



HIV/AIDS Experts Call For Access To Early Treatment

On July 19, 2015, AIDS researchers at the International AIDS Society conference in Vancouver, British Columbia, released a call to action for a worldwide shift in HIV treatment, to providing medication immediately after diagnosis instead of first watching for signs of illness to appear.



The Vancouver Consensus

In 1996 the global HIV community gathered in Vancouver to share evidence that triple-combination antiretroviral treatment held the power to stem the tide of deaths from AIDS. The treatment era had begun. Today, as we gather again in Vancouver, we recognize a new transformative moment in the fight to end AIDS.

Building on knowledge accumulated over the last decade, the START trial has released its first results, showing that rather than waiting for immune deterioration, immediate antiretroviral (ARV) treatment more than doubles an individual's prospects of staying healthy and surviving. Offering immediate ARV access is further supported by studies showing antiretrovirals can prevent transmission from people living with HIV to their negative partners. And data shows ARVs can effectively protect people at risk of infection through prophylactic use.

Medical evidence is clear: All people living with HIV must have access to antiretroviral treatment upon diagnosis. Barriers to access in law, policy, and bias must be confronted and dismantled. And as part of a combination prevention effort, PrEP must be made available to protect those at high risk of acquiring HIV. The strategic use of ARVs – through treatment and other preventive uses – can save countless millions of lives and move us vastly closer to our goal of ending the epidemic. A new era of opportunity against this epidemic has dawned, and we must seize it.

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The 19th annual Sierra Aids Walk

is coming up on Saturday, September 19, 2015 at Calaveras Big Trees State Park.

But the fun starts now! The idea is to get the people who care about YOU to support you in supporting US! The first step is to register, and now you can even create your own profile page so that your friends can donate and support you online.

Register online from the link on our website:

www.sierrahope.org

or you can get to the Sierra AIDS Walk site directly at

www.sierraaidswalk.dojiggy.com

If you don't want to use the online service, you can still request a paper pledge sheet and information packet. Contact us by telephone at (209) 736-6792 or send an email to aidswalk@sierrahope.org.

- Form a team online and create your own team page. Walk in honor of someone, or walk to support a great organization.
- You can email, Facebook or Twitter your friends and family for their support. Your efforts will help expand Sierra HOPE's visibility and support the important work we do.

We will be there to cheer you on.

Sign up Now!!!



Is California drought to blame for spread of West Nile virus?

SOURCE: WWW.CADROUGHT.COM

JULY 16, 2015 BY [SOPHIE MATTSON](#)

Laura Jaramillo woke up one morning in the summer of 2005 and sensed something was horribly wrong. After going to the hospital, she fell into a coma and spent six weeks fighting for her life — waking up to find her right side paralyzed.

Doctors were baffled until they discovered the culprit — the West Nile virus.

“I had to learn how to eat, walk and talk all over again,” said Jaramillo, 69, of Oakley. “But I was just glad to be alive.”

Thirty-one Californians last year weren’t as fortunate. They succumbed to West Nile infection in one of the worst outbreaks the Golden State has seen in years. More than 800 state residents were infected.

Many scientists suspect that the state’s historic drought is making matters worse because it’s bringing mosquitoes and birds into closer contact at fewer watering holes. And the initial data this year seems to support that theory.

Health officials haven’t reported any infections in California yet this year. But as the West Nile season begins, summer temperatures rise and the 4-year-old drought drags on, the virus has now been detected in birds in 31 California counties — six more than were reported at this point last year. “There will be a lot of infections and people are going to be exposed to mosquitoes,” said Fenyong Liu, a professor in UC Berkeley’s School of Public Health.

The West Nile virus originated in Africa and was first detected in the United States in 1999. Mosquitoes carry the virus and transmit it to humans and animals, mostly birds.

Statewide, 152 dead birds and 348 mosquito samples have tested positive for the virus so far this year. At this time last year, 393 dead birds and 330 mosquito samples tested positive.

Santa Clara County has the second-highest number of dead birds that tested positive for the virus in California — 23 as of Friday. . Alameda, San Mateo, Solano, Sonoma and Marin counties also have reported West Nile virus activity. Santa Clara County Vector Control recently discovered the county’s first mosquitoes infected with West Nile in parts of Palo Alto and Mountain View.

The majority of people infected with West Nile are asymptomatic, but about 1 in 5 will have fevers, body pain, headaches, rashes, vomiting and diarrhea, according to the U.S. Centers for Disease Control and Prevention.

There are no medications to treat or prevent West Nile, but bug spray and protective clothing will reduce the risk of infection.

Jaramillo isn’t sure if she was infected at home in Contra Costa County or while visiting family in Modesto. She was among the less than 1 percent of West Nile patients who develop encephalitis or meningitis, in which the brain or its surrounding tissues become inflamed. About 10 percent of these individuals die.

Today, Jaramillo has regained about 80 percent of the use of her right side, but her arm is still partially paralyzed.

Warm temperatures make mosquitoes more likely to carry and spread West Nile virus, according to Megan Caldwell, a public health education and outreach officer for the San Mateo County Mosquito and Vector Control District.

“The weather has been quite cool up until recently, and now that the weather is getting warmer we might see some more activity,” said Erika Castillo, an environmental specialist for the Alameda County Mosquito Abatement District.

But John Swartzberg, clinical professor emeritus at the UC Berkeley School of Public Health, said it’s too early to make assumptions about the virus spreading this summer because the peak of the West Nile season begins in July and lasts until September. However, he agreed that hot weather increases the spread of diseases transmitted by insects — and that global warming trends make the situation worse.

“The thing that worries public health officials about climate change is the fact that we are having longer periods of sufficiently higher temperatures that can sustain mosquito breeding,” Swartzberg said.

Whether California’s drought is helping or hurting is a subject of serious debate among scientists, mosquito experts and health officials.

“The lack of water can cause some sources of water to stagnate, thus making the water sources more attractive for mosquitoes to lay eggs,” said Gil Chavez, deputy director of the California Department of Public Health.

Liu agreed, but he noted that there’s also a possibility the state’s tough new water restrictions will result in the mosquito population being smaller this year. That’s because less water use outside may lead to fewer pools of stagnant water to attract mosquitoes, Liu said.

Jan Washburn, interim general manager of the Alameda County Mosquito Abatement District, said he

does not believe there is a direct connection between levels of rainfall and virus activity.

“While rainfall has been lower, it may mean that people are watering their lawns and using more domestic water to water their lawns — and there’s a lot of runoff. So catch basins would have more water than they usually would,” Washburn said. “The catch basins can provide mosquitoes with water that they didn’t have before.”

Jaramillo, meanwhile, hasn’t focused on the debate. Instead, she said, she’s working to raise awareness about the disease by speaking at senior centers about her experience and advising people to apply bug spray and cover their skin when they go outside.

“It was an experience I don’t want anyone to go through,” Jaramillo said. “If it wasn’t for my family and the strength I got from them, I don’t think I would’ve made it.”

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Vancouver Consensus

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This science accompanies achievement of a goal once widely considered unrealizable: 15 million people worldwide are receiving antiretroviral treatment and eight million deaths have been averted since 2000 by global activism, political will, and science. It is time to reach the 60 percent of people living with HIV who are not accessing treatment, including 19 million who do not yet know their status. We must ensure that the decision to use ARVs is an individual choice and that all people, regardless of social or legal status, race, gender or geography must have access to effective treatment and prevention. Knowing medicine cannot work in isolation and ARVs alone cannot end AIDS, a comprehensive, community-driven response attentive to underserved groups is urgent.

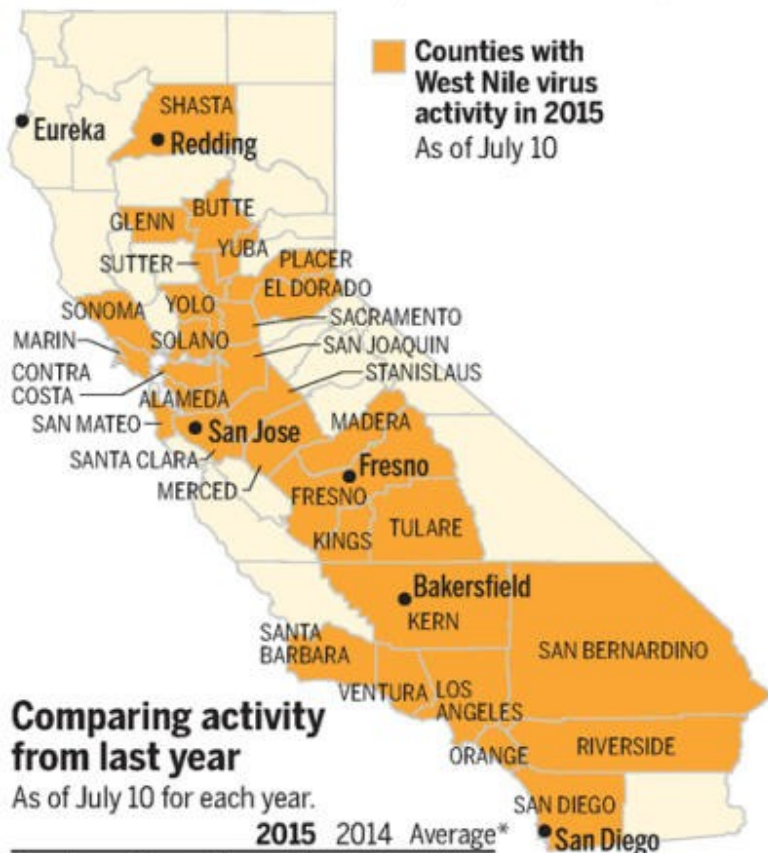
The world must act rapidly to drive down HIV incidence, death, and long term costs. Yet we are gravely concerned that the global AIDS response is under-resourced and that treatment rationing is too common. Only 10 countries have formally adopted the option for people diagnosed with HIV to start treatment immediately. Many have not fully implemented WHO guidelines to start at CD4 500, years after that recommendation. Further delays threaten not only millions of lives but threaten a resurgence of this pandemic.

We call on leaders the world over to implement HIV science and commit to providing access to immediate HIV treatment to all people living with HIV. We call on donors and governments to use existing resources for maximum impact and to mobilize sufficient resources globally to support ARV access for all, UN 90/90/90 goals for testing, treatment and adherence, and a comprehensive HIV response. We call on clinicians to build models of care that move beyond the clinic to reach all who want and need ARVs. We call on civil society to mobilize in support of immediate rights-based access to treatment for all.

Science has delivered solutions. The question for the world is: When will we put it into practice?

West Nile virus season begins

California health officials haven’t yet reported any West Nile virus infections of humans this year. But as the West Nile season begins, summer temperatures rise and the historic drought drags on, the virus has now been detected in dead birds in 31 California counties — six more than were reported at this time last year.



Comparing activity from last year

As of July 10 for each year.

	2015	2014	Average*
Number of counties	31	25	20
Human cases	0	5	1
Dead birds	152	393	181
Mosquito samples	348	330	218

Source: California Department of Public Health BAY AREA NEWS GROUP *Past 5 years



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NEW STUDIES SHOW MOMENTUM IN HIV CURE RESEARCH, DRIVEN BY NEW TOOLS AND APPROACHES

Vancouver, British Columbia, Canada (21 July 2015) – New research into cure strategies for HIV infection, generally considered unachievable just a few years ago, was discussed in an official press briefing today at the 8 th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015) in Vancouver.

“Increasingly sophisticated insights into the virus, its progression and the body’s response to HIV are helping to narrow and concentrate the focus of the HIV cure research agenda,” said Nobel Laureate and former IAS President Françoise Barré-Sinoussi of the Pasteur Institute. “Today, we now know to focus our efforts on developing better tools to measure HIV infection, boosting immune responses to HIV and understanding what individual cases of HIV remission can teach us about more broadly applicable strategies for the long-term control of HIV infection.” Throughout the IAS 2015 conference programme, researchers have noted that similar scientific pathways may bring us to both a vaccine and a way to achieve long-term remission of HIV. A number of studies have begun to produce mutually reinforcing discoveries. Studies featured in the briefing include:

Case of a perinatally HIV-infected adolescent in long-term remission many years after ART discontinuation: Researchers reported the case of a perinatally HIV-infected adolescent who shows unprecedented virological remission more than 12 years after discontinuing antiretroviral therapy. The child was born to a mother with a high viral load. Following discontinuation of prophylactic treatment, the child was found to be HIV-infected and had a very high viral load. She was treated with a four-drug ART regimen and her infection was well controlled until approximately age 6, when her family took her off therapy. After 12 years of control off therapy, this individual’s HIV-RNA remains below 4 copies/ml. Asier Saez-Cirion of the Pasteur Institute presented this case as the first evidence that long-term HIV remission is possible in a perinatally infected child who received early treatment. While these data are compelling, the field continues to look for ways to translate individual cases of long-term remission into research that is applicable to a broader population.

First-time findings on the potential role of gene therapy in the search for a cure: Little has been known about whether the approach of gene editing in stem cells would be feasible in large animal models. Christopher Peterson of the Fred Hutchinson Cancer Research Center explained how he and his team deployed Zinc Finger Nuclease genome editing techniques to edit the CCR5 “Trojan horse” receptor that HIV uses to infect the immune system’s vital CD4 cells. The ground-breaking study is the first successful long-term multi-lineage engraftment of Zinc Finger Nuclease-edited, CCR5-deleted hematopoietic stem cells in a non-human primate transplantation model. This model enables the evaluation of novel therapeutic approaches not only in the context of acute HIV exposure, but also in the clinically relevant setting of preexisting latent HIV infection.

Promise of broadly neutralizing antibodies in developing both a vaccine and a cure for HIV: John Mascola of the U.S. National Institutes of Health provided an overview of his latest research on broadly neutralizing antibodies. In his study, the HIV-1 monoclonal antibody was administered to eight HIV-1 infected subjects with detectable plasma viremia, and plasma viral load was followed for 90 days. After a single antibody infusion, plasma viral load decreased by approximately 10 to 50 fold in six of eight subjects, with maximal effects seen between one and two weeks after infusion. The two subjects with minimal response to the antibody infusion had circulating virus that was resistant to the VRC01 antibody. This study provides evidence that an HIV-1 neutralizing antibody can lower plasma viremia and that the effect may be associated with pre-existing viral sensitivity to the antibody.

Our Mission:
 To instill hope, foster knowledge, encourage sensitivity, and provide support in our communities for HIV/AIDS, other chronic diseases and related social issues.

We Value:
 Confidentiality, Compassion, Commitment, Dignity, Diversity, Integrity, Knowledge, Leadership and Professionalism

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