

WISCONSIN AIDS/HIV UPDATE

Prevention through education

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

HIV Surveillance

Wisconsin AIDS/HIV surveillance summary: cases reported through December 2006	1
The epidemic of HIV infection in Wisconsin: review of case surveillance data collected through 2006	4

Community Planning

Wisconsin launches new model for HIV community planning	9
---	---

HIV Care and Support Services

Wisconsin Comprehensive Plan for Ryan White HIV Services: an information resource	11
Positive African American Peers: promoting community & improved quality of life	13
Information sources on HIV and the African American community	16
National Minority AIDS Council releases plan addressing HIV infection among African Americans	18
Federal report on engaging persons in HIV care	18
HRSA newsletter focuses on HIV/HCV coinfection	18

HIV Prevention

2007 HIV prevention funding supporting local and statewide prevention efforts	19
City of Milwaukee Health Department No Condom? No Way! campaign	22
CDC website on cost effectiveness of HIV prevention	24
Milwaukee Alliance for Sexual Health seeks input from community members and stakeholders	25

Hepatitis

Wisconsin hepatitis C surveillance summary	26
New hepatitis B adult immunization recommendations	27

News Items

AIDS/HIV-related Morbidity and Mortality Weekly Reports	28
Wisconsin HIV Training System announces 2007 training dates	29
Federal government launches new AIDS website	29
Kaiser Family Foundation health policy web addresses global HIV/AIDS	29
CDC fact sheet provides snapshot of HIV/AIDS epidemic	30
Kaiser Family Foundation launches weekly health disparities report	30
New web-based information module on HPV vaccine	30
Staff transitions in the Wisconsin AIDS/HIV Program	30

Calendar of Events	32
--	----

Important Contacts	34
--	----

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>

Permission to quote from or reproduce any portion of this publication is granted when appropriate acknowledgment is given.
Comments and suggestions for future topics are welcomed.

Wisconsin AIDS/HIV Surveillance Summary

Cases reported 1983 through 12/31/06

	Cumulative		Reported 2001-2005		Reported in 2006		Presumed alive	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
Total cases	9,523	100.0%	1,878	100.0%	408	100.0%	5,963	100.0%
Current disease category								
AIDS	6,407	67.3%	909	48.4%	160	39.2%	3,099	52.0%
Non-AIDS	3,116	32.7%	969	51.6%	248	60.8%	2,864	48.0%
Risk Exposure Categories								
Men who have sex with men (MSM)	4,964	52.1%	856	45.6%	194	47.5%	2,839	47.6%
Injecting drug use (IDU)	1,376	14.4%	196	10.4%	27	6.6%	807	13.5%
MSM and IDU	660	6.9%	124	6.6%	17	4.2%	402	6.7%
Hemophilia/Coagulation disorder	120	1.3%	3	0.2%	0	0.0%	43	0.7%
High-risk heterosexual contact	1,151	12.1%	291	15.5%	39	9.6%	873	14.6%
Transfusion-associated	81	0.9%	8	0.4%	0	0.0%	27	0.5%
Mother with/at risk	85	0.9%	25	1.3%	1	0.2%	67	1.1%
Undetermined	1,086	11.4%	375	20.0%	130	31.9%	905	15.2%
Gender								
Female	1,578	16.6%	413	22.0%	71	17.4%	1,177	19.7%
Male	7,945	83.4%	1,465	78.0%	337	82.6%	4,786	80.3%
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Race/Ethnicity								
White	5,320	55.9%	880	46.9%	208	51.0%	2,962	49.7%
Black	3,167	33.3%	706	37.6%	133	32.6%	2,247	37.7%
Hispanic	871	9.1%	250	13.3%	50	12.3%	637	10.7%
Asian/Pacific Islander	62	0.7%	17	0.9%	11	2.7%	51	0.9%
American Indian	88	0.9%	16	0.9%	3	0.7%	51	0.9%
Multi-racial	9	0.1%	7	0.4%	2	0.5%	9	0.2%
Unknown	6	0.1%	2	0.1%	1	0.2%	6	0.1%
Age at diagnosis*								
Under 5	81	0.9%	22	1.2%	2	0.5%	7	0.1%
5-14	36	0.4%	7	0.4%	0	0.0%	34	0.6%
15-19	233	2.4%	65	3.5%	16	3.9%	33	0.6%
20-24	1,045	11.0%	217	11.6%	67	16.4%	155	2.6%
25-44	6,757	71.0%	1,227	65.3%	239	58.6%	3,034	50.9%
45 years and older	1,363	14.3%	340	18.1%	84	20.6%	2,679	44.9%
Unknown	8	0.1%	0	0.0%	0	0.0%	10	0.2%
* For cases presumed alive, age is the age on 12/31/2006.								
Year of Report								
Before 1990	1,485	15.6%						
1990	672	7.1%						
1991	656	6.9%						
1992	683	7.2%						
1993	650	6.8%						
1994	514	5.4%						
1995	562	5.9%						
1996	426	4.5%						
1997	447	4.7%						
1998	381	4.0%						
1999	372	3.9%						
2000	389	4.1%						
2001	336	3.5%						
2002	388	4.1%						
2003	364	3.8%						
2004	417	4.4%						
2005	373	3.9%						
2006	408	4.3%						



Wisconsin AIDS/HIV Surveillance Summary

Cases by DHFS region and county, cases reported 1983 through 12/31/06

Northeastern Region	Cumulative		Reported 2001-2005			Reported in 2006			Presumed alive		
	Cases	%	Cases	%	Rate*	Cases	%	Rate**	Cases	%	Rate**
BROWN	313	34.7%	64	33.9%	5.6	12	33.3%	5.3	190	35.4%	83.8
CALUMET	9	1.0%	1	0.5%	0.5	0	0.0%	0.0	5	0.9%	12.3
DOOR	19	2.1%	4	2.1%	2.9	1	2.8%	3.6	11	2.1%	39.3
FOND DU LAC	46	5.1%	11	5.8%	2.3	3	8.3%	3.1	29	5.4%	29.8
GREEN LAKE	9	1.0%	5	2.6%	5.2	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	4.8%	10	5.3%	2.4	1	2.8%	1.2	25	4.7%	30.2
MARINETTE	32	3.5%	5	2.6%	2.3	2	5.6%	4.6	17	3.2%	39.2
MARQUETTE	10	1.1%	1	0.5%	1.3	0	0.0%	0.0	6	1.1%	37.9
MENOMINEE	17	1.9%	3	1.6%	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	112	12.4%	29	15.3%	3.6	7	19.4%	4.3	74	13.8%	46.0
SHAWANO	26	2.9%	3	1.6%	1.5	0	0.0%	0.0	11	2.1%	27.1
SHEBOYGAN	78	8.6%	19	10.1%	3.4	5	13.9%	4.4	48	9.0%	42.6
WAUPACA	15	1.7%	7	3.7%	2.7	0	0.0%	0.0	10	1.9%	19.3
WAUSHARA	11	1.2%	6	3.2%	5.2	0	0.0%	0.0	8	1.5%	34.6
WINNEBAGO	142	15.7%	20	10.6%	2.6	5	13.9%	3.2	75	14.0%	47.8
Region total	902	00.0%	189	00.0%	3.3	36	00.0%	3.1	536	00.0%	46.2

Northern Region	Cumulative		Reported 2001-2005			Reported in 2006			Presumed alive		
	Cases	%	Cases	%	Rate*	Cases	%	Rate**	Cases	%	Rate**
ASHLAND	11	3.6%	4	5.6%	4.7	0	0.0%	0.0	8	4.7%	47.4
BAYFIELD	11	3.6%	2	2.8%	2.7	0	0.0%	0.0	8	4.7%	53.3
FLORENCE	1	0.3%	1	1.4%	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%	3	4.2%	8.7	1	11.1%	14.6	4	2.3%	58.3
LANGLADE	10	3.2%	4	5.6%	3.9	0	0.0%	0.0	7	4.1%	33.8
LINCOLN	7	2.3%	2	2.8%	1.3	0	0.0%	0.0	3	1.7%	10.1
MARATHON	90	29.2%	24	33.8%	3.8	4	44.4%	3.2	55	32.0%	43.7
ONEIDA	21	6.8%	5	7.0%	2.7	0	0.0%	0.0	11	6.4%	29.9
PORTAGE	53	17.2%	12	16.9%	3.6	3	33.3%	4.5	26	15.1%	38.7
PRICE	7	2.3%	1	1.4%	1.3	0	0.0%	0.0	1	0.6%	6.3
SAWYER	7	2.3%	1	1.4%	1.2	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	4.2%	2.9	0	0.0%	0.0	9	5.2%	42.8
WOOD	53	17.2%	9	12.7%	2.4	1	11.1%	1.3	29	16.9%	38.4
Region total	308	00.0%	71	00.0%	2.9	9	00.0%	1.9	172	00.0%	35.7

Southeastern Region	Cumulative		Reported 2001-2005			Reported in 2006			Presumed alive		
	Cases	%	Cases	%	Rate*	Cases	%	Rate**	Cases	%	Rate**
JEFFERSON	40	0.7%	7	0.6%	1.9	1	0.4%	1.4	20	0.6%	27.0
KENOSHA	282	4.9%	70	6.3%	9.4	14	6.2%	9.4	179	4.9%	119.7
MILWAUKEE	4,789	82.8%	884	80.1%	18.8	183	81.0%	19.5	3,010	83.2%	320.2
OZAUKEE	43	0.7%	11	1.0%	2.7	2	0.9%	2.4	27	0.7%	32.8
RACINE	293	5.1%	57	5.2%	6.0	13	5.8%	6.9	184	5.1%	97.4
WALWORTH	80	1.4%	22	2.0%	4.7	4	1.8%	4.3	44	1.2%	46.9
WASHINGTON	53	0.9%	9	0.8%	1.5	1	0.4%	0.9	33	0.9%	28.1
WAUKESHA	202	3.5%	44	4.0%	2.4	8	3.5%	2.2	120	3.3%	33.3
Region total	5,782	00.0%	1,104	00.0%	11.0	226	00.0%	11.3	3,617	00.0%	180.2

Southern Region	Cumulative		Reported 2001-2005			Reported in 2006			Presumed alive		
	Cases	%	Cases	%	Rate*	Cases	%	Rate**	Cases	%	Rate**
ADAMS	25	1.5%	4	1.1%	4.3	0	0.0%	0.0	13	1.2%	69.7
COLUMBIA	38	2.2%	8	2.2%	3.0	2	2.2%	3.8	19	1.7%	36.2
CRAWFORD	23	1.4%	3	0.8%	3.5	3	3.3%	17.4	10	0.9%	58.0
DANE	1,181	69.3%	262	73.0%	12.3	64	71.1%	15.0	780	70.9%	182.9
DODGE	47	2.8%	9	2.5%	2.1	5	5.6%	5.8	34	3.1%	39.6
GRANT	27	1.6%	2	0.6%	0.8	0	0.0%	0.0	11	1.0%	22.2
GREEN	32	1.9%	5	1.4%	3.0	0	0.0%	0.0	17	1.5%	50.5
IOWA	15	0.9%	3	0.8%	2.6	2	2.2%	8.8	8	0.7%	35.1
JUNEAU	12	0.7%	3	0.8%	2.5	1	1.1%	4.1	7	0.6%	28.8
LAFAYETTE	8	0.5%	1	0.3%	1.2	1	1.1%	6.2	5	0.5%	31.0
RICHLAND	7	0.4%	0	0.0%	0.0	0	0.0%	0.0	4	0.4%	22.3
ROCK	231	13.6%	42	11.7%	5.5	12	13.3%	7.9	154	14.0%	101.1
SAUK	48	2.8%	15	4.2%	5.4	0	0.0%	0.0	34	3.1%	61.6
VERNON	9	0.5%	2	0.6%	1.4	0	0.0%	0.0	4	0.4%	14.3
Region total	1,703	00.0%	359	00.0%	7.2	90	00.0%	9.0	1,100	00.0%	109.9

Western Region	Cumulative		Reported 2001-2005			Reported in 2006			Presumed alive		
	Cases	%	Cases	%	Rate*	Cases	%	Rate**	Cases	%	Rate**
BARRON	37	6.4%	8	6.9%	3.6	2	5.7%	4.4	22	6.3%	48.9
BUFFALO	3	0.5%	0	0.0%	0.0	1	2.9%	7.2	1	0.3%	7.2
BURNETT	13	2.2%	6	5.2%	7.7	1	2.9%	6.4	9	2.6%	57.4
CHIPPEWA	28	4.8%	6	5.2%	2.2	2	5.7%	3.6	18	5.1%	32.6
CLARK	15	2.6%	8	6.9%	4.8	2	5.7%	6.0	11	3.1%	32.8
DOUGLAS	52	9.0%	7	6.0%	3.2	1	2.9%	2.3	27	7.7%	62.4
DUNN	15	2.6%	4	3.4%	2.0	0	0.0%	0.0	8	2.3%	20.1
EAU CLAIRE	89	15.4%	19	16.4%	4.1	0	0.0%	0.0	51	14.5%	54.8
JACKSON	7	1.2%	1	0.9%	1.0	0	0.0%	0.0	2	0.6%	10.5
LA CROSSE	179	30.9%	33	28.4%	6.2	21	60.0%	19.6	120	34.2%	112.0
MONROE	26	4.5%	6	5.2%	2.9	1	2.9%	2.4	15	4.3%	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%	5	4.3%	2.7	0	0.0%	0.0	15	4.3%	40.8
POLK	24	4.1%	3	2.6%	1.5	3	8.6%	7.3	11	3.1%	26.6
RUSK	6	1.0%	1	0.9%	1.3	0	0.0%	0.0	3	0.9%	19.5
ST CROIX	38	6.6%	5	4.3%	1.6	0	0.0%	0.0	26	7.4%	41.2
TREMPEALEAU	11	1.9%	0	0.0%	0.0	1	2.9%	3.7	5	1.4%	18.5
WASHBURN	10	1.7%	4	3.4%	5.0	0	0.0%	0.0	5	1.4%	31.2
Region total	579	00.0%	116	00.0%	3.3	35	00.0%	4.9	351	00.0%	49.2

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

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

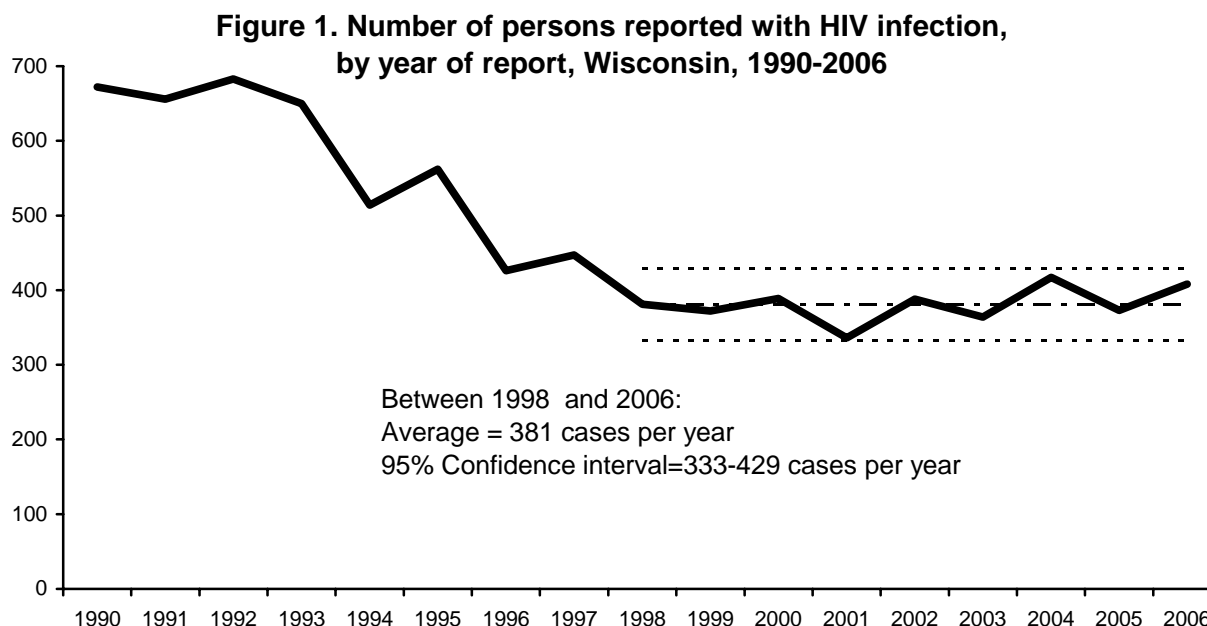
*** Totals do not include cases reported from State and Federal Correctional Centers.

The epidemic of HIV infection in Wisconsin: review of case surveillance data collected through 2006

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

In the year 2006, 408 new cases of human immunodeficiency virus (HIV) infection¹ were reported in Wisconsin, bringing the total number of cases reported since 1983 (the year the first cases were reported in Wisconsin) to 9,523. Among all reported cases, 6,407 met the Centers for Disease Control and Prevention (CDC) criteria for acquired immune deficiency syndrome (AIDS); 3,116 persons have been reported with HIV infection but did not meet the AIDS case definition at the end of 2006.

The annual number of reported cases of HIV infection reached a peak between 1990 and 1993 (average: 665 cases) and then declined for five years (figure 1). Between 1998 and 2006, the annual number of newly reported cases was relatively constant. During this period an average 381 new cases (95% confidence interval 333-429) were reported, 43% less than during the peak period. While, the number of new cases of HIV infection reported in 2006 was 9% more than the 373 new cases reported in 2005, it was within the expected year-to-year variation of cases reported since 1998.



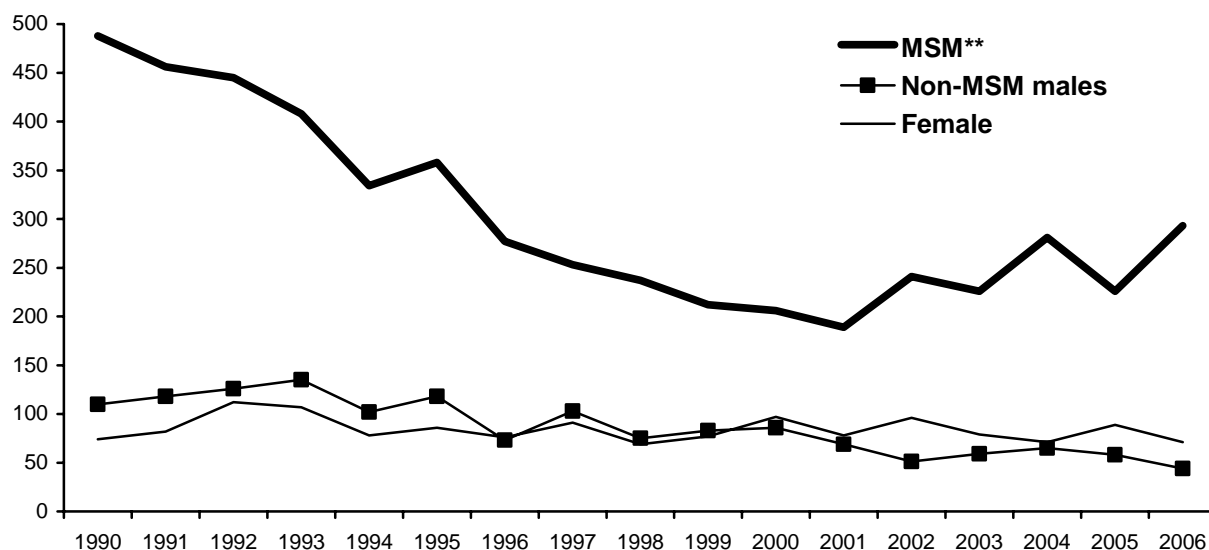
Among persons reported in Wisconsin who were first diagnosed with HIV infection in 2005 (N=294), 35% met the CDC case definition for AIDS within one year from the date they first tested HIV positive. Because this suggests that these individuals have been infected for a

¹ In this report, "HIV infection" refers to all persons with laboratory confirmed HIV infection. This includes both AIDS and non-AIDS cases.

prolonged period of time before being tested, they are often referred to as “late testers”. During the preceding five year period (2000-2004), 36% of persons diagnosed were late testers.

Wisconsin has historically had a low rate of HIV/AIDS morbidity compared to other states. During the year 2005 (the latest year the national data is currently available) Wisconsin had the seventh lowest AIDS case rate in the United States. The highest rate, in New York State, was fifteen-fold greater than the rate in Wisconsin.

Figure 2. Reported cases of HIV infection* among MSM, non-MSM males and females by year of report, Wisconsin, 1990-2006**



* In this figure case numbers have been adjusted to allocate cases initially reported without an identified risk factor, therefore these are estimates.

** Men who have sex with men, including MSM with a history of injection drug use.

Newly reported HIV infection

Risk-exposure groups

- Historically, the population most affected by HIV infection in Wisconsin has been men who have sex with men (MSM). In 2006, 73% of HIV cases were among MSM, including 67% among MSM without a history of injection drug use, and 6% among MSM who reported injection drug use (MSM&IDU). After a significant decline in the 1990's, MSM-attributed cases have increased in recent years (figure 2). Between 2001 and 2006, cases reported among MSM increased 55% and cases among MSM&IDU increased 10%.
- In 2006, 11% of reported HIV cases were among non-MSM injection drug users (IDU) and 17% were among persons with a history of high-risk heterosexual contact. Both IDU associated and high-risk heterosexual-associated cases have declined in recent years.
- Early in the epidemic, HIV transmission occurred among blood transfusion recipients and persons with hemophilia who received contaminated blood products. Since screening of the

blood supply began in 1985, HIV transmission among transfusion recipients and persons with hemophilia has been very rare. In 2006, no new cases of HIV infection were reported among persons with hemophilia and there were no new transfusion-associated cases reported.

- Perinatal (mother-to-child) HIV transmission has always been uncommon in Wisconsin and has declined since treatments that reduce the likelihood of perinatal transmission were introduced in the mid-1990s. No children born in Wisconsin in 2006 have yet been reported with HIV infection.²

Sex

- Throughout the epidemic, HIV infection in Wisconsin has disproportionately affected males. This trend has continued in recent years. In 2006, 83% of persons reported with HIV infection were males and the reported HIV infection rate was 4.6-fold greater for males than for females.
- The number of reported cases among males has increased in recent years. This increase is attributable to the previously mentioned increase among MSM. Cases among male IDU and male high-risk heterosexuals have declined. Among females, case numbers have been more-or-less level for a number of years

Age at time of diagnosis

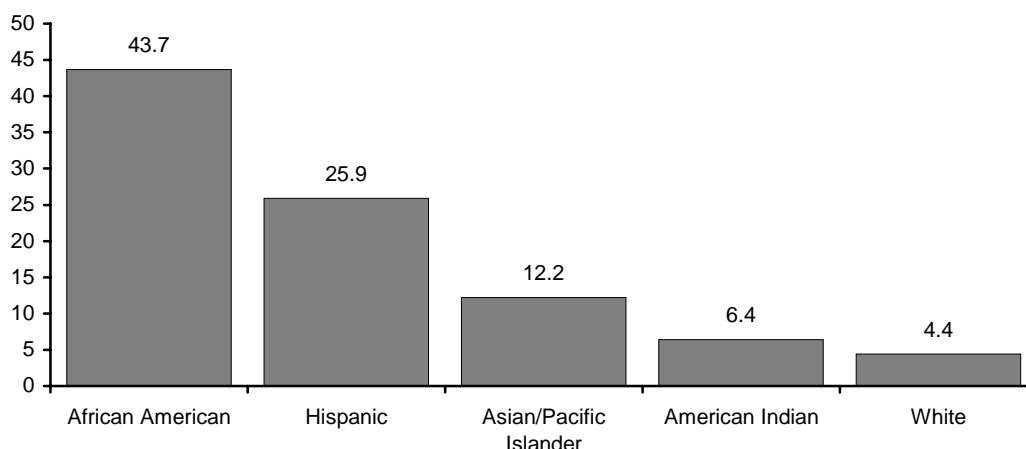
- Throughout the epidemic, most persons diagnosed with HIV infection have been between 25 and 44 years of age. In 2006, the median age of cases reported was 34 years (range: 3-81 years). It is important to note that the age at diagnosis of HIV infection is not usually the age when HIV infection was acquired. 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.

Race/ethnicity

- Historically, HIV infection has had a disproportionately high impact on minority populations in Wisconsin. Race/ethnic minorities comprise 12% of the Wisconsin population, but 49% of all HIV cases reported in 2006. The reported HIV infection rate in 2006 was ten-fold greater for African Americans and six-fold greater for Hispanics compared to the rate for whites (figure 3).

² These finding is provisional due to delays in reporting.

Figure 3. Reported HIV infection per 100,000 population, by race/ethnicity, Wisconsin, 2006



- In 2006, 46% of all males reported with HIV infection were race/ethnic minorities. The reported HIV infection rate among males was nine-fold greater for African Americans and five-fold greater for Hispanics compared to the rate for white males. In recent years, however, the number of cases reported among white males has begun to increase, while there has been no increase among African American or Hispanic males. This increase among white males is attributable to the previously noted increase among MSM.
- The race/ethnic disparity is even greater for females. In 2006, 63% of all females reported with HIV infection were members of race/ethnic minority groups. The reported HIV infection rate was 16-fold greater for African American females and 13-fold greater for Hispanic females than the rate for white females. There was a decrease in the number of African American females reported with HIV infection in 2006; the reasons for this decline are not clear.

Geographic Residency

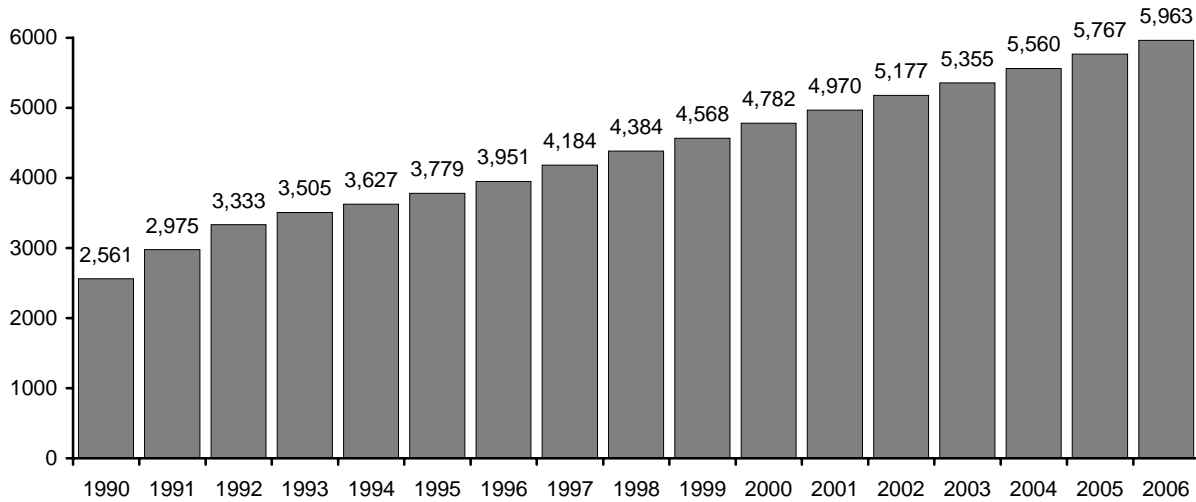
- Since 1983, HIV infection has been reported from every Wisconsin county, and in 2006, at least one case was reported from 38 counties. The geographic distribution of cases, however, has not been even. In 2006, 77% of cases were reported from the Southeastern and Southern regions. Sixty-one percent of reported cases statewide originated from the counties of Milwaukee and Dane.

Persons living with HIV infection

- Deaths among persons reported with HIV infection in Wisconsin have also declined from the historic peak. Eighty-seven deaths among persons reported with HIV infection in Wisconsin are known to have occurred in 2005³; this is 77% less than the 375 deaths in 1993, the peak year.

³ Due to delays in reporting of deaths, death data is provisional and an accurate estimate of total deaths in 2006 is not yet available.

Figure 4. Number of persons reported with HIV infection and presumed alive at year's end, Wisconsin, 1990-2006



- As a result of declining deaths, the number of persons reported with HIV that are presumed to be alive has continually increased (figure 4). Since the year 2000, this increase has averaged 4% per year. At the end of 2006, 5,963 persons reported with HIV infection in Wisconsin were presumed to be alive (111.2 per 100,000), an all time high.
- Statewide, 80% of persons living with HIV infection were male, and MSM was the single largest risk-exposure group. Persons living with HIV infection are an aging population, 45% were 45 years of age or older at the end of 2006.
- The race/ethnic disparity that has been noted for newly reported cases is also a feature of persons living with HIV infection. Race/ethnic minorities constitute 50% of persons living with HIV infection in Wisconsin and have HIV prevalence rates that are markedly higher than the rate among whites.
- Persons with HIV infection are living in every part of the state, but the distribution of persons living with HIV infection is uneven. At the end of 2006, the prevalence of HIV infection was lowest in the Northeastern, Northern and Western regions of the state. Together these three regions had an estimated 1,059 persons living with HIV infection, 18% of the statewide total. Within these regions, two counties (Brown and La Crosse) had more than 100 persons living with HIV infection. The HIV prevalence rates in these three regions ranged between 35.7 and 49.2 per 100,000. Most counties within these regions had low prevalence rates; only two counties (La Crosse and Menominee) had HIV prevalence rates above statewide rate.
- The estimated number of persons living with HIV in the Southern Region was slightly greater than the combined total for the Northeastern, Northern and Western regions. In the Southern Region, there were an estimated 1,100 persons living with HIV infection at the end of 2006 and the HIV prevalence (109.9 per 100,000) was approximately equal to the overall

HIV prevalence rate for the state. In the Southern Region, most persons living with HIV infection were within Dane County which had the highest HIV prevalence rate in the Southern Region. Rock County had the second highest number of persons living with HIV infection in the Southern Region.

- At the end of 2006, there were an estimated 3,617 persons living with HIV infection in the Southeastern Region, representing 61% of all persons living with HIV infection statewide. The HIV prevalence rate for this region was 180.2 per 100,000. Milwaukee County had an estimated 3,010 persons living with HIV infection. This was the highest number for any county in Wisconsin and represented more than one half of all persons living with HIV in Wisconsin. Three other counties in the Southeastern Region (Kenosha, Racine, and Waukesha) each had more than 100 cases.

For additional information regarding the epidemiology of the HIV epidemic in Wisconsin, contact Neil Hoxie at 608-266-0998 or hoxienj@dhfs.state.wi.us (e-mail).

Wisconsin launches new model for HIV community planning

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



The Wisconsin HIV Community Planning Network is a new planning model that was introduced at the final meetings of the Wisconsin Ryan White Consortium and Wisconsin HIV Prevention Planning Council in November 2006. The Community Planning Network, developed jointly by members of the Wisconsin Ryan White Consortium and the Wisconsin HIV Prevention Planning Council, is intended to strengthen the continuum of HIV prevention, care, and treatment services and reduce duplication in planning processes while potentially involving even more individuals throughout the state.

Member recruitment

Beginning December 1, 2006, Network information and applications were distributed widely throughout the state. These materials provided individuals with opportunities to be involved in a variety of Network activities, including a web-based information exchange, participation in local community dialogues, and an application for membership in the Statewide Action Planning Group. The application deadline for the action planning group membership was January 5, 2007. A selection committee reviewed applications in late January and will announce membership in February. Recruitment for the information exchange and participation in local community dialogues is open and ongoing. The Network website will be launched in early 2007.

Options for Network involvement

Individual Information Exchange

Individuals may access a variety of information via the Network website. Persons who sign-up for the information exchange will receive regular emails and advocacy alerts on related health

topics. Network members and Wisconsin AIDS/HIV Program staff will work with local service providers to have information available for individuals who do not have internet access. The information exchange offers opportunities for individuals to provide input and receive information through regional action planning group members.

Local Community Dialogues

Annually, the Network will host a meeting in each of the five Division of Public Health regions. Individuals will be invited to attend half-day local community dialogues to learn about or share HIV-related information. The following day, a working meeting of the action planning group will be convened.

The local community dialogues will promote stronger linkages between existing local groups (i.e. support groups, provider/treaters groups, consumer groups, AIDS task forces, etc), statewide HIV community planning activities, and the Wisconsin AIDS/HIV Program.

Statewide Action Planning Group

Membership in the action planning group involves a formal application and selection process and is an option for individuals who commit to attending five 1½ day meetings annually and maintaining ongoing communication with one or more local community dialogue groups. This group will be comprised of 25 members affected by or involved in HIV-related activities, including persons of color, people at-risk, people living with HIV, and human service providers. The action planning group will advise the Division of Public Health on interventions, service delivery models, priority populations, and strategic program directions.

These members serve as ambassadors in the five public health regions by fostering communication and community involvement in the HIV planning process. They serve a key role in advising the AIDS/HIV Program on the development, implementation, and prioritization of HIV prevention, care, and treatment services.

2007 regional meeting schedule

<u>Region</u>	<u>Date</u>	<u>Group/Activity</u>
Southern	February 22	Statewide Action Planning Group Orientation
Northeastern	March 21	Local Community Dialogues
	March 22	Statewide Action Planning Group
Northern	June 13	Local Community Dialogues
	June 14	Statewide Action Planning Group
Western	September 19	Local Community Dialogues
	September 20	Statewide Action Planning Group
Southeastern	November 14	Local Community Dialogues
	November 15	Statewide Action Planning Group

For more information regarding the Wisconsin HIV Community Planning Network or to sign-up for Network listserv or local community dialogues, contact Lynn Tarnoff at 608-890-1424 (phone) or tarnoff@wisc.edu (email).

Wisconsin Comprehensive Plan for Ryan White HIV Services: an information resource on Wisconsin's HIV care and treatment services

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

As part of the federal 2000 Ryan White CARE Act Reauthorization, Congress required Title II grantees and consortia to develop a comprehensive plan for HIV care and treatment services. In 2005, the federal Health Resources and Services Administration (HRSA) subsequently released guidance for states to assist in developing a comprehensive plan. The HRSA guidance indicated that comprehensive plans should include strategies that:

- ensure statewide availability and adequacy of critical HIV-related core services;
- identify and develop ways to eliminate disparities in service access;
- identify individuals who know their status but are not in care, and;
- address the primary health care and treatment needs of people living with HIV.

The Wisconsin AIDS/HIV Program and the Ryan White Consortium were the lead entities that facilitated the development of the *Wisconsin Comprehensive Plan for Ryan White HIV Services*. In addition to meeting legislative and federal requirements, the plan was specifically designed to be useful for a variety of stakeholders, including people living with HIV, HIV-related service providers, and the Wisconsin AIDS/HIV Program.

The planning process

The comprehensive planning process began in April 2005 at the start of the 2005 Ryan White planning year. The statewide Ryan White Consortium, consisting of community members, service providers, and people living with HIV from across the state, played an instrumental role in the development of the plan. Consortium members were able to participate in the planning process at a variety of levels:

Comprehensive plan work group

The work group included individuals representing different life experiences, socioeconomic backgrounds, geographies, races, and ethnicities and included participation from Wisconsin's Title II, III, IV, and AIDS Education Training Center (AETC) grantees.

Consultants

Community members, topical experts, and Consortium members not able to commit to ongoing work group meetings but who expressed interest or who had expertise related to a specific section of the plan were asked to be consultants.

Key informants and reviewers

Community members and Consortium members who were not work group members and who did not provide consultation participated as key informants and reviewers.

The planning process culminated with the full Consortium reviewing and providing input on the service needs, barriers, gaps, goals, and objectives for each core service section at the

January 2006 Ryan White Consortium meeting. The plan is not a final product but rather the beginning of an ongoing effort to identify and develop strategies to address the needs of people living with HIV in Wisconsin.

Outline of the plan

The *Plan* consists of two sections. The first section includes:

- background information on Wisconsin and the state's current HIV epidemiologic profile through 2005,
- historical perspective on Wisconsin's response to the HIV epidemic,
- description of needs assessment data sources and resources used in planning, and
- separate chapters addressing HRSA's identified six core services (medications; medical, oral health, and mental health care; substance abuse treatment services, and case management).

Each of the core service sections includes:

- an inventory of available HIV services and other existing community based services,
- needs identified through state and local assessments, local forums, Consortium discussion and focus groups, or reviews of HIV care and treatment literature,
- barriers to existing HIV care and treatment services as reported by people living with HIV, service providers, topical experts, public health representatives, and national HIV related literature,
- gaps in services for people living with HIV,
- potential linkages with prevention services, and
- initial goals and objectives related to the core service, including a vision for the future.

The second section of the Plan summarizes and integrates content from the core services chapters by identifying priorities that emerged throughout the statewide comprehensive planning process.

The Wisconsin Comprehensive Plan for Ryan White HIV Services is an important information resource that can assist in planning, developing and implementing HIV-related care and treatment services in Wisconsin. The Plan can be viewed on the web at <http://dhfs.wisconsin.gov/aids-hiv/Resources/index.htm>.

For additional information regarding the Plan, contact Lynsey Ray, Ryan White CARE Coordinator, at 608-261-8372 (phone) or rayla@dhfs.state.wi.us (email).

Positive African American Peers: promoting community & improved quality of life

Carol J Calvin, MS, RN, Executive Director, Comprehensive Health Education, Inc, Milwaukee

Comprehensive Health Education (CHE), is a community based organization founded in April of 2001 by two African American registered professional nurses, Carol J. Calvin, Executive Director/Educator, and Annie R. Smith, Board Chairperson. Located in Milwaukee's central city, CHE launched a peer education program for HIV/ AIDS positive African American adults in April of 2003.

After two years of conducting an education and recreation family support group for HIV positive persons, CHE staff noted that more active involvement was needed by participants to internalize health education presented in the support group. To address this need, the *Positive African American Peers* (PAAP) program was developed for HIV positive persons and funded with federal Ryan White CARE Act funding from the Wisconsin Department of Health and Family Services in order to:

- increase understanding and management of personal health issues,
- provide leadership experiences, and
- improve the overall quality of individual lives.

Peer educator effectiveness

Peer HIV/ AIDS education has been an effective intervention for several groups, including factory workers, injection drug users, men who have sex with men, and youth. Peer educators have been utilized effectively in counseling, teaching self-management skills, and directly observed therapy (1). Peer involvement among HIV positive persons has increased retention in care and has resulted in peers feeling less isolated in managing HIV-related issues (2,3). Personal benefits gained by persons who are HIV positive peer educators include increased personal esteem, greater self assurance, increased familiarity with the health care system, and enhanced employment opportunities (4,5,6).

Learning theories supporting peer education

PAAP is based on a combination of several behavioral learning theories (1), including:

- *social learning* which indicates that people serve as models of human behavior and bring about change in others;
- *reasoned action* which asserts that an individual's perception of social norms or beliefs of significant others influences the individual's thoughts and behavior;
- *diffusion of innovation* which acknowledges that persons viewed as community "opinion leaders" act as agents of behavior change and influence community norms; and
- *participatory education* which emphasizes that powerlessness of individuals and communities leads to poor health and that empowerment through fuller participation and group interaction is a major factor in influencing behavior change.

Positive African American Peers as a model of peer education

An HIV peer educator is a person living with HIV who has been trained in basic knowledge of HIV related subjects and other chronic diseases. The peer educator is prepared to present health topics to their peer group both in group and with individuals.

PAAP group members who begin emulating behaviors of peers who are achieving goals to which the group aspires, may become empowered themselves and subsequently become role models and peer educators. PAAP participants who complete educator trainings exhibit significant growth in their knowledge of HIV/AIDS, develop skills in planning and presenting educational content, and typically have increased self-efficacy and understanding of their role as change agents.

Options for peer educator training

PAAP members have four options for participating in the peer education program. They may choose to:

1. become a Peer Educator I by attending 16 peer education group sessions and presenting health topics twice to PAAP members,
2. become a Peer Educator II by completing Peer Educator I requirements and presenting educational sessions on HIV and related topics in the community,
3. complete peer education program group sessions but elect not to provide educational presentations, or
4. complete Peer Educator II requirements but retire from presentations and leadership activities.

Peer educators are expected to conduct presentations to PAAP members for at least one year following certification and may remain in the group as long as they wish. Members not involved in leadership activities tend to leave the group after 2-3 years. Former members returning to PAAP may attend a 6 week fast-track program and peers who have had extensive education through previous participation in workshops and conferences may complete a fast track session at the executive director's discretion.

The curriculum for peer educator training is offered in three 1½ hour sessions per month and includes training modules covering a range of HIV-related issues, chronic diseases, and modules addressing mentoring and communication. Participants receive lunch, food gift cards, and bus tickets.

Leadership development

The executive director presents leadership concepts as part of the group sessions. Participants have three opportunities to use leadership skills outside of group activities, including:

- Team teaching middle and high school students on the topics of HIV/sexually transmitted diseases, and contraception.
- Becoming certified in HIV counseling testing and referral (CTR) and subsequently participating with teams of staff, volunteers, and peer educators in conducting community-based testing.
- Serving on state and local level HIV/AIDS planning bodies, local task forces, and committees.

Outcomes

Since April 2003, 60 HIV positive persons (an average of 35 annually) participated in PAAP. Twenty-two participants became peer educators, including 14 men and 8 women. Sixteen participants elected to meet Peer Educator II requirements by providing community-based education. Ten peer educators continue in the program, nine elected to leave the program, and three are deceased.

PAAP is currently being offered at the Wisconsin House, a transitional residence for HIV positive persons. Seven peer educators and the program director have facilitated group sessions at the Wisconsin House where six residents are currently participating in the peer education track.

In the period from January 2005 through September 2006, peer educators participated in testing 423 persons for HIV and teaching 911 middle and high school students about HIV/STDs and pregnancy prevention. They also served on the Wisconsin Ryan White Consortium and mentored peers who were out of care.

Peer educators who continue to be involved in PAAP are noted to typically have permanent housing, remain in care, and a tendency to maintain positive relationships with friends and family members. Most educators also have part-time jobs, a personal vehicle, an active social life, and hobbies. These characteristics are consistent with the goals of PAAP -- to increase the numbers of HIV positive peer educators who adhere to treatment plans, to increase the quality of their lives, and to provide role models for other HIV positive persons. For further information regarding PAAP, contact Carol Calvin, Executive Director of Comprehensive Health Education, at 414-272-2161 or 414-264-5867.

References

1. United Nations Joint Programme on HIV/AIDS (UNAIDS). Peer education and HIV/AIDS: concepts, uses and challenges. Geneva, Switzerland: UNAIDS; 1999:7. Available at: www.harare.unesco.org/hivaids/webfiles/Electronic%20Versions/Peer%20Education%20and%20HIV%20AIDS.pdf.
2. Roy MC, Cain R. The involvement of people living with HIV/AIDS in community-based organizations: contributions and constraints. *AIDS Care*. 2001;13:421-32.
3. The Measurement Group. Youth-to-youth -- peer workers in HIV/AIDS youth programs: a peer development guide [monograph on the Internet]. 1999. Available from: www.themeasurementgroup.com/publications/reports/peermanual/over.htm.
4. Anderson JR. Peer counseling for HIV-infected women. *The Hopkins HIV Report*. 1996;8(22). Available from: www.thebody.com/jh/hiv rept/jul96/anderson.html.
5. Luna GC, Rotheram-Borus MJ. Youth living with HIV as peer leaders. *American Journal of Community Psychology*. 1999;27:2.
6. Pearlman D, et al. Tapping youth as agents for change: evaluation of a peer leadership HIV/AIDS intervention. *Journal of Adolescent Health*. 2002;31:31-32.

Information sources on HIV and the African American community

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

While African Americans account for approximately 13 percent of the U.S. population, the federal Centers for Disease Control and Prevention reports African Americans make up 40 percent of all HIV/AIDS cases and represent half of all new diagnoses. In Wisconsin, African Americans comprise 6 percent of the state's population and 33 percent of HIV/AIDS cases. In preparation for observance of National Black HIV/AIDS Awareness & Information Day which occurred on February 7, the Information and Referral Center staff compiled the following list of web-based resources regarding HIV and the African American community.

The Balm in Gilead, Inc.

<http://www.balmingilead.org>

Black AIDS Institute

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

Black AIDS Institute Report: AIDS in Blackface: 25 Years of an Epidemic

<http://www.blackaids.org/ShowArticle.aspx?articletype=NEWS&articleid=203&pagenumber=1>

Black AIDS Institute Report: Getting Real: Black Women Taking Charge in the Fight Against AIDS

<http://www.blackaids.org/ShowArticle.aspx?pagename=ShowArticle&articletype=RESOURCE&articleid=171&pagenumber=1>

The Black Church and HIV/AIDS

<http://gbgm-umc.org/health/aids/blackchurchaids.stm>

The Body: HIV/AIDS In the African American Community

<http://www.thebody.com/whatis/africanam.html>

The Body: African-American HIV/AIDS Resources Center

http://www.thebody.com/african_american/aahiv.html

Center for AIDS Prevention Studies Fact Sheets

What are African-Americans' HIV Prevention Needs?

<http://www.caps.ucsf.edu/pubs/FS/afamrev.php>

What are Black Men's HIV Prevention Needs?

<http://www.caps.ucsf.edu/pubs/FS/blackmen.php>

CDC Fact Sheet: HIV/AIDS Among African-Americans

<http://www.cdc.gov/hiv/topics/aa/resources/factsheets/aa.htm>

HIV Infection in Minority Populations - Fact Sheet

<http://www.niaid.nih.gov/factsheets/Minor.htm>

HIV Transmission and Prevention in African Americans: Related Resources

<http://hivinsite.ucsf.edu/InSite?page=kbr-07-04-09>

Kaiser Family Foundation Fact Sheet: Black Americans and HIV/AIDS

<http://www.kff.org/hivaids/6089.cfm>

Kaiser Family Foundation Report: Key Facts: African Americans and HIV/AIDS

<http://www.kff.org/hivaids/upload/Key-Facts-African-Americans-and-HIV-AIDS-PDF.pdf>

National Black HIV/AIDS Awareness Day

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

National Black Leadership Commission on AIDS

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

National Minority AIDS Council

<http://www.nmac.org>

Office of Minority Health: National Black HIV/AIDS Awareness & Information Day

<http://www.omhrc.gov/hivaidsobservances/afam/index.html>

United States African-American HIV & AIDS Statistics

<http://www.avert.org/african-american-stats.htm>

Young African American Women and HIV - Fact Sheet

<http://www.advocatesforyouth.org/PUBLICATIONS/frtp/youngaawomen.htm>

Young Women of Color and the HIV Epidemic - Fact Sheet

<http://www.advocatesforyouth.org/publications/factsheet/fsyngwom.pdf>

National Minority AIDS Council releases plan addressing HIV infection among African Americans

In November 2006, the National Minority AIDS Council (NMAC) released a five point plan to address the disproportionate impact of HIV infection among African Americans. The report, authored by Robert E. Fullilove, Ed.D. and endorsed by an expert advisory panel of African American leaders, presents major policy solutions that address the following five areas:

- marginalization, stigma & discrimination directed at black gay and other men who have sex with men (MSM)
- incarceration as the driver of new HIV infections
- injection drug use and its role in sustaining the AIDS epidemic
- expanding proven HIV prevention, diagnosis and care programs
- increasing affordable housing

The full report, titled *African Americans, Health Disparities and HIV/AIDS: Recommendations for Confronting the Epidemic in Black America*, is available on the NMAC web site at http://www.nmac.org/public_policy/4616.cfm.

Federal report on engaging persons in HIV care

The federal Health Resources and Services Administration (HRSA) recently published a summary report on a consultation convened by HRSA in April 2005 to address the issue of engaging and retaining persons living with HIV (PLWH) in clinical care. The federal government estimates a significant portion of the estimated one million PLWH in the United States are untested, untreated, or both and that approximately one-third of persons who are aware of their HIV positive status may not be receiving medical care. The HRSA report summarizes topics addressed at the consultation, including the concept of PLWH not in care, the challenge of defining in/out-of-care, reasons people are not in care, and descriptions of various outreach programs. The report highlights some of the common features of outreach programs and characteristics that contributed to success in engaging and retaining persons in care. While the consultation was not directed at reaching consensus among participants, it did generate a range of ideas and recommendations which are summarized in the consultation report. The report *Outreach: Engaging People in HIV Care* can be viewed on the HRSA HIV/AIDS Bureau website at <http://hab.hrsa.gov/tools/HIVoutreach/index.htm>.

HRSA newsletter focuses on HIV/HCV coinfection

The prevalence of hepatitis C virus among persons living with HIV/AIDS (PLWHA) is a serious health concern, especially among PLWHA who contracted HIV through injection drug use. The August 2006 issue of *HRSA CARE ACTION*, a newsletter of the federal Health Resources and Services Administration (HRSA), was dedicated to the topic of persons coinfecting with hepatitis C virus (HCV) and HIV. The newsletter examines several aspects of HIV/HCV coinfection, including the prevalence and natural history of HCV infection among people living with HIV, HCV diagnostic testing, treatment considerations, barriers to care, and key issues in improving and expanding access to comprehensive services. This issue of *HRSA CARE ACTION* can be downloaded from the web at <http://hab.hrsa.gov/publications/August2006/>.

2007 HIV prevention funding supporting local and statewide prevention efforts

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

The Wisconsin Division of Public Health receives state and federal funding for local and statewide HIV prevention activities. Over \$3 million in funding is granted annually to local agencies (grantees) based on their ability to deliver scientifically based and effective HIV prevention interventions to populations most at risk for HIV infection (as identified by the Wisconsin HIV Prevention Community Planning Council).

This article summarizes information regarding 2007 HIV prevention funds, including grantee funding levels and prevention interventions as well as the distribution of HIV prevention funding directed at target populations and other prevention activities.

2007 HIV prevention grantees

The following listing highlights Wisconsin's 2007 HIV prevention grantees as well as grantee award levels and funded interventions.

Abbreviations include:

- ✓ CTR: counseling, testing & referral
- ✓ IDU: injection drug users
- ✓ HRH: high risk heterosexuals
- ✓ MSM: men who have sex with men

AIDS Network (Southern Region) - \$159,982

- MSM capacity building
- Counseling, testing, and referral
- MSM outreach
- MSM group level intervention (Latino)
- Needle exchange

- Prevention with positives group level intervention
- Prevention with positives prevention case management

AIDS Resource Center of WI (Northern Region) - \$65,875

- Counseling, testing, and referral
- MSM outreach
- Needle exchange

AIDS Resource Center of WI (Northeastern Region) - \$119,763

- Counseling, testing, and referral
- MSM outreach
- Needle exchange

AIDS Resource Center of WI (Southeastern Region) - \$487,752

- Counseling, testing, and referral
- MSM outreach
- Needle exchange
- Prevention with positives individual level intervention

AIDS Resource Center of WI (Western Region) - \$84,697

- Counseling, testing, and referral
- MSM outreach
- Needle exchange

AIDS Resource Center of WI Information and Referral Center (Statewide) - \$170,000

- HIV/STD/Hepatitis C Information & Referral Center (website, hotline, resource guide)

Beloit Area Community Health Center - \$10,000

- Counseling, testing, and referral

Black Health Coalition - \$156,649

- Capacity building (African American AIDS Task Force)
- Capacity building (faith-based; African Americans)
- Counseling, testing, and referral (African Americans)

Counseling Center of Milwaukee - \$28,527

- HRH group level intervention (SISTA, African American women)
- HRH group level intervention (VOICES/Voces, people of color)

Diverse and Resilient, Inc. (Southeastern Region) - \$20,426

- MSM individual level intervention (adult, African American)
- Transgender group level intervention (male-to-female, African American)

Diverse and Resilient, Inc (Statewide) - \$132,027

- MSM capacity building (adult)
- MSM capacity building (youth)
- MSM group level intervention (youth)
- Transgender capacity building

Great Lakes Inter-Tribal Council (Statewide) - \$77,732

- Capacity building (11 Native American tribes statewide)

Horizons, Inc - \$33,110

- HRH group level intervention (SISTA, African American women)
- HRH group level intervention (VOICES/Voces, people of color)

La Casa de Esperanza - \$55,000

- Counseling, testing, and referral (Latino)
- MSM group level intervention (Latino)

La Crosse Area Hmong Mutual Assistance Association, Inc. - \$5,000

- Capacity building (Hmong, focus on MSM)

LaCrosse County Health Department - \$20,000

- Counseling, testing, and referral (incarcerated populations)

Luther Consulting - \$39,500

- Design, training, maintenance of EvaluationWeb

Madison City Health Department - \$10,000

- Counseling, testing, and referral (persons in correctional facilities)

Milwaukee City Health Department - \$244,000

- Partner counseling and referral services

Milwaukee LGBT Community Center - \$102,196

- Counseling, testing, and referral
- Counseling, testing, and referral (subcontract with Charles D Productions)
- MSM GLI (3MV; HIV-positive African American men)
- MSM GLI (Healthy Relationships; HIV-positive African American men)

Outreach, Inc. - \$14,116

- Transgender group level intervention
- Transgender outreach (transgender health website)

Partner counseling and referral services conducted by Local Health Departments - \$30,000

- Partner counseling and referral services

Project Respect - \$40,000

- HRH individual level intervention (Male-to-female [MTF] transgender and female individuals with history of sex trade/sexual exploitation)

STD Specialties - \$94,107

- Counseling, testing, and referral (MSM, Heterosexual)

16th Street Community Health Center - \$94,107

- Counseling, testing, and referral (Latino)
- HRH individual level intervention (Latino)
- MSM group level intervention (Latino)
- MSM outreach (Latino)

State Lab of Hygiene - \$353,000

- Counseling, testing, and referral (CTR staff, testing devices and supplies)

United Migrant Opportunities Services - \$85,621

- Counseling, testing, and referral
- HRH group level intervention (VOICES/Voces)
- IDU group level intervention (Safety Counts)

United Migrant Opportunities Services - \$11,000

- Community Planning Network support

UW Department of Professional Development & Applied Studies - \$270,000

- Training/planning (WI HIV Training System, Community Planning Network support)

Youth Services of Southern Wisconsin, Inc. (Briarpatch) - \$34,820

- MSM group level intervention (youth)
- HRH outreach (youth)

HIV prevention funding by target populations or other prevention activities

The following table summarizes 2007 HIV prevention funding and the distribution (percent) of funds allocated to target population interventions and other interventions or activities. The table also highlights the distribution of funds earmarked for target population interventions.

2007 HIV prevention funding by population or activity			
	Allocation by population or activity	% of total \$	% of targeted \$
Targeted population interventions			
Men who have sex with men	\$589,650	19%	49%
Injection drug users	\$260,198	9%	22%
HIV+ individuals	\$213,860	7%	18%
High risk heterosexuals	\$146,245	5%	12%
Non-targeted interventions			
Counseling, testing, and referral	\$945,273	31%	
Partner counseling and referral services	\$224,000	7%	
General population	\$349,281	11%	
Other interventions			
Training/Planning	\$281,000	9%	
Evaluation	\$39,500	1%	
Total	\$3,409,007	100%	

For further information regarding 2007 HIV prevention funding supporting local and statewide prevention efforts, contact Molly Herrmann at herrmmm@dhfs.state.wi.us (email) or 608-267-6730 (phone).

City of Milwaukee Health Department *No Condom? No Way!* Campaign

Tracey Hagedorn, "No Condom? No Way!" Coordinator, City of Milwaukee Health Department

The rates of unintended pregnancy and sexually transmitted diseases (STDs) among Milwaukee teens consistently rank at or near the nation's highest. In 2004, the teen pregnancy rate for Milwaukee was 52.67 per 1000 15-17 year old girls, more than double the national average. Among the 50 largest cities in the U.S., Milwaukee has the second highest percentage of total births to adolescent mothers. STDs are extremely elevated and chlamydia and gonorrhea incidence rates are among the highest compared to other comparable size cities in the nation. While a majority (59.8%) of Milwaukee public high school students reported that they are currently sexually active, nearly one-third (32%) stated that they did not use a condom during their last sexual intercourse.

In response to this health crisis, the City of Milwaukee Health Department (MHD) initiated the *No Condom? No Way!* (NCNW) campaign in the fall of 2002. This social marketing campaign encourages teens to identify and abstain from high-risk sexual behavior and promotes correct and consistent condom use among sexually active teens. The campaign focuses on making information on safer sex and free condoms easily accessible in a variety of community venues. NCNW primarily offers teens "prevention kits" and comprehensive, bilingual safer sex brochures teens through partnerships with establishments that serve as distribution sites. Each prevention kit includes four condoms, a packet of water-based lubricant and a bilingual insert that contains illustrated instructions for proper condom use and a comprehensive list of available reproductive and sexual health resources.

To date, NCNW has fostered 110 community partnerships and the campaign continues to expand. More than 720,000 condoms have been distributed to at-risk teens, with more than 115,000 distributed during the summer of 2006. Campaign partners include small health clinics, large family health centers, community-based organizations, youth advocacy agencies, churches, alternative high schools, music and clothing retailers catering to teens, coffee shops, an all-ages nightclub, several entertainment production and promotion companies, and all MHD clinics. While many campaign partners offer comprehensive services to a broad client/customer base, partners must have some aspect of service delivery specifically targeting teens. Retail partners must cater to youth interests (e.g., music, urban sportswear, and teen entertainment). Establishments located within zip codes with high rates of teen pregnancy, in close proximity to high schools, and in high foot traffic areas frequented by teens are well positioned as distribution locations.

The manner in which condoms are made available is negotiated between the MHD and the community partner when a partnership agreement is established. Condoms are usually offered to teens in one of three ways:

- Condoms are contained in a "fishbowl" in a visible and easily accessible location and teens are free to take them on an anonymous, walk-in basis. All retail partners maintain this

policy but many other partners do as well. Several youth-serving agencies use this distribution method to offer condoms to any teen that walks in.

- Condoms are offered to only patients, members, program participants or clients of the agency. Condoms may be available via the “fishbowl method,” teens may need to actually request them, or condoms are only distributed during related sexual health programming.
- Condoms are distributed to teens via street outreach and/or at special events such as health fairs, concerts, parties and festivals. Many partners regularly maintain a presence at larger events; condoms are available onsite at the partner’s assigned space or they are distributed in an outreach fashion.

Several campaign partners opt not to distribute condoms but sign-on in support of *NCNW* and offer *NCNW* safer sex brochures and other educational materials. Teens do not obtain condoms from these partners but rather receive information resources that identify condom distribution sites.

The *NCNW* STD brochure prominently advertises both the *NCNW* website www.nocondomnoway.com and the *NCNW* phone tree number (414-286-3631). The website and phone tree link teens to the telephone numbers and addresses of condom distribution sites. Only the sites that distribute condoms to any teen on an anonymous, walk-in basis are advertised. While teens can access *NCNW* information resources through phone or computers, word-of-mouth is the primary way youth inform each other about *NCNW*.

Retail partners have noted that some teens return to the retail establishment with different groups of acquaintances solely for the purpose of obtaining free condoms and without purchasing any merchandise. This has been a major concern among some partners, although many accept it as an inevitable sign of campaign success. However, several partners elected to withdraw from the campaign or eliminated condom distribution because of youth creating excessive litter or disruptive behavior.

Areas that could expand and strengthen the *NCNW* campaign include the following:

- The *NCNW* campaign would benefit greatly from additional marketing that targets a wider audience through a variety of media.
- The campaign could be strengthened through partners that include mainstream, large corporate retailers in addition to the current, more typical independent and smaller retailer partners.
- *NCNW* has continued to expand at an exceedingly rapid pace and would benefit from staffing to assist the one full-time staff currently coordinating the campaign.
- Local teens in *NCNW* focus groups report being more comfortable discussing reproductive health issues with their peers rather than with adults. Expanding the *NCNW* campaign to include a youth peer-to-peer component that would increase campaign effectiveness and competence in serving youth.

Teen sexuality is a sensitive community issue. Strong community leadership and support for comprehensive teen sexuality education and condom distribution can assist in creating a climate that actively supports youth sexual health and risk reduction. The Milwaukee Public

School (MPS) system is critically important partner in these efforts and can create a community climate that supports comprehensive health education, teen sexual health, linkages to community services, and promotion of expanded community partnerships.

For more information regarding the NCNW campaign, contact Tracey Hagedorn, *No Condon? No Way!* Coordinator at 414-286-8066 (phone) or thaged@milwaukee.gov (email).

Condoms and Condom Effectiveness

For additional information on condoms and condom effectiveness, see the following web-based information sources:

Advocates for Youth: Fact Sheet on Condom Effectiveness

<http://www.advocatesforyouth.org/publications/factsheet/fscondom.htm>

Centers for Disease Control and Prevention: Condom Effectiveness Bibliography

<http://www.cdc.gov/nchstp/od/condom%20effectiveness/css/condom%20effectiveness.htm>

Centers for Disease Control and Prevention. *Fact Sheet for Public Health Professionals: Male Latex Condoms and Sexually Transmitted Diseases.*

<http://www.cdc.gov/nchstp/od/condoms.pdf>

SIECUS Fact Sheet: *The Truth about Condoms*

<http://www.siecus.org/pubs/fact/fact0011.html>

World Health Organization Statement: Effectiveness of Male Latex Condoms in Protecting Against Pregnancy and Sexually Transmitted Infections

<http://www.who.int/mediacentre/factsheets/fs243/en/>

CDC website on cost effectiveness of HIV prevention

The CDC Division of HIV/ AIDS Prevention established a cost-effectiveness website which serves as an information resource on the cost-effectiveness of HIV prevention interventions. The website contains several useful items, including a guide on interpreting HIV prevention cost-effectiveness literature and tools addressing cost effectiveness comparison, intervention cost analysis, and a funding allocation model. The CDC HIV prevention cost effectiveness website is located on the web at www.cdc.gov/hiv/topics/prev_prog/ce.

Milwaukee Alliance for Sexual Health seeks input from community members and stakeholders

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 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 partnership currently consists of the Wisconsin Division of Public Health, the City of Milwaukee Health Department, the nonprofit agency Health Care Education and Training, and the Medical College of Wisconsin. MASH is funded by a 12-month development grant from the Medical College under the Wisconsin's Healthier Wisconsin Partnership Program. Primary goals of MASH focus on development of a long-term strategic plan and formation of an alliance of key stakeholders in STD and teen pregnancy prevention to guide the implementation of a strategic plan.

Since July 2006, MASH partners have completed several key activities, including a demographic and epidemiologic assessment of STDs in Milwaukee's most highly affected zip codes, development of issue papers on best practices in clinical and service venues, and a community assessment of sexual health norms and behaviors. Findings from these efforts are guiding the development of the MASH strategic plan which will address key sexual health issues of African American adolescents residing in an 8-zip code area of Milwaukee.

Input on the draft strategic plan is needed from community members and stakeholders to ensure that recommended interventions are appropriate for the community and target population. Community input will occur primarily through community mobilization meetings in spring 2007. These meetings will provide an opportunity to discuss the feasibility and acceptability of strategic plan recommendations, to further prioritize recommendations, and to propose additional or alternative recommendations. Participation in the mobilization meeting will be promoted among community members (community leaders, adolescents, and parents) as well as key stakeholders (including physicians, clinic representatives, school administrators, community-based organizations, churches, or existing networks and workgroups in the area of STD or pregnancy prevention). Completion of a final strategic plan is targeted for summer 2007.

Persons interested in providing input on the strategic plan 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/>.

Wisconsin Hepatitis C Surveillance Summary

Cases Reported 01/01/1999 through 12/31/2006

Summary

Total	23,897	100%
Confirmed (1)	19,190	80%
Unconfirmed (2)	4,707	20%

Gender

Male	16,065	67%
Female	7,659	32%
Unknown	173	1%

Age

0-12	76	0%
13-19	185	1%
20-29	1,143	5%
30-39	4,508	19%
40-49	10,761	45%
50+	7,148	30%
Unknown	76	<1

Race

White	9,519	40%
Black	3,113	13%
Am Indian	255	1%
Asian	102	<1
Other	62	<1
Unknown	10,846	45%

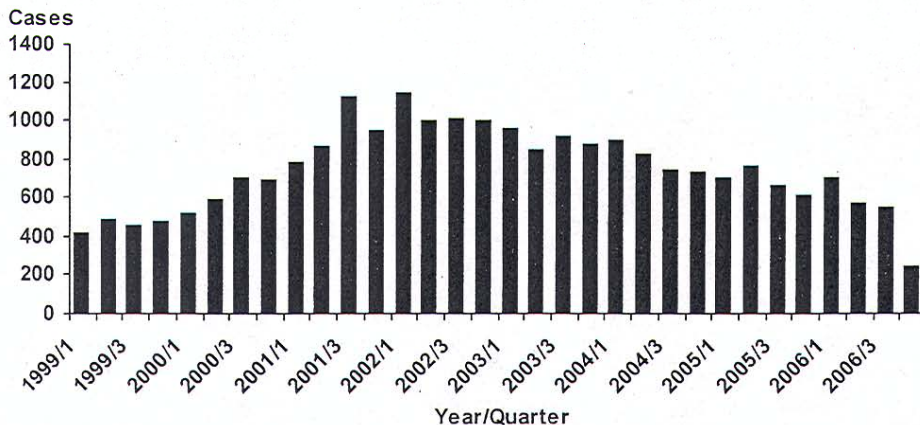
Ethnicity

Hispanic	745	3%
Not Hispanic	9,801	41%
Unknown	13,351	

Reported cases by county

Adams	83	Florence	8	Marathon	178	Rusk	45
Ashland	57	Fond Du Lac	257	Marinette	94	St Croix	98
Barron	83	Forest	34	Marquette	41	Sauk	205
Bayfield	28	Grant	49	Menominee	17	Sawyer	49
Brown	429	Green	65	Milwaukee	6823	Shawano	52
Buffalo	18	Green Lake	39	Monroe	199	Sheboygan	195
Burnett	61	Iowa	31	Oconto	66	Taylor	18
Calumet	41	Iron	22	Oneida	101	Trempealeau	48
Chippewa	118	Jackson	48	Outagamie	291	Vernon	35
Clark	45	Jefferson	166	Ozaukee	173	Vilas	76
Columbia	123	Juneau	102	Pepin	8	Walworth	314
Crawford	31	Kenosha	790	Pierce	62	Washburn	50
Dane	1408	Kewaunee	29	Polk	101	Washington	197
Dodge	178	La Crosse	323	Portage	158	Waukesha	642
Door	57	Lafayette	13	Price	33	Waupaca	100
Douglas	244	Langlade	43	Racine	860	Waushara	66
Dunn	59	Lincoln	36	Richland	24	Winnebago	432
Eau Claire	241	Manitowoc	104	Rock	741	Wood	146
						Unknown	5695

Reported cases by quarter of report



Footnotes:

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

Technical Notes:

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

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

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

For more information:

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

New hepatitis B adult immunization recommendations

The Centers for Disease Control and Prevention (CDC) published a *Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports* titled “A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part II: Immunization of Adults” (December 8, 2006 MMWR Vol. 55/No. RR-16). Part I of this report regarding HBV vaccination in infants, children, and adolescents was published previously in December 2005.

CDC’s immunization strategy to eliminate transmission of hepatitis B virus (HBV) in the United States comprises:

- universal vaccination of infants beginning at birth,
- prevention of perinatal HBV infections,
- routine vaccination of previously unvaccinated children and adolescents, and
- vaccination of previously unvaccinated adults at risk for HBV infection.

The Advisory Committee on Immunization Practices (ACIP) recommends a multi-faceted strategy to increase hepatitis B vaccination coverage among adults, including:

1. universal vaccination of adults in settings in which a high proportion of clients are at risk for HBV infection; and
2. implementation of standing orders in primary care and specialty medical settings to routinely vaccinate adults at risk for HBV infection and all adults seeking protection from HBV infection, without requiring acknowledgement of a specific risk factor.

Universal hepatitis B vaccination is recommended for unvaccinated adults receiving preventive care in the following settings:

- sexually transmitted disease treatment facilities
- human immunodeficiency virus (HIV) testing and treatment facilities
- facilities providing drug abuse treatment and prevention services
- health care settings targeting services to injection drug users
- correctional facilities
- health care settings targeting services to men who have sex with men
- hemodialysis facilities and end-stage renal disease programs
- institutions and nonresidential day care facilities for developmentally disabled persons

Vaccination is also recommended for all unvaccinated adults in the following populations:

Persons at risk for infection by sexual exposure

- sex partners of hepatitis B surface antigen (HBsAg) positive persons
- sexually active persons who are not in a long term, mutually monogamous relationship (e.g., persons with more than one sex partner during the previous (6 months)
- persons seeking evaluation or treatment for a sexually transmitted disease
- men who have sex with men

Persons at risk for infection by percutaneous or mucosal exposure to blood

- current or recent injection drug users
- household contacts of HBsAg positive persons
- residents and staff of facilities for developmentally disabled persons

- health care and public safety workers with reasonably anticipated risk for exposure to blood or blood contaminated body fluids
- persons with end-stage renal disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients

Others

- international travelers to regions with high or intermediate levels (HBsAg prevalence of >2%) of endemic HBV infection
- persons with chronic liver disease
- persons with HIV infection
- all other persons seeking protection from HBV infection

CDC launched a website at <http://www.cdc.gov/ncidod/diseases/hepatitis/recs/index.htm> to assist providers in implementing recommendations regarding HBV vaccination for adults. The website contains links to CDC's HBV vaccination recommendations for adults (Part II) as well as recommendations published previously for infants, children, and adolescents (Part I).

Access to Hepatitis B Vaccine in Wisconsin

Persons interested in receiving the hepatitis B vaccine series in Wisconsin are encouraged to talk with their health care provider or call their local health department (LHD) to inquire about the availability of adult HBV immunization through the LHD. Contact information regarding Wisconsin LHDs is located on the web at <http://dhfs.wisconsin.gov/localhealth/>.

AIDS/HIV-related MMWR articles: November 2006 – January 2006

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

Article	Issue
QuickStats: Percentage of persons aged 22-44 years at increased risk for human immunodeficiency virus (HIV) infection, by race/ethnicity and education – National Survey of Family Growth, United States, 2002. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5546a7.htm?s_cid=mm5546a7_e	MMWR 2006 November 55(46); 1255.
Missed opportunities for earlier diagnosis of HIV infection – South Carolina, 1997-2005. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5547a2.htm?s_cid=mm5547a2_e	MMWR 2006 December 55(47);1269-1272.

Wisconsin HIV Training System announces 2007 training dates

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

The Wisconsin HIV / AIDS Training System recently released the schedule of courses for 2007 designed to support the work of staff in Wisconsin agencies involved in HIV prevention and care and treatment services. A description of courses, calendar of training events, and registration information is available on the website at www.wihivpts.wisc.edu. Online registrations are currently being accepted at www.wihivpts.wisc.edu for Winter and Spring course offerings.

The Training System is pleased to offer a new one-day course, *Strategies to Support and Strengthen Communities of Men Who Have Sex with Men* on May 10, 2007 at the UW-Madison Pyle Center in Madison. This workshop is designed to assist HIV counseling, testing, and referral staff, local public health nurses, sexually transmitted disease/disease intervention specialist workers, case managers, and others working with men who have sex with men (MSM) to more effectively serve MSM, a population that continues to be at high risk for HIV transmission. The workshop addresses diversity among MSM and the critical role of social and sexual networks in supporting the health and well-being of MSM. In addition to learning about the current status of the HIV epidemic, the workshop provides an opportunity to learn how individual, group, community-based, and policy level strategies can strengthen and support MSM and their communities. For additional information about the Wisconsin HIV / AIDS Training System please, contact Narra Smith Cox (nscox@wisc.edu) or Tara Loushine (tloushine@dcs.wisc.edu).

Federal government launches new AIDS website

On December 1, World AIDS Day 2006, the federal Department of Health and Human Services inaugurated the website AIDS.gov. This information gateway to federal domestic HIV information covers a range of topics including HIV-related prevention, testing, treatment and research programs as well as federal policies and resources. The website covers important news and events and information regarding funding opportunities, related government programs, and services for populations, especially communities disproportionately affected by the HIV epidemic. This new federal website is located on the internet at www.aids.gov.

Kaiser Family Foundation health policy web addresses global HIV/AIDS

The Kaiser Family Foundation website www.KaiserEDU.org focuses on several health policy issues. A "reference library" within this website highlights the global AIDS/HIV epidemic and includes research, fact sheets, webcasts, presentations, a narrated slide tutorial on the global epidemiology of HIV / AIDS, and links to organizations involved in international HIV efforts. The Kaiser global HIV / AIDS reference library is located on the web at http://www.kaiseredu.org/topics_reflib.asp?rID=1&parentid=64&id=126.

CDC fact sheet provides snapshot of HIV/AIDS epidemic

The federal Centers for Disease Control and Prevention (CDC) recently updated the fact sheet “A Glance at the HIV/AIDS Epidemic” to reflect disease trends reported through 2005. The fact sheet summarizes HIV disease trends by transmission category, sex, race/ethnicity, AIDS diagnosis, and death. The updated CDC fact sheet can be viewed and downloaded from the CDC website at <http://www.cdc.gov/hiv/resources/factsheets/At-A-Glance.htm>.

Kaiser Family Foundation launches weekly health disparities report

The Kaiser Family Foundation, a non-profit foundation focusing on major health issues, recently launched a weekly news summary report – *the Kaiser Health Disparities Report: A Weekly Look at Race, Ethnicity and Health*. The report is available through a free weekly email, with stories updated daily online on kaisernetwork.org, the Foundation’s news and information service. The report summarizes news coverage of minority health issues from hundreds of print and broadcast news sources, including media outlets serving racial and ethnic communities. The report will also highlight studies, initiatives and journal articles that do not receive mainstream news coverage and a calendar of upcoming events on health disparities. [Kaisernetwork.org](http://kaisernetwork.org) will expand its coverage to include webcasts of policy-oriented conferences and events on racial and ethnic health issues. Each story in the Disparities Report provides links to the original news sources and to resources for further information. To subscribe to the free report via weekly email, visit the Kaiser Foundation website at <http://www.kff.org/profile/subscriptions.cfm?site=kaisernetwork>.

New web-based information module on HPV vaccine

KaiserEDU.org, a website of the Kaiser Family Foundation, recently developed a web-based module on human papillomavirus (HPV), cervical cancer, and the new HPV vaccine. The module features a background brief highlighting basic information regarding HPV and cervical cancer, the HPV vaccine, vaccine implementation and related costs, and the issue of public acceptability. The module includes links to related resources, including an archived webcast of January 10, 2007 panel discussion of the HPV vaccine which included participation by Ann Schuchat, MD, Director of the National Center for Immunization and Respiratory Diseases at the federal Centers for Disease Control and Prevention. The KaiserEDU.org module on HPV, cervical cancer and the HPV vaccines is located on the web at http://www.kaiseredu.org/topics_im.asp?parentID=72&imID=1&id=609.

Staff transitions in the Wisconsin AIDS/HIV Program

Pam Rogers moves to occupational health

Pam Rogers, former Quality Assurance Program Specialist in the AIDS/HIV Program’s Care and Surveillance Unit, resigned from the AIDS/HIV Program in October 2006. Pam accepted a position in the Wisconsin State Laboratory of Hygiene as a contract employee with the Bureau of Environmental and Occupational Health in the Wisconsin Division of Public Health. In her new position, Pam is the Occupational Health Program Coordinator and leads in a variety of areas, including epidemiologic investigations of occupational-related illness and injury, grants management, updating occupational surveillance indicators, developing standards for state-

based occupational surveillance, and developing an occupational health website. During her tenure with the Wisconsin AIDS/HIV Program, Pam worked to develop quality management activities for HIV care and treatment programs, including improved data collection from care grantees and coordination of an annual data report to federal funders. The AIDS/HIV Program staff wishes Pam continuing success in her new position and thanks Pam for her many contributions.

Sean Maher joins Care and Surveillance Unit

In October 2006, Sean Maher assumed the position of HIV Surveillance Specialist in the Care and Surveillance Unit of the Wisconsin AIDS/HIV Program. In this position, Sean collects and analyzes data regarding HIV infection and AIDS as required by Wisconsin statutes. Sean provides technical assistance to health care providers and others regarding requirements for HIV and AIDS case reporting as well as the confidentiality and security of HIV test results and medical records. Previously, Sean was employed as a Disability Determination Specialist in the Wisconsin Department of Health and Family Services and as an AIDS/HIV Outreach Worker providing HIV partner counseling and referral services with the City of Madison Department of Public Health. Sean can be reached by email at mahersf@dhfs.state.wi.us or phone at: 608-267-6727.

Susan Jaskiewicz leaves AIDS/HIV Program

In December 2006, Susan Jaskiewicz resigned from her position in the AIDS/HIV Program's Care and Surveillance Unit. Susan joined the AIDS/HIV Program in 1993 and was employed as an HIV Surveillance Specialist. She was responsible for collection and analysis of case report data, follow-up of cases reported with no identified risk, surveillance data entry and retrieval, data clean-up activities, and report generation. The AIDS/HIV Program staff thanks Susan for her contributions to HIV surveillance efforts and extends best wishes for her future.

Timothy Pilcher joins AIDS HIV Program as Prevention Unit Supervisor

Timothy Pilcher joined the AIDS/HIV Program as the Prevention Unit Supervisor in November 2006. Timothy is responsible coordinating the activities of the Prevention Unit staff and ensuring that the AIDS/HIV Program's prevention efforts are responsive to community needs and state and federal guidelines. Timothy has extensive HIV experience in both HIV care and prevention services, including oversight of prevention education activities with the Illinois Department of Public Health and management of prevention education efforts with the Cook County Department of Public Health. He also had experience in providing case management and coordinating volunteer support services for HIV/AIDS hospice clients prior to the authorization of the Ryan White CARE Act. Timothy can be reached by email at pilchte@dhfs.state.wi.us or phone at 608-264-6514.

Janice Lipsey leaves the AIDS/HIV Health Insurance Premium Subsidy Program

Janice Lipsey resigned from her position as Coordinator of the Wisconsin AIDS/HIV Health Insurance Premium Subsidy Program in January 2007. Janice joined the AIDS/HIV Program in 1999 when less than 190 clients were served by the Insurance Premium Subsidy Program and when expenditures for the Program were slightly over \$400,000. Since that time, expanded eligibility guidelines and increasing numbers of persons living with HIV resulted in a two-fold increase in caseload and more than a four-fold increase in expenditures in the Premium Subsidy Program. The AIDS/HIV Program staff thanks Janice for her contributions to the Program during this period of dynamic growth and wishes her continuing success in her new position in Office of Operations in the Wisconsin Division of Public Health.

Calendar

Feb 1-3, 2007	Salt Lake City, UT	Science and Response: 2nd National Conference on Methamphetamine, HIV & Hepatitis. Sponsor: Harm Reduction Project. Contact: methconference2007@harmredux.org (email); 801-688-6927 (phone); 801-335-0291 (fax); www.methconference.org (website).
Feb 7, 2007	National Observance	National Black HIV/AIDS Awareness and Information Day. Contact: http://www.omhrc.gov/hivaidsobservances/afam/index.html (website).
Feb 12-13, 2007	Philadelphia, PA	2007 National Conference on African-Americans and AIDS. Sponsor: Minority Healthcare Communications Inc. Contact: mboyle_mhcc@yahoo.com (email); 610-398-6670 (phone); www.minority-healthcare.com (website).
Feb 17-19, 2007	Oakland, CA	14th Annual Ryan White National Youth Conference on HIV/AIDS. Sponsor: National Association of People with AIDS. Contact: info@napwa.org (email); 240-247-0880 (phone); 240-247-0574 (fax); www.napwa.org/rwnyc.html .
Feb 20-22, 2007	Chicago, IL	Community PROMISE: A Community-Level STD/HIV Behavioral Intervention Part 2. Sponsor: Denver STD/HIV Prevention Training Center. Contact: 303-436-7267 (phone); www.denverptc.org/Part2/CRCs.htm (website); terry.stewart@dhha.org (email).
Feb 22, 2007	Madison, WI	Wisconsin HIV Community Planning Network. Contact: Lynn Tarnoff at 608-890-1424 (phone) or tarnoff@wisc.edu (email).
Feb 25-28, 2007	Los Angeles, CA	14th Conference on Retroviruses and Opportunistic Infections. Sponsor: Foundation for Retrovirology and Human Health; Centers for Disease Control & Prevention. Contact: info@retroconference.org (email); 703-535-6862 (phone); 703-535-6899 (fax); www.retroconference.org/2007/index.asp?page=310 (website).
Feb 27-Mar 9, 2007	Denver, CO	Introduction to Sexually Transmitted Disease Intervention. Sponsor: Mid-America STD/HIV Prevention Training Center. Contact: Jennett Ray Bezdek at 303-692-2688 (phone).
March 4-10, 2007	National Observance	18th Annual Black Church Week of Prayer for the Healing of AIDS. Sponsor: The Balm in Gilead, Inc. Contact: 888-225-6243 or 212-730-7381 (phone); 212-730-2551 (fax); www.balmingilead.org/programs/weekofprayer2007/what_is_wop.asp (website).
March 10, 2007	National Observance	National Women and Girls HIV/AIDS Awareness Day. Sponsor: Federal Office of Women's Health. Further information: www.omhrc.gov/hivaidsobservances/women/index.html (website).
March 21, 2007	National Observance	National Native HIV/AIDS Awareness Day. Further information: http://www.nnaapc.org/ .
March 21-22, 2007	Keshena, WI	Wisconsin HIV Community Planning Network. Contact: Lynn Tarnoff at 608-890-1424 (phone) or tarnoff@wisc.edu (email).
March 28-30, 2007	Jersey City, NJ	2nd International Conference on HIV Treatment Adherence. Sponsor: International Association of Physicians in AIDS Care (IAPAC). Contact: iapac@iapac.org (email); 312-795-4930 (phone); 312-795-4938 (fax); www.iapac.org/home.asp?pid=7973 (website).

Wisconsin AIDS/HIV Update Winter 2007

April 19, 2007	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 .
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 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 .
June 27, 2007	National Observance	National HIV Testing Day. Further information: www.omhrc.gov/hivaidsobservances/testing/index.html .
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).
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	608/267-5288
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 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

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)	
			

Wisconsin AIDS/HIV Program Staff Directory

James Vergeront, MD (email: vergejm@dhfs.state.wi.us) Program Director, Wisconsin AIDS/HIV Program	608-267-5287
Lisa Fix (e-mail: (email: fixlm@dhfs.state.wi.us) Data collection & reporting of HIV infection; medical records review; assessment of HIV case reports.	608-266-8658
Sheila Guilfoyle (email: guilfsm@dhfs.state.wi.us) Coordination of the Wisconsin Hepatitis C Program.	608-266-5819
Molly Herrmann, MS (email: herrmmm@dhfs.state.wi.us) Coordination of the Wisconsin HIV Prevention Community Planning.	608-267-6730
Neil Hoxie, MS (email: hoxienj@dhfs.state.wi.us) Design, implementation and analysis of seroprevalence surveys; analysis of surveillance data; projections.	608-266-0998
Karen Johnson, BSW (email: johnskm@dhfs.state.wi.us) Coordination of education & prevention initiatives for racial/ethnic minorities; adolescent prevention initiatives.	608-266-1808
Kathleen Krchnavek, MSSW (email: krchnka@dhfs.state.wi.us) Technical assistance & consultation regarding rapid HIV testing and quality assurance of HIV counseling and testing services.	608-267-3583
Miche Llanas (email: llanamr@dhfs.state.wi.us) HIV Prevention Evaluation Coordinator.	608-261-6731
Michael McFadden, MA (email: mcfadme@dhfs.state.wi.us) Supervisor, HIV Care and Surveillance Unit.	608-266-0682
Sean Maher (email: mahersf@dhfs.state.wi.us) Data collection & reporting of HIV infection; medical records review; assessment of HIV case reports.	608-267-6727
Gail Nahwahquaw, BS (email: nahwag@dhfs.state.wi.us) Coordination of life care services.	608-266-1122
Timothy Pilcher (email: pilchte@dhfs.state.wi.us) Supervisor, HIV Prevention Unit.	608-264-6514
Lynsey Ray, MSSW (email: rayla@dhfs.state.wi.us) Coordination of Ryan White CARE Act grant and HIV Early Intervention Program.	608-261-8372
Bill Reiser, MSN, RN (email: reisewj@dhfs.state.wi.us) Editor of the Wisconsin AIDS/HIV Update; coordination of consumer and professional information.	608-266-3073
Kathy Rogers (email: rogerka@dhfs.state.wi.us) Coordination of the Wisconsin AIDS/HIV Drug Assistance Program.	608-267-6875
Wendy Schell, MS (email: schelwl@dhfs.state.wi.us) Coordination of surveillance; liaison with health care providers and laboratories performing HIV antibody testing.	608-266-2664

Casey Schumann, MS (email: schumcl@dhfs.state.wi.us) University of Wisconsin Population Fellow	608-266-3495
Dhana Malla Shrestha, MPH (email: shresdm@dhfs.state.wi.us) Coordination of HIV Partner Counseling and Referral Services Program.	608-267-5288
Jim Stodola, BSW (email: stodojm@dhfs.state.wi.us) Coordination of HIV counseling, testing, and referral services.	608-261-9429
Lynn Tarnoff, MS (email: tarnoff@wisc.edu) Coordination of HIV community planning.	608-890-1424
Program assistants General program support activities, data entry and word processing. 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)	608-267-5287