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California Stories

Excel prepares low-income S.F. residents for health care jobs

Carolyn Said, San Francisco Chronicle | 11.20

Her voice shaking, the young woman at the podium introduced herself in English and Navajo. “Hi, my name is Ashley Tapaha. I’m so nervous right now.”

“We got you, Ashley,” a voice called out from among dozens assembled in an auditorium at UCSF’s Mission Bay campus, while many chuckled in sympathy or called out other encouragements.

Tapaha launched into a graduation address. “This program taught me that I have a purpose,” she said. “It gave me hope that I, and all single mothers, can have a career.”

She was among 18 students, ranging in age from early 20s to mid-40s, graduating from a workforce-development program called Excel (short for excellence through community engagement and learning). Excel prepares students for jobs providing administrative support in health care departments. Several organizations join forces to run it: UCSF, Jewish Vocational Services and San Francisco Human Services Agency’s Wage Subsidy Initiative. The Salesforce.com Foundation also provides some funding.

Specialized skills

The program starts with 10 weeks of classroom instruction covering both “soft” skills like interacting with patients, as well as computer literacy, medical terminology and other more specialized skills. Students then have four-month paid internships at various UCSF departments.

“Excel is a model of using work experience as a training tool,” said Abby Snay, executive director of Jewish Vocational Services. “On-the-job training reinforces the classroom learning.”

Most Excel students were previously on public assistance. Many entered the program with limited education and work experience. After graduating, they’re qualified for full-time jobs with benefits starting at \$20 an hour or more, a significant leap.

“All I’ve ever done my whole life is work for minimum wage,” Tapaha, 28, said later. Now she’s first in line for a job as an authorization coordinator in UCSF’s Urology Department that would pay \$22 an hour plus benefits. She lives with her two sons, Junior, 5, and Alonzo, 18 months, in transitional housing, but is hopeful that she and her fiancé, who qualifies for a veteran’s housing voucher, will soon be able to get their own place.

Wanting her sons to recognize the importance of her graduation, she bought them matching three-piece suits with ties and bright blue shirts, while she wore elaborate beaded Navajo earrings and a necklace, gifts from her mother. “My mom is very proud of me now, and I want my sons to be proud, too,” she said.

Excel, which just marked its fifth anniversary, has graduated 140 students, two-thirds of them African American. About half the graduates are from Bayview-Hunter’s Point and Visitacion Valley, two of the lowest-income neighborhoods in the city. The program says that 81 percent of graduates have landed career or temporary jobs, many of them at UCSF, the city’s second-largest employer.

‘Part of a team’

“This is part of a larger movement toward equality,” said Diane Sabin, administrative director of UCSF’s Osher Center for Integrative Medicine, which regularly hires Excel interns and has two Excel graduates

as permanent employees. “It presents an opportunity to have skills, a job, a title, a salary and benefits, and a way to contribute every day and be part of a team.”

The program is equally valuable for those who hire its graduates, said Jim Whelly, program manager of the San Francisco Human Service Agency’s JobsNow, which subsidizes most of the internship costs. “A diverse workforce brings a lot of important perspectives for a company and helps make it a more humane and more San Francisco place,” he said. “But companies tend to narrowcast (when hiring); they have barriers of imagination.”

“These students are so motivated, so hungry for this opportunity,” said Damon Lew, program manager. “It springboards them into a career and changes the economic standing for them and their families.”

That hunger is reflected in the competition to land a slot; some 140 applicants vie for about 20 positions. Excel runs two programs a year.

“It’s been life-changing,” said Indira Winesberry, one of the new graduates, who had just landed a long-term temporary assignment at UCSF. “I had reached a dead end. Now the light is shining again.”

Dunenka Salah, 26, graduated from Excel a year ago and now works as a new-patient coordinator in UCSF’s Urology Department for \$24 an hour plus benefits. A single mom who’d been living with family, she just moved with her 2-year-old son, Khalil, to their own apartment in East Oakland.

“I’m able to provide my child with a secure living situation and show him that hard work does pay off,” she said.

Salah plans to keep coming to the graduations.

“It fills my heart to see young people who look like me getting these opportunities,” she said.

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

National Stories

Anti-alcoholism drug reactivates latent HIV-1 infection

Stephanie Viguers, Healio Infectious Disease News | 11.23

Short-term administration of the anti-alcoholism drug disulfiram appeared to reactivate latent HIV-1 infection in vivo, indicating its potential to eliminate viral reservoir, according to the results of a phase 2 study.

“Combination [ART] has profound health benefits for people with HIV but is not able to cure the infection,” Julian H. Elliot, MBBS, of the department of infectious diseases at Monash University, Melbourne, Australia, and colleagues wrote. “This inability to cure is primarily because HIV establishes latent infection, particularly in long-lived memory CD2 T-cells. A major strategy under investigation is

the elimination of latently infected cells by inducing production of virus from these cells and thus making the cell susceptible to virus-induced cytolysis or killing by HIV-specific T-cells (shock and kill).”

Disulfiram, an FDA-approved drug used to treat alcoholism, recently demonstrated its ability to activate HIV transcription in latent CD4 cells, according to researchers. In an earlier study published in *Clinical Infectious Diseases*, 500 mg disulfiram was administered daily for 2 weeks in patients with HIV-1 infection receiving ART. There was no significant change in the size of the viral reservoir after 10 weeks of treatment; however, a post-hoc analysis showed residual viremia rapidly and transiently increased 2.96-fold (95% CI, 1.29-6.81) in patients with an immediate post-dose sampling. No serious adverse events were reported. The researchers concluded that future studies should evaluate the drug in higher doses to determine whether there is a dose-dependent effect.

“The apparent exposure-response effect observed in this study highlights significant inter-subject variability in disulfiram pharmacokinetics and suggest that higher doses of disulfiram might be more effective,” they wrote.

In the current analysis, Elliot and colleagues assessed several doses of disulfiram in HIV-infected patients receiving stable ART who had less than 50 copies per mL of plasma HIV RNA and a CD4 count greater than 350 cells per μ L.

A 3-day regimen of disulfiram was administered to 30 patients (90% men; median age 54.3 years) at The Alfred Hospital in Melbourne, Australia, and San Francisco General Hospital between Sept. 24, 2013 and March 31, 2014. Ten patients received 500 mg disulfiram, 10 patients received 1,000 mg, and 10 patients received 2,000 mg.

The only significant increase in mean plasma HIV RNA before, during and after disulfiram administration was observed in patients who received 2,000 mg disulfiram, according to researchers. A 1.7-fold (95% CI, 1.14-2.7) increase was observed on day 7 and a twofold increase (95% CI, 1.3-3.1) was observed on day 30.

From baseline, the researchers estimated that cell-associated unspliced HIV RNA increased:

- 1.7-fold (95% CI, 1.3-2.2) during 500 mg treatment and 2.1-fold (95% CI, 1.5-2.9) posttreatment;
- 1.9-fold (95% CI, 1.6-2.4) during 1,000 mg treatment and 2.5-fold (95% CI, 1.9-3.3) posttreatment; and
- 1.6-fold (95% CI, 1.2-2.1) during 2,000 mg treatment and 2.1-fold (95% CI, 1.5-3.1) posttreatment.

Cell-associated unspliced HIV RNA concentrations were highest at day 30, when the last samples were collected.

“In vitro, an increase in HIV transcription in latently infected cells lines with disulfiram was mediated by depletion of the phosphatase and tensin homologue protein and activation of protein kinase B, but whether this is the main mechanism in vivo is unknown.”

Although disulfiram was administered up to four times the current licensed dose of 6 g, the drug was safe and well-tolerated, the researchers wrote. Minor adverse events occurred more frequently in higher-dosing cohorts, with no events in the 500-mg group, 10 events in the 1,000-mg group and 14 events in the 2,000-mg group.

“In view of the good safety profile, disulfiram might be suited for future studies of combination therapy to activate latent HIV,” the researchers concluded.

References:

[Elliott JH, et al. *Lancet HIV*. 2015;doi:10.1016/S2352-3018\(15\)00226-X.](#)

[Spivak AM, et al. *Clin Infect Dis*. 2013;doi:10.1093/cid/cit813.](#)

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

U.S. Uninsured Map Troublingly Similar to HIV Prevalence Map

As reported by [poz.com](#) | 11.18

A New York Times map detailing the varying rates of uninsured people across the country shows striking similarities to the [distribution](#) of people living with HIV, particularly in the Deep South. The Times paired with Enroll American and Civis Analytics to determine the changing rates of Americans with insurance in respective counties since the Affordable Care Act’s (ACA, or Obamacare) marketplace plans and Medicaid expansion began in January 2014.

The Times found that the bulk of the remaining uninsured Americans live in the Southwest and South. Over the past two years the uninsured rate has dropped below 10 percent in the Northeast and upper Midwest.

While HIV is highly prevalent throughout the Eastern Seaboard, California, and in major urban areas like Chicago, it has cut a particularly devastating swath across the South. Low insurance rolls may challenge efforts to combat the spread of HIV through a “test and treat” protocol: improving diagnosis rates, and getting diagnosed people more quickly into care, retained in care, and adhering well to antiretrovirals, fully suppressing their virus and vastly reducing the likelihood that they will transmit it to others..

A major likely cause of the regional differences in insurance rates is whether state governments have opted to expand Medicaid—by and large, Democratic legislatures and governors have done so, while Republican-controlled state governments have held back, or have been late to the party. Red states tend to have higher uninsured rates, but also were more likely to have had high rates before 2014.

According to The Times, more than 3 million people in 19 states exist in the “Medicaid gap”: They make less than 100 percent of the federal poverty level, which, due to a glitch in the law, disqualifies them for the federal subsidies that would likely make a private marketplace plan affordable; yet because their state has not expanded Medicaid, they still cannot qualify for that program.

To read the New York Times article, [click here](#).

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

Changes in cervical cancer stage at diagnosis and initial treatment among young women before and after ACA

As reported by [Medical News Today](#) | 11.24

Although based on early data, study findings suggest an association between the Affordable Care Act Dependent Coverage Expansion provision and cervical cancer stage at diagnosis and receipt of fertility-sparing treatment among young women age 21 to 25 years, but not among women aged 26 to 34 years, according to a study in JAMA.

In September 2010, the Affordable Care Act Dependent Coverage Expansion (ACA-DCE) went into effect, allowing young adults to remain on their parents' health insurance plans until age 26 years. Implementation of the ACA-DCE was followed by a net increase in private health insurance coverage among young adults age 19 to 25 years. Persons without private health insurance are less likely to be screened and more likely to be diagnosed at an advanced stage of cancer.

Since November 2009, the American College of Obstetricians and Gynecologists has recommended cervical cancer screening begin at age 21 years. Diagnosis of cervical cancer at early stages also allows use of fertility-sparing treatments. Xuesong Han, Ph.D., of the American Cancer Society, Atlanta, and colleagues used data before and after the ACA-DCE to compare changes in cervical cancer stage at diagnosis and initial treatment among women 21 to 25 years (DCE-eligible) and 26 to 34 years (non-DCE-eligible). The National Cancer Data Base, a national hospital-based cancer registry, was used to obtain data on cases of invasive cervical cancer, with stage at diagnosis classified as early (stages I/II) or late (stages III/IV).

The researchers identified 3,937 cervical cancer cases diagnosed pre-DCE and 2,480 cases post-DCE. Patients with private insurance were more likely than those with Medicaid or uninsured to be diagnosed with early-stage disease (78 percent with private insurance vs 65 percent with Medicaid and 67 percent uninsured) and more likely to receive fertility-sparing treatments (24 percent with private insurance vs 12 percent with Medicaid and 17 percent uninsured).

Between the pre- and post-DCE periods, compared with 26- to 34-year-olds, women 21 to 25 years of age experienced a net increase of 9 percentage points in early-stage disease and 11.9 percentage points in receipt of fertility-sparing treatments. Among women age 21 to 25 years, the proportion of early-stage disease increased from 68 percent in 2009 to 84 percent in 2011 and decreased to 72 percent in 2012. The authors note that this increase in 2011 followed by a decrease in 2012 may reflect detection of prevalent early-stage disease associated with increased access to care or random fluctuation.

The proportion of women 21 to 25 years of age receiving fertility-sparing treatment increased throughout the study period.

"Future work should continue to monitor cancer care and outcomes in populations targeted by the ACA."

Reference:

JAMA, [doi:10.1001/jama.2015.10546](https://doi.org/10.1001/jama.2015.10546), published 24 November 2015.

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

Harvoni expands dosing recommendations

As reported by Healio Infectious Disease News | 11.16

Gilead Sciences, which manufactures Harvoni, recently expanded the drug's label to include dosage recommendations for chronic hepatitis C virus genotypes 4, 5 and 6 infection, and hepatitis C virus and HIV-1 coinfection, according to the FDA.

Labeling for Harvoni (ledipasvir/sofosbuvir) also states that a 12-week regimen of ledipasvir/sofosbuvir plus ribavirin can be considered in previously treated genotype 1 patients with cirrhosis. The label further added drug-drug interaction information.

The use of ledipasvir/sofosbuvir in genotypes 4, 5 and 6 infection was evaluated during three open-label trials — Study 1119, ION-4 and ELECTRON-2. According to the FDA, the results indicated that 118 patients infected with genotypes 4, 5 and 6 who received a 12-week regimen of once daily ledipasvir/sofosbuvir had a similar safety profile vs. patients infected with chronic HCV genotype 1. At week 12, sustained virological response was 93% in Study 1119 (patients with genotypes 4 and 5), 96% in the ELECTRON-2 trial (patients with genotype 6) and 100% in the ION-4 study (patients with genotype 4).

The ION-4 trial also demonstrated similar safety outcomes in patients coinfecting with HCV and HIV-1 who were receiving ART vs. patients with only HCV. The percentage of CD4+ cells in patients with HIV did not change; however, the median CD4+ count increased by 29 cells/mm³ after 12 weeks of therapy with ledipasvir/sofosbuvir.

In the SIRIUS trial, researchers assessed a combination of ledipasvir/sofosbuvir plus ribavirin. They randomly assigned patients with HCV genotype 1 and compensated cirrhosis who failed prior therapy to 12 weeks of ledipasvir/sofosbuvir/ribavirin or 24 weeks of ledipasvir/sofosbuvir. SVR at 12 weeks was 96% among patients treated with ledipasvir/sofosbuvir/ribavirin vs. 97% in patients treated for 24 weeks with ledipasvir/sofosbuvir.

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

MSMGF and Hornet Use App-based Technology to Modernize Global HIV Prevention Messaging

Press Release, MSMGF | 11.24

MSMGF (The Global Forum on MSM & HIV), the largest global, advocacy network focused on HIV among men who have sex with men (MSM), has partnered with popular gay app, Hornet, to launch the largest targeted, global HIV viral suppression campaign to date. The campaign that will directly reach over 7 million MSM around the world is called Blue Ribbon Boys (BlueRibbonBoys.org).

Launching within the app on November 24th, one week before World AIDS Day, the Blue Ribbon Boys campaign will prompt all Hornet users to answer a short series of yes or no questions about their sexual health. Questions will pertain to HIV and STI testing, ARV (anti-retroviral) treatment, PrEP (Pre-Exposure Prophylaxis), viral load, disclosure, stigma, condom and lubricant use, and other prevention methods.

Based on their answers, those who qualify will receive a blue ribbon icon on their profile photo signifying their personal commitment to sexual health, irrespective of their HIV status. Men who do not meet the standard will be offered recommendations for ways to protect and improve their sexual health

so they can become a Blue Ribbon Boy. The campaign will grow and evolve over the coming months and adapt as treatment and prevention methods improve and become available in different regions.

“Blue Ribbon Boys modernizes sexual health messaging by asking Hornet users to be more mindful about their sex play given the effective prevention options at their disposal. It also invites men to take action in response to the unavailability of prevention and treatment tools they want and need,” said MSMGF Executive Director, Dr. George Ayala.

MSMGF and Hornet are tenacious advocates for unfettered access to and early initiation of antiretroviral medications for all MSM living with HIV. Both organizations are also campaigning for widespread availability and proper use of PrEP among HIV-negative men at significant risk for HIV, aligned with CDC and WHO guidelines. The goal of the BRB campaign is HIV viral suppression across all global communities.

“Leveraging social technology on such a massive scale is one of the ways we will be able to make a big difference in global health,” says Hornet founder Sean Howell. “As a large social media platform, we can be a megaphone to the good work that MSMGF is doing.”

Blue Ribbon Boys is breaking new ground in reaching MSM in many low- and middle-income countries where basic services may not be available but the prevalence of smart phones is widespread. It also directly targets young MSM who are early adopters of technology. Young people (under 25) are at increased risk for HIV, comprising over 40% of new HIV infections worldwide.

In cases where Hornet users hit a roadblock in their attempts to access treatment or prevention services, they will be directed to two global petitions: one is for HIV-negative men who want access to PrEP and the other is for HIV-positive men who demand access to ARV treatment.

Although MSM represent only about 4% of the male population, they are disproportionately affected by HIV. In low- and middle-income countries they are 19 times more likely to be infected with HIV compared with the general population. HIV prevalence among men who have sex with men across North, South and Central America, South and Southeast Asia and sub-Saharan Africa ranges from 14% to 18%. Even as HIV incidence is in decline worldwide, the rate of new HIV infections among men who have sex with men remains unchanged and is increasing in some high-income countries like the United States.

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

France approves PrEP

Gus Cairns, [aidsmap.com](#) | 11.24

In a historic move, France has become the first country outside the USA, and the first country with a centrally-organised, reimbursable health system, to approve no-expense pre-exposure prophylaxis (PrEP) for people who need it.

The French Minister of Health, Marisol Touraine, announced today that PrEP would be available from mid-December, and reimbursable through the French health system from the beginning of January.

The positive recommendation for Truvada (tenofovir/emtricitabine) comes via a uniquely French health measure called a Recommendation of Temporary Use (Recommandation Temporaire d'Utilisation – RTU). This provides for drugs to be made available to people in urgent need on an 'off-label' basis, i.e. without a full Marketing Authorisation. RTUs are used for drugs that already have Marketing Authorisation for other uses – in this case, for HIV treatment.

Mme. Touraine said: "I am in favour of the RTU, which should take effect in the first two weeks of December.

"Given the level of efficacy of this approach, which has been recognised by all national and international scientific experts in the battle against HIV/AIDS, I take the financial responsibility for this treatment, which can contribute to complete our global strategy against HIV and AIDS, so it can be available without financial restriction."

She added, however: "We can never say often enough that condoms are the best protection against HIV and other STIs...PrEP does not stop other STIs and, as a medicine, is not without adverse events."

PrEP will therefore be available under the RTU "to individuals who cannot, for diverse reasons, use condoms systematically and who belong to groups where HIV incidence is very high."

PrEP prescribing will only be available from HIV specialist physicians within a hospital clinic or HIV testing site, and will include counselling and follow-up.

PrEP will be offered as two alternative regimens: daily Truvada for anyone assessed as needing it, but also intermittent PrEP as studied in the Ipergay trial for MSM who have frequent condomless sex and do not have chronic hepatitis B infection. The Ipergay regimen consists of a double dose of Truvada 2-24 hours before sex plus one dose on each of the following two days afterwards, to be continued if condomless sex is continued. The French medicines agency ANSM, who complied to evidence dossier submitted to the Department of Health, comment that the Ipergay did not establish the effectiveness of intermittent PrEP in women (or trans men) or in MSM who have condomless sex only occasionally, and specifically warns against intermittent PrEP in people with chronic hepatitis B as this could cause drug resistance.

Mme Touraine praised the work of the French National HIV Research Organisation ANRS "who had the courage to implement these trials and also the NGOs. Particularly AIDES, which has promoted this tool in the public debate."

Bruno Spire of ANRS is one of the Principal Investigators of the Ipergay study, whose finding of 86% efficacy for PrEP, along with the PROUD study, helped convince many that PrEP could be an effective public health tool. He told aidsmap.com: "This victory is due to the alliance between the French researchers and the HIV community-based movement; Ipergay was an excellent example of doing research not for people, but with people."

Jean-François Delfraissy, the Director of ANRS, said: "Marisol Touraine's decision is of huge significance. It will enable everyone – health professionals, non-profit organisations, municipal authorities, researchers – to work together towards...eradication of HIV. This decision should now open the way for the authorisation of PrEP in other European countries." He said that implementation research would be

conducted into the efficacy of PrEP projects set up in target populations and that PrEP would also be assessed in other vulnerable populations, notably women.

Aurélien Beaucamp, President of AIDES, commented that the decision was the culmination of three years of hard work by AIDES, who first proposed an RTU in January 2013, when the Ipergay study had already been running for a year.

“It’s very satisfying to see this initiative succeed,” he said. “This means that very soon we will be able to help people across France who need a new prevention tool for their lifestyle. PrEP must be part of an overall strategy to cut the chain of transmission.

“Everyone has a contribution to make to ending the HIV epidemic, including effectively-treated people with HIV who no longer transmit. However only 52% of HIV-positive people in France have an undetectable viral load: many efforts are needed still in France and internationally: and thanks to PrEP we will be better armed to fight the epidemic.”

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

Scientific Papers/Conference Abstracts

Anal Douche Practices and Willingness to Use a Rectal Microbicide Enema for HIV Prevention and Associated Factors Among an Internet Sample of HIV-Negative and HIV-Discordant Male Couples in the US

Witchell JW, Sophus AI, Lee JY, et al. *AIDS and Behavior* 2015; [Epub ahead of print]

Abstract:

A significant proportion of MSM acquire HIV from their primary relationship partners. Rectal microbicides are currently being studied to determine their efficacy for HIV prevention, yet willingness to use rectal microbicides among male couples is largely unknown. Dyadic data from 333 HIV-negative and HIV-discordant male couples, representing 631 HIV-negative men, were used to assess anal douching practices and willingness to use a rectal microbicide for HIV prevention. 17 % of men douched 100 % of the time before having anal sex within their primary partner. Among those who had sex outside of their relationship, 36 % had douched 100 % of the time before having anal sex with a casual MSM partner. Most men (63 %) indicated a willingness to use a theoretically effective rectal microbicide prior to anal sex for HIV prevention. If found effective, rectal microbicides delivered as an anal douche may be an acceptable format for HIV prevention to some MSM who already engage in anal douching. Understanding current douching practices will be important in successfully promoting the uptake of rectal microbicides.

View the paper online: [Abstract](#)

Vital Signs: Estimated Percentages and Numbers of Adults with Indications for Preexposure Prophylaxis to Prevent HIV Acquisition — United States, 2015

Smith DK, Van Handel M, Wolitski RJ, et al. *MMWR* 2015;64(46):1291-1295

Abstract

Background:

In 2014, approximately 40,000 persons in the United States received a diagnosis of human immunodeficiency virus (HIV) infection. Preexposure prophylaxis (PrEP) with daily oral antiretroviral medication is a new, highly effective intervention that could reduce the number of new HIV infections.

Methods:

CDC analyzed nationally representative data to estimate the percentages and numbers of persons in the United States, by transmission risk group, with indications for PrEP consistent with the 2014 U.S. Public Health Service's PrEP clinical practice guideline.

Results:

Approximately 24.7% of sexually active adult men who have sex with men (MSM) (492,000 [95% confidence interval {CI} = 212,000–772,000]), 18.5% of persons who inject drugs (115,000 [CI = 45,000–185,000]), and 0.4% of heterosexually active adults (624,000 [CI = 404,000–846,000]), had substantial risks for acquiring HIV consistent with PrEP indications.

Conclusions:

Based on current guidelines, many MSM, persons who inject drugs, and heterosexually active adults have indications for PrEP. A higher percentage of MSM and persons who inject drugs have indications for PrEP than heterosexually active adults, consistent with distribution of new HIV diagnoses across these populations.

Implications for Public Health Practice:

Clinical organizations, health departments, and community-based organizations should raise awareness of PrEP among persons with substantial risk for acquiring HIV infection and their health care providers. These data can be used to inform scale-up and evaluation of PrEP coverage. Increasing delivery of PrEP and other highly effective HIV prevention services could lower the number of new HIV infections occurring in the United States each year.

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

Vital Signs: Increased Medicaid Prescriptions for Preexposure Prophylaxis Against HIV infection — New York, 2012–2015

Laufer FN, O'Connell DA, Feldman I, et al. *MMWR* 2015;64(46):1296-1301

Abstract

Background:

Approximately 3,000 incident cases of human immunodeficiency virus (HIV) infection occur in New York state each year. Daily HIV preexposure prophylaxis (PrEP) with the oral antiretroviral medication Truvada is a key component of New York's plan to end HIV/acquired immunodeficiency syndrome (AIDS) as an epidemic in the state by 2020.

Methods:

Prescription data from the New York state Medicaid program from July 2012 through June 2015 were analyzed with an algorithm using medication and diagnoses codes to identify continuous use of Truvada

for >30 days, after excluding use for postexposure prophylaxis or treatment of HIV or chronic hepatitis B infection.

Results:

During July 2012–June 2013, a total of 259 persons filled prescriptions for PrEP in the Medicaid program. During July 2013–June 2014, a total of 303 persons filled prescriptions for PrEP. During July 2014–June 2015, a total of 1,330 persons filled prescriptions for PrEP, a substantial increase over the previous 12 months. Across all periods studied, 1,708 Medicaid recipients filled at least one prescription for PrEP, most of whom were New York City (NYC) residents, male, aged <50 years, and, for those with available data on race, white.

Conclusions:

PrEP use by Medicaid-insured persons increased substantially in the years following statewide efforts to increase knowledge of PrEP among potential prescribers and candidates for PrEP. Other jurisdictions can follow New York state's example by taking similar steps to remove the financial and knowledge barriers experienced by both potential users and prescribers of PrEP.

Implications for Public Health Practice:

Although both state and local health department efforts contribute to the availability and use of PrEP, their collaboration enhances the successful implementation of strategies to increase PrEP use. In addition, the decision by the state Medicaid agency to cover PrEP recognizes the long-term benefits of preventing HIV infections.

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

Tenofovir-based oral preexposure prophylaxis prevents HIV infection among women.

Thomson KA, Baeten JM, Mugo NR, et al. *Curr Opin HIV AIDS* 2015; [Epub ahead of print]

PURPOSE OF REVIEW:

Despite tremendous promise as a female-controlled HIV prevention strategy, implementation of preexposure prophylaxis (PrEP) among women has been limited, in part because of disparate efficacy results from randomized trials in this population. This review synthesizes existing evidence regarding PrEP efficacy for preventing HIV infection in women and considerations for delivering PrEP to women.

RECENT FINDINGS:

In three efficacy trials, conducted among men and women, tenofovir-based oral PrEP reduced HIV acquisition in subgroups of women by 49-79% in intent-to-treat analyses, and by >85% when accounting for PrEP adherence. Two trials did not demonstrate an HIV prevention benefit from PrEP in women, but substantial evidence indicates those results were compromised by very low adherence to the study medication. Qualitative research has identified risk perception, stigma, and aspects of clinical trial participation as influencing adherence to study medication. Pharmacokinetic studies provide supporting evidence that PrEP offers HIV protection in women who are adherent to the medication.

SUMMARY:

Tenofovir-based daily oral PrEP prevents HIV acquisition in women. Offering PrEP as an HIV prevention option for women at high risk of HIV acquisition is a public health imperative and opportunities to evaluate implementation strategies for PrEP for women are needed.

View the paper online: [Abstract](#)

Resources, Webinars, & Announcements

Updated Fact Sheets from Office of Women's Health

Whether you call them sexually transmitted infections or sexually transmitted diseases, women are at risk of infection. More than 9 million women in the United States are diagnosed with an STI each year. The information you need to take control of your sexual and reproductive health is just a click away. Check out our 10 updated fact sheets:

- [Sexually transmitted infections](#)
 - [Bacterial vaginosis](#)
 - [Chlamydia](#)
 - [Genital herpes](#)
 - [Genital warts](#)
 - [Gonorrhea](#)
 - [Human papillomavirus or HPV](#)
 - [Pelvic inflammatory disease](#)
 - [Sexually transmitted infections, pregnancy, and breastfeeding](#)
 - [Syphilis](#)
 - [Trichomoniasis](#)
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ETR creates a PrEP patient education guide

STD: A Quick Guide

These spiral-bound cards provide easily accessible information about the basics about STDs along with more in-depth information.

<http://pub.etr.org/ProductDetails.aspx?id=100000005&itemno=H981>

Is PrEP for You? Using PrEP to Prevent HIV PrEP stands for pre-exposure prophylaxis and is an FDA-approved way for people to prevent HIV infection by taking a pill every day. Learn more below:

<http://pub.etr.org/ProductDetails.aspx?id=100000005&itemno=630>

VIDEO: Incidence of STDs are 'incredibly common' in patients with HIV

Healio Infectious Disease News | 11.19

The “incredibly common” incidence of sexually transmitted diseases among patients with HIV, particularly in men who have sex with men, was an ongoing area of focus at IDWeek 2015.

Ina Park, MD, medical director of the California STD/HIV Prevention Training Center and associate professor at the University of California, San Francisco, School of Medicine, reviews some of the sessions at the meeting that focused on STDs in patients with HIV and the take-home messages for providers. The incidence of drug-resistant STDs in patients whose immune systems have not reconstituted after initiation of HIV therapy and the increasing sexual transmission of hepatitis C virus were discussed, as well as recommendations for STD screening in patients with HIV.

“[STDs] can manifest in HIV-infected populations in very unusual or atypical ways – and so the traditional thinking that we might have about how an STD presents can sometimes be turned upside down,” Park says.

Watch the video: [Click here](#)

CDC News: Which Americans could benefit from PrEP?

Today, the Centers for Disease Control and Prevention published a **new report that finds 1 in 4 gay and bisexual men; 1 in 5 people who inject drugs; and 1 in 200 heterosexually active adults** are at substantial risk for HIV infection and **could benefit from more information about pre-exposure prophylaxis (PrEP)**, a daily pill for HIV prevention.

PrEP is a highly effective prevention option that, when taken daily, can reduce the risk of sexually acquired HIV infection by more than 90 percent and by more than 70% among people who inject drugs.

Key findings:

- Approximately 25% of sexually active gay and bisexual men had substantial risks for HIV consistent with PrEP indications;
- Nearly 20% of persons who inject drugs had substantial risks for HIV consistent with PrEP indications;
- And less than 1% of heterosexuals had substantial risks for HIV consistent with PrEP indications.

For more information, see our [press release](#). Additional reporter resources are available on the [NCHHSTP online newsroom](#).

WEBINAR: Updates From the 2015 National HIV Prevention Conference

DATE: Dec. 21

TIME: 12:00 – 1:30 PM CT

The University of Washington Public Health Capacity Building Center will host a webinar on Monday, December 21 from 12:00 to 1:30 p.m. CT to provide updates from the 2015 National HIV Prevention Conference held in Atlanta in early December. The hosts will share information, strategies, insights and best practices from the conference.

Topics will include:

- Prevention with Negatives
- HIV Testing
- Prevention with Positives
- High Impact Prevention Policies
- Organizational Development

To learn more and to register, visit the [webinar registration website](#).

Job/Internship Postings

Director (Academic Coordinator) - PAETC

Organization: Pacific AIDS Education and Training Center (PAETC)

App. Deadline: Dec. 15

Description

The Pacific AIDS Education and Training Center (PAETC) generates and administers approximately \$5 million annually in federal (HIV/AIDS Bureau in the Health Resources and Services Administration [HRSA]) and state (California State Office of AIDS) HIV training, education and technical assistance contracts and grants. PAETC, in turn, subcontracts significant portions of work and funds to 8 Local Partners (LPs) based largely at medical schools in 4 states (California, Nevada, Hawai'i and Arizona) and the 6 U.S. Pacific jurisdictions. PAETC's Central Office, housed in UCSF's Department of Family and Community Medicine, is responsible for overall program development, leadership, strategic planning, implementation, management and evaluation in compliance with funding agency guidelines. As PAETC is known for innovative, cutting-edge programs, the PAETC Director is expected to ensure this continued focus into the future to address the clinician training needs of the local domestic HIV epidemic. She or he will be responsible for the overall vision/direction, management and administration of PAETC's scope of work, operations and programs through policy development and fiscal decisions. The PAETC Director reports to the Principal Investigator, supervises the PAETC Evaluation Director, Program Manager, and Bay Area/North Coast Director, is a member of the Central Office Management Team, and sits on the PAETC Leadership Council.

Key Responsibilities

Program Direction & Management: Oversee, manage, monitor and evaluate subcontracts and program deliverables from 8 Local Partners (LPs) and the Central Office to address HRSA's national AETC priorities to increase the size and improve skills of the HIV clinical workforce, focusing on improvements on the HIV Care Continuum and meeting the goals of the National AIDS Strategy. Working closely with the PAETC Regional Clinical Director, the PAETC Director ensures compliance with PAETC's mission, priorities, scope of work and federal mandates. In partnership with PAETC's PI and Clinical Director, provide leadership to implement 2 new HRSA AETC initiatives: Interprofessional Education and Practice Transformation.

Responsibilities include:

- Identify regional goals and objectives for annual PAETC workplan, based on program priorities;

monitor progress to ensure completion of deliverables by Central Office and LPs.

- Develop mandates for LP and Central Office activities, based on adult learning principles and needs assessment results, to support regional goals and objectives; provide technical assistance to LPs as needed.
- Ensure resources are effectively and efficiently applied to support innovation, including the use of technology and distance-based methodologies where appropriate, and meeting funder-mandated project budget parameters.
- Identify and implement quality improvement initiatives to ensure continued program effectiveness.
- Provide guidance on regional evaluation strategy and process, ensuring outcomes are identified and results are applied for program improvement.
- Plan annual faculty and staff development activities, in collaboration with Regional Clinical Director and LP faculty and staff, to ensure high quality skills.
- Provide leadership for new regional program initiatives, based on strategic planning, and seek funding to implement new programs.
- Submit abstracts for presentations and posters at national conferences to disseminate lessons learned, as funding allows.
- Develop and lead major initiatives with other AETCs, other federally-funded training center partners, and local, state and regional partners, seeking collaborations as appropriate.
- Develop and maintain relationships with federal and state funding agencies, acting as main contact for all major contracting issues.
- Develop and maintain local and national liaisons with HIV providers, healthcare organizations, agencies and potential funders; represent PAETC as needed.
- Represent PAETC at national meetings of AETC directors and other national meetings.
- Represent PAETC on National Alliance of HIV Education and Workforce Development (NAHEWD: alliance of AETCs); member of national committees; participate in conference calls and attend meetings.
- Member of PAETC's Leadership Council and Steering Committee.
- Conduct bi-monthly Central Office Management Team meetings.

Assume overall responsibility for program administration, to include fiscal and grants management, and program staff supervision, to include Program Manager, Director of Evaluation, and Bay Area/North Coast Director. Examples of administrative duties include:

- Develop annual budget with PI and Fiscal Manager to meet HRSA requirements and program deliverables, including funding assigned to Local Partners.
 - Develop, implement, and monitor performance standards for Local Partners to ensure accountability.
 - Lead site visit teams to evaluate 8 LPs' program performance and contractual compliance and provide technical assistance; ensure site visit reports and follow-up action plans are produced.
 - Oversee and write competitive AETC grant applications for HRSA funding; respond to Conditions of Award, as needed; submit annual budgets and other required documents for ongoing funding.
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- Write new grant proposals to support new program initiatives and ensure ongoing support for HIV education/training/capacity building activities.
 - Submit 6-month and end-of-year progress reports to HRSA, HIV/AIDS Bureau.
 - Point of communication with Federal and State funders to resolve issues and provide requested information; hold monthly calls with HRSA Project Officer and participate in HRSA AETC Director calls.
 - Develop scope of work for California State Office of AIDS (SOA) contracts and other projects.
 - Participate in Department of Family and Community Medicine faculty meetings, updates, colloquia, etc. to represent PAETC.

Experience, Knowledge, and Skills

MPH, MPP, or other related graduate degree; Minimum 10 years of experience managing public health programs, including fiscal responsibilities, contract monitoring, and staff supervision; minimum 10 years of experience in HIV/AIDS, or related health field, program management; and networking and relationship building with community partners locally, state-wide and nationally. Experience in grant writing and progress reporting is required. Public health training experience is required.

- Knowledge and experience in HIV or related training program planning, implementation, management and evaluation.
- Knowledge of, and experience in applying adult learning principles and use of technology to increase clinician training program effectiveness and efficiency.
- Knowledge of the domestic HIV/AIDS epidemic.
- Demonstrated ability to write successful grant applications.
- Demonstrated ability to translate public health principles into practice.
- Demonstrated ability to design, conduct, and analyze needs assessments, and oversee monitoring and evaluation of training programs.
- Experience managing and administering complex program budgets; highly organized and advanced ability to prioritize projects.
- Demonstrated executive level analytical support and experience.
- Experience managing and administering grants and review committees.
- In-depth knowledge and understanding of project management in development and deliverables.
- Excellent interpersonal and communication skills; excellent quantitative and analytical reasoning ability; demonstrated ability to manage multiple responsibilities in a deadline-driven environment; demonstrated success in a fast paced and dynamic work environment , the ability to successfully balance and manage competing priorities and multiple tasks.

UC San Francisco (or UCSF) seeks candidates whose experience, teaching, research, or community service that has prepared them to contribute to our commitment to diversity and excellence. The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status.

Please apply online at <https://aprecruit.ucsf.edu/apply/JPF00560>

Learn More

More information about this recruitment: <http://main.hercjobs.org/jobs/7689484>

For more information: [Click here](#)

Policy and Communications Assistant – The AIDS Institute

Organization: The AIDS Institute

Location: Washington, D.C.

App. Deadline: December 18

Leading national HIV/AIDS and hepatitis public policy, advocacy, research, and education organization is seeking a **Policy and Communications Assistant** for its Washington DC office.

Successful applicant will:

- Work closely with organization leadership to enhance communications capacity.
- Maintain organization's databases, websites, and social media platforms.
- Prepare, design, and distribute communication materials.
- Provide general administrative and technical support for the Washington DC office.
- Receive a salary commensurate with experience and generous benefit package.

Required traits:

- Proficient use of Microsoft Word, Excel, Outlook and PowerPoint.
- Strong writing and editing skills.
- Strong organizational skills and attention to detail.
- Ability to work on multiple tasks simultaneously and shifting priorities.
- Ability to work well independently as well as part of a team.
- Ability to learn quickly and use content management systems for websites, email, newsletters, Facebook, Twitter, YouTube, LinkedIn and other emerging tools.
- Proficient use of computer, internet, telephones, and other office technology.
- General knowledge of government affairs activities and health policy.
- Equivalent combination of training, education and experience that demonstrates the ability to perform the duties of the position.

Preferred traits:

- Interest in public policy and helping people with HIV, viral hepatitis, and other chronic health conditions.
- Bachelor's degree or higher in a communications related field.
- 1-2 years of progressively responsible work experience.

In order to be considered for the position, please email the following by COB, December 18, 2015 to:

Human Resources at HR@theaidsinstitute.org

- Cover letter and resume preferably **attached as one document** in Microsoft WORD or PDF.
- Subject line of email must read: **"Policy and Communications Assistant - [Your Name]"**
- No telephone calls please.

The AIDS Institute is an equal opportunity employer that prohibits discrimination or harassment with respect to the hiring or promotion of individuals, conditions of employment, disciplinary and discharge practices, or any other aspect of employment on the basis of: age, color, disability, gender identity, HIV status, marital status, national origin, political affiliation, pregnancy, race, religion, sex, sexual orientation, veteran status or any other characteristic protected by law.

Individuals with HIV/AIDS, hepatitis, and people of color are encouraged to apply.

For more information: [Click here](#)

Aaron Kavanaugh

Office of Policy, Planning, and Communications

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