



**Volume 6**

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**COMMUNITY HEALTH AWARENESS GROUP**

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# Co-infection with HIV and Hepatitis C

**By Jules Levin**

Executive Director/Founder  
National AIDS Treatment Advocacy Project  
(NATAP)

**T**he NATAP Hepatitis Treatment Education Programs provide community workshops and forums throughout the USA, including in its home, New York City; over 7,000 individuals have attended these in the past 12 months.

The biggest challenge in HIV today is hepatitis: 30% of people with HIV also have hepatitis C (HCV). Among individuals who contracted HIV through injection drug use 60-90% have hepatitis C. Hepatitis and end-stage-liver disease is now con-



**Jules Levin, ED  
NATAP**

sidered the leading cause of death for those with HIV. Having HIV can accelerate HCV disease progression several times faster than for individuals who only have HCV but don't have HIV. This means that timely care and treatment is more important for patients co-infected with HIV and HCV.

A co-infected individual should receive proper diagnostic tests from a doctor specifically knowledgeable about hepatitis, a specialist. A common misperception is that a blood test to check your ALT (a liver enzyme) can be used to evaluate the stage of your liver disease. Not true, 25% or more of patients with normal ALT have advanced liver

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# Synchronicity

**C**ommunity Health Awareness Group (CHAG) was successful in securing three grants last year that have allowed us to embark on an exciting new journey to reach those at highest risk for HIV. The three grants are from the Centers for Disease Control and Prevention (CDC), the Michigan Dept. of Community Health (MDCH), HIV/AIDS Prevention and Intervention Section (HAPIS) and the Blue Cross and Blue Shield of Michigan Foundation (BCBSMF).

Combined these grants with synchronous goals are allowing CHAG to expand our current mobile services to reach individuals at the highest risk, offer a new rapid HIV test, and provide clients highly personalized attention from a new prevention case management program. We can now reach and test more people in locations where risk behaviors occur, where those engaged in risky behaviors seek help, and/or where testing has been ineffective because of poor return rates. We can provide immediate test results for those who are

HIV negative as well as linkages to needed services. We can offer those testing positive immediate access to the care system as well as intense one-on-one risk reduction counseling if they are continuing to engage in risky behaviors.

**IDENTIFYING THE NEED**

A key finding of an important study in Detroit, which CHAG participated in, was that HIV occurs within the context of various socioeconomic conditions. "Poverty, discrimination, homelessness, racism, and low self-esteem...emerged as conditions that created high-risk environments," stated the report on the Rapid Assessment Response and Evaluation (RARE) Study. These conditions further complicate the ability to implement interventions effective in creating behavior change – essential to HIV prevention.

Recent studies of syphilis in Detroit by MDCH indicate that those who are infected with HIV are still engaging in unprotected

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## Michigan Senate update

**T**he nation's HIV medical providers called on Michigan's Senate as well as the Governor to reject a package of four House bills on medical care that could potentially be used to deny health care to gays and lesbians, as well as to others that providers and insurers deem objectionable. "The American Academy of HIV Medicine vehemently opposes any bill that would encourage discrimination in the clinical setting," says AAHIVM CEO R. Scott Hitt, MD. AAHIVM Press Release (04.30.04)

The Senate approved two bills that would require school districts to emphasize abstinence in sex education and establish a formal complaint process to address a school's noncompliance. The package now goes to the House where similar bills have been introduced. The bills do not reflect the

reality of teens who are having sex, said opponents to the bills. Sen. Irma Clark-Coleman (D-Detroit) feared the legislation could prompt school districts to drop sex education classes. *Associated Press* (04.27.04)

### MICHIGAN PRISONERS INFECTED WITH HEPATITIS C

A preliminary study of new male and female Michigan prisoners suggested some 6,800 of the state's inmates could be infected with hepatitis C. In response, Corrections Department officials are asking lawmakers for \$13.3 over the next two years for testing and treatment. A Lansing State Journal special report in September said that up to 18,000 Michigan prisoners are HCV-infected. *Lansing State Journal* (04.23.04)

## Advice to the president

**T**he Presidential Advisory Council on HIV/AIDS (PACHA) met March 29-30 in Washington, DC.

The 34-member council tabled a resolution calling on the President to select a new (AIDS czar) given the election year. The council also recommended that President Bush adopt Uganda's highly successful "ABC" prevention strategy — **A**bstaining from sex, **B**eing faithful to a single partner, and using **C**ondoms 100 percent of the time for sex with casual or infected partners.

Dr. Mark Thrun, who heads the HIV prevention office in Denver, said the nation's HIV prevention efforts in schools and churches "completely ignore" any mention of men who have sex with men. Thrun went further in saying stable, monogamous relationships between gay men, which can greatly reduce HIV's spread, are being dis-

couraged by laws against same-sex marriage. *Washington Blade* (04.02.04)

### CDC GRANTS MILLIONS TO REACH PEOPLE OF COLOR

CDC announced in April competitive grant awards worth \$21 million to 27 US HIV prevention groups targeting communities of color as part of the agency's "Advancing HIV Prevention Initiative."

"Minority communities are disproportionately affected by the HIV/AIDS epidemic," Tommy Thompson, US Secretary of Health and Human Services, said in announcing the grants. "Partnerships with these communities are critical if we are to ... reduce the number of new infections." CDC grants were awarded to strengthen organizations' infrastructure, science-based interventions, access and use of prevention services, and community planning. *Washington Blade* (04.16.04)

**According to the Centers for Disease Control and Control, minorities represent over 70% of new AIDS cases in the United States, with African Americans accounting for 51.7% and Hispanics 17.2%. AIDS Action Alert**  
(4.26.04)

### \$610 MILLION REQUESTED TO ADDRESS GROWING NEED FOR MINORITIES

House Appropriations Committee subcommittees are beginning to decide on the amounts that they will request for discretionary spending programs for FY 2005. Among these programs of great importance is the Minority HIV/AIDS Initiative (MHAI). Since 1999, the MHAI has made it possible for funds to enable organizations and providers to expand and strengthen their capacity to deliver culturally and linguistically appropriate care and services. The Congressional Black Caucus is circulating a sign-on letter urging allocation increase of almost \$206 million over FY 2004. *AIDS Action Alert* (4.26.04) [www.aidsaction.org](http://www.aidsaction.org)

### MEDIA COVERAGE OF MINORITY HIV/AIDS DECREASING

A new Kaiser Family Foundation study examining 22 years of news coverage about HIV/AIDS found that while overall media coverage is decreasing, coverage of the global epidemic is increasing. The study also found that those US populations disproportionately affected by HIV/AIDS — gay men, minorities, women and young adults — represented only a fraction of the news coverage. *AIDS Weekly* (04.12.04)

See the *Michigan HIV News* at [www.mihivnews.com](http://www.mihivnews.com) for the latest *World News*.

# Quality options to quantity of antiretrovirals

**A**ntiretroviral treatment for HIV has come a long way since the days when AZT was the only kid on the block. Not just the cornucopia of drugs, but also the way physicians, experts and drug manufacturers look at treatment.

We are now almost into the third decade of antiretroviral treatment (the FDA approved AZT in 1986). As important as the availability of new drugs, is having drugs that are more easily tolerated, have fewer side effects and are easier to take.

*Positively Aware* published “The Eighth Annual HIV Drug Guide” in January. Not counting the combination pills, there are now 20 antiviral agents approved for use in the US.

Last year the FDA approved the first in a new class of drugs – called entry inhibitors. This is the first drug to attack HIV before it enters the CD4 T-cell. It prevents the virus from fusing with the T-cell membrane. Fuseon (T-20, enfuvirtide) is not without its problems. It must be self-injected twice daily. But patients resistant to other drugs in the pivotal studies “demonstrated significant viral load suppression and improvement in CD4 T-cells,” said one researcher. And other drugs in this new class are coming down the pike.

## LESS IS MORE

For those who are treatment naïve as well as veterans of the HAART regimen, the big news is the improvement in options of drugs with fewer restrictions. To make it simple, the *POZ* Special Edition, December 2003 lists four in the “The Fab Five Meds of 2003.” And something everyone has been waiting for – the once-a-day pill combo – options were outlined in *InfoPack* January 2004±.

Reyataz® (atazanavir) is the leader of the pack in new drugs for 2003 from the less is more perspective. It is a protease inhibitor



**Ethiopian healing figures recreated by artist Julia Miller**

(PI) – the first to be dosed once a day with a low pill count and without boosting\*. It doesn’t raise lipid levels, and it does cross the blood-brain barrier (so it can affect HIV-related dementia). It also has a unique resistance pattern which leaves all other PIs viable options later. And boosted with ritonavir it may have a role in salvage therapy. The biggest adverse affect is elevated bilirubin levels (jaundice symptoms), so previous existing liver problems should be considered, even though the increased levels are not associated with liver toxicity.† It can not be used with anti-acids.

Lexiva (fosamprenavir), the newest PI is close to an older drug, Agenerase, that cuts the pills to two twice-daily from 8 twice daily, according to *POZ*. Emtriva is “a new compound close to Efavir (3TC) that sticks around longer in the body.” Another once-a-day, this has a longer half-life, which means it sticks around longer. It’s more “forgiving.” We’ll get to that. Viracept has a new formulation that cuts the pill count from 5 twice a day to 2 larger mg pills twice a day.

## ONCE-A-DAY COMBOS

“We are now very much in the era of once-a-day therapy with a variety of different choices,” said Stanford University’s Andrew Zolopa, MD. And there are five to choose from in the *InfoPack* chart. An Italian study published in August 2003 in *Antiviral Therapy* suggests that once-a-day com-

bos work well for newly-diagnosed. This and other studies show that once-a-day combos are both convenient and effective, according to *InfoPack*. However, these combos may not work for combo veterans said Dr. Zolopa. “It is not likely that a highly potent combination regimen will be available as a one-pill-a-day option (in the near future),” said Dr. Zolopa. However, these strategies have a powerful influence on drug development.

## FORGIVENESS

Forgetting to take pills on time, or missing a pill because life got in the way, has been a big problem for people on antiretroviral treatment. And it is when the drug level gets too low in the body that drug resistant virus gets its opportunity. “Forgiveness,” according to *InfoPack* means that the level of drug in your body stays high enough to control HIV even after the time of your next dose comes around. The forgiveness of the drug is measured by its half-life. For example, Emtriva has a half-life of 39 hours, so if you miss your once-daily dose (at 24 hours) the drug is still working for you.

In summary, the good news is treatment options are becoming more “user friendly.” There are new classes of drugs in development. And there are drugs in advanced clinical trials for those who already have significant PI-resistant virus. Guidelines for treatment have been updated quite frequently for adults and adolescents. And in January, new guidelines were issued for use of antiretroviral agents in pediatric HIV infection. Both can be found at <http://AIDSinfo.nih.gov>.

\* boosting is a new job for an old drug, ritonavir, which when used with other drugs increases their effectiveness.

† Attributes of the drug from “...Atazanavir Gains FDA Approval” by Shelly Cohen McKittrick.

± *InfoPack*, a newsletter funded by Gilead Sciences, is an insert in the January 2004 edition of *POZ*. You can find it between pages 21 and 25.

# Synchronicity

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sex. And the Southeastern Michigan HIV/AIDS Council (SEMHAC) needs assessment identified a large number of extremely high-risk young men who have sex with men who were homeless and/or recently incarcerated as well as other individuals, who in spite of their risky behavior had no knowledge of appropriate risk reduction strategies.

Seeking out these individuals at highest risk, providing a rapid test to find out if they are HIV positive and then assisting them on a one-on-one basis to help them reduce HIV transmission is a high priority for the CDC's Advancing HIV Prevention Initiative and for CHAG.

## RAPID TESTING IN OUTREACH SETTINGS

The common component of the CDC grant, the grant from HAPIS and the BCBSMF grant, is the pilot testing of the OraQuick™ rapid test. Contrary to its name this test is not an oral test. It is the first blood test approved to give either a negative HIV test result or a *preliminary* positive test result within 20 minutes. CHAG is the only community-based organization in Michigan that has been approved to pilot the HIV Rapid Test in outreach settings.

This test allows CHAG to now go out into the 'risk pockets' that have been identified in the Detroit area, conduct the test on the outreach van, or inside a site with adequate facilities, provide counseling in one session and link clients up with services they are going to need whether the results are positive or not. For those with *preliminary* positive results, a confirmatory OraSure® test must be done and an appointment scheduled for the client to return for test results. At that time, a Ryan White Outreach Specialist arranges a primary care appointment for positive clients and the STARRS\* mobile advocates screen them to determine whether they are eligible for

### STAFF CERTIFIED FOR RAPID TESTING

Cindy Bolden Calhoun  
Elizabeth Dawsey  
Beverly Etheridge  
Roderick Gillison  
Adrianna Graza  
Cheryl Martin  
Rosalind Rolack  
Sarah Stewart  
Benita Green Tucker  
Vickie Bey-Walker  
Donella Welton  
Lindsay Wright-El

prevention case management. The clients are also asked to complete a self-administered survey, which assesses willingness and ability to engage in the intensive process of risk reduction therapy.

The CDC grant provides for staff dedicated to the new programs and a new outreach van specifically for rapid testing. The HAPIS prevention grant is for staff training and technical assistance and monitoring, which the new test procedure requires. MDCH labs will continue to perform the confirmatory testing. The BCBSMF grant provided for Wayne State University (WSU) technical assistance to develop an effective protocol, and the monitoring and assessment required for a research model pilot study to find HIV testing and counseling methods that are more effective at reducing clients' risk of infection.

### RISK REDUCTION STRATEGIES

The new CHAG prevention case management (PCM) program – called STARRS \*(Sustained Training in Adopting Risk Reduction Strategies) – is a highly personalized program to help those HIV infected individuals who continue to engage in high risk behaviors develop a plan of action to reduce the likelihood that they will transmit the virus to others. STARRS then links them to

services that will reduce the barriers to sustained behavior change, such as substance abuse treatment and mental health services. STARRS also allows confidential tracking of clients, who all have multiple issues to contend within their lives, so they don't fall through the cracks. Services could include those provided directly by existing CHAG programs as well as linkages with community services for substance abuse treatment, mental health and HIV medical care.

An important piece of the STARRS program is the initial contact with the client and the ability to provide a rapid test with immediate results. The STARRS mobile advocates work in tandem with all of CHAG's counseling, testing and referral services, as well as all of CHAG's Ryan White funded care programs, to identify HIV positive individuals appropriate for prevention case management.

STARRS is based on sound behavioral research with input from consumers and technical assistance from experts. CHAG has worked with its active Consumer Advisory Group to make sure the needs of consumers have been addressed in developing the new PCM program. CHAG staff also works closely with advisors from WSU.

An important part of the new program is a tracking system developed by WSU using a *unique identifier*, a special formula of a client's personal information that is known to them but that does not reveal their identity, to ensure that there is follow-up within CHAG's various programs and also with collaborating agencies. It also involves obtaining consent for follow-up with newly diagnosed individuals who have been screened for STARRS but are not ready to accept services at the time of diagnosis, and allows for identifying clients in outreach settings who have dropped out of the system. Many fail-safes are built into the program for quality assurance and there are strict guidelines for measuring outcomes.

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## THE CORE PROJECT

CHAG is now providing Outreach Specialist Certification Training for the State of Michigan.

**June 21-23: Outreach Specialist Certification Training:** CHAG's Outreach Specialist Certification Training for the state of Michigan will be held at WSU's David Adamany Library. For more information, call the CORE Project at 313-822-4626.

**July 6: Cultural Competency Training (follow-up):** Populations Specific Outreach Practices Training on Cultural Competency has a prerequisite of the CHAG Outreach Specialist Certification. Same location and contact as above.

## NEW RESOURCES AVAILABLE

"Seniors At Risk: Sex, Drugs and HIV": This new video to educate African American adults about the risk factors of contracting HIV premiered on public television (WTVS-Channel 56) on April 28.

Produced with local funding, this half

## CHAG IS MOVING!

The CHAG office will be moving this summer! Look for the open house in July.

Our new address is 1300 W. Fort Street, Detroit, MI 48226.

hour video is targeted at people 50 years of age and older. Candid re-enactments raise awareness of what constitutes at-risk behavior. Both DVD and video available; copies cost \$25. Order from: Urban Solutions, Inc., 3430 E. Jefferson #124, Detroit, MI 48207; or at [www.urbansolutionsinc.org](http://www.urbansolutionsinc.org).

## THANKS TO

R & R Charity Auction Saloon for their generous contribution last year.

# Synchronicity

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There are many reasons why CHAG is well suited to provide optimal PCM services. One is that many of the individuals testing positive for HIV have substance abuse issues that need to be addressed. Not only is the Life Points syringe exchange van a resource for active injection drug users, CHAG's Point of Change substance abuse program provides a full range of services including immediate access to substance abuse treatment.

After an eligibility screening for the STARRS program and a referral to CHAG's Ryan White funded case management program to address the food, shelter, clothing and medical needs of the client, the STARRS client is ready to be assessed for risk behav-

iors and the development of a risk reduction plan. STARRS involves weekly face-to-face individual counseling as well as peer-led group work based on the client's current level or readiness for behavior change.

CHAG has cross-program collaboration and holds case conferences to assure a client's needs are being met. Clients are reassessed at 3-month intervals. Once goals are met for STARRS, clients will remain in Ryan White case management as appropriate.

Collaboration has always been a key to CHAG's success in our mission to provide health care to African Americans in the City of Detroit. This synchronicity of funding and prevention programs now allows us to do that for those most in need of our services.

# WHERE TO CALL

## HOTLINES

### National AIDS & STD hotline

(800) 342-2437

24 hours daily

### in Spanish

(800) 344-7432

8 a.m. to 2 a.m. daily

### Michigan AIDS hotline

(800) 872- AIDS (2437)

9 a.m. to 9 p.m. weekdays

## HOTLINE FOR WOMEN

(800) 554-4876

2 to 9 p.m. Mon., Wed., Fri.

## COMMUNITY HEALTH AWARENESS GROUP

(313) 872-2424

### Founded in 1985, Community

**Health Awareness Group (CHAG) is a not-for-profit, minority operated, community-based AIDS service organization.**

Our mission is to address current health issues and concerns of the African American citizens of Detroit, to provide compassionate and nonjudgmental services through culturally appropriate and ethnically sensitive programs, and to develop effective ways of promoting and implementing positive health strategies to influence the overall quality of life of the African American community.

## meet the new staff at CHAG

**Orin Johnson**  
Training and TA Manager

**Pam Lynch**  
Trainer

**Ricardo Marble**  
Outreach Supervisor

**Keyona Marsh**  
Counseling and Testing Supervisor

**Lydia Meyers**  
Programs Manager

**Kymberli Moore**  
Executive Assistant

**Andrea Motley**  
Case Manager

**LaShawn Reece**  
Receptionist

**Jennifer Smith**  
STARRS Supervisor

**Sheldon Smith**  
Driver/Outreach Worker

**Brenda White**  
Mobile Advocate

## Co-infection with HIV and Hepatitis C

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disease. A liver biopsy is the most reliable test to evaluate the stage of your liver disease. It is crucial to know the stage of your liver disease in order to make an informed decision about when to begin HCV therapy.

HCV is transmitted by blood-to blood contact. The main source for transmission of HCV is sharing needles or other paraphernalia used to inject drugs. However, there is a low risk for transmission due to sex, when STDs are present, and high risk sex such as anal sex.

HCV can be successfully treated. Unlike HIV, HCV can be eradicated or

“cured”. Treatment for HCV is generally short-term, for 12 months. The standard of care for HCV treatment is combination therapy consisting of pegylated interferon plus ribavirin. Peginterferon is a once weekly subcutaneous injection and ribavirin are pills taken twice daily. Treatment can be difficult to tolerate; “cure” rates in studies are 54% in HCV mono-infected patients and from 27% to 40% in co-infected patients. I completed my course of 18 months treatment for HCV with peginterferon plus ribavirin 2 years ago and am cured of HCV.

*Jules Levin will speak on May 21 in Detroit. See the Calendar.*

### mark your calendar

#### MAY 21: HIV THE FUTURE & YOUR CHOICES; HCV AND HIV CO-INFECTION

NATAP, The Michigan Department of Community Health and local health departments along with Detroit HIV/AIDS service organizations including CHAG are hosting a one-day forum on hepatitis C at Harper Hospital. For more information on HCV see the website: [www.cdc.gov/ncidod/diseases/hepatitis/c/index.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/c/index.htm)

#### JULY 24: SWING AGAINST AIDS

CHAG's 3rd Annual Golf Outing will again to be held at Chandler Park. Registration 8 a.m. Contact Kymberli Moore for more information, 313.872.2424

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