

[STD Update] FYI 11-5: Adult film industry set to fight CA regulations on condoms and eyewear, Long-acting injectable HIV treatment shows promise in early study results, Gonorrhea susceptibility to cephalosporins increases in US, 5 papers, 1 FOA, more.

California Stories

Adult film industry set to fight California regulations on condoms, eyewear on sets

California Rural Indian Health Board (CRIHB) Receives \$1.4m Grant to Prevent and Reduce the Onset of Substance Abuse and Transmission of HIV/AIDS and Viral Hepatitis

California Sees Largest Drop in Number of Uninsured Children

National Stories

General public correctly administers, interprets HIV self-test

Long-Acting Injectable HIV Treatment Shows Promise in Early Study Results

Gonorrhea susceptibility to cephalosporins increases in US

The Sex Talk Reduces Risky Sexual Behavior Among Teens And Increases Their Use Of Condoms, Contraceptives

IPM Initiates First Trial of Novel HIV Prevention Drug for Women

Imprimis Pharmaceuticals announces low-cost Daraprim alternative

Scientific Papers/Conference Abstracts

Brief Report: Gonorrhea and Chlamydia Testing Increasing but Still Lagging in HIV Clinics in the United States

A systematic review of syphilis serological treatment outcomes in HIV-infected and HIV-uninfected persons: rethinking the significance of serological non-responsiveness and the serofast state after therapy

Human Papillomavirus Vaccination Coverage Among Female Adolescents in Managed Care Plans — United States, 2013

Integrating Antiretroviral Strategies for Human Immunodeficiency Virus Prevention: Post- and Pre-Exposure Prophylaxis and Early Treatment

Comparing Cost-Effectiveness of HIV Testing Strategies: Targeted and Routine Testing in Washington, DC

Resources, Webinars, & Announcements

2016 STD Prevention Conference: Upcoming Dates and Reminders

Your Health is Your Power Campaign

Hepatitis C in Corrections – A New Resource for Incarcerated People

Final Guidance: HIV-1 Infection: Developing Antiretroviral Drugs for Treatment

FOA: Hepatitis C Testing & Linkages to Care Funding Opportunity (Request for Applications)

WEBINAR: Building Leadership in Black Gay Communities: A Candid Conversation on What We Need to Change

California Stories

Adult film industry set to fight California regulations on condoms, eyewear on sets

Susan Abrams, Los Angeles Daily News | 11.2

A San Fernando Valley based trade organization that represents the adult film industry plans to continue to fight against California safety standards that mandate condoms and eyewear for actors on all p*rn sets next year.

The Free Speech Coalition has until the end of today to file a formal response to the set of standards updated by California's Division of Occupational Safety and Health.

During a public hearing held in San Diego in May, adult film performers and their supporters said the 21-page report had gone too far in its effort to protect actors from bloodborne pathogens and other bodily fluids, including the use of "personal protective equipment" for eyes.

The safety standards were updated after five years of public hearings and debates but adult film performers said the newer set of regulations would make sex scenes look like medical dramas.

"This isn't regulation, this is a complete shut down of adult production," said Diane Duke, CEO of the Free Speech Coalition. "Asking adult performers to wear goggles is up there with asking ballerinas to wear boots. It does not only not match the threat, it effectively prohibits production in California."

The set of standards must still go through another board hearing, likely in February, followed by more Cal/OSHA board discussions.

"If the Board adopts the proposed changes in February, the Office of Administrative Law would have until early April to approve the changes and file them with the Secretary of State, with the new regulations becoming effective July 1, 2016," said Cal/OSHA spokesman Peter Melton.

The dispute over safety standards is part of a long debate about condom use between AIDS Healthcare Foundation and the adult film industry. In 2012, AHF supported and saw passage of Measure B, a Los Angeles County law that makes condoms mandatory on all adult film shoots, saying that performers deserve to be protected while working. But the organization is also working to get a statewide measure on next year's ballot to strengthen mandates under Cal/OSHA.

Many performers and executives continue to say that tougher regulations would simply drive the multibillion-dollar industry, which continues to run production companies in the San Fernando Valley, underground. The Free Speech Coalition has said the testing protocols for sexually transmitted diseases are effective.

On most sites, performers are tested every 14 days and are not supposed to work until they receive a clean bill of health. The industry also has said that while condoms are available if requested, using them is impractical because they break and they ruin the aesthetics of sexual fantasy.

The AHF has said four performers have contracted HIV on California sets since the regulations were last updated. The Free Speech Coalition has disputed that figure.

Earlier this year, there had been reports that the adult film industry had moved to Nevada, but state officials there have said they are considering enforcing the same regulations required of sex workers in brothels on the p*rn production.

The advisory committee assigned to composing the new Cal/OSHA regulations have said they don't believe the industry will leave the Golden State.

In September, AHF said it had collected enough signatures for a statewide ballot measure that, if approved by voters in November, 2016, would enforce condom use on adult film sets in California.

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

California Rural Indian Health Board (CRIHB) Receives \$1.4m Grant to Prevent and Reduce the Onset of Substance Abuse and Transmission of HIV/AIDS and Viral Hepatitis

Press release, PR.com | 10.29

California Rural Indian Health Board (CRIHB), a non-profit organization committed to elevating and promoting the health status and social conditions of the Indian People of California, was recently awarded a \$1.4m grant through the Substance Abuse and Mental Health Service Administration to implement a Capacity Building Initiative for Substance Abuse (SA), HIV and Viral Hepatitis (VH) Prevention Services for At-Risk AIAN Youth and Young Adults.

This 5-year program, which started on September 30, 2015, is focused on increasing community capacity to provide SA, HIV and VH prevention services, increasing knowledge about SA, HIV and VH, increasing the number of AIAN's tested and/or referred for SA or HIV and VH services and decreasing substance use. The program is focused on the development of effective substance abuse and HIV prevention strategies through collaborative partnerships among tribal health programs, tribal organizations, state/local health departments and organizations working with HIV prevention as well as alcohol and substance abuse.

Lisa Elgin, Chair of the CRIHB Board of Directors, stated, "The commitment, dedication and support of our tribes, tribal clinics and CRIHB staff is what makes it possible to reach these at-risk youth. Our dedicated staff, particularly the ones that engage with AIAN youths, are the reason this kind of program has a great chance of being successful."

Specific substance abuse and HIV prevention programming will be aimed at decreasing the risk of developing substance abuse issues and mitigating sexual risk factors among the AIAN youth population. "This joint effort is designed to combine existing testing services with education, awareness, engagement and social marketing campaigns that empower at risk AIAN youth to make informed decisions about their choices. It builds on the success of other youth outreach programs CRIHB delivers. These health programs are designed to increase awareness among AIAN youth and are a top priority for CRIHB and Tribal clinics across California," adds Dr. Mark LeBeau, CEO of CRIHB.

Mini-grant funds will be made available annually to CRIHB member Tribal Health Programs to conduct needs assessment and strategic planning in their local communities, to develop local partnerships and recruit participating youth to implement evidenced-based prevention intervention and develop local media projects. The evidenced-based prevention intervention consists of four components:

- Collect information about the community, including HIV/STD risk behaviors and influencing factors;
- Create media materials such as digital stories based on personal accounts from individuals in the targeted populations;
- Recruit and train peer advocates from the target population to distribute prevention materials and role model stories that are appropriate to the participants' stage of behavioral change;
- Develop a comprehensive health resource for Native youth, by Native youth, providing content and stories about the topics that matter most to them.

The California Rural Indian Health Board, Inc. (CRIHB) is a network of Tribal Health Programs, which are controlled and sanctioned by Indian people and their Tribal Governments. CRIHB is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California. CRIHB provides advocacy, shared resources, training and technical assistance that enhances the delivery of quality, comprehensive health related services.

For more information about CRIHB, visit www.crihb.org Press inquiries: please contact Communications Specialist, Jeff Ziegler, by email: jeff.ziegler@crihb.org or phone: 916-929-9761 (extension 2005).

For further information about CRIHB's Substance Abuse, HIV and Viral Hepatitis programs, please contact Daniel Domaguin, Behavioral Health Manager, on 916-929-9761 (extension 1516).

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

California Sees Largest Drop in Number of Uninsured Children

As reported by California Healthline | 10.29

California has seen the largest decline in the number of uninsured children since the Affordable Care Act took effect, according to a report by Georgetown University's Center for Children and Families, the Public News Service reports (Potter, Public News Service, 10/29).

The report was based on data from the U.S. Census Bureau's American Community Survey (Innes, Arizona Daily Star, 10/28). It looked at the rates of change in children's health coverage between 2013 and 2014 (Center for Children and Families report, 10/27).

National Findings

Nationally, the uninsured rate among children in 2014 reached a historic low at 6%.

According to the report, about 50% -- or 4.4 million -- of the country's uninsured children lived in six states:

- Arizona;
- California;
- Florida;
- Georgia;

- Pennsylvania; and
- Texas.

The report found that a disproportionate number of uninsured children:

- Lived in the South or in rural areas;
- Were Hispanic; and
- Were school aged (Arizona Daily Star, 10/28).

California Findings

In California, the uninsured rate among children in 2014 was 5.4% (Public News Service, 10/29). In comparison, the rate was:

- 1.5% in Massachusetts -- the lowest in the country; and
- 11.4% in Alaska -- the highest in the country.

Meanwhile, California saw the greatest change in the number of uninsured children, with a drop of about 176,000 (Waller, San Angelo Standard-Times, 10/28).

Joan Alker, co-author of the report and executive director of the Georgetown Center for Children and Families, said states that expanded their Medicaid programs -- including California -- saw the largest declines (Arizona Daily Star, 10/28).

Alker said, "People don't think about Medicaid expansion as a kids' issue, but we know from past research that covering parents results in what we call a strong 'welcome-mat' effect for kids," adding, "That means when the parent learns about their own coverage opportunity, they may learn their child is also eligible" (Public News Service, 10/29).

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

National Stories

General public correctly administers, interprets HIV self-test

Dave Muoio, Healio Infectious Disease News | 10.26

A whole blood HIV self-test was predominantly handled and interpreted correctly when used in the general public, according to data presented at the European AIDS Conference.

"In 2013, the French Health Authority approved the use of HIV self-tests in pharmacies for the general public," the researchers wrote. "This screening tool will allow an increase in the number of screenings and a reduction in the delay between infection and diagnosis, thus reducing the risk of further infections."

Previous research comparing the performance of five HIV self-test candidates demonstrated that a finger-stick whole blood assay exhibited high sensitivity and specificity. To examine the test's usability, researchers enrolled 411 adult Parisians into a multicenter cross-sectional study between April and July

2014. Participants were placed into two groups to evaluate the general public's capability to obtain a valid result (n = 264) and accurately interpret the test using a supplied chart (n = 147).

Self-tests were correctly administered by 99.2% of participants, according to the researchers, and telephone assistance was requested by 21.2%. Ninety-two percent reported the test to be easy to perform, and 93.5% did not have difficulty collecting a sufficient quantity of blood. Results were interpreted correctly by 98.1% of the second study group, with errors primarily related to tests that came back negative or indeterminate.

"The success rate of handling and interpretation of this self-test is very satisfactory, demonstrating its potential for use by the general public and its utility to increase the number of opportunities to detect HIV patients," the researchers concluded.

Reference:

Prazuck T, et al. Abstract 226. Presented at: the European AIDS Conference; Oct. 21-24, 2015; Barcelona, Spain.

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

Long-Acting Injectable HIV Treatment Shows Promise in Early Study Results

Antigone Barton, Science Speaks | 11.3

A future of HIV treatment that doesn't depend on daily dosing seemed to move a little closer today with an announcement that early findings show an injected combination of two antiretroviral medicines given monthly or every two months effective in controlling HIV among people whose virus was already suppressed. The findings come from the first 32 weeks of a study that involved more than 300 adults in the U.S., Europe and Canada, but potentially offer the hope of simplified treatment for patients worldwide in resource-limited settings where obstacles to daily treatment remain greatest.

The LATTE 2 study, which compared the outcomes of receiving injections of long-acting formulations of the antiretroviral medicines ripilvirine, from Janssen Sciences pharmaceutical company and cabotegravir, from ViiV Healthcare, to the outcomes of taking a combination three-drug daily pill, is a 96-week randomized trial to determine the potential effectiveness of long-acting HIV treatment. Of 309 adults enrolled in the study in the study, 286 were sorted into three groups after their viruses were suppressed with a daily pill — 56 participants continuing the daily pill, 115 receiving injections of ripilvirine and cabotegravir every four weeks, and 115 receiving the injections every eight weeks. Patients in all three groups achieved comparable rates of viral suppression, according to the announcement today. Of nine participants who experienced adverse reactions to treatment that caused them to withdraw from the study, six were in the group receiving monthly injections, two were in the group receiving injections every two months, and just one was in the group of participants receiving the daily pill. The most common undesirable side effect was pain at the injection site, which 93 percent of participants receiving injections reported and which caused two participants in the monthly injection group to withdraw from the study. With continued signs of efficacy the study will be followed by a larger late phase trial, to gather more data on the safety and effectiveness of long-acting injectable HIV treatment.

“Reaching resource limited settings is very much on top of the list for Janssen,” said Peter Williams, the company’s team leader for the ripilvirine side of the study. That will mean addressing some challenges, he added. Currently both drugs used in the injectable regimen need to be kept refrigerated, a challenge in both transport and storage, he noted. Further development could change that, according to the company. In addition, ensuring that vials of both drugs are available at the same time could pose a supply chain challenge, he said, “that we have to be realistic about.” The regimen, which is injected intramuscularly, will not be self-administered.

The study will continue for another 64 weeks to assess longer term outcomes, while work to initiate the next clinical trial of the regimen, which could begin in about a year, and would then continue for three years, is underway.

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

Gonorrhea susceptibility to cephalosporins increases in US

Dave Muoio, Healio Infectious Disease News | 11.4

The prevalence of cephalosporin-resistant *Neisseria gonorrhoeae* appears to have decreased from 2006 to 2014, according to recently published CDC surveillance data.

“The prevalence of reduced cefixime susceptibility declined nearly 70% between 2011 and 2013, suggesting a halting of drift toward resistance,” Robert Kirkcaldy, MD, MPH, of the CDC’s Division of STD Prevention, and colleagues wrote. “Although this improvement in susceptibility appears temporally correlated with treatment guideline changes, we cannot establish a causal relationship.”

The CDC updated its recommendation for gonorrhea treatment in 2010 from single-dose cephalosporin to intensified combination therapy with ceftriaxone or cefixime plus a second antimicrobial, and again in 2012 to recommend ceftriaxone-based combination therapy. To identify trends in susceptibility during these changes, researchers analyzed 2006-2014 data collected by the CDC’s Gonococcal Isolate Surveillance Project. Isolates collected by the sentinel system were obtained from the urethra of men with gonorrhea treated at U.S. public clinics for STDs, and categorized as having reduced susceptibility if displaying either ceftriaxone minimum inhibitory concentrations of 0.125 µg/mL or cefixime minimum inhibitory concentrations of 0.25 µg/mL. Trends in susceptibility identified by the analysis were stratified by region and reported sex of the patient’s partners.

There were 51,144 isolates collected from 34 cities, mostly in the West (36.6%) and South (32.2%). More than 28% of the isolates were drawn from men who have sex with men.

The portion of gonorrhea patients treated with 250 mg ceftriaxone injected intramuscularly increased from 8.7% to 96.6% ($P < .001$) during the study period. Reduced cefixime susceptibility was detected in 0.1% of isolates in 2006 and increased to 1.4% in 2011. Reduced susceptibility declined to 0.4% in 2013, but then rose again to 0.8% in 2014. Throughout the entire study, isolates obtained from MSM more often demonstrated reduced susceptibility than those collected from men reporting sex with women exclusively.

Although these resistance trends appeared to follow CDC guideline changes, the researchers said it would be premature to claim a direct relationship. In addition, the increase seen in 2014 may imply that improvements in halting drift toward resistance are 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," they concluded.

Journal Reference:

[Kirkcaldy RD, et al. *JAMA*. 2015;doi:10.1001/jama.2015.10347.](https://doi.org/10.1001/jama.2015.10347)

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

The Sex Talk Reduces Risky Sexual Behavior Among Teens And Increases Their Use Of Condoms, Contraceptives

Stephanie Castillo, Medical Daily | 11.3

The sex talk can be really awkward, but it is actually helpful, finds a new JAMA study published ahead of print.

Study authors cited that "risky sexual behavior among U.S. adolescents is a serious public health problem." Even though teens only make up a fourth of the population that's sexually active, they reportedly acquired half of all sexually transmitted diseases (STDs). Numbers wise, this adds up to nine million STDs, with more than 8,300 new cases of HIV each year. Given that parents' influential role on child and adolescent behavior is "widely accepted in developmental and health behavior theory," study authors set out to see how much of an impact parent-adolescent sexual communication had on teens' behavior.

Study authors conducted a detailed source of relevant articles examining the link between parent-adolescent communication about sex and safe sex practices among youth, including the use of contraceptives and condoms. They pored over more than 30 years of data collected, respectively, from 52 studies, with a total sample of 25,315 adolescents. Studies were included not only if they sampled adolescents, but also if the mean age was 18 years of younger; adolescent report of sexual communication with one or both partners; measured safe sex behavior; reported an association between communication and safe sex; and were published in English.

The authors' analysis found a significant positive association between sexual communication and practicing safe sex among youth. The "strength of this association was moderated by sex of both the parent and adolescent, with stronger effects for girls than boys and for communication with mothers versus fathers."

"The association between parent communication and adolescents' contraceptive and condom use was significantly stronger for girls than for boys," study authors explained. "This finding is consistent with past work showing that parents communicate more frequently with girls and are more likely to stress the negative consequences of sexual activity when discussing sexual activity with daughters compared with sons. If parents wish to exert a stronger influence on their sons' safer sex practices, they may need

additional training to change the frequency, content, and/or tone of the messages surrounding sexual activity that they communicate to boys."

As for sex of the parent, study authors added that teens talking to their moms were positively associated with use of protection, "but there was not a significant association between father-adolescent communication and safer sex behavior." In several circumstances, "men and boys are less verbally expressive, open to self-disclosure and attuned to emotional and relational cues compared with girls and women."

But, taken together, these findings confirm that sitting your kids down to have the talk can promote healthier behavior.

"Talking with your kids about sex and protection matters, lead study author Laura Widman told Tech Times. "Starting this conversation, no matter how awkward and uncomfortable and embarrassing it might be — your kid will listen."

Journal Reference:

Widman L, Choukas-Bradley S, Noar SM, Nesi J, Garrett K. Parent-Adolescent Sexual Communication and Adolescent Safer Sex Behavior: A Meta-Analysis. *JAMA Pediatrics*. 2015.

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

IPM Initiates First Trial of Novel HIV Prevention Drug for Women

Study in Belgium evaluates safety and tolerability of novel ARV-based women's health technology
Press Release, International Partnership for Microbicides | 11.3

The nonprofit International Partnership for Microbicides (IPM) today announced the initiation in Belgium of the first clinical trial to test a vaginal microbicide containing DS003, a novel antiretroviral drug (ARV), for the prevention of sexual transmission of HIV in women. The results of the trial, which is known as IPM 042, will inform the development of future DS003-based products, such as a long-acting vaginal ring.

DS003 is a novel gp120 binding inhibitor that acts early in the HIV life cycle, blocking the virus's ability to enter a healthy cell. Because drugs with this mechanism of action are not currently approved for HIV treatment or prevention, DS003 has significant potential to prevent infection of drug-resistant HIV. IPM, which developed the tablet and is leading the trial, negotiated a royalty-free license for DS003 with Bristol-Myers Squibb in 2005.

"DS003 is a potent new ARV that opens up new opportunities in HIV prevention research," said Dr. Zeda Rosenberg, chief executive officer of IPM. "This study broadens IPM's portfolio and moves the field one step closer to offering women a range of potential products they can use to protect their sexual and reproductive health."

The product being tested in IPM 042 is a vaginal tablet whose small size could be an advantage in settings with limited storage capacity. Once in place, the tablet breaks down to release DS003. Vaginal tablets containing tenofovir and emtricitabine have also been studied in an early-stage clinical trial.

Importantly, IPM is exploring the development of other DS003-based products, including vaginal rings with DS003 alone and in combination with ARVs in different classes, such as dapivirine, a non-nucleoside reverse transcriptase inhibitor that prevents HIV from replicating after entering a healthy cell. By attacking HIV at different points in its life cycle, such combination products may offer greater protection against the virus over time. In addition, vaginal rings can slowly release the active drugs over a month or longer, potentially leading to greater ease-of-use.

About IPM 042

IPM 042 is a double-blinded Phase I trial that will determine the safety and tolerability of three doses of the DS003 vaginal tablet. This is the first time that DS003 is being studied in humans following the completion of preclinical safety assessments. Thirty-six healthy women volunteers in Belgium will be assigned to study groups in three stages. The first group of 12 volunteers will be randomly assigned to use either a 1 mg DS003 or placebo tablet. Once researchers deem that the safety of this dose is satisfactory, the next group of 12 volunteers will be randomly assigned to receive either a 3 mg DS003 or placebo tablet. Once safety of this dose is deemed satisfactory, the third group of 12 volunteers will be randomly assigned to either a 10 mg DS003 or placebo tablet. For every three women who receive a DS003 tablet, one receives a placebo tablet.

All women participating in the study will receive testing and counseling to reduce their risk of acquiring HIV and other STIs, including the provision of condoms, as well as contraception adherence counseling and other health services. The trial is expected to be completed in late 2016.

Need for New HIV Prevention Technologies for Women

Despite progress in reducing new HIV infections worldwide, women and girls continue to bear a disproportionate burden of the HIV/AIDS epidemic. In sub-Saharan Africa, young women and adolescent girls ages 15 to 24 are at least twice as likely to be infected as their male counterparts.

“To overcome the epidemic, women need product options they can use to keep HIV at bay and take control of their own health,” said Dr. Annalene Nel, chief medical officer of IPM. “New female-initiated tools, including microbicides and multipurpose prevention technologies, are especially needed in regions such as sub-Saharan Africa, where HIV is taking its highest toll on women and girls.”

New tools such as microbicides are being developed because stopping HIV’s spread among women requires a range of options that meet their individual needs. The only microbicide now in late-stage trials is the dapivirine vaginal ring, which is designed to provide sustained protection against HIV over the course of a month. The first efficacy results for the ring, developed by IPM, are expected in early 2016.

Since 2004, five major pharmaceutical companies — Bristol-Myers Squibb, Gilead, Janssen, Merck & Co., and ViiV Healthcare — have entered into royalty-free licenses with IPM to develop, manufacture and distribute eight ARVs as microbicides in developing countries. These licenses ensure that any new product will be provided at low cost in the settings where it is most urgently needed.

This trial is made possible through generous support from the American people through the United States Agency for International Development (USAID) through the President’s Emergency Plan for AIDS Relief (PEPFAR).

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

Imprimis Pharmaceuticals announces low-cost Daraprim alternative

As reported by Healio Infectious Disease News | 10.30

A customizable compounded formulation of pyrimethamine and leucovorin has been made available for prescription at the approximate price of \$1 per pill, according to a press release from Imprimis Pharmaceuticals.

The treatment is a low-cost alternative to Daraprim (pyrimethamine, Turing Pharmaceuticals), the price of which was recently increased to \$750 per tablet according to the Infectious Diseases Society of America and the HIV Medicine Association. Imprimis' finished compounded drug formulations are not approved by the FDA for recommended use, and are only to be prescribed to individually identified patients consistent with federal and state compounded drug formulation laws.

"While we have seen an increase in costs associated with regulatory compliance, recent generic drug price increases have made us concerned and caused us to take positive action to address an opportunity to help a needy patient population," Mark L. Baum, JD, CEO of Imprimis, said in a press release. "While we respect Turing's right to charge patients and insurance companies whatever it believes is appropriate, there may be more cost-effective compounded options for medications, such as Daraprim, for patients, physicians, insurance companies and pharmacy benefit managers to consider."

Imprimis also announced a program available throughout the United States, which would work with third party insurers, pharmacy benefit managers and buying groups to provide these compounded drug formulations at lowered prices.

"In response to this recent case and others that we will soon identify, Imprimis is forming a new program called Imprimis Cares," Baum said. "Imprimis Cares and its team of compounding pharmacists will work with physicians and their patients to ensure they have affordable access to the medicines they need from the over 7,800 generic FDA-approved drugs."

Although Turing representatives confirmed upcoming adjustments to the price of Daraprim more than a month ago, no pricing changes have yet been made. Since then, an open letter signed by 152 health organizations and individuals has called on the pharmaceutical company to increase access to the treatment.

"The unjustifiable actions taken to leverage the value of an effective 70-year-old medication are jeopardizing the health of individuals with a serious, life-threatening condition," the organizations wrote. "The individuals do not have the luxury of time to wait for promised new treatments — which also will likely be priced out of reach."

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

Scientific Papers/Conference Abstracts

Brief Report: Gonorrhea and Chlamydia Testing Increasing but Still Lagging in HIV Clinics in the United States

Berry SA, Ghanem KG, Matthews WC, et al. *JAIDS* 2015;70(3):275-279

Abstract:

Screening persons living with HIV for gonorrhea and chlamydia has been recommended since 2003. We compared annual gonorrhea/chlamydia testing to syphilis and lipid testing among 19,368 adults (41% men who have sex with men, 30% heterosexual men, and 29% women) engaged in HIV care. In 2004, 22%, 62%, and 70% of all patients were tested for gonorrhea/chlamydia, syphilis, and lipid levels, respectively. Despite increasing steadily [odds ratio per year (95% confidence interval): 1.14 (1.13 to 1.15)], gonorrhea/chlamydia testing in 2010 remained lower than syphilis and lipid testing (39%, 77%, 76%, respectively). Interventions to improve gonorrhea/chlamydia screening are needed. A more targeted screening approach may be warranted.

View the paper online: [Abstract](#)

A systematic review of syphilis serological treatment outcomes in HIV-infected and HIV-uninfected persons: rethinking the significance of serological non-responsiveness and the serofast state after therapy

Seña AC, Zhang X, Li T, et al. *BMC Infectious Diseases* 2015;15:479

Background:

Syphilis remains a global public health threat and can lead to severe complications. In addition to resolution of clinical manifestations, a reduction in nontreponemal antibody titers after treatment is regarded as “proof of cure.” However, some patients manifest < 4-fold decline (“serological non-response”) or persistently positive nontreponemal titers despite an appropriate decline (“serofast”) that may represent treatment failure, reinfection, or a benign immune response. To delineate these treatment phenomena, we conducted a systematic review of the literature regarding serological outcomes and associated factors among HIV-infected and -uninfected subjects.

Methods:

Six databases (PubMed, Embase, CINAHL, Web of Science, Scopus, and BIOSIS) were searched with no date restrictions. Relevant articles that evaluated serological treatment responses and correlates of serological cure (\geq four-fold decline in nontreponemal titers) were included.

Results:

We identified 1693 reports in the literature, of which 20 studies met selection criteria. The median proportion of patients who had serological non-response was 12.1 % overall (interquartile range, 4.9–25.6), but varied depending on the time points after therapy. The serofast proportion could only be estimated from 2 studies, which ranged from 35.2–44.4 %. Serological cure was primarily associated with younger age, higher baseline nontreponemal titers, and earlier syphilis stage. The relationship between serological cure and HIV status was inconsistent; among HIV-infected patients, CD4 count and HIV viral load was not associated with serological cure.

Conclusions:

Serological non-response and the serofast state are common syphilis treatment outcomes, highlighting the importance of determining the immunological and clinical significance of persistent nontreponemal antibody titers after therapy.

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

Human Papillomavirus Vaccination Coverage Among Female Adolescents in Managed Care Plans — United States, 2013

Ng J, Ye F, Roth L, et al. *MMWR* 2015;64(41):1185-9

Human papillomavirus (HPV) is the most common sexually transmitted infection, with a reported 79 million persons aged 15–59 years in the United States currently infected with HPV, and approximately 14 million new cases diagnosed each year (1). Although most HPV infections are asymptomatic, transient, and do not cause disease (1), persistent HPV infection can lead to cervical, vulvar, vaginal, anal, penile, and oropharyngeal cancer. In the United States, approximately 27,000 HPV-attributable cancers occur each year (2). HPV vaccination is an effective primary prevention strategy that can reduce many of the HPV infections that lead to cancer (3), and is routinely recommended for adolescents aged 11–12 years. To determine whether the recommended HPV vaccination series is currently being administered to adolescents with health insurance, CDC and the National Committee for Quality Assurance (NCQA) assessed 2013 data from the Healthcare Effectiveness Data and Information Set (HEDIS). The HEDIS HPV Vaccine for Female Adolescents performance measure evaluates the proportion of female adolescent members in commercial and Medicaid health plans who receive the recommended 3-dose HPV vaccination series by age 13 years. In 2013, in the United States, the median HPV vaccination coverage levels for female adolescents among commercial and Medicaid plans were 12% and 19%, respectively (ranges = 0%–34% for commercial plans; 5%–52% for Medicaid plans). Improving HPV vaccination coverage and understanding of what health plans might do to support HPV vaccination are needed, including understanding the barriers to, and facilitators for, vaccination coverage.

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

Integrating Antiretroviral Strategies for Human Immunodeficiency Virus Prevention: Post- and Pre-Exposure Prophylaxis and Early Treatment

Grant RM, Smith DK. *Open Forum Infect Dis* 2015;2(4): doi: 10.1093/ofid/ofv126

Abstract:

Best practices for integrating human immunodeficiency virus (HIV) testing and antiretroviral interventions for prevention and treatment are suggested based on research evidence and existing normative guidance. The goal is to provide high-impact prevention services during periods of substantial risk. Antiretroviral medications are recommended for postexposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), and treatment of HIV infection. We reviewed research evidence and current normative guidelines to identify best practices for integrating these high-impact prevention strategies. More sensitive HIV tests used for screening enable earlier diagnosis and treatment of HIV infection, more appropriate counseling, and help limit drug resistance. A fully suppressive PEP regimen should be

initiated based on exposure history or physical findings when sensitive diagnostic testing is delayed or not available and antibody tests are negative. Transitions from PEP to PrEP are often warranted because HIV exposure events may continue to occur. This algorithmic approach to integrating PEP, PrEP, and early treatment decisions may increase the uptake of these interventions by a greater number and diversity of knowledgeable healthcare providers.

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

Comparing Cost-Effectiveness of HIV Testing Strategies: Targeted and Routine Testing in Washington, DC

Castel AD, Choi S, Dor S, et al. *PLOS One* 2015; DOI: 10.1371/journal.pone.0139605

Background:

Routine HIV testing is an essential approach to identifying undiagnosed infections, linking people to care and treatment, and preventing new infections. In Washington, DC, where HIV prevalence is 2.4%, a combination of routine and targeted testing approaches has been implemented since 2006.

Methods:

We sought to evaluate the cost effectiveness of the District of Columbia (DC) Department of Health's routine and targeted HIV testing implementation strategies. We collected HIV testing data from 3 types of DC Department of Health-funded testing sites (clinics, hospitals, and community-based organizations); collected testing and labor costs; and calculated effectiveness measures including cost per new diagnosis and cost per averted transmission.

Results:

Compared to routine testing, targeted testing resulted in higher positivity rates (1.33% vs. 0.44%). Routine testing averted 34.30 transmissions per year compared to targeted testing at 17.78. The cost per new diagnosis was lower for targeted testing (\$2,467 vs. \$7,753 per new diagnosis) as was the cost per transmission averted (\$33,160 vs. \$104,205). When stratified by testing site, both testing approaches were most cost effective in averting new transmissions when conducted by community based organizations (\$25,037 routine; \$33,123 targeted) compared to hospitals or clinics.

Conclusions:

While routine testing identified more newly diagnosed infections and averted more infections than targeted testing, targeted testing is more cost effective per diagnosis and per transmission averted overall. Given the high HIV prevalence in DC, the DC Department of Health's implementation strategy should continue to encourage routine testing implementation with emphasis on a combined testing strategy among community-based organizations.

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

Resources, Webinars, & Announcements

2016 STD Prevention Conference: Upcoming Dates and Reminders

CDC

Mark your calendars and start brainstorming abstract ideas!

The 2016 STD Prevention Conference Scientific Program Committee will officially open the **Call for Abstracts on January 18, 2016**. More information regarding the specific Tracks and Domains will be provided in the coming months, but we ask that you begin thinking about your abstracts and how to align your ideas with the conference theme – [Transcending Barriers. Creating Opportunities](#). Please visit the [Call for Abstracts page](#) for a new resource that can guide you through the development of your abstract. Abstracts must be submitted no later than Monday, April 25, 2016.

The 2016 STD Prevention Conference will be held at the Hilton Atlanta (255 Courtland Street NE) September 20-23, 2016. A block of rooms has been reserved for Conference attendees and room rates have been negotiated for \$138/night. Reservations can be made on the [Hotel Information page](#) of the Conference website.

We will continue to update the Conference Website with key information to help you plan your attendance.

We hope to see you in Atlanta next September!

Gail Bolan, M.D.
Director, Division of STD Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

For more information: [Click here](#)

Your Health is Your Power Campaign

American Sexual Health Association

Hello,

I want to let you know about a new campaign and the materials that are available to your organization.

The [Health Is Power](#) toolkit is designed for organizations to better promote sexual health among young African American men (ages 18-30). The toolkit is designed mainly for heterosexual men, but also includes imagery and messaging that can be used with gay and bisexual men.

The creative concepts and messaging used with [Health is Power](#) were developed through a number of activities including formative research (literature review, expert panel meeting, and research with the target audience). A national survey done with more than 500 African American adults found the Health is Power concept connected strongly with heterosexual, gay, and bisexual men.

The objective of [Health is Power](#) is to promote positive sexual health behaviors through a multi-phased campaign with messaging around 1) increased condom use; 2) healthy relationships; 3) sexually transmitted disease prevention; and 4) open partner communication. Each phase of the campaign is designed to run between 2-4 weeks (although organizations should use the materials in a manner that best fits their needs).

Toolkit materials you can [download](#) include:

- Posters and postcards
- Sample social media content, including Facebook posts, Tweets, images, cover images, and profile image
- Web banners
- Sample “Drop-in” website articles

Your agency can customize these materials with your own logo and by adding links to relevant information, resources, services or events your organization offers. We’re proud to support your good work in getting out the word that [Health is Power!](#)

Best,

Fred Wyand for Your Health is Your Power!

For more information: [Click here](#)

Hepatitis C in Corrections – A New Resource for Incarcerated People

Blog.aids.gov

A disproportionate number of people with hepatitis C (HCV) in the U.S. are or have been inmates in jails and prisons. Correctional settings therefore present significant opportunities to provide hepatitis prevention, testing, care, and treatment interventions. To help incarcerated people understand HCV, the [National Hepatitis Corrections Network \(NHCCN\)](#) has introduced a new resource to assist with inmate education efforts.

Hepatitis C and Incarcerated Individuals

According to the most recent data from the U.S. Department of Justice, 2.2 million people Exit Disclaimer [PDF 418 KB] were incarcerated in prisons or jails in the U.S. in 2013. The prevalence of hepatitis C is high among persons who are incarcerated, with studies estimating rates that range from 10% to more than one-third. These rates are significantly higher than the estimated HCV prevalence in the overall U.S. population, which ranges from 1 to 2%.

A history of high-risk behaviors prior to incarceration, including injection drug use and unsafe tattooing, is an important contributor to high prevalence among correctional populations. High-risk behaviors during periods of incarceration (e.g., shared needles and tattooing equipment, exposure to infected blood) are also associated with transmission of hepatitis C.

Since over 90% of individuals in jail or prison will be released back to the community in the future, addressing hepatitis C within corrections settings is an excellent opportunity to promote public health by

increasing awareness, reducing transmission, and improving hepatitis-related outcomes, both during and after incarceration.

In recognition of these circumstances and as part of the nation's response to viral hepatitis, the Viral Hepatitis Action Plan calls for expanding access to and delivery of hepatitis prevention, care, and treatment services in correctional settings as an important step in reaching the nation's viral hepatitis goals. The Action Plan details activities that both federal and non-federal stakeholders can take to improve access to viral hepatitis prevention, care and treatment services in correctional settings.

HCV Educational Tool for Incarcerated People

One of the nonfederal stakeholders working to address this issue is the [National Hepatitis Corrections Network \(NHCN\)](#), an initiative of the Seattle-based [Hepatitis Education Project \(HEP\)](#). NHCN recently released a new booklet, "[Hepatitis C in Prison or Jail](#) [PDF 412 KB]," a collaboration between HEP and Los Angeles-based [The Center for Health Justice](#).

The 2-page booklet is tailored to incarcerated individuals and covers a variety of facts and recommendations related to hepatitis C, including:

- An introduction to hepatitis C
- How hepatitis C is transmitted and how it is not transmitted
- Viral hepatitis services that may be available in jails and prisons including testing, vaccinations (hepatitis A and B), and curative treatments for hepatitis C
- Recommendations for maintaining liver health
- Recommendations for incarcerated persons who do not have current access to hepatitis C treatment

The NHCN supports a public health approach to hepatitis C management in corrections. It provides a forum for its partners, who include a diverse group of stakeholders, to discuss hepatitis education, prevention, testing, and treatment in correctional facilities. The "*Hepatitis C in Prison and Jail*" booklet can be an effective tool in increasing awareness of hepatitis C among prison and jail inmates. It provides specific actions they can take to decrease their risk of transmission of hepatitis C or take charge of their health if they are infected.

Federal Bureau of Prisons Updates Hepatitis C Treatment Guidelines

Also of potential interest to nonfederal stakeholders working in this arena, in July 2015, the Federal Bureau of Prisons released updated clinical practice guidelines for the [Evaluation and Management of Chronic Hepatitis C Virus Infection](#) [PDF 1,255 KB] to support management of hepatitis C within the federal prison system. State and local correctional health services often look to these guidelines when developing hepatitis C testing and treatment policies, although specific policies may vary significantly across states and types of correctional institutions. Regardless, the relatively recent Food and Drug Administration approvals of all-oral treatments that can cure most patients of hepatitis C infection offer new tools to address hepatitis C in correctional settings.

Due to variations in hepatitis C management policies, not all incarcerated people with hepatitis C currently have access to treatment during their incarceration; however, even without treatment, opportunities remain within correctional health settings to provide education on how to prevent transmission to others and support liver health until treatment becomes available. Given the large number of people with hepatitis C in our prisons and jails, most stakeholders recognize the public health opportunities available in these settings. That said, more work is needed to understand current policies

and practices, identify best practices, and build capacity to test for and treat viral hepatitis in corrections. Doing so has the potential to greatly improve community health and reduce the overall burden of viral hepatitis in the United States.

For more information: [Click here](#)

Final Guidance: HIV-1 Infection: Developing Antiretroviral Drugs for Treatment

FDA

FDA is announcing final guidance titled: Human Immunodeficiency Virus-1 Infection: Developing Antiretroviral Drugs for Treatment. This guidance finalizes and replaces the draft guidance of the same name (issued June 2013) and replaces the final guidance Antiretroviral Drugs Using Plasma HIV-RNA Measurements — Clinical Considerations for Accelerated and Traditional Approval (issued October 2002).

The guidance provides recommendations for the development of antiretroviral drugs regulated within the FDA Center for Drug Evaluation and Research for the treatment of human immunodeficiency virus-1 (HIV-1 or HIV) infection. Specifically, the guidance addresses the FDA's current thinking regarding the overall development program and clinical trial designs for antiretroviral drugs to support an indication for the treatment of HIV-1 infection. The organization of the guidance parallels the development plan for a particular drug or biologic.

It does not address the use of antiretroviral drugs for preventing transmission of HIV-1 infection.

The final guidance is available

at <http://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm355128.pdf>

Richard Klein

Office of Health and Constituent Affairs
Food and Drug Administration

Kimberly Struble

Division of Antiviral Products
Food and Drug Administration

Steve Morin

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Food and Drug Administration

For more information about the [HIV Liaison Program](#) visit the [FDA Patient Network](#)

For more information: [Click here](#)

FOA: Hepatitis C Testing & Linkages to Care Funding Opportunity (Request for Applications)

Dear Community Partners:

I am excited to announce a new state funding opportunity for hepatitis C testing and linkages to care demonstration projects for vulnerable and underserved communities in California. Key elements of the HCV Testing and Linkages to Care Request for Applications (RFA) are summarized below. To access the RFA, which includes information on what types of activities will be funded and how to apply, as well as all attachments, please visit: <http://www.cdph.ca.gov/programs/pages/HCVLinkages.aspx>.

Key Dates:

**Informational teleconference call:
Thursday, November 5, 12-1:30pm
Conference Call Number: (877) 402-9753
Access Code: 4321690**

Important Note: CDPH cannot answer any questions regarding this RFA by phone or email; organizations interested in applying should read the RFA closely as soon as possible and be prepared to ask any questions they have during the scheduled teleconference. All Questions and Answers discussed during the November 5 teleconference will be posted on the CDPH website by November 10.

Letters of interest due date: November 18, 2015 by 5:00pm

Applications due date: December 9, 2015 by 4:00pm

Funding Range/Timeline:

Minimum: \$150,000/year
Average: \$386,222/year
Maximum: \$500,000/year

Grants will begin February 1, 2016 (or upon final grant agreement) and end June 30, 2018.

Number of Awards:

The RFA includes three goals; approximately 1-2 grants will be awarded per goal; approximately 4-6 awards will be granted total.

Eligible Entities:

EE's are defined as qualified: 1) local health jurisdictions listed in Section D of the RFA; or 2) community-based organizations [including community health centers (CHCs)] operating in any of the LHJs listed in Section D of the RFA. Please see RFA, Section D, for a list of eligible entities.

For more information: [Click here](#)

WEBINAR: Building Leadership in Black Gay Communities: A Candid Conversation on What We Need to Change

AIDS United

DATE: Nov. 10
TIME: 1:00 PM ET

What are the pressing issues facing intergenerational leadership and its impact on HIV awareness, prevention, and treatment in black gay communities? How do we address who has power, how it is exercised, and how we plan for and transition into the future? When we go beyond stereotypes, what do we actually know about black gay men from other generations?

Our expert panel of leaders from across the generational divide will discuss what it means to be a true intergenerational leader.

Join us on November 10, 2015, at 1:00 pm ET for *Building Leadership in Black Gay Communities: A Candid Conversation on What We Need to Change*, the fourth and final installment of the AIDS United *We Shall Not Be Removed* Google Hangout series. [Register Here](#).

The panel features Ronald Johnson, Jonathan Lykes, Terrance Moore, and Yolo Akili Robinson. Biographies are available online.

We Shall Not Be Removed: The State of HIV/AIDS Among Black Gay and Bisexual Men, a four-part Google Hangout series hosted by AIDS United, will bring together experts, visionaries and thought leaders from across the LGBT and HIV communities to discuss the impact of HIV on gay and bisexual black men, parallel social justice movements, and strategies to alleviate the epidemic. Learn more about the series and watch previous Hangouts at www.aidsunited.org/hangout.

For more information: [Click here](#)

Aaron Kavanaugh

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