

CDUHR news

Center for Drug Use and HIV Research

in the Institute for AIDS Research at the National Development and Research Institutes, Inc.

Table of Contents

2006 Consortium Conference	1-3
25 Years of HIV/AIDS	3
Current Research	4-5
Perlman Joins CDUHR	6
CDUHR Recent Publications	6-7
Training Institute Courses	8

Early diagnosis of AHI is important because it can lead to reduced HIV transmission and patients may benefit from early treatment.

New York HIV Research Centers Consortium 2006 Scientific Conference on Acute HIV Infection

The New York HIV Research Centers Consortium held its third scientific conference entitled "Acute HIV Infection: A Multidisciplinary Symposium" on June 12, 2006 at the Farkas Auditorium, New York University Medical Center. Funding was provided by the Center for AIDS Research, New York University School of Medicine with co-sponsorship from the Center for Drug Use and HIV Research at NDRI (Sherry Deren, Ph.D., Director), the HIV Center for Clinical and Behavioral Studies at the NYS Psychiatric Institute and Columbia University (Anke A. Ehrhardt, Ph.D., Director) and the HIV Center for Women and Children at SUNY Downstate Medical Center (Jack A. DeHovitz, M.D., M.P.H., Director). The conference was attended by over 120 researchers, clinicians and service providers. A brief summary of the goals and some highlights of the conference follow.

The goals for the conference were to:

- Update and educate the HIV research community



Peter Leone, Elizabeth Begier, Guthrie Birkhead, Evan Cadoff and Demetre Daskalakis

about acute HIV infection (AHI);

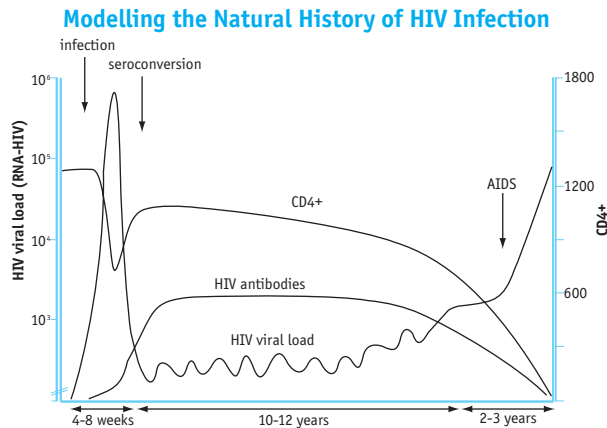
- Provide a forum to discuss the development of initiatives and interventions for identification of AHI, and prevention of HIV transmission from acutely infected individuals to others;
- Encourage discussion of an integrated behavioral and biomedical research agenda regarding AHI.

Symptoms and the Importance of Recognizing Acute HIV Infection

Symptoms of AHI occur within a few days to a few weeks of exposure among 40-90% of individuals, with high levels of viral replication, and symptoms lasting for 7-10 days. The main symptoms of AHI are: fever, skin rash, arthralgia (joint pain), myalgia (muscle pain), oral ulcers, (Continued next page.)

Plenary Program Presentations

- Primary HIV Infection: A Brief Clinical Review
*Demetre Daskalakis, M.D.,
New York University School of Medicine*
- The Biology of Acute HIV Infection: Virology, Immunology, and Effects of Early Treatment
*Fred Valentine, M.D.,
Center for AIDS Research, New York University*
- Acute HIV in North Carolina STD Clinics: The North Carolina STAT Project
Peter Leone, M.D., M.P.H., University of North Carolina & NC Department of Health and Human Services
- Acute HIV Infection: Perspectives from New York State
*Guthrie Birkhead, M.D., M.P.H.,
AIDS Institute, NYS Department of Health*
- Acute HIV Infection Screening in NYC DOHMH STD Clinics
*Elizabeth Begier, M.D., M.P.H.,
Bureau of HIV/AIDS Prevention and Control,
NYC Department of Health and Mental Hygiene*
- AHI: Update from New Jersey
*Evan Cadoff, M.D.,
Robert Wood Johnson Medical School*
- Controlling AHI Transmission: Issues Related to Risk Networks, Social Networks and Other Influences
*Samuel Friedman, Ph.D.,
Center for Drug Use and HIV Research,
National Development and Research Institutes, Inc.*
- The HIV Prevention Spectrum: Behavioral, Psychosocial, and Structural Barriers to AHI Detection
*Robert Remien, Ph.D.,
HIV Center for Clinical and Behavioral Studies,
NYS Psychiatric Institute and Columbia University*
- The Community Perspective
*Daniel Raymond,
Harm Reduction Coalition*



Adapted from: Coutinho, F.A.B. et al. (2001). Modelling the natural history of HIV infection in individuals and its epidemiological implications, *Bulletin of Mathematical Biology*.

pharyngitis (sore throat), loss of appetite, weight loss, nausea, diarrhea, malaise, lymphadenopathy (swelling of lymph nodes), and headache.¹ Significant proportions of those with AHI present to their primary care physicians, at emergency rooms or health clinics.² However, diagnosis of AHI is often missed since its symptoms are vague and similar to other viral infections. In addition, while HIV antibodies may be present during AHI, the levels are often too low for detection using standard HIV antibody tests. During AHI, however, viral loads are usually very high. Individuals in this stage may be highly infectious and studies suggest they account for a disproportionate number of HIV transmissions.^{3,4} Laboratory tests showing high HIV viral load together with a negative HIV antibody result are diagnostic of AHI. Early diagnosis of AHI is important because it can lead to reduced HIV transmission (once patients are aware they are HIV+), and patients may benefit from early treatment.¹

Acute HIV Infection Testing Programs in North Carolina and New York

With the potential to avert HIV transmission during the AHI stage, the North Carolina Department of Health and Human Services implemented the Screening and Tracing Active Transmission (STAT) program. The program universally screens pooled specimens of HIV-negative antibody results for AHI from publicly-funded clinics.⁵ In 2½ years of testing from 2002-2005, 58 cases of AHI were detected, approximately 4% of the total number of HIV-infected individuals; almost half of the AHI cases were identified from STD clinics.⁶ In May 2006, the

NYS Department of Health AIDS Institute started the Monroe County STD Clinic Surveillance Demonstration Project to screen for AHI. In New York City, testing for AHI is planned in Department of Health and Mental Hygiene (DOHMH) STD clinics. It will become part of the CDC multisite AHI study, which will also include Los Angeles and four counties in Florida.

Psychosocial and Community Factors and Issues

Prevention strategies must focus not only on individuals' risk behaviors and risk contacts, but also on social and structural issues. Raising awareness about AHI among at-risk individuals, the general population and service providers can help increase detection. Further study of the potential benefits of treatment of AHI on the course of the disease, and issues regarding detection and treatment among subgroups (e.g., MSM, injection drug users, high risk heterosexuals, transgenders) is needed, and findings shared with communities at-risk.

Recommendations for Increasing Detection of AHI and Preventing Transmission

During several discussion periods at the conference, recommendations for developing a multi-level strategy to increase AHI detection and reduce transmission emerged. Examples at various levels included: 1) individuals at-risk: encourage early HIV testing; encourage reducing the number of concurrent sex partners and minimizing injection networks; 2) communities: educate communities about AHI and its symptoms; 3) providers: educate physicians and other providers to recognize the symptoms of AHI and to conduct proper risk assessments, including the use of viral load as well as HIV antibody tests; and 4) structural issues: enhance mechanisms for convenient, non-threatening, and free or low cost testing; coordinate methods for pooling of samples for AHI testing; enhance policies and counseling related to AHI testing and contact tracing. Research was also recommended for all of the topics.

The official proceedings from this Conference are in preparation and will be available on the CDUHR website.

Proceedings and Publications Available from Prior Conferences of the NY HIV Research Centers Consortium

Proceedings from the 2005 conference “Identifying Future Directions in International HIV Research” are currently available for download.⁷ The document includes abstracts from plenary presentations and recommendations for future international

research developed by topic and regional workgroups. Several articles by Consortium members, based on the 2003 conference, were published in a Special Section “HIV Perspectives After 25 Years” of the *Journal of Urban Health* (January 2006). The articles, ranging from basic science to clinical and population topics, were a result of interdisciplinary collaborations from conference workgroups.⁸

1. Altfeld, M. & Walker, B. D. (2005). Acute HIV-1 infection. In C. Hoffman, J. Rockstroh & B. S. Kamps (Eds.), *HIV Medicine*. Available at: www.hivmedicine.com/textbook/acuteinf.htm
2. Daskalakis, D. (2006, June). Primary HIV infection: A brief clinical review. Presented at the NY HIV Research Centers Consortium Conference “Acute HIV Infection: A Multidisciplinary Symposium.” New York, NY.
3. Pilcher C. D, et al. (2004). Brief but efficient: Acute HIV infection and the sexual transmission of HIV. *Journal of Infectious Diseases*, 189, 1785-1792.
4. Wawer, M. J. et al. (2005). Rates of HIV-1 transmission per coital act, by stage of HIV-1 infection in Rakai, Uganda. *Journal of Infectious Diseases*, 191, 1403-1409.
5. Voelker, R. (2003). Detecting acute HIV infections feasible, North Carolina program demonstrates. *Journal of the American Medical Association*, 289, 2633-2634.
6. Leone, PA. (2006, June). Acute HIV in North Carolina STD Clinics: The North Carolina STAT Project. Presented at the NY HIV Research Centers Consortium Conference “Acute HIV Infection: A Multidisciplinary Symposium.” New York, NY.
7. Available at: <http://cduhr.ndri.org/nyhiv/pastConference.aspx?confID=1000>
8. Available at: <http://www.springerlink.com/openurl.asp?genre=journal&eissn=1468-2869>

Twenty-Five Years of HIV/AIDS

On June 5, 1981, the CDC published an account of five cases of *Pneumocystis carinii* pneumonia among young, gay men in Los Angeles.¹ It would be the first official publication on AIDS. With the 25th anniversary of the report in 2006, commemorative publications, documentaries and programs have been released. The following are a sample of resources on the internet.

Centers for Disease Control and Prevention

Spotlight Commemorating 25 Years of HIV/AIDS

<http://www.cdc.gov/Hiv/spotlight.htm>

The CDC spotlight provides an overview of the status of the epidemic in the U.S. It includes links to a special issue of the MMWR on 25 years of HIV/AIDS, the epidemiology of HIV/AIDS and the evolution of HIV/AIDS prevention programs in the U.S. It also includes a link to the original 1981 report.

Frontline

The Age of AIDS

<http://www.pbs.org/wgbh/pages/frontline/aids/>

The four-hour documentary is available for viewing online. The website also provides a color-coded timeline on the science, politics, activism, global spread and cultural milestones of HIV/AIDS; maps on the global picture of HIV/AIDS; information on the virus and how it affects the immune system; and links to additional resources.

National Institutes of Health

25 Years of AIDS Research at NIH

<http://www.25yearsofaids.oar.nih.gov/>

This event commemorates 25 years of AIDS-related research at NIH. The program includes presentations by Elias Zerhouni, Jack Whitescarver, Anthony Fauci, Peter Piot among others. A videocast of the event is available online at:

<http://www.videocast.nih.gov/ram/niaid060506.ram>

National Public Radio – Talk of the Nation

The Changing Face of AIDS, 25 Years Later

<http://www.npr.org/templates/story/story.php?storyId=5447715>

This broadcast featured Dr. Wafaa El-Sadr, Dr. Rowena Johnston and Laurie Garrett, discussing AIDS at 25, including treatment and prevention programs. Links are also available to: The Discovery of AIDS, 25 Years Later (with Drew Tillotson, Richard Knox, Andrew Moss and Noerine Kaleeba), and other HIV/AIDS related programs.

Newsweek

How AIDS Changed America

<http://www.msnbc.msn.com/id/12663345/site/newsweek/>

Feature article on the early responses to HIV/AIDS in the U.S. Links to additional HIV/AIDS articles published in Newsweek and audio programs from Newsweek On Air are available as well as other resources.

1. Centers for Disease Control and Prevention (1981). *Pneumocystis pneumonia* – Los Angeles. *Morbidity and Mortality Weekly Report*, 30, 250-252.

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Interventions for HIV-Infected Mothers with Problem Drinking

Principal Investigator: Marya Viorst Gwadz, Ph.D
Funding Agency: NIAAA

Background and Objectives

Problem drinking has detrimental effects on women's physical and mental health, their behavioral functioning, and if they are mothers, on their capacity to parent children effectively. However, their motivation and ability to receive treatment are complicated by a number of co-occurring factors. These include the use of other drugs (which is common) and mental health disorders, particularly depression and anxiety. Further, family responsibilities, as well as fear that exposure of substance use problems will threaten child custody, often act as barriers to their seeking treatment. Mothers with problem drinking who are also infected with HIV may face additional stressors, including management of complex health and social support needs.¹

A behavioral intervention program, called "Family First" (FF), was developed to assist mothers in reducing or eliminating problem drinking and drug use, and improving parenting skills. To achieve these goals, the FF intervention was designed to increase motivation to change problematic behaviors, address social network and social contextual factors, strengthen coping skills and improve mental health. The FF intervention consisted of 14 individual sessions, with each session lasting about 90 minutes. The first seven sessions focused on eliminating or reducing the harms associated with alcohol and/or drug use and the remaining sessions on improving parenting. The

FF intervention was based on theory and other successful programs, and involved flexible goal setting, culturally and gender-appropriate materials, utilization of social networks and skill building. While initially planned for HIV-infected mothers, the final intervention was developed for and implemented with both HIV-infected and uninfected mothers.²

Mothers were randomly assigned to receive either the FF intervention, or a one-session control intervention, called the Brief Video Intervention (BVI). The BVI was a social/motivational program. It addressed the negative influence that social networks and the community can have on an individual's substance use, and vice versa, and concluded with the development of an action plan regarding future substance use. In the BVI, four short "role model stories" were presented, each followed by a 15 minute guided discussion. The aim of the BVI was to raise awareness regarding the social context of substance use and its multi-level effects.²

The main objectives of the study included comparing the efficacy of the FF intervention to the BVI on the following:

- Reducing or eliminating alcohol and/or drug use
- Improving the quality of parenting adolescent children and parent-child relationships
- Enhancing adolescents' mental health and behavioral outcomes

The study also explored how components of the FF intervention were associated with engagement in the intervention and outcomes.

Participants and Methods

Participants were recruited from hospital-based health and HIV/AIDS clinics, AIDS service organizations, media ads and through the social networks of eligible participants. To be eligible for the study, the women were required to: 1) be the biological or adoptive mother of at least one adolescent between the ages of 11 and 18; 2) live with the adolescent child(ren) for at least half of the time over the past month; 3) score at least six or higher on the Alcohol Use Disorders Identification Test (AUDIT), a measure of problem drinking; and 4) have not injected drugs in the last six months. (It was not feasible to incorporate effective intervention components to



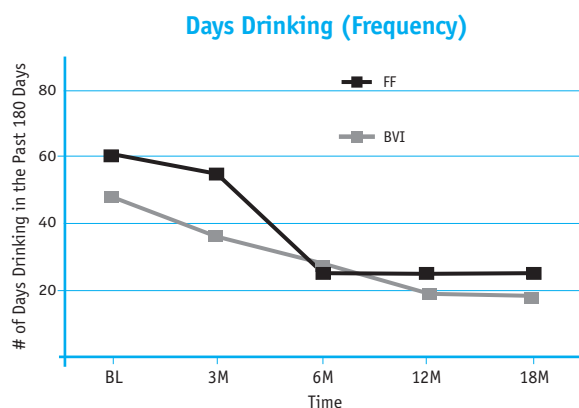
Karla Gostnell, M.P.H.; Marion Riedel, Ph.D.; Amanda Ritchie, M.A.A.; Noelle Leonard, Ph.D.; Gricel Arredondo, M.A.; Rebecca Young, Ph.D. & Marya Viorst Gwadz, Ph.D.

address injection drug use.) A total of 577 women were screened for the study and 128 met the eligibility requirements. Of these, 118 women enrolled in the study. The women participating in the study were primarily minority (57% African-American, 28% Hispanic), and the average age was 40. Over half of the women (58%) were HIV-infected. Mothers, both HIV-infected and uninfected, evidenced poor physical and mental health status, and long histories of poly-substance use. Almost one third of mothers (29%) reported that one or more of their children had spent some time in foster care.³

To assess outcomes, mothers were interviewed five times over 18 months (baseline, three, six, twelve and eighteen months). Their adolescent children were assessed at three periods over 12 months. Qualitative interviews with a sample of 25 mothers in the FF intervention were conducted to identify the elements of the intervention most effective in engaging participants and fostering behavior change.

Preliminary Findings

Attendance in the interventions—There was high attendance in the FF intervention, 98% of the 57 women assigned to the intervention attended at least one session; 77% completed all sessions. Of the 61 mothers assigned to the BVI, 97% completed the intervention session.²



Drug and alcohol use—Mothers in both interventions (FF and BVI) reported significant declines in alcohol use (quantity and frequency) and drug use frequency over 18 months. For mothers with greater initial substance use, those in the FF intervention maintained these reductions over a longer period of time. There were no significant differences in the responses of HIV-infected and uninfected mothers to the interventions.¹

Effective intervention elements for mothers—The qualitative sub-study of mothers in the FF intervention indicated that participation in the intervention was facilitated by the development of a therapeutic alliance with the counselor and the focus on reducing the harms associated with substance use.⁴

Impact on parenting and on the adolescents—Mothers in the FF intervention were more likely to maintain control mechanisms with regards to their adolescents (e.g., rules, curfews) than those in the BVI. Enhanced communication between mothers and adolescents were reported in both interventions. Adolescents of mothers in both interventions exhibited significant reductions in mental health and behavioral problems.⁵

Implications and Recommendations

The comparable rates of alcohol and drug use behavior change in the FF intervention and the BVI demonstrate the potential for one-session, cost-effective motivational interventions. The lack of differences between HIV-infected and uninfected mothers in their responses to the two interventions indicates that other factors, especially poverty and substance use, may be primary, and that HIV-infected women may have successfully adapted to their serostatus over time. Longer follow-up intervals to assess maintenance of behavior change are needed. These findings support the utility of brief motivational interventions. Future research will seek to identify the “active ingredients” of the BVI.

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3. Leonard, N.R., Gwadz, M.V., Cleland, C.M., Rotko, L., Gostnell, K. (in press). Physical and mental health functioning of urban HIV-infected and uninfected mothers with problem drinking. *American Journal of Drug and Alcohol Abuse*.

4. de Guzman, R., Leonard, N.R., Gwadz, M.V., Young, R., Ritchie, A.S., Arredondo, G., Riedel, M. (in press). “I thought there was no hope for me”: A behavioral intervention for urban mothers with problem drinking. *Qualitative Health Research*.

5. Gwadz, M.V. (2006, February). The Family First intervention: Decisions, efficacy, and lessons learned. Presented at the CDUHR Training Winter Institute. New York.

For additional information on this study you may contact Marya Viorst Gwadz, Ph.D., Principal Investigator – e-mail: gwadz@ndri.org

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David Perlman Joins CDUHR as Director of the Biomedical Core

CDUHR welcomes David C. Perlman, M.D., as Director of the newly-established Biomedical Core. The Biomedical Core was added to accommodate the increasing need to integrate biomedical with sociobehavioral factors in the study of HIV among drug users. In addition, it will help develop the interdisciplinary research efforts required by emerging needs in the field. Dr. Perlman will provide consultation on infectious diseases and other medical consequences of drug use.

David Perlman is Director of the AIDS Inpatient Unit and is part of the Infectious Diseases Division and the AIDS Clinical Trials Group at Beth Israel Medical Center. He is also an investigator in the Baron Edmond de Rothschild Chemical Dependency Institute at BIMC and Professor of Medicine at the Albert Einstein College of Medicine. His research interests include: clinical, epidemiologic and health service aspects of tuberculosis and hepatitis, opportunistic infections in HIV-infected persons, and other infections among drug users. He practices general infectious diseases, including HIV medicine.

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The NDRI Training Institute

The NDRI Training Institute (A. Osborne, Director) provides training for the New York State Department of Health AIDS Institute and conducts courses by special request. Following are courses available from August – December 2006, offered at no cost. All courses are held at the NDRI main offices unless otherwise noted. Please note: the schedule is subject to change. Go to the website (www.training.ndri.org) for the complete schedule and to register for courses.

Date	Course
8/8	◆ Addressing Prevention in HIV Positive Clients (One day)
8/10, 10/10	◆ Building Bridges to Cultural Competency (One day)
8/15-8/17	Reducing the Risk and Harm of HIV (Three days)
8/22, 11/3, 12/5	HIV Testing in NYS: 2005 Guidance (3 hours)
8/22, 11/21	HIV & STDs (3 hours)
8/23, 12/7	HIV Testing Skills Practice Session (One day)
9/8	HIV/AIDS Treatment Update (3 hours)
9/8	Promoting Adherence to HIV Treatment (3 hours)
9/14	Tailoring HIV Counseling and Testing to the Unique Needs of Adolescents (One day)
9/21-9/22	◆ Mental Health Services: Ensuring Appropriate Referrals for HIV Positive Clients (Two days)
10/4-10/5, 11/28-11/29 ^a	Integrate Viral Hepatitis Into Your Work (Two days)

^a Bronx AIDS Services
^b Samaritan Village, Queens

Date	Course
10/12 ^b	Addressing Prevention in HIV Case Management (One day)
10/16-10/19	◆ Community HIV/AIDS Educator Training (Four days)
10/24	◆ Introduction to Case Management (One day)
10/25-10/27	Skills Practice and Implementation of Stage-Based Behavioral Counseling (Three days)
10/26 ^b	◆ Basic Information About Domestic Violence (One day)
10/31 ^a	◆ Enhancing the Partnership Between Client and Case Manager (One day)
11/3, 12/12	◆ Overview of HIV Infection and AIDS (3 hours)
11/8-11/9	Serving Families: From Assessment to Service Plans (1½ days)
11/21, 12/1	HIV/AIDS Confidentiality Law (3 hours)
12/1	What's New in HIV/AIDS (3 hours)
12/12	HIV Disclosure (3 hours)

◆ Training courses are provided under NYS OASAS Education and Provider Certificate Number 0305 and are acceptable for CASAC credits.

For a complete listing of courses, the curriculum of Special Request courses, CDUHR-sponsored Training Institute courses, and information on the courses listed above, call the Training Institute at (212) 845-4550.

The Center for Drug Use and HIV Research is funded by the National Institute on Drug Abuse (Grant # P30 DA11041) to provide an infrastructure to support the HIV/AIDS-related research projects at NDRI. It is the first center for the socio-behavioral study of drug use and HIV in the United States and is dedicated to increasing our understanding of the drug use-HIV epidemic.

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CDUHR Projects

Applying Web Technology to Buprenorphine Treatment (NIDA)
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Community Vulnerability and Response to IDU-Related HIV (NIDA)
PI: Samuel R. Friedman, Ph.D.

Computer-Assisted HIV Prevention for Young Drug Users (NIDA)
PI: Lisa A. Marsch, Ph.D.

Couples HIV Intervention Randomized Controlled Trial (NIDA)
PI: James M. McMahon, Ph.D. (IRYAR)

Cross-Border HIV Prevention Project: China and Vietnam (NIDA)
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PI: T. Hammett, Ph.D.

Drug Use and HIV Risk in Nicaragua (NIDA)
PI: Michele G. Shedlin, Ph.D.

Etiology and Prevention of Blood-Borne Viruses in IDUs (NIDA)
PI: Holly Hagan, Ph.D.

Expanding Computer-Based Drug Abuse Prevention (NIDA)
PI: Lisa A. Marsch, Ph.D.

HIV Knowledge and Risk among Deaf Adolescents (NIDCD)
PI: Marjorie F. Goldstein, Ph.D.

HIV Risk and Substance Use in Adolescent Couples (NIDA)
PI: Noelle R. Leonard, Ph.D.

Increasing HCV Knowledge and Service Use in Drug Treatment Programs (NIDA)
PI: Shiela M. Strauss, Ph.D. (ITSR)

An Intervention for Migrant Puerto Rican Drug Users (NIDA)
PI: Sherry Deren, Ph.D.

Interventions for HIV-Positive Mothers with Drinking Problems (NIAAA)
PI: Marya Viorst Gwadz, Ph.D.

National HIV Behavioral Surveillance Among High-Risk Heterosexuals: New York City (NYCDOHMH)
PI: Holly Hagan, Ph.D.

National Study of Syringe Exchange Programs (NIDA)
PI: Don C. Des Jarlais, Ph.D.

Networks, Norms, and HIV/STI Risk Among Youth (NIDA)
PI: Samuel R. Friedman, Ph.D.

Risk Factors for AIDS Among IDUs (NIDA)
PI: Don C. Des Jarlais, Ph.D.

Science-Based Treatment for Opioid-Dependent Adolescents (NIDA)
PI: Lisa A. Marsch, Ph.D.

Staying Safe: Long-Term IDUs Who Avoided HIV & HCV (NIDA)
PI: Samuel R. Friedman, Ph.D.

Study to Reduce Intravenous Exposures (NIDA)
PI: Holly Hagan, Ph.D. (Seattle PI)

Synthesis: HCV Epidemiology and Prevention in Drug Users (NIDA)
PI: Holly Hagan, Ph.D.

WHO Survey Coordinating Center, Drug Injecting Study- Phase 2 (WHO)
PI: Don C. Des Jarlais, Ph.D.