POSITIVE VOICES-OCTOBER 2011

Your Newsletter by Positive People for Positive People

Science finds way to "disarm" HIV virus.

By Kate Kelland

LONDON (Reuters) - Scientists have found a way to prevent HIV from damaging the immune system and say their discovery may offer a new approach to developing a vaccine against AIDS.

Researchers from the United States and Europe working in laboratories on the human immunodeficiency virus (HIV) found it is unable to damage the immune system if cholesterol is removed from the virus's membrane.

"It's like an army that has lost its weapons but still has flags, so another army can recognize it and attack it," said Adriano Boasso of Imperial College London, who led the study.

The team now plans to investigate how to use this way of inactivating the virus and possibly develop it into a vaccine.

Usually when a person becomes infected with HIV, the body's innate immune response puts up an immediate defense. But some researchers believe HIV causes the innate immune system to overreact. This weakens the immune system's next line of defense, known as the adaptive immune response.

For this study -- published on Monday in the journal Blood -- Boasso's team removed cholesterol from the membrane around the virus and found that this stopped HIV from triggering the innate immune response. This in turn led to a stronger adaptive response, orchestrated by a type of immune cells called T cells. AIDS kills around 1.8 million people a year worldwide. An estimated 2.6 million people caught HIV in 2009, and 33.3 million people are living with the virus.

Major producers of current HIV drugs include Gilead Bristol Myers Squibb, Merck, Pfizer and GlaxoSmithKline.

Scientists from companies, non-profits and governments around the world have been trying for many years to make a vaccine against HIV but have so far had only limited success.

A 2009 study in Thailand involving 16,000 volunteers showed for the first time that a vaccine could prevent HIV infection in a small number of people, but since the efficacy was only around 30 percent researchers were forced back to the drawing board.

An American team working on an experimental HIV vaccine said in May that it helped monkeys with a form of the AIDS virus control the infection for more than a year, suggesting it may lead to a vaccine for people.

HIV is spread in many ways -- during sex, on needles shared by drug users, in breast milk and in blood -- so there is no single easy way to prevent infection. The virus also mutates quickly and can hide from the immune system, and attacks the very cells sent to battle it.

"HIV is very sneaky," Boasso said in a statement. "It evades the host's defenses by triggering overblown responses that damage the immune system. It's like revving your car in first gear for too long -- eventually the engine blows out.

He said this may be why developing a vaccine has proven so tricky. "Most vaccines prime the adaptive response to recognize the invader, but it's hard for this to work if the virus triggers other mechanisms that weaken the adaptive response."

HIV takes its membrane from the cell that it infects, the researchers explained in their study. This membrane contains cholesterol, which helps keep it fluid and enables it to interact with particular types of cell.

Normally, a subset of immune cells called plasmacytoid dendritic cells (pDCs) recognize HIV quickly and react by producing signaling molecules called interferons. These signals activate various processes which are initially helpful, but which damage the immune system if switched on for too long.

Working with scientists Johns Hopkins University, the University of Milan and Innsbruck University, Boasso's team found that if cholesterol is removed from HIV's envelope, it can no longer activate pDCs. As a result, T cells, which orchestrate the adaptive response, can fight the virus more effectively

Free Education and a Meal

INFORMATION UPDATE: There will be an educational luncheon on "HIV and Disclosure" hosted by Gilead Pharmaceuticals on Thursday, October 6th starting at 12 NOON at Grande's located at 1250 Upper Front Street in Binghamton. Please note that due to flooding, the TIME & LOCATION have changed.

Save The Date: The next Gilead sponsored event will be November 3, 2011. Topic, Place and Time to Be Determined.

STAP clients are welcome to attend and bring <u>one</u> guest. This event is closed to children and we ask that people call to reserve their seat! Space is limited to the first 35 people that RSVP. You can reserve a seat for the dinner by contacting Martha at 238-8350. The menu has not yet been determined. Transportation is not available for this event.

From The Housing Department

The Housing Department would like to remind everyone that we offer assistance with Rental and Mortgage arrears that documented as past due. STAP's Housing Department is the only resource that offers assistance for past due mortgages. For more information, contact your case manager or the Housing Coordinator, Teresa Wage Harrington at 607-798-1706.

<u>Unprotected sex eight times more common in</u> <u>serious relationships than casual ones, US gay</u> <u>youth study finds</u>

Gus Cairns

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The strongest single predictor of not using condoms in anal sex in a group of young US gay men was that the relationship was regarded as 'serious', a study has found. Unprotected sex was eight times more likely in serious relationships than in casual encounters.

This study, conducted conducted by Northwestern University in Illinois, USA (Mustanski) reinforces previous findings that over two-thirds of HIV transmissions between US gay men happen between primary sex partners and only a third between casual partners (Sullivan).

In this study, the researchers comment, "there was almost no unprotected sex occurring in relationships classified as casual". This suggests that HIV prevention strategies amongst US gay men may need to focus more on HIV risk and safer-sex negotiation within couples than on individual risk-taking decisions.

The study

The current study included 122 young men (aged 16-20) who had sex with men (MSM). Twothirds classed themselves as gay and nearly a quarter bisexual while the remaining 11% used other categories (queer, questioning etc.) They were a subset of Project Q2, a longstanding longitudinal study of gay youth that has already uncovered <u>high levels of mental ill-health and</u> <u>suicidal behaviour</u>.

The group was recruited by means of 'snowball sampling' whereby a number of participants were initially identified by outreach and then encouraged to recruit others (and given \$10 for each recruit). Participants were *not* recruited according to whether they had risky sex or not.

The researchers conducted three surveys of sexual partnerships, risk behavior and other factors during the previous six months. These occurred at the start of the study and then six and twelve months later. Participants were paid \$40 for each interview, and the retention rate was about 90%. Data was available for 117 participants who between them reported a total of 416 sexual partners (3.5 each on average).

The participants' mean age was 18.5 years and 23% were under 18.

Half of the group described themselves as African-American, just under one in five as white, one in eight as Hispanic and one in nine as multiracial. Six per cent (seven individuals) reported knowing they had HIV; 81% had ever tested for it and 60% said they had taken a test in the last six months.

Only two participants reported knowingly having had sex with an HIV positive partner - this was so uncommon that whether status knowledge influenced safer-sex decisions could not be established.

Findings

Half (49%) of participants reported being in a serious relationship at the time of asking, defined as having "someone you feel committed to above all others", and 80% reported having had at least one over the study period. Twelve per cent had had a female partner (serious or otherwise) during this time.

Despite commitment being reported frequently, truly long-term relationships were not common: only 8% of participants reported having the same partner six months later. During the 18-month study period 20% of participants reported no 'serious' relationship, 23% one, 27% two, and 28% three or more, to a maximum of five.

One factor that may be important for HIV transmission was that, in this gay youth group, the majority of participants' partners were older than they were - on average two years older.

Violence within relationships was not uncommon - 11% reported being 'hit, slapped, punched or hurt' by their partner - but non-consensual sex less so - only two individuals reported forced sex.

The study found an average of 5.74 episodes of unprotected sex within each sexual partnership they had.

Being in a relationship regarded as serious was, by a long way, the strongest predictor of having unprotected sex. This was 7.82 times more likely to happen within a serious relationship than in a casual one (a 682% increase), and was highly statistically significant (p=<0.001).

This association became even more significant when the 12% of partnerships that were with women were eliminated: unprotected sex was ten times more likely within male/male relationships regarded as serious than in ones not thought so.

Two other factors were associated with more than twice the risk of unprotected sex but were less significant. Participants reporting sex with a woman were 2.9 times more likely to report unprotected sex, but this finding was not statistically significant and could have been due to chance (p=0.25). Forced sex was associated with a 5.5 times greater risk of reporting unprotected sex but, while this was statistically significant, as reported above, forced sex was uncommon.

Having a relationship that lasted more than six months increased the risk of unprotected sex by 62%, drug use prior to sex by 45%, and violence within the relationship by 88%.

Unprotected sex was related to the age of partners. There was a 20% increased likelihood of unprotected sex per one-year increase in a partner's age, relative to the participant, and unprotected sex was six times more common with partners who were five or more years older. A <u>recent US study</u> (Hurt) found that having a partner five or more years older than themselves doubled their risk of HIV infection. Given that HIV prevalence in gay men increases sharply during the early 20s and especially in African men, this may be a major contributing factor in HIV acquisition.

The researchers in their introduction note that relationships can be 'serious' for negative as well as positive reasons: people can feel trapped in a relationship because they feel dominated or because they perceive no-one else is available, as well as because they want the relationship to last.

They tested the influence of these emotional factors and found that while "wanting the relationship to last" wasassociated with unprotected sex (twice the risk), feeling trapped within a relationship was not. If the relationship was known to be open (partner having sex with others), unprotected sex was 32% less likely.

There was a hint that power dynamics might influence safer sex choices in that unprotected sex was 32% more likely if participants reported that their partner "usually got his/her way" in disputes, though this was only marginally significant (p=0.05).

Comments

The researchers comment that "Our findings suggest that serious relationships are the context in which most unprotected sex is occurring in our sample of urban, primarily racial-minority, young MSM...This points to serious relationships as being a potentially powerful context for prevention."

However, they add, "Before such interventions can be developed, more formative research will be required to understand how to address the relatively frequent turnover in serious relationships at this age."

And they warn that while serious relationships may be an HIV risk factor, there are many "other emotional and health benefits that can come with being in a close and positive romantic relationship."

CAC Makes Changes to Newsletter/Positive Voices

Will, Chair of CAC presented some new ideas to the committee and here are some things that will be changing in November. The newsletter will now cover two months of events at a time, but come out as usual each month. So next issue will be November/December and with the assistance of CAC, STAP and all of you, our goal is make a calendar that is large enough to read and will cover all the upcoming events we know about for each two month period. December/January will come afterwards and cover the events for classes, holiday events, educational speaker and a list of when the AIDS support group meetings are, when the Friends dinner is and what day and time the CAC meeting will be. Some of regular meetings that are repeated each month under On-Going Meetings will also be listed to make room for more HIV related articled, personal stories and what is going on the communities that STAP services. The newsletter cannot work as expect unless we get participation from everyone in the community. For information on where and how to get your articles, events, meetings, etc. in the newsletter, you can contact Will at 607-798-1706.

ON GOING MEETINGS AND COMMUNITY SERVICES

JOIN CONSUMER ADVISORY COMMITTEE [CAC] MEETINGS

The STAP <u>Consumer Advisory Committee</u> is a committee facilitated by and made up of consumers (STAP clients) who welcome other consumers and their significant others, caretakers and family members to join them on the second Tuesday of each month. This collaborative effort provides a confidential space for clients to make recommendations regarding STAP client services and other programs in a non-judgmental environment. The meetings are held following the Friends Dinner at 6:15 at Trinity Memorial Church (on the corner of Main & Oak Streets) in downtown Binghamton. Call 1-800-333-0892 for directions or more details. If you cannot attend these meetings, mail your opinions or suggestions to STAP, 122 Baldwin Street, Johnson City, 13790, Attention CAC. CAC is encouraging consumers in other counties to organize monthly meetings in their area. <u>Contact your case manager or Will at 607-724-1272 to discuss developing CAC in your community.</u>

DRAGON SLAYERS

Hepatitis C and Co-Infection Support Group. Meetings at 6:00 - 7:00PM on alternate Tuesdays at Trinity M, 44 Main Street, Oak Street Entrance in Binghamton. For information, call (607) 798-1706.

FRIENDS DINNER

Friends meet every Tuesday evening for a time of fellowship and good food. Join us at Trinity Memorial Church (on the corner of Main & Oak Streets) in downtown Binghamton. Doors open at 5PM and dinner is served between 5:30 & 5:45. No charge, just come with a smile and a friendly attitude - ready to meet and greet friends and have a hearty meal. Parking is available on Oak Street behind the Church Annex. Use the Oak Street entrance for

the cafeteria. Free bus passes are available for STAP clients! Call your case manager for details. Bus passes available for transportation to/from the Friends Dinner only. For more information call Bill at 607-798-1706.

FREE ANONYMOUS RAPID HIV TESTING

Walk-in Anonymous testing is available in our STAP Johnson City office every Monday from 1:00-4:30PM and Thursdays from 1:00-3:00PM. Confidential testing is available in our STAP Johnson City office Thursdays from 9:00AM - 12:00PM. STAP's office is located at 122 Baldwin Street Johnson City, NY 13790. Walk-in Anonymous Testing is also available at STAP's Ithaca office located at 501 S. Meadow Street, Ithaca, NY 14850 on Tuesdays from 9:00AM-11:30AM, and Confidential testing can be scheduled Thursdays, 9:00AM-11:30AM. For more information and other testing opportunities available throughout the month, please call (607)798-1706.

Blogging Anyone???

Anyone interested in blogging messages is welcome to join in at <u>thecubebinghamton.tumblr.com</u> or contact <u>ethan@thecubebinghamton.org</u> for more information.

ASK THE MEDICAL ADVOCATES

Have general questions or concerns regarding HIV? Want to better manage side effects of your HIV medications? Concerned about interactions between your HIV meds and other meds that you take? Want to better understand the results of your blood work or other lab tests? Concerned about HIV exposure risks to your negative partner? Interested in alternative or complementary therapies for HIV?

Kelly Conroy/Medical Advocacy Coordinator/.607-206-3418.

HOPE DISPENSARY OF THE SOUTHERN TIER

The Hope Dispensary of the Southern Tier, a service provided by Lourdes Hospital, is a new program designed to provide medications to those that are uninsured or underinsured and have a limited income. Here is how you qualify:

You must have no prescription coverage

Have a photo ID or Social Security Card

Bring one of any of the following as proof of income: Pay Stubs or Bank Statement, SSI/SSD paperwork or Unemployment or Pink Slip form from employer.

Bring proof of residency - one piece of mail with your name and address, such as a phone bill, NYSEG bill or cable bill.

Bring the prescription with you

If you need assistance with providing this information to determine eligibity, they have an onsite Social Worker who can help you with the process. There is a monthly income level that you cannot exceed. The information is listed on the next page.

Family Size and Monthly Income

1	=	\$1,805	2 =	\$2,428
3	=	\$3,052	4 =	\$3,675
5	=	\$4,298	6 =	\$4,922
7	=	\$5,545	8 =	\$6,168

The Hope Dispensary will verify your information onsite and the Social Worker that is present each day they are open will also provide screenings for financial assistance to access 50% discounted up to possibly free healthcare in the Lourdes network. This is great information!!!

Hope Dispensary does not carry all medications. They do cover HIV medication as well as antidepressants. <u>They do not carry any controlled substances or birth control</u>. If they do not have the medication that you need, they have programs developed so that you might qualify for free medication directly from the pharmaceutical corporations. They use medication samples and generic medications. They are located at 477 State Street in Binghamton and their number is 607-584-9376. They are open Monday through Friday from 10AM - 6PM.

New LGBT Information Site Launched

www.asaging.org/larc

The American Society on Aging has created a Lesbian, Gay, Bisexual, and Transgender (LGBT) Aging Resources Clearinghouse that holds information related to and resources for people aged 50 and older. The site's searchable resources span several categories: education and training; health and mental health; housing and support services; populations and communities; and public policy, advocacy, and legal issues. Also available are annotated listings for service providers, community and professional organizations, information sites, reports and articles, and links for ordering DVDs, books, and other useful products.

FREE CELL PHONES

There is a government sponsored program available that can provide you with a free cell phone and 68 free minutes per month. Eligibility is based on your participation in one of several State or government programs like PUBLIC HOUSING, FOOD STAMPS, MEDICAID and more. There is also a limit to the amount of income you receive each month. This program is called LifeLine Assistance and you can find out about it through safelink.com or calling 1-800-378-1684. If you need help with the application process, please call your STAP case manager for assistance.

NEW SUPPORT GROUPS IN ITHACA AND ELMIRA

The IVY Clinic is pleased to let all HIV+ men in the Ithaca and surrounding area know there is a support group that is held the third Tuesday of every month at the Ithaca STAP office. Time for the group is 6-7:30 pm and topics vary from month to month. If you are interested in attending please e-mail Shannon Sprague at <u>ssprague@aomc.org</u> for further information.

Men Living with HIV Support Group; 2nd Monday of each month; 6-7:30pm; Ivy Clinic, 600 Ivy St., Suite 206, Elmira. For more information people can contact me via phone or email. Lynn Bassler, LMSW Treatment Adherence Counselor, Ivy Clinic, 737-8188.