

[STD Update] FYI 3-29: HCV prevalent in semen of MSM with HIV, Cure research news from CROI 2016, Gonorrhea rates linked to saliva use as lube, 5 papers, 1 webinar, 1 job, more.

---

---

### **California Stories**

*Saving California P\*rn: Payment Processers Pump Up Campaign To Fight Condom Mandate*

*VIDEO: 5 things to know: California's condoms in p\*rn initiative*

*A Proposed Condom Law Could Help Stalkers Harass P\*rn Stars, Get Paid for It*

### **National Stories**

*HCV prevalent in semen of MSM with HIV; anal infection likely*

*Cure Research News From CROI 2016*

*Herpes virus and EBV could be tackled by heart drug*

*Gonorrhea rates linked to saliva use as lube*

*Should there be more frequent STI screening for people on PrEP?*

### **Scientific Papers/Conference Abstracts**

*Community Sexual Bridging Among Heterosexuals at High-Risk of HIV in New York City*

*Technical Assistance Needs for Successful Implementation of Couples HIV Testing and Counseling (CHTC) Intervention for Male Couples at US HIV Testing Sites*

*Opt-Out HIV Testing of Inmates in North Carolina Prisons: Factors Associated with not Wanting a Test and not Knowing They Were Tested*

*Acceptability and Feasibility of HIV Self-Testing Among Transgender Women in San Francisco: A Mixed Methods Pilot Study*

*Do High-Risk Young Adults Use the HIV Self-Test Appropriately? Observations from a Think-Aloud Study*

### **Resources, Webinars, & Announcements**

*Implementing HIV Testing in Nonclinical Settings: A Guide for HIV Testing Providers*

*Health Brief: "The HIV Crisis among Hispanic Men Who Have Sex with Men"*

*SAMHSA Announces Availability of \$11M to Integrate HIV Services into Substance Abuse Disorder Treatment Programs for Women*

*Support the NYHAAD Thunderclap!*

*WEBINAR: Incarceration and the HIV Care Continuum*

### **Job/Internship Postings**

*Intake Coordinator - SFAF*

---

---

## California Stories

### Saving California P\*rn: Payment Processors Pump Up Campaign To Fight Condom Mandate

Matt Pressberg, IB Times | 3.19

While Bernie Sanders may be able to fund his political revolution \$27 at a time, California's p\*rn industry, which is facing a statewide condom mandate that many in the industry say threatens to eliminate it, can't exactly count on selling bumper stickers to finance its own campaign. But as it prepares its fight against the November condom ballot initiative, it may get some help from companies concerned about a very different type of protection: online payment processors.

The industry held a fundraiser in January that pulled in \$46,700. While many of the donors were from the adult film industry itself, including sex toy manufacturer Doc Johnson and p\*rn studio Wicked Pictures — one of the few to use condoms — there were also handful of payment processing companies recognized, such as NETBilling and Mobius Payments.

Payment processors are naturally aligned with the interests of the p\*rn world. Many of them serve adult websites established in California and wouldn't welcome a giant upheaval in the industry, which is what many insiders say will happen if the condom law is passed. And that concern is not just speculation: A similar law in Los Angeles County has driven a lot of production out of the area, and even underground — with the predictable lack of protections that comes with going off the grid.

Proceeds from January's fundraiser were split between two adult industry trade organizations, the Free Speech Coalition and the Association of Sites Advocating Child Protection. The latter is not involved with the ballot initiative, which would mandate condom use on all p\*rn sets within the state — and even allow unaffiliated residents of California to sue if they see a condomless film produced here and receive up to 25 percent of any fine.

In a Wednesday statement thanking and naming the donors, Free Speech Coalition executive director Eric Paul Leue did not mince words about what's at stake. "This year is a make-or-break year for the adult industry with many hot-button issues," he said. "With the generous and continued support of our members and the donations collected from the 2016 XBIZ fundraiser, our work to protect the industry can carry on and evolve."

Leue told International Business Times that the funds allocated to the Free Speech Coalition were for general purposes and not earmarked for the condom initiative, but the industry's planned campaign against the law is going to require plenty of cash. The main backer of the initiative, the AIDS Healthcare Foundation, has much deeper pockets — the foundation hasn't spent less than \$140,000 on lobbyists since 2001.

Adult film consumers overwhelmingly prefer movies without condoms, and performers IBT has spoken with say they can cause excruciating pain given the intensity of p\*rn sex. Moreover, they say, the measure is completely unnecessary, as there hasn't been a confirmed HIV transmission on a California p\*rn set since 2001.

But while many adult companies have been squeezed financially by the easy availability of p\*rn on sites such as P\*rnhub (which has an affiliate program for major studios but also forces producers into a game of constant whack-a-mole as they battle a flow of pirated videos), the online payment processing industry brings in about \$16 billion in revenue and is growing, according to market research firm IBISWorld. And with a significant amount of internet traffic being p\*rn-related, adult businesses are likely not an inconsequential customer base.

An executive at a company that works with online payment providers but did not want to go on the record told IBT that the U.S. online p\*rn business does about \$2.8 billion a year in revenue. But since adult websites are considered high-risk, the select few companies that serve them do quite well, and it would make sense that they would want to protect the status quo. If websites relocate to other countries, that business is gone.

So as the industry moves forward with its campaign, which will include plenty of social media outreach and a political action committee (let's call it condomPAC), don't be surprised if more payment processor cash rolls in to help p\*rn performers in California avoid feeling a different kind of burn.

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

---

## **VIDEO: 5 things to know: California's condoms in p\*rn initiative**

The Sacramento Bee | 3.18

The ballot in November will ask the people of California if the state should require adult film performers to wear condoms during on-camera sexual intercourse. Implications to safety, healthcare, and the economy are all up for debate as the p\*rn industry is seeing thinning profit-margins and a seemingly growing demand. Find out what you need to know before Election Day now.

**View the video online:** [Click here](#)

---

## **A Proposed Condom Law Could Help Stalkers Harass P\*rn Stars, Get Paid for It**

Lux Alptraum, Motherboard | 3.18

Five years ago, the adult industry was rocked by a massive hack that led to doxxing of personal information—including legal names, birth dates, and, in some cases, home addresses—of some 12,000 current and former p\*rn performers. Much of the leaked info had been obtained through a security breach of the patient database housed at AIM Health, then the primary clinic used for adult industry related testing and health concerns.

In other words: The very organization that positioned itself as the champion of the adult industry's safety and wellbeing had, inadvertently, caused deep, lasting damage to the vulnerable population it was sworn to protect.

Sex workers aren't strangers to the reality that the forces that claim to "protect" them could easily be turned against them. (See: the entire sex work "rescue" industry.) The AIM hack was a painful reminder that even organizations created by and for the industry could be turned against its members. And now, just a handful of years after the AIM debacle upended the life and livelihoods of a number of current

and past performers, performers routinely find their privacy and safety threatened again, this time by state officials and government regulations purporting to protect them from the dangers of the industry.

While doxing can be damaging for virtually anyone, it's particularly dangerous for p\*rn performers, whose jobs make them especially vulnerable to harassment, overzealous fans, and stalkers.

"So many people create this very personal, intimate relationship with you," said Chanel Preston, president of the Adult Performer Advocacy Committee (APAC). Preston explained that many fans—or, in the eyes of a performer, total strangers—see their masturbatory devotion to a particular performer as license to cross boundaries and behave inappropriately. And on the flip side, there are the anti-p\*rn zealots who are all too happy to use whatever information they can to harm anyone who happens to make a living in the adult industry.

And even if a p\*rn performer manages to evade those risks, merely having one's legal name easily connected to their p\*rn work can do devastating damage. In the wake of the AIM Health hack, a number of performers found that anyone googling their legal name—whether that be a family member, a potential landlord, or even someone interested in hiring them for a non-p\*rn job—would be greeted by the message that they were a "p\*rnographic whore."

For a performer who's not out to their family, or trying to make a life outside of the jizz biz, that kind of exposure is painful at best, and deeply derailing at worst. (I know of at least one performer who took the aggressive measure of changing her legal name as a way of escaping harassment and moving on with her life after her original name became permanently connected with p\*rn.) In a world where banks shut down p\*rn performers' personal accounts without even a warning, the risks of being outed as a member of the adult industry are very, very real.

Last week, CalOSHA issued nine citations (with fines totalling \$77,875) against James Deen Productions. Whatever your feelings about James Deen, this wasn't good news: A CalOSHA investigation isn't just about levying fines against bad actors; it also means that any performer affiliated with the production—the very people CalOSHA is allegedly trying to protect—could end up with an extensive dossier of incredibly private information, all available to anyone driven to leaf through the CalOSHA records. Not long after the citations hit the headlines, a performer I know posted online that CalOSHA was now requesting her private information and medical records, likely in connection with this case.

"CalOSHA has a form where they request identifying information for the people in the shoot," said Mike Stabile, a spokesperson for Kink.com, a fetish-driven p\*rn studio that's dealt with multiple CalOSHA citations itself. According to Stabile, the information requested includes performer names, legal names, driver's license copies, medical records including test results, and even records of vaccinations—and the requests can extend beyond performers to include anyone else who was working on set, too.

In a statement, a CalOSHA representative said "we take employee privacy extremely seriously and their information is not shared with the public. To the contrary, all personal information such as names, social security information and medical information is redacted before any file is given to the public in response to a request for information." (To its credit, Kink.com has fought to redact identifying information other than performer name from records it submits to CalOSHA. According to Stabile, this decision has been upheld by a judge every time.)

And that's just one way that p\*rn performers are getting railed by the state of California. Much has been made of the way that the Condoms in P\*rn Initiative, a California ballot proposed by the anti-p\*rn AIDS Healthcare Foundation (AHF), threatens to drive the p\*rn industry underground (or at least out of California) by enforcing draconian rules about on-set safer sex practices and slapping expensive fines and permit requirements on cash-poor p\*rn producers. Less discussed is a provision of the legislation that could be used to harass and harm p\*rn performers by revealing their legal names and private information to the public—while offering financial incentive to any Californian driven to harass a p\*rn performer, to boot.

Section 6720.6 outlines the process by which a whistleblower—which, as the ballot expressly notes, could be anyone living in the state of California—may bring charges against the producers of p\*rn that doesn't comply with the onerous regulations and requirements outlined in the initiative.

Though the initiative positions this section as a way of protecting performers against the harmful actions of producers and directors, the fact that many performers create and produce their own content—whether for their own website, a Clips4Sale store, or even just camming—means performers themselves could easily be at risk of being dragged into court and getting their legal information entered into the public record, all because they, personally, made the decision that a condom wasn't the right choice for a scene.

Adding insult to injury is the fact that, should a whistleblower's case prove successful, they'd personally be awarded 25 percent of any fines levied against the producer (with the other 75 percent paid to the state of California itself). Performers I've spoken with have outlined nightmare scenarios where aggressive stalkers might use this provision to gain all of their personal information, and then pocket some cash as a reward for their harassment.

If this all seems like so much paranoia, well, it shouldn't. The AIM Health hack led to the creation of a database full of vicious attacks and violations of p\*rn performer privacy—a database that, it should be noted, is still online today. AHF has spent almost a decade routinely attacking the adult industry through lobbying, instigating CalOSHA (and even Nevada OSHA) investigations, and pushing through ballot initiatives that claim to protect performers while compromising their privacy and safety. The organization's relentless, persistent assaults on the adult industry show no sign of letting up any time soon.

The only difference between the AIM Health hackers and AHF is that the latter group is smart enough to cloak its attacks in language about safety, protection, and health. But when it comes to CalOSHA and the Condoms in P\*rn Initiative, Stabile told me, “performer privacy is not a priority”—and neither, for that matter, is performer safety, health, or wellbeing.

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

---

## National Stories

### **HCV prevalent in semen of MSM with HIV; anal infection likely**

Dave Muoio, Heallo Infectious Disease News | 3.24

One-third of men who have sex with men coinfecting with HIV shed hepatitis C virus into their semen at high enough concentrations to warrant protection against anal infection, according to a recently published study.

“That HCV is shed into the semen has been known for well over 2 decades,” the researchers wrote. “With multiple large epidemiological studies of discordant, stable heterosexual couples showing no HCV transmissions, the general assumption has prevailed that the level of HCV in semen was insufficient to transmit HCV through sex. However, with the emerging international epidemic of HCV infection among sexually active HIV-infected MSM, and our [previous] epidemiological study results that strongly implicated semen as the source of HCV during receptive anal intercourse, we revisited this assumption.”

### **Recent, chronic cases shed at similar rates**

The researchers enrolled MSM with HIV, referred to Mount Sinai Medical Center for recent and chronic HCV between April 2013 and September 2014, into the analysis. Patients provided a clinical history including the likely route of HCV acquisition and underwent a physical and STD testing. The researchers collected three paired blood and semen samples at 2-week intervals, and quantified the HCV viral load in each.

Thirty-three coinfecting patients were included in the analysis. Of these, 64% were categorized as having recent HCV infection, while the other 36% were considered chronic. Men with recent infection were younger than those with chronic infection, and demonstrated higher ALT levels and lower blood viral load. All participants reported receptive anal intercourse without a condom, and while nearly half reported injected methamphetamine use, injection equipment was rarely shared.

Results from 59 evaluable semen samples indicated a 27% rate of HCV shedding affecting 33% of participants. Men who shed had higher viral load in blood at baseline ( $P = .02$ ) and upon sample collection ( $P = .002$ ). The median HCV viral load among semen samples with HCV was 1.49 log<sub>10</sub> IU/mL. Although a correlation between blood and semen viral load was only detected among patients with recent infection ( $P = .02$ ), no difference was seen in the proportion of semen specimens in which shedding was detected (21% vs. 38%).

The frequency and concentration of shedding led the researchers to suggest infection could likely occur among this population following anal intercourse or other trauma.

“The rectum in HIV-infected people in general may be more vulnerable to the penetration of HCV into the bloodstream due to the mucosal changes accompanying the persistent depletion of rectal CD4+ lymphocytes due to HIV infection,” the researchers wrote. “With recent reports of sexual acquisition of HCV by MSM taking [PrEP] to prevent HIV infection, however, pre-existing HIV infection is unlikely to be necessary for acquisition of HCV via the rectum. Our data therefore strongly support that condoms should be used during anal intercourse among MSM to prevent HCV acquisition, regardless of HIV serostatus.”

### **Sexual HCV transmission common among MSM with HIV**

Sexual intercourse appears to be an increasingly common transmission route for HCV among MSM with HIV, according to a meta-analysis published last year in AIDS.

Holly Hagan, PhD, professor at NYU College of Nursing and co-director of the Center for Drug Use and HIV Research, and colleagues reviewed data from more than 13,000 MSM with HIV followed in 17 studies focusing on HCV seroconversion or reinfection not attributable to injection drug use.

They found 497 cases of HCV infection over 93,100 person-years, translating to a pooled incidence rate of 0.53 per 100 person-years (95% CI, 0.49-0.58). This rate increased over time, growing from 0.42 infections per 100 person-years (95% CI, 0.23-0.77) to 1.09 infections per 100 person-years in 2010 (95% CI, 0.73-1.61). Analysis showed risk for infection to be greater among those reporting unprotected, receptive anal sex, and sex while high on noninjected drugs.

“The high reinfection rates and the attributable risk analysis suggest the existence of a subset of HIV-positive MSM with recurring sexual exposure to HCV,” Hagan and colleagues wrote. “Approaches to HCV control in this population will need to consider the changing epidemiology of HCV infection in MSM.”

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

---

## Cure Research News From CROI 2016

Richard Jeffreys, Treatment Action Group, As reported by The Body PRO | 3.10

The 2016 Conference on Retroviruses and Opportunistic Infections (CROI) took place in Boston from February 22-25. CROI deserves kudos for pioneering comprehensive webcasting, and all sessions are available for viewing online. Results from several significant cure-related clinical trials were debuted during the meeting (links to the webcasts are in parentheses):

Ole Sogaard from Aarhus University in Denmark presented findings from a trial that combined the HDAC inhibitor romidepsin, a latency-reversing agent, with the therapeutic vaccine Vacc-4x (webcast). The rationale for this combined "kick & kill" approach is that romidepsin can cause latently infected cells to produce HIV proteins, potentially allowing these cells to be recognized and killed by HIV-specific T cell responses that have been induced or boosted by the vaccine. A series of immunizations with Vacc-4x and GM-CSF adjuvant were given first, followed by three infusions of romidepsin. Sogaard reported that romidepsin administration led to significant increases in HIV RNA, consistent with a latency-reversing effect, after which there was a significant decline in levels of total HIV DNA averaging 39.7%, but only a slight and non-significant drop in levels of integrated HIV DNA (these are two surrogate measures of the size of the HIV reservoir). Virus outgrowth was quantified in six of 17 participants who showed detectable levels at baseline, and all six showed a significant decline of around 38%. However, despite this evidence of some diminution in the size of the HIV reservoir, no significant delay in HIV viral rebound was observed when ART was temporarily interrupted in the final phase of the trial. Sogaard concluded that the data support the idea of combining latency-reversing agents with therapeutic vaccines, but improvements are needed to enhance the magnitude of the effect.

Joe Eron from the University of North Carolina discussed the ever first clinical trial of an antibody targeting the PD-1 pathway in people with HIV (webcast). PD-1 is a molecule that can become persistently upregulated on T cells that have become exhausted and dysfunctional, and antibodies that block the interaction between PD-1 and the ligands it binds to (PD-L1 and PD-L2) have been shown to restore T cell function. Two antibodies against PD-1 have been FDA-approved for the treatment of cancers due to their ability to enhance cancer-specific immunity and promote clinically significant tumor

shrinkage. Additionally, CD4 cells latently infected with HIV commonly express PD-1, and antibodies against PD-1 have been shown to reverse viral latency in laboratory experiments.

The trial described by Eron was conducted by the ACTG and involved an antibody owned by Bristol-Myers Squibb that targets PD-L1. The original intent was to study single infusions of various doses in people on suppressive ART, however only the lowest dose (0.3mg per kg) was administered due to an unexpected concern about the potential for retinal toxicity that emerged from animal experiments. No evidence of similar toxicity was observed in the six individuals who received the anti-PD-L1 antibody. However, one person developed autoimmune pituitary insufficiency nine months after the infusion, a serious concern because autoimmunity is a known risk associated with targeting the PD1 pathway.

Of the six anti-PD-L1 antibody recipients, two showed distinct evidence of increased Gag-specific CD8 T cell responses (measured both by interferon gamma production and expression of CD107a, a marker of cytotoxicity) but the overall average change compared to a control group of two placebo recipients did not reach statistical significance. There was also no significant change in HIV RNA levels measured by a single-copy assay, however one individual did show a 10-fold drop in cell-associated HIV RNA and Eron noted that this was the person who experienced the greatest increase in Gag-specific CD8 T cell responses. In the question & answer period after the presentation, Eron also mentioned that this individual had the lowest CD4 T cell count and highest level of PD-1 expression on T cells at baseline (consistent with prior reports that PD-1 expression progressively increases during disease progression).

The anti-PD-L1 antibody is not going to be studied further, but the anti-PD-1 antibody pembrolizumab (which is FDA-approved as a cancer therapy) is being evaluated in people with HIV and refractory cancers in a new clinical trial. The safety concern relating to autoimmunity makes it unclear if it will ever be possible to target the PD-1 pathway in people with HIV who do not have concomitant cancers -- one possibility might be to try and restrict the activity of the anti-PD1 antibody to just HIV-specific T cells, if there is any biologically feasible way of doing so.

Katherine Bar from the University of Pennsylvania described results from a trial involving three infusions of the broadly neutralizing antibody (bNAb) VRC01, given before and after an interruption of ART in order to assess if viral load rebound would be delayed (webcast). The antibody was safe and well tolerated but did not prevent viral load rebound. There was evidence of a slight delay compared to historical controls, with more VRC01 recipients maintaining viral load suppression four weeks after interrupting ART, but the difference had disappeared after eight weeks. HIV samples from some participants displayed resistance to VRC01. Bar highlighted the need to better understand the relationship between HIV neutralization measured in vitro and antibody potency in vivo, and noted that combinations of different bNAbs will likely be required to improve results. Another somewhat similar trial conducted by Tae-Wook Chun at the National Institute of Allergy and Infectious Diseases was presented at CROI as a poster, and reported broadly consistent findings.

After Bar's talk, Michel Nussenzweig from Rockefeller University commented that antibodies more potent than VRC01 may perform better, citing unpublished data from a trial of the bNAb 3BNC117 that is being led by his colleague Marina Caskey. In that trial, Nussenzweig said, viral load rebound was delayed by an average of 6.5 weeks after an ART interruption, with 30% of participants maintaining suppression for over nine weeks. 3BNC117 is one of several more potent bNAbs discovered after VRC01, so this offers some hope that superior results are achievable, particularly with combinations. For cure research, the ultimate aim is to test whether these bNAbs can help promote clearance of HIV-infected cells via mechanisms such as antibody-mediated cellular cytotoxicity (ADCC).

In the pre-clinical realm, Gilead caused a splash with data from a new study of their TLR7 agonist GS9620 in macaques. The results were presented by James Whitney (webcast), who reported at last year's CROI that a TLR7 agonist appeared to induce virus production by latently infected cells in SIV-infected macaques on ART. The new study tested lower doses of two TLR7 agonists, GS-986 and GS9620 (the latter compound is already in clinical development for hepatitis B); the aim of using lower doses was to minimize induction of alpha interferon and associated toxicities. Evidence of latency reversal was observed in the form of SIV RNA increases after dosing, and two of nine macaques have maintained undetectable viral loads for 3-4 months after an ART interruption (no delay in viral load rebound was seen in the study presented last year). Follow up of these animals is ongoing. Whitney stated that GS9620 is now entering a phase Ib trial in HIV-positive people on ART, but Gilead have not registered the trial in [clinicaltrials.gov](http://clinicaltrials.gov) so information on enrollment criteria and locations is not available.

Morgane Gossez from the University of Oxford reported on an analysis of the SPARTAC trial comparing the frequency of post-treatment control of viral load in 22 participants in Africa and 44 in the UK (webcast). The SPARTAC trial design was described on the blog recently. Five of the African individuals have maintained viral load below 400 copies for over 3.5 years of follow-up, whereas all of those from the UK experienced viral load rebounds. Further review of records indicated that two of the five post-treatment controllers had undetectable viral loads at the time of ART initiation, suggesting they may have been elite controllers, but that was not the case for the remaining three. Additional studies are being conducted to look for factors associated with this outcome. Gossez noted that the biomarkers previously reported to be associated with delayed viral load rebound in SPARTAC did not show significance in the subset of African participants, however, in responses to a question, Gossez acknowledged that this may have been due to the small sample size.

The potential role of gene therapy in HIV cure research was addressed at CROI in a plenary talk by Paula Cannon from the University of Southern California (webcast). Cannon reviewed the various technologies that are now available to manipulate both host and HIV genes, and cited evidence from ongoing trials of Sangamo's gene therapy that positive effects may be achievable in people. Noting that gene therapy is sometimes viewed as too impractical to be pursued, Cannon made a strong case that it should be viewed as an important element of the cure research effort.

Lastly, in a poster presentation with echoes of the first report on Timothy Brown at CROI in 2008, a group of German researchers described the case of an HIV-positive individual who received a stem cell transplant from a CCR5delta32 homozygote donor as part of a series of treatments for cancer (acute myeloid leukemia). The individual experienced two relapses but ultimately the cancer went into remission in 2013. All tests for HIV DNA have since been negative in peripheral blood, rectal tissue and bone marrow, and HIV-specific antibody responses measured by Western blot are waning. Importantly, the individual remains on ART and researchers plan to search additional tissues for evidence of HIV before considering interrupting treatment. To my knowledge, this is only the second report of a successful stem cell transplant from a CCR5delta32 homozygote donor in a person with HIV (the first being Timothy Brown) -- although it has been tried in other cases, these individuals died either due to the underlying cancer or complications from the procedure. The researchers are hoping that, like Brown, this individual may be cured of HIV, but it remains to be seen whether this hope will be borne out.

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

---

## Herpes virus and EBV could be tackled by heart drug

Yvette Brazier, Medical News Today | 3.15

In 1996, Medical Microbiology reported that there were over 100 known herpes viruses, eight of which can normally affect humans.

Herpes simplex virus type 1 (HSV-1) is transmitted by mouth and causes cold sores. HSV-2 is responsible for genital herpes, causing painful blisters or ulcers in the genital area. HSV-3, or herpes zoster, leads to chicken pox and potentially shingles.

HSV-4, also called Epstein-Barr virus (EBV) is responsible for infectious mononucleosis, commonly known as glandular fever or "kissing disease," because it spreads through saliva.

EBV has also been linked to a number of other conditions, including cancers in humans. People who undergo a transplant, or whose immune system is already compromised, are especially at risk of EBV.

According to the authors of the current study, EBV "infects the majority of humans worldwide." The Centers for Disease Control and Prevention (CDC) call it "one of the most common human viruses in the world." Most people, they say, will have this virus, but often there are no symptoms.

### Limited options for treatment of herpes

There is only one class of antiviral medicine to treat herpes viruses, which means there is no alternative in cases of resistance.

Scientists from the University of Utah School of Medicine, led by Dr. Sankar Swaminathan, have been searching for new drugs to treat viral infections. They were screening for drugs that might be effective against the herpes virus through a different mechanism than currently available therapies.

The current drugs work by preventing a virus from replicating DNA, thus blocking a middle step of the viral infection cycle.

Spironolactone (SPR), like existing drugs, was found to block a key step in viral infection that features in all herpes viruses, but a different step than the one targeted by current drugs. It prevented replication of the virus in cells by blocking the so-called SM protein, needed for a late step in the infection cycle.

Based on these findings, the researchers see SPR as a good candidate for development into a new class of anti-herpes drug.

Dr. Swaminathan, who is chief of infectious diseases at University of Utah Health Care and professor of internal medicine, comments:

"It's remarkable that a drug we have used safely in the clinic for over 50 years is also an effective EBV inhibitor. It goes to show how basic research can reveal things we would never have found otherwise."

SPR is normally used to treat heart failure through a metabolic mechanism, but in dealing with viral infection, a different pathway appears to be at work.

The authors of the current study found that a drug similar to SPR has a similar ability to treat heart failure but does not affect the development of the herpes virus. These results suggest that the actions of spironolactone are separable.

Since all herpes viruses depend on SM-like proteins to spread infection, the results have broad implications.

The researchers envisage SPR becoming a template for a new class of drug to treat all herpesviruses. They believe it can be modified to work as an antiviral without adverse effects, and that it can help in the fight against drug-resistant infections.

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

---

## **Gonorrhea rates linked to saliva use as lube**

Staff, The Washington Blade | 3.18

A new study has found that using saliva as a lubricant for anal sex among men who have sex with men leads to an increased risk for rectal gonorrhea.

Research [conducted](#) by staff at the National Institutes of Health found that 4.3 percent of the 1,312 men surveyed had rectal gonorrhea. Using a partner's saliva for lubricant was a common practice — 68.5 percent of men surveyed reported having done it. Researchers said rectal gonorrhea associated with the practice was attributable in nearly half (48.9 percent) of those cases.

“Saliva use as a lubricant for anal sex is a common sexual practice in MSM,” researchers wrote. “It may play an important role in gonorrhea transmission. Almost half of rectal gonorrhea cases may be eliminated if MSM stopped using partner's saliva for anal sex.”

Other anal sexual practices common among the men surveyed including receptive rimming (70.5 percent) and receptive fingering or “penis dipping” (84.3 percent).

The study is online at [ncbinlm.nih.gov](http://ncbinlm.nih.gov).

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

---

## **Should there be more frequent STI screening for people on PrEP?**

Liz Highleyman, BETA | 3.14

Regular sexually transmitted infection (STI) screening for people on PrEP encourages prompt diagnosis and treatment and reduces future transmission to partners. Currently, the Centers for Disease Control and Prevention recommends STI testing at least once every six months for people on PrEP. But could more frequent testing be beneficial?

Some PrEP clinics, such as the one at the San Francisco AIDS Foundation health and wellness center Strut, test PrEP clients every three months for STIs since they need to be seen every three months

anyway for HIV testing and to get their PrEP prescriptions renewed. The CDC's 2015 STD Treatment Guidelines recommend screening for men who have sex with men every three to six months, especially for those with a past history of STIs.

At this year's Conference on Retroviruses and Opportunistic Infections (CROI), Sarit Golub, PhD, from Hunter College presented results from a study conducted to figure out the benefit of providing STI screening more often than once every six months.

The study was done with participants in the SPARK PrEP demonstration project at Callen-Lorde Community Health Center in New York City. Participants received chlamydia, gonorrhea, and syphilis tests every three months. Golub's team analyzed data for 280 participants for the six months prior to starting and the first year on PrEP.

They found that 21% of SPARK PrEP clients had an STI during the six-month pre-PrEP period. At the three-month follow-up visit after starting PrEP, 13% were diagnosed with STIs. Three-quarters of these did not have symptoms and two-thirds did not have a prior STI history that would have triggered screening if it were not done routinely. At each follow-up visit, between 11% and 21% were diagnosed with STIs, again mostly thanks to routine screening.

Over the entire year 43% were diagnosed with at least one STI and the number with repeat diagnoses rose. Overall, STI screening according to current CDC guidelines would have delayed diagnosis and treatment for about a quarter of PrEP clients, missing 40 cases of rectal infections and three cases of syphilis.

"Current CDC guidelines may miss a significant number of asymptomatic STIs among PrEP users," the researchers concluded, suggesting that STI screening may be warranted at each three-monthly visit, especially for those with a past STI history.

Similarly, Albert Liu, MD, from the San Francisco Department of Public Health found that quarterly screening increased the number of STI cases that were detected and treated among participants in the PrEP Demonstration Project.

Liu reported that the PrEP Demonstration Project found that about 40% of chlamydia cases, 30% of gonorrhea cases, and 20% of syphilis cases caught during quarterly screening would have been missed with bi-annual screening, extending the potential transmission period by three months. They calculated that screening every three months prevented three sex partners on average from being exposed for each STI case detected.

"Folks who are deciding to take PrEP need it—if there is an increase in STIs, it is outweighed by HIV protection," Golub stressed at a CROI press conference. Given that PrEP is starting to roll out widely, she said, "we need to change these guidelines now, because it is much harder to tell providers to change their practices once they've started."

**Sources:**

Golub, S. and others. STI Data From Community-Based PrEP Implementation Suggest Changes to CDC Guidelines. CROI 2016. [Abstract 869](#).

Cohen, S. and other. Quarterly STI Screening Optimizes STI Detection Among PrEP Users in the Demo Project. CROI 2016. [Abstract 870](#).

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

---

## Scientific Papers/Conference Abstracts

### Community Sexual Bridging Among Heterosexuals at High-Risk of HIV in New York City

Neaigus A, Jenness SM, Reilly KH, et al. *AIDS and Behavior* 2016;20(4):722-736

**Abstract:**

Community sexual bridging may influence the socio-geographic distribution of heterosexually transmitted HIV. In a cross-sectional study, heterosexual adults at high-risk of HIV were recruited in New York City (NYC) in 2010 for the Centers for Disease Control and Prevention-sponsored National HIV Behavioral Surveillance system. Eligible participants were interviewed about their HIV risk behaviors and sexual partnerships and tested for HIV. Social network analysis of the geographic location of participants' recent sexual partnerships was used to calculate three sexual bridging measures (non-redundant ties, flow-betweenness and walk-betweenness) for NYC communities (defined as United Hospital Fund neighborhoods), which were plotted against HIV prevalence in each community. The analysis sample comprised 494 participants and 1534 sexual partnerships. Participants were 60.1 % male, 79.6 % non-Hispanic black and 19.6 % Hispanic race/ethnicity; the median age was 40 years (IQR 24–50); 37.7 % had ever been homeless (past 12 months); 16.6 % had ever injected drugs; in the past 12 months 76.7 % used non-injection drugs and 90.1 % engaged in condomless vaginal or anal sex; 9.6 % tested HIV positive (of 481 with positive/negative results). Sexual partnerships were located in 33 (78.6 %) of 42 NYC communities, including 13 “high HIV-spread communities”, 7 “hidden bridging communities”, 0 “contained high HIV prevalence communities”, and 13 “latent HIV bridging communities”. Compared with latent HIV bridging communities, the population racial/ethnic composition was more likely ( $p < 0.0001$ ) to be black or Hispanic in high HIV-spread communities and to be black in hidden bridging communities. High HIV-spread and hidden bridging communities may facilitate the maintenance and spread of heterosexually transmitted HIV in black and Hispanic populations in NYC.

View the paper online: [Abstract](#)

---

### Technical Assistance Needs for Successful Implementation of Couples HIV Testing and Counseling (CHTC) Intervention for Male Couples at US HIV Testing Sites

Stephenson R, Grabbe KL, Sidibe T, et al. *AIDS and Behavior* 2015;20(4):841-847

The African couples HIV testing and counseling (CHTC) model, which focuses on heterosexual couples, was adapted for same-sex male couples in the US. This paper presents the results of a follow-up survey conducted with representatives of the agencies that received CHTC training. The paper aims to understand the post-training implementation and identify critical technical assistance gaps. There are

clear needs for continual learning opportunities, focused on the key skills required for CHTC, and for resources aimed at tackling agency-level concerns about service provision and integration. Central to this is the need for implementation science research that can identify the messages that are effective in encouraging couples to utilize CHTC and test models of service integration.

View the paper online: [Abstract](#)

---

## **Opt-Out HIV Testing of Inmates in North Carolina Prisons: Factors Associated with not Wanting a Test and not Knowing They Were Tested**

Grodensky CA, Rosen DL, Hino S, et al. *AIDS and Behavior* 2016;20(4):859-869

### **Abstract:**

Opt-out HIV testing is recommended for correctional settings but may occur without inmates' knowledge or against their wishes. Through surveying inmates receiving opt-out testing in a large prison system, we estimated the proportion unaware of being tested or not wanting a test, and associations [prevalence ratios (PRs)] with inmate characteristics. Of 871 tested, 11.8 % were unknowingly tested and 10.8 % had unwanted tests. Not attending an educational HIV course [PR = 2.34, 95 % confidence interval (CI) 1.47–3.74], lower HIV knowledge (PR = 0.95, 95 % CI 0.91–0.98), and thinking testing is not mandatory (PR = 9.84, 95 % CI 4.93–19.67) were associated with unawareness of testing. No prior incarcerations (PR = 1.59, 95 % CI 1.03–2.46) and not using crack/cocaine recently (PR = 2.37, 95 % CI 1.21–4.64) were associated with unwanted testing. Residence at specific facilities was associated with both outcomes. Increased assessment of inmate understanding and enhanced implementation are needed to ensure inmates receive full benefits of opt-out testing: being informed and tested according to their wishes.

View the paper online: [Abstract](#)

---

## **Acceptability and Feasibility of HIV Self-Testing Among Transgender Women in San Francisco: A Mixed Methods Pilot Study**

Lippman SA, Moran L, Sevelius J, et al. *AIDS and Behavior* 2016;20(4):928-938

### **Abstract:**

An estimated one in four transgender women (trans women) in the U.S. are infected with HIV. Rates of HIV testing are not commensurate with their risk, necessitating alternative strategies for early detection and care. We explored the feasibility and acceptability of HIV self-testing (HIVST) with 50 HIV-negative adult trans women in San Francisco. Participants received three self-test kits to perform once a month. Acceptability and behavioral surveys were collected as were 11 in-depth interviews (IDIs). Among 50 participants, 44 reported utilizing HIVST at least once; 94 % reported the test easy to use; 93 % said results were easy to read; and 91 % would recommend it to others. Most participants (68 %) preferred HIVST to clinic-based testing, although price was a key barrier to uptake. IDIs revealed a tension between desires for privacy versus support found at testing sites. HIVST for trans women was acceptable and feasible and requires careful consideration of linkage to support services.

View the paper online: [Abstract](#)

---

## Do High-Risk Young Adults Use the HIV Self-Test Appropriately? Observations from a Think-Aloud Study

Schnall R, John RM, Carballo-Diequez A. *AIDS and Behavior* 2016;20(4):939-948

### Abstract:

The purpose of this study was to understand high-risk young adults' use of the rapid human immunodeficiency virus (HIV) self-test. The highest rate of new HIV infections occurs in people between 15 and 24 years. Improving identification of young people infected with HIV is a critical public health priority. The first rapid HIV self-testing kit was approved in the US in 2012. Despite the product's promise, its use by untrained young adults is not well-understood. We conducted a mixed methods study using surveys, a think-aloud protocol, observations, and in-depth interviews. A systematic checklist was developed to assess participants' use of the test. A total of 21 racial and/or ethnic minority young adults aged 18–24 participated in this study. Analysis of our interview data was guided by the theory of reasoned action (TRA). Participants completed the initial procedures of the test with a mean time of 8:36 min (range of 2:04'–16:33'). On a 14-point checklist, participants had a mean score of 10.8 (SD 2.26, range 3–14). In the qualitative analysis of the participants' interviews, guided by the theoretical constructs of the TRA, the following themes emerged: "Did I use it correctly?", "Can I trust the results?" (attitude); "How will my partner react?!", "What will people think?" (subjective norm); "Quick, easy and blood free," and "Avoids the hassle of dealing with the healthcare system" (behavioral intention). This study provided evidence of the usefulness of the test perceived by young adults, especially in light of their concerns about lack of privacy in medical settings. Since many participants did not follow all of the instructions while using the test, it is not evident that young adults can correctly use the HIV self-test. Development of instructions manuals that are understandable and guide proper use of medical devices is a great need, especially in the context of home testing technology.

View the paper online: [Abstract](#)

---

## Resources, Webinars, & Announcements

### Implementing HIV Testing in Nonclinical Settings: A Guide for HIV Testing Providers

CDC recently issued new program guidance for HIV testing in nonclinical settings. [Implementing HIV Testing in Nonclinical Settings: A Guide for HIV Testing Providers](#) (PDF) [CDC] is intended to support CDC-funded HIV testing providers in nonclinical settings, and may also be useful for HIV testing providers that are not directly funded by CDC. This Guide complements CDC's [2012 Planning and Implementing HIV Testing and Linkage Programs in Non-Clinical Settings: A Guide for Program Managers](#) (PDF) [CDC] and includes several important updates to [CDC's 2001 Revised Guidelines for HIV Counseling, Testing, and Referral](#) [CDC].

A series of webinars will be scheduled for CDC grantees to review the new guidance and discuss strategies for implementing the updates in this guide. Complementary training materials are also being developed and will be launched later in 2016.

To learn more, visit the [CDC HIV Testing in Nonclinical Settings website](#).

---

## Health Brief: "The HIV Crisis among Hispanic Men Who Have Sex with Men"

[Latino Commission on AIDS](#) published a health brief that highlights the current statistics related to health outcomes of Hispanic/Latino men who have sex with men and offers recommendations to address this health crisis.

[Download](#) your copy today!

---

## SAMHSA Announces Availability of \$11M to Integrate HIV Services into Substance Abuse Disorder Treatment Programs for Women

Blog.aids.gov | 3.21

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, is accepting applications for fiscal year (FY) 2016 Targeted Capacity Expansion HIV: Substance Use Disorder Treatment for Racial/Ethnic Minority Women at High-Risk for HIV/AIDS (TCE-HIV: Minority Women) grants. [\[READ MORE\]](#)

---

## Support the NYHAAD Thunderclap!

CDC

National Youth HIV & AIDS Awareness Day (NYHAAD), observed each year on April 10th, is just around the corner! NYHAAD serves as a reminder that investing in young people's health and education is a critical step to achieving an AIDS-free generation.

Please help us spread the word about this important day by:

- Participating in a [NYHAAD Thunderclap](#). A thunderclap allows a message to be shared by many people across social media networks at the same time. This activity will help amplify messages about this important observance. Our NYHAAD Thunderclap will go live on **April 10th at 2:00 pm ET/11:00 am PT** to encourage individuals and organizations to support the HIV prevention needs of teens. Please visit <http://thndr.me/3MQK57> to sign up today! We need **100 supporters** for the Thunderclap to take effect, so please share this information with partners, Twitter followers, and Facebook friends!
- Following [@DrZazaCDC](#) and [@YouthAIDSDay](#) on Twitter for information about the HIV epidemic among youth and actions that schools, parents and teens can take to end youth HIV. Use #NYHAAD to join the conversation leading up to April 10th.

Below we have provided sample social media posts to help promote the Thunderclap. Thank you in advance for your support!

### Sample Tweets:

- Support National Youth HIV & AIDS Awareness Day by donating a tweet to the #NYHAAD Thunderclap! <http://thndr.me/3MQK57>
- Join the #NYHAAD Thunderclap to support youth #HIV prevention, a critical step to reaching an #AIDSFreeGeneration! <http://thndr.me/3MQK57>

**Sample Facebook post:**

Investing in young people's health & education is critical to achieving an AIDS-free generation. Join the National Youth #HIV & AIDS Awareness Day Thunderclap before April 10 to show your support! <http://thndr.me/3MQK57> #NYHAAD

---

## WEBINAR: Incarceration and the HIV Care Continuum

**DATE:** April 25

**TIME:** 12:00 – 1:30 PM CST

The University of Washington Public Health Capacity Building Center is hosting a video conference on April 25 from 12:00 noon to 1:30 p.m. CST, "Incarceration and the HIV Care Continuum." This webinar will cover successful models of HIV testing and linkage to care in jails and prisons.

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

---

## Job/Internship Postings

### Intake Coordinator - SFAF

**Organization:** San Francisco AIDS Foundation

**Location:** San Francisco, CA

**ORGANIZATIONAL SUMMARY:**

No city experienced epidemic levels of HIV faster than San Francisco. At San Francisco AIDS Foundation, we work to end the epidemic where it first took hold, and eventually everywhere. Established in 1982, our mission is the radical reduction of new infections in San Francisco. Through education, advocacy, and direct services for prevention and care, we are confronting HIV in communities most vulnerable to the disease. We refuse to accept that HIV transmission is inevitable. For more information, visit [www.sfaf.org](http://www.sfaf.org)

**POSITION SUMMARY:**

The Intake Coordinator completes the admission process for all new clients including assessments and initial treatment plans. This position may also carry a small client case load, facilitate groups, and assist staff with administrative functions. The intake coordinator will work with program management, CBHS Avatar staff, and program staff as the lead Avatar Clinician.

Stonewall is a harm reduction counseling and treatment program that integrates substance use, mental health, and HIV counseling and education for gay men and other men who have sex with men (G/MSM) who use drugs and/or alcohol. Stonewall serves approximately 600 clients each year.

**ESSENTIAL DUTIES AND RESPONSIBILITIES**

Include the following. Other duties may be assigned.

**Admissions:** Schedule intake appointments with clients, complete intake paperwork, and coordinate intake process with assigned counselor and the Director of Clinical Operations. As part of the intake

process this position will need to complete a thorough psychosocial assessment and initial treatment plan. Ability to diagnose using the DSM-V is required.

**Counseling:** Provide group and individual integrated mental health, substance use, and HIV counseling and treatment. Conduct intake and assessment including substance use, mental health, HIV, HCV and other physical health concerns. Provide psychiatric diagnosis, crisis intervention and some case management services.

**Administrative:** Knowledge of the CBHS electronic medical record—Avatar is required. Support staff and management with duties related to Avatar i.e. running reports, entering data, and supporting staff with data entry errors and ongoing data platform training and capacity building.

**Business Analysis:** Assist Director of Clinical Operations & Program Director with complex business analysis related to the Avatar electronic medical record and/or other operations issues. Analyze Avatar data platform issues and user issues and develop recommendations and solutions for program management. In coordination with program management make corrections within the data system as needed to ensure program compliance with all CBHS data requirements.

#### **EDUCATION AND/OR EXPERIENCE:**

Master's degree and five years counseling experience required. Active California license as a clinical social worker or marriage and family therapist preferred; or registration with the Board of Behavioral Sciences (BBS) on track to become licensed. A minimum of one year using the CBHS medical record Avatar platform system or other integrated electronic medical record database. Operable knowledge of ethical issues and legal reporting requirements regarding patient safety. Ability to maintain confidentiality. This position will have access to protected health information (PHI) and may only access, use or disclose the minimum information necessary to perform their designated role on behalf of San Francisco AIDS Foundation, regardless of the extent of access provided.

#### **PHYSICAL DEMANDS:**

Skill in operating office equipment such as a personal computer, copy machine and telephone system. Ability to perform routine bending, stooping, twisting, and reaching. The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The position may require de-escalation of hostile clients.

**For more information:** [Click here](#)

---

---

#### **Aaron Kavanaugh**

Office of Policy, Planning, and Communications  
STD Control Branch, California Department of Public Health  
850 Marina Bay Parkway, Building P, 2<sup>nd</sup> Floor  
Richmond, CA 94804

Tel: 510-231-1773

Fax: 510-620-3180

Web: [std.ca.gov](http://std.ca.gov)

Archives of previous STD Updates can be found [here](#). To unsubscribe or add colleagues' names, email [aaron.kavanaugh@cdphc.a.gov](mailto:aaron.kavanaugh@cdphc.a.gov). If you have an item related to STD/HIV prevention which you would like included, please send. No bibliographic questions please; all materials are compiled from outside sources and links are provided. No endorsement should be

implied! Note: Some words may have been palced in [brackets] or replaced with blanks (\_\_\_\_) or asterisks (\*) in order to avoid filtering by email inboxes.

Select stories included are provided by kaisernetwork.org, a free service of The Henry J. Kaiser Family Foundation. The Kaiser Daily Health Policy Report is published for kaisernetwork.org by National Journal Group Inc. © 2011 by National Journal Group Inc. & Kaiser Family Foundation. Additionally, this email may include summaries from the CDC HIV/STD/TB Prevention News Update. <<http://www.cdcnpin.org/scripts/News/NewsList.asp>> for other articles. All rights reserved.

**Confidentiality Notice Warning:** This transmission may contain confidential and proprietary information intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you have received this transmission in error, any disclosure, copying, distribution, downloading, uploading or the taking of any action in reliance on the contents of this information is strictly prohibited, and you are requested to immediately notify the above sender.