

HIV PATIENT MANUAL

Compiled by:

Kristine A. Davis, M.S.N., A.R.N.P.

Internal Medicine, Division of Infectious Diseases

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University of Iowa Health Care

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HIV AND AIDS

If you've tested positive for HIV (Human Immunodeficiency Virus) you are infected with the virus that causes AIDS. It does not mean you have AIDS. A diagnosis of AIDS is made when a person has specific signs or symptoms of immune system deficiency.

HIV attacks the body's immune system by destroying white blood cells called CD4 cells (also T4 or T helper cells). CD4 cells help the immune system fight infection. When you are HIV positive, your risk of infection will be reflected by the CD4 count.

The viral load test is a way of measuring how much virus is in the blood. The viral load and the CD4 count, along with evaluation of your signs and symptoms, will help your doctor determine when to start antiviral medication and whether you are at risk of developing an opportunistic infection.

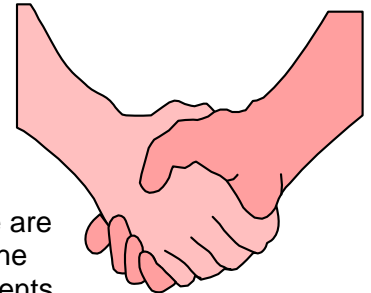
New drug therapies have dramatically improved the outlook for people with HIV. Since 1996 when the new protease inhibitor antiviral medications became available, people are living with HIV as a chronic, rather than a terminal, condition.

COPING

Learning that you're HIV positive can be a crisis, even if you feel you've prepared yourself. You may realize you don't remember what information you were given when you received your test results. Your doctor, nurse, or social worker can answer questions for you. Never feel your questions are trivial or that you should already understand. Sometimes it's helpful to bring someone with you to your appointments to help you remember what is said.

This brings up the question of whom to tell your HIV test results. It's important that you have support. This may come from family, a lover, friend, health professional, a professional counselor or therapist, a minister, a support group, or all of these. It's important that you tell health professionals caring for you so that they can provide the best possible care.

Once you pass through the immediate crisis of learning you're HIV positive, how you deal with your situation is largely up to you. A positive attitude can allow you to focus on getting the most out of your life. There are individuals in good health who have been HIV positive since early on in the AIDS epidemic. While no vaccine or cure is available yet, today's treatments are the most effective ever available.



Along with maintaining a positive attitude, you can do a lot to maintain your health and to reduce risk to yourself and others.

REDUCING RISK FOR YOURSELF AND OTHERS

Being HIV positive means that you can infect others with the virus. Since HIV is transmitted through blood and sexual contact, you should always practice safer sex and never share IV needles. Don't share toothbrushes or blade razors. Since a fetus can become infected during pregnancy and childbirth, it's recommended to avoid pregnancy. If you do become pregnant and choose to continue your pregnancy, taking antiviral medication can reduce the risk to your baby.

You should not donate blood, plasma, semen, bone marrow or any other organs. You should inform health care providers of your HIV status. Previous and current sexual or needle-sharing partners should be informed so that they can be tested, seek care if needed, and avoid passing on HIV to others.

SAFER SEX

While abstinence is the only guarantee of safety, people with HIV infection are often feeling well and living normal lives which may include being sexual. Following safer sex recommendations not only reduces risk for your sexual partner, but for you as well. Being re-exposed to HIV through sex with another infected person may add another strain of virus and increase your chance of becoming ill.

Other sexually transmitted diseases, which may be acquired through unprotected sex, are often more severe in persons with HIV. Negotiate with partners to choose lower risk intimacy. The following list ranks sexual activities in terms of risk from lowest to highest:

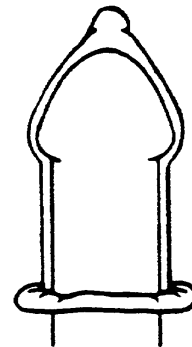
1. Abstinence
2. Masturbating alone
3. Hugging/massage/dry kissing
4. Masturbating with another person but not touching one another
5. Deep wet kissing
6. Mutual masturbation with only external touching
7. Mutual masturbation with internal touching using finger cots or condoms
8. Frottage (front to front body rubbing)
9. Intercourse between the thighs
10. Mutual masturbation with orgasm on, not in partner
11. Use of sex toys (dildos) with condoms or that are not shared by partners and that have been properly sterilized between uses
12. Cunnilingus (oral sex performed on female)
13. Fellatio (oral sex performed on male) without a condom, but never putting the head of the penis inside mouth
14. Fellatio to orgasm with a condom
15. Fellatio without a condom putting the head of the penis inside the mouth and withdrawing prior to ejaculation
16. Fellatio without a condom with ejaculation in mouth
17. Vaginal intercourse with a condom correctly used and spermicidal foam that kills HIV and withdrawing prior to ejaculation
18. Anal intercourse with a condom correctly used with a lubricant that contains spermicide that kills HIV and withdrawing prior to ejaculation.
19. Vaginal intercourse with internal ejaculation with a condom correctly used and with spermicidal foam that kills HIV.
20. Vaginal intercourse with internal ejaculation with a condom correctly used but no spermicidal foam.
21. Anal intercourse with internal ejaculation with a condom correctly used with spermicide that kills HIV
22. Brachiovaginal activities (fisting)
23. Brachioproctoc activities (anal fisting)
24. Use of sex toys by more than one partner without a condom and that have not been sterilized between uses
25. Vaginal intercourse using spermicidal foam but without a condom and withdrawing prior to ejaculation
26. Vaginal intercourse without spermicidal foam and without a condom and withdrawing prior to ejaculation
27. Anal intercourse without a condom and withdrawal prior to ejaculation
28. Vaginal intercourse with internal ejaculation without a condom but with spermicidal foam
29. Vaginal intercourse with internal ejaculation without a condom and without any other form of barrier contraception
30. Anal intercourse with internal ejaculation without a condom

USING CONDOMS (RUBBERS) AND OTHER BARRIERS

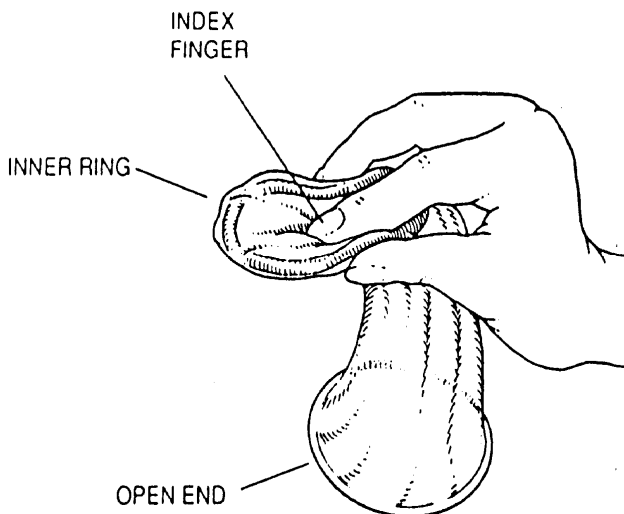
Use condoms consistently and properly for oral, anal, and vaginal sexual intercourse. Store them unopened in a dark, cool, dry place because air pollution, heat and light can damage the latex. Check the expiration dates and don't buy outdated condoms. Carrying a condom is a good idea, but carrying one in a hip wallet for long periods of time can shorten the shelf life. Natural skin condoms have not been proven as an effective barrier to HIV so use latex condoms. Polyurethane condoms have not been shown to be as effective as latex, but are recommended for people allergic to latex.

The spermicide nonoxynol-9, contained in some lubricated condoms, has **not** been shown to affect HIV transmission. If nonoxynol-9 irritates your skin or that of your partner's, it should not be used because broken skin can increase the risk of HIV transmission. Any lubricant used should be water based (e.g., KY gel). Extra lubricant can prevent condom breakage. Oil based lubricants (Vaseline, Crisco, oils, lotions) weaken latex and may cause condoms to break. A small amount of lubricant inside the tip of the condom before you put it on may enhance sensation.

Roll the condom onto the penis as soon as it is hard, or let your partner put it onto you. Drops of semen oozing from the penis before ejaculation contain virus and may infect or impregnate your partner. If your condoms don't have the reservoir (nipple) tip, leave a 1/4"-1/2" space at the end to catch ejaculate. Hold the condom at the rim, withdraw from your partner, and remove the condom soon after ejaculation, before the penis becomes soft inside your partner. Keep the used condom away from your partner's body, wrap in tissue and dispose of it in a plastic trash bag. Becoming comfortable with condom use can take some time and practice.



A barrier should also be used for cunnilingus (oral intercourse) performed on a woman.



Latex squares or dental dams are available in some clinics or dental supply sources. You can also use saran wrap or make a latex square by cutting a condom or latex glove.

Another barrier choice is the female condom, which is inserted into the woman's vagina. The female condom is more expensive than regular condoms, but does provide protection that women can control themselves

CONTRACEPTION/CHILDBEARING DECISIONS

HIV infection does not affect your ability to get pregnant. Birth control choices and safe sex practices are personal and very important. It is important to consider methods of birth control that protect you from pregnancy and spread of the HIV virus. The use of two methods is strongly encouraged.

Barrier methods such as condoms provide the greatest protection against HIV. However, there is always some risk for breakage of these barrier methods and/or contact with body fluids.

Adding hormones for birth control (birth control pills, injections, Norplant) is one way to supplement condoms. Hormones required medical supervision. Emergency hormone contraception can be used within 48 hours after intercourse to prevent pregnancy, if a condom breaks. Emergency hormone contraception will not influence HIV transmission, however.

HIV positive women can use diaphragms and cervical caps for birth control, with spermicidal cream or jelly. These barriers cover only the cervix, so may not prevent the spread of disease to the vagina when used without condoms. Most doctors do not suggest the use of an intrauterine device (IUD) for women with HIV. An IUD increases the risk of pelvic infections. Women who clearly do not want future pregnancies may consider having their tubes tied

Women with HIV who are pregnant or thinking about getting pregnant need to know about the chance of HIV spreading the virus to the fetus and/or the effect of the pregnancy on their personal health. The rates of infecting a fetus with HIV vary. In the United States many studies suggest that, without treatment, about one-fourth to one-third of the infants born to HIV infected mothers will be infected. Taking antiviral drugs during pregnancy can reduce the risk of transmission to an infant to less than 3%.

HOME CARE

If you live with other people, few precautions are needed in the home. HIV has never been transmitted through household contact other than sexual or blood. Clean up spills of blood or semen with a solution of one part household bleach to 10 parts water. Urine and stool are infectious only if they're blood-tinged. Clothes and linens can be laundered as usual. If they're soiled with blood, semen, or vaginal secretions handle them carefully to avoid exposing skin to wet body fluids. You may add bleach for stain removal but it is not required for disinfection of laundry.

Wash dishes in hot soapy water or a dishwasher, as usual. Separate dishes and utensils aren't necessary. Any trash that might be infectious—tissues containing bloody secretions, sanitary napkins or tampons, used condoms—should either be flushed or sealed in a plastic trash bag. If you use needles dispose of them in a hard sealed container like a coffee can. Check with your community's waste disposal department for local regulations about disposing of needles. Some communities have designated sites for needle disposal. Wash your hands after contact with any body fluids, after using the bathroom and before cooking and eating.



LABORATORY MONITORING OF HIV

CD4 Cells or T4 Cells

(The Good Guys)

1000	Normal CD4 Count Range of effective immune functioning
500	
350	HIV Treatment Considered
200	Risk of opportunistic infections (serious infections caused by weakened immune system)
0	"AIDS diagnosis"

CD4 cells play a very important role in your immune system. HIV attacks CD4 cells. People without HIV have about 1000 CD4 cells (per milliliter of blood). When your CD4 count drops below 200, you are at risk for serious infections.

Antiviral therapy helps restore CD4 cells. Raising the CD4 count is one of the main goals of HIV treatment.

Viral Load or HIV RNA

(The Bad Guys)

1 Million to 750,000	Highest measurable viral load HIV-related symptoms
<400	Goal of therapy=Non-detectable on standard test, or
<50	on ultra-sensitive test

HIV Viral load measures how much virus is in your blood. A person without HIV would have none. The viral load measure can read as high as a million, depending on the limits of the lab test.

Antiviral therapy blocks HIV. The preferred viral load, on antiviral medication, is <400 or <50, non-detectable (too low to measure). You still have HIV in your body when your viral load is non-detectable.

ANTIVIRAL THERAPY

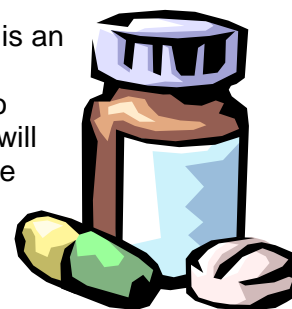
The current “state of the art” in HIV treatment includes using combinations of antiviral medications. Using several drugs to block HIV at different steps of its life cycle is more effective than any one medication. This new approach to treatment is called Highly Active Anti-Retroviral Therapy (HAART). Combination therapy can lower your viral load to the point where it can’t be detected in your blood, and may also raise your CD4 count.

Current antiviral drugs fall into three categories based on their actions. The first HIV drug, Zidovudine or AZT, and its descendents ddI (Videx), d4T (Zerit), 3TC (Evir) , ddc (Hivid), and abacavir (Ziagen), make up a class called nucleoside reverse transcriptase inhibitors (**NRTIs**). Tenofovir (Viread) is a nucleotide reverse transcriptase inhibitor, also in this group.

The second group of drugs block HIV in a similar way to the NRTIs but are chemically different. This group is called non-nucleoside reverse transcriptase inhibitors (**NNRTIs**). NNRTIs include efavirenz (Sustiva), nevirapine (Viramune), and etravirine (Intelence).

Protease inhibitors (**PIs**) block HIV at a different stage. Saquinavir (Invirase), ritonavir (Norvir), fosamprenavir (Lexiva), lopinavir (Kaletra), atazanavir (Reyataz), tipranavir (Aptivus), and darunavir (Prezista) are members of the PI class. The goal of treatment is to find a combination of drugs that will be effective against your virus, minimize side effects, and be convenient enough that you can take it consistently.

New drug classes and new drugs are emerging: Maraviroc (Selzentry) is an entry inhibitor and Raltegravir (Isentress) an integrase inhibitor. These work in different ways from the other classes, blocking entry of HIV into cells or blocking integration of the virus inside the cell. The new drugs will be especially helpful for individuals who have acquired resistance to the other drugs.



ANTIVIRAL THERAPY AND RESISTANCE

HIV reproduces itself so rapidly that it is constantly mutating or changing. Antiviral drugs suppress the reproduction and mutation. The correct amount of drug must be present in your system to suppress HIV. Otherwise HIV changes in the presence of the drug, leading to virus that is resistant to that drug. That drug then will not be effective for you. This can happen when you take less than the recommended dose or miss doses.

For this reason, it is best to not start antiviral therapy unless you can commit yourself to taking all your doses. If you are having problems with one of your drugs and feel you need to stop it, or if you run out of one, you should stop all your antiviral drugs and notify your doctor, nurse practitioner, or pharmacist. They may be able to recommend strategies to help you take your current medicines, or change them if necessary.

GETTING THE MOST OUT OF YOUR MEDICATIONS

Your HIV care is a partnership between you and your medical providers. Ask for specific information about your medications. Keep a list of your medications and how they’re scheduled. Keep in mind that all medications have potential side effects. It is important that you understand how to take your medications and take them as directed, or ask if it is unclear. Try strategies such as organizing your medications for the week in a pillbox, linking your med times to regular events like meals, or marking a calendar when you take your meds. Tell your medical provider of any medications you’re using, even over the counter (OTC) medications or herbal preparations, since these can interact with the ones prescribed.

SELF CARE

Maintaining your general health is important to your immune system. This includes good nutrition, dental care, regular exercise, stress management, taking steps to prevent infections, and medical visits

NUTRITION

Good nutrition is important for the person with HIV infection. A goal of good nutrition is to eat a balanced diet while maintaining your usual weight. Protein, fat and carbohydrates provide the body with calories. Calories from carbohydrates provide energy, while protein is needed for growth and tissue repair. Fats provide extra calories for back-up energy. The clinic dietitian can give you information about improving your diet.

SMOKING

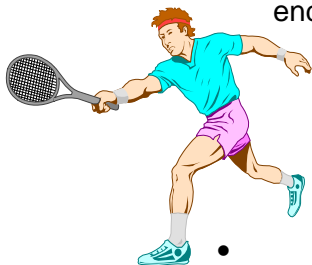
One important measure in resisting infection is to quit smoking. Smokers have more secretions in their lungs making it easier for organisms to grow. Also smoking inhibits the normal mechanism of clearing out foreign materials like dust. Some medications are available to help you quit. Ask your doctor or nurse practitioner if you want to quit. Medications can help but won't work alone. It's best if you enroll in a stop smoking program, or at least do some preparation.

- Write down the pros and cons of smoking.
- Plan some strategies to deal with cravings.
- Start an exercise program.
- Plan how to use your cigarette money if you quit.
- Set a quit date and then stop completely.
-

EXERCISE

Along with adequate nutrition, exercise can help you maintain muscle mass, relax, sleep better, and give you a sense of control and well-being. The best choice of exercise is something you enjoy. If your energy level is low, begin with short walks and try to increase gradually.

- An ideal exercise program will include exercises to increase strength, flexibility and endurance. You can maintain upper body strength by holding dumbbells or cans while raising, lowering, and swinging your arms. Isometric exercises, pushing against a wall or doorframe, can strengthen your upper body. Working out with weight machines or free weights increases strength and many common calisthenics that can be done at home are also designed to increase strength.



- Aerobic exercise develops endurance, helping the heart and lungs work more efficiently. Walking, jogging, swimming, and biking are examples of aerobic exercise. Trying to become physically fit overnight is likely to cause injuries. Doing at least five minutes of warm-up exercise—calisthenics, walking or slow jogging before your aerobic routine will also help prevent injuries. After aerobic exercise, include a 5-10 minute cool down period, keeping your body moving but slowing the pace. To improve flexibility, include gentle sustained stretching while your muscles are warm.

STRESS MANAGEMENT

There are many ways to manage stress. Maintaining a support network of people to talk to is essential. Regular relaxation is also necessary. Methods of relaxation can range from working on a favorite hobby to prayer. There are many specific techniques such as progressive muscle relaxation and imagery to aid in relaxation. Regular exercise such as walking or practices such as yoga or tai chi can also be very beneficial.

Stress management techniques are most effective when used every day; not just when you feel stressed. Many excellent tapes are available through libraries, bookstores or mail order that guide you through relaxation techniques. Referrals can be made from the clinic for relaxation training. Ask your doctor, nurse, or social worker in the clinic for more information.

PREVENTIVE DENTAL CARE

Dental checkups every six months are especially important for people with HIV. Changes in the immune system may make you more susceptible to inflammation and infection in your mouth. You need to be especially careful about keeping your mouth clean by daily brushing and flossing. Professional cleaning may be needed to remove tartar and prevent gum inflammation. Your dentist should be aware of your HIV status because many symptoms and complications of HIV infection show up in your mouth. Ask your doctor or other clinic staff to help arrange dental care, if you don't have a local dentist.

ALCOHOL, DRUGS, AND HIV INFECTION

IV Drugs

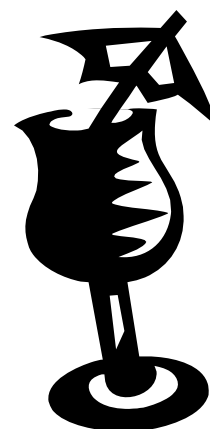
If you use IV (intravenous) drugs on a regular or occasional basis, you should know that sharing needles, syringes, cookers or strainers is extremely dangerous. When needles are shared, small amounts of blood are also shared. This can expose others to HIV, re-expose you to HIV, and expose you to other diseases such as hepatitis.

If you use IV drugs and would like to stop, ask your doctor for referral to a treatment program. If you continue to use IV drugs, don't share needles. Recent research indicates that flushing or soaking needles and syringes with bleach may not be effective in killing HIV. If you do share works rinse the needle and syringe with clean water several times, shaking the syringe to dislodge blood. Then fill the syringe with straight bleach, let it stay in for at least 30 seconds, shaking and tapping the syringe each time. Repeat at least three times. Take the syringe apart and clean the needle, syringe, and plunger with bleach. Clean the cooker and filtering materials with bleach also. Rinse the needle and syringe with fresh water several more times.

Alcohol and Other Drugs

"Recreational" use of alcohol and drugs such as marijuana, cocaine, and amphetamines can be risky with HIV infections. These substances can lower your resistance to infection by causing blood abnormalities, interfering with nutritional intake and absorption, and interfering with medication. Inhaled nitrites (poppers) have also been linked to suppression of the immune system and may be a factor in progression to AIDS.

Try to moderate or, better yet, stop using alcohol and drugs. Use stress management techniques, support of friends, and open communication for socialization and relaxation.



SYMPTOM MANAGEMENT

POOR APPETITE

It is difficult to eat when you are not hungry. Keep reminding yourself of the importance of food and the benefits you will gain from good nutrition. Remember that good nutrition may increase your resistance to infection.

- Discuss your poor appetite with your physician. Perhaps a change in medications might be beneficial.
- If you don't like eating in the morning, have a light snack and eat later in the day when you feel better.
- Don't lock into the conventional meal pattern. It is not necessary to eat three large meals. Several small meals spread throughout the day can achieve the same nutritional goals.
- Concentrate on nutritious foods that are high in calories, protein and vitamins such as eggnog, cheese, eggs, custard, ice cream, pudding, peanut butter, yogurt, cream soups, fruits and vegetables, and juices.
- Try a "meal in a glass" or high calorie snacks or supplements. Trying just a few bites or a



- sip of the right food every hour or two can make a significant contribution to the total calorie and/or protein intake.
- Eat solid foods first and avoid filling up on liquid. Consume nutritious drinks after or between meals.
- Limit or eliminate non-nutritious foods or beverages such as black coffee and tea. They contain no calories and may cause fullness or dull the appetite.
- Light to moderate exercise may stimulate your appetite.

FATIGUE

Fatigue is a common symptom. Discuss your fatigue with your doctor. Fatigue often results from viral infections including HIV, but can also be related to other infections, medications, anemia, dehydration, depression as well as poor nutrition. These suggestions may help.

- Use convenience, ready-to-eat, easily prepared foods.
- Use time saving appliances like a food processor or microwave.
- Prepare and freeze meals ahead of time.
- Keep easily accessible snack foods on hand.
- Get eight hours of sleep.
- Pace yourself. Alternate rest and activity. Plan activities for your more energetic times.
- Accept offers of help from friends and relatives

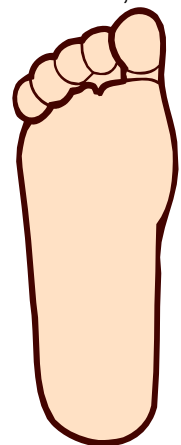
DIARRHEA

Diarrhea is the frequent passage of watery bowel movements. It may be due to a gastrointestinal organism, low serum protein, or medication. Tell your doctor about the diarrhea. Medication may need to be started or stopped. Treatment will depend on the cause. Suggestions that may help you to prevent diarrhea and cramping:

- Keep liquids to a minimum at mealtime, but drink between meals to replace fluids and electrolytes.
- Eat small frequent meals, and eat slowly.
- Try adding calcium carbonate 500 mg twice daily with meals.
- Try soluble fiber powder (e.g. Metamucil™ or generic) to absorb liquid in the bowel
- Try taking 1-2 Imodium tablets daily on an ongoing basis
- Choose low-fiber foods such as ground meats, ripe bananas, soft cereals or refined bread.
- Avoid fatty or fried foods, citrus juices, carbonated beverages, raw vegetables and fruits, and high fiber foods like broccoli, cauliflower, corn, peas, whole grains, and bran.
- Avoid caffeine and highly spiced foods.
- Try consuming yogurt. (It may help to re-establish normal gut flora and thus reduce diarrhea.)
- Eliminate lactose (milk sugar) from your diet if other methods fail. Products are available in drug stores that can be added to milk to eliminate the lactose (Lactaid, Dairy Ease)
- Be especially careful in food handling to avoid contamination and spoilage. Be sure to:
 - Wash hands before preparing and/or eating food.
 - Wash fresh fruits and vegetables thoroughly.
 - Cook meat and maintain at an appropriate temperature.
 - Refrigerate mayonnaise-based salads, custards or pudding, cooked eggs, or any protein-containing foods. Discard leftovers that have been standing at room temperature
 - Discard refrigerated leftovers after 3 days.

NUMBNESS OR PAIN IN THE LEGS AND FEET

- Tell your doctor immediately if this is a new symptom. This can be related to HIV infection causing nerve injury or to medications. Treatment will depend on the cause, and can include starting, stopping or changing antiviral medication.
- Other medications such as antidepressants, anti-seizure medications, and prescription or non-prescription pain medications may also be helpful.
- Try wearing no shoes or loose slippers.
- Try keeping blankets off your feet.
- Non-prescriptions creams such as HEET may be helpful.



NAUSEA AND VOMITING

Certain treatments may cause nausea and vomiting. If vomiting is excessive, contact your physician to discuss changing medications or adding an anti-nausea medication.

Suggestions that may help to prevent nausea and vomiting:

- Eat six small meals instead of three large ones.
- Eat slowly and chew food completely.
- Limit the amount of liquids at mealtime. Drink them one hour before or after meals to help reduce the volume in the stomach.
- Rest or recline after eating. If you rest, sit down. If you recline, have your head four inches higher than your feet. Activity can stimulate vomiting.
- Eat mild flavored foods.
- Avoid strong smelling foods such as tuna, cabbage, or onions. The smell of food can cause nausea. Have someone remove the cover from food before you enter the room, thus letting the initial intense aroma escape. You may want to stay out of the kitchen while food is prepared.
- Eat foods of a moderate temperature. Eating hot and cold foods together may stimulate vomiting.
- Avoid alcohol.
- Breathing fresh air can help.
- Loosen clothing. Don't wear a tight belt.

Suggestions to help when you are nauseated:

- Do not eat or drink anything for two hours after vomiting.
- Start with saltine crackers and small sips of fluids when you begin to feel better after being nauseated. When these foods are tolerated, slowly advance to other foods.
- Drink cool, clear liquids such as 7-Up, ginger ale, other soft drinks, Kool-Aid, juices, and popsicles. The liquids should not be highly acidic (citrus or tomato). Liquids are important to prevent dehydration.
- Suck on a piece of hard candy such as a peppermint stick.

Suggestions to relieve nausea and vomiting

- Try clear liquids—clear juice, jello, broth, water, coffee and tea. A clear liquid diet that is not supplemented with a special formula is not nutritionally adequate. Consult your doctor or dietitian if you are on clear liquids for more than three days.
- Try a full liquid diet once clear liquids are tolerated. Include skim milk, low fat custard and pudding, gelatin, sherbet, fruit juice, cooked refined cereals, and cream soups made with skim milk. Drink these liquids throughout the day instead of concentrating them at three meals.
- Try salty foods such as saltine crackers, unbuttered popcorn, or broth. It may help to try these foods early in the morning.



- Try a low fat diet when feelings of nausea, vomiting, or distention are problems. Fat takes longer to leave the stomach and thus can aggravate nausea and vomiting. Baking, broiling, or boiling do not require the addition of fat. Therefore these methods are preferred. A few examples of foods naturally low in fat are skim milk, sherbet, fruits, and bread.

OPPORTUNISTIC INFECTIONS AND HIV RELATED CONDITIONS

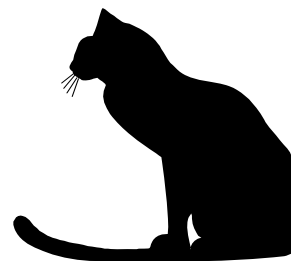
Infections resulting from a weakened immune system are called opportunistic infections. They are caused by common organisms (germs) that only cause serious infection when the body's defenses are down, usually when the CD4 count is less than 200. These organisms have often been acquired from the environment. They are carried in the body as part of the normal organisms kept in balance by the immune system. This has several implications:

- 1) Opportunistic infections are unlikely to be transmitted to others, since other people are already carrying the organisms.
- 2) In some cases, long-term therapy is required to suppress the organisms once the acute illness has been treated.
- 3) More than one infection can be present at a time, each requiring different medications. Because it is so important to use the correct medication for a specific organism, infections must be identified using a variety of tests. Giving antibiotics without a diagnosis can subject you to side effects of an unneeded drug, and delay starting the correct treatment.
- 4) Rebuilding the immune system with antiviral therapy is often the best way to avoid opportunistic infections.

PETS

Although organisms already carried in the body often cause opportunistic infections, exposure to new organisms should be avoided when possible. One source of these organisms is pets or livestock. The psychological benefits of pets generally outweigh the small risk, but some precautions may be taken. If you have pets, keep them indoors, healthy and vaccinated. Wash your hands before eating or smoking after handling your pet. Feed only commercial foods—no raw meat, uncooked eggs, or un-pasteurized milk. Avoid cleaning litter boxes and cages yourself if possible. If not, clean them frequently and wash your hands thoroughly afterward.

Use gloves if you clean aquariums and avoid contact with reptiles. Also avoid contact with young farm animals, especially with diarrhea. Avoid activities that might bring you into contact with bird or bat droppings such as cleaning chicken coops or bird roosting sites, or exploring caves. Wash your hands after gardening or other contact with soil.



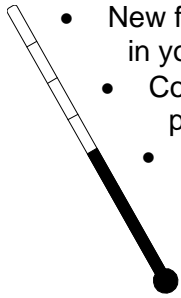
TRAVEL

If you're planning to travel, a little planning can help a lot. For traveling within the U.S., ask clinic staff for information about physicians, clinics, and support organizations in the area you're traveling to. You also may want to take a copy of your most recent medical visit report in case you need to see a physician unfamiliar with your medical needs.

If you're traveling outside the United States, you should talk with your doctor about additional plans. People with HIV may be at higher risk for infections from food and water. Steaming-hot foods, fruits you peel yourself, carbonated beverages, hot coffee or tea, beer, wine, or water boiled for one minute should be safe. Avoid swimming in water that may be contaminated and avoid swallowing water anywhere you swim. Your doctor may prescribe an antibiotic to be taken in case of travelers' diarrhea. Ask your doctor about other preventive measures, which vary according to where you travel. Live virus vaccines, with the exception of measles, should be avoided.

IMPORTANT SIGNS AND SYMPTOMS

In addition to monitoring the CD4 count and viral load, it's important for you to be vigilant about signs of infection, especially if your CD4 count is less than 200. Treatment for opportunistic infections is most effective when begun early. Symptoms that should be reported to your doctor or nurse immediately are:



- New fever higher than 101 degrees Fahrenheit (38.5 degrees Centigrade) or a change in your fever pattern if you commonly have low-grade fevers.
 - Cough, shortness of breath, fever, or chest tightness, which may be signs of early pneumonia.
 - Signs of central nervous system infection such as severe headache; stiff neck; visual changes; problems with balance, walking, or speech; weakness of an arm or leg; and changes in moods or memory.
- Other symptoms, which should be evaluated by your doctor within 1-2 weeks, are:
- Sore mouth or tongue, difficulty swallowing, white patches on your tongue or the back of your mouth.
 - Weight loss more than 10 pounds in a month.
 - Diarrhea more than six stools a day; watery, mucousy or bloody stools.
 - Signs of dehydration—dry mouth, dark concentrated urine, or dizziness when standing. (This requires immediate medical attention if you're unable to drink fluids.)
 - Worsening fatigue.

IMPORTANT SIGNS AND SYMPTOMS FOR WOMEN

In addition to the signs and symptoms above, the following are important signs and symptoms for women to report to their doctor. If symptoms continue after following prescribed treatment, please contact your doctor.

- Severe abdominal pain.
- Vaginal itching and/or foul smelling vaginal discharge.
- Vaginal or vulvar soreness.
- Raised bumps on the genitals or rectal area that may or may not itch (genital warts).
- Changes in your menstrual cycle or menstrual flow.
- Discomfort during sexual intercourse.
- Abnormal Pap smear.

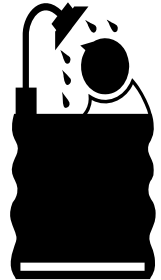
CANDIDIASIS

Candidiasis is an infection with the fungus *Candida albicans*. *Candida* is carried in the throat, teeth, gums, skin, vagina, and large intestine. The *Candida* organisms can cause infection anywhere the skin or mucous membrane is damaged. Candidiasis may cause infection of the oral cavity (mouth) referred to as thrush; the esophagus, vagina, edges of fingernails, or any susceptible moist or broken skin.

Candidiasis is usually diagnosed by examination or growing a culture from a sample on a swab. *Candida* of the esophagus may be determined by signs and symptoms, or by endoscopy (visualizing the esophagus through a lighted tube). Medications to treat Candidiasis include Nystatin, Clotrimazole, Ketoconazole, Fluconazole, and Amphotericin B. In some cases, medications may be used to prevent Candidiasis.

Self-Care Measures: Careful mouth care can be helpful with oral *Candida*. Brush with a soft toothbrush and baking soda. Make a mouthwash of diluted hydrogen peroxide and rinse after meals. If you have *Candida* of the throat or esophagus, you may need to temporarily adjust your eating to include softer and moister foods.

If you have Candidiasis of the skin or genital area, take showers instead of baths so the organisms will not float to new areas of skin. Other common fungi can infect the groin/anal area (jock itch) or feet (Athlete's foot) so cleaning the shower or tub after use can prevent these infections for you and others in your household.



Vaginal Candidiasis is common in HIV infected women. Symptoms include vaginal itching, irritation, soreness, dryness, or white discharge. You may be able to avoid vaginal Candidiasis by the following: 1) Wear cotton underwear; 2) Wipe from front to back after using the bathroom; 3) Avoid tub baths and hot tubs.

Vaginal creams and suppositories like Monistat or Gyne-Lotrimin are now available over the counter if you are familiar with your symptoms and have a mild case of Candidiasis. Your doctor can prescribe other medications to treat vaginal Candidiasis or prevent recurrent infections.

CERVICAL DYSPLASIA (ABNORMAL PAP SMEAR)

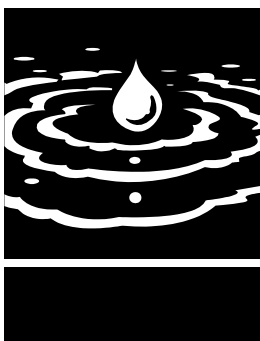
Women who are HIV positive are at greater risk of developing abnormal cells on the cervix, called dysplasia. Abnormal cells of the cervix are detected by Pap smears. If these cells are left untreated they have the potential to become cancer. HIV positive status does not seem to increase the chances that dysplasia will turn into cancer.

If a woman has an abnormal Pap smear, a test called colposcopy will be recommended. Colposcopy is a diagnostic test where the doctor looks at the cervix with a magnifying scope. If an abnormality is detected a small biopsy is taken and evaluated in the laboratory. In most cases abnormalities can be treated in the clinic setting under local anesthetic. Dysplasia is thought to be linked to a virus called Human Papillomavirus (HPV). This virus is very common regardless of HIV status. There have been 65 different types of this virus identified. Some are linked with dysplasia and some cause genital warts. Because HPV is so common regular Pap smears are important for all women.

CRYPTOSPORIDIOSIS

Cryptosporidiosis is a rare infection caused by the parasite *Cryptosporidium parvum* which lives in farm animals and is excreted through feces. It is spread through contaminated food or water and from person to person. Cryptosporidiosis may cause nausea, watery diarrhea, dehydration, cramping, headache and low-grade fever. In otherwise healthy persons, these symptoms usually last one to two weeks before the immune system is able to stop the infection. In people with AIDS, the infections may continue and be serious.

Childcare workers, diaper-aged children attending day-care centers, caregivers who might come in contact with feces or persons exposed to feces by sexual contact are at risk. People



whose drinking water comes from surface water (rivers and lakes) may be exposed to the parasite in water. Well water is rarely contaminated, but farm wells could become contaminated by animal wastes.

Prevention measures including washing hands after using the toilet or changing children's diapers, and before handling food. During known outbreaks, all persons should boil drinking water for at least one minute. Testing of water supplies is not always reliable enough to assure prompt notification. People with HIV, **especially with less than 200 CD4 cells**, may want to take precautions even if there is not known contamination of the water supply. There is not enough information to

estimate the risk at this time.

Precautions for immunocompromised persons: 1) Bring drinking water to a rolling boil for at least one minute. 2) Use well water or bottled water that is labeled as having been treated by a reverse osmosis process, or 3) Use a filter labeled as using a reverse osmosis process, as an "absolute" one micrometer filter or labeled as certified by the National Sanitation Foundation for "cyst removal". 4) Use only uncontaminated water as described above to make ice or when cooking.

CYTOMEGALOVIRUS (CMV)

Cytomegalovirus (CMV) is a virus that typically causes mononucleosis in persons with normal immunity. In people with immune suppression, CMV can cause infection in any part of the body. CMV is a virus that is common in the environment all over the world. 40-100% of adults have had previous infection with CMV at some point in their lives.

CMV is transmitted by close, intimate contact between people such as kissing, sexual contact, through blood transfusions or organ transplants, from mother to child through breast milk or during childbirth. CMV has been transmitted in schools, day care centers, and hospital settings. Although CMV can be passed from mother to child, pregnant women can protect themselves from CMV infection by following universal precautions, wearing gloves and washing their hands after handling body fluids.

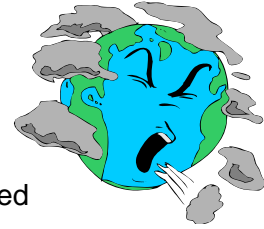
Symptoms of CMV infection depend on the area of the body infected. When CMV is present in the eye (CMV retinitis) the diagnosis is made by looking into the eye with special equipment. CMV retinitis will eventually cause blindness if untreated.

Self Care Measure: Individuals with CD4 counts below 50 are especially susceptible to CMV retinitis. Regular eye examinations are recommended. You should alert your physician immediately if you notice sudden changes in your vision or an increase in the number of "floaters" moving in your visual field.

MYCOBACTERIUM TUBERCULOSIS (TB)

Mycobacterium tuberculosis is one of the most common of a group of mycobacterial infections caused by related organisms. TB, when associated with HIV infection, can be a recurrence of a TB infection acquired in the past that has been inactive in the body. It can also be a result of new exposure to the infection. TB is an airborne organism so infections occur when a person inhales the organism in a droplet, most commonly as a result of the coughing of an infected person.

Symptoms include fevers, chills and night sweats, cough, fatigue, loss of appetite and weight loss. The TB skin testing used to screen for TB may not be reliable with HIV infection because the weakened immune system cannot react to the test. If you react to the skin test (indicating a past exposure) or have a known exposure to TB, you will be given a medication to prevent an active TB infection. TB is diagnosed by a culture from sputum samples or other tissues.



TB is initially treated by taking a combination of at least three antibiotic drugs, most frequently Isoniazid (INH), Rifampin, Ethambutol, or Pyrazinamide. It is **EXTREMELY** important to continue your medication as prescribed or notify your doctor if side effects occur.

You may infect others with TB while off your medication and TB organisms may also become resistant to treatment. Medication may also be used for prevention if your skin test is positive or you are exposed to TB.

PELVIC INFLAMMATORY DISEASE (PID)

Pelvic inflammatory disease (PID) is an infection occurring in women. PID may be more common, more severe, and more difficult to treat in HIV infected women. PID is an infection of the fallopian tubes, which may follow a sexually transmitted disease (STD). If the STD is untreated or inadequately treated it may spread to the entire reproductive system, including the fallopian tubes.

PID is curable with treatment, but may require hospitalization and IV therapy in severe cases. Symptoms of PID include severe abdominal pain, tenderness and discomfort increasing during sexual intercourse, lack of energy, backaches, vomiting, fever, and foul smelling vaginal discharge.

Self Care Measure: PIDs can be prevented by use of condoms to avoid STDs. IUDs should not be used for birth control since they can increase the chance of STDs. HIV infected women should have pelvic exams and Pap smears every six to twelve months, depending on your doctor's recommendation, to detect any problems early.

PNEUMOCYSTIS CARINII PNEUMONIA

Pneumocystis carinii pneumonia (PCP) is an infection of the lungs with the organism Pneumocystis carinii. Rarely, pneumocystis carinii may cause infection in other areas of the body such as the spleen, liver, blood or lymph nodes. Pneumocystis carinii is present in air, water, and food. About 75% of healthy persons have had mild infections with the organism by age four.

Symptoms of PCP may include fever, cough, shortness of breath, chills, or less commonly, chest pain or sputum production. If diagnosed early, PCP may be experienced as a fairly mild illness.

PCP is treated with a variety of medications. After treatment of the acute infection, a medication must be continued to suppress the Pneumocystis organisms. These medications are also given to prevent Pneumocystis carinii pneumonia, when the T4 count falls below 200. PCP is one of the most common and earliest occurring infections of AIDS.

TOXOPLASMOSIS

Toxoplasmosis (Toxo) is an infection caused by a common organism carried by many animals, especially cats. The only human to human transmission is from mother to child during childbirth. The major route of transmission is by eating the organism in foods including uncooked or poorly cooked lamb, pork, or beef; unpasteurized dairy products; eggs; and vegetables.



Toxo usually causes infection in the brain and spinal column, but can also infect the heart and lungs. The symptoms of toxo include fever, chills, headache, fatigue, confusion, weakness of one side of the body, visual disturbances, or seizures

Self Care Measure: If you have cats, avoid changing litter if possible. If you must change litter, wash your hands well afterwards.

SKIN PROBLEMS

Skin problems are common with HIV infection. Most of them also occur in non-HIV infected people but are more common and sometimes more severe with HIV. Skin conditions include:

- Cold sores or genital sores caused by the herpes simplex virus.
- “Shingles,” painful localized skin eruptions caused by the herpes zoster virus.
- Waxy, painless, skin-colored bumps called molluscum contagiosum, also caused by a virus.
- Warts, which can occur anywhere on the skin including feet, hands, face, and genital or anal areas. Warts are also caused by a virus.
- Small, fuzzy, white patches usually seen on the sides of the tongue. These are called “hairy” leukoplakia and can resemble oral thrush but are caused by a virus.
- Oral thrush or candidiasis, a yeast infection causing white patches on the tongue and sides of the mouth.
- Psoriasis, reddened, scaly, itchy patches.
- Itchy rashes
- Kaposi’s sarcoma, a cancer that appears as small oval red spots on the skin.

These skin conditions should be reported to your doctor. You may be referred to a dermatologist for further evaluation and treatment.

LEGAL CONCERNS

One common concern is what treatment you do and don't want if you become ill. With current treatment, many people recover from severe opportunistic infections to enjoy good health. This treatment may even include temporary mechanical ventilation. Discuss your feelings about any specific treatment you do or don't want with your family and your doctor. You may want to write a Living Will or arrange a durable power of attorney through a lawyer to give a loved one power to make decisions if you're unable.

The possibility of illness and death may also bring up questions about wills. A will is an important matter that most of us put off. Even when you're in good health, visiting an attorney and making a will can remove worry and give you control over property settlement to family, a lover, or friends.

If you need assistance with these matters or if you have any questions regarding legal issues, ask clinic staff for referrals. Free legal assistance or referrals for HIV related legal concerns are available through the University of Iowa College of Law or your local Legal Services office.



FINANCIAL ASSISTANCE AND COMMUNITY RESOURCES

Financial assistance may be available to help pay medical bills, provide income if you are unable to work, or help in an emergency. Financial assistance programs vary from county to county and state to state. The application process can be confusing and intimidating, but if you need financial assistance you should start to apply as soon as possible. In some cases, waiting too long may cause you to lose out on available benefits.

Community resources may also be available to provide home nursing care, homemaker services, support groups or volunteer support services. A social worker is available in clinic on clinic days, or by phone or appointment on non-clinic days. The social worker can help you find out what programs are available to you, and assist you in the application process.

MEDICAID/TITLE XIX FINANCIAL ASSISTANCE PROGRAMS

These financial assistance programs are administered through the Department of Human Services. Applications and brochures are available through the Department of Human Services in your home community or ask your social worker or case manager.

FAMILY INVESTMENT PROGRAM (FIP), replacement for AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)

FIP provides cash payments and usually Medicaid health care coverage to families with dependent children and limited income and resources. The amount of your monthly cash payment is determined by the number of members in your family and your current income and resources. The goal of the FIP program is to help you become self-supporting

How To Apply

You should apply for FIP through your local Department of Human Services.

What To Do If You Are Denied

If you apply for FIP but are denied you can appeal the decision. This is done by writing or calling your Department of Human Services within a “timely notice period” after learning of your denial from the program and filing an appeal.

MEDICALLY NEEDY PROGRAM

In Iowa, the Medically Needy Program is a health care program for people: a) who are either under 21, pregnant, blind, disabled or over 65. b) who have resources and income that are limited, but exceed the guidelines for Social Security Income (SSI) and Aid for Families with Dependent Children (AFDC). Sometimes an individual’s or family’s medical costs severely affect their ability to live on their monthly income and resources. Medically Needy is a program designed to provide medical coverage through Medicaid.

How To Apply

If you feel you or your family may qualify for this program, call your county Department of Human Services to apply. You may qualify for another program “State Papers” if you are denied Medicaid through the Medically Needy Program. The Iowa law states you must be denied Medicaid before applying for State Papers.

What To Do If You Are Denied

If you are denied Medically Needy coverage, you can appeal the denial by writing to your Department of Human Services, requesting a hearing. Also, you may qualify for State Papers if denied the Medically Needy Program.

MEDICAID FOR EMPLOYED PEOPLE WITH DISABILITIES (MEPD)

Many persons with disabilities may be able to work and maintain medical assistance coverage. Like most all entitlement/benefit programs, eligibility will be determined by a variety of qualifications. Some of these requirements include: you must be disabled; you must be under age 65; you must have earned income from employment or self-employment; you will be required to pay a monthly premium when your monthly gross income is above 150% of the federal poverty level (currently \$1197.00). (Premiums are calculated based **only** on the gross income of the disabled individual).

Patients enrolled in Ryan White II may be eligible to receive premium assistance. Please talk with your Ryan White Case Manager if you need assistance.

How to Apply

If you feel you may qualify for this program, call your county Department of Human Services to apply. If you are approved and required to pay a premium for the Medicaid, payment must be received by the due date to receive the coverage.

What To Do If You Are Denied

If you are denied coverage for MEPD, you can appeal the denial by writing to your local Department of Human Services, requesting a hearing. Also, you may qualify for State Papers if denied the MEPD Program.

AIDS/HIV WAIVER PROGRAM

The AIDS/HIV HCBS (Home and Community Based Services) waiver pays for services for people with acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection who would otherwise require care in a medical institution.

How To Apply

You should apply for the AIDS/HIV Waiver Program through your local Department of Human Services. To be eligible for the AIDS/HIV waiver, a person must meet ALL of the following requirements:

- Be diagnosed by a physician as having AIDS or HIV infection. The Iowa Foundation for Medical Care (IFMC) is responsible for verifying the applicant's diagnosis.
- Be certified by IFMC in need of the level of care that would, but for HCBS program, otherwise be provided in either a:
 - Nursing facility
 - Skilled nursing facility or Hospital
- Require at least one HCBS service quarterly, as determined by the service worker, consumer, and interdisciplinary team.
- Has service needs that do not exceed the cap established for the HCBS AIDS/HIV program.
- Has a service plan in place developed by the service worker in consultation with the interdisciplinary team. The service plan includes the frequency of waiver services and the providers or types of providers that will deliver the services.
- Be eligible for Medicaid under one of the coverage groups listed below:

- SSI or SSI-related. The person must meet all of the standard SSI eligibility requirements. The disability determination process is different, in that IFMC verifies the AIDS or HIV diagnosis and determines level of care to meet the disability requirement.
- FMAP-related (Family Medical Assistance Program.) The person must meet all of the standard FMAP eligibility requirements.
- 300% group or eligible for SSI but living in a medical institution.

What To Do If You Are Denied

If you apply for the AIDS/HIV Waiver Program but are denied, you can appeal the decision. This is done by writing or calling your Department of Human Services with a “timely notice period” after learning of your denial from the program and filing an appeal.

MEDICARE

Medicare is available to you if you are at least 65 and are eligible to receive Social Security benefits or have been on Social Security Disability Insurance for two years.

Medicare has two parts: Medical insurance and Hospital insurance. Your hospital insurance provides 60 days of fully covered hospital care, per spell of illness, after you have met a deductible. Then it provides an additional 30 days of hospital coverage with a co-payment; 100 days of skilled nursing facility care; coverage for medically necessary hospital equipment; and in-home skilled nursing care.

In most instances, you do not pay for “Part A” of Medicare. There is a premium for “Part B” of Medicare. Please check with your local DHS (Department of Human Services) financial assistance worker to find out if you would qualify for assistance in paying this premium.

How To Apply

Apply for Medicare by calling 1-800-772-1213 to make an appointment at your local Social Security Office. You also have the option of conducting your appointment over the telephone.

What To Do If You Are Denied

If the Social Security Administration denies your eligibility for Medicare because you do not qualify for Social Security benefits, you may be eligible for Supplemental Security Income. Ask your Social Security worker to help you apply for SSI. The Medically Needy Program may also be available to help you with health care cost, if you learn you are not eligible for SSI because you have more income and resources than are allowed. (See SSI and Medically Needy Program). In addition, you have the right to challenge a Medicare reimbursement decision with which you disagree. You can appeal the decision by contacting your Medicare intermediary (for hospital services) or Medicare carrier (for physician services).

MEDICARE PART D

On January 1 2006, Medicare will offer Medicare Part D, prescription drug coverage for all persons covered by Medicare. If you receive Medicare benefits and have limited income and resources, you may qualify for additional assistance to pay for prescription drug program premiums, your annual deductible and co-payments. Limited income is defined as less than \$14,355 annually for a single person and \$19,245 annually if you are married and living with your spouse. Resources are defined as less than \$11,500 for a single person and \$23,000 for a married couple. This amount does not include your house or car.

You can apply for this additional assistance through the Social Security Administration or your local Department of Human Services. The amount of assistance you receive will be based on your income and resources.

You will also need to enroll in Medicare Prescription Drug Plan for Medicare to pay toward your prescription drug costs. This can be done between November 15, 2005 and May 15, 2006. If you join by December 31, 2005, your coverage begins January 1, 2006. If you enroll in a prescription drug plan after January 1, 2006 your coverage will begin on the first of the month following the month in which you enroll.

For more information on eligibility for additional assistance with prescription drug costs and how to apply call the Social Security Administration at 1-800-772-1213. In October, 2005 you should receive detailed information about the choice of prescription drug plans. The "Medicare and You 2006" handbook will be available by calling 1-800-633-4227 or by visiting www.medicare.gov on the web.

SOCIAL SECURITY DISABILITY INSURANCE (SSDI)

SSDI is a program that can provide you with monthly cash benefits if you are considered disabled for 12 months or longer and have earned enough work credits by paying into "FICA." Your monthly payment is based on your age, years of employment, and salary. If you remain on SSDI for 24 months, you will qualify for Medicare beginning the 25th month.

How to Apply

You need to apply for SSDI through the Social Security Administration by calling 1-800-772-1213. The Social Security Operator will help you arrange an appointment for a telephone interview with your local Social Security district office.

After completing your telephone interview with the Social Security worker, s/he will send you a copy of the information, which they have taken. You will need to read this carefully to make sure the information is correct, sign it, and return it to the Social Security Administration **by the due date they request it.** The Social Security worker will also send you a "Disability Report" which you need to complete timely and return to the Social Security Office.

What To Do If You Are Denied

- Many people do not receive SSDI benefits the first time they apply, but go on to become eligible when they follow through with the SSDI appeals process. Therefore, do not give up if you are denied benefits. You can appeal the Social security decision by taking the following steps: 1) File for a "Reconsideration" at your local Social Security Office within 60 days after your denial. 2) If denied during the "Reconsideration" you have additional appeals options. Ask your Social security worker to explain this process, or contact the clinic social worker.

SUPPLEMENTAL SECURITY INCOME (SSI)

SSI guarantees you a minimum monthly income if you are over 65, blind, or disabled for 12 months or longer and determined to have limited income and resources. Iowa provides Medicaid health care coverage when you qualify for SSI.

How To Apply

You need to apply for SSI through the Social Security Administration by calling 1-800-772-1213. The Social Security operator will help you arrange a telephone interview with your local Security district office.

After you have completed your telephone interview, the Social Security worker will mail you a "Disability Report" which you will need to complete and return to your Social Security Office. You should also receive a copy of the information that you provided to Social Security. Read this carefully to make sure the information is correct, sign it, and return it to the Social Security Administration.

What to Do If You Are Denied

Many people do not receive SSI benefits the first time they apply, but go on to become eligible when they go through the SSI appeals process. Therefore, do not give up if you are denied benefits. You can appeal the Social Security decision by taking the following steps:

- 1) File for a "Reconsideration" at your local Social Security Office within 60 days after your denial.
- 2) If denied during the "Reconsideration" you have additional appeals options. Ask your Social Security worker to explain this process, or contact the clinic social worker.

IOWACARE

IowaCare is limited health care. This program can give some inpatient and outpatient services, doctor and advanced registered nurse practitioner services, dental services, limited prescription drug benefits, and transportation. If you live in Iowa, you can get care at University of Iowa Hospitals and Clinics. If you live in Polk County, you can also get medical care at Broadlawns Hospital.

You may need to pay a premium to get IowaCare. The amount of your premium is based on the amount of money you get each month. Your premium will be due at the end of each month. You must pay one month at a time, but at least four months of premiums. IowaCare coverage may stop if you don't pay your monthly premium.

How to apply

In order to apply for IowaCare, you must either complete an application at your local Department of Human Services (DHS) or at the University of Iowa Hospitals and Clinics. You can bring or mail your application to your local DHS or to your clinic social worker. If it looks like you may be able to get regular Medicaid, your DHS worker may need to ask for more information. If you are not eligible for Iowa Care, your DHS worker will let you know.

SUPPLEMENTAL/EMERGENCY FUNDS

Community AIDS organizations may have limited additional money from the Ryan White Care Act federal funding or locally generated emergency funds. Ask the Clinic Social Worker about the organization serving your community.