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California Stories

Syphilis cases growing exponentially in Fresno County

Marc Benjamin, The Fresno Bee | 3.13

Fresno County syphilis cases are soaring – even though the sexually transmitted disease was nearly nonexistent here six years ago – which has led county health officials to seek help from state and federal officials.

Medical workers from the federal Centers for Disease Control and Prevention have joined the county's staff and the state Department of Public Health-Sexually Transmitted Disease Control Branch in seeking solutions to the county's syphilis crisis, which may be linked to drug use and prostitution.

Syphilis is contracted through sexual activity and can lead to serious rashes and potentially significant nervous system ailments in adults. Congenital syphilis can lead to death in newborns and serious maladies for infants, including blindness.

Treating infants for congenital syphilis could require as few as one shot and as many as three injections that are 98 percent effective if expectant mothers get the antibiotic drug bicillin at least a month before their baby is born.

Fresno County's surging problem exceeded every other county in California in 2015, state officials say. And the federal government's engagement in the battle shows the seriousness of the situation.

"We don't do this frequently," said Dr. Sarah Kidd, a medical epidemiologist with the CDC in Atlanta. "Fresno County and the state reached out to us."

In 2014, Kern County had the highest per-capita rate of congenital syphilis in California with 18 cases, the same number as Fresno County. The following year, Fresno County's cases soared to at least 35 and possibly as high as 40 (the actual number remains under investigation). In California, 100 cases were investigated in 2014. Official state numbers for 2015 aren't yet available.

By contrast, Los Angeles County, with 10 times Fresno County's population, had 31 cases in 2014 and 23 in 2015, according to state health officials. Kern jumped to 22 in 2015. Other Valley areas showing significant increases in 2015 were Stanislaus and San Joaquin counties. But in some areas, the number of cases declined: Kings County had one case last year after two in 2014, and Tulare County fell from four cases to one. Madera had none.

"This is clearly an extremely urgent situation in this county that must be addressed immediately," said Dr. Ken Bird, Fresno County's health officer.

Congenital syphilis can cause premature birth, fetal death, early infant mortality and can damage infants' vision, hearing, heart and nervous systems.

"It's a devastating illness and entirely preventable," Bird said. "We shouldn't be seeing infants born with syphilis."

Primary and secondary cases of syphilis, early stages of the disease in teens and adults, have gone from a rate of two per 100,000 population in 2010 to 12 per 100,000 in 2014. That rate increased to 15 per 100,000 last year, a 25 percent rise in one year.

"The number of cases has been steadily, almost exponentially, increasing," said Bird.

The state places Kings County second only to Fresno County as having the highest rate of women with early stages of syphilis.

Health Officer Dr. Michael MacLean said his department is focusing on women of child-bearing age even though only one child was born with congenital syphilis in 2015, down from two in 2014.

“Women who are pregnant are being identified and treated, we can document that,” he said. “If you have a baby born with syphilis, that means you are having serious problems with your public health. This should not happen.”

He said the medical community wants to stop the spread of syphilis and get the word out about treatment options.

“We’re not here to judge, we are just trying to stop the transmission, and we need people to share (sexual) contact information to stop the chain of transmission,” MacLean said.

Why Fresno?

If the Fresno area wasn’t on the map when it was the site of a statewide conference on syphilis six months ago, it definitely is now.

Fresno County’s sexually transmitted disease investigators are overwhelmed, county officials say. They are buried under paperwork that has taken up much of their time. The county has hired clerical employees to handle the paperwork and allow investigators to spend more time in the field, Bird said.

The county also is preparing to hire two more “extra-help” investigators.

In the meantime, the state Department of Public Health has sent two health investigators to Fresno for an extended stay, and the CDC sent health investigators to Fresno earlier this month. Investigators are returning next week to seek solutions to Fresno County’s escalating syphilis rates.

Federal health officials were in Fresno to conduct an assessment earlier this month, said Joe Prado, division manager for community health in the county Department of Public Health.

“They were talking to state and county staff and looking at resources we have in place,” he said.

Dr. Heidi Bauer, who spoke at the statewide syphilis-prevention meeting in Fresno, said the rising numbers in Fresno significantly exceed what is being seen statewide.

Syphilis was more prevalent among homosexual men than other groups until a few years ago, said Bauer, California’s branch chief for sexually transmitted diseases control.

“It’s a new phenomenon (statewide) that there is more heterosexual transmission over the last two or three years,” Bauer said.

In Los Angeles County, a number of its congenital syphilis cases were related to pregnant Chinese women coming to America to have children, she said. In China, Bauer said, syphilis cuts across all

socioeconomic lines. She said stricter immigration enforcement apparently helped that county's congenital syphilis cases decline from 31 in 2014 to 23 in 2015.

Now, other significantly affected groups are worrying state and local officials.

"There are challenges with access to care when it comes to homelessness and drug use," she said. "Even though these things are incredible challenges, all of this is preventable. This is a real winnable battle."

Digging for the source

In Fresno County, the syphilis problem is connected to drug users, specifically methamphetamine, and it's not uncommon among the homeless. Both groups aren't easily tracked and don't seek help from doctors.

Jena Adams, a supervising communicable disease specialist for Fresno County, said about one-third of the congenital syphilis cases are women who regularly use methamphetamine.

Many of them aren't getting prenatal care that could prevent the illness in babies. Others may get prenatal care but don't return once they learn of their illness.

Dr. Mary McLain, who works at Clinica Sierra Vista medical clinics in downtown Fresno and west Fresno, said the clinics are increasing the number of syphilis screenings for pregnant patients to three, as recommended by the county: early in pregnancy, early in the third trimester and at birth.

All 10 of its Fresno County clinics have bicillin available for injections, she said.

McLain, who studied medicine in Washington, D.C., home to some of the highest sexually transmitted disease rates in the U.S., said there is far more syphilis in Fresno County.

"It seems like it's still on the increase to me," she said. "It's a real public health threat."

She said most people don't realize they have the illness.

"Sometimes it's just one sore and it doesn't even hurt," McLain said. "It's important to be tested if you're concerned at all."

It's also important, she said, for sexual partners to be tested.

"In the last month, I've seen five or six people, who if they are not infected, they have been in the last year," McLain said

And even if you've been successfully treated for syphilis, you can contract it again many times, she said.

Patients with syphilis can have drug problems, be involved in prostitution or have sexual addictions, McLain said.

Fresno County's congenital syphilis problem also cuts along all ethnic lines, she said.

"This is a very contagious infection," McLain said. "There are some stages of the disease where you can give it to people without sexual contact. When it goes untreated, the effects are silent, but horrible."

The latest nationwide data from 2014 shows a 38 percent rise in syphilis, affecting all regions and ethnic groups, said Kidd, the CDC medical epidemiologist.

Fresno's increases are much higher. As late as 2010, syphilis was nearly nonexistent in Fresno County with 10 to 20 cases. In 2015, about 150 cases were reported.

"We will be investigating to get at the source of why this is happening," she said. "The root cause we've found varies a little bit from place to place."

Kidd said the CDC is mobilizing multiple agency branches to assist Fresno County and will work with the county to develop a public messaging effort.

While Fresno County is hiring new investigators, which could take six months, federal and state investigators will fill the gap, Kidd said.

"The trends and numbers in Fresno are ... definitely worrisome," Kidd said.

Read more here: <http://www.fresnobee.com/news/local/article65850927.html#storylink=cpy>

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

James Deen Productions "Exposed Performers" to Potential STDs, Cal/OSHA Says

Dennis Romero, LA Weekly | 3.10

UPDATE at 4:30 p.m., Thursday, March 10, 2016: James Deen responds, at the bottom. The adult video production house of p*rn star James Deen, whose real name is Bryan Sevilla, was cited for alleged workplace safety violations that "exposed performers" to potential STDs and created "a realistic possibility that death or serious harm could result from the actual hazardous condition[s]," the state said in a statement yesterday.

The state Division of Occupational Safety and Health (Cal/OSHA) said the company, Third Rock Enterprises Inc., aka James Deen Productions, was cited "for multiple violations of state condom and other safety laws, which exposed performers to sexually transmitted infections and illness."

The workplace investigators are recommending penalties of \$77,875.

The citations for nine violations were the result of a warrant search Jan. 12 of a Third Rock film shoot in Woodland Hills, Cal/OSHA officials said. That raid was described to us by a Cal/OSHA official as happening "at the private residence/office/studio of James Deen."

"Investigators found that producers did not protect performers through the use of condoms, as required by California's bloodborne-pathogens standard," Cal/OSHA said in its statement. "Additionally,

producers did not provide a vaccine or follow-up medical examination to employees who were potentially exposed to hepatitis B."

Investigators started looking into James Deen Productions after the Hollywood-based AIDS Healthcare Foundation on Dec. 8 amended a complaint it had filed against the company to reflect allegations of rape against Deen and to reflect a suspected lack of condom use on-set, the nonprofit says.

Deen, participating in past news conferences and viral video spoofs, has been an outspoken critic of AHF's attempts to get the adult video industry to adopt mandatory condom use.

AHF president Michael Weinstein this week seemed to relish the state's decision.

Deen is "the most vocal critic and prominent public face of the industry in its opposition to condom use," he said.

"We want to thank Cal/OSHA for acting so swiftly on our workplace safety complaint against James Deen Productions and Third Rock by citing and fining Deen, one of the industry's most well-known producers and adult performers," Weinstein said.

Cal/OSHA said four of the nine violations it found were "serious," which it defines as creating "a realistic possibility that death or serious harm could result from the actual hazardous condition."

"Cal/OSHA requires condom use in adult films to protect workers from exposure to HIV and other sexually transmitted infections," said Cal/OSHA chief Juliann Sum. "Third Rock Enterprises failed to protect employees from illness and injury while on set."

The industry has fought against mandatory condoms, arguing that consumers don't want to see them and that its voluntary STD testing program for performers works.

Despite Cal/OSHA's stance that prophylactics are required in p*rn, AHF is aiming an initiative at the November ballot that would ask voters to approve mandatory condoms in adult video throughout California.

UPDATE at 4:30 p.m., Thursday, March 10, 2016: James Deen's people sent a statement to us this afternoon. It refutes one of the nine citations, the one that alleges his company failed to maintain a written injury and illness program.

The company "vigorously denies" the allegation, it said in the statement.

The document then goes on to create a straw man argument, suggesting that Cal/OSHA alleged that STDs were transmitted on-set. That's not at all what the agency said. It said performers were "exposed," as in this definition: "leave (something) uncovered or unprotected."

"Of the nine total citations, three were for potentially placing adult film performers at risk of "erious bodily injury or death," the Deen statement reads. "At no point was any adult performer exposed to any disease while working for James Deen Productions. At no time did any performer contract any illness or suffer any injury while working for James Deen Productions."

The statement says that one video shoot targeted by workplace safety officials featured only Deen giving oral sex to women — there was no "vagina penetrative sex in that film." Deen said performers were also given the option of using condoms (we're assuming in other shoots).

State authorities have made it clear that they believe condoms are not optional.

Here's a statement from Deen himself:

I am not ok with the government dictating what people are allowed to watch in the privacy of their homes. This is a case of an outside organization pushing their personal desires and agenda on the viewers of adult entertainment. Just because the AIDS Healthcare Foundation decides they are not comfortable with certain sexual acts does not mean it should be deemed illegal.

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

National Stories

NIAID to Fund Further Study of Dapivirine Vaginal Ring for HIV Prevention - Investment in HOPE Trial Augments Development of Next-Generation Prevention Tools

Press Release, NIAID | 3.13

The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), announced today that it would move forward with an open-label extension study of an HIV prevention tool for women: a silicone ring that continuously releases the experimental antiretroviral drug dapivirine in the vagina. The new study builds on recently announced [findings from the ASPIRE trial](#) which found that the dapivirine ring safely provided a modest level of protection against HIV infection in sub-Saharan African women. The dapivirine ring reduced the risk of HIV infection by 27 percent in the study population overall and by 61 percent among women ages 25 years and older, but provided no statistically significant protection in women younger than 25 years. This product is one of several HIV prevention tools in development within NIAID's portfolio of research that could be leveraged to reduce the high incidence of HIV infection among women in sub-Saharan Africa.

Although the data show only partial efficacy for the dapivirine ring, this signal is a welcome development given the rate of infection for women in sub-Saharan Africa. The dapivirine ring merits additional study to begin to answer the scientific questions that remain, and to see if this experimental product can offer increased protection against HIV in an open-label setting in which all participants are invited to use the dapivirine ring.

The new study, also known as the HIV Open-label Prevention Extension (HOPE) or MTN-025, is a multi-site, open-label, Phase 3b trial that will gather additional data on the safety of the dapivirine ring and study participants' adherence. The study will be conducted by the NIH-funded Microbicide Trials Network External Web Site Policy which is funded by NIAID, the Eunice Kennedy Shriver National Institute of Child Health and Human Development, and the National Institute of Mental Health, all part of NIH. Eligible volunteers from the ASPIRE study will be invited to participate in HOPE. HOPE

participants will have already been informed of whether they received the dapivirine ring or a placebo in ASPIRE, and all will be offered active product and counseled on the efficacy results from the ASPIRE trial. The specific details of HOPE's research protocol are currently being adjusted to optimize the collection of data on safety, adherence and acceptability of the dapivirine ring. Younger women enrolled in ASPIRE appeared to use the dapivirine ring less consistently than older participants, in whom efficacy was higher.

NIAID reached the decision to move forward with HOPE after consulting with a panel of outside experts including HIV and women's health physicians, scientists, advocates, ethicists and statisticians at a meeting on March 9 in Bethesda, Maryland, where the results and implications of ASPIRE's findings were discussed. Meeting participants were asked to discuss the merits and methods of moving forward with further study of the dapivirine ring, given that in ASPIRE it was only moderately effective overall and not effective among the youngest women in the study—those in most urgent need of HIV prevention tools.

Discussion of the ASPIRE trial's results and firsthand accounts from women living in sub-Saharan African communities highlight the urgent need for discreet, long-acting, effective HIV prevention tools that women control and want to use. The ASPIRE study is the first clinical trial to show a sustained drug delivery product that slowly releases an antiretroviral drug over time can provide partial protection, but it is not expected to be the last.

NIAID currently funds a diverse portfolio of long-acting prevention research, with nine additional products under investigation. The next wave of innovation in HIV prevention could be driven by success from studies on other ring-based forms of protection with different active drugs including the use of tenofovir and Truvada; implants; and long-acting injectables using rilpivirine, cabotegravir, and tenofovir alafenamide. ASPIRE and other studies indicate that adherence to HIV prevention tools like daily oral PrEP can be challenging for some women, particularly young women. Long-acting injectables and implants, which would only require infrequent dosing, offer a potentially promising way to deliver HIV protection in a way that better fits into women's lives.

Beyond long-acting antiretrovirals, other prevention tools may also hold promise for women. A multinational clinical trial of an intravenously delivered antibody for preventing HIV infection in women is planned to launch in sub-Saharan Africa this spring. The trial will test whether giving women a potent, broadly neutralizing HIV antibody called VRC01 as an intravenous infusion every 8 weeks is safe, tolerable and effective at preventing HIV, answering fundamental questions for the fields of HIV prevention and vaccine research.

In addition to ensuring that optimal HIV prevention products are available for women, additional studies are being planned in both clinical and laboratory settings to understand why the dapivirine ring did not protect the youngest women enrolled in ASPIRE. In the coming months, NIAID will announce awards and additional funding opportunities for researchers to further explore the critical gaps in scientific knowledge on female behavior and biology that have been identified as a result of the age-stratified results from ASPIRE. Together with ongoing studies investigating strategies to improve adherence in women to daily PrEP, this effort will enhance the scientific understanding of women's unique needs, and help deliver the best evidence-based HIV prevention products for women.

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

Herpes Vaccine Cuts Viral Shedding

Shedding down by as much as 55%, lesion count by 69%

Charles Bankhead, MedPage Today | 3.8

Patients with genital herpes infection had significant reductions in viral shedding following treatment with an investigational vaccine, results of a phase II trial showed.

Reductions in viral shedding ranged as high as 55% in patients who received the highest dose combination of herpes simplex virus-2 antigen and matrix M-2 adjuvant. Lesion counts declined by as much as 69% across the range of doses in the 310-patient study.

Antiviral activity persisted during 6 months of post-treatment follow-up, and adverse events have generally been mild-moderate, Zeena Nawas, MD, of the Center for Clinical Studies in Houston, reported at the American Academy of Dermatology meeting.

"GEN-003 [vaccine] demonstrated a profound and durable effect on viral shedding and lesion rates," Nawas said. "The best dose combination was 60 micrograms of protein and 75 micrograms of adjuvant. The vaccine was safe and well tolerated."

If approved, the vaccine would be the first therapeutic vaccine (as opposed to prophylactic) for any infectious disease, she added.

Despite decades of research, genital herpes remains an incurable sexually transmitted infection, affecting an estimated 500 million people worldwide, including one in six people in the U.S. Reactivation of latent virus leads to eruption of painful genital lesions. Viral shedding can occur asymptotically, as well as during symptomatic reactivation, and lead to disease transmission.

Standard treatment with nucleoside analogs reduces the duration of primary disease, and the duration and frequency of secondary outbreaks, but does not eliminate viral shedding, Nawas said.

Goals of an effective therapeutic vaccine would cure the infection (ideal), decrease recurrence, and decrease viral shedding to reduce the risk of disease transmission. An effective vaccine would elicit a robust humoral (B-cell) and cellular (T-cell) response, which is important in the case of HSV-2, an intracellular pathogen.

GEN-003 consists of the immunogenic proteins gD2 (a surface glycoprotein) and ICP4 (an HSV transcription factor) and the proprietary adjuvant to augment the immune response. A phase I/IIa trial of the vaccine in 143 HSV2-infected patients showed reduced shedding and lesion counts and durable humoral and cellular responses lasting for a year.

Nawas reported 6-month findings from a phase II trial to determine the vaccine's effect on viral shedding. Secondary objectives included lesion counts, time to recurrence, and the proportion of patients who were lesion free at 6 and 12 months.

Investigators randomized adults with symptomatic genital herpes to receive three doses of placebo versus 30 or 60 µg of antigen combined with 25, 50, or 75 µg of adjuvant. Results at 6 months showed that all patients who received active vaccine had significant reductions in HSV-2 shedding compared with placebo.

The data showed that the 60- μ g protein dose was more effective than the 30- μ g protein dose ($P < 0.0001$, $P < 0.05$, respectively, versus placebo). The best combination was 60 μ g/75 μ g, which reduced viral shedding by 55%. Lesion counts across the range of vaccine combinations decreased by 43% to 69% from baseline, and all combinations significantly reduced lesion count except the 30 μ g/25 μ g combination.

"We even saw reductions in the lesion count in the placebo group," Nawas said. "Our theory is that maybe the patients were expecting a benefit and told us the lesions were reduced because of that."

Viral shedding did not decrease in the placebo group, she added.

In general, local and systemic adverse events were dose-related and were most common with the first dose of vaccine. Systemic adverse events consisted primarily of myalgia and fatigue, and local adverse events consisted of pain and swelling at the injection site. One or two patients discontinued because of adverse events in all treatment groups (including placebo) with the exception of the lowest vaccine combination.

Nawas said 12-month results from the trial will be reported later this year.

During the discussion that followed the presentation, an unidentified member of the audience asked about the quality of evidence linking reductions in viral shedding to a reduced risk of disease transmission. The senior investigator in the trial, Stephen K. Tyring, MD, PhD, also of the Houston clinical research center, responded that the issue was resolved more than a decade ago when clinical trials of valacyclovir (Valtrex) demonstrated a direct correlation between reduced viral shedding and lower rates of infection transmission.

In response to another question, Nawas said the vaccine's potential for prophylactic use might also be evaluated at some point.

Reference:

[Nawas Z, et al "GEN-003, a therapeutic vaccine for genital herpes, significantly reduces viral shedding and lesions in a Phase 2 study" AAD 2016; Forum 053.](#)

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

Condom use among high school girls using long-acting contraception

As reported by Medical News Today | 3.14

High school girls who used intrauterine devices and implants for long-acting reversible contraception were less likely to also use condoms compared with girls who used oral contraceptives, according to an article published online by JAMA Pediatrics.

Long-acting reversible contraception (LARC) is a promising strategy to reduce unintended pregnancies in teens. But LARC and other contraceptive methods, including oral contraceptives, don't protect against sexually transmitted infections (STIs) and nearly half of all new STIs occur among young people in their teens and 20s. Guidelines recommend contraception to avoid pregnancy and a condom to prevent STIs,

including the human immunodeficiency virus (HIV), for sexually active couples. However, such dual use is uncommon among adolescents.

Riley J. Steiner, M.P.H., of the Centers for Disease Control and Prevention, Atlanta, and coauthors compared condom use between sexually active high school girls using LARC and users of other contraceptive methods. The authors used data from the 2013 national Youth Risk Behavior Survey of high schools students.

The study included 2,288 sexually active girls of whom almost 57 percent were white and about one-third were high school seniors. Among the girls: 1.8 percent used LARC; 5.7 percent used Depo-Provera injection, patch or ring; 22.4 percent used oral contraceptives; 40.8 percent used condoms; 11.8 percent used withdrawal or other method; 15.7 percent used no contraception; and 1.9 percent weren't sure. Not using a contraceptive method was most common among Hispanic (23.7 percent) and black (21.2 percent) sexually active female students.

The authors report that LARC users were more than 60 percent less likely to use condoms compared with girls who used oral contraceptives. There were no differences in condom use between LARC users and Depo-Provera injection, patch or ring users. LARC users also were more than twice as likely to have two or more recent sexual partners compared with users of oral contraception and Depo-Provera injection, patch or ring, the results suggest.

Limitations to the study include self-reported data and behaviors that may have been inaccurately reported.

"There is a clear need for a concerted effort to improve condom use among adolescent LARC users to prevent STIs, particularly as adolescent LARC use increases," the study concludes.

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

The Rare Super-Antibodies That Destroy HIV

A recent study sheds new light on a rare immune response to the virus—and could bring researchers a step closer to developing a vaccine.

Diana Crow, The Atlantic | 3.10

When a person becomes infected with HIV, the immune system kicks into gear: Immune cells called B cells build antibodies, tiny protein warheads that seek out and destroy viruses. But because HIV mutates so rapidly, these antibodies are generally ineffective—by the time B cells learn to build antibodies against one version of HIV, a new viral mutant has already taken over.

In some patients, the immune system manages to make antibodies that actually work against a broad spectrum of HIV mutants, but those antibodies typically emerge only five or six years into the infection. And by that point, their efforts may be too little, too late. "Once you already have an established infection with millions or billions of viral particles in an infected individual, even with a potent antibody response, it's too late to shut everything down," explains Satish Pillai, a researcher at the Blood Systems Institute of San Francisco.

These more effective antibodies can't reverse the damage done to other immune cells over the preceding several years, but they can reduce the virus's numbers and slow down the progression of the infection. Researchers have long speculated that if they kicked in early, they may be able to prevent HIV from gaining a toehold in newly infected individuals. But without knowing where these elite antibodies come from, it's hard to pursue the idea much further.

A recent breakthrough may help to change that. In a study recently published in the journal *Cell*, a team led by Barton Haynes, an HIV researcher at Duke University, was able to track the evolution of HIV antibodies in individual who had been infected several years earlier. The team collected samples of the patient's blood at 17 different points over the years to see how the B cells had mutated in response to the changing virus.

With each sample, the researchers ran the patient's antibodies through an extensive battery of tests to assess their HIV-killing talent. One particular group of antibodies, called the CH235 lineage, stood out: The CH235s already exhibited a knack for finding and binding to a wide range of HIV mutants early in the infection; however, they didn't master the "destroy" part of their "search-and-destroy" mission until after about five years after infection. By then, the CH235 lineage could kill about 90 percent of the different types of HIV it encountered.

"Anytime an antibody can kill 90 percent of HIV, I think that's extraordinary," says Peter Kwong, a researcher at the National Institutes of Health and one of the study's co-authors. Kwong's lab used a technique called x-ray crystallography to capture high-resolution portraits of each stage of CH235's evolution. Kwong calls the paper a "creation story," the first time they've been able to track an anti-HIV antibody from its "birth." With every atom in CH235 accounted for, the researchers may be able to "train" uninfected people's immune systems to produce the most potent version of CH235 through a series of vaccines.

Since 1987, more than 30 potential HIV vaccines have entered clinical trials, according to the World Health Organization, but many attempts have backfired often because of HIV's enormous variability. A vaccine that boosts the body's ability to make generalist antibodies like CH235s could be a more effective approach. "If you have a potent, broad antibody response, it should be able to snuff out that little bit of virus as it comes in the door," says Pillai, who was not involved in the study. "One of the challenges in the field is figuring out how to induce these special antibodies."

Moving forward, Kwong and Haynes say they plan to use these findings to develop a preventative HIV vaccine, or more likely, a series of vaccines that will start during childhood. "Until you have that very detailed structural and genetic record" of the antibodies that successfully attack the virus, Kwong says, "a lot of what we're doing [in HIV vaccine development] is guessing."

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

Research on PrEP Released at CROI

Policy Department, AIDS United | 3.11

The 2016 Conference on Retroviruses and Opportunistic Infections (CROI) was held last month in Boston. This annual conference brings together top researchers from around the globe to share the latest studies, important developments, and best research methods in the ongoing battle against HIV

and related infectious diseases. This year, CROI was exceptionally rich on news associated with pre-exposure prophylaxis (PrEP), so here is a roundup of the most interesting papers that were presented:

First documented case of MSM seroconversion while PrEP Adherent

Researchers have documented the first case of a treatment adherent man who has sex with other men (MSM) to contract multi-drug resistant HIV in a case study presented at this year's CROI. The individual, a 43-year-old gay man, has a 24-month history of self-reported adherence to Truvada, yet tested positive for HIV. Pharmacy records indicate that he was filling his prescription on time and blood testing supports his claim of adherence. The strain of the virus contracted by the individual is resistant to both tenofovir and emtricitabine, the two main ingredients of Truvada. Such a resistance is exceedingly rare, and among the 9,200 participants of clinical trials for PrEP, has never before been seen.

In the weeks leading up to testing positive, the participant reported multiple instances of condomless sex, including receptive anal sex. Despite the resistance to Truvada, the participant is reported to be on successful anti-retroviral treatment and is currently virally suppressed.

While this case is certainly serious – and speaks to the value of continued condom use while on PrEP as well as maintaining regular testing and connection to primary care – it is important to note the rare combination of circumstances involved in this case. Testing confirms that the participant likely contracted HIV from a single individual who was non-adherent to their once-a-day Stribild regimen, and that the strain of HIV was drug resistant prior to infecting the man in the case study as a result.

Dr. Richard Harrington, of the British Columbia Center for Excellence in HIV/AIDS, and one of the researchers on the case study, sums it up well: “I certainly don't think that this is a situation which calls for panic. It is an example that demonstrates that PrEP can sometimes be ineffective in the face of drug resistant virus, in the same way that treatment itself can sometimes be ineffective in the face of drug resistant virus.”

AIDS United continues to support efforts to ensure the implementation of the CDC guidelines on PrEP as an effective HIV prevention strategy for men and women especially vulnerable to HIV infection. As always we continue to urge people to use condoms and other prevention methods to reduce the risk of exposure to HIV.

Vaginal Ring Study Advances

A vaginal ring containing the antiretroviral dapivirine, a non-nucleoside reverse transcriptase inhibitor, (NNRTI), showed promise in reducing HIV transmission risk in a large cohort of sub-Saharan African women, with ages ranging between 18-45. The study, known as “A Study to Prevent Infection with a Ring for Extended Use” (ASPIRE), was a randomized, double-blind, placebo controlled study enrolling nearly 3,000 women in Malawi, South Africa, Uganda, and Zimbabwe between August 2012 and June 2015. On its face, the vaginal ring appeared to reduce HIV by 27% among study participants. Of greater interest, when separating the participants into groups based on their age, the study found that the ring had a 57% effectiveness for women over the age of 21. This correlated closely with adherence rates, which increased the older the participant.

While a PrEP intervention centered around a vaginal ring may not yet be ready for implementation, these results are promising. A potentially prophetic parallel is the 2010 iPrEx study, which saw daily

Truvada as PrEP reduce HIV rates among MSM 42% overall, but saw a marked increase among men over the age of 25 (59%). That study spurred further research and refinements in PrEP for MSM, leading to the renewed focus on PrEP as a viable prevention intervention. There is hope among researchers that the ASPIRE trial, along with The Ring Study, could do the same for PrEP interventions for women.

It is important to note that there were no identified safety issues with the ring itself throughout the course of the ASPIRE trial. HIV interventions, controlled by the women who need them, are desperately needed to help reduce HIV rates among women at risk.

1 in 6 Men in Intercourse-Based PrEP Study Had Low Truvada and Condom Use

IPEGAY was a placebo-controlled study of 414 high-risk, HIV-negative MSM in France and Canada that ran from February 2012 to October 2014. The study measured both rates of condom use and adherence to intercourse-based (that is, dosing in the lead up to and following intercourse) Truvada as PrEP. It found that the dosing schedule recommended in the study led to an 86% decrease in HIV risk for participants, though it is not clear whether or not the dosing schedule or overall dosage was the cause of this decrease.

A substudy of the IPEGAY study was released at this year's CROI, which looked at 332 participants of the IPEGAY study who had anal sex with another man during the follow-up period of the study and were willing to report on condom usage, PrEP usage, or both during their last sex act.

Almost 40% of the participants reported high rates of PrEP use, covering between 95%-100% of their most recent sex acts, and an additional 30% of participants had adherence rates between 70%-90%. However, 16% of men reported "only occasional" PrEP usage, which fell off to nearly 0% adherence by week 16 of the trial.

Condom usage was low across the majority of participants, with 70% of men reporting condom use in only 10%-25% of their most recent sex acts. The remaining 30% of men had a high average usage rate, but that varied wildly with time – peaking at 80% and falling as low as 45%. Condom usage trended downward over time, but would occasionally spike back up again.

A combination of high PrEP usage, high condom usage, or both made up roughly 84% of study participants. However, 16% (roughly 1 in 6) of men utilized neither PrEP or condoms with any frequency.

It is worth noting that, even if the declining condom usage rates were attributed to the participants' access to PrEP (which is not necessarily clear), their condom usage before PrEP was already fairly low. Further, condom usage does not exist in a vacuum and studies have shown that the context of a sexual encounter is important in analyzing condom usage rates among MSM. Finally, because condom usage was already low before PrEP, men who historically weren't using condoms are being connected to primary health care and, that all but the 16% non-adherent, non-condom using men are seeing a net gain in HIV protection through PrEP utilization.

Reversal of Bone Density Loss Shown After Truvada Discontinued

Further research on the participants of the 2010 iPrEx study show that the loss of bone density associated with taking Truvada as PrEP reverses when the regimen is discontinued. Researchers within the iPrEx study team used the time lapse between the 2010 iPrEx trial and subsequent iPrEx OLE trial to

determine whether or not bone density lost by participants during the initial trial improved once they stopped taking Truvada. The results were promising: on average, for participants over the age of 25, bone density lost in the spine was completely recovered within six months and within 24 months, losses in the hips were replenished as well.

For those under the age of 25 – for whom there was fear of stunted bone mineral density growth – saw their losses replaced and further growth beyond where they were at the start of iPrEx. This study does mitigate some of those fears, although it does not eliminate cause for future concern.

The wealth of information from CROI shows the continuing value of research into HIV and AIDS United urges Congress, the National Institutes of Health, and private funders to continue supporting such HIV research.

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

Study: teens who live near a Planned Parenthood are less likely to drop out of high school

Sarah Kliff, VOX | 3.9

Teenage girls who live near a Planned Parenthood clinic are 16 percent less likely to drop out of high school, a new study finds.

Lots of studies have found that teen moms are significantly less likely to graduate from high school than non-parents; 30 percent of female dropouts cite "pregnancy" and "parenthood" as key reasons for discontinuing their education.

This new research, published Wednesday in the journal *Obstetrics and Gynecology*, looked at both Planned Parenthoods that provide abortions and those that do not. And it found that in either case, living close to one (within a neighborhood of 100,000 people) was associated with fewer female high school dropouts.

There are more than 700 Planned Parenthoods. Living close to one might reduce dropout rates.

For this study, Tufts University's Katherine Hicks-Courant and Harvard's Aaron Schwartz used data on where people live and what type of reproductive health providers they have access to.

They looked at two types of clinics: those operated by Planned Parenthood and those that receive funding through Title X, a federal program that funds family planning for low-income women. The clinics that receive Title X funds aren't always devoted to reproductive health specifically; many offer other primary care services.

Hicks-Courant and Schwartz did two things with their data. First, they controlled for variables like race, income, local poverty rates, and a few other factors that could affect high school dropout rates. They also compared female dropout rates with male dropout rates, the idea being that better access to birth control should help women stay in school but wouldn't do much for men.

What they found was a bit surprising: Living near a Planned Parenthood did correlate with fewer female students dropping out of school. But living near a Title X clinic didn't; there was no apparent advantage to having easier access to the federally funded birth control.

"We don't have a great reason for why that is," Hicks-Courant says.

She says it's possible that women just know of Planned Parenthood as a place to get birth control in a way they don't know about the Title X program. Planned Parenthood has built its entire brand around, well, planning parenthood.

There is separate research that suggests some teenagers prefer to get their contraceptives from someone other than their primary care provider, so they can maintain greater privacy over the decision.

As Planned Parenthood comes under siege, researchers are studying the organization more carefully

Planned Parenthood has weathered a fierce political storm in recent years, with Republican legislators and presidential candidates repeatedly calling for the organization's defunding. Texas successfully defunded the group in 2013.

At the same time, researchers have started to explore what role the group plays in America's reproductive health services. As Supreme Court Justice Elena Kagan pointed out at the recent Supreme Court arguments on Texas's new abortion law, the closure of many clinics has created an unusual window to explore what effect Planned Parenthood has.

"It's almost like the perfect controlled experiment as to the effect of the law, isn't it?" she said. "It's like, you put the law into effect, 12 clinics closed. You take the law out of effect, they reopen."

[One recent study](#), published in the *New England Journal of Medicine*, found that Texas's defunding of Planned Parenthood correlated with an increase of births among low-income women.

Planned Parenthood plays a big role in women's reproductive health care in America for two reasons: It has hundreds of clinics, and those clinics tend to serve a higher number of patients than other health care providers.

About one in six American counties — 491 counties in total — have a Planned Parenthood clinic. Taken together, they see about 2.6 million patients annually.

A health care organization that big has significant reach — possibly stretching, as this new study shows, as far as graduation rates.

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

Scientific Papers/Conference Abstracts

Long-Acting Reversible Contraception and Condom Use Among Female US High School Students: : Implications for Sexually Transmitted Infection Prevention

Steiner RJ, Liddon N, Swartzendruber AL, et al. *JAMA Pediatrics* 2016; [Epub ahead of print]

Importance

Long-acting reversible contraception (LARC), specifically intrauterine devices and implants, offers an unprecedented opportunity to reduce unintended pregnancies among adolescents because it is highly effective even with typical use. However, adolescent LARC users may be less likely to use condoms for preventing sexually transmitted infections compared with users of moderately effective contraceptive methods (ie, oral, Depo-Provera injection, patch, and ring contraceptives).

Objective

To compare condom use between sexually active female LARC users and users of moderately effective contraceptive methods.

Design, Setting, and Participants

Cross-sectional analysis using data from the 2013 national Youth Risk Behavior Survey, a nationally representative sample of US high school students in grades 9 through 12. Descriptive analyses were conducted among sexually active female students (n = 2288); logistic regression analyses were restricted to sexually active female users of LARC and moderately effective contraception (n = 619). The analyses were conducted in July and August 2015.

Main Outcomes and Measures

Contraceptive method at last sexual intercourse was assessed by 1 item—respondents could select birth control pills; condoms; an intrauterine device or implant; injection, patch, or ring; withdrawal or other method; or not sure. A separate item asked whether respondents used a condom at last sexual intercourse. We created an indicator variable to distinguish those reporting use of (1) LARC (intrauterine device or implant), (2) oral contraceptives, and (3) Depo-Provera, patch, or ring.

Results

Among the 2288 sexually active female participants (56.7% white; 33.6% in 12th grade), 1.8% used LARC; 5.7% used Depo-Provera, patch, or ring; 22.4% used oral contraceptives; 40.8% used condoms; 11.8% used withdrawal or other method; 15.7% used no contraceptive method; and 1.9% were not sure. In adjusted analyses, LARC users were about 60% less likely to use condoms compared with oral contraceptive users (adjusted prevalence ratio [aPR], 0.42; 95% CI, 0.21-0.84). No significant differences in condom use were observed between LARC users and Depo-Provera injection, patch, or ring users (aPR, 0.57; 95% CI, 0.26-1.25). The LARC users were more than twice as likely to have 2 or more recent sexual partners compared with oral contraceptive users (aPR, 2.61; 95% CI, 1.75-3.90) and Depo-Provera, patch, or ring users (aPR, 2.58; 95% CI, 1.17-5.67).

Conclusions and Relevance

Observed differences in condom use may reflect motivations to use condoms for backup pregnancy prevention. Users of highly effective LARC methods may no longer perceive a need for condoms even if they have multiple sexual partners, which places them at risk for sexually transmitted infections. As

uptake of LARC increases among adolescents, a clear need exists to incorporate messages about condom use specifically for sexually transmitted infection prevention.

View the paper online: [Full paper](#)

Declines in Unintended Pregnancy in the United States, 2008–2011

Finer LB, Zolna MR. *NEJM* 2015;374:843-852

Background

The rate of unintended pregnancy in the United States increased slightly between 2001 and 2008 and is higher than that in many other industrialized countries. National trends have not been reported since 2008.

Methods

We calculated rates of pregnancy for the years 2008 and 2011 according to women's and girls' pregnancy intentions and the outcomes of those pregnancies. We obtained data on pregnancy intentions from the National Survey of Family Growth and a national survey of patients who had abortions, data on births from the National Center for Health Statistics, and data on induced abortions from a national census of abortion providers; the number of miscarriages was estimated using data from the National Survey of Family Growth.

Results

Less than half (45%) of pregnancies were unintended in 2011, as compared with 51% in 2008. The rate of unintended pregnancy among women and girls 15 to 44 years of age declined by 18%, from 54 per 1000 in 2008 to 45 per 1000 in 2011. Rates of unintended pregnancy among those who were below the federal poverty level or cohabiting were two to three times the national average. Across population subgroups, disparities in the rates of unintended pregnancy persisted but narrowed between 2008 and 2011; the incidence of unintended pregnancy declined by more than 25% among girls who were 15 to 17 years of age, women who were cohabiting, those whose incomes were between 100% and 199% of the federal poverty level, those who did not have a high school education, and Hispanics. The percentage of unintended pregnancies that ended in abortion remained stable during the period studied (40% in 2008 and 42% in 2011). Among women and girls 15 to 44 years of age, the rate of unintended pregnancies that ended in birth declined from 27 per 1000 in 2008 to 22 per 1000 in 2011.

Conclusions

After a previous period of minimal change, the rate of unintended pregnancy in the United States declined substantially between 2008 and 2011, but unintended pregnancies remained most common among women and girls who were poor and those who were cohabiting. (Funded by the Susan Thompson Buffett Foundation and the National Institutes of Health.)

View the paper online: [Full paper](#)

Associations Between Drug and Alcohol Use Patterns and Sexual Risk in a Sample of African American Men Who Have Sex with Men

Robin KE, Yang C, King K, et al. *AIDS and Behavior* 2016;20(3):590-599

Abstract:

Men who have sex with men (MSM) are the largest risk group in the US HIV epidemic and African American MSM (AA MSM) are disproportionately affected. Substance-abusing sexual minorities warrant attention as they are at elevated risk for HIV, yet are not a homogeneous risk group. The purpose of this study was to use latent class analysis to identify patterns of drug and alcohol use in a sample of 359 AA MSM and examine associations with sexual risk. Three classes were identified: Individuals who used multiple substances (poly-users) (18 %), alcohol/marijuana users (33 %) and individuals who had low probability of reporting drug or problematic alcohol use (50 %). Results from multivariate analysis indicate that poly-users were older and more likely to report sex exchange and recent sexually transmitted infection compared to the other classes. Alcohol and poly-users were more likely to report sex under the influence. Identifying and defining substance use patterns can improve specification of risk groups and allocation of prevention resources.

View the paper online: [Abstract](#)

Resources, Webinars, & Announcements

Updated CDC Webpage – Introducing Technology into Partner Services: A Toolkit for Programs – Examples of Follow Up Emails for Non-responses

10.4.1 Example 1: North Carolina Department of Health and Human Services

To: SexKitten@sexsite.com
From: StarDIS@ncsddc.org
Subject: HEALTH DEPARTMENT MATTER

My name is John Investigator and I work with NCSD. I attempted to contact you on 01/01/04; I have some very important health information to share with you. This is a very urgent matter, and because of the confidential nature of this information, it is vital you contact me. Please call me at (555) 234-5678. I can be reached at this number from 8am to 5pm, Monday through Friday or you can contact me using my e-mail address StarDIS@ncsddc.org or my cell phone at (555) 255-5888. To assist you in confirming my identity, I have included my supervisor's name and phone number: Josefina Boss, Program Manager, (555) 234-5679. Please do not delay in contacting me.

John Investigator
Disease Intervention Specialist
NCSD
South Central District Office (555) 234-5678

Note: If no response after Day 4, the DIS should discuss the situation with their supervisor. Attempt to re-interview the original patient for additional locating information, and/or consider having the original patient attempt to notify the partner. The original patient can explain that a representative from the health department will be contacting him/her with important health-related information, plus provide the DIS name and office number.

10.4.2 Example 2: Tennessee Department of Health

To: <screen name/email address>
From: Name@tn.gov
Subject: (leave blank)

Hello <name, if known>, (do not use screen name)

A few days ago, I sent you an email, but I have not heard back from you.

My name is ____ and I work for the Tennessee Department of Health. I am contacting you because someone who was recently diagnosed with laboratory confirmed <gonorrhea, Chlamydia, syphilis> asked that you be notified of an exposure to this infection.

It is important that you call me at _____ so I can speak with you confidentially about the specific exposure and provide you with options for testing and treatment.

To confirm this email is authentic and legitimate, you can call my supervisor _____ at #####. [If using Manhunt to conduct notification include: *If you would like to confirm that this email is real though Manhunt, please call the Manhunt Health Liaison at 617-674-8945. If using Adam4Adam include: "If you would like to confirm that this email is real though Adam4Adam please contact support@adam4adam.com"]

Thank you for your prompt response.

DIS name
DIS title
Phone #
Email address

10.4.3 Example 3: San Francisco Department of Public Health

Internet Contact Letter #2 (Email letter and Handle letter)

Hi/Hello:

Email to Handle: I see you had a chance to read my previous email. It's still very important that I speak about a serious infectious disease. Due to confidentiality, I can't go into further details via email.

Please call me at 415-487-xxxx. If I am not at my desk, please leave me a message with your name, phone number and the best time to reach you on my confidential voicemail.

Email using an Email company: I sent you an email on __/__/__. It's still very important that I speak about a serious infectious disease. Due to confidentiality, I can't go into further details via email.

Please call me at 415-487-xxxx. If I am not at my desk, please leave me a message with your name, phone number and the best time to reach you on my confidential voicemail.

Sincerely,

Worker Name

Worker's Title

356 7th Street (between Folsom and Harrison)

Drop-In Hours: Monday/Wednesday/Friday (8:00am-4:00pm), Tuesday (1:00pm-6:00pm) and Thursday (1:00pm-4:00pm)

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For more information: [Click here](#)

Are you doing PrEP in the Wild? Take our survey!

Gay Men's Health, AIDS Foundation Chicago

[This survey is in English. Spanish and French versions of the survey are coming soon. Please share!]

Take the #PrEPinTheWild [survey](#) and tell us all about it if you are an **HIV-negative person taking PrEP** on your own, without a prescription, or in a country where PrEP has not yet been approved.

Take the #PrEPinTheWild [survey](#) if you are a **healthcare provider** who is helping people get on PrEP in a setting or circumstance where PrEP hasn't been made "official" yet.

Please take our anonymous, global survey and share your personal PrEP experiences, either getting PrEP "in the wild" or prescribing it "in the wild."

The information you provide will be used to help advocates, policy makers, program developers and funders expand PrEP access and improve PrEP services across the world for all populations who need and deserve access to new HIV prevention options. [Click for more info](#) and to take the survey. Thank you in advance!

[Click here to take the PrEP in the Wild survey](#)

Help Improve a Sex Ed Website for use in Native Communities

We are seeking individuals to participate in a usability test of the Choosing And Maintaining Effective Programs for Sex Education in Schools (iCHAMPSS) website to learn how we can make this website better for American Indian and Alaska Native (AI/AN) communities.

Eligible Participants: *Health department and clinic personnel, school district staff and community organizations who are involved in the planning and implementation of sexual health curricula in school, clinic, or community-based settings, and parents of school-aged children.*

Time Commitment: *Usability testing will be conducted online and can be completed at a time and location that is most convenient to you. You will be asked to review the iCHAMPSS website over a period of 2 weeks during spring of 2016. During this time, you will be asked to fill out 2 surveys that will take about 10-20 minutes each to complete.*

Benefits: *You will be given a \$25 gift card for each survey you complete. New information learned will help us design a website that will be useful for AI/AN communities in any setting.*

For more information, please [download the flyer](#).

If you are interested in participating, email Jennifer Torres at Jennifer.D.Torres@uth.tmc.edu

WEBINAR: Harnessing Antibodies for HIV Prevention and Treatment

DATE: Thursday, March 17

TIME: 9:00 AM ET

John Mascola of the NIH Vaccine Research Center will be talking about harnessing antibodies for HIV prevention and treatment. There will be ample time for discussion with webinar participants. For background before the webinar, [click here to view his CROI plenary session](#).

Link

[Register here](#)

Speakers

John Mascola - NIH Vaccine Research Center

For more information: [Click here](#)

WEBINAR: Long-Acting Injectable Antiretrovirals for Treatment and Prevention

DATE: Thursday, March 24

TIME: 10:00 AM ET

PrEP

David Margolis (ViiV Healthcare) and Marty Markowitz (Aaron Diamond AIDS Research Center) will talk about long-acting injectable antiretrovirals for treatment and prevention. There will be ample time for discussion with webinar participants.

At CROI, [Margolis presented findings](#) from the LATTE 2 trial, which tested a pair of long-acting injectables—cabotegravir (from ViiV Healthcare) and rilpivirine (from Janssen)—for HIV maintenance therapy, and [Markowitz presented findings](#) from the ÉCLAIR paste 2A study of cabotegravir in HIV-uninfected men.

Link

[Register here](#)

Speakers

David Margolis - ViiV Healthcare

Marty Markowitz - Aaron Diamond AIDS Research Center

For more information: [Click here](#)

Job/Internship Postings

Summer Internship Opportunity – California Family Health Council

Organization: California Family Health Council (CFHC)

Location: Berkeley, CA

This email is to ask for your help in communicating an exciting new internship opportunity at California Family Health Council (CFHC).

CFHC champions and promotes quality reproductive and sexual healthcare for all. Our organization achieves its mission through an umbrella of services including advanced clinical research, provider training, patient education and consumer awareness, public policy and clinical support initiatives.

We are offering a unique internship opportunity to provide programmatic support of CFHC's digital adolescent health programs, including Hookup text-messaging program, TeenSource.org, California's Condom Access Project, and TalkWithYourKids.org. Additional tasks may be assigned, based on the interests of the intern candidate:

Title: Digital Adolescent Health Program Intern

Requirements:

- Experience with health promotion and program development, as well as program planning, evaluation, and/or needs assessment
- Familiarity with Google Analytics, social media platforms, and/or other media platforms
- Experience conducting qualitative and quantitative data analysis will be an advantage
- Current MPH candidate or equivalent experience

The attachment describes this position in greater detail. Also see the posting on our website: <http://www.cfhc.org/jobs/adolescent-digital-health-program-intern-berkeley>

Candidates should submit a letter of interest and resume to:

California Family Health Council
Attn: Claire Feldman or Sandee Young
2550 Ninth Street, #110

Berkeley, CA 94710
Fax: 510.486.0421
Email: feldmanc@cfhc.org
Website: www.cfhc.org

Aaron Kavanaugh

Office of Policy, Planning, and Communications
STD Control Branch, California Department of Public Health
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804

Tel: 510-231-1773
Fax: 510-620-3180
Web: std.ca.gov

Archives of previous STD Updates can be found [here](#). To unsubscribe or add colleagues' names, email aaron.kavanaugh@cdphc.a.gov. If you have an item related to STD/HIV prevention which you would like included, please send. No bibliographic questions please; all materials are compiled from outside sources and links are provided. No endorsement should be implied! Note: Some words may have been palced in [brackets] or replaced with blanks (___) or asterisks (*) in order to avoid filtering by email inboxes.

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