

[STD Update] FYI 3-17: High STI rates among men on PrEP supports more frequent monitoring, Possible link between Herpes and Alzheimer's, IOM expert committee assessing feasibility of viral hepatitis elimination targets in US, 5 papers, 1 webinar, more.

National Stories

High sexually transmitted infection rates among men on PrEP supports more frequent monitoring

There Could Be A Link Between Herpes And Alzheimer's

Rapid rise in PrEP awareness in US gay men, but only 5% have used PrEP

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

How the Gay Social App Hornet Hopes to Boost Users' HIV IQ

Institute of Medicine Expert Committee Assessing Feasibility of Viral Hepatitis Elimination Targets in the U.S.

Scientific Papers/Conference Abstracts

Correlates and Racial/Ethnic Differences in Bareback Sex Among Men Who Have Sex with Men with Unknown or Negative HIV Serostatus

HIV Transmission Risk Behavior in a Cohort of HIV-Infected Treatment-Naïve Men and Women in the United States

Actor-Partner Effects of Male Couples Substance Use with Sex and Engagement in Condomless Anal Sex

Correlates of Awareness of and Willingness to Use Pre-exposure Prophylaxis (PrEP) in Gay, Bisexual, and Other Men Who Have Sex with Men Who Use Geosocial-Networking Smartphone Applications in New York City

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

Resources, Webinars, & Announcements

Upcoming Awareness Days

WEBINAR: Long-Acting Injectables Antiretrovirals for Treatment and Prevention

Job/Internship Postings

Summer Internship Opportunity – California Family Health Council

National Stories

High sexually transmitted infection rates among men on PrEP supports more frequent monitoring

Liz Highleyman, aidsmap | 3.16

Participants taking tenofovir/emtricitabine (Truvada) for pre-exposure prophylaxis (PrEP) continued to have high rates of sexually transmitted infections (STIs) in two US PrEP demonstration projects, according to a pair of reports at the Conference on Retroviruses and Opportunistic Infections (CROI

2016) last month in Boston. Semi-annual STI testing missed many cases, leading researchers to suggest that gay men on PrEP could benefit from screening every three months.

One of the most common concerns surrounding PrEP is the high rate of STIs seen among users. There is little evidence that PrEP actually causes an increase in STIs, but gay and bisexual men at risk for HIV already have high STI rates, and many PrEP users are likely to be already having, or wish to have, sex without condoms.

As Sheena McCormack, lead investigator for the English PROUD study, explained at a CROI symposium on innovations in PrEP, "the pre-existing trajectory of rising STIs [among men who have sex with men] is carrying on, but PrEP means HIV doesn't have to rise too."

On the other hand, the regular STI screening recommended for people on PrEP encourages prompt diagnosis and treatment, which reduces onward transmission and could potentially contribute to lowering STI rates among PrEP users compared to non-users.

Scheduled screening of at-risk asymptomatic individuals is important because some STIs do not cause symptoms and can be transmitted by people who are unaware they are infected and show no visible signs such as sores or discharge.

The US Centers for Disease Control and Prevention (CDC) PrEP guidelines recommend STI testing at least every six months for asymptomatic individuals, though PrEP users should be seen every three months for HIV testing and Truvada prescription renewal, and some clinics do screen for STIs at every visit. CDC's 2015 sexually transmitted disease treatment guidelines recommend screening every three to six months for men who have sex with men (MSM), especially those with a past history of STIs. The British Association for Sexual Health and HIV recommends that all sexually active MSM should be tested for STIs at least annually, with those at high risk being tested every three months.

SPARK PrEP project

Sarit Golub of Hunter College presented findings from the SPARK community-based PrEP demonstration project at Callen-Lorde Community Health Center in New York City. SPARK participants receive syphilis and urethral and rectal chlamydia and gonorrhoea tests every three months, but are asked to come to the clinic between scheduled visits if they experience STI symptoms.

Dr Golub's team analysed medical records data from 280 SPARK participants for the six months prior to starting and through the first year on PrEP. The researchers did not report a demographic breakdown, but Callen-Lorde is an LGBT health centre so presumably most were gay and bisexual men.

They found that 13% of SPARK PrEP clients had an STI at six months before starting PrEP and 11% tested positive for an STI at their PrEP prescription visit.

At the three-month follow-up visit after starting PrEP, 13% were diagnosed with an STI. More than three-quarters (77%) of these did not have symptoms and two-thirds did not have a prior STI history that would have triggered screening if it were not done on a schedule.

Subsequently, 21% of participants at the six-month follow-up visit, 15% at the nine-month visit and 13% at the 12-month visit were diagnosed with STIs, with most (83%, 68% and 77%, respectively) being

diagnosed thanks to routine screening rather than testing triggered by symptoms. Dr Golub noted that STI diagnoses rose a bit at six months and then reverted to around the previous level by month 12.

A majority of these diagnoses, ranging from 71 to 100% at the various visits, were rectal chlamydia or gonorrhoea – which are more likely to be asymptomatic – while 16 to 43% were urethral infections and 0 to 12% were cases of syphilis.

Among participants with 12 months worth of complete follow-up data, 43% (55 out of 128) were diagnosed with at least one STI after starting PrEP. The number with repeat diagnoses rose over time, from about a quarter at the first PrEP prescription visit to three-quarters at the 12-month follow-up visit. Screening based on prior diagnosis alone would have missed 66% of cases at three months and 16% at nine months.

"Current CDC guidelines may miss a significant number of asymptomatic STIs among PrEP users," the researchers concluded. They suggested that STI screening may be particularly important at the first three-month follow-up visit, and said that routine STI testing at each three-monthly PrEP prescription visit "appears warranted", especially for those with a past history of STIs.

"Folks who are deciding to take PrEP need it – if there is an increase in STIs, it is outweighed by HIV protection," Dr Golub said at a CROI press conference. Given that PrEP is starting to roll out widely, she said, "we need to change these guidelines now, because it is much harder to tell providers to change their practices once they've started."

US PrEP Demo Project

In a related study Stephanie Cohen of the San Francisco Department of Public Health presented findings on STI rates among participants in the US PrEP Demo Project, and the proportion of infections for which diagnosis would have been missed and treatment delayed with less frequent screening.

The Demo Project enrolled 557 MSM and transgender women at risk for HIV at STI clinics and community health centres in San Francisco, Miami and Washington, DC. All received once-daily Truvada PrEP on an open-label basis for a year. Nearly half of participants were white and the median age was 35 years.

Participants were tested for syphilis and for urethral, rectal and pharyngeal (throat) chlamydia and gonorrhoea at initial screening and every three months after starting PrEP; those who tested positive were promptly treated. They were considered asymptomatic if they reported having no STI symptoms on a structured symptom review and did not have any signs on a physical exam.

Just over a quarter of participants tested positive for an STI at the initial screening visit, falling to under 20% at the six-month follow-up visit and returning to 25% at 12 months – the opposite of the pattern seen in the SPARK study. At all visits rectal chlamydia or gonorrhoea were most common, followed by throat chlamydia or gonorrhoea, urethral chlamydia or gonorrhoea, and early syphilis.

The researchers found that 40% of chlamydia, 34% of gonorrhoea and 20% of syphilis cases detected during quarterly screening would have been missed if screening had been done only semi-annually or based on symptoms. Overall, treatment would have been delayed for 35% of participants if screening had been done every six months.

Further, 159 chlamydia infections (76%) and 150 gonorrhoea infections (83%) would have been missed if only genital screening had been done, and not also screening of the rectum and throat.

Most participants (89%) with asymptomatic STIs reported condomless sex between visits, indicating that the potential transmission period would have been extended by up to three months with less frequent testing. Screening every three rather than every six months prevented an average of eight, and a median of three, sex partners from being exposed for each STI diagnosis.

"A significant proportion of gonorrhoea, chlamydia and syphilis infections would have been missed if screening had been conducted every six months or if extra-genital screening had not been performed," the researchers concluded.

References

Golub S et al. *STI data from community-based PrEP implementation suggest changes to CDC Guidelines*. Conference on Retroviruses and Opportunistic Infections, Boston, abstract 869, 2016.

[View the abstract on the conference website.](#)

Cohen S et al. *Quarterly STI screening optimizes STI detection among PrEP users in the Demo Project*. Conference on Retroviruses and Opportunistic Infections, Boston, abstract 870, 2016.

[View the abstract on the conference website.](#)

[View a webcast of this session on the conference website.](#)

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

There Could Be A Link Between Herpes And Alzheimer's

New research connects some dots between common STIs and the devastation of dementia. Here's what you should know.

Korin Miller, SELF Magazine | 3.11

Herpes and [Alzheimer's disease](#) may seem completely unrelated, but a team of scientists says that they have more in common than you'd think. In a new editorial in the [Journal of Alzheimer's Disease](#), more than 30 Alzheimer's experts argue that microbes—specifically the herpes virus, chlamydia bacteria, and spirochaete bacteria—are major causes of dementia. Now, they're calling for more research into this link.

In the [editorial](#), researchers note that these viruses and bacteria are common in the brains of elderly people. And, they say, antimicrobial drugs might help dampen these bacteria and viruses, stopping or slowing the progression of dementia.

Most Alzheimer's research currently focuses on the buildup of amyloid plaques and tau proteins in the brain, which keep neurons from communicating with each other. When these factors occur, memory loss and mental decline can happen.

According to the Alzheimer's Association, Alzheimer's disease is the only top 10 cause of death in America that can't be prevented, cured, or slowed down. An estimated 5.1 million people aged 65 and older suffer from the disease, and that number is expected to increase to 7.1 million by 2025.

But what does herpes have to do with it? Scientists say the virus has been linked to damage in the body's central nervous system and limbic system (nerves and networks in the brain)—and that damage is linked to mental decline.

While we most often link herpes and chlamydia with unsafe sex practices, editorial co-author Douglas Kell, a professor at the University of Manchester's School of Chemistry, says practicing safe sex "may or may not be pertinent" to Alzheimer's disease since herpes in particular is so prevalent. You can also get the herpes virus from kissing or by having contact with an infected person's skin or mucous membranes at certain times, for example. According to the World Health Organization, an estimated two-thirds of the population have the herpes virus, and may not even know it.

"Various viruses and bacteria can lie dormant in our blood and tissues, often for years," Kell tells SELF. "When they wake up, they can do damage."

The actual damage that can be done depends on where the viruses are, Kell says. If the herpes virus is in a relevant part of the brain, it may cause Alzheimer's. If it's in another part, it may cause Parkinson's.

What causes these viruses to "wake up"? Stress or if a person's immune system is compromised, although Kell says "free iron," a condition that can occur if the person's iron metabolism is off, leading to cell damage, can also be a cause.

Once they're awake, these viruses divide and secrete molecules that cause their host cells to die. When these are brain cells, it can lead to memory decline, researchers say.

The editorial's authors may be on to something, says Rudolph Tanzi, Ph.D., director of the Genetics and Aging Research Unit at Massachusetts General Hospital and a professor of neurology at Harvard Medical School, who has also conducted research that has found a link between viruses and Alzheimer's. However, his research has found that amyloid plaques are triggered in the brain as a defense mechanism to fight viruses and bacteria, causing dementia as a side effect.

But Tanzi says it's a little early to point the finger at particular viruses like herpes.

"We know that yeast and viruses can sneak into the brain, and many different microbes have been proposed to live in Alzheimer patients' brains," he says. "We need to be careful not to pick our favorite microbe."

Does this mean Alzheimer's is contagious? Tanzi says it's hard to say at this point. "Until we know which pathogens are triggering the disease we won't know whether it's contagious," he says. "Yes, herpes is contagious, but almost everybody has it—it's just whether your body responds to it."

If scientists find that there's a particular, less common virus that that is linked to Alzheimer's disease "that's a different story," he says. "But we're not there yet."

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

Rapid rise in PrEP awareness in US gay men, but only 5% have used PrEP

Roger Pebody, aidsmap | 3.10

Large internet surveys of American gay men show that the proportion who have heard of pre-exposure prophylaxis (PrEP) jumped from 45% in 2012 to 68% in 2015, with around half of men willing to consider using PrEP – but that actual usage is far lower and remains concentrated in a few key urban areas where public health authorities have facilitated its uptake.

Kevin Delaney of the Centers for Disease Control and Prevention (CDC) presented the data at the recent Conference on Retroviruses and Opportunistic Infections (CROI 2016) in Boston.

Data came from three large internet-based surveys of gay, bisexual and other men who have sex with men (MSM) living in the United States, with recruitment via dating apps and websites, social media and gay websites. Surveys were conducted in May to August 2012 (2794 participants), December 2013 to May 2014 (3096 participants) and October 2014 to March 2015 (8406 participants). The Food and Drug Administration (FDA) first approved Truvada for use as PrEP in July 2012.

Awareness of PrEP, willingness to use PrEP and actual use all increased from survey to survey. In 2012, 45% were aware of PrEP, 39% would consider using it and 0.5% had actually used it (in the previous 12 months).

In the most recent survey, completed in March 2015, 68% were aware of it, 50% would use it and 4.9% had actually used it.

“There remains a large gap between the number of MSM who report being willing to use PrEP and those who actually have done so,” comment the researchers.

Respondents living in different parts of the country reported very different levels of PrEP use in the most recent survey – 2% in people living in rural areas and around 3.5% in most urban areas, but 11% in Seattle, 12% in New York City, 16% in Washington DC and 17% in San Francisco. In addition, around 8% of residents of Boston, Philadelphia, Chicago and Los Angeles reported recent PrEP use.

This likely reflects the impact of public health programmes in those cities to raise awareness of PrEP among people who could benefit from it, to train and support healthcare providers, and to reduce bureaucratic and financial barriers to access. However, in many other parts of the country, such programmes have not been provided.

Although other studies have reported less engagement with PrEP among black men, the researchers found that when they made statistical adjustment for confounding factors such as income, education and sexual behaviour, black men in this sample had similar levels of awareness, willingness and use as white men.

Men with more education or a higher income were much more likely to have heard of PrEP, but no more likely to have used it.

When comparing men who had used PrEP with those who had not, the key factors relate to sexual behaviour – 6.7% of men with ten or more sexual partners in the past year had used PrEP (compared to 0.9% of men with fewer partners), 6.6% of men recruited through a geospatial dating app had used it (compared to 1.2% of men recruited elsewhere) and 9.8% of those with a recent sexually transmitted infection (STI) had used PrEP (compared to 1.5% of men with no STI). Also, 4.9% of those taking part in the most recent survey had used PrEP, compared to 0.5% of men in the first. All these differences were highly statistically significant.

Local data

Separate surveys of gay men in New York City confirmed these findings (according to these data, recent PrEP usage increased from 2.1% in 2013 to 14.8% in 2015), with men reporting more sexual risk behaviours being more likely to have used PrEP. Men who had recently used post-exposure prophylaxis (PEP) were especially likely to have used PrEP – perhaps because those healthcare providers with experience of providing PEP have proven to be 'early adopters' of PrEP.

Less encouragingly, the New York survey found that men who did not have health insurance were much less likely to use PrEP (3.3%) than those men who had it (7.9%).

The theme of financial barriers to PrEP use was also picked up in a poster from the Kaiser Permanente programme in northern California. Whereas 21% of people who had a co-pay of less than \$50 a month began to use PrEP but later stopped, 31% of individuals with a higher co-pay discontinued PrEP.

Women also had far higher rates of discontinuation (61%) than men, as did people with drug or heavy alcohol use (43%).

Whereas this programme has not had any cases of HIV seroconversion in 972 individuals while they were using PrEP, they have seen two seroconversions in individuals who had stopped using PrEP. Given these cases, the researchers say that “there is a critical need for strategies to support continuation of PrEP throughout periods of HIV risk.”

References

Delaney KP et al. *Awareness and Use of PrEP Appear to Be Increasing Among Internet Samples of US MSM*. Conference on Retroviruses and Opportunistic Infections (CROI 2016), Boston. Abstract 889, 2016. [View the abstract and e-poster on the conference website.](#)

Scanlin KE et al. *Increasing PrEP Use Among Men Who Have Sex With Men, New York City, 2013-2015*. Conference on Retroviruses and Opportunistic Infections (CROI 2016), Boston. Abstract 888, 2016. [View the abstract and e-poster on the conference website.](#)

Marcus JL et al. *HIV Pre-exposure Prophylaxis: Adherence and Discontinuation in Clinical Practice*. Conference on Retroviruses and Opportunistic Infections (CROI 2016), Boston. Abstract 894, 2016. [View the abstract and e-poster on the conference website.](#)

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, 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](#)

How the Gay Social App Hornet Hopes to Boost Users' HIV IQ

As reported by POZ | 3.2

Gay social networking app Hornet launched the Health Innovation Group to amplify HIV prevention and education efforts among its nine million users. And Hornet has hired Alex Garner as its senior health innovation strategist to oversee the efforts, according to a [Hornet press release](#).

Previously, Garner led the National Minority AIDS Council's PrEP Education Program, which focuses on the daily pill Truvada as a pre-exposure prophylaxis to prevent HIV. He has worked for more than 20 years in HIV and gay men's health.

"I am very excited to join the Hornet team," said Garner, who is living with HIV, in the press release. "Countless opportunities exist for doing great work with the Hornet community, and I am dedicated to creating an experience where users feel empowered and supported, and have the resources to make informed decisions about their health."

This year, Hornet has set the following HIV-related goals:

- Improve knowledge and understanding of HIV prevention and treatment strategies, such as [PrEP](#), PEP, and Treatment as Prevention

- Increase access to testing, treatment, and prevention options
- Reduce HIV-related stigma and continue to create an environment that is supportive and affirming for HIV-positive gay men
- Increase research conducted in collaboration with local partners so as to better understand the experiences of users, the barriers they may encounter, and how strategies can be improved to better the health and wellness of gay men

“Social Networks exist for their users,” added Hornet CEO Sean Howell, “and as a gay company, we will continue to invest in ways to amplify, as well as alter, HIV prevention and treatment efforts to better meet the needs of all gay men.”

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

Institute of Medicine Expert Committee Assessing Feasibility of Viral Hepatitis Elimination Targets in the U.S.

Corinna Dan, blog.aids.gov | 3.4

In 2014, the World Health Organization’s (WHO) World Health Assembly unanimously adopted [resolution WHA67.6](#), [PDF 152 KB] which urged Member States and the WHO Director-General to enhance efforts in viral hepatitis surveillance, prevention, treatment access, and disease control. This resolution tasked the WHO with assessing the feasibility of elimination targets for hepatitis B (HBV) and hepatitis C (HCV) viruses. As a result, the WHO is developing a [Global Health Sector Strategy on Viral Hepatitis, 2016-2021](#), due to be released later this year, to guide global action and supplement existing activities in addressing viral hepatitis.

In response to these developments at the global level, the CDC’s Division of Viral Hepatitis and the HHS Office of Minority Health (OMH) have commissioned the Institute of Medicine (IOM) to determine the feasibility of setting national HBV and HCV elimination targets in the United States. To carry out this feasibility study, the IOM has convened an expert panel to examine relevant scientific and policy issues. The initial report is anticipated to be released in April 2016. The IOM is a division of the National Academies of Sciences, Engineering, and Medicine. The Academies are private, nonprofit institutions that provide independent, objective analysis and advice to the nation and conduct other activities to solve complex problems and inform public policy decisions related to science, technology, and medicine.

Depending on the conclusions of the April report, the IOM may initiate a second phase of activity that involves preparing an expert consensus report. This final report would outline elimination targets to be reached by the year 2030, key barriers and facilitators to success, and stakeholder roles and responsibilities. The second phase is expected to take approximately 10 months to complete.

IOM Findings to Inform Update of National Viral Hepatitis Action Plan

In 2014, HHS released the [Action Plan for the Prevention, Care, & Treatment of Viral Hepatitis \(2014-2016\)](#) (Action Plan), an update to the first comprehensive, national, cross-agency plan that provides a framework around which federal and nonfederal stakeholders can focus viral hepatitis activities. In a December [blog post](#), we shared the [2014 Federal Implementation Progress Report](#) [PDF 2,228], which highlights the work being conducted by our federal partners to improve outcomes for those living with

and at risk for viral hepatitis. Building on these efforts, this year, the HHS Office of HIV/AIDS and Infectious Disease Policy is facilitating a collaborative process to update the Action Plan for 2017–2020. This update will be informed by the IOM’s Phase 1 findings and the WHO draft global strategy, as well as input from many important nonfederal viral hepatitis stakeholders and community members.

While federal efforts are vital in addressing viral hepatitis, most of the work to educate, test, and link people into care takes place in health care and community settings like clinics and hospitals, health departments and community-based organizations. Private industry also plays a major role, developing and manufacturing vaccines, therapies, and diagnostics as well as supporting community-based efforts. As such, it is clear that the active involvement and innovation by a broad mix of stakeholders from many sectors will be essential to achieving the goals of the Action Plan as well as any national viral hepatitis elimination goals that may be developed.

The IOM analysis is expected to provide additional information and recommendations that will inform the update of the national Viral Hepatitis Action Plan and lead to more robust viral hepatitis response in the United States. Together, these documents will provide a strong foundation for moving us toward our nation’s goals for 2020 and beyond.

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

Scientific Papers/Conference Abstracts

Correlates and Racial/Ethnic Differences in Bareback Sex Among Men Who Have Sex with Men with Unknown or Negative HIV Serostatus

Vosvick M, Fritz S, Henry D, et al. *AIDS and Behavior* 2016; [Epub ahead of print]

Abstract:

Men who have sex with men (MSM), particularly racial/ethnic minority MSM, are disproportionately affected by HIV in the United States and Texas. Bareback sex or condomless anal intercourse (CAI) can be a high HIV risk behavior. Despite this, a majority of MSM continues to engage in barebacking. Research suggests racial/ethnic differences in barebacking exist; however, these conclusions remain unclear due to insufficient sample sizes to compare racial/ethnic groups. Our cross-sectional correlational design explores barebacking correlates (substance use during sex, safe sex fatigue, and optimistic HIV treatment beliefs) within and between racial/ethnic groups among 366 MSM. Regression models are significant for Latino and African-American MSM alone and for all MSM combined, though not significant for European-American and Other Race/Ethnicity MSM alone. Our findings suggest motivations and behaviors underlying barebacking among MSM vary by racial/ethnic membership with clinical implications for informing culturally sensitive HIV interventions and prevention programs for target racial/ethnic groups.

View the paper online: [Abstract](#)

HIV Transmission Risk Behavior in a Cohort of HIV-Infected Treatment-Naïve Men and Women in the United States

Landovitz RJ, Tran TTT, Cohn SE, et al. *AIDS and Behavior* 2016; [Epub ahead of print]

Abstract:

Antiretroviral therapy (ART) can minimize HIV transmission. Prevention benefits may be compromised by barriers to virologic suppression, and by increased condomless sex among those initiating ART. We evaluated condomless sex in a cohort of HIV-infected US individuals poised to initiate ART in a clinical trial. We assessed partner and sex act type, condom use, and perception of infectiousness. Six percent of participants reported as not infectious; men who have sex with men were more likely to perceive high infectivity. Prevalence of condomless sex was 44 %; 74 % of those also reported homosexual acquisition of HIV. Predictors of increased risk of condomless sex included greater numbers of lifetime partners, recent stimulant drug use and an HIV-positive or unknown serostatus partner. In the context of serodifferent partners, lower perception of infectiousness was also associated with a higher risk of condomless sex. Results highlight opportunities for prevention education for HIV infected individuals at ART initiation.

View the paper online: [Abstract](#)

Actor–Partner Effects of Male Couples Substance Use with Sex and Engagement in Condomless Anal Sex

Witchell JW, Pan Y, Feaster D. *AIDS and Behavior* 2016; [Epub ahead of print]

Abstract:

Few studies have examined actor–partner effects about male couples' substance use with sex. Dyadic data from 361 male couples were used to examine these effects regarding engagement in condomless anal sex (CAS) by type of partner and substance. Couples with one or both partners reported using marijuana, amyl nitrates, party drugs, and/or stimulants with sex in their relationship was positively associated with them having had CAS. Actor–partner effects for stimulant use with sex with the main partner were associated with CAS with a casual MSM partner. Only an actor effect for stimulant use with sex with a casual MSM partner was associated with CAS with that partner type, and an actor effect for marijuana use with sex for both partner types was associated with CAS with both partner types. These findings illuminate the need for further inquiry about male couples' substance use with sex for HIV prevention.

View the paper online: [Abstract](#)

Correlates of Awareness of and Willingness to Use Pre-exposure Prophylaxis (PrEP) in Gay, Bisexual, and Other Men Who Have Sex with Men Who Use Geosocial-Networking Smartphone Applications in New York City

Goedel WC, Halkitis PN, Greene RE, et al. *AIDS and Behavior* 2016; [Epub ahead of print]

Abstract:

Geosocial-networking smartphone applications are commonly used by gay, bisexual, and other men who have sex with men (MSM) to meet sexual partners. The purpose of the current study was to evaluate

awareness of and willingness to use pre-exposure prophylaxis (PrEP) among MSM who use geosocial-networking smartphone applications residing in New York City. Recruitment utilizing broadcast advertisements on a popular smartphone application for MSM yielded a sample of 152 HIV-uninfected MSM. Multivariable models were used to assess demographic and behavioral correlates of awareness of and willingness to use PrEP. Most participants (85.5 %) had heard about PrEP but few (9.2 %) reported current use. Unwillingness to use PrEP was associated with concerns about side effects (PR = 0.303; 95 % CI 0.130, 0.708; $p = 0.006$). Given that more than half (57.6 %) of participants were willing to use PrEP, future research is needed to elucidate both individual and structural barriers to PrEP use among MSM.

View the paper online: [Abstract](#)

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

Tobin 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

Upcoming Awareness Days

National Native HIV/AIDS Awareness Day (March 20)

National Native HIV/AIDS Awareness Day (NNHAAD) will take place on March 20, 2016, to promote HIV awareness and testing in Native communities. To learn more about NNHAAD and plans for 2016, visit the [AIDS.gov NNHAAD web page](#).

National Youth HIV & AIDS Awareness Day (April 10)

HIV among American youth and young adults is more common than you might think. April 10, National Youth HIV & AIDS Awareness Day (NYHAAD), is an opportunity to educate the public about the impact of HIV and AIDS on young people and to highlight the work that young people are doing to respond to the epidemic. To learn more or get involved, visit the [AIDS.gov NYHAAD web page](#).

National Asian & Pacific Islander HIV/AIDS Awareness Day (May 19)

On May 19, National Asian & Pacific Islander HIV/AIDS Awareness Day, CDC stands with The Banyan Tree Project to observe this awareness day and to help end HIV stigma in the Asian & Pacific Islander community. To learn more or get involved, visit the [AIDS.gov National Asian & Pacific Islander HIV/AIDS Awareness Day web page](#).

WEBINAR: Long-Acting Injectables 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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