Thanks to Rebecca Childs - Northwest Pilot Project, Amanda Gross - Central City Concern, Dawn Martin and Liora Berry - City of Portland for their helpful presentation on HIV Housing.

To Liliana Pattie, Multnomah County case manager on her recognition as the recipient of the Paul Star Memorial Award from the Oregon Chapter of the National Association of Social Workers. The Paul Star Memorial Award goes to a social worker who has made a special contribution to the fight against AIDS. This award is given to recognize outstanding contributions to the social work profession and to communities throughout the state. Nominees for this award have demonstrated involvement in activities consistent with the goals of NASW, leadership in the human services, willingness to take risks and to enlist public support for improved social services, evidence of personal integrity, a capacity to increase public knowledge in their area of expertise, and personal representation of the ideals embodied in the NASW Code of Ethics. Paul Star was a social worker and former Director of CAP. This is a much deserved award for Lil and validates what many of us have known for a long time.

CDC SET TO RECOMMEND VOLUNTARY, ROUTINE HIV TESTING FOR ALL U.S. RESIDENTS; NEW GUIDELINES WOULD PROMOTE ORAL CONSENT, EASE COUNSELING REQUIREMENTS

The U.S. Centers for Disease Control and Prevention (CDC) reportedly plans to recommend that physicians offer voluntary HIV testing to all U.S. residents ages 13 to 64 as part of routine medical exams in private practices, clinics, hospitals and emergency departments. In a further effort to remove barriers to HIV testing, the agency also reportedly plans to recommend revising current guidelines that require patients to sign informed-consent forms before receiving an HIV test and removing or condensing the requirements for pretest counseling. The revised HIV testing guidelines are expected in June or July.

http://www.thebodypro.com/kaiser/2006/may8_06/hiv_testing.html?mb62t
From The Body Pro Newsletter 5/16/06

We are planning in the upcoming issues to highlight individuals who are working with HIV/AIDS in Title II areas. If you know of someone or a group that is making a difference in a part of the state outside the Portland EMA, please contact me with your information. Thank you. Rick Stoller, 503-230-1202 stollerr@ohsu.edu
HEPATITIS C

Hepatitis C is now rampant in some populations in the US, and can be a major factor in Social Security and SSI disability claims. This virulent form of Hepatitis was just clearly identified in 1989. It’s a contagious liver disease that is caused by at least two separate viruses, transmitted by blood transfusions, intravenous drug use, inoculations, and sometimes contact with infected people. There are no immunizations for Hepatitis C, although there are preventative shots for Hepatitis A and B.

Symptoms of Hepatitis C are extreme fatigue and flu-like symptoms of fevers, aches, weakness, nausea, eye, ear, throat involvement and jaundice. A person can also be a carrier of the disease, have no symptoms, but still infect others. About one in ten veterans test positive for the disease. Some infected people never develop symptoms, but about 85% go on to develop chronic disease including liver inflammation and cirrhosis of the liver.

About 4 million Americans (1.3% of the U.S. population) and 170 million individuals in the world (3% worldwide) are infected with this virus. Major risk factors include unprotected sex and sharing contaminated needles. Co-infection with HIV is becoming more common, each disease severely exacerbating the effects of the other.

This is a relatively new disease, not at all clearly described in the Social Security regulations, and many decision-makers are not clear about the differences between this and less severe forms of Hepatitis. Often there is not a good understanding of the devastating impact of the treatment remedies, or of the interface with AIDS and HIV.

Interferon is the main treatment for Hepatitis C, sometimes with Ribavirin, and can create side effects that are as difficult to manage as the disease – these include fever, chills, headache, muscle and joint aches, and liver damage. Profound fatigue is a characteristic both of the disease and the treatment. Liver transplants are an option for extreme cases. Hepatitis C is now the leading cause for liver transplantation in the U.S.

Letters from family and friends can help document the dramatic changes in lifestyle and reduced activity level. Information from doctors and medical social workers can help fill the gaps in medical records which often do not adequately describe the number of hours a patient sleeps and the low energy levels that prevent all but minimal activity. The treatment, like many chemotherapies, can create disability in itself.

Sometimes fatigue is so taken for granted that it is not clearly documented in medical records. Our office will work with providers and witnesses to fill in the blanks, so that the full picture of the impact of this devastating illness is clear, and benefit eligibility can be established.

Updated Part D (Q/ A’s)

The questions and answers were developed as a tool to help CARE Act programs understand implications of the new Medicare Part D prescription drug benefit on HIV/AIDS care, with a focus on CARE Act programs.

I have a friend who was feeling fine but started HIV meds upon the recommendation of his doctor. After he started the meds he got really sick with an infection. I thought the meds were supposed to decrease the chance of developing illnesses — how come this happened?

What Are Structural Treatment Interruptions (STI)?

Antiretroviral therapy (ART) can be associated with serious long-term adverse events and the complexity of the medication regimens can lead to problems with adherence. Structural treatment interruptions (STI) or drug holidays have been investigated to monitor patients who are being taken off antiretroviral medications for a period of time due to:
- Side-effects or toxicity
- Failing adherence
- Pregnancy
- Success of treatment or high CD4 cell count
- Cost of medications and associated healthcare
- Potentially increasing sensitivity prior to a drug change
- Potentially boosting the immune system

It is important to note that patients should not simply discontinue their ART on their own. Some patients may need a scheduled discontinuation plan based on their body’s ability to eliminate drugs. Some drugs, such as Sustiva, inherently remain in the body for a prolonged period of time and will therefore promote resistance if all medications are discontinued at the same time.

Won’t STI’s Promote Resistance?

One concern about going on and off medications is the potential development of resistant strains of the virus. In a study looking at the effects of structural treatment interruptions on the development and persistence of drug resistant viruses; they found that the overall occurrence of drug resistant viruses was not any greater than those not using STI. However, long-term outcomes still need to be evaluated, making it important to talk to your healthcare provider before making the decision to stop taking ART.

Should STI’s Be Used In Practice?

Numerous studies have investigated the potential benefits of structural treatment interruptions in the HIV patient population. The Strategies for Management of Antiretroviral Therapy (SMART) Study looked at ways to optimize ART by maximizing benefits and minimizing risks. Using two treatment arms they looked at continuous ART to maintain a viral load as low as possible versus using ART with structural treatment interruptions aimed to keep the CD4 count >350, thereby resulting in a more episodic ART regimen. In this study the patients receiving structural treatment interruptions had significantly worse outcomes, such as disease progression and death, than those receiving the continuous ART.

Another study looked at the prevention of long-term toxicities associated with ART using structural treatment interruptions of 4 weeks off followed by 8 weeks on ART. They found no significant decrease in markers of toxicity, such as C-reactive protein or liver transaminases. This study did show some modest decreases in cholesterol and triglyceride levels, possibly prolonging the time to development of lipodystrophy disorders associated with the long-term use of ART.

While there have been studies looking at the benefits of structural treatment interruptions for patients with multi-drug resistant HIV and failing therapy the results are inconclusive on the benefits in this patient population. In summary, based on the current clinical data, structural treatment interruptions are not recommended as part of standard treatment of HIV.

Ask Debby is graciously provided by Debby Parrish, RPh, MPA:HA
a pharmacist who specializes in HIV
**The Da Vinci Code**

Every now and then go away and have a little relaxation. To remain constantly at work will diminish your judgment. Go some distance away, because work will be in perspective and a lack of harmony is more readily seen.

*Leonardo Da Vinci*

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**BENEFITS**

- In the Kaiser Medicare Q&A column, prepared by the Kaiser Family Foundation and distributed by *Knight Ridder/Tribune*, addresses a question about what beneficiaries should do if they have signed up for the Medicare prescription drug plan but have not yet received an insurance card. According to the column, beneficiaries will receive a letter from their drug companies before they receive an insurance card; the letter can serve as proof of insurance at the pharmacy and will work exactly like a card would. If beneficiaries have not received such a letter, they should call the company sponsoring the drug plan to verify enrollment or call the Medicare hotline for assistance. It is a good idea for beneficiaries to confirm enrollment soon so that if they are not enrolled in a plan, they will have time to enroll before the May 15 deadline, the column says (Kaiser Medicare Q&A Column, 4/27).

- Pharmaceutical manufacturers are under increasing pressure to continue their patient assistance programs (PAPs) for people with Medicare after a new government legal opinion gave a green light for maintaining assistance for people enrolled in the Part D drug benefit. Many manufacturer PAPs have been planning to end assistance to people with Medicare on May 15.

In an April 21 letter to Pharmaceutical Research and Manufacturers of America President Billy Tauzin, Republican and Democratic leaders of the Senate Finance Committee said that three companies, Merck, Schering-Plough and AstraZeneca, had decided to continue assistance in the wake of the legal go-ahead from the Health and Human Services Department Office of Inspector General (OIG).

OIG has said that manufacturer PAPs could raise the costs to Medicare if they are used to cover the gap in the Part D benefit or other cost-sharing paid by people with Medicare, because it could induce people to use more expensive drugs when cheaper alternatives are available. But OIG told Schering-Plough in an advisory opinion that it could continue to provide free drugs to people enrolled in Part D as long as it took steps to ensure that Part D plans were not also covering prescriptions for those drugs. OIG has also indicated it would exercise discretion in its enforcement of fraud and abuse laws against manufacturer PAPs in the first year of the drug benefit.

- The Centers for Medicare & Medicaid Services (CMS) announced the cost-sharing under the standard Part D benefit for next year. For 2007, catastrophic coverage will kick in after $5,451.25 of total drug spending by the drug plan and person with Medicare. The out-of-pocket threshold on drug expenditures before reaching catastrophic coverage will be $3,850, up from $3,600. The deductible is increasing from $250 to $465, and the initial coverage limit is increasing from $2,250 to $2,400. People reaching catastrophic coverage will have co-payments of $2.15 for generics and $5.35 for brand-name drugs. People qualifying for Extra Help paying for their Part D costs will see their co-payments go from $1/$3 for those receiving the full benefit and $2/$5 for those receiving the partial subsidy to $1/$3.10 and $2.15/$5.35, respectively. These changes will go into effect on January 1, 2007.

*Column provided by Sandra Sciaccotti, Statewide Benefits Coordinator at Cascade Aids Project.*

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