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Executive Program Analyst – CDPH STDCB

Staff Research Associate – UCSF TEP

Administrative Assistant – UCSF

California Stories

Kern sees dramatic increase in number of babies born with syphilis

Mimi Elkalla, Bakersfield Now | 4.1

Kern County has seen a dramatic increase in the number of babies born with syphilis over the last three years.

For decades, cases of congenital syphilis in the county have been fairly low or nonexistent. It is a problem that has county health officials stressing the importance of prevention, detection and treatment.

Congenital syphilis can be deadly, and if the baby survives they can deal with lifelong issues.

"There can be blindness, there can be deafness, long bone deformities," said Denise Smith, director of disease control for Kern County. "There can be some serious problems with the baby."

Last year in Kern County, 28 babies were diagnosed with congenital syphilis. Six of them died.

The recent spike in the sexually transmitted disease has not been traced back to anything in specific.

In 2014, 1.6 percent of women in California were diagnosed with syphilis per 100,000 population. Eighteen percent of men were.

The same year in Kern County, cases were reported in 10 percent of women per 100,000 population and 24 percent of men.

"The crazy thing about syphilis is that you can not have any symptoms at all," said Smith.

This becomes a problem because once those initial symptoms clear up, the bacteria can still be passed along to the baby.

In an effort to combat the ongoing issue, the Kern County Public Health Department put on an enhanced surveillance process last year to try to treat pregnant women early enough to prevent the spread to their babies.

"We're actually following and sending nurses out to the homes of every female that's been diagnosed with syphilis and especially the pregnant females," said Smith. "We had actually 58 moms that delivered this past year, and 30 of those were prevented before they delivered."

The main thing Smith said they are trying to stress is the importance of prenatal care.

"When you go in for your first prenatal visit you get all the blood work done," she said. "One of those tests is a syphilis test."

The goal of that is to detect the disease in pregnant women so they can be treated at least one month before the baby is born. Smith said getting the diagnosed women to receive full treatment is one of the biggest challenges.

"They have to come back for three different shots, seven days apart," she said.

Other Central Valley communities are also seeing the increase in syphilis cases, according to Smith.

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

Video: Women in California can get birth control without prescription

Vince Cestone, KRON | 3.31

Starting on Friday, women in California can get birth control without a prescription—no matter her age.

This is based on a state law passed in 2013. The hope is by making birth control easier and more convenient to get, more women will use it.

And the numbers of unintended pregnancies, and also abortions, will go down.

While you do not need to see a doctor, this is not over the counter. A person has to speak with a pharmacist.

Women also will have to fill out a brief health screening questionnaire. There are no age restrictions.

Opponents fear not requiring a doctor's visit could mean fewer women will get screened for sexually transmitted diseases.

California is the third state to start such a law, following Washington and Oregon.

But in Oregon, woman have to be over 18 years old.

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

National Stories

FDA softens restrictions on 'abortion pill' Mifeprex

Deborah Netburn, Los Angeles Times | 3.30

The FDA has approved new labeling for the drug Mifeprex that could make it easier for women in some states to access medical abortions.

Mifeprex (its generic name is mifepristone) is also known as "the abortion pill" or the "early option pill."

It was first approved by the Food and Drug Administration in 2000, and has since been used by more than 2.75 million women in the United States, according to Danco Laboratories, the company that manufactures the drug.

Even with the new labeling, Mifeprex is only available to women who are in their first trimester of pregnancy. It works by blocking a hormone called progesterone that is needed for a pregnancy to continue.

It is usually used in conjunction with another drug -- misoprostol -- taken one to two days later that causes the uterus to actively contract and end the pregnancy.

The new FDA-approved Mifeprex label will include several changes that were recommended by the World Health Organization in 2003 and were endorsed more recently by the American Medical Assn. and the American College of Obstetricians and Gynecologists.

It extends the amount of time a pregnant woman can take the drug from seven weeks after her last menstrual period to 10 weeks.

It says women can take the misoprostol in the comfort of their own home rather than in the presence of a physician.

For the record

March 31, 1:19 p.m.: A previous version of this story stated that women could take Mifeprex at home. Mifeprex is administered in a doctor's office. It is misoprostol that they may take at home.

It reduces the number of visits to a doctor's office or clinic that a woman has to make after taking the drug from two to zero in some states.

It lowers the recommended dose of misoprostol from 600 mg to 200 mg, which will lessen the side effects of the drug and make it less expensive.

Healthcare experts said the new labeling reflects what many reproductive healthcare providers across the country have been doing for years.

Doctors often prescribe drugs "off label" -- telling their patients to take a little more or a little less than a recommended dose, said Raegan McDonald-Mosley, chief medical officer of Planned Parenthood Federation of America.

Several providers already have given patients a lower dose of misoprostol and have allowed them to take it at home, in accordance with the most recent medical research, she said.

Therefore, the FDA's announcement will mostly affect women and providers in Ohio, Texas and North Dakota. That's because legislators in those three states have enacted laws requiring Mifeprex to be given in strict accordance with the regimen outlined on the drug's label.

Lawmakers passed similar restrictions in Arizona, Arkansas and Oklahoma, but those have been blocked by court orders.

"Those laws made it impossible for doctors to follow the latest science in those states," said Dr. Beverly Winikoff, president of Gynuity Health Projects, an organization that advocates for women's reproductive rights. "Now, when you follow the label, you are following the latest science."

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

Johns Hopkins announces first successful HIV-positive to HIV-positive organ transplants in US

As reported by Healio Infectious Disease News | 3.30

A multidisciplinary team from Johns Hopkins Medicine has successfully performed the first HIV-positive to HIV-positive kidney transplant in the United States, as well as the first HIV-positive to HIV-positive liver transplant worldwide, medical center representatives announced today during a press conference.

"This is a very exciting day for us to be able to transplant patients with HIV, but it's really only the beginning," Dorry L. Segev, MD, PhD, associate professor of surgery at Johns Hopkins University School of Medicine, said during the event. "We're in the process of teaching transplant centers across the country the protocols that we've put together, sharing with them our experience and our safety measures and things that we've put into place so that patients can have the opportunity for these HIV-to-HIV transplants across the United States."

These successful procedures are the product of multiyear collaborations between researchers, legislators, policy agencies and organ donor networks, Segev said, and stem from enactment of the HIV Organ Policy Equity (HOPE) Act of 2013.

"About 6 years ago, we were transplanting HIV-positive patients with HIV-negative organs, and they were doing very well," Segev said during the conference. "It occurred to us that there are thousands of patients with HIV in need of [transplants] who were waiting on waiting lists and suffered high risks of dying. ... At the same time, we were throwing away organs from donors infected with HIV just because they were infected with HIV. These were potentially perfectly good organs for these patients."

Since the 1980s, organ transplantation involving donors with HIV were barred by U.S. legislation out of fear of new infections, Segev said. After conducting preliminary research — which found that 300 to 500 potential donors with HIV were dying each year at the cost of approximately 1,000 usable organs — Segev and colleagues petitioned Congress to revise the ban, eventually resulting in the HOPE Act's passage.

"This opened the opportunity for [the Health Resources and Services Administration] and [the United Network for Organ Sharing] to change national policy to allow us to use these organs," Segev said. "That policy took a couple of years to change so that we could make sure to do this as safely as possible, and we worked hand-in-hand with them to establish these."

Both recipients were patients living with HIV for more than 25 years and would not have been able to receive an uninfected organ expeditiously, Christine Durand, MD, assistant professor of medicine and oncology and an infectious disease specialist at Johns Hopkins, said during the conference. Each procedure was conducted without complications, and the patients are doing "extremely well," she said;

however, exposure to a new strain of HIV and the possibility of secondary infection will require further monitoring for present — and future — patients.

“We need to consider carefully whether the donors have resistant virus,” Durand said. “All of the recipients are going to be on HIV medications already, so when we consider these donors carefully and select them, we have to take into account matching regimens and matching HIV resistance patterns. This is something we’re going to monitor for carefully over the ensuing months.”

News of the successful procedures was applauded by Carlos del Rio, MD, FIDSA, professor of medicine at Emory University School of Medicine and chair of HIVMA, who said that this announcement paves the way for other HIV patients currently waiting to receive a donor organ.

“For patients living with HIV, deceased donors with the same infection represent a unique source of organs holding the potential to save the lives of hundreds of HIV-infected patients struggling with liver and kidney failure each year,” del Rio said in a release. “We look forward to seeing this medical breakthrough offer hope to more people living with HIV infection who are in need of organ transplants.”

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

High-risk anal HPV infections persist in a significant proportion of HIV-negative MSM

Michael Carter, aidsmap | 3.30

Anal infection with human papillomavirus (HPV) types associated with a high risk of pre-cancerous and cancerous cell changes persisted for two years in 37% of men who have sex with men (MSM) enrolled in an international study published in *Clinical Infectious Diseases*. The prospective, observational study involved 406 HIV-negative MSM recruited in Brazil, Mexico and the United States. Among men with prevalent high-risk HPV infection, 37% retained the infection for at least 24 months and HPV-16 infection persisted for at least 24 months in 30% of those with this infection at baseline.

“Slightly over one-third of MSM exhibited persistence of prevalence high-risk types for > 24 months indicating that prevalent high-risk anal HPV infection may be a clinically important event,” comment the investigators. “These results may help inform future anal cancer screening that uses HPV-DNA testing.”

Incidence of anal cancer is especially high among MSM. Vaccines are available that provide excellent protection against infection with the HPV types especially associated with pre-cancerous and cancerous anal cell changes. However, access to such vaccination is limited in most healthcare settings. Information is therefore needed to inform programmes screening for anal infection with high-risk HPV types and/or suspicious anal cell changes.

Investigators from the HPV Infection in Men (HIM) Study therefore designed a sub-study restricted to MSM. At baseline and at intervals every six months, participants had anal swabs which were tested for HPV infection and 13 high-risk genotypes. Only HIV-negative men were eligible for inclusion in the study.

A total of 406 were recruited and 82% were retained over the five study visits. Most of the men (n = 336) reported sex with men and women (MSWM) and 70 reported sex with men only (MSOM). The median period of follow-up was two years.

There was no significant difference in the persistence of HPV infection between MSWM and MSOM (8.8 vs. 6.0 months, respectively). The two groups were therefore combined in subsequent analysis.

The median duration of prevalent infection differed according to genotype, ranging between 14 and 27 months. Incident infections, however, were of much shorter duration. For example the median duration of HPV-16 infection was seven months.

Of the 106 men with high-risk infection at baseline, 37% retained this infection for at least 24 months, and 30% of men with prevalent HPV-16 infection at baseline retained the infection for a similar period.

An analysis that controlled for potential confounders showed that men reporting 20 or more lifetime anal sex partners, and also those with one or more anal sex partner in the previous three months, were over twice as likely to have persistent high-risk infection than men with fewer partners (PR = 2.06; 95% CI, 1.07-3.97).

However, men with the highest number of lifetime female partners were 71% less likely to have persistent infections compared to men reporting between zero and two lifetime female partners.

“These data not only support development of anal pre-cancer screening policy, but also appropriate counselling for MSM who have prevalent vs. incident infection at the anal canal,” conclude the authors. “These results may also inform debates in countries considering vaccination for males by informing anal HPV natural history modelling.”

Reference:

Nyitray AG et al. Incidence, duration, persistence, and factors associated with high-risk anal HPV infection among HIV-negative men having sex with men: a multi-national study. Clin Infect Dis, online edition, 2016.

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

HPV: cervical peeling as a treatment for precancerous conditions

As reported by Medical News Today | 3.30

Researchers at the Comprehensive Cancer Center (CCC) of MedUni Vienna and Vienna General Hospital have developed a new treatment for the pre-stages of cervical cancer, caused by human papilloma virus (HPV) infection. The treatment involves using 85% trichloroacetic acid, an acid that is traditionally used for medical and cosmetic skin peeling. The scientists showed that complete remission was achieved in 82% of the patients after only one application. Moreover, the new treatment is very easy for experts to use and is very cost-effective. The study was published in *Obstetrics & Gynecology*, the official publication of the American Society of Obstetrics and Gynecology.

The traditional treatment for serious pre-stages of cervical cancer consists of a surgical procedure, so-called cervical conization. It's major side-effect is a marked increase in the rate of premature births. The present study shows that it is possible to spare patients the stressful operation and the augmented risk of giving birth prematurely: by using a gentle and comparatively simple procedure, in which 85% trichloroacetic acid is dabbed onto the affected area of the cervix. Because fairly concentrated acid is

used, the diseased areas are sloughed off. The few side-effects essentially consist of mild discomfort during the procedure and a discharge, which lasts for around two weeks and is caused by the mucosa that is shed following the treatment. These are offset by the impressive outcome of the study: eight weeks after the procedure, 82% of all women treated were found to be in complete remission.

Paul Speiser, Department of General Gynaecology and Gynaecological Oncology of the University Department of Gynaecology at MedUni Vienna and Vienna General Hospital, member of the CCC and lead investigator, explains: "The results are extremely promising, since the procedure can be performed very easily by experts in the field of HPV-induced mutations of the cervix: Moreover, very little training is needed to perform the procedure, it does not require any special equipment or other operating theatre infrastructure and the acid itself is very inexpensive. This means that we now have a real alternative for treating this condition and one that would also be very attractive to poorer countries."

Already established for other indications

85% trichloroacetic acid has been used for a long time now for medical and cosmetic skin peeling. In addition to this, it is used for treating tissue mutations caused by HPV infections in the anal area. Indeed, it was this application that gave Speiser the idea of using it on the cervix. However, the present study, which arose from a dissertation prepared at the Department of General Gynaecology and Gynaecological Oncology at MedUni Vienna, does not yet form a basis for widespread application. Speiser: "We still need more data. We are going to conduct another study to investigate whether the success of the treatment can be increased by a second application. Preliminary data suggest that a second treatment could increase the success rate to more than 90%."

About HPV-induced cervical cancer and its pre-stages

Infection with the human papilloma virus (HPV) can lead to a pre-cancerous condition (cervical intraepithelial neoplasia) and ultimately to cervical cancer. In Europe, this affects 205,000 women a year, most of them in the 25 -30 agegroup. Since mild forms can heal spontaneously in many cases, no intervention is usually made but patients are closely monitored to make sure that the condition resolves itself. The standard treatment for more severe forms is cervical conization. This involves excising the mutated area of the cervix in a conical section. The operation increases the risk of giving birth prematurely and is also associated with side-effects such as infection or haemorrhaging. Alternative treatments use freezing (liquid nitrogen), heat (using an electrical generator) and lasers. These methods are all technically complex, requiring their own special equipment and training and are consequently expensive.

Journal Reference:

[Short-Term Efficacy of Trichloroacetic Acid in the Treatment of Cervical Intraepithelial Neoplasia](#), St. Geisler, S. Speiser, L. Speiser, G. Heinze, PhD, A. Rosenthal, MD, and P. Speiser, MD, *Obstetrics & Gynecology*, doi: 10.1097/AOG.0000000000001244, published February 2016

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

Long-acting oral antiretroviral MK-8591 could represent 'paradigm shift' in HIV treatment and prophylaxis

Michael Carter, *aidsmap* | 4.1

An investigational antiretroviral agent that maintains drug levels that are able to inhibit HIV up to six months after dosing could represent a “paradigm shift” in HIV therapy and prophylaxis, according to research presented at the Conference on Retroviruses and Opportunistic Infections (CROI 2016) in Boston, USA, last week.

A single oral dose of MK-8591 suppressed simian immunodeficiency virus (SIV) viral load in monkeys and was effective one week after dosing. The investigators also evaluated an oral dose of the drug in HIV-negative individuals, finding that cellular levels sufficient to inhibit HIV could be maintained in the long term. Results of preliminary research involving people with HIV were also encouraging. An injected formulation of the drug achieved excellent cellular levels over six months when administered to rodents.

The development of antiretroviral agents that require less frequent dosing have the potential to enhance adherence to both HIV treatment and the use of anti-HIV drugs as prevention. MK-8591 is a nucleoside reverse transcriptase inhibitor (NRTI) in the early stages of development. The properties of the drug mean that it has protracted persistence in human peripheral blood mononuclear cells (PBMCs) and macrophages. Laboratory trials have shown that such cells were protected from infection with HIV, even in the absence of continued antiretroviral exposure.

Investigators now presented results of a study in which SIV-infected rhesus macaques received weekly oral MK-8591 therapy, with doses ranging between 1.3 to 18.2mg/kg. Plasma viral load was measured pre-dosing through to day 42 post-dose. Concentrations of MK-8591 were also evaluated through this period.

The investigators used the results of the animal study to select a once-weekly oral dose for evaluation in HIV-negative people.

Baseline SIV viral load in the monkeys was between 10⁶ to 10⁸ copies/ml. After dosing with MK-8591, rhesus macaques with a viral load below 10⁸ copies/ml experienced an up to 2 log fall in viral load, with suppression sustained for at least seven days.

Concentrations of the investigational agent in PBMCs of 0.53pmol/10⁶ and above were associated with maximal falls in viral load one week after dosing.

In the study involving HIV-negative individuals, doses of 10mg were able to achieve optimal drug levels needed for prolonged viral suppression. The drug was well tolerated.

The investigators also presented data from an early clinical trial involving people with HIV. These showed that a single 10mg oral dose resulted in a 1.6 log fall in viral load by days seven to ten. Intracellular drug levels were good and there were no signs of resistance.

A long-acting injected formulation of MK-8591 had continuous, extended drug release in rodents. Plasma levels were similar to those observed in monkeys and humans, with release of the drug exceeding six months.

The investigators believe their findings show the potential for weekly oral dosing of MK-8591. “MK-8591 oral and long-acting parenteral [injected] formulations with potential for six months or longer duration would represent a potential paradigm shift as a single agent for the prevention of HIV infection or as a

component of an extended dosing regimen for HIV treatment,” conclude the researchers. Ongoing research suggests that a single dose may be able to achieve effective concentrations for up to one year.

Reference:

Grobler J et al. *Long-acting oral and parenteral dosing of MK-8591 for HIV treatment or prophylaxis*. Conference on Retroviruses and Opportunistic infections, abstract 98, 2016.

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

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

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

HPV Vaccine Does Not Protect Against Anal Cancer in Older People With HIV

As reported by POZ | 4.5

The human papillomavirus (HPV) vaccine Gardasil provides no benefit to anal health among older people with HIV but may reduce the risk of oral HPV infection, aidsmap reports. The ACTG A5298 trial, a Phase III, randomized, placebo-controlled study of Gardasil, included 575 HIV-positive people older than 26 who did not have anal cancer. Findings were presented at the 2016 Conference on Retroviruses and Opportunistic Infections (CROI) in Boston.

The median age of the participants was 47.

The participants were randomized to receive doses of Gardasil or a placebo at the beginning of the three-year study and at weeks eight and 24. The researchers tested the participants for HPV DNA in their oral and anal tissues and screened them for precancerous lesions at these sites at the beginning of the study and then every six months.

After 130 weeks of follow-up, there was no statistically significant difference—meaning that any difference that did occur could have been the result of chance— between the two study groups in the risk of having detectable HPV at any of the screenings, in having persistently detectable anal HPV or in having abnormal results in the tests looking for anal precancerous lesions.

There was also no statistically significant difference between the two study arms in the rate of detectable oral HPV infection at any visit. However, there was a statistically significant difference in the rate of persistent oral HPV infection: One person fell into this category in the vaccinated group, compared with eight in the unvaccinated group, for a risk reduction associated with the vaccine of 88 percent. However, the estimate range for the actual risk reduction was 2 to 98 percent, so the findings on this point are not very solid.

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

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

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

Scientific Papers/Conference Abstracts

Maraviroc and reverse transcriptase inhibitors combinations as potential preexposure prophylaxis candidates

Herrera C, Armanasco N, Garcia-Perez J, et al. *AIDS* 2016;20(7):1015-1025

Objective:

Receptive anal intercourse in both men and women is associated with the highest probability for sexual acquisition of HIV infection. As part of a program to develop an effective prevention strategy, we performed an ex-vivo preclinical evaluation to determine the efficacy of multiple double combinations of maraviroc (MVC) and reverse transcriptase inhibitors (RTIs).

Design:

The entry inhibitor, MVC, a nucleotide RTI, tenofovir and two non-nucleoside RTIs, UC781 and TMC120 (dapivirine, DPV), were used in double combinations against a panel of CCR5-using clade B and clade C HIV-1 isolates and against MVC-escape variants. A gel-formulated version of MVC-DPV combination was also tested.

Methods:

Indicator cells, cocultures of immature dendritic cells with CD4+T cells, and colorectal tissue explants were used to assess antiviral activity of drug combinations.

Results:

All dual MVC-RTI combinations tested inhibited MVC-sensitive and resistant isolates in cellular and colorectal explants models. All the combinations were positive with no reduction in the activity of MVC. In tissue explants, the combinations against all viral isolates tested produced an increase in the activity of MVC. An initial gel-formulation of MVC-DPV combination showed greater and prolonged antiviral activity of MVC in mucosal tissue explants.

Conclusion:

This study demonstrates that combinations based on antiretroviral drugs inhibiting HIV transmission at viral entry and reverse transcription have potential as prevention strategies against colorectal transmission of HIV-1 including MVC-resistant isolates. Preclinical evaluation with colorectal tissue explants indicates that a gel-formulation of MVC-DPV is an effective candidate colorectal microbicide.

View the paper online: [Abstract](#)

Integration of Social, Cultural, and Biomedical Strategies into an Existing Couple-Based Behavioral HIV/STI Prevention Intervention: Voices of Latino Male Couples

Martinez O, Wu E, Levine EC, et al. *PLOS One* 2016; <http://dx.doi.org/10.1371/journal.pone.0152361>

Introduction

Successful HIV prevention and treatment requires evidence-based approaches that combine biomedical strategies with behavioral interventions that are socially and culturally appropriate for the population or community being prioritized. Although there has been a push for a combination approach, how best to

integrate different strategies into existing behavioral HIV prevention interventions remains unclear. The need to develop effective combination approaches is of particular importance for men who have sex with men (MSM), who face a disproportionately high risk of HIV acquisition.

Materials and Methods

We collaborated with Latino male couples and providers to adapt Connect 'n Unite, an evidence-based intervention for Black male couples, for Latino male couples. We conducted a series of three focus groups, each with two cohorts of couples, and one focus group with providers. A purposive stratified sample of 20 couples (N = 40, divided into two cohorts) and 10 providers provided insights into how to adapt and integrate social, cultural, and biomedical approaches in a couples-based HIV/AIDS behavioral intervention.

Results

The majority (N = 37) of the couple participants had no prior knowledge of the following new biomedical strategies: non-occupational post-exposure prophylaxis (nPEP); pre-exposure prophylaxis (PrEP); and HIV self-testing kits. After they were introduced to these biomedical interventions, all participants expressed a need for information and empowerment through knowledge and awareness of these interventions. In particular, participants suggested that we provide PrEP and HIV self-testing kits by the middle or end of the intervention. Providers suggested a need to address behavioral, social and structural issues, such as language barriers; and the promotion of client-centered approaches to increase access to, adaptation of, and adherence to biomedical strategies. Corroborating what couple participants suggested, providers agreed that biomedical strategies should be offered after providing information about these tools. Regarding culturally sensitive and responsive approaches, participants identified stigma and discrimination associated with HIV and sexual identity as barriers to care, language barriers and documentation status as further barriers to care, the couple-based approach as ideal to health promotion, and the need to include family topics in the intervention.

Discussion

We successfully adapted an evidence-based behavioral HIV prevention intervention for Latino male couples. The adapted intervention, called Conectando Latinos en Pareja, integrates social, cultural, behavioral and biomedical strategies to address the HIV epidemic among Latino MSM. The study highlights the promise regarding the feasibility of implementing a combination approach to HIV prevention in this population.

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

An Index of Multiple Psychosocial, Syndemic Conditions Is Associated with Antiretroviral Medication Adherence Among HIV-Positive Youth

Kuhns LM, Hotton AL, Garofalo R, et al. *AIDS Patient Care and STDs* 2016;30(4):185-192

Abstract:

Medication adherence among HIV-infected individuals is critical to limit disease progression and onward transmission. Evidence indicates that among youth living with HIV (YLH), adherence is suboptimal and related to co-morbid psychosocial conditions. Cross-sectional data from 212 YLH, ages 16–29, collected between 2011–2014 in Chicago were analyzed to assess the relationship of multiple psychosocial conditions (e.g., depressive symptoms, anxiety symptoms, moderate/heavy marijuana use, moderate/heavy alcohol use, HIV-related stigma) to ART adherence (i.e., a “syndemic.”) Adherence was

regressed on an index of increasing numbers of psychosocial conditions, controlling for demographic and treatment factors as well as enrollment site. The mean age of participants was 24, 89% were male, 87% black, and 91% behaviorally infected. Psychosocial conditions were prevalent, including 38% and 34% with high depressive and anxiety symptoms, respectively, 54% and 25% with a moderate/high level of marijuana and alcohol use, respectively, and 46% reporting high HIV-related stigma. In regression analysis, the likelihood of ART adherence decreased with the number of syndemic conditions (linear dose response, $p = 0.02$) as did the odds of viral load suppression ($p = 0.008$). Interventions to address these conditions in concert with biomedical treatment as prevention for YLH are needed.

View the paper online: [Abstract](#)

Using social media to increase HIV testing among gay and bisexual men, other MSM, and transgender persons: Outcomes from a randomized community trial
Rhodes SD, McCoy TP, Tanner AE, et al. *Clinical Infectious Disease* 2016; [Epub ahead of print]

Abstract:

We tested an intervention designed to increase HIV testing among men who have sex with men and transgender persons within existing and commonly used social media. At follow-up, intervention communities had significantly higher past 12-month HIV testing than the comparison communities. Findings suggest that promoting HIV testing via social media can increase testing.

View the paper online: [Abstract](#)

Resources, Webinars, & Announcements

2016 National Ryan White Conference on HIV Care and Treatment Website is now live!

The [Health Resources and Services Administration's HIV/AIDS Bureau](#) has launched the website for the **2016 National Ryan White Conference on HIV Care and Treatment**. Visit RyanWhite2016.org to find out more about the National Conference!

April 10th is National Youth HIV & AIDS Awareness Day

CDC Healthy Youth

April 10th is National Youth HIV & AIDS Awareness Day (NYHAAD). This annual observance is the first day set aside to recognize the impact of the HIV/AIDS epidemic on young people.

2016 marks the 4th annual observance of NYHAAD. To support this day, please join CDC by engaging in these activities to highlight the importance of youth HIV prevention.

- Participate in the [NYHAAD Thunderclap](#) on April 10th at 2:00 pm ET/11:00 am PT to encourage individuals and organizations to support the HIV prevention needs of youth. Sign up and share with your partners and social media contacts!
- Download and share the NYHAAD button and poster. Post the [materials](#) on your Web site.
- Share the [CDC Web Feature](#) on youth HIV awareness.

- Promote youth HIV awareness, prevention and testing on your Web site, blog and social media channels.

We thank our many partners across the country for working together to achieve an AIDS-free generation!

WEBINAR: Gender-Based Violence + STIs - Intersections and Implications for Providing Quality Clinical Care

CFHC

DATE: April 13

TIME: 11:00 AM – 12:00 PM PST

Presenter:

Rebecca Levenson, MA, Consultant and Former Senior Policy Analyst, Futures Without Violence

Overview:

Women and girls who are victims of gender-based violence are four times more likely to contract sexually transmitted infections (STIs), including HIV. This webinar will outline the intersection of intimate partner violence and STI/HIV transmission and describe how providers, particularly those in reproductive health settings, can respond to violence and support the safety of their patients through the use of evidence-based educational resources and harm reduction strategies. This approach can include tools such as a new safety card entitled “Sex, Relationships and Getting Tested: Taking control of your health” which was designed for health care settings to help patients recognize how their intimate relationship(s) may impact their health and relative risk of becoming infected with STIs or HIV.

What Will You Learn?

After attending this training, participants will be able to:

- Describe how intimate partner violence can affect health and treatment outcomes for people living with STIs/HIV
- Describe the intersection between gender based violence and STIs/HIV
- List harm reduction strategies for partner treatment notification
- Describe trauma-informed programming
- Name two strategies for promoting self-care related to trauma-informed workplace practice

Who Should Attend?

- Nurses
- Clinicians
- Medical Assistants
- Family Planning Counselors
- Counselors, Social Workers + Case Managers
- Health Educators
- Health Center Managers + Directors

For more information and to register: [Click 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.

Staff Research Associate – UCSF TEP

Organization: UCSF
Location: Richmond and Sacramento, CA

Job overview

The Staff Research Associate is a trained health professional who assists with follow-up of sampled STD patients to collect STD-related clinical and behavioral data needed for enhanced disease surveillance, e.g. California Gonorrhea Surveillance System (CGSS). The main work objective for the incumbent is to conduct telephone interviews of STD patients using a standardized questionnaire. The incumbent will also provide patient education as needed, and ensure that patients have been properly examined and treated. and perform other duties as assigned.

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Required Qualifications

- BA/BS in a related science and knowledge of, or experience with, the basic techniques or methods required by the position; or an equivalent combination of education and experience;
- Be comfortable with discussing and reviewing confidential and sensitive health data information
- Adhere to data confidentiality and security policies governing the collection, management, and storage of sensitive and confidential patient information
- Have strong communication skills (orally and written) and be able to work with a wide variety of people.
- Be able to communicate tactfully and effectively with organizations, individuals in crisis, and persons from diverse cultural, ethnic, and educational backgrounds, as well as sexual orientation.
- Have strong organizational skills and be able to independently manage a complex work load in a multi-faceted work environment.
- Have critical thinking ability, problem-solving skills, and demonstrate flexibility.
- Exercise appropriate judgment in answering questions and releasing information and analyzing and projecting consequences of decisions and/or recommendations.

Preferred Qualifications

- Health care background with experience in interacting with patients, including interviewing.

**** 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 44451 under 'Req number' to view the posting. Please submit your cover letter and resume electronically to the UCSF Careers website.

Administrative Assistant – UCSF

Organization: UCSF Temporary Employment Program

Location: Fresno, CA

UCSF Temporary Employment Program

The Temporary Employment Program (TEP) is an internal UCSF based temporary employment program that provides temporary labor to all departments. TEP offers opportunities for the San Francisco Bay Area community to gain access and valuable UCSF work experience and offers temporary employees exceptional benefits not offered by other temporary agencies.

Job overview

The Administrative Assistant supports STD/HIV surveillance and disease intervention in the regional field office performing data entry of patient health records into the California Reportable Disease Information Exchange (CalREDIE) computer application. With general direction and minimal day-to-day supervision, the incumbent will review, process, and data enter detailed and technical forms, files, etc., associated with STD surveillance, disease intervention, STD/HIV partner services, and program administration. The incumbent ensures the protection of individual confidentiality at all times and maintains confidentiality of medical and/or epidemiological information at all times; and perform other duties as assigned.

Required Qualifications:

- High school graduation and two years of related administrative experience; or an equivalent combination of education and
- Two years of clerical experience, with an emphasis on data entry experience.
- Ability to type over 50 WPM.
- Ability to maintain confidentiality and follow
- Education, training, and/or experience that demonstrate possession of the qualifications listed above.
- Follow directions and evaluate situations accurately.

Note: Fingerprinting and background check required.

Preferred Qualifications:

- 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).

License/Certification:

- Current California driver license and proof of valid auto insurance coverage.

**** 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 **44473** 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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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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