# STEP Electronic Treatment E-zine

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The Seattle Treatment Education Project's (STEP) EZINE is an electronic treatment resource newsletter distributed monthly to case Managers, front-line workers, people affected by HIV/AIDS, physicians, other public health and allied health professionals and people living with HIV/AIDS.
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# THE NOROVIRUS

A HEALTH CONCERN FOR THOSE LIVING WITH COMPROMISED IMMUNE SYSTEMS

**Norovirus is now the official name for the group of viruses previously called Norwalk-like viruses from the family *Caliciviridae*. These viruses cause acute gastroenteritis (AGE) in humans, which is characterized by nausea, vomiting, diarrhea and abdominal cramps, and can include low-grade fever, chills, headache, muscle aches and lethargy. Children often experience more vomiting than adults, but most persons typically have both vomiting and diarrhea. The incubation period is 24 to 48 hours. Symptoms usually start abruptly and last only one to two days, however some people may take up to a week to completely recover. Elderly people, children, and the immunocompromised can become severely dehydrated, requiring significant fluid and electrolyte replacement.**

Because the infective dose (the number of organisms needed to cause disease) is very low in Norovirus infection, the disease is easily spread person-to-person. The virus is present in the feces and vomitus of an infected person, and transmission occurs primarily through the spread of the virus on hands, toys, bathroom surfaces and contaminated food, etc. There is some evidence that Norovirus may also be transmitted via aerosolized vomitus to persons caring for, or cleaning up after acutely ill persons. Infected persons may remain infectious for up to one month after onset of symptoms. There are many different strains of norovirus, so people can develop illness repeatedly when exposed to different strains of the virus. Treatment typically consists of supportive care, primarily fluid and electrolyte replacement.

Laboratory testing for noroviruses is not routinely performed and is not available at most commercial laboratories. For epidemiologic purposes, such as confirming the cause of large outbreaks, testing of feces and vomitus for noroviruses by reverse transcriptase polymerase chain reaction (RT-PCR) is available at the Washington State Department of Health Laboratory with prior approval through Public Health-Seattle & King County.

Good hygiene, especially hand washing after using the bathroom, after changing diapers, and before preparing food is the best way to prevent the spread of noroviruses and other types of AGE of infectious etiology. Other methods of prevention include:

1. Thoroughly cleaning surfaces contaminated by feces or vomitus immediately, and disinfecting with a 10% bleach and water solution.

2. Immediately removing contaminated clothing or linens after an episode of illness and washing with hot water and soap.
3. Discarding any vomitus or stool in the toilet and making sure that the surrounding area is kept clean.
4. Excluding foodhandlers and healthcare workers with symptoms of acute gastroenteritis from work for at least one day following cessation of the acute symptoms.

**There have been a number of outbreaks of norovirus infection in the past year, both locally and nationally. Recent laboratory-confirmed outbreaks in King County have occurred at nursing homes, daycare centers and among hospital staff. For more information about testing specimens for noroviruses in the setting of an outbreak, contact Public Health-Seattle & King County at 206-296-4774. For summary articles on recent outbreaks nationwide, and general information on norovirus infection, go to:**

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5203a1.htm
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5149a2.htm

**http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm**

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# Women Interagency HIV Study Report

## Incidence of Lipoatrophy and Lipohypertrophy in the study

*Report by Jules Levin from NATAP*

Fat distribution changes including central fat gain and/or peripheral fat loss, often referred to as "lipodystrophy syndrome," have been linked with HIV infection and are the focus of increasing concern. The study investigated the incidence of lipoatrophy (LA) and lipohypertrophy (LH) (fat gain) in HIV+ and HIV-women from the Women's Interagency HIV Study (WIHS), a prospective multi-site study of the progression of HIV infection in women.

Researchers included 1,057 HIV+ and HIV- women with prospective data collected semiannually on self-report of change (bi-directional) in body fat, anthropometric measurements, weight and bioelectric impedance analysis beginning in 1999 in the incidence analysis over an 18-months (mo) period (WIHS semiannual visits 11 to 14). The WIHS study consists mostly of African-American and Latino women. LA and LH were defined by self-report of either a decrease or an increase in a body fat region over the previous 6 months confirmed by change in the corresponding anthropometric measurement. Both LA and LH were studied peripherally (arms, legs, buttocks) and centrally (waist,

chest, and upper back).

HIV+ and HIV- women had similar distributions of age, race, and height. Over an 18-month period, mean weight increased at a rate of 0.7 kg per visit in HIV- women and total body fat increased at a rate of 1.2 percent per visit but both remained stable in HIV+ women. Among HIV+ women, the incidence of both peripheral LA (relative hazard [RH] = 2.4) and central LA (RH = 2.1) were double that of HIV- women. So, although weight and total body fat in HIV+ women remained the same, peripheral & central fat loss occurred. Similar to the FRAM findings in men, the incidence of peripheral LH (fat gain) was lower (RH = 0.6) among HIV+ compared to HIV- women, while the incidence of central LH was similar in HIV+ and HIV- women. The majority of the combined outcomes were either combined peripheral LA and central LA or combined peripheral LH and central LH.

The study authors concluded that these prospective data suggest that LA affecting both peripheral and central sites predominate in women with HIV. The simultaneous occurrence of peripheral LA and central LH was not common in these women. These findings are similar to that from FRAM.

Abst. 736. Retrovirus Conference, Feb 10-14, Boston, MA.
P. C. Tien1, S. R. Cole2, C. M. Williams3, R. Li2, J. Justman4, M. H. Cohen5, M. Young6, N. Rubin7, M. Augenbraun8, C. Grunfeld*1. 1Univ of California at San Francisco; 2Johns Hopkins Univ, Baltimore, MD; 3Natl Inst of Allergy and Infectious Diseases, NIH, Bethesda, MD; 4Bronx-Lebanon Hosp Ctr, Bronx, NY; 5Cook County Hosp, Chicago, IL; 6Georgetown Univ Med Ctr, Washington, DC; 7Univ of Southern California, Los Angeles; and 8State Univ of New York-Downstate Med Ctr, Brooklyn

# New Clinical Trials

## Swedish Medical Center

### HIV Research Study at Swedish

**The Swedish Research Center is currently studying the safety and effectiveness of an investigational formulation of marketed HIV drugs when given in combination with other HIV drugs to people who are HIV positive.**
**To qualify you must be 18 years of age or older, HIV positive, but have not taken anti-HIV medications before.**

**Qualified participants will receive all study-related care at no cost, including:**

- **Study medications**
- **Lab tests**
- **Physical exams**

**Reimbursement for childcare and transportation is also available. For more information and/or to find out if you qualify for this study, please contact Janice Price, R.N., at (206) 386-2523.**

# ACTU

HIV Research Study at the Aids Clinical Trials Unit


**University of Washington**
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actu@u.washington.edu
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**En Español:** joaquinp@u.washington.edu


*Latest Studies, Winter 2003*

***(ACTG # 5117) Comparing the efficacy of Adefovir and Tenofovir for the treatment of Lamivudine-resistant Hepatitis B in subjects co-infected with HIV.***

**Purpose:** The study has two purposes 1) to see if adding Adefovir or Tenofovir with Lamividune is effective in treating Hepatitis B, 2) and to see if these drugs are safe and well tolerated. The study is expected to run for about 2+ years and it offers exams, medications, and lab tests at no costs. $20 reimbursement per visit to those who enrolled.

***(ACTG # 5115) Antiretroviral Switch at lower versus higher HIV-RNA levels in subjects experiencing virologic relapse on current HAART treatment.***

**Purpose:** A study to find out if it is better to change medications as soon as a viral load is at or below 200 (barely detectable with current tests), or whether it is better to wait until the viral load is higher. Changing medications at different viral loads levels might matter in terms of:

- The immune system's ability to repair itself even when the HIV viral load is not completely suppressed
- Whether HIV is more or less likely to develop ***resistance*** if changes in medications are delayed (***Resistance*** is determined when some of the anti-HIV medications included in a regimen no longer work as well against the HIV virus)

***For more information about these studies call 206.731.3184 and ask to speak with Alyssa or Lori.***


**Proyecto Positivamente Latino**
**Universidad de Washington**
**Unidad de Estudios Clínicos de SIDA**


*Estudios Recientes Invierno 2003*

***(ACTG # 5117) Comparando la eficacia de Adefovir y Tenofovir para el tratamiento de Hepatitis B resistente a Lamividune en sujetos con co-infección de VIH.***

**Propósito:** El estudio tiene dos propósitos: 1) ver si la adición de Adefovir o Tenofovir con Lamivudine es efectiva para el tratamiento de Hepatítis B. 2) ver si estos medicamentos son seguros y se toleran bien. El estudio durará

aproximadamente 2 años y ofrece examenes, medicamentos y pruebas de laboratorio sin costo. $20 como compensación a todos los que participen en el estudio.

***(ACTG # 5115) Cambio de antiretrovirales con carga viral baja versus alta en sujetos experimentando reincidencia virológica en tratamiento HAART actual.***

**Propósito:** El estudio quiere averiguar si es mejor cambiar medicamentos tan pronto como la carga viral sea El cambiar medicamentos con diferentes cargas virales podría tener importancia en los siguientes términos:

- La capacidad de reparación del sistema imunológico incluso cuando la carga viral no sea completamente suprimida.

- Si el VIH es más o menos propenso a desarrollar ***resistencia*** si cambios de medicamentos son retrasados (***Resistencia*** es determinada cuando algunos de los medicamentos del régimen anti-VIH dejan de funcionar tan bien como antes contra el virus VIH)

**Para más información lláme al 206.731.4718 (**Español**) o envíe correo electrónico a** **joaquinp@u.washington.edu**

# Community Update

## **Positives Choices**: a Sexual Health Program for HIV Positive **M**en that have **S**ex with **M**en.

**Lifelong AIDS Alliance now offers a free service where you can discuss your feelings about your sexual health in a safe, neutral environment and get one-on-one support. This service focuses on HIV positive men changing their behavior to stop the spread of HIV and to prevent re-infection or contracting other STDs**

**Positive Choices Frequently Asked Questions:**

**1. Is Positive Choices a research study?**
No, Positive Choices is not a research study. Although the structure is similar to a study, none of the information we collect will be used for research in any way.

**2. What is done with the information collected?**
Participants complete a questionnaire that is used by Positive Choices to evaluate the program. We have contracted staff from the University of Washington to use this information to help us evaluate our own program for effectiveness. However, they will not use it in their research. None of the information you provide will become part of your case management file, and none of the information will be shared with your case manager unless you give us permission to do so.

**3. How much time will participating take?**
The initial meeting usually takes 45 minutes to an hour at most. You may come in for up to three follow up sessions, each taking about 45 minutes to an hour. Six months after our last follow up meeting, we will contact you to come back to complete the questionnaire again. At that time you will be again offered the chance to come back for up to three follow up sessions.

**4. What happens in a follow up session?**
The follow up session is a chance you to talk about what it is like to be sexually active and HIV positive. Specifically, the following topics are addressed as needed: disclosure to sex partners, transmission risk beliefs, substance use, attitudes about condom use and fears of rejection, among whatever other topics you wish to address.

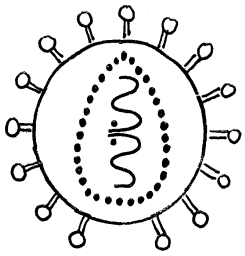
**5. Who is eligible for Positive Choices?**
Sexually active, HIV positive men who have sex with men. This does include men who identify as heterosexual but are having sex with men and pre-op transgender women (male to female). If you are not sexually active, but anticipate being sexually active in the next six months, you may participate if interested. Clients who are not and do not anticipate being sexually active will probably not find Positive Choices useful for them. Currently we are not funded to serve women, HIV negative MSM or heterosexual men who are not having sex with men.

**6. How do I get the Safeway vouchers?**
Each time you come in for a Positive Choices session you will get a $20 gift card to Safeway. You can use these cards at any Safeway you choose.

**7. How can I participate in Positive Choices?**
Talk with your case manager and let them know you want to be a part of this program, or contact Katie Heidere, Prevention Case Management Supervisor at **206.957.1679** or **positivechoices@lifelongaidsalliance.org**.

## Community Meeting

***STEP, LifeLong AIDS Alliance and POZ Seattle present:***



***A Retrovirus Conference Update***

**Dr. Jeffrey Schouten will present information on new medications, treatment strategies, viral reservoirs, transmission and a smallpox virus update.**
**Where: Lifelong AIDS Alliance building at 1002 East Seneca St, (Room off the main parking lot)**
**Time: 6:30 to 9:00 pm**
***Snacks and refreshments provided***

***For more information call: (206) 329-0064 x 105or (206) 957-1702***

***Look for STEP's coverage of the recent Retrovirus Conference in the next issue of our treatment journal The "Perspective"***

**ACKNOWLEDGEMENTS**

Please note that this is not a complete list of all HIV-related treatment information. STEP strives to provide the very latest in HIV/AIDS treatment information and research. The most current research directions and antiretroviral drug data are provided throughout the Ezine publications. You will find highlight reports as well as extensive follow-up reports from many of the AIDS research and science conferences on the Ezine. In addition, all STEP quarterly treatment journals are available on our Web site at http://www.thebody.com/step/steppage.html or by calling our Talkline at 1-877-597-STEP. STEP works hard to give unbiased treatment information to all interested parties. If you have comments, questions, suggestions or grievances, please contact betsyd@stepproject.org or ezine@stepproject.org.

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