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California Stories

San Francisco Dedicates More Money to End HIV

April Dembosky, KQED | 10.29

San Francisco is putting up another \$1.2 million in its fight against HIV and to further its goal of becoming the first city in the world to reduce its number of new HIV infections and deaths to zero.

Other cities have signed on to meet the challenge by 2030. But San Francisco believes it has the strategy to meet the goal before then.

“If anyone can do it, San Francisco can do it,” said Supervisor David Campos.

The city is relying heavily on two initiatives.

The first is getting people with HIV into antiretroviral treatment much faster, sometimes the same day they’re diagnosed. These medications reduce the level of HIV in the blood, making it harder to transmit.

The second is expanding use of the HIV prevention pill, Truvada. This has been somewhat controversial. A recent Kaiser study found that some men who took the drug used condoms less and contracted other sexually transmitted diseases. But none got HIV.

Other studies show the drug “could be over 90 percent effective in preventing new infections, if taken on a daily basis,” said Dr. Susan Buchbinder, director of HIV research at the city’s health department. She added there’s no reason to withhold a lifesaving preventive drug for fear of promiscuity.

“I liken it to me telling my patients that I’m not going to give them a cholesterol-lowering drug because they might eat more ice cream,” she said. “I would never do that.”

San Francisco participated in the first pilot studies for the preventive therapy, also known as Pre-Exposure Prophylaxis (PrEP), and is now a leader in its use, Buchbinder said.

Health officials from Paris and Amsterdam visited San Francisco recently to study the city’s program, in anticipation of the drug getting licensed in Europe.

“Of course, we were a city where HIV started and was discovered, and reached epidemic levels,” said Mayor Ed Lee, “but we’re also a city at the forefront of the appropriate response.”

At a time when the federal government continues to cut HIV/AIDS funding, San Francisco consistently backfills the loss, Lee said.

But other counties in California haven’t. In Fresno, for example, HIV infection rates have gone up as funding has been cut. In 2011, new cases of HIV spiked 73 percent over the county’s previous five-year average. Annual rates dipped slightly after that, then went up again last year.

In total, San Francisco spends \$54 million on HIV prevention and care each year. In addition to the \$1.2 million the city dedicated to the effort from its own coffers this week, the MAC AIDS Fund, a philanthropic arm of the MAC cosmetics company, gave another \$500,000 to the city.

Most of the new funding will go toward hiring more patient navigators, who will help patients sign up for health insurance, find a clinic to get care or find resources to help pay for the prevention drugs — the Truvada daily pill can cost more than \$1,000 a month.

The city will focus a lot of its outreach on young men and men of color, who are disproportionately affected by HIV. African-American gay men have the highest rate of new diagnoses.

Johanna Brown, a black transgender woman living with AIDS, remembers how difficult life was after she got her diagnosis.

“I lost my job, I lost my apartment, I got on drugs real heavy,” she said. “I lost my self-esteem, got disconnected from my family.”

She came to San Francisco in 2011 and found the API Wellness Center, where she got a new doctor, therapist and case manager. They helped her get treatment, housing and a job. They also have a special support program for transgender people living with HIV and AIDS.

“There, we as girls get to come together, we get to socialize within ourselves, but we get to learn about our disease,” she said. “We don’t have to be worried about stigma, being judged, people pointing fingers at us. So we live a healthier life.”

Today, Brown’s T-cell count is good, and the virus is undetectable in her blood.

“I’m not dying,” she said. “I’m going to live a long life.”

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

National Stories

Study examines bacterial susceptibility to antibiotics used to treat gonorrhea

As reported by Science Daily | 11.3

Although gonorrhea susceptibility to the antibiotic cefixime has been improving in recent years, suggesting a halt of a drift towards antibiotic resistance, data for 2014 indicates a worsening of susceptibility, according to a study in the November 3 issue of JAMA.

Gonorrhea is a common sexually transmitted disease that, if untreated, can cause a number of reproductive and general health complications. Treatments for gonorrhea have been repeatedly jeopardized by antimicrobial resistance. To ensure effective treatment, the U.S. Centers for Disease Control and Prevention (CDC) periodically updates guidelines based on resistance trends. Following declining cephalosporin susceptibility in several countries, the CDC updated its treatment recommendation in 2010 from single-dose cephalosporin (injectable ceftriaxone or oral cefixime) to a higher dose of ceftriaxone or cefixime plus a second antimicrobial. In 2012, the CDC again updated treatment guidelines and recommended ceftriaxone-based combination therapy as the single recommended therapy.

Robert D. Kirkcaldy, M.D., M.P.H., of the CDC, Atlanta, and colleagues examined recent gonorrhea susceptibility trends (when antibiotics are effective at killing or stopping the growth of a certain bacteria in the laboratory, the bacteria is known as susceptible to antibiotics) to third generation cephalosporin antibiotics (injectable ceftriaxone or oral cefixime). The researchers analyzed data from the CDC's Gonococcal Isolate Surveillance Project, a system that monitors antimicrobial susceptibility in urethral

(opening through which urine is discharged) isolates from men with gonorrhea treated at U.S. public clinics for sexually transmitted disease.

During 2006-2014, 51,144 isolates were collected in 34 cities. The percentage of participants treated with 250 mg of ceftriaxone intramuscularly increased from 8.7 percent in 2006 to 96.6 percent in 2014. The percentage of isolates with reduced cefixime susceptibility increased from 0.1 percent in 2006 to 1.4 percent in 2011, and then declined to 0.4 percent in 2013. In 2014, the percentage of resistant isolates increased to 0.8 percent.

"Although this improvement in susceptibility appears temporally correlated with treatment guideline changes, we cannot establish a causal relationship," the authors write. "The 2014 data, however, suggest that improvements in susceptibility may be short-lived."

"The increased prevalence of reduced cefixime susceptibility in 2014 highlights the need to maintain surveillance, search for new therapeutics, and ensure that gonorrhea is treated according to the CDC's guidelines."

Journal Reference:

Robert D. Kirkcaldy, Edward W. Hook, Olusegun O. Soge, Carlos del Rio, Grace Kubin, Jonathan M. Zenilman, John R. Papp. **Trends in Neisseria gonorrhoeae Susceptibility to Cephalosporins in the United States, 2006-2014.** *JAMA*, 2015; 314 (17): 1869 DOI: [10.1001/jama.2015.10347](https://doi.org/10.1001/jama.2015.10347)

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

More Than Half The World Has Herpes, WHO Reports

Lydia O'Connor, Huffington Post | 10.28

More than half the world's population carries the herpes simplex virus commonly known as oral herpes, a new report from the World Health Organization found.

The study, published Wednesday in the journal PLOS ONE, reports that 3.7 billion people under age 50 carry the type 1 (HSV-1) virus, which is primarily transmitted through mouth-to-mouth contact and usually manifests as cold sores. That amounts to two-thirds of the world's population in that age group.

Herpes simplex virus type 2 (HSV-2) is nearly always transmitted through skin-to-skin contact and commonly causes genital herpes. WHO notes that the new estimates show that HSV-1 also is a notable cause of genital herpes when transmitted through oral sex.

"Access to education and information on both types of herpes and sexually transmitted infections is critical to protect young people's health before they become sexually active," Dr. Marleen Temmerman, director of WHO's Department of Reproductive Health and Research, said in a statement. "The new estimates highlight the crucial need for countries to improve data collection for both HSV types and sexually transmitted infections in general."

The study broke down HSV-1 by region, showing the most infections in Africa:

Estimates for HSV-1 prevalence by region among people aged 0-49 in 2012

- Americas: 178 million women (49%), 142 million men (39%)
- Africa: 350 million women (87%), 355 million men (87%)
- Eastern Mediterranean: 188 million women (75%), 202 million men (75%)
- Europe: 207 million women (69%), 187 million men (61%)
- South-East Asia: 432 million women (59%), 458 million men (58%)
- Western Pacific: 488 million women (74%), 521 million men (73%)

Estimates of new HSV-1 infections among people aged 0-49 in 2012

- Americas: 6 million women, 5 million men
- Africa: 17 million women, 18 million men
- Eastern Mediterranean: 6 million women, 7 million men
- Europe: 5 million women, 5 million men
- South-East Asia: 13 million women, 14 million men
- Western Pacific: 11 million women, 12 million men

Neither type of herpes is fatal, except in very rare circumstances, but they can be damaging to mental well-being, relationships and physical comfort. WHO says it's determined to find relief for those who have the viruses.

"Given the lack of a permanent and curative treatment for both HSV-1 and HSV-2, WHO and partners are working to accelerate development of HSV vaccines and topical microbicides, which will have a crucial role in preventing these infections in the future," the report says. "Several candidate vaccines and microbicides are currently being studied."

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

Truvada Study Yields Surprising STI Finding

Maggie Callahan, ForMen.com, as reported by Yahoo! Health | 10.27

Experts are both optimistic and troubled following Kaiser Permanente's recent successful study surrounding the HIV prevention drug Truvada.

During the 32-month study, Truvada was found to be 100 percent effective in preventing diagnoses of HIV among 657 people, all but four of whom were men who had sex with men.

Cases of other sexually transmitted infections, however, were a different story: 187 of the participants were diagnosed with 344 cases of other sexually transmitted infections, including syphilis, gonorrhea, and chlamydia.

"Without a control group, we don't know whether the high rates of STIs in our study were higher than what we would have seen without (Truvada)," said Julia L. Marcus, PhD, MPH, a co-author of the study and principal investigator of the grant that funded the work. "Some patients reported decreased condom use, but there were reported decreases in condom use in the community prior to the introduction of (Truvada)."

A combination of two antiretroviral drugs, Truvada has been used in HIV treatment for more than a decade. The Food and Drug Administration approved its use as a preventive measure, or PrEP (for pre-

exposure prophylaxis), in 2012. Truvada is the only drug FDA-approved to prevent HIV, but other HIV medications are being studied for pre-exposure uses.

While the Truvada study is encouraging about a future free of HIV, it highlights the need for more safe sex education regarding other STIs. Justin Lehmillier, a social psychologist at Ball State University and author of the blog *Sex and Psychology*, said he becomes concerned when people seem nonchalant about sexually transmitted diseases other than HIV.

“We’re in an era when infections are becoming more resistant to antibiotics and other treatments,” he said. “For example, gonorrhea. It won’t be long before we don’t have any defenses left for this infection. The way I see it is that Truvada is a backup in the case that condom fails.”

According to the Centers for Disease Control and Prevention, the number of new cases of HIV every year is relatively stable, at about 50,000 new infections. The rates of other STDs, such as gonorrhea, are on the rise. Syphilis rates are also creeping up, especially for gay and bisexual men. With these numbers in mind, the CDC stresses the importance of ongoing condom use.

First author of the Kaiser study, Jonathan Volk, MD, MPH, echoes Lehmillier’s sentiment, warning that no method is foolproof and that Truvada “is one more tool, one more option to prevent the transmission of HIV.”

While most Truvada users are men who have sex with men, the study underscored the importance of the drug for other high-risk individuals, including people with an HIV-positive partner and people who engage in sexual activity with sex workers, IV drug users, or those incarcerated, among others.

Bobby Dempsey, 28, started taking Truvada three months ago.

“It seemed silly not to, as a single gay guy,” Dempsey, who lives in Columbus, Ohio, said. “I honestly look at it exactly like birth control. I try to be as safe as possible, but slip-ups will always happen. I want to do everything I can to keep myself safe.”

Robert Weiss, LCSW, CSAT-S, the senior vice president of clinical development for Elements Behavioral Health, said it’s difficult to make good decisions in the heat of the moment, so Truvada is an ideal backup in those spontaneous cases or when a condom breaks.

“Nobody can predict how they are going to act when they are in an extremely passionate, distracting situation,” said Weiss. “What a great opportunity to ensure your health.”

Jermaine Holliway, a 34-year-old single man living in Manhattan, said he has plans to ask at an upcoming doctor’s appointment about PrEP as a potential tool in his safe-sex arsenal

“I’m not going in with the misconception that I can’t catch anything else,” he said. “It’s just one more thing I want to be precautious with. There are times when there are lapses in judgment – I’m not going to lie. It’s behavior that happens anywhere, this would just be with less of a guilty conscious.”

Even if PrEP were to decrease condom use, sex experts are confident that PrEP will not make users more promiscuous. This has been a common concern since Truvada was approved for prevention, with the label “Truvada Whore” directed at users.

“I don’t think it’s going to encourage people to have casual sex who are not already doing it,” Lehmiller said. “People are not going to have casual sex based on whether or not they are going to get HIV.”

Wendy Walsh, a psychologist known as “America’s Relationship Expert,” agrees, giving the example that sex education and condom distribution in schools does not lead to more sex.

“It’s not going to put someone who has another way of thinking over the edge,” Walsh said. Each person has their own attachment style, like preferring serial or engaging in casual hookups, and this isn’t likely to change because of lessened HIV fear, she said.

Regardless, it will be awhile before Truvada is widely accessible. Although many large insurers do cover costs of the drug, it is incredibly expensive for the uninsured – over \$1,000 a month. Gilead, the maker of the drug, does offer a co-pay program.

Others have reported having trouble finding a prescribing doctor. Dempsey said he sidestepped this problem by seeing an infectious disease doctor who was willing to give him a prescription.

Volk said that anyone having trouble finding a prescribing doctor should turn to friends or other members of the community for referrals.

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

Does Truvada as PrEP Stunt Bone Growth in Young Men?

As reported by aidsmeds.com | 10.28

At a time when their bone mineral density (BMD) would normally increase, young men taking Truvada (tenofovir/emtricitabine) as pre-exposure prophylaxis (PrEP) against HIV in a recent study saw their levels decline, raising concerns that they may experience fragility later in life. Researchers conducted an analysis of bone density changes among 18-to-22-year-old gay male participants in the ATN open-label demonstration project of PrEP. Findings were presented at the 15th European AIDS Conference and the 17th International Workshop on Comorbidities and Adverse Reactions in HIV.

BMD typically peaks at about age 20 and gradually drops thereafter. This peak level helps predict the risk of bone fractures in the future.

The demonstration project included 200 at-risk men in 12 U.S. cities. They had a median age of 20. About half were black and a quarter Latino. They were offered daily Truvada for 48 weeks.

For this bone substudy, participants were given scans of the hip, spine and whole body at the beginning, middle and end of the 48-week period. Four of the participants contracted HIV during the trial and were excluded from this analysis.

On the whole, the participants had lower-than-normal BMD at the outset of the study, a phenomenon seen in other studies of high-risk HIV-negative men. A total of 8.1 percent of the participants started the study with spine BMD below the threshold for low bone mass, 6.1 percent had low hip BMD and 3.7 percent had low body BMD.

Participants whose tests showed they were taking Truvada consistently enough for high protection against HIV (on the whole, adherence was very poor) had 0.5 percent loss of spine BMD at the study midpoint and a loss of 1.5 percent at the end of the study. Meanwhile, those who were not apparently taking any Truvada experienced an increase in their BMD by about the same factors. Those with highly protected Truvada levels experienced smaller drops in their hip BMD, while those with undetectable levels of the drug did not see a change in their hip BMD. There was no apparent difference in bone loss between those apparently taking four pills of Truvada a week compared with those taking seven pills.

Five men experienced bone fractures during the study, all of them as a result of trauma. None of them had low bone mass.

The researchers concluded, "Although the BMD losses were generally modest, their occurrence before attainment of peak bone mass in young men who already have low bone mass may increase their risk of fragility in adulthood."

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

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

New immunotherapy treatment may clear cancer-causing HPV infections faster

As reported by Science Daily | 10.30

Cervical cancer is the fourth most frequently occurring cancer in women. Human papillomavirus (HPV) is present in 99 percent of cervical cancers and is considered to be their cause. While most HPV infections will clear naturally within a few years, there has been no treatment available to hasten or improve the chance of natural eradication.

A new therapeutic vaccine, GTL001, developed by Gentcel to clear HPV strains 16 and 18 -- the types most likely to cause cancer -- is being evaluated for safety in a Phase I clinical trial at the University of Louisville. Unlike prophylactic vaccines, which prevent diseases, therapeutic vaccines fight diseases after an individual is infected in a process known as immunotherapy. Physicians at UofL are seeking women with these infections to participate.

Although HPV infections are detected in a Pap smear, there has been no standard treatment to eradicate an infection other than hoping it will clear naturally and monitoring for the development of precancerous lesions. Thus, finding a treatment for HPV will be an important step in preventing cancer. Prophylactic vaccines can prevent some HPV infections, but they are not effective against existing infections.

"While prophylactic vaccines such as Gardasil® are available for those who choose to use them, many women are not choosing to be vaccinated. In addition, most of the women in our population are older than the vaccine movement, so they may not have had the vaccine and may have acquired HPV infections," said Diane Harper, M.D., M.P.H., M.S., chair of the Department of Family and Geriatric Medicine at UofL and a professor of obstetrics and gynecology.

Women age 25-65 who have been diagnosed with HPV 16 or HPV 18 are needed to participate in a small Phase I tolerability clinical trial of GTL001 with only a three-month follow-up period. Participants must not have high-grade lesions (HSIL) as determined by Pap smear. In addition, participants must not have received an HPV vaccine and must not be pregnant or breastfeeding.

Participants in the study will receive two injections at six-week intervals, as well as various tests and assessments. All study-related visits, tests and medications will be provided at no cost. In addition, participants may be reimbursed for travel expenses.

Participants will be enrolled through early 2016. Current trial locations include Louisville, Philadelphia and Columbus, Ohio.

Women who would like to participate in the trial may contact Angela Siegwald at angela.siegwald@louisville.edu or 502-852-2043.

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

HIV Prophylaxis Endorsed in Europe, but Faces Challenges

Marcia Frellick, Medscape Medical News | 10.25

Preexposure prophylaxis (PreP) for HIV was endorsed for high-risk populations in new guidelines issued Thursday by the European AIDS Clinical Society, but there are significant barriers to widespread use, experts said here at the 15th European AIDS Conference.

First is that preventative use is not licensed by the European Medicines Agency, which approves medicines for different labels, said Tamás Bereczky, communications officer for the European AIDS Treatment Group in Budapest, Hungary.

"It causes us a lot of trouble because doctors increasingly prescribe PreP, but all of that is off-label use. The label only permits use for patients with HIV, and not without," Bereczky told Medscape Medical News.

As a consequence, he said, people often order generic versions online from India or China.

Financing, Access, and Education

Financing also poses several challenges, said Anastasia Pharris, PhD, an HIV expert from the European Centre for Disease Prevention and Control in Stockholm, Sweden.

Many countries in Europe have national health systems, but they are far from uniform, she explained. Some are completely national, some are a mix of government-run and health insurance–based systems, and some have a mix of private insurance and out-of-pocket expenses.

Europe also struggles with the bridge between PreP as a medicine delivered by clinicians and PreP as a prevention tool, she said. Prevention in Europe is often organized by nongovernmental organizations and national public health institutes.

"We haven't always been good about collaborating across the clinical and public health side. That needs to happen. We need to look at it as a comprehensive package," said Dr Pharris.

In the United Kingdom, Genitourinary Medicine and Sexually Transmitted Infections clinics are strong, she said, but networks are not as strong throughout Europe.

Infectious disease clinics could be another possible setting for the distribution of PreP, but they currently do not see patients who are HIV-negative, so this would involve a change, said Dr Pharris.

In addition, for PreP to be prescribed in a primary care setting, primary care physicians would have to familiarize themselves with antiretrovirals, "which is not always something they are comfortable with," she said.

As well, many people in Europe who could use PreP do not know it exists, she added. Therefore, education is key in coming years.

Implementing PreP in drug treatment centers could help reach the population that injects drugs, which has been fueling a rise in HIV, particularly in Eastern Europe.

Sheena McCormack, MD, a clinical epidemiologist with Chelsea and Westminster Hospital in London, United Kingdom, told attendees here that it is important to get the message across that PreP is not for life, unlike antiretroviral therapy.

"It buys time for behavior to change," she said. "And in that time, a person doesn't have to catch HIV."

Providing PreP to high-risk people is easy, she said, because they are already accessing HIV and sexually transmitted infection services, even in countries where access is difficult and they have to make copayments.

Moral Objections

In some parts of Europe, PreP is stalled by moral objections, said Berezcky.

"Harm reduction is not even something you can talk about in Russia," he explained. "If you organize educational campaigns for men having sex with men, you may end up in prison because you're either labeled a foreign agent or you're labeled a person promoting homosexuality, and in Russia, that's a reason to be put in prison."

An important next step, he said, is disseminating scientifically sound, understandable information to the people who use drugs, men having sex with men, and women in situations where they likely will be exposed to HIV.

"We have to target information to make sure people know that you can live with HIV, and that you can stop HIV [transmission] by taking medication and protecting yourself," he said.

Mr Berezcky and Dr Pharris have disclosed no relevant financial relationships. Dr McCormack has received support from Gilead Sciences.

15th European AIDS Conference. Presented October 22, 2015.

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

Scientific Papers/Conference Abstracts

Defining Success: Insights From a Random Assignment, Multisite Study of Implementing HIV Prevention, Testing, and Linkage to Care in U.S. Jails and Prisons

Mitchell SG, Willett J, Swan H, et al. *AIDS Education and Prevention* 2015;27(5):432-445

Abstract:

In the emerging field of implementation science, measuring the extent to which a new or modified healthcare program or practice is successfully implemented following an intervention is a critical component in understanding how evidence-based treatments become part of regular practice. This paper is intended to expand our understanding of factors that influence the successful adoption of new or modified HIV services in correctional settings. The nine-site project developed and directed an organization-level intervention designed to implement improvements in preventing, detecting, and treating HIV for persons under correctional supervision. Using semi-structured interviews to elicit perceptions from Senior Researchers and Executive Sponsors at each of the nine sites, this paper presents their views and observations regarding the success of the experimental intervention in their criminal justice setting. Within the areas of focus for implementation (either HIV prevention, testing, or linkage to community treatment) the complexity of programmatic needs was very influential with regards to perceptions of success. An organization's pre-existing characteristics, staffing, funding, and interorganizational relationships contributed to either the ease or difficulty of programmatic implementation. Results are discussed pertaining to furthering our understanding of why new or modified healthcare interventions achieve success, including whether the intervention is a modification of existing practice or is a new intervention, and the choice of implementation strategy.

View the paper online: [Abstract](#)

Desire to father a child and condom use: a study of young black men at risk of sexually transmitted infections

Crosby RA, Graham CA, Milhausen RR, et al. *Int J STD AIDS* 2015;26(13):941-944

Abstract:

To determine whether men's reported desire to father a child or their perception that someone wanted to have their child was associated with elevated rates of unprotected vaginal sex, we studied a sample of young Black men at high risk of sexually transmitted infection acquisition. Data were collected in clinics treating sexually transmitted infections in three southern U.S. cities. Men 15–23 years of age who identified as Black/African American and reported recent (past two months) penile–vaginal sex were eligible (N = 578). Logistic regression was used to examine whether desire to conceive a child (self and perception of partners' desire) predicted condom use, adjusting for age and whether they had previously impregnated someone. Their own level of desire to conceive a child was not significantly

associated with unprotected vaginal sex or the proportion of times a condom was used. However, those who perceived higher level of someone wanting to conceive their child were 1.73 times more likely to report unprotected vaginal sex ($P = .006$) and 1.62 times more likely to report a lower proportion of times condoms were used ($P = .019$). Young Black men attending sexually transmitted infection clinics in the USA may forego condom use based on a perceived desire of their partners to become pregnant, putting themselves at risk for sexually transmitted infection acquisition and unplanned pregnancy. Findings provide initial support for the relevance of the idea that perceptions of women partners' desire to conceive may be a critical determinant of condomless sex.

View the paper online: [Abstract](#)

Factors associated with hepatitis B vaccination among men who have sex with men: a systematic review of published research

Vet R, deWit JBF, Das E. *Int J STD AIDS* 2015; [Epub ahead of print]

Abstract:

This systematic review identified and synthesised evidence from published research regarding personal and environmental factors associated with hepatitis B virus (HBV) vaccination uptake among gay men and other men who have sex with men (MSM) in low prevalence, high-income countries. A systematic literature search identified 18 eligible papers that addressed factors potentially associated with HBV vaccination uptake among MSM, of which 16 reported research conducted in the US. Studies assessed possible associations between HBV vaccination among MSM and socio-demographic characteristics, behavioural and social-cognitive factors and indicators of health service access. Converging evidence was found for associations between HBV vaccination and younger age, gay self-identification, and not using alcohol and drugs; evidence suggests a lack of association between HBV vaccination and ethnicity. There was converging evidence for associations between HBV vaccination and social-cognitive factors, in particular knowledge, perceived vulnerability and perceived severity regarding HBV infection, and perceived barriers to HBV vaccination. Evidence further supported associations between HBV vaccination and indicators of health service access. While research regarding factors associated with HBV vaccination among MSM remains limited, the identified correlates of HBV vaccination among MSM provide important guidance for the development of health promotion interventions to effectively increase coverage of HBV vaccination among MSM.

View the paper online: [Abstract](#)

Reduced Sexual Risk Behaviors Among Young Men of Color Who Have Sex with Men: Findings from the Community-Based Organization Behavioral Outcomes of Many Men, Many Voices (CBOP-3MV) Project

Stein R, Shapatava E, Williams W, et al. *Prevention Science* 2015;16(8):1147-1158

Abstract:

In 2006, the Centers for Disease Control and Prevention (CDC) funded community-based organizations (CBOs) to deliver Many Men, Many Voices (3MV) to young men of color who have sex with men. Although 3MV, a group-level behavioral intervention designed to reduce human immunodeficiency virus (HIV) risk behaviors of black men who have sex with men (MSM), has shown effectiveness when delivered in a controlled research environment, there is limited evidence that the intervention is

associated with similar outcomes in “real world” settings. For the current project, CDC funded three CBOs to conduct outcome monitoring of the 3MV intervention to determine if young MSM of color report changes in HIV risk behaviors postintervention. Using a repeated measures design, risk behaviors were collected at baseline and again at 3 and 6 months postintervention. Changes in risk behaviors were assessed using generalized estimating equations. Participants (n = 337) reported decreases in sexual risk behaviors at both follow-up time points, such as sex without a condom, sex without a condom and multiple partners, and sex without a condom with serodiscordant or status unknown partners. Results suggest that 3MV may be an effective tool for reducing HIV risk behaviors in this critical target population.

View the paper online: [Abstract](#)

Resources, Webinars, & Announcements

CDC NCHHSTP Atlas Updated

[Atlas](#), developed by the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), is an online, interactive tool that provides access to more than 10 years of the latest HIV, STD, TB, and viral hepatitis surveillance data available. Atlas was recently updated to include 2013 data for HIV, STDs, and TB; county-level data and origin of birth data for TB; and the ability to run advanced queries. With the new advanced query function, you can compare two or more diseases, look at data for multiple states or counties, see two or more years of data at the same time, and drill down into the data for important subpopulations. Data for more complex statistical analyses is also available for download.

New NCSO Resources

The National Coalition of STD Directors (NCSO) has released three new resources.

- [2015 CDC STD Treatment Guidelines Wall Chart](#) - A summary chart of the updated treatment guidelines is now available. This at-hand reference document can help educate and ensure that all providers are giving patients the most effective, and up-to-date treatment for STDs.
 - [Expedited Partner Therapy: Growing Policy and Practice](#) - This new customizable factsheet focuses on Expedited Partner Therapy (EPT) state policy, and contains a section for localities to include local information. This factsheet highlights how the practice of EPT has expanded across the country in the nine years since the CDC first supported the practice. It is designed to be used not only to educate policymakers regarding legal barriers to EPT, but also educate providers on the practice of EPT.
 - [2014 STD and HIV Legislative Highlights and Analysis](#) - As part of an effort to educate policymakers and the public about STD and HIV policy, the NCSO state policy team tracks and compiles STD-related bills as they move through state legislatures across the country. This report contains analysis of several legislative highlights from the 2014 sessions and a round-up all STD-related introduced legislation from 2014.
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Bedsider Now Available in Spanish

Bedsider, an online birth control support network for women 18-29 operated by [The National Campaign to Prevent Teen and Unplanned Pregnancy](#), is now available in [Spanish](#). Bedsider aims to help women find the method of birth control that's right for them, learn how to use it consistently and effectively, and better manage their birth control. Take a look and please share it with Spanish-speaking friends, patients, and colleagues.

CCFC Webinars Archived

The Cervical Cancer-Free Coalition (CCFC) held two webinars in the past two months on provider interventions to increase HPV vaccination in the US. "[A Successful Quality Improvement Example](#)" presented by Dr. Alix Casler on September 3, 2015, and "[Understanding HPV Vaccination Successes in North Carolina](#)" presented by Dr. Noel Brewer, Jenny Myers and Beth Meadows, Dr. Melissa Gilkey, Dr. Joan Cates, and Elizabeth Hudgins on October 1, 2015, are both archived and available online on CCFC's YouTube Channel.

WEBINAR: "Clinical Aspects of Sexually Transmitted Diseases"

DATE: Nov. 9

TIME: 2:00 – 3:30 PM EDT

The Health Resources and Services Administration (HRSA) - Office of Regional Operations (ORO) in collaboration with the Centers for Disease Control and Prevention (CDC) Presents the Webcast "Clinical Aspects of Sexually Transmitted Diseases"

Monday, November 9, 2015

2:00 p.m. – 3:30 p.m., EDT

Presented By:

David Johnson,
STD Disparities Coordinator
Division of STD Prevention (NCHHSTP) CDC

Dr. Paul R. Bloomquist
Indian Health Services, Phoenix AZ

Facilitated By:

Margarita Figueroa González, MD, MPH
Clinical Consultant, HRSA Office of Regional Operations

Join the Webcast and view the presentation online by clicking here:

<http://services.choruscall.com/links/hrsa151109.html>

Objective

The purpose of this Webcast is to describe relevant clinical aspects of the most prevalent sexually transmitted diseases impacting tribal communities today. In addition, this Webcast will present and

discuss best methods for delivering culturally competent treatment and education services to affected tribal members.

Target Audience

Primary care providers – along with other public health staff and stakeholders – are invited to participate in this Webcast. There will be an opportunity for questions and answers during and after the presentations.

We recommend that you please listen to the webinar “Overview of STDs in Tribal Communities” prior to the Webcast by accessing this link <https://hrsa.connectsolutions.com/p494tcwtg0d/>

For more information, please contact Margarita Figueroa González at (301) 443-1380 mfiguero@hrsa.gov

For more information: [Click here](#)

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