

[STD Update] FYI 1-6: HIV antibody infusion safely suppresses virus in infected people, Switching to two-drug HIV regimen would save big money, Examining the long-term impact of HIV-related wasting, 3 papers, 1 FOA, more.

National Stories

HIV Antibody Infusion Safely Suppresses Virus in Infected People

Switching to Two-Drug HIV Regimen Would Save Big Money

Can Google Searches Predict An STD Outbreak? UIC Researchers Aim To Find Out

Examining the Long-term Impact of HIV-Related Wasting

NHPC 2015: Evidence for PrEP Efficacy Grows, but Implementation Presents Challenges

VIDEO: First TAF-based HIV regimen simplifies treatment, reduces toxicity

Scientific Papers/Conference Abstracts

Syphilis Experiences and Risk Perceptions Among Repeatedly Infected Men Who Have Sex with Men

Trends in Chlamydia Screening, Test Positivity, and Treatment Among Females in California Juvenile Detention Facilities, 2003–2014

Assessing Relationship and Sexual Satisfaction in Adolescent Relationships Formed Online and Offline

Resources, Webinars, & Announcements

New WHO Recommendations Aim to Improve HIV Care

NCC Expert Commentary: Updates to the United States Preventive Services Task Force Chlamydia Screening Guidelines: A Delicate Balance Between Evidence and Action

2015 YEAR-END STATE POLICY ROUNDUP

Office on Women's Health Launches STD Prevention Campaign Aimed at Teen Girls

FOA: HHS Office of Adolescent Health (OAH) Grantees Seek Innovative Approaches to Adolescent Health and Teen Pregnancy Prevention

National Stories

HIV Antibody Infusion Safely Suppresses Virus in Infected People

Small NIH Trial Provides Foundation for Further Studies of Antibody-Based Therapy
Press Release, NIAID | 12.23

WHAT:

A single infusion of a powerful antibody called VRC01 can suppress the level of HIV in the blood of infected people who are not taking antiretroviral therapy (ART), scientists at the National Institutes of Health report in a paper published today. The researchers also found that giving HIV-infected people VRC01 antibodies by infusing them into a vein or under the skin is safe and well tolerated, and the antibodies remain in the blood for an extended period.

The Phase 1 clinical trial conducted by scientists at the Vaccine Research Center of the National Institute of Allergy and Infectious Diseases (NIAID) involved 23 HIV-infected people, 15 of whom were taking ART and eight of whom were not. The individuals on ART received two infusions of VRC01 28 days apart, and those not on ART received one antibody infusion. The investigators assessed whether the antibody infusions were safe and whether they reduced the amount of HIV in blood plasma (the viral load) or within blood cells.

The researchers found that while antibody infusions did not reduce the amount of HIV in blood cells, they reduced plasma viral load more than 10-fold in six of the eight people who were not on ART. In the two people in this group who began the study with the lowest viral loads, the antibody suppressed HIV to extremely low levels for approximately 3 weeks—as long as VRC01 was present at therapeutic concentrations. In the other four people whose HIV levels declined, their viral load fell substantially but did not reach undetectable levels. In the two people not on ART whose viral loads remained steady despite the antibody infusion, it was subsequently found that the predominant HIV strain in their bodies had been resistant to VRC01 at the outset. The antibody also did not appear to have any effect in people taking ART, whose virus was already suppressed.

Several ongoing NIAID clinical studies will further elucidate the potential role of HIV antibodies in treating or preventing HIV infection.

ARTICLE:

RM Lynch, et al. Virologic effects of broadly neutralizing antibody VRC01 administration during chronic HIV-1 infection. *Science Translational Medicine* DOI: 10.1126/scitranslmed.aad5752 (2015).

View the story online: [Click here](#)

Switching to Two-Drug HIV Regimen Would Save Big Money

As reported by POZ | 12.31

The investigational two-drug HIV treatment regimen of Tivicay (dolutegravir) and Epivir (lamivudine) would be a highly cost-effective first-line option and would save a great deal of money over standard three-drug regimens, *aidsmap* reports. Publishing their findings in *Clinical Infectious Diseases*, researchers used a model to calculate the incremental cost-effectiveness ratios (ICERs) for four different treatment strategies, presuming that a strategy was cost effective if its ICER was below \$100,000 per quality-adjusted life year (QALY).

A QALY is one year spent in perfect health. An ICER is the relative cost of buying an additional QALY when comparing two strategies.

The four treatment strategies included: no treatment; first-line treatment with Tivicay and Epivir; starting treatment with a three-drug regimen of Triumeq (dolutegravir/abacavir/lamivudine) and then, for those with a fully suppressed virus after 48 weeks of treatment, switching to Tivicay/Epivir; or treatment with Triumeq.

The ICER for using the three-drug regimen followed by the two-drug regimen was \$22,500 per QALY, compared with no treatment. Compared with the three-drug/two-drug protocol, treating with Triumeq

had an ICER of over \$500,000 per QALY. The ICER for the two-drug treatment, compared with no treatment, was \$26,000 per QALY.

If half of Americans starting HIV treatment followed the three-drug/two-drug or the two-drug protocols, the five-year savings would be a respective \$550 million and \$800 million. If a quarter of people with a fully suppressed viral load switched to two-drug treatment, this would save \$3 billion in five years.

To read the aidsmap article, [click here](#).

To read the study abstract, [click here](#).

View the story online: [Click here](#)

Can Google Searches Predict An STD Outbreak? UIC Researchers Aim To Find Out

Karis Hustad, ChicagoInno | 12.18

If someone types "weird rash" into Google it could indicate a lot of different things. But if hundreds of people in one geographic area are typing that phrase into Google, that could indicate something more serious--such as the outbreak of an STD.

Until recently, access to more granular search data wasn't available outside of Google. However, in an effort to explore the power of search, Google allowed a limited number of public health researchers to access that search data to better understand if aggregate Internet searches can become a tool in catching outbreaks of infectious diseases.

One of those research teams is led by Supriya Mehta, an epidemiologist at University of Illinois at Chicago, and Amy Johnson, a PhD candidate at UIC. Their research team is one of at least four universities granted access to this search data this fall, according to Kaiser Health News, and now they're embarking on a project to create predictive models that could offer cities and even community areas insight into the source and spread of STDs.

Having access to this search information is key, said Johnson, because current disease data doesn't allow for a real time response. Data is based off of cases, which means someone actually has to have been diagnosed with an STD to be included as a case. Google searches allow researchers to see those who are just starting to exhibit symptoms.

"A much larger population, or piece of the pyramid of people who are infected, will search online [instead of being diagnosed]," Johnson said to Chicago Inno. "It will give us better information about the true burden of disease in communities."

"It is very powerful that people have anonymous and instant access to health information," she added. "If they're experiencing symptoms in the middle of the night, maybe have limited insurance coverage, and are maybe not sure who to go to when they're experiencing symptoms, they can Google it."

Of course, not everyone who Googles "weird rash" is going to have an STD, and there are other factors, such as news events, can skew results. Mehta and Johnson are using a multi-query model and previous

disease data to inform the predictive model, with the aim of eliminating false trends. In addition, leading up to their current project they interviewed current STD patients about their search habits to get a better sense of patients' search habits and keywords.

Though Google has the overwhelming market share on search (about 63 percent), Johnson acknowledged that people go to different search engines for different reasons so it will be important going forward to add data from Bing and Yahoo to make the model more robust. They're planning on reaching out to both sites as they move forward.

This isn't the first time that Google has used its data to try to find solutions to public health issues. Previously the search engine has tracked flu, HIV, West Nile, and varicella outbreaks, among other infectious diseases. However, their tools could over-predict and miss cases, among other flaws.

Johnson stressed that even as they dive into their research further, harnessing Google searches should just be an extra tool for community health centers and shouldn't replace traditional data collecting habits. But she added that the benefit of Google search is that it can be broken down to the truly local level to inform health decisions by community area. Public health advocates could use the data as evidence that there's an outbreak, and then know where to allocate resources and funding. To explore this further, the team will be working with public health departments in Chicago and New York City.

"Having access to medical information to care for yourself is amazing, and revolutionary in and of itself," she said. "But then having access to that data to plan and support people is also very exciting."

View the story online: [Click here](#)

Examining the Long-term Impact of HIV-Related Wasting

As reported by [aidsmeds.com](#) | 12.15

HIV-associated wasting can impact more than just body mass, but overall quality of life and physical function as well. Publishing their findings in the journal *AIDS*, researchers studied 85 HIV-positive men diagnosed with wasting, along with 249 HIV-positive men without wasting and 338 HIV-negative men.

Eighty percent of the study visits were post-1996, when combination antiretroviral therapy became widely available.

The assessments of the men with wasting were conducted a median four years after they were diagnosed with the condition. By then they had regained some of the weight they had lost, but weighed about 18 to 20 pounds less than the HIV-positive men who did not have wasting. The researchers believe that the weight the men with wasting did regain was mostly in the form of fat, while the weight they had lost was mostly in lean muscle mass.

The men with wasting had lower grip strength and lower quality of life when compared with the HIV-positive men who did not have wasting. Compared with HIV-negative men, the men with wasting had lower physical quality of life but higher mental quality of life.

Looking just at the HIV-positive men and controlling for lowest-ever CD4 count and AIDS diagnoses, the researchers found that wasting did not make a significant difference in physical quality of life.

To read the aidsmap article, [click here](#).

To read the study abstract, [click here](#).

View the story online: [Click here](#)

NHPC 2015: Evidence for PrEP Efficacy Grows, but Implementation Presents Challenges

Liz Highleyman, HIVandHepatitis.com | 12.16

Pre-exposure prophylaxis (PrEP) was a major topic at the 2015 National HIV Prevention Conference (NHPC) last week in Atlanta. A growing body of evidence continues to confirm that Truvada PrEP is highly effective for preventing HIV if taken regularly, both in clinical trials and in real-world clinical use. Yet uptake has been uneven, and researchers and front-line health workers are learning about barriers to PrEP implementation and scale-up for diverse population groups.

"The argument is over about PrEP," National Institute of Allergy and Infectious Diseases (NIAID) director Anthony Fauci said during his opening lecture. "If you take the drug, it works, not only in a clinical trial but in the field."

That message appears to finally be getting out to people at risk for HIV and their providers.

"We're now reaching a tipping point where clinicians are hearing that their colleagues are prescribing PrEP and maybe they could too," said Dawn Smith of the Centers for Disease Control and Prevention.

A plenary lecture by NIAID Division of AIDS director Carl Dieffenbach and dozens of abstract presentations were devoted to different aspects of PrEP, ranging from knowledge and attitudes of users and providers, to implementation of PrEP programs in various settings

"PrEP works, but only if you take it," Dieffenbach emphasized, underlining the importance of offering PrEP as part of a comprehensive prevention package that is attractive to the people most at risk for HIV.

New PrEP methods are "not on the horizon, but just over the horizon," Dieffenbach continued, potentially including broadly neutralizing antibodies, microbicides in rings or other sustained-release delivery systems, and long acting injectable agents. "We may one day have PrEP that can be administered once a year," he predicted.

Some of the most promising findings on Truvada (tenofovir/emtricitabine) PrEP in real-world use have come from cities with large populations of gay men, progressive political attitudes, and generous public health funding. A number of speakers addressed the growing adoption of PrEP within the gay community and what this means for sexual health and relationships.

"The social implications [of PrEP] are just as important for young gay and bi men as the public health and medical implications," Noël Gordon of the Human Rights Campaign said during a panel discussion following Dieffenbach's talk.

But as New York City assistant health commissioner Demetre Daskalakis stressed, PrEP is "not just a big old gay good time," and access needs to expand "beyond our gay choir."

San Francisco Experience

Several presenters touted the success of San Francisco in preventing and treating HIV. The city's Getting to Zero initiative includes PrEP as part of its 3-prong strategy, along with rapid access to antiretroviral therapy (ART) and retention of HIV-positive people in care.

San Francisco was a study site for the pivotal iPrEx trial and one of the first PrEP demonstration projects. By some estimates a quarter to a third of at-risk gay and bisexual men in the city are on PrEP. Newly diagnosed HIV infections fell by about 40% between 2006 and 2014 -- reaching a new low of 302 -- though it is probably too soon for PrEP to have made a substantial contribution to the latest numbers.

Steve Gibson presented findings from the San Francisco's AIDS Foundation's Magnet, a sexual health clinic serving gay men in the Castro neighborhood. The Magnet PrEP health program launched in November 2014. Care is provided mainly by nurses and a benefits navigator helps clients find ways to pay for Truvada. After a medical evaluation that includes HIV, sexually transmitted infection (STI), and basic lab tests, eligible participants receive a prescription the same day.

A client survey in November 2014 found that 91% had heard of PrEP, 60% were interested in it, and 19% had already used it. During a 1-year period, 695 people were screened for the PrEP program and 90% enrolled.

All but 2 participants were non-transgender (cisgender) men, with a mean age of 34 years (range 18-71). More than two-thirds (69%) were white and 24% were another race (including 5% black); 24% identified as Hispanic. Participants reported an average of 19 sexual partners a year. About 20% were diagnosed with STIs at enrollment. Most (91%) said they wanted PrEP because they have condomless sex and 12% had a HIV-positive partner.

No new HIV infections were seen among the PrEP users over about 1 year of follow-up. Adherence remained high over time -- 95% at month 1 on PrEP and 94% at month 7 reported they missed fewer than 3 doses during the past week. Among the 582 men surveyed at month 1, 13% reported less condom use, 15% reported more, and 59% reported no change. Among the 124 men who responded at month 7, 15% said they used condoms less, 37% said they did so more, and 48% reported no change.

"PrEP is easy, safe, effective, and needed," Gibson and colleagues concluded, adding that and administration can be done by nurses and volunteers.

"The bottom line is that there were no new HIV infections," Gibson said. "We've found that the combination of clinical services combined with benefits navigation is what helps insure that people can start taking the medication the same day, often costing the client nothing."

Gibson acknowledged that "PrEP in the Castro is not going to be the same as PrEP throughout San Francisco," noting that San Francisco AIDS Foundation has also opened a PrEP clinic at its South of Market location, which will serve a more diverse clientele including transgender women in the SoMa/Civic Center/Tenderloin neighborhoods.

San Francisco City Clinic, located South of Market, was one site of the 3-city PrEP Demo Project, after which it started an ongoing PrEP program to meet growing demand.

Stephanie Cohen and colleagues described integration of PrEP into routine sexual health services at City Clinic, which sees approximately 11,000 clients annually, including more than 4000 HIV-negative gay and bi men. A higher proportion are non-white compared to Magnet's clientele (8% black, 29% Latino, and 15% Asian). More than half of PrEP clients were uninsured and among those who had insurance 65% were on Medi-Cal/Medicaid.

The researchers said that PrEP delivery in a municipal STI clinic setting is feasible, but requires dedicated staff to provide counseling and help people enroll in medication assistance programs or other coverage.

"Having staff available for immediate consultation and ongoing case management, including referrals for housing, employment, mental health, and substance use treatment, may have facilitated PrEP uptake and retention," they concluded. "By offering PrEP in our [STI] clinic, we were able to reach a diverse population at substantially elevated HIV risk, and increase access to care by helping clients enroll in health insurance."

Popular PrEP

New York City, Chicago, and Seattle are other cities where PrEP has been promoted by local public health officials.

In June 2014 the governor of New York State announced a plan to end HIV/AIDS as an epidemic and -- like San Francisco -- made PrEP one of the 3 key pillars of the effort. A majority of HIV-positive people and people at risk in the state live in New York City.

Daskalakis described Department of Health and Mental Hygiene (DOHMH) efforts to accelerate PrEP implementation, including social marketing to promote awareness in high-priority populations, creation of informational materials, lunchtime "detailing" to train providers to deliver PrEP, and maintaining a public listing of doctors and nurses willing and able to provide PrEP. DOHMH offers PrEP at no cost to people who are uninsured or underinsured at STI clinics and other sites.

Nana Mensah and colleagues looked at awareness and use of PrEP among HIV-negative gay and bi men in New York City recruited via social networking and hook-up sites or apps. They reported that PrEP awareness increased significantly, from around 30% in the Spring of 2012 to over 80% in the Fall of 2014. PrEP use also increased significantly, from less than 2% to approximately 7%. Men who were white, older, and had more than a high school education were more likely to know about and use PrEP.

A team from Chicago reported outcomes from a PrEP program started in March 2014 at Howard Brown Health Center (HBHC), a large LGBT community health clinic. After a successful pilot program in which the Chicago Department of Public Health Lakeview STI Clinic referred HIV-negative gay men diagnosed with syphilis or rectal gonorrhea and partners of HIV-positive clients to HBHC for PrEP services, the model was expanded to other DPH STI clinics.

Bryan Bautista-Gutierrez and colleagues said they significantly underestimated the amount of time a newly hired adherence counselor would have to spend processing medication and copay assistance

paperwork, while overestimating the time spent actually providing prevention and adherence counseling.

Washington State is not as large and does not have as high HIV prevalence as other early-adopter jurisdictions, but the state Department of Health took the lead in developing a "PrEP DAP" drug assistance program to help residents pay for Truvada. As in San Francisco and New York, the End AIDS Washington campaign includes PrEP as a priority intervention.

PrEP DAP, launched in April 2014, uses the state's ADAP (AIDS Drug Assistance Program) infrastructure. Eligible participants are either HIV-negative people with an HIV-positive partner, or high-risk HIV-negative gay and bisexual men. A majority live in King County (which includes Seattle) and more than 80% are insured. The program, which has no income requirements, covers the cost of Truvada only, not provider visits or lab tests.

Marie Courogen of the Washington State Department of Health reported that just over 700 participants are receiving Truvada through the program -- far more than the 200 initially planned.

To date no new HIV seroconversions have been seen among program participants, although some early infections have been detected on initial testing of people seeking PrEP. So far the program has managed to stay within its \$2 million budget -- in part because many applicants have insurance and require only copay assistance rather than full PrEP coverage -- but it is starting to reach its limits and is looking for more sources of funding.

Seattle has also pioneered the concept of a pharmacist-run PrEP service in a community pharmacy setting. Pharmacists with the One-Step PrEP service -- established in March 2015 -- provide blood testing, counseling, and PrEP during a single visit.

"If sustainable, PrEP in pharmacies would provide an additional option for accessing this mode of HIV prevention for high-risk individuals who do not have a primary care provider or whose PCP is not experienced with this type of treatment," Elyse Tung and colleagues concluded.

Engaging Communities of Color

Across the bay but a world away from San Francisco, people at risk for HIV in Oakland are more likely to be African American and to have lower incomes and less education, on average. As in San Francisco, however, a majority of people newly diagnosed with HIV are men who have sex with men (MSM) -- over 70% in 2010-2012.

Ifeoma Udoh of Pangea presented findings from Oakland's CRUSH Project (Connecting Resources for Urban Sexual Health), a demonstration project integrating routine sexual health services -- including STI screening, PrEP, and post-exposure prophylaxis (PEP) -- into an existing HIV primary care clinic. The project targets gay and bisexual men and transgender people age 18-29, with a focus on people of color.

The CRUSH Project, started in February 2014, is located at the East Bay AIDS Center (EBAC), operated by the large non-profit Sutter Health system. The project's supportive services are modeled after EBAC's Downtown Youth Clinic, which includes outreach to at-risk youth, linkage to and retention in care, adherence support, and prevention services. Among the more than 200 HIV-positive young people seen at the clinic, more than 80% have achieved viral suppression.

"The population is very different and the makeup of the epidemic is very different" in Oakland compared to San Francisco, according to Udoh. The epidemic is "highly focused on communities of color," and there is no publicly supported STI clinic in Alameda County. "There is no municipal sexual health clinic like SF City Clinic and we don't have a Magnet," she said.

Between February 2014 and November 2015 CRUSH enrolled 281 participants. At the time of the analysis 177 were currently enrolled, 66 had completed follow-up, 21 were lost to follow-up after 12 months, and 17 discontinued before 12 months. Referrals primarily came from clinic staff, outside providers, community organizations, or other project participants. PrEP uptake was driven by social networks, with staff outreach efforts being less successful.

Among the enrolled participants, 252 chose to start PrEP, and they stayed on it for an average of about 10 months. PrEP users were mostly men (about 95%), with a small number of women or transgender participants; the average age was 25 years. About 80% were people of color, mostly Hispanic/Latino, black, or mixed race/ethnicity. About 60% were uninsured but qualified for Medi-Cal/Medicaid or Covered California (Affordable Care Act) coverage.

Participants seeking PrEP needed both sexual health and primary care services. About 70% already had STIs at enrollment -- before starting PrEP. About a quarter of people seeking PrEP were found to need PrEP due to a recent high-risk sexual exposure.

"The PEP to PrEP to PEP to PrEP continuum cannot be overemphasized -- many went back and forth," Udoh said.

No CRUSH participants have seroconverted while on PrEP, Udoh said, although some were identified as being already HIV-positive when they came in for pre-PrEP testing.

Udoh's team concluded that it was important to include a benefits counselor to help people access insurance. A related CRUSH Project analysis found that patient navigators and retention coordinators also play an important role, helping young clients navigate through the medical system, calling or texting reminders about upcoming appointments, and encouraging adherence.

In response to an audience question, Udoh said that the lack of women accessing PrEP is an important issue, and the CRUSH Project will be starting an arm for women.

Turning to another city where the HIV epidemic is concentrated among people of color, Helena Kwakwa discussed engagement of at-risk individuals and communities in PrEP services in Philadelphia.

The Philadelphia Department of Public Health operates 8 federally qualified health center "look-alike" facilities in city neighborhoods, each of which has an HIV clinic and provides a broad array of primary health services including routine HIV testing.

The Strawberry Mansion Health Center was one of the first sites in the nationwide Sustainable Health Center Implementation PrEP Pilot (SHIPP) -- a 3-year program evaluating the scale-up of PrEP delivery at community health centers -- and now all 8 are participating. SHIPP targets MSM, people who inject drugs, and at-risk heterosexual women and men. Health center clinicians and community-based

organizations that offer HIV testing are asked to refer people who test negative but are at high risk to the PrEP program, and HIV providers are asked to refer partners of their HIV-positive patients.

Kwakwa reported that more than 90 people are now receiving PrEP through the health centers. About a third are women -- higher than the proportions in other cities where PrEP programs primarily target gay men -- and 80% are people of color, mostly African American. During follow-up 10 people discontinued PrEP, mainly due to changing circumstances. Unfortunately, one person who stopped PrEP due to mild gastrointestinal symptoms seroconverted 4 weeks later.

Kwakwa said that while prevention services are reaching the people who are at highest risk for HIV infection, only a small number are making it all the way through the PrEP engagement cascade.

Of the 412 men and 280 women initially referred for PrEP -- mostly coming from HIV testing sites at primary care or STI clinics -- 234 men and 139 women indicated they were interested, but only 63 men and 22 women started Truvada. That is, just 15% of the men and 8% of the women who were referred ultimately started PrEP. People referred by clinicians, peers, or partners were more likely to do so than those referred from HIV testing sites.

Kwakwa's team concluded that "timing is key," and finding ways to respond to referrals quickly and in person has improved follow-through. Given that women were about equally likely to express interest in PrEP but less likely to start, they suggested reaching out to women through family planning providers.

PrEP in the Deep South

Finally, Laura Beauchamps described a PrEP collaboration between a federally funded STI clinic and a community-based primary care clinic in Jackson, Mississippi -- a community with among the highest HIV and STI rates in the U.S.

The Crossroads Clinic offers free STI and HIV testing to nearly 5000 people annually, of whom more than 90% are black, about half are women, and 16% are MSM; approximately 12% are young (age 13-29) black gay and bi men, the group with the highest HIV incidence. About 2% of all clinic patients -- but 12% of young gay MSM -- test positive for HIV. The Open Arms Healthcare Center focuses on healthcare for the LGBT population and communities of color.

In January 2014 the 2 clinics established a collaboration to implement a PrEP program. The Crossroads Clinic screens clients for risk behavior, performs HIV and STI testing, and discusses PrEP, while Open Arms does the initial PrEP appointment, clinical evaluation, Truvada prescribing, and follow-up every 3 months.

Beauchamps described 130 gay and bi men who discussed PrEP and expressed interest; 78% were African American. Although 76% were classified as being at high risk for HIV, only 26% perceived themselves as such. Most (86%) said they would be likely to take PrEP if it were prescribed that same day, but only half as many (43%) attended a first PrEP clinical appointment; 73 men ultimately received a prescription for Truvada.

Of the 18% who said they were not interested in a clinical appointment for PrEP, the main reason was low perceived risk. Among those who expressed initial interest but did not follow up with an

appointment, more than half expressed concerns about side effects and cost, while a quarter worried about interactions between Truvada and alcohol or drugs.

Among the young black gay men who received a Truvada prescription, there was again high attrition. Just over two-thirds (69%) actually started taking PrEP, 56% were retained in care at 3 months, and only 35% were still in care at 6 months.

Based on this experience, Beauchamps and her team recommend developing a patient navigator program to assist with education and help overcome common barriers to scaling-up PrEP.

While there has been much discussion of the impact of PrEP on sexually transmitted infections among gay and bi men, these and other studies show that men seeking or being referred for PrEP already are not using condoms and have high STI rates.

"Rectal gonorrhea is pretty much a slam dunk indicator that a person could benefit from PrEP," Dieffenbach said during his plenary talk. "So many people who want PrEP are already going condomless," he added. "If a patient has gonorrhea, their provider can say, 'You could have had HIV, but PrEP is protecting you'...'Keep up the good work' has got to be part of our message."

"When you're screening for STIs every 3 months, you're going to see more than when people come in less often," said Smith of the CDC, suggesting that the resistance of some providers to offer PrEP is like a doctor saying, "I could give you drugs to control your diabetes, but instead I want you to lose weight."

"PrEP can be sexually liberating, a space of empowerment for people previously at the whim of their partners," added Charlene Flash from Baylor College of Medicine. "PrEP is not a silver bullet, it's a tool...We wear white coats as clinicians, not black coats as judges."

View the story online: [Click here](#)

VIDEO: First TAF-based HIV regimen simplifies treatment, reduces toxicity

Healio Infectious Disease News | 12.16

A key takeaway from the GS119 study – one of the investigations that led to the FDA approval of Genvoya in November – was the ability to offer a simpler therapeutic regimen to extensively treated patients with HIV who also had drug resistance, according to Joel Gallant, MD.

Genvoya (Gilead Sciences) is a fixed-dose combination tablet containing elvitegravir, cobicistat, emtricitabine and tenofovir alafenamide (E/C/F/TAF). Gallant, medical director of specialty services at Southwest Care Center in Santa Fe, New Mexico, served as an investigator on GS119. He describes the trial design and results, as well as the potential benefits of this new regimen. In addition to achieving viral suppression, patients were “much happier to be on fewer pills,” according to Gallant, and lower levels of toxicity were observed.

He also reviews other studies presented at IDWeek 2015 regarding E/C/F/TAF.

“We continue to see data from switch studies showing that people do well when they switch from another regimen to a TAF-containing regimen,” Gallant said.

View the VIDEO online: [Click here](#)

Scientific Papers/Conference Abstracts

Syphilis Experiences and Risk Perceptions Among Repeatedly Infected Men Who Have Sex with Men

Plant A, Stahlamn S, Javanbakht M, et al. *Perspectives on Sexual and Reproductive Health* 2015; 47(4): TK, doi:10.1363/47e4415

Context:

In urban areas of the United States, syphilis is a major public health issue for men who have sex with men, despite widespread efforts to curtail a growing epidemic; repeated infections are not uncommon in this population. The ways that men who have sex with men experience and conceptualize syphilis, and how their attitudes and beliefs impact their risk for infection, are poorly understood.

Methods:

In-depth interviews were conducted in 2010–2011 with 19 Los Angeles County men aged 21–54 who reported having male sex partners and had had two or more early syphilis infections within the previous five years. Interview transcripts were analyzed inductively to uncover themes.

Results:

Participants had considerable knowledge about syphilis symptoms, transmission and consequences, and most felt that syphilis was a highly stigmatized disease. They had had 2–5 infections in the past five years, and the majority believed they were at risk for another infection because of their sexual risk behaviors. Many had a sense of fatalism about being infected again, and some expressed that this possibility was an acceptable part of being sexually active. Concern about syphilis often decreased as men experienced more infections. Most participants reported short-term sexual behavior changes after a syphilis diagnosis to prevent transmission; however, few were willing to make long-term behavior changes.

Conclusions:

Additional qualitative studies of men who have sex with men should be conducted to better understand the continuing syphilis epidemic and to help identify the most promising intervention strategies.

View the paper online: [Abstract](#)

Trends in Chlamydia Screening, Test Positivity, and Treatment Among Females in California Juvenile Detention Facilities, 2003–2014

Burghardt NO, Chow JM, Steiner A, et al. *Sex Transm Dis* 2016;43(1):12-17

Background:

Juvenile detention facilities house adolescents at high risk for sexually transmitted diseases. Collaboration between health departments and juvenile detention authorities can provide routine, cost-

efficient chlamydia screening and treatment to females with limited access to care. We describe trends in screening, positivity, treatment, and associated costs in a well-established juvenile detention chlamydia screening program.

Methods:

In the California Chlamydia Screening Project, juvenile detention facilities in 12 counties collected quarterly aggregate data on female census and line-listed chlamydia test results and treatment data from fiscal year (FY) 2003–2004 to FY 2013–2014. Trends in the proportion of females screened, positivity, and treatment by age, race/ethnicity, and facility volume were evaluated by Cochran-Armitage test. The median cost of the program per chlamydia positive identified was compared by facility in FY 2013–2014.

Results:

Data from 59,518 test records among juvenile females indicated high screening rates (75.1%–79.4%). Chlamydia positivity, although consistently high, decreased from 14.8% in 2003–2004 to 11.5% in 2013–2014 ($P < 0.001$). Documented treatment decreased (88.8% in 2005–2006 to 79.0% in 2013–2014, $P < 0.001$); of those treated, treatment within 7 days increased (80.1% in 2005–2006 to 88.8% in 2013–2014, $P < 0.001$). The median cost per chlamydia positive identified was \$708 (interquartile range, \$669–\$894) and was lowest for facilities with high chlamydia positivity.

Conclusions:

The California Chlamydia Screening Project demonstrated consistently high rates of chlamydia screening and positivity among adolescent females while keeping costs low for high-volume facilities. Further improvement in timely treatment rates remains a challenge for extending the impact of screening in this high-risk population.

View the paper online: [Abstract](#)

Assessing Relationship and Sexual Satisfaction in Adolescent Relationships Formed Online and Offline

Blunt-Vinti HD, Wheldon C, McFarlane M, et al. *Journal of Adolescent Health* 2016;58(1):11-16

Purpose:

Using the Internet to meet new people is becoming more common; however, such behavior is often considered risky, particularly for adolescents. Nevertheless, adolescents are meeting people through online venues and some are forming romantic/sexual relationships. The purpose of this study was to examine the relationship and sexual satisfaction reported by teens in online- and offline-initiated relationships.

Methods:

Data were collected from 273 13–19 year olds visiting a publicly funded clinic through 2010 and 2011. Questions included where respondents met the partner (online vs. offline), time between meeting and first sex, how well they knew the partner, and relationship and sexual (R&S) satisfaction. Analyses consisted of descriptive statistics, t tests, and path analysis, exploring R&S satisfaction in online- and offline-initiated relationships.

Results:

R&S satisfaction scores were moderate for adolescents who reported meeting partners online and in person but were statistically higher in offline-initiated relationships. There was an inverse relationship between having an online partner and both relationship and sexual satisfaction. Additionally, knowing partners for a longer period of time and feeling more knowledgeable about partners before having sex were statistically significantly related to higher R&S satisfaction.

Conclusions:

Teens in this study reported more satisfying relationships with partners met offline compared with online. Results suggest that encouraging teens to wait longer and to get to know their partner(s) better before engaging in sex may improve satisfaction with, and quality of, those relationships. These findings provide an important contribution to sexual health promotion among young people, with whom technology use is ubiquitous.

View the paper online: [Abstract](#)

Resources, Webinars, & Announcements

New WHO Recommendations Aim to Improve HIV Care

As reported by POZ.com | 12.28

The World Health Organization (WHO) has issued new recommendations for global health providers on how to better link people with HIV to care and keep them in care, [aidsmap](#) reports. The guidelines follow WHO's recent recommendation that all adults and adolescents receive antiretroviral (ARV) treatment.

The recommendations include:

- Viral load testing every six months and then once a year after individuals are on stable ARVs (meaning they have a fully suppressed viral load).
- Those on stable ARVs need only make clinic visits every three to six months.
- Trained lay people can distribute ARVs, while lay people and other non-laboratory staff who are trained and supervised can conduct finger-prick blood tests for treatment monitoring.
- Testing sites should endeavor to effectively link into care those testing positive for the virus. Individuals working at the sites should gather data about linkage in order to determine how to improve the system.
- Care systems should provide community support programs to encourage people with HIV to stay in care.
- Improving the care experience for adolescents and increasing the likelihood that adolescents will stay in care and maintain good health.

To read the [aidsmap](#) article, [click here](#).

To read the recommendations, [click here](#).

For more information: [Click here](#)

NCC Expert Commentary: Updates to the United States Preventive Services Task Force Chlamydia Screening Guidelines: A Delicate Balance Between Evidence and Action

National Chlamydia Coalition

The Research Translation Committee has released a new Expert Commentary. In this [installment](#), Joan M. Chow from the California Department of Public Health–Sexually Transmitted Disease Control Branch reports on changes to the 2014 United States Preventive Services Task Force recommendations for chlamydia screening, and their implications for clinical practice and chlamydia control in the population. Topics discussed include the downgrade of the recommendation for chlamydia screening from an A to a B, frequency of screenings for priority populations, and differences with CDC and other national screening guidelines, among others.

Overall description: The Expert Commentary is an updated version of the Research Translation Committee's Article of the Month, in which the NCC aims to provide a short discussion/commentary on timely research. The Research Translation Committee also produces Hot Topics, which are more extended briefs. Both of these products are designed to communicate research findings on chlamydia screening, laboratory testing, epidemiology and treatment for health care providers and managers in all settings that serve persons for whom STD screening is recommended or who are at risk for STDs. Archived Expert Commentaries and Hot Topics can be found on the National Chlamydia Coalition website. (<http://ncc.prevent.org/about/products/committee-products>)

For more information: [Click here](#)

2015 YEAR-END STATE POLICY ROUNDUP

Guttmacher Institute

During the 2015 state legislative session, lawmakers considered 514 provisions related to abortion; the vast majority of these measures—396 in 46 states—sought to restrict access to abortion services. This year will be remembered not only because 17 states enacted a total of 57 new abortion restrictions, but also because the politics of abortion ensnared family planning programs and providers as well as critical, life-saving fetal tissue research.

2015 may also be memorable for setting the stage for what is widely anticipated to be one of the most significant Supreme Court rulings on abortion since 1992. In November, the Court agreed to hear a challenge to a Texas law requiring abortion providers to adhere to the standards set for ambulatory surgical centers and to have admitting privileges at a local hospital. At stake is the question of how far states may go in regulating abortion before their actions amount to an unconstitutional “undue burden” on women’s ability to access care. The Court will hear the case in March 2016, with a decision expected in June; it is still considering whether to review a Mississippi admitting-privileges law. (Also in 2016, the Court will revisit the contraceptive coverage guarantee under the Affordable Care Act, weighing its importance and approach against the contention of religiously affiliated employers that they deserve to be entirely exempt from the law.)

At the same time, several states made important advances in 2015 on other sexual and reproductive

health and rights issues. Some of the new provisions include measures that allow women to obtain a full year's worth of prescription contraceptives at one time from a pharmacy, allow a provider to treat a patient's partner for an STI without first seeing the patient, prohibit the use of conversion therapy with minors and expand access to dating or sexual violence education. See the [full analysis here](#) for details.

For more information: [Click here](#)

Office on Women's Health Launches STD Prevention Campaign Aimed at Teen Girls

The U.S. Department of Health and Human Services' Office on Women's Health recently launched the [Know the Facts First](#) campaign, an initiative co-branded by the [National Coalition of STD Directors](#) and the [National Alliance of State and Territorial AIDS Directors](#). *Know the Facts First* aims to provide teen girls, ages 13-19, with accurate information about STDs and prevention methods so that they can make informed decisions about sexual activity. The campaign website is a hub for STD information, resources, tools, and support for teens, as well as information on where to get tested. It also contains information about dating violence and pregnancy prevention, and tips for communicating about sex. *Know the Facts First* is accessible from a smartphone, tablet and desktop.

FOA: HHS Office of Adolescent Health (OAH) Grantees Seek Innovative Approaches to Adolescent Health and Teen Pregnancy Prevention

In 2015, the HHS Office of Adolescent Health (OAH) funded two grantees via a new grant program designed to support innovative use of technology and program development. Both projects are designed to advance adolescent health and develop inventive approaches to teen pregnancy prevention. The two OAH grantees--The National Campaign to Prevent Teen and Unplanned Pregnancy and Texas A&M University-- just released their calls for applications for two funding opportunities – [Innovation Next](#) and [iTP3](#).

- **The National Campaign to Prevent Teen and Unplanned Pregnancy Innovation Next Awards** focus on creating teams of three people, design-thinking, and *technology* in partnership with [IDEO](#) (a design firm). **The Innovation Next [application](#) is open through January 31st**. A [webinar](#) will be held on January 11th for potential applicants. \$80,000 is available for 10 teams of 3 people, with the chance to win \$250,000- \$325,000 in a Stage 2 competition.
- **The Texas A&M University [iTP3](#)** focuses on funding new, bold, creative ideas to build the next generation of TPP *programs*. The iTP3 [application](#) is open through **February 15th**. A [webinar](#) will be held for potential applicants on January 12th. Up to \$100,000 is available for a cohort of 14-20 projects for 12 months, with the chance to win continued funding.

Read more about the [two grantees](#) funded as OAH Tier 2A Teen Pregnancy Prevention Program grantees on the OAH website. And please spread the word!

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