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CREATOR: AIDS-owner (AIDS-owner@mail.global.org (List Server) [UNKNOWN])

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SUBJECT: AEGIS Digest

TO: Robert Soliz (CN=Robert Soliz/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
----------Date: 22 Apr 1998 09:10:57 -0500

From: mary.elizabeth@aegis.com

Subject: [AEGIS] Needle Exchange Survey

USA Today is conducting an online survey regarding needle exchange. The question is:

Do you believe federal money should be used to help pay for needle exchange programs?

The URL is: http://www.usatoday.com/news/nfront.htm

At the time I voted, the total number of votes cast was 9,938; with 58.5% voting YES, 38.5% voting NO, and 2.9% Note sure. I checked this morning and over 15,000 have voted.

I urge everyone to express themselves on this issue, as well as writing President Clinton. He can be reached at: president@whitehouse.com

TOP ----------

Date: 22 Apr 1998 09:13:17 -0500

From: mary.elizabeth@aegis.com

Subject: [AEGIS] (SC) AIDS Experts Map Out Battle Plans; Specialists gather in S.F., outline prevention needs

Document 0020

DOCN SC980420

TI (SC) AIDS Experts Map Out Battle Plans; Specialists gather in S.F., outline prevention needs

DT 980421

AU David Perlman, Chronicle Science Editor

SO San Francisco Chronicle; Tuesday, April 21, 1998

TX AIDS specialists from 38 countries joined yesterday to set their highest priorities for prevention strategies to save entire generations from a disease now ravaging the developing world more powerfully than ever before.

In virtually every country outside the industrialized West, the experts agreed, the most desperate needs are abundantly clear.

-- Nationwide centers for confidential counseling and testing for HIV, the AIDS virus, are lacking everywhere.

-- Supplies of the AIDS drug AZT, now proven to prevent

transmission of HIV from most infected pregnant women to their unborn infants, are unaffordable in virtually every poor nation.

-- Kits to test national blood supplies before transfusions are virtually unobtainable within the meager health budgets of most of the nations.

--Condoms, the best physical barrier against the virus, must be marketed far more aggressively, although ample supplies are too often unavailable.

Yet all these needs, the prevention experts agreed, cost money -- and the developed world's financial help is sorely lacking. Increased taxes on wealthy individuals and multinational corporations may be needed, the experts said.

The 200 prevention experts had gathered in San Francisco over the weekend for a specialized workshop seeking practical measures for combatting the epidemic. Hosts were the AIDS Research Institute of the University of California in San Francisco and the Fogarty International Center of the National Institutes of Health in Bethesday, Md.

The meeting's background was ominous indeed: The latest United Nations figures show that more than 30 million people are now living with HIV infections or with AIDS itself -- 90 percent of

them in the developing world

--and nearly 12 million have died since the global epidemic emerged in the late 1970s.

In the epidemic's newest surge, women account for more than 40 per cent of the victims, and already 8.2 million children have been orphaned by the disease, the UN figures show.

To Thomas J. Coates, director of UCSF's AIDS Research Center, the major goal for the world must lie in prevention -- "to save the next generation and the generation after that," as he put it. It is useless, he said, to think of an affordable, effective AIDS vaccine for at least two generations, and drug treatments, no matter how effective, are far beyond the capacity of most poor nations.

Elizabeth Ngugi, an AIDS specialist at the University of Nairobi in Kenya, voiced the concern typical of all the experts when she said: "We don't have voluntary testing centers in my country, we don't have AZT, we don't have drugs for treating other sexually transmitted diseases that open the way for AIDS infections, so how can we protect the next generation when our women cannot protect themselves?

"Where is the partnership between our developing countries and the superpowers? It doesn't exist."

And from Martha Bulter deLister of the Dominican Republic, came this complaint: "President Clinton has been in South America to lead the nations toward a new free market, but health was not even on the agenda, AIDS was not on the agenda."

The international experts noted that test kits for screening blood supplies cost only 50 cents each, while administering AZT to an HIV-positive pregnant woman costs only $50. That is cheap prevention, they agreed -- and certainly far cheaper than the $37,000 a year it costs to run a clinical trial on a new triple-combination drug treatment in a developing nation where prevention is so far more important to saving future lives.

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Date: 22 Apr 1998 09:20:06 -0500

From: mary.elizabeth@aegis.com

Subject: [AEGIS] WB) Non-nuke combo gets high marks

Document 0003

DOCN WB980303

TI (WB) Non-nuke combo gets high marks

DT 980327

AU Lisa Keen

SO The Washington Blade; Friday, March 27, 1998

TX A triple-drug combination of nevirapine, AZT, and ddI dropped viral loads below 20 particles per milliliter after only two months for 51 percent of patients in a study group, according to a study published in the Journal of the American Medical Association released March 25.

Nevirapine is one of only two non-nucleoside analogs approved for HIV therapy and has been shown to be particularly capable of penetrating the central nervous system, a characteristic that many other antiviral drugs lack. A poster at the Retrovirus Conference in Chicago last month noted that adding nevirapine to the therapy of people with advanced AIDS who have been on the two-drug AZT-ddI combination "resulted in a significant delay in HIV progression or death." It appears that nevirapine (which is marketed by Boehringer Ingelheim Pharmaceuticals as Viramune) improved the antiviral capability of AZT-ddI. But its problem, to date, has been that the AIDS virus appears to mutate easily to resist the drug.

The patients involved in this study were much healthier: they had yet to develop any AIDS symptoms and had CD4 counts of between 200 and 600. Also, none of these patients had yet been on any antiviral therapy.

In their report this week to JAMA, researchers from the study, which involved a number of clinical trial sites, concluded that, in this patient population, the triple-drug therapy had a "substantially greater decrease in plasma viral load and increase in CD4 cell count" compared to either two-drug combination. Triple-drug combinations have already established themselves as being better than two-drug combinations, but the triple-drug combinations tested to date are almost always comprised of a protease inhibitor and two nucleoside analogs. This is one of the first to test a non-nucleoside analog with two "nukes."

The report in JAMA concluded that this particular triple-drug therapy, used at this phase of disease, "can forestall if not prevent the emergence" of an HIV mutation which can resist the drugs. The study was led by respected Canadian AIDS researcher Julio Montaner

It is worth noting that only 66 percent of the 153 patients originally enrolled in the study completed the follow up. But the researchers said this dropout rate "is not unusual."

In brief ...

HIV IN SEMEN: A study in Seattle and Thailand found evidence that HIV can be transmitted in semen even after a man has had a

vasectomy. The study of 46 men with HIV but no symptoms found that the procedure did not reduce the amount of HIV in semen. In addition to its implications for prevention, the study suggested that HIV might be harbored in such sites as the prostate gland and urethra in men who have HIV infection but no symptoms. The study was published in the March issue of the Journal of Urology.

HIV IN GENITAL TRACT: A report in the March issue of the Journal of Infectious Diseases reports that, even in the early stages of HIV infection, the AIDS virus is "shed" through the anal-rectal tract by 60 percent of men. Researchers at the University of Washington studied 374 Gay men with HIV infection and found that when they had anal-rectal inflammation, the virus was especially likely to shed, even if their viral loads were low.

TESTOSTERONE PATCH: In addition to its well-known influence on sex drive, the hormone testosterone also affects such things as energy level and mood, and testosterone supplements have been reported to help people with HIV who are suffering from wasting. The ALZA Corporation, a California pharmaceutical company, announced this month that its testosterone patches - which provide testosterone replacement therapy - are now available by prescription in pharmacies around the country. Their cost is about $3.50 per day.

HELPING COGNITION: Researchers at Johns Hopkins Bayview Medical Center reported this month that a drug called Deprenyl can help improve certain mental functions in patients with HIV who suffer cognitive impairment. According to Reuters, the study involved only 36 patients but those taking deprenyl scored "significantly better" on a verbal learning test than those put on some other drug or a placebo. The full study appears in the March issue of the journal Neurology.

BEATING KAPOSI'S SARCOMA: Reuters also reported this week that German researchers have had considerable success in completely resolving KS lesions using a treatment that involves a laser and intravenous administration of a water soluble dye called indocyanine green. The study involved only three patients but the doctors said they were able to completely resolve 18 of 57 lesions and partially resolve the remaining 39. Their report appears in the March issue of the British Journal of Cancer.

NEWS ONLINE: The International Association of Physicians in AIDS Care announced an expansion of its website at www.iapac.org. According to a press release, the expansion will provide more information on the latest in medical treatments.

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Date: 22 Apr 1998 11:04:40 -0500

From: mary.elizabeth@aegis.com

Subject: [AEGIS] AP) U.S. Won't Fund Needle Exchanges

Document 0006

DOCN AP980406

TI (AP) U.S. Won't Fund Needle Exchanges

DT 980421

AU Hal Spencer, Associated Press Writer

SO The Associated Press; Tuesday, April 21, 1998; 3:56 a.m. EDT

TX LACEY, Wash. (AP) -- Tom Deem opened the cardboard box full of used syringes, looked inside and dumped them into a red plastic tub. Then he reached into the back seat of a minivan for another box, this one full of 200 new needles.

"Here you go," the Thurston County health worker said as he handed the box to a young woman. The two chatted briefly about the weather, a glorious Monday after a weekend of rain.

The needles will last about two weeks for the 22-year-old woman and her husband, both heroin addicts. Clear-eyed, she said she has no plans to end her habit even as she hinted at its toll:

"It's a heavy load."

Addicts come from as far as 60 miles away to swap needles in a parking lot near a shopping mall in Lacey, an hour's drive south of Seattle. And they came Monday as the federal government sent a double-edged message.

Health and Human Services Secretary Donna Shalala, under orders from the White House, endorsed needle exchanges and encouraged more communities to create them. But she said the government would not help pay for the programs.

The announcement sidestepped a political fight with conservatives, but it disappointed and angered AIDS activists. They said they couldn't recall another medical program the government had declared lifesaving but refused to try to pay for.

"This administration is now publicly stating how to slow it (the AIDS epidemic) down and is saying they lack the courage to do it," said an angry Dr. Scott Hitt, chairman of President Clinton's AIDS advisory council.

Scientific evidence proves that exchange programs reduce HIV transmission without increasing drug use, added Terry Stone, executive director of the Northwest AIDS Foundation. But, he said, many local governments don't have the money for the

programs.

Half of all people who catch HIV are infected by needles or through sex with injecting drug users, or are children of infected addicts. Republicans argue that needle exchanges are bad policy. Rep. Gerald Solomon, R-N.Y., said he would push for Congress to ban federal funding altogether in case Shalala changed her mind.

"Why not simply provide heroin itself, free of charge, courtesy of the American taxpayer?" asked Sen. John Ashcroft, R-Mo. President Clinton's own drug policy chief, Barry McCaffrey, is opposed to needle exchanges. He spent the weekend arguing that exchanges jeopardize the administration's war on drugs and send the wrong message to children.

Officials familiar with the debate said McCaffrey's objections were central to killing a proposed compromise, a pilot project paying for needle exchanges in 10 cities.

The administration is counting on Shalala's endorsement to persuade communities to expand the 110 needle exchanges operating in 22 states, including the Lacey program and three others in Washington state.

"The reality is that people are going to use the drugs," Deem said. "What we're doing is reducing harm. We're preventing the

spread of disease by dirty needles."

The nation's top science organizations have long said needle exchanges would cut the AIDS toll. Activists say federal funding is key to expanding the programs.

Congress had opposed federally funded needle exchanges until Shalala certified that such programs fight the spread of HIV without encouraging drug use.

On Monday, she did that, saying a review of studies concluded that programs that provide drug counseling and push addicts into treatment work best. The studies found that cities with the programs saw a decrease in the spread of HIV while those without saw an increase, and the programs brought more addicts into treatment.

The young woman here said she had no time for drug counseling or HIV tests, which are offered in the parking lot along with clean needles. But she comes regularly to exchange her used syringes.

"This is a good thing they do here. This keeps people from passing on HIV or hepatitis," she said.

for personal reference) must be cleared through the Permissions Desk, The Associated Press, 50 Rockefeller Plaza, New York, NY 10020.----------

Date: 22 Apr 1998 11:06:51 -0500

From: mary.elizabeth@aegis.com

Subject: [AEGIS] (AP) U.N. Reports on HIV, Young People

Document 0007

DOCN AP980407

TI (AP) U.N. Reports on HIV, Young People

DT 980422

SO The Associated Press; Wednesday, April 22, 1998; 5:30 a.m. EDT

TX MOSCOW (AP) -- Every minute worldwide, five people between the ages of 10 and 24 become infected with HIV, according to a report released here today.

The UNAIDS report also warned that Eastern Europe is set to become "one of the next epicenters" of the world AIDS crisis, with HIV infection rates having increased at least sixfold since 1994.

It said that 190,000 people in the region are infected, a contagion rate driven by a sharp rise in the use of injected drugs.

In conjunction with the report, the joint U.N. Program on HIV/AIDS launched a yearlong campaign called "Force for Change:

World AIDS Campaign with Young People." The report was released in Moscow to draw attention to the threat facing Eastern Europe.

"In Russia, where injecting drug use and unsafe sex are fueling the HIV/AIDS epidemic, it is time for young people to engage in HIV/AIDS prevention efforts and make their voices heard," said Gianni Murzi, UNICEF's Moscow representative.

"They have the right and responsibility to change the course of the epidemic and the support of adults is crucial to make it happen." The report said that the young are particularly hard-hit by the world epidemic, with at least one-third of the 30 million HIV carriers being 24 or younger. Each day, 7,000 young people worldwide contract HIV, adding up to 2.6 million new infections annually, it said.

The report warned of an explosion in sexually transmitted diseases across Eastern Europe. New syphilis cases have gone from 10 per 100,000 people each year in the late 1980s to -- in some regions -- hundreds per 100,000.

UNAIDS is a grouping of 5 U.N. agencies and the World Bank.

Desk, The Associated Press, 50 Rockefeller Plaza, New York, NY 10020.----------

Date: 22 Apr 1998 09:15:11 -0500

From: mary.elizabeth@aegis.com

Subject: [AEGIS] (SC) EDITORIAL -- Needle Exchange Cowardice

Document 0017

DOCN SC980417

TI (SC) EDITORIAL -- Needle Exchange Cowardice

DT 980421

SO San Francisco Chronicle; Tuesday, April 21, 1998

TX IN A DISPLAY of political timidity the Clinton administration yesterday refused federal funding for needle exchange programs, while conceding exchanges reduce AIDS transmission and don't encourage illegal drug use.

"A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs," said Health and Human Services Secretary Donna Shalala.

But even with that unequivocal endorsement, she said the federal government will not pay to let drug addicts exchange used needles for clean ones. She advised local communities to pay for their own needle exchange programs.

That was a craven bit of political double- talk from Shalala

whose mission is to protect the health of the nation, when she knows that nearly 40 percent of all AIDS cases reported in the United States have been linked to illegal intravenous drug use.

And, according to her own department's statistics, 70 percent of HIV/AIDS infections among women of childbearing age are directly or indirectly related to intravenous drug use and more than 75 percent of infected babies had a parent who used needles. A Clinton administration official said the decision not to fund the programs ias made by Shalala after consultation with the White House.

Stunned AIDS activists asked how federal public health officials could say needle exchanges work, but refuse to fund them.

"This is obviously immoral to say we know how to save lives but we are not going to let federal funds be used for that purpose," said Dr. R. Scott Hitt, chairman of the Presidential Advisory Commission on AIDS. "Americans should ask why," said Hitt, the administration's top AIDS advisor, appointed by President Clinton.

By refusing to fund needle exchange programs that have proven to work in nearly a hundred cities -- including San Francisco, Oakland and San Jose -- the Clinton administration has shamefully chosen political expedience over human welfare.

Date: 22 Apr 1998 12:46:49 -0500

From: mary.elizabeth@aegis.com

Subject: [AEGIS] (BW) (NEEDLE-EXCHANGE/RESPONSE) Statement of the Presidential Advisory Council on HIV/AIDS

Document 0006

DOCN BW980406

TI (BW) (NEEDLE-EXCHANGE/RESPONSE) Statement of the Presidential Advisory Council On HIV/AIDS in Response to the Announcement by the Secretary of Health and Human Services Regarding Needle Exchange Programs

DT 980421

SO BUSINESS WIRE; Tuesday, April 21, 1998

TX WASHINGTON--(BW HealthWire)--April 21, 1998--The following is a statement by the Presidential Advisory Council On HIV/AIDS in response to the announcement by the Secretary of Health and Human Services regarding needle exchange programs:

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The Presidential Advisory Council on HIV/AIDS welcomes Secretary of Health and Human Services Donna Shalala's long-sought determination that "needle exchange programs can be an effective part of a comprehensive strategy to reduce the incidence of HIV transmission and do not encourage the use of illegal drugs."

However, the Council expresses its serious disappointment that, despite her determination that a "meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs," the Secretary has failed to lift the current ban on the use of federal funds for such programs.

In its Second Progress Report of December 7, 1997, the Council noted that "the Administration has sometimes failed to exhibit the courage and political will needed to pursue public health strategies that are politically difficult but that have been shown to save lives."

This latest action by the Administration reinforces that conclusion and raises grave doubt as to the seriousness of the President's stated goal of reducing new HIV infections "each and every year until there are no more new infections."

Last year the Administration followed a similar course in

announcing new medical guidelines for effective HIV treatment, but then failed to seek the funding necessary to provide access to such treatment for a large segment of those infected.

Since the Secretary has now made crystal clear that "the science in this area indicates that needle exchange programs can be an effective component of the global effort to end the epidemic of HIV disease," it is essential that public health policy "follow the science" rather than following the politics. The Administration, beginning with the President, must summon the political courage to act according to what it knows to be scientifically sound.

On March 17, 1998, the Council unanimously expressed no confidence in the Administration's commitment to HIV prevention. The act by the Secretary of Health and Human Services of issuing the formal determination of the scientific efficacy of needle exchange programs without lifting the ban on the use of federal funds for such programs is morally indefensible. It is akin to refusing to throw a life preserver to drowning person.

The American people should be outraged that this Administration has acknowledged that needle exchange programs "offer yet another weapon in the fight against AIDS" while simultaneously refusing to provide the funding necessary to employ that weapon.

That the populations most affected are largely African-Americans and Latinos is particularly distressing considering the insufficient availability of comprehensive drug treatment services and the goal of the President's Initiative on Race of ending health disparities among racial and ethnic groups.

The Council urges the President to check his moral compass and then take bold action in determining what should be the next steps in fighting the "two deadly epidemics -- AIDS and drug abuse" that are in Secretary Shalala's own words "robbing us of far too many of our citizens and weakening our future."

AIDS remains a menace both in the United States and throughout the world, and both domestic and international efforts to eliminate this threat are far from being achieved. The Council will not abandon its efforts to ameliorate the impact of drug use and HIV on disadvantaged neighborhoods and communities.

The Council will continue to use every means at our disposal to gain the political and scientific support necessary to obtain and increase federal funding for quality drug treatment services and other interventions shown to be effective against HIV transmission. As individuals living with and affected by HIV, the Council is committed to be continuously engaged in bringing this pandemic to an end.

--30--ahc/sf jr

CONTACT: Presidential Advisory Council on HIV/AIDS R. Scott Hitt, 310/652-2562

Date: 22 Apr 1998 15:59:58 -0500

From: mary.elizabeth@aegis.com

Subject: [AEGIS] CDC NCHSTP Daily News Update - April 22, 1998

CDC NCHSTP Daily News Update - April 22, 1998

The CDC National Center for HIV, STD and TB Prevention provides the following information as a public service only. Providing synopses of key scientific articles and lay media reports on HIV/AIDS, other sexually transmitted diseases and tuberculosis does not constitute CDC endorsement. This daily update also includes information from CDC and other government agencies, such as background on Morbidity and Mortality Weekly Report (MMWR) articles, fact sheets, press releases and announcements. Reproduction of this text is encouraged; however, copies may not be sold, and the CDC NCHSTP Daily News Update

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PEER-REVIEWED JOURNALS

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"The Costs of Triple-Drug Anti-HIV Therapy for Adults in the

Americas"

Journal of the American Medical Association (04/22/98-04/29/98)

Vol 279, No. 16, P. 1263; Montaner, Julio S. G.; Hogg, Robert S.; Weber, Amy E.; et al.

Researchers from the University of British Columbia in Vancouver report in a letter to the editor of the Journal of the American Medical Association on the cost of availability of triple-combination antiretroviral therapy in selected countries in the Americas. Using a model to analyze the potential economic impact of providing triple-drug therapy for HIV-infected individuals, Dr. Julio S. G. Montaner and colleagues found that the per capita cost of implementing antiretroviral treatment in the Americas would be $6 or 0.08 percent of the gross national product of the regions in 1995. They noted that drug cost would be less than 1 percent of the GNP in all of the countries analyzed except Suriname (1.5 percent), Honduras (2.4 percent), Guyana (2.6 percent), and Haiti (18 percent). Total dollar output for the medication would reach approximately $1.5 billion in the United States, $1.1 billion in Brazil, $430 million in Mexico, and $320 million in Haiti. The researchers conclude that while the total cost of therapy might be substantial, "the implementation of triple-drug anti-HIV therapy may not be completely outside of the financial resources of many countries in the Americas."

"Explosive Spread of HIV-1 and Sexually Transmitted Diseases in Cambodia (Research Letter)"

Lancet (04/18/98) Vol. 351, No. 9110, P. 1175; Ryan, Caroline A.; Vathiny, Ouk Vong; Gorbach, Pamina M.; et al.

Researchers from the Division of Sexually Transmitted Disease Prevention at the Centers for Disease Control and Prevention report the "alarming" rate of HIV-1 and other STD infection in Cambodia. Caroline A. Ryan and colleagues examined 314 women seeking reproductive health services, 322 male police and military personnel, and 437 brothel-based female sex workers for Chlamydia trachomatis, Neisseria gonorrhea, syphilis, and HIV-1 in various regions throughout Cambodia. The sex workers had the highest incidence of STD infection, with a 38.7 percent chlamydial and/or gonococcal infection prevalence, 13.8 syphilis seroactivity rate, and a gonorrhea incidence ranging from 10 percent to 39 percent. The men had a 6.2 percent urethral infection rate--2.1 percent with syphilis and 5 percent with gonorrhea--and a 6.6 percent syphilis seroactivity rate. Women who attended reproductive health clinics showed a 5.3 percent gonococcal infection rate and 4 percent were syphilis seroactive. Female sex workers also had a 40.6 percent HIV-1 seroposivity rate, as compared to a 12.5 percent rate among the male subjects and a 4.5 percent rate among the other female subjects. The researchers also found that nine of the HIV-1 samples were a subtype E strain close to a prototype Thai E strain, indicating that the virus may have spread regionally from Thailand. The researchers also noted that, with 56 percent of men claiming that they had sex with a female sex worker in the preceding month and 88.5 percent in the past year, intervention focused on commercial sex is urgently needed to stop the dissemination of STDs and HIV-1 in Cambodia.

"Austria Investigates Illegal Blood Trade"

Lancet (04/18/98) Vol. 351, No. 9110, P. 1189; Glass, Nigel

The Austrian Ministry of Health has been investigating a company which allegedly shipped blood products manufactured from possibly tainted sources. The blood was imported from Africa to Austria, where it was designated for diagnostic products and, thus, not tested for contamination. However, some of the blood was diverted from the stocks and shipped to Israel and processed for therapeutic use. The blood was then shipped back to an Austrian duty-free zone, again avoided screening. According to investigators, the products were traded through Switzerland, France, Latvia, and, possibly, the United States, eventually reaching India and China. The Ministry said that it is fairly certain that the blood sold for transfusion in India and China was not infected; however, they also noted that they cannot account for "every drop of blood." According to a German newspaper, some of the blood was exported to the Germany, although it is not known if the sales occurred at the same time as the sales to India and China. The Ministry began investigating in December, 1996, after company employees tipped-off Austrian officials.

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GENERAL MEDIA

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"AIDS Group Issues Alert On Parts of East Europe"

Washington Post (04/22/98) P. A18; Brown, David

The Joint UN program on HIV/AIDS warned Tuesday that rates of HIV infection in sections of Eastern Europe and Russia may reach "true epidemic" status. UNAIDS head Peter Piot said, "We believe, really, that we are now seeing the beginning of an explosion." HIV infection in the region is still mostly confined to inject drug users, but sexual transmission of the virus may result in a vastly increased rate among the general population. With an estimated 110,000 cases, Ukraine has the highest HIV rate in the region. Russia has about 40,000 cases, with another 40,000 in Belarus, Moldova, and Poland. The entire region was estimated to have only 30,000 cases as of 1994, but a substantial increase in drug abuse has helped to fuel HIV's spread. Additionally, HIV incidence has increased among sex workers; a recent survey indicated that one-third of the prostitutes in Kaliningrad carried the virus. Sexually transmitted diseases, which are also rising in numbers, may also be responsible for increased HIV transmission. UNAIDS suggests that public education campaigns, particularly focusing on the reduction of needle sharing, be implemented to help reduce the spread of the disease. Piot noted that Poland has reduced the rate of new infections in recent years through the use of such programs, while Ukraine, Belarus, Moldova, and Poland have asked for UNAIDS' help in establishing needle-exchange programs. UNAIDS is initiating a year-long campaign centering on the reduction of HIV

infection among 10- to 24-year-olds, who account for 50 percent of HIV infections worldwide, excluding infant infections.

"Clean Needles May Be Bad Medicine"

Wall Street Journal (04/22/98) P. A22; Murray, David

In a commentary in the Wall Street Journal, David Murray--director of research for the Statistical Assessment Service--comments on recent debates concerning the efficacy of needle-exchange programs in reducing the spread of HIV and whether the programs encourage drug use. Murray cites a Montreal study by Dr. Julie Bruneau in which participants were found to have elevated HIV levels. Bruneau has noted, however, that the HIV levels may be statistically biased due to high risk activities by the subject group as compared to injected drug users who do not use the programs. According to Murray, Bruneau previously stated that the HIV levels may be due to the formulation of new sharing networks. Murray also cites Janet Lapey of Drug Watch International, who claims that the programs often become "buyer's clubs" for drug addicts, attracting both users and dealers. Murray notes that one of the problems with current arguments about needle exchanges is that no randomized control trials have been conducted. He also states that many of needle-exchanges have HIV outreach programs including education and prevention, affecting statistical results. In conclusion, Murray argues that drug use may result in additional high-risk behaviors and that needle-exchange programs may result in increased HIV incidence or hard drug use.

"Money Needed to Fight AIDS in Developing World"
San Francisco Examiner Online (04/21/98); Krieger, Lisa M.

Experts from 38 countries attending a University of California at San Francisco-sponsored conference on AIDS said that inexpensive and simple interventions could help prevent the spread of HIV in developing countries, but may still be too expensive for the nations to effectively implement. According to United Nations estimates presented at the meeting, if affluent governments, corporations, and individuals spent 10 to 15 times more on global prevention programs, HIV incidence could be cut by as much as 50 percent. Particularly hard hit regions include Africa, the Caribbean, Latin America, and Southeast Asia; however, testing, counseling, education, and therapy are not economically possible for many HIV-positive individuals in these regions. It is estimated that an HIV blood test costs 50 cents, treatment for sexually transmitted diseases costs several dollars, and short-course AZT therapy to prevent mother-to-child HIV transmission costs about $50. Many countries are also hampered by a lack of medical equipment and drugs, the experts noted.

"Half of Injecting Drug Users Share Equipment"
Australian Associated Press (04/22/98); Rouse, Rada

According to a survey of 209 injection drug users in Melbourne, Australia, 18 percent of IDUs share syringes and 45 percent share other paraphernalia, including filters, spoons, or mixing containers. The survey, conducted by Craig Fry and colleagues of

the Turning Point Alcohol and Drug Center, indicates that 70 percent of IDUs using a shared needle never or rarely clean them first. Additionally, 45 percent reported touching injection sites after helping another person inject and 46 percent reported carrying a drug package internally after it may have been carried internally by another person. The survey also showed that half of the subjects had hepatitis C and 17 percent had hepatitis B, but few were infected with HIV.

"Weight Loss Directly Related to Plasma HIV Load"
Reuters Health Information Services (04/21/98)

Dr. Fred R. Sattler and researchers at the University of California School of Medicine in Los Angeles report that plasma HIV load is directly proportional to weight loss in HIV-infected patients with wasting. The study, published in the April 15th issue of the Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology, showed that 32 of 33 patients experienced continuous weight loss as their HIV RNA levels increased. Previous studies indicate that proinflammatory cytokines, which accompany HIV replication, promote AIDS wasting, but the researchers are not sure if the cytokines have a direct or indirect effect. The authors suggest that studies be initiated to determine the effect of HIV RNA load decreases due to antiretroviral therapy on patient weight.

Date: 22 Apr 1998 17:52:00 -0500

From: mary.elizabeth@aegis.com

Subject: [AEGIS] ACT UP CONDEMNS FEDERAL BAN ON FUNDING FOR NEEDLE EXCHANGE

AIDS Coalition to Unleash Power

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April 21, 1998 Tony Perri (718) 789-1174

ACT UP CONDEMNS FEDERAL BAN ON FUNDING FOR NEEDLE EXCHANGE

ACTIVIST GROUP CALLS FOR SECRETARY SHALALA TO RESIGN

(New York) -ACT UP (the AIDS Coalition to Unleash Power) today condemned President Clinton's murderous refusal to fund needle exchange programs, in spite of evidence that his own advisors admit shows needle exchange to be safe and effective at stopping HIV transmission and evidence that these programs do not encourage drug use. Activists demand that Clinton lift the ban on the use of federal funds for clean needle programs. On Monday night ACT UP also voted to call on Health and Human Services Secretary Donna Shalala to resign.

Secretary Shalala essentially certified on Monday that needle exchange meets congressional criteria to use federal funds to prevent infection "President Clinton's refusal to fund needle exchanges is a slap in the face to an estimated 7,500 New Yorkers who will become infected with HIV this year because they won't have access to clean injection equipment," said Tony Perri, an ACT UP member and member of Moving Equipment, an unauthorized clean needle access program in Brooklyn. "The President has it in his power to save many of these lives by simply allowing the federal government to provide monetary support to community-based clean needle programs. Six independent studies -some commissioned by HHS itself- have shown that these programs prevent new HIV infections, but they still refuse to act."

Other AIDS groups have criticized the president's decision including his own Presidential Advisory Council on HIV and AIDS. According to Chairman Dr. R. Scott Hitt, "At best this is hypocrisy," the Council issued a vote of "no confidence" in the administration. "At worst, its a lie. And no matter what, it's immoral." A. Cornelius Baker, Executive Director of The National Association of People with AIDS (NAPWA) believes the reason the administration won't act is because, "This is a community they do not care about."

Since the beginning of the AIDS epidemic, increasing numbers of new infections have been attributed to the sharing of injection needles by people who use drugs. Several states, including New York, now fund clean needle exchange programs, including the first ones started by ACT UP

chapters in New York and Buffalo during the late 1980's and early 1990s. However, current programs in New York are estimated to reach only 15% of the state's 250,000 active injection drug users. It is further estimated that 40-60% of them may already be infected with HIV in New York City.

"For underserved communities in New York City, like Harlem, harm reduction programs which include clean needles are an important form of health care, and are crucial to stopping the spread of AIDS," said Tim Santamour of ACT UP. "By refusing to support such programs and combined with the results of their welfare reform and health care budget cuts, President Clinton has created a social time bomb which, as it explodes, it creates an even more serious public health crisis for all New Yorkers."

- 30 ----------

Date: 22 Apr 1998 17:55:51 -0500

From: mary.elizabeth@aegis.com

Subject: [AEGIS] REBUILDING IMMUNITY: Correction re naive T-cells

Specific Immunity and Na?ve T-Cells

Current antiviral drugs are very effective at suppressing replication of HIV. Attention is turning to the reconstitution of the human immune system. As we dig deeper into this subject, we learn (and hear) more about various aspects of immune response, including na?ve and memory T-cells. Unfortunately, na?ve T-cells are often described as being able to respond to any antigen, or being "programmable". In reality, every

T-lymphocyte is programmed to respond to a particular antigen. The programming is encoded in the CD3 protein on the T-cell surface, also called the TCR or T-cell receptor.

This concept of specific immunity is very important as we discuss reconstitution of human immune response. Because T-cells, whether na?ve or memory, are programmed to respond to a specific antigen, we need to concern ourselves with more than just the number of T-cells, but also with their repertoire. If we have a large number of T-cells programmed to respond to a very small number of antigens, we are probably less protected than if we had a smaller total T-cell count but a larger repertoire. This point has been raised by Dr. Cliff Lane of the National Institutes of Health, a leading researcher on interleukin-2. Dr. Lane has cautioned that the large increases in T-cells following IL-2 therapy appear to be "clonal expansion", or multiplication of existing immune repertoire, rather than true reconstitution of depleted elements or repertoire.

The concept of specific immunity is also relevant to the increased attention being paid to the HIV-specific immune response and the fact that long-term non-progressors seem able to maintain this response, while rapid progressors quickly lose it. If na?ve t-cells were capable of responding to any antigen, then any increase in na?ve cells should result in an immune response to HIV. This is unfortunately not the case.

Two references are quoted below. Anyone wishing more information on this concept can refer to several of the "Basic Science" resources listed among the AIDS Bookmarks at the following URL: http://www.nmia.com/~hivcc/999-bookmarks.html or by doing a search for the phrase "specific immunity".

Bob Munk

New Mexico AIDS InfoNet Project Director

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The process of T-cell activation is described below by Dr. Tim Lee, Ph.D. in Immunology (web reference: http://www.mcms.dal.ca/smed/med1/pim/thact.htm):

"T cell activation is, in general, similar for both Th and Tc cells but each are considered seperately for clarity. Th cell activation is initiated by the interaction of TcR-CD3 complex with antigen-MHC class II molecules on the surface of an antigen presenting cell. This interaction initiates a cascade of biochemical events in the T cell that eventually results in growth and proliferation of the T cell. This occurs primarily through an increase in IL-2 secretion by the T cell and an increase in IL-2 receptors on the T cell surface. IL-2 is a potent T cell growth cytokine (IL-2) which, in T cell activation, acts in an autocrine fashion to promote the growth, proliferation and differentiation of the T cell recently

stimulated by antigen. The T cell receptor is an antigen recognition molecule and therefore the T cell that best responds to the antigen presented is the one that gets turned on. Naive, bystander T cells have no IL-2 receptors and thus cannot be involved."

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C. Benoist and D. Mathis offer a similar explanation in their article, Selection for Survival?
Science 27 June 1997; 276 (5321):2000 (in Perspectives):
"An organism's immune system must satisfy two contradictory requirements. On the one hand, it has to respond to a broad range of antigenic challenges from foreign substances. On the other hand, it should react to particular antigens quickly and efficiently, especially those pathogens that it encounters repeatedly. The immune system solves this dilemma by creating two compartments, one to meet each of these needs. The primary lymphoid organs (thymus and bone marrow) produce millions of lymphocytes displaying a vast diversity of antigen-specific receptors that form the basis of the broad immune response; these cells are exported to the peripheral organs (blood, spleen, and lymph nodes) where they form a "na?ve" pool capable of recognizing most antigens. Upon antigenic stimulation, the relevant lymphocytes become activated, proliferate, and eventually dispense with the antigen. The second compartment is formed when some of the antigen-stimulated lymphocytes become diverted to a "memory" pool, composed of cells that can respond

to antigen more immediately than those in the na?ve pool. The memory cells differ from the na?ve cells in their surface marker profiles, homing properties, signaling requirements, and cytokine secretion pattern."

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: Patricia S. Fleming ("Patricia S. Fleming" <"pfleming@erols.com"@erols.com> [UNKNOWN])

CREATION DATE/TIME: 3-JUN-1998 16:12:03.00

SUBJECT: [Fwd: AIDS Activist Funeral at White House]

TO: Daniel C. Montoya (CN=Daniel C. Montoya/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TO: RICHARD SORIAN (RICHARD SORIAN <RSORIAN@OSASPE.DHHS.GOV> [UNKNOWN])
READ:UNKNOWN

TEXT:
For your information. Are you going???

Love, Patsy

Received: from mx04.erols.com (mx04.erols.com [207.172.3.244]) by

mail2.erols.com (8.8.8/8.7.3/970701.001epv) with ESMTP id LAA18799; Wed, 3

Jun 1998 11:37:34 -0400 (EDT) (envelope-from jdavids@CritPath.Org)

Received: from tensegrity.critpath.org (tensegrity.CritPath.Org

[204.170.82.8]) by mx04.erols.com (8.8.8-970530/8.8.5/MX-980323-gjp) with

ESMTP id LAA21939; Wed, 3 Jun 1998 11:37:33 -0400 (EDT)

Received: from two (pm-3-s4.CritPath.Org [204.170.82.204]) by

tensegrity.critpath.org (8.8.8/8.8.8/sol2/mh/19980323) with SMTP id

LAA18863; Wed, 3 Jun 1998 11:16:58 -0400 (EDT)

Date: Wed, 03 Jun 1998 11:19:11 -0400

From: Julie <jdavids@CritPath.Org>

Subject: AIDS Activist Funeral at White House

X-Sender: jdavids@critpath.org

To: (Recipient list suppressed)

Message-id: <3.0.5.32.19980603111911.00951100@critpath.org>

MIME-version: 1.0

X-Mailer: QUALCOMM Windows Eudora Light Version 3.0.5 (32)

Content-type: text/plain; charset=us-ascii

Content-transfer-encoding: 7BIT

Please forgive duplicate postings. Bus seats still available from

Philadelphia and New York City. For bus info, call 215-731-1844.

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act up = aids coalition to unleash power

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PRESS RELEASE

FOR IMMEDIATE RELEASE: JUNE 2, 1998

CONTACT: Wayne Turner: 202-547-9404 in Washington

Julie Davids: 215-731-1844, page 215-212-9050

If you reach our voice mail system, leave a message in box 9.

ACT UP / Washington founder Steve Michael dies of AIDS

Body Taken to White House on Thursday, June 4

Coalition march leaves Freedom Plaza, 14th + Pennsylvania, at noon

Memorial service in front of White House on Pennsylvania Ave.,

12:30 pm, targeting Clinton

"Show the world that Bill Clinton has lied to

and betrayed peope with AIDS."

Washington, DC -- Steve Michael , 42, founder of the Washington DC

chapter of ACT UP (AIDS Coalition to Unleash Power), died on Monday, May 25, at 11:12 am, of AIDS. AIDS activists from across the country, and hundreds of local supporters including top CD elected officals, will meet in Washington, DC this Thursday, June 4 to march Steve Michaels' body through city streets to the White House.

"If I die, take my body to the White House," Steve instructed Wayne Turner of ACT UP Washington, Michaels' activist colleague and partner/lover of 7 years, as he entered the Intensive Care Unit of Washington Hospital Center. "Show the world that Bill Clinton has lied to and betrayed peope with AIDS."

ACT UP chapters from New York and Philadelphia will transport busloads of activists to join hundreds of Washington, DC activists to mourn one of their most dedicated fighers. They will march with drums, loudspeakers, signs and banners cataloging Clinton's unkept campaign promises as well as a 30-foot puppet depicting Clinton as the grim reaper.

"The fury against Bill Clinton's lies and inaction in the face of a growing epidemic is rising day by day," said Turner. "His own AIDS Advisory Council is prepared to walk out after his cowardly decision to deny funding for syringe exchange. The Congressional Black Caucus is calling for a declaration of a health emergency on the AIDS epidemic in communities of color. Steve lived and died calling for Clinton to address this crisis, and his fight will carry on through the work of thousands of other people with HIV and activists. Clinton is not off the hook."

"Steve Michaels spent the last years of his life holding President Clinton accountable for his broken promises on AIDS," said Julie Davids of ACT UP Philadelphia. "And now he has died an untimely death in a country where there is still no national health care, no funding for syringe exchange, and no coordinated effort to find a cure for AIDS."

Clinton, who has been the primary focus of Michaels' activism for more than five years, promised in the 1992 election campaign that he would " make a top priority" of his administration by launching an all-out coordinated research effort to find a cure for AIDS (the Manhatten Project). Clinton further commiteed to appointing a top-level AIDS czar with significant powers to lead the nation's efforts against the deadly disease, make Federal funding available for needle exchange programs, fully implement the recommendations of the National Commission on AIDS, and make health care universally accessible, regardless of ability to pay.

Steve's mother, Barbara Michael, who is traveling from California to participate in her son's last White House protest, stated, "If this had happened to Clinton's kid, he'd be doing something."

-30-

Julie Davids (jdavids@critpath.org),
Philadelphia PA
ACT UP/ FIGHT BACK/ FIGHT AIDS

/|/| _.-"``-..___..--';

ask me about scrapple

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: ShyInDC (ShyInDC@aol.com [UNKNOWN])

CREATION DATE/TIME: 4-JUN-1998 21:44:46.00

SUBJECT: Fwd: AIDS Activists Hold Protest Funeral

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
Return-path: <AOLNews@aol.com>

Date: Thu, 4 Jun 1998 17:35:39 EDT

From: AOLNews@aol.com

Subject: AIDS Activists Hold Protest Funeral

MIME-version: 1.0

Content-type: text/plain; charset=US-ASCII

Content-transfer-encoding: 7BIT

AIDS Activists Hold Protest Funeral

.c The Associated Press

By EUN-KYUNG KIM

WASHINGTON (AP) - Friends of a local AIDS activist marched his body along Pennsylvania Avenue on Thursday before coming to a stop outside the White House to accuse President Clinton of being a ``murdering liar."

About 100 people participated in the half-mile procession for Steve Michael, founder of the Washington chapter of ACT UP, the AIDS Coalition To Unleash Power. Organizers said Michael, who died May 25 of AIDS, requested the

``political funeral'' to protest the Clinton administration's AIDS-related policies.

``Bill Clinton is a murderer, and this death, and tens of thousands of others, must be laid at his doorstep,'' said Ann Northrop of New York. ``He is a liar, and he is letting people with AIDS die on purpose. We will not rest until this crisis is over.''

ACT UP and other AIDS activists accuse Clinton of going back on promises they say he made in his presidency's early days to make fighting the disease a priority of his administration. They also criticize Clinton for not being sufficiently aggressive about AIDS education programs in schools or providing the poor with guaranteed health care access. His decision against creating a federally funded needle exchange program for drug addicts also was denounced Thursday.

Pallbearers wearing black arm bands carried Michael's casket. They walked behind a single drummer and Michael's partner, Wayne Turner, who held an altered picture of Clinton with a long, Pinnochio-like nose. Turner walked arm-in-arm with Michael's mother, Barbara Michael, who held her own photo

- a

black-and-white photocopy of her son as a baby.

The casket was opened in front of the White House. Michael's mother stroked her son's forehead and gave it a kiss; Turner leaned in close, whispered a few words, and instructed organizers to begin the eulogies.

Friends hailed Michael as a soldier of human rights while reviling Clinton.

``In 1992, the occupant of that house made very clear and specific promises, commitments, to people living with HIV disease, ... and where are we now?" said Bill Freeman, former executive director of the National Association of People with AIDS.

Turning and pointing to the White House, Freeman said: ``This is a president who continually said the right thing and did the wrong thing."

The protest stood in stark contrast to past ``funerals" the organization has held in front of the White House. Two years ago, more than 300 protesters gathered to watch as ashes of another AIDS victim were thrown onto the mansion lawn.

In comparison, the march for Michael was relatively calm. Police blocked off traffic as protesters carrying the casket and a number of black banners, including one that said ``Over our dead bodies,'' walked by onlookers.

Michael's body was being returned to a funeral home after the protest, Turner said. It will be cremated Saturday.

AP-NY-06-04-98 1732EDT

RECORD TYPE: PRESIDENTIAL (TRP NOTES MAIL)

CREATOR: AIDS-owner (AIDS-owner@mail.global.org (List Server) [UNKNOWN])

CREATION DATE/TIME: 6-JUN-1998 12:37:24.00

SUBJECT: AEGIS Digest

TO: Robert Soliz (CN=Robert Soliz/OU=OPD/O=EOP [OPD])
READ:UNKNOWN

TEXT:
----------Date: 5 Jun 1998 09:27:47 -0500

From: mary.elizabeth@aegis.com

Subject: [AEGIS] CDC NCHSTP Daily News Update 06/05/98

CDC NCHSTP Daily News Update

Friday, June 5, 1998

The CDC National Center for HIV, STD and TB Prevention provides the following information as a public service only. Providing synopses of key scientific articles and lay media reports on HIV/AIDS, other sexually transmitted diseases and tuberculosis does not constitute CDC endorsement. This daily update also includes information from CDC and other government agencies, such as background on Morbidity and Mortality Weekly Report (MMWR) articles, fact sheets, press releases and announcements.

HEADLINES

GENERAL MEDIA

"Scientists Hope Finding Open Door on Herpes"

"Scientists Identify Molecular Target for Tuberculosis Drug Treatment"

"Foscarnet Has Considerable Anti-HIV-1 Activity"

"Across the USA: Kentucky"

"Kenyan Youth Warned on AIDS"

"Grant Puts Health Officials on Trail of Hep C Victims"

"The WHO Has Seen the Future, and It's Full of Good Health"

INFORMATION FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION

"Assessment of STD Services in City and County Jails, 1997: First National Survey of Jails Points to Gaps in STD Services"

"Syphilis Screening Among Women Arrestees at Cook County Jail, Chicago 1996: Rapid Syphilis Testing and On-site Treatment Greatly Improves Syphilis Treatment in Jails"

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GENERAL MEDIA

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"Scientists Hope Finding Open Door on Herpes"

Boston Globe Online (06/05/98) P. A8

In the current issue of the journal Science, Patricia Spear

and Robert Geraghty of Northwestern University in Chicago and colleagues at the University of Pennsylvania report the discovery of a new receptor used by the herpes virus to infect host cells. The receptor, which the scientists named HveC, is used by both herpes simplex virus type-1 (HSV-1) and HSV-2. The discovery could lead to novel prophylactic or therapeutic interventions, the researchers said. Herpes--in one form or another--infects up to 90 percent of humans, resulting in a range of diseases from chickenpox to cold sores to genital herpes.

"Scientists Identify Molecular Target for Tuberculosis Drug Treatment"

Eureka Alert Online (06/04/98)

Dr. Clifton E. Barry III of the National Institute of Allergy and Infectious Diseases and colleagues report in the June 5 issue of Science the identification of the section of tuberculosis affected by the anti-TB medication isoniazid. They found that the drug affects the protein KasA, which the bacterium needs to construct its cell wall. They also found that mutations in the KasA-coding gene confer resistance against the drug. Scientists can now target this protein in the search for new anti-TB treatments, and the findings will help researchers better understand and forecast how some strains of Mycobacterium tuberculosis become resistant to available therapies. Barry said the findings will also allow researchers to develop tests to rapidly screen anti-TB compounds, noting that whereas normal tests take three weeks to confirm, the new screens would only

take a few minutes.

"Foscarnet Has Considerable Anti-HIV-1 Activity"

Reuters Health Information Services (06/04/98)

Two reports by European researchers appearing in the May 1st issue of the Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology indicate that a drug commonly used to treat AIDS-related cytomegalovirus (CMV) also reduces HIV-1 plasma loads. In one study, the effects of the drug, Foscarnet, were evaluated in 17 patients with AIDS and CMV, herpes simplex virus, varicella-zoster, Kaposi's sarcoma, or a combination of these diseases. The other study tested the efficacy of the drug on patients with HIV-1 infection, but without CMV. In both studies, HIV-1 RNA plasma loads were reduced independently of CMV infection.

"Across the USA: Kentucky"

USA Today (06/05/98) P. 11A

Health officials in Lexington, Ky., will not require children to be tested for tuberculosis in order to enter public school this fall. The state reportedly dropped the measure because many physicians no longer believe mass screening of schoolchildren to be an efficient use of public health money.

"Kenyan Youth Warned on AIDS"

Africa News Service (06/04/98)

According to the Nakuru District Commissioner in Nairobi, Kenya,

nearly 28 percent of the district's youth were infected with HIV in 1997. Commissioner Kinuthia Mbugua noted that more than 40 percent of the 2,075 adolescents diagnosed with sexually transmitted diseases also tested HIV-positive. Almost 2,000 girls dropped out of primary school and 822 left secondary school due to pregnancy, Mbugua added at the opening of a two-day workshop for youth in Nakuru.

"Grant Puts Health Officials on Trail of Hep C Victims"
Ottawa Sun Online (06/05/98); Bobak, Laura

A federal grant was approved for the hiring of a public health nurse to monitor all new cases of hepatitis C in Ottawa-Carleton starting in August. The grant, for $29,000 Canadian dollars, will help keep tabs on the estimated 600 to 800 new cases of the disease reported in the region each year. The cases will be followed up and transmission patterns will be investigated. D. Edward Ellis, the region's associate medical officer of health also said, "We [the health department] want to provide counseling as necessary to help prevent spreading it and we will be in touch with the physician who is looking after them and we want to give them the best medical care possible." Previously, the health department only recorded the name, age, and sex of people with hepatitis C, using the information only for statistical purposes. The region is also applying for a second grant.

"The WHO Has Seen the Future, and It's Full of Good Health"
Newsweek (06/01/98) Vol. 131, No. 22, P. 10; Hager, Mary

The 1998 World Health Report by the World Health Organization predicts an increase in average life expectancy worldwide in the 21st century. WHO experts figure that the average life span will be about 73 years in 2025, compared to 66 today. Despite these optimistic predictions, the report indicated that in 1996 there was a significant gap in the life expectancies between people in the richest and poorest countries. While this is expected to improve, life span increases in some countries may be associated with the increase of heart disease, cancer, and strokes. The WHO also noted that HIV could have a major impact on the world population if vaccines or treatments are not developed. Last year, 1.8 million adults died of AIDS. HIV incidence appears to be increasing among children, with over 600,000 already infected. Public health officials also warned that the emergence of a new, easily spread disease--like HIV--could occur. They assert that drug-resistant tuberculosis is a threat as well. Dr. Paul Kleihues, director of the International Agency for Research on Cancer, said, "If [drug-resistant TB] can't be contained, we face the risk of returning to the pre-antibiotic era."

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INFORMATION FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION

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"Assessment of STD Services in City and County Jails, 1997: First National Survey of Jails Points to Gaps in STD Services"

Morbidity and Mortality Weekly Report (06/05/98)

Previous studies have documented that sexually transmitted diseases (STDs) are extremely common among individuals in jails. Researchers have found as many as 35 percent of inmates infected with syphilis, 27 percent infected with chlamydia, and 8 percent infected with gonorrhea. Yet, according to a new national survey, less than half of jails have policies for routine syphilis screening, and even in facilities with policies for routine screening, less than half of men and women in jails are actually screened for common STDs. STD screening and treatment programs in jails are vital for the health of infected individuals and the larger community. STDs frequently have no symptoms and can go unrecognized. If left untreated, these diseases can have serious health consequences and can continue to spread to others. Effective screening and treatment can have a tremendous impact well beyond jail walls. Half of all arrestees are released within 48 hours, underscoring the critical need for rapid screening for all arrestees and treatment for those infected. Correctional facilities offer an important, but frequently missed opportunity to combat the spread of STDs.

"Syphilis Screening Among Women Arrestees at Cook County Jail, Chicago 1996: Rapid Syphilis Testing and On-site Treatment Greatly Improves Syphilis Treatment in Jails"
Morbidity and Mortality Weekly Report (06/05/98)

A new program implemented by Cook County Department of Corrections has been proven effective in increasing the number of

women arrestees treated and cured for syphilis. The program has a new rapid testing strategy for syphilis that provides results in time to treat women arrestees before release. The difficulty with the traditional screening method is that many women have already been released before the results are returned. When using rapid syphilis screening, the number of women who were treated for syphilis before release doubled in comparison to the traditional screening method. Syphilis is extremely common among women in jail and treatment is critical for their health and to prevent congenital syphilis and infection to others. By helping to ensure that these women are quickly diagnosed and treated, researchers believe that the rapid test can greatly improve community STD prevention efforts.

Date: 5 Jun 1998 10:38:24 -0500

From: mary.elizabeth@aegis.com

Subject: [AEGIS] The Quebec government produces guidelines for antiretroviral

The Quebec government recently published, in French, two documents likely to interest individuals concerned with the treatment of HIV. Published as part of the series Info-m?dicament (issues 13 and 14), the documents are the result of a joint project of the Conseil consultatif de pharmacologie and of the Centre qu?b?cois de coordination sur le sida.

The first of the two documents is entitled Guide d'utilisation du test de la charge virale chez les adultes infect?s par le virus d'immunod?ficience humaine (VIH). It contains an overview of the methods used in performing the viral load test, an explanation of why results may vary, as well as recommendations concerning the care of infected individuals.

The second document is called Guide d'utilisation de la th?rapie antir?trovirale chez les adultes infect?s par le virus d'immund?ficience humaine (VIH). Among other things, this document summarizes the principles of antiretroviral therapy and addresses important questions concernant these treatments, including " When to initiate antiretroviral therapy?", "How to initiate antiretroviral therapy?" and "When to modify antiretroviral therapy?". The document also contains several tables outlining the dosage, mode of administration and side effects of the various antiretrovirals available for fighting HIV.

Both documents are available for a fee from the Conseil consultatif de pharmacologie au
(418) 643-3140.

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CATIE-News Subscription Information

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CATIE-News is a moderated mailing list operated by the Community AIDS Treatment Information Exchange to distribute information about the treatment of HIV/AIDS and related infections in Canada.

CATIE-News Commands

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CATIE-News is managed by the mail server at CATIE, "maiser@catie.ca"

To cancel your subscription to the list, send a message to maiser@catie.ca with the command "unsubscribe catie-news" in the body of the message.

To receive a list of all available commands, send a message to maiser@catie.ca with the line "help" in the body of the message.

To receive a directory of archived messages, send a message to maiser@catie.ca with the command "index" in the body of the message.

News reports are stored in two locations: on CATIE's web site at http://www.catie.ca/aidsinfo.nsf/what's+new and on the mail server itself. The files archived on the mail server are listed in the form "newsMMYY.arc" where each file contains the articles for a month, represented as MMYY. Use the "send" command to retrieve archived files. For further information, see the help document.

CATIE-News is edited by Alan Boutilier <aboutilier@catie.ca> and other members of the Community AIDS Treatment Information Exchange, in Toronto. Your comments are welcome.

Date: 5 Jun 1998 10:45:26 -0500

From: mary.elizabeth@aegis.com

Subject: [AEGIS] (AP) AIDS Activists Hold Protest Funeral

Document 0003

DOCN AP980603

TI (AP) AIDS Activists Hold Protest Funeral

DT 980604

AU Eun-Kyung Kim, Associated Press Writer

SO The Associated Press; Thursday, June 4, 1998; 5:31 p.m. EDT

TX WASHINGTON (AP) -- Friends of a local AIDS activist marched his body along Pennsylvania Avenue on Thursday before coming to a stop outside the White House to accuse President Clinton of being a "murdering liar."

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Steve Michael, founder of the Washington chapter of ACT UP, the AIDS Coalition To Unleash Power. Organizers said Michael, who died May 25 of AIDS, requested the "political funeral" to protest the Clinton administration's AIDS-related policies.

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Michael's body was being returned to a funeral home after the protest, Turner said. It will be cremated Saturday.

Date: 5 Jun 1998 11:23:58 -0500

From: mary.elizabeth@aegis.com

Subject: [AEGIS] Cerebrospinal Fluid (CSF) HIV-RNA Levels are Undetectable (<400 copies/ml) in Patients Taking Sustiva(TM) (efavirenz) in Combination Therapy

For Immediate Release:

For more information, contact:

Sandra James, DuPont Merck

302/892-1306

sandra.k.james@usa.dupont.com

Stacy Heiman, Edelman Worldwide

312/240-2722

sheiman@edelman.com

Cerebrospinal Fluid (CSF) HIV-RNA Levels are Undetectable (<400 copies/ml) in Patients Taking SustivaTM (efavirenz) in Combination

Therapy

-- Data Show Drug Penetration and Antiretroviral Activity in thisViral Sanctuary --

CHICAGO (June 5, 1998) - Dr. Karen Tashima and colleagues at The Miriam Hospital, Brown University, Massachusetts General Hospital, Harvard University and The DuPont Merck Pharmaceutical Company today announced that six HIV-infected patients taking the investigational drug SustivaTM (efavirenz) in dual and triple combinations, achieved HIV-RNA levels in plasma and cerebrospinal fluid (CSF) below the level of detection (<400 copies/ml). CSF drug levels and HIV-RNA were measured in these patients who took Sustiva in a combination either with AZT and 3TC, or with indinavir, for a mean duration of 26 weeks. These data were presented at The 8th Annual Neuroscience of HIV Infection, Basic Research and Clinical Frontiers meeting sponsored by Northwestern University Medical School, June 3-6, 1998.

"We are encouraged that these early results show Sustiva, in combination with other agents, suppresses HIV replication in the CSF. Since not all antiretrovirals cross the blood-brain barrier, the ability to control viral replication in the CSF will become increasingly critical when constructing durable combination treatment regimes," said Karen Tashima, M.D., Assistant Professor of Medicine, Brown University at The Miriam Hospital.

Efavirenz levels were determined both in the CSF and in the plasma. Efavirenz levels in the CSF achieved a mean concentration of 35.9nM. The CSF concentrations of efavirenz reflected the levels of free drug

in the plasma (not bound to plasma proteins). Mean plasma viral load prior to treatment was 53,675 (range 2,985 to 108,778), and was reduced in all six patients to below the level of detection, both in plasma and CSF at the time point studied. HIV-RNA levels were evaluated using the standard Roche AmplicorTM HIV assay. Sustiva is currently in development as a once-daily treatment.

DuPont Merck has expanded access programs operational for Sustiva. For more information, physicians and patients may call (800) 998-6854 in the United States and Canada, or +44 (0) 1462 488263 in Europe.

DuPont Merck plans to submit the marketing applications for Sustiva to the U.S. Food and Drug Administration this month, and to European and Canadian regulatory authorities thereafter.

Sustiva is generally well tolerated; side effects include rash, nausea, dizziness, diarrhea, headache and insomnia. Severe rashes have been reported in fewer than 1 percent of patients. Pregnant women should not take this new medication unless the benefit to the mother clearly outweighs the potential risk to the fetus.

The DuPont Merck Pharmaceutical Company is a worldwide, research-based business, which markets its products under the DuPont Pharma name. The business was formed in 1991 as a partnership between DuPont and Merck & Co., Inc. DuPont Merck is focused on research, development and delivery of pharmaceuticals to treat unmet medical needs in the fight against heart disease, central nervous system disorders, cancer

and HIV disease. The company is also a leader in radiopharmaceuticals.

DuPont announced on May 18, 1998, that it would acquire Merck's 50 percent interest in the company. When the transaction is completed in early July, the business will be called DuPont Pharmaceuticals Company.