



PENNSYLVANIA HIV PREVENTION  
COMMUNITY PLANNING UPDATE

*A quarterly publication of the Pennsylvania Department of Health, Division of HIV/AIDS*

**2004 HIV Prevention  
Community Planning Group  
Meetings**

The Committee meets from 9 AM to 3 PM at the Best Western Inn and Suites of Middletown/Harrisburg 815 Eisenhower Boulevard 717-939-1600.

Wednesday/Thursday

17 & 18 March

19 & 20 May

21 & 22 July

Wednesday

18 August

15 September

17 November

**New Committee Members**

Twelve new Committee members were added to the HIV Prevention Community Planning Committee of which 8 attended a daylong new member Orientation in January. The remaining four members will have an Orientation update at the March meeting.

**Danielle E. Benson** represents the Young Adult Roundtables and comes to the Committee from the northeastern part of the state. **Chuck Christen** is a therapist with Peresad Center, Inc. in Pittsburgh. Peresad is a state licensed mental health and drug and alcohol outpatient facility

serving the lesbian, gay, bisexual and transgender communities since 1972.

**Eula Davis**, a state health nurse, is appointed by the health department to represent HIV field nurses and comes from the Chester area.

**Brent Frank**, from the State College area, has experience in community legal services.

**Julie Hirshock** a resident of Altoona, Pennsylvania, comes from a diverse background as a Transsexual female who was born "male."

**John Montero** has been employed in the field of chemical dependency treatment for a period of twenty- five years. Mr. Montero also serves as the Program Director of the Gaudenzia Inc. People With Hope program, which was the first facility in Pennsylvania to be created specifically for the treatment and care of individuals who are chemically dependant and HIV symptomatic.

**Luisa Morla** is likely the youngest CPG member in the nation. Luisa represents the Young Adult Roundtables and comes to the Committee from the east central part of the state.

**Yamihira Piniero**, recently from Puerto Rico, comes from

the Reading area where she is doing HIV outreach.

**Jared Roberts** from the Harrisburg area is a representative of the Young Adult Roundtables.

**Alex Shamraevsky** from the Pittsburgh area also represents Young Adult Roundtables.

**Braxton Vaughn** is from the faith community in the Erie area.

**Leslie Walburn** has been appointed to represent the Ryan White HIV/AIDS Regional Planning Coalitions and comes from the Wilkes-Barre area.

This is the first time the Committee has had a complete turnover of representatives from the Young Adult Roundtables and we look forward to their perceptions and participation for HIV prevention community planning.

**HIV Prevention Community  
Planning Summit**

Over the past ten years the Community Planning Leadership Summit for HIV Prevention has brought together health department staff, community co-chairs and community planning leaders to network and learn from each other about community planning efforts around the country. The 2004 meeting will be held from June 16-19 in Atlanta, GA at the

Omni Hotel at CNN Center. The theme of the 2004 Summit is, *Retooling to Maximize the Power of Prevention*.

In addition to the focus on community planning, this year's Summit will also provide participants with a forum for information sharing, skills building, lessons learned and networking opportunities. The 2004 Summit will offer 70 workshops as well as roundtables and other sessions designed for staff of health department HIV prevention programs, CDC funded capacity building assistance providers and community-based organizations providing HIV prevention services and community co-chairs and community planning leaders, as well as other federal and national partner agencies involved in HIV prevention and care.

In light of the CDC's *Advancing HIV Prevention: New Strategies for a Changing Epidemic*, there is a greater emphasis on the prevention needs of people living with HIV/AIDS, counseling and testing including rapid testing, and creating effective linkages between prevention and care (highlighted in this June 2003 Update newsletter).

### **HIV/AIDS Conference in Philadelphia**

The US Conference on AIDS (USCA) is the largest

conference of AIDS workers in the United States. The eighth annual USCA will take place on October 21-24, at the Philadelphia Marriott Hotel in Philadelphia, PA. In the past there have been over 3,000 service providers, people living with AIDS, policymakers, public officials, funders and other leaders who attend USCA in search of the latest tools and solutions for the challenges posed by HIV/AIDS.

To access additional information concerning either one of these conferences check 'conferences' at the [http://www: nmac.org](http://www.nmac.org) web site. The National Minority AIDS Council in Washington DC 202-483-6622.

### **Internet Facilitation of the Spread of Sexually Transmitted Infections**

The National Coalition of STD Directors (NCSDD) encourages the public health community to work with Internet providers to curb the Internet's facilitation of high risk behavior leading to the spread of sexually transmitted diseases among men who have sex with men (MSMs).

New data indicates that the Internet is exacerbating the spread of Sexually Transmitted Infections (STIs) such as syphilis among MSM. Data also indicates, however, that the Internet is a highly effective tool for partner notification.

Studies in Minnesota and Chicago demonstrate how public health professionals can adapt current STI/HIV prevention and control strategies to the Internet.

A select few Internet providers are taking a proactive approach to the new reality of men meeting sexual partners online, and should be commended for their efforts. [www: SafeSexCity.com](http://www.SafeSexCity.com) is encouraging its patrons to disclose risk behaviors and HIV status. In addition, [www.manhunt.net](http://www.manhunt.net) is working with public health providers to promote safe sex by incorporating syphilis awareness banner ads, partner notification services, and HIV/STD and substance use frequently asked questions.

The NCSDD encourages public health professionals and their partners to view Internet Service Providers as potential collaborators in the fight against sexually transmitted infections. Providers can promote educational information on their sites that lead to better sexual health decision-making that will lead to a reduction in STI rates.

### **Nationwide HIV Reporting**

Now that all states are reporting newly identified HIV infections in addition to AIDS cases, the picture of this country's AIDS epidemic could change significantly. On 1

January Georgia became the last state to start reporting HIV infections.

HIV reporting is expected to provide a clearer and more accurate view of the most recent studies in the transmission of the virus. The information will help direct taxpayer dollars to the most effective programs in controlling the epidemic and may also affect allocations for the care of patients.

For many years, the national reporting system focused principally on the AIDS cases that states reported to the Centers for “Disease Control and Prevention, the federal agency that tracks the epidemic. AIDS cases represent the end stage, or trailing edge, of the epidemic because it takes about ten years on average for HIV to progress to AIDS in people who go untreated.

Compared with AIDS reporting, an initial but incomplete picture from HIV reports puts a younger face on the epidemic, as expected. There are higher proportions of women and racial minorities in the HIV group and that provides an indication of where infections are occurring.

Because AIDS case reporting reflected what happened years earlier, it produced a picture that told epidemiologists little about where, how many and how rapidly, new infections were occurring.

Because HIV reporting is based on standard tests, health workers cannot determine when someone became infected. Some health departments, however, use an extra test that can determine if infection occurred in the previous six months.

The Centers for Disease Control and Prevention estimate that one million Americans are infected with HIV, but that 25-percent are unaware they have the disease because they have not been tested for it. The agency also estimates that 40,000 Americans have become infected each year in the last decade.

The AIDS epidemic has changed in many ways since 1981, when it was first identified. It has shifted from one that primarily affected white gay men in New York City, San Francisco and Los Angeles to one that affects growing numbers of women and racial minority populations in many other areas.

The biggest factor in the decision of the states to report HIV cases was the success in treating the infection. Powerful combinations of antiretroviral drugs have lowered the numbers of deaths and are allowing many people to live in better health and longer. The development has lengthened the average time of progression from infection to the signs and symptoms of

AIDS among treated patients. But the progress has made it difficult for statisticians to calculate backward to estimate time of infection.

The names of HIV patients, which are known to only a small number of trained workers in local and state health departments, are not sent to the disease control centers, in keeping with the practice for all other reportable diseases.

State reporting of HIV cases began with Colorado, Minnesota and Wisconsin in 1986. By 1995, 30 states were providing the reports.

New York and California, which together have reported one-third of the nation’s 890,000 cases of AIDS, did not come abroad until 2000 and 2002, respectively. Although Pennsylvania adopted HIV reporting in 2002, Philadelphia chose not to do so.

In 2002, 1,429 or 26-percent, of New York City’s 5,417 new cases—people who were not only HIV positive, but also had infections that had advanced enough to meet the diagnostic criteria for AIDS—learned of their infections on the day they learned they had AIDS.

They missed an opportunity of taking advantage of the primary care that is available throughout the city. Also, these people may have unknowingly transmitted HIV to sexual and needle-

sharing partner over the years when they were unaware of their infection status.

Those whose HIV infections were diagnosed in late stages tended to be men, non-Hispanic blacks and residents of boroughs outside of Manhattan. The health department has identified neighborhood hot spots in each of the city's five boroughs.

Increasing proportions of new HIV diagnoses in New York City are among women, blacks, and people ages 30 to 39.

As of 2002, about 2.9-percent of all men in Manhattan are HIV infected and 4.2-percent of men ages 40 to 49 in all five boroughs of New York City are infected. About 2.5-percent of all black men in the city are infected. Nationally, the estimated infection rate for males is 0.5-percent.

### **Young People Say Alcohol and Drugs Influence Sexual Decision Making**

Nearly one quarter of teenagers and young adults report having unprotected sex because they were using drugs or alcohol at the time. The survey conducted by the Kaiser Family Foundation included almost 1,000 respondents who were interviewed over the telephone about their sexual practices. Twenty-nine percent of participants reported going farther than planned sexually

because they were using drugs or alcohol. While 36 percent of sexually active young people said that drinking or drug use has influenced their decisions about sex, almost half of those interviewed said they were "personally" concerned about what they might do sexually while intoxicated.

To be effective, sex education—in all its forms—must discuss the connection between sexual activity and alcohol and drug abuse, and those who promote abstinence must help teens see that connection.

Half of those interviewed said people their age mix alcohol and drugs a lot, 73 percent think peers forgo condoms when alcohol or drugs are involved and 37 percent want more information about how drugs might effect decisions about having sex.

Young girls and women were more likely than young boys and men to report that their peers are having unprotected sex under the influence of drugs or alcohol, 79 versus 65 percent. These are sensitive issues that many young people don't like to talk about, so these data likely underestimate the full extent of the problem.

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