



The Network News

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OREGON HIV/AIDS CASE MANAGEMENT

Thanks to Dr. Joel Godbey for his informative presentation on HIV and women's issues.



WHO CALLS FOR MASSIVE EXPANSION IN HIV TESTING

The World Health Organization (WHO) today issued new HIV testing guidelines that recommend routinely offering HIV screening to all patients visiting health clinics in countries where HIV is widespread.

Elsewhere, HIV testing should be routinely offered to all patients in targeted facilities, including prenatal and sexual health clinics. To date, most testing has been "client-initiated," but WHO wants more "provider-initiated" HIV testing programs, where screening is the norm unless the patient declines. Less than 20 percent of HIV-infected people in low- and middle-income countries know their infection status, said WHO. In the United States, about 25 percent of HIV-infected people do not know their status, and in Europe the proportion is about one-third.

From The Body Pro5/30/07
http://www.thebodypro.com/cdc/news_updates_archive/2007/may30_07/who_testing.html

Next Meeting

June 12,2007

Corrections Clients

**State Office Building
800 NE Oregon**

CARE ACTION NEWSLETTER FOCUSES ON BURNOUT

The latest issue of the newly redesigned CAREAction Newsletter addresses burnout.

The issue identifies: what is burnout; who is at risk; prevention and treatment strategies; and how organizations can help reduce the risk of burnout. As Dr. Deborah Parham Hopson, HRSA Associate Administrator for HIV/AIDS, states, "In today's world of increasing HIV/AIDS prevalence and growing need for services, there is a lot of work to do. Consequently, in our over-extended, too-busy worlds, we sometimes leave support for people addressing HIV/AIDS on the backburner. We do so at our peril. There are many side effects of working too much with too little relief. One of them is burnout".

To learn more about burnout go to: <http://hab.hrsa.gov/publications/march2007/default.htm>

NASTAD TOOLKIT ON COLLABORATIVE HIV PREVENTION AND CARE PLANNING PROCESSES

This toolkit contains peer-based materials developed by planning groups and health departments that have some form of collaborative planning in place, be that an integrated plan, merged or integrated bodies, or collaboration on joint projects. Included are an overview, tools for assessing readiness, by-laws and other operational guidelines, organizational charts, recruitment strategies, and sample meeting agendas.

To access the toolkit go to: http://www.nastad.org/Docs/Public/InFocus/2007510_NASTAD%20Toolkit%20May%202007.pdf



This column is provided as a public service by Attorney Sarah Patterson (www.sarahpattersonlaw.com, by email: Sarah@sarahpattersonlaw.com, (503-281-4766). Sarah is a lawyer in private practice representing claimants with HIV, and is not associated with the Social Security Administration.

DISABLED VETERANS MAY QUALIFY FOR SOCIAL SECURITY

People in the military who become disabled are covered by the Veterans Administration's medical and pension program, and also by the Social Security disability system. They receive the same Social Security retirement, survivors and disability benefits as every other taxpaying citizen.

Many care providers are not aware of this dual coverage called "concurrent eligibility." If a patient or client is already receiving VA benefits, it may appear that everything is complete. In fact, the disabled person may be missing an entire set of benefits and medical coverage.

Even VA staff and vet groups sometimes seem to be unaware of the Social Security coverage. The standards for disability are nearly identical, although procedures, eligibility and benefit levels vary. Because both the VA and SSA are experiencing unprecedented backlogs, gaps in medical care and compensation make it important for a vet to apply for everything earned by serving the country.

There are sometimes offsets in benefits between the VA and SSA, but in many cases, veterans are eligible to receive both service-connected compensation and Social Security disability benefits without any reductions. A favorable decision in one is sometimes helpful evidence for the other claim. Social Security requires proof of total disability, the inability to perform any full-time work.

A vet may be eligible for one of two disability program benefits through the Veterans Administration. First, if there is a service-connected mental or physical disability, a veteran may be eligible for compensation, even if the disability is partial. This type of benefit payment is paid regardless of financial status, resources and income.

A second VA program pays benefits to disabled veterans whose disability is not service-connected. In order to receive this pension, the veteran must have served in active duty during a period of war, and must have a total and permanent disability. This pension is income-scaled, which means that the veteran may not qualify for both this VA pension and Social Security disability.

There are some legislative presumptions that help veterans win their VA cases. For example, if someone who served in Vietnam during the war is diagnosed with diabetes, and has at least a 10% disability rating, it is presumed that the diabetes is service-connected.



ASK DEBBY:

Question: Are they close to finding an HIV vaccine?

Answer: In short, no.

Existing vaccines for viral infections activate the immune system thus eliminating the virus before it can cause illness. Attempts at an HIV vaccine have failed to date, in part because of the enormous genetic diversity of the virus. There are also other unique factors about the viral envelope protein that have so far thwarted attempts at a vaccine.

The nature of the interaction of the immune system and HIV are complex and not completely understood. This interaction does not fit the usual model of developing immunity that is the foundation of most vaccines.

Over a dozen trials are underway for HIV vaccine development both here in the U.S. and internationally. Most are designed to test a way for the immune system to recognize HIV and then eradicate it. There is skepticism whether the trials will be effective.

Alternative theoretical approaches to a vaccine include a T-cell vaccine and research on innate immunity. A T-cell vaccine might not prevent HIV transmission but could make HIV harder to transmit and, theoretically, it could slow down HIV disease progression. The theory behind this is that a T-cell vaccine would blunt the initial viral burst following infection, reduce the virus level set point and decrease the total virus produced during early stages of the disease. Earlier research has shown a correlation between viral level set points and rate of disease progression. The lower level of virus could also decrease transmission risk.

Innate immunity utilizing Natural Killer cells is another arena of interest. Further understanding of how this system gets activated and maintained could lead to additional vaccine development.

For further information see '*An HIV vaccine – evolving concepts*' by Margaret Johnson and Anthony Fauci

**Ask Debby is graciously provided by Debby Parrish, RPh, MPA:HA
A pharmacist who specializes in HIV**

AUDIOCAST ON HIV DRUG RESISTANCE

Dr. Harry Lampiris discusses resistance testing in treatment-naïve patients, when to use resistance testing, prevalence of drug resistance, effects of baseline resistance on newer agents, and issues of advanced salvage therapy. The audiocast, which is accompanied by slides, is part of the San Francisco General Positive Health Program's Grand Rounds Series.

To hear the audiocast go to: <http://hivinsite.ucsf.edu/InSite?page=cfphp-lampiris>

Comings and Goings

Sharon Vinhasa is leaving CAP and HIV work to do hospice social work. She has been a long time presence in the HIV community

BENEFITS

Thousands of Oregon's seniors benefit from federal nutrition program. 2007 regulations require participants to return application to receive benefits

New this year, federal laws are requiring eligible seniors to return an application to receive farmers' market checks. In 2006, every eligible senior was automatically mailed the checks. Now in its sixth year, the Senior Farm Direct Nutrition Program is provided by the Oregon Department of Human Services in partnership with the U.S. Department of Agriculture. Lauren Mitchell, who coordinates the program for DHS, said about 43,000 Oregon seniors are eligible for this season's program, which begins June 1 and continues until Oct. 31. In early May, the state sent a bright yellow application to eligible seniors. If they choose to participate in the program, they must return the bottom portion of the application to the state. Beginning in June, each eligible senior who signs up will receive 10, \$3 checks for a total of \$30. Senior recipients may also have a designated family member or caregiver shop with their checks on their behalf. Oct. 31 is the last day that seniors may spend Farm Direct checks.

To be eligible for the SFDNP, seniors must meet the following requirements:

- 60 years or older as of April 1, 2007.
- Enrolled in food stamps and/or Medicaid as of April 1, 2007.
- Living in a situation where food is not provided.
- Monthly income does not exceed \$1,149 for a single person or \$1,541 for a couple.

For questions about senior eligibility and check distribution, call 866-299-3562.

FDA Approves Abbott, Roche HIV Tests

Abbott Laboratories on Friday (May 11) announced that FDA has approved its test to detect and measure HIV viral loads, Reuters reports. According to Abbott, its RealTime HIV-1 test is intended in part to assess viral responses to treatment. It was developed for use on an Abbott system for DNA and RNA testing in molecular laboratories (Reuters, 5/11). In related news, Roche on Monday announced that FDA has approved its HIV diagnostic test, called Cobas AmpliPrep/Cobas TagMan HIV-1 Test. The test can be used to determine a patient's prognosis by measuring baseline HIV RNA levels or to monitor his or her treatment response.

This month's "Frequently Asked Question"

Q: What to do when someone moves out of their plan's service area when enrolled in a Medicare Part D plan?

A: If the client is dual eligible (Medicaid and Medicare), he/she can switch plans at any time. But if is only a Medicare beneficiary first the client has to notify in writing the current insurer before moving. The Special Enrollment Period (SEP) begins the month before the person moves and last up to two months after the person moves. Meaning that in that case client will have 3 months to find another Part D plan (Humana) without losing coverage. If the client did not notify his/her plan about a move and the client has been out of their plan's service area for six months and the plan learns of the move from CMS or the Post Office, the SEP begins at the beginning of the sixth month and continues through the end of eight month after the person moved. The beneficiary may choose an effective coverage date of up to 3 months after the month in which the plan receives the new enrollment request.

**Column provided by Sandra Sciacotti, Statewide Benefits Coordinator, Cascade AIDS Project.
(503) 223-5907 ext. 235 (800) 687-9845 Fax: (503) 223-7087**

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Comments and questions about this publication should be directed to: Rick Stoller at stollerr@ohsu.edu, or call (503) 230-1202, FAX (503) 230-1213, 5525 SE Milwaukie Ave. Portland, OR 97202
This issue, and issues from Feb 2002 on, can be found electronically at <http://egov.oregon.gov/DHS/ph/hiv/services/news.shtml>