



PENNSYLVANIA HIV PREVENTION COMMUNITY PLANNING UPDATE

A quarterly publication of the Pennsylvania Department of Health, Division of HIV/AIDS

Needs Assessment Compendium

The Needs Assessment Committee of the PA Community Planning Group (CPG) has endeavored to provide Pennsylvania with locally relevant research for HIV prevention planning. Reports of each needs assessment have been distributed to committee members and included in annual PA community prevention plans and plan updates since the inception of the PA CPG.

Needs Assessment research of the PA CPG is a community-driven process, where community members of the planning group identify gaps in knowledge about HIV prevention in Pennsylvania communities. The CPG collaborates with the research team at the Pennsylvania Prevention Project (PPP) to develop research protocols, identify participants, and carry out the research.

As the Needs Assessment committee enters into a new research process, the need existed to take stock of what has been learned regarding Pennsylvania communities impacted by HIV. This need has resulted in the Needs Assessment Compendium, a

single document summarizing findings from all previous Needs Assessment reports. The Compendium contains research findings categorized in chapters by target populations for HIV prevention. Chapters include special populations and non-traditional targets of prevention interventions such as parents of at-risk youth and substance abuse providers. The Compendium includes quotations from affected community members and highlights HIV prevention success stories from around Pennsylvania. View the PA CPG Needs Assessment Compendium via the link at <http://www.stophiv.com>

2011 Young Adult Roundtables

The Pennsylvania Young Adult Roundtables began in 1995 with four groups (Allentown, Erie, Pittsburgh and York) with the mission of providing high-risk young people in our state (excluding Philadelphia) parity, inclusion, and representation in the HIV prevention community planning process. The number of Roundtable

groups has varied over the past sixteen years, generally resulting in greater numbers of young people each year in a greater variety of locations throughout the state, participating in the planning process. Average group size has fluctuated, but hovers around the goal of fifteen to twenty members. Certain groups of young people, by virtue of their demographic or behavioral characteristic (typically those comprised of YMSM, young people living with HIV/AIDS, and young people in recovery from IDU), have been challenging to recruit and/or to maintain. Recruitment, for example, has been an insurmountable challenge in our statewide attempts over the years to initiate a Roundtable comprised of young people living with HIV/AIDS. However, currently background work is being conducted with community partners to engage an HIV+ YART in the Pittsburgh area.

Each year new Roundtable members are recruited to existing groups in order to compensate for group attrition, which is typically between 35-50%. New members are recruited to

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existing groups by demographic or behavioral criteria that match the existing group composition.

Age is clearly a primary factor when recruiting Roundtable members, who, ideally, are between the ages of 13-18. With certain populations (again YMSM) the age range is extended (usually to 21) in order to accommodate the special environmental and personal factors that affect these young people. Another example is the anticipated group of young people living with HIV; we expect that group to be older as a function of various factors around diagnosis: age, acceptance, and willingness to share that information with others in your community. Another factor that may account for this is that Roundtable members recruit new members in their communities for their groups; it is likely that existing members who, each year are aging, will recruit their peers who, each year are older. The age criterion for recruitment remains an important factor, in maintaining a younger cohort of Roundtable members who are truly representative of young adults in our state.

Pennsylvania Young Adult Roundtables 2011 Demographics

(Obtained from anonymous surveys)

Total members (N) = 85

Joined Roundtables

22% (19) New members in 2011

27% (23) Roundtable members 5+ years

Age Range 14-24

Mean (average age) = 19

Median = 19

Biological Gender

44% (37) Female

57% (48) Male

Sexual Orientation/Gender Identity (SO/GI not exclusive)

69% (59) Straight

17% (14) Gay

9% (8) Bisexual

0% (0) Lesbian

5% (4) Unsure

13% (11) Transgender gender-queer

Race/Ethnicity (could choose more than one)

57% (48) African

American/Black

31% (26) Caucasian/White

14% (12) Latino/Hispanic

4% (3) Asian American

4% (3) Native American

9% (8) Mixed/Other

HIV AIDS Service Providers HASP-Registry

The HASP- Registry is a listing of individuals and agencies in Pennsylvania working to assist persons living with HIV/AIDS or to prevent the spread of HIV/AIDS. It is collaboration between the Pennsylvania Department of Health (PADOH) and the Pennsylvania Prevention Project (PPP) at the University of Pittsburgh with the goal of establishing a statewide registry of HIV service providers. In addition, it is a long-term collaborative effort with the Integrated Planning Council and the Ryan White HIV/AIDS Regional Planning Coalitions to conduct a study on the unmet needs of HIV positive men and women. This project has included an examination of national, regional, and local resources to draft the most comprehensive level of detail that meets the needs of both epidemiologist and consumers. The HASP-Registry will assist both the Centers for Disease Control and Prevention (CDC) and the PADOH to understand what services are currently being offered, what services are needed, funding needs, and to better utilize the resources available within the state when planning and referring.

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NO personal, identifying information about individuals is searchable. Individual information is only shared in aggregate with the CDC and PADOH. The public is only able to search and view operational information (i.e. agency location and hours, available services) in the Agency profile.

For additional information and to register contact Daniel Hinkson 412-383-1619 at the Pennsylvania Prevention Project.

HIV Treatment as Prevention

Promising results from recent trials of oral and topical pre-exposure antiretroviral prophylaxis (PrEP) have bolstered hopes that antiretroviral (ARV) based methods will be a cornerstone of HIV prevention efforts in the future. The emphasis in prevention research has shifted to the evaluation of combination prevention packages. In this paradigm, biomedical behavioral and structural interventions are implemented concurrent, such that synergies among intervention could lead to substantial effectiveness overall (McCoy, et. al. 2011).

There is convincing evidence in non-sexual contexts both of the relationship between viral load and infectiousness,

and the impact of antiretroviral therapy (ART) on viral load and thus on risk of transmission.

PrEP is short for PreExposure Prophylaxis and may be part of comprehensive HIV prevention services in which HIV negative people who are at high risk, take antiretroviral medication daily to try to lower their chances of becoming infected with HIV if they are exposed to it.

The impact of ART in preventing mother-to-child transmission is now well established. It has been shown that mothers with HIV are much less likely to transmit HIV to their babies if their viral load is less than 1,000 copies/ml. Since the introduction of triple therapy in pregnancy, less than 1% of children born to HIV positive mothers are infected.

There is also evidence from occupational transmission. In studies it has been shown that higher viral loads in the patients involved made transmission more likely.

A more recent study found a 92% reduction in risk of HIV transmission from individuals on ART to their heterosexual partners, and no transmission among those with a viral load less than 40 copies/ml. However, recent

infection or co-infection with a sexually transmitted infection significantly increased the risk of transmission.

In July, 2010, the CAPRSA 004 study found evidence that a topical gel containing 1% Tenofovir helped reduced HIV negative women's risk of HIV infection via vaginal sex. The topical gel is another form of HIV prevention using antiretroviral drugs currently being explored, in addition to oral PrEP.

In November 2010, the IPrEx study reported that a study of 2,499 individuals at high risk of HIV infection participated in a six-country IPrEx study (Brazil, Ecuador, Peru, South Africa, Thailand and the United States). The IPrEx study shows that individuals at high risk for HIV infection who took a single daily tablet containing two widely used HIV medications experienced an average 43.8% fewer HIV infection than those who received a placebo pill. This is the first evidence that this new HIV prevention method, called pre-exposure prophylaxis or PrEP, reduces HIV infection risk in people.

Last fall it was reported that an experimental vaccine prevented HIV infection for the first time, a breakthrough that eluded scientists for a

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quarter century. The study found that a combination of ALVAC made by a Paris-based drug company and AIDSVAX from a San Francisco-based company cut infections by 31.2 % in the people who received it compared with those on a placebo. Neither vaccine had stopped the virus that causes AIDS when tested separately in previous studies.

The findings don't mean that vaccine can be delivered worldwide, because of unanswered question about how the shot worked and the fact that it was designed using HIV strains that are specific to Thailand.

It will take years of research before a vaccine might be ready for US approval said Anthony Fauci, director of the National Institute of Allergy and Infectious Disease. He further stated that, "this is the beginning of the effort. It's opens up the door for us to ask some very important fundamental scientific questions as well as some clinical questions. Although the results are modest with an efficacy of 31.2%, this is a very important scientific advance.

Positive OUTlook Turns One Year Old

It's hard to believe that Positive OUTlook, has been broadcasting through cyberspace for a whole year now. We have made a lot of

progress in that time, although it still feels like a new project. If you are not familiar with the weekly health and wellness webcast intended for Gay, Lesbian, Bi-sexual, Transgender and Queer people, you've missed out on a variety of shows with an array of health and wellness information for the communities of Pittsburgh and beyond.

The project kicked off last year as a way to bring information to LGBTQ people and their allies about health issues that affect us as a community. Usually, when we hear the words health and gay, the first thing that people assume you are talking about is HIV and AIDS. Those are very important topics that greatly affect the communities, but they are not the only thing we should be concerned about. Did you know that bisexuals as a group tend to have poorer health than Lesbians and Gays? Did you know that gay men tend to have higher cancer rates than their non-gay identified counterparts? Did you know that Lesbians have a higher rate of obesity than the rest of the population? These are all topics that we have talked about over the last year.

In moving forward, we hope to bring you even more information on health and wellness issues, as well as continue to follow up with

issues like stigma and HIV, homophobia, and many more. Check us out on Thursdays between 1 and 2 at outonline.com. If you would like to be a guest of the show, or if you have suggestions for topics we should cover, please contact Nayck Feliz at nbf5@pitt.edu.

Michael Cole
Community Co-Chair
(724) 982-4276
mikec16146@aol.com

Ken McGarvey
Department of Health Co-Chair
(717) 783-0572
kmcgarvey@state.pa.us

Rodger L. Beatty
Facilitator
(412) 383-1775
(412) 383-1513 FAX
rbear3@pitt.edu EMAIL

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[This newsletter is produced at the Graduate School of Public Health, University of Pittsburgh, Pennsylvania Prevention Project for the Pennsylvania Department of Health's Division of HIV/AIDS Pennsylvania HIV Prevention Com. In addition, this quarterly newsletter is intended to keep the traditionally non HIV Prevention community posted of the activities of the Pennsylvania HIV Prevention Community Planning Committee and is distributed by the Division of HIV/AIDS