

Long Beach Comprehensive HIV Planning Group Meeting Minutes for 07.10.13

Presentation # 1 The MACS study (**Multicenter AIDS Cohort Study**) has contributed greatly to what we now know regarding the pathogenesis, treatment and prevention of HIV. With > 6000 patients from the study across > 30 years of activity resulting in >1,000 scientific publications, it is still recruiting patients to participate. Important things to know about the study:

1. Call 310-222-3773 LA BioMed at Harbor-UCLA and mention the MACS Study
2. This study is looking for HIV + male patients, 18-60 years of age who have never been on HIV medications (ART naïve) OR are taking HIV medications that were started on or after January 1, 2011. They are also looking for HIV negative male patients 18-30 years of age (to serve as controls)
3. There is financial compensation for participants in the study

Presentation # 2 **PrEP (PRE-Exposure Prophylaxis)** is a new HIV prevention method in which people who do not have HIV take a daily pill to reduce their risk of becoming infected. The PrEP study is looking to see if text messaging reminders can improve taking the study medication according to schedule. Important things to know about the study:

1. Call Michael at 562-570-4125 Long Beach Health Department or Angela at 310-222-3848 LA BioMed/Harbor UCLA and mention PrEP
2. This study is looking for sexually active HIV negative males who have HIV + male partners OR who have no regular partners but engage in risky sexual activities or are at risk for acquiring HIV infection
3. There is financial compensation for this study

Presentation # 3 **POST-Exposure Prophylaxis, non-occupational (nPEP)** involves taking anti-HIV drugs as soon as possible after a person has been exposed to HIV to try to reduce the chance of becoming HIV positive in situations outside the workplace (e.g., condom breakage, sexual assault, etc.). Access to the medications for eligible patients can be obtained by calling 310-668-4213 (nPEP-LA program - Oasis Clinic)

Presentation # 4 **HIV and Immigration Law** – Atty Elizabeth Torres has helped HIV + patients retain lawful stay in the U.S. and avoid deportation. Free initial consultation is offered for HIV + clients. (T) 213-291-1551 or 323-908-1559 (F) 213-291-1815 (e mail) liztorreslaw@yahoo.com.

Commission on HIV update

The 2 bodies (Commission on HIV and the Prevention Planning Committee) have been fully integrated and would have met as a joint unit this month. This is a landmark situation where prevention, planning and treatment for HIV and STD prevention all come under one umbrella. 5 members of the Long Beach HIV Planning Group occupy seats in the Commission. During committee meetings, public input and comment are encouraged. The group was enjoined to attend these meetings to bring ideas, questions or concerns to the table.

Next Long Beach Planning Group Meeting: October 10, 2013

Your health can get complicated— but your treatment options don't have to be

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A clinical study is being conducted in your community to further evaluate the effects of EGRIFTA® (tesamorelin for injection) compared to placebo on the progression of diabetic retinopathy.

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- Have been treated for diabetes (diet or medication) for at least one year

If you qualify to participate, all study related care and study procedures will be provided at no cost to you and compensation may be available for your participation.

To learn more about the **EGRIFTA® Diabetic Retinopathy Study for HIV-infected subjects with excess abdominal fat and diabetes**, please contact:

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310.358.2429

By email:

studyinfo@aidresearch.org



**AIDS
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For more information on our clinical studies:
aidresearch.org 310.358.2429

1400. S Grand Ave., Suite 701
Los Angeles, CA 90015

OASIS SERVICES:

AIDS Drug Assistance Program (ADAP)
ADAP is a state program funded in part by Part B of the Ryan White CARE Act .

Healthy Way LA

HWL is a no-Cost health coverage program for uninsured L.A. County residents between the ages of 19 and 64.

LA Care

L.A. Care serves low-income families who earn less than 300% of the federal poverty level .

Healthy Way LA is a no-Cost health

NEW CLIENT INTAKE

We offer new client intake everyday, Monday through Friday (except holidays).

- Monday, Wednesday, and Thursday before 2 p.m.
- Tuesday before 4 p.m.
- Friday, before 11 a.m.

Clients registering should plan to be here for approx. 1 to 1.5 hours. The intake is for HIV positive persons only.

For more information please call (310) 668-4213 and ask for the **Triage Nurse**.

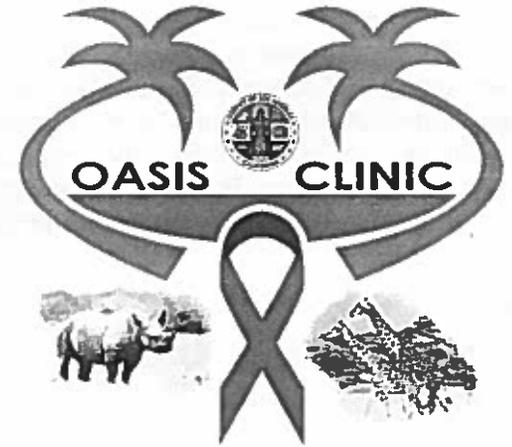


MARTIN LUTHER KING, JR.
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Los Angeles, CA 90059



MARTIN LUTHER KING, JR.
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**“Where first class people
are treated first class”**

OASIS Clinic
1807 E. 120th Street
Los Angeles, California 90059
Tel: (310) 668-4213
Fax: (310) 631-2934



MARTIN LUTHER KING, JR.
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Health Services
LOS ANGELES COUNTY



MISSION STATEMENT

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners

MEDICAL CARE

OASIS Clinic offers comprehensive HIV/AIDS medical care to patients spanning the full spectrum of HIV disease, initial infection to mildly symptomatic disease, to late-stage AIDS. In addition, the OASIS clinic provides preventive services that includes, Rapid HIV Testing, Non-Occupational Post Exposure Prophylaxis (nPEP), PrPEP

Services include:

- Nutrition Counseling
- Treatment Education
- Women's Services
- Mental Health
- Onsite Case Management
- ADAP Enrollment
- Healthy Way La
- LA Care
- Orientation and Education for Persons Newly Diagnosed With HIV
- Adolescent Services

MLK-MACC Hours of Operation:

Urgent Care Center: 8 a.m. –12 a.m., Daily
Outpatient Clinics: 8 a.m. –4:30 p.m.,
Monday-Friday

OASIS SERVICES:

FREE Rapid HIV TESTING

OASIS offers confidential HIV testing and risk reduction counseling Monday through Friday from 8 a.m. to 5 p.m. (except holidays).

NUTRITION COUNSELING

To help patients stay healthy, OASIS Clinic provides nutrition counseling on food safety and nutrition related issues by a registered dietician.

TREATMENT EDUCATION

OASIS provides comprehensive information on HIV/AIDS, opportunistic infections related to HIV, treatment options, management of side effects, and adherence counseling.

WOMEN'S SERVICES

OASIS offers comprehensive medical services exclusively for women infected with HIV/AIDS services include:

- Breast Exams
- Pap Test
- Vaginal Infection-- testing and treatment
- Mammogram Referrals
- Colposcopy Referrals

MENTAL HEALTH

OASIS offers mental health and supportive counseling. Psychiatric care and referrals for neuropsychological testing are also available.

SUPPORT SERVICES:

CASE MANAGEMENT

OASIS offers onsite case management for assistance with access to community resources, client advocacy and coordination of services including:

- Mental Health Services
- Legal Services Referrals
- Public Benefits Referrals
- Housing
- Transportation
- Food Bank Referrals
- Support Groups
- Substance Abuse Referrals and Placements
- Smoking Cessation
- Adolescent Services
- **Social Services**
 - Psychosocial Assessment
 - Patient Advocate

All services are provided in English, Spanish, and other languages. For more information please call:

OASIS Clinic: (310) 668-4213

OASIS Clinic

1807 E. 120th Street
Los Angeles, California 90059
(310) 668-4213

Hours of Operation: 8 a.m.—4:30 p.m.
Monday-Wednesday-Thursday-Friday
8 am.— 8:30 pm.
Tuesday



CALIFORNIA
STD/HIV PREVENTION
TRAINING CENTER

The California STD/HIV Prevention Training Center

Clinical, behavioral interventions, capacity building assistance, partner services and program support courses designed to enhance the STD/HIV knowledge and skills of medical, health, and community professionals.

The California STD/HIV Prevention Training Center (CA PTC) is part of a national network of training centers offering dynamic continuing education. The CA PTC provides trainings that are designed to meet the needs of a wide array of medical, health promotion and community professionals serving persons and communities impacted by STDs and HIV. Small group discussions, interactive exercises, case studies, hands on clinical practice, and visual media are used to enrich the learning experiences.

Clinical Training Courses

STD clinical training courses provide up-to-date information to public and private clinicians who diagnose, treat, and manage patients with STDs in private and public settings in Arizona, California, Hawaii, Nevada and the US-affiliated Pacific Island jurisdictions. Our faculty include physicians and nurse practitioners with clinical expertise in the field of STDs. Core courses include Fundamentals of STDs (3 days), STD Update (1 day), Male and Female Genital Exam Skills (4 hours) and Examination and Interpretation of Vaginal Wet Mount Specimens (3 hours), and clinical precepting at City Clinic, the San Francisco Public Health Department's STD clinic. In addition, clinical trainings can be planned with local partners and delivered at an agency's facility.

Behavioral Intervention Training Courses

Behavioral Intervention training courses teach the use of evidence-based STD/HIV prevention interventions. Training is also provided in areas of program support needed to implement and maintain such interventions. The target audience is prevention providers in public, private, and community sectors who are responsible for the implementation or supervision of STD/HIV prevention programs. These courses teach skills and strategies to influence changes in behaviors that place people at risk for STD or HIV infection. The CA PTC provides training on several evidence-based behavioral interventions from the CDC's Diffusion of Effective Behavioral Interventions (DEBI) Project, as well as courses that seek to develop skills to support their successful implementation.

Capacity Building Assistance (CBA) Program

The Capacity Building Assistance (CBA) Program builds the capacity of health departments and community-based organizations to implement, monitor, and evaluate evidence-based interventions, public health strategies, and comprehensive HIV prevention programs. Services include one-on-one technical consultations and skills-based trainings.

Partner Service & Program Support Courses

Partner Services and Program Support Training courses are designed for federal, state, and local public health professionals, especially those working in STD/HIV prevention programs. Several courses focus on training to help develop the skills of disease intervention specialists and prevention counselors; other courses are designed to support STD and HIV prevention programs at state, local, and community levels. Courses range from 1 day to 2 weeks, and experiential learning under the guidance of qualified preceptors is integral to all the course offerings.

Visit our website at www.stdhivtraining.org to register for courses, view webinars, podcasts, recorded presentations and more on-line resources!

FREE ONLINE COURSES:

HIV Today: What Everyone Needs to Know

This interactive and self-paced 60 minute online course presents basic information about HIV and AIDS and is designed to provide an overview of topics such as transmission, disease progression, risk reduction, prevention, and health disparities. BBS, CAACAD, and CHES credits are available.

Delivery of the Positive HIV Test Result

This 60 minute online course is designed for medical providers to increase knowledge, skills, and confidence in delivering a positive HIV test result. A three-step framework is presented and demonstrated in three video vignettes. CME credit is available.

STD Overview for Non-Clinicians

This three-hour online course covers the most common STDs, transmission, consequences, epidemiological data, the connection between HIV and other STDs, information on specific populations at higher risk, STD prevention and how to apply STD facts to interactions with students and clients. CE (Nursing Contact Hours), BBS, CAADAC, and CHES credits are available.

Passport to Partner Services

Passport to Partner Services is an innovative blended (online and face-to-face) learning approach to Partner Services training, providing an integrated focus on partner services as recommended in the CDC 2008 *Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection*.

CLINICAL TRAINING VIDEOS:

Taking a Sexual History

In this video, learn how to ask patients clinically important questions about their sexual health and risks for STDs and HIV in a clear and respectful manner. Speaker: Linda Creegan, MS, FNP. 18 minutes.

New Gonorrhea Treatment Recommendations

In this video, Dr. Ina Park discusses antibiotic resistance among *Neisseria gonorrhoea* isolates and highlights the CDC's current treatment recommendations for gonorrhea infections. 15 minutes.

Syphilis Management

In this video, Dr. Sharon Adler provides an update on current diagnosis and management of syphilis infection. 15 minutes.

LIVING WITH HIV VIDEO SERIES:

People who are HIV positive talk about the ways in which they have managed some of the challenges presented by living with HIV. Nine videos are available for viewing on our YouTube channel at <http://www.youtube.com/CaliforniaPTC>.

PODCASTS:

The following podcasts were developed to increase the knowledge and skills of providers working with clients, regardless of HIV status, who are concerned about HIV prevention issues.

Social Determinants of Health Podcast

Depression Podcast

Transgender Podcast

Prevention with Positives: Overview Podcast

Prevention with Positives: Stigma Podcast

Prevention with Positives: Disclosure

PLEASE VISIT www.stdhivtraining.org frequently for new online products and a full list of trainings.

CHARLES DREW UNIVERSITY
AND
OASIS CLINIC-MLK MACC

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- LINKAGE TO
- MEDICAL CARE

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8:30 AM - 5:00 PM

LOCATION: "SPECTRUM"
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TO REDUCE YOUR RISK AND INCREASE YOUR KNOWLEDGE.

Funded by the US Centers for Disease Control and Prevention and the County of Los Angeles,

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AND
OASIS CLINIC

1607 E. 120TH STREET

LOS ANGELES, CALIFORNIA

PHONE: 323-563-5812 310-668-4213

CONTACT PERSON: JOHN FORBES (COORDINATOR AND COUNSELOR)



PrEP: A method for HIV prevention

Quick Facts:

- ✓ PrEP uses Truvada (FTC-TDF), an approved antiretroviral medication to prevent HIV infection
- ✓ PrEP should only be taken by people who are HIV negative
- ✓ Taking PrEP does not mean that you are 100% protected from getting HIV
- ✓ PrEP should not replace other safer sex strategies, such as condoms
- ✓ PrEP does not prevent other sexually transmitted infections
- ✓ PrEP should only be taken with the support of a health care provider
- ✓ Taking PrEP includes getting routine blood tests done
- ✓ You may have side effects from taking PrEP

PrEP is not just about taking a daily pill. Before you start PrEP, the following tests and exams should be done:

- ✓ A thorough and honest talk about your sexual activity and HIV risk
- ✓ An HIV antibody test and possibly a test to detect HIV directly
- ✓ Test for hepatitis B, kidney function and sexually transmitted infections

While you're taking PrEP, the following should be done:

- ✓ Doctor visits every 2-3 months
- ✓ HIV tests at least every 3 months
- ✓ Evaluation for side effects, adherence and risks

PrEP, as part of a study will be available at no cost to you at Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center (LABiomed) and at the Long Beach Department of Health and Human services clinic (LBDHHS)

For more information or how to access PrEP contact the following PrEP sites:

LABIOMED 310-222-3848 ASK FOR ANGELA
1124 WEST CARSON ST. TORRANCE, CA 90502

LBDHHS 562-570-4125 ASK FOR MICHAEL
2525 GRAND AVENUE, LONG BEACH, CA 90815

Daily PrEP with condom use (and other HIV prevention methods) can reduce infection risk by up to 90%.



LABioMed
Los Angeles
Biomedical
Research Institute



PrEP

Pre Exposure
Pre Exposure
Prophylaxis
Prophylaxis

what you
need to
know.....



PrEP: A new method for HIV prevention

What is PrEP?

Pre-exposure Prophylaxis, or PrEP, has been added to the existing strategies to prevent HIV infection. PrEP requires a person who is HIV negative to take a pill daily to reduce their risk of infection. Studies have shown that PrEP reduces risk of infection in men who have sex with men as well as in heterosexual men and women.

Daily PrEP with regular condom use (and other HIV prevention methods) reduces infection risk by up to 90%.

In July 2012 the U.S. Food and Drug Administration approved the combination medication FTC-TDF or Truvada for use as PrEP among sexually active adults at risk for HIV infection.



What is Truvada ?

Truvada is a pill made up of two HIV meds — Viread (tenofovir disoproxil fumarate) and Emtriva (emtricitabine). Currently, it is commonly used together with other meds to treat HIV infection and for the treatment of hepatitis B.

What are Truvada’s side effects?

Truvada is usually well tolerated, but short-term side effects that were seen in PrEP studies included headaches, weight loss, nausea, diarrhea and stomach pain. We do not yet know about all long-term side effects since PrEP studies only followed people for less than two years, but it is known that Truvada can cause bone loss and can damage the kidneys in some people. Those who use PrEP need to be monitored closely

When is PrEP right for you?

If you’re HIV-negative and are trying to stay that way, then PrEP might be right for you.

Here are some questions to consider

- ✓ Is your main sexual partner HIV-positive?
- ✓ Has a man — especially an HIV-positive man or a man whose HIV status you are not sure about —

penetrated you during anal sex (“topped” you) without a condom recently?

- ✓ Have you been treated recently for a sexually Transmitted disease?
- ✓ Do you or your sex partner(s) use alcohol and/or drugs heavily?
- ✓ Do you or your sex partner(s) exchange sex for money, housing or other needs?

Where do you get PrEP?

PrEP must be prescribed by a medical provider. The cost is covered by some insurance companies and may be available for some through the manufacturer.

A number of PrEP demonstration projects are being launched in the U.S., including some funded by the California HIV/AIDS Research Program of the University of California. Our team is part of this effort and as part of a study will provide PrEP as well as behavioral counseling and other services to eligible men who have sex with men and transgenders in the Long Beach and South Bay area for free at the *Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center* and at the *Long Beach Department of Health and Human Services clinic*.



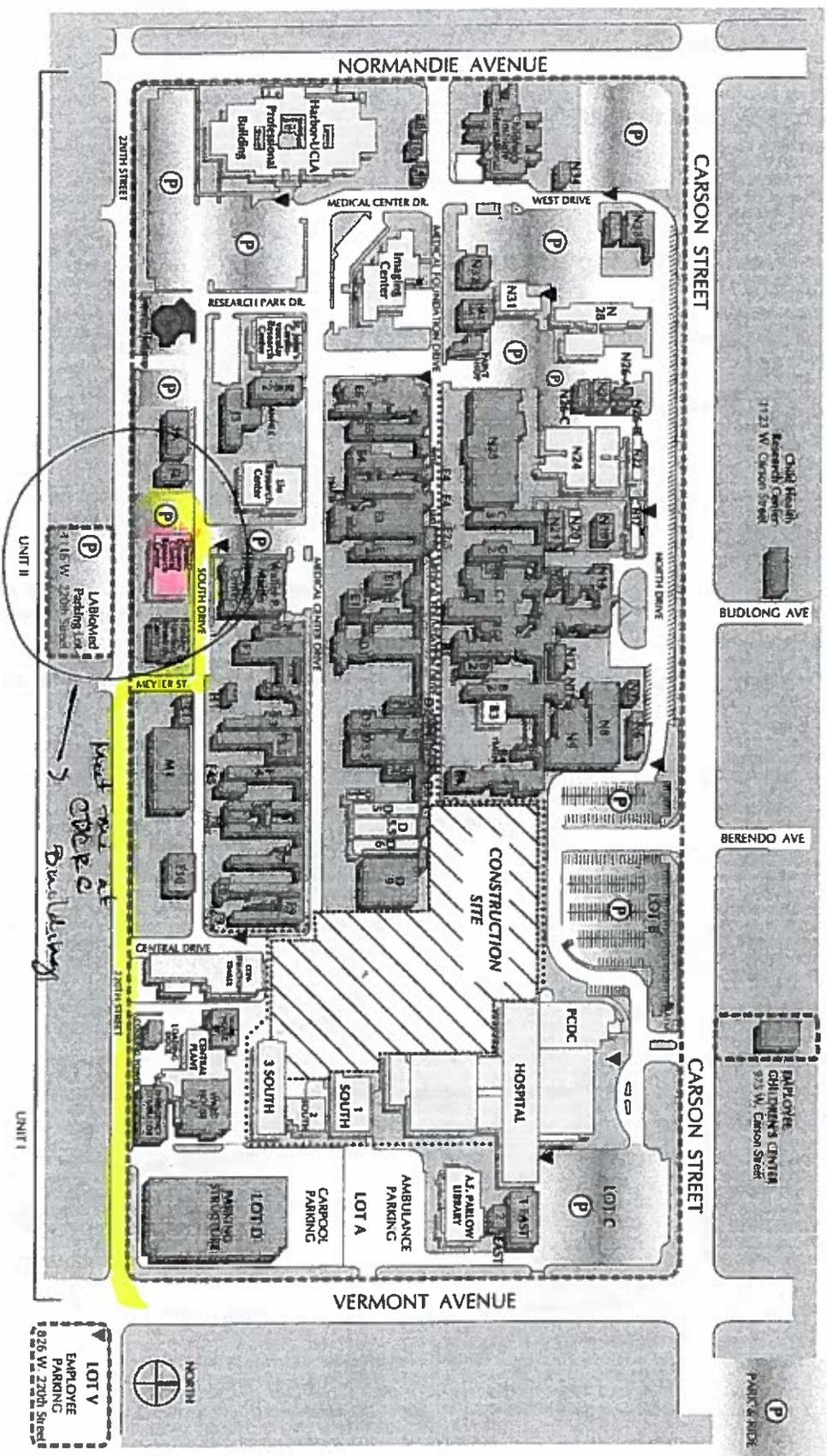


Harbor-UCLA
MEDICAL CENTER

Campus Plan
Plano del Hospital



1000 West Carson Street, P.O. Box 29110, Torrance, CA 90509-2910
(310) 222-2345



- HR16-44A 10712
- ©2012 Harbor-UCLA Medical Center
Hospital Planning & Architecture 10712
- Patient Service Building
Edificios para servicio público y atención al paciente
- Campus Buildings
Edificios en los terrenos del hospital
- Patient/Visitor Parking
Estacionamiento para visitantes y pacientes
- Shuttle Bus Stops
Paradas del autobús
- Smoke and Tobacco Free Campus
Campus limpio de humo y tabaco
- Pedestrian Walkway
- LOT V
EMPLOYEE PARKING
836 W. 220th Street

A 2525 Grand Ave, Long Beach, CA 90815

1. Head north on **Grand Ave** toward **E Willow St**

go 0.1 mi
total 0.1 mi

 2. Turn right onto **E Willow St**
About 1 min

go 0.3 mi
total 0.4 mi

 3. Turn left onto **N Lakewood Blvd**
About 1 min

go 0.2 mi
total 0.6 mi

 4. Take the ramp onto **I-405 N**
About 9 mins

go 9.4 mi
total 10.0 mi

 5. Take the exit onto **I-110 S** toward **San Pedro**
About 2 mins

go 2.2 mi
total 12.2 mi

 6. Take the **Carson St** exit

go 0.2 mi
total 12.4 mi

 7. Turn right onto **W Carson St**
Destination will be on the left
About 2 mins

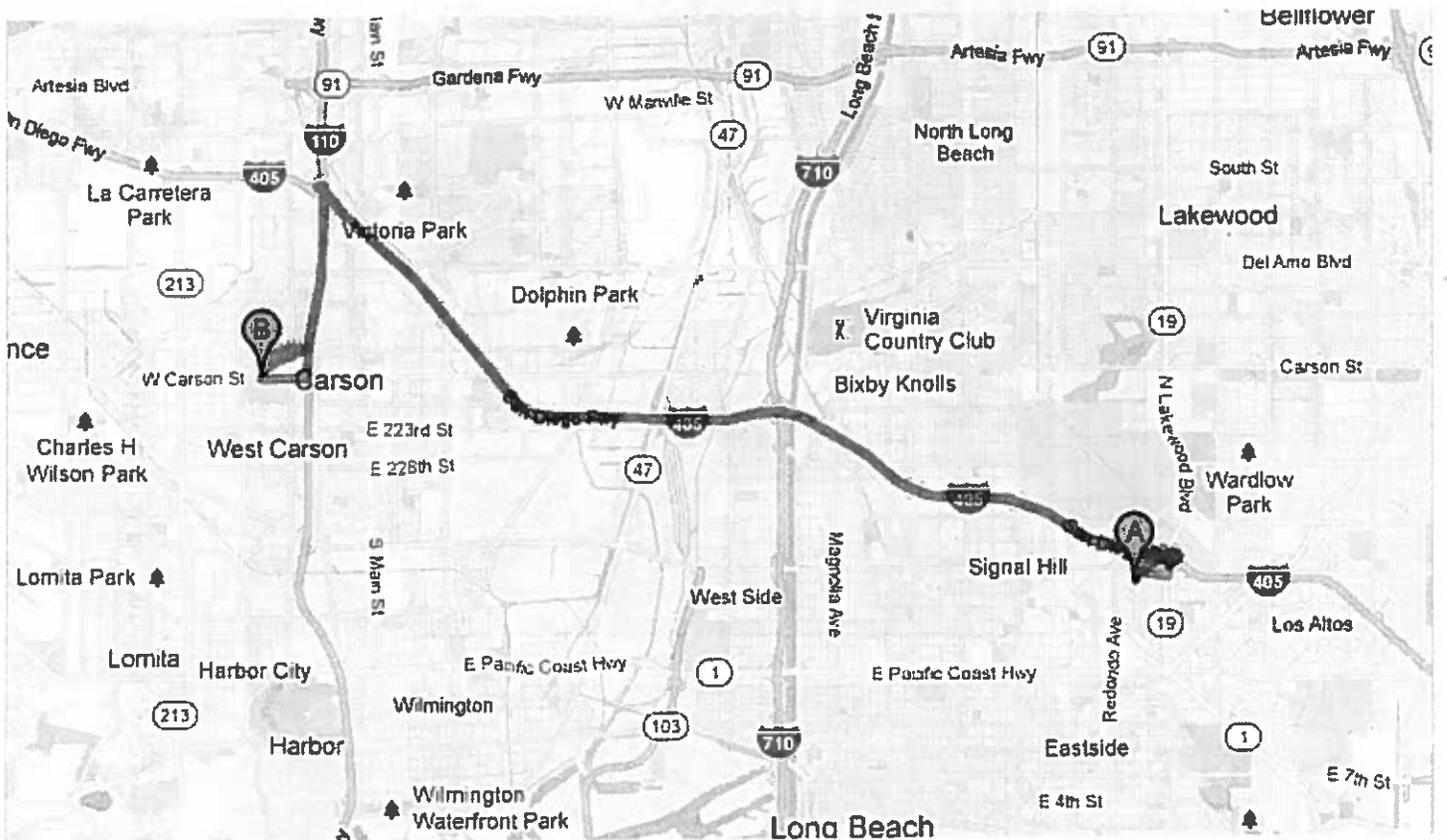
go 0.4 mi
total 12.9 mi

B 1124 W Carson St, Torrance, CA 90502

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2013 Google

Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.





Contributions of the MACS

1986	<ul style="list-style-type: none"> • HIV testing of stored specimens • Study expanded to include neurological aspects
1987	<ul style="list-style-type: none"> • Flow cytometry methods standardized • Risky sex linked to HIV seropositivity • Low CD4 closely linked with progression to clinical AIDS
1988	<ul style="list-style-type: none"> • WHO guidelines for lack of cognitive impairment in asymptomatic individuals
1989	<ul style="list-style-type: none"> • CD4<200 and thrush predicts PCP • PHS guidelines for PCP prophylaxis • Juxta-analysis of prevalent and incident cohorts • Resistance to infection in high risk seronegative men
1990	<ul style="list-style-type: none"> • Description of incidence of KS • Serologic markers add to prediction of AIDS
1991	<ul style="list-style-type: none"> • Incidence of HIV by calendar, place, age and ethnicity • Confirmation of efficacy of Zidovudine and PCP prophylaxis
1992	<ul style="list-style-type: none"> • Role of brain cytokines on AIDS dementia
1993	<ul style="list-style-type: none"> • Changes in the spectrum of AIDS and survival due to PCP prophylaxis and Zidovudine • Elevated levels of a subset of CD8 cells add to prognostic value of CD4 cell counts
1995	<ul style="list-style-type: none"> • Long term non-progressors are characterized • Loss of T-cell homeostasis predicts development of disease
1996	<ul style="list-style-type: none"> • Role of genetic markers (HLA and CCR5) on HIV infection and disease progression • Incubation of AIDS follows a lognormal distribution • Old age confirmed as risk factor for short AIDS incubation
1997	<ul style="list-style-type: none"> • Viral load quantified in archived plasma specimens
1998	<ul style="list-style-type: none"> • NIH guidelines for use of potent ART • Effectiveness of potent antiretroviral therapy: AIDS-free extended by 1.63 • Methods to detect inflection points developed
1999	<ul style="list-style-type: none"> • Dramatic effect of potent ART on KS

	<ul style="list-style-type: none"> • 80% of AIDS-free HIV positive active participants receiving antiretroviral therapy. Most (80%) receiving potent ART • Reduce risk of AIDS lymphoma in individuals heterozygous for CCR5 • Comparison of prognostic value of T-lymphocyte activation with viral load and chemokine receptors • Viability of samples stored in National Repository shown
2000	<ul style="list-style-type: none"> • Across cohorts (MACS & WIHS) comparison of HIV RNA • Interaction of HIV and HHV8 on incidence of KS • Natural history of HIV viremia after seroconversion • Efficacy, individual effectiveness and population effectiveness of therapies
2001	<ul style="list-style-type: none"> • Effectiveness of HAART shown to extend to both primary and secondary opportunistic infections • HIV infection preceding infection with HHV-8 increases the risk for Kaposi's Sarcoma • Thrush and fever do provide a measures of immune competence in the era of HAART • Extension of methods to assess effectiveness in prevalent cohorts • Self-reported adherence measure validated by HIV RNA levels and host characteristics (race, income, use of health care system) as well as therapy factors found to be independent determinants of full adherence
2002	<ul style="list-style-type: none"> • Effect of coinfection with HIV and HBV in the HAART era • Lower CD4 cell counts and age at HAART initiation and risk of CD4 response predicted AIDS after HAART. AIDS risk post-HAART in men with <200 CD4 cells was similar to that of men with 300 more cells in the pre-HAART era • Genetic influence of RANTES and intervention between KIR and HLA on progression to AIDS • Attitudes towards highly active antiretroviral therapy are associated with sexual risk taking • Immunologic and virologic response to HAART was characterized
2003	<ul style="list-style-type: none"> • Effect of deferring HAART while accounting for lead-time bias • Lipid level changes associated with HIV infection and use of HAART • Prognostic effect of changes in total lymphocytes and hemoglobin levels

	<ul style="list-style-type: none"> • MCP haplotype effect on HIV infection • Graphical methods to better display 3-dimensional data
2004	<ul style="list-style-type: none"> • Dual HIV infection associated with rapid disease progression • Preventive fraction of AIDS in pre-HAART era due to genetic polymorphisms • Persistent GB virus C infection prolongs survival in HIV-infected men • Factors related to improving adherence differ from those predicting decreasing adherence
2005	<ul style="list-style-type: none"> • Impact of antiretroviral therapy on development of diabetes mellitus and insulin resistance • Dramatically different survivorship following AIDS demonstrated in HAART era
2006	<ul style="list-style-type: none"> • A new pattern of fat accumulation in HIV-infected men is defined • Discovery of a new receptor for KSHV • C-reactive protein is marker for HIV disease progression • Discovery that DC-SIGN serves as a portal for transmission of HIV from B cells to T lymphocytes
2007	<ul style="list-style-type: none"> • Prognostic value of HIV RNA, CD4 T cell count and slope in progression to AIDS and death in untreated HIV infection • Role of methamphetamine and poppers for HIV infection • Extension of disease-free survival by viral load setpoint reductions • HIV infection associated with frailty phenotype • Cognitive functioning remains stable so long as viral load is adequately controlled • CCR5 contributes to HBV persistence • Characterization of the flexibility of the Generalized Gamma distribution for the analysis of time to event data
2008	<ul style="list-style-type: none"> • HAART associated with atherogenic profile • No increased risk of coronary atherosclerosis among HIV-infected men • Host genetics influence treatment effects on HIV disease progression • Increasing anal cancer incidence • Emergence of X4 virus associated with faster disease progression
2009	<ul style="list-style-type: none"> • NA-ACCORD with MACS shows detrimental effects of

deferring HAART

- Frailty association with low CD4 cell counts similar across treatment era
- Premature aging of T cells associated with faster HIV-1 disease progression

Last updated June 15, 2009