

NEWS & VIEWS

JUNE

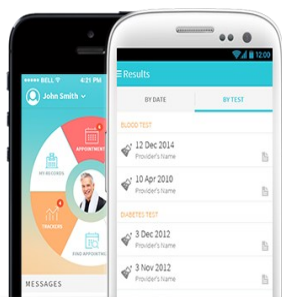


VOLUME 9

ISSUE 06

PATIENT PORTAL

As Open Door continues to meet the needs of those who receive their care from us, we are enhancing our ser-



computer, I Pad, or smart phone. Patients will have access to an after visit summaries, lab re-

accessing this great resource. Be on the look out for information at either the Aurora or Elgin Cen-

INSTANTLY ACCESS YOUR RECORD

Get the latest updates to your health records from your doctor — from lab results to prescription



the Client Advisory Council to provide them access to their medical record. Pa-

tients will have access through a

tients will have access through a

sults, and medication list. We will be offering training on

THE CAC IS LOOKING FOR A FEW GOOD CLIENTS

IF YOU ARE INTERESTED PLEASE CONTACT DEAN B AT dean-bnewsletter@yahoo.com OR CALL EITHER CENTER AND ASK FOR EXT 375 AND LEAVE YOUR INFORMATION OR CONTACT PERRY M. OR A STAFF MEMBER FOR MORE INFORMATION

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CINCO DE MAYO II SPRING FLING

By Mark Schaschwary



On Saturday, May 16, 2015, Open Door's Client Advisory Committee (CAC) held its annual Spring Fling at the First Congregational Church in Geneva, IL. The theme of this year's spring gathering was, Cinco De Mayo II. Although it was nearly 2 weeks late, the CAC wanted to build on the success of previous year's Spring Fling, Cinco de Mayo I, plus, we needed an excuse to have an all you can eat taco buffet.

A total of 42 people attended, including 15 Clients, 24 friends/family members, and 03 Staff. Everyone was given candy and a raffle ticket at the event. The meal included a choice of Chicken or Steak tacos, choice of tortilla, with home-made Spanish or

Puerto Rico Rice, and/or Beans. There was plenty of fruit punch and water on hand to drink> For dessert, everyone helped themselves to as many cupcakes, and slices of cake they could find room for.

The room was festive with decorations, table cloths, and balloons. In addition, each table had chips and salsa, and a platter of candy for everyone to enjoy.

Two lucky clients won a \$20 gift card in the raffle, and the children



had a blast with a hula hoop and dance contest. Every child also was given a chance to whack the piñata, for a share of even more candy! After

several attempts, the piñata broke open without any incident (Nothing worthy of America's Funniest Videos). The DJ



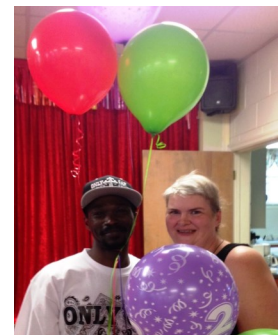
played music of all kinds during the event, and many people danced to the tunes. A special tribute was also played in honor of the late B.B. King.

If you missed the Spring Fling, do not worry. The CAC sponsors many social events throughout the year. Keep reading the newsletters, or watch for fliers the next time you are at the clinic, for information about each event. The next event is the summer picnic, on August 15, 2015. It will be held once again at the First Congregational Church in Geneva. Please RSVP if you wish to attend so



that we can be sure to have enough food and prizes on hand.

A special thank you to the CAC planning committee, the companies who donated food and gift cards, the First Congregational Church, Open Door, and of course, those who attended. These events cannot be successful without you! We hope to see you at one of our Events soon!



SAVE THE DATE
ANNUAL SUMMER PICNIC
AUGUST 15, 2015



MORE INFORMATION TO COME IN FOLLOWING NEWSLETTER ISSUES

KEELY HOCH HAS JOINED OPEN DOOR DO YOU KNOW WHO SHE IS?



Name: Keely Hoch

Title: Special Events & Volunteer Coordinator

What did you do before coming to Open Door?

Worked as a Community Health Assistant in the Community Health Office at Hanover Township, located in Bartlett.

What types of things do you do or would like to do with Open Door? My vision is to grow Open Door's volunteer program to have at least 30 individ-

uals volunteering on a regular basis each month. I would also like to have a healthy database filled with volunteers willing to come out and help Open Door during special events such as the walk/runs we take part in.

Describe your family (define family however you want)? I am an only child, born and raised in the northwest suburbs of Chicago, now living in Streamwood. I live with my parent's, Mike & Sue, with our blind pit mix, Bubba, and our one eyed pug, Gus (my dogs are the sole reason I'll never want to move out) J

What do you enjoy doing in your free time? I love walking my dogs, taking yoga & kickboxing

classes, traveling and enjoying time outside.

Where is the furthest place from home you have ever been? Mexico, for a good friend's destination wedding last May!

What is your favorite food? Mexican food is my favorite! I also love chocolate; I'd consider myself a chocoholic.

What one thing do you want to do that you haven't done yet: Travel to Europe, I would love to do a three month long tour going to as many countries as possible, but I am sure there would never be enough time to see absolutely everything.

Who is the most impactful person in your life or most impactful person on humanity (dead or

alive). My first professional supervisor, Trish Simon, has made the biggest impact in my life thus far. Trish founded the Community Health Office at Hanover Township and was one of the most heartfelt and dedicated people to work for. Trish lost her battle against stage 4 colon cancer in 2012 after a handful of years, but during that time in her life she never let it deterred from her work ethic or passion for life. Trish truly inspired me to chase after my dreams without a thought of hesitation and represents why you should never take a moment in life for granted.

THE CAC HAS A NEW SOCAL ACTIVITIES PROGRAM IN PROGRESS.

WHEN YOU ATTEND AN CAC EVENTS YOU COULD WIN A CHANCE

TO BE A VIP WINNER FOR A VERY

SPECIAL VIP ONLY EVENT



If you did not attend this years ,All Things Chocolate ,you missed out on seeing Phyllis Stephens who surprise d all of us at the event. It was a well kept secret but I know we were all VERY HAPPY to see her.

OPEN DOOR TAKES ON SPRINGFIELD

Bryan Gooding - Member of the Illinois Alliance for Sound AIDS Policy



On May 13th 19 advocates from Open Door joined a group of 150 people from around the state, as they converged on Springfield to respond to the Governors proposed budget cuts. The participants took the time and the day long trip to educate their legislators on how the proposed cuts would effect their lives, and those of their friends and communities.

The governor's budget proposes an across the board 25% or 6 million dollar cut to HIV/AIDS. This cut would jeopardize the Illinois Drug and Premium Assistance programs that provide life saving drug and access to care for people living with HIV/AIDS,, and virtually ending out reach and prevention services for those at risk for HIV.

The governor has also put forth a 1.6 billion dollar cut to Medicaid, cuts in supportive housing, and a drastic reduction in funding for the African American HIV/AIDS Response Fund (AAHRF).

House Bill 1004 was passed while we were there. This bill extends the African American HIV/AIDS Response Fund until July 2026, a great move by our legislature and the Governor is expected to sign it.



But that is only half the battle; we have to make sure it doesn't get passed over in appropri-



ations. Last year AAHRF was funded at 1.5 million but the money was never appropriated. We can not have that kind of oversight again

Advocates met with legislators or their aides to tell them why these programs are important to them and their communities. In addition, advocating for long term revenue solutions to avoid the same fight year after year.

We had many first-time advocates join us this year; they participated in training to assist in

developing their story or pitch. Then it was off to the capitol to do the work; which included tracking down their Representatives or Senators. Advocates were able to meet with elected officials or staffers in offices, in committee, or on the floor. Advocacy works, but it's not only a one day trip, the advocates will be following up with phone calls, letters and visits to home offices. To get involved contact Bryan Gooding at BryanG@opendoorclinic.org



HIV VIRAL LOAD, HIV TREATMENT AND SEXUAL HIV TRANSMISSION

By: TheBody.com

HIV viral load is the amount of HIV (or number of virus) in the bodily fluids of someone living with HIV. It is measured in the blood as part of routine clinical care. A higher viral load is associated with a higher risk of HIV transmission. Research shows that successful HIV treatment can reduce the viral load to "undetectable" levels and this can reduce the risk of HIV transmission. However, HIV transmission may be possible when the viral load is undetectable because there is still virus present in the blood and other bodily fluids. The risk of HIV transmission when taking antiretroviral treatment may increase if sexually transmitted infections (STIs) are present, doses of medications are missed, or drug resistance develops. This risk may also be higher for anal sex than for vaginal sex.

What Is Viral Load and How Is It Affected by HIV Treatment?

HIV viral load is the number of copies of HIV in the bodily fluids of someone living with HIV. It is measured as the number of copies of the virus in one millilitre of fluid (copies/ml). Viral load is measured in the blood and is used to monitor the progression of HIV infection and the success of HIV treatment. It is not commonly measured in other bodily fluids, such as semen, vaginal fluid or rectal fluid.

HIV treatment consists of a combination of at least three drugs that are normally taken daily. The goal of HIV treatment is to reduce the production (also called replication) of HIV, raise levels of CD4 T-cells, and slow disease progression. HIV treatment is also called highly active antiretroviral treatment (HAART) or antiretroviral therapy (ART).

With successful HIV treatment, the viral load can become very low or "undetectable" in the blood and other bodily fluids.

What Is a "Normal" Viral Load?

There is no such thing as a "normal" viral load. The viral load in the bodily fluids can change as a result of several factors, such as the stage of HIV infection and HIV treatment.

During the first few weeks after becoming infected with HIV, the viral load in the blood and other bodily fluids is very high. This stage of HIV infection is known as the acute infection stage and at this time the viral load can reach levels higher than 1 million copies/ml.

The acute HIV infection stage only lasts for a few weeks and then the chronic stage of HIV infection begins. During the chronic stage, the viral load begins to decrease and -- after a few months -- the viral load stabilizes at a lower level.

If HIV treatment is started, the viral load can be reduced to "undetectable" levels in the bodily fluids within a few months. However, if doses of medications are missed or HIV develops resistance to treatment, then the viral load will increase.

What Does It Mean to Have an "Undetectable" Blood Viral Load?

"Undetectable" means that the number of virus in the blood is below the limit that viral load tests can detect. Viral load tests used in Canada cannot detect HIV in the blood if there are less than 40-50 copies/ml. Therefore, an undetectable viral load means the amount of virus in the blood is too low to detect, it does not mean that there is no virus present.

Is the Viral Load in the Blood Associated With a Person's Risk of Transmitting HIV?

Research shows that a lower amount of virus in the blood is usually associated with a lower risk of transmitting HIV to others, and a higher viral load is associated with a higher risk.

The amount of virus in the blood is usually correlated with the viral load in the semen, vaginal fluid, and rectal fluid (the fluids commonly involved in the sexual transmission of HIV). This means that when the viral load in the blood decreases, it generally also decreases in the other fluids.

However, the viral load in the different bodily fluids is never exactly the same. For example, the viral load in the semen, vaginal fluid or rectal fluid can sometimes be higher than the viral load in the blood.

Does HIV Treatment Reduce the Risk of Sexual Transmission of HIV?

Successful antiretroviral treatment can lower the viral load in the blood and other bodily fluids to undetectable levels and this can reduce the risk of sexual HIV transmission.

A randomized controlled study known as HPTN 052 found that HIV treatment reduced the risk of HIV transmission between serodiscordant *heterosexual* couples by 96% (equivalent to a 26-fold reduction in risk). A serodiscordant couple is where one partner is HIV-positive and the other is HIV-negative.

Couples in the HPTN 052 study were mostly *heterosexual*, mostly reported having vaginal sex, and were provided with regular adherence counselling, viral load tests, testing and treatment for sexually transmitted infections (STIs), and prevention counselling and free condoms. Therefore, this study demonstrated the effectiveness of treatment in reducing the risk of HIV transmission through vaginal sex when pills are taken regularly, drug resistance is monitored, and STIs are managed. Antiretroviral treatment may be much less effective than 96% when these

conditions are not met.

No studies have been completed among populations who mostly have anal sex, such as some gay men or other men who have sex with men (MSM). However, a working group meeting hosted by the World Health Organization in 2011 concluded that "there is reason to believe that early initiation of ART for HIV prevention will benefit MSM, transgender women, and others who have anal intercourse, although the **magnitude** of the effect may be different from that observed in serodiscordant heterosexual couples." In other words, HIV treatment reduces the risk of HIV transmission for gay men and other MSM, but it may or may not be as effective as for heterosexual couples in the HPTN 052 study.

There are ongoing studies that are trying to get a better idea of how well HIV treatment can reduce the risk of HIV transmission among gay men and other MSM.

Is HIV Transmission Possible When the Viral Load in the Blood Is Undetectable?

Although the risk of sexual HIV transmission is reduced when the viral load is undetectable, the risk of HIV transmission may not be eliminated.

Many people who have an undetectable viral load in the blood also have an undetectable viral load in other bodily fluids. However, undetectable does not mean that there is no virus, only that the amount of virus is below the limits that tests can detect. Therefore, HIV transmission may still be possible because there is still virus present.

Also, it is possible for people who have an undetectable viral load in the blood to sometimes have detectable (although lowered) levels of virus in their other bodily fluids. A higher level of HIV in the semen, vaginal fluid, and rectal fluid may increase the risk of transmission when the blood viral load is undetectable. However, it is unclear how often this happens and how significant it is in terms of HIV transmission. Research shows it may be more common if a person has an STI, but can also happen in the absence of STIs.

What Is the Risk of HIV Transmission When the Blood Viral Load Is Undetectable?

Although we know having an undetectable blood viral load can greatly reduce the risk of HIV transmission, it is unclear exactly what this risk is reduced to.

In the research conducted so far, there have been no recorded HIV transmissions among *heterosexual* couples where the HIV-positive partner is on treatment and their blood viral load is undetectable. However, this does not mean the risk through condomless sex

is zero. All of the couples studied to date have also reported using condoms often. This makes it difficult to determine the risk of HIV transmission when no condom is used.

Although there have been no studies among gay men and other MSM, there has been one report of HIV transmission occurring between two men when the HIV-positive partner had an undetectable viral load.

Also, the risk of HIV transmission when the viral load is undetectable may not be the same for all types of sex. This risk may be higher for anal sex than for vaginal sex, particularly if the HIV-negative partner is the receptive partner (bottom) during anal sex. This is because receptive anal sex generally carries a higher baseline HIV risk than other types of sex.

There are ongoing studies following serodiscordant heterosexual and same-sex couples who are taking HIV treatment, have an undetectable viral load, and do *not* always use condoms. These studies will provide a better understanding of the risk of HIV transmission when the viral load is undetectable and no condom is used.

What Does This All Mean for People Who Want to Use HIV Treatment to Prevent HIV Transmission?

There are no simple answers on viral load, HIV treatment and their relationship to HIV transmission and prevention. However, there are key messages for those who want to use HIV treatment to reduce their risk of HIV transmission:

Check to make sure the blood viral load is undetectable before starting this approach and get frequent viral load tests to ensure it remains undetectable while using this strategy. It is generally recommended that the viral load be undetectable for 6 months before using this approach.

Take pills exactly as prescribed. Adherence to treatment is critical to keep the viral load undetectable in the blood and prevent the development of drug resistance.

Get tested regularly for STIs (including, syphilis, gonorrhea, chlamydia, and herpes). STIs can increase the risk an HIV-positive person transmits HIV and an HIV-negative person becomes infected with HIV. If either partner has an STI, start treatment immediately and try to avoid condomless sex during this time.

Ask your doctor about vaccinations for hepatitis A, hepatitis B, and human papilloma virus (HPV).

Using other HIV prevention strategies as much as possible -- particularly condoms and lube -- will help reduce the overall risk of HIV transmission.

RSVPs are appreciated: Here's How

There are three ways to RSVP for a CAC event:

Call Aurora Center at 630-264-1819 Ext 375
OR Elgin Center at 847-695-1093 Ext. 375
(All you need to do is leave a message)

OR

You can email your RSVP to deanbnewsletter@yahoo.com

OR

Drop your RSVP in the Communication &
Suggestion Box at either center

When your RSVP, we can ensure there is enough food for everyone.

**ELGIN
CENTER**

1665 LARKIN AVE
ELGIN, IL 60123

PHONE (847) 695-1093
FAX (847) 695-0501

**AURORA
CENTER**

157 S. LINCOLN AVE.
ROOM K
AURORA, IL 60505

PHONE (630) 264-1819
FAX (630) 229-0182

**[www.opendoor
clinic.org](http://www.opendoorclinic.org)**

June 27th is Free HIV Testing Day! Please encourage your friends and family to stop into Open Door the week prior to get tested. Remember, everyone should be tested at least once! Visit www.opendoorclinic.org to see what activities are happening at each Center that week.

Join us as a special guest for the Grand Opening and Ribbon cutting for the Open Door Elgin Health Center from 5-7pm at 1665 Larkin Ave. Please register for this free event online at www.opendoorclinic.org.

IF YOU ARE INTERESTED IN RECEIVING OPEN DOOR'S MONTHLY NEWSLETTER VIA E-MAIL OR HAVE ANY SUGGESTIONS YOU WOULD LIKE TO SEE IN THE NEWSLETTER. PLEASE EMAIL DEAN B AT deanbnewsletter@yahoo.com

J U N E E V E N T S

01 - Substance Use Group (A)
11a - 12p
01 - Latino Support Group (E)
3p - 4p
02 - Positive Support Group (A)
4p - 5p
03 - Positive MH Group (E)
12p - 1:30p
04 - Motivational Incentives
Group (E) 12p - 1p
05 - HIV/AIDS Activity Education
Group (A) 4p - 6p
08 - Health & Wellness Recovery
Group (A) 10a - 12p
08 - Positive Group (E) 1
2p - 1:30p

08 - Latino Support Group (E)
3p - 4p
09 - Positive Support Group (A)
4p - 5p
10 - Latino Support Group (A)
Call for time
11 - Motivational Incentives
Group (E) 12p - 1p
12 - HIV/AIDS Activity Education
Group (A) 4p - 6p
15 - CAC Meeting 5:30p
15 - Health & Wellness Recovery
Group (A) 10a - 12p
15 - Positive MH Group (E)
12p - 1:30p

15 - Latino Support Group (E)
3p - 4p
16 - Positive Support Group
A) 4p - 5p
17 - Motivational Incentives
Group (E) 12p - 1p
17 - Pain Management Group
(E) 12p - 1p
18 - Open Door Grand Open &
Ribbon Cutting (E) 5pm
19 - HIV/AIDS Activity Education
Group (A) 4p - 6p
19 - Positive MH Group (E)
12p - 1:30p
19 - Bingo Night (E) 4p - 6pm
24 - Positive Support Group
(A) 4p - 5p

25 - Latino Support Group
(A) Call for time
25 - Motivational Incentives
Group (E) 12p - 1p
26 - HIV/AIDS Activity Education
Group (A) 4p - 6p
27 - Free HIV Testing Day

(A) Aurora Center
157 S. Lincoln Ave STE K
Aurora, IL 60505
(E) Elgin Center
1665 Larkin Ave. Elgin, IL 60123
(G) First Congregational Church
321 Hamilton Geneva IL 60134