



Get Help: Alcohol & Drug Addiction

Addiction and HIV often go hand in hand. Some people may have gotten the virus by sharing needles during intravenous drug use or by having sex with someone who had HIV and was under the influence. Regardless, the realization that you have HIV doesn't make your issues with drug addiction obsolete. In fact, the fear and depression that often accompany an HIV diagnosis can make your drug use and abuse a bigger problem.

If you have HIV and are addicted to drugs, you need drug rehabilitation. The month of September is National Alcohol & Drug Addiction Recovery Month, an awareness campaign that promotes the benefits of treating alcohol and drug use disorders. The campaign promotes the message that recovery from alcohol and drug disorders in all its forms is possible. It also provides information about drug and/or alcohol rehabilitation programs throughout the United States. For more information, go to www.recoverymonth.gov.

Source: Department of Health and Human Services (www.recoverymonth.gov).

Is Your Cholesterol Under Control?

It's important to think about cholesterol when you have HIV, as uncontrolled cholesterol can increase your risk of heart disease.

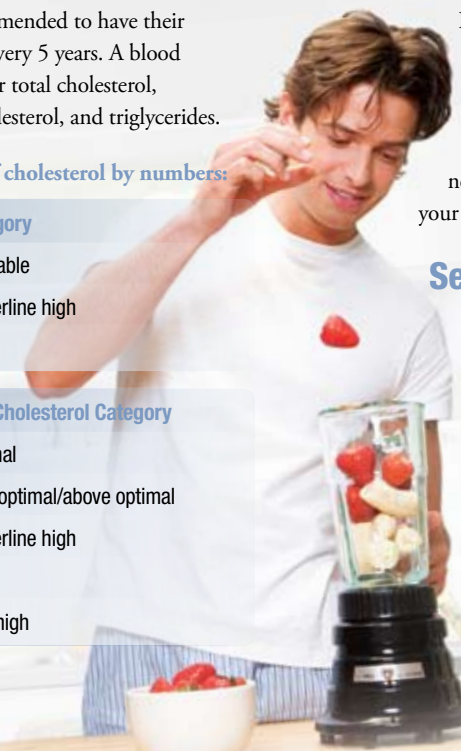
Everyone aged 20 and older is recommended to have their cholesterol measured at least once every 5 years. A blood test can give information about your total cholesterol, LDL (bad) cholesterol, HDL (good) cholesterol, and triglycerides.

The table below describes the impact of cholesterol by numbers:

Total Cholesterol Level	Category
Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline high
240 mg/dL and above	High

LDL Cholesterol Level	LDL Cholesterol Category
Less than 100 mg/dL	Optimal
100-129 mg/dL	Near optimal/above optimal
130-159 mg/dL	Borderline high
160-189 mg/dL	High
190 mg/dL and above	Very high

Source: National Heart, Lung, and Blood Institute (www.nhlbi.nih.gov/health/public/heart/cholesterol/wyntk.pdf).



Ideally, you want your LDL cholesterol to be lower, your HDL cholesterol to be higher, and your triglyceride levels to be within target range. To improve your cholesterol, have a healthy diet, lose weight, partake in regular physical activity, and use cholesterol-lowering drugs, if necessary. By lowering your cholesterol, you can reduce your risk of developing heart disease or having a heart attack.

September is National Cholesterol Education Month!

High blood cholesterol affects more than 65 million Americans. It's a serious condition that increases your risk for heart disease. The higher your cholesterol level, the greater the risk. You can have high cholesterol and not know it. Lowering cholesterol levels reduces your risk for developing heart disease. September is National Cholesterol Education Month, a good time to get your blood cholesterol checked and take steps to lower it if it's high. It's also a good time to learn about lipid profiles, food, and lifestyle choices that help you reach personal cholesterol goals.

Source: National Heart, Lung, and Blood Institute (<http://hp2010.nhlbi.nih.net/cholesterolmonth/>).

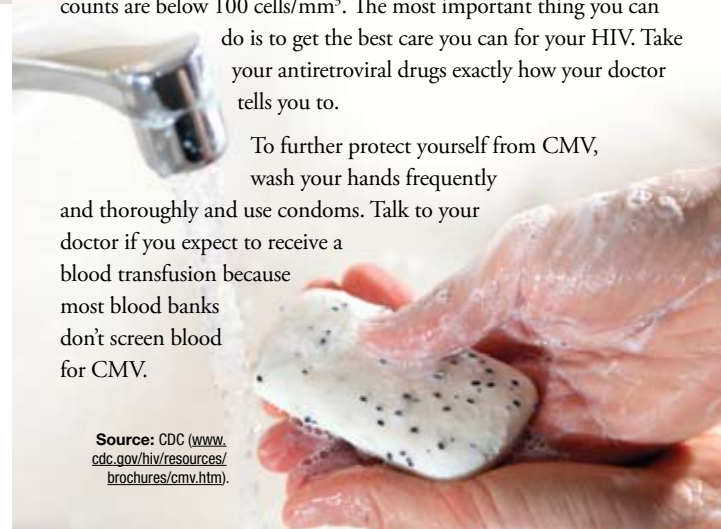
Preventing Cytomegalovirus

Cytomegalovirus, commonly known as CMV, is a virus that can cause blurred vision and blindness, painful swallowing, diarrhea, and pain, weakness, and numbness in the legs in people living with HIV. CMV spreads from one person to another in saliva, semen, vaginal secretions, blood, urine, and breast milk. You can get CMV when you touch these fluids with your hands, then touch your nose or mouth. People can also get CMV through sexual contact, breastfeeding, blood transfusions, and organ transplants.

CMV disease mostly affects HIV-infected people whose CD4 cell counts are below 100 cells/mm³. The most important thing you can do is to get the best care you can for your HIV. Take your antiretroviral drugs exactly how your doctor tells you to.

To further protect yourself from CMV, wash your hands frequently and thoroughly and use condoms. Talk to your doctor if you expect to receive a blood transfusion because most blood banks don't screen blood for CMV.

Source: CDC (www.cdc.gov/hiv/resources/brochures/cmV.html).



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Healthy Living With HIV

Feature:
Are Your Vaccinations Up to Date?



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VISIT US ONLINE AT
www.patientedu.org/hiv

Are Your Vaccinations Up to Date?

People who have HIV have weakened immune systems, making them more susceptible than others to getting infections. Several vaccinations, or immunizations, are often recommended to HIV patients so that serious illnesses can be prevented.

There are many reasons why people living with HIV should be immunized from other disease and infections. Because of vaccinations, some diseases such as polio and diphtheria have become very rare in the United States. Until all other diseases and infections can be eliminated, it's important to keep immunizing, even if there are only a few cases of disease throughout the U.S. If the protection given by vaccination is taken away, more and more people will be infected. The disease will also spread to others, undoing any progress that has been made over the years. Vaccinations are one of the best ways to put an end to the serious effects of certain diseases.

Immunizations Help

Since HIV weakens the immune system, people living with the virus are more likely to get infections than others. The CDC has created recommendations for people living with HIV to receive several vaccinations, or immunizations, to prevent other serious illnesses that may develop because they're immunocompromised.

Immunizations are most effective in people who have CD4 cell counts higher than 200 cells/mm³. People with CD4 cell counts lower than this may not respond to some vaccines. In some cases, they may require additional doses of vaccine to achieve their intended protective effect. Healthcare providers can determine whether or not vaccinations are effective by performing a blood test for antibodies to the virus.

The CDC recommends that all HIV patients receive vaccines for the hepatitis B virus, influenza (flu), measles, mumps and rubella, polysaccharide pneumococcal pneumonia, and tetanus and diphtheria. See the table to the right for a summary of vaccinations that are recommended for all people living with HIV.

Source: AIDSinfo.nih.gov (http://aidsinfo.nih.gov/ContentFiles/Recommended_Immunizations_FS_en.pdf).

Special Circumstances

In some people living with HIV, the hepatitis A virus (HAV) vaccine, the hepatitis A/hepatitis B combined vaccine, the *Haemophilus influenzae* (*H. influenzae*) type B vaccine, and/or the meningococcal vaccine may be necessary. People should receive the HAV vaccine if they are healthcare workers, men who have sex with men, injection drug users, hemophiliacs, living with chronic liver disease (including chronic hepatitis B or C), or traveling to parts of the world where hepatitis is prevalent. The HAV/hepatitis B virus (HBV) combination vaccine is needed if you have both HAV and HBV immunization. The *H. influenzae* type B vaccine helps prevent bacterial meningitis caused by *H. influenzae* type B. The meningococcal vaccine helps prevent bacterial meningitis caused by *Neisseria meningitidis*.

When Not to Vaccinate

Four vaccines—anthrax, smallpox, varicella (chicken pox), and varicella-zoster (shingles)—are not recommended for people living

Summarizing Recommended Vaccines for All HIV-Positive Adults

Immunization Name	Associated Disease	Dosage	Comments & Warnings
Hepatitis B virus (HBV)	Hepatitis B	3 shots over a 6-month period	Recommended unless there is evidence of immunity or active hepatitis. Blood test to check for HBV antibody levels should be done after completion of immunization series. Additional shots may be necessary if antibody levels are too low.
Influenza	Flu	1 shot	Must be given every year. Only injectable flu vaccine should be given to those who are HIV positive. The nasal spray vaccine should not be used in this population.
Polysaccharide pneumococcal	Pneumonia	1 or 2 shots	Should be given soon after HIV diagnosis, unless vaccinated within the previous 5 years. If CD4 count is <200 cells/mm ³ when the vaccine is given, immunization should be repeated when CD4 count is ≥200 cells/mm ³ . Repeat one time after 5 years.
Tetanus & Diphtheria Toxoid (Td)	1. Lockjaw 2. Diphtheria	1 shot	Repeat every 10 years.
Tetanus, Diphtheria, & Pertussis (Tdap)	1. Lockjaw 2. Diphtheria 3. Pertussis	1 shot	Recommended for adults 64 years of age or younger and should be given in place of next Td booster. Can be given as soon as 2 years after last Td for persons in close contact with babies under 12 months and healthcare workers.

Source: AIDSInfo.nih.gov (http://aidsinfo.nih.gov/ContentFiles/Recommended_Immunizations_FS_en.pdf).

with HIV. Viral vaccines contain a live virus and should only be given in people with HIV if the possible health benefits clearly outweigh the risks. This is because live viral vaccines can sometimes infect the person receiving them. In some instances, live viral vaccines may infect people who come into close contact with a recently vaccinated person. The key for people living with HIV is to talk with doctors about whether or not some immunizations are needed.

