Monroe Pepin Pierce Polk Rusk St. Croix Trempealeau Vernon Washburn	Adams Columbia Crawford Dane Dodge Grant Green Iowa Juneau Lafayette Richland Rock Sauk	Jefferson Kenosha Milwaukee Ozaukee Racine Walworth Washington Waukesha

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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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