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Health Policy and Health Services Research Program Officer – CHRP

California Stories

LAUSD partners with app to connect students with health clinics

KPCC Staff, KPCC | 2.20

In a world where everything from reading books to dating can be done online, Healthvana is now making HIV and STD testing digital with an app — and it is LAUSD approved.

LAUSD has partnered with Healthvana to put posters in high school health classes that point students to an app that connects students to pre-screened, "youth-friendly" clinics.

"Our goal is to provide the best referral systems with the best innovative technology to get the kids in the door as soon as possible," said Timothy Kordic, program manager at LAUSD's health education office's HIV prevention unit. "What better way than what they have on their body at all times, which is pretty much their cellphone."

Kordic said that LAUSD has had an ongoing relationship with Healthvana for a number of years, and feels certain the company is a trusted resource.

Sometimes clinics seem to have the services youth are looking for, but then it turns out not to be the case, Kordic said. Healthvana's app tailors its results to youth looking for safe places to tend to their sexual health.

"Once youth have a barrier many times they just drop out of that," Kordic said. He said Healthvana helps to eliminate any possible barriers between youth and their sexual health, be the issue be paperwork or comfortability.

Healthvana's app allows allows for appointments, registration and test results all to be delivered via smartphone.

The app is also known for pairing up with popular dating app Tinder, to give users a resource to get checked for STDs, Time reported.

A 2013 article on Mashable referred to a Pew Research Center study that noted that 17 percent of teenagers have explored the Internet to learn about sensitive topics that include sexual health. An examination of teenage tech-use habits in 2015 also notes that 73 percent of teens have access to smartphones.

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

California school board OKs condoms at middle schools

San Francisco Unified School District will distribute condoms to middle school students

Tom Tucker, CBS Local | 2.24

The San Francisco Unified School District school board has unanimously approved a controversial decision to distribute condoms to middle school students.

School officials say the policy change comes after survey results show some young students are sexually active. The plan is part of San Francisco Unified School District's effort to further prevent sexually transmitted diseases and teen pregnancy.

Kevin Gogin, the district's director of safety and wellness says that 5 percent of the public middle schoolers surveyed are sexually active. Of those, 3 percent are using condoms.

In addition to supplying condoms at middle schools, the superintendent's changes recommended eliminating the exemption option for parents. Parents would still be notified annually about the program.

Studies of high schools in New York City, Philadelphia and Chicago found positive effects of condom availability programs.

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

National Stories

Man on Daily PrEP Regimen Contracts HIV, According to Study

Rich Juzwiak, Gawker | 2.25

The first case of HIV contraction in a person taking PrEP (pre-exposure prophylaxis, or a antiretroviral drug cocktail used to protect people from contracting HIV) daily has been documented and presented by David Knox, MD, an HIV specialist at the Maple Leaf Medical Clinic, at the 2016 Conference on Retroviruses and Opportunistic Infections (CROI) in Boston, according to Poz. The site reports:

Evidence suggests that the individual in question, a 43-year-old man who has sex with men, adhered well to PrEP over the long-term. Nevertheless, after 24 months on Truvada he tested positive for HIV. Initial tests indicated that he was acutely (very recently) infected: He tested positive for the p24 antigen, which appears within about three weeks of HIV infection and disappears a few weeks afterward; and at that time he tested negative for HIV antibodies, which typically appear two to eight weeks after infection.

And furthermore:

“After 32 years of experience with HIV research, I have learned never to say ‘never’,” said Robert M. Grant, MD, MPH, a professor at the University of California, San Francisco, who was the head of the iPrEx trial that first proved PrEP’s effectiveness among MSM and transgender women in 2010. “Yet I also think that gay men benefit from feeling safer during sex, and I am grateful that PrEP affords that feeling.”

Pharmacy records indicated that the man in the case study had consistently filled his Truvada prescription on schedule. Dried blood-spot testing on a sample taken 16 days after he tested positive for HIV indicated that he had adhered well to Truvada during the previous one to two months, a period that overlapped with the estimated time when he contracted the virus.

“This person claims he was taking PrEP every day and I believe him,” said Grant.

The man tested positive for a strain of the virus that was resistant to multiple drugs, including emtricitabine and tenofovir, which make up Gilead's Truvada, the current antiretroviral cocktail on the market that's used as PrEP. Poz adds, "Despite all these resistance mutations, the man in the case study is currently taking HIV treatment and has a fully suppressed viral load." And also:

What is more rare is a virus that is highly resistant to both tenofovir and emtricitabine, as in this new case report. Indeed, according to Grant, among more than 9,200 participants in the clinical trials of PrEP, such a virus that was highly resistant to both components of Truvada was never seen.

The takeaway is that PrEP is not 100 percent effective, as many hoped it was. That doesn't mean that it's ineffective (its efficacy has been estimated by some to be as high as 99 percent), it just means that like virtually everything, it is not the perfect, absolute solution to the HIV epidemic. Antiretrovirals are incredibly powerful tools in curbing the spread of HIV—a study of hundreds of sero-different couples amounting to tens of thousands of condomless sexual encounters found not one instance of transmission of HIV from the positive partner to the negative.

Also presented at the conference was the CDC's estimation that PrEP has the potential to reduce new infections in the United States by 70 percent, according to the Advocate.

And while this PrEP news is sobering, it's far from the most sobering HIV-related headline of the week. That honor goes to the CDC's estimation that if rates continue as they are, one in two black men who have sex with men will contract HIV in his lifetime. Fifty percent. For a variety of reasons, that population is particularly underserved when it comes PrEP and HIV treatment as a whole.

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

C.D.C. Investigating 14 New Reports of Zika Transmission Through Sex

Sabrina Tavernise, The New York Times | 2.23

Health authorities in the United States said they were investigating 14 new reports of the Zika virus possibly being transmitted by sex, including to pregnant women. If confirmed, the unexpectedly high number would have major implications for controlling the virus, which is usually spread by mosquito bites.

Scientists had believed sexual transmission of Zika to be extremely rare. Only a few cases have ever been documented. But if all the women in the cases the Centers for Disease Control and Prevention is examining test positive for the virus — as two women already have, and four others have done in preliminary lab tests — officials believe there is no way other than sex that they could have contracted it.

The specter of so many cases — all in the continental United States — brings fresh complexity to the medical mystery of Zika. The virus is suspected to cause birth defects and a rare condition of temporary paralysis.

"We were surprised that there was this number," Dr. Anne Schuchat, the deputy director at the C.D.C., said in an interview. "If a number of them pan out, that's much more than I was expecting."

Every week, we'll bring you stories that capture the wonders of the human body, nature and the cosmos.

In all the cases the C.D.C. is examining, women in the continental United States had sex with men who had traveled to countries where the virus is circulating, and developed symptoms associated with the virus within about two weeks of their male partners' symptoms.

Officials at the C.D.C. reported the potential cases in an alert to health care providers on Tuesday.

The agency did not say exactly how many of the women were pregnant, but it reiterated its recommendation that people returning from Zika-infected areas use condoms or abstain from sex for the duration of their partner's pregnancy. The alert said there was no evidence that women could transmit Zika virus to their sex partners, but added that more research was needed to be sure.

This country has become a laboratory of sorts to test the sexual transmission of Zika, as scientists race to understand the disease. Transmission by mosquitoes is not yet happening in the continental United States because it is still winter, so health officials say they believe that any infection of an American resident who has not traveled to a place where Zika is circulating has probably been contracted through sex.

"In the U.S., where most people aren't traveling to these areas, we may be able to uncover the potential risk," Dr. Schuchat said.

In all, the United States has around 90 cases of Zika, according to the most recent count from the C.D.C., most of them contracted by people who had traveled to Latin America, currently the center of the virus. If confirmed, the new reports of sexual transmission would represent about 15 percent of that total.

"It's beginning to look as though Zika can be more readily transmitted sexually than we first anticipated," said Dr. William Schaffner, professor of preventive medicine at Vanderbilt University Medical School. "These data are illuminating some of the things we don't know."

Zika was originally identified in the 1940s in Africa. For most people, it is a relatively mild virus, causing rashes, red eyes and joint pain; many people have no symptoms at all. But the association with a condition known as microcephaly, in which babies have been born with unusually small and deformed heads to women who had Zika during pregnancy, has raised global alarms. On Feb. 1, the World Health Organization declared the virus and its link to the birth defects a public health emergency.

Questions about how frequently Zika can be transmitted by sex and how long the virus can stay in semen are particularly urgent here, given the large volume of travel between the United States and Central and South America. There were about 5.5 million visitors from South America to the United States in 2014, and nearly a million from Central America, according to figures from the Department of Commerce.

And with the season for mosquitoes — still believed to be the primary mode of infection — nearing in the United States, Tuesday's report is likely to further complicate preparations in states across the country.

“This suggests that along with virus in the blood, Zika is gaining access to other fluids, including semen,” said Dr. Peter J. Hotez, dean of the National School of Tropical Medicine at Baylor College of Medicine. “Anyone who is pregnant and lives in an area where the Zika virus is circulating will need her male partner to use condoms. In the coming weeks, that may include the U.S. Gulf Coast.”

Testing of semen may be difficult. Patients at real risk in the United States need to be first tested by standard blood testing before the testing of semen would even be considered, said Dr. Gary W. Procop, a professor of pathology at the Cleveland Clinic. Only the C.D.C. and state laboratories do such testing, and only for people determined to be at high risk, he said.

Scientists have suspected for several years that Zika could be transmitted sexually.

In 2008, a malaria specialist who caught the Zika virus while gathering mosquitoes in Africa passed the infection to his wife shortly after his return to northern Colorado. Because his wife had not left the state and there were no mosquitoes in the region capable of carrying Zika — and because the couple did not infect any of their four children — experts concluded the only logical explanation was transmission through sex.

Last year, French scientists described finding viable Zika virus in the semen of a 44-year-old Tahitian man who had recovered from an infection during a 2013 outbreak in French Polynesia.

And the health authorities in Britain recently described a case of a 68-year-old British man who contracted Zika in the Pacific islands in 2014. After the man recovered, the researchers conducted follow-up tests for the virus. It could still be found in the semen 62 days after the man’s illness started, according to a report in Live Science.

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

NIH-Funded Study Finds Effect of PrEP on Bone Density is Reversible

Press Release, NIAID | 2.23

WHAT:

The slight loss in bone mineral density associated with HIV pre-exposure prophylaxis (PrEP) antiretroviral use is reversible in young adult patients who stop taking the drugs, according to findings presented by researchers today at the 23rd Conference on Retroviruses and Opportunistic Infections (CROI) in Boston. PrEP is an HIV prevention strategy in which at-risk HIV-negative people take a daily pill of Truvada, which contains the antiretroviral drugs tenofovir and emtricitabine, to prevent them from becoming infected.

The findings result from a bone mineral density substudy of two large clinical trials, iPrEx and iPrEx OLE, funded by the National Institute of Allergy and Infectious Diseases (NIAID). Data from the substudy presented today illustrate that bone mineral density decreased a measurable but clinically insignificant amount over the course of a year in young adult males and transgender participants with an average age of 24 taking a protective amount of PrEP. However, six months after stopping the regimen, bone mineral density levels in the spines of these individuals increased to levels consistent with study participants of the same age who took a placebo. Hip bone mineral densities also increased in the first six months after stopping PrEP and returned to normal levels by a median follow-up time of 73 weeks.

Previous studies using sensitive scans have shown that HIV medications containing tenofovir slightly reduce bone mineral density, though not to a degree at which patients experience complications. This is the first study to show that this effect is reversible when a patient can stop PrEP, such as when an individual enters into a mutually monogamous relationship with another HIV-negative individual.

Overall, the new findings indicate that Truvada-based oral PrEP does not pose an irreversible effect on bone mineral density and support using PrEP to prevent HIV infection in at-risk young adults.

EVENT:

These findings were presented today at the 23rd Conference on Retroviruses and Opportunistic Infections at the John B. Hynes Veterans Memorial Convention Center in Boston.

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

HIV-infected vaginal cells do not transmit HIV if plasma viral load is undetectable, researchers find

Two other studies find changes in vaginal fluids and sperm that could aid vaccine and drug research
Gus Cairns, aidsmap | 2.15

A group of researchers have cleared up an important question about HIV transmission, in experiments on mice. Although HIV-infected CD4 cells persist in the vagina even on antiretroviral therapy (ART) that fully suppresses free HIV in the blood and body fluids, these cells are not anything like numerous enough to pose any transmission threat.

Two other studies that looked at genital changes after HIV infection have been published recently

In one, a study of the mucosal immune response in the vagina in HIV-positive women has found that some women develop broadly-neutralising antibodies, and an antibody profile similar to one already key to vaccine efficacy.

In the other, a study of the sperm of HIV-positive men has found that, although like HIV-negative men's sperm, it contains proteins that enhance HIV infection, it also contains competing proteins that mitigate that effect.

HIV-infected vaginal cells in women on antiretroviral therapy

One of the issues that HIV prevention studies have to deal with is that it is easier to study HIV immune responses in the blood than in the actual sites of most HIV infection, the epithelial mucosa in the genitals. As a result our knowledge of how the mucosal immune system responds both to infection and to drug treatment is still quite deficient; this impacts on our ability to forecast the success of biomedical prevention methods like oral pre-exposure prophylaxis (PrEP), microbicides and vaccines.

In women, oral PrEP has appeared somewhat less effective than in men and although most of this appears to be due to poor adherence, there remain doubts that lower drug levels in the vagina, and the fact that it appears more common for HIV viral shedding to persist in the vagina under fully-suppressive ART than in the sperm, may both contribute to lower efficacy. It has been theorised that in situations

where free HIV virus has been suppressed, intracellular HIV remains and that direct cell-to-cell transmission could pose a residual risk.

There have been human studies that suggest vaginal shedding of HIV during fully-suppressive ART is unlikely ever to reach infectious levels, but to investigate the issue on a cellular level, researchers from the University of North Carolina, USA and Aarhus University in Denmark investigated free and cell-associated virus in female mice that were given human immune-system transplants so they could respond to HIV, infected and then given ART.

The mice responded to HIV therapy very much like humans though with somewhat higher off-treatment viral load (about one million copies/ml in blood and 100,000 copies/ml in rectal fluid and 50,000 copies/ml in vaginal fluid). Their absolute CD4 cell count, after an initial 'spike' following infection, did not then 'crash' but the CD4 percentage – the proportion of T-lymphocytes that were CD4 cells, fell gradually in the blood but much more profoundly in rectal fluid, saliva and, especially, vaginal fluid. This was due to a vast overproliferation of CD8 cells in response to HIV infection. This supports many previous observations that the immune disorder of HIV infection is initially characterised by the vast over-stimulation HIV imposes on the immune system. The researchers were able to determine that these cells were capable of direct cell-to-cell contact and of passing on infection.

When mice were given ART, free virus in vaginal fluids fell rapidly and was undetectable (below 50 copies/ml) within as little as two weeks after starting. The CD4 percentage rapidly renormalised too. However while HIV viral RNA within cells did fall, it did not become undetectable and fell to a lesser extent in cervico-vaginal secretions than in blood. In blood plasma the intracellular HIV RNA count was about 80,000 copies per million cells before ART and about 30 copies per million cells after. In cervico-vaginal secretions the post-ART viral load was similar, but the pre-ART viral load was only 6500 copies per million cells and this therefore represents a smaller proportional decrease. And in the female reproductive tract overall, there were about 80 copies/million cells of cell-associated HIV RNA.

Would this be enough to pose an infection threat? The researchers first used a cell assay where vaginal cells in the lab dish were exposed to CD3 cells from blood or vaginal fluid from treated mice. One week after ART initiation, there were still nearly as many HIV-infected cells capable of infection in ART-treated mice as in ones not on ART. However by two weeks after initiation, no cellular infections using either cells from the blood or from vaginal fluid were seen.

The researchers then exposed HIV-negative female mice vaginally to two different doses of T-lymphocyte (CD3) cells, which include CD4 and CD8 cells. They gave them two different doses of infected cells – 5000 individual cells and 10,000. None of the five mice given 5,000 cells became infected but two out of five given 10,000 cells did. Five thousand infected cells is well in excess of the number of HIV-infected cells seen in credible doses of either blood or vaginal fluid.

“Our analysis shows that the residual levels of HIV-RNA cells present in mice receiving ART were too low to transmit HIV in vitro”, the researchers conclude.

Broadly neutralising antibodies in vaginal fluids

Two other studies documented how the mucosal and seminal immune responses develop in response to HIV infection, and in both cases researchers found useful changes in response to HIV that could possibly be amplified by a vaccine or mimicked by a drug.

In the first, researchers studied immune responses in 13 women who became infected with HIV during Caprisa 002, a study in South Africa designed to establish HIV incidence rates and suggest the right sites and population for the subsequent Caprisa 004 microbicide study.

The researchers found that, within only a year or two of infection, seven out of the 13 women (54%) developed so-called broadly neutralising antibodies in their vaginal fluids that could prevent infection by a couple of different viruses. One promising finding was that the antibodies that women developed vaginally were of the 'immunoglobulin G' (IgG) type, which has been shown to be protective against HIV infection, rather than the IgA type, which actually enhances it. This is the opposite of what had been expected as IgA is more usually associated with mucosal immune responses.

Secondly, two of the women (15%) developed a specific subtype called IgG3, which has been shown to be the crucial protective factor in the RV144 vaccine study – the only efficacy study that has yet produced a positive result.

In the women these broadly neutralising antibodies are not induced at potent enough levels to have any effect on their own HIV infection but the results suggest that a systemically-administered vaccine can produce a protective response within the vaginal mucosa, and there might be no need for topical ones.

Infection enhancement and inhibition in semen

In a third study, researchers from the French national research institute INSERM compared the degree to which semen from HIV-negative and HIV-positive men enhanced the infectivity of HIV.

It has been known since 2007 that semen naturally enhances HIV infection. Semen contains proteins called SEVIs (Semen-derived Enhancers of Virus Infection), sticky strands that HIV clings to so that it gets delivered efficiently to the dendritic cells that ferry the virus away to the CD4 cells it, in the main, infects. However all the studies that established this cultured cells with HIV virus in the presence of semen samples from HIV-negative men when, obviously, it is semen from HIV-positive men that infects people.

The French researchers co-cultured CD4 cells with HIV in lab dishes with no semen, semen from HIV-negative men, and semen from HIV-positive men.

They confirmed that semen is a powerful enhancer of infection. Semen from negative men increased the number of cells infected by anything from 70 to 200%. Semen from HIV positive men did so too, but only by 50% compared to no semen.

The researchers investigated if there were any factors in the semen's ability to enhance infection and found only one – the cytokine (immune-signalling protein) RANTES, which has already been used as the progenitor of a class of anti-HIV drugs, the CCR5 entry inhibitors (notably maraviroc (Celsentri)).

Clearly there is not enough RANTES present in HIV-positive men's semen to counteract the effect of SEVI proteins, let alone prevent infection. But understanding how the body's immune response to HIV generates RANTES protein in semen could lead to the artificial generation of more potent RANTES analogues by genetic engineering or a vaccine.

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Camus C et al. [*Comparison of the effect of semen from HIV-infected and –uninfected men on CD4+ T-cell infection*](#). AIDS 30, doi; DOI:10.1097/QAD.0000000000001048. 2016.

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

Will Utah Declare Porn a 'Public Health Hazard'?

Rod Kackley, PJ Media | 2.22

Utah loves its online porn. A Harvard study declared it to be the home of the nation's most avid online porn consumers in 2009.

Seven years later, a Republican has raised the red flag of alarm. He wants pornography put on the scale of any disease or addiction that could be running rampant through Utah.

State Sen. Todd Weiler believes pornography has reached “epidemic” proportions and is so addictive and harmful that it should be declared a public health crisis in Utah. He hopes to accomplish that through Concurrent Resolution 9, which has been approved by a Senate committee.

Weiler's proposal states: “Pornography is a public health hazard leading to a broad spectrum of individual and public health impacts and societal harms.”

CR 9 would be a non-binding resolution, not a law. However, it calls for “education, prevention, research, and policy change at the community and societal level to address the pornography epidemic that is harming the citizens of Utah and the nation.”

Sen. Weiler may not be a psychologist -- he's a lawyer. But he does know how to read a scientific study. And the evidence Weiler has seen shows him that pornography is “impacting divorces, our youth, and is undermining the family.”

Weiler cited a study that showed children are now being exposed to pornography when they are only 11 years old. And some don't stop.

“MRI scans of people who use pornography show similar changes and reactions as drug addicts,” he said.

Dr. David Ley doesn't think the science is there to reach any of Weiler's conclusions. Ley also said Weiler is ignoring the many positive aspects of pornography — such as improving attitudes toward sexuality, increasing the quality of life and providing an outlet for illegal behaviors.

“This isn’t just some right-wing idea,” Weiler said. “This is actually based on real research and real science. Like everything, including global warming, not all scientists will agree but there is plenty of science that supports the concepts of this resolution.”

Ley argued in “The Emperor Has No Clothes: A Review of the ‘Porn Addiction’ Model” that scientists who attempt to prove porn is addictive are just doing bad research.

“The theory and research behind pornography addiction are hindered by poor experimental designs, limited methodological rigor, and lack of model specification,” Ley wrote.

Weiler admitted the debate is not settled. But he equated society’s knowledge about the effects of pornography in 2016 with the debate over the harmful side effects of smoking cigarettes in the 1950s and 1960s.

“When people use drugs and cigarettes, they know today they are starting to use something that is very addictive,” Weiler said. “I don’t know that people know that with pornography.”

Admitting his resolution carries no legal penalties or funding for programs to counter pornography, Weiler said at the very least he hopes CR 9 becomes a foundation for a national discussion.

Janice Shaw Crouse, who co-authored a white paper entitled Ten Harms of Pornography in 2012, has endorsed Sen. Weiler’s resolution.

“The health crisis of pervasive pornography – especially among vulnerable children and teens — should be of universal concern,” Crouse opined in the American Spectator.

“Some of those defending pornography apparently do not understand the ugly, perverse, insidious nature of today’s porn; we are not talking Hollywood starlets in bikinis, but the visual counterpart to today’s hideous misogynist rap lyrics,” Crouse wrote.

However, even though not a single voice was raised in opposition to Weiler’s resolution during a Senate committee hearing in early February, Dr. Ley is not alone in mocking Weiler’s legislative effort.

“Scientists, including myself, have demonstrated that porn activates reward processes in the brain. This is like cocaine,” Nicole Prause, a University of California researcher, told RH Reality Check. “It is also like viewing chocolate, cheese, and puppies playing.” But the parallels with drug addiction end there.

“Sex film viewing does not lead to loss of control, erectile dysfunction, enhanced cue (sex image) reactivity, or withdrawal. Missing any of these would mean sex films are not addicting,” Prause concluded.

But, Dr. Ley admitted to the Christian Science Monitor that watching porn increases the risk of sexual violence in people who are predisposed to that kind of criminal behavior.

But for most of us and those who live in Utah, Ley said the rule of no harm, no foul should take precedence. And there is always the danger posed by the branding of forbidden fruit.

"I'm not a fan of adolescents seeing porn," Ley said. "But if you tell a teenager to be afraid of something and not do it, we are creating a situation where that teen is going to be compelled to be interested in it."

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

Puerto Rico Freezes Condom Prices To Prevent Zika Profiteering

Rolando Arrieta, NPR | 2.24

To help prevent the spread of the Zika virus in Puerto Rico, government officials on the island have declared condom price-gouging illegal.

In early February, during a media briefing at the governor's mansion, Puerto Rico's Secretary of the Department of Consumer Affairs Nery Adames Soto announced that his agency has added prophylactics to the price-freeze list. Stores on the island also aren't allowed by DACO to raise the price on mosquito repellent, window screens, larvicides and other mosquito-killing products.

U.S. Centers for Disease Control and Prevention data showed that as of Feb. 19 there were nine cases of Zika reported in Puerto Rico, a U.S. territory. Eight of them were locally acquired and one was associated with travel. Public health officials have reported more than 60 Zika cases in Puerto Rico, including three pregnant women.

DACO's Adames ordered the price freeze on condoms because of growing concerns that someone can pass the Zika virus to another person through sexual contact. He's worried the virus can quickly spread to other municipalities.

He added, people should visit the DACO website or Facebook page and file a report if they come across a business that has violated his executive order.

"Every local store, gas station or business that sells these items must know that DACO will be knocking on your doors and closely monitoring this, allowing the citizens to protect themselves adequately because now is not the time to raise prices."

Store owners may be fined up to \$10,000 for each price-gouging violation.

To get a better sense of what the condom price freeze meant to the locals, NPR's Greg Allen and I went to Condom World, a popular adult retail chain in Puerto Rico.

The branch we visited is in the heart of Carolina, a beach town east of San Juan. On a typical Friday evening, tourists stroll up and down the sidewalk bustling with restaurants, pubs and other novelty shops. The curious tend to wander in to browse the provocative merchandise at Condom World.

Sales clerk Coralís Ferrer-Marrero says she had heard about the government declaring the condom price freeze.

"It's stupid," she says. "Just because Zika is here, doesn't mean we're going to raise the price. That's something we just don't do no matter what."

A box of three condoms ranges in price from \$3.99 to \$5.99

Ferrer-Marrero agrees with price freezing in general, but doesn't think the government needs to draw much attention to condom sales as a potential threat to the spread of Zika. There are more pressing concerns like putting screens on windows and eliminating stagnant water sources.

Condom World customer Beatrice Garza said a condom price freeze should definitely be in order and hopes retailers don't take advantage of the situation.

"The mosquitoes started this. It didn't come from sex. It came from the mosquito," Garza says.

Meanwhile, the archbishop of San Juan, Roberto Nieves Gonzales, came out with his take on the condom rhetoric. Soon after the government's decree on the condom price freeze, Monsignor Gonzales recommended a lifestyle "of chastity and abstinence," instead of using a condom, to prevent the spread of the Zika virus.

The first reported cases of infection were centered on the northeastern part of the island and near San Juan. But there are now confirmed cases appearing in the southern coast and parts of the interior, a sign the virus may continue to spread to other regions in the coming months.

In early February, Puerto Rico's governor declared a public health emergency on the island.

The rapid spread of Zika coupled with public health messages about sexual transmission may have an economic impact on specialty stores like Condom World — despite a condom price freeze. Puerto Rico is already starting to see a decline in sales and tourism in other areas.

Miguel Vega is the chairman of the island's tourism association. He says these new government impositions and mandates will affect travel to the island and its hotel industry. And he's not happy about it.

"Sometimes they take these things out of proportion," he says, "and it creates collective hysteria where there is not any necessity."

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

Scientific Papers/Conference Abstracts

Sexually Transmitted Disease Prevention Policies in the United States: Evidence and Opportunities

Leichliter JS, Naomi S, Wohlfeiler D. *Sex Transm Dis* 2016;43(2S):S113-121

Abstract:

Policies are an important part of public health interventions, including in the area of sexually transmitted disease (STD) prevention. Similar to other tools used in public health, policies are often

evaluated to determine their usefulness. Therefore, we conducted a nonsystematic review of policy evidence for STD prevention. Our review considers assessments or evaluations of STD prevention-specific policies, health care system policies, and other, broader policies that have the potential to impact STD prevention through social determinants of health. We also describe potential policy opportunity in these areas. It should be noted that we found gaps in policy evidence for some areas; thus, additional research would be useful for public health policy interventions for STD prevention.

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

Disparities in Consistent Retention in HIV Care — 11 States and the District of Columbia, 2011–2013

Dasgupta S, Oster AM, Li J, et al. *MMWR* 2016;65(4):77-82

In 2013, 45% of new human immunodeficiency virus (HIV) infection diagnoses occurred in non-Hispanic blacks/African Americans (blacks) (1), who represent 12% of the U.S. population.* Antiretroviral therapy (ART) improves clinical outcomes and reduces transmission of HIV, which causes acquired immunodeficiency syndrome (AIDS) (2). Racial/ethnic disparities in HIV care limit access to ART, perpetuating disparities in survival and reduced HIV transmission. National HIV Surveillance System (NHSS) data are used to monitor progress toward reaching the National HIV/AIDS Strategy goals to improve care among persons living with HIV and to reduce HIV-related disparities.† CDC used NHSS data to describe retention in HIV care over 3 years and describe differences by race/ethnicity. Among persons with HIV infection diagnosed in 2010 who were alive in December 2013, 38% of blacks with HIV infection were consistently retained in care during 2011–2013, compared with 50% of Hispanics/Latinos (Hispanics) and 49% of non-Hispanic whites (whites). Differences in consistent retention in care by race/ethnicity persisted when groups were stratified by sex or transmission category. Among blacks, 35% of males were consistently retained in care compared with 44% of females. Differences in HIV care retention by race/ethnicity were established during the first year after diagnosis. Efforts to establish early HIV care among blacks are needed to mitigate racial/ethnic disparities in HIV outcomes over time.

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

HIV Testing and Service Delivery Among Black Females — 61 Health Department Jurisdictions, United States, 2012–2014

Stein R, Pierce T, Hollis N, et al. *MMWR* 2016;65(4):83-85

A primary goal of the national human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) Strategy is to reduce HIV-related health disparities (1). Among all HIV diagnoses among women in the United States in 2014, non-Hispanic black or African American (black) women accounted for an estimated 62% of diagnoses, despite constituting only 13% of the female population (2,3). Although HIV diagnoses continue to occur disproportionately among black women, HIV surveillance data indicate a 13.5% decrease in diagnoses from 2012 to 2014 (2,4). However, widespread HIV testing and early linkage to care are critical for persons with HIV to achieve viral suppression and improved health outcomes, and to reduce transmission of HIV to others (5). Analysis of CDC-funded program data on HIV testing services provided to black females and submitted by 61 state and local health departments

during 2012–2014 revealed that the number of new HIV diagnoses among black females decreased 17% from 2,177 in 2012 to 1,806 in 2014. Among black females with newly diagnosed HIV infection, the percentage who were linked to HIV medical care within 90 days of diagnosis increased 48.2%, from 33.8% in 2012 to 50.1% in 2014. However, in 2010 the National HIV/AIDS Strategy established a goal to link 85% of persons with newly diagnosed HIV infection to HIV medical care (1). Enhanced efforts to diagnose HIV infection among black females and link them to HIV medical care are critical to address HIV infections in the United States.

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

CDC Act Against AIDS Campaigns: MMWR Web Updates

The following Morbidity and Mortality Reports have been added to the web:

[HIV-Related Risk Behaviors Among Male High School Students Who Had Sexual Contact with Males—17 Large Urban School Districts, United States, 2009–2013](#)

The findings in this report do not provide evidence that HIV-related risk behaviors alone drive the higher numbers of HIV diagnoses among young black MSM compared with young Hispanic and white MSM. In fact, young black male students who had sexual contact with males often had a lower prevalence of HIV-related risk behaviors.

[Occupational HIV Transmission Among Male Adult Film Performers—Multiple States, 2014](#)

This is the first well-documented work-related HIV transmission among male adult film performers. A performer was infected by a non–work-related partner who was not aware of his HIV infection. The performer, having tested negative by nucleic acid amplification test within the preceding 14 days, and unaware of his very recent HIV infection, infected another performer and a non–work-related partner. Viruses in all four HIV infections were highly genetically related, indicating a transmission cluster.

[The HoMBReS and HoMBReS Por un Cambio Interventions to Reduce HIV Disparities Among Immigrant Hispanic/Latino Men](#)

Hispanics/Latinos in the United States are affected disproportionately by HIV infection, AIDS, and other STDs; however, few effective evidence-based prevention interventions for this population exist. This report describes the Hombres Manteniendo Bienestar y Relaciones Saludables (Men Maintaining Wellbeing and Healthy Relationships) (HoMBReS) intervention, which was developed by a community-based, participatory research partnership in North Carolina and initially implemented during 2005–2009.

[Adaptation and National Dissemination of a Brief, Evidence-Based, HIV Prevention Intervention for High-Risk Men Who Have Sex with Men](#)

Gay, bisexual, and other men who have sex with men (MSM) are affected disproportionately by HIV in the United States. Although approximately 3% of the adolescent and adult U.S. male population is estimated to have engaged in same-sex behavior in the past year, in 2011, MSM accounted for 65% of the estimated 49,273 new HIV infections and 82% of the estimated 38,825 HIV diagnoses among all males aged ≥ 13 years. Sexual risk behavior accounts for most HIV infections among MSM, and anal intercourse without a condom is the primary route for transmitting HIV infection to an uninfected person.

[Cluster of HIV infections attributed to unsafe injection practices—Cambodia, December 1, 2014–February 28, 2015.](#)

The largest cluster of new HIV infections ever attributed to unsafe injections among a general population was reported in a rural area of Cambodia; 2.7% of residents were infected. The outbreak was detected after increased demand for HIV testing by residents who perceived themselves to be at risk after exposure to an unlicensed provider of injections and intravenous infusions. HIV prevention strategies that target specific populations often do not consider the risk for HIV transmission via unsafe injections in the general population. Measures to reduce both the demand for unnecessary medical injections and the provision of unsafe injections are needed.

Interim Guidelines for Prevention of Sexual Transmission of Zika Virus — United States, 2016

Oster AM, Brooks JT, Stryker JE, et al. *MMWR* 2016;65(5):120-121

Zika virus is a mosquito-borne flavivirus primarily transmitted by *Aedes aegypti* mosquitoes (1,2). Infection with Zika virus is asymptomatic in an estimated 80% of cases (2,3), and when Zika virus does cause illness, symptoms are generally mild and self-limited. Recent evidence suggests a possible association between maternal Zika virus infection and adverse fetal outcomes, such as congenital microcephaly (4,5), as well as a possible association with Guillain-Barré syndrome. Currently, no vaccine or medication exists to prevent or treat Zika virus infection. Persons residing in or traveling to areas of active Zika virus transmission should take steps to prevent Zika virus infection through prevention of mosquito bites (<http://www.cdc.gov/zika/prevention/>).

Sexual transmission of Zika virus is possible, and is of particular concern during pregnancy. Current information about possible sexual transmission of Zika is based on reports of three cases. The first was probable sexual transmission of Zika virus from a man to a woman (6), in which sexual contact occurred a few days before the man's symptom onset. The second is a case of sexual transmission currently under investigation (unpublished data, 2016, Dallas County Health and Human Services). The third is a single report of replication-competent Zika virus isolated from semen at least 2 weeks and possibly up to 10 weeks after illness onset; reverse transcriptase-polymerase chain reaction testing of blood plasma specimens collected at the same time as the semen specimens did not detect Zika virus (7). The man had no sexual contacts. Because no further testing was conducted, the duration of persistence of Zika virus in semen remains unknown.

In all three cases, the men developed symptomatic illness. Whether infected men who never develop symptoms can transmit Zika virus to their sex partners is unknown. Sexual transmission of Zika virus from infected women to their sex partners has not been reported. Sexual transmission of many infections, including those caused by other viruses, is reduced by consistent and correct use of latex condoms.

The following recommendations, which apply to men who reside in or have traveled to areas with active Zika virus transmission (<http://wwwnc.cdc.gov/travel/notices/>) and their sex partners, will be revised as more information becomes available.

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

Resources, Webinars, & Announcements

New state issues toolkits provide data and resources on ongoing state policy debates

Guttmacher Institute

A new suite of state issues toolkits gives advocates, service providers and policymakers the data and resources they need to engage in ongoing policy discussions in their states. Each toolkit in the [Evidence You Can Use](#) series includes information on state laws and policies, a synthesis of the relevant research, information on states in which the issue has been debated in the past three years and links to state-specific data. The goal of the series is to provide the evidence base for understanding the impact of restricting service availability and the benefits of expanding access to care for those in need.

Available toolkits include:

[Banning Abortion for the Purposes of Race and Sex Selection or Genetic Anomaly](#)

[Family Planning Funding Restrictions](#)

[Later Abortion](#)

[Medication Abortion](#)

[Targeted Restriction of Abortion Providers \(TRAP\) Laws](#)

CDC App for Immunizations for Immunocompromised Persons

CDC provides the app "CDC Vaccine Schedules" free for iOS and Android devices. The app lists all CDC recommended immunization schedules and footnotes and is optimized for viewing on a tablet or smartphone. The app includes immunization schedules for HIV-infected adults further breaking down the schedule for those with CD4 counts above or below 200.

The app visually mimics the printed schedules, which are reviewed and published annually. Users can identify correct vaccine, dosage, and timing with 2 or 3 clicks. Any changes in the schedules will be released through app updates.

To download the app or to learn more, visit the [CDC website](#).

WEBINAR: Save the Date: March 10th STD Prevention Science Series

STDs, the Genital Microbiome and HIV Transmission: What is Happening Down There?

By Rupert Kaul, MD, PhD

The Centers for Disease Control and Prevention's Division of STD Prevention and the American Sexually Transmitted Diseases Association have partnered to bring you the latest research and best practices for STD prevention with the STD Prevention Science Series.

Please join us on Thursday, March 10th from 1:00 pm – 2:00 pm ET for the next STD Prevention Science Series when Dr. Rupert Kaul discusses how the risk of sexual HIV transmission is dependent on the dynamic interaction between our immune system and microbes—both HIV, other STIs and the larger microbiome—at the mucosal surfaces of the genital tract and gut. He will also highlight some challenges of translating these research findings into new HIV prevention strategies.

Dr. Rupert Kaul is dually trained as a clinical Infectious Disease specialist and a PhD immunologist, and is the director of the Infectious Diseases Division at the University of Toronto and University Health Network. His research is focused on the interaction between genital infections and mucosal immunology, and seeks to develop new ways to prevent and ameliorate HIV infection. This research is based in participant cohorts from Canada, Kenya, Uganda and South Africa, with the support of a University of Toronto/OHTN Endowed Chair in HIV Research.

Attending the Presentation

Participants can attend the STD Prevention Science Series in person in Building 8, Conference Room 1 A/B/C on the Corporate Square CDC Campus in Atlanta or by [joining the event online](#) and calling 800-619-7490. The conference number is PW7144391 and the participant passcode is 5929031.

WEBINAR: 4 Upcoming PrEP Webinars

Compiled by the Texas Department of State Health Services

Four webinars covering the topic of PrEP are scheduled for the next two months:

PrEP Implementation Roll-Out Series (Part 1: Non-Medicaid Expansion States)

March 9, 12:00 noon to 1:00 p.m. CT

This webinar will focus on barriers in non-Medicaid states, proposed solutions to PrEP implementation, and success stories of current PrEP advocacy organizations. The final webinar in this series will take place later in March.

Organized by the Black AIDS Institute, HIVCBACenter.org, and CAI Associates.

[Register or learn more](#)

New Paths of HIV Prevention Series: Session One: The Science of PrEP

March 24, 11:00 a.m. to 12:00 noon CT

Learn more about the medication and the data behind its effectiveness.

Sponsored by DSHS, Cardea, and the HIV Connection.

One hour of Social Work CEU or LPC credit provided per webinar

[Register or learn more](#)

New Paths of HIV Prevention Series: Session Two: Barriers to Accessing PrEP

April 6, 11:00 a.m. to 12:00 noon CT

Who is PrEP recommended for and why? What are the barriers to reaching those clients?

Sponsored by DSHS, Cardea, and the HIV Connection.

One hour of Social Work CEU or LPC credit provided per webinar
[Register or learn more](#)

New Paths of HIV Prevention Series: Session Three: PrEP in the Community

April 27, 11:00 a.m. to 12:00 noon CT

How to build community support and mobilization for PrEP.

Sponsored by DSHS, Cardea, and the HIV Connection.

One hour of Social Work CEU or LPC credit provided per webinar

[Register or learn more](#)

Job/Internship Postings

Health Policy and Health Services Research Program Officer – CHRP

Organization: California HIV/AIDS Research Program

Location: Oakland, CA

Salary: \$104,000 - \$112,700

App. Deadline: March 7

Position Summary:

This position is part of the Research Grants Program Office (RGPO) within the Office of Research and Graduate Studies (ORGS). The RGPO consists of several grant-giving programs that are administered by the University for the University of California or on behalf of the State of California. These programs are the California Breast Cancer Research Program, the Tobacco-Related Disease Research Program, the California HIV/AIDS Research Program, and the UC Research Initiatives such as the Multicampus Research Programs and Initiatives and the Lab Fee Research Program. The RGPO provides central administrative units to support grant review and administration, financial and budgetary services, database management, and other core administrative needs to all of the grant programs. These services are provided by the Grants Budget, Finance and Administration Unit and the Contract and Grants Unit.

This position has primary responsibility in the area of health policy and health services research in the California HIV/AIDS Research Program (CHRP), including program development and planning, peer reviewer and applicant relations, grant application and award management, and representing the program and disseminating research findings to a broad range of organizations and institutions concerned with HIV/AIDS-related issues. This position also serves as the primary CHRP liaison to the RGPO Communications and Dissemination Center of Excellence (COE), maintaining expertise and contributing to innovation in research dissemination, including collaborative development of dissemination procedures and tools.

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

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