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Director for the Fung Fellowship for Wellness and Technology Innovation Program – UC Berkeley

Executive Director - ITPC

California Stories

No New HIV Infections in San Francisco Community PrEP Clinic

Emily Newman, BETA blog | 12.17

A trailblazing pre-exposure prophylaxis (PrEP) program by the San Francisco AIDS Foundation sexual health center Magnet was lauded at the 2015 HIV Prevention Conference. The PrEP health program began as a pilot program in November, 2014 and will continue to expand when it moves into a new health and wellness center, Strut, in San Francisco's Castro neighborhood. In early December, Magnet director Steve Gibson, MSW, shared lessons learned about the PrEP health program—which has seen no new HIV infections—at the conference in Atlanta, Georgia.

With an increasing number of community and health groups interested in scaling up PrEP access programs, practitioners across the country had the opportunity to learn about Magnet's model of care and how the center has been able to successfully enroll and retain people in the program.

The program started in November 2014 as a pilot program for people at risk of HIV but has expanded into a full-fledged PrEP health program with almost 700 men screened. PrEP is a method by which HIV-negative people can take a daily pill to prevent HIV infection.

"It was great to share our success at launching a nurse-led PrEP program showing that community-based organizations can, and need to, offer PrEP services for their clients," said Gibson.

Some of the results presented at the conference appear below.

Who's enrolling in the PrEP Program?

A total of 695 people have been screened for PrEP interest and eligibility with 90% enrolling in the program. The mean age of enrolled participants is 34 years with an age range of 18 to 71. Participants reported an average of 18.5 sexual partners per year with the most common reason for initiating PrEP being condomless sex (91%) followed by having an HIV-positive partner (12%). San Francisco AIDS Foundation recently opened a PrEP clinic at their main office located between the Tenderloin and South of Market neighborhoods of San Francisco which will increase access to PrEP services for transgender women and non-gay identified men who have sex with men.

Is condom use decreasing?

The majority of people enrolled in the PrEP health program reported the same or more condom-protected sex at each time point (72% at month 1; 70% at month 4; 63% at month 7).

"We found that most men do not increase the amount of condomless sex while on PrEP," said Pierre-Cédric Crouch, PhD, ANP-BC, the nursing director at Magnet. "About 91% of our clients were already having condomless sex when they started PrEP, so condomless sex was already high among our participants to begin with. But this is less than a year's worth of data. With more time we will be better able to understand how PrEP impacts a person's life."

PrEP retention & adherence

The program boasts high retention rates, with 79% of people completing the month 1 visit, 78% completing the month 4 visit and 80% completing the month 7 visit.

At each visit, PrEP program participants are asked the question, “How many doses have you missed in the last seven days?”

“We ask about the number of doses people have missed because we want to get an accurate assessment of how adherent people are being to the daily regimen. We ask how many doses have been missed as opposed to if they have missed any doses so that people feel comfortable telling us about missed doses. There can be a response bias if you ask questions where one answer is considered more acceptable—clients may want to say they are doing the ‘right’ thing to make their provider happy. Saying it’s okay to miss a dose and asking how many doses they missed helps you build an adherence plan together with the client,” explained Crouch.

Daily use of PrEP is the only method approved by the U.S. Food and Drug administration. Seven doses per week has been shown to provide the highest level of protection, while at least four doses per week provides an estimated 96% reduction in HIV risk. Gibson reported that participants maintained high adherence—defined as missing fewer than 3 doses in the past 7 days. At the month 1, 4 and 7 visits, 95%, 97% and 94% of participants, respectively, reported high adherence.

Sexually transmitted infections

PrEP program participants receive STI testing (and treatment, if needed) at every 3-month visit. At baseline, 4% of participants were treated for a rectal STI and 22% were treated for a pharyngeal or urethral infection or because they had sexual contact with another person diagnosed with an STI.

The incidence rates of STIs remained steady across visits, with rectal STI incidence rates ranging from 2% to 5% and the incidence rates of other STIs/STI contact ranging from 15% to 23%.

“STI rates stayed pretty much stable, but that wasn’t too surprising since people didn’t change their behavior much. It means that we are finding the right people to put on PrEP. Most importantly, there were no new HIV infections.” explained Crouch.

The model of care

At Magnet, nurse practitioners medically clear clients for PrEP, prescribe the drug Truvada and conduct medical follow-ups. Once a client has been determined to be medically eligible to take PrEP, they meet with a benefits navigator who helps them figure out how to pay for PrEP by taking advantage of existing insurance benefits, MediCal or copay assistance programs.

“Our program is structured to reduce as many barriers as possible that people may encounter when accessing PrEP. People can enroll in the PrEP health program in one visit. After seeing a nurse practitioner and if found to be eligible to take PrEP, clients meet with a benefits navigator. That same day, clients can walk out with a prescription for Truvada in hand, and know how they’re going to pay for it,” said Gibson.

The PrEP Health Program will continue when the Magnet clinic moves to Strut, at 470 Castro Street, San Francisco. Strut will open for drop-in appointments on January 4, 2016.

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

National Stories

Too many US schools are failing sex ed

Teenagers are having sex — and they should know how to protect themselves

Arielle Duhaime-Ross, The Verge | 12.9

In most of the US, fewer than half of US high schools teach all the sex ed topics the CDC recommends, according to [an agency report](#). Only 20 percent of middle schools do. About a third of teens ages 14 and 15 in the US say they've had sex at least once — which means that many adolescents are making sexual decisions without the information they deserve.

For high schools, the three best states were New York, New Jersey, and New Hampshire, where more than 75 percent of schools cover all the CDC's recommended information. The worst state was Arizona, where only one in five high schools taught all recommended topics. And middle schools in general fared worse than high schools did; the CDC couldn't find a single US state where the majority of middle schools met the government's goal for sexual health education.

Half of all sexually transmitted infections in the US — and nearly a quarter of the HIV diagnoses — occur in people who are younger than 25. And teens in the US are more likely to give birth than in most developed countries; though the teen pregnancy rate is dropping, it's still relatively high. That's why the CDC has recommended 16 topics for sexual education; these topics cover how to get and use condoms, how STIs are transmitted, and the health consequences that can arise from HIV and pregnancy. Studies have shown that sex ed doesn't increase sexual activity. Rather, it often delays teenagers' first sexual experiences and reduces sexual risk-taking.

"Young people are sexually active and that puts them at risk, especially if they don't have the information they need and skills they need to navigate those relationships well — and with good health," says Stephanie Zaza, director of the CDC's Division of Adolescent and School Health. "We have a really big opportunity, I think, for parents and communities to do a better job with providing our young people with the information they need to be healthy."

There are plenty of reasons for the gap between the CDC's recommended sex ed and reality, Zaza says. Some schools don't have enough money or qualified teachers for the classes. But sexual education courses are also stigmatized, with some lawmakers advocating abstinence-only programs for sexual health. "There are states that have pretty restricted rules about what can be taught," Zaza says. The schools are responding to social pressures.

For school administrators that find themselves in a jam, Zaza thinks giving people the numbers can work. "I think one of the most important things we can do is to provide the data and make it clear that this is an actual health challenge," she says. In some cases, telling people how STIs and pregnancy affect their community can make parents more willing to provide their children with better information.

"Parents need to be engaged in these issues, not only in helping their children but also in working with the schools to make sure they're meeting their children's health needs," Zaza says. "If we wait until kids

are already past puberty, already past the point of sexual initiation, before we start teaching them, we're really too late."

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

FDA issues final guidance on blood donations from MSM

As reported by Healio Infectious Disease News | 12.21

The FDA has released the final version of its blood donation safety guidelines, which allow men who have sex with men to donate if their most recent sexual contact was at least 1 year earlier.

"Relating in large part to the development of more sensitive HIV testing methodologies, there have been calls in the social and scientific literature to revisit the blood donor deferral policies that were established about 3 decades ago, in particular, with regard to the deferral of MSM," the agency wrote in the guidelines.

"FDA concludes that the available evidence most strongly supports a change from the indefinite deferral to a 1-year blood donor deferral policy for MSM, and FDA expects that this change will maintain or improve blood safety with respect to HIV. FDA will continue to monitor the safety of the blood supply, including the effect of a change to a 1-year deferral."

Despite this change, the agency continues to recommend that indefinite deferral remain for commercial sex workers and those who inject drugs.

In collaboration with the NIH's National Heart, Lung, and Blood Institute, the FDA has undertaken the creation of a national blood surveillance system that will allow the agency to monitor the effect of this policy change and to ensure the continued safety of the national blood supply.

Reference:

FDA. [Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products](#). Guidance for Industry. www.fda.gov. Accessed December 21, 2015.

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

UMMS scientists reveal new phase of HIV infection

As reported by Medical News Today | 12.17

Researchers at the University of Massachusetts Medical School have identified a new life cycle stage in HIV infection, thanks to a novel technique they developed to take images of intact infected cells. They've shown that this phase of infection, dubbed intra-nuclear migration, by principal investigator Abraham L. Brass, MD, PhD, relies on the human protein CPSF6 to guide the virus through the host cell's nucleus and position it at active genes where it prefers to make its home. Details of HIV's intra-nuclear migration and the imaging techniques used to find it were published in Cell Reports.

"This study reveals an important stage and mechanism in HIV infection that was previously unappreciated," said Dr. Brass, assistant professor of microbiology & physiological systems. "It's

important to know more about these early infection events so we can come up with ways to stop the virus from becoming part of our DNA and infecting us for life."

The key to learning about HIV's intra-nuclear migration came thanks to a new technique, ViewHIV, which was developed by Brass and his colleagues, Jill Perreira and Chris Chin, both research associates at UMMS; and Eric Feeley, a PhD candidate at Duke University. Using ViewHIV, the researchers are able to closely monitor the migration of HIV, which is made up of a protein capsule or capsid that contains the virus's DNA, as it passes through the nuclear membrane and moves around inside the nucleus. Up to this point, scientists have been unable to generate good images of HIV inside the nucleus using standard techniques. Because of this limitation, most insights into HIV's transit across the nuclear membrane have been gained through indirect molecular biology and biochemistry methods that evaluate large cell populations.

"There are certain characteristics of a virus you can only learn about by keeping it intact and seeing it in action in single cells," said Perreira, a co-lead author on the study. "Researchers have been studying HIV for 30 years, but we still didn't have a really good way to look inside infected cells. We thought that if we could just see what's going on, then we could get a better idea of what the virus is doing and how to stop it."

To take a look inside HIV-infected cells, the team developed ViewHIV. Adapted from existing technologies, ViewHIV is capable of generating images of both the viral genome and protein capsid simultaneously inside an infected host cell. ViewHIV pairs a very sensitive type of fluorescence in situ hybridization (FISH) with a monoclonal antibody that binds to the viral capsid. The key, according to Brass, was using a protease in preparing the samples. This allowed the capsid, tagged with a fluorescent antibody, to be seen in the images of the nucleus.

This technique allows scientists to visualize the movement and fate of the viral capsid, DNA and RNA inside the cell. Standard confocal microscopy is then used to take both horizontal and vertical photos of the cell that are re-assembled into detailed three-dimensional images of the cell.

Perreira and Chin, using the images produced by ViewHIV, were able to track the virus and its capsid as it moved through the cytoplasm, across the nuclear membrane and finally into the nucleus where it permanently integrates into the host cell's DNA. By knocking down certain host proteins, the researchers were able to observe what impact these proteins had on the virus' ability to enter the nucleus and integrate into the host genome.

They found that the viral capsid played an important role in the virus's ability to enter and navigate through the nucleus. Many studies hypothesized that HIV shed its protein capsid before it enters the nuclear pore complex. Brass's images clearly show that a portion of the capsid is still present and associated with the viral DNA after nuclear entry, with the final shedding of capsid occurring when the virus reaches its final destination. Further investigation showed that it is the capsid's use of the host proteins CPSF6 and TNPO3 that allow it to enter and navigate through the nucleus. Without this help, the virus gets stranded outside or at the edge of the nucleus.

The CPSF6 protein normally works to modify the cell's newly made messenger RNAs and its goal is to find active genes once it gets into the nucleus. Brass's study shows that when a cell is infected with HIV, the virus takes advantage of CPSF6 by hitching a ride on the protein, which is ferried across the nuclear membrane by the nuclear importer, TNPO3. Once inside the nucleus, HIV--because it's bound to CPSF6 --

is carried to active gene areas where it prefers to integrate. In the absence of TNPO3, the virus is unable to cross the nuclear membrane. And without CPSF6, it is unable to find the active gene regions that it prefers for integration. Instead it integrates into less active regions.

These findings point to a previously undescribed state in HIV's life cycle taking place between the time the virus enters the nucleus and the time its DNA is integrated into our genome, which was only discovered thanks to the development of ViewHIV.

"We believe ViewHIV is going to be a great tool for unlocking the mechanisms that govern the early state of HIV's life cycle," said Brass. "With our technique we can better determine how HIV establishes itself into our DNA and develop new ways to stop that from happening."

Reference:

[Direct Visualization of HIV-1 Replication Intermediates Shows that Capsid and CPSF6 Modulate HIV-1 Intra-nuclear Invasion and Integration](#) Christopher R. Chin, Jill M. Perreira, George Savidis, Jocelyn M. Portmann, Aaron M. Aker, Eric M. Feeley, Miles C. Smith, Abraham L. Brass. *Cell Reports* DOI: 10.1016/j.celrep.2015.10.036 Published Online: November 12, 2015

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

Abuse of Prescription Painkillers, Stimulants Ups Sexual Risks for Teens

Those taking these drugs with no prescription more likely to have multiple partners, forgo condom use, study says

As reported by HealthDay News | 12.14

Teens who use abuse prescription drugs such as narcotic painkillers are more likely to have sex or to participate in risky sexual behaviors, a new study suggests.

These risky behaviors included having sex with multiple partners, using drugs or alcohol before having sex or having sex without the use of a condom, the research revealed.

The study looked at a variety of prescription drugs that might be used recreationally by teens. These included the prescription painkillers Oxycontin, Vicodin, Percocet or codeine; sedatives such as Xanax or Ativan; or stimulant drugs used to treat attention-deficit hyperactivity disorder (ADHD), such as Adderall or Ritalin.

"About 1 out of every 5 high school students reported non-medical use of prescription drugs," said study author Heather Clayton, a health scientist in the division of adolescent and school health at the U.S. Centers for Disease Control and Prevention.

"This behavior is very concerning, as overdoses and deaths related to non-medical use of prescription drugs is on the rise," Clayton said. Deaths from prescription painkillers have quadrupled since 1999, she noted, with more than 16,000 people dead due to prescription painkillers in the United States in 2013.

And now, researchers link recreational use of prescription drugs to risky sexual behaviors.

But, the study couldn't show that recreational use of prescription drugs caused the risky sexual behaviors. "Non-medical use of prescription drugs and sexual risk behaviors are likely to be part of a constellation of risk-taking behaviors," Clayton said.

The findings were published online Dec. 14 in the journal *Pediatrics*.

For the study, the researchers reviewed surveys about risky behaviors completed by more than 29,000 high school students. Specifically, the survey asked, "During your life, how many times have you taken a prescription drug [such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin or Xanax] without a doctor's prescription?"

Compared to their peers who didn't use prescription drugs for recreational reasons, teens who used prescription drugs for non-medical reasons were:

- 16 percent more likely to have ever had sex,
- 26 percent more likely to be currently sexually active,
- 14 percent more likely to not have used a condom the last time they had sex,
- 32 percent more likely to have used drugs or alcohol before they had sex,
- 45 percent more likely to have at least four previous sexual partners.

The surveys also found that the more teens used prescription drugs recreationally, the more likely they were to engage in all of these risky behaviors.

Clayton said the researchers were surprised that the link between recreational use of prescription drugs and risky sexual risk behaviors remained even after the researchers adjusted the data to account for other factors, such as the use of illicit drugs and alcohol.

The findings highlight the challenges of adolescent brain development, said Moe Gelbart, a psychologist specializing in alcohol and chemical dependency at Torrance Memorial Medical Center in California.

The brain takes about 25 years to fully develop, Gelbart said. The parts of the brain focused on sensory experiences and emotions develop first while the frontal cortex, which controls judgment, develops last, he explained.

"In other words, we have teens who have hormones and needs for excitement and physical stimulation, but who lack the maturity and understanding of the consequences of their behaviors," Gelbart said. "When any substance use is thrown in the mix, the judgment aspect of the brain is severely affected. Thus, we have adolescents engaging in very high-risk behaviors."

While most teens won't become addicted to drugs or alcohol, earlier use does increase the risk of addiction in adulthood, Gelbart said. Drug use can also lead to legal problems, school problems, health issues and sexual behavior that may result in sexually transmitted infections, pregnancy and a poorer reputation, he said.

"The worst consequences involve imprisonment or death," he added. "The leading causes of death for teens are related to substance use."

Teens may choose to abuse prescription drugs at least in part because they are easier to access and may be cheaper than other drugs, said Dr. Scott Krakower, assistant unit chief of psychiatry at The Zucker Hillside Hospital in Glen Oaks, N.Y.

Teens can get them from friends or relatives who may have gotten them from health care practitioners, said Krakower. He recommended that parents make sure teens don't have access to these medications. That may mean removing them from the home or storing them in lock boxes, he said.

"If parents discover that their child is abusing prescription drugs, they should seek help immediately and should discuss this with their pediatrician or with a mental health professional," Krakower added.

He also said it may be worthwhile to consider implementing more sex education and HIV education into schools and improving teens' access to contraceptives.

SOURCES: Heather Clayton, Ph.D., M.P.H., health scientist, division of adolescent and school health, U.S. National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, U.S. Centers for Disease Control and Prevention; Moe Gelbart, Ph.D., psychologist, Torrance Memorial Medical Center, Torrance, Calif.; Scott Krakower, D.O., assistant unit chief, psychiatry, Zucker Hillside Hospital, Glen Oaks, N.Y.; January 2016 Pediatrics

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PrEP use may inform sexual decision-making among MSM

John Schoen, Healio Infectious Disease News | 12.8

Use of HIV pre-exposure prophylaxis may drive decisions about sex and condom use among serodiscordant couples, according to findings presented here at the CDC's National HIV Prevention Conference.

"In Seattle, we found that men are asking their sex partners about being on PrEP, and that it does appear to somewhat influence sexual decision-making," Christine M. Khosropour, MPH, from the department of epidemiology at the University of Washington School of Public Health, told Infectious Disease News.

PrEP use is increasing among men who have sex with men, according to researchers. Whether MSM incorporate PrEP use into their decisions about having sex and using condoms with a partner, however, has not been well studied, they said.

Khosropour and colleagues enrolled 913 MSM attending an STD clinic in Seattle from January to March. Respondents were part of an ongoing study of seroadaptive behaviors and HIV risk. They completed a computer-based survey on sexual behaviors in the past year, and those with an HIV-negative partner were asked whether they chose to have sex or used condoms based on whether their partner was taking PrEP. In addition, those taking PrEP were asked if they had condomless anal intercourse with an HIV-positive partner as a result of the respondent being on PrEP. Khosropour and colleagues examined the associations between sexual decision-making and the respondents' HIV status, condomless sexual intercourse and HIV treatment status.

The study included 911 HIV-negative respondent visits and 98 HIV-positive respondent visits.

The researchers said the discussion of PrEP with HIV-negative partners before sex was common but differed for HIV-positive and HIV-negative men (68% vs. 49%; $P = .004$).

More HIV-positive MSM than HIV-negative MSM decided to have sex based on their partners' PrEP use (29% vs. 16%; $P = .01$).

Results of the survey also indicated that HIV-positive MSM were more likely than HIV-negative MSM to not use a condom with an HIV-negative partner based on the partner's PrEP use (40% vs. 22%; $P = .001$).

HIV-negative MSM who incorporated their partner's PrEP use into their sexual decision-making were more likely to report condomless anal intercourse with an HIV-negative partner compared with those who did not base their decisions on partner PrEP use (81% vs. 68%; $P = .003$).

Additionally, MSM with HIV who reported taking ART were more likely to incorporate their partner's PrEP use into their sexual decision-making than MSM who were not taking ART (44% vs. 0%), as were MSM with an undetectable viral load compared with those with a detectable viral load (44% vs. 25%). However, neither of these findings was statistically significant.

"What we found was that for HIV-positive men, it seems that if their HIV-negative partner is on PrEP ... their decision about not using condoms is influenced by the partner being on PrEP," Khosropour said.

The researchers acknowledged that they did not have HIV testing data, and therefore could not determine if newly HIV-positive tests affect these behaviors. Another potential limitation to the study was that Khosropour and colleagues could not ascertain behaviors with specific partners.

The researchers added that ongoing surveillance of these behaviors is critical to understanding the potential individual and population-level effects on HIV risk.

"Rolling out PrEP is one step, but also from a behavioral perspective in clinical settings, [clinicians need] to make sure to counsel men about talking to their partners about PrEP," Khosropour said.

Reference:

Khosropour C, et al. Abstract 1897. Presented at: National HIV Prevention Conference; Dec. 6-9, 2015; Atlanta.

Disclosure: Infectious Disease News was unable to confirm relevant financial disclosures at the time of publication.

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

Two-drug ART with dolutegravir-lamivudine would be cost-effective and achieve substantial cash savings

Michael Carter, aidsmap.com | 12.17

Virologically suppressive first-line antiretroviral treatment with a two-drug regimen of dolutegravir (Tivicay) and lamivudine would be highly cost effective and could save US health systems approximately \$500 million over five years, according to the results of a mathematical model published in the online edition of *Clinical Infectious Diseases*. Switching a quarter of currently suppressed patients to the two-drug combination could achieve five-year savings of \$3 billion.

“We demonstrate that an induction-maintenance strategy of three-drug initial therapy with DTG/ABC/3TC [dolutegravir/abacavir/lamivudine] followed by DTG+3TC maintenance would be cost-effective in the US under plausible virologic efficacy assumptions; DTG+3TC as initial therapy could be even more cost effective,” comment the researchers. “We find that the induction-maintenance and two-drug strategies, if adopted, could save over \$500 million or \$800 million, respectively, in HIV therapy costs in the first five years compared to the current standard of care.”

The study’s findings are described as “important” by the authors of an accompanying editorial, who suggest that cost savings achieved with effective two-drug therapy could be used to improve rates of engagement and retention in care, both key to controlling the HIV epidemic in the US.

First-line HIV therapy normally consists of three drugs from two separate antiretroviral classes. This treatment usually costs upwards of \$30,000 per patient, per year.

Results of a pilot study presented to the 15th European AIDS Conference this year showed that first-line treatment with two just two drugs – the potent integrase inhibitor dolutegravir with lamivudine – had excellent virological efficacy over 48 weeks, with a favourable safety/toxicity profile. Full results will be published in 2016.

Investigators wanted to see if this two-drug combination would be cost effective and estimate the potential savings that would be achieved if it were used in first-line treatment strategies.

They constructed a model involving four treatment strategies for treatment-naïve patients in the US.

- No treatment – for modelling comparison.
- Initial treatment with dolutegravir and lamivudine.
- Induction and maintenance therapy – an initial three-drug regimen of dolutegravir/abacavir/lamivudine, followed by maintenance therapy with dolutegravir-lamivudine for patients with virological suppression after 48 weeks of induction therapy.
- Standard of care - three-drug therapy with dolutegravir/abacavir/lamivudine.

The authors calculated the incremental cost-effectiveness ratios (ICERs) for each strategy compared to the next least expensive strategy. A strategy was regarded as cost-effective if its ICER was below the accepted threshold of \$100,000 per quality-adjusted life year (QALY). A quality-adjusted life year in health economic terms is a year of perfect health and the ICER is the extra cost of buying a year of perfect health with a new intervention compared to the existing standard of care.

It was estimated that 93% of patients would have virological suppression after 48 weeks of three-drug treatment. The investigators adopted a cautious approach to the efficacy of two-drug therapy, assuming that 87% of patients would have a viral load below 50 copies/ml after starting treatment with this combination. They also assumed a virological failure rate of 0.6% per month for patients taking two-drug maintenance therapy; this compared to a monthly failure rate of just 0.1% for patients receiving the standard of care.

After applying discounts, the cost of annual treatment with dolutegravir/abacavir/lamivudine was input at \$24,500, and annual treatment with dolutegravir-lamivudine was calculated as costing \$15,200.

The five-year survival rate was 90% for standard of care, induction and maintenance therapy and two-drug treatment. The proportion of patients remaining on first-line treatment at year five ranged from 97% for patients receiving standard of care to 89% for patients who received initial two-drug therapy.

Compared to no treatment, the ICER for induction and maintenance therapy was \$22,500/QALY. Compared to induction and maintenance therapy, the ICER for standard of care was over \$500,000/QALY and was not cost effective. The clinical and economic outcomes of two-drug treatment were almost identical to those for induction and maintenance therapy (ICER compared to no therapy, \$26,000/QALY).

A 50% uptake by patients starting ART of either induction-maintenance therapy or two-drug therapy was calculated to achieve five-year cost savings of \$550 million and \$800 million, respectively. Savings reached \$3 billion if 25% of currently suppressed patients switched to dolutegravir-lamivudine.

“Given this substantial potential economic benefit alongside excellent clinical outcomes, if upcoming pilot data are promising, a fully-powered clinical trial to evaluate the non-inferiority of these strategies should be conducted,” conclude the investigators.

The study’s findings are described as “novel and compelling” in the accompanying editorial, the authors commenting, “two-drug strategies offer real potential to reduce HIV treatment costs, not only in the United States but in other countries as well.”

Reference:

Girouard MP et al. The cost-effectiveness and budget impact of two-drug dolutegravir-lamivudine regimens for the treatment of HIV infection in the United States. *Clin Infect Dis*, online edition, 2015.

Koenig SP et al. Stemming the tide: can new approaches to HIV treatment reverse the trend of rising drug prices in the United States? *Clin Infect Dis*, online edition, 2015.

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

25% of Grindr Users Are On PrEP, Many More Considering It, Says Survey

A quarter of the hookup app's users are taking PrEP, but anxiety and lack of information are still holding some others back.

Dominic Preston, Fronteirs Media | 12.8

As part of its ongoing Grindr for Equality program, the popular gay hookup app has partnered with health organizations to survey its users on their PrEP habits, with some interesting results.

Grindr teamed up with the San Francisco AIDS Foundation (SFAF) and the Centers for Disease Control and Prevention (CDC) to [survey thousands of the app’s members](#) on pre-exposure prophylaxis, to find out who uses it, who doesn’t, and why.

25.5% of those surveyed reported that they used PrEP, with an additional 55.7% claiming an interest in trying the medication in the future.

While 35% of those considering PrEP were worried about remembering to take a pill every day, adherence was actually high among users – 90% reported that they'd taken all seven doses over the previous week.

A lack of information seemed a major factor, with 51% of those interested in taking PrEP worried they don't know enough about it, and 37% of those who said they didn't want to try the drug admitting that lack of information was part of their concern.

Anxiety about bringing it up with a doctor was also widespread, with 17% of those who wanted to try it admitting that anxiety about talking to their doctor was part of why they hadn't started. This might be related to the fact that 21% of those wanting to try the drug admitted they weren't out to their doctor, while only 3.6% of those who were on PrEP were similarly in the closet with the doctor.

Watch Grindr's video to see some of the findings from the study, which will help inform the Grindr for Equality program over the next year.

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

myLAB Box Raises Half Million Dollars in Funding to Provide Consumers With At Home STD Testing

Press Release, PR Newswire | 12.10

Healthcare innovator [myLAB Box](#) announced today that it has secured *\$560,000* in angel funding for its progressive online program that empowers users to test for sexually transmitted diseases (STDs) from the privacy of home. These funds will allow myLAB Box to expand their services, offering hassle-free screening for HIV, Chlamydia, Gonorrhea and Trichomoniasis to consumers nationwide.

"This round of funding enables us to fully realize our vision to lead a major paradigm shift in the marketplace by bringing the lab to consumers' doorsteps," says CEO and Co-founder *Ursula Hessenflow*. "myLAB Box offers a positive customer experience and unprecedented convenience with the same accuracy as in-clinic testing, disrupting a market fraught with stalled innovation where incumbents have left customers grossly unengaged and thus prevented millions from testing."

The *CDC* has recently reported that '[America's worsening STD epidemic is a clear call for better diagnosis, treatment, and prevention.](#)' Studies show that meeting a partner online may make it 3 times more likely to contract an STD. The company addresses a *16 billion dollar* market in the U.S. alone, which is the annual cost to test and treat STDs.

myLAB Box test kits put healthcare in the hands of the individual with:

- [at-home STD test](#) packages, fitted to individual lifestyles
- discreet packaging and free delivery
- easy five-minute tests that can be completed whenever and wherever
- peace of mind with lab-certified results
- access to professional STD counselors

K5 Ventures in
Orange County, California

led this round helping to secure funding from the *Ace Fund* (a sidecar fund managed by members of the Tech Coast Angels), Houston Angel Network (the most active angel network in the U.S.), *Texas Halo Fund*, *Houston Health Ventures* and Pipeline Angels (a network of female investors investing in women-led social enterprises). Over 20% of funds raised in this round came from female investors.

The company is preparing to raise a Series A round in 2016.

"We are very excited for the myLAB Box team which has taken an inspiring concept and built around it an innovative and highly relevant business. The company is already serving as the go-to platform for at-home STD testing for thousands of people in the U.S. and recently became the first and only company to offer at-home STD testing nationwide," says *Stephen Block*, Managing Director of *K5 Ventures*. *David Franklin*, Managing Director of *Houston Health Ventures* adds: "We saw the clear need myLAB Box addressed in the market and made a decision to invest early."

About myLAB Box

Founded in 2013, myLAB Box is the first company to offer a nationwide at-home screening platform for STDs. Championing the motto "Safe is Sexy" the innovative e-retailer presents a solution with unprecedented ease, convenience and price. Suitable for men and women, the service empowers users to detect prevalent infections early in or out of relationships and take better care of their health.

Headquartered in
Los Angeles, California

. For more information, visit: <http://www.mylabbox.com>.

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

Scientific Papers/Conference Abstracts

Facilitators of HIV Medical Care Engagement Among Former Prisoners

Bracken N, Hilliard C, McCuller WJ, et al. *AIDS Education and Prevention* 2015;27(6):566-583

Abstract:

Linkage to and retention in medical care is a concern for HIV-positive individuals leaving custody settings in the United States. The minimal existing research points to low rates of entry into care in the months following release and lapsed viral control among releasees who are subsequently reincarcerated. We conducted seven small focus group discussions with 27 HIVpositive individuals who were recently incarcerated in a California State prison to understand those factors that facilitated linkage to and retention in HIV care following their release. We used a consensual approach to code and analyze the focus group transcripts. Four main themes emerged from the analysis: (1) interpersonal relationships, (2) professional relationships, (3) coping strategies and resources, and (4) individual attitudes. Improving HIV-related outcomes among individuals after their release from prison requires strengthening supportive relationships, fostering the appropriate attitudes and skills, and ensuring access to resources that stabilize daily living and facilitate the process of accessing care.

View the paper online: [Abstract](#)

Migration and HIV Risk Among Men Who Have Sex With Men, San Francisco, 2011

Lama TT, Sudhinaraset M, McFarland W, et al. *AIDS Education and Prevention* 2015;27(6):538-546

Abstract:

In San Francisco, MSM account for nearly 90% of HIV infections. Studies have postulated increased risk for HIV faced by MSM who migrate, particularly to urban environments, yet empirical data are lacking. In this study we analyzed data from the National HIV Behavioral Surveillance System collected in 2011 to ascertain whether nativity (U.S. versus foreign born) was associated with HIV prevalence, risk behavior, and service use. Among 510 MSM enrolled, HIV prevalence was 23.0%. Multivariable analyses demonstrate that while nativity was not associated with increased risk for HIV infection, those who had lived in San Francisco for more than five years had higher HIV prevalence compared to those who had lived for less than a year even after adjusting for age, race, income, education, and location of birth.

View the paper online: [Abstract](#)

Sexual abstinence and other behaviours immediately following a new STI diagnosis among STI clinic patients: Findings from the Safe in the City trial

Gallo MF, Margolis AD, Malotte CK, et al. *Sex Transm Infect* 2015; [Epub ahead of print]

Background

Few studies have assessed patients' sexual behaviours during the period immediately following a new diagnosis of a curable sexually transmitted infection (STI).

Methods

Data were analysed from a behavioural study nested within the Safe in the City trial, which evaluated a video-based STI/HIV prevention intervention in three urban STI clinics. We studied 450 patients who reported having received a new STI diagnosis, or STI treatment, 3 months earlier. Participants reported on whether they seriously considered, attempted and succeeded in adopting seven sex-related behaviours in the interval following the diagnostic visit. We used multivariable logistic regression to identify, among men, correlates of two behaviours related to immediately reducing reinfection risk and preventing further STI transmission: sexual abstinence until participants were adequately treated and abstinence until their partners were tested for STIs.

Results

Most participants reported successfully abstaining from sex until they were adequately treated for their baseline infection (89%–90%) and from sex with potentially exposed partners until their partners were tested for HIV and other STIs (66%–70%). Among men who intended to be abstinent until they were adequately treated, those who did not discuss the risks with a partner who was possibly exposed were more likely not to be abstinent (OR, 3.7; 95% CI 1.5 to 9.0) than those who had this discussion. Similarly, among men who intended to abstain from sex with any potentially exposed partner until the partner was tested for HIV and other STIs, those who reported not discussing the risks of infecting each other with HIV/STIs were more likely to be sexually active during this period (OR, 3.5; 95% CI 1.6 to 8.1) than were those who reported this communication.

Conclusions

Improved partner communication could facilitate an important role in the adoption of protective behaviours in the interval immediately after receiving a new STI diagnosis.

View the paper online: [Abstract](#)

Action Tweets Linked to Reduced County-Level HIV Prevalence in the United States: Online Messages and Structural Determinants

Ireland ME, Chen Q, Schwartz A, et al. *AIDS and Behavior* 2015; [Epub ahead of print]

Abstract:

HIV is uncommon in most US counties but travels quickly through vulnerable communities when it strikes. Tracking behavior through social media may provide an unobtrusive, naturalistic means of predicting HIV outbreaks and understanding the behavioral and psychological factors that increase communities' risk. General action goals, or the motivation to engage in cognitive and motor activity, may support protective health behavior (e.g., using condoms) or encourage activity indiscriminately (e.g., risky sex), resulting in mixed health effects. We explored these opposing hypotheses by regressing county-level HIV prevalence on action language (e.g., work, plan) in over 150 million tweets mapped to US counties. Controlling for demographic and structural predictors of HIV, more active language was associated with lower HIV rates. By leveraging language used on social media to improve existing predictive models of geographic variation in HIV, future targeted HIV-prevention interventions may have a better chance of reaching high-risk communities before outbreaks occur.

View the paper online: [Abstract](#)

Resources, Webinars, & Announcements

Final guidance, "Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products."

FDA

FDA is announcing the availability of the final guidance, "Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products." The final guidance may be found on FDA's website at

<http://www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/Blood/UCM446580.pdf>.

The major change being effected is that men who have sex with men will be deferred from donating blood for twelve months since last sexual contact with another man, instead of being indefinitely deferred.

As we make this change, we affirm our commitment to further progressing blood donor deferral policies as supported by scientific evidence that is developed, including investigation of shorter deferral interval and individual risk assessment.

If you have any questions, please contact FDA's Center for Biologics Evaluation and Research at ocod@fda.hhs.gov.

Richard Klein

Office of Health and Constituent Affairs
Food and Drug Administration

Kimberly Struble

Division of Antiviral Products
Food and Drug Administration

Steve Morin

Office of Health and Constituent Affairs
Food and Drug Administration

PrEP Q&A in four languages

A recent Q&A document on PrEP from UNAIDS is now available in four languages: [French](#), [Russian](#), [Spanish](#), [English](#)

Outbreaks: Protecting Americans from Infectious Diseases

Robert Wood Johnson Foundation | December, 2015

A snapshot of efforts to prevent and control infectious diseases in states shows that just five states received a high score, meeting eight out of 10 indicators (Maryland, Massachusetts, Tennessee, Vermont, and Virginia) while one (Arkansas) met only two.

The Issue:

While some improvements have been made over the past decade in the country's ability to protect Americans from, and respond to, emerging infectious diseases, wide variations exist from state to state, raising questions as to our ability to respond to new threats, such as Ebola.

Key Findings:

[Trust for America's Health](#), with funding from the Robert Wood Johnson Foundation, assessed each state's policies and capacities to protect people from infectious diseases using 10 indicators to measure areas of high priority and concern. They found:

- **Preparing for emerging threats**—Only 27 states and the District of Columbia met or exceeded the average score for Incident Information and Management in the National Health Security Preparedness Index™.
- **Vaccinations**—Only 14 states vaccinated at least half their population against seasonal flu.
- **Healthcare associated infections (HAIs)**—One in every 25 people hospitalized each year contracted an HAI. Only 10 states improved their performance in this area.
- **Sexually transmitted infections**—New HIV infections rose among young gay men (up 22%) and young black men (up 48%). Thirty-seven states have in place the necessary reporting requirements to help prevent further transmission of HIV.

- **Food safety**—38 states met the national performance target of testing 90 percent of reported *E.coli* cases within four days.

Conclusion:

For our system to better match modern global disease threats, the authors recommend updating our public health system around a core set of abilities that include investigative capabilities to quickly diagnose outbreaks, containment strategies, drilling and training for hospital responses, improving reporting and implementation of infection control practices, and streamlined and effective communication channels.

About the Study:

The 10 indicators used in this study were selected in consultation with leading public health and health care officials.

For more information and to download the report: [Click here](#)

Job/Internship Postings

Director, Public Health Laboratory – SFDPH

Organization: San Francisco Department of Public Health
Location: San Francisco, CA
Salary: \$118,326.00 - \$151,034.00/year
App. Deadline: January 8, 2016

Under general administrative direction of the Population Health Division’s Director of the Disease Prevention and Control (DPC) Branch and, if necessary, scientific supervision of the consulting Laboratory Director, the 0932 Manager IV - Director, Public Health Laboratory manages the Public Health Laboratory which provides laboratory services to sections within the Department of Public Health (DPH) and other health related agencies; the responsibilities are scientific and administrative in nature.

ESSENTIAL DUTIES:

The 0932 Manager IV - Director, Public Health Laboratory performs the following essential duties:

- Plans, organizes, and directs the activities of the City and County of San Francisco’s (CCSF) Public Health Laboratory;
- Determines which services and methods to be used by the laboratory based on availability, clinic requests, and other factors;
- Assists the DPC Director and the Operations, Finance and Grants Management Branch to develop, implement, and monitor the laboratory budget which includes general fund as well as several grant funding sources;
- Develops, reviews and evaluates the Public Health Laboratory’s overall quality assurance plan which includes, but it not limited to equipment procurement and maintenance, personnel evaluation, proficiency testing, accuracy of reports, and relevancy of testing methods;
- Recruits and mentors laboratory staff which includes training incoming laboratory professionals, evaluates staff performance, and provides coaching, if needed;

- Prepares technical and administrative reports for grant, publications and regulatory requirements;
- Serves as a technical consultant/resource for Department of Public Health healthcare providers and divisions;
- Develops and presents educational and/or training sessions to colleagues and staff, as needed;
- Maintains and fosters communication with laboratory users; and
- Attends meetings and represents the department.

The 0932 Manager IV - Director, Public Health Laboratory performs other duties as required.

Minimum Qualifications

1a. Possession of an earned doctoral degree, from an accredited college or university, in public health, veterinary medicine, or a chemical, physical, biological, or clinical laboratory science; **AND**

1b. Possession of valid board certification (or eligibility, see Conditions of Employment) by a minimum of one (1) of the following Boards for Laboratory Directors of High Complexity Testing, approved by the United States Department of Health and Human Services:

- American Board of Bioanalysis (ABB) - www.aab.org
 - ABB Bioanalyst Clinical Laboratory Director (HCLD) boards exam, including microbiology or public health microbiology exams
 - ABB Public Health Laboratory Director board exam, including public health microbiology exam
- American Board of Medical Laboratory Immunology (ABMLI) - www.asm.org
 - ABMLI exam
- American Board of Medical Microbiology (ABMM) - www.asm.org
 - ABMM exam; **AND**

1c. Thirty (30) months (2 ½ years) of verifiable professional experience in a Public Health Laboratory; **AND**

1d. Twelve (12) months of verifiable experience directing or supervising high complexity testing.

OR

2a. Possession of a valid license as a Doctor of Medicine or Doctor of Osteopathy by the Medical Board of California; **AND**

2b. Possession of valid board certification in anatomic and/or clinical pathology by the American Board of Pathology or the American Osteopathic Board of Pathology; **AND**

2c. Thirty (30) months (2 ½ years) of verifiable professional experience in a Public Health Laboratory; **AND**

2d. Twelve (12) months of verifiable experience directing or supervising high complexity testing.

Conditions of Employment:

A. For applicants qualifying with Minimum Qualification (MQ) # 1b above: Board eligible applicants must submit an official letter, from one of the Boards identified in MQ #1b, certifying eligibility to participate in the one of the examinations identified in MQ #1b.

B. For applicants qualifying with MQ # 1b above: Within eighteen (18) months of hire, employee must possess valid board certification from one of the Boards identified in MQ #1b.

C. Within eighteen (18) months of hire, employee must possess a valid Public Health Microbiologist (PHM) certificate issued by the California Department of Public Health, Laboratory Field Services – Public Health Laboratory Program. <http://www.cdph.ca.gov/programs/lfs/Pages/PublicHealth.aspx>

Desirable Qualifications:

The stated desirable qualifications may be used to identify job finalists at the end of the selection process when candidates are referred for hiring.

- Experience developing and utilizing molecular assays for the detection of microorganisms
- Experience and training in disaster preparedness, including the National Incident Management System (NIMS)
- Experience in the presentation of scientific data, including oral and manuscript presentation
- Ability to facilitate a constant evolution of testing strategies for detection of HIV, STDs, and Mycobacterium tuberculosis, as well as other communicable diseases
- Extensive experience conducting and evaluating infectious disease related research projects

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

Director for the Fung Fellowship for Wellness and Technology Innovation Program – UC Berkeley

Organization: Fung Fellowship for Wellness and Technology, UC Berkeley

Location: Main Campus, UC Berkeley

The University of California, Berkeley, is one of the world's most iconic teaching and research institutions. Since 1868, Berkeley has fueled a perpetual renaissance, generating unparalleled intellectual, economic and social value in California, the United States and the world. Berkeley's culture of openness, freedom and acceptance—academic and artistic, political and cultural—make it a very special place for students, faculty and staff.

Berkeley is committed to hiring and developing staff who want to work in a high performing culture that supports the outstanding work of our faculty and students. In deciding whether to apply for a staff position at Berkeley, candidates are strongly encouraged to consider the alignment of the Berkeley Workplace Culture with their potential for success at <http://jobs.berkeley.edu/why-berkeley.html>.

Application Review Date

The First Review Date for this job is: 12/16/2015

Departmental Overview

The new Fung Fellowship for Wellness and Technology Innovation Program (Program) serves as a new model of collaboration across multiple organizations. It will be based at UC Berkeley School of Public Health but developed and operated by a team of collaborators from throughout the campus and industry. The two-year Program will shape a new generation of entrepreneurial leaders focused on transforming health and wellness. The Program will provide a novel, cross-disciplinary, experiential learning approach and the application of innovative solutions to real world problems. A cohort of 50 undergraduate Fellows per year will be drawn from the engineering, public health, business, computer science and liberal art fields. The Director will lead the team and partners to develop a preeminent, interdisciplinary program that bridges world class academics at UCB with the dynamic opportunities in industry and communities. The Director will provide leadership and management to operationalize and achieve the vision of the new Fung Fellowship for Wellness and Technology Innovation.

The Director will work with the team to design and launch the initial phases of the Program by August 2016 and lead its evolution beyond. The successful candidate will have the passion, skills and experience

to develop and continuously innovate a new, interdisciplinary venture related to health, product design and technology. The candidate must also successfully get things done within and across academic and industry environments.

This is a two-year contract with full UC Benefits.

Responsibilities

- Provides highly complex analyses across a broad spectrum of programs, policies and initiatives or provides in-depth, complex analyses as a specialist in one policy field.
- Develops and coordinates policy communications; formulates strategies for education and enforcement. Designs and oversees the application process and marketing plan to attract target students. Oversees an extensive selection process for the cohort of Fung Fellows. Develops and oversees a team and system for recruitment and management of Fellows Team Projects. In collaboration with the Center for Public Health Practice designs, oversees and administers the internship components of the Fellows Program
- Develops and advocates solutions to system issues, including developing and administering new systems, policies, processes, or programs. Establish and oversee strategic, project, operational and financial plans to achieve intended milestones and outcomes. Initiates new program innovations in response to student and industry experience, feedback and engagement. Leads a team of lower level analytical and administrative staff.
- Provides analyses for complex budget, financial, academic, data, systems and resource projects working directly with all levels of managers and partners.
- Proposes, leads and/or participates on policy and planning committees and working groups. Guides and directs planning which may include senior campus management, faculty, and/or external constituencies. Develops and maintains effective working relationships with the funder and key partners for co-creation, alignment and continuous innovation. Builds and leads collaborative design and implementation teams within the School of Public Health and across campus that utilize cutting edge tools for design and innovation. Builds strong partnerships and collaborations within the School of Public Health, across campus and with industry and community partners.
- Develops proposals and recommendations to guide and support a broader strategic direction for the organization. Engage other funders and partners in Program and for new related ventures. Makes high level contacts of a sensitive nature, internally and externally requiring discretion and diplomacy in order to negotiate with or persuade officials to adopt the proposed solution.
- Collaborates with Finance and IT to coordinate the development, implementation and monitoring of new programs and processes. Oversees the development and delivery of an online platform and integrated curriculum including innovative, experiential learning modules for Public Health, Engineering, and Leadership courses.
- Leads and directs a wide variety of projects and follows through with all levels of staff and individuals inside and outside the organization. Recruits and manages Program staff and Faculty. Generates excitement, engagement and support for the Program throughout campus. Develop plans to optimize student participation and benefits. Nurtures, maintains, and grows partnerships with “clients” from programs served communities including veterans, seniors and at-risk youth
- Develops and presents complex proposals and/or business plans on a broad range of issues to include problem identification, costs, benefits and options.

Required Qualifications

- Proven track record in developing innovative new programs in academic and/or industry settings.

- Leadership experience with programs involving health, wellness and/or product design or technology (preferred)
- Vision for innovation at the intersection of health, wellness and technology
- Proven track record in building interdisciplinary teams and projects.
- Entrepreneurial, flexible approach to leadership and program development
- Ability to incorporate innovative pedagogy and best practices for online and/or in person education
- Advanced ability to create, build, and sustain internal and external collaborations with multiple academic, corporate and community partners.
- Ability to teach, mentor and coach top undergraduate students from a diverse range of personal and academic backgrounds.
- Ability to effectively represent the Fung Fellowship and UC Berkeley School of Public Health.
- Thorough knowledge of campus processes, protocols and procedures.
- Intermediate to advanced knowledge of common campus-specific computer applications.
- Strong analytical/problem-solving skills.
- Strong communication and interpersonal skills to communicate effectively with all levels of staff and influence, both verbally and in writing.
- Small to mid-level project management skills.
- Ability to multi-task with demanding timeframes.
- Ability to use discretion and maintain all confidentiality.

Education/Training:

- Bachelors degree in related area and/or equivalent experience/training. A minimum of (5) years of equivalent experience/training in public health, healthcare, engineering, product design, digital business and technology or educational technology.

Salary & Benefits

Salary to commensurate w/ experience.

For information on the comprehensive benefits package offered by the University visit:

<http://ucnet.universityofcalifornia.edu/compensation-and-benefits/index.html>

How to Apply

Please submit your cover letter and resume as a single attachment when applying.

Criminal Background Check

This position has been designated as sensitive and may require a Criminal Background Check. We reserve the right to make employment contingent upon successful completion of a Criminal Background Check.

Equal Employment Opportunity

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, or protected veteran status. For more information about your rights as an applicant see:

http://www.eeoc.gov/employers/upload/poster_screen_reader_optimized.pdf

For the complete University of California nondiscrimination and affirmative action policy see:

<http://policy.ucop.edu/doc/4000376/NondiscrimAffirmAct>

For more information: [Click here](#)

Executive Director - ITPC

Organization: International Treatment Preparedness Coalition

App. Deadline: January 31, 2016

The International Treatment Preparedness Coalition (ITPC) is looking to recruit a candidate with strong and proven leadership, fundraising, and advocacy skills to take on the position of Executive Director.

The Executive Director will lead ITPC in building a global movement to achieve treatment access for HIV (and associated co-infections) through direct management of the ITPC Global Team and associated Regional Networks and partners, including creating linkages with major stakeholders working on HIV treatment access.

ITPC has four main areas of work:

1. Treatment Education and Research,
2. Health Financing and Accountability,
3. Intellectual Property Rights / Access to Essential Medicines, and
4. Building Activism.

For more information: [Click here](#)

Aaron Kavanaugh

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STD Control Branch, California Department of Public Health
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