

The WIHS Woman

The Connie Wofsy Women's HIV Study



WIHS II

by Nancy Hessel, WIHS Project Director

As we continue into the second funding cycle of the WIHS (WIHS II), several important changes are underway. Here is a brief description of what we have planned.

Starting this past summer we are asking all women in the WIHS to sign a new consent form for their renewed participation in this study.

Beginning October 1, 1998, all women will get a visit-9 study interview and examination using updated study procedures. We have removed some questions and added others to keep up with the research goals of the study. Women will be scheduled for their visit-9 follow-up during the six month period from 10/1/98-3/31/99. Each woman has up to 10 weeks during this period to successfully complete her visit-9 interview, exam, and blood draw. If a participant does not have her study visit during that 10-week interval, then she will need to wait another six months until she

is due again. The visit 10 follow-up begins April 1, 1999, and ends September 30, 1999.

Many of you know that the WIHS substudies come and go. Some of them, like the Women's Interview Study, are only a one-time event. Others, like the dental study, have follow-up visits every six months. One substudy that has ended is the DATRI study. We will try to keep you posted as to when new studies begin and existing studies end by writing updates for you in the WIHS Woman Newsletter. We will also let you know the research findings from these studies through WIHS Woman Newsletter articles and community educational forums.

You, the participants, have been very loyal and respond to changes in the WIHS with great ease and confidence. All of the WIHS project staff really appreciate your continued participation and your excellent ability to change with us.

Thank you very much and we look forward to seeing all of you at visit-9!



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CAB CORNER

Downing, Community Liaison

by Moher

Your CAB has been working hard since the last issue of the WIHS Woman Newsletter. On Thursday, September 17, WIHS and WORLD co-sponsored an Update from the 12th International AIDS Conference that was held in Geneva in July. We were fortunate to be able to hold this event in WORLD's brand new offices in downtown Oakland. This was their first party in their new space and it was a great success.

As usual, the WIHS provided a large feast that was enjoyed in the living room-like setting of WORLD. Women ate, networked, caught up with old friends, and relaxed for the first hour of the event. Then we moved into the large WORLD meeting room to hear the speakers.

There were eight speakers who had attended the AIDS Conference and they gave us their impressions of the high points and the low points of the conference. The sheer size of the conference facilities made it very hard for people with HIV to get around without feeling totally exhausted. Many of the people were housed in hotels at least one to two hours away from Geneva.

The optimism that surrounded the last International AIDS Conference in 1996 (when we first started to hear all the good news about the new treatments) were not present at this conference. People with HIV on the new drugs are doing better but the adherence problems and the long-term side effects associated with them have not been resolved. One speaker characterized Geneva "as a

therapies are not available to most of the rest of the world where the epidemic is raging out of control. Places like Africa, Thailand, India, and Central, and South America don't have the resources to provide these very expensive drugs. The speakers talked about their anger at the large pharmaceutical companies that are making millions of dollars from the wealthy countries in the West and not providing them at lower rates to the poorer nations. The next International AIDS Conference will be in Durban, South Africa, in the year 2000.

Watch this newsletter for information about the next WIHS CAB event. Also, check out the new WORLD headquarters at 414 13th Street, 1/2 block east of Broadway and 1/2 block from the 12th Street BART station. Drop in anytime between 10 AM and 5 PM to use the client computer and read more about the International AIDS Conference. Abstracts (short descriptions) from the more than 6000+ presentations are available on-line.

CHANGES IN THE CAB

Your CAB is undergoing some changes. Instead of meeting once a month, we will be hosting more educational and informational events. We will hold CAB meetings to plan these events but have stopped having monthly meetings. We decided to do this because we were having a hard time getting you to come to our monthly meetings. In addition, the same women were coming over and over again and were getting burned out. We are excited about our new format and hope it will meet your needs better. If you have any special ideas about topics, please call me at 415-597-4654 or fill out a feedback form at your next study visit and give it to one of the staff. We also encourage you to use those forms anytime you have something

reality check".
Another major issue is the fact that these

you want to tell us about the study. **WE WANT
TO HEAR FROM YOU. YOUR VIEWS ARE
IMPORTANT TO US!**

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COMPLIANCE

By Dr. Margaret Chesney

Compliance is the degree to which a patient follows a particular treatment regimen. The word adherence is another term for compliance.

With today's many complex multidrug regimens it is important that a patient adhere to the treatment regimens to obtain the full benefits of therapy, maintaining suppression of viral replication, and preventing the development of drug resistance.

Reasons for Poor Compliance / Adherence

Scientists at the Center for AIDS Prevention Studies (CAPS) and Center For AIDS Research (CFAR), have been studying adherence to antiviral medications through a program known as Partnership in AIDS Clinical Trials (PACT). PACT studied drug compliance in patients enrolled in the various AIDS Clinical Trials Group (ACTG) protocols of multidrug antiretroviral therapies. By interviewing participants in the clinical trials researchers found out that half of those enrolled in the study were skipping their antiretroviral medication. Interviews with participants who were prescribed antiretroviral drugs and enrolled in clinical trials indicated that half of the participants were skipping their doses of antiretrovirals. The four most common reasons were: forgetfulness, a change in daily routine, being busy with other things, and being away from home.

Other reasons for a patient's non-compliance were:

- The stress of living with HIV

- Use of alcohol and recreational drugs
- Difficult dosing regimens – number of times/ day, diet restrictions
- Poor communication between primary care provider and patient
- Number of medications
- Special storage requirements (what if you do not have a refrigerator?)

Adherence is a Skill That can be Learned

The following is a list of specific tasks that a patient should learn to get good treatment compliance:

- ***Understanding the Medication***
 - *Learn the names and colors of your medications*
 - *Familiarize yourself with the times you are suppose to take these medications*
 - *Become familiar with special restrictions a medication may require*
- ***Give the new drug a chance – try not to get frustrated with the drug regimen***
 - *Try to maintain a positive attitude when learning a new drug regimen*
- ***Try to remember the medications***
 - *Keep a daily diary or a personal journal*
 - *Use a calendar and mark with a symbol (match the color of the drug)*
- ***Try to fit the drug regimen into your daily routine***
 - *Routine events in your life can be used as a 'trigger' to take your medication*
 - *For example, going to the bathroom*

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*when you get up in the morning,
watching a particular television show,
brushing your hair in the morning, etc.*

- **Try to be flexible – the treatment of HIV infection is constantly changing and improving.**

Summary

Compliance with therapy has always been an issue in HIV treatment and with the multi-drug regimes (such as protease inhibitors); compliance or adherence has become a very important issue for both patient and health care provider. More research is being done to

find specific factors that can help a patient become more adherent. Talk to your healthcare provider, work closely with them to try to achieve high levels of compliance, prevent the development of drug resistance, and to obtain optimal benefits from these new drug treatments - thereby improving the quality of your life. "

**This article has been edited to address the issues of adherence or compliance for the patient.*

References: Chesney MA. Compliance: how can you help. HIV Newsline June 1997:67-72.

Chesney MA. Strategies to establish and maintain optimal adherence. HIV Newsline June 1997:65-66.

The WIHS Anal HPV Study by Dr. Joel Palefsky

Most of you know that women, whether HIV+ or HIV-, are at risk of cervical cancer. You also know that the reason we do a Pap smear of the cervix is to detect tissue abnormalities known as squamous intraepithelial lesions (SIL), which can sometimes progress to invasive cancer if they remain untreated.

We also know that women are at risk of anal cancer, which is similar in many ways to cervical cancer, but is less common. When the HIV epidemic began, we did some studies of HIV+ gay men for SIL in the anus, and found that it was very common in that group. We also found that almost all (93%) of HIV+ gay men had human papillomavirus (HPV) infection of the anus, the same virus that causes SIL and cancer of the cervix in women. Since SIL and HPV infection were so common in the anus in HIV+ gay men, we decided that it was important to do the same

in the cervix.

Many of you WIHS women are participants in our "butt study". As you know, we do the same kinds of test in the anus as we do in the cervix, namely a Pap test (we call them "tushpaps") and a test for HPV. Whenever we find an abnormal "tushpap", we ask you to see Naomi Jay, our nurse and colposcopist, so that she can perform an anoscopy and sample the tissue to provide the most accurate diagnosis possible.

So what have we learned so far? Well, like the men, a high proportion (more than half) of the HIV+ women had HPV infection of the anus. Overall we found that 22% of the "tushpaps" were abnormal at the first visit and HIV+ women are more likely to have an abnormal "tushpap" than HIV- women. Although most of the abnormal "tushpaps" were low grade, we did diagnosed high grade anal SIL in several of the women. In our

study in women, especially since we know
that HIV+ women are at high risk of having
HPV infection and SIL

opinion, anal high

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grade SIL should be treated to prevent anal cancer, just like we treat cervical SIL to prevent cervical cancer.

So, what's the "bottom" line? We have much more to learn about HPV infection and anal SIL in women. We need to know how HPV infection and SIL progress over time. We need to know how often a woman will develop high grade SIL, which normally needs to be treated. We need to know how HPV infection and SIL of the anus affects HPV infection and SIL of the cervix, and vice-versa. And in the end, we thank you for your contributions to the study- you really are pioneers- and we urge you to stay in the study so that we can answer these questions and more. And that's the truth- no ifs, ands or "butts"!



HERE'S WHAT YOU HAD TO SAY

Comments from the Clients

Once again we are pleased to bring you the feedback that we have gotten from all of you about the study over the last few months. This is what you had to say about the study. None of your words have been changed. Can you find your quote?

- 1. The questions are more refined and relevant to issues of concern. This allows clarity for me so I can answer correctly.*
- 2. I think the offer of a drink and food is very considerate, especially where certain medicines (Crixivan) require accompanying food intake.*
- 3. As part of the WIHS newsletter, how about*

- 1. Can we have a get-together? I'd like to meet some of the other WIHS study people and staff.*

The study I come to helps me a whole lot. I learn more about my condition. I am very pleased for this study.

I think everyone that I've met or been seen by are the most terrific group of people I've ever met. Thank you..." P"

I always look forward to the women's study because afterwards it makes me feel so much better. They ask questions and seem to really care. They always let you know up front what's going on. Afterwards you can be sure that they

definitions of some of the HIV illnesses that's asked in the questionnaire?

covered all bases and you will be given then best information they can give you about your health. The money helps, but not as much as knowing your HIV

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status is coming along fine. I have been here since the beginning and I look forward to coming back every 6 months. Thank you..."RM"

Mrs. HL is my name. I'm with the study for women and have been in it for 4 years and think that it's great. All they need is to provide lunch for those that come after 9:00 AM. Thank you.

My opinion about the WIHS program is great. I just love Rochelle and Debbie. Since I've been involved in this study, I have learned a lot about my health. Continue the good work. Love...SH

The study as been OK for me. The thing I need to know in my life...LW

I would like to say that this is my sixth visit and each time I've never stressed or felt down when I was leaving. Everyone is great especially Marquita and Jill. Thanks and keep up the good work.

I think the study is great. I am a participant and I feel very comfortable and welcomed whenever I go for my follow-up visits. OS

Since I've been participating in the WIHS I have been treated with kindness and respect. I like the staff and I assume the staff cares about me or I would not be involved. Everything is beautiful in it's own way (smile). Be kind to others. It always comes back somehow, someway. AC

I would like to commend the study on a good job. They are loving. They make me feel very comfortable about coming and talking.

Since I've been in the study, they give you first hand information; they make me very comfortable with all my questions. They make me more informed in all ways.

Well, personally I like all of them. They each treat you the same. You can talk to them about anything.

They give you nice gifts. They call you and remind you of your appointments. You can't get no better than that. Love "R"

It's always a pleasant experience to come here. I always, too, am very thankful that there is such a study, and to work with the staff. YES!

I think that the interview is very nice the way it is.

I haven't had any negative experiences with the WIHS study. I think everyone is very polite, kind and loving. Thank you DM

Have received great care and information from this study. Staff have been very courteous. However there should be a sign on the door between rooms to knock and wait for someone to open. Do not open door until told to do so. Or lock it.

I have always had a good experience with the study. The workers are very nice.

Comment: "I really enjoy coming to the visits--no kidding, come on, I come up from Monterey and the staff is always friendly. Just one complaint: let's make the questionnaires a little more shorter, OK? Thanks! Peace! Love ya!"

Comment: Please keep the prior or should I say "present" staff that you have already. They are very wonderful and courteous. Thank you..."YY"

The Women's Study is great and the people who work with us are very nice, considerate, and I appreciate them very much. "PM"

I feel that the WIHS study could be improved by developing more studies. These studies are very simple. I feel by participating I might help save someone's life.

This study has helped me see a big picture of life.

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I have found problems that I wouldn't have let my doctor do the exams needed. It makes me feel good to know I'm helping people and myself also the \$\$ helps. Thank you for helping women! "KL"

She is a good woman to me and I will give my life. "YC"

Dear Woman Study, So far since I've been in the Women's Study, it has helped my health a lot. So far I didn't experience nothing I didn't like about the Women's Study. Love always...C

I enjoy coming to the Women's Study. I get to talk about what's going on and see people that I've come to like very much. They are nice and understanding, warm, caring people. I also get to keep up on what's happening with me and the community. Love it...DS

I like the study but the paper work is too long but everybody is so nice here and I like the study and the people here, keep them here.

Everything is OK. Friendly staff.

The one thing that I would like to say is that since I've been in the WIHS study I have no complaints; if anything I am grateful to Donna, Maribel, and Debra Walter. Also Jill. I know more about my paps then I ever knew. The study keeps me informed with what's going on. Praise God, and keep up the good work..."GP"

Yes, I really enjoy doing the WIHS study. I think Donna is a wonderful interviewer. Thank you very much.

I think the entire staff is great, but most of all Deborah, the nurse practitioner, she is very caring, devoted, and most importantly, she is committed to my health and my state of mind. She did a pelvic exam and diagnosed that I had fibroids. This helps me to understand the results of each study. My

first to my fourth visit she made it clear to me to get treatment. Needless to say I had the surgery, now I feel great and I lost 25 lbs. I call her everytime I have questions and she is always there for me. The program is very lucky to have her. Most of all I'm very lucky that she cares about me. I consider her a good friend. "LTC"

The Women's Study. I don't have anything to share right at this time. It's OK as far as I'm concerned.

I thank God for the women with the WIHS. They are very nice and treat you like family. Thank you all.

What I like most about you is you give me money and have wonderful personalities. You make me smile although I don't have any teeth and you're just wonderful people. I like everything about you guys!

I believe they are doing any excellent job, very professional and at the same time committed and caring. During my last visit, I had taken general medications and forgot to eat lunch. Well, needless to say, after taking my blood I felt woozy and passed out. They handled the situation in a very professional manner and helped to revive me with concern, patience and in a very professional manner. I was given lunch. I won't forget to eat lunch again. My many thanks to the professionals at WIHS. Thank you..."LC"

This morning after doing my 6-month WIHS study check up, I thought of a suggestion for the form answering the first part. To speed up this process and to save up paper and time to review by staff to put the questions into 2 categories: 1 set for women (young--17 years--44 years) and 1 set for women (older--44 years and up). Each group has different health situations--past, present, future, and menopause. This is really a thought. The staff is wonderful and the money

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and gifts are appreciated!

The study is really good. I would like for the study to report whatever they find to the doctors of the patients. I find that dealing with the study so much better than the actual doctor's visit. They really check and examine you and I have been very well satisfied. I can't think of anything that could be added to what they already do. I would like though to know what the study thinks of our medical state. That would give us more confidence if we were doing well. What I mean is like when we first start with the study, am I getting better or worse. I know what my doctor tells me, but it will make it better to hear it from another source. "

New Viral Load Assays by Dr. Meg Newman

A new assay is being used to evaluate the viral load (VL) of WIHS study participants. The older assay could measure levels of HIV in the blood to a level of 1000 copies per/ml of blood. The new assay can detect even lower levels of virus in the plasma and can detect as little as 50-copy per/ml of blood.

Most women who have had less than 1000 copies per/ml of blood for a year or more than a year are likely to be below 50 copies per/ml of blood on the new assay. What does it mean if your viral load is now detectable, that is below 50 copies per/ml?

We had the opportunity to discuss the new assays with two of our local experts, Dr. Jay Levy (a world famous virologist) and Dr. Paul Volberding (the Director of the AIDS Program at San Francisco General Hospital). We will share their thoughts as well as our own. The most important thing that everyone agrees on is not to become alarmed if your VL is now detectable between 50-1000 copies per/ml of blood. Both Dr. Volberding and Dr. Levy agree that every patient needs to be looked at individually and the following questions need to be asked before

count? If the patient isn't doing well clinically or the CD4 count is dramatically declining, then a change in therapy should be offered.

Even if a patient is doing clinically well and she has not yet taken antiretroviral medications, Dr. Volberding would consider intensifying therapy to get the viral load to less than 50-copy per/ml of blood. He does acknowledge that it is unclear whether being below 50 or between 50-1000 will make a huge difference. He believes that we need studies to help us answer these questions. Dr. Volberding stressed how important it is to focus on how the woman feels clinically and to always weigh issues of drug side effects, tolerability, and quality of life when making decisions about adding or changing therapies.

We know from studies looking at how people do with different viral loads that many people feel well and remain healthy if their viral loads stay at less than 10,000 -20,000 copies per/ml. Dr. Levy feels strongly that many people can do quite well at viral loads up to 20,000-30,000. Most recently he published a paper in the medical journal

any consideration of changing therapy occurs. How is the patient feeling clinically, and what is happening to their CD4

Lancet encouraging people not to start antiretroviral treatment until CD4 counts are less than 400 and the viral load is near 30,000. He stresses that the

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immune system can handle this level of virus and continue to have a positive immune response. The exception he makes is for the patient who is very recently infected with HIV (within hours to about 2 months of HIV infection) he would start treatment immediately to preserve some of the natural immune function, especially cytotoxic lymphocytes that can fight HIV.

Knowing what you now know about Dr. Levy's opinions, it is not surprising to find that he thinks being between 50-1000 copies is clearly not a problem and he would not intensify therapy to get the viral load below 50 copies per/ml. He believes that having some low levels of virus may be a positive element for the immune system and may prompt the immune system to continue to have a productive response against the HIV.

Key Things to Remember

- Even though the new assay is being used and even if you are now detectable you don't necessarily need to intensify or change therapy.
- I think it is important for you to discuss your results with your provider so the two of you can make a plan that best suits your individual needs.



For more information on
the WIHS project



Visit the WIHS
Website at

<http://statepi.jhsph.edu/wihs>



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WIHS Clinically Relevant Lab Tests by Dr. Herminia Palacio, MD

Diagnostic Tests

Laboratory Test	Measurement	Abnormal	Meaning of Results
Wet Prep and KOH	tests for vaginal bacteriosis, vaginal trichomonal infection, and vaginal yeast infection	positive	you have vaginal bacteriosis, trichomonas, or vaginal yeast infection
Cervical PAP	tests for abnormal cells in your cervix	(ASCUS), LGSIL, HGSIL:	(unclear meaning) abnormal cells which if untreated, may become cervical cancer over time
Urine analysis*	tests to see if you have any evidence of bladder or kidney infection or any chemical abnormalities with your urine	positive for WBC, bacteria positive for glucose	may mean bladder or kidney infection may mean Diabetes
Urine culture (and sensitivity)^	tests your urine for bladder or kidney infection	positive	tells us what bacteria is in your urine, (and which antibiotics would work to cure you)
Urine pregnancy^	tests to see if you are pregnant	positive	you are pregnant
Tuberculosis skin testing (PPD)*	tests to see if you have been exposed to the bacteria that causes TB	positive	you have been infected with the bacteria that can cause TB at some time in the past (and should be checked to make sure you do not have active TB infection/illness)
Anergy skin testing (mumps tetanus, candida)*	tests to see if you have a positive skin test to things you were probably exposed to	negative	we used to think this helped clinicians interpret the TB test better.. as we learn more, we think this test is probably not that useful clinically

Key:

* = test done only once a year

^ = test done if you have symptoms indicating a need for the test



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Web Sites on HIV and AIDS Related Information

Please see listing on [pages 12-15](#) of public libraries that have public access to the internet.

The Body: A Multimedia AIDS and HIV Information Resource

<http://www.thebody.com/cgi-bin/wihs/body.cgi>

The body covers a variety of topics, using lay-person language. Topics include AIDS: The Basics, Treatment, Conferences, Quality of Life, Government, Helping and Getting Help; Visitors to the site can also create and share their own memorials to family friends, and colleagues.

Critical Path AIDS Project

<http://www.critpath.org/>

Founded by persons with AIDS (PWAs) to provide access to treatment, resource, prevention and referral information in wide ranging levels of detail, CritPath helps individuals and their health care providers to make informed treatment decisions.

HIV InSite

<http://hivinsite.ucsf.edu/>

A unique website created by researchers at the University of California San Francisco, HIV InSite provides comprehensive, accurate and current information on HIV disease. The site is divided into Medical, Social Issues, Prevention, and More Resources, and offers in-depth information to users with a wide range of backgrounds.

The Center for Disease Control, Division of HIV/AIDS Prevention Site

http://www.cdc.gov/nchstp/hiv_aids/dhap.htm

This site provides well organized and understandable information on statistics, funding opportunities, media/campaigns, and training, as well as links to published resources, and slides/graphics to aid in presentation of information on the epidemic.

HIV InfoWeb

<http://www.infoweb.org>

A service of Justice Resource Information, this site allows users to search for agencies and organizations in New England, and to obtain treatment information in lay persons language. All treatment newsletters have been broken down into individual articles to enable more efficient searches, and InfoWeb collects postings from 20 email lists in order to post thousands of up-to-date articles and panel discussions on relevant topics.

Healthfinder

<http://www.healthfinder.gov/>

A gateway site to help consumers find health and human services information quickly. This site includes links to more than 1,250 Web sites, including more than 250 federal sites and 1,000 state, local, non-profit, university and other consumer health resources. This site is not focussed on HIV/AIDS, but does contain many links to HIV/AIDS resources.

Medline

<http://www.nlm.nih.gov/>

This is a collection of published medical information coordinated by the National Library of Medicine. Medline is valuable for

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for those seeking more specific information about health conditions, research, and treatment.

JAMA AIDS Information Center

<http://www.ama-assn.org/special/hiv/hivhome.htm>

This site provides access to the Journal of American Medicine libraries, a news line, glossary, ethics updates, conference coverage, patient support groups, information and advice, and more.

DCAL - World Wide Web Resources

<http://www.libraries.wayne.edu/dcal/wwwres.html>

ACTIS

<http://www.actis.org>

The AIDS Clinical Trials Information Service (ACTIS) provides current information on federally funded and privately sponsored clinical trials for persons with AIDS and HIV infection. ACTIS English and Spanish speaking health information specialists provide information on the purpose of each study, whether or not a study is open to enrollment, study locations, eligibility requirements and exclusion criteria, names and telephone numbers of contact persons and drugs being studied.

Johns Hopkins AIDS Service

<http://www.hopkins-aids.edu/>

Another new site, the Johns Hopkins AIDS Service offers information on Treatment, Epidemiology, Resources and Education (with much more to be available soon). It also provides a calendar of many of the

Public Libraries With Public Access to the Internet

Word of caution: Please call to make an appointment to use the library's public computers. Due to heavy use they are not available on a first come first serve basis.

San Francisco

San Francisco Public Library, Bayview - A. E. Waden Branch Library
5075 Third St.
San Francisco, CA 94124-2311
Phone: (415) 468-1323

San Francisco Public Library, Western Addition Library
1550 Scott St.
San Francisco, CA 94115-3512
Phone: (415) 292-2160

San Francisco Public Library, Visitacion Valley Library
45 Leland Ave.
San Francisco, CA 94134-2895
Phone: (415) 337-4790

San Francisco Public Library, Ingleside Library
387 Ashton Ave.
San Francisco, CA 94112-1745
Phone: (415) 337-4745

San Francisco Public Library, Presidio
3150 Sacramento St.
San Francisco, CA 94115-2090
Phone: (415) 292-2155

San Francisco Public Library, Ocean View Library
111 Broad St.
San Francisco, CA 94112-2924
Phone: (415) 337-4785

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smaller HIV/AIDS conferences to be held in
1997-1998.

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Excelsior Library
4400 Mission St.
San Francisco, CA 94112-1927
Phone: (415) 337-4735

San Francisco Public Library, Potrero Library

1616 20th St.
San Francisco, CA 94107-2811
Phone: (415) 285-3022

San Francisco Public Library,
Parkside Library
1200 Taraval St.
San Francisco, CA 94116-2454
Phone: (415) 753-7125

San Francisco Public Library, Park Library
1833 Page St.
San Francisco, CA 94117-1909
Phone: (415) 666-7155

San Francisco Public Library, Ortega Library
3223 Ortega St.
San Francisco, CA 94122-4098
Phone: (415) 753-7120

San Francisco Public Library,
North Beach Library
2000 Mason St.
San Francisco, CA 94133-2354
Phone: (415) 274-0270

San Francisco Public Library,
Noe Valley Library
451 Jersey St.
San Francisco, CA 94114-3632
Phone: (415) 695-5095

San Francisco Public Library,

San Francisco Public Library, Merced Library
155 Winston Dr.
San Francisco, CA 94132-2032
Phone: (415) 337-4780

San Francisco Public Library, Marina Library
1890 Chestnut St.
San Francisco, CA 94123-2804
Phone: (415) 292-2150

San Francisco Public Library,
Glen Park Library
653 Chenery St.
San Francisco, CA 94131-3092
Phone: (415) 337-4740

San Francisco Public Library
Larkin & Grove St.
San Francisco, CA 94102-4796
Reference: (415) 557-4400

San Francisco Public Library, Eureka Valley
Harvey Milk Memorial Library
3555 16th St.
San Francisco, CA 94114-1621
Phone: (415) 554-9445

San Francisco Public Library,
Chinatown Library
1135 Powell St.
San Francisco, CA 94108
Phone: (415) 274-0275

San Francisco Public Library,
Bernal Heights Library
500 Cortland Ave.
San Francisco, CA 94110-5612
Phone: (415) 695-5160

San Francisco Public Library, Anza Library
550 37th Ave.
San Francisco, CA 94121-2691

Mission Library
3359 24th St.
San Francisco, CA 94110-3826
Phone: (415) 695-5090

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San Francisco, CA 94118-2210
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San Francisco Public Library,
Sunset Library
1305 18th Ave.
San Francisco, CA 94122-1899
Phone: (415) 753-7130

San Francisco Public Library, Portola Library
2565 San Bruno Ave.
San Francisco, CA 94134-1596
Phone: (415) 715-4090

San Francisco Public Library,
West Portal Library
190 Lenox Way
San Francisco, CA 94127-1113
Phone: (415) 753-7135

San Francisco Public Library,
Golden Gate Valley Library
1801 Green St.
San Francisco, CA 94123-4921
Phone: (415) 292-2195

[Berkeley, CA](#)

Berkeley Public Library, West Branch Library
1125 University Ave.
Berkeley, CA 94702-1697
Phone: (510) 644-6870

Berkeley Public Library,
South Branch Library
1901 Russell St.
Berkeley, CA 94703-2299
Phone: (510) 644-6860

Berkeley Public Library,
North Branch Library
1170 The Alameda
Berkeley, CA 94705-2599
Phone: (510) 644-6850

Berkeley Public Library,
Claremont Branch Library
2940 Benvenue Ave.
Berkeley, CA 94705-2231
Phone: (510) 664-6880

Berkeley Public Library,
Berkeley Public Library - Central
2090 Kittredge St.
Berkeley, CA 94704-1491
Phone: (510) 644-6100

Berkeley Public Library
2090 Kittredge St.
Berkeley, CA 94704-1491
Reference: (510) 644-6648
URL: <http://www.ci.berkeley.ca.us/bpl/>

[Oakland, CA](#)

Oakland Public Library,
Elmhurst Branch Library
1427 - 88th Ave.
Oakland, CA 94621-1105
Phone: (510) 615-5727

Oakland Public Library, Asian Branch Li-
brary
388 9th St., Suite 190
Oakland, CA 94607
Phone: (510) 273-3400

Oakland Public Library
125 14th St.
Oakland, CA 94612-4397
Reference: (510) 238-3134

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Eastmont Branch Library
175 Eastmont Mall
Oakland, CA 94605-2458
Phone: (510) 615-5726

Oakland Public Library,
Montclair Branch Library
1687 Mountain Blvd.
Oakland, CA 94611-2258
Phone: (510) 482-7810

Oakland Public Library,
Lakeview Branch Library
550 El Embarcadero
Oakland, CA 94610-3612
Phone: (510) 238-7344

Oakland Public Library,
Cesar E. Chavez Branch Library
1900 Fruitvale Ave.
Oakland, CA 94601-2413
Phone: (510) 535-5620

Oakland Public Library,
Martin Luther King Jr. Branch
Library
6833 E. 14th St.
Oakland, CA 94621-3503
Phone: (510) 615-5728

Oakland Public Library,
Piedmont Avenue Branch
Library
160 - 41st St.
Oakland, CA 94611-5207
Phone: (510) 597-5011

Oakland Public Library,
Rockridge Branch Library
5366 College Ave.
Oakland, CA 94618

Oakland Public Library,
Temescal Branch Library
5205 Telegraph Ave.
Oakland, CA 94609-1917
Phone: (510) 597-5049

Oakland Public Library,
West Oakland Branch Library
1801 Adeline St.
Oakland, CA 94607-2391
Phone: (510) 238-7352

Oakland Public Library
125 - 14th St.
Oakland, CA 94612-4397
Phone: (510) 238-3134

Oakland Public Library,
Brookfield Village Library
9255 Edes Ave.
Oakland, CA 94603-1117
Phone: (510) 615-5725

Oakland Public Library,
Golden Gate Branch Library
5606 San Pablo Ave.
Oakland, CA 94608-2796
Phone: (510) 597-5023

Oakland Public Library,
Melrose Branch Library
4805 Foothill Blvd.
Oakland, CA 94601-5328
Phone: (510) 535-5623

Oakland Public Library,
Dimond Branch Library
3565 Fruitvale Ave.
Oakland, CA 94602-2398
Phone: (510) 482-7844

WORLD Headquarters
414 13th Street,
Oakland, CA
1/2 block east of Broadway
and 1/2 block from the 12th
Street BART station

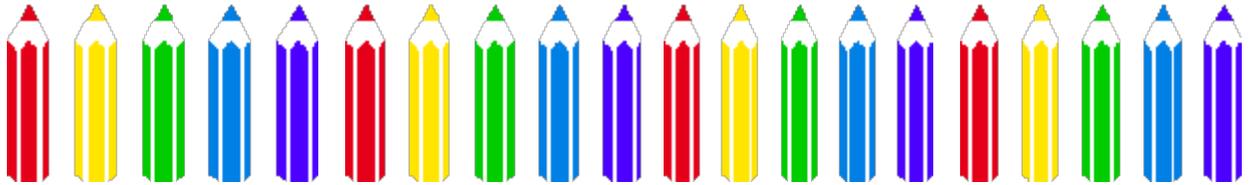


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SF Bay Area WIHS T-Shirt Design Contest



H

ave you got some ideas? We would love to hear from you. Please mail your ideas and designs, and drawings to: Elizabeth Glazier, UCSF, WIHS Box 1352, San Francisco, CA 94143-1352.



All submissions will be published in the next WIHS Winter'98 Newsletter.

Last Date for Design Submission: 12/31/98



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