WISCONSIN AIDS/HIV UPDATE

Prevention through education

AIDS/HIV Program - Wisconsin Division of Public Health - Department of Health & Family Services – Spring 2007

HIV Surveillance

Community Planning

HIV Care and Support Services

HIV Prevention

Hepatitis

News Items

The *Wisconsin AIDS/HIV Update* is published by the Wisconsin AIDS/HIV Program
Wisconsin Department of Health and Family Services – Wisconsin Division of Public Health
PO Box 2659 Madison, WI 53701-2659
Telephone: 608-267-5287
Website: http://dhfs.wisconsin.gov/aids-hiv

Wisconsin AIDS/HIV Surveillance Summary

Cases reported 1983 through 3/31/2007

	Cumulative		Reported 2002-2006		Reported in 2007		Presumed alive	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
Total cases	9,616	100.0%	1,950	100.0%	93	100.0%	6,025	100.0%
Current disease category								
AIDS	6,471	67.3%	913	46.8%	19	20.4%	3,138	52.1%
Non-AIDS	3,145	32.7%	1,037	53.2%	74	79.6%	2,887	47.9%
Risk Exposure Categories								
Men who have sex with men (MSM)	5,024	52.2%	920	47.2%	35	37.6%	2,887	47.9%
Injecting drug use (IDU)	1,380	14.4%	178	9.1%	3	3.2%	803	13.3%
MSM and IDU	668	6.9%	124	6.4%	4	4.3%	405	6.7%
Hemophilia/Coagulation disorder	120	1.2%	3	0.2%	0	0.0%	43	0.7%
High-risk heterosexual contact	1,158	12.0%	274	14.1%	4	4.3%	878	14.6%
Transfusion-associated	82	0.9%	7	0.4%	0	0.0%	28	0.5%
Mother with/at risk	85	0.9%	19	1.0%	0	0.0%	67	1.1%
Undetermined	1,099	11.4%	425	21.8%	47	50.5%	914	15.2%
Gender								
Female	1,595	16.6%	406	20.8%	17	18.3%	1,186	19.7%
Male	8,021	83.4%	1,544	79.2%	76	81.7%	4,839	80.3%
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Race/Ethnicity								
White	5,361	55.8%	943	48.4%	40	43.0%	2,990	49.6%
Black	3,200	33.3%	700	35.9%	33	35.5%	2,265	37.6%
Hispanic	892	9.3%	255	13.1%	19	20.4%	655	10.9%
Asian/Pacific Islander	60	0.6%	24	1.2%	0	0.0%	49	0.8%
American Indian	88	0.9%	17	0.9%	0	0.0%	51	0.8%
Multi-racial	10	0.1%	10	0.5%	0	0.0%	10	0.2%
Unknown	5	0.1%	1	0.1%	1	1.1%	5	0.1%
Age at diagnosis*								
Under 5	81	0.8%	18	0.9%	0	0.0%	5	0.1%
5-14	36	0.4%	6	0.3%	0	0.0%	36	0.6%
15-19	237	2.5%	69	3.5%	4	4.3%	32	0.5%
20-24	1,062	11.0%	246	12.6%	15	16.1%	156	2.6%
25-44	6,807	70.8%	1,246	63.9%	49	52.7%	3,040	50.5%
45 years and older	1,385	14.4%	365	18.7%	25	26.9%	2,735	45.4%
Unknown	8	0.1%	0	0.0%	0	0.0%	10	0.2%

** For cases presumed alive, age is the age on 03/31/2007.*

Year of Report		
Before 1990	1,485	15.4%
1990	672	7.0%
1991	656	6.8%
1992	683	7.1%
1993	650	6.8%
1994	514	5.3%
1995	562	5.8%
1996	426	4.4%
1997	447	4.6%
1998	381	4.0%
1999	372	3.9%
2000	389	4.0%
2001	336	3.5%
2002	388	4.0%
2003	364	3.8%
2004	417	4.3%
2005	374	3.9%
2006	407	4.2%
2007	93	1.0%

Wisconsin AIDS/HIV Surveillance Summary

Cases by DHFS region and county, cases reported 1983 through 3/31/2007

Northeastern Region	Cumulative		Reported 2002-2006			Reported in 2007			Presumed alive		
	Cases	%	Cases	%	Rate*	Cases	%	Rate**	Cases	%	Rate**
BROWN	316	34.6%	63	32.1%	5.6	3	30.0%	1.3	193	35.3%	85.1
CALUMET	9	1.0%	1	0.5%	0.5	0	0.0%	0.0	5	0.9%	12.3
DOOR	19	2.1%	5	2.6%	3.6	0	0.0%	0.0	11	2.0%	39.3
FOND DU LAC	46	5.0%	10	5.1%	2.1	0	0.0%	0.0	29	5.3%	29.8
GREEN LAKE	9	1.0%	4	2.0%	4.2	0	0.0%	0.0	8	1.5%	41.9
KEWAUNEE	4	0.4%	1	0.5%	1.0	0	0.0%	0.0	2	0.4%	9.9
MANITOWOC	43	4.7%	11	5.6%	2.7	0	0.0%	0.0	25	4.6%	30.2
MARINETTE	32	3.5%	6	3.1%	2.8	0	0.0%	0.0	17	3.1%	39.2
MARQUETTE	10	1.1%	0	0.0%	0.0	0	0.0%	0.0	6	1.1%	37.9
MENOMINEE	17	1.9%	3	1.5%	13.2	0	0.0%	0.0	12	2.2%	263.0
OCONTO	16	1.8%	0	0.0%	0.0	0	0.0%	0.0	5	0.9%	14.0
OUTAGAMIE	114	12.5%	34	17.3%	4.2	2	20.0%	1.2	76	13.9%	47.2
SHAWANO	27	3.0%	3	1.5%	1.5	1	10.0%	2.5	12	2.2%	29.5
SHEBOYGAN	81	8.9%	21	10.7%	3.7	3	30.0%	2.7	51	9.3%	45.3
WAUPACA	15	1.6%	7	3.6%	2.7	0	0.0%	0.0	10	1.8%	19.3
WAUSHARA	11	1.2%	6	3.1%	5.2	0	0.0%	0.0	8	1.5%	34.6
WINNEBAGO	143	15.7%	21	10.7%	2.7	1	10.0%	0.6	76	13.9%	48.5
Region total* **	**912**	**100.0%**	**196**	**100.0%**	**3.4**	**10**	**100.0%**	**0.9**	**546**	**100.0%**	**47.1**

Northern Region	Cumulative		Reported 2002-2006			Reported in 2007			Presumed alive		
	Cases	%	Cases	%	Rate*	Cases	%	Rate**	Cases	%	Rate**
ASHLAND	11	3.6%	4	5.9%	4.7	0	0.0%	0.0	8	4.6%	47.4
BAYFIELD	11	3.6%	1	1.5%	1.3	0	0.0%	0.0	8	4.6%	53.3
FLORENCE	1	0.3%	1	1.5%	3.9	0	0.0%	0.0	1	0.6%	19.7
FOREST	8	2.6%	0	0.0%	0.0	0	0.0%	0.0	5	2.9%	49.9
IRON	10	3.2%	4	5.9%	11.7	0	0.0%	0.0	4	2.3%	58.3
LANGLADE	10	3.2%	4	5.9%	3.9	0	0.0%	0.0	7	4.0%	33.8
LINCOLN	7	2.3%	2	2.9%	1.3	0	0.0%	0.0	3	1.7%	10.1
MARATHON	90	29.1%	21	30.9%	3.3	0	0.0%	0.0	55	31.8%	43.7
ONEIDA	21	6.8%	5	7.4%	2.7	0	0.0%	0.0	11	6.4%	29.9
PORTAGE	54	17.5%	14	20.6%	4.2	1	100.0%	1.5	27	15.6%	40.2
PRICE	7	2.3%	1	1.5%	1.3	0	0.0%	0.0	1	0.6%	6.3
SAWYER	7	2.3%	0	0.0%	0.0	0	0.0%	0.0	3	1.7%	18.5
TAYLOR	3	1.0%	0	0.0%	0.0	0	0.0%	0.0	2	1.2%	10.2
VILAS	16	5.2%	3	4.4%	2.9	0	0.0%	0.0	9	5.2%	42.8
WOOD	53	17.2%	8	11.8%	2.1	0	0.0%	0.0	29	16.8%	38.4
Region total* **	**309**	**100.0%**	**68**	**100.0%**	**2.8**	**1**	**100.0%**	**0.2**	**173**	**100.0%**	**35.9**

Southeastern Region	Cumulative		Reported 2002-2006			Reported in 2007			Presumed alive		
	Cases	%	Cases	%	Rate*	Cases	%	Rate**	Cases	%	Rate**
JEFFERSON	41	0.7%	7	0.6%	1.9	1	2.0%	1.4	21	0.6%	28.4
KENOSHA	287	4.9%	70	6.2%	9.4	5	10.0%	3.3	183	5.0%	122.3
MILWAUKEE	4,825	82.7%	899	79.8%	19.1	37	74.0%	3.9	3,025	83.1%	321.8
OZAUKEE	43	0.7%	13	1.2%	3.2	0	0.0%	0.0	27	0.7%	32.8
RACINE	294	5.0%	59	5.2%	6.2	1	2.0%	0.5	184	5.1%	97.4
WALWORTH	81	1.4%	24	2.1%	5.1	1	2.0%	1.1	44	1.2%	46.9
WASHINGTON	56	1.0%	10	0.9%	1.7	3	6.0%	2.6	36	1.0%	30.6
WAUKESHA	204	3.5%	44	3.9%	2.4	2	4.0%	0.6	122	3.3%	33.8
Region total* **	**5,831**	**100.0%**	**1,126**	**100.0%**	**11.2**	**50**	**100.0%**	**2.5**	**3,642**	**100.0%**	**181.5**

Southern Region	Cumulative		Reported 2002-2006			Reported in 2007			Presumed alive		
	Cases	%	Cases	%	Rate*	Cases	%	Rate**	Cases	%	Rate**
ADAMS	25	1.5%	4	1.0%	4.3	0	0.0%	0.0	13	1.2%	69.7
COLUMBIA	37	2.1%	9	2.4%	3.4	0	0.0%	0.0	18	1.6%	34.3
CRAWFORD	23	1.3%	4	1.0%	4.6	0	0.0%	0.0	10	0.9%	58.0
DANE	1,196	69.4%	271	71.1%	12.7	15	75.0%	3.5	792	71.0%	185.7
DODGE	47	2.7%	13	3.4%	3.0	0	0.0%	0.0	34	3.0%	39.6
GRANT	28	1.6%	2	0.5%	0.8	1	5.0%	2.0	12	1.1%	24.2
GREEN	32	1.9%	5	1.3%	3.0	0	0.0%	0.0	17	1.5%	50.5
IOWA	15	0.9%	4	1.0%	3.5	0	0.0%	0.0	8	0.7%	35.1
JUNEAU	12	0.7%	3	0.8%	2.5	0	0.0%	0.0	7	0.6%	28.8
LAFAYETTE	8	0.5%	2	0.5%	2.5	0	0.0%	0.0	5	0.4%	31.0
RICHLAND	8	0.5%	0	0.0%	0.0	1	5.0%	5.6	4	0.4%	22.3
ROCK	234	13.6%	50	13.1%	6.6	3	15.0%	2.0	156	14.0%	102.4
SAUK	49	2.8%	12	3.1%	4.3	0	0.0%	0.0	35	3.1%	63.4
VERNON	9	0.5%	2	0.5%	1.4	0	0.0%	0.0	4	0.4%	14.3
Region total* **	**1,723**	**100.0%**	**381**	**100.0%**	**7.6**	**20**	**100.0%**	**2.0**	**1,115**	**100.0%**	**111.4**

Western Region	Cumulative		Reported 2002-2006			Reported in 2007			Presumed alive		
	Cases	%	Cases	%	Rate*	Cases	%	Rate**	Cases	%	Rate**
BARRON	38	6.5%	10	7.6%	4.4	1	16.7%	2.2	23	6.4%	51.2
BUFFALO	4	0.7%	1	0.8%	1.4	1	16.7%	7.2	2	0.6%	14.5
BURNETT	14	2.4%	4	3.0%	5.1	1	16.7%	6.4	10	2.8%	63.8
CHIPPEWA	28	4.8%	7	5.3%	2.5	0	0.0%	0.0	18	5.0%	32.6
CLARK	15	2.6%	9	6.8%	5.4	0	0.0%	0.0	11	3.1%	32.8
DOUGLAS	53	9.0%	5	3.8%	2.3	1	16.7%	2.3	28	7.8%	64.7
DUNN	15	2.6%	3	2.3%	1.5	0	0.0%	0.0	8	2.2%	20.1
EAU CLAIRE	89	15.2%	16	12.1%	3.4	0	0.0%	0.0	51	14.2%	54.8
JACKSON	7	1.2%	1	0.8%	1.0	0	0.0%	0.0	2	0.6%	10.5
LA CROSSE	181	30.9%	49	37.1%	9.1	2	33.3%	1.9	122	34.1%	113.9
MONROE	26	4.4%	6	4.5%	2.9	0	0.0%	0.0	15	4.2%	36.7
PEPIN	2	0.3%	0	0.0%	0.0	0	0.0%	0.0	2	0.6%	27.7
PIERCE	24	4.1%	4	3.0%	2.2	0	0.0%	0.0	15	4.2%	40.8
POLK	24	4.1%	6	4.5%	2.9	0	0.0%	0.0	11	3.1%	26.6
RUSK	6	1.0%	1	0.8%	1.3	0	0.0%	0.0	3	0.8%	19.5
ST CROIX	39	6.7%	5	3.8%	1.6	0	0.0%	0.0	27	7.5%	42.8
TREMPEALEAU	11	1.9%	1	0.8%	0.7	0	0.0%	0.0	5	1.4%	18.5
WASHBURN	10	1.7%	4	3.0%	5.0	0	0.0%	0.0	5	1.4%	31.2
Region total* **	**586**	**100.0%**	**132**	**100.0%**	**3.7**	**6**	**100.0%**	**0.8**	**358**	**100.0%**	**50.2**

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

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

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

Technical notes

1. These reports are compiled by the Wisconsin AIDS/HIV Program and are based on AIDS and HIV infection case surveillance data collected by the Wisconsin Division of Public Health (DPH). They do not include data from the Counseling and Testing Site Program. In Wisconsin, state statutes require health care providers to report cases of AIDS and HIV infection to the DPH. For information about reporting requirements or procedures contact the Wisconsin AIDS/HIV Program (608/267-5287).

2. These reports include cases and deaths received through the specified date. Data in this report are provisional. Completeness of reporting for AIDS cases in Wisconsin is estimated to be over 85% but may vary by geographic region, risk exposure categories, and demographic groups. Completeness of reporting may be somewhat less for persons with HIV infection who do not meet the Centers for Disease Control and Prevention (CDC) surveillance case definition for AIDS. Thus, at any time, reported cases of HIV infection represent only part of the total number of diagnosed cases and because cases remain undiagnosed, reported HIV infection underestimates total HIV infection morbidity.

3. If first diagnosed in Wisconsin, cases are assigned to a county based on residence at time of diagnosis. If a case was first diagnosed in another state and has subsequently moved to Wisconsin, the case is assigned to the Wisconsin county of residence when first reported in Wisconsin.

4. "Cumulative cases" includes all cases reported from 1983 (the year case reporting began) to the date specified on the report.

5. "Cases presumed alive" refers to cases reported for which no documentation of death has been received. Because of delays in reporting of deaths, these data should be considered provisional.

6. Cases classified as "AIDS" includes only cases which meet the CDC surveillance case definition for AIDS.

7. For surveillance purposes, cases are counted only once in a hierarchy of exposure categories. Persons with more than one reported mode of exposure to HIV are classified in the first category in the hierarchy, except for men with a history of both sexual contact with other men and injecting drug use which constitutes a separate category. In Wisconsin reporting of sexual orientation is only required for AIDS cases.

8. The risk exposure category "high-risk heterosexual contact" includes persons who report specific heterosexual contact with persons with, or at increased risk for, HIV infection.

9. The risk exposure category "mother at risk" includes children who were born to mothers with, or at risk of, HIV infection.

10. The risk exposure category "undetermined" includes cases currently under investigation; cases with incomplete exposure history because the patients refused interview, died before they could be interviewed, or were lost to follow-up; cases for whom follow-up exposure history is available but no exposure mode was identified; and cases with exposure categories not listed in the hierarchy.

11. For cases of HIV infection, "age" is the age when HIV infection was first diagnosed.

For more information contact: Neil J. Hoxie, Program Epidemiologist
Wisconsin AIDS/HIV Program
1 West Wilson Street, Room 318
PO Box 2659
Madison, WI53701-2659
Telephone: (608) 266-0998

Wisconsin HIV Community Planning Network holds regional meetings

Lynn Tarnoff, MA HIV/AIDS Community Outreach Coordinator, AIDS/HIV Program, Wisconsin Division of Public Health

The new Wisconsin HIV Community Planning Network held its inaugural regional meeting at the College of Menominee Nation, Keshena, Wisconsin in March 2007. The Network assumes the community planning activities previously conducted by the Wisconsin Ryan White Consortium and Wisconsin HIV Prevention Planning Council which were disbanded in November 2006. The Network consists of individuals and groups sharing ideas and concerns about HIV prevention, care and treatment in Wisconsin.

The Statewide Action Planning Group is the core work group of the Network. They work year round assisting the Wisconsin Division of Public Health (DPH) AIDS/HIV Program in the development, implementation and prioritization of HIV services. The Statewide Action Planning Group holds meetings in each of the five DPH regions annually. Members assembled in Madison (Southern Region) for new member orientation on February 22 and in Keshena (Northeastern Region) for Local Community Dialogues on March 21 and a work group meeting on March 22.

The northeastern region meetings coincided with the first National Native (American Indian, Alaska Native, and Native Hawaiian) HIV/AIDS Awareness Day: March 21. Members and guests discussed issues, successes, challenges within the region and within native populations and participated in the Native HIV/AIDS Awareness Day activity held by the Menominee Tribal Clinic.

Get Involved!
You too can have a voice in HIV community planning in Wisconsin. There are several ways that individuals may find out about or become involved in HIV community planning.

Individual Information Exchange - Individuals living or working anywhere in the state may access HIV Community Planning Network information including meeting schedules and minutes, HIV service plans, and other HIV related resources and information via the Network website at anytime. Individuals may also receive a monthly listserv email that will provide new topics of interest, health and advocacy alerts.

Local Community Dialogues **-** In addition to accessing community planning information anywhere at anytime via the Individual Information Exchange, individuals are invited to attend a half day Local Community Dialogue meetings.

Interested individuals can join the Network at any time through its website dedicated to HIV community planning. The website, launched in February 2007 provides resource information and a calendar of events to help community members learn about meetings held in their region. The Wisconsin HIV Community Planning Network website can be found at http://www.wihiv.wisc.edu/communityplanning/.

Regional Meeting Schedule for 2007

Southern Region	February 22 - Statewide Action Planning Group Orientation
Northeastern Region	March 21 - Local Community Dialogues
	March 22 - Statewide Action Planning Group
Northern Region	June 13 - Local Community Dialogues
	June 14 - Statewide Action Planning Group
Western Region	September 19 - Local Community Dialogues
	September 20 - Statewide Action Planning Group
Southeastern Region	November 14 - Local Community Dialogues
	November 15 - Statewide Action Planning Group

For more information on the Wisconsin HIV Community Planning Network, contact Lynn Tarnoff (phone: 608-890-1424; email: tarnoff@wisc.edu).

Wisconsin Division of Public Health awards Ryan White funding

Michael McFadden, MA, HIV Care and Surveillance Unit Supervisor, AIDS/HIV Program, Wisconsin Division of Public Health

The Division of Public Health released a request for proposals (RFP) on September 25, 2006 to award $1.5 million in federal Ryan White Title II funds for the provision of core services identified by the Health Resources and Services administration (HRSA), the federal agency that administers Ryan White funding, and for the provision of non-core services. The following services were included in the RFP:

Core Services
Medical Care
Oral Health Care
Mental Health & Substance Abuse Services
Case Management

Non-Core Services
Emergency Financial Assistance
Outreach and Advocacy

By the November 17, 2006 application deadline, the Division received 32 service proposals from 14 agencies with budget requests in excess of $2.7 million. The proposals were scored by review panels in late December 2006 and early January 2007. The AIDS/HIV Program developed funding recommendations based on review panel scores, distribution of services, and available funding. The Division announced its intent to award funding in February 2007 for contracts beginning on April 1, 2007. The following table identifies the 11 funded agencies and services selected through the RFP.

	Medical	Oral Health	MH & SA	Case Mgmt	EFA	Outreach Advocacy	Agency Total
AN			$15,800	$95,600	$14,000	$12,500	$137,900
ARCW	$232,200	$153,500	$50,000	$291,600	$61,000	$15,100	$803,400
CHE						$23,000	$23,000
HCHM			$9,400	$55,000			$64,400
LAS						$20,100	$20,100
MCW-Peds	$150,600						$150,600
MHS	$53,000						$53,000
NCSDC				$55,000			$55,000
SSCHC				$55,000			$55,000
UMOS				$72,600		$10,000	$82,600
UWHC				$55,000			$55,000
Service Total	$435,800	$153,500	$75,200	$679,800	$75,000	$80,700	$1,500,000

Key:
MH & SA: Mental Health & Substance Abuse
EFA: Emergency Financial Assistance
AN: AIDS Network
ARCW: AIDS Resource Center of Wisconsin
CHE: Comprehensive Health Education
HCHM: Health Care for the Homeless of Milwaukee
LAS: Legal Aid Society of Milwaukee
MCW-Peds: Medical College of Wis, Pediatrics
MHS: Milwaukee Health Services, Inc.
NCSDC: New Concept in Self Development Center
SSCHC: Sixteenth Street Community Health Center
UMOS: United Migrant Opportunity Service
UWHC: UW Hospital and Clinics - HIV Program

Ryan White CARE Act reauthorization signed into law

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

This is the third update of the federal Ryan White CARE Act reauthorization. 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. Since 1990, the Care Act has been reauthorized in 1996 and 2000. Domestic and international priorities diverted Congressional attention from reauthorizing the CARE Act last fall. The Ryan White HIV/AIDS Treatment Modernization Act of 2006 was passed by the House in September and by the Senate with further revised language on December 6. The House passed the final version of bill on December 9 and the President signed the bill into law (P. L. 109-415) on December 19, 2006.

The most obvious change is in the name of the Act. The Ryan White Comprehensive AIDS Resources Emergency Act of 1990 is now the Ryan White HIV/AIDS Treatment Modernization Act of 2006. The Act is also different from past reauthorizations, which have previously spanned five-year time periods. The new reauthorization will sunset in three years, ending the reauthorization on September 30, 2009.

The 2006 reauthorization process was contentious and the source of many debates. One of the changes was a shift in focus from estimated living AIDS cases to actual HIV case numbers. Prior to the 2007 grant cycles, Ryan White CARE Act grant eligibility and awards were based on the estimated number of living AIDS cases in each state, as reported to the Centers for Disease Control and Prevention (CDC). Critics of this method have long suggested that estimated numbers and the focus on AIDS versus HIV did not accurately reflect the burden of the epidemic in some areas of the U.S. and favored large urban epicenters of the epidemic like California, New Jersey, and New York City. The change was controversial because of the possible shift in funding away from large urban areas to the Southern states and to states with younger, yet emerging epidemics.

A second major change was the "medicalization" of the CARE Act. The 2006 Reauthorization language legislatively requires a minimum of 75% of funding to be allocated to core medical service for Titles I, II, and III, now called Part A, B, and C. Non-core, or support services, are limited to 25% of funding. The Act defines support services as those needed by individuals to achieve their medical outcomes and include any services that are provided by or through consortia. This requirement was especially controversial in areas where large amounts of CARE Act funding support psychosocial support services.

Other significant changes

The newly reauthorized CARE Act:

- splits Part A into two subparts: Tier 1: eligible metropolitan areas (EMAs); and Tier 2: transitional grant areas (TGAs),
- creates a new Part B supplemental grant application,
- codifies the HRSA Minority AIDS Initiative as a permanent part of the CARE Act,
- gives more weight to areas outside of EMAs/TGAs and to states with no EMAs/TGAs via the Part B formula change,
- requires funding formulas to be replaced by a severity of need index (SONI), and
- increases an ADAP supplemental set-aside from 3% to 5% of the ADAP earmark appropriation

Implications for Wisconsin

After several years of funding decreases in the Title II base award, Wisconsin will benefit from reauthorization changes as Wisconsin will see an increase in the Part B formula base award with the shift to actual living HIV cases. Changes in the Part B formula weights will also benefit Wisconsin because Wisconsin does not receive Part A EMA or TGA grant funding. Additionally, because of consortia structure changes implemented in 2004 and the results of the 2006 Wisconsin Ryan White request for proposal process, Wisconsin does not anticipate the need to make major programming changes related to the 75% core medical service requirement.

Additional resources

For more information related to the Ryan White HIV/AIDS Treatment Modernization Act of 2006, please refer to previous reauthorization updates in the Summer 2006 and Winter 2006 issues of the *Wisconsin AIDS/HIV Update*.

The Ryan White CARE Act: A Side-by-Side Comparison of Prior Law to the Newly Reauthorized CARE Act, published by the Kaiser Family Foundation, provides a comparison of the prior law and

the newly reauthorized law. The document is available at http://www.kff.org/hivaids/7531.cfm

The complete version of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 can be found at http://thomas.loc.gov/cgi-bin/query/z?c109:H.R.6143.

Web-based information resources on HIV treatment

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

People living with HIV face many challenges and a common one is making decisions about HIV treatment. Many persons living with HIV contact the Wisconsin HIV/STD Hepatitis C Information and Referral Center (IRC) for help in finding information about HIV treatment. Persons living with HIV frequently request educational materials they can read at their own pace in order to be better prepared to make informed decisions about their health care.

The following is a sample of web-based information resources that can assist persons living with HIV better understand treatment topics such as medications, side effects, the challenge of adherence, prevention, harm/risk reduction, and other related topics.

AIDS Community Research Initiative of America (ACRIA)
http://www.acria.org
ACRIA is a non-profit organization that studies new treatments for HIV/AIDS and related diseases and conducts a comprehensive HIV health literacy program. This site contains information on medical research, clinical trials, and HIV health literacy. Information is also available in Spanish.

AIDSinfo
http://aidsinfo.nih.gov
AIDSinfo is sponsored by the U.S. Department of Health and Human Services and offers the latest federally approved information on clinical research, treatment and prevention, and medical practice guidelines for health care providers, researchers, and persons living with HIV.

AIDS InfoNet
http://www.aidsinfonet.org
Easy-to-print single topic fact sheets featuring information on HIV/AIDS prevention, treatments and medicines, opportunistic infections, are easily accessible in both English and Spanish. This website also has a comprehensive list of links by topic. The AIDS InfoNet is a project of the New Mexico AIDS Education and Training Center in the Infectious Diseases Division of the University of New Mexico School of Medicine.

American Foundation for AIDS Research (amfAR)
http://www.amfar.org
amfAR is one of the world's leading nonprofit organizations dedicated to the support of AIDS research, HIV prevention, treatment education, and the advocacy of sound AIDS-related public policy.

The Body: The Complete HIV/AIDS Resource
http://www.thebody.com
The Body is an extensive HIV knowledge base containing information on over 550 topics regarding HIV and AIDS. Also available in Spanish.

HIV InSite
http://hivinsite.ucsf.edu
This web site is a project of the University of California San Francisco Center for HIV Information. The site provides comprehensive, up-to-date information on HIV/AIDS treatment, prevention, and policy for patients and the public. It includes information for the newly diagnosed, HIV basics, statistics, Q&A forums, and information for youth and other populations.

Managing HIV: Information on HIV & AIDS Symptoms and Treatments
http://www.managinghiv.com
Managing HIV offers information on AIDS and HIV medications and provides advice on when to start treatment and coping with treatment side effects. All of this information is available in video, audio, and text formats.

MEDLINEplus - Health Information - AIDS
http://www.nlm.nih.gov/medlineplus/aids.html
This resource, part of the National Library of Medicine, provides access to extensive, accurate, and current medical information. The AIDS section contains links to consumer health information and prevention items. Some resources are available in Spanish.

National AIDS Treatment Advocacy Project (NATAP)
http://www.natap.org
NATAP provides the latest in HIV/AIDS and hepatitis research and treatment information, news, conference reports, antiretroviral drug data, in-depth articles and other publications.

National Library of Medicine HIV/AIDS Specialized Information Services
http://sis.nlm.nih.gov/hiv.html
This is the National Library of Medicine's collection of HIV/AIDS-related information sources for the public, researchers/scientists, health professionals, students and educators.

Project Inform: Information, Inspiration and Advocacy for People Living With HIV/AIDS
http://www.projectinform.org
The Project Inform website provides treatment information for HIV-infected persons, their caregivers, and their healthcare and service providers. The web site includes information on agency publications, outreach and education efforts, and hotline program. Also available in Spanish.

Test Positive Aware Network (TPAN)
http://www.tpan.org
This Chicago-based organization publishes Positively Aware magazine. The web site provides and online version of Positively Aware, HIV drug guide, related links and information in Spanish.

GLMA report on treating crystal meth addiction among gay and bisexual men

In November 2006, the Gay and Lesbian Medical Association (GLMA) released a major report highlighting strategies identified by clinicians and researchers in treating meth addiction among gay and bisexual men. The report, titled *Breaking the Grip: Treating Crystal Methamphetamine Addiction Among Gay and Bisexual Men*, contradicts the widely held belief that addiction to crystal meth is untreatable. *Breaking the Grip* highlights peer-reviewed, scholarly literature on the subject and includes findings from eight focus groups the GLMA team conducted in five cities where crystal meth use is thought to be widespread. Focus group members included physicians, psychiatrists, psychologists and therapists working in the field of addiction, health policy experts, and researchers in epidemiology, pharmacology and clinical psychology. The full report is available on the web at www.glma.org/breakingthegrip.

Quality Academy: a web-based resource in HIV quality improvement

The National Quality Center (NQC) was funded by the federal Health Resources and Services Administration's (HRSA) AIDS/HIV Bureau (HAB) in September 2004 to provide quality improvement technical assistance to Ryan White CARE Act grantees in the United States.

NQC recently launched the Quality Academy, an online modular learning program designed to increase understanding of quality improvement in HIV care. The Quality Academy features 20 content-rich tutorials that are accessible at no cost via the Internet.

The Academy's content includes materials applicable to a range of individuals, from novices to experts in quality management. Tutorial titles include Quality Improvement 101, HRSA/HAB Quality Expectations, Quality Management Plans, Collecting Performance Data, Managing Resistance to Change and many more. Tutorials typically take 20-30 minutes to complete.

Access Quality Academy on the web at
http://nationalqualitycenter.org/QualityAcademy/index.cfm/1537.

RAND Corporation report on disparities in care for HIV patients

The RAND Corporation, a nonprofit research organization providing analysis and solutions that address the challenges facing the public and private sectors, released a report in 2006 addressing the disparities in care for HIV patients. The report, "Disparities in Care for HIV Patients," highlights results from the HIV Costs and Services Utilization Study (HCSUS), the first comprehensive U.S. survey of health care use among a nationally representative sample of HIV-positive persons who were receiving care for their HIV disease. The aims of HCSUS were to estimate the costs associated with HIV care; to identify barriers that affect access to HIV

treatment as well as to other health care services; and to assess how HIV-positive status affects quality of life, productivity, and family life.

Key findings identified in the RAND summary of the HCSUS study include:

- HIV-infected persons were less likely to receive highly active antiretroviral therapy (HAART) when it was initially introduced if they were African American or Hispanic; lacked health insurance or had public insurance; were exposed to HIV through IV drug use; had less than a college education; had competing demands on their time, attention, or resources; or received their care from non-specialists.

- African Americans and Hispanics were less likely to access experimental treatments (e.g., via participation in clinical trials) both because they lacked trust in their providers and because they lived long distances from providers with expertise in HIV care.

- Individuals who need other supportive services such as substance abuse treatment were less likely to receive HAART.

- Some groups of HIV-positive patients were less likely to receive other needed care, such as prophylactic antibiotics and routine preventive care.

- Although disparities in access to HAART among various groups are narrowing, increase use of case management to help HIV-positive patients coordinate their care would help eliminate those disparities.

The RAND report "Disparities in Care for HIV Patients" can be downloaded from the RAND website at http://www.rand.org/pubs/research_briefs/RB9171/.

Review of 2006 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 Division of Public Health (DPH) subsidizes agencies throughout the state to provide HIV antibody counseling, testing, and referral services. The purpose of the HIV Counseling, Testing, and Referral (CTR) Program is to prevent further transmission of the human immunodeficiency virus (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 sites throughout the state participate in the CTR Program including AIDS service organizations, community based organizations, public and private STD 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 currently offer rapid testing.

Who is being tested?
The CTR Program uses a uniform data collection system to collect and evaluate 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 2006, 19,625 tests were conducted, of which approximately 70% were rapid tests. Among clients accessing testing, 32% tested anonymously (name undisclosed), 65% confidentially (name disclosed), and 3% unspecified. Sixty-four percent of persons tested were male, 35% percent female, and 1% percent unidentified. Fifty-seven percent of tests were among individuals under age 30. Young adults (ages 20-24) accounted for 26% of all tests and 13% were among adolescents (ages 13-19). Ethnic and racial minorities comprised 52% of the persons receiving CTR services.

Fifty-two percent of persons tested were Milwaukee County residents, 15% Dane County residents, and 32% residents residing outside Milwaukee and Dane counties. One percent of persons tested were not Wisconsin residents.

Who is testing positive?
Of the 19,625 HIV tests conducted in the CTR Program, 121 were positive. Thirty persons tested positive previously and were usually confirming a positive test result to access HIV specialty services. Ninety-one persons were newly identified with HIV infection. The prevalence for the CTR Program based on newly identified HIV positive clients was 0.5% or 1 of approximately every 200 persons tested.

There were notable disparities in prevalence by gender, race/ethnicity, age, and risk. Table 1 highlights demographic and risk characteristics of persons tested through the Wisconsin CTR Program in 2006. Males were seven times as likely to test positive as females. Prevalence among opposite sex partners of a high risk person or a person with HIV infection was equal to the CTR Program average. Prevalence among persons over 50 was nearly twice the CTR Program average. Prevalence among men having sex with men was four times the CTR Program average. Prevalence among persons of different racial/ethnic groups tested ranged between 0.0 and 0.7 percent. Table 1 summarizes demographic, risk, and prevalence data on tests conducted in calendar year 2006.

Table 1: WI CTR Program demographic, risk, and HIV prevalence data, 2006

	Tests	% of all tests	HIV+	New HIV+ (% of new HIV+)	Seroprevalence: new HIV +
Total	**19,625**	**100%**	**121**	**91(100%)**	**0.5%**
Sex					
Males	11,585	64%	105	83 (91%)	0.7%
Females	6,908	35%	11	8 (9%)	0.1%
Unknown	104	1%	5	0 (0%)	0.0%
Age					
0-12	9	0.0%	0	0 (0%)	0.0%
13-19	2,626	13%	10	8 (9%)	0.3%
20-24	5,114	26%	25	20 (22%)	0.4%
25-29	3,390	17%	20	18 (20%)	0.5%
30-49	6,821	35%	45	34 (37%)	0.5%
50+	1,495	8%	13	10 (11%)	0.7%
Unknown	176	1%	8	1 (1%)	0.6%
Race/Ethnicity					
White	8,865	45%	45	37 (40%)	0.4%
African American	7,508	38%	46	36 (40%)	0.5%
Hispanic/Latino	2,290	12%	20	15 (16%)	0.7%
Asian/Pacific Islander	291	1.5%	1	1 (1%)	0.3%
American Indian	176	1%	0	0 (0%)	0.0%
Other/Unknown	495	2.5%	9	2 (2%)	0.4%
Risk Exposure[1]					
High	**5,853**	**30%**	**98**	**80 (88%)**	**1.4%**
MSM & IDU	138	0.7%	5	2 (2%)	1.4%
MSM	3,735	19%	84	72 (79%)	1.9%
IDU	893	4.5%	2	1 (1%)	0.1%
Sex Partner at Risk	1,089	5.5%	7	5 (6%)	0.5%
Moderate Risk	**7,869**	**40%**	**5**	**2 (2%)**	**0.0 %**
STD diagnosis	3,472	18%	1	0 (0.%)	0.0%
Exchange Sex	292	1.5%	1	0 (0%)	0.0%
Sex while using non-injection drugs	3,847	20%	3	2 (2%)	0.1 %
Victim of sexual assault	261	1.3%	0	0 (0%)	0.0%
Low Risk	**5,903**	**30%**	**18**	**9 (1%)**	**0.2%**
Heterosexual/No other defined risk	**4,254**	**24%**	**8**	**6 (6%)**	**0.1%**
No acknowledged risk	**294**	**1.5%**	**1**	**1 (1%)**	**0.3%**
Not Specified/Unknown	**398**	**2.0%**	**9**	**2 (2%)**	**0.5%**
Other Low Risk	**957**	**5.0%**	**0**	**0 (05)**	**0.0%**
Residence					
Wisconsin	**19,426**	**1.0%**	**111**	**88 (97%)**	**0.5%**
Milwaukee County	10,130	52%	74	60 (66%)	0.6%
Dane County	2,892	15%	8	6 (6%)	0.2%
Other Counties	6553	32%	27	22 (24%)	0.3%
Out of State	**199**	**1%**	**2**	**2 (2%)**	**0.2%**
Unknown	**161**	**1%**	**8**	**19 (1%)**	**0.1%**

[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 injection 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 groups: 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 is receiving their test results

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

In 2006, the overall post-test return rate was 91%, up from 87% in 2005, 71% in 2004, 66% in 2003, and 63% in 2002. The post-test counseling rate for new positives in 2006 was 96%, an increase of 20% over the previous three years. Increases in post-test return rates are largely due to increased use of rapid testing. Table 2 shows the percent of CTR clients who received post-test counseling. There is notable variance for post-test counseling rates across demographic and risk characteristics. Females testing positive were less likely than men to receive their results. Among racial/ethnic groups, African Americans testing positive were least likely to receive test results. Among all risk groups, MSM/IDUs testing positive were least likely to receive test results. There are also notable differences in post-test return rate by testing technology.

Table 2. Percent of CTR clients who received post-test counseling, by select characteristics, Wisconsin CTR Program 2006

	% of all tests		% of all HIV+		% of new HIV+
Total Tests = 19,625	**91%**		**96%**		**96%**
Sex					
Male	92%		97%		96%
Female	89%		91%		86%
Race/Ethnicity					
White	91%		100%		100%
African American	90%		91%		89%
Hispanic	90%		100%		100%
Asian/Pacific Islander	90%		100%		100%
American Indian	89%		N/A		N/A
Unknown	92%		90%		100%
Risk Exposure					
High Risk	**94%**		**98%**		**98%**
MSM/IDU	90%		80%		50%
MSM	96%		99%		98%
IDU	88%		100%		100%
Sex Partner at Risk	93%		100%		100%
Moderate Risk	**90%**		**100%**		**100%**
Low Risk	**88%**		**83%**		**78%**
Test Type					
Anonymous	**95%**		**98%**		**98%**
Confidential	**90%**		**96%**		**94%**
Unknown	**83%**		**92%**		**100%**
Test Technology					
Conventional	**76%**		**90%**		**88%**
Rapid	**99%**		**99%**		**99%**

Who is being linked to services

The importance of providing linkages to medical evaluation and care for persons testing positive has become increasingly important with advances in treatment for HIV disease. The CTR Program's focus on linking persons to medical evaluation and care and other HIV specialty services will continue to increase. On January 1, 2007 the CTR Program implemented a new data collection and evaluation system. The system enable the CTR Program to report more extensively on referrals for persons testing positive, including referral follow-up and outcomes.

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 (e-mail).

Implementing Diffusion of Effective Behavioral Interventions in Wisconsin

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

The Centers for Disease Control and Prevention (CDC) developed the Diffusion of Effective Behavioral Interventions (DEBI) project in order to identify effective, science-based prevention interventions that community-based agencies and state and local health departments could implement locally. The goal of the DEBI project is to enhance the capacity of agencies to implement effective interventions at the state and local levels, to reduce the spread of HIV and STDs, and to promote healthy behaviors. This article highlights DEBIs that have been implemented by community-based agencies in Wisconsin through support from the Wisconsin Department of Health and Family Services.

Milwaukee LGBT Center*: Many Men, Many Voices & Healthy Relationships*

The Milwaukee Lesbian, Gay, Bisexual and Transgender (LGBT) Community Center has successfully implemented the DEBI *Many Men, Many Voices* (*3MV)* by reaching approximately 80 HIV positive African American men and promoting their peer support role in the Black community. *3MV* targets gay men of color and men of color "on the down low" (i.e., men who have sex with other men but do not identify as gay or bisexual and who may or may not have female sex partners). Core elements of *3MV* include:

- educating clients about HIV risk and sensitizing them to personal risk;
- developing risk reduction strategies;
- training in behavioral skills;
- training in partner communication and negotiation; and
- providing social support and relapse prevention.

The LGBT Community Center is beginning to implement *Healthy Relationships,* a small-group intervention for men and women living with HIV/AIDS. This DEBI focuses on developing skills, building self-efficacy, and promoting positive expectations about new behaviors. The intervention creates an environment where participants make informed, safe decisions about disclosure and behavior. Participants interact, examine risks, develop skills to reduce their risks, and receive feedback from others. Core elements of *Healthy Relationships* include:

- defining stress and reinforcing coping skills across three life areas—disclosing to family and friends, disclosing to sexual partners, and building healthier and safer relationships;
- using modeling, role-play, and feedback to teach and practice skills related to coping with stress;
- teaching decision-making skills about disclosure of HIV status;
- providing personal feedback reports to motivate change of risky behaviors and continuance of protective behaviors; and
- using movie clips to set up scenarios about disclosure and risk reduction to stimulate discussions and role-plays.

United Migrant Opportunity Services (UMOS): *Safety Counts and VOICES/VOCES*
UMOS implemented *Safety Counts*, an HIV prevention intervention aimed at reducing both high-risk drug use and sexual behaviors in out-of-treatment active injection and non-injection drug users. UMOS has implemented the *Safety Counts* with 85 Hispanic and African American injection drug users not in treatment. The program attracted a high number of male clients to return and continue participating in subsequent sessions. Participants reported reduced drug use as well as consistent and regular condom use. *Safety Counts* utilizes a variety of intervention strategies, including:

- group education focused on identifying risks and sharing successes in risk reduction,
- individual counseling focused on identifying individual risk reduction goals and service referral needs,
- social events that include participation in a planned risk reduction activity and reinforcement of personal risk reduction,
- follow-up contacts reviewing risk reduction and need for further referrals, and
- HIV/HCV counseling and testing services, provided directly or through referral.

UMOS also implemented the DEBI *VOICES/VOCES*, a single-session, video-based HIV/STD intervention which encourages condom use and improves condom negotiation skills among African-American and Latino adult men and women. In the past two years, over 350 Latinos and African Americans participated in *VOICES/VOCES*, including clients of United Community Center AODA residential and day treatment programs and welfare-to-work clients from the north and south side of Milwaukee. Beginning in April 2007, twelve new providers will have started implementing *VOICES/VOCES* in jails, halfway houses, community-based organizations, and non-traditional settings. Core elements of this intervention include:

- viewing culturally-specific videos portraying condom negotiation;
- conducting small group skill-building sessions to work on overcoming barriers to condom use;
- educating program participants about different types of condoms; and
- distributing samples of condoms identified by participants as best meeting their needs.

Diverse and Resilient: *Mpowerment Project*
Diverse and Resilient (Milwaukee), adapted and tailored the DEBI *Mpowerment,* targeting 124 persons young gay man, young lesbian and bisexual women, and female-to-male transgender persons, ages 14-24. This group level intervention focuses on knowledge and skills needed for maintaining safer sexual behaviors. The core elements of the *Mpowerment* intervention include:

- recruiting a core group of individuals to design and carry out project activities;
- establishing a project space where many of the project activities can be held;

- conducting entertaining, venue-based (e.g., bars, community events) outreach by teams of representatives of the target population;
- sponsoring social events to promote community building;
- convening peer-led, one-time discussion groups; and
- conducting a publicity campaign about the project within the community.

Counseling Center of Milwaukee, Horizon House, Project Respect: *SISTA*

For the past four years, The Counseling Center of Milwaukee, Horizon House (Milwaukee) and Project Respect (Madison) reached over 250 women through the DEBI *SISTA*, a group level intervention for African American women focused on reducing HIV sexual risk behaviors. After participating in *SISTA*, 96% of the participants reported negotiating condom use with their partner and 96% reported changing risk behaviors associated with STD/HIV infection. In spring 2006, The Counseling Center of Milwaukee received a "Making A Difference" award from the Milwaukee AIDS Fund for implementing *SISTA*. The core elements of this intervention focus on:

- convening small-groups to discuss session objectives, model skills development, role-play women's skills acquisition, and address the challenges and joys of being an African American woman;
- using skilled African American female facilitators;
- using cultural and gender appropriate materials to acknowledge pride, enhance self-worth in being an African American woman;
- teaching women to communicate both verbally and nonverbally to express care for one's partner and the need to protect oneself;
- teaching effective and consistent use of condoms;
- discussing cultural and gender-related barriers and facilitators in using condoms; and
- emphasizing partner's involvement in supporting safer sex.

Summary

The CDC first published the *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* in 1999 and updated it in 2001 to include DEBIs identified through the year 2000. Recently, the CDC conducted a review of U.S.-based HIV behavioral intervention research published from 2000 through 2004 and identified 18 additional prevention interventions meeting the CDC criteria for best evidence of efficacy. A report of these findings was published in the January 2007 issue of the *American Journal of Public Health* (see following article).

The primary intent of the DEBI project is to disseminate science-based HIV prevention interventions and to promote their implementation at state and local levels. The Wisconsin AIDS/HIV Program has assumed leadership in evaluating the cost, requirements, effectiveness and implementation of DEBIs among special populations in Wisconsin. The AIDS/HIV Program will continue to collaborate closely with the CDC in promoting HIV prevention interventions identified as being highly effective for populations at risk for HIV. For further information regarding implementation of DEBI in Wisconsin, contact Karen Johnson at 608-266-1808 (phone) or johnskm@dhfs.state.wi.us (email).

CDC report identifies additional effective HIV prevention interventions

The January 2007 issue of the American Journal of Public Health (AJPH) included the publication of the article "Best-Evidence Interventions: Findings from a Systematic Review of HIV Behavioral Interventions for U.S. Populations at High Risk, 20000-2004." The authors are members of the Prevention Research Synthesis (PRS) Project at the federal Centers for Disease Control and Prevention (CDC). In this article, they report on efforts to identify HIV interventions with the best evidence of efficacy as demonstrated in studies published or in press between 2000 and 2004.

This journal article adds 18 new interventions to the list of interventions that were previously identified in CDC's *Compendium of HIV Prevention Interventions with Evidence of Effectiveness*. A fact sheet about each intervention as well as a link to the full AJPH article on the new interventions is located on CDC's PRS website at http://www.cdc.gov/hiv/topics/research/prs/best-evidence-intervention.htm.

Alternate approach to delivering HIV Partner Counseling and Referral Services (PCRS)

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

In Wisconsin, HIV Partner Counseling and Referral Services (PCRS) is a prevention intervention that focuses on:

- helping HIV infected persons connect with needed services & resources,
- identifying sex and needle sharing partners,
- assisting HIV infected persons with notifying partners,
- locating identified partners,
- notifying partners about their possible exposure to HIV, and
- providing or referring partners for prevention counseling and HIV testing.

HIV PCRS is a priority and highly effective prevention intervention which is demonstrated by efficacy of HIV testing conducted during PCRS, yielding a frequency of positive test results 5 to 15 times higher than that conducted through other HIV case finding programs.

HIV PCRS, formerly known as partner notification services, first began in Wisconsin in 1988. Originally, PCRS was provided primarily by a few state employees in the Milwaukee metropolitan area. Gradually, PCRS grew to include staff from seventy city and county local health departments.

Currently, the Wisconsin AIDS/HIV Program is re-examining ways to most efficiently and effectively deliver PCRS. From 2003-2005, an average of 80% of all LHDs providing HIV PCRS received only five or less cases annually and many received none. Only the city of Milwaukee

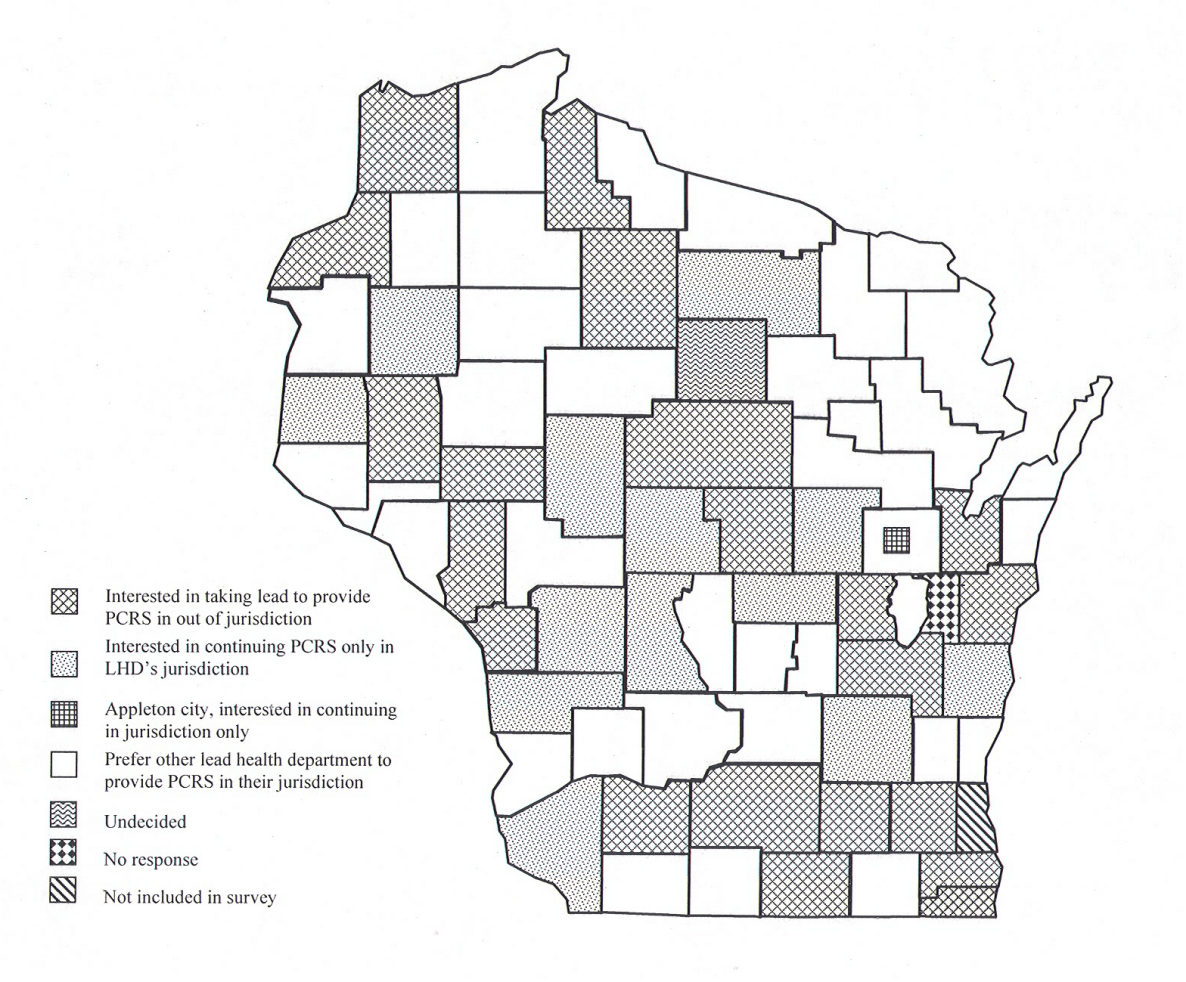
Health Department received more than 100 cases annually and, of the remaining agencies, only Dane county received more than 50 cases annually. Many LHDs that receive few if any cases annually express concern about the burden in staff time and costs associated with complying with PCRS training requirements. Enhanced training and technical assistance is frequently needed in order to ensure appropriate and culturally competent services for special populations such as men who have sex with men (MSM) and injection drug users (IDUs), two populations at highest risk for acquiring HIV infection.

In December 2006, the Wisconsin AIDS/HIV Program surveyed Wisconsin LHDs providing PCRS regarding their interest in continuing to provide PCRS. Summary survey results included the following:

- Of the 72 local city and county health departments surveyed, 71 responded (a response rate of 99%);
- 49.3% of LHDs expressed interest in continuing to provide PCRS;
- 49.3% of LHDs indicated interest in another LHD providing PCRS in their jurisdiction;
- 1.4% of LHDs were undecided.

Of those interested in continuing PCRS:

- 60% indicated an interest in assuming a lead role in providing PCRS outside their jurisdiction;
- 40% indicated interest in continuing to provide PCRS in their jurisdiction only (see map).



The AIDS/HIV Program will begin piloting a small number of "multi-jurisdiction" PCRS providers in a few areas where LHDs have expressed interest in assuming a lead role and where other have expressed interest in discontinuing the direct provision of PCRS. Multi-jurisdiction PCRS providers will operate under an interagency agreement with the Wisconsin Division of Public Health and will likely clarify roles and responsibilities through memoranda of understanding (MOUs) with LHDs located in the lead agency's multi-jurisdiction area. LHDs who are anticipated to assume lead agency responsibilities as part of pilot multi-jurisdiction PCRS include the counties of Dane, La Crosse, and Rock. Based on experience gained from the pilot sites, multi-jurisdiction PCRS may be expanded in other areas of the state. For further information regarding HIV PCRS in Wisconsin, contact Dhana Shrestha, PCRS Coordinator at 608-267-5288 (phone) or email shresdm@dhfs.state.wi.us.

Milwaukee Alliance for Sexual Health preparing for community mobilization

Casey Schumann, MS, UW Population Health Fellow and Kathleen Krchnavek, MSSW, HIV Counseling, Testing & Referral Specialist, AIDS/HIV Program, Wisconsin Division of Public Health

The Milwaukee Alliance for Sexual Health (MASH) is a two-phase community-academic partnership committed to reducing the disproportionate impact of sexually transmitted diseases (STDs) and teen pregnancy on African American adolescents in Milwaukee. The project is funded by a development grant from the Medical College of Wisconsin's Healthier Wisconsin Partnership Program (HWPP). Existing project partners include the Wisconsin Division of Public Health, the City of Milwaukee Health Department, Health Care Education and Training Inc. and the Medical College of Wisconsin. The primary goals the project are to develop a long-term strategic plan and to focus on the formation of an alliance of key stakeholders in STD and teen pregnancy prevention to guide implementation of a strategic plan.

A best practices literature review has been completed and is available on web at http://www.mashp.net/. The upcoming strategic plan will focus on evidence-based structural interventions that change the environment (e.g. school or clinic policies) and support adolescents in making healthy choices regarding sexual behavior and in obtaining sexual health services. Interventions within the strategic plan will likely focus on the three categories of: 1) adolescent sexual heath care, 2) school-based adolescent sexual health services, and 3) community outreach.

Project partners will obtain input on possible interventions through meetings with key stakeholders in STD and pregnancy prevention. A larger community meeting will be convened to solicit input from additional stakeholders and community members and to begin mobilizing stakeholders for implementation of proposed strategies.

In March 2007, MASH was awarded a 12-month development grant ($50,000) by the HWPP to fund phase two of the project. This second phase will expand MASH to create an alliance that increasees coordination of STD prevention and treatment efforts, serves as a forum for

integration of STD and teen pregnancy prevention efforts, and enables broader stakeholder participation. Lead partners in phase two include the City of Milwaukee Health Department, New Concept Self Development Center, the Medical College of Wisconsin, and the Wisconsin Division of Public Health. Project partners will expand MASH by drawing from existing networks, community-based organizations and the school system, and through broader representation from the public and private sectors. MASH members will then begin to implement the strategic plan.

Persons interested in providing input on the strategic plan or becoming MASH members are encouraged to contact Kathleen Krchnavek at 608-267-3583 or krchnka@dhfs.state.wi.us (email). For additional information on MASH, visit the project website at http://www.mashp.net/.

CDC focuses heightened response to HIV infection among African Americans

On March 8, 2007, the federal Centers for Disease Control and Prevention (CDC) called upon community members and influential leaders to join in its heightened response to the HIV epidemic among African Americans. The CDC identified four main areas of focus, including:

1. expanding the reach of prevention services and ensuring that federal prevention resources are addressing the greatest need;
2. increasing opportunities for diagnosing and treating HIV and encouraging more African Americans to know their HIV serostatus;
3. developing new, effective prevention interventions, including behavioral , social, and structural interventions; and
4. mobilizing broader action within communities to help change community perceptions about HIV/AIDS, to motivate persons to seek early HIV diagnosis and treatment, and to encourage health behaviors and community norms that prevent the spread of HIV.

CDC intends to expand partnerships that enhance research, policy development, HIV prevention services, testing, and linkages to care. CDC will encourage and engage nontraditional partners in promoting HIV testing, community awareness, and risk reduction behaviors among African Americans at risk.

For more information on CDC's heightened response to HIV within the African American community, visit the CDC website at http://www.cdc.gov/hiv/topics/aa/cdc.htm.

NASTAD releases updated report on HIV/AIDS among African Americans

In April 2007, the National Alliance of State and Territorial AIDS Directors (NASTAD) released an updated version of its 2001 monograph *HIV/AIDS: African American Perspectives and Recommendations for State and Local Health Departments*. The document, titled *Why we can't wait: The Tipping Point for HIV/AIDS Among African Americans,* seeks to strengthen and increase the response to HIV/AIDS in the African American community by calling for coordinated and

decisive action among health departments and the communities they serve. The updated monograph prioritizes recommendations and emphasizes "new considerations" that have developed since the original publication. The document is organized under the five key issue areas of:

- usage and interpretation of epidemiologic data,
- capacity building,
- coalition and partnership building,
- program implementation, and
- behavioral research.

NASTAD's *Why we can't wait: The Tipping Point for HIV/AIDS Among African Americans* can be viewed and downloaded from the NASTAD website at http://www.nastad.org/.

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/pubs/FS/. Select fact sheets are available in Kiswahili. To receive HIV Prevention Fact Sheets electronically, send an e-mail to listserv@listserv.ucsf.edu with the message "subscribe CAPSFS first name last name."

Recently, CAPS produced or revised the following HIV Prevention Fact Sheets:

- How does the Internet affect HIV prevention?
- What works best in HIV prevention globally?
- ¿Qué sirve mejor en la enseñanza sobre la sexualidad y el VIH?
  (What works best in sex/HIV education?)
- ¿Cuál es el efecto del consumo de metanfetamina en la prevención del VIH?
  (How does methamphetamine use affect HIV prevention?)

Wisconsin Hepatitis C Surveillance Summary

Cases reported through 03/31/2007

Table 1. Reported Hepatitis C cases by year of report, Wisconsin resident cases

	1999 to 2005		2006		2007 to date	
	Cases	% (3)	Cases	% (3)	Cases	% (3)
Total	21,826	100.0%	2,287	100.0%	619	100.0%
Case status						
Confirmed (1)	17,616	80.7%	1,806	79.0%	511	82.6%
Possible (2)	4,210	19.3%	481	21.0%	108	19.3%
Sex						
Males	14,714	67.9%	1,494	65.4%	409	66.4%
Females	6,946	32.1%	791	34.6%	207	33.6%
Unknown	166	-	2	-	3	-
Hispanic ethnicity						
Hispanic	698	7.1%	60	7.1%	13	5.2%
Not Hispanic	9,150	92.9%	886	92.9%	239	94.8%
Unknown	11,978	-	1,341	-	367	-
Race						
White	8,833	72.4%	903	72.4%	238	83.5%
Black	2,987	24.5%	180	24.5%	40	14.0%
Am Indian	239	2.0%	20	2.0%	2	0.7%
Asian	90	0.7%	15	0.7%	1	0.4%
Other	57	0.5%	7	0.5%	4	1.4%
Unknown	9,620	-	1,162	-	334	-
Age at diagnosis						
0-9	56	0.3%	5	0.3%	1	0.2%
10-19	177	0.8%	27	0.8%	6	1.0%
20-29	973	4.5%	186	4.5%	48	7.8%
30-39	4,256	19.6%	275	19.6%	65	10.5%
40-49	10,025	46.1%	798	46.1%	207	33.5%
50+	6,267	28.8%	994	28.8%	290	47.0%
Unknown	72	-	2	-	2	-

Year of report		
1999	1,845	7.5%
2000	2,508	10.1%
2001	3,728	15.1%
2002	4,161	16.8%
2003	3,605	14.6%
2004	3,217	13.0%
2005	2,762	11.2%
2006	2,287	9.2%
2007	619	2.5%

Table 2. Reported Hepatitis C cases by county of residence and year of report, Wisconsin resident cases

	1999 to 2005		2006		2007 to date	
Region/County	**Cases**	**% (3)**	**Cases**	**% (3)**	**Cases**	**% (3)**
Northeastern Region	2,128	12.6%	232	14.0%	62	14.7%
Brown	398	2.4%	42	2.5%	10	2.4%
Calumet	39	0.2%	2	0.1%	2	0.5%
Door	46	0.3%	11	0.7%	3	0.7%
Fond du Lac	241	1.4%	28	1.7%	17	4.0%
Green Lake	33	0.2%	6	0.4%	2	0.5%
Kewaunee	26	0.2%	3	0.2%	1	0.2%
Manitowoc	90	0.5%	14	0.8%	0	0.0%
Marinette	85	0.5%	10	0.6%	3	0.7%
Marquette	37	0.2%	5	0.3%	1	0.2%
Menominee	17	0.1%	0	0.0%	3	0.7%
Oconto	62	0.4%	5	0.3%	2	0.5%
Outagamie	270	1.6%	28	1.7%	4	1.0%
Shawano	42	0.2%	10	0.6%	1	0.2%
Sheboygan	182	1.1%	16	1.0%	5	1.2%
Waupaca	88	0.5%	14	0.8%	0	0.0%
Waushara	60	0.4%	10	0.6%	0	0.0%
Winnebago	412	2.4%	28	1.7%	8	1.9%

	1999 to 2005		2006		2007 to date	
Region/County	**Cases**	**% (3)**	**Cases**	**% (3)**	**Cases**	**% (3)**
Northern Region	871	5.2%	133	8.0%	29	6.9%
Ashland	51	0.3%	6	0.4%	0	0.0%
Bayfield	26	0.2%	2	0.1%	1	0.2%
Florence	7	0.0%	1	0.1%	0	0.0%
Forest	32	0.2%	2	0.1%	1	0.2%
Iron	19	0.1%	4	0.2%	0	0.0%
Langlade	35	0.2%	11	0.7%	0	0.0%
Lincoln	30	0.2%	6	0.4%	0	0.0%
Marathon	150	0.9%	32	1.9%	4	1.0%
Oneida	90	0.5%	11	0.7%	3	0.7%
Portage	143	0.8%	15	0.9%	7	1.7%
Price	29	0.2%	4	0.2%	1	0.2%
Sawyer	44	0.3%	6	0.4%	1	0.2%
Taylor	16	0.1%	2	0.1%	1	0.2%
Vilas	71	0.4%	8	0.5%	1	0.2%
Wood	128	0.8%	23	1.4%	9	2.1%

	1999 to 2005		2006		2007 to date	
Region/County	**Cases**	**% (3)**	**Cases**	**% (3)**	**Cases**	**% (3)**
Southeastern Region	9,317	55.3%	789	47.6%	167	39.7%
Jefferson	151	0.9%	18	1.1%	2	0.5%
Kenosha	710	4.2%	101	6.1%	39	9.3%
Milwaukee	6,467	38.4%	429	25.9%	68	16.2%
Ozaukee	156	0.9%	17	1.0%	3	0.7%
Racine	776	4.6%	109	6.6%	28	6.7%
Walworth	300	1.8%	14	0.8%	3	0.7%
Washington	177	1.0%	21	1.3%	8	1.9%
Waukesha	580	3.4%	80	4.8%	16	3.8%

Region/County	1999 to 2005 Cases	1999 to 2005 % (3)	2006 Cases	2006 % (3)	2007 to date Cases	2007 to date % (3)
Southern Region	2,809	16.7%	323	19.5%	90	21.4%
Adams	75	0.4%	8	0.5%	2	0.5%
Columbia	114	0.7%	14	0.8%	4	1.0%
Crawford	29	0.2%	2	0.1%	1	0.2%
Dane	1,294	7.7%	163	9.8%	47	11.2%
Dodge	166	1.0%	16	1.0%	3	0.7%
Grant	43	0.3%	6	0.4%	1	0.2%
Green	60	0.4%	5	0.3%	0	0.0%
Iowa	30	0.2%	3	0.2%	2	0.5%
Juneau	96	0.6%	8	0.5%	3	0.7%
Lafayette	11	0.1%	2	0.1%	0	0.0%
Richland	23	0.1%	1	0.1%	1	0.2%
Rock	681	4.0%	76	4.6%	19	4.5%
Sauk	187	1.1%	19	1.1%	7	1.7%

Region/County	1999 to 2005 Cases	1999 to 2005 % (3)	2006 Cases	2006 % (3)	2007 to date Cases	2007 to date % (3)
Western Region	1,736	10.3%	181	10.9%	73	17.3%
Barron	74	0.4%	10	0.6%	11	2.6%
Buffalo	18	0.1%	0	0.0%	1	0.2%
Burnett	56	0.3%	5	0.3%	1	0.2%
Chippewa	103	0.6%	20	1.2%	3	0.7%
Clark	42	0.2%	4	0.2%	3	0.7%
Douglas	229	1.4%	18	1.1%	15	3.6%
Dunn	54	0.3%	6	0.4%	2	0.5%
Eau Claire	221	1.3%	24	1.4%	10	2.4%
Jackson	45	0.3%	4	0.2%	3	0.7%
La Crosse	306	1.8%	24	1.4%	6	1.4%
Monroe	180	1.1%	20	1.2%	5	1.2%
Pepin	7	0.0%	1	0.1%	0	0.0%
Pierce	55	0.3%	7	0.4%	3	0.7%
Polk	92	0.5%	12	0.7%	1	0.2%
Rusk	42	0.2%	3	0.2%	0	0.0%
St. Croix	90	0.5%	9	0.5%	3	0.7%
Trempealeau	46	0.3%	2	0.1%	2	0.5%
Vernon	30	0.2%	6	0.4%	2	0.5%
Washburn	46	0.3%	6	0.4%	2	0.5%

Region/County	1999 to 2005 Cases	1999 to 2005 % (3)	2006 Cases	2006 % (3)	2007 to date Cases	2007 to date % (3)
Unknown county	4,965	-	629	-	198	-

Notes

Footnotes:

(1) Confirmed case: 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) Possible case:: A positive enzyme immunoassay test result with a low or unknown signal-to-cut-off ratio and no other test result reported.

(3) The percentages shown are calculated among cases with known attribute, i.e., they do not include cases with missing data.

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/

Co-infection with HIV and hepatitis C virus in Wisconsin: results of a case surveillance registry match

Neil Hoxie, MS, Epidemiologist and Sheila Guilfoyle, Hepatitis C Coordinator, AIDS/HIV Program, Wisconsin Division of Public Health

Hepatitis C virus (HCV) infection is a significant public health problem in the United States. The Centers for Disease Control and Prevention (CDC) estimates that 4.1 million Americans, or about 1.6% of the nation's population, have been infected with HCV making it the most common blood-borne disease in this country. The CDC further estimates that in the U.S. 3.2 million persons are chronically infected with HCV and 1%-5% of persons chronically infected may eventually die from HCV-related liver disease. HCV infection is also common in Wisconsin. It has been estimated that approximately 85,000 persons now living in this state have been infected with HCV.

HCV-infection and human immunodeficiency virus (HIV) infection share similar modes of transmission. As a result a significant proportion of persons with HIV infection are also infected with HCV. The CDC estimates that nationwide approximately 25% of all persons with HIV are co-infected with HCV. Nationwide, among HIV-infected persons with a history of injection drug use (IDU), 50%-90% may be HCV co-infected.

The extent of HCV-HIV co-infection in Wisconsin is not known. To better understand this problem in 2006, the Wisconsin Hepatitis C Program and the Wisconsin AIDS/HIV Program collaborated to estimate the number of persons in Wisconsin who have been diagnosed and reported with both HIV and HCV infection.

Methods

HIV infection and hepatitis C cases are reported to the Wisconsin Division of Public Health and data are maintained in two separate registries. To determine individuals that have been reported with both HIV infection and hepatitis C, the case surveillance registries were matched. A case of HIV infection and a case of hepatitis C were considered to be a match if they had the same exact birth date and the same last name. For cases that matched, demographic and risk exposure data from the HIV case surveillance registry were analyzed.

Results

Of the 5,628 reported cases of HIV infection in Wisconsin that are presumed to be alive (i.e., no documentation of death has been received by the HIV/AIDS Surveillance unit), 501 (8.9%) had a match in the hepatitis C surveillance registry (table 1). The percent of matched cases was higher among African Americans and Hispanics compared to whites. The percent of matched cases increased with age; 13.8% of persons 40-49 years of age had a match.

The highest rate of hepatitis C matches was among persons reporting injection drug use. Statewide, 28.8% of injection drug users reported with HIV infection were matched to the hepatitis C registry (table 1). Among 595 HIV infected residents of Milwaukee County who reported injection drug use, 192 (32.3%) cases were matched with a case of HCV infection.

Table 1. Living persons reported with HIV infection, by hepatitis C report status*, Wisconsin**

Category	HIV cases presumed alive	Matched with HCV-infection cases	Percent Matched
Total	5628	501	8.9%
Disease classification			
AIDS	2897	265	9.1%
Non-AIDS	2731	236	8.6%
Sex			
Males	4510	395	8.8%
Females	1118	106	9.5%
Race/ethnicity			
African American	2138	249	11.6%
White	2789	164	5.9%
Hispanic	593	75	12.6%
Other	108	13	12.0%
Risk exposure			
Injection drug use	1160	334	28.8%
MSM	383	77	20.1%
Other	777	257	33.1%
Non injection drug use	3619	137	3.8%
MSM	2642	72	2.7%
Other	977	65	6.7%
Unknown	849	30	3.5%
Age at HIV diagnosis			
<20	261	14	5.4%
20-29	1877	100	5.3%
30-39	2214	223	10.1%
40-49	969	134	13.8%
>50	307	30	9.8%
DHFS Region			
Northeastern	505	35	6.9%
Northern	165	13	7.9%
Southeastern	3441	344	10.0%
Southern	1021	59	5.8%
Western	319	20	6.3%
Correctional Systems	177	30	16.9%

* Based on matching of the Wisconsin HIV and hepatitis C case surveillance registries.
** HIV cases reported through 2005, hepatitis C cases reported through October 2006.

Conclusion

This analysis suggests that one in every eleven (8.9%) persons living with HIV infection in Wisconsin is co-infected with HCV. For HIV infected persons reporting a history of injection drug use, greater than one in four are co-infected. These findings should be considered minimum estimates. It is possible that additional individuals in the HIV registry are co-infected with HCV, but have not been diagnosed or reported. It is also possible that some individuals may have been reported to both registries under different last names and/or birth dates and thus not matched using the criteria of this investigation. Despite these limitations, these data demonstrate a high prevalence of HCV-infection among persons with HIV in Wisconsin especially among injection drug users.

These findings reiterate the need to integrate viral hepatitis prevention messages into HIV prevention strategies. Programs that provide services to persons with HIV should consider the following:

- HCV testing should be encouraged and offered to persons that have ever (even once) injected street drugs. Injection drug users and men who have sex with men should also be offered screening for hepatitis B.

- To prevent HIV and HCV infection, active drug users should be offered treatment services and provided with information about safe injection practices.

- Because maintaining liver health in people with HCV infection is very important, hepatitis B and hepatitis A vaccine should be offered to persons with or at high-risk for HCV.

- Because alcohol can accelerate liver damage in persons with HCV, it is important that HCV-infected persons be encouraged to abstain from alcohol consumption.

- Persons who test HCV positive should be referred for further medical evaluation.

Information and Referral Resources

The Wisconsin HIV/STD/Hepatitis C Information & Referral Center
http://www.irc-wisconsin.org
The Wisconsin HIV, STD, and Hepatitis C Information & Referral Center (IRC) provides information and referral information on the prevention, transmission, and treatment of HIV/AIDS, sexually transmitted diseases (STD), and hepatitis.

The Wisconsin HIV/AIDS Training System
http://www.wihivpts.wisc.edu/calendar.asp
The Wisconsin HIV/AIDS Training System will offer the "It's Time: Integrating Viral Hepatitis into your work" training twice in 2007 (April and September). This training is designed to teach community service providers how to integrate viral hepatitis prevention into existing programs. To find more information about the sessions and to register for one of the trainings, follow the Training System link listed above.

National Prevention Information Network
http://www.cdcnpin.org/scripts/hiv/connect.asp#hep
The CDC National Prevention Information Network (NPIN) is the U.S. reference, referral, and distribution service for information on HIV/AIDS, sexually transmitted diseases (STDs), and tuberculosis (TB). This resource contains additional links to information regarding HIV and HCV co-infection.

Department of Veterans Affairs (DVA): National HIV/AIDS Program
http://www.hiv.va.gov/vahiv?page=pr-home
The website of the DVA National HIV/AIDS Program contains comprehensive clinical information and links to resources on the care and management of persons with HIV infection and those coinfected with HCV.

National Hepatitis Awareness Month

Governor Jim Doyle has proclaimed May 2007 Hepatitis Awareness Month in Wisconsin to coincide with National Hepatitis Awareness Month that is sponsored by the American Liver Foundation (ALF). ALF and other national liver health partners will use May 2007 to focus 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,
- 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 Wisconsin HIV/STD/Hepatitis C Information & Referral Center
www.irc-wisconsin.org

The American Liver Foundation
www.liverfoundation.org

Hepatitis Foundation International
www.hepfi.org

AIDS/HIV-related MMWR articles: January 2007 – March 2007

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

Article	Issue
HIV/AIDS diagnoses among Blacks – Florida, 1999-2004. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5604a2.htm	MMWR 2007 February 56(04):69-73.
Racial/ethnic disparities in diagnoses of HIV/AIDS in 33 states, 2001-2005. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5609a1.htm?s_cid=mm5609a1_e	MMWR 2007 March 56(09):189-193.

Wisconsin HIV/AIDS Training System promotes training opportunities for case managers

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

The Wisconsin HIV/AIDS Training System is collaborating with the Wisconsin AIDS/HIV Program to expand opportunities to address the training needs of HIV case managers working in agencies funded by the AIDS/HIV Program.

A one-day workshop on *Ethics and Boundaries* will be held on June 12 for experienced case managers. The course provides an opportunity for participants to discuss examples of complex practice situations and decision making that challenge social workers and other human service providers working in AIDS service organizations and community-based organizations in Wisconsin. Workshop participants are expected to be familiar with elementary ethical principles and basic boundary concepts. The instructor for the workshop is Kevin R. Roeder, PhD, MSW,

LCSW, Associate Professor, University of Wisconsin-Green Bay. Mr. Roeder brings to the workshop a wealth of experience, including those gained at AIDS Resource Center of Wisconsin and Camp Heartland. Mr. Roeder has published articles on the perceptions of HIV service providers.

The HIV/AIDS Training System expects to support additional training events quarterly designed specifically for HIV case managers. For more information about this course and to register, see the HIV/AIDS Training System website at http://www.wihiv.wisc.edu/trainingsystem.

Wisconsin LGBT Youth Health Team

Chris Doerfler, Wisconsin LGBT Youth Health Team Member

The Wisconsin in LGBT Youth Health Initiative is one of the five teams participating in the Healthy Wisconsin Leadership Institute, a program supported by The Medical College of Wisconsin and the UW School of Medicine and Public Health to build public health skills and leadership capacity throughout Wisconsin. The goal of the Wisconsin LGBT Youth Health Initiative is to reduce the risk of substance abuse among lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth by increasing the capacity of individuals, groups and organizations to implement evidence-based interventions.

LGBTQ populations use alcohol, tobacco and other drugs for the same reasons as others, but their likelihood for doing so is heightened by personal and cultural stress resulting from anti-gay bias, reliance on bars for socialization, and discrimination. Studies indicate that LGBTQ people are more likely to use alcohol, tobacco and other drugs than the general population, report higher rates of substance abuse problems, and are more likely to continue heavy drinking into later life. Although data is limited, research studies list six substance abuse-specific risk factors for LGBTQ adolescents: a sense of self as worthless or bad, lack of connectedness to supportive adults and peers, lack of alternative ways to view "differentness," lack of access to role models, lack of opportunities to socialize with other gays/lesbians except bars, and the risk of contracting HIV.

The Wisconsin LGBT Youth Health Initiative has three objectives that meet the project's goal of reducing the risk of substance abuse among LGBTQ youth by increasing implementing of evidence-based interventions:

- Address the lack of health data on LGBTQ youth and improve knowledge of risk factors for substance abuse among LGBTQ youth by adapting the Youth Behavior Risk Survey and collecting data from LGBTQ youth around the state.

- Increase the capacity of service providers to address substance abuse-specific risk factors by reviewing and adapting evidence-based substance abuse prevention programs for LGBTQ youth with a pilot project.

- Create a formal LGBTQ Youth Health Coalition that organizes individuals, organizations, systems, and groups interested in the health and well-being of LGBTQ youth.

Members of the Wisconsin LGBT Youth Health Team include Narra Smith Cox, Cindy Crane, Chris Doerfler, Kurt Dyer, Molly Herrmann, Gary Hollander, and Mark O'Neil, and represent systems, groups, organizations, and individuals interested in the healthy development of LGBTQ youth in Wisconsin. The team is committed to the completing project objectives by December 31, 2007 and will develop a longer range plan for the development of future capacity-building and programming.

For more information, contact Gary Hollander at 414-390-0444 (phone); director@diverseandresilient.org (email).

May 7, 2006	Chicago, IL	**2007 Improving the Management of HIV Disease**. Sponsor: International AIDS Society-USA (IAS-USA). Contact: 415-544-9400 (phone); 415-544-9401 (fax); www.iasusa.org (website).
May 9, 2007	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.
May 10, 2007	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.
May 17, 2007	Satellite Broadcast Webcast	**Preventing HIV/AIDS Among Men Who have Sex with Men: Challenges Innovations**. Sponsor: CDC & Public Health Training Network. Contact: http://www.cdcnpin-broadcast.org.
May 19, 2007	National Observance	**National Asian and Pacific Islander HIV/AIDS Awareness Day**. Further information: www.omhrc.gov/hivaidsobservances/latino/index.html (website).
May 20-23, 2007	New Orleans, LA	**2007 HIV Prevention Leadership Summit (HPLS)**. Sponsor: National Minority AIDS Council. Contact: conferences@nmac.org (email); 202-483-6622 (phone).
May 24-27, 2007	Albuquerque, NM	**19th Annual National Conference on Social Work and HIV/AIDS**. Sponsor: Boston College Graduate School of Social Work. Contact: lynchv@bc.edu (email); 617-552-4038 (phone); http://socialwork.bc.edu/outreach/hiv-aids (web).
May 30, 2007	Madison, WI	**Communicable Diseases Spring Seminar**. Sponsor: Bureau of Communicable Diseases and Preparedness. Wisconsin Division of Public Health. Contact: Rodney Ploessl at ploesrw@dhfs.state.wi.us.
May 31–June 3, 2007	Dallas, TX	**2007 American Conference for the Treatment of HIV (ACTHIV)**. Sponsor: American Conference for the Treatment of HIV. Contact: ACTHIV@courtesyassoc.com (email).

June 7-8, 2007	Indianapolis, IN	**HIV/AIDS Stigma and Access to Care**. Sponsor: National Minority AIDS Council. Contact: mvelez@nmac.org (email); 202-483-6622 ext. 301 (phone); or www.nmac.org/ (website).
June 13-14, 2007	Northern Region	**Wisconsin HIV Community Planning Network**. Contact: Lynn Tarnoff at 608-890-1424 (phone) or tarnoff@wisc.edu (email).
June 27, 2007	National Observance	**National HIV Testing Day**. Further information: www.omhrc.gov/hivaidsobservances/testing/index.html.
July 11-13, 2007	Washington, DC	**National Black Religious Summit 11 on Sexuality: Breaking the Silence**. Sponsor: National Black Church Initiative, Religious Coalition for Religious Choice. Contact: 202-628-7700 (phone); bciinfo@rcrc.org (email); http://www.rcrc.org/programs/blackchurch.cfm.
July 24-26, 2007	Stevens Point, WI	**2007 Wisconsin State Prevention Conference**. Contact: http://wch.uhs.wisc.edu/12-PrevConf/12-PrevConf-Main.html
Sept 19-20, 2007	Western Region	**Wisconsin HIV Community Planning Network**. Contact: Lynn Tarnoff at 608-890-1424 (phone) or tarnoff@wisc.edu (email).
Sept 25-26, 2007	San Francisco, CA	**Decade of HAART: Historical Perspectives and Future Directions**. Sponsor: International Association of Physicians in AIDS Care (IAPAC) & The University of Medicine and Dentistry of New Jersey. Contact: IAPAC, 33 North LaSalle, Ste 1700, Chicago, IL 60602; decade@iapac.org (email); 312- 795-4930 (phone); 312- 795-4938 (fax); http://www.iapac.org (website) .
October 15, 2007	National Observance	**National Latino AIDS Awareness Day**. Further information: www.omhrc.gov/hivaidsobservances/latino/index.html.
Nov 3-7, 2007	Washington, DC	**American Public Health Association (APHA) 135th Annual Meeting & Exposition**. Sponsor: APHA. Contact: 202-777-2504 (phone); access@apha.org (email); www.apha.org/meetings/access.htm (website).
Nov 7-10, 2007	Palm Springs, CA	**2007 United States Conference on AIDS (USCA)**. Sponsor: National Minority AIDS Council. Contact: www.nmac.org/conferences%5F%5f%5Ftrainings/USCA (website).
Nov 14-15,2007	Southeastern Region	**Wisconsin HIV Community Planning Network**. Contact: Lynn Tarnoff at 608-890-1424 (phone) or tarnoff@wisc.edu (email).
Dec 1, 2007	International Observ	**World AIDS Day 2007**. Sponsor: Joint United Nations Programme on HIV/AIDS. Contact: World AIDS Campaign http://www.worldaidscampaign.info/ (website).
Dec 2-5, 2007	Atlanta, GA	**2007 National HIV Prevention Conference**. Sponsor: Centers for Disease Control and Prevention. Contact: http://www.2007nhpc.org/backgroundinfo.asp (website).

Important Contacts

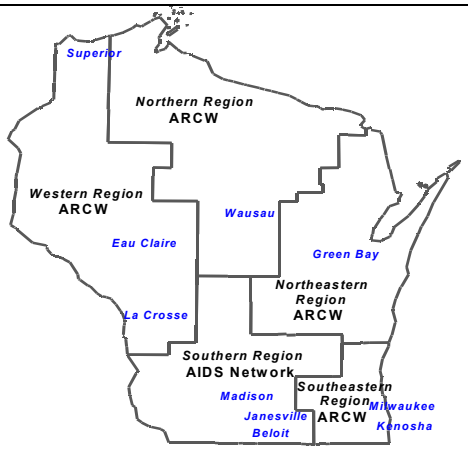
Wisconsin HIV/STD/Hepatitis C Information and Referral Center 800/334-2437
Wisconsin AIDS/HIV Program 608/267-5287
Wisconsin AIDS Research Consortium
(clinical trials) 800/359-9272
Wisconsin AIDS/HIV Drug Reimbursement Program 800/991-5532
Wisconsin AIDS/HIV Continuation Coverage Premium
Subsidy Program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

Wisconsin Counties by Region

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

Regional Offices of Designated Wisconsin AIDS Service Organizations

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



Wisconsin AIDS/HIV Program Staff Directory

James Vergeront, MD (email: vergejm@dhfs.state.wi.us) **608-267-5287**
Program Director, Wisconsin AIDS/HIV Program

Lisa Fix (e-mail: (email: fixlm@dhfs.state.wi.us) **608-266-8658**
Data collection & reporting of HIV infection; medical records review; assessment of HIV case reports.

Sheila Guilfoyle (email: guilfsm@dhfs.state.wi.us) **608-266-5819**
Coordination of the Wisconsin Hepatitis C Program.

Molly Herrmann, MS (email: herrmmm@dhfs.state.wi.us) **608-267-6730**
Coordination of the Wisconsin HIV Prevention Community Planning.

Neil Hoxie, MS (email: hoxienj@dhfs.state.wi.us) **608-266-0998**
Design, implementation and analysis of seroprevalence surveys; analysis of surveillance data; projections.

Karen Johnson, BSW (email: johnskm@dhfs.state.wi.us) **608-266-1808**
Coordination of education & prevention initiatives for racial/ethnic minorities; adolescent prevention initiatives.

Kathleen Krchnavek, MSSW (email: krchnka@dhfs.state.wi.us) **608-267-3583**
Technical assistance & consultation regarding rapid HIV testing and quality assurance of HIV counseling and testing services.

Miche LLanas (email: llanamr@dhfs.state.wi.us) **608-261-6731**
HIV Prevention Evaluation Coordinator.

Michael McFadden, MA (email: mcfadme@dhfs.state.wi.us) **608-266-0682**
Supervisor, HIV Care and Surveillance Unit.

Sean Maher (email: mahersf@dhfs.state.wi.us) **608-267-6727**
Data collection & reporting of HIV infection; medical records review; assessment of HIV case reports.

Gail Nahwahquaw, BS (email: nahwag@dhfs.state.wi.us) **608-266-1122**
Coordination of life care services.

Timothy Pilcher (email: pilchte@dhfs.state.wi.us) **608-264-6514**
Supervisor, HIV Prevention Unit.

Lynsey Ray, MSSW (email: rayla@dhfs.state.wi.us) **608-261-8372**
Coordination of Ryan White CARE Act grant and HIV Early Intervention Program.

Bill Reiser, MSN, RN (email: reisewj@dhfs.state.wi.us) **608-266-3073**
Editor of the Wisconsin AIDS/HIV Update; coordination of consumer and professional information.

Kathy Rogers (email: rogerka@dhfs.state.wi.us) **608-267-6875**
Coordination of the Wisconsin AIDS/HIV Drug Assistance Program.

Wendy Schell, MS (email: schelwl@dhfs.state.wi.us) **608-266-2664**
Coordination of surveillance; liaison with health care providers and laboratories performing HIV antibody testing.

Casey Schumann, MS (email schumcl@dhfs.state.wi.us) **608-266-3495**
University of Wisconsin Population Fellow

Dhana Malla Shrestha, MPH (email: shresdm@dhfs.state.wi.us) **608-267-5288**
Coordination of HIV Partner Counseling and Referral Services Program.

Jim Stodola, BSW (email: stodojm@dhfs.state.wi.us) **608-261-9429**
Coordination of HIV counseling, testing, and referral services.

Lynn Tarnoff, MS (email: tarnoff@wisc.edu) **608-890-1424**
Coordination of HIV community planning.

Program assistants General program support activities, data entry and word processing. **608-267-5287**
Rosa Carollo-French (email**:** carolr@dhfs.state.wi.us)
Terrie McCarthy (email: mccartl@dhfs.state.wi.us)
Kris Rohde (email: rohdekc@dhfs.state.wi.us)
Linda Ziegler (email: zieglls@dhfs.state.wi.us)