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Subject: [STD Update] FYI 7-23: Study finds PrEP use feasible among high-risk groups in US community settings, Women may miss out on STD tests as Pap tests become less common, Male birth control updates, Reanalysis of VOICE trial, 5 papers, 2 jobs, more.
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California Stories

Backers of condoms-in-p*rn measure say it will qualify for 2016 ballot

Haily Branson-Potts, Los Angeles Times | 7.18

A proposed statewide ballot measure that would require adult film actors to wear condoms when performing sex scenes has garnered enough signatures to go before voters, proponents said Friday.

The Los Angeles-based AIDS Healthcare Foundation said the measure's advocates had collected more than 371,000 signatures, enough to place the item on the November 2016 ballot.

Advocates needed to collect at least 365,880 signatures of registered voters to get on the ballot, according to the California secretary of state's office. The signatures still have to be validated by state officials.

The proposal — initiated by AIDS Healthcare Foundation President Michael Weinstein — follows the defeat last year of state legislation that would have required condom use on p*rn sets statewide. The proposed ballot initiative is modeled after Measure B, a 2012 voter-approved Los Angeles County condoms-in-p*rn law that was backed by Weinstein's foundation.

Initial polling on the initiative and the passage of Measure B showed that "unlike most politicians, voters were not squeamish about this issue, seeing it as a means to protect the health and safety of performers working in the industry," Weinstein said in a statement. "It's only fair that these performers be afforded the same safeguards as other Californians in their workplaces."

The proposal asserts that condom use should be required on set to limit the spread of HIV and other sexually transmitted infections among performers and that the industry "places profits above worker safety."

It would require film companies to report to the state, under penalty of perjury, that actors used condoms. Violators would face fines of up to \$70,000.

The measure also would require adult film sets to post signs in a "typeface not smaller than 48-point font" that says state law "requires the use of condoms for all acts of vaginal or anal intercourse during the production of adult films to protect performers from sexually transmitted infections and diseases."

The adult film industry has vigorously opposed condom mandates, saying existing actor testing for

HIV is effective and that the laws will drive the industry out of state or underground.

According to the Legislative Analyst's Office, the state legislature's nonpartisan fiscal and policy advisor, the measure could reduce state and local tax revenue by tens of millions of dollars per year, and it would likely cost the state millions of dollars annually to enforce.

The Free Speech Coalition, a Canoga Park-based trade association for the adult film industry, called Weinstein an "anti-sex crusader" who is harassing p*rn performers.

"Money that should have gone to prevention campaigns in high-risk communities has instead been spent attacking a highly regulated industry that hasn't seen an on-set HIV transmission in over 10 years," Diane Duke, the group's executive director, said in a statement.

Adult film productions have fled L.A. County since the passage of Measure B. The number of permits issued for adult films has fallen more than 90% since 2012, according to FilmL.A. Inc., the nonprofit that oversees film permits throughout the county. An industry that typically got 500 permits annually has only gotten seven permits in the first half of 2015, FilmL.A. said.

Advocates of the proposed initiative said they will continue collecting signatures until the Sept. 14 filing deadline, with a goal of collecting more than 500,000.

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

Amid High STD Rates, Fresno Unified Considers The Return Of Sex Ed

Diana Aguilera, Valley Public Radio | 7.14

Fresno County continues to be plagued with high teen pregnancy rates and even higher STD rates in some cases among the worst in the state. With that in mind local health leaders are urging one Valley school district to bring back sex education to the classrooms. As FM89's Diana Aguilera reports even former students are speaking up.

[Listen to the story here.](#)

Antonio Jauregui, 18, says his freshman year at Fresno's Duncan Polytechnical High School was all about growing up. It's also when he had his first romantic relationship and that left him turning to the classroom for information about sex.

"They didn't really bring up STDs," he says. "They never mentioned condoms, barriers, birth control or anything like that."

That's because Fresno Unified School District used to offer a class called Sociology for Living where students learned about some sexual health topics and relationships. But Fresno Unified - the state's fourth-largest district- canceled it in 2011 leaving students looking for other ways to learn.

"Probably the place we got the information wasn't always the best," Jauregui says. "Even some

friends think it's smarter to use two condoms, they don't know the right information."

Jauregui is now a youth health counselor for Fresno Barrios Unidos, which is urging the district to restore the class.

STD Crisis

In a recent board meeting, Fresno Unified officials discussed the idea of bringing back sex education to the classrooms. Local public health officials applaud the conversation yet they wonder why it took so long.

Dr. Brent Feudale is a UCSF Fresno pediatric resident. During his residency, he worked with a group of girls from Fresno High School.

"The vast majority of questions that these girls had were simply about pregnancy," Feudale says. "How do I get pregnant? How do I prevent getting pregnant? I'm taking the pill does that prevent sexual transmitted infections?"

What worries health officials are the numbers. Fresno County has some of the highest rates of teen pregnancy in the state along with the fourth- highest rate of teens with chlamydia and gonorrhea infections. At the same time, rates of HIV and syphilis are increasing. And Fresno Unified students have the highest rates of chlamydia and gonorrhea of all Fresno county school districts, according to the Fresno County Department of Public Health.

UCSF Fresno resident Dr. Albert Chow says sexual education is the best way to reach the most number of teenagers. He says research has shown that comprehensive sex ed can help reduce the rates of STD's.

"The states that tended to support abstinence tended to have higher rates of STD and pregnancy whereas states that tended to emphasize comprehensive sex ed had lower rates," Chow says.

Community Issue

By law schools are required to teach HIV and AIDS prevention but it's not mandatory for them to offer sex education classes but that soon may change. A new bill in the legislature would make comprehensive sex education mandatory including information on STDs and contraception.

Fresno Unified's associate superintendent of curriculum Rosario Sanchez says finances were part of the concern when the district dropped sex ed but it was also classroom time.

"At the time they made a difficult decision. There may have been some budget concerns but it was also to be to open up some other opportunities for our kids," Sanchez says. "By not having that class they can do more requirement classes, they can do AP, they can do electives."

But Sanchez says after looking at the stark statistics the district is planning to restore comprehensive

sex education in high school.

So far, she says the majority of the board is in favor.

Trustee Brooke Ashjian says he supports proper sexual education but he questions whether things like LGBTQ issues should be taught at school. He also says in order for sex education to work, parents must be involved and not just the school.

"We feed the kids breakfast, we fed them lunch, we have marriage and family therapist on staff, we pick them up for school, we take them home, we get them before school, we're able to keep them after school, and now we're teaching them about sex ed," Ashjian says. "So what are the parents doing?"

Urgent To Act

Socorro Santillan with Fresno Barrios Unidos says the district plays an important role.

"And even situations where you do have close knit families, kids are too scared to ask the parents because they're scared the parents aren't going to love them no more if they're sexually active."

For Antonio Jauregui, the 18 year old who just graduated high school it wasn't so much that he was scared to ask his parents. He says it's simply a topic you don't discuss at home.

"Just in my household questions about sex, birth control or relationships they don't really come up and they're not expected too," he says. "And if you do have a question you're expected to go somewhere else."

Local health leaders say that's the reality for many students in the Central Valley and that's why it's urgent to act. Fresno Unified officials are expected to discuss restoring sex education at a board meeting in late August.

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

Sacramento sex workers are too scared to use condoms

Raheem F. Hosseini, Sacramento News & Review | 7.16

In a trend bristling with public-health implications, Sacramento sex workers are forgoing condoms because they fear they can be arrested for possessing them, say activists and clinic workers.

"We have a huge epidemic of sex workers who are not using protection because of the police activity," said Kristen DiAngelo, who heads up a local branch of the Sex Workers Outreach Project.

According to DiAngelo, multiple street workers relayed similar tales of intimidation: cops emptying their purses and photographing condoms as evidence, and even poking holes in their rubbers before handing them back while laughing.

DiAngelo and her partners recently published a report that surveyed 44 local sex workers and depicted high levels of victimization in the community. She said the pattern of condom-harassment started to emerge when the survey was already underway. SWOP will need to conduct additional interviews before it can quantify to what extent workers in the area experience such behavior, she explained.

Thanks to a concerted crackdown on escort-friendly websites, SWOP believes that Sacramento's streets are being flooded by a new generation of sex workers that is more vulnerable to violence, trafficking and disease.

Others who provide health and outreach services to sex workers have heard the same condom stories, and say it's having a bottom-line effect: sex workers are reluctant to accept free prophylactics, increasing their exposure to sexually transmitted diseases.

"I can't wrap my mind around it," said Oak Park Outreach Services Executive Director Hurley Merial, a longtime liaison to the area's sex worker community. "Instead of a ripple effect of prevention, we're doing a ripple effect of harm."

In recent years, Human Rights Watch documented condom-criminalization in several major cities, including San Francisco, Los Angeles, New York, Washington, D.C., and, in a more recent report, New Orleans.

According to the organization, hundreds of sex workers claimed officers threatened them with arrest for simply possessing condoms and, sometimes, confiscated their rubbers. That resulted in more sex workers abdicating protection, Human Rights Watch contended, which correlated with spikes in HIV/AIDS rates in New Orleans.

Clinic and outreach workers fear a similar wave here in Sacramento.

"If you want to make sure more people get infected, then do that," said Rachel Anderson, who runs a needle exchange program in Oak Park called SANE, for Safer Alternatives thru Networking & Education.

Last year, 165 county residents were diagnosed with HIV, the most in at least eight years, and also representing a 40.6 percent increase in new cases since 2010, according to data from the Department of Health and Human Services. The local rate of chlamydia infection continued its decline from 2011, though gonorrhea and syphilis in Sacramento County held some of their highest rates in four years, new data from the California Department of Public Health shows.

On Monday, the department reported that syphilis cases more than doubled across the state between 2012 and 2014, and that congenital syphilis, where a mother transmits the disease to her unborn child, more than tripled.

Anderson, who has a background in epidemiology, said it's possible that one factor driving

Sacramento's high STD rates is sex workers' fear of being detained with multiple condoms.

"That wouldn't surprise me," she said.

In September, Gov. Jerry Brown signed legislation that makes it marginally tougher to use condoms to incriminate sex workers. Under last year's Assembly Bill 336, prosecutors now have to seek written permission from the court before they can cite condoms as evidence of prostitution.

An earlier version of the bill would have completely banned condoms from being used as evidence of prostitution, but it failed to garner the necessary political support.

Upon its signing, health and sex-worker advocates slow-clapped the extra paper hurdle that A.B. 336 introduced to the process. But those who provide direct outreach to sex workers say the workers remain too afraid to protect themselves.

SANE is one of several nonprofits operating inside of a converted, two-story residential structure in Oak Park. Oak Park Outreach, Priorities Clinic and the Joan Viteri Memorial Clinic, which is run by UC Davis students, also hang shingles in the same building. Together, they provide basic care, clean syringes and free condoms to homeless individuals, drug users and sex workers—populations where there is much overlap.

On a recent Saturday afternoon, a glass bowl perched near the clinic's main entrance brimmed with colorfully-wrapped prophylactics, free for the taking, but appearing untouched.

"There is a reluctance among sex workers to take condoms," Anderson acknowledged.

She and a small staff of employees and volunteers explain the benefits of condoms against disease and pregnancy, but don't push them on their clients, who are already well-versed in sex ed.

"They know their lives. They know what the risks are," she said of sex workers in particular. "They know what level of protection they're going to take for which threat."

By that, she and others contend that sex workers are more concerned with being locked up than they are of possibly contracting a disease in the future.

"Jail, that happens tonight," said DiAngelo, a former sex worker.

In the days that DiAngelo worked the circuit, she remembers the cops had to have a price and an act before they could make an arrest. "Then they went from that to you don't even have to commit the crime, you just have to be a known sex worker on the stroll and have three condoms on you and we can take you in," she said.

California's penal code is somewhat vague on the condoms question.

The section that defines loitering for the purpose of prostitution doesn't specifically mention

prophylactics. But it also provides wiggle room for interpretation: “[N]o one circumstance or combination of circumstances is in itself determinative of intent. Intent must be determined based on an evaluation of the particular circumstances of each case.”

In effect, that means that condoms can be one of the circumstances that is used to construe intent, along with other factors, like criminal history and the location where someone is detained. The frequency with which condoms are actually cited is purely a matter of officer discretion.

Both the Sacramento Police Department and Sacramento County Sheriff’s Department downplayed their use of rubbers to determine illegal activity.

“There’s a finite threshold of criteria for law enforcement to meet [in making a prostitution arrest],” said sheriff’s Sgt. Jason Ramos, “and there’s a number of ways for us to articulate that.”

“Being in possession of condoms is not illegal,” said police Sgt. Doug Morse.

Public defender Joseph Cress said his office does sometimes see condoms “mentioned in reports as some evidence of sexual intent,” but not as probable cause for an arrest.

That’s not to say authorities haven’t heard the stories about how they supposedly target condoms.

“They’re like urban legends, and it’s just amazing how it proliferates,” said Detective John Sydow, who investigates human trafficking cases for the sheriff’s department.

Assistant Chief Deputy District Attorney Paul Durenberger suspects pimps and traffickers of fanning these rumors because their workers can make more money if they perform without protection. He said his first trafficking case, in the early 1990s, involved a 13-year-old girl who was forced by her exploiters to perform sexual acts without protection. When she was finally recovered, the young girl had syphilis of the mouth and gonorrhea in her lower cavities.

“That’s a real problem,” Durenberger said.

Of the women DiAngelo interviewed for SWOP, some admitted they didn’t use condoms because they could charge higher rates without them, or because their pimps wouldn’t let them. But fear of arrest was the more common answer, she said. And that fear overrode all others.

“It takes the sex workers’ power of negotiation away,” Mercial explained.

In 2013, following the Human Rights Watch report, San Francisco completely banned the use of condoms as evidence against sex workers.

The St. James Infirmary in San Francisco is currently assessing a year’s worth of surveys to determine whether this has made sex workers safer, said programs director Cyd Nova.

Kate D’Adamo, the national policy advocate of the Urban Justice Center’s Sex Workers Project, is

hopeful the approach can work, as long as sex workers are informed about it. In Washington, D.C., for instance, cops handed out cards to let sex workers know they wouldn't be hassled for having prophylactics.

"It seems like it has been a positive shift," D'Adamo said of San Francisco. "The other piece of that is people have to know these changes have been made."

Local health and sex worker activists want to see a similar strategy employed in Sacramento, where D'Adamo says policing practices have been raised as a concern.

If the reports of law enforcement's condoms-crackdown are overblown, then cops and prosecutors wouldn't even notice the ban, activists say. But it would make a difference to those who need that protection the most.

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

California introduces the Planned Parenthood STD app

Robert Herriman, Outbreak News Today | 7.18

Planned Parenthood rolled out a new app in California last week, which allows people 17 years old and up to order and discreetly receive home collection kit for two common sexually transmitted infections, chlamydia and gonorrhea, and later receive the results.

Using the free app, an individual can order the \$149 discreetly packaged Planned Parenthood Direct STD test kit with a California mailing address. Collect the urine sample and return to any Post Office in the pre-addressed and prepaid package.

Your confidential results will be received via the app in 5-7 days.

If you test positive for either or both of these STDs, Planned Parenthood will give you treatment options via messages on the app.

The app requires iOS 7.0 or later. It is compatible with iPhone, iPad, and iPod touch. This app is optimized for iPhone 5.

The most common bacterial STI, Chlamydia is the most commonly reported notifiable disease in the United States.

Any sexually active person can be infected with chlamydia. It is a very common STD, especially among young people. It is estimated that 1 in 15 sexually active females aged 14-19 years has chlamydia.

Known as the "silent" infection because it is so often asymptomatic, untreated Chlamydia can carry some serious complications to include pelvic inflammatory disease (PID), which is a major cause of infertility, ectopic pregnancy, and chronic pelvic pain.

In pregnant women, untreated chlamydia has been associated with pre-term delivery, and can spread to the newborn, causing an eye infection or pneumonia.

CDC recommends yearly chlamydia testing for all sexually active women age 25 or younger and older women with risk factors for chlamydial infections (e.g., women who have a new or more than one sex partner), and all pregnant women.

Gonorrhea is a very common infectious disease. CDC estimates that, annually, 820,000 people in the United States get new gonorrhea infections and less than half of these infections are detected and reported to CDC. CDC estimates that 570,000 of them were among young people 15-24 years of age. In 2011, 321,849 cases of gonorrhea were reported to CDC.

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

National Stories

Study Finds PrEP Use Feasible Among High-Risk Groups in U.S. Community Settings

Press Release, NIH News | 7.21

Most Participants in NIH-Funded Study Adhered to HIV Prevention Strategy

WHAT:

A majority of men who have sex with men (MSM) and transgender women (TGW) at high risk for HIV infection took anti-HIV medication for pre-exposure prophylaxis (PrEP), most of the time, in a multi-site U.S. study examining use of this HIV prevention strategy outside of a clinical trial. The study, called the PrEP Demo Project, was funded by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health.

The study findings will be presented by Albert Liu, M.D., of the San Francisco Department of Public Health, at the 8th International AIDS Society Conference on HIV Pathogenesis, Treatment & Prevention (IAS 2015) in Vancouver, Canada.

PrEP involves taking a daily pill called Truvada, which contains the antiretroviral drugs tenofovir and emtricitabine. The PrEP Demo Project enrolled 557 MSM and TGW at risk of HIV infection, ages 18 years or older. The volunteers were recruited at sexually transmitted disease clinics in Miami and San Francisco and a community health clinic in Washington, D.C. Participants were given 48 weeks of Truvada and instructed to take it daily. Daily Truvada is the only PrEP regimen approved by the U.S. Food and Drug Administration and recommended by the U.S. Centers for Disease Control and Prevention. Participants also received regular HIV testing, counseling and health monitoring.

Participants provided blood samples during each of five study visits. Samples from 294 of the 557

participants were tested to determine blood levels of tenofovir diphosphate, the metabolized form of tenofovir. These levels enabled investigators to estimate the frequency with which participants were taking Truvada for PrEP. Overall, 63 percent of participants whose blood samples were tested had blood levels consistent with four or more doses of Truvada per week at every study visit. PrEP adherence was highest among those who reported sexual behavior that placed them at higher risk for HIV infection, similar to previous observations from a large, NIAID-funded international clinical trial known as iPrEx OLE.

Some 26 percent of study volunteers had a sexually transmitted infection (STI) when they enrolled in the study. STIs occurred at a high but steady rate throughout the PrEP Demo study period, and roughly two-thirds of participants reported having receptive anal intercourse without condoms, indicating that the study population was at high risk for HIV infection. Only two of the 557 participants became infected with HIV during the study, both of whom had low or undetectable PrEP drug levels indicating they were not using PrEP as prescribed.

Overall, the study findings indicate a moderate level of adherence to Truvada-based oral PrEP in these at-risk populations and lend support to the feasibility and potential clinical benefit of this strategy for HIV prevention in community settings.

ABSTRACT:

A Liu *et al.* Adherence, sexual behavior and HIV/STI incidence among men who have sex with men (MSM) and transgender women (TGW) in the US PrEP Demonstration (Demo) Project. Oral abstract at the 8th International AIDS Society Conference on HIV Pathogenesis, Treatment & Prevention (IAS 2015) in Vancouver, Canada. Program number TUAC0202, track C. Presented July 21, 2015.

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

With Pap Tests Less Common, Women May Miss Out On STD Tests

Ina Yang, NPR | 7.21

Changes in how women are screened for cervical cancer mean they're getting Pap tests less often. But that may also mean young women are not getting tested for chlamydia, the most common sexually transmitted disease.

As the number of teens and young women getting annual Pap tests declined, so did the number getting screened for chlamydia, according to a [study](#) published Monday in *Annals of Family Medicine*.

Chlamydia infects an estimated 2.86 million men and women annually, according to the Centers for Disease Control and Prevention. It's most common in young women from the age of 15 to 24, and if left untreated, can cause pelvic inflammatory disease and make it difficult for women to get pregnant. It can cause preterm delivery, and conjunctivitis and pneumonia in newborns.

It's also easily cured with antibiotics. But because people with chlamydia often don't have symptoms, most people are diagnosed via screening tests. The CDC recommends yearly chlamydia

screening for all sexually active women younger than 25, as well as older women with risk factors.

The research team looked at patient data of some 3,000 teenagers and young women aged 15 to 21 years old who made visits to five family medicine clinics at the University of Michigan, and identified young who had no symptoms for either cervical cancer or chlamydia but were tested for either or both.

In 2009, the American College of Obstetricians and Gynecologists recommended starting cervical cancer screening at age 21, irrespective of sexual activity. In 2012, the American Cancer Society and the United States Preventative Services Task Force recommended against routine yearly testing.

They compared two groups: those who made visits before the 2009 guidelines change for Pap tests (from 2008 to 2009), and those who visited after the change (from 2011 to 2012). They looked at patients who came in for a Pap test or for chlamydia screening, and also those who received chlamydia screening while getting a Pap test. Before the change, about 30 percent of the women in that age group got tested for chlamydia. Afterwards, less than 1 percent did. The number of women getting Pap tests dropped, too, from about 24 percent to less than 1 percent.

Were patients just not going to the doctor as frequently as before?

Not true, says Allison Ursu, lead author of the study and women's health fellow at University of Michigan Medical School.

"The number of visits per patient were roughly the same," Ursu says, "We had chances to screen them; we just weren't doing it."

It's not hard to link a shift in guidelines with a decrease in Pap tests getting done, since evidence shows that annual screening isn't necessary and can lead to needless treatment. But what do Pap smears have to do with screening for chlamydia in the first place?

Until 2000 or so, chlamydia screening was mostly done with a sample taken from the cervix, often at the same time that a Pap smear was performed, according to Michael Policar, associate clinical professor of obstetrics and gynecology at the University of California, San Francisco. Policar is not part of the study.

Non-invasive Screening Methods Available

Ursu believes that one reason women aren't getting screened for chlamydia is the lack of knowledge about non-invasive screening methods, including a urine sample or vaginal swab. Pelvic exams aren't necessary.

"Uncoupling is the way we should approach the patient, to separate cervical cancer screening from sexually transmitted infections screening," Ursu says. At the University of Michigan's family medicine department, her team has started using its electronic medical record system to alert patients when they're due for testing for chlamydia. She says patients find the reminder to be

helpful.

The “uncoupling” of Pap smears and chlamydia screening is not a new concept.

“This concept has been stressed by the CDC and the U.S. Preventive Services Task Force in their guidelines for at least a decade, and most providers already have unlinked chlamydia screening from either the performance of a Pap smear or a screening pelvic exam at the time of a well woman visit,” says Policar. “A rallying cry following the change in 2009 guidelines was ‘pee not Pap.’ ”

Policar also stressed the importance of what doctors call opportunistic screening — something that Ursu’s team is doing and that the paper mentions.

“The concept is that some people never come in for preventive visits, like checkups, so we should use problem visits (acne, headaches, a sprained ankle) as an opportunity to perform desirable screening tests, including chlamydia screening in young women,” Policar told NPR’s Shots blog via email. “Highly functional provider groups, like Kaiser, are achieving chlamydia screening rates in the mid to high 80 percent range, based on an excellent electronic medical record.”

National screening rates for chlamydia as reported by the National Chlamydia Coalition found that in a state-by-state analysis, most rates did not change as dramatically as found in the study. Policar said that’s probably due to the limitations in scope of the family practice clinic where data was collected.

At the end of the day, the take-home message is “Chlamydia is easily treated and curable,” Ursu says. And appropriate screening can greatly reduce this infection among young people.

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

Male Birth Control, Like Vasalgel, Is Closer To Becoming A Reality; Here's Everything We Know So Far

Stephanie Castillo, Medical Daily | 7.15

When it comes to sex, the traditional narrative is men expect women to cover their birth control. This is partly due to the fact there are only two available methods for men — a condom or vasectomy — compared to the several methods available for women, from oral contraception, to intrauterine devices and implants, even cervical caps. But as researchers work tirelessly to develop alternative methods for men, they’re noticing how much men’s attitudes have changed.

“These aren’t the men of the 1970s,” Elaine Lissner, executive director of the Parsemus Foundation, told Medical Daily. “They’re not our grandfathers, but they’re 20-, 30-, and 40-something-year-old men. They’re the children of baby boomers who need contraception, [and today] there’s a lot more openness about sexuality and bodies.”

Since 2010, Lissner has been leading a small team working to develop Vasalgel, a non-hormonal polymer gel urologists can inject into the vas deferens ("the tube the sperm swim through") after

first making a small slit in the scrotal skin. The slit is too small to require stitches, but it's just big enough to be considered a minor surgical procedure. Urologists, however, don't take any more time than they would for your standard vasectomy, about 10 minutes (though Lissner suggests this time depends on who's performing the procedure). In which case, Lissner says Vasagel can basically be described as "a gel vasectomy."

Or rather, a reversible gel vasectomy. Lissner's team has conducted 12-month studies on rabbits and olive baboons to find not only is this method effective, but a baking soda-type solution could "flush out" the gel. So not only is Vasagel the closest to being marketed to men, but it could also leave "that door cracked open," Lissner said.

Vasagel is slated for clinical trials over the next two years for men interested in vasectomy (as researchers are still in the process of testing reversibility). Admittedly, Lissner said this process is more straight forward than your average drug process, so a lot of the continued research depends on public support and finding people who care about and believe male birth control is important.

If all goes according to plan, Vasagel could be on the market by 2018.

"You often will hear about male contraceptive being five to 10 years away, which to me means possibly never," Lissner said. "Vasagel is as soon as three years away. A lot hinges on the reversal studies we're doing now, because if it's not reversible, a gel vasectomy is not that exciting; reversibility is key."

Men Are Braver Than We Think

The idea of a vasectomy may be off-putting, but believe it or not, an increasing number of men are opting for the procedure. Lissner cited about half a million men go under the knife each year, and about one in six married men over the age of 35 have already had the procedure done.

The appeal of a vasectomy is its long-term use, much like the IUD for women. People forget things, Lissner said — long-acting birth control offers "way more in real world use than, say, pills." Right now, over 26,000 men are on the mailing list to receive new information on Vasagel's upcoming clinical trials. Lissner added a similar number of men have already filled out a survey on multi-year male birth control.

These men fall into two groups: The first is men in long-term relationships with partners who have negative experiences with their form of birth control, such as reduced libido and cramps from an IUD. The second, larger group of men are men who are dating and "don't want to get a phone call about an 'oops,'" Lissner explained. These men are interested in having more control of their sexual encounters.

"It turns out men are braver than we think," Lissner said.

No Side Effects

In the rabbit studies, Vasalgel resulted in azoospermia (no sperm) throughout the year-long study, which is also on par with the efficacy of your standard vasectomy. And when vasectomies are done “by the best” — a procedure done by a specialist could vary from one done by a general practitioner — Lissner said the rate of effectiveness is “99 percent-plus.”

“The hope is [Vasalgel will last] multiple years, 10 plus,” she added. “You could make a rough parallel [to women], saying it’s like a male IUD.” Among women, the IUDs has become the most popular and effective form of birth control.

Presently there are no side effects. However, Vasalgel is inspired by a similar polymer contraceptive called RISUG, which is in advanced clinical trials in India. And in those trials, some men have experienced testicular swelling. Otherwise Vasalgel's one, potential issue could stem from the following waiting period.

For normal vasectomy, men are asked to wait three months or 20 ejaculations before having sex — “and that’s when failure happens,” Lissner said, because men don't always wait. Yet, having sex too soon keeps alive “any sperm that were downstream” during the initial procedure. While Vasalgel's waiting period could be as little as one month, it'll still determine the gel's effectiveness.

It Shouldn't Cost More Than A Flat Screen TV

Easy access to birth control (all its forms, as well as general information and resources) remains a prevalent issue for both men and women. Increased access leads to better health outcomes, like a reduced number of unplanned pregnancies and sexually transmitted infections (STIs). In which case, Lissner and her team have kept accessibility in the back of their mind throughout the entire development process.

“The goal is it should be accessible as far as price,” she said. “It shouldn't cost more than a flat screen TV. If it's so expensive people can't use it, our job isn't done.”

You might be thinking Vasalgel isn't a pill at all, and most headlines have alluded to an actual pill for men to take. While there are real pills (Lissner is also supporting the team developing the “clean sheets pill”), other gels, even implants in the works for men, they're all in the earlier stages of research and development. Vasalgel is the closest to being ready to market.

That said, if the multi-year birth control is soon available to men, it doesn't mean men (or women) should abandon other forms of birth control. Vasalgel doesn't protect against STDs and, again, if men don't wait long enough to have sex after their procedure, there's still a chance it can fail and result in pregnancy. They are, as most birth control methods are, meant to be a supplement.

As The Telegraph recalls, “condoms didn't go away after the pill or [IUDs] became commonplace. As a barrier method, they will still play an important role against sexually transmitted infections.”

“It's taken longer than we hoped to figure out everything,” Lissner said. “We're a tiny team and we pat ourselves on the back for being alive and kicking.”

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

Getting Birth Control Will Be Easier Than Ever In These Two States

Anna Almendrala, Huffington Post Healthy Living | 7.15

In most states, women need to go to their doctor or health clinic to get a prescription for hormonal birth control. But thanks to recent legislation, women in California and Oregon will now be able to buy hormonal birth control at the pharmacy without a doctor's prescription.

Though an innovative policy, this is hardly controversial from a scientific perspective. Instead, it aligns with a significant body of research showing that hormonal birth control is a strong candidate for pharmacy access. Not only is this access common in most of the world, the American College of Obstetricians and Gynecologists has endorsed over-the-counter access for birth control pills since 2012.

From a safety perspective, ACOG notes that many over-the-counter medications, like aspirin or acetaminophen (Tylenol) are linked to serious medical complications yet remain available without a doctor's prescription. What's more, the risk of blood clots, the main complication associated with birth control, might seem frightening at first glance, but research suggests that pregnancy and the post-partum stage are even riskier when it comes to developing these same clots.

"In many ways, by preventing pregnancy you actually are lowering an individual woman's risk for blood clots, in general," said Dr. Taraneh Shirazian, an assistant professor at NYU Langone Medical Center. She also pointed out that because hormonal birth control can help manage other health conditions, expanding access can empower women to take even greater control over their health beyond contraception. Hormonal birth control can minimize excessive bleeding during periods and pain during periods. It can also help clear up acne and moderate mood swings, she said.

Women are in favor of the move, too. A nationally representative survey published in 2013 found that almost two-thirds of women wanted to make birth control pills available over-the-counter. The poll also found that 30 percent of women using less-effective birth control would switch to the pill if they could buy it directly, reported Reuters.

Several studies show that women are perfectly capable of determining, on their own, whether hormonal birth control is right for them. A study of 399 women published in 2006 found that 90 percent of women of reproductive age were able to answer a medical questionnaire that matched their doctor's in assessing whether or not hormonal birth control was right for them. A similar UK study found that women and doctors were able to agree 93 percent of the time when it came to identifying a woman's risk factors.

While California's law went into effect at the beginning of 2014, full implementation of the law still faces regulatory hurdles from the state's Board of Pharmacy, which regulates pharmacists in California. Oregon, on the other hand, just signed their bill into law last week, reports USA Today, and unlike California's law, it only gives women 18 years and older access to birth control.

These state laws are significant because while the Affordable Care Act ensures that hormonal birth

control like the pill, patch and ring will be covered by health plans, there are still women who either can't access that coverage (like undocumented immigrants), women who don't want it to show up on statements (like daughters who are still covered on their parents' insurance) and women who either can't afford or simply don't have time for a doctor's visit just to get a birth control prescription, explained Shirazian.

Per the California's law, women still have to briefly consult with a pharmacist to see if the medication is right for them, explained Jon Roth, CEO of the California Pharmacists Association, which co-sponsored the bill. The pharmacist would screen for things like blood clot risk, current pregnancy and other factors that would prevent women from taking hormonal birth control. The crucial, convenient difference between that and the old protocol is that women will be able to leave immediately with their meds after their visit to the pharmacist.

"That the patient can have a clinical interaction with a pharmacist and leave immediately with their contraception is a great expansion of women's health," said Roth.

California and Oregon's new laws are good news, but there are still barriers to access, said Shirazian. While hormonal birth control will technically be available with fewer hurdles to jump through, the laws do nothing to lower the cost of hormonal birth control. The pill, for example, can cost as much as \$50 a month.

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

Black market for Truvada PrEP may undermine treatment adherence in marginalised people living with HIV

Roger Pebody, [aidsmap.com](#) | 7.13

The increasing demand for pre-exposure prophylaxis (PrEP) is likely to increase the likelihood that some marginalised individuals living with HIV sell some of their prescribed medication to pill brokers and drug dealers, according to a study presented to the Conference of the Association for the Social Sciences and Humanities in HIV in Stellenbosch, South Africa last week.

Steven Kurtz told the conference that several reports have documented street markets for diverted antiretrovirals (ARVs) in the United States. His own research focuses on south Florida, where he recruited 147 HIV-positive men who have sex with men (MSM) who regularly use cocaine, crack or heroin. He purposively sampled (over-recruited) individuals who had sold or traded their antiretrovirals, so that he could better understand the factors associated with doing so.

Economic vulnerability is the key explanation. Within this sample, men who had recently sold ARVs were more likely to have an income below \$1000 a month, to have traded sex for money or drugs and to be dependent on drugs. Age, race and education were not relevant factors. Unsurprisingly, men who had sold their HIV treatment had poor levels of adherence to it.

In a larger study of substance-using people of all sexualities and genders, homelessness was a significant predictor of diverting ARVs, as was being a man. Individuals reported selling their medication an average of seven times, indicating that it was an occasional practice.

Returning to the MSM study presented at the conference, antiretrovirals were most commonly sold to pill brokers (84%) and street drug dealers (41%). People who didn't sell their drugs also reported being approached by these traders. Less frequently, ARVs were sold or given to individuals who would use the pills themselves, sometimes in exchange for recreational drugs or sex.

The principle reasons for diverting antiretrovirals were because the person needed cash for drugs or alcohol (74%) or for living expenses (23%). Additionally, some individuals had leftover medication or wanted to help someone.

The antiretrovirals which participants most commonly reported selling or giving away were Truvada (44%), ritonavir (39%), Atripla (38%), atazanavir (21%) and darunavir (17%). They would earn \$80 or \$100 for a month's supply.

Kurtz said that some of the demand for Truvada is likely to come from its use as PrEP. He said that there was little evidence that individuals purchased ARVs from the black market for self-treatment of HIV infection (especially as people living with HIV have relatively good access to health care in the US), but that the illicit use of Truvada for prevention purposes has been documented.

Many HIV-negative people who are at high risk of HIV infection do not have health insurance, perhaps making them more likely to turn to the black market. However, informal use of the drugs as PrEP entails many risks – interruptions in the supply of pills, lack of systematic HIV testing when restarting PrEP, use when unknowingly infected with HIV, lack of side-effects monitoring, and counterfeit pills.

Moreover, an associated qualitative study by the same researcher showed that, among a small sample of high-risk HIV-negative young MSM, misinformation about PrEP was widespread. Among those men who had heard of PrEP, few described it as a medication prescribed and monitored by a physician.

Most thought that it could be acquired through informal networks:

“Who doesn't know somebody that's HIV-positive, you know? ‘Girl, sell me one of your pills! Or give me a couple of weeks' worth.’”

“This guy I filmed [p*rnography] with, he was positive. He's undetectable on meds. He gave me two Truvada, one for that moment, and one for the next day as a kind of preventative. I got tested two days afterward.”

It was usually understood as a variation on the ‘morning after’ contraceptive pill:

“You can have bareback sex all you want as long as you take these drugs. Right after you do it, though. It's like the plan B pill for us.”

While these quotes are suggestive, it's important to note that only one participant (the one who had filmed p*rn) had actual experience of getting Truvada through informal channels. Kurtz's research

provides more insight into those selling pills than those buying them.

He argued that HIV-negative gay men need accurate and accessible information on how PrEP can be effectively used, as well as clear avenues for access to it. Otherwise, there is a risk of unsafe and ineffective informal use of traded Truvada by HIV-negative people, while HIV-positive people who have sold some of their medication risk drug resistance and treatment failure.

“The potential intersection of widespread ARV street markets and misinformed at-risk populations about the effective use of PrEP is a major public health concern,” Kurtz concluded.

Reference:

Kurtz S et al. ARV street markets and informal PrEP use by MSM in South Florida: the context of limited access. 3rd Conference of the Association for the Social Sciences and Humanities in HIV, Stellenbosch, South Africa, July 2015.

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

Reanalysis of VOICE trial suggests TFV gel effective for PrEP

David Jwanier and John Schoen, Healio Infectious Disease News | 7.8

Although the VOICE trial failed to show that tenofovir vaginal gel protects against HIV-1 infection in women — likely due to poor adherence to the study drug — new analyses suggest the product did guard against infection among the women who used it.

“Use of antiretroviral (ARV) drugs in pre-exposure prophylaxis (PrEP) has been shown to be protective against the risk of sexual transmission of HIV in four clinical trials,” Jeanne M. Marrazzo, MD, MPH, professor of medicine at the University of Washington, and colleagues wrote. “Based on these results, daily use of [Truvada (emtricitabine/tenofovir disoproxil fumarate, Gilead Sciences; FTC/TDF)] ... was approved for HIV prevention by the FDA in July 2012

“Unexpectedly, two PrEP trials using the same agent in African women, FEM-PrEP and VOICE (MTN 003), reported futility in intent-to-treat analyses,” the researchers said. “These seemingly contradictory findings are very likely explained by different degrees of adherence achieved in trials and differences in levels of adherence to daily oral dosing that is required for protection between heterosexual women and men who have sex with men, emphasizing the critical relationship between adherence and PrEP efficacy in HIV prevention.”

VOICE, conducted from 2009 to 2012, included more than 5,000 women (mean age, 25.3 years) from 15 sites in South Africa, Uganda and Zimbabwe. The randomized, placebo-controlled trial assessed the efficacy of daily use of oral Viread (tenofovir disoproxil fumarate, Gilead Sciences; TDF), oral FTC-TDF and 1% vaginal tenofovir (TFV) gel.

Measurements of adherence through self-reports and the number of returned pills or gel applicators were generally overestimated, according to the researchers. For example, less than 40% of women had detectable levels of TFV in plasma compared with 90% who reported product use.

“In addition to providing a more accurate measure of adherence, pharmacological evidence of product use offers the possibility of estimating causal prevention effect among adherers under suitable assumptions, even if the primary intent-to-treat analyses yields null results on effectiveness,” the researchers wrote.

However, investigating the protective effect of TFV against HIV infection in the minority of women who adhered to the drug during follow-up is problematic, Marrazzo and colleagues said, because drug levels in plasma can only be measured in women belonging to the intervention arm, not the placebo arm, offering no comparable group of adherers. Moreover, any comparisons used to examine the causal relationship between TFV use and HIV infection are compromised by potential confounding.

“In essence, confounding in this setting means characteristics associated with adherence can also be directly related to the risk for HIV infection itself,” the researchers wrote.

Therefore, Marrazzo and colleagues developed a novel approach to assess whether the adjustment for confounding variables in regression models — an approach used in previous PrEP trials — effectively removed confounding. To do so, they based their analysis on two proxy measures of adherence in the VOICE trial: TFV detected in plasma at least once during follow-up, and detection of the drug at 3 months of follow up.

Their results showed that after adjusting for baseline predictors of HIV risk, there was no residual confounding when comparing adherers in the active drug arm and those in the placebo group. According to the researchers, the RR for HIV prevention among women who had detectable TFV in plasma at least once during follow-up is 0.53 (P = .038). The RR among those with detectable levels of the drug at 3 months is 0.4 (P = .045).

“While we used the VOICE study as an illustrative example, this approach should be generally applicable to placebo-controlled PrEP trials with drug detection as a proxy measure of adherence in the active product arm,” Marrazzo and colleagues wrote.

Journal Reference:

[Dai JY, et al. *J Infect Dis.* 2015;doi:10.1093/infdis/jiv333.](https://doi.org/10.1093/infdis/jiv333)

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

First case of prolonged remission in HIV-infected child reported

James McIntosh, Medical News Today | 7.21

Doctors have found that an 18-year-old woman infected with HIV at birth via mother-to-child transmission has been in remission despite not receiving any antiretroviral therapy for the past 12 years.

Researchers from the HIV, Inflammation and Persistence Unit at the Institut Pasteur in Paris believe

that the patient has benefited from treatment initiated shortly after birth and ended 6 years later.

The case will be presented at the 8th International AIDS Society (IAS) Conference on HIV Pathogenesis, Treatment and Prevention in Vancouver, Canada, by Dr. Asier Sáez-Ciri3n.

"Our work has demonstrated for the first time that long-term remission from HIV infection can be achieved in a child infected during the perinatal period, following discontinuation of effective antiretroviral therapy begun very early on, during the first few months of life," reports Dr. Sáez-Ciri3n.

The patient in question was born in 1996 and infected with HIV either at the end of pregnancy or childbirth. Despite a 6-week course of the antiretroviral drug zidovudine, she was diagnosed as HIV-positive 1 month after birth.

Two months later, doctors found that the patient had a very high quantity of the virus in her blood, prompting them to initiate a course of treatment involving four antiretroviral drugs. This treatment continued until she was lost to follow-up at the age of 6, at which point her parents stopped the therapy.

However, one year later, the patient was assessed by a medical team who found that her viral load was undetectable. Her doctors chose not to resume antiretroviral therapy, and to date her viral load is still undetectable. Her CD4 cell count has also remained consistent, indicating that her HIV is stable.

"This girl has none of the genetic factors known to be associated with natural control of infection," states Dr. Sáez-Ciri3n. "Most likely she has been in virological remission for so long because she received a combination of antiretrovirals very soon after infection."

Case supports immediate antiretroviral therapy for babies born with HIV

The case is similar on many levels to the adult patients of the ANRS VISCONTI study - a cohort of 20 patients who received antiretroviral therapy in the first few months after HIV infection. After an average of 3 years of therapy, these patients demonstrated control of the virus for an average of 10 years without further treatment.

Dr. Sáez-Ciri3n explains that both the adult patients of the ANRS VISCONTI cohort and the young girl received a standard level of treatment; the only distinguishing factor in these cases is that treatment was initiated very soon after HIV infection occurred.

Although this case indicates that long-term remission is possible in children as well as adults, Dr. Sáez-Ciri3n cautions that such cases are still rare.

He refers to the case of the "Mississippi baby" - the only previous known case of HIV remission in a child that was at the time heralded as evidence of HIV being cured. Unfortunately, the child was found to have the disease again 27 months after antiretroviral therapy was stopped.

Prof. Jean-François Delfraissy, director of ANRS (France's National Agency for Research on AIDS), states that the patient's remission should not be equated with a cure:

"This young woman is still infected by HIV and it is impossible to predict how her state of health will change over time. Her case though constitutes a strong additional argument in favor of initiation of antiretroviral therapy as soon as possible after birth in all children born to seropositive mothers."

At present, the team are unable to predict which patients will benefit from a remission following the discontinuation of antiretroviral therapy. "For this reason," Dr. Sáez-Ciri3n concludes, "discontinuation of antiretroviral treatment is not recommended, either in adults or in children, outside clinical trials."

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

Scientific Papers/Conference Abstracts

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

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

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

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

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

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

View the paper online: [Abstract](#)

Inconsistencies on U.S. Departments of Health Websites Regarding Anal Use of the Female Condom

Rodriguez K, Ventura-DiPersia C, LeVasseur MT, et al. *AIDS and Behavior* 2015;19(7):1141-1149

Abstract:

The female condom (FC) is FDA approved to prevent pregnancy and sexually transmitted infections during vaginal intercourse, but not for use during anal intercourse. Studies suggest that a sizeable proportion of men who have sex with men use the FC for anal intercourse despite lack of safety and efficacy information. We reviewed Department of Health (DOH) websites for U.S. states (n = 50) and major municipalities (population >500,000; n = 29) regarding anal use of the FC. Forty-eight (60.8 %) websites mentioned the FC, of which only 21 (45.8 %) mentioned anal use. Of those that mention anal use, 8 (38.1 %) supported, 13 (61.9 %) were neutral, and 1 (4.8 %) discouraged this use. Ten websites (47.6 %) provided instructions for anal use of the FC—ranging from removal of the inner ring, leaving the inner ring in place, and either option. In the absence of safety and efficacy data, U.S. DOH websites are providing different and often contradictory messages about the FC for anal sex.

View the paper online: [Abstract](#)

Ecological analysis examining the association between census tract-level incarceration and reported chlamydia incidence among female adolescents and young adults in San Francisco

Stotley JE, Li Y, Bernstein KT, et al. *Sex Transm Infect* 2015; 91:370-374

Objectives: Incarceration has been linked to increased risk of sexually transmitted infections (STIs). We conducted a census tract-level ecological analysis to explore the relationship between neighbourhood incarceration rates and chlamydia incidence among adolescent girls and young women under age 25 in San Francisco in 2010 to focus public health efforts in neighbourhoods at risk.

Methods: Female chlamydial cases under age 25 that were reported to the San Francisco Department of Public Health in 2010 were geocoded to census tract, and chlamydia incidence was calculated. Addresses of incarcerated individuals were geocoded, and census tract-specific incarceration was estimated. American Community Survey data from 2005 to 2009 provided tract-specific survey estimates of demographic and socioeconomic characteristics of communities to allow for evaluation of potential census tract-level confounders. A Poisson mixed model was used to assess the relationship of census tract-level incarceration rate with chlamydial case rate.

Results: Accounting for spatial dependence in neighbouring regions, there was a positive association between incarceration rates and chlamydia incidence in young women under age 25 in San Francisco, and this association decreased as poverty increased, after controlling for other risk factors in the model.

Conclusions: This ecological analysis supports the neighbourhood role of incarceration in the risk of chlamydia among young women. These results have important implications for directing limited public health resources to local areas at risk in order to geographically focus prevention interventions and provide improved access to STI services in specific neighbourhoods with high incarceration rates.

View the paper online: [Abstract](#)

Management of Pelvic Inflammatory Disease in Selected US Sexually Transmitted Disease Clinics: Sexually Transmitted Disease Surveillance Network, January 2010–December 2011

Llata E, Bernsetin KT, Kerani RP, et al. *Sex Transm Dis* 2015;42(8):429-433

Background: Pelvic inflammatory disease (PID) remains an important source of preventable reproductive morbidity, but no recent studies have singularly focused on US sexually transmitted disease (STD) clinics in relationship to established guidelines for diagnosis and treatment.

Methods: Of the 83,076 female patients seen in 14 STD clinics participating in the STD Surveillance Network, 1080 (1.3%) were diagnosed as having PID from 2010 to 2011. A random sample of 219 (20%) women were selected, and medical records were reviewed for clinical history, examination findings, treatment, and diagnostic testing. Our primary outcomes were to evaluate how well PID diagnosis and treatment practices in STD clinic settings follow the Centers for Disease Control and Prevention (CDC) treatment guidelines and to describe age group–specific rates of laboratory-confirmed *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC) in patients clinically diagnosed as having PID in the last 12 months, inclusive of the PID visit.

Results: Among the 219 women, 70.3% of the cases met the CDC treatment case definition for PID, 90.4% had testing for CT and GC on the PID visit, and 68.0% were treated with a CDC-recommended outpatient regimen. In the last 12 months, 95.4% were tested for CT or GC, and positivity for either organism was 43.9% in women aged 25 years or younger with PID, compared with 19.4% of women older than 25 years with PID.

Conclusions: Compliance with CDC guidelines was documented for many of the women with PID, though not all. Our findings underscore the need for continued efforts to optimize quality of care and adherence to current guidance for PID management given the anticipated expertise of providers in these settings.

View the paper online: [Abstract](#)

JIAS Vol 18 Supplement - PrEP Implementation Science: State-of-the-Art and Research Agenda

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

Resources, Webinars, & Announcements

National HIV Prevention Conference Late Breaker Abstracts

2015 NATIONAL HIV PREVENTION CONFERENCE UPDATES

REMINDER: LATE BREAKER ABSTRACTS

Late breaker [abstract submission](#) for the 2015 National HIV Prevention Conference (NHPC) is open starting July 8th! Late breaker abstract submissions will be due by July 31, 2015.

Only [individual oral](#) and [panel](#) presentation abstracts will be considered. As in years past, late breaker abstracts are intended for data not previously available. Late breaker abstract acceptance will be highly competitive.

Mark Your Calendar for CROI 2016

Mark your calendar! The 23rd Conference on Retroviruses and Opportunistic Infections (CROI) will be held on February 22 through 25, 2016, in Boston, Massachusetts.

The deadline for general abstract and scholarship submissions is September 30, 2015. Late-breaker abstract submissions are due on January 5, 2016. Details about CROI 2016 are posted at www.CROIconference.org as they become available.

Other important dates are listed below:

- **September 8, 2015** — Submission opens for general abstracts and scholarships (Young Investigator, International, and Community Educator Scholarships)
 - **September 30, 2015** — **Submission deadline for general abstracts and scholarships**
 - **November 12, 2015** — General abstract and scholarship dispositions e-mailed
 - **November 12, 2015** — Special registration and housing opens for accepted authors and invited speakers
 - **December 1, 2015** — Submission opens for late breaker abstracts
 - **December 1, 2015** — General registration and housing opens
 - **January 5, 2016** — **Submission deadline for late-breaker abstracts**
 - **January 26, 2016** — Registration and housing closes
 - **February 22-25, 2016** — CROI 2016 in Boston
-

A New Digital Tool for Treating STDs and Preventing HIV

Blog.aids.gov | 7.14

Sexually transmitted diseases (STD) continue to threaten the health and well-being of millions of Americans. Last month, the U.S. Centers for Disease Control and Prevention (CDC) released its updated [STD Treatment Guidelines](#), which have played a critical role for 30 years in advising healthcare providers on the best ways to diagnose and treat these infections. *The Guidelines* are among the most widely used and referenced sources on STD treatment and management in the United States.

CDC also developed the [STD Tx Guide](#) — an easy-to-use mobile reference based on the updated *Guidelines* to ensure healthcare providers have quick, easy access to current diagnostic, treatment, and prevention information. First launched in 2010, the app is updated to reflect the most current STD diagnostic and treatment guidance. The revised app also has a streamlined interface that features a ‘Conditions’ display for quickly finding diagnostic and treatment information, making it easier for clinicians to use in real time. The app also links to the full *Guidelines* document and the [Guide to Taking a Sexual History](#). The app is available now for Apple devices; an updated Android app will be available later this summer.

Twenty million new cases of STDs occur each year in the United States. Left untreated, STDs can cause serious health problems, including pelvic inflammatory disease and infertility, and many STDs increase the risk of acquiring or transmitting HIV infection. CDC wants to ensure diagnostic and treatment information are easily accessible and usable by healthcare providers through resources such as the updated STD Tx Guide app. In addition, a poster-sized wall chart and smaller pocket guide were developed to provide easy-reference summaries of the Guidelines and are available for order through CDC-INFO on Demand Publications. As more providers are consulting apps, sharing the most up-to-date treatment guidelines in this popular format means better access, better care, and, ultimately, better health.

For more information: [Click here](#)

WEBINAR: Technology-Based Sex Seeking: An Overview

DATE: July 27

TIME: 11 AM PST

For over 10 years, the internet has been recognized as a venue where sex seeking occurs and sexual encounters are negotiated and planned. More recently, mobile apps have emerged as venues where the same sex seeking behaviors occur but with more efficiency and speed.

The Coordinators for the National Internet Partner Services Workgroup, Frank Strona and Rachel Kachur, both long time specialists in social networks and Internet-based sexual health solutions, will provide an overview of technology-based sex seeking including popular sex seeking websites and mobile apps, how they work, the populations using them and how the public health community can use these sites/apps for disease control and prevention. They will also highlight common features of several smart-device applications as well as introduce strategies and experiences for considering the use of geo-locating apps, such as Grindr, as a way to better reach populations of men who have sex

with men.

Participants will be able to:

- Summarize the various populations that are using technology for sex seeking
- Describe the basic features of popular sex seeking websites and mobile apps
- Explain the differences between the types of sites that are used for sex seeking (social networking vs. dating vs. sex seeking)
- Identify the ways in which CDC can provide technical assistance for technology-based prevention programs

We will end with a Question & Answer session along with an overview of how your health department can get free assistance on building capacity in high impact HIV prevention. We encourage everyone to follow along and ask questions on Twitter using the hashtag #TechTalkSF.

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

WEBINAR: Transgender Women and PrEP. What's the latest?

DATE: July 30

TIME: 12 PM ET

The US Women and PrEP Working Group and partners will host a webinar on the first-hand look at PrEP and transgender women – through the eyes of women prescribing it, using it, choosing not to use it, advocates calling for more research on it and policy-makers charged with integrating it into the national HIV response.

Speakers include:

Zil Goldstein – Persist Health Project and Beth Israel Medical Center

Bub Bucklew – Research Priorities Working Group, Community Partners

Ronsa Siskind – NIAID

Cecelia Gentili

Prudence Mendiola

Moderator: Sikora, Howard Brown Health center

To access the flyer and register, click [here](#)

WEBINAR: Best Practices in Birth Control Education

DATE: July 30

TIME: 12:00 PM – 1:00 PM PST

Training Overview

Best practices in birth control education go beyond teaching clients or students what it is, how it works and potential side effects. Quality birth control education emphasizes the most effective birth

control methods and leverages learned skills to motivate individuals to access sexual and reproductive health services. After a birth control education session, students should know how to be informed "contraceptors" who maintain their health, achieve their goals and plan for any future pregnancies.

This webinar will review best practices in birth control education that school and community-based health educators can easily implement. It will include a review of interactive teaching techniques to use when instructing others on the most effective methods, how to obtain them, and their health benefits and other advantages. Participants will also review case studies and practice identifying the best birth control options for specific individuals/couples based on their health needs and reproductive goals.

After this session participants will be able to:

- Identify contraceptive methods currently available
- Incorporate a "Tiered Effectiveness" approach and "Reproductive Life Planning" into birth control group education and one-on-one counseling
- Dispel contraceptive method myths and misconceptions
- Understand the common reasons for birth control discontinuation
- Describe and implement effective birth control education teaching techniques

Who should attend?

- Health + Sexuality Educators
- School + Community-Based Educators
- Family Planning Staff
- Counselors + Social Workers
- Medical Assistants
- Community Health or Outreach Workers
- Youth Educators
- School Nurses

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

Job/Internship Postings

Senior Policy Associate, Hepatitis C – The AIDS Institute

Organization: The AIDS Institute

Location: Washington, DC

App. Deadline: July 31, 2015

Job Description

Leading national HIV/AIDS and hepatitis public policy, advocacy, research, and education organization seeking a Senior Policy Associate to focus on Hepatitis C (HCV) based in its Washington

DC policy office.

Successful applicant will:

- Assist in implementing Institute's goals to ensure people living with HCV have access to quality and affordable health care and treatment.
- Advocate for people with HCV, including those who are co-infected with HIV, before the Congress and the Executive agencies in support of CDC's Division of Viral Hepatitis, and programs under the Affordable Care Act, Medicaid, Medicare, and the Ryan White HIV/AIDS Program.
- Work closely with state, regional, and national partner organizations and key stakeholders.
- Work closely with other organization team members to ensure implementation and coordination of Hepatitis activities.
- Provide issue based analysis and advocate with strong written and verbal communication skills.

Required traits:

- Expertise in the federal legislative and regulatory processes.
- Thorough understanding of the Affordable Care Act, Medicaid, Medicare, the Ryan White HIV/AIDS Program and the federal appropriations process.
- Strong interest in advancing responsible Hepatitis public policy on behalf of people living with hepatitis.
- At least: Master's Degree in a related field and 5 years of post-education related professional experience.
- Understanding of epidemiology, data trends, and data management.
- Strong analytical, critical thinking, writing, and interpersonal skills.
- Ability to demonstrate and maintain good relationships with internal and external collaborators and stakeholders.
- Ability to demonstrate excellent team work skills.
- Ability to work independently.
- Demonstration of proficient use of Microsoft Word, Excel, Outlook and PowerPoint.
- Excellent written and oral communication skills, including public speaking.
- Strong attention to detail.
- Ability to multitask and meet multiple deadlines.

In order to be considered for the position, please email the following information by July 31, 2015 to: Human Resources at HR@theaidsinstitute.org

- Cover letter and resume preferably attached as one document in Microsoft WORD or PDF format.
- Subject line of email must read: Sr. Policy Associate - Hepatitis C - "Applicants First and Last Name"
- No telephone calls please.

For more information: [Click here](#)

Manager, Prevention/Health Systems Integration - NASTAD

Organization: National Alliance of State and Territorial AIDS Directors (NASTAD)
Location: Washington, DC
App. Deadline: Saturday, August 22, 2015

Purpose and General Description

The Manager, Prevention/Health Systems Integration, as part of NASTAD's Prevention and Health Systems Integration teams, plays a key role in expanding the organization's capacity to support health departments' implementation of [High Impact Prevention programs](#). The position recommends and facilitates action steps in order to execute NASTAD's Capacity Building Assistance (CBA) program to modernize health department programming in order to implement several of the required elements of the [Centers for Disease Control and Prevention's \(CDC\) PS12-1201 Comprehensive HIV Prevention for Health Departments](#) as well as the [National HIV/AIDS Strategy](#).

The position will be responsible for managing activities related to prevention with HIV-positive persons; [Data to Care](#); and coordinating CBA efforts across NASTAD's Prevention and Health Systems Integration teams. The ideal candidate will also possess a working knowledge of health care systems, including public and private insurance coverage, health policy, and health care finance and have experience providing technical assistance to health departments in these areas.

The Manager, Prevention/Health Systems Integration will be a self-starter with excellent writing, presentation, and training/facilitation skills, and will be able to develop and execute new projects working with minimal direction in a timely manner. The position falls within a matrix management structure, and the Manager, Prevention/Health Systems Integration, must demonstrate flexibility and ability to work across teams and effectively communicate with multiple program leads.

Essential Functions

- Manage, with input from the Associate Director, CBA and the Director, Health Systems Integration, key activities under NASTAD's Manager, Prevention/HSI Cooperative Agreements with CDC/Division of HIV/AIDS Prevention (DHAP)
- Develop and implement, with input from the Associate Director, CBA, a comprehensive CBA program for health departments which supports them in modernizing their programs related to HIV-positive persons, Data to Care, and new financing opportunities for HIV prevention services
- Coordinate aspects of NASTAD's distance learning environment using Blackboard
- Represent NASTAD in various meetings with federal and national partners and other stakeholders
- Attend and represent NASTAD at conferences and participate in relevant external meetings
- Interact with, and respond in a timely manner to, the needs of health department staff members
- Perform other duties as assigned

Minimum Requirements

Skills/Knowledge

- Demonstrated knowledge and experience in health department HIV prevention programming,

particularly HIV testing in clinical/non-clinical settings, partner services, interventions for prevention with positive persons, structural/policy level interventions, Data to Care, etc.

- Demonstrated expertise in public health (or a related field)
- Demonstrated knowledge of the Affordable Care Act and impact of health reform on health department HIV and hepatitis programs, including integration of third party billing and reimbursement
- Demonstrated experience in curricula development and facilitation
- Demonstrated experience using Blackboard or other distance learning platforms
- Excellent written, training and oral communication skills
- Ability to lead and work in teams

Experience/Education

- Bachelor degree or higher in public health, public policy or related fields or qualifying experience
- Minimum of three years of progressively responsible work related to health department HIV prevention programs and policies

Visual Acuity, Hearing and Speaking

- Excellent verbal and written command of the English language
- Ability to speak and write Spanish preferred, but not required

Environment and Scheduling

- Interest in working in an HIV and hepatitis public health organization
- Interest in working within a diverse work environment
- Willing to travel as needed (approximately 15% of time)

Employer's Statement and Rights

This job posting does not list all the duties of the position. You may be asked by supervisors or managers to perform other duties. You will be evaluated in part based upon your performance of the tasks listed in a job description based on this posting that will be given at time of hire.

The employer has the right to revise a job description at any time. The job description is not a contract for employment, and either you or the employer may terminate employment at any time, for any lawful reason.

How to Apply

Qualified candidates should apply by email to HumanResources@NASTAD.org. The subject line must read **"Manager, Prevention/HSI"** only; a cover letter and résumé should be attached (Word or PDF). Submissions which do not follow the above instructions will not be considered as applicants.

Due to the high volume of résumés submitted, only those selected for an interview will be contacted. NO PHONE CALLS in reference to this position will be accepted.

For more information: [Click here](#)

Aaron Kavanaugh

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