

PARTNERSHIP PROJECT

HIV ADVOCACY & SERVICES SINCE 1995

The Network
News
2013
February Issue #165

OREGON HIV / AIDS CASE MANAGEMENT

DINING
OUT FOR LIFE

APRIL 24, 2014

www.diningoutforlife.com/Portland

<https://www.facebook.com/DiningOutForLifePortland>

Next Meeting March

Tuesday, March 11th

ACA and Cover
Oregon Discussion-

Jonathan
Livingston,
CAREAssist

LITTLE CHANGES MAKE A BIG DIFFERENCE IN SERVING YOU

By Alan Edwards-Social Security Public Affairs

A new year is a time for change. People across the world make resolutions and set goals to better themselves and the world around them. Whether you want to shed a few pounds, secure your finances for retirement, devote more time to charity or go on a vacation you've always dreamed about, chances are you have some ideas for a fresh start in 2014.

Social Security is no different. Our goal is to provide the best service possible to everyone who comes to us for help, whether they're applying for disability benefits or getting verification of their Social Security number. By investing in new technologies and finding innovative, cost-effective ways to deliver service, we are able to reach this goal. We continue to rank high in customer service satisfaction and have the best online services in government, providing the best service to those who come to us for help.

Technology is vital to delivering quality service, and we continue to provide more options for customers to do business with us over the Internet or through self-service kiosks. For example, *my Social Security* provides people who use the Internet a secure way to do business with us in an easy and convenient way at www.socialsecurity.gov/myaccount.

We are making changes in the way we provide some services so we can serve the vast majority of Americans better and more efficiently. Most people won't even notice the changes. So allow us to fill you in. Later this year, Social Security will stop providing benefit verification letters in our local offices. You can still get an instant letter online by creating a personal *my Social Security* account at www.socialsecurity.gov/myaccount, or by calling our toll-free telephone number at 1-800-772-1213 to request one by mail.

Greater Portland's 15th Annual Awareness Celebration of
**NATIONAL WEEK
OF PRAYER FOR THE
HEALING OF AIDS**

**March
8 & 9**



*You're invited to **Balm in Gilead**
HIV/AIDS Prayer & Healing Breakfast!*

Brunch: Saturday, March 8 / 10:00 am-12 noon

Legacy Emanuel Atrium, 501 N. Graham St., Portland

Key Note Speaker: Zuline Gray Wilkinson
Bethesda Christian Center, Philadelphia, PA



**RSVP by calling 503-988-3030
ext. 25691 before Friday, March 7 at 5 pm**

Worship Service: Sunday, March 9 / 3:30-5:00 p.m.

Grace Covenant Fellowship Church, 5450 NE Flanders St., Portland

Free Breakfast, Music, & Local Resources...

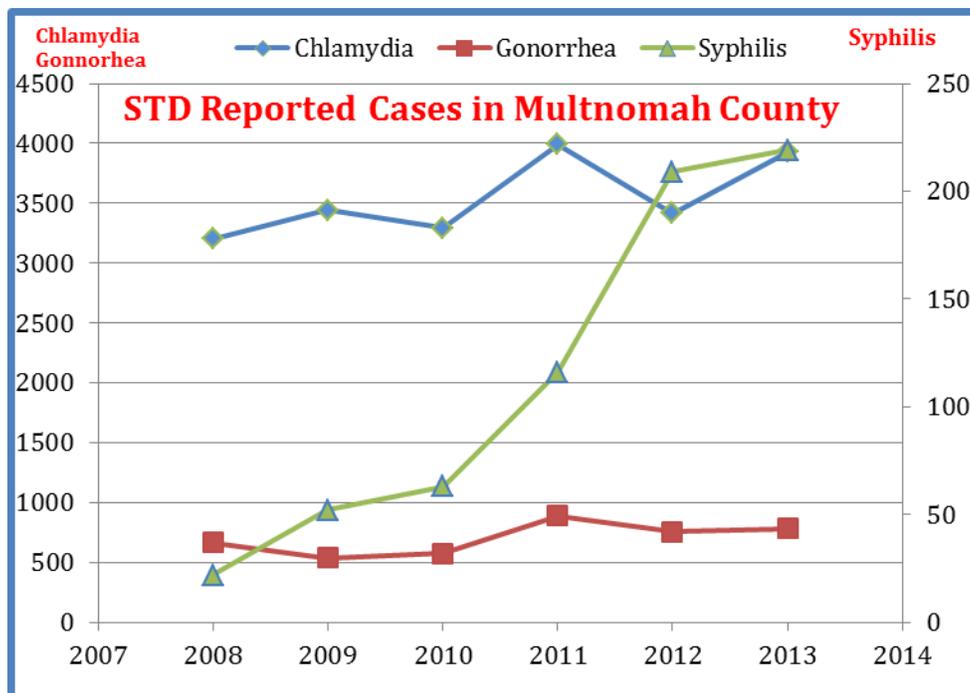


ASK Devon– Devon Flynn, Pharm D is a pharmacist with the OHSU-HIV Clinic
 Article authored by Tarah Authier, OSU PharmD Candidate 2014

Sexually Transmitted Diseases (STDs) are on the Rise in Oregon

Within the past decade, rates of sexually transmitted diseases (STDs), such as chlamydia, gonorrhea, and syphilis, have increased substantially in Oregon. Of note, cases of syphilis in Multnomah County have dramatically increased 10-fold, from 22 reported cases in 2008 to 218 cases in 2013 (per Oregon Health Authority Statistics). *Figure 1* displays the rising rates of chlamydia, gonorrhea, and syphilis in Multnomah County from 2008 to 2013.

Figure 1. Cases of Sexually Transmitted Diseases in Multnomah County¹



If these sexually transmitted bacterial infections are left untreated, serious complications can arise. Simultaneous STD infections are not uncommon, and all three of the before mentioned STDs can increase the risk of contracting or transmitting HIV.

Once properly identified, through symptom recognition or routine screening, these STDs can be treated with the proper antibiotics. Preventative measures, both primary and secondary, play an important role in the battle against these sexually transmitted diseases. For general information on the symptoms, complications, and treatments associated with chlamydia, gonorrhea, and syphilis infections, see *Table 1* below.

Continued on next page

Prevention

Primary Prevention (Prevent the infection initially)

Increase correct condom use at *every* sexual encounter

Decrease the number of sexual partners

Limit sexual contact to one uninfected partner

If *ANY* genital symptoms are experienced (e.g. discharge, burning during urination, an unusual sore or rash), stop having sex and consult a doctor immediately

Secondary Prevention (Eradicate existing infections and prevent future infections)

Treat all symptomatic *and* asymptomatic sexually transmitted diseases

Notify all recent sex partners so that they can seek medical attention and be treated accordingly (the Health Department can assist with this)

Abstain from sexual intercourse for 7 days after the 1st dose of antibiotic therapy, symptoms have resolved (especially sores or rash related to syphilis), and until all sex partners have also been cured as well

It is very important to finish the *full course* of antibiotics

Table 1. Characteristics of Three Common Sexually Transmitted Diseases

STD (Bacterium)	Chlamydia (<i>Chlamydia trachomatis</i>)	Gonorrhea (<i>Neisseria gonorrhoeae</i>)	Syphilis (<i>Treponema pallidum</i>)
Transmission	- Sexual contact (vaginal, anal, oral) - Mother to baby during childbirth	- Sexual contact (vaginal, anal, oral) - Mother to baby during childbirth	- Direct contact with syphilis sore - Mother to baby in utero - Break in skin that comes into contact with infectious lesions
Incubation period	1-3 weeks	2-7 days	3 weeks (10-90 days)
Symptoms	Many men (50%) and most women (80%) <i>do not have symptoms</i> . If symptoms do occur, they may not appear until several weeks after exposure. Men: clear/cloudy discharge from tip of penis, painful urination, pain/swelling around testicles Women: abnormal vaginal discharge, bleeding between periods, painful urination	Men are more likely to present with symptoms. Women may not have symptoms until complications have occurred (such as pelvic inflammatory disease). Men: burning upon urination, penile discharge (initially clear but may become more cloudy) Women: abnormal vaginal discharge or bleeding, lower stomach pain/tenderness	Classified into 4 stages with distinct presentations Primary: Usually a single, painless sore at the site of transmission; generally heals after 3-6 weeks regardless of treatment Secondary: Appears about 4 weeks after the sore disappears; main presentation includes rashes of skin, mouth, and/or vagina. Other symptoms may include: fatigue, muscle pain, fever, and hair loss. Latent: Symptoms have resolved, but the infection is still present. Late / Tertiary: Can appear 10-30 years after the infection began and involves many internal organs (including brain, eyes, heart, liver, and bones). Associated with symptoms such as paralysis, numbness, gradual blindness, and dementia. *Neurosyphilis: Can occur at any stage
Complications	Increased risk of contracting/transmitting HIV Pelvic inflammatory disease (PID) Ectopic pregnancy Infertility		Increased risk of contracting/transmitting HIV Cardiovascular disease Dementia and other neurologic impairments Death
Treatment (1 st line antibiotics for uncomplicated infections)	Azithromycin 1g (x1) by mouth or Doxycycline 100mg by mouth twice daily (x7 days)	Ceftriaxone 250mg IM injection (x1) PLUS Azithromycin 1g (x1) by mouth or Doxycycline 100mg by mouth twice daily (x7 days)	Penicillin G Intramuscular Injection; dose and length of treatment depend on the stage and clinical manifestations of the disease (see Table 2 below).

Table 2: Penicillin Dosing

- Primary and Secondary Syphilis: Benzathine Penicillin G 2.4million units IM x1;
- Early Latent Syphilis: Benzathine Penicillin G 2.4million units IM x1;
- Late Latent (unknown duration) Syphilis: Benzathine Penicillin G 2.4million units IM x3 (weekly)
- Neurosyphilis: Aqueous Crystalline Penicillin G 18 – 24 million units daily infusion (either continuous infusion or divided into every 4 hours doses) for 10 – 14 days.

References:

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WHEN “STORMS” HIT, SOCIAL SECURITY HAS YOU COVERED

By Alan Edwards-Social Security Public Affairs

You’ve probably noticed the unusually cold and stormy weather we’ve been experiencing this year. That makes it more appropriate than ever to recognize National Umbrella Month this March.

National Umbrella Month is a time to celebrate a useful invention used by most everyone. It’s no coincidence that the month comes at the beginning of the rainy season. April showers may bring May flowers, but the rain starts pouring in March. When the rain pours, an umbrella has you covered.

If you work and pay Social Security taxes, we have you covered too. Whether the storm that hits you unexpectedly is a disability, the loss of a loved one, or an unexpected early retirement (such things can sneak up on you like a sudden storm), Social Security’s umbrella of coverage will keep you protected from the harsh weather.

You qualify for Social Security benefits by earning credits when you work in a job or are self-employed and pay Social Security payroll taxes. In 2014, you receive one credit for each \$1,200 of earnings, up to the maximum of four credits per year. Most people need 10 years of work (40 credits) to be eligible for retirement benefits.

The number of credits you need for -disability benefits depends on how old you are when you become disabled. For example, if your disability occurs before age 24, you generally need 1 1/2 years of work (six credits) in the three years before you became disabled. At age 31 or older, you generally need at least 20 credits in the 10 years immediately before you became disabled.

In most cases, you need to have worked about 10 years for surviving family members to qualify for survivors benefits. Survivors of very young workers may be eligible if the deceased worker was employed for 1 1/2 years during the three years before his or her death.

Umbrellas have been around for thousands of years. Social Security has only been around since 1935. Yet the Social Security umbrella covers an expanded range of services for you and your family. When you need to learn more about disability, survivors or retirement, the place to go is www.socialsecurity.gov. And you don’t even have to grab your umbrella on your way to apply—just do it online from the dry comfort of your own home or office computer.



ASK Joanne

Joanne Maurice is a dietitian with Legacy Emanuel and Multnomah County HIV Clinic with over 15 years of experience specializing in HIV nutrition

The holiday festivities are done, the decorations put away and life is now getting back to some degree of normality. After the glut of the holidays, it is apparent that some things might not be back to normal. Have you stepped on a scale lately? Goodness, where did those 5 pounds come from? No wonder the belt is loosened up a notch, or the clothes fit just a little more snug than they did before. Gadzooks! The dryer must have shrunk the clothes; that must be what happened! Right? Wrong! (sorry about that). It is all a matter of eating more than we burned, and to top it all off, as we get older, the body doesn't burn the extra calories as well so the pounds and inches seem to come on all too easily. So, what's a person to do? Glad you asked!

First, stay away from the latest and greatest diet plan or diet pill. There are very few diets floating around the internet, on the newsstands or bookshelves that are proven to be effective for the long term. Most diets tend to be restrictive for some food or food group, require strict adherence to some complicated food combinations, or are way too low in calories and nutrients to support good health. Sure, you may see some weight loss in the beginning, but often the weight lost is water weight, but that is not what you need to lose. The goal is losing the excess fat while not losing muscle mass, while also taking in all the needed vitamins and minerals from food that is needed for good health. You should be aiming for changing your lifestyle for life, not playing some roulette with the latest diet craze or pill.

There are some good "diets", with proven results validated by scientific studies and research. I hesitate to use the word diet, since that seems to conger up visions of weighing foods, desserts being placed in the forbidden food category, and all sorts of other negative associations. The good diets promote positive lifestyle changes where the focus is on portion control, and choosing foods that support good health and prevent chronic diseases such as heart disease, diabetes, obesity, etc. The DASH diet, Mediterranean diet, the vegan diet are all diets that have been shown to have good health benefits.

So, let's go back to lifestyle changes, not some new "diet". Learn to make vegetables your friend and king of the plate. Mind you, this does not include ranch dressing or cheese sauce as the constant condiment with the vegetables. Vegetables are the super foods. High in all sorts of good vitamins and minerals, loaded with fiber and skimpy in calories and fat, they should be the "go to" food choice. Meats should be lean, small in amount and NOT the primary focus of any meal. Learn to add more non-meat protein sources to your meals instead, such as tofu, beans, nuts, seeds, and other meat substitutes. Grains, breads, pasta and rice should be the real deal, not processed and refined. The less processed and refined it is, the more good stuff is still in there. Fruits are good fresh or frozen, avoid those surrounded with fruit juice or syrups. Leave all those meals in a box or can on the shelf or in the freezer; so many of them have processed out all the good stuff and added in all the bad (salt, sugar and fat). Learn to cook a few basic dishes and re-discover how good food can taste when it is fresh and seasoned to your taste.

Portion sizes have gotten way out of control. The small package of fries today is what used to be considered a large portion 20 years ago. Restaurants now serve food almost on platter size plates as the consumers look for "getting a good deal" for their money. You want to lose weight? Use the salad plate to put your meal on to control the amount of food you eat, and don't go back for seconds. Controlling the portion size is key in controlling calorie intake.

Avoid falling into the trap of diet pills to help lose weight. You are not going to find all the nutrients you need in a pill. Those that promise fat burning properties, and quick weight loss without exercise are only good for padding the pocket of those who are marketing them. Some diet pills and supplements have caused serious health issues and in some instances have resulted in death, so avoid the pills. Seriously, any product that says you can lose weight without exercising should be avoided.

Continued on next page

Part of the lifestyle change NEEDS to include exercise of some sort. The goal is doing at least 30 minutes a day of some activity that gets the heart rate up and makes you sweat a little. Gym memberships are not required, just get you and your two feet moving and out the door. The easiest form of exercise is a good brisk walk, no fancy equipment needed and no monthly payments involved. Good health and fitness come with the inclusion of daily activity. Sitting on your butt for hours watching the TV or playing video games is only going to add to your waistline – so get off your butt and get moving! Vary the exercise and make it fun.

Start with making a few simple changes that you can keep. Add 1 or 2 more vegetables into your daily meals. Carrots anyone? Substitute one of your sodas with water. Eat an apple a day. Park at the far end of the lot or block, get off the bus or Max a few stops before your usual stop to get in a few more steps, cut the dressing you put on your veggies in half, etc. Each little change can add up and start the scale and your health going in the right direction.

BEWARE THE IDES OF MARCH (AND EVERY DAY)

By Alan Edwards-Social Security Public Affairs

“Beware the Ides of March,” said the soothsayer to Caesar in William Shakespeare’s play, *Julius Caesar*. We at Social Security recommend you beware not only the Ides of March, but every day—and every time—you go on the Internet. Identity theft and cyber-crimes are among the fastest-growing crimes in America.

Today’s savvy thieves have added identity to the list of things they can rob. Their targets are people who use the Internet, and by the time you realize you’ve been robbed, Brutus may already have done his damage and escaped.

“Et tu, Brute?” Caesar said as his good friend Brutus betrayed him. Even webpages and online sources that appear friendly and trustworthy could be plotting against you. This is why you should protect your personally identifiable information, such as your Social Security number, date of birth and mother’s maiden name. Never give this information out in an email or fill it in on a website asking for it, unless you are absolutely sure that you know and trust the source. And even then, be cautious.

That said, if you conduct business on www.socialsecurity.gov, there’s no need to worry. Our online transactions are secure and convenient. You are protected when you are on our website.

If you think you’ve been the victim of an online Brutus, don’t simply tear your toga. You should contact the Federal Trade Commission at www.ftc.gov/identitytheft. Or you can call 1-877-IDTHEFT (1-877-438-4338); TTY 1-866-653-4261.

There will continue to be those who believe it won’t happen to them. And there will continue to be victims. “The Ides of March have come,” Caesar said, doubting the prophecy that he would become a victim on March 15.

“Aye, Caesar,” the soothsayer replied, “but not gone.”

Sure, you may have used the Internet for years and may consider yourself savvy. But there’s always tomorrow for a Brutus to strike. When it comes to providing personal information on the Internet, treat every day as though it’s the Ides of March.

Unless you’re in a secure place that you trust, like www.socialsecurity.gov. After all, on the Ides of March and every day of the year, Security is our middle name—literally.

Learn more about identity theft by reading our online publication, *Identity Theft And Your Social Security Number*, available at www.socialsecurity.gov/pubs.

This newsletter is published by
[OHSU/ Partnership Project](#).

Our thanks Barbara Danel for website posting and Karen Smith for distribution of the newsletter.

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This issue, and issues from Feb 2002 on, can be found electronically [here](#)