PARTNERSHIP PROJECT
HIV ADVOCACY & SERVICES SINCE 1995

The Network News
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OREGON HIV/AIDS CASE MANAGEMENT

Thank you OHSU/Partnership Project AIDS Walk Team!!!

Our team raised $3,382 and Thanks to CAP we will retain $2,536!

Congrats to CAP for a record breaking AIDS Walk!

Way to go Portland!!

Next Meeting

October 9th

Syphilis and new testing guidelines

MCHD STD Clinic

ELECTRONIC PAYMENTS: THE BEST (AND SOON ONLY) WAY TO GET YOUR BENEFIT

By Alan Edwards, Social Security Public Affairs

Chances are, if you receive Social Security benefits, Supplemental Security Income (SSI), or any federal payment, you receive it electronically. More than 90 percent of people getting monthly Social Security benefits already receive electronic payments. If you don't yet, that's about to change.

There is a U.S. Department of Treasury rule that does away with paper checks for most federal benefit and non-tax payments by March 1, 2013. With a few exceptions, this mandate includes Social Security, SSI, Veterans Affairs, Railroad Retirement Board, Office of Personnel Management benefits, and other non-tax payments.

People required to switch have the option of direct deposit to a bank or credit union account or they can have their monthly payment directed into a Direct Express® debit card account (Treasury's debit card program). Please visit www.godirect.org to learn more.

So, why the push for electronic payments instead of paper checks received in the mail? There's a list of reasons an electronic payment is better than an old-fashioned paper check.

- It's safer: no risk of checks being lost or stolen;
- It's easy and reliable: no need to wait for the mail or go to the bank to cash a check;
- It saves taxpayers money: no cost for postage and paper and printing; Treasury estimates this will save taxpayers $1 billion over 10 years; and
- It's good for the environment: it saves paper and eliminates the need for physical transportation.

If you still get your check in the mail, don't wait for the new rule to go into effect next year— sign up for electronic payments now. Please visit www.godirect.org today and begin getting your Social Security and SSI payments the safe, easy, reliable way — electronically.

ASK Devon

Devon Flynn is a pharmacist with the OHSU-HIV Clinic

General Overview of PrEP and PEP

WHAT ARE PrEP AND PEP?

Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP) both refer to the use of antiretroviral medications (aka HIV treatment medications) to *prevent* HIV infection. PrEP refers to taking the medication, on a daily basis, *before* any potential exposure(s) and PEP refers to taking the medication *after* an exposure event.

PrEP = PRE *(before)* + EXPOSURE *(risk)* + PROPHYLAXIS *(prevention)*

Pre-exposure prophylaxis (PrEP) is routinely used for prevention of mother-to-child transmission by starting all pregnant women with HIV on antiretroviral treatment during pregnancy (or ideally before trying to get pregnant) and giving zidovudine (AZT) to the mom by intravenous (IV) infusion during labor and delivery. This ensures that the baby has some amount of antiretroviral in its system *before* it is at greatest risk for being exposed to HIV.*

Based on the success of preventing of mother-to-child-transmission, using antiretroviral medications in specific cases among those who continually engage in behavior(s) that place them at high risk for acquiring HIV has been studied. Most recently, emtricitabine/tenofovir (Truvada®) was approved by the USA Food and Drug Administration (FDA) for DAILY use in a select group of people who engage in behavior(s) that continually put them at risk for acquiring HIV. DAILY adherence to taking the Truvada® is important for the PrEP to be effective. HOWEVER, the **data showing how well this prevents HIV infection is limited**, especially in settings that do not consistently test and treat for other STDs, do not provide concomitant risk reduction counseling, and when it is being used for prevention of infection in women via vaginal intercourse. Anyone interested in PrEP should be referred to their healthcare provider for discussion of risks and potential benefits as this will be different for each person. **Eligibility and indication for PrEP must be determined on a case-by-case basis.** Also note that prescription insurances may NOT cover Truvada® for use as PrEP. The makers of Truvada®, Gilead Sciences, do have a patient assistance program available for those taking Truvada® for PrEP (see their website at https://start.truvada.com).

*Babies born to moms living with HIV also get 6 weeks of AZT by mouth starting immediately *after* birth and lasting for 6 weeks as part of *post*-exposure prophylaxis (PEP).

PEP = **POST** *(after)* + EXPOSURE *(risk)* + PROPHYLAXIS *(prevention)*

Post-exposure prophylaxis (PEP) protocols are based on TWO types of exposure:

Occupational Exposure – this refers to when someone is exposed to a person's bodily fluids during the course of their work duties. This includes incidents such as: a prison guard getting exposed to an inmate's blood during an altercation between inmates and/or guards or a healthcare worker sticking him/herself with a needle just after using it to give a patient an injection.

Non-occupational Exposure (often referred to as ***n****PEP*) – refers to when someone is exposed to another person's bodily fluids outside of a work incident. This is often through sexual relations (either consensual or not consensual).

PEP Concepts:

For each type of exposure, the exposed person should be evaluated as soon as possible. PEP must be started by 72 hours, at the latest, after the exposure event but, **the sooner, the better**. If it has been more than 72 hours since the exposure, then PEP will NOT be started.

A **rapid HIV test** must be done when starting PEP to make sure the exposed person is not already HIV positive. The lab should be drawn but, when rapid testing is not feasible, PEP should be started while awaiting HIV antibody results to avoid any delay in starting PEP.

The decision to start PEP after each type of exposure is based on:

-Whether the exposure event is considered a **"significant" or "minimal" risk** of transmission of HIV,

-Whether or not the **SOURCE person's HIV status** is known or unknown and/or if the source person's risk factors for having HIV are known or unknown,

-If the source person is known to be HIV positive, then the **HIV viral load and antiretroviral medication history** may also be factors in the decision to use PEP or not (and which antiretrovirals to use for PEP).

ACCESS

One difference between *occupational* versus *non-occupational* exposures is access to appropriate evaluation of need and the ability to get the necessary antiretroviral medications (if determined that PEP is appropriate).

--In workplace settings where there is the potential for exposure to bodily fluids, the employer must have a procedure in place should an employee be exposure to bodily fluids (often via employee health or an emergency room). Medications may be paid for via worker's compensation if assistance is needed.

--Unfortunately, persons experiencing a *non-occupational* exposure may encounter several barriers to evaluation of need and the ability to get medications, if appropriate to start PEP. These barriers have been reported throughout the state, in various healthcare settings, and at various healthcare organizations. Under- or un- insured persons may have difficulty affording the appropriate PEP medications. Some manufacturer assistance programs can help with the financial burden (Gilead's program for Truvada® has historically been helpful, but it can still be difficult to pay for the third medication of the regimen). In cases of sexual assault, victims may need to pay for the antiretrovirals (which average approximately $2,000 for a 28 day supply) and apply for reimbursement later via the Crime Victim's Compensation Program. HOWEVER, it also appears that the Crime Victim's Compensation Program only pays for up to $100 of medication costs.

Addressing Barriers to Access:

A community workgroup in Multnomah County has been formed and is working to address barriers to access. The workgroup includes participants from Cascade AIDS Project, OHSU, Partnership Project, Multnomah County Health Department, Oregon Health Authority, and Quest Center for Integrative Health.

Stay tuned for more on this in a later newsletter edition!

The Office of the Provost and the Global Health Center present
The 2nd Annual Kathryn Robertson Memorial Lecture in Global Health

"TIA"–This is AIDS: Turning a Medical Crisis into an Opportunity for Progress

Robert T. Schooley, M.D.
Friday, October 19, 2012

Lecture 12:00 p.m. to 1:00 p.m., OHSU Auditorium
Reception 1:00 p.m. to 2:30 p.m., Auditorium Reception Area

Robert Schooley, M.D. is chief of Infectious Disease at the University of California, San Diego. He directed the ACTG trials, and also works in hepatitis, CMV, EBV, and drug resistant TB. He collaborates with groups in India, Brazil, Zimbabwe and has developed a partnership with Mozambique's leading medical school to address their physician workforce shortage, and to bring research to the region.

OREGON HEALTH & SCIENCE UNIVERSITY
OHSU

Legacy Hospice

Gay Men Together in Grief

Just in Time for the Holidays

For Gay Men (GBTQ)
Who Have Experienced Loss Through Death

This rich, safe and supportive gathering for gay men is a rare opportunity to come together in companionship with others like us, who also know the special relationship to grief that uniquely faces a gay man.

The group is offered free of charge.

Come to know the gifts of healing and even joy that
a new relationship to grief can bring in time.
The holidays are especially challenging even years later.
While grief is an alone process, you do not have to bear it alone anymore.

Your Guides: two peers who have learned to dance with their grief over the deaths of partners and loved ones in the AIDS epidemic. Both are clinical healthcare professionals in spiritual care at Legacy Health hospice and hospitals.

8 Weekly Meetings, Mondays, 6:30-8:00 PM

For details or to reserve your place in this space limited group...
CALL Legacy Hospice Bereavement Services at 503-220-1000

Sponsored by Legacy Hospice <> In partnership with Friendly House

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This issue, and issues from Feb 2002 on, can be found electronically at http://www.oregon.gov/DHS/ph/hiv/services/news.shtml