

Positively Palm Beach



Treasure Coast Health Council

November– December

NIH SCIENTISTS FIND MORE HEALTH BENEFITS FROM STARTING HIV TREATMENT EARLY

HIV-infected individuals who begin antiretroviral therapy (ART) soon after acquiring the virus may have stronger immune responses to other pathogens than HIV-infected individuals who begin ART later, a new study from the National Institutes of Health has found. This finding suggests that early initiation of ART may prevent irreversible immune system damage and adds to the body of evidence showing significant health benefits from early ART.

Scientists from the National Institute of Allergy and Infectious Diseases, part of NIH, measured the quantity and qualities of B cells in blood samples taken from three groups of study volunteers: men who had been infected with HIV for fewer than 6 months; men who had been infected with HIV for 6 months or more (often for several years); and men who were not infected with HIV. The HIV-infected men began taking ART for the first time once they entered the study.

B cells make proteins called antibodies that can flag pathogens for destruction by the immune system and prevent them from infecting cells. At the outset of the study, the number of B cells in the blood of both groups of HIV-infected men was significantly lower than the number of B cells in the blood of the uninfected men. Once the two groups of HIV-infected men began ART, however, the numbers of B cells in their blood increased significantly and to similar degrees.

Qualitatively, however, the compositions of B cells in the two groups of HIV-infected men differed notably throughout the study. The researchers compared the relative proportions of six different types of B cells within and among each of the three groups at the study outset and one year after the HIV-infected men had started ART. The scientists observed that early treatment restored resting memory B cells to the same level as that in HIV-uninfected men, but late treatment did not. Resting memory B cells remember how to make antibodies to a pathogen and can last a lifetime. Also, early ART reduced the proportion of immature B cells to the same level as that in HIV-uninfected men, but late treatment did not. In addition, after one year, the late-treatment group had a significantly greater proportion of so-called exhausted B cells—those that have shut themselves off and resist doing their usual pathogen-fighting activities—compared with the other two groups of participants.

To learn how these differences affected immune system responses to new infections, the research team examined how the two groups of HIV-infected men responded to influenza vaccination at the start of the study and one year after beginning treatment. At the one-year point, a significantly greater proportion of B cells made anti-influenza antibodies in the early treatment group compared with the late treatment group. This suggests that starting ART early in the course of HIV infection enables individuals to fight off other pathogens better than if they start ART later, when the infection has become chronic.

ARTICLE: S Moir et al. B cells in early and chronic HIV infection: evidence for preservation of immune function associated with early initiation of antiretroviral therapy. *Blood* Sept. 13, 2010 (e-pub ahead of print).

WHO:

Anthony S. Fauci, M.D., NIAID director and chief of the Laboratory of Immunoregulation, and Susan Moir, Ph.D., associate scientist in the NIAID Laboratory of Immunoregulation, are available to discuss the findings.

CONTACT:

To schedule interviews, please contact Laura Sivitz Lefman, 301-402-1663

ARTICLE: S Moir et al. B cells in early and chronic HIV infection: evidence for preservation of immune function associated with early initiation of antiretroviral therapy. *Blood* Sept. 13, 2010 (e-pub ahead of print).

WHO:

Anthony S. Fauci, M.D., NIAID director and chief of the Laboratory of Immunoregulation, and Susan Moir, Ph.D., associate scientist in the NIAID Laboratory of Immunoregulation, are available to discuss the findings.



Local Support Group Meeting Times & Locations

**Drop-In Center at CAP/
CCNet Palm Springs**

Wed 10a-2p

Da Group at UDRC

Wed 110a

Brothers Together at

Compass

Wed 7:30p

201 N Dixie Hwy.

Lake Worth FL 33460

Positive Living at Compass

Thurs 7:30p-8:45p

201 N Dixie Hwy.

Lake Worth FL 33460

**Obama Administration's
Pledge to Global Fund to
Fight HIV/AIDS, Malaria and
Tuberculosis**

Office of the Spokesman
Washington, DC
October 5, 2010

As part of America's leadership in saving lives and alleviating suffering around the world, the United States announced today that it intends to make an unprecedented three-year pledge of support to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The pledge is tied to the call for smart investments and shared responsibility to reach the goal of saving more lives efficiently and effectively.

The Obama Administration intends to seek \$4 billion for the Fund for 2011 through 2013 to continue America's strong support for this important multilateral partner. This pledge is a 38% increase in the U.S. investment over the preceding three-year period – a substantial increase especially in light of the overall budget challenges and the largest increase by far of any donor nation this year.

This historic pledge has three goals:

To save more lives by driving needed reforms and ensuring smart, effective investments are being made: The Fund has demonstrated remarkable success over the past eight years in mobilizing and disbursing resources. We must build upon this success by driving needed reforms including better grants management; greater country-level collaboration to avoid duplication of efforts; closing gaps in services; reducing reporting burdens on host countries; better accountability for funds in grants to ensure proper use of scarce resources; and better monitoring and evaluation to ensure goals of grants are met. The U.S. calls upon the Global Fund Board to develop an action agenda in the near future that includes clear timelines and measures progress so all parties can be held accountable for clear action steps.

To leverage other donor nations' contributions in order to save more lives; increase life expectancies; and alleviate suffering: This commitment serves as a challenge to other donors. If other donors scale up their commitments at a similar rate, the Global Fund is expected to be able to proceed with new rounds of grants while continuing existing grants during 2011-2013.

To continue to demonstrate U.S. leadership in the ultimate measurement of success – increasing the number of lives saved: The U.S. was the first and by far the largest contributor to the Fund, providing more than \$5.1 billion to date. This pledge is part of a comprehensive approach to combating AIDS, TB, and malaria through President Obama's Global Health Initiative (GHI), which supports coordinated interventions aimed at reducing lives lost from the three diseases and other health challenges.

With this U.S. commitment and scaled-up contributions from other donors, the Global Fund projects that it will be able to achieve the following results by 2015: A total of 4.4 million people on antiretroviral therapy, up from 2.5 million at the end of 2009

2.5 million orphans and vulnerable children provided with support annually, up from 1.4 million in 2009

610,000 HIV-positive pregnant women receiving prevention of mother-to-child transmission services annually, compared to 345,000 in 2009

3.9 million tuberculosis treatment regimens provided annually, up from 1.4 million in 2009

110 million insecticide-treated bed nets for malaria prevention distributed annually, up from 34 million in 2009.

Changing How We Think about HIV

AIDS.gov funded 17 organizations serving communities of color, other communities at highest risk of HIV, and people living with HIV. The funding was intended to stimulate and support the organizations' efforts to use new media to plan for and support HIV prevention, testing, treatment and care activities and to share best practices within communities at highest risk of HIV. These projects received their microgrant awards in April and completed their funded activities in early September. Each project proposed the populations they wanted to reach and tools they wanted to use (from social networking to video and texting and more), so we've heard a wide range of project results so far.

Today, we start a four part series to share what these projects have learned. Because of the recent observance of National Gay Men's HIV/AIDS Awareness Day (September 27), we start with a look at how four of the programs worked to address the needs of men who have sex with men (MSM).



In Houston, St. Hope Foundation - the Fusion Center worked with its community and young adult advisory boards and others to launch www.myFusiontea.org. The website targets young African American MSM (YAAMSM), encourages holistic wellness, and provides HIV prevention information. Tim'm T. West, the Project Coordinator, said "[Our effort] truly changed the face of how we think about HIV awareness and prevention... [and] enabled FUSION to launch... a new way of mobilizing YMSM about HIV awareness and prevention."

Family Health Centers of San Diego's *COMRADE* project wanted to increase the agency's influence on San Diego's MSM community through online social networking. Working with its STD clinic, and two HIV prevention programs, La Nueva Cara (reaching Latino MSM) and Brothers United (reaching African American MSM),

FHCSD now has an online presence via Facebook and started a pilot text messaging/email system for appointments. Fran Butler Cohen reported that her agency "has further realized the enormous value of social networking and web based communication strategies." FHCSD will continue to explore new media to reach MSMs and others, and may expand the pilot.

HIV/AIDS Resource Center (HARC) *Evaluation, Planning, and Innovation: Working to Create a Sex-Positive Online Community for MSM* project unfolded in several phases. HARC evaluated its new media use and then trained staff to support development of a new media strategy. To create the strategy, HARC conducted focus

groups and a survey with young MSM of color. The team then created a demonstration version of a mobile-based website to promote HIV awareness and health for young MSM. The project has poised HARC to strategically move ahead with social media, including an

intervention to promote testing among young MSM.

In the Meantime Men's Group started *ITMT411*, a text messaging intervention to engage and inform YAAMSM. The agency held focus groups to develop messages, built a group of peer leaders who give ITMT411 visibility, and texted approximately 580 YAAMSM about prevention events. On average, five of these men called the program each day to learn about services. Attendance at group sessions also increased. The agency plans to continue to work with youth to find the most effective ways to reach this population.

The enthusiasm among these programs mirrors our excitement in seeing how local programs are adding new media strategies to reach people at disproportionate risk. Are you using new media to reach out to MSM? What lessons can you share?

MAKING HIV PREVENTION THE PRIORITY

On September 24th, U.S. Department of Health and Human Services Secretary Kathleen Sebelius announced that CDC allocated \$30 million of the Affordable Care Act's Prevention and Public Health Fund to expand HIV prevention efforts under the President's National HIV/AIDS Strategy (NHAS). The funding includes nearly \$22 million of grants for state and local health departments. Secretary Sebelius indicated that the funding will give a critical boost to our HIV/AIDS prevention efforts across the country by focusing on communities and geographic areas that have been hardest hit by this disease.

This funding will allow those of us working in HIV prevention at the federal, state, and local level to support innovative, evidence-based and high-impact prevention efforts in line with recommendations from the National HIV/AIDS Strategy. It is providing us with the opportunity to make critical investments that will make a real impact on prevention efforts, allowing us to reach further into those communities that are at highest risk.

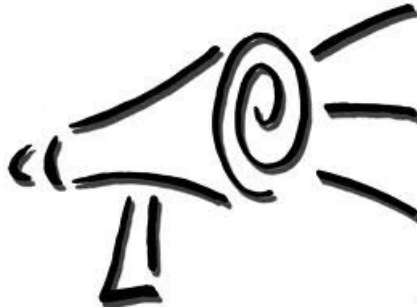
Grants totaling \$11.6 million will support demonstration projects to identify and implement a "combination approach" to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will both supplement existing programs in these communities and help jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs.

In the first year, the 12 jurisdictions funded through the Affordable Care Act include: Chicago the District of Columbia , Florida , Georgia , Houston , Los Angeles , Maryland , New York City , Philadelphia , Puerto Rico , San Francisco , and Texas . The average award is

approximately \$960,000.

These funded state and local jurisdictions will work with CDC to determine what mix of HIV prevention approaches can have the greatest impact in the local area, based on the local profile of the epidemic and by assessing and identifying current gaps in HIV prevention portfolios. While the exact combination of approaches will vary by area, efforts funded under this program will follow a basic approach of:

- Intensifying prevention for individuals at greatest risk,
- Testing those individuals to



reduce undiagnosed HIV infection,

- Prioritizing prevention and linkage to care for people living with HIV; and
- Directing these intensified efforts to communities with the highest burden of HIV.

Additional funding will allow CDC to expand upon successful existing efforts, as well as fill knowledge gaps to help guide evidence-based policies and approaches as a part of NHAS.

Awards to state and local health departments include:

Increasing HIV testing: \$4.4 million from the Affordable Care Act will allow CDC to further expand its successful HIV testing initiative, which we began in 2007 to increase knowledge of HIV status primarily among African Americans. It was recently expanded to reach more hard-hit communities and populations at risk, including Latinos, men who have sex with men (MSM), and

injection drug users. In the first two years of the program alone, more than 1.4 million Americans were tested, and more than 10,000 individuals were newly diagnosed.

Filling critical data gaps: \$5.6 million from the Affordable Care Act will enhance local area data collection, to provide critical information to better monitor and target future HIV prevention and treatment programs. Specifically, the new funds allow areas to monitor disease indicators among HIV-infected populations to better understand access to care, prevention, and treatment services. The remainder of the funding is going to support additional activities for HIV prevention:

Supporting evaluation for new activities: \$6.6 million from the Affordable Care Act will support evaluation and monitoring of combination prevention approaches and other activities. Funding will also establish a web-based survey to quickly identify and respond to trends in risk behavior and exposure to HIV prevention services among MSM.

Prioritizing underserved populations: \$1 million from the Affordable Care Act will support work with tribal communities to improve HIV prevention and program integration for American Indians/Alaska Natives.

By Kevin Fenton, M.D., Ph.D., FFPH, Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC (Cross-posted from Health Protection, Perspectives Blog)

U.S. CONFERENCE ON AIDS 2010 WRAP UP

We're back from the United States Conference on AIDS (USCA) that was held last week in Orlando, Florida. Sponsored by the National Minority AIDS Council (NMAC), USCA is the largest HIV/AIDS conference in the country and brings together leaders from across the U.S. to address issues that face us all. From the opening plenary, focused on youth, to HHS Secretary Sebelius's plenary, to the closing session about the National HIV/AIDS Strategy (NHAS), we were inspired and encouraged by the passion and dedication of case workers, nurses, advocates, health educators, community organizers, policy makers, and many others.

We once again launched our Facing AIDS Initiative and were thrilled that hundreds of people came by our booth to share why they were Facing AIDS (and supporting the NHAS). Many conference participants shared their feedback about the AIDS.gov website and potential mobile opportunities through usability testing. We also witnessed an increase in new media at this year's conference. It was great to see all the tweets, Facebook updates, and blog posts coming from the conference (check out the #USCA2010 hashtag to read the conversation). We co-sponsored a tweetup with NMAC and the CDC National Prevention Information Network (CDC NPIN), and a workshop about how to bring Facing AIDS to your community. Our workshop was one of several new media workshops, an encouraging and exciting development from last year.

On the last day of the conference, Dr. Howard Koh, Assistant Secretary for Health, sat down with NMAC's Executive Director, Paul Kawata, and asked him about the key take-away messages from this year's conference. Watch and listen to what Paul had to say

We would like to thank Paul and the rest of the NMAC team for organizing a fantastic conference, and we look forward to USCA 2011 in Chicago!

By Miguel Gomez, AIDS.gov Director



NATIONAL HIV/ AIDS STRATEGY: WORKING ACROSS AGENCY LINES

By Ron Valdiserri, M.D., M.P.H.,
Deputy Assistant Secretary for
Health, Infectious Diseases, U.S.
Department of Health and Human
Services

Across the Department of Health and Human Services (HHS) agencies and offices are studying the National HIV/AIDS Strategy (NHAS) and examining their programs, policies and resources to identify ways to better align them with the goals and priorities articulated in the Strategy. These efforts will be reflected in the HHS NHAS Implementation Plan, which the President has requested by December 9.

Meeting regularly and conferring frequently throughout the development process, agency and office representatives are also exploring ways that we can enhance collaboration with other government and community partners. In his memorandum to executive agencies that accompanied the release of the NHAS, the President noted, "Successful implementation of the

Strategy will require new levels of coordination, collaboration, and accountability. ***"This will require the Federal Government to work in new ways across agency lines, as well as in enhanced and innovative partnerships with State, tribal, and local governments."***

An important way in which HHS agencies will seek to meet the goals of the NHAS is through a special cross-agency, multi-jurisdictional project that will focus on 12 geographic areas most heavily impacted by HIV/AIDS. Building on CDC's recently awarded grants for "Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS," other agencies, including HRSA, IHS, NIH, and SAMHSA, are actively exploring ways that they can build upon this platform and work collaboratively with CDC. While still being developed, their joint activities will result in the following outcomes in each of the 12 jurisdictions:

- coordinated planning for HIV prevention, care and treatment
- federally funded HIV/AIDS resources mapped in each jurisdiction
- assessment of the current distribution of HIV prevention, care

and treatment resources

- development of cross-agency strategies to address gaps in coverage or scale of necessary HIV prevention, care and treatment services
 - coordinated implementation of and capacity building for delivering strategies and interventions addressing HIV prevention, care and treatment opportunities to blend services and, where appropriate, funding steams across federal programs
- Multi-agency collaborative efforts of this type are earning praise from the field as well. Laura Hanen, Director of Government Relations at the National Alliance of State and Territorial AIDS Directors (NASTAD), heard of this project at my presentation at the PACHA meeting on 9/30/10. She recently told us, "[this project] represents an exciting and definitive step in the implementation of the NHAS."

Next week, representatives from across HHS reconvene to share their agency- or office-specific plans as well as to further refine ideas for innovative collaborations that demonstrate their commitment to cooperating in new and meaningful ways designed to make significant strides toward realizing the NHAS goals.



Message from the Ryan White Program Manager

Sonja Swanson Holbrook, MPH
Ryan White Program Manager
August 12, 2010

This year the annual Ryan White Part A grant application had a new twist. Woven through each section of the grant was a new focus on the early identification of PLWHA (persons living with HIV/AIDS). This is a response to the Obama Administration's National HIV/AIDS Strategy (NHAS), <http://www.whitehouse.gov/administration/eop/onap/nhas>. The three primary goals of the NHAS are: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities.

There was an entirely new section of the grant this year entitled, Early Identification of Individuals with HIV/AIDS (EIIHA). In this section we were asked to describe our plan to identify and inform individuals unaware of their HIV status, and refer and link HIV-Positive individuals to care. We were asked to develop goals and also select high and moderate/low risk subgroups to be targeted.

A meeting was called with the Community Prevention Partnership (CPP), the prevention, testing and counseling planning body, and the CARE Council, the HIV care planning body. The joint planning group adopted the following goals, which reflect the Florida State HIV Prevention Plan 2010 Goals:

By 2012, through voluntary counseling and

testing, increase by 10% the proportion of HIV-infected people in Palm Beach County who know they are infected.

By 2012, increase by 10% the proportion of HIV-infected people in Palm Beach County who are linked to appropriate prevention, care and treatment services.

Given the limited number of pages in the grant application, the group decided to select 4 high risk and 2 moderate/low risk subgroups. The high risk targeted subgroups include black heterosexuals, MSM (men who have sex with men), pregnant HIV-positive women, and partners of HIV-positive individuals. The moderate/low risk targeted subgroups include STD-positive individuals and incarcerated individuals.

There are many initiatives going on within our county targeting each of the subgroups listed above. The Obama Administration continues to challenge us to link the estimated 2,016 PLWHA living in Palm Beach County who are unaware of their status to primary medical care. It will take all of us working together to accomplish this goal. I look forward to working with all of you to ensure that all PLWHA living in Palm Beach County enter primary medical care.

Sonja Swanson Holbrook may be contacted through the Palm Beach County Department of Community Services, 810 Datura Street, West Palm Beach, FL 33401, 561-355-4730, SHolbroo@pbcgov.org.

NIH-Led Scientists Find Antibodies that Prevent Most HIV Strains from Infecting Human Cells

Scientists have discovered two potent human antibodies that can stop more than 90 percent of known global HIV strains from infecting human cells in the laboratory. The scientists also have demonstrated how one of these disease-fighting proteins accomplishes this feat. According to the scientists, these antibodies could be used to design improved HIV vaccines, or could be further developed to prevent or treat HIV infection. Plus, the method used to find these antibodies could be applied to isolate therapeutic antibodies for other infectious diseases as well.

Led by a team from the NIAID Vaccine Research Center (VRC), the scientists found two powerful antibodies called VRC01 and VRC02 in an HIV-infected individual's blood. They discovered the antibodies using a probe they developed that homes in on the specific cells that make antibodies against a very vulnerable spot on HIV.

The scientists found that VRC01 and VRC02 neutralize more HIV strains with greater overall strength than previously known antibodies to the virus.

The researchers also determined the atomic-level structure of VRC01 when it is attaching to HIV. This enabled the team to define how the antibody works and to precisely locate where it attaches to the virus. With this knowledge, they have begun to design components of a candidate vaccine that could teach the human immune system to make antibodies similar to VRC01 that might prevent infection by the vast majority of HIV strains worldwide.

Finding individual antibodies that can neutralize HIV strains anywhere in the world has been difficult because the virus continuously changes its surface proteins to evade immune system recognition. As a consequence, an enormous number of HIV variants exist worldwide. Even so, scientists have identified a few areas on HIV's surface that remain nearly constant across all variants. One such area, located on the surface spikes used by HIV to attach to immune system cells and infect them, is called the CD4 binding site. VRC01 and VRC02 block HIV infection by attaching to the CD4 binding site, preventing the virus from latching onto immune cells.

"The discoveries we have made may overcome the limitations that have long stymied antibody-based HIV vaccine design," says Dr. Kwong.

NIAID scientists Peter D. Kwong, Ph.D., John R. Mascola, M.D., and Gary J. Nabel, M.D., Ph.D., led the research. A pair of articles about these findings was published July 8 in the online edition of Science.

"AIDS can destroy a family if you let it, but luckily for my sister and me, Mom taught us to keep going. Don't give up, be proud of who you are, and never feel sorry for yourself."
Ryan White~

Greater Than AIDS Campaign's "Deciding Moments"

By Miguel Gomez, AIDS.gov Director

Greater Than AIDS, a campaign to respond to the AIDS crisis with a focus on African American communities in the U.S., recently launched the next phase of its national media campaign, *Deciding Moments*.

The campaign is using a variety of traditional and new media tools such as videos and social networking sites (like Facebook and Twitter) to share real-life stories of people from across the country to promote HIV testing, using protection, correct misinformation, and support treatment adherence .



Local Support Group

Meeting Times

& Locations

**Drop-In Center at CAP/
CCNet Palm Springs**

Wed 10a-2p

Da Group at UDRC

Wed 110a

**Brothers Together at
Compass**

Wed 7:30p

201 N Dixie Hwy.

Lake Worth FL 33460

**Positive Living at Com-
pass**

Thurs 7:30p-8:45p

201 N Dixie Hwy.

Lake Worth FL 33460

Introducing...



Good Day Everyone,

My name is Adrienne Wallace and I am a recent graduate from the University of Pennsylvania with a Masters of Public Health. My concentration for my Masters was Epidemiology/ Environmental and Occupational Health. My focus was on Environmental Injustice and its influence on adverse birth outcomes such as low birth weight and adolescent health. I have planning experience that coincides with Maternal and Child Health issues. I have researched, lead, and

worked on projects primarily centered in underserved and dilapidated areas. I now present myself as the Community Health and Program Planning Manager for the Treasure Coast Health Council Inc. It is an honor to be a part of a great team and I look forward to meeting and working with you.

Adrienne Wallace
Community Health and Program Planning Manager

We can empower young people to protect themselves from HIV

The Joint Action for Results: UNAIDS Outcome Framework, 2009-2011 represents a new and more focused commitment to the HIV response and serves as a platform to move towards UNAIDS' vision of zero new HIV-infections, zero discrimination, and zero AIDS-related deaths. It commits the UNAIDS Secretariat and Cosponsors to leverage their respective organizational mandates and resources to work collectively to deliver results.

The Outcome Framework focuses on ten priority areas, each of which represents a pivotal component of the AIDS response. Focused, concrete actions in these areas have the potential to change the trajectory of the epidemic. Building on gains already made in these areas will also contribute to the achievement of Universal Access to HIV prevention, treatment, care and support and the Millennium Development Goals.



For each Priority Area, a Business Case has been developed which explains the rationale for the priority area and outlines why success in this area will dramatically decrease new HIV infections and improve the lives of people living with HIV. They clearly delineate what is currently working, and what needs to change in order to make headway in the ten areas. They will guide future investment and hold UNAIDS accountable for its role in achieving tangible results in countries. Each Priority Area Business Case presents an overall goal to be reached by 2015, as well as three bold results to be achieved by 2011.

These Business Cases are intended to optimize partnerships between National Governments, communities, the UN, development partners and other stakeholders and focus our work, hearts and minds on this strategic vision.

PALM BEACH COUNTY DIRECTORY PAGE

HOTLINES

A.G. Hedley State Hosp. TB Hotline	1-800-982-4636
CDC Info Hotline	1-800-342-2437
Crisis Line (Center Line)	211
Drug Abuse Hotline	662-4357
Florida HIV/AIDS Hotline	1-800-352-2437
Gay and Lesbian Hotline	1-888-843-2564
Madison Hotline	1-800-638-5033
National Deaf AIDS Line	1-800-AIDS-TTY
Project Inform Treatment Hotline	1-800-877-7477
STD Hotline	1-800-227-8922

EDUCATION/INFORMATION

Accessible Learning Education for at Risk Learners (ALERT)	966-4288
American Foundation for AIDS Research (AMFAR)	1-800-392-6327
CDC HIV/AIDS Treatment Information	1-800-448-0440
Children with AIDS Project of America	1-800-973-4319
Clinical Trials Information	1-800-Trials-A
Employer Coordinating Council of PBC	533-7227
Glades Health Initiative, Inc.	996-0500
National Minority AIDS Council	1-202-483-6622
PBC Health Department	540-1300
PBC HIV CARE Council	844-4430
Red Cross, American	803-7711
Senior HIV Intervention Project (SHIP)	506-4843
Treasure the Children/Charles' Crew Adolescent Speakers, Inc.	790-6291

HIV/AIDS TESTING

Compass, Inc.	533-9699
Comprehensive AIDS Program (CAP)	
Belle Glade*	796-7059
Delray Beach*	274-6400
Riviera Beach*	844-1766
West Palm Beach*	472-2466
Glades Health Initiative, Inc.	996-0500
Drug Abuse Foundation (DAF)	278-0000
Drug Abuse Treatment Association (DATA)	844-3556
Families First Palm Beach County	771-2067
Jesus People Praise Int'l Ministries	368-9044
Minority Development and Empowerment, Inc.	795-5777
PBC Health Department (charging scale fee)	
C.L. Brumbaugh Health Center	796-7600
Delray Beach Health Center	274-3100
Lantana Health Center	547-6805
Riviera Beach Health Center	804-7909
West Palm Beach Health Center	514-5465
Riviera Beach Family Resource Center	840-1888
St. James Missionary Baptist	842-5771
United Deliverance Resource Center*	844-7071
Women of Color, Rise Above Your Shame	577-3512

*Rapid HIV Testing Available

DENTAL CLINICS

C.L. Brumbaugh Health Center	796-1636
Delray Beach Health Center	274-3111
Riviera Beach Health Center	804-7900
West Palm Beach Health Center	514-5310

PHARMACIES

Department of Health	
Belle Glade	996-1637
Delray Beach	274-3107
Riviera Beach	804-7940
West Palm Beach	514-5880
Camrose Pharmacy	615-0564
BioScrip Specialty Pharmacy (Spanish speaking)	603-0001

HIV/AIDS SERVICE AGENCIES

Comprehensive AIDS Program, Inc. (CAP)	
West Palm Beach	472-2466
Belle Glade	996-7059
Delray Beach	274-6400
Riviera Beach	844-1766
Pahokee	924-7773

CARE RESOURCE

Coral Gables	1-305-657-9796
Fort Lauderdale	1-954-567-7441
Miami	1-305-573-5411
Orlando	533-9699
Youghlin	533-9699
Children's Place of Donor Safe, Inc.	
North/Central Palm Beach County	832-6185
Southern Palm Beach County	995-4196
Employers Coordinating Council of PBC	533-7227
Florida Lighthouse	475-1442
Gratitude Guild, Inc.	800-6826
HIV Pastoral Care	1-305-858-4619
Hospice By the Sea	395-5031
Hospice of Palm Beach	848-5200
Integrated Healthcare Systems	586-7404
Latin American Emigrants & Refugees Org.	966-4515
Legal Aid Society of Palm Beach County	655-0944
Minority Development and Empowerment, Inc.	296-5722
Palm Beach County Home	842-5111
Palm Beach Research Center	689-0606
Planned Parenthood	848-5300
Oakwood Center	383-5912 or 393-5777
Social Security Administration	1-800-722-1213
Treasure Coast Health Council, Inc.	844-1220

INFECTIOUS DISEASE PHYSICIANS

Central County	
Riviera Beach Health Center	
Manohar (Krojanah), MD	804-7900
Celeste J., MD	804-7900
Klappan da Almeida, MD (Spanish Speaking)	967-0101
Kenneth West, MD	655-8388
Olayemi O. Osiyemi, MD	852-5770
Donald Walker, MD	655-9660
Larry Bush, MD	967-0101
Southwest County	
Infectious Disease Consultants	499-1442
Hamad A. Karimha, MD, Jose C. Villalba, MD	
Jaroslav F. Ondrussek, MD, Cesar A. Randoch, MD, Melvin S. Kohan MD	
Delray Beach Health Center	
Snonprohla So nant, MD	274-3178
Guadalupe Medical Center (Spanish Speaking)	642-0768
Infectious Disease Associates	
Julio Cardenas, MD, Ines Abano, MD, Susan Saxe, MD, Jill Howard, MD, Sonda Cebular, MD, Kurt Weiss, MD	
Delray	496-1095
Boca Raton	393-8254
Western County	
Lynal Jean Bonafina, MD	992-9216
Joaquin Carlos Reardon, MD	774-7788

PRIMARY MEDICAL CARE

V.A. Medical Center (for veterans only)	422-7522
Palm Beach County Health Department	
Riviera Beach Health Center	804-7900
C.L. Brumbaugh Health Center (Belle Glade)	996-1600
Delray Beach Health Center	274-3100
West Palm Beach Health Center (pediatrics)	514-5300



Roasted Salmon with Stir-Fry Vegetables

2 Servings

This is a low-calorie and low-carbohydrate recipe because it doesn't contain a traditional "starch" item. Stir fries generally use rice, but water chestnuts make a great stand-in when you want a lower calorie meal. Water chestnuts are readily available in the Chinese food section of most supermarkets. You can also try canned bamboo shoots.

Ingredients:

12 ounces of salmon, cut into two fillets
 1 teaspoon of herb blend
 1/2 lemon
 1 tbsp dark sesame oil (or canola oil)
 2 cloves garlic (chopped)
 1 tbsp fresh ginger (grated)
 1/4 cup onions (chopped)
 2 cups mushrooms, sliced
 2 cups cherry tomatoes, halved
 5 oz can of water chestnuts, drained
 3 cups baby spinach leaves, steamed (see Ingredient Tip)

Instructions:

Preheat oven to 350 degrees.

Rinse the salmon well and rub with lemon juice. Place the fillets on a cake rack, laid on a cookie sheet, on the middle rack of the oven. You can place the the fillets directly on the cookie sheet, but raising them keeps the fish a little firmer. Bake for 20 minutes. While the salmon is cooking, heat the oil in a non-stick frying pan and add the garlic, onion and ginger. Stir fry for 2 minutes, then add the mushrooms and fry for 2 to 4 minutes more. Finally add the tomatoes and water chestnuts, fry until heated through and fold in the steamed spinach. Serve alongside the salmon.

If you feel this dish needs additional flavoring, make a quick sauce by mixing 2 tbsp of low-sodium soy sauce with 2 tbsp of rice vinegar. Add to the stir-fry near the end of cooking.

Nutritional Information:

Per serving:

332 calories
 13 g total fat (2 g sat)
 88 mg cholesterol
 17 g carbohydrate
 37 g protein
 2 g fiber
 160 mg sodium

DISCLAIMER: Positively Palm Beach is designed to present information to people living with HIV disease and their concerned families and friends. It is not to be regarded as medical advice. The appearance of information in this publication does not constitute an endorsement of that information by TCHC or its sponsors. Consult your health care providers before undertaking any treatment discussed herein. Views expressed herein are those of the byline author and do not necessarily express the views of TCHC or its staff. Requests by entities to insert materials will be reviewed by the editorial staff prior to acceptance

WE ARE HERE TO HELP

The Palm Beach County HIV CARE council is a community based organization supporting local public participation in the planning for a system of medical and support services for individuals and families living with HIV and AIDS. One of the founding themes of the CARE Council is the belief that people living with HIV/AIDS can live a better, healthier and more productive life with the most current treatments supported by the most practical supports. Thus, we are a partnership of medical and health support service providers, funders of those services as well as people using these services and people who love and care for those living with HIV.

We welcome you to join us in bringing the most effective treatments for HIV/AIDS to those in need, and invite you to work toward providing those services in the most effective compassionate manner.

Responsibilities of the CARE Council are part of the Ryan White HIV/AIDS Treatment Modernization Act. Under this federal legislation areas of the United States which are hit especially hard by the AIDS pandemic receive federal funds to assist in fighting the effects of the disease.

Members of the CARE Council are nominated through a process which is open to public participation. Appointment to the Council is made by the Palm Beach County Board of County commissioners for a two year term. Membership is guided by federal principals guiding participation which reflects the demographic make up of the disease in this county.

The majority of the work of the Council is done in committee and brought to the full Council for approval. All meetings of the Palm Beach County HIV CARE Council are open to the public and are run under aspects of Florida's Open Meetings Act, also referred to as the Sunshine Law.

**To be removed from our mailing list please contact
 Tonya Fowler at 561-844-4220X 15**

NOW ACCEPTING MEMBERSHIP APPLICATIONS

**Positively Palm Beach is a
 Publication of the
 Treasure Coast Health Council
 600 Sandtree Drive Suite 101
 Palm Beach Gardens, FL 33403**

**Tonya M. Fowler
 CARE Council Member Support
 Liaison
 Editor/Features/Design
 Phone: 561-844-4220
 Fax: 561-844-3310
 E-mail:
 tfowler@thealthcouncil.org**

