FOIA Number: 2018-0756-F

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Clinton Presidential Records

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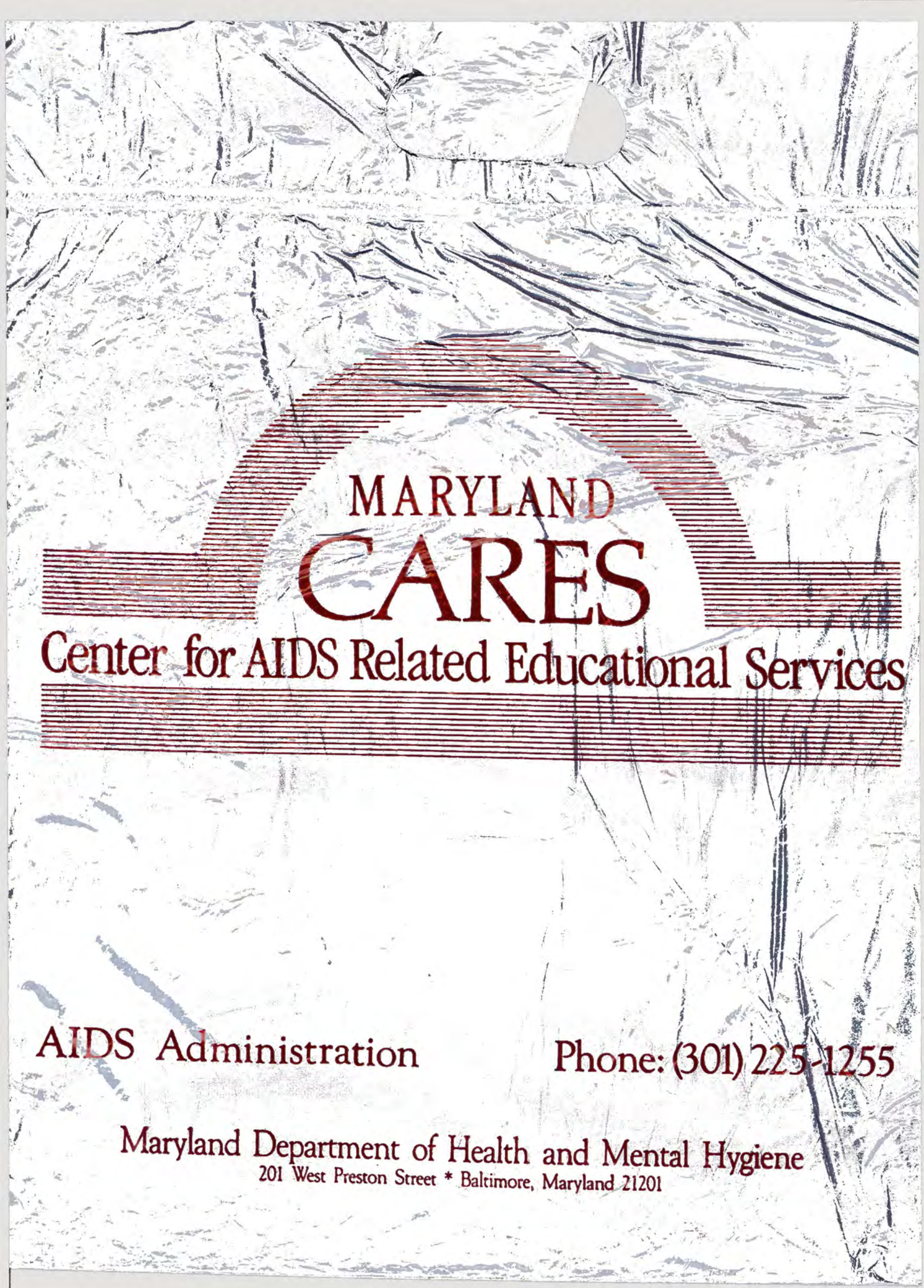

MARYLAND CARES

Center for AIDS Related Educational Services

AIDS Administration

Phone: (301) 225-1255

Maryland Department of Health and Mental Hygiene

201 West Preston Street * Baltimore, Maryland 21201

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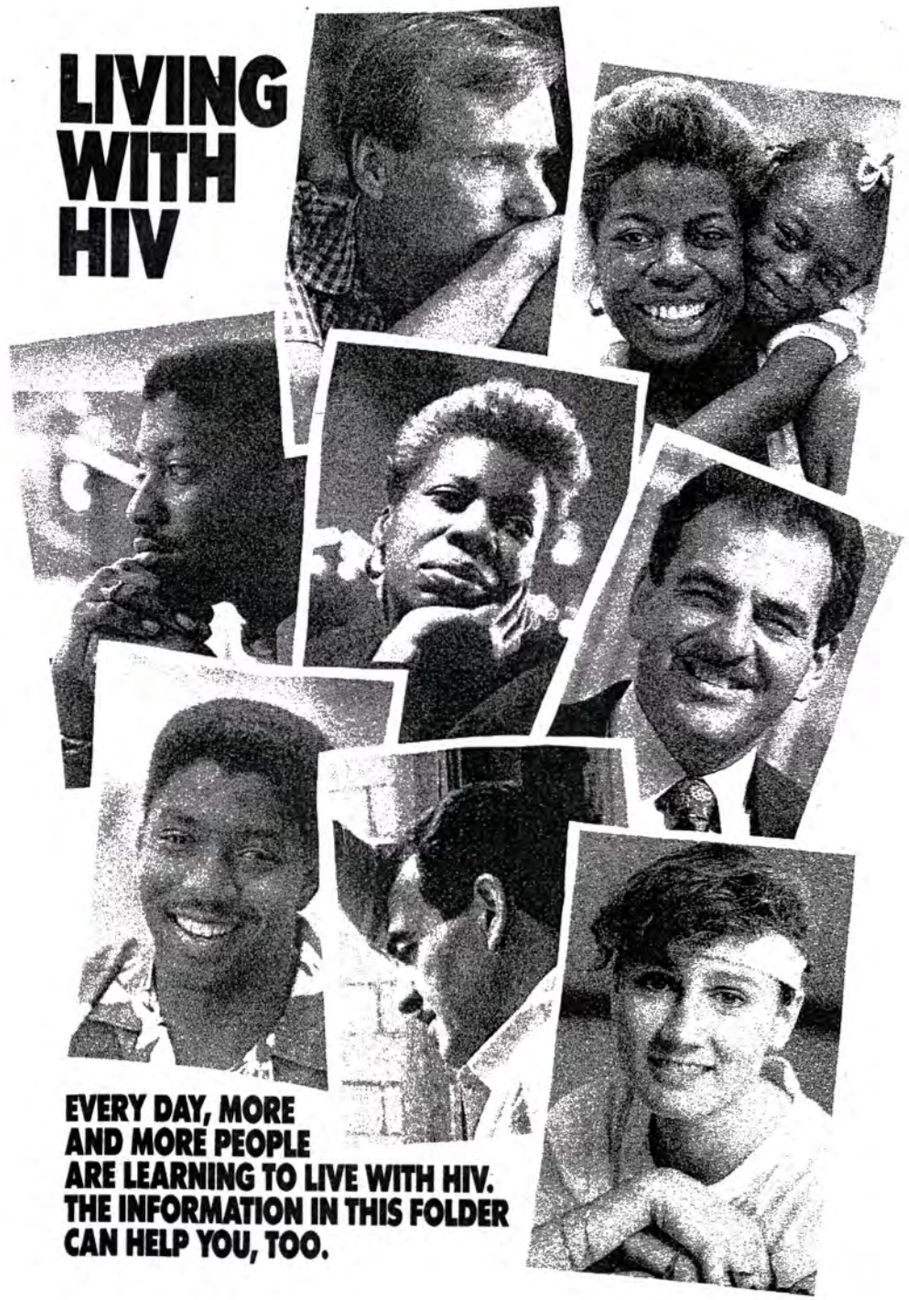
250M RT-Y03962 March 1992

LIVING WITH HIV



EVERY DAY, MORE AND MORE PEOPLE ARE LEARNING TO LIVE WITH HIV. THE INFORMATION IN THIS FOLDER CAN HELP YOU, TOO.

FINDING A DOCTOR YOU CAN WORK WITH IS STEP ONE.

Every day, more and more people are learning to live with HIV.

People are finding ways to stay healthier, strengthen their immune systems, and develop positive attitudes.

They've found that proper diet, moderate exercise, even stress management can help.

And now, early medical intervention could put time on your side.

Today, being HIV positive doesn't mean you have to give up.

So, the sooner you take control, the better.

PHOTOCOPY
PRESERVATION

SUPPORTING YOUR IMMUNE SYSTEM: THE POWER OF ATTITUDE, DIET AND EXERCISE.

HOW TODAY'S DRUG THERAPIES CAN HELP IN YOUR FIGHT AGAINST HIV.

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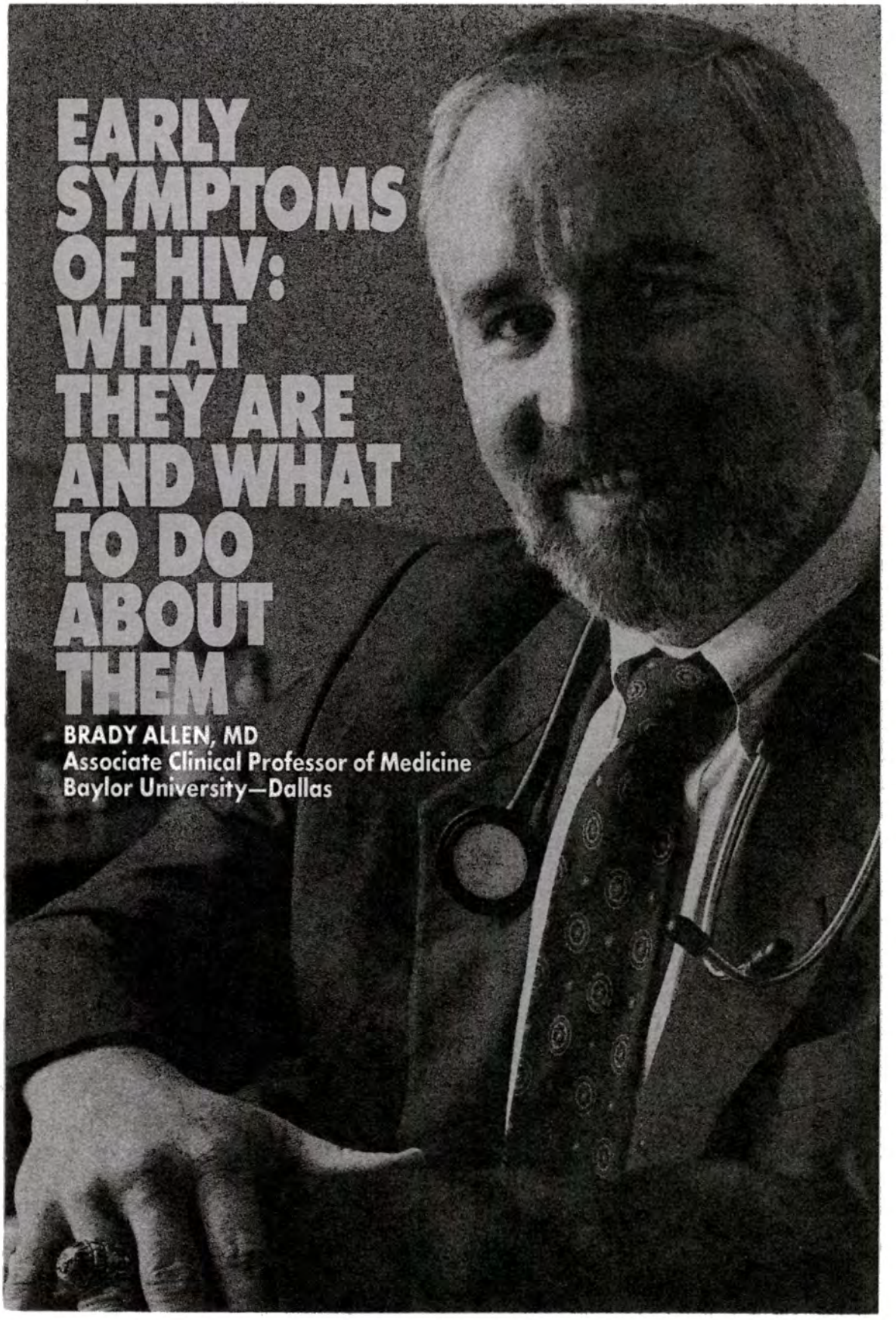
Brochure: Early Symptoms of HIV: What They Are and What to do About Them


EARLY SYMPTOMS OF HIV: WHAT THEY ARE AND WHAT TO DO ABOUT THEM
BRADY ALLEN, MD
Associate Clinical Professor of Medicine
Baylor University—Dallas

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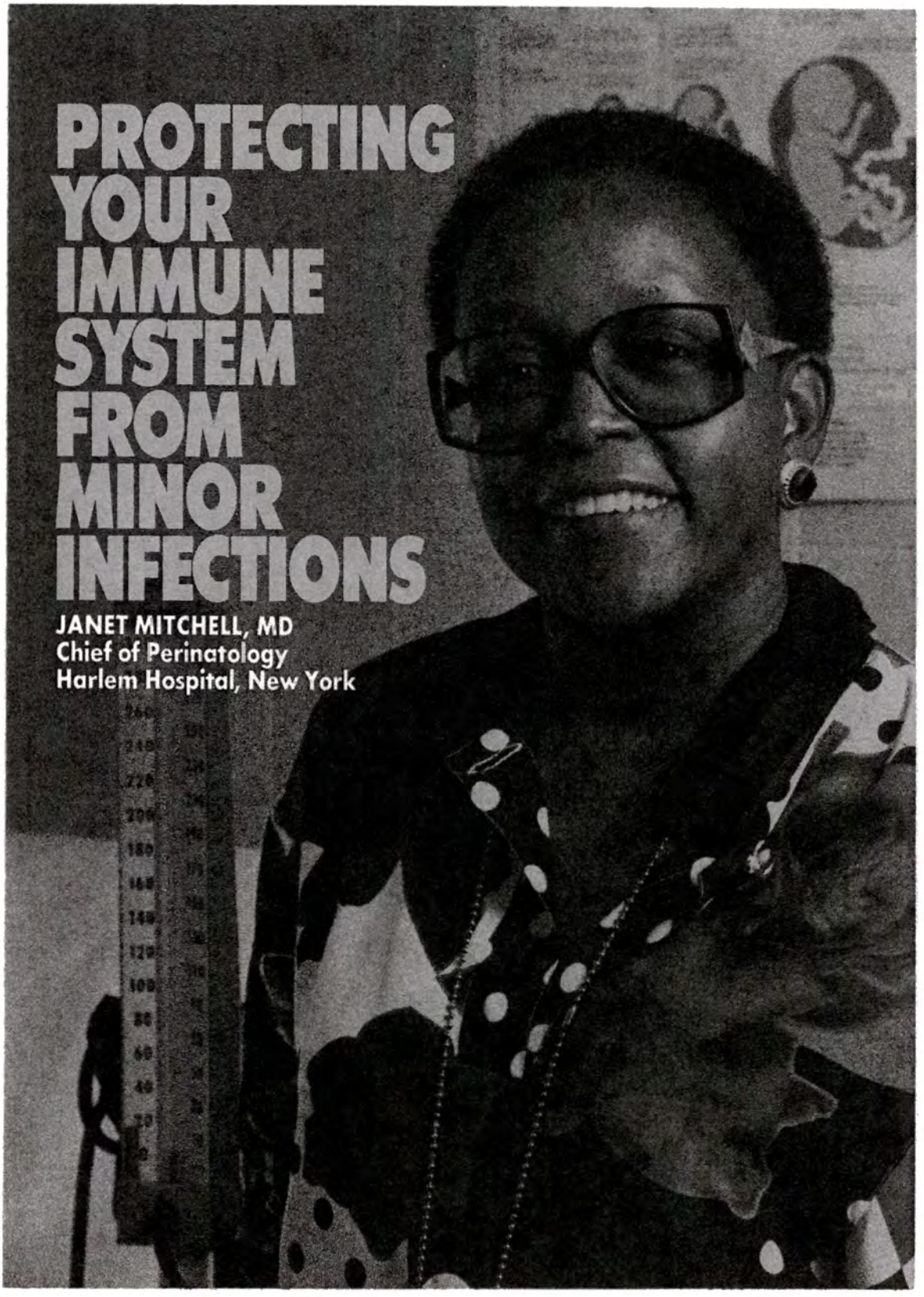
Brochure: Protecting Your Immune System from Minor Infections


PROTECTING YOUR IMMUNE SYSTEM FROM MINOR INFECTIONS
JANET MITCHELL, MD
Chief of Perinatology
Harlem Hospital, New York

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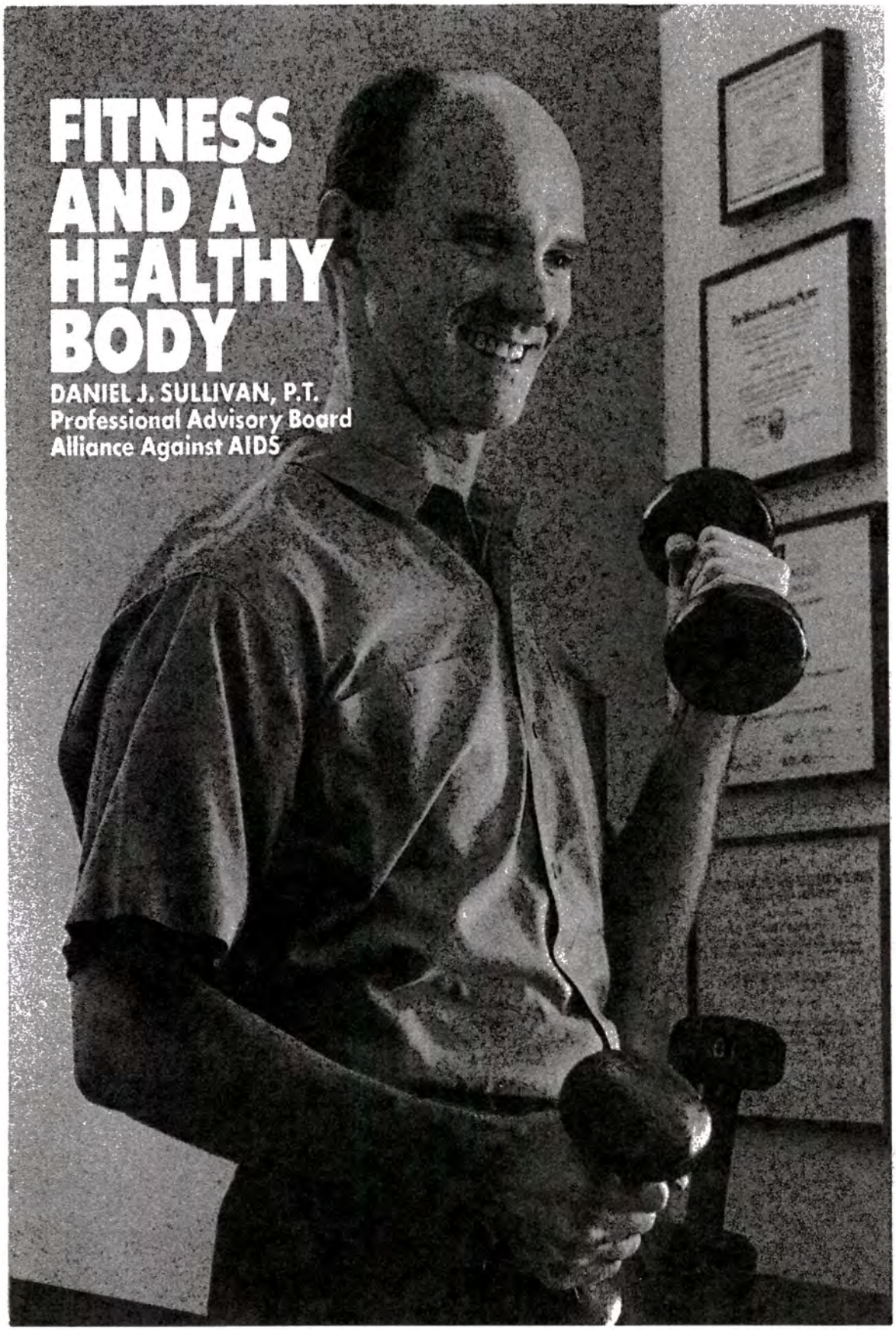
Brochure: Fitness and A Healthy Body


FITNESS AND A HEALTHY BODY
DANIEL J. SULLIVAN, P.T.
Professional Advisory Board
Alliance Against AIDS

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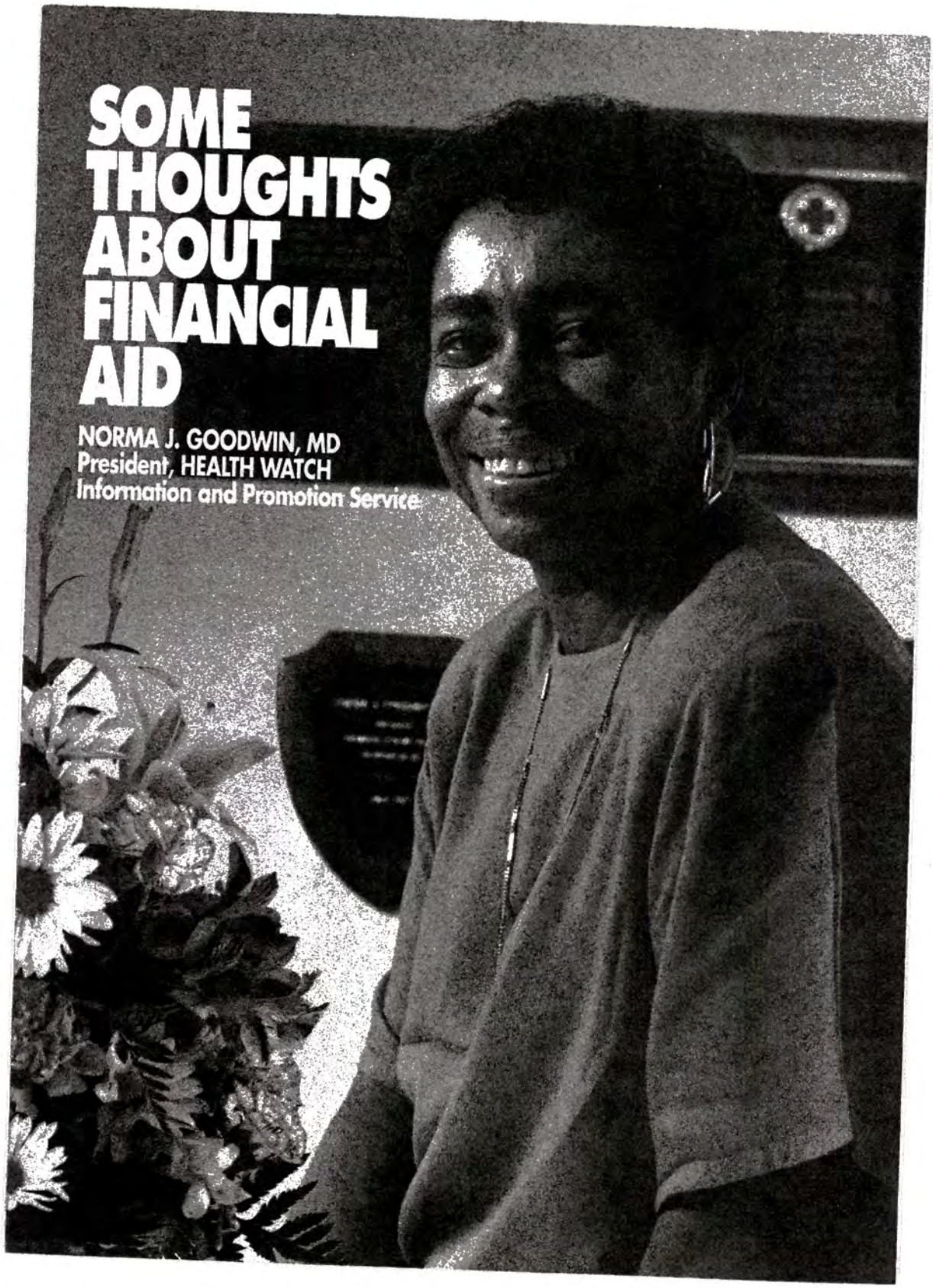
Brochure: Some Thoughts About Financial Aid


SOME THOUGHTS ABOUT FINANCIAL AID
NORMA J. GOODWIN, MD
President, HEALTH WATCH
Information and Promotion Service

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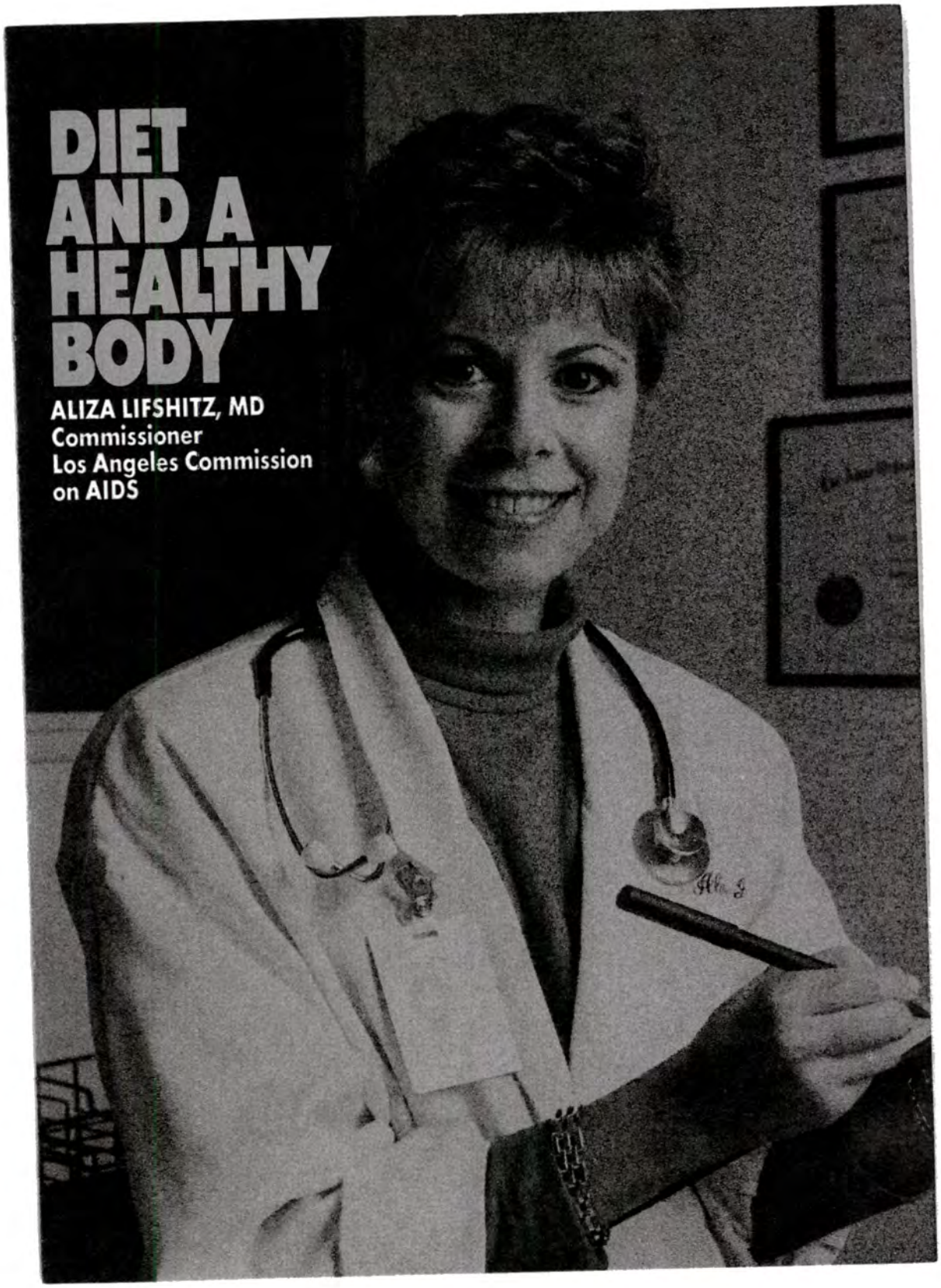
Brochure: Diet and a Healthy Body


DIET AND A HEALTHY BODY
ALIZA LIFSHITZ, MD
Commissioner
Los Angeles Commission
on AIDS

For more information on Living with HIV, please call 1-800-HIV-INFO.

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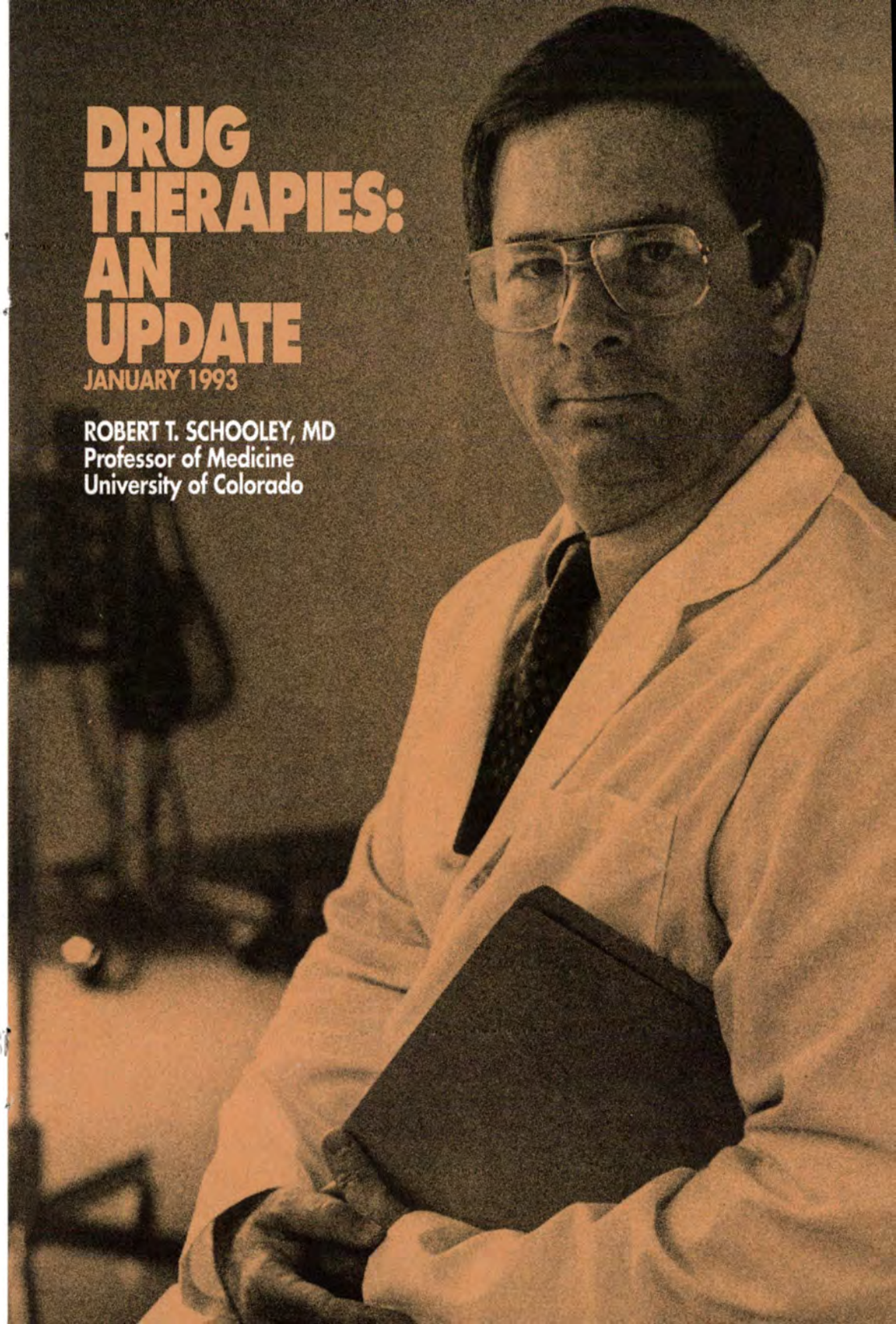
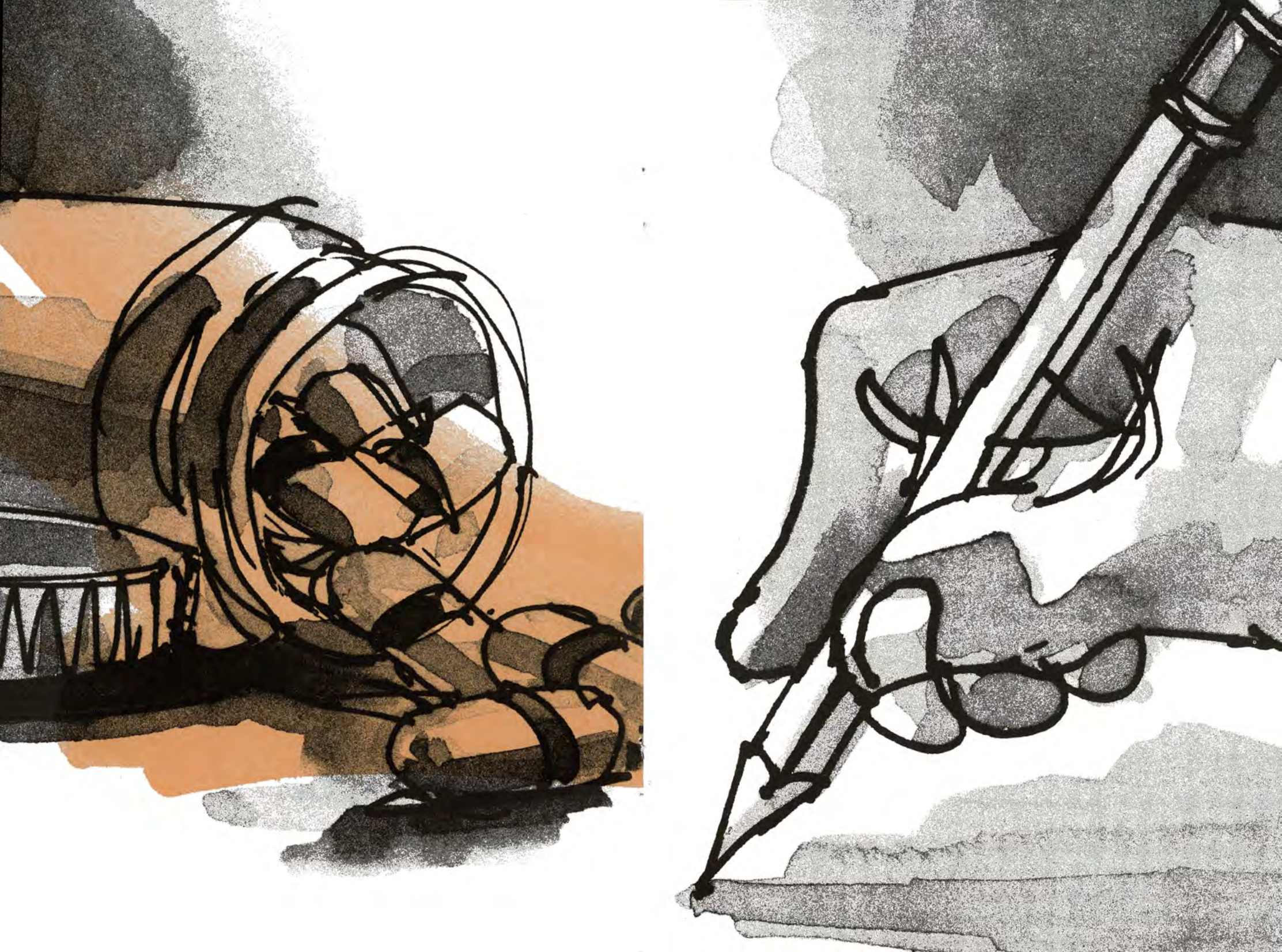
100M RT-Y04206 January 1993

DRUG THERAPIES: AN UPDATE

JANUARY 1993

ROBERT T. SCHOOLEY, MD
Professor of Medicine
University of Colorado





genes have been identified that seem to turn the virus on and make it reproduce faster. Other genes seem to turn this process off. Researchers are testing ways of interfering with the genes that activate the virus, and stimulating the genes that shut the virus down. All are in the early stages of research.

Drugs to fight infections

So far, we've been talking about drugs that fight HIV itself. But it's also important to remember the drugs that fight infections associated with HIV. Improvements in these drugs have made an enormous difference to people with HIV. In the early years of the epidemic, it was common for patients to die soon after their first bout with PCP (*Pneumocystis carinii* pneumonia), often because it was diagnosed too late. But now that patients are given treatment to help prevent PCP, many don't develop it at all, and those who do usually survive it with appropriate treatment. Treatments for PCP, Kaposi's sarcoma, and various fungal or yeast infections have meant a longer and better quality of life for HIV-positive people whose immune systems have started to decline. In addition, early treatment with drugs that fight HIV, begun while you're still healthy, means that you may have less chance of developing these infections.

Many new therapies for HIV are under development. AZT, ddC, ddI, and d4T* are now available, and more treatments will become available over the next few years. Your doctor can help you decide which drug or drugs may be right for you. You may have heard about some of the drugs described in this booklet, and you may want to talk with your doctor, pharmacist, and other members of your healthcare team to find out more about them.

AZT is available as Retrovir® (zidovudine).

ddC is available as Hivid® (zalcitabine), a registered trademark of Hoffmann-LaRoche.

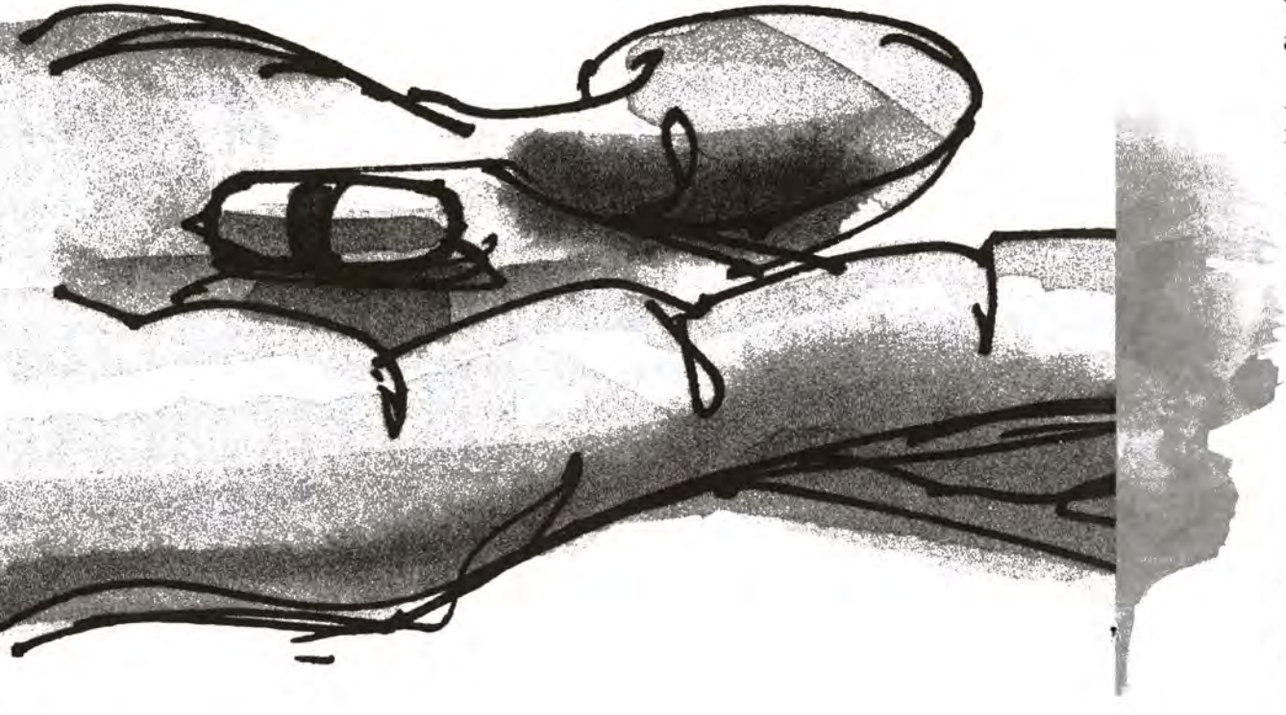
ddI is available as Videx® (didanosine), a registered trademark of Bristol-Myers Squibb Company.

**d4T (stavudine) is only available through expanded access programs from Bristol-Myers Squibb Company.*

Retrovir®
(commonly known as AZT)

Retrovir has been available to treat HIV infection since 1987. It's been used longer than any of the other agents. Extensive clinical evaluation has established its role as the first line of defense to treat HIV infection. Evidence shows that Retrovir, along with good healthcare, physical fitness, personal hygiene, and safe sex practices, can slow the progression of HIV disease and significantly improve your chances of staying healthier.

For more information on Retrovir, please see the enclosed booklet titled, "Today's AZT: An Update."



However, researchers are excited because each of these products works against the virus in a different way.

In addition, a lot of work is being done to help determine the role that immune response modulators, especially interferon, may play in slowing the progression of HIV.

Vaccines

There's a lot of interest in vaccines for HIV disease. Most of us are used to thinking of vaccines as a way to keep healthy people from becoming infected with bacteria or viruses that can cause disease, and vaccines for HIV may someday be used that way. But HIV vaccines may also be used to treat people who are already infected with HIV.

The idea behind "vaccine therapy" is that when people with HIV disease are given shots of vaccine, the vaccine will "turn on" the immune system and help it fight the infection more effectively. Different vaccines are being developed. Currently, several are being tested in small numbers of HIV-positive people and, so far, it appears that the vaccines are safe and that some people's immune systems do respond. However, it is not clear if the vaccines actually slow the progression of HIV disease.

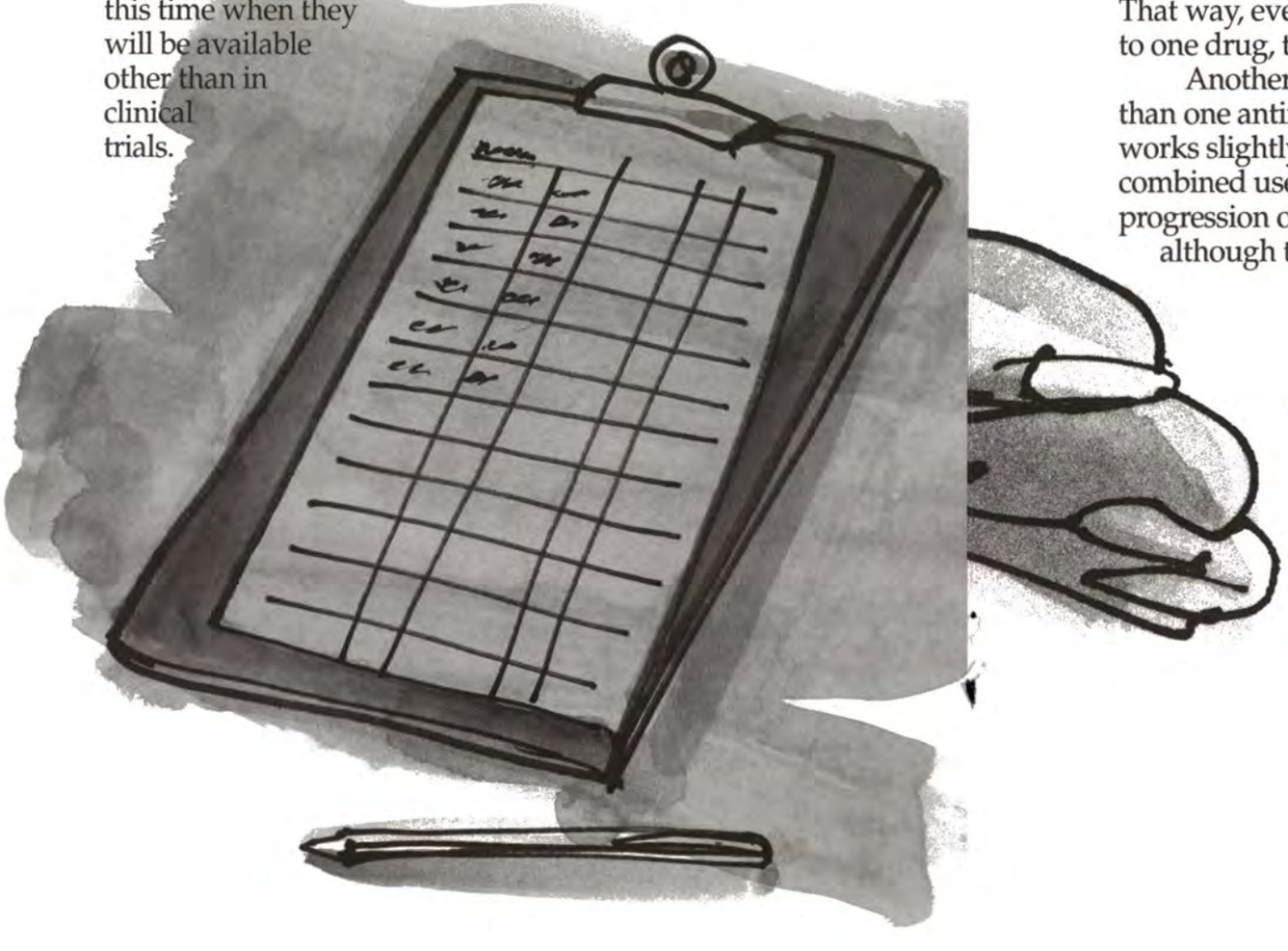
Gene therapies

Researchers have found out an enormous amount about how HIV works. There's still much left to be learned—but what's been learned already may lead to new therapies for HIV. Some of these are already being investigated in the test tube. For example: certain key

Other agents under investigation

d4T (a drug in the same class as Retrovir, ddC, and ddI) has shown enough promise that it is now available through expanded access programs. Your doctor can provide you with information on whether you are eligible to join one of these "parallel track" programs. It is only available for those who cannot tolerate other therapies.

And you may have heard about work being done on other classes of antiretroviral drugs such as the TIBO drugs, TAT inhibitors, or protease inhibitors. All these drugs work in different ways and are currently in the early stages of investigation to see if they are safe and effective. It is unknown at this time when they will be available other than in clinical trials.



Combination therapy

Many doctors think that the combined use of more than one antiretroviral drug will turn out to be one of the best ways of treating HIV infection. Why? Because HIV is an extremely complicated virus, with many steps in its life cycle.

Over time, HIV makes mutant versions of itself—copies with slight differences. And these differences, although small, can make some of the virus resistant to certain drugs. So attacking HIV with only one drug may not be enough over the long term.

That's why many doctors think that the best way to get around the problem of resistance is to attack the virus with several different drugs at the same time. That way, even if some strains of the virus are resistant to one drug, they can be attacked with another.

Another reason for the combined use of more than one antiretroviral drug is that each drug works slightly differently to attack the virus. Their combined use may have a greater effect in slowing the progression of the disease than one drug alone, although this is yet to be proven.

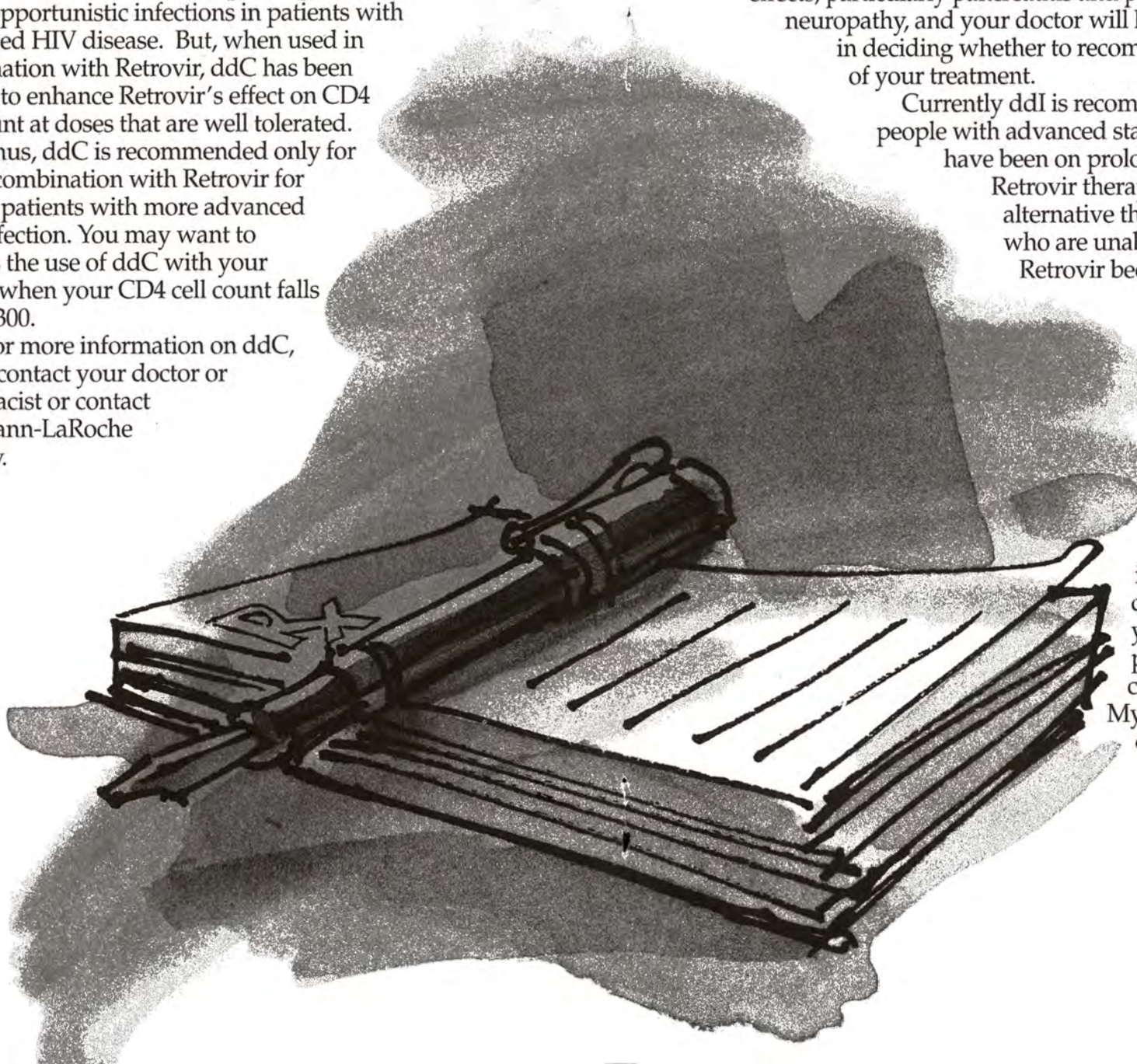
ddC

ddC is a drug that's different from Retrovir, but it works in a similar way to slow HIV from spreading in your body. ddC has its own set of side effects, particularly peripheral neuropathy (a tingling, numbness, or pain in your hands and/or feet) and,

much less frequently, pancreatitis. Your doctors and pharmacists will keep these in mind when considering its role in treatment. Using ddC alone at currently recommended doses did not prolong survival or delay opportunistic infections in patients with advanced HIV disease. But, when used in combination with Retrovir, ddC has been shown to enhance Retrovir's effect on CD4 cell count at doses that are well tolerated.

Thus, ddC is recommended only for use in combination with Retrovir for certain patients with more advanced HIV infection. You may want to discuss the use of ddC with your doctor when your CD4 cell count falls below 300.

For more information on ddC, please contact your doctor or pharmacist or contact Hoffmann-LaRoche directly.



ddI

ddI is a different drug, but it works in a similar way to both Retrovir and ddC. It may also cause its own side effects, particularly pancreatitis and peripheral neuropathy, and your doctor will keep this in mind in deciding whether to recommend ddI as part of your treatment.

Currently ddI is recommended for people with advanced stage disease who have been on prolonged prior Retrovir therapy. It is also alternative therapy for those who are unable to take Retrovir because of side effects or who exhibit evidence of significant disease progression despite Retrovir therapy.

For more information on ddI, please contact your doctor or pharmacist or contact Bristol-Myers Squibb directly.

For more information on Living With HIV please call 1-800-HIV-INFO.

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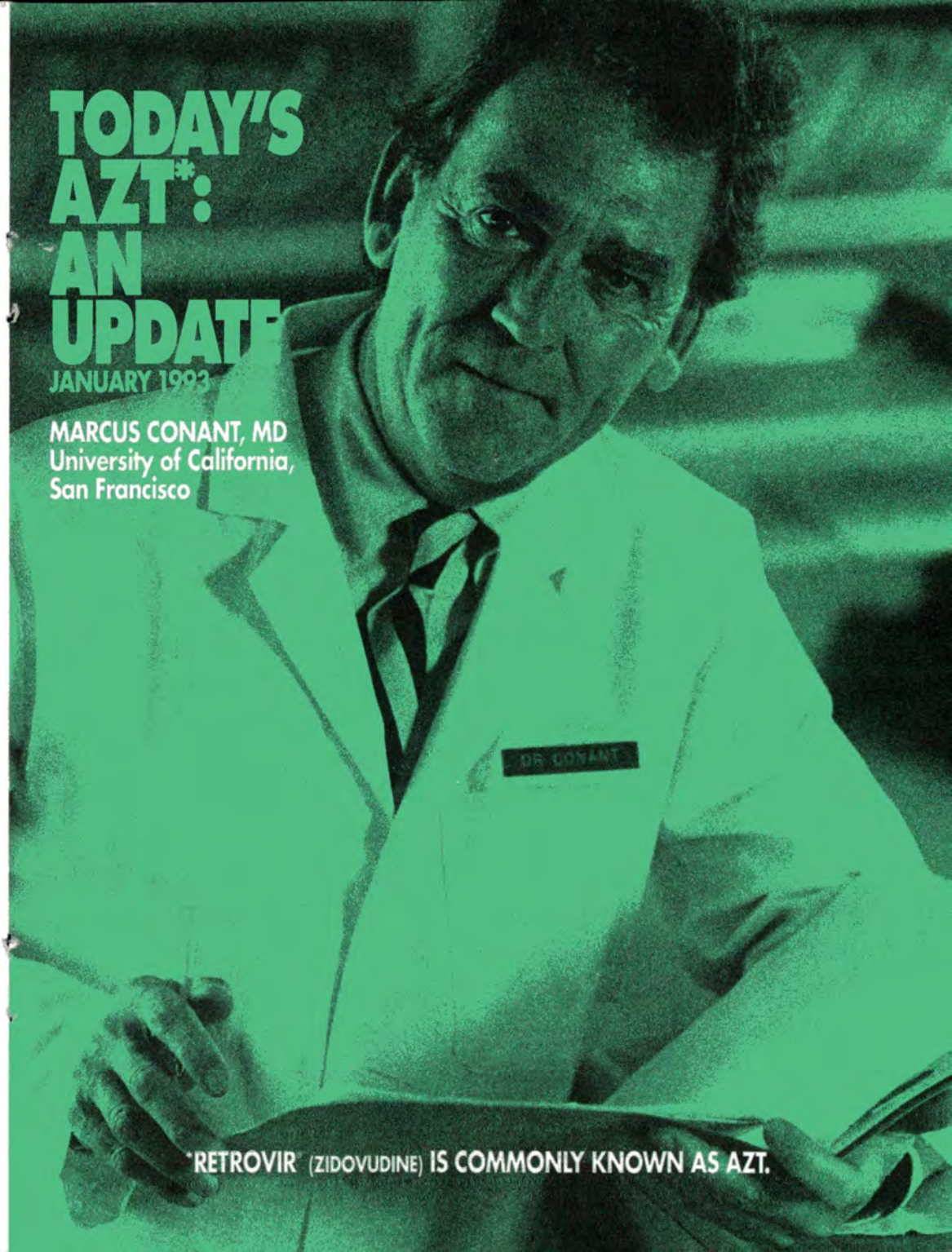
200M RT-Y04205 January 1993

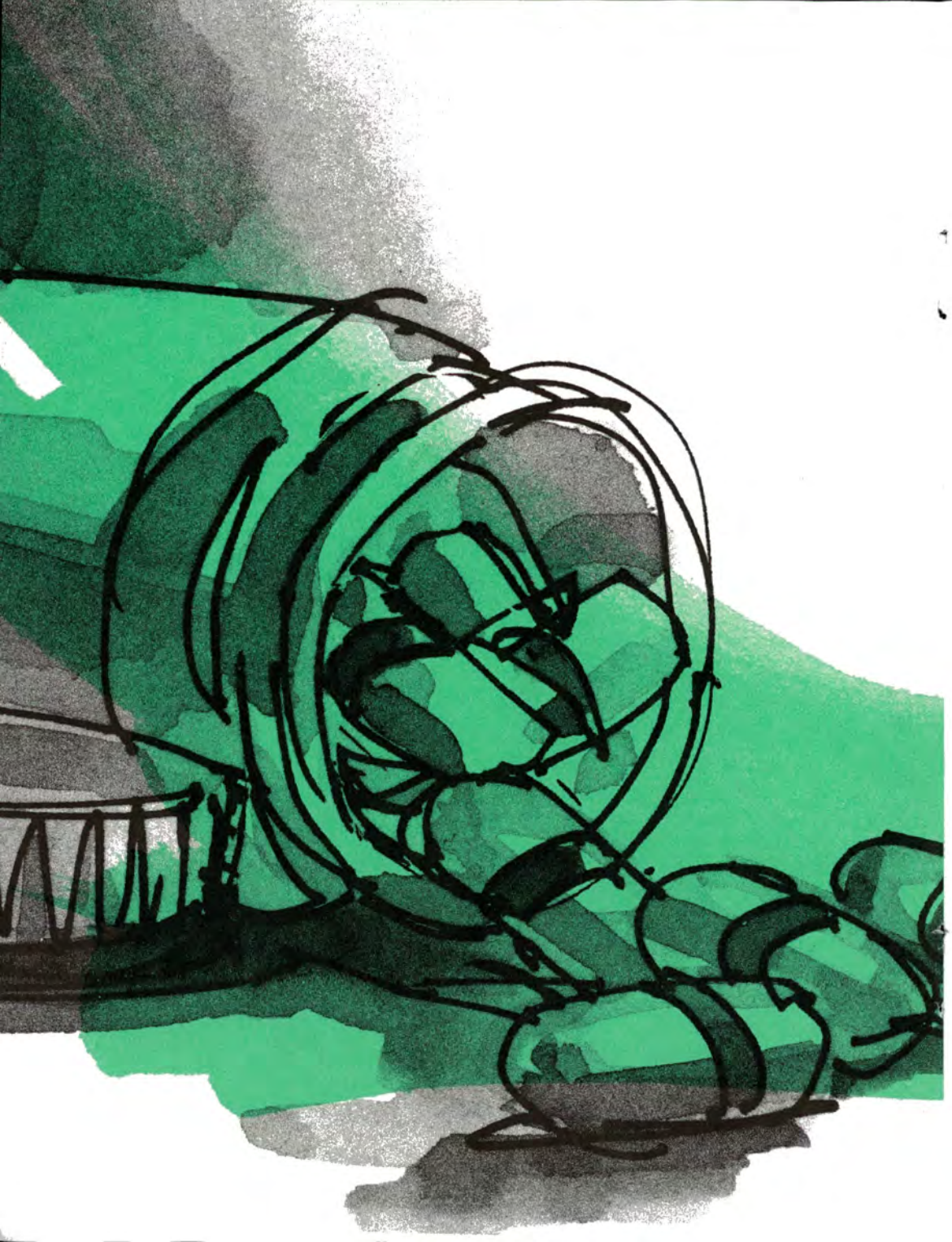
TODAY'S AZT*: AN UPDATE

JANUARY 1993

MARCUS CONANT, MD
University of California,
San Francisco



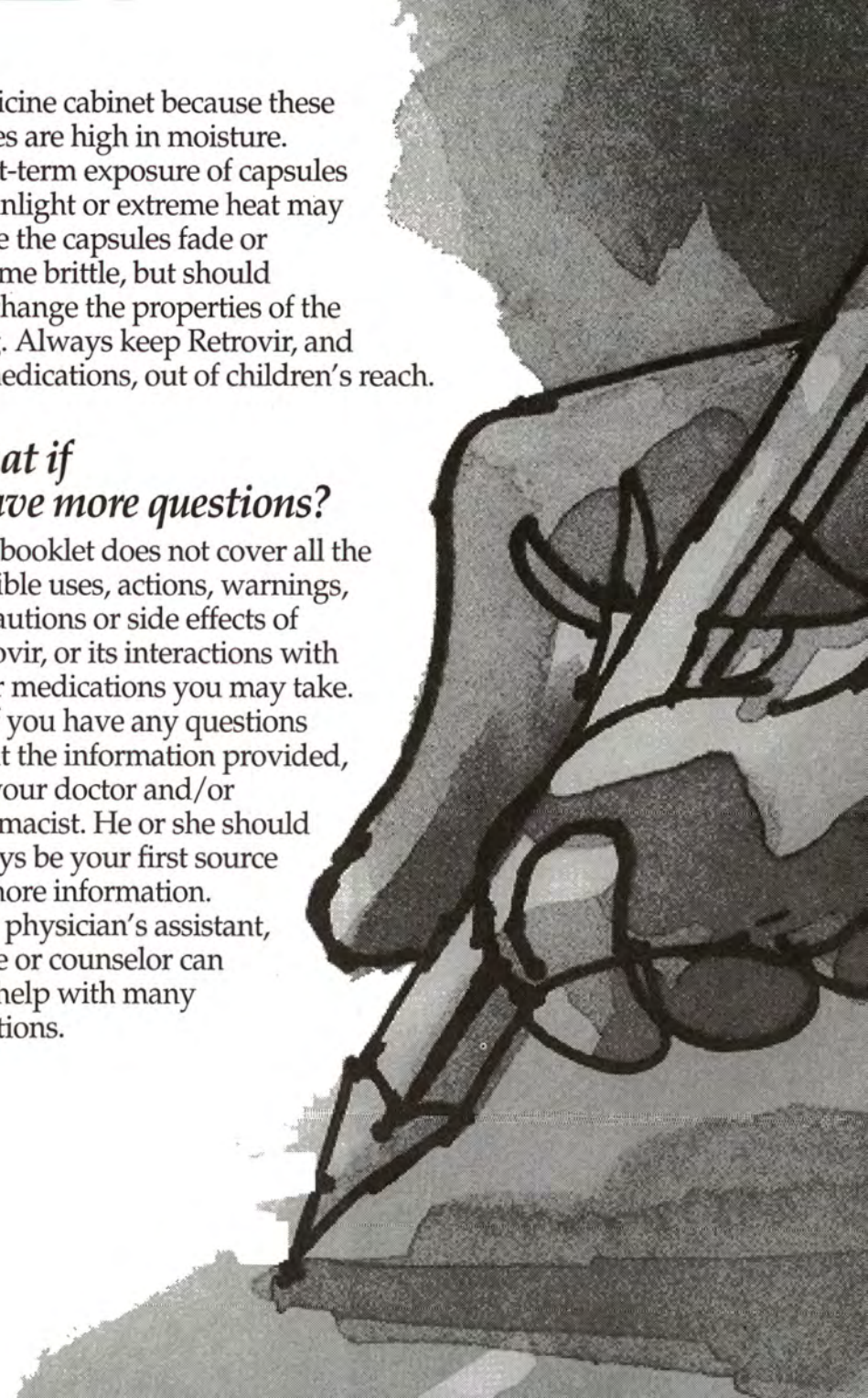
*RETROVIR (ZIDOVUDINE) IS COMMONLY KNOWN AS AZT.



medicine cabinet because these places are high in moisture. Short-term exposure of capsules to sunlight or extreme heat may make the capsules fade or become brittle, but should not change the properties of the drug. Always keep Retrovir, and all medications, out of children's reach.

What if I have more questions?

This booklet does not cover all the possible uses, actions, warnings, precautions or side effects of Retrovir, or its interactions with other medications you may take. So, if you have any questions about the information provided, ask your doctor and/or pharmacist. He or she should always be your first source for more information. Your physician's assistant, nurse or counselor can also help with many questions.



Will Retrovir affect my appetite?

Although Retrovir* may cause nausea in some patients, it should not affect your appetite. It is best to take each dose at least 1/2 hour before or at least 1 hour after a meal.

Can I take Retrovir if I'm pregnant or nursing?

It's not known whether Retrovir can harm an unborn child if it's taken by the mother during pregnancy. Nor is it known whether the medication is passed along to the infant during nursing. While these issues are currently being studied, it's recommended that pregnant and nursing women with HIV infection take Retrovir only if absolutely necessary. Your doctor can guide you.

If I take Retrovir, do I still need to take sexual precautions?

Yes. Retrovir does not kill the HIV virus in your system. It merely controls it, so you remain infected and are still able to transmit the HIV virus to others. And that's true even if you don't have symptoms.

Moreover, if your partner does not take sexual precautions, you are in danger of being reinfected with the HIV virus.

That's why it's so important to practice safe sex every single time.

Where should I store Retrovir?

Both capsules and syrup should be stored at room temperature (70° F) and protected from direct light and moisture. Do not store Retrovir in the refrigerator or in the

Retrovir®** (zidovudine) **is commonly known as AZT.

To begin with, you should know that Retrovir® (zidovudine)—commonly known as AZT—is active against the Human Immunodeficiency Virus (HIV) and has been widely used and studied since it became available for the treatment of HIV in 1987.

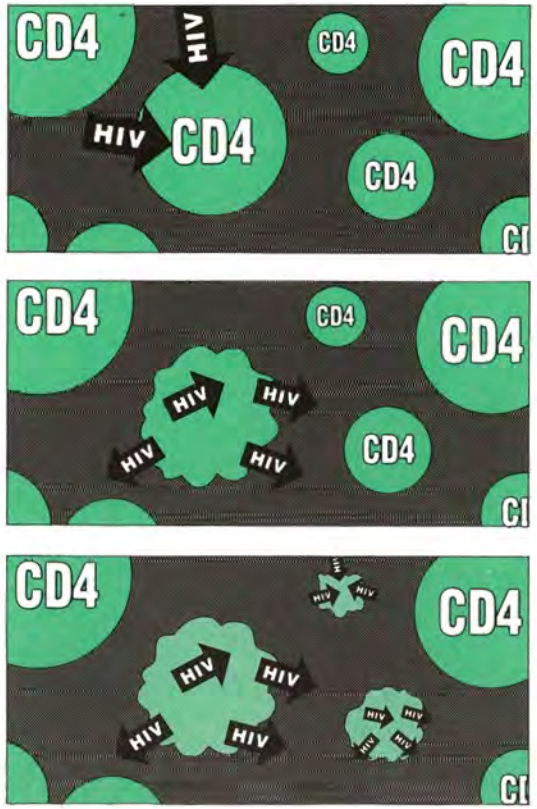
This booklet was created to answer some of your questions about today's low-dose (500-600 mg a day) Retrovir, the dosage for HIV-positive adults who have CD4 cell counts of 500 or less, whether or not they have symptoms.

You may want to use this information to gain a clearer understanding of your therapy and to begin discussions with your doctor and other members of your healthcare team (physician's assistant, nurse, pharmacist, counselor).

I've tested HIV-positive. What does that mean?

HIV is a serious viral infection, but it doesn't have to mean you have AIDS. If you've tested HIV-positive, it means that the HIV virus has entered your body through blood, semen or vaginal secretions. It usually attacks your immune system immediately, but in some cases it may not cause you to have symptoms for years. With good medical care and proper treatment, HIV infection, while not yet curable, can be manageable.

What does the HIV virus do to my immune system?



When HIV enters your immune system, it invades some of your CD4 cells (also commonly called T4 cells), the cells that help fight off diseases and infections.

The virus destroys these cells by turning them into "factories" that make more virus.

Over time, the HIV virus invades and destroys more of your CD4 cells, making even more virus "factories." If this process continues unchecked, you will have very few CD4 cells left to fight off diseases and infections. This is the condition that usually leads to AIDS.

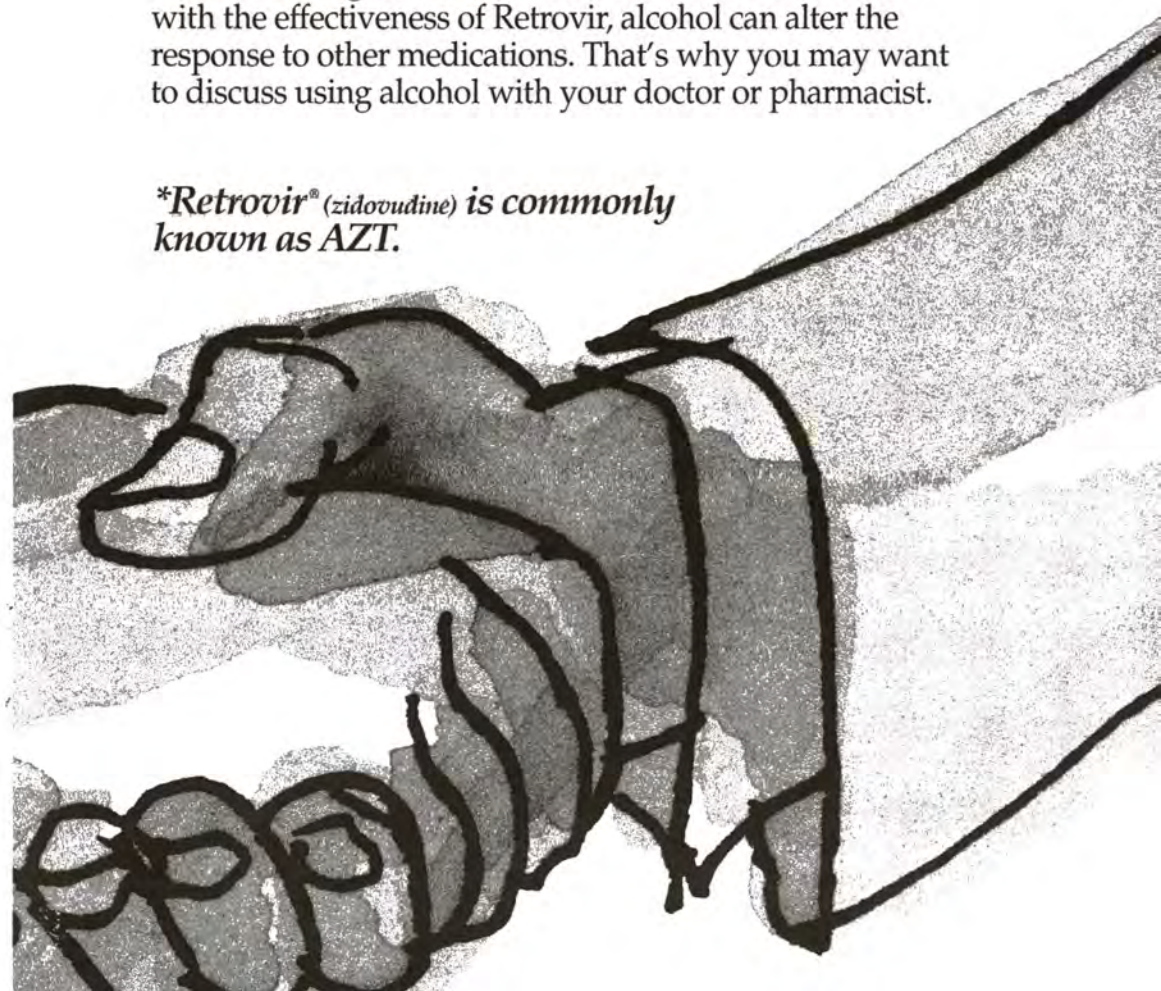
What about taking other medications while I'm on Retrovir?

Taking other medications may increase your risk of side effects. Always check with your doctor or pharmacist before taking *any* medicine—including over-the-counter medications—during your treatment with Retrovir.

Do I have to give up alcohol if I take Retrovir?

While drinking alcohol has not been shown to interfere with the effectiveness of Retrovir, alcohol can alter the response to other medications. That's why you may want to discuss using alcohol with your doctor or pharmacist.

Retrovir®** (zidovudine) **is commonly known as AZT.



Report any changes in your condition to your doctor immediately.

What are opportunistic infections? What can I do about them?

An opportunistic infection is one that takes advantage of an immune system weakened by an infection like HIV. It may be bacterial, fungal or viral.

Retrovir* therapy, along with proper medical care, can reduce your risk of developing a serious opportunistic infection by keeping your immune system healthier.

Today, there are many excellent medications available to help prevent and fight the opportunistic infections that may occur over time. You will probably continue to take Retrovir at the same time unless your doctor advises you otherwise. Your doctor and his/her healthcare team are your best sources of information on the effects of taking additional medications.

How does Retrovir fight HIV?

Retrovir* enters your infected CD4 cells and helps keep the virus from reproducing and spreading to other cells.

While Retrovir doesn't kill the virus, it *does* help protect your uninfected cells. Studies show that Retrovir, along with good healthcare, physical fitness, personal hygiene and safe sex practices, can significantly improve your chances of staying healthier longer. And there's evidence that Retrovir and proper medical care help people with advanced disease live longer.

That's why today, more and more people are taking Retrovir. They're getting on with their lives—staying at work, seeing their friends, taking care of themselves and staying healthier.

When should I start taking Retrovir?

Only you and your doctor can decide whether you should start treatment with Retrovir.

First of all, your doctor will want to give you a complete examination before deciding on the best treatment for you.

If your CD4 cell count is 500 or less, that indicates a weakened immune system. Your doctor is likely to recommend starting treatment with today's low-dose (500-600 mg a day) Retrovir, even if you haven't developed any symptoms.

Retrovir can help control the amount of HIV in your body. This, along with proper medical care, can help keep you healthier longer.

Retrovir®** (zidovudine) **is commonly known as AZT.

Why should I take Retrovir if I don't have any symptoms?

Each case of HIV infection is different.

Some people show immediate and multiple symptoms they can't ignore. Others may be asymptomatic. They can appear perfectly healthy—with no obvious symptoms—while inside their bodies, the HIV virus can be silently breaking down their immune systems.

Retrovir* has been shown to delay the progress of HIV disease in people who have reduced CD4 cell counts (less than 500), but who have not yet developed symptoms. Retrovir interferes with the reproduction of additional HIV, to keep more of your uninfected CD4 cells healthy.

That's why today, more and more people—even those who have no visible symptoms—are staying healthier on Retrovir.

Can Retrovir slow the progress of the HIV virus if symptoms have already appeared?

Yes. In many people who have already begun to show signs of HIV infection, such as weight loss, fever and diarrhea, Retrovir has been proven effective in slowing the progression of HIV disease.

It's not too late to start Retrovir, even for people who have already progressed to AIDS.

The sooner you begin Retrovir therapy after your CD4 cell count falls below 500, the better your chances of delaying the progression of HIV disease.

In some cases, your doctor might recommend that you take a combination of drugs to fight against the virus and to delay the emergence of secondary infections.

Retrovir®** (zidovudine) **is commonly known as AZT.

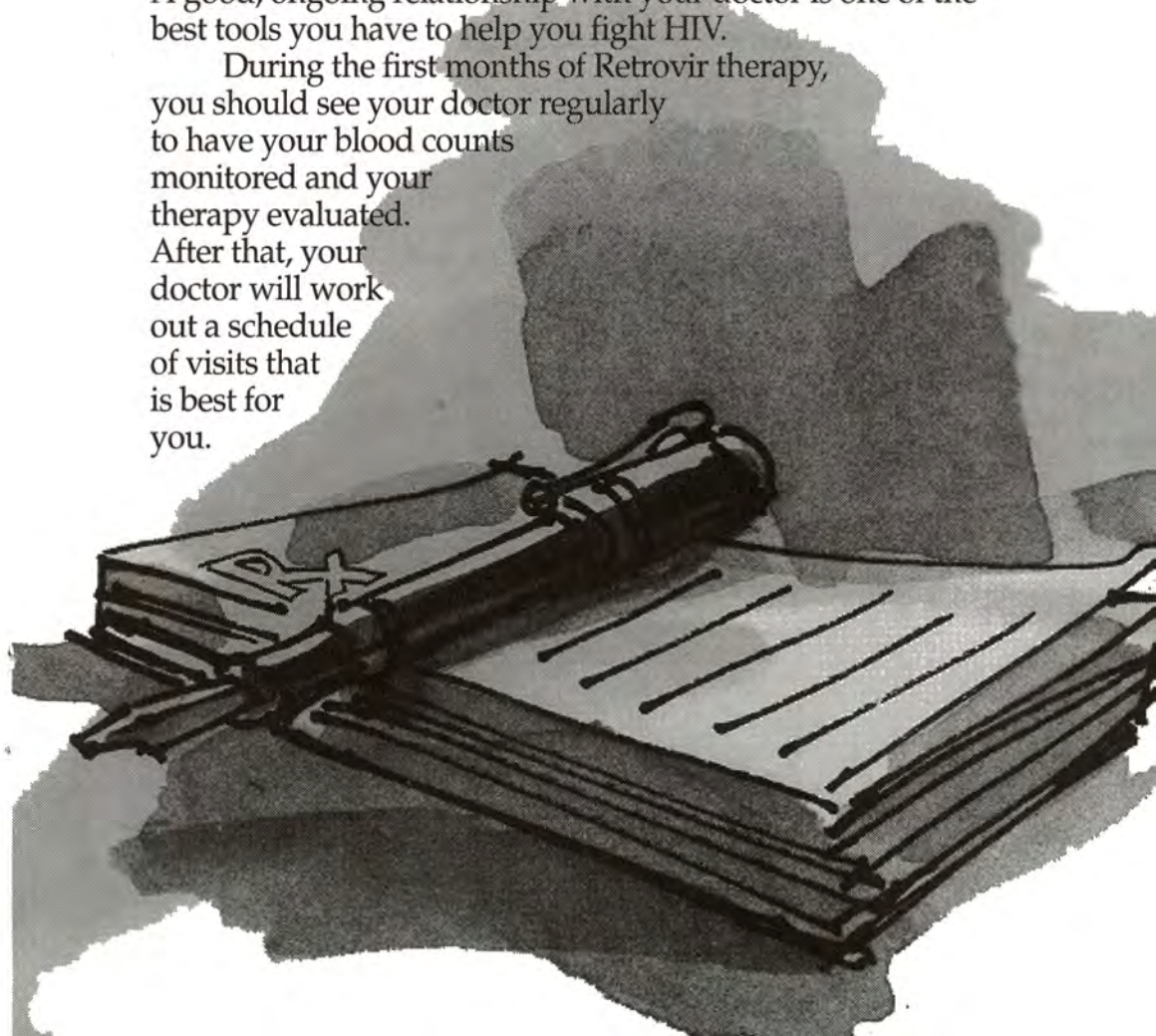
as prescribed by your doctor. Do not take more, unless your doctor recommends it, as that may cause unnecessary side effects. Do not take less, unless you have discussed this with your doctor, as that may reduce the drug's effectiveness. You should try not to miss any doses.

If you do miss a dose of Retrovir, take it as soon as possible after the scheduled time.

How often should I see my doctor?

A good, ongoing relationship with your doctor is one of the best tools you have to help you fight HIV.

During the first months of Retrovir therapy, you should see your doctor regularly to have your blood counts monitored and your therapy evaluated. After that, your doctor will work out a schedule of visits that is best for you.



chances of staying healthier longer.

At present, it is not known how long the benefits will continue. Research is continuing on this subject.

As with all antiretroviral drugs, strains of HIV may become resistant to the drug. Currently, this appears to be less common and occurs more slowly in patients when treatment is begun early in the disease (CD4 counts of 200 to 500). Studies of drug combinations that may delay the development of resistance are currently underway. However, if resistance does occur, several different drugs can be used to attack the virus. (See booklet titled "Drug Therapies: An Update.")

Is Retrovir less effective in women or in members of minority groups?

No. A continuing review of data from major Retrovir* studies involving more than 3000 patients showed that Retrovir, along with proper medical care, has been equally effective in keeping patients—men, women, black, white and Hispanic—healthier longer.

What's the daily regimen for taking Retrovir?

Retrovir is available in 100 mg capsules. The usual dose is 500-600 mg per day, one capsule every four hours while awake. It's also available in syrup form. You should talk to your doctor about the dosing most appropriate for you.

Why do I need to take Retrovir at regular intervals?

In order to keep the right amount of medicine in your blood, Retrovir must be taken every day, in regularly spaced doses,

Retrovir® (zidovudine) is commonly known as AZT.

How soon can I expect to see results?

The effects of therapy with Retrovir can usually be seen within six weeks if you have symptoms of HIV disease.

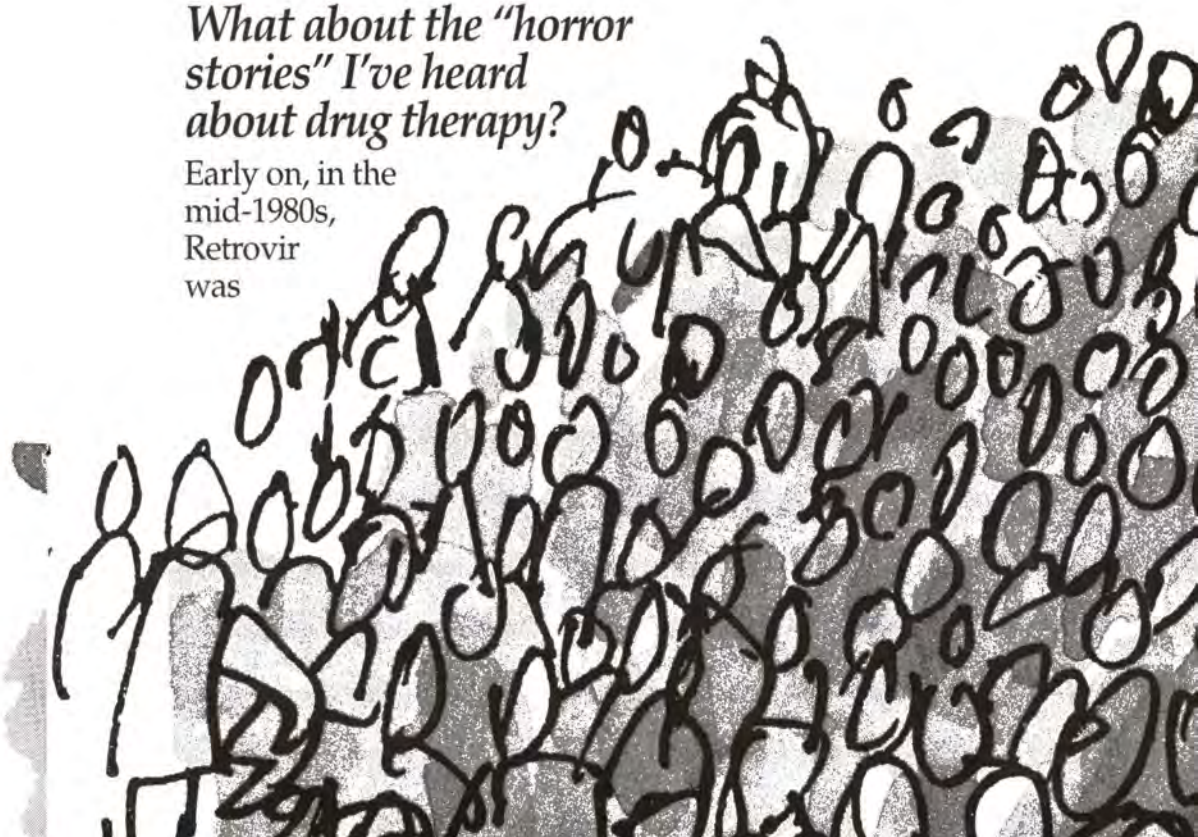
Treatment with Retrovir in advanced disease may result in weight gain or continued maintenance of body weight, and an improvement in daily functioning.

Isn't treatment with low-dose Retrovir expensive?

Today's low-dose Retrovir (500-600 mg a day) is available at less than a third of its original cost. And there are many programs that can help you pay for Retrovir. Your doctor or support organization can tell you more about them.

What about the "horror stories" I've heard about drug therapy?

Early on, in the mid-1980s, Retrovir was



used in higher doses and in patients whose immune systems were severely damaged. At those high doses, drug therapy did produce serious side effects in many people. Today, drug therapy with Retrovir* is recommended at much lower doses, much earlier on, for patients with CD4 cell counts of 500 or less. So today, for most patients, the side effects are milder and serious effects occur less often, as discussed below.

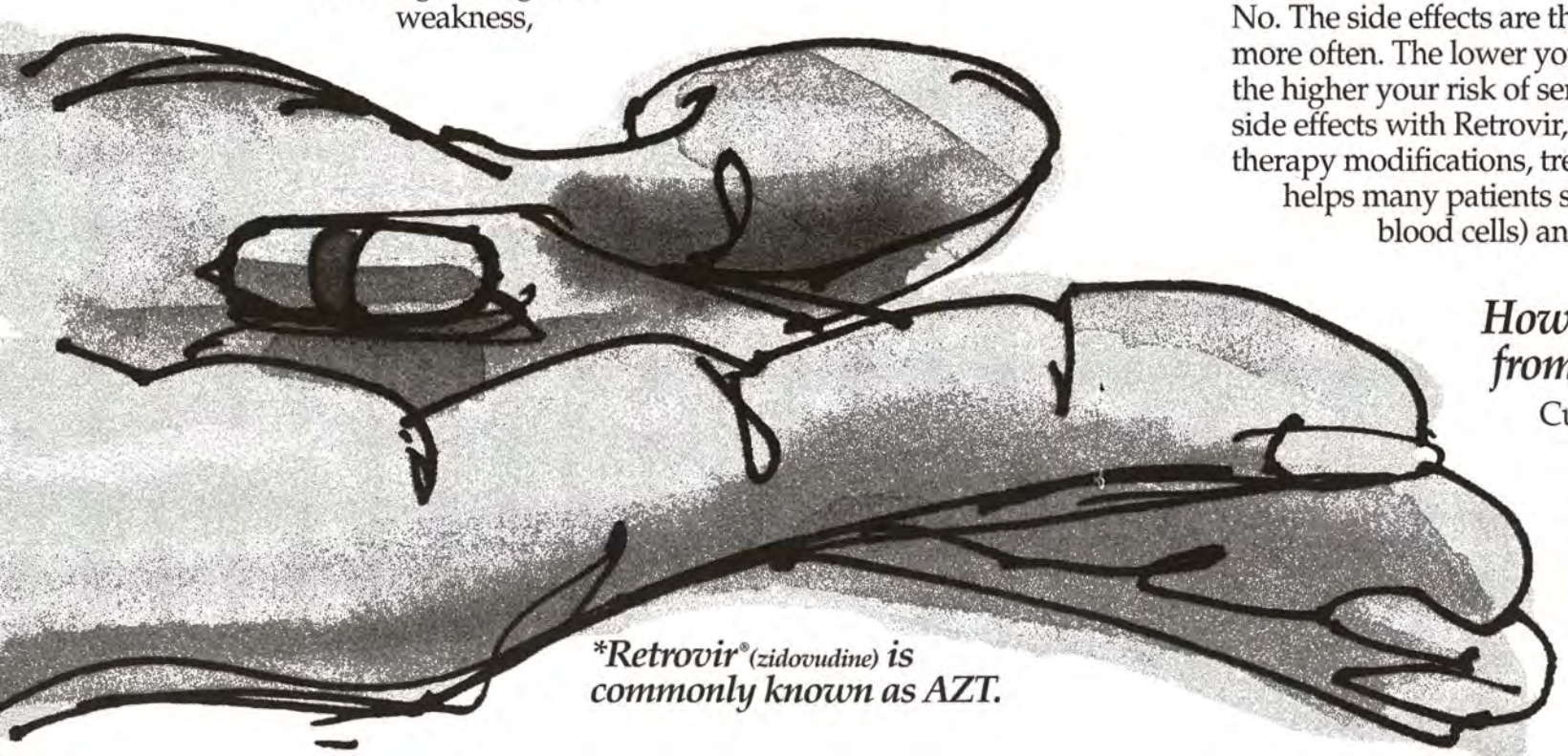
What side effects can I expect from today's low-dose Retrovir?

Today's low-dose Retrovir (500-600 mg a day), when started early in patients with CD4 cell counts of 200 to 500, causes significantly fewer serious side effects. Many people report nothing worse than temporary discomfort. This may include headaches, nausea or vomiting, a feeling of fatigue or weakness, insomnia or muscle pain. If you have such problems while taking Retrovir, be sure to mention them to your doctor. To manage your discomfort, your physician might suggest a pain reliever or a liquid antacid. And, for many people, most of these symptoms go away within the first three months.

A few patients may also experience side effects, like anemia, that affect the blood. These hematologic side effects are uncommon (less than 2%) when treatment is begun in the early stages of the disease. If they occur, they may require temporary dose reduction, interruption of drug therapy, other appropriate medical care, or a different antiretroviral drug.

Are these side effects different in advanced disease?

No. The side effects are the same, but they usually occur more often. The lower your CD4 cell count falls below 200, the higher your risk of serious blood-related (hematologic) side effects with Retrovir, sometimes requiring dose or therapy modifications, treatment with EPO (a drug that helps many patients stimulate the production of red blood cells) and/or transfusions.



**Retrovir® (zidovudine) is commonly known as AZT.*

How long can I benefit from taking Retrovir?

Current information suggests that people who begin to receive Retrovir, along with proper medical care, early in the course of their HIV disease (CD4 cell counts of 500 or less) can significantly improve their

For more information on Living With HIV, please call 1-800-HIV-INFO.

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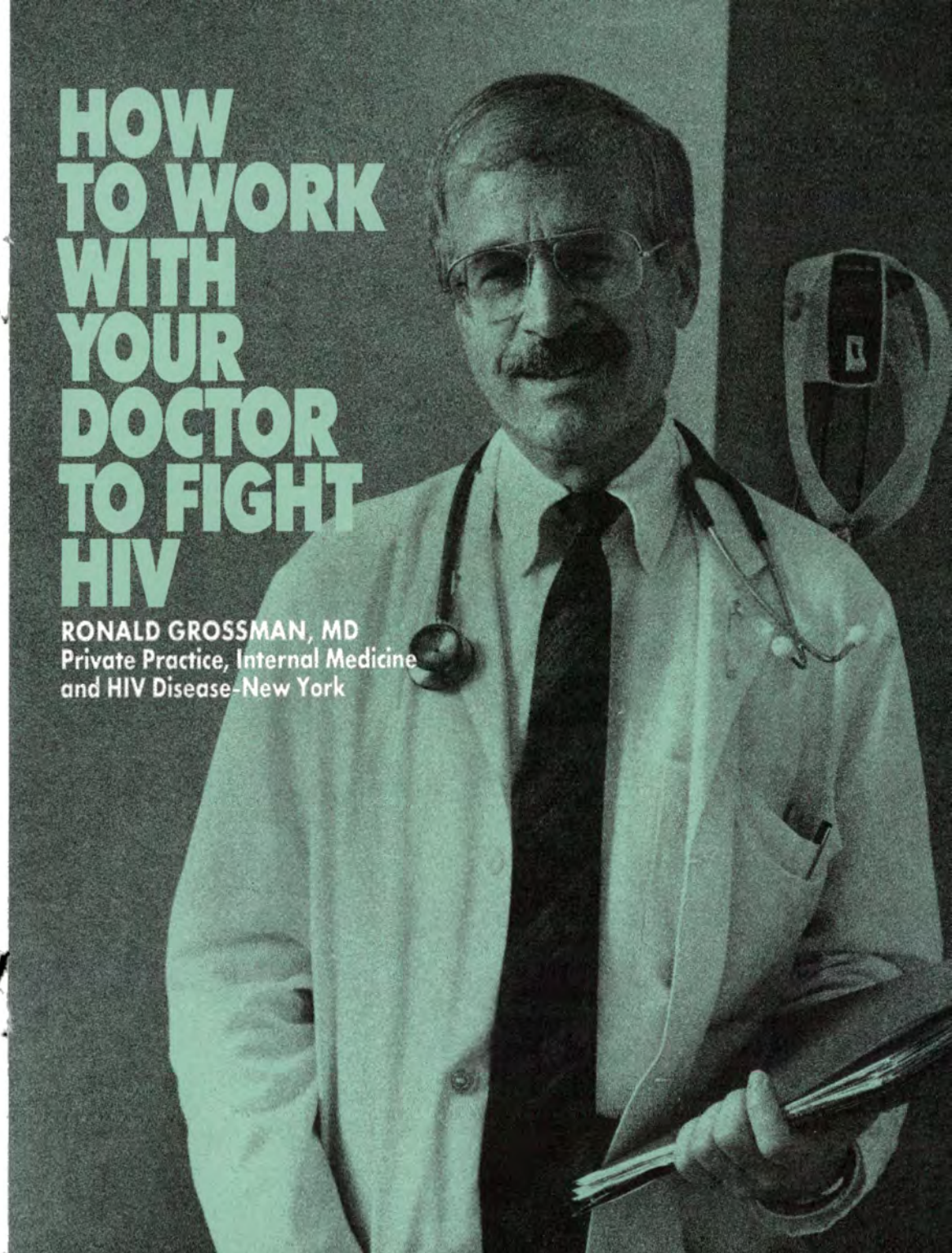
250M RT-Y03966 June 1992

HOW TO WORK WITH YOUR DOCTOR TO FIGHT HIV

RONALD GROSSMAN, MD
Private Practice, Internal Medicine and HIV Disease-New York



Depending on whether you have any symptoms and the level of your CD4 cell count, your doctor will want to see you for follow-up visits to monitor your immune system, determine if any signs or symptoms of HIV disease appear and when to start appropriate treatment.

Although doctors use different monitoring schedules, generally this system is followed:

1. When you have no symptoms and a CD4 cell count over 500, you may be seen every four to six months.
2. If you have no symptoms and a CD4 cell count that has fallen into the range of 300-500, you may be followed every two to three months, or even more frequently if you are on antiretroviral medicine.
3. If you have a low CD4 cell count (under 200), but have no serious symptoms, your doctor will generally want to see you every one to two months, or more often if your CD4 cell count is falling.
4. If you're having symptoms, including severe weight loss or persistent fever, your doctor will do tests and you may be seen as often as every week or two.

At all follow-up visits, your doctor should do a complete physical exam, which includes checking mouth, glands (lymph nodes), skin, rectum, and genitals. Blood tests will generally include the complete blood count and blood chemistries. CD4 cell counts will be performed as needed.

Naturally, if you've been experiencing any frequent or persistent symptoms, *contact your doctor promptly.*

Above all, remember people do better with this disease when they form a close working relationship – like a partnership – with their doctors and other healthcare professionals.

Your doctor will probably perform the following exams:

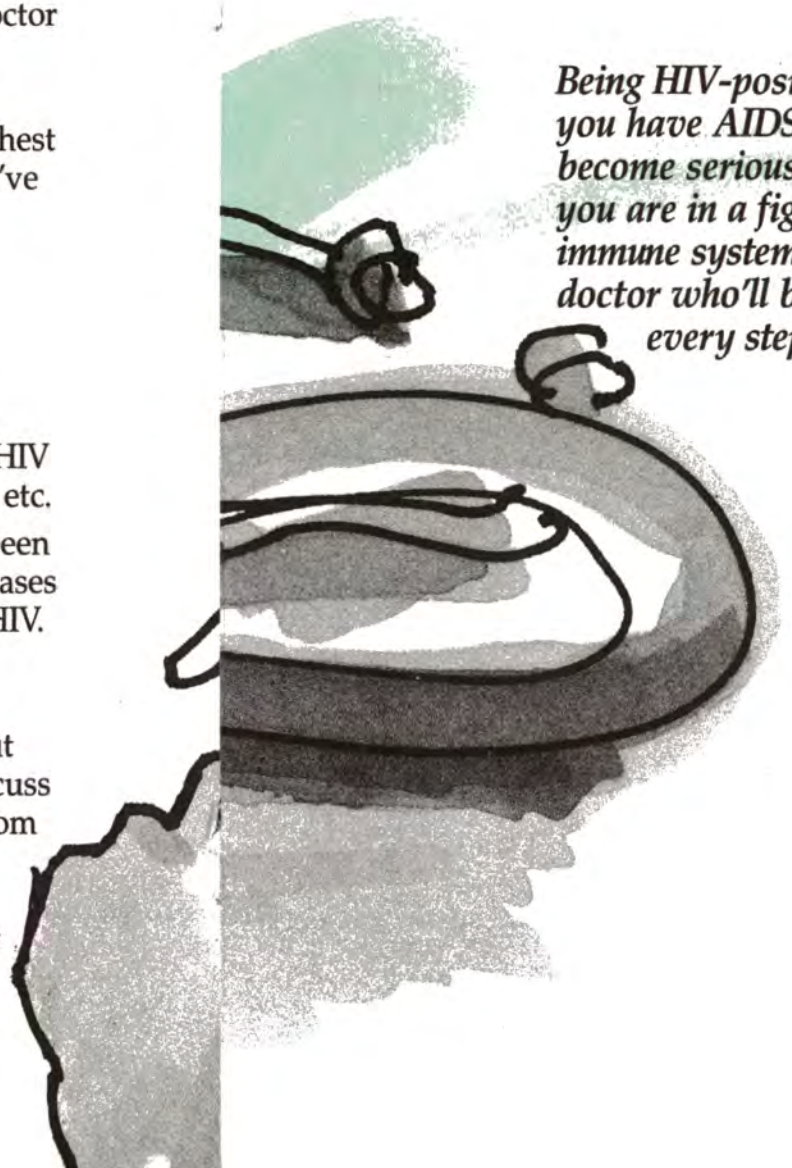
1. Your doctor will want to confirm that you are HIV-positive. The two tests most commonly used are the ELISA and the Western blot.
2. A physical exam of the entire body should be performed, including the eyes, mouth, rectum, and genitals. Your doctor may refer you to an eye doctor (ophthalmologist) for a complete eye exam.
3. The following tests will most likely be done: a baseline chest X-ray and urine test. A stool culture may be taken if you've been having diarrhea.
4. Blood will be taken for a variety of tests, including:
   - CBC (complete blood count)
   - blood chemistries
   - CD4 cell count.

   These tests give your doctor a picture of your infection-fighting abilities and may also detect unsuspected non-HIV problems such as diabetes, kidney disease, liver disease, etc.
5. Your doctor will check your blood to see if you've ever been in contact with syphilis or hepatitis B because these diseases are usually caught in the same ways a person acquires HIV.

Test results and the next steps:

Once all your test results come back, which may take about two weeks, your doctor will go over all the results and discuss with you the best course of action. You will benefit most from this conversation with your doctor if it's done in person.

At that time, if you are considering using nutritional supplements or going on a macrobiotic diet, you may want to discuss it with your doctor. Your doctor can help you determine whether these therapies are appropriate.



Being HIV-positive doesn't mean you have AIDS or that you will become seriously ill soon. But you are in a fight to protect your immune system. You'll need a doctor who'll be there for you every step of the way.

The following tips can help you choose the doctor who is right for you.

■ Look for a doctor who makes you feel comfortable. Since your doctor will be an important source of support and information, you should feel able to discuss all aspects of HIV with him or her — and trust the suggestions that are made for your treatment.

■ Look around until you find the doctor you believe will work with you over the long term. Staying with a doctor for only a short time makes it difficult to get proper care.

■ Find a doctor who is knowledgeable about HIV. A doctor who has worked with other HIV-positive individuals will be most familiar with current medications and therapies.

■ Write all your questions down before visiting your doctor. That makes it less likely that you'll forget. And your doctor will appreciate how organized you are!

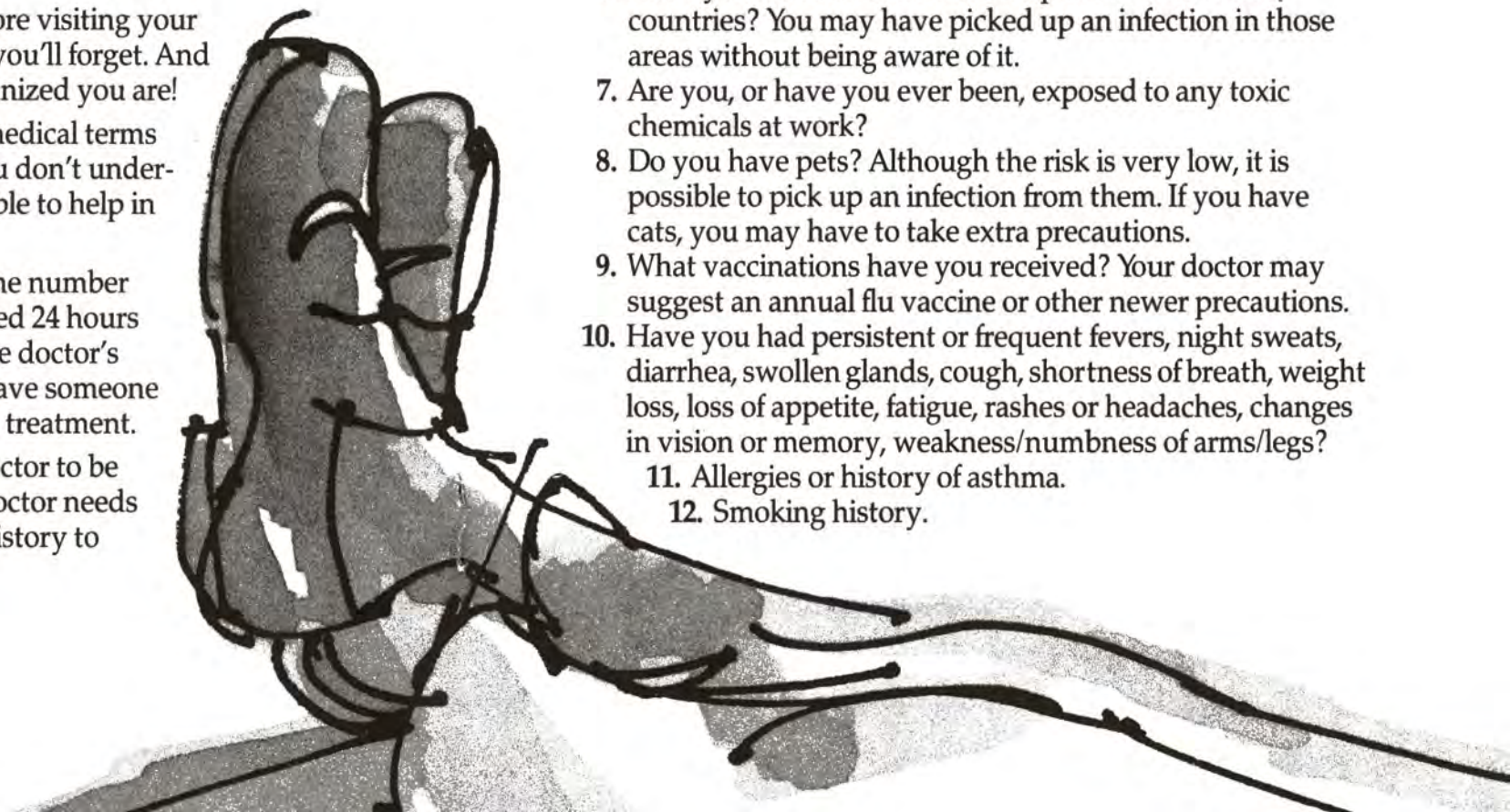
■ Make sure your doctor discusses medical terms in an understandable language. If you don't understand your condition, you'll be less able to help in your own treatment.

■ Ask your doctor to give you a phone number so he/she or a colleague can be reached 24 hours a day. If a condition develops after the doctor's office hours or on weekends, you'll have someone to turn to so that you can get prompt treatment.

■ Expect your first visit with your doctor to be a lengthy one. That's because your doctor needs to establish your complete medical history to determine what's related to HIV.

Your doctor will ask you about:

1. Any HIV "risk behavior," such as unprotected sex with strangers, or with promiscuous men or women, especially under the influence of alcohol or "recreational" drugs.
2. Infections you've had in the past, including bacterial infections (such as TB or pneumonia), viral infections (hepatitis, shingles), or fungal infections (thrush).
3. Any sexually transmitted diseases, such as syphilis, herpes, or genital warts.
4. Medications — drugs you have or currently take — including any mood-altering drugs, as well as alcohol use.
5. Any psychiatric problems you've had that may affect your mood, memory, or sleep.
6. Have you traveled to less-developed or Third World countries? You may have picked up an infection in those areas without being aware of it.
7. Are you, or have you ever been, exposed to any toxic chemicals at work?
8. Do you have pets? Although the risk is very low, it is possible to pick up an infection from them. If you have cats, you may have to take extra precautions.
9. What vaccinations have you received? Your doctor may suggest an annual flu vaccine or other newer precautions.
10. Have you had persistent or frequent fevers, night sweats, diarrhea, swollen glands, cough, shortness of breath, weight loss, loss of appetite, fatigue, rashes or headaches, changes in vision or memory, weakness/numbness of arms/legs?
11. Allergies or history of asthma.
12. Smoking history.



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250M RT-Y03967 June 1992

THE POWER OF ATTITUDE

LEON McKUSICK, PhD
Associate Research Psychologist
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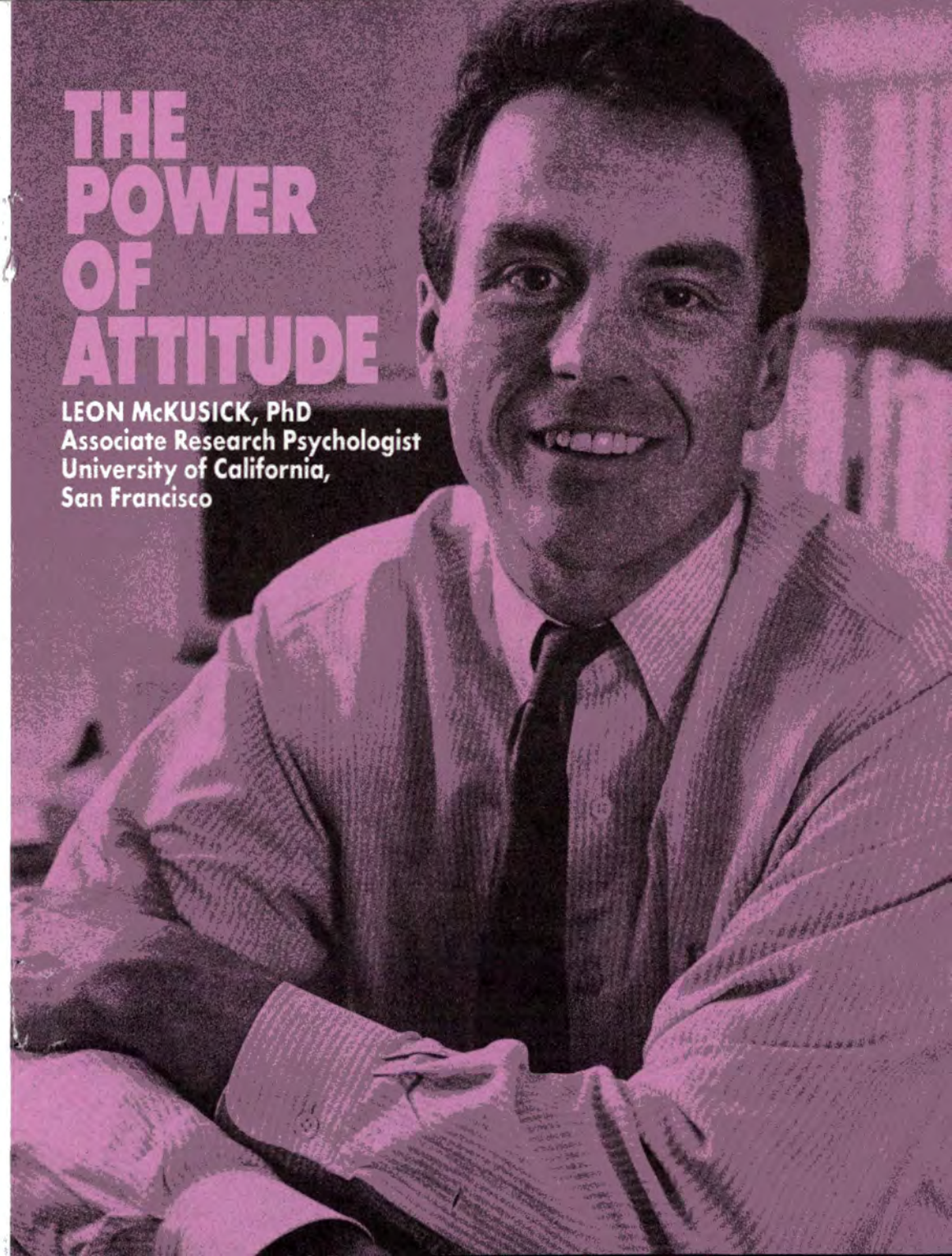


Find ways of calming and ways of getting exercise.

Move! Any form of exercise that makes you breathe a little harder or causes a little sweat to form is good for you.

You may want to investigate a more formal exercise program like walking, running, exercise machines, or dancing.

Relax! When was the last time you appreciated the view from your window? The colors, sounds, smells, and sensations around you, or the deeper inner thoughts inside? It may be time to learn how to sit with yourself, get to know yourself.

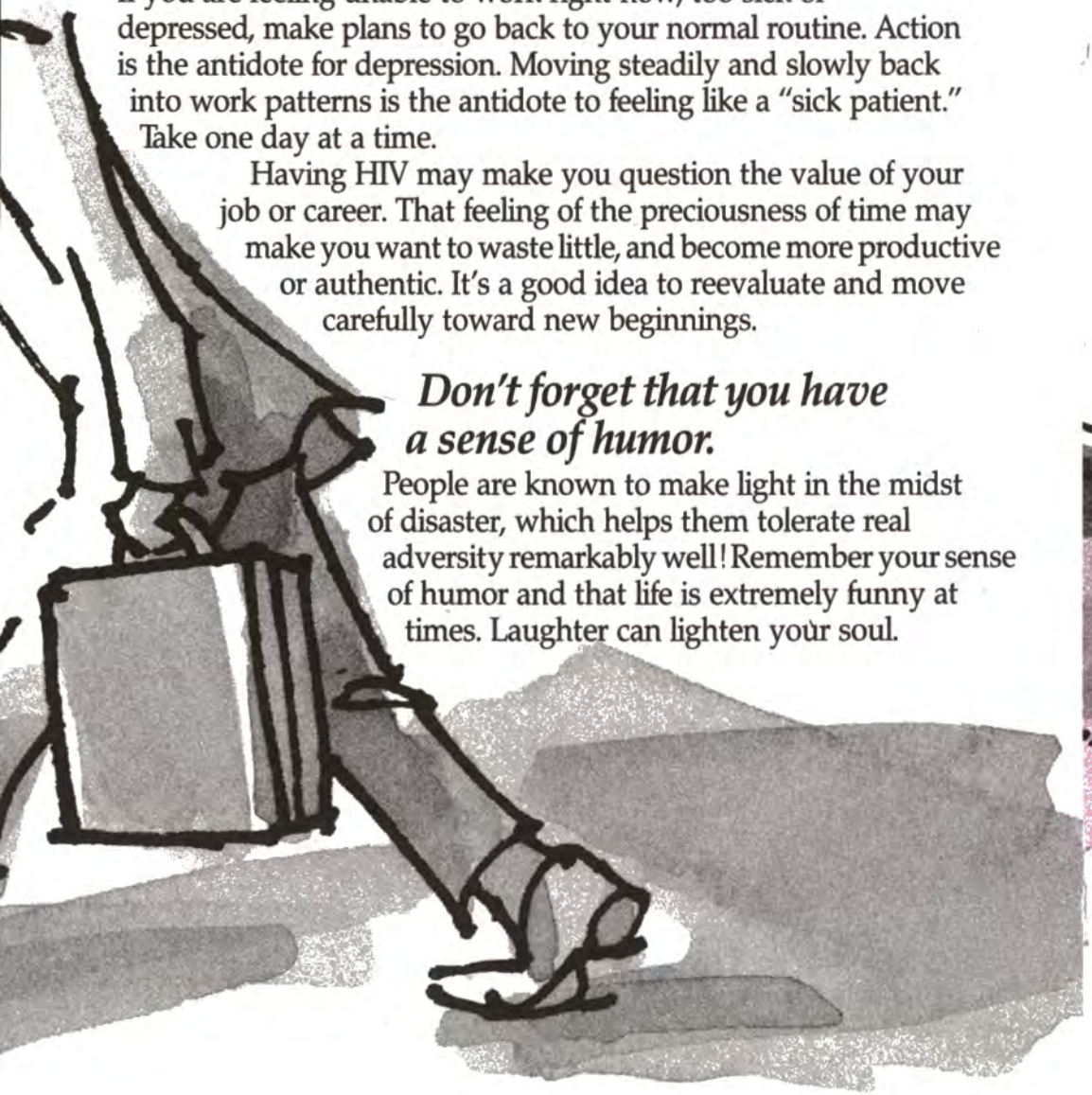
Living with HIV. More and more people are staying at work, seeing their friends, taking care of themselves, living longer. They are living quite well with HIV.

And the most important thing: You can live well with HIV, too.

Guess what? You're not totally disabled. Get back to work.

If you are feeling unable to work right now, too sick or depressed, make plans to go back to your normal routine. Action is the antidote for depression. Moving steadily and slowly back into work patterns is the antidote to feeling like a "sick patient." Take one day at a time.

Having HIV may make you question the value of your job or career. That feeling of the preciousness of time may make you want to waste little, and become more productive or authentic. It's a good idea to reevaluate and move carefully toward new beginnings.



Don't forget that you have a sense of humor.

People are known to make light in the midst of disaster, which helps them tolerate real adversity remarkably well! Remember your sense of humor and that life is extremely funny at times. Laughter can lighten your soul.

I'm a psychologist. I found out I was HIV-positive in 1985. And because I personally, as well as professionally, know the power that a positive attitude gives you over HIV, I believe this booklet will help you, too.

When it comes to matters of health, the important decisions you make and the actions that you take will determine how well and how long you live. Studies of long-term survivors of HIV have shown us that those who seek and follow treatment, who establish a good relationship with a doctor, who maintain a positive attitude toward life, and who get support tend to DO BETTER. Similar studies of breast cancer patients have found that women who establish a supportive network of relationships where they can talk out their problems, who learn pain control, and who test the limits of their fatigue and sickness through exercise usually live longer than those who are not provided with such social support, solace, and stimulation.

So, yes, it is true that you are HIV antibody-positive. Right now you may have more things to cope with, like a low CD4 cell count, results from other blood tests, or early symptoms of HIV. This is a lot of bad news to swallow! If, on top of that, you have a family or friends to take care of, life may seem overwhelming at this point. However, we invite you to realize that these feelings will pass.

Here are the signs and signals of hope:

With good medical care and proper treatment, HIV infection, while not curable, can be manageable. And new techniques and medications are being developed as each year passes.

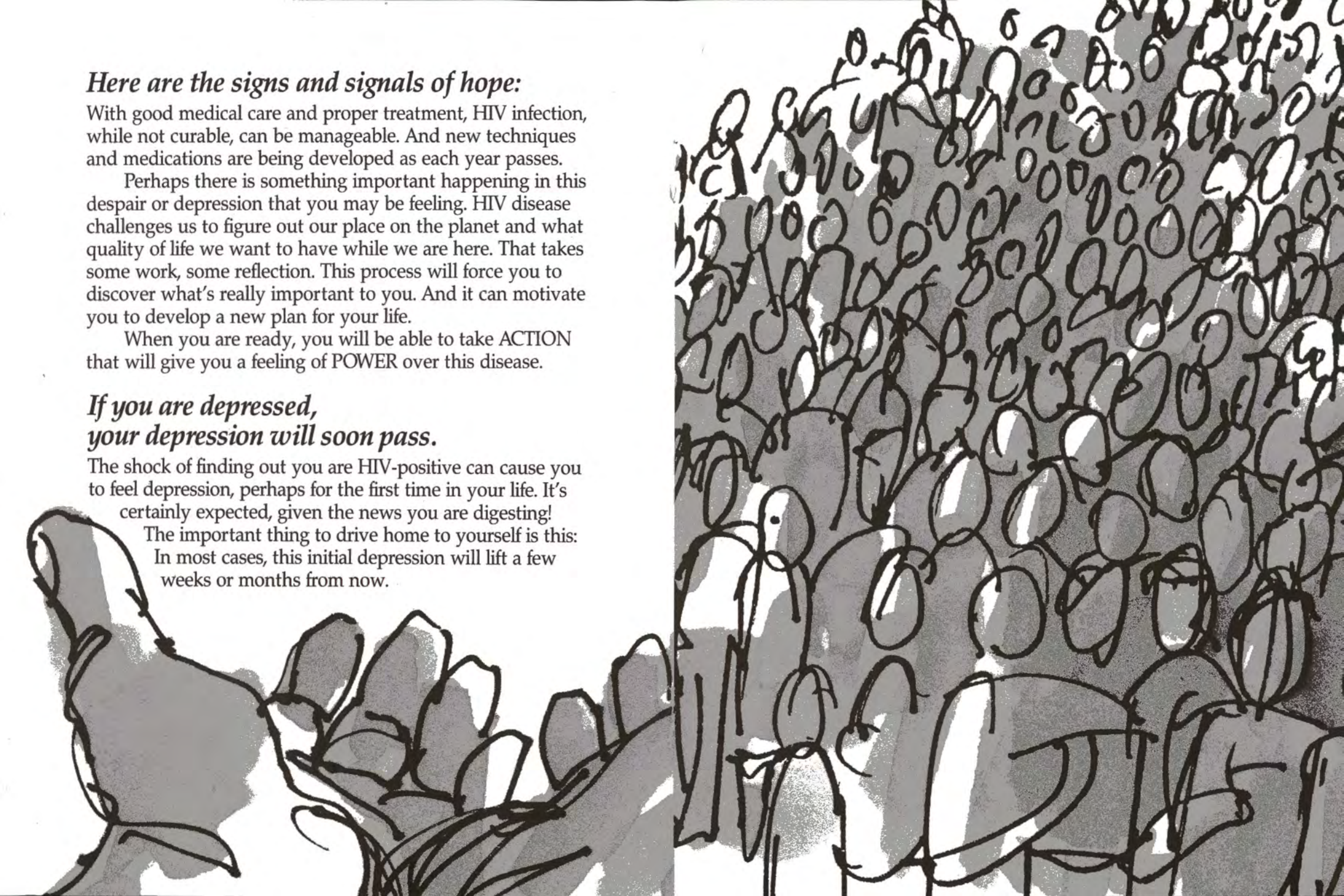
Perhaps there is something important happening in this despair or depression that you may be feeling. HIV disease challenges us to figure out our place on the planet and what quality of life we want to have while we are here. That takes some work, some reflection. This process will force you to discover what's really important to you. And it can motivate you to develop a new plan for your life.

When you are ready, you will be able to take ACTION that will give you a feeling of POWER over this disease.

If you are depressed, your depression will soon pass.

The shock of finding out you are HIV-positive can cause you to feel depression, perhaps for the first time in your life. It's certainly expected, given the news you are digesting!

The important thing to drive home to yourself is this: In most cases, this initial depression will lift a few weeks or months from now.



living well, and handling fears about sickness or dying. You will also want to know from your doctor what other resources are available to you in the clinic or in your community for support.

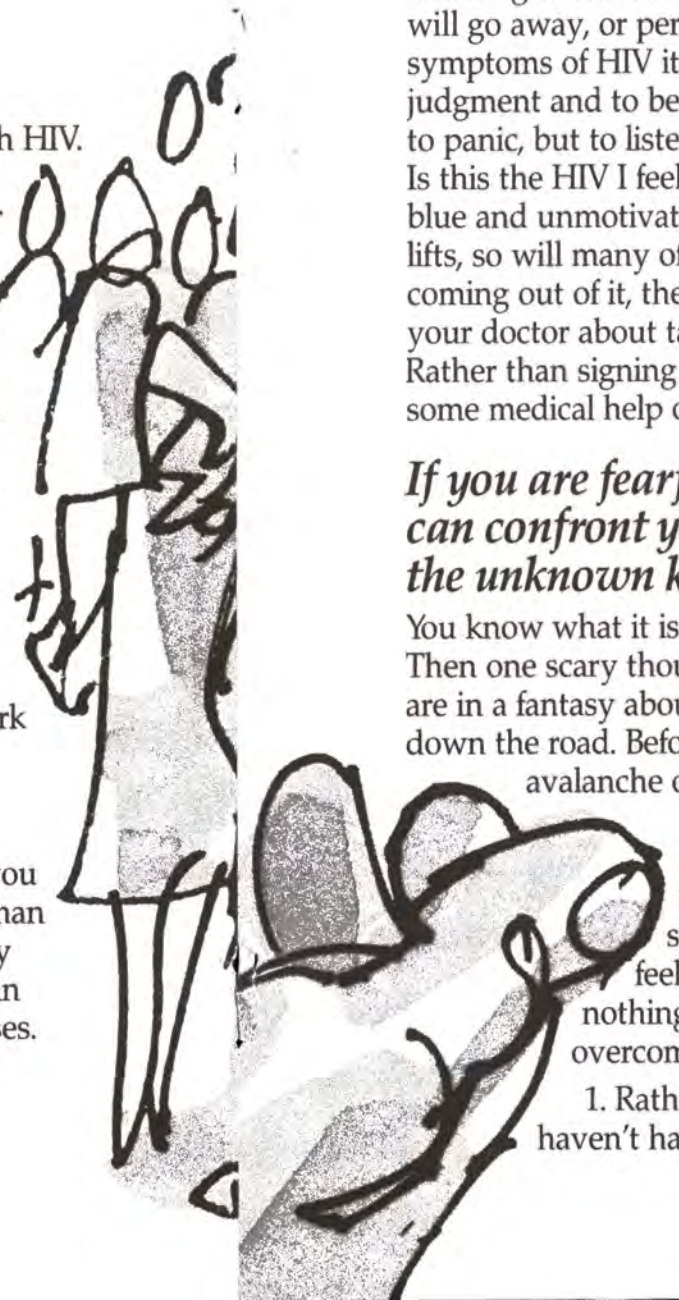
Remember, you are not alone.

There are a million of us in the USA who are living with HIV. Don't believe the voices in society that try to convince us that we deserve this virus! We can talk to each other about our feelings and what we can do about this illness. You can seek counseling, informal support from your friends, or go to a group where you can warm up to people and get support, and listen to the experience of others. You will also be surprised by some of the places where this backing will come from! There are many other people out there who are caring and more than willing to lend you their hand. Give them a chance to demonstrate their love for you.

You are also in control of information about your health status. You can choose whom to tell and when to tell about the fact that you are living with HIV. You may want to pick the most trusted people first and work out from there. You will get better at it as you go.

Sometimes helping others helps you.

You may already be a good caretaker. HIV may make you even more aware of the problems and pains of the human condition and motivate you to help others. Or you may realize that you have technical skills that would come in handy in the fight against HIV or other important causes. Reaching out to help others can be the most beneficial therapy of all.



Right now, you may also be deciding whether to start treatment. The heaviness in your body, feeling out of sorts, and fatigue can either be early reactions to treatment, which will go away, or perhaps some depression that may "mimic" symptoms of HIV itself. This is time to be careful in your judgment and to be very gentle with yourself. The task is not to panic, but to listen very carefully to your body's messages. Is this the HIV I feel? Is it the medication? Or am I just feeling blue and unmotivated? The good news is: As the depression lifts, so will many of these symptoms. And if you don't start coming out of it, there is yet another option: You can speak to your doctor about taking antidepressant medication for awhile. Rather than signing off on life, you may want to sign up for some medical help or counseling, which can be very effective.

If you are fearful or anxious, you can confront your fears by making the unknown known.

You know what it is like. One minute you are feeling fine. Then one scary thought gives rise to several. Suddenly you are in a fantasy about how awful life will be for you way down the road. Before you know it, it has snowballed into an avalanche of negative feelings and thoughts.

People who are fearful can also experience shortness of breath, palpitations, that feeling of "going out of my mind,"and shakiness. Remember, these weird body feelings may be just fear, and may have nothing to do with disease. How do you overcome them?

1. Rather than imagining future events that haven't happened and may not ever happen, how

about refocusing on immediate plans or things that make you calm NOW!

2. Make the unknown known: Talk to people who have been through the same experience that you are going through. Hear what they have to say about how they conquered their fears and took action. You're the new kid on the HIV block. There are many who have had this experience before you, who are now full of life, and who can teach you. Having HIV makes us reach out to each other.
3. If you still feel you can't handle your fears, figure out quick ways to get calmer — by breathing deeply or by pampering yourself, for example. Your doctor could also prescribe anti-anxiety medication to get you over the humps during this time of adjustment.

You need to recognize that, like depression, anxiety has a function: to motivate us, to sound the alarm to get us to DO SOMETHING about a problem. Too much anxiety, however, leaves us all dressed up with no place to go. So the first steps are to calm yourself, think clearly, and seek support. THEN take action.

Find an HIV-wise doctor or medical clinic.

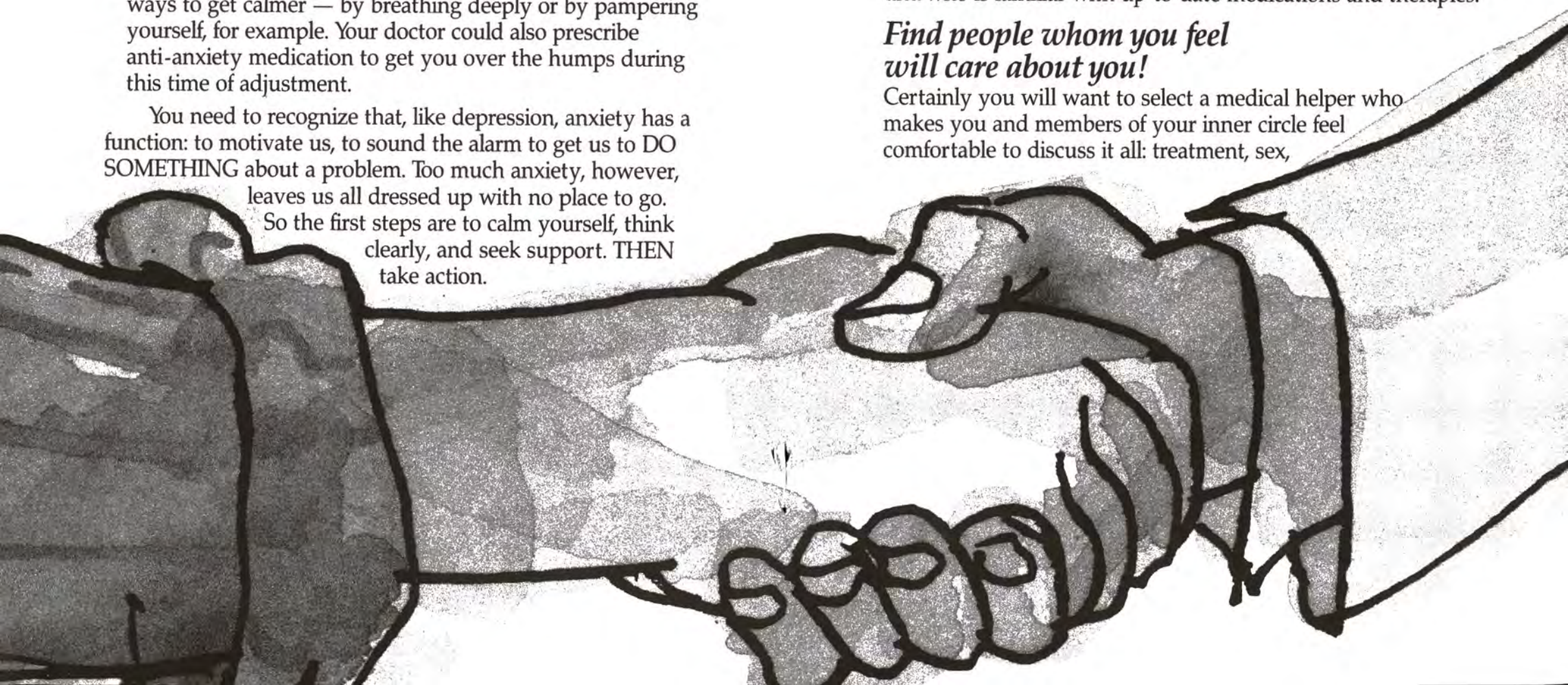
A good, ongoing relationship with a doctor or medical practitioner will be one of your best tools. Many times it is a question of fit: If you get scared and impulsive, you may need a doctor who calms and steadies you. If you are sluggish, you may need one who reminds you about the things you need to do to make your life better.

Please: get into treatment!

You'll need a doctor who knows HIV infection and how it operates, and who is familiar with up-to-date medications and therapies.

Find people whom you feel will care about you!

Certainly you will want to select a medical helper who makes you and members of your inner circle feel comfortable to discuss it all: treatment, sex,



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The HIV Test
Author: Marc E. Vargo, MS
Publisher: Pocket Books, New York, NY
Publication Date: 1992

Living with AIDS
Author/Publisher: Lambda Legal Defense and Foundation Fund, Inc. New York, NY
Publication Date: 1987

Pathways to Wellness
Author: Paul Kent Froman, Ph.D.
Publisher: Plume Books, New York, NY
Publication Date: 1990

Early Care for HIV Disease
Author: Ronald A. Baker, Ph. D., Jeffrey M. Moulton, Ph.D., John Tighe
Publisher: San Francisco AIDS Foundation, San Francisco, CA
Publication Date: 1992

How to Find Information about AIDS
Editor: Jeffrey T. Huber, Ph.D.
Publisher: Harrington Park Press, Binghamton, NY
Publication Date: 1992

Strategies for Survival
Authors: Martin Delaney, Ph.D., Peter Goldblum, Ph.D.
Publisher: St. Martin's Press, New York, NY
Publication Date: 1987

Newsletters
BETA (Newsletter)
Editor: Ronald A. Baker, Ph. D.
Published quarterly by the San Francisco AIDS Foundation
PO Box 426182, San Francisco, CA 94142

PI Perspective (Newsletter)
Published by Project Inform (3 times a year)
1965 Market St., Suite 220
San Francisco, CA 94103

Positively Aware (Newsletter)
Editor: Bob Hultz
Published monthly by Test Positive Aware Network
1340 W. Irving Park, Box 259
Chicago, IL 60613

RT-Y04610

ADDITIONAL READING SOURCES

The following is an additional reading list that includes books that are available in most bookstores. We have broken down the list by each of our pamphlets to make it easier to find more information on each subject.

On the back is a bibliography of each of the books listed inside. We hope you find these additional sources useful in adding to your knowledge about HIV disease.

There are many HIV support groups throughout the country. They are staffed by people who know about HIV, want to help, and are always ready to talk to you. If you're interested in contacting one of these groups, please call the CDC National AIDS Hotline at 1-800-342-2437 and ask for the phone number of a support group in your area.

TOPIC	ADDITIONAL BOOKS AND PUBLICATIONS
Working with your Doctor	Early Care For HIV Disease (Part 1)
Financial Aid	Early Care For HIV Disease (Ch 4) How to Find Information About AIDS (Ch 3) Strategies For Survival (Ch 1, 7) Living with AIDS (Ch 5)
Early Symptoms of AIDS	Early Care for HIV Disease (Ch 1, 5) Pathways to Wellness How to Find Information About AIDS (Ch 4, 5, The HIV Test
The Power of Attitude	Early Care for HIV Disease (Ch 7, 8) Pathways to Wellness Strategies For Survival (Ch 3, 5, 7)
Diet and a Healthy Body	Strategies for Survival (Ch 4, 6) How to Find Information About AIDS (Ch 4, 5, 6)
Fitness and a Healthy Body	Early Care for HIV Disease (Ch 6) Pathways to Wellness (Ch 10) Strategies For Survival (Ch 3, 4)
Protecting Your Immune System	Early Care for HIV Disease (Part 1) How to Find Information About AIDS
Drug Therapies	Early Care for HIV Disease (Ch 2) How to Find Information About AIDS (Ch 2, 3) BETA AWARE PI PERSPECTIVE

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Brochure: RETROVIR Capsules
RETROVIR Syrup

RETROVIR® Capsules
RETROVIR® Syrup
(ZIDOVUDINE)

Wellcome

WARNING: THERAPY WITH RETROVIR (ZIDOVUDINE) MAY BE ASSOCIATED WITH HEMATOLOGIC TOXICITY INCLUDING GRANULOCYTOPENIA AND SEVERE ANEMIA REQUIRING TRANSFUSIONS (SEE WARNINGS).

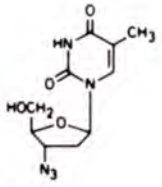
IN ADDITION, PATIENTS TREATED WITH ZIDOVUDINE MAY CONTINUE TO DEVELOP OPPORTUNISTIC INFECTIONS (OI'S) AND OTHER COMPLICATIONS OF HIV INFECTION AND, THEREFORE SHOULD BE UNDER CLOSE CLINICAL OBSERVATION.

DESCRIPTION: Retrovir is the brand name for zidovudine [formerly called azidothymidine (AZT)], an antiretroviral drug active against human immunodeficiency virus (HIV).

Capsules: Retrovir Capsules are for oral administration. Each capsule contains 100 mg of zidovudine and the inactive ingredients corn starch, magnesium stearate, microcrystalline cellulose, and sodium starch glycolate. The 100 mg empty hard gelatin capsule, printed with edible black ink, consists of gelatin and titanium dioxide. The blue band around the capsule consists of gelatin and FD&C Blue No. 2.

Syrup: Retrovir Syrup is for oral administration. Each teaspoonful (5 mL) of Retrovir Syrup contains 50 mg of zidovudine and the inactive ingredients sodium benzoate 0.2% (added as a preservative), citric acid, flavors, glycerin, and liquid sucrose. Sodium hydroxide may be added to adjust pH.

The chemical name of zidovudine is 3'-azido-3'-deoxythymidine; it has the following structural formula:



Zidovudine is a white to beige, odorless, crystalline solid with a molecular weight of 267.24 daltons and the molecular formula $C_{10}H_{13}N_5O_4$.

CLINICAL PHARMACOLOGY: Zidovudine is an inhibitor of the *in vitro* replication of some retroviruses including HIV (also known as HTLV III, LAV, or ARV). This drug is a thymidine analogue in which the 3'-hydroxy (-OH) group is replaced by an azido ($-N_3$) group. Cellular thymidine kinase converts zidovudine into zidovudine monophosphate. The monophosphate is further converted into the diphosphate by cellular thymidylate kinase and to the triphosphate derivative by other cellular enzymes. Zidovudine triphosphate interferes with the HIV viral RNA dependent DNA polymerase (reverse transcriptase) and thus, inhibits viral replication. Zidovudine triphosphate also inhibits cellular α-DNA polymerase, but at concentrations 100-fold higher than those required to inhibit reverse transcriptase. *In vitro*, zidovudine triphosphate has been shown to be incorporated into growing chains of DNA by viral reverse transcriptase. When incorporation by the viral enzyme occurs, the DNA chain is terminated. Studies in cell culture suggest that zidovudine incorporation by cellular α-DNA polymerase may occur, but only to a very small extent and not in all test systems. Chain termination has not been demonstrated with cellular α-DNA polymerase.

Microbiology: The relationship between *in vitro* susceptibility of HIV to zidovudine and the inhibition of HIV replication in man or clinical response to therapy has not been established. *In vitro* sensitivity results vary greatly depending upon the time between virus infection and zidovudine treatment of cell cultures, the particular assay used, the cell type employed, and the laboratory performing the test. In addition, the methods currently used to establish virologic responses in clinical trials may be relatively insensitive in detecting changes in the quantities of actively replicating HIV or reactivation of these viruses.

Zidovudine blocked 90% of detectable HIV replication *in vitro* at concentrations of $\leq 0.13\ \mu g/mL$ (ID_{90}) when added shortly after laboratory infection of susceptible cells. This level of antiviral effect was observed in experiments measuring reverse transcriptase activity in H9 cells, PHA stimulated peripheral blood lymphocytes, and unstimulated peripheral blood lymphocytes. The concentration of drug required to produce a 50% decrease in supernatant reverse transcriptase was $0.013\ \mu g/mL$ (ID_{50}) in both H9 cells and peripheral blood lymphocytes. Zidovudine at concentrations of $0.13\ \mu g/mL$ also provided >90% protection from a strain of HIV (HTLV IIIB) induced cytopathic effects in two tetanus-specific T4 cell lines. p24 gag protein expression was also undetectable at the same concentration in these cells. Partial inhibition of viral activity in cells with chronic HIV infection (presumed to carry integrated HIV DNA) required concentrations of zidovudine ($8.8\ \mu g/mL$ in one laboratory to $13.3\ \mu g/mL$ in another) which are approximately 100 times as high as those necessary to block HIV replication in acutely infected cells. HIV isolates from 18 untreated individuals with AIDS or ARC had ID_{50} sensitivity values between 0.003 to $0.013\ \mu g/mL$ and ID_{95} sensitivity values between 0.03 to $0.3\ \mu g/mL$.

The development of resistance to zidovudine has not been adequately studied and the frequency of zidovudine-resistant isolates existing in the general population is unknown. Reduced *in vitro* sensitivity to zidovudine has been observed, however, in viral isolates from some individuals who have received prolonged courses of zidovudine treatment. For the small number of patients from whom isolates were studied, no correlations were evident between the development of reduced sensitivity in the laboratory and clinical response. Therefore, the quantitative relationship between *in vitro* susceptibility of HIV to zidovudine and clinical response to therapy has not been established. Studies of the development of resistance to zidovudine are incomplete and the frequency and degree of changes in *in vitro* sensitivity of virus isolates from HIV infected patients with differing severity of immune compromise are unknown.

The major metabolite of zidovudine, 3'-azido-3'-deoxy-5'-*O*-β-*D*-glucopyranuronosylthymidine (GAZT), does not inhibit HIV replication *in vitro*. GAZT does not antagonize the antiviral effect of zidovudine *in vitro* nor does GAZT compete with zidovudine triphosphate as an inhibitor of HIV reverse transcriptase.

The cytotoxicity of zidovudine for various cell lines was determined using a cell growth assay. ID_{50} values for several human cell lines showed little growth inhibition by zidovudine except at concentrations $>50\ \mu g/mL$. However, one human T-lymphocyte cell line was sensitive to the cytotoxic effect of zidovudine with an ID_{50} of $5\ \mu g/mL$. Moreover, in a colony-forming unit assay designed to assess the toxicity of zidovudine for human bone marrow, an ID_{50} value of $<1.25\ \mu g/mL$ was estimated. Two of ten human lymphocyte cultures tested were found to be sensitive to zidovudine at $5\ \mu g/mL$ or less.

Zidovudine has antiviral activity against some other mammalian retroviruses in addition to HIV. Human Immunodeficiency Virus-2 (HIV-2) replication *in vitro* is inhibited by zidovudine with an ID_{50} of 0.015 $\mu g/mL$, while HTLV-1 transmission to susceptible cells is inhibited by 1 to $3\ \mu g/mL$ concentrations of drug. Several strains of simian immunodeficiency virus (SIV) are also inhibited by zidovudine with ID_{50} values ranging from 0.13 to $6.5\ \mu g/mL$, depending upon species of origin and assay method used. No significant inhibitory activity was exhibited against a variety of other human and animal viruses, except an ID_{50} of 1.4 to $2.7\ \mu g/mL$ against the Epstein-Barr virus, the clinical significance of which is unknown.

The following microbiological activities of zidovudine have been observed *in vitro* but the clinical significance is unknown. Many *Enterobacteriaceae*, including strains of *Shigella*, *Salmonella*, *Klebsiella*, *Enterobacter*, *Citrobacter*, and *Escherichia coli* are inhibited *in vitro* by low concentrations of zidovudine (0.005 to $0.5\ \mu g/mL$). Synergy of zidovudine with trimethoprim has been observed against some of these bacteria *in vitro*. Limited data suggest that bacterial resistance to zidovudine develops rapidly. Zidovudine has no activity against gram positive organisms, anaerobes, mycobacteria, or fungal pathogens including *Candida albicans* and *Cryptococcus neoformans*. Although *Giardia lamblia* is inhibited by $1.9\ \mu g/mL$ of zidovudine, no activity was observed against other protozoal pathogens.

Pharmacokinetics:

Adults: The pharmacokinetics of zidovudine has been evaluated in 22 adult HIV-infected patients in a Phase 1 dose-escalation study. Cohorts of 3 to 7 patients received 1 hour intravenous infusions of zidovudine ranging from 1 to 2.5 mg/kg every 8 hours to 2.5 to 7.5 mg/kg every 4 hours (3 to 45 mg/kg/day) for 14 to 28 days followed by oral dosing ranging from 2 to 5 mg/kg every 8 hours to 5 to 10 mg/kg every 4 hours (6 to 60 mg/kg/day) for an additional 32 days. After oral dosing, zidovudine was rapidly absorbed from the gastrointestinal tract with peak serum concentrations occurring within 0.5 to 1.5 hours. Dose-independent kinetics was observed over the range of 2 mg/kg every 8 hours to 10 mg/kg every 4 hours. The mean zidovudine half-life was approximately 1 hour and ranged from 0.78 to 1.93 hours following oral dosing.

Zidovudine is rapidly metabolized to 3'-azido-3'-deoxy-5'-*O*-β-*D*-glucopyranuronosylthymidine (GAZT) which has an apparent elimination half-life of 1 hour (range 0.61 to 1.73 hours). Following oral administration, urinary recoveries of zidovudine and GAZT accounted for 14 and 74% of the dose, respectively, and the total urinary recovery averaged 90% (range 63 to 95%), indicating a high degree of absorption. However, as a result of first-pass metabolism, the average oral capsule bioavailability of zidovudine is 65% (range 52 to 75%).

Additional pharmacokinetic data following intravenous dosing indicated dose-independent kinetics over the range of 1 to 5 mg/kg with a mean zidovudine half-life of 1.1 hours (range 0.48 to 2.86 hours). Total body clearance averaged 1900 mL/min/70 kg and the apparent volume of distribution was 1.6 L/kg. Renal clearance is estimated to be 400 mL/min/70 kg, indicating glomerular filtration and active tubular secretion by the kidneys. Zidovudine plasma protein binding is 34 to 38%, indicating that drug interactions involving binding site displacement are not anticipated.

The zidovudine cerebrospinal fluid (CSF)/plasma concentration ratio measured 1.8 hours following oral dosing at 2 mg/kg was 0.15 (n = 1). The ratios measured at 2 to 4 hours following intravenous dosing of 2.5 mg/kg and 5.0 mg/kg were 0.20 (n = 1) and 0.64 (n = 3), respectively.

The pharmacokinetics of zidovudine have been evaluated in patients with impaired renal function following a single 200 mg oral dose. In five anuric patients, the half-life of zidovudine was 1.4 hours compared to 1.0 hour for control subjects with normal renal function; AUC values were approximately twice those of controls. However, in the anuric patients GAZT half-life was 8.0 hours (vs 0.9 hours for control) and AUC was 17 times higher than for control subjects. Hemodialysis appears to have a negligible effect on the removal of zidovudine, whereas GAZT elimination is enhanced.

Children: The pharmacokinetics and bioavailability of zidovudine have been evaluated in 21 HIV-infected children, aged 6 months through 12 years, following intravenous doses administered over the range of 80 to 160 mg/m² every 6 hours, and following oral doses of the intravenous solution administered over the range of 90 to 240 mg/m² every 6 hours. After discontinuation of the IV infusion, zidovudine plasma concentrations decayed biexponentially, consistent with two-compartment pharmacokinetics. Proportional increases in AUC and in zidovudine concentrations were observed with increasing dose, consistent with dose-independent kinetics over the dose range studied. The mean terminal half-life and total body clearance across all dose levels administered were 1.5 hours and 30.9 mL/min/kg, respectively. These values compare to mean half-life and total body clearance in adults of 1.1 hours and 27.1 mL/min/kg.

The mean oral bioavailability of 65% was independent of dose. This value is the same as the bioavailability in adults. Doses of 180 mg/m² four times daily in pediatric patients produced similar systemic exposure (24 hour AUC 10.7 hr $\mu g/mL$) as doses of 200 mg six times daily in adult patients (10.9 hr $\mu g/mL$).

Concentrations of zidovudine in cerebrospinal fluid were measured after both intermittent IV and oral drug administration in 21 children during Phase 1 and Phase 2 studies. The mean CSF/plasma zidovudine concentration ratio following intermittent IV and oral dosing ranged from 0.68 to 0.85 for the Phase 1 and Phase 2 participants, respectively. During continuous intravenous infusion the mean steady-state CSF/plasma ratio was 0.26.

As in adult patients, the major route of elimination in children was by metabolism to 5-glucuronylazidothymidine (GAZT). After IV dosing, about 29% of the dose was excreted in the urine unchanged and about 45% as GAZT. Overall, the pharmacokinetics of zidovudine in pediatric patients greater than 3 months of age is similar to that of zidovudine in adult patients.

Capsules: Steady-state serum concentrations of zidovudine following chronic oral administration of 250 mg every 4 hours (3.0 to 5.4 mg/kg) were determined in 21 adult patients (body weight ranged from 46.0 to 83.6 kg) in a controlled trial. Mean steady-state predose and 1.5 hours postdose zidovudine concentrations were $0.16\ \mu g/mL$ (range 0 to $0.84\ \mu g/mL$) and $0.62\ \mu g/mL$ (range 0.05 to $1.46\ \mu g/mL$), respectively.

Syrup: In a multiple dose bioavailability study conducted in 12 HIV-infected adults receiving doses of 100 or 200 mg every four hours, Retrovir Syrup was demonstrated to be bioequivalent to Retrovir Capsules with respect to area under the zidovudine plasma concentration-time curve (AUC). The rate of absorption of zidovudine syrup was greater than that of zidovudine capsules, as indicated by mean times to peak concentration of 0.5 and 0.8 hours, respectively. Mean values for steady-state peak concentration (dose-normalized to 200 mg) were 1.5 and $1.2\ \mu g/mL$ for syrup and capsules, respectively.

INDICATIONS AND USAGE: Retrovir is indicated for the management of adult patients with HIV infection who have evidence of impaired immunity (CD4 cell count of 500/mm³ or less) before therapy

. . . ARE WOMEN OF COLOR.

KNOWLEDGE PROTECTS

Call the Maryland AIDS Information & Referral HOTLINE to learn more about AIDS

945-AIDS
Baltimore Metro

1-800-638-6252
Statewide

1-800-553-3140
TDD Hotline

1-800-322-SIDA
En Español

MARYLAND CARES
Center for AIDS Related Educational Services

Produced by:
The AIDS Administration
Maryland Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, Maryland 21201

Special thanks to our models who do not have AIDS.

8 OUT OF 10 WOMEN WITH AIDS. . .

THOUSANDS OF WOMEN in the U.S. got the AIDS virus during sex with men who had the virus. Many of these women are Black and Hispanic.

If you have sex with a man who does not wear a condom or if you share needles or "tools" to shoot drugs—you could get the AIDS virus.

If you're thinking "not me," think again.

It's hard to believe that your boyfriend or husband could give you the AIDS virus when you make love. Nobody wants to believe it. But not wanting to believe it doesn't stop it from happening. **The fastest growing group with AIDS is women who got the virus during sex with men.**

It doesn't matter if he stopped injecting or firing drugs, or only fires up once in a while—
he could have the virus.

It doesn't matter if he stopped having sex with men, or only has sex with you now—
he could have the virus.
And pass it to you when you make love.

You need to know how to protect yourself.
Make sure he always uses a rubber.

HOW THE AIDS VIRUS IS SPREAD

AIDS is caused by a virus called HIV. This virus is in **blood**, **cum** or **semen**, and **vaginal fluids** and is spread during sex, and by sharing used needles or "tools" to shoot drugs.

A mother can pass the AIDS virus to her baby during pregnancy, birth, or breastfeeding. A blood test can show if you carry the AIDS virus—find out before you get pregnant. Many babies with the AIDS virus die before their second birthday.

HOW TO PROTECT YOURSELF

Since semen or cum can carry the AIDS virus, it's important that you don't let him cum inside your body—unless he's wearing a rubber.

We know the AIDS virus is spread by anal or rectal sex.
Don't have anal sex—it's really risky.

We know the AIDS virus is spread by vaginal sex. Use a latex condom every single time you have sex—from start to finish. Don't "have a little sex" first and then use a rubber.

No one is certain whether the AIDS virus is spread by oral sex.
Don't let him cum in your mouth—unless he's wearing a condom.

For extra protection, look for the words "**nonoxynol-9**" when you buy **latex** condoms, and birth control gel, foam, sponges or lubricants. Nonoxynol-9 kills sperm and can kill the AIDS virus.
A latex rubber and foam will better protect both of you.

Remember—the Pill only protects you from getting pregnant, not from getting diseases spread by sex. Only rubbers and nonoxynol-9 can protect you from getting a disease spread by sex, and the AIDS virus.

TALK TO HIM

It's hard for some women to talk with their men about sex and using condoms. But telling your man to wear a rubber doesn't mean you don't trust him. It's not about trust—it's about love. Love for life, love for him and love of yourself.

Most people who carry the AIDS virus don't know they have it because they feel and look healthy. If he doesn't know he has the AIDS virus—how could he possibly tell you?

More and more women are telling their men to wear condoms. And more and more men do.
Don't you think it's a good idea?

CONDOMS CAN MAKE SEX BETTER

Keep rubbers in your purse, next to your bed or under your pillow! Learn how to put one on him. Sometimes sex lasts longer if he's wearing a condom. Condoms can be a great part of sex play if you know how to use them.

Let condoms take the worry out of sex and help protect you from unplanned pregnancy, AIDS and other diseases spread by sex. If you're pregnant, condoms will still protect you and your unborn baby from these diseases.

Maybe you've never used condoms.
Maybe you're afraid to talk to him about sex and condoms.
Maybe a pamphlet on how to talk to him might help.

Be a better lover—
Protect yourself and those you love.

LIVE LONGER—LOVE LONGER

Don't let AIDS get the best of us.

Disease does NOT discriminate.

You Don't Have To Be White Or Gay To Get AIDS.

KNOW

...we can get HIV by having sex and sharing needles to shoot drugs with someone who has the virus.

REMEMBER

...we cannot get HIV by giving blood, shaking hands, hugging or just being near someone who has the virus.

TELL

...everyone we know — gay and straight —that HIV is not in the air. It is in blood, vaginal fluids and cum (semen).

PROTECT

...ourselves from HIV. Find out more. Get the facts.

Distributed by **HERO**, 101 West Read Street, Suite 825, Baltimore, Maryland 21201

HIV does not care if you are:

- Straight or gay
- Male or female
- Old or young
- Rich or poor
- Doing drugs or not

HERO

Health Education Resource Organization
101 West Read Street, Suite 825
Baltimore, Maryland 21201
(410) 685-1180

For more information about how to stop AIDS, call the HERO Hotline.

333-AIDS Baltimore Metro

251-1164 DC Metro

1-800-638-6252 Elsewhere in MD

1-800-553-3140 TDD For Hearing Impaired

Black Males, Females And Babies Are Dying From AIDS.

In the United States*

27% of all AIDS cases are black males, females and babies.

53% of children that have been born with AIDS are black.

52% of all females with AIDS are black.

44% of IV drug users with AIDS are black males and females.

In Maryland*

57% of all AIDS cases are black males, females and babies.

77% of all children that have been born with AIDS are black.

75% of all females with AIDS are black.

84% of IV drug users with AIDS are black males and females.

*As of 5/90

DID YOU KNOW...

- AIDS is caused by a virus (HIV) living in blood, vaginal fluids and cum (semen).
- You cannot tell by looking at someone if they carry the virus.
- You cannot get the virus by giving blood.

HIV CAN ENTER THE BLOODSTREAM BY:

- Having unprotected sex with a partner who has the virus.
- Sharing works to shoot drugs with someone who has the virus.
- Having sex with a partner who shares works with someone who has the virus.

AIDS IS KILLING BLACKS

- Every hour, 1 black man, woman or child in the United States dies from AIDS.
- Every minute, 1 black man, woman or child in the United States is being infected by HIV, the virus that causes AIDS.

Too many black males, females and babies have died from AIDS.

We can no longer afford to believe that this deadly disease is not affecting us!

We can no longer afford to believe that only gay, white males get AIDS.

We have been wrong. Dead wrong!

You Have A Choice:

- Not to have sex (abstinence, celibacy).
- Have protected sex — use a rubber with a gel that kills the virus (a latex condom with nonoxynol 9).
- Have only one partner forever (monogamy) who does not have the virus.
- Not to shoot drugs.
- To clean your works with bleach.
- Not to share works: needle, syringe, cooker, cotton, water, bleach (drug paraphernalia).

...are joining the fight against AIDS

All over the world people are dying from AIDS.

All over the world communities are joining the fight against AIDS.

In Maryland, too.

Photo by DH

"In God's Kingdom, all people are welcome. If God were walking on the face of the earth, he would stand next to those in need — he would stand next to people with AIDS."

REVEREND LILLYCROP

Photo by DH

"I believe we need to fight AIDS — not people with AIDS. In Maryland, AIDS is a handicap protected by laws against discrimination."

ANN GORDON

Photo by CR

"As professionals, we really see a need to educate our youth — not only about AIDS but other diseases spread by sex and teen pregnancy prevention because education is the best form of prevention."

NEAL FENNER & BRIAN CURTIS

Photo by CR

"Volunteers have an opportunity to make a true difference in the caring of persons with AIDS."

LYNN DEERING

"We see some of the most heroic and lovely actions when people respond with their inner self and transcend their fears."

GLORIA FAIRHEAD

Photo by CG

"Many young people respond better to someone their own age. We've seen too many friends making decisions which can hurt them, so we try to raise awareness and teach prevention."

RAY RODRIGUEZ, ESTHER MARGOLIS AND CHRIS SANDERS

Call the Maryland

AIDS

Information & Referral

HOTLINE

to learn more about how you can help...

333-AIDS

945-AIDS

Baltimore-Metro

1-800-638-6252

Elsewhere in Maryland

Hearing-Impaired TDD Line

1-800-553-3140

Hispanic Hotline

1-800-322-SIDA

MARYLAND CARES

Center for AIDS Related Educational Services

CREATED BY: Christina Rozsenich and Sue Sowbel

The AIDS Administration
Maryland Department of Health and Mental Hygiene

SPECIAL THANKS TO OUR VOLUNTEERS

PRINCIPAL PHOTOGRAPHY: Doug Hansen

ADDITIONAL PHOTOGRAPHY:
Cynthia Gaver, David Corey, Christina Rozsenich

B31779 8/92

PRINTED ON RECYCLED PAPER

Peop e just like you...

REVEREND PHILLIPS Photo by DH

JEAN LIN Photo by DH

RABBI LIEBERMAN Photo by DH

ANA LAURA HERNANDEZ Photo by DH

These people Know the facts

AIDS is not spread by everyday contact. The AIDS virus is spread:

- During sex
- By sharing used needles to shoot drugs
- From mother to baby during pregnancy or at birth

No one has gotten AIDS from:

- Kissing, hugging or being close to people
- Mosquitoes or insects
- Sharing a workplace or a classroom
- Public toilets or swimming pools
- Donating blood
- Eating food prepared by an infected person
- Taking care of a family member with AIDS

Photo by DH

"We're in this business because we care about people. People with AIDS deserve the same kind of care."

DENNIS HALE, KEVIN CONNELLY, BRUCE BOWERS

Photo by CG

"I showed my son love and understanding when he had AIDS. I believe it helped him to accept the disease and live longer."

BERNICE JOHNSON

"By being a buddy to people with AIDS, I've learned that everybody needs care. We can all live productive lives — if we're there for each other."

GLENN GORLESKI

Photo by DH

Photo by DH

"My job is to let persons with AIDS know that tomorrow will indeed dawn, bringing with it new hopes and new possibilities."

BILL JOHNSON-BEY

"If I can save one person, one friend or one family the pain of AIDS — I've accomplished my mission."

DAVID

"Nobody was there to educate me. If there had been — I wouldn't have gotten AIDS."

TEMA

"What happened to me shouldn't happen to you — because now we know how to prevent AIDS."

GENE

Tema Luft, David Papp and Gene Durette are living with AIDS.

Photo by DH

Photo by DH

"All people need dental care in a safe, comfortable environment. As professionals we can offer these services without risk to ourselves or our patients by following simple precautions."

DR. TAMMY PALMER

Spread the facts Fight fear with *ACTION!*

Photo by DH

"When I was young, I was never taught about sex or even heard about AIDS — so, I got my information from my friends. I want kids to learn better than I did."

MARIA HAZELWOOD

"We adopted Kedra because every child deserves a home with love — especially children with AIDS."

THE COREY FAMILY

Photo by DC

Photo by DH

"I'm grateful for the opportunity to love, to open up my heart and my home. People with AIDS have given me this opportunity."

CARLEEN SIMMONS

Join the effort in your community!

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Pamphlet: State Health Departments
HIV Financial Resources
October 1992

STATE HEALTH DEPARTMENTS HIV FINANCIAL RESOURCES

OCTOBER 1992

To make it easier for you to access specific financial aid information, we have included the key contacts for all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands:

Alaska Dept of Health
Office of Epidemiology
Division of Public Health
3601 C Street, Suite 540
Anchorage, AK 99524
907/561-4406
Contact: Wendy Craytor

Alabama Dept of Public Health
AIDS/STD Program
434 Monroe Street
Montgomery, AL 36130
205/242-5609
Contact: Sandra Langston

Arkansas Dept of Health
AIDS/STD Program
4815 West Markham, Slot 33
Little Rock, AR 72205
501/661-2135
Contact: Arlene Rose

Arizona Dept of Health
Division of Disease Prevention
3008 N 3rd St, Room 203
Phoenix, AZ 85012
602/230-5819
Contact: Douglas Hirano

California Dept of Health Services
Office of AIDS
830 S Street, Box 942732
Sacramento, CA 94234
916/445-0553
Contact: Ernie Montes

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Brochure: Teenagers and HIV

TEENAGERS AND HIV

American
Red Cross

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Brochure: Children, Parents, and AIDS

CHILDREN, PARENTS, AND AIDS

PRINCE GEORGES COUNTY CHAPTER
AMERICAN RED CROSS
6206 BELCREST ROAD
HYATTSVILLE, MARYLAND 20782
PHONE: 559-8500

American
Red Cross

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Brochure: Drugs, Sex, and AIDS

DRUGS, SEX, AND AIDS

American
Red Cross

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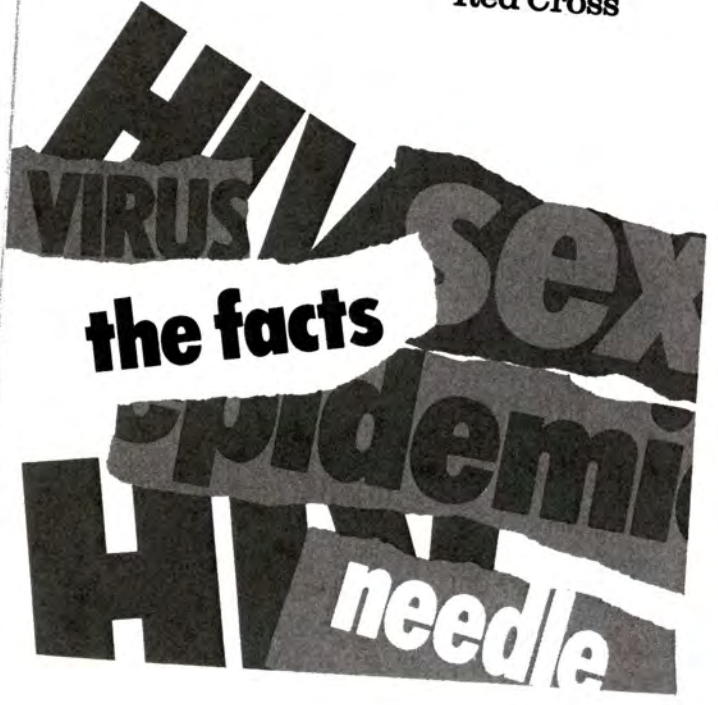
Brochure: HIV Infection and AIDS

HIV INFECTION AND AIDS

American Red Cross



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Brochure: Imagine... What if Sex Could be Better ...
and Safer

Could

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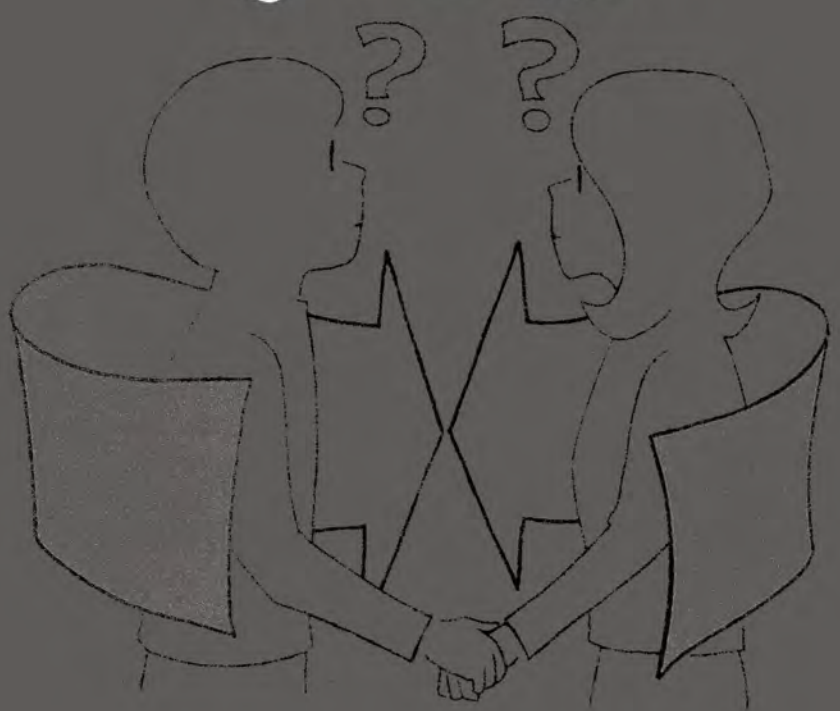
Booklet: What Young People Should Know About AIDS

WHAT YOUNG PEOPLE SHOULD KNOW ABOUT

AIDS



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Booklet: Preventing HIV and AIDS

PREVENTING
HIV & AIDS
what you can do
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
HIV/NAIEP/1-92/013
CDC

KNOWLEDGE PROTECTS

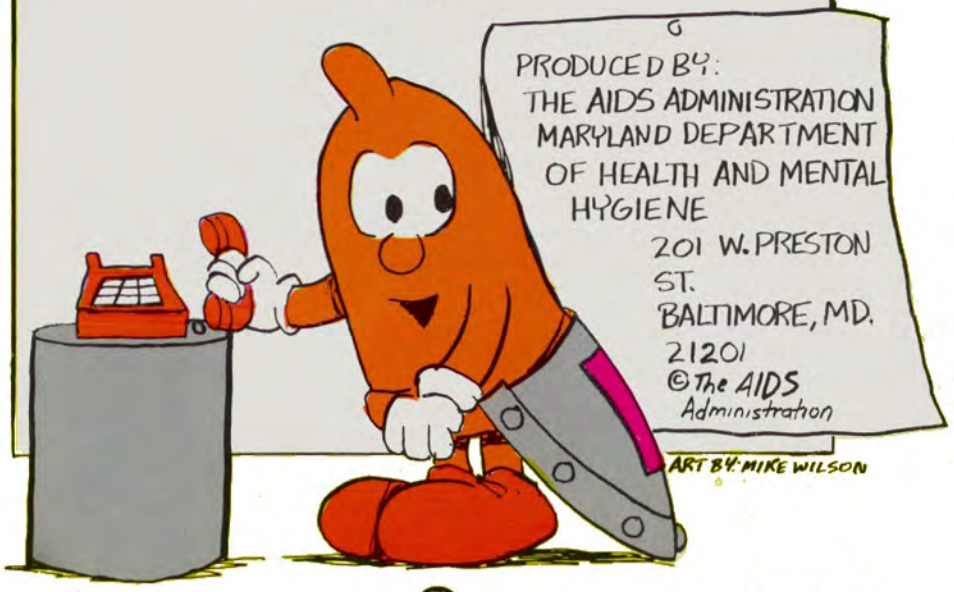
CALL THE MARYLAND AIDS INFORMATION AND REFERRAL HOTLINE TO LEARN MORE ABOUT AIDS, THE HIV ANTIBODY TEST AND WHERE TO GET THE TEST.

945-AIDS
Baltimore Metro

1-800-638-6252
Statewide

1-800-322-SIDA
Hispanic Hotline

1-800-553-3140
TDD



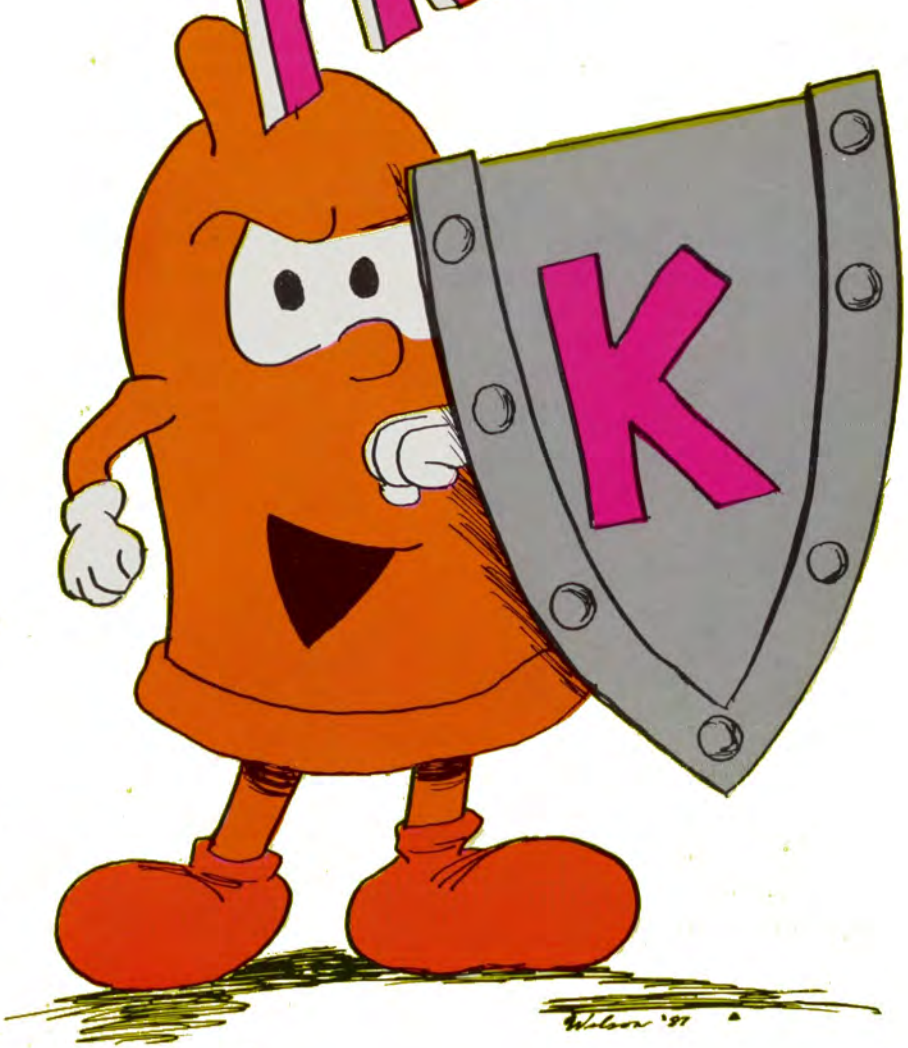
PRODUCED BY:
THE AIDS ADMINISTRATION
MARYLAND DEPARTMENT
OF HEALTH AND MENTAL
HYGIENE
201 W. PRESTON
ST.
BALTIMORE, MD.
21201

ART BY: MIKE WILSON

PRINTED ON RECYCLED PAPER

1/93-B-32111

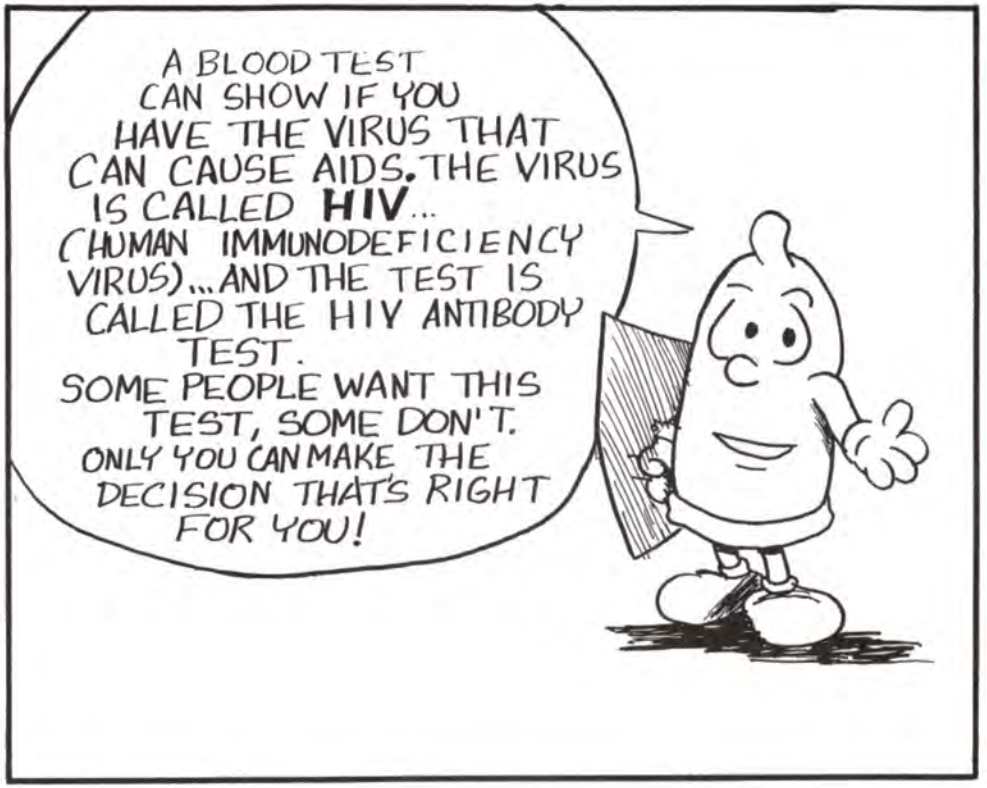
KNOWLEDGE PROTECTS

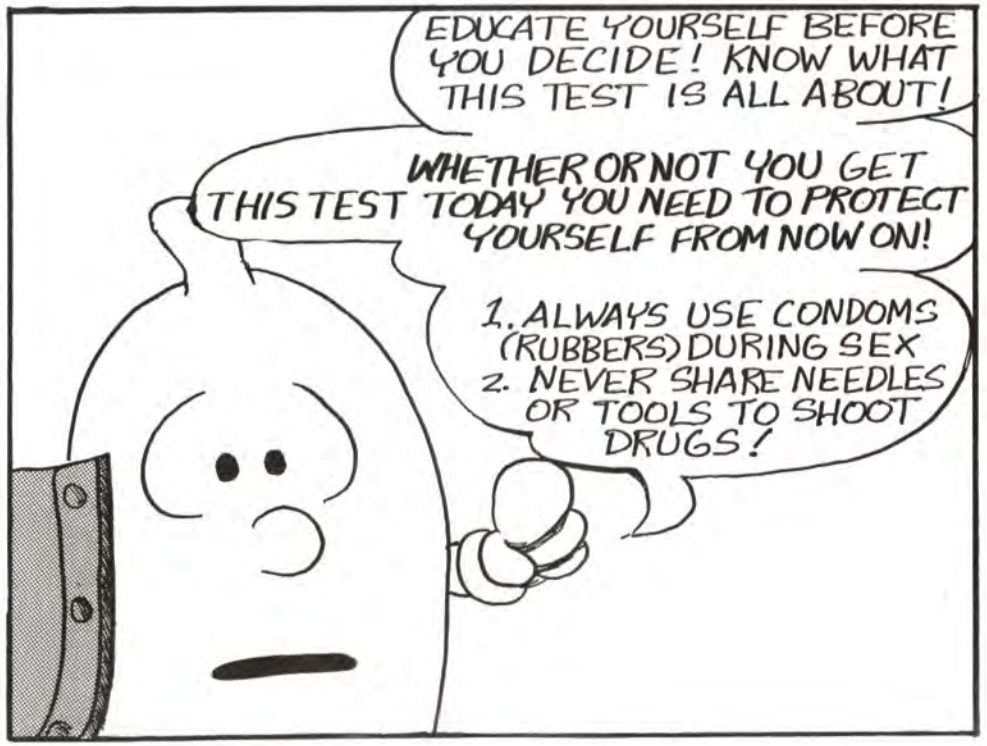


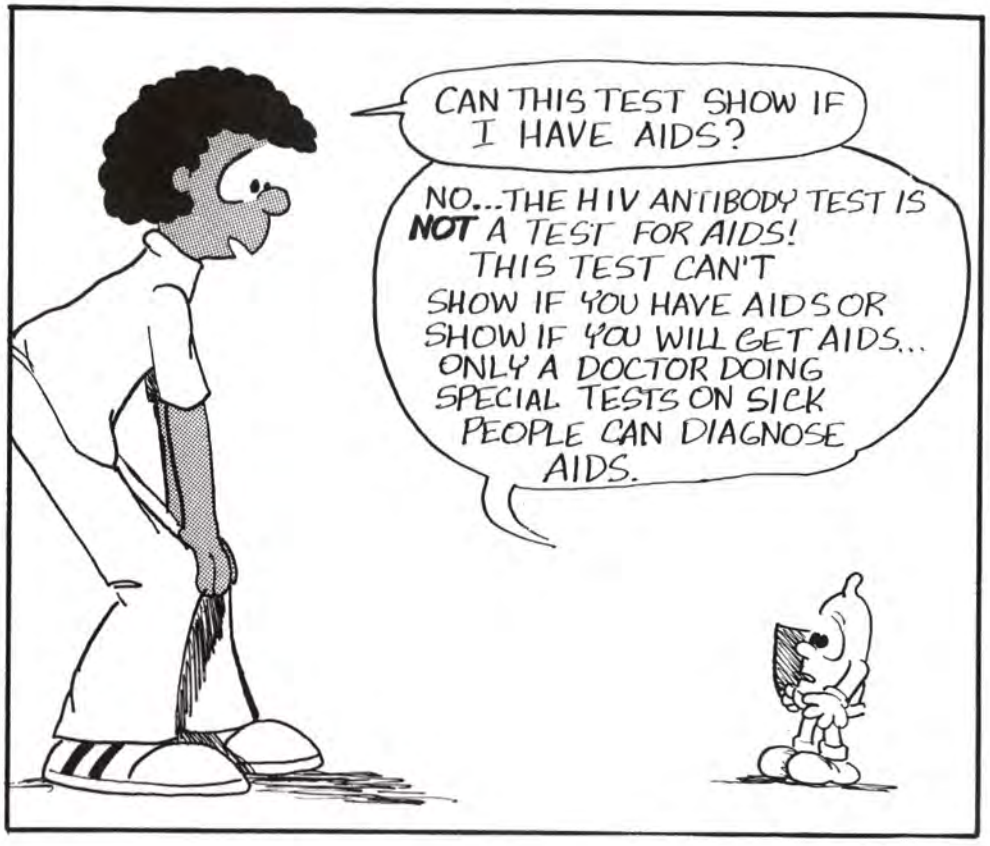
DURING SEX, USE A LATEX CONDOM AND A LUBRICANT WITH NONOXYNOL-9

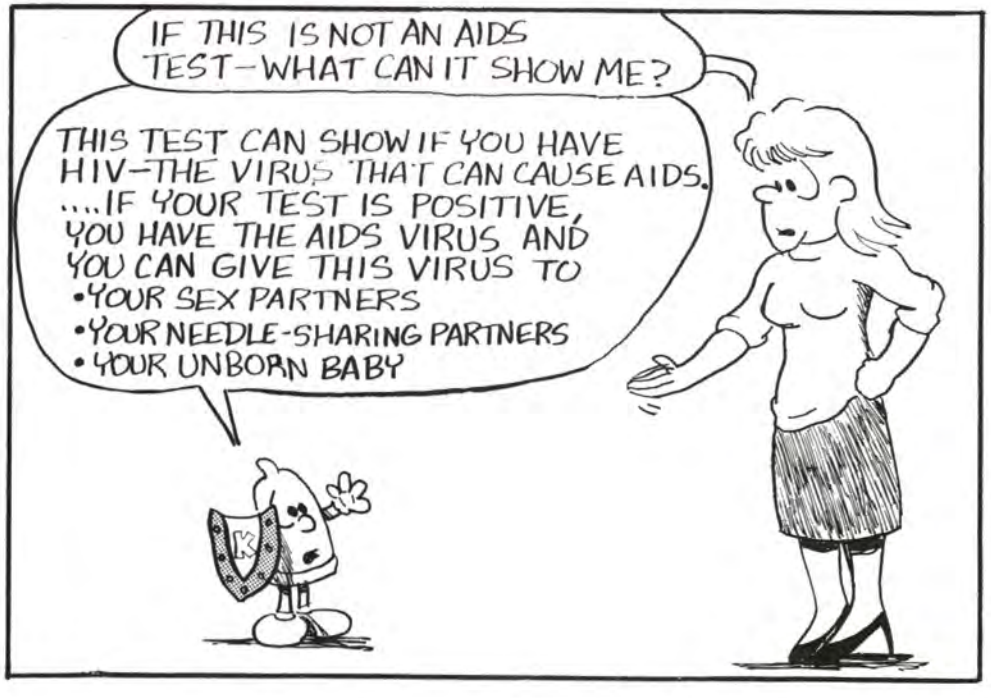
LIVE LONGER LOVE LONGER


DECISIONS ABOUT TAKING THE HIV ANTIBODY TEST AREN'T EASY.
ASK YOURSELF:
"WHAT IF I HAVE HIV?"
"WHAT WOULD THIS MEAN FOR MY LIFE?"
TALK TO A COUNSELOR OR CALL THE AIDS HOTLINE.
GET ALL THE INFORMATION BEFORE YOU DECIDE!
K

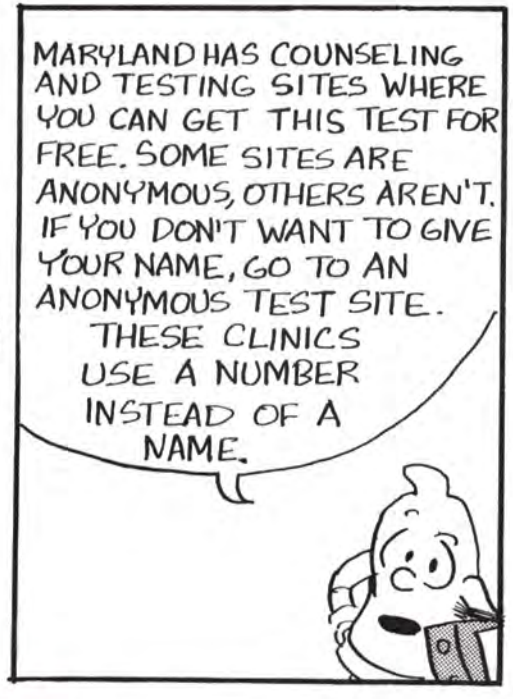

A BLOOD TEST CAN SHOW IF YOU HAVE THE VIRUS THAT CAN CAUSE AIDS. THE VIRUS IS CALLED HIV... (HUMAN IMMUNODEFICIENCY VIRUS)... AND THE TEST IS CALLED THE HIV ANTIBODY TEST.
SOME PEOPLE WANT THIS TEST, SOME DON'T.
ONLY YOU CAN MAKE THE DECISION THAT'S RIGHT FOR YOU!


EDUCATE YOURSELF BEFORE YOU DECIDE! KNOW WHAT THIS TEST IS ALL ABOUT!
WHETHER OR NOT YOU GET THIS TEST TODAY YOU NEED TO PROTECT YOURSELF FROM NOW ON!
1. ALWAYS USE CONDOMS (RUBBERS) DURING SEX
2. NEVER SHARE NEEDLES OR TOOLS TO SHOOT DRUGS!

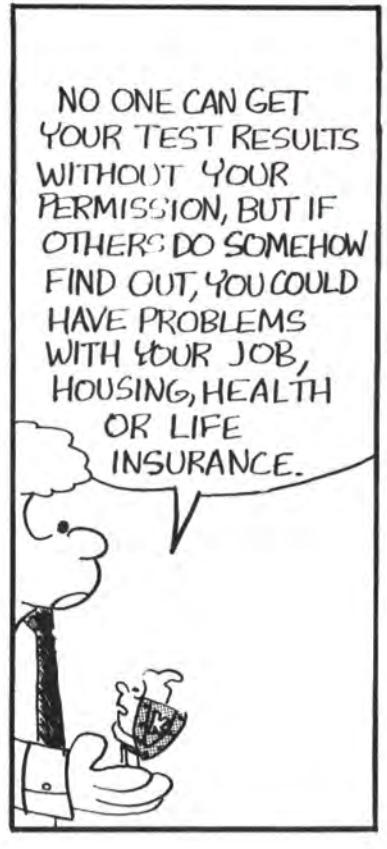

CAN THIS TEST SHOW IF I HAVE AIDS?
NO...THE HIV ANTIBODY TEST IS **NOT** A TEST FOR AIDS! THIS TEST CAN'T SHOW IF YOU HAVE AIDS OR SHOW IF YOU WILL GET AIDS... ONLY A DOCTOR DOING SPECIAL TESTS ON SICK PEOPLE CAN DIAGNOSE AIDS.

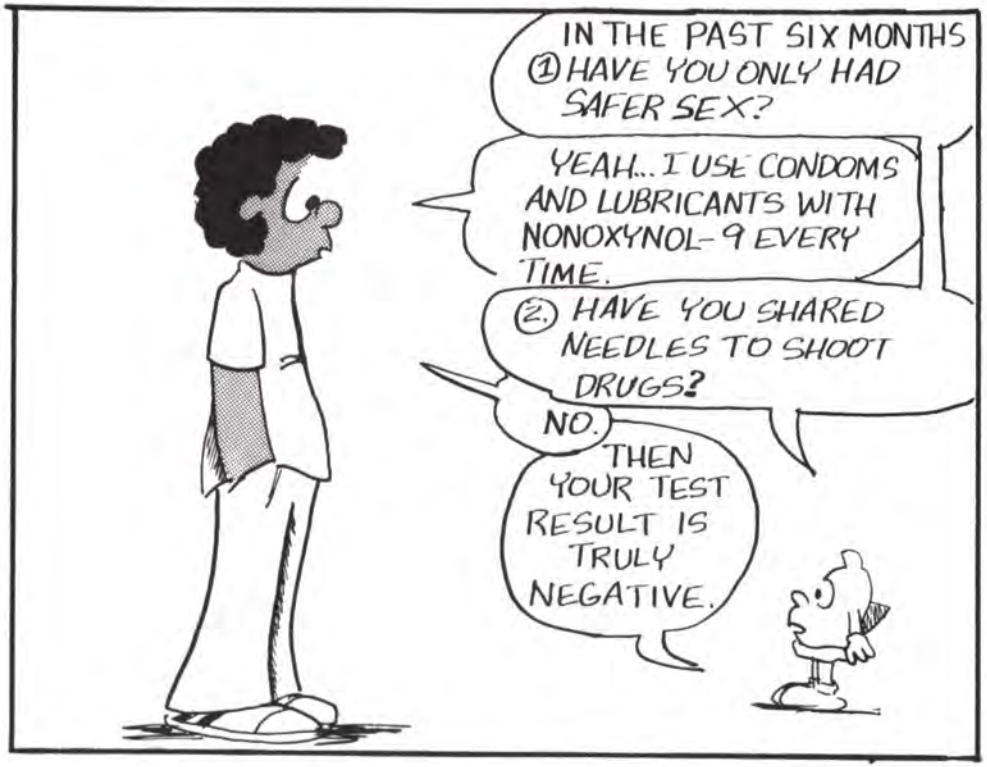

IF THIS IS NOT AN AIDS TEST—WHAT CAN IT SHOW ME?
THIS TEST CAN SHOW IF YOU HAVE HIV—THE VIRUS THAT CAN CAUSE AIDS. ....IF YOUR TEST IS POSITIVE, YOU HAVE THE AIDS VIRUS AND YOU CAN GIVE THIS VIRUS TO
•YOUR SEX PARTNERS
•YOUR NEEDLE-SHARING PARTNERS
•YOUR UNBORN BABY

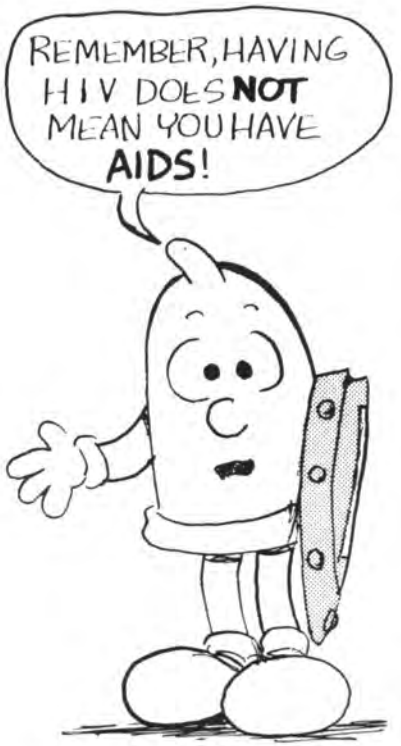

WHERE CAN I GET THE HIV ANTIBODY TEST
MOST CLINICS, HOSPITALS AND PRIVATE DOCTORS WILL DO THE HIV ANTIBODY TEST IF YOU ASK.


MARYLAND HAS COUNSELING AND TESTING SITES WHERE YOU CAN GET THIS TEST FOR FREE. SOME SITES ARE ANONYMOUS, OTHERS AREN'T. IF YOU DON'T WANT TO GIVE YOUR NAME, GO TO AN ANONYMOUS TEST SITE. THESE CLINICS USE A NUMBER INSTEAD OF A NAME.

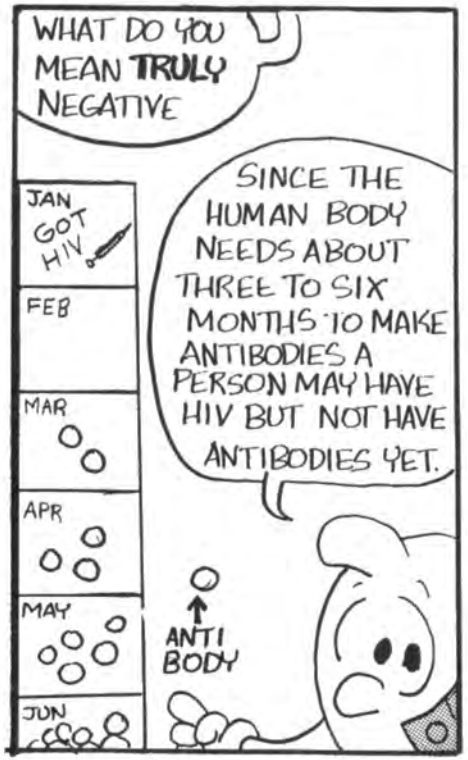

NOT ALL TEST SITES ARE ANONYMOUS. CONFIDENTIAL TEST SITES DO TAKE YOUR NAME BUT THE PEOPLE AT THE CLINIC SHOULD KEEP YOUR RESULTS SECRET.
IF YOU GET THIS TEST AT ANYPLACE THAT'S NOT CALLED "ANONYMOUS," YOUR RESULTS WILL BECOME PART OF YOUR MEDICAL RECORD.


NO ONE CAN GET YOUR TEST RESULTS WITHOUT YOUR PERMISSION, BUT IF OTHERS DO SOMEHOW FIND OUT, YOU COULD HAVE PROBLEMS WITH YOUR JOB, HOUSING, HEALTH OR LIFE INSURANCE.

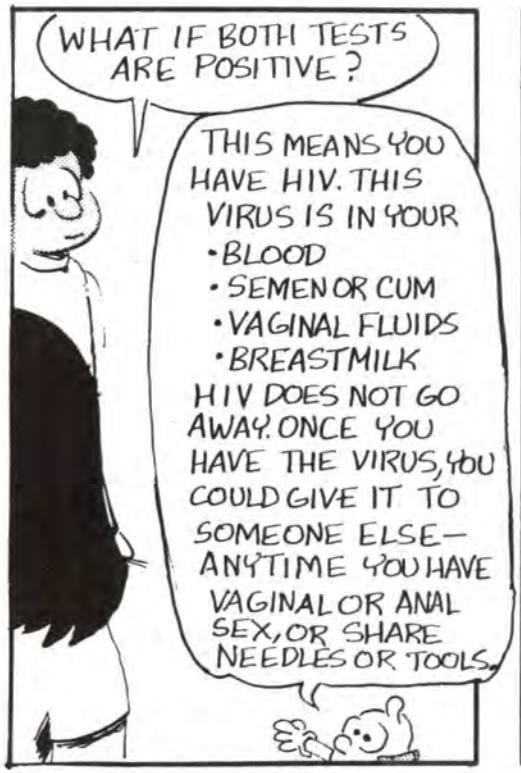

IN THE PAST SIX MONTHS
① HAVE YOU ONLY HAD SAFER SEX?
YEAH... I USE CONDOMS AND LUBRICANTS WITH NONOXYNOL-9 EVERY TIME.
② HAVE YOU SHARED NEEDLES TO SHOOT DRUGS?
NO.
THEN YOUR TEST RESULT IS TRULY NEGATIVE.


REMEMBER, HAVING HIV DOES **NOT** MEAN YOU HAVE **AIDS**!

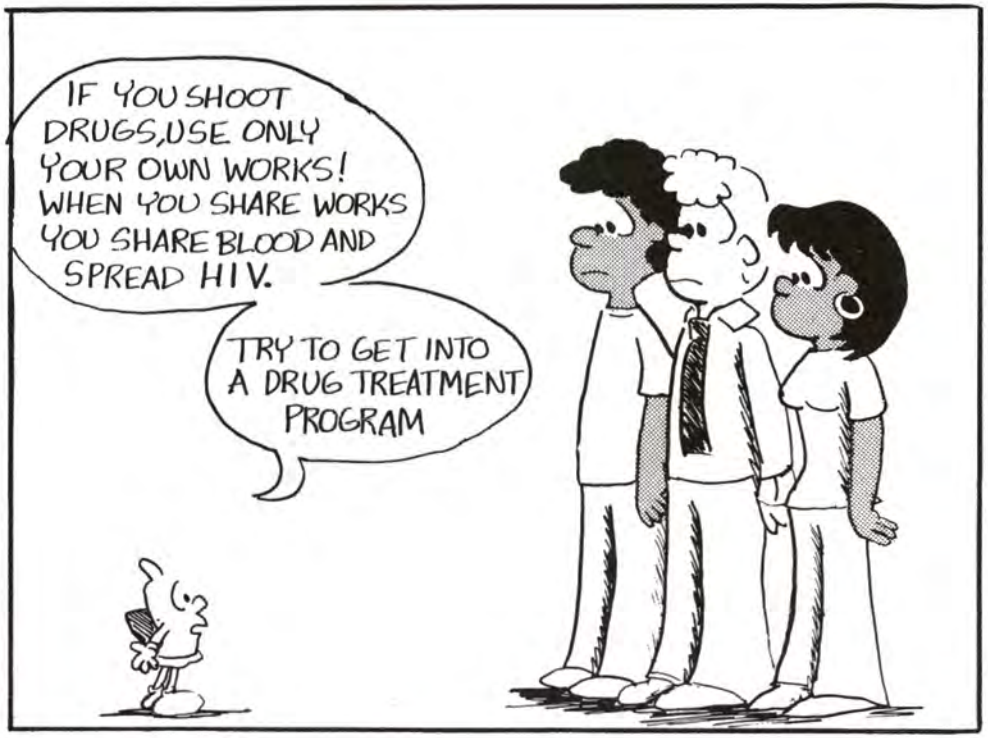

WHAT WOULD I DO IF MY TEST IS POSITIVE?
FIRST, ASK THE COUNSELOR IF TWO DIFFERENT TESTS FOR HIV ANTIBODIES WERE DONE. ONE IS CALLED "ELISA" THE SECOND IS CALLED "WESTERN BLOT". MAKE SURE BOTH TESTS SHOW YOU ARE POSITIVE.


WHAT DO YOU MEAN **TRULY** NEGATIVE
JAN GOT HIV
FEB
MAR
APR
MAY
JUN
SINCE THE HUMAN BODY NEEDS ABOUT THREE TO SIX MONTHS TO MAKE ANTIBODIES A PERSON MAY HAVE HIV BUT NOT HAVE ANTIBODIES YET.
ANTI BODY


BUT SINCE YOU PROTECTED YOURSELF, YOUR TEST RESULTS ARE *TRULY* NEGATIVE.

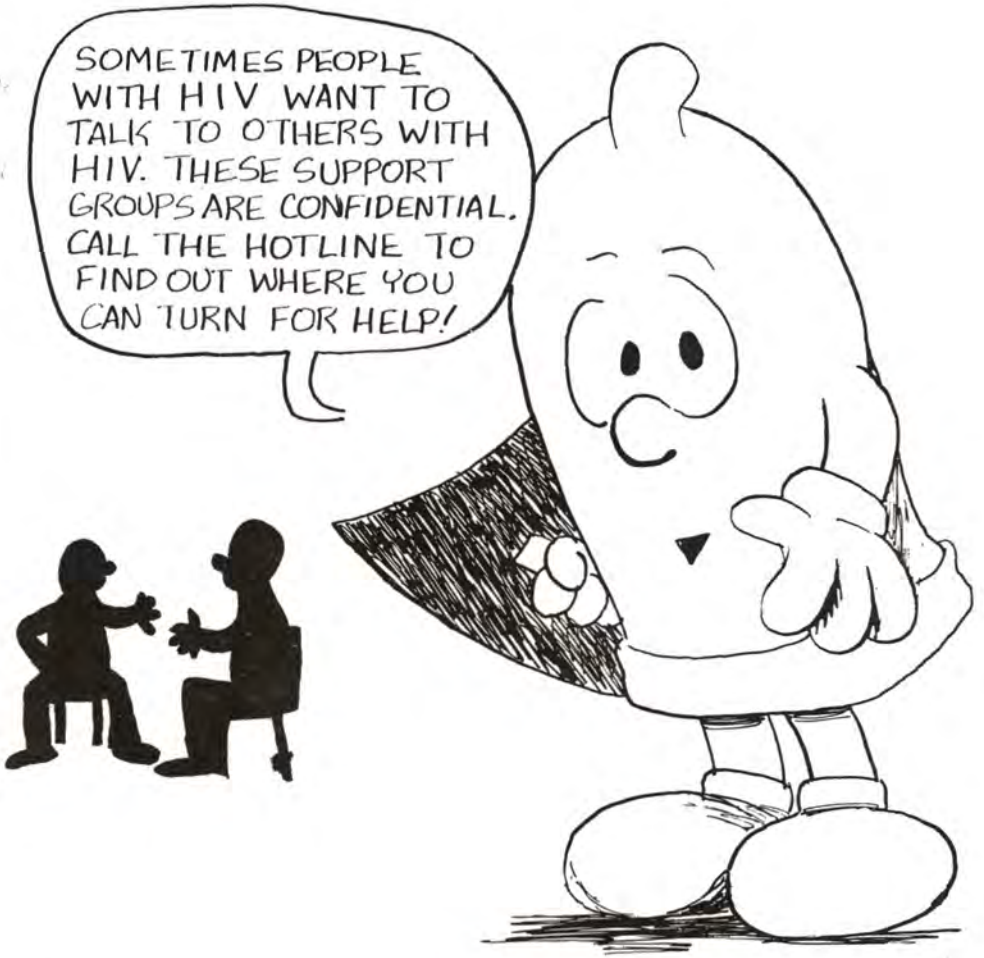

WHAT IF BOTH TESTS ARE POSITIVE?
THIS MEANS YOU HAVE HIV. THIS VIRUS IS IN YOUR
• BLOOD
• SEMEN OR CUM
• VAGINAL FLUIDS
• BREASTMILK
HIV DOES NOT GO AWAY. ONCE YOU HAVE THE VIRUS, YOU COULD GIVE IT TO SOMEONE ELSE— ANYTIME YOU HAVE VAGINAL OR ANAL SEX, OR SHARE NEEDLES OR TOOLS.


HOW CAN WE BE SURE WE DON'T GIVE HIV TO SOMEONE ELSE?
YOU NEED TO MAKE SURE YOUR BLOOD, CUM, OR VAGINAL FLUIDS DON'T GET INSIDE ANOTHER PERSON'S BODY!


IF YOU SHOOT DRUGS, USE ONLY YOUR OWN WORKS! WHEN YOU SHARE WORKS YOU SHARE BLOOD AND SPREAD HIV.
TRY TO GET INTO A DRUG TREATMENT PROGRAM


TRACES OF BLOOD YOU CAN'T EVEN SEE WILL BE LEFT IN YOUR TOOLS.


RINSING WITH WATER IS NOT ENOUGH! BLEACH KILLS HIV! IF YOU MUST SHARE, FIRST CLEAN YOUR WORKS WITH BLEACH.
BLEACH

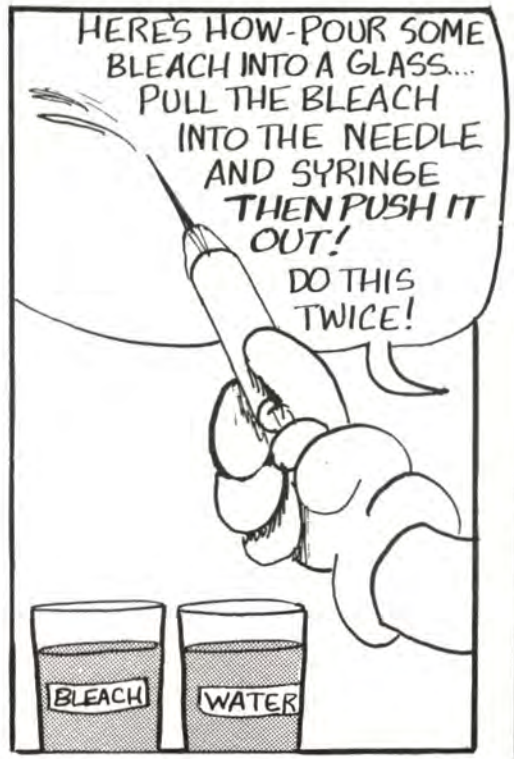

SOMETIMES PEOPLE WITH HIV WANT TO TALK TO OTHERS WITH HIV. THESE SUPPORT GROUPS ARE CONFIDENTIAL. CALL THE HOTLINE TO FIND OUT WHERE YOU CAN TURN FOR HELP!


WHAT IF MY TEST IS NEGATIVE?
FIRST, ASK YOURSELF THESE TWO QUESTIONS-


WHO NEEDS TO KNOW IF MY TEST IS POSITIVE?
YOUR SEX AND NEEDLE SHARING PARTNERS NEED TO KNOW-- OLD AND NEW PARTNERS


YOUR DOCTOR AND DENTIST NEED TO KNOW... YOUR GOOD MEDICAL CARE DEPENDS ON IT... BUT NO ONE ELSE NEEDS TO KNOW!


YOU ARE NOT ALONE! WHETHER YOU NEED MEDICAL TREATMENT OR COUNSELING THERE ARE PEOPLE WHO CAN HELP YOU!
K


HERE'S HOW-POUR SOME BLEACH INTO A GLASS... PULL THE BLEACH INTO THE NEEDLE AND SYRINGE THEN PUSH IT OUT! DO THIS TWICE!
BLEACH
WATER

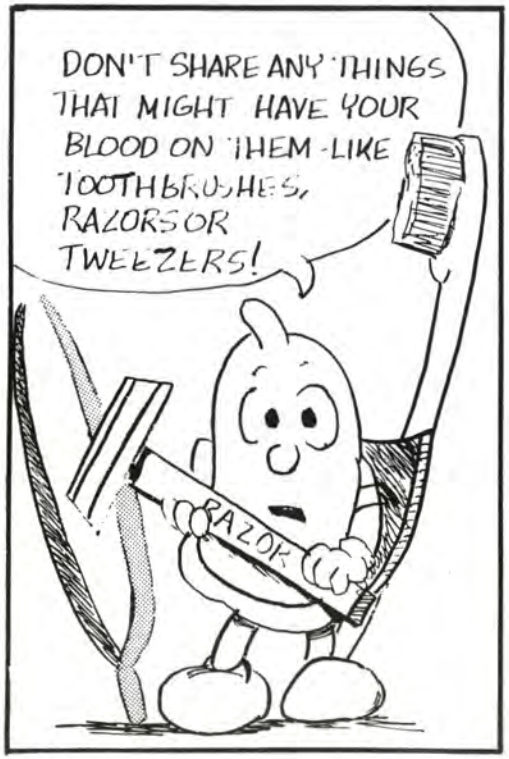

THEN PULL WATER INTO THE NEEDLE AND SYRINGE AND- PUSH IT OUT! DO THIS TWICE! MAKE SURE YOU DON'T INJECT OR DRINK BLEACH... BLEACH CAN'T KILL THE VIRUS INSIDE YOUR BODY BUT SURE CAN MAKE YOU SICK!
BLEACH

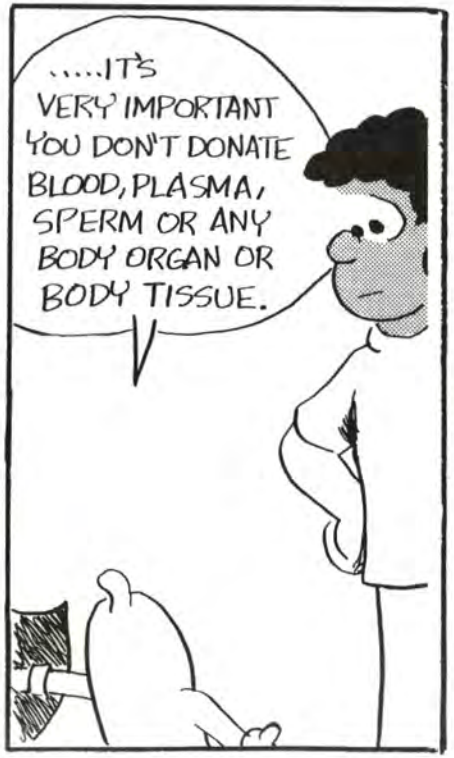

WHAT ABOUT MY SEX LIFE?
LEARN ALL YOU CAN ABOUT HOW TO HAVE SEX SAFELY!... AND PRACTICE IT! TALK TO YOUR PARTNER ABOUT HOW YOU CAN HAVE SEX THAT'S FUN BUT STILL SAFE FOR BOTH OF YOU!
K


WHAT IF I GET PREGNANT?
GETTING PREGNANT MAY HELP TRIGGER AIDS. **DON'T GET PREGNANT!** THERE'S A REALLY GOOD CHANCE YOUR BABY WILL BE BORN WITH THE AIDS VIRUS!


YOU DON'T NEED TO WORRY ABOUT DAY-TO-DAY CONTACT WITH OTHER PEOPLE. HIV IS NOT SPREAD BY TOUCHING OR SHARING DISHES OR BY HUGGING OR SWIMMING! THESE ARE **SAFE!**


TAKE GOOD CARE OF YOURSELF! GET REGULAR MEDICAL CHECKUPS, EAT GOOD FOODS, EXERCISE AND TRY TO RELAX. IT'S IMPORTANT THAT YOU **STAY HEALTHY** SINCE MORE HIV OR OTHER INFECTIONS MAY TRIGGER AIDS!


DON'T SHARE ANY THINGS THAT MIGHT HAVE YOUR BLOOD ON THEM - LIKE TOOTHBRUSHES, RAZORS OR TWEEZERS!
RAZOR


.....IT'S VERY IMPORTANT YOU DON'T DONATE BLOOD, PLASMA, SPERM OR ANY BODY ORGAN OR BODY TISSUE.


TO CLEAN UP BLOOD OR SEMEN (CUM), USE HOT WATER AND SOAP, BLEACH AND OTHER DISINFECTANTS SUCH AS LYSOL, OR ALCOHOL WILL KILL HIV.
SOAP
ALCO
DI
BLEAC

AMERICA
RESPONDS
TO AIDS

Part of the America Responds To AIDS brochure series.
This brochure has been prepared by the
Department of Health & Human Services,
Public Health Service, Centers for Disease Control.
The Centers for Disease Control is the U.S. Government
agency responsible for the prevention and control of diseases,
including AIDS, in the United States.

NAIEP 9/91 D498

Caring For Someone With AIDS

Information For Friends, Relatives, Household Members, And Others Who Care For A Person With AIDS At Home

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control

CDC

One of the best places for a person with AIDS to receive care is at home, surrounded by those who can provide love and care.

Most people with AIDS can lead an active life for long periods of time. In fact, most of the time a person with AIDS does not need to be in a hospital. A person with AIDS often recovers from AIDS-related illnesses more quickly and comfortably at home with the support of friends and loved ones. Also, home care can help reduce the stress and cost of hospitalization.

Each person with AIDS is different, and is affected by the disease in different ways, and to different degrees. The person's doctor or nurse will keep you updated on the amount and kind of care that is needed. Often, one of the hardest things for a person with AIDS to do is to keep up with the everyday routines of shopping, getting and answering the mail, paying bills, and tidying up. These are the types of roles in which you can play a major part.

What Will You Need To Do?

If you are planning to provide home care for a person with AIDS, you should consider taking a home care course. Contact your local Red Cross chapter, Visiting Nurse Association, or AIDS service agency to find out about home care training offered in your area.

While it's not always possible, it's nice if you can get to know the person's doctor, or at least the nurse, social worker, and other care providers. Work with them to create a plan for home care. Ask them to provide you with clear written instructions regarding medications and procedures. Make sure you know about any adverse reactions to drugs that may occur. Learn whom to call or what to do in the event of an emergency.

Be prepared to keep the doctor or nurse posted of changes if they occur in the person's health or behavior. For example, a cough, fever, diarrhea, or confusion may indicate an infection or

Remember that you are not alone. There are others like you who have gone through this experience before. You can gain knowledge and strength from what they can tell you.

Would You Like More Information?

If you'd like more information about caring for a person with AIDS, if you would like to volunteer, or if you would just like more information about AIDS, contact a doctor, your local health department, your local AIDS volunteer health group, or call 1-800-342-AIDS. The Spanish hotline is 1-800-344-7432. The deaf access hotline is 1-800-AIDS-TTY.

over. You should also consult your physician. There is a special medicine which may protect you from serious complications that can result from chickenpox.

If a person with AIDS has fever blisters or cold sores (*herpes simplex*) around the mouth or nose, you should avoid kissing or touching these sores. If you must touch these sores with your hands, wear gloves and wash hands carefully afterward. This is particularly important if you have eczema (allergic skin), since the *herpes simplex virus* can cause severe skin disease in persons with eczema.

Many people with AIDS are infected with a virus called *cytomegalovirus* (CMV) which may be present in urine and saliva. You should wash hands carefully after touching saliva and urine. This is particularly important for someone who may be pregnant, since a pregnant woman who becomes infected with CMV may sometimes transmit this virus to the baby that she is carrying.

Help For The Caregiver

Providing home care can be a stressful and emotional experience. You may feel very frustrated watching a person become sicker despite your efforts. To help cope with feelings of frustration, share your feelings with others, including other caregivers, counselors, clergy, or health professionals. Call your local AIDS service organization for support.

Be sure to arrange for some backup help so you can have some free time occasionally. This is especially important during times when the person with AIDS is very ill. You may need to be relieved of your responsibilities periodically so you can also maintain your energy level.

When caring for a loved one who is very sick, it is important not to ignore your own needs. Unless you take care of yourself, you will not have the inner resources to care for the person with AIDS.

complication that requires special treatment or hospitalization. The doctor or nurse will also let you know about changes in the person's condition which may indicate that home care is not the best option for the person with AIDS.

Providing Emotional Support For The Person With AIDS

It is important to think about the emotional well-being of the person you are caring for. Since every person's emotional needs are different, no single approach is best for everybody.

Here are some suggestions for giving emotional support to people with AIDS.

- Encourage the person with AIDS to become involved in his or her own care, set a schedule, and make decisions whenever possible. These actions will provide a sense of control and independence.

- Don't avoid the person with AIDS. Include him or her in activities whenever possible. You don't always have to talk. Your company can be more important than your words. Just having you there while reading or watching television may be appreciated. Allow for quiet time. Like anyone else, he or she may feel anger, frustration, depression, and all other emotions.

- Don't be afraid to discuss the disease. Often, people with AIDS need to talk about it to work out what is happening in their own mind. Offer to help find professional counseling if it is desired. Let the doctors, nurses, and social workers understand your relationship to the person with AIDS, and your role as a caregiver.

- Don't be afraid to touch a person with AIDS. Holding a hand, giving a hug, or giving a back rub can greatly raise the person's spirits. However, be sensitive to people who do not wish to accept physical closeness.

The virus that causes AIDS can damage the brain and cause psychological problems. These problems can include difficulty in thinking clearly and changes in feelings and moods. A common problem for a person with AIDS is dementia. It can result in forgetfulness and poor concentration; slowing down of movements, speech, and thinking; decreased alertness; loss of interest and pleasure in work, and most other activities; and unpredictable or exaggerated changes in mood.

These problems can be very disturbing to the person with AIDS and to others in the home. They can also make it difficult to follow the routines for home care and for protecting the person with AIDS from infection. If these or other psychological problems develop, they should be discussed with the doctor, nurse, social worker, or mental health professional.

Protecting Yourself From Other Infections

A person with AIDS may sometimes have other infections that you and persons who live or visit in the home need to take precautions to avoid catching. Stay in touch with the person's doctor or nurse to find out if he or she develops any other infections and what this means for you and others in the home. This is especially important if you have HIV infection yourself.

For example, diarrhea in a person with AIDS may be caused by an infection (gastroenteritis). You should wear gloves during contact with diarrheal discharge from a person with AIDS and wash your hands carefully afterward. A person with AIDS (or anybody else) who has diarrhea due to an infection should not prepare food for others.

If the person with AIDS has a cough lasting more than a week or two, he or she should see a doctor to be checked for tuberculosis (TB). If the person with AIDS has TB, then you and others who live or visit in the home should be checked several times, even if you are not coughing. Discuss this and other precautions with your doctor, nurse, or local health department.

If the person with AIDS develops acute hepatitis (yellow jaundice) or is a carrier of the *hepatitis B virus*, then you, and any children and adults living with the person, and especially any current or recent sexual partners of the person with AIDS, should ask their doctor about receiving treatment and/or a vaccine to prevent hepatitis.

If the person with AIDS has either chickenpox or shingles (zoster), anyone who has never had chickenpox should not be in the same room. If being in the same room is unavoidable, then you should wear a surgical-type mask, and gloves, and wash your hands before and after providing care. These precautions should be taken until the chickenpox or shingles are completely crusted

- Avoid raw (unpasteurized) milk.
- Never serve raw eggs. Remember that they may be present in homemade mayonnaise, hollandaise sauce, homemade ice cream, fruit "smoothies," as well as other foods that might seem healthful.
- Meats and poultry should be well-cooked, not pink in the middle. Raw fish or shellfish, as well as raw or undercooked meats and poultry, can also cause problems.

As you can see, it is important that foods are fully cooked. There are also some other precautions you can take during preparation to avoid cross-contamination. This is especially important when you are handling uncooked poultry and meats.

- Wash your hands before handling any food, and between handling different food items.
- Wash all utensils before reusing with other foods.
- Keep uncooked food juices (such as blood from meats, water from shrimp or other seafood) from coming in contact with other foods.
- Use a plastic cutting board rather than a wooden one, because a plastic board is easier to clean.
- Scrub fresh vegetables thoroughly.

Protecting Yourself From Infection With The Virus That Causes AIDS

The virus that causes AIDS is the *human immunodeficiency virus.* You will hear it called by its initials — HIV. Studies indicate that HIV is present in blood, semen, and vaginal fluids of infected persons, and is usually transmitted by

- having sex with a person infected with HIV; or
- using, sharing, or sticking yourself with a needle or syringe that has previously been used by or for a person infected with HIV.

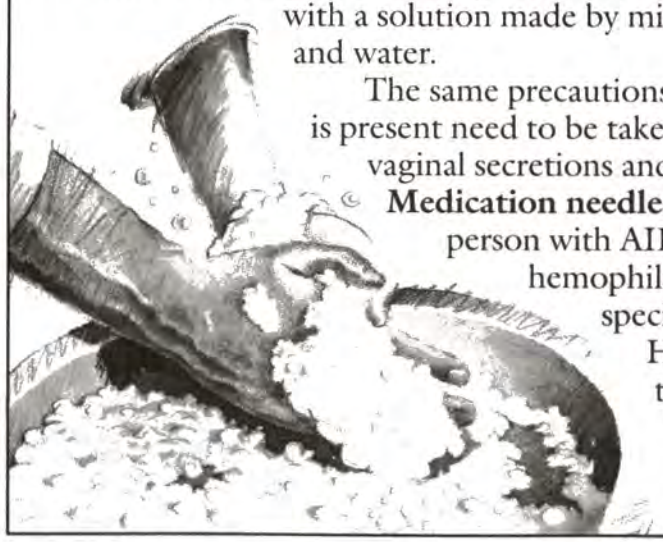
In addition, women infected with HIV can pass the virus to their babies during pregnancy or during birth. In some cases they can also pass it on when breast-feeding. Some people have been infected by receiving blood transfusions, although the risk of infection has been virtually eliminated since careful screening and laboratory testing of the blood supply began in 1985.

You won't get the AIDS virus through everyday contact. You won't get the disease from the air, food, water, insects, animals, dishes, or toilet seats. Because the virus which causes AIDS is found in the blood of infected persons, you should consider blood or other body fluids which contain visible blood (for example, bloody stool) as a potential source of infection. However, in the many instances when health care providers have come in contact with HIV-infected blood, only a small number of HIV infections have resulted. These have all taken place because of needle stick injuries or when blood was splashed on skin that had sores or breaks, or on mucous mem-branes (mouth, nose, or eyes). *In the absence of sores or breaks, no HIV infections are known to have occurred at all.* The risk of becoming infected with HIV through needle stick injury or blood coming in contact with your

skin is very low. Simple precautions can virtually eliminate this already very small risk. Wear gloves if you may have contact with blood or blood-tinged body fluids. Also, if you have any cuts, sores, or breaks on exposed skin, cover them with a bandage. You will want to wear gloves to clean up articles soiled with urine, feces, or vomit to avoid other germs, even though infections with HIV have not been observed following such contact.

Two types of gloves can be used, depending upon the task. You can use disposable hospital-type gloves to prevent contact with blood when you provide nursing care to a person with AIDS. These gloves should be used once and thrown away. For household chores that involve contact with blood, you may also use household rubber gloves. These gloves can be cleaned, disinfected, and reused. Just make sure they are in good condition. Don't use gloves that are peeling, cracked, or have holes in them.

Always wash your hands with soap and water after any hand contact with blood, even if gloves are worn. In addition to wearing gloves, if large amounts of blood are present, you may want to wear an apron or smock to prevent your clothing from being soiled. If the person with AIDS is bleeding frequently or heavily, contact the doctor or nurse, as home care may no longer be adequate. Remove blood from surfaces and containers with soap and water or a household cleaning solution, then disinfect the area with a solution made by mixing household bleach and water.



The same precautions you take when blood is present need to be taken in the presence of vaginal secretions and semen.

Medication needles may be present if the person with AIDS is diabetic, has hemophilia, or is having other special treatment at home. Handle needles carefully to avoid sticking yourself.

- *Under no circumstances* should someone with chickenpox be in the same room with the person with AIDS until all of the chickenpox have completely crusted over.
- Anyone who has recently been *exposed* to chickenpox and who has not yet had chickenpox should not be in the same room as the person with AIDS from the 10th through 21st day after exposure. If it is not possible to stay out of the room, keep the exposure time to a minimum. The exposed person should wear a surgical-type mask and wash hands before providing care.
- Most adults have already had chickenpox, but persons giving care should be especially alert to check whether children who are visiting or living with the person with AIDS and who have not had chickenpox have been recently exposed.
- If you have shingles (zoster), you should not care for the person with AIDS until all the shingles have healed over. This is because contact with shingles can cause chickenpox in a person who has not had chickenpox. If no one else is available to care for the person with AIDS, you should keep the shingles completely covered and wash your hands carefully before providing care.
- If the person with AIDS is exposed to chickenpox or shingles, contact the person's doctor within 24 hours. There is a special medicine which, if given promptly, may help to prevent serious complications from chickenpox in the person with AIDS.

The handling of food for the person with AIDS requires some special care (though these rules actually apply to anyone).

The person with AIDS can eat virtually any food that might seem appealing (the healthier the appetite the better). However, there are some guidelines that need to be followed to protect the person with AIDS from diseases and infections to which they may be susceptible.

birds should be checked by a veterinarian for psittacosis, a disease which may be harmful to a person with AIDS. Sick pets should be checked promptly by a veterinarian. Neither sick pets nor their litter should be handled by the person with AIDS.

Everyone caring for or living with a person with AIDS should consider getting a flu (influenza) shot to reduce the chance of getting the flu and passing the disease on to the person with AIDS. To be effective, flu shots must be taken *every year.*

Everyone caring for or living with a person with AIDS should be up-to-date on all of their "childhood" shots, not only for their own protection, but also to avoid getting any of these diseases outside the home and then transmitting the disease to the person with AIDS.

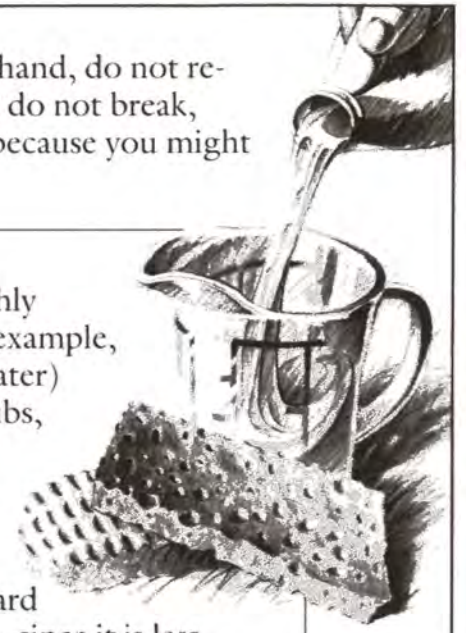
Even if you believe that you and everybody living with the person with AIDS have had all the recommended childhood shots, ask your doctor if you need any boosters or shots for measles, mumps, or rubella, since these shots may not have been available when you were a child. If the person with AIDS is exposed to measles, contact the person's doctor within 24 hours. There is a special medicine which, if given promptly, may help to prevent measles in a person with AIDS.

Children or adults who live with a person with AIDS and who need a polio shot should get a special form of polio shot known as "inactivated virus" vaccine. The oral polio vaccine (drops on the tongue or "sugar cube vaccine") can be dangerous to a person with AIDS.

Chickenpox can make a person with AIDS very sick, and can even be deadly. If the person with AIDS has had chickenpox in the past, he or she will probably not get it again. However, the following precautions should be taken in any case.

- Do not put caps back on needles by hand, do not remove needles from the syringes, and do not break, bend, or otherwise handle needles, because you might stick yourself in the process.

A handy disinfecting solution
A solution of one part bleach freshly diluted with 100 parts water (for example, one tablespoon in one quart of water) can be used on floors, showers, tubs, sinks, and other items, such as mops and sponges. Wear gloves while cleaning up blood, and wash your hands with soap and water after removing gloves. Discard the bleach solution after 24 hours, since it is less effective when it is old. Keep the solution out of the reach of children.



- When you handle a used needle and syringe, pick it up by the barrel of the syringe and carefully drop it into a puncture-proof container. The doctor, nurse, or AIDS service organization can provide you with a container especially made for this purpose. If a special container is not available, you can use any puncture-proof container that has a plastic top, such as a coffee can.

- Keep the disposal container in a room where needles and syringes are used, but well out of the reach of children and visitors.

- Be sure to dispose of the container before it is overflowing with needles. Ask your doctor or nurse about further instructions for disposal of the container.

- If you stick yourself with a used needle, wash the site of exposure thoroughly with soap and water. Then, contact your

doctor as soon as possible to get further evaluation, advice, and, perhaps, treatment.

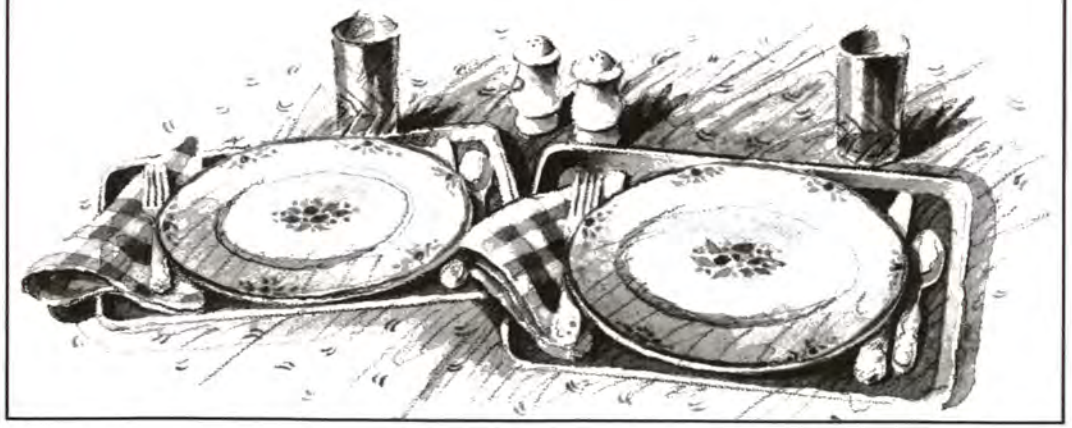
You can wash clothing and linens used by a person with AIDS as you ordinarily would. When using an automatic washing machine, use soap or detergent and either hot or cold washing cycles. Follow the instructions on the soap or detergent package.

If stains due to blood, semen, or vaginal secretions are present, soaking the clothes in cold water and using bleach may help to remove the stains. However, it is not necessary to add bleach to washing machines to kill the virus. Clothes may also be dry-cleaned or hand-washed.

A person with AIDS does not require separate dishes or eating utensils, and dishes used by a person with AIDS do not require special methods of cleaning. They should be washed as you ordinarily would, with soap or detergent and hot water.

A person with AIDS can prepare food for others, provided that he/she does not have diarrhea due to a germ that can be spread by food. It is a good idea for anyone preparing food — including a person with AIDS — to wash his or her hands before beginning.

A person with AIDS should not share razors or toothbrushes because these items sometimes draw blood.



Flush all liquid waste containing blood down the toilet. Be careful to avoid splashing blood when you are pouring liquids into the toilet. Tissues, or other flushable items with blood, semen, or vaginal fluid on them, may also be flushed.

Paper towels, sanitary pads and tampons, wound dressings, and other items soiled with blood, semen, or vaginal fluid that are not flushable should be placed in a plastic bag. Close the bag securely before placing in a trash container. Check with your doctor, nurse, or local health department to be sure you are following trash disposal regulations for your area.

Protecting The Person With AIDS From Infection

A person with AIDS or AIDS-related illnesses has a difficult time fighting off certain infections. A person with AIDS should avoid close contact with people with contagious illnesses until symptoms have disappeared. That includes diseases such as colds, the flu, or stomach flu (gastroenteritis).

If you have a cold or flu and nobody else is available to provide care, you should wear a surgical-type mask and wash your hands before touching the person with AIDS.

If you have skin infections such as boils, cold sores or fever blisters (*herpes simplex*), or shingles (zoster), you should avoid close contact with a person with AIDS. If such contact is unavoidable, you should keep skin sores covered and wash hands before contact. Wear gloves if you have a rash or sores on your hands.

If there are pets in the house, the person with AIDS should wash his or her hands with soap and water after handling them and especially after cleaning their litter or living areas (such as cages and tanks). This is to protect against infections the animals may carry. Litter boxes should be emptied (not sifted) daily. Pet

7. Use a new, latex rubber condom. Use one every time for vaginal, anal, or oral sex. Use a condom only once and then throw it away.

8. Keep some condoms with you. But don't store them for a long time in your wallet or near heat.

9. All latex condoms meet the same, high U.S. standards for strength and quality.

The Surgeon General on **Condoms** and **AIDS:**

"Barring Abstinence, or a faithful, monogamous relationship, the only other thing we have that prevents the spread of the disease is a condom.

Condoms are not 100% safe, but they can help if used properly to prevent the spread of the disease."

C. Everett Koop, M.D., Sc.D.
Former U.S. Surgeon General

Call the Maryland
AIDS
Information & Referral
Hotlines

945-AIDS

or

1-800-638-6252

Hearing-Impaired TDD Line
1-800-553-3140

Eñ Espanol
1-800-322-SIDA

AIDS Administration
DHMH Nov 1992

How To Use A Condom (Rubber)

STEP 1

Put the condom on **before** you enter your partner. When your penis is **hard**, put the condom on the end of your penis. Hold the tip of the condom to squeeze out air. This leaves room for the semen when you come.

STEP 2

Keep holding the tip of the condom. Unroll it onto your erect penis . . .

STEP 3

. . . all the way down to the hair.

4. You can use a water-based lubricant like "K-Y", "Forplay", or contraceptive gel. Don't use vaseline, oil or grease - they can damage a condom.

5. For extra protection, use a lubricant with Nonoxynol 9. This helps kill sperm, the AIDS virus and other germs spread by sex.

6. After you come (ejaculate):

- Pull out while your penis is still hard

and

- Hold onto the condom when you pull out.

(over)

CHASE • BREXTON CLINIC
TO LIFE
101 West Read Street, Suite 211
Baltimore, MD 21201
(410) 837-2050/51

CHASE-BREXTON CLINIC - OVERVIEW OF SERVICES

MISSION: Chase-Brexton Clinic is a non-profit, community-based organization providing primary health care on a non-discriminatory basis. Having originated in the gay and lesbian community, the clinic recognizes the special needs of not only those affected by HIV disease, but of all persons not served by a traditional health care system. We strive to empower patients and advocate quality health care through medical and psychosocial support services. Chase-Brexton Clinic is especially committed to ensuring access to current treatment and research protocols for those affected by HIV disease.

HIV TESTING AND COUNSELING: Chase-Brexton Clinic is the largest anonymous HIV testing and counseling site in Maryland. This service is offered free of charge. Chase-Brexton Clinic hopes to achieve several goals through this service:

1) Early intervention and treatment for individuals who are HIV positive. Longer and improved quality of life are achievable with early diagnosis and treatment.

2) Education and Prevention - Every individual who is tested for HIV receives pre- and post-test counseling about reducing risk behaviors and preventing infection of others.

Chase-Brexton makes a strong effort to market this service in the community, particularly among the highest risk groups, including individuals who practice unprotected sexual and/or needle sharing behaviors, and their marital/sexual/needle sharing partners.

HIV MEDICAL CARE: Chase-Brexton Clinic provides primary health care services to individuals with HIV disease, regardless of their ability to pay for those services. These services include: complete history and physical exam; mental health evaluation; diagnostic tests as needed; drug treatment; infusion therapy/transfusions; nutritional assessment and counseling; home doctor visits and sub-specialty consultations. Chase-Brexton maintains a strong commitment to quality outpatient medical and preventative services in an attempt to keep individuals out of acute care settings. Patients are encouraged to be pro-active in their management of HIV disease.

HIV CASE MANAGEMENT: Many individuals with HIV disease encounter obstacles that interfere with their ability to maintain good health. Examples of such obstacles include: unemployment, drug/alcohol abuse and addiction, lack of transportation, homelessness, child care issues, hunger or malnourishment and/or rejection by family and friends. Chase-Brexton's case managers work with patients to reduce or eliminate these obstacles by providing assistance, referrals and advocacy.

WOMEN'S SERVICES: Chase-Brexton Clinic provides complete gynecological care regardless of HIV status or ability to pay. 80% of women utilizing this service have a history of little to no previous GYN care prior to enrolling at Chase-Brexton Clinic.

SEXUALLY TRANSMITTED DISEASE SERVICES: Chase-Brexton Clinic offers professional treatment by compassionate and experienced staff in a confidential setting.

MENTAL HEALTH SERVICES: Chase-Brexton Clinic offers a variety of mental health services including brief or extended therapy dealing with issues such as: substance abuse; HIV-related concerns; interpersonal relationship or major psychiatric disorders in individual, couple or group therapy.

NO ONE IS DENIED ACCESS TO THESE SERVICES DUE TO INABILITY TO PAY.

THE STAFF: The quality medical care that Chase-Brexton offers to the Baltimore community is the result of a strong committment to hiring and recruiting the most knowledgable, experienced, compassionate and skilled staff and volunteers available. Chase-Brexton's medical team currently consists of sixteen doctors with varying areas of expertise. In-house sub-specialty expertise is available in a number of disciplines including oncology, neurology, dermatology, internal medicine, gynecology and psychiatry.

THE BOARD OF DIRECTORS: Chase-Brexton Clinic's Board of Directors provides the vision and leadership behind the diverse and progressive programs and services that the Clinic offers.

THE PATIENT ADVISORY BOARD: Recently, the Board of Directors developed a Patient Advisory Board. This group is composed of Chase-Brexton Clinic patients. Their goals include providing feedback to the Clinic management on operational issues; researching and sharing information about current therapies and clinical trials; and acting as individual advocates for patient care.

One Client's Story

Victor is a 41 year-old father. His daughters, Tanya and Elizabeth are four and six years-old. They barely knew their mother. She died of AIDS-related complications three years ago. Since then, Victor has devoted all of his time, energy and money to raising his daughters as a single father. A year ago, Victor purchased a vending stand and opened his own business. He works long hours to keep his business going, but Tanya and Elizabeth have benefitted from the results.

This past December, Victor began feeling poorly. He finally gathered the courage to get an HIV test and came to Chase-Brexton Clinic. It was positive. Victor's first thoughts were of Tanya and Elizabeth.

Victor's testing counselor immediately scheduled him for an appointment with one of Chase-Brexton's staff physicians. His first appoinments would include a complete physical exam, diagnostic tests, a meeting with the staff dietician, and counseling services to help him cope with the news of his illness.

Victor also met with Rebecca, his new case manager. She explained to him that his blood counts give him the clinical definition of AIDS, making him eligible for federal disability programs, medical assistance and state pharmacy assistance. However, Victor could only benefit from these programs if he stopped working.

Despite not feeling well, Victor chooses to continue his twelve-hour work days. He feels that he can provide more financial stability for his daughters by working than by collecting the $434 a month that he would receive from the federal disability program.

Chase-Brexton provides all of his medical care without reimbursement, either from Victor or from the Medical Assistance that he would qualify for if he quits work. David Shippee, CBC's Executive Director says, "Of course it would be easier for us financially if we were to receive reimbursement from Medical Assistance, but we encourage our clients to exercise control over their health and their lives. Forcing Victor to quit working so that he can receive the quality medical care that he needs just doesn't makes sense. We hope that the care he receives here at Chase-Brexton will give him more time with his daughters and that he will feel reasonably healthy during that time."