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California Stories

Doubts remain as California allows girls and women to get more birth control without a prescription

Soumya Karlamangla, Los Angeles Times | 4.8

When her daughters were younger, Lori Herman wished there had been an easier way to get them birth control.

“It’s such a hassle to get the kid in to see the OB/GYN,” said Herman, a systems analyst who lives in Simi Valley.

Now there is. As of Friday, girls and women in California can pick up hormonal contraceptives, including pills and patches, at pharmacies without first visiting a doctor.

Supporters of the change say that requiring an annual doctor’s visit creates unnecessary barriers to contraception and that easing access could reduce unintended pregnancies.

But Herman, 50, said that both of her daughters experienced side effects, including headaches and nausea, when they first began taking birth control pills. She had to take them to the doctor repeatedly to get the problems diagnosed and find new contraceptives to try, she remembered.

If a pharmacist were handing out the medicines, she asked: “How would they deal with that?”

Many people are raising questions about the new system, in which females of any age in California no longer need a doctor’s prescription to get certain types of birth control. California becomes just the third state to allow women to obtain hormonal birth control directly from a pharmacist, though many more are currently considering similar legislation.

Dr. Deepjot Singh, head of the obstetrics and gynecology department at Torrance Memorial Medical Center, said approximately half of her patients who begin taking birth control must switch to another kind within the first year.

When they come in complaining of unexpected bleeding, acne or weight gain, she must consider the effects of each drug and counsel the patient. Depending on the problem, she might even need to do a physical exam, she said.

“That’s a medical visit,” Singh said. “A pharmacist cannot replace a physician.”

She said she was worried that patients would miss out on important medical advice or lose the opportunity to have a problem diagnosed by a doctor if they instead relied on a pharmacist. She wants to make it easier for women to obtain birth control, she said, but would prefer if doctors initially helped patients find the best one for them, after which pharmacists could renew those prescriptions.

Supporters of California’s new law, however, say pharmacists have as much, if not more, knowledge of drug side effects as physicians do. When the law was debated in Sacramento, it faced little opposition.

Plus, pharmacists can and will refer women to doctors if there are questions they can't answer, or they think patients require medical counseling, said USC clinical pharmacy professor Kathleen Besinque.

"The point isn't that women have to go to a pharmacy, it's just one more option," said Besinque, who helped write the law.

Many public health advocates and doctors say that birth control is extremely safe and point to studies that show that women can generally choose one that works well for them. The American Congress of Obstetricians and Gynecologists, the largest group representing OB/GYNs, supports legislation that would make birth control truly over-the-counter.

In Oregon and Washington, pharmacists can already dispense birth control to women. Representatives from the Washington Medical Assn., which represents doctors, say the practice, which has been allowed for more than 30 years there, has caused no problems.

But in a recent poll of 2,500 American doctors conducted by SERMO, a social media site for physicians, 73% thought pharmacists shouldn't be able to prescribe birth control to women.

"It's just not a safe thing to put diagnosis and treatment and follow-up in the hands of a pharmacist," said Dr. Donna Harrison, executive director of the American Assn. of Pro Life Obstetricians and Gynecologists, whose organization does not have an official stance on pharmacist-administered contraception. "It's very foolish."

Some physicians worried that patients currently on birth control would try to self-diagnose their problems on the Internet and choose a new kind based on nonscientific recommendations. Others were worried that women would start birth control to try to cure other problems -- it's often used to treat acne, for example -- without consulting with a doctor first.

The California Medical Assn. opposed the state's law originally but switched its stance to neutral after a provision was added requiring pharmacists to screen patients.

Before dispensing the hormones, pharmacists must take a patient's blood pressure and administer a questionnaire covering medical issues that could raise red flags. High blood pressure increases the chance of strokes or blood clots. But Harrison said she thinks that California's questionnaire won't catch people who haven't received medical care before and don't know their medical risk factors.

Though California's law officially took effect Friday, most pharmacies won't be dispensing birth control over the next few days. They're not required to participate under the law, and representatives from Safeway, Ralphs and CVS said they were either still preparing or waiting to review the final regulations.

Insurance companies should cover the cost of birth control picked up at pharmacies, though it's possible that pharmacists could charge for furnishing the birth control. That service cannot be billed to insurance.

Virginia Herold, head of the state's pharmacy board, said she thinks pharmacy chains will likely test out the service at a few locations initially.

"We don't know what to expect, and neither do they," she said.

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

Q&A What you need to know about California's new birth control law

Soumya Karlamangla, Los Angeles Times | 4.8

Officials announced Friday that girls and women in California can now drop by their neighborhood pharmacy and pick up birth control pills without a prescription from a doctor. It's not technically over-the-counter, but you can get them by talking to a pharmacist and filling out a questionnaire.

The new option is intended to increase access to birth control and reduce unintended pregnancies. State legislators originally passed the law in 2013 but it was held up in regulatory discussions until Friday.

California becomes the third state after Oregon and Washington to allow women to obtain more types of birth control directly from a pharmacist.

What kinds of birth control can I get? The law covers self-administered hormonal birth control, which means pills, patches, injections and vaginal rings. Anything a doctor would have to insert, such as arm implants and intrauterine devices, or IUDs, you can't get from a pharmacist.

Do I have to be a certain age? No, there's no age minimum.

What will happen when I visit the pharmacy? A pharmacist will take your blood pressure and then ask you to fill out a questionnaire to make sure birth control is safe for you. Then you can ask for a certain kind of birth control, or the pharmacist can recommend one.

Once you've selected a type, the pharmacist will explain how the medicine you've selected works, how to take it and what side effects you might experience. You will also be reminded of the importance of health screenings, such as for cervical cancer, and warned that birth control doesn't protect against sexually-transmitted diseases. Then the pharmacist will give you the medicine along with a birth control fact sheet.

How much does it cost? If your insurance plan pays for your birth control, it should still be covered. It's unclear whether pharmacists will charge for screening patients and dispensing the birth control, but they could.

Can I go pick some up today? Most pharmacy chains said they weren't quite ready to roll out the law on Day One. The best way to find out if your local pharmacy will be participating is to give them a call.

Which other states allow pharmacists to provide hormonal birth control? Women in Washington state as well as in Washington, D.C., have long been able to obtain birth control without a doctor's prescription. Oregon began allowing pharmacists to dispense hormonal birth control directly to patients earlier this year, though the state's law only applies to females over the age of 17. Several other states, including Hawaii and Tennessee, proposed legislation similar to California's earlier this year.

Why can't California make birth control pills fully over-the-counter? Only the U.S. Food and Drug Administration can decide if a medicine can be available over-the-counter. The most state legislators can

do to increase access to birth control is to allow medical providers other than doctors, such as pharmacists, to furnish the medication.

Federal legislation has recently been proposed that would make hormonal birth control truly over-the-counter.

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

STD Cases Continue to Rise in Shasta County; Testing Encouraged

Press Release, as reported by aNewsCafe.com | 4.7

April is Sexually Transmitted Disease (STD) Awareness Month and Public Health officials hope to again draw attention to a sharp rise in the number of cases of gonorrhea reported in Shasta County. From 2007 to 2011, Shasta County saw an average of 38 cases of gonorrhea each year. In 2012, that number rose to 168 cases. The trend is, unfortunately, trending upward as Shasta County saw 377 cases in 2014 and 367 cases in 2015. Additionally, Syphilis is newly on the rise here as well.

“Basically, anyone who has more than one sexual partner and doesn’t use protection is at risk. Those at highest risk have multiple partners, unprotected sexual contact and there’s a noticeable connection among people engaged in alcohol and drug use,” said Venessa Vidovich, Supervising Public Health Nurse. “Because gonorrhea commonly causes no symptoms everyone should use protection.”

Gonorrhea is a common infectious disease where bacteria can grow in the genitals, throat or rectum of males and females. Any sexually active person can be infected with gonorrhea and the highest reported rates of infection are among teenagers and adults under 45 years old. Left untreated, gonorrhea can affect a person’s ability to have children, can harm newborns, cause chronic pain, and can even be life-threatening.

Syphilis is a contagious STD that can cause long-term complications if not treated correctly. Symptoms can be none, an ulcer, a rash, or other symptoms. Left untreated it may then progress to cause severe problems with the heart, brain, and nerves that can result in paralysis, blindness, dementia, deafness, impotence, and even death. Congenital syphilis, which is preventable with testing and treatment during pregnancy, is on the rise now in California, affecting newborn babies.

Most STDs are treatable and many, including gonorrhea and syphilis, are curable, but early detection is crucial. Public Health officials strongly encourage the public to get tested for gonorrhea (through a simple urine test) and other STDs, such as chlamydia. People who need testing, treatment and preventative counseling for STDs can see their primary care provider or contact Women’s Health Specialists at (530) 221-0193 or Planned Parenthood at (530) 351-7100. For more information the public can also call Shasta County Public Health at (530) 225-5591 or go to www.shastahhsa.net.

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

National Stories

The U.S. HIV Population May Be Smaller and More Virally Suppressed Than Long Presumed

As reported by POZ | 4.6

The Centers for Disease Control and Prevention's (CDC) may have overestimated the size of the U.S. HIV population while greatly underestimating the proportion that has a fully suppressed viral load. Publishing their findings in the *Journal of Acquired Immune Deficiency Syndromes*, researchers used HIV laboratory reporting to estimate HIV prevalence in New York City and 19 other jurisdictions and then used previously published data to construct a revised HIV treatment cascade.

The treatment cascade, also known as the HIV care continuum, refers to the descending proportion of people living with HIV who have been diagnosed, are retained in medical care, have been prescribed antiretrovirals (ARVs) and are virally suppressed.

The CDC has estimated that 1.2 million Americans were living with HIV in 2011. The [U.S. care continuum estimate](#), which also refers to 2011, has long stated that 86 percent of the American HIV population has been diagnosed, 40 percent is engaged in care, 37 percent has been prescribed ARVs and 30 percent is virally suppressed. These figures are frequently cited as troublesome barometers of the dismal job the U.S. health care system is doing taking care of HIV-positive individuals.

[Recent research](#) has suggested that viral suppression rates have been steadily increasing among Americans living with the virus.

The researchers in this new study estimated that, in fact, the CDC's HIV prevalence estimate for 2011 was 25.6 percent too high, that the true number of Americans living with the virus was 819,200, or somewhere between 809,800 and 828,800. Their revised care continuum, also concerning 2011 figures, estimates that 86 percent of the HIV population has been diagnosed, 72 percent is retained in care, 68 percent is on ARVs and 55 percent is virally suppressed.

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

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

Animal Study Paints Picture of Earliest Immune Responses to HIV

NIH-Funded Research Provides Insights for Development of HIV Prevention Tools

Press Release, NIH NIAID | 4.13

WHAT:

New research in monkeys exposed to SIV, the monkey equivalent of HIV, suggests that the virus spreads rapidly in the body and triggers early host responses that suppress antiviral immunity, thus promoting viral replication. The study, published in *Cell*, provides a detailed view of the period between initial mucosal exposure to the virus and the point at which it becomes detectable in the blood. A better understanding of these early events, which are difficult if not impossible to study in people with HIV, will

inform development of strategies to prevent HIV infection. The work was funded by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health.

Researchers led by Dan H. Barouch, M.D., Ph.D., of Beth Israel Deaconess Medical Center and the Ragon Institute of Massachusetts General Hospital, the Massachusetts Institute of Technology and Harvard, vaginally exposed 44 rhesus monkeys to SIV and then analyzed the animals in detail during the first few days after viral exposure. The scientists found that SIV disseminates rapidly through the body, with viral RNA present in at least one tissue outside the reproductive tract in most monkeys analyzed one day after vaginal exposure.

The researchers also observed an inflammatory immune response in virus-infected tissues as early as one day after exposure to SIV. Increasing amounts of viral RNA correlated with rising amounts of a host protein that suppresses non-specific, or innate, antiviral immunity. Additionally, the scientists detected early activation of a cell-signaling pathway that correlated with lower levels of antiviral T-cell responses and higher levels of SIV replication.

According to the authors, these findings suggest that the window of opportunity to contain or eliminate the virus at its mucosal port of entry is more limited than previously appreciated. Researchers may apply these insights to the continued development of vaccines, microbicides and drugs aimed at preventing HIV infection.

ARTICLE:

DH Barouch et al. Rapid inflammasome activation following mucosal SIV infection of rhesus monkeys. Cell DOI: 10.1016/j.cell.2016.03.021 (2016).

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

HIV-Infected Vaginal Cells Still Won't Transmit if the Viral Load Is Undetectable

As reported by POZ 4.6

Even though there are still HIV-infected vaginal cells present when the viral load in plasma is undetectable, there is not enough virus to transmit, aidsmap reports. Publishing their findings in The Journal of Clinical Investigation, researchers studied HIV-infected female mice engineered to have human immune systems.

After treating the mice with antiretroviral (ARV) therapy, the researchers saw a greater proportional viral load drop in the animals' plasma than in cervico-vaginal secretions. There were still about 80 copies per million cells of cell-associated HIV RNA in the female reproductive tract.

The researchers created a lab test in which they exposed vaginal cells to immune cells from blood or vaginal fluid taken from the treated mice. When the immune cells were taken from mice two weeks after the animals were started on ARVs, cells from neither source led to infection in the other cells. When the cells were taken after one week of treatment, the virus did transmit between cells.

Then the scientists took two sets of five HIV-negative female mice and exposed them vaginally to either 5,000 or 10,000 HIV-infected immune cells. None of the mice that received the smaller dose of cells was

infected, compared with two of the group receiving the larger dose. But 5,000 exceeds the number of HIV-infected cells found in doses of either treated blood or treated vaginal fluid.

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

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

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

Innovative HIV vaccine candidate generates protection against repeated AIDS virus exposures

As reported by News Medical | 4.11

Mymetics Corporation (OTCQB: MYMX), a pioneer in the research and development of virosome-based vaccines to prevent transmission of human infectious diseases across mucosal membranes, announced today that its innovative HIV vaccine candidate has shown to generate significant protection in groups of twelve female monkeys against repeated AIDS virus exposures during part of the preclinical study.

The blinded study was led by Dr. Ruth Ruprecht, Scientist & Director of the Texas Biomed AIDS Research Program and was funded by the Bill & Melinda Gates foundation. During the first part of the study the Mymetics' two-component virosome-based HIV vaccine was able to show significant efficacy of 87% in delaying the time to persistent infection versus the control group after 7 intravaginal virus challenges. The study aimed to mimic the exposure of women to semen from HIV-infected men, although the viral dose of each of these 7 animal challenges represented about 70,000 times the average human HIV dose passed during sexual intercourse from an HIV-infected male to an uninfected female.

During the second part of the study the animal viral challenge dose was increased by 50% starting from the 8th challenge onward, reaching more than 100,000 times the average amount of virus passed from an infected man to a female partner. At this virus dose, the vaccine did not show significant protection in the animals as the immune system was overloaded.

Dr. Ruth Ruprecht said, "We are encouraged by the initial strong protection provided by the vaccine candidate, which is in line with the results from an earlier primate study performed in China that we were asked to repeat. The fact that the vaccine-induced immune defenses were eventually overcome requires a careful analysis to understand the mechanisms of the initial vaccine action and to learn what other immune defenses can be enlisted to yield even more potent antiviral action."

Sylvain Fleury, CSO of Mymetics, commented, "We are pleased that Mymetics HIV virosome-based vaccine could strongly prevent virus transmission under conditions that mimic male-to female sexual transmission. Especially as these protection results are coming from two studies conducted in two different countries, with two different sub-species of macaques, with different vaccine lots and without an adjuvant. The observed protection in genetically different animals raised in different housing and environmental conditions gives more weight to these observations."

Ronald Kempers, CEO of Mymetics, "We were very impressed with the professional and thorough work delivered by Dr. Ruprecht's team, including Dr. Samir Lakhashe, Staff Scientist at Texas Biomed, and look forward to understanding the mechanisms of action of our vaccine. This study proves that our HIV

vaccine candidate can protect in very realistic settings and it provides a strong indication to possibly protect women against sexually transmitted HIV and come closer to an effective HIV vaccine in the future. Virosomes have a strong safety profile in children and adults and our virosome construct can easily be combined with other vaccine candidates and treatments, therefore we are hopeful that we can attract funding for the clinical development and move a step closer to an HIV vaccine."

The study involved 36 Indian origin rhesus macaques (monkeys) with 12 animals per group for more statistical power, compared two antigen vaccination regimens with placebo and was followed by intra-vaginal heterologous challenges with live virus.

This study was designed to replicate a successfully completed smaller study at the Institute of Laboratory Animal Science (ILAS) in Beijing, China in which the two-component vaccine protected all Chinese rhesus macaque monkeys against repeated virus exposures from persistent infection - an unprecedented result. One of the vaccine components further showed a strong safety and tolerance profile in a Phase I clinical trial in human volunteers.

With its HIV-1 (human immunodeficiency virus type 1) vaccine candidate, produced through its proprietary virosome technology, Mymetics aims to provide both a first line of defense through mucosal protection as well as a second line of defense against infection through the generation of blood antibodies. Mymetics has produced the tested HIV vaccine construct for clinical trials in liquid form and, since last year, is developing a new generation of needle-free and cold chain independent virosomal vaccine construct with the support of the European Horizon 2020 Program (MACIVIVA Project no. 646122), which would be very suitable for developing countries.

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

HIV vaccine possibility following study of 'antibodies with loops'

A new study suggests it may be possible to induce a rapid anti-HIV immune response in unexposed people by developing a vaccine that triggers antibodies containing loop-like structures.

Catherine Paddock, Medical News Today | 4.7

The finding could provide a much-needed boost to HIV vaccine research, where efforts to jumpstart an effective immune response to HIV have so far met with little success.

In a paper in the Proceedings of the National Academy of Sciences, researchers at Vanderbilt University in Nashville, TN, explain how the immune system is naturally capable of making antibodies against HIV.

However, it takes a year for the body to reach full production of these "broadly neutralizing" antibodies, and less than a third of people produce them anyway.

The team decided to explore features of the antibodies that make them particularly deadly to HIV and manipulate them in order to understand what it might take for a vaccine to trigger them.

Their study was done in three phases: identification, optimization and re-engineering. First, they identified the key elements of the features (loop-like structures of amino acids), then they investigated the optimum arrangement of the loops for binding to HIV, and finally, they fused them onto a natural antibody and tested the result.

Loop-like structures bind to and disable HIV

In the identification phase, the team found that some naturally occurring antibodies have a loop-like structure that binds to HIV and disables it, and that antibodies with this feature can even be found in people who have never encountered HIV.

The loop-like structures, called long heavy-chain complementarity-determining region 3 (HCDR3), comprise 28 amino acids strung together in different combinations.

Using a molecular modeling program called Rosetta, the team identified which particular HCDR3 amino acid sequences bound most tightly to HIV.

Rosetta is a suite of computer programs for modeling large molecules. Researchers use it to study potential treatments of infectious diseases, cancers and autoimmune disorders. They also use it to develop vaccines, new enzymes and proteins.

For the optimization phase, the team then used Rosetta again, this time to find the optimum arrangement of the HCDR3 sequences that might neutralize HIV in a vaccination event.

Then, in the re-engineering phase, they fused the selected HCDR3 sequences onto PG9, a type of monoclonal antibody that is known to be a broad neutralizer of HIV. Lab tests confirmed that the re-engineered PG9 antibodies effectively neutralized HIV.

The study thus shows, with the use of computer tools, that it is possible - in principle - to neutralize HIV by boosting the effect of the HCDR3 loop-like structures in naturally occurring antibodies, even in people who have not been exposed to HIV.

The authors note that these HCDR3 loops can be found in immune B cells of people who have not been exposed to HIV, suggesting they could be a target for a structure-based vaccine that elicits a broadly neutralizing response to the virus.

One of the study leaders, James Crowe Jr., the Ann Scott Carrell Professor and director of the Vanderbilt Vaccine Center, says that a vaccine that "presents" an HIV sequence that is recognized by antibodies with the HCDR3 loops would likely increase the chance that a large proportion of those vaccinated could respond to the virus with a broad and potent antibody response.

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

See how syphilis rates are spiking across the country

Natalia Bronshtein and Megan Theilking, STAT | 4.8

Health officials declared a syphilis outbreak last month in Las Vegas area, where cases of the sexually transmitted disease have more than doubled since 2014. Just a few weeks later, a similar outbreak made headlines in Fresno County, Calif.

But those outbreaks aren't isolated. Syphilis is on the rise in many cities and states across the country. The number of cases of the bacterial disease climbed by 15 percent from 2013 to 2014. In 2014, the most recent year of data available, there were 63,450 new cases of the disease nationwide.

Syphilis is a bacterial infection that spreads from person to person, typically through sexual contact. It's also possible for a pregnant woman to spread syphilis to her unborn child. The condition presents as a sore on the genitals or in the mouth, and if untreated for a few weeks or months, can cause rashes on the skin, fever, and fatigue.

The number of US cases stayed relatively stable from 2010 until 2014, when the figures started to creep up. Health officials say there's no obvious explanation for why, although rates of other sexually transmitted diseases are increasing, too.

Health officials say they are eyeing a handful of reasons, including increasing PrEP use among men who have sex with men. PrEP, or pre-exposure prophylaxis, is a pill taken daily to prevent HIV infection in people who are at risk of getting the virus. Officials are concerned that people taking PrEP might not realize it doesn't protect against other STDs, and engage in sexual activity that puts them at greater risk for contracting infections like syphilis.

If infection is caught early on, the condition is easy to treat with a simple dose of penicillin or another antibiotic. But if it goes untreated for years, it can cause damage to internal organs.

The Centers for Disease Control and Prevention runs a program to dole out grants to state and local programs to provide their citizens with STD prevention resources. But since the data also show that rates of syphilis can vary dramatically from one area to the next, the CDC says it is allowing some flexibility in where those dollars are directed.

The programs "often include addressing STD disparities by race, ethnicity, or socioeconomic status," said Jo Valentine, a health equity official in the CDC's STD prevention branch.

African-Americans contracted syphilis at a far higher rate than other population groups, though African-Americans aren't any more likely to take part in high-risk sexual behaviors than people of other races or ethnicities, Valentine said.

"A range of factors work to drive severe racial disparities and may put individuals at high risk for STDs," she said.

Those factors: poverty, a lack of health insurance, and limited access to community resources. The disparities make it more difficult for some people to receive STD testing or treatment if they do contract syphilis, Valentine said, allowing the disease to spread more rapidly than it might in populations with better access to health care.

Those same factors that might be playing into the increase in syphilis cases among the entire US population, too, Valentine said.

Cases of syphilis grew more rapidly in Mississippi than in any other state, but health officials there say that the figures could be deceiving; cases in 2013 were underreported when the state health department switched over to a new operating system that year.

“We may have had some cases lost in translation in the conversion between systems,” said Nicholas G. Mosca of the Mississippi State Department of Health, noting that data showed similar changes in other STD rates that suggested those records were lost.

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

Scientific Papers/Conference Abstracts

Relationship-Based Predictors of Sexual Risk for HIV Among MSM Couples: A Systematic Review of the Literature

Hoff CC, Campbell CK, Chakravarty D, et al. *AIDS and Behavior* 2016; [Epub ahead of print]

Abstract:

Behavioral and epidemiological studies report high risk for HIV among MSM couples. Over the last decade, studies have examined relationship dynamics associated with sexual risk for HIV. It is important to examine the impact this research has had on HIV prevention and what is still needed. We conducted a review of the literature focusing on relationship dynamics associated with sexual risk for HIV among MSM couples. Procedures used for this review were guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses established to provide a framework for collecting, reviewing and reporting studies systematically (Mohler et al. in *Ann Intern Med* 151(4):264-269, 2009). We found that positive relationship dynamics are associated with less risk with partners outside the relationship, but were associated with greater odds of unprotected anal intercourse with primary partners. We also discuss other factors including sexual agreements about outside partners and make recommendations for next steps in HIV prevention research among MSM couples.

View the paper online: [Abstract](#)

Acceptability of Three Novel HIV Prevention Methods Among Young Male and Transgender Female Sex Workers in Puerto Rico

Giguere R, Frasca T, Dolezal C, et al. *AIDS and Behavior* 2016; [Epub ahead of print]

Abstract:

Sex workers need HIV-prevention methods they can control and incorporate easily in their work. We studied the acceptability of three methods: HIV self-test use with clients, oral pre-exposure prophylaxis (PrEP), and rectal microbicide gel. Four male and eight transgender female (TGF) sex workers in Puerto Rico completed a baseline survey with a quantitative measure of likelihood of use. From them, one male and four TGF also completed a 12-week study of rectal microbicide placebo gel use prior to receptive anal intercourse with male clients and evaluated via qualitative in-depth interviews and follow-up quantitative assessments how each method could be incorporated into their work. Most were interested in a rectal microbicide gel and able to use it covertly with clients. Challenges to using the HIV self-test with clients included the potential for both breach of confidentiality and confronting violent situations. Participants also expressed interest in oral PrEP, but raised concerns about side effects.

View the paper online: [Abstract](#)

Current and (Potential) Future Effects of the Affordable Care Act on HIV Prevention

Viall AH, McCray E, Mermin J, et al. *Current HIV/AIDS Reports* 2016;13(2):95-106

Abstract:

Recent advances in science, program, and policy could better position the nation to achieve its vision of the USA as a place where new HIV infections are rare. Among these developments, passage of the Patient Protection and Affordable Care Act (ACA) in 2010 may prove particularly important, as the health system transformations it has launched offer a supportive foundation for realizing the potential of other advances, both within and beyond the clinical arena. This article summarizes opportunities to expand access to high-impact HIV prevention interventions under the ACA, examines whether available evidence indicates that these opportunities are being realized, and considers potential challenges to further gains for HIV prevention in an era of health reform. This article also highlights the new roles that HIV prevention programs and providers may assume in a health system no longer defined by fragmentation among public health, medical care, and community service providers.

View the paper online: [Abstract](#)

HIV Self-Testing: a Review of Current Implementation and Fidelity

Estem KS, Catania J, Klausner JD. *Current HIV/AIDS Reports* 2016;13(2):107-115

Abstract:

Oral HIV self-testing is an innovative and potentially high-impact means to increase HIV-case identification globally. As a screening test, oral HIV self-testing offers the potential for increased adoption through greater convenience and privacy, and the potential to increase the proportion of the population who test regularly. Research on how best to translate the innovation of oral self-testing to high-risk populations is underway. Currently only one oral HIV self-test kit is FDA-approved (OraQuick In-Home HIV Test) and available for retail sale. In the present report we review recent studies on the dissemination, adoption, and implementation of oral HIV testing. Prior work has focused primarily on adoption, but recent studies have begun to identify methods for improving dissemination and problems associated with self-implementation. At present a major barrier to wider adoption is the relatively high retail cost of the oral HIV test kit. Significant but minor barriers are represented by overly complex instructional materials for some population segments, and dissemination programs of unknown efficacy. Theoretical and practical suggestions for conducting research on dissemination, adoption, and implementation of oral HIV testing are discussed.

View the paper online: [Abstract](#)

Successful Implementation of HIV Preexposure Prophylaxis: Lessons Learned From Three Clinical Settings

Marcus JL, Volk JE, Pinder J, et al. *Current HIV/AIDS Reports* 2016;13(2):116-124

Abstract:

The past 3 years have marked a transition from research establishing the safety and efficacy of HIV preexposure prophylaxis (PrEP) to questions about how to optimize its implementation. Until recently, PrEP was primarily offered as part of randomized controlled trials or open-label studies. These studies highlighted the key components of PrEP delivery, including regular testing for HIV and other sexually transmitted infections (STIs), adherence and risk-reduction support, and monitoring for renal toxicity. PrEP is now increasingly provided in routine clinical settings. This review summarizes models for PrEP implementation from screening through initiation and follow-up, focusing on the strengths and weaknesses of three delivery systems: a health maintenance organization, an STI clinic, and a primary care practice. These early implementation experiences demonstrate that PrEP can be successfully delivered across a variety of settings and highlight strategies to streamline PrEP delivery in clinical practice.

View the paper online: [Abstract](#)

Resources, Webinars, & Announcements

These Maps Show Which States Are Most Concerned With These Common STDs

Natasha Noman, MIC | 4.8

Got a suspicious itch in the Netherlands? Feelin' the burn during bathroom breaks this presidential season? You go to everyone's favorite, unqualified physician: Dr. Google.

And thanks to Google Trends — a creepy, yet sometimes useful catalogue of all our searches — we can see which states are most actively Google-searching specific sexually transmitted infections. According to the Centers for Disease Control and Prevention, some of the most common infections are chlamydia and certain strains of herpes and HPV. Gonorrhea is also a "very common infection, especially among young people," according to the CDC.

The following maps give an idea of how concerned residents of each state are, or at least what the concentration of searches for particular STIs is compared to other states.

Based on these Google Trends maps, some overarching patterns emerge. For example, Mississippi, Louisiana and Georgia were the top three states when it came to searching for chlamydia, herpes and gonorrhea. They were in the top seven for HPV searches.

These search concentrations correlate, in part, with poverty levels: Louisiana and Mississippi have some of the highest poverty rates in the country, and Georgia is among the 10 poorest states. Some research demonstrates a link between poverty and young people using contraceptives less, and other studies have revealed poverty correlates with a deficit in youths' sexual health knowledge.

Continue reading and view the maps: [Click here](#)

REPORT: The Road to Durban and Beyond

In advance of the [21st International AIDS Conference \(AIDS 2016\)](#), the International AIDS Society (IAS) has released [The Road to Durban and Beyond](#), an agenda-setting report on why this moment in the AIDS response is so crucial. [Read the full report](#) and join us in Durban for AIDS 2016.

REPORT: U.S. Teenage Pregnancies, Births and Abortions, 2011: National Trends by Age, Race and Ethnicity

Guttmacher Institute

This report contains statistics for 2011 on the incidence of teenage pregnancy, birth and abortion for the United States as a whole, with trends since 1973. The report concludes with a discussion of the methodology and sources used to obtain the estimates.

Download the full report: [Click here](#)

National Transgender HIV Testing Day April 18

April 18, 2016: [National Transgender HIV Testing Day](#) recognizes the importance of routine HIV testing, status awareness and continued focus on HIV prevention and treatment efforts among transgender people. This year, the [Center of Excellence for Transgender Health](#) will be releasing a National Transgender HIV Testing Toolkit. Learn more [HERE!](#)

WEBINAR: "PrEP in the Wild" Around the World - a whirlwind tour of the who, what, where and how of PrEP use and provision outside of approval.

International Rectal Microbicide Advocates

DATE: April 20

TIME: 10:00 AM CDT

Join us to hear about PrEP's use and provision in countries that haven't yet approved it, or who are in the early days post-approval. Our presenters from Thailand, South Africa, England, Peru, Mexico and the United States will take on the following questions (many of which don't have definitive answers):

- Where is informal PrEP ("in the wild") happening, among which populations?
- What are the perspectives of patients and providers?
- Are people following the full PrEP program (i.e. regular HIV and STI testing, medical monitoring, adherence support, sexual health counseling, other care)?
- What do advocacy efforts look like in different countries?
- What are the public's perceptions of PrEP in different countries?
- How can the "PrEP in the Wild" global survey help your work?

Click [here](#) to determine the time of this webinar in your location.

If you need to have an operator dial you in, you can provide that info when you register for the webinar.

This webinar is brought to you through a collaboration of AVAC, UCLA, Socios en Salud, and IRMA. Many thanks to AVAC for supporting this work.

For more information and to register: [Click here](#)

Job/Internship Postings

Executive Program Analyst – CDPH STDCB

Organization: STD Control Branch, California Department of Public Health

Location: Richmond, CA

JOB OVERVIEW

The Department of Obstetrics, Gynecology & Reproductive Science (OB/GYN & R.S.), SFGH Division is seeking an Executive Program Analyst for its STD Branch contract. The Executive Program Analyst is assigned to the California Department of Public Health (CDPH), Sexually Transmitted Diseases Control Branch (STDCB). This position will be under the general supervision of the Branch Chief. Additionally, this position will work closely with the Chief of the Office of Policy Planning & Communications (OPPC) and the Chief of the Office of Adult Viral Hepatitis Prevention (OAVHP) on programmatic support activities. The Executive Program Analyst position plays a key role in the STDCB by providing technical, analytical, consultative, and administrative support to Branch staff as a liaison to the Branch Chief position. The individual works closely with all levels of management within the Branch, in addition to managers and chiefs in the Division and Center offices, to support programmatic activities to Branch staff located in Richmond. This position may require light travel within California.

Please Note: This position is located in Richmond, CA.

OBSTETRICS, GYNECOLOGY & REPRODUCTIVE SCIENCE

The mission of the Department of Obstetrics, Gynecology & Reproductive Science (OB/GYN & R.S.) is to promote health and prevent disease in women. We accomplish this by supporting the programmatic initiatives of our faculty and staff in the areas of patient care, education, and research. We are committed to providing quality health care services to all women; educating health care providers and investigators; and conducting research to advance knowledge in our field.

ABOUT UCSF

The University of California, San Francisco (UCSF) is a leading university dedicated to promoting health worldwide through advanced biomedical research, graduate-level education in the life sciences and health professions, and excellence in patient care. It is the only campus in the 10-campus UC system dedicated exclusively to the health sciences.

Required Qualifications

- BA/BS degree with a major in a related field and two years of experience in administrative analysis or operations research; or an equivalent combination of education and experience
- One to two years' work experience in an administrative capacity

- Proficiency in Microsoft Office 2010, including Outlook, Word, Excel, and PowerPoint

Preferred Qualifications

- Experience designing standardized surveys, key informant interviews, or other data collection tools to support formal evaluation
- Experience programming surveys online via Qualtrics, Survey Monkey, or other online survey software
- Experience investigating, collating, and summarizing existing guidelines, regulations, tools, or other resources on a particular public health topic into a useable reference document
- Experience performing quantitative and qualitative data analysis and summarize results
- Experience uploading documents to a web page
- Basic understanding of epidemiology and public health principles
- General knowledge of medical terminology pertaining to sexually transmitted diseases, and appropriate laws, rules, regulations, and policies of the State of California governing the program area(s)
- Ability to juggle multiple priorities and effectively meet deliverables for more than one person/team at time
- Experience collaborating with outside stakeholders in a professional and effective manner
- Experience exercising outstanding initiative, work ethic, and self-motivation
- Proficiency using Microsoft Office 2010, including Outlook, Word, and Excel, PowerPoint
- Knowledge of modern office methods, equipment, and procedures
- Ability to reason logically and creatively
- Ability to work both independently and as part of a team
- Willingness to maintain excellent attendance
- Outstanding organizational and analytical skills; ability to multi-task and work well under pressure
- Experience proofreading, editing, and writing about data in English

**** Directions for applying to this position ****

Candidates interested in applying for this position, please visit the UCSF website at:

<http://ucsfhr.ucsf.edu/careers/>. Click on 'Search openings' and enter in 44432 under 'Req number' to view the posting. Please submit your cover letter and resume electronically to the UCSF Careers website

Aaron Kavanaugh

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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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