

[STD Update] FYI 4-14: Formal sex education declines significantly among US adolescents, HIV can become resistant to CRISPR gene editing, STIs may have driven ancient humans to monogamy, 5 papers, 1 webinar, 3 jobs, more.

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National Stories

Formal sex education declines significantly among US adolescents

David Costill, Healio Infectious Disease News | 4.11

Receipt of formal sex education regarding pregnancy prevention and infectious diseases has declined nationwide, especially for girls, between 2006 and 2013, according to recent research in the *Journal of Adolescent Health*.

“This study documents recent declines in adolescents’ receipt of formal sex education about a range of topics,” Laura Duberstein Lindberg, PhD, of the Guttmacher Institute in New York, and colleagues wrote. “Parents do not fill these gaps. Further efforts to increase access to comprehensive reproductive health information are warranted.”

The researchers compared nationally representative data from the 2006-2010 National Survey of Family Growth to the 2011-2013 version to estimate trends in sexual education. The cohorts consisted of 4,662 adolescents (girls, n = 2,284) aged 15 to 19 years from the 2006-2010 report, and 2,125 (girls, n = 1,037) from the 2011-2013 report. The surveys gathered information related to birth control, saying no to sex, sexually transmitted infections, HIV/AIDS and parental communication about sexual education.

Study results showed significant declines in receipt of formal education among girls between the survey periods. Formal instruction related to birth control declined from 70% to 60%, while instruction about saying no to sex fell from 89% to 82% ($P < .05$). STD-related education also declined among girls from 94% to 90%, with instruction on HIV/AIDS falling from 89% to 86% ($P < .05$). Formal education for boys about birth control methods dipped to 55% from 61% ($P < .05$).

The researchers wrote that declines in infectious disease-related instruction reported among boys were slight and not statistically significant over time. Formal instruction for boys related to STIs declined from 92% to 91%, while specific HIV/AIDS instruction declined from 88% to 86%.

“Within overall health education, sexual health topics may be of reduced priority compared to other topics,” Duberstein Lindberg and colleagues wrote “Declines in the share of school districts with policies about teaching HIV or other STD prevention were paralleled by increases in districts requiring instruction about other health topics of increasing public health concern, such as suicide and violence. Research is needed to understand how different subjects may compete for inclusion in the curriculum or classroom, given limited time and other resources.”

Reference:

[Duberstein Lindberg L, et al. *J Adolesc Health*. 2016;doi:10.1016/j.jadohealth.2016.02.004.](https://doi.org/10.1016/j.jadohealth.2016.02.004)

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

Maybe CRISPR Gene Editing Won't Be Such an Easy Way to Attack HIV After All

As reported by POZ | 4.11

HIV can become resistant to CRISPR/Cas9 gene editing just as with antiretroviral (ARV) treatment, Genomeweb reports. Publishing their findings in the journal *Cell*, researchers led by Chen Liang, PhD, of McGill University used the cutting-edge CRISPR/Cas9 editing technique to snip key portions of HIV's genetic material out of infected cells.

This new study raises questions about [research out of Temple University](#) published in March that showed success in using CRISPR/Cas9 to snip the entire HIV genome from immune cells. (That study spawned a [rash of erroneous headlines](#) that claimed a cure might be only three years off.)

During the CRISPR/Cas9 editing process, a so-called guide RNA locates the HIV DNA in the CD4 cell. Next a nuclease enzyme cuts the strands of immune cell DNA, editing out the HIV DNA sequence. Then the cell's own repair mechanism melds the loose DNA strands back together.

The researchers who published in Cell found that a CRISPR/Cas9 method that cut out a key portion of HIV's genome—the researchers tried going after various portions, but not at the same time—was successful at killing many copies of HIV. However, some virus evaded the attack. These investigators also tried using the same technique as the Temple researchers to snip out the entire viral genome but still found that some virus was able to get around the treatment and become resistant.

After analyzing DNA sequences, the researchers found that the virus had developed mutations quite close to the spot in the genetic chain that the Cas9 enzyme had been instructed to cut. The investigators theorize that, after the DNA strain was snipped, slight errors that the cell's repair process introduced resulted in a viral genome that was able to replicate and infect other cells. In particular, this particular strain virus can infect immune cells that have undergone the same gene editing, and is also resistant to further attacks from the gene-editing therapy.

Scientists from this and other similar studies believe that, just as with combination ARV treatment, a multipronged gene-editing treatment—one that knocks out several fundamental HIV genes at the same time—may be necessary to avoid such mutations that confer viral resistance. Elsewhere there is research that looks to make immune cells resistant to HIV in the first place, as with trials that use a different gene-editing method, called zinc-finger nucleases. This approach would be less likely to lead to resistance.

To read a Nature letter about the study, [click here](#).

To read the study abstract, [click here](#). To read the Nature letter, [click here](#).

To read the GenomeWeb article, [click here](#).

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

VRC01 antibody delays but does not prevent HIV rebound after antiretroviral treatment interruption

Liz Highleyman, [aidsmap](#) | 4.8

VRC01, a broadly neutralising antibody targeting HIV's CD4 binding site, was able to modestly delay the return of viral replication following interruption of antiretroviral therapy (ART), according to a study presented at the recent Conference on Retroviruses and Opportunistic Infections (CROI 2016) in Boston. VRC01 did not maintain viral suppression on its own, but it may play a role in combination therapy for HIV treatment or a functional cure.

Studies of antibodies for HIV prevention and treatment have mostly been disappointing because the virus is highly variable. The recent discovery of a number of broadly neutralising monoclonal antibodies,

or bNAbs, that can target multiple HIV strains has given new impetus to this line of research. Antibodies for HIV prevention or treatment was the topic of a plenary lecture by John Mascola as well as a talk at the Community HIV Cure Research Workshop preceding CROI. (See this overview of those presentations.)

Katharine Bar of the University of Pennsylvania and fellow investigators with the AIDS Clinical Trials Group A5340 team evaluated whether one of the most promising bNAbs, known as VRC01, could delay or prevent the return of HIV viremia after ART interruption.

VRC01 attaches to the CD4 binding site of HIV's envelope protein, preventing the virus from binding to the CD4 surface receptor that it uses to gain entry to T-cells. The CD4 binding site is conserved, or consistent across HIV strains, and VRC01 neutralises around 90% of diverse viral isolates from multiple clades in laboratory studies.

This open-label study looked at the safety, tolerability, pharmacokinetics and antiviral activity of VRC01 in HIV-positive people with suppressed viral load (< 50 copies/ml) for more than six months on an ART regimen containing a protease inhibitor or integrase inhibitor.

The study enrolled 14 participants. All were men, half were African American and the median age was 38 years. They had well-preserved immune function with a median CD4 count of approximately 900 cells/mm³ and a CD nadir (lowest-ever level) above 200. They had been on ART for a median of 4.7 years.

Participants received intravenous (IV) infusions of 40mg/kg VRC01 every three weeks for three doses. They started a carefully monitored analytical treatment interruption one week after the first infusion. ART was restarted if their viral load rose to > 1000 copies/ml or their CD4 count fell below 350 cells/mm³. One patient stopped ART before the first VRC01 dose and was excluded from the efficacy analysis.

VRC01 was generally safe and well-tolerated, with no grade 3 or 4 (severe) adverse events, nor any grade 2 (moderate) events considered related to VRC01.

VRC01 remained at adequate concentrations (> 50 mcg/ml) for eight weeks after stopping ART.

Despite high antibody levels, a majority of participants experienced viral rebound by week five of the treatment interruption. The remaining two participants maintained viral suppression for eight and 11 weeks off ART before rebounding. Participants re-established viral suppression after restarting ART.

However, viral rebound was delayed compared to the time it took for virus to return in people who stopped non-NNRTI ART regimens in prior ACTG studies. At four weeks after the treatment interruption, 38% of VRC01 recipients maintained viral suppression compared to 13% of historical control subjects, a significant difference. At eight weeks, 8% of VRC01 recipients still maintained viral suppression compared to 3% of historical controls, which was no longer significant.

Time to viral rebound was not associated with VRC01 level, age, baseline or nadir CD4 count, or duration of ART.

Genetic sequencing of rebounding virus suggested that in some cases VRC01 restricted clonality (number of different strains) and in other cases it selected for pre-existing VRC01-resistant variants in the viral reservoir.

"The passive immunization of VRC01 is safe and well tolerated, modestly delays the return of viremia when compared to historical controls, but does not maintain viral suppression in the majority of patients," the researchers concluded.

Multiple VRC01 doses

Tae-Wook Chun and colleagues with the US National Institute of Allergy and Infectious Diseases conducted a similar exploratory trial looking at the effect of VRC01 on plasma viral rebound following discontinuation of ART in people who started treatment during chronic HIV infection and had viral suppression for more than three years.

The 10 participants in this open-label study had been on ART for an average of 10.6 years and had mean CD4 and CD8 counts of 796 and 768 cells/mm³, respectively. They received infusions of 40mg/kg VRC01 at three days prior to ART interruption, again at 14 and 28 days following interruption, and monthly thereafter for up to six months.

Multiple infusions of VRC01 were safe and well-tolerated. All 10 participants experienced viral rebound between 11 and 86 days (media 39 days) following treatment interruption, and nine restarted ART. VRC01 levels were high (142-583 mcg/ml) at the time of viral rebound. Several patients had evidence of VRC01-resistant virus prior to antibody infusion.

"While multiple infusions of VRC01 were safe and well-tolerated, the majority of patients experienced plasma viral rebound despite adequate levels of antibody in plasma," the researchers concluded. "Therefore, therapeutic strategies involving passive transfer of bNAbs may require a combination(s) of antibodies and/or resistance pre-screening in order to achieve sustained virologic control in HIV-infected individuals upon withdrawal of ART."

References

Bar KJ et al. *ACTG 5340: The effect of VRC01 on viral kinetics after analytic treatment interruption*. Conference on Retroviruses and Opportunistic Infections (CROI), Boston, abstract 32LB, 2016.

[View the abstract on the conference website.](#)

[View a webcast of this session on the conference website.](#)

Chun T-W et al. *Effect of infusion of broadly neutralizing antibody VRC01 on HIV plasma rebound*. Conference on Retroviruses and Opportunistic Infections (CROI), Boston, abstract 311LB, 2016.

[View the abstract on the conference website.](#)

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

Researchers investigate early stages of HIV-neutralizing antibody

Stephanie Viguers, Healio Infectious Disease News | 4.8

Scientists at The Scripps Research Institute and collaborating institutions have identified and characterized an immature, or “teenage,” antibody with broadly neutralizing signatures isolated from an elite controller. The researchers said their findings, published in *Immunity*, may be useful for future HIV vaccine development.

“This is actually the first example of how we can go back to the really early stage to see how this particular antibody lineage was born and can develop,” TSRI researcher and biologist Jiang Zhu, PhD, said in a press release.

Zhu and research colleagues from the University of Maryland, the China CDC, Peking University and Nankai University extracted a monoclonal antibody with a subset of broadly neutralizing antibody (bNAb) signatures resembling the VRC01 class from a Chinese patient with HIV. The patient was among the top 5% of neutralizers screened by China CDC researchers, according to the press release. It is the first time a VCR01-like antibody had been isolated from a patient of Asian descent.

“This could be important for developing a universal HIV vaccine,” Zhu said in the release.

An analysis of the antibody’s structure revealed “critical differences” between the patient’s monoclonal antibody DRVIA7 and VRC01-like antibodies in the light chain CDR1 and N-terminus, both of which interact with glycoprotein 120 (gp120) of the HIV-1 envelope trimer — an “ideal” target for vaccine development, the researchers wrote. Previous research has shown VRC01 antibodies neutralize HIV-1 isolates by binding strongly to the gp120. A functional analysis of DRVIA7, however, showed the interaction between DRVIA7 light chain CDR1 and N276 and V5 glycans on gp120 prevented broadly neutralizing activity. Structurally, DRVIA7 had a slightly longer and germline-like light chain CDR1 compared with a matured VRC01 antibody, Zhu told *Infectious Disease News*.

“These findings suggested that DRVIA7 might be a VRC01-class antibody that had acquired a subset of VCR01 signatures but not yet broad neutralizing activity, thus providing an opportunity to study the emergence of VRC01-class antibodies,” Zhu and colleagues wrote.

The researchers examined the emergence of DRVIA7 over 5 years. They observed functional VRC01-like neutralizing heavy chain precursors in 2006, placing the “birth date” of DRVIA7 lineage shortly before then. By 2008, the average heavy chain somatic hypermutation increased from 17% to 22.9%, with some heavy chain precursors having an approximate 13% mutation level, Zhu told *Infectious Disease News*. This finding indicates the immune system is capable of rapidly maturing VRC01-like heavy chains within 2 years, which contradicts previous research suggesting useful traits of VRC01 antibodies can take a long time (roughly 10 to 15 years) to mature, he said.

Despite this, full maturation of heavy chains did not occur naturally, the researchers wrote. Instead, they re-engineered the N-terminus and light chain complementarity-determining region 1 of DRVIA7. The tweaked antibody had then advanced from limited neutralization breadth to a bNAb.

“As long as you have those critical VRC01 signatures, a teenage-stage antibody can become a killer for HIV,” Zhu said in the press release.

The researchers concluded that light chain accommodation of the glycan shield should be considered during vaccine development.

Reference:

[Kong L, et al. *Immunity*. 2016;doi:10.1016/j.immuni.2016.03.006.](https://doi.org/10.1016/j.immuni.2016.03.006)

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

There's no doubt now that Zika virus causes rare birth defects, CDC says

Associated Press, as reported by Los Angeles Times | 4.13

Confirming the worst fears of many pregnant women in the United States and Latin America, U.S. health officials said Wednesday there is no longer any doubt the Zika virus causes babies to be born with abnormally small heads and other severe brain defects.

Since last year, doctors in Brazil have been linking Zika infections in pregnant women to a rise in newborns with microcephaly, or an unusually small skull. Most experts were cautious about drawing a firm connection. But now, the U.S. Centers for Disease Control and Prevention says enough evidence is in.

"There is no longer any doubt that Zika causes microcephaly," CDC Director Dr. Tom Frieden said.

Among the evidence that clinched the case: Signs of the Zika virus, which is spread primarily through mosquito bites but which also can be transmitted through sex, have been found in the brain tissue, spinal fluid and amniotic fluid of microcephaly babies.

The CDC and other health agencies have been operating for months on the assumption that Zika causes brain defects, and they have been warning pregnant women to use mosquito repellent, avoid travel to Zika-stricken regions and either abstain from sex or rely on condoms. Those guidelines will not change.

But the new finding should help officials make a more convincing case to the public for taking precautions. Some officials hope the Zika report will change public thinking about Zika the way the 1964 surgeon general's report convinced many Americans that smoking causes lung cancer.

"We've been very careful over the last few months to say, 'It's linked to, it's associated with.' We've been careful to say, 'It's not the cause of,'" said the CDC's Dr. Sonja A. Rasmussen. "I think our messages will now be more direct."

The CDC announced its conclusion in a report published online by the *New England Journal of Medicine*.

"We feel it's time to move from precautionary language to more forceful language to get people to take action," said Dr. Bruce Aylward, who is leading WHO's Zika response.

Zika has been sweeping through Latin America and the Caribbean in recent months, and the fear is that it will only get worse there and in the U.S. with the onset of mosquito season this spring and summer.

The virus causes only a mild and brief illness, at worst, in most people. But in the last year, infections in pregnant women have been strongly linked to fetal deaths and devastating birth defects, mostly in Brazil, where the Health Ministry said Tuesday that 1,113 cases of microcephaly have been confirmed since October.

So far, there have been no documented Zika infections in the U.S. caught from mosquitoes. Nearly 350 illnesses in the 50 states were reported as of last week, all linked to travel to Zika outbreak regions.

The report comes at a time when health officials have been begging Congress to approve an emergency request for \$1.9 billion in supplemental funding to fight Zika internationally and prepare in case mosquitoes spread the virus here. Earlier on Wednesday, top House Republicans said they probably will grant a portion of that request, but likely not until September.

As the microcephaly cases rose in Latin America, a number of alternative theories circulated through the public. Some claimed the cause was a vaccine given to pregnant women. Some suspected a mosquito-killing larvicide, and others wondered whether genetically modified mosquitoes were to blame.

Investigators gradually cast these theories aside and found more and more circumstantial evidence implicating Zika.

CDC officials relied on a checklist developed by a retired University of Washington professor, Dr. Thomas Shepard. He listed seven criteria for establishing whether something can be called a cause of birth defects.

They still don't have some of the evidence they hope for. So far, for example, there have been no published studies demonstrating Zika causes such as birth defects in animals. There's also a scarcity of high-quality studies that have systematically examined large numbers of women and babies in a Zika outbreak area.

"The purist will say that all the evidence isn't in yet, and they're right, but this is public health and we need to act," the WHO's Aylward said.

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

Zika Virus Can Be Transmitted Through Anal Sex, C.D.C. Says

Donald G. McNeil Jr, The New York Times | 4.14.16

The Zika virus can be transmitted by anal sex as well as vaginal sex, according to a report issued on Thursday by the Centers for Disease Control and Prevention.

The agency described a case of man-to-man sexual transmission in January.

The case, which was previously disclosed by health officials in Texas without identifying the genders of the partners, was the first known case of sexual transmission of Zika within the United States in the current epidemic.

It involved a Dallas resident who became infected with Zika through a mosquito bite while visiting Venezuela and then infected his male partner through unprotected sex upon his return. Both had relatively mild symptoms, and blood was not detected in either man's semen.

Previous cases of suspected sexual transmission involved men with blood in their semen, leading doctors to speculate that sexual transmission took place only when the testes or prostate was so heavily infected that bleeding occurred.

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STIs may have driven ancient humans to monogamy, study says

The shift away from polygyny to monogamy with the dawn of agriculture could be down to the impact of sexually transmitted infections in communities

Nicola Davis, The Guardian | 4.12

The clam, the clap and the pox are rarely linked to romance. But new research suggests they may have helped drive humans to monogamy.

Based on insights from computer models, scientists argue that the shift away from polygynous societies – where men had many long-term partners, but women had only one – could be down to the impact of sexually transmitted infections on large communities that arose with the dawn of the agricultural age. Agriculture is thought to have taken hold around 10,000 years ago, although some studies put the date even earlier.

“That behaviour was more common in hunter gatherers and it seemed to fade when we became agriculturists,” said Chris Bauch of the University of Waterloo in Canada who co-authored the paper.

Writing in the journal *Nature Communications*, Bauch and his colleague Richard McElreath from the Max Planck Institute for Evolutionary Anthropology in Germany, describe how they built a computer model to explore how bacterial sexually transmitted infections such as chlamydia, gonorrhoea and syphilis that can cause infertility, affected populations of different sizes. The authors considered both small hunter gatherer-like populations of around 30 individuals and large agricultural-like populations of up to 300 individuals, running 2,000 simulations for each that covered a period of 30,000 years.

In small polygynous communities, the researchers found that outbreaks of such STIs were short-lived, allowing the polygynous population to bounce back. With their offspring outnumbering those from monogamous individuals, polygyny remained the primary *modus operandi*.

But when the team looked at the impact of STIs on larger polygynous societies, they found a very different effect. Instead of clearing quickly, diseases such as chlamydia and gonorrhoea became endemic. As a result, the population plummeted and monogamists, who did not have multiple partners, became top dog. The team also found that while monogamists who didn't 'punish' polygyny could gain a temporary foothold, it was monogamists that 'punished' polygyny – often at their own expense of resources – that were the most successful. While the form of such punishments were not specified in the model, Bauch suggests fines or social ostracisation among the possible penalties. The results, they say, reveal that STIs could have played a role in the development of socially imposed monogamy that coincided with the rise of large communities that revolved around agriculture.

“It's really quite exciting,” said evolutionary anthropologist Laura Fortunato of the University of Oxford who was not involved in the study. While there is little data to be had on the prevalence of STIs in either hunter gatherer populations or in early communities that embraced agriculture, Fortunato believes that

there are opportunities to explore the idea further. “You could see if that mechanism is in operation in contemporary populations,” she said.

While the authors acknowledge that other factors might also have influenced the shift to monogamy, the research, they believe, highlights an oft-overlooked aspect of human behaviour. “A lot of the ways we behave with others, our rules for social interaction, also have origins in some kind of natural environment,” said Bauch.

But others describe the authors’ theory as “unlikely”. “I don’t think it is necessarily wrong but I think the basis for their modelling may be,” said Kit Opie of University College, London. Opie argues that early human society was not likely to be polygynous. “Looking at modern day hunter gatherers who provide some sort of model for pre-agricultural societies, ie any human society prior to about 10,000 years ago, then polygyny is very rare,” he said. “Hunter-gatherer marriage is a much looser affair than we are used to and polygyny may be allowed but very rarely is it actually practiced.”

Bauch believes the argument doesn’t detract from the authors’ conclusions. “I don’t think it affects our hypothesis because our hypothesis and mechanism concern general trends,” he said. While the authors note that further work that clearly distinguished between marriage and mating could add further insights, Bauch believes the new study shows the power of simulations. “Our research illustrates how mathematical models are not only used to predict the future, but also to understand the past,” he said.

Journal Reference:

[Disease dynamics and costly punishment can foster socially imposed monogamy.](#)

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

Scientific Papers/Conference Abstracts

Assessing efficacy of a retention-in-care intervention among HIV patients with depression, anxiety, heavy alcohol consumption and illicit drug use

Gardner LI, Marks G, Shahani L, et al. *AIDS* 2016;20(7):1111-1119

Objective:

We evaluated whether heavy alcohol use, illicit drug use or high levels of anxiety, and depression symptoms were modifiers of the retention through enhanced personal contact intervention. The intervention had previously demonstrated overall efficacy in the parent study.

Design:

Randomized trial.

Methods:

A total of 1838 patients from six US HIV clinics were enrolled into a randomized trial in which intervention patients received an ‘enhanced contact’ protocol for 12 months. All participants completed an audio computer-assisted self-interview that measured depression and anxiety symptoms from the Brief Symptom Inventory, alcohol use from the Alcohol Use Disorders Identification Test-Consumption

instrument, and drug use from the WHO (Alcohol, Smoking and Substance Involvement Screening Test) questions. The 12-month binary outcome was completing an HIV primary care visit in three consecutive 4-month intervals. The outcome was compared between intervention and standard of care patients within subgroups on the effect modifier variables using log-binomial regression models.

Results:

Persons with high levels of anxiety or depression symptoms and those reporting illicit drug use, or heavy alcohol consumption had no response to the intervention. Patients without these 'higher risk' characteristics responded significantly to the intervention. Further analysis revealed higher risk patients were less likely to have successfully received the telephone contact component of the intervention. Among higher risk patients who did successfully receive this component, the intervention effect was significant.

Conclusion:

Our findings suggest that clinic-based retention-in-care interventions are able to have significant effects on HIV patients with common behavioral health issues, but the design of those interventions should assure successful delivery of intervention components to increase effectiveness.

View the paper online: [Abstract](#)

“Inside These Fences Is Our Own Little World”: Prison-Based HIV Testing and HIV-Related Stigma Among Incarcerated Men and Women

Muessig KE, Rosen DL, Farel CE, et al. *AIDS Education and Prevention* 2016;28(2):103-116

Abstract:

Correctional facilities offer opportunities to provide comprehensive HIV services including education, testing, treatment, and coordination of post-release care. However, these services may be undermined by unaddressed HIV stigma. As part of a prison-based HIV testing study, we interviewed 76 incarcerated men and women from the North Carolina State prison system. The sample was 72% men, median age 31.5 years (range: 19 to 60). Thematic analysis revealed high levels of HIV-related fear and stigma, homophobia, incomplete HIV transmission knowledge, beliefs that HIV is highly contagious within prisons (“HIV miasma”), and the view of HIV testing as protective. Interviewees described social distancing behaviors and coping mechanisms they perceived to be protective, including knowing their HIV status and avoiding contact with others and shared objects. Interviewees endorsed universal testing, public HIV status disclosure, and segregation of HIV-positive inmates. Intensified education and counseling efforts are needed to ameliorate entrenched HIV-transmission fears and stigmatizing beliefs.

View the paper online: [Abstract](#)

A Randomized Study of Incentivizing HIV Testing for Parolees in Community Aftercare

Saxena P, Hall EA, Prendergast M. *AIDS Education and Prevention* 2016;28(2):117-127

Abstract:

HIV risk-behaviors are high in criminal justice populations and more efforts are necessary to address them among criminal justice-involved substance abusers. This study examines the role of incentives in

promoting HIV testing among parolees. Participants were randomly assigned to either an incentive (n = 104) or education group (control; n = 98), where the incentive group received a voucher for testing for HIV. Bivariate comparisons showed that a larger proportion of those in the incentive group received HIV testing (59% versus 47%), but this was not statistically significant (p = .09). However, in a multivariate logistic regression model controlling for covariates likely to influence HIV-testing behavior, those in the incentive group had increased odds of HIV testing in comparison to those in the education group (OR = 1.99, p < .05, CI [1.05, 3.78]). As a first of its kind, this study provides a foundation for further research on the utility of incentives in promoting HIV testing and other healthy behaviors in criminal justice populations.

View the paper online: [Abstract](#)

I Want Your Sext: Sexting and Sexual Risk in Emerging Adult Minority Men

Davis MJ, Powell A, Gordon D, et al. *AIDS Educaiton and Prevention* 2016;28(2):138-152

Abstract:

Sexting, sending, or receiving sexually suggestive or explicit messages/photos/videos, have not been studied extensively. The aims of this study is to understand factors associated with sexting among minority (e.g., African- American, Hispanic) emerging adult males and the association between sexting and sexual risk. We recruited 119 emerging adult heterosexual males and assessed sexting and sexual risk behaviors. Fifty-four percent of participants sent a sext, and 70% received a sext. Participants were more likely to sext with casual partners than with steady partners. Multiple regression analyses showed that participants who sent sexts to steady partners had significantly more unprotected vaginal intercourse and oral sex. Participants who sent sexts to casual partners had significantly more partners, and participants who received sexts from casual partners had significantly more unprotected oral sex and sex while on substances. We found that sexting is a frequent and reciprocal behavior among emerging adults, and there were different patterns of significance for sexts with casual and steady partners.

View the paper online: [Abstract](#)

HIV community viral load trends in South Carolina

Chakraborty H, Weissman S, Duffus WA, et al. *International Journal of STDs & AIDS* 2016; [Epub ahead of print]

Abstract:

Community viral load is an aggregate measure of HIV viral load in a particular geographic location, community, or subgroup. Community viral load provides a measure of disease burden in a community and community transmission risk. This study aims to examine community viral load trend in South Carolina and identify differences in community viral load trends between selected population subgroups using a state-wide surveillance dataset that maintains electronic records of all HIV viral load measurements reported to the state health department. Community viral load trends were examined using random mixed effects models, adjusting for age, race, gender, residence, CD4 counts, HIV risk group, and initial antiretroviral regimen during the study period, and time. The community viral load gradually decreased from 2004 to 2013 (p < 0.0001). The number of new infections also decreased (p = 0.0001) over time. A faster rate of decrease was seen among men compared to women (p < 0.0001),

men who have sex with men ($p = 0.0001$) compared to heterosexuals, patients diagnosed in urban areas compared to that in rural areas ($p = 0.0004$), and patients prescribed single-tablet regimen compared to multiple-tablet regimen ($p < 0.0001$). While the state-wide community viral load decreased over time, the decline was not uniform among residence at diagnosis, HIV risk group, and single-tablet regimen versus multiple-tablet regimen subgroups. Slower declines in community viral load among females, those in rural areas, and heterosexuals suggest possible disparities in care that require further exploration. The association between using single-tablet regimen and faster community viral load decline is noteworthy.

View the paper online: [Abstract](#)

Resources, Webinars, & Announcements

Introducing Implementation and Access Resources on PrEP Watch

AVAC

Dear Advocates,

Daily oral PrEP is moving from an idea to an offering in more countries and communities every day. And in the places where it isn't being offered, demand is growing!

To help advocates track implementation on the ground in detail, AVAC has developed a new section of [PrEP Watch](#) (a clearinghouse of information on PrEP science, research, cost, access and advocacy) focused specifically on implementation efforts underway.

On the [Implementation Initiatives page](#), you can find information about some of the different initiatives funding PrEP implementation in sub-Saharan Africa, including the USAID-supported OPTIONS Consortium and the PEPFAR DREAMS Initiative. Information about funder-defined initiatives can help advocates understand who's who and what's planned—and to follow the money!

You can also learn about the full spectrum of work happening at country level in [Kenya](#), [South Africa](#) and [Zimbabwe](#). As PrEP is rolled out in additional countries, more case studies will be added.

PrEP Watch will continue to grow as PrEP introduction and rollout moves forward and as new efforts and initiatives are started.

Reach us at avac@avac.org if you have comments or questions.

Best,
AVAC

April 18: Inaugural National Transgender HIV Testing Day (NTHTD)

Blog.aids.gov

Transgender communities in the United States are among the groups at highest risk for HIV infection. Many of us in the transgender (trans) community have been dismayed by the continued impact of HIV and AIDS on our trans sisters and brothers. We have worked hard to address the epidemic from within—with the limited resources we've been able to generate—to try to mitigate the loss of lives. HIV claims far too many of us, along with severe poverty, violence, joblessness, and stigma. It can often be overwhelming. Still, we try to create approaches where we can make a difference. In response, CDC's [Capacity Building Assistance Provider Network](#) partner, the [Center of Excellence \(COE\) for Transgender Health](#) at the University of California, San Francisco, is launching the inaugural [National Transgender HIV Testing Day \(NTHTD\)](#) on **April 18, 2016**. We believe this is one approach that will lead to real difference.

NTHTD is a day set aside to recognize the importance of HIV testing and increasing awareness and focus on HIV prevention and treatment efforts among transgender and gender non-binary people. HIV testing can be an effective prevention tool that actively engages trans people in supporting sexual health and wellness while empowering us to make informed health choices that will help improve our lives. HIV testing among trans populations also allows health care providers to identify those who are HIV positive and to begin treatment efforts sooner, leading to better health outcomes and reduced possibility of HIV transmission.

Trans people often feel invisible or excluded, even in issues that affect our own lives. The lack of standardized methods for accurately counting trans people or allowing us to self-identify increases our invisibility, further impacting our engagement with health and HIV testing and prevention services. But we know through published research studies of trans populations that there are high levels of HIV infection and clear racial/ethnic disparities among our population.

As part of the NTHTD initiative, the CoE has developed a [Transgender HIV Testing Toolkit](#), consisting of five modules designed to reflect the most current HIV prevention research and best practices for serving trans and gender non-binary people. Guidelines to increase access and trans cultural competence among HIV testing programs and services are included. With this toolkit, the CoE is aiming to encourage and support community-based organizations and prevention programs to host trans HIV testing community events, develop expanded trans HIV testing visibility campaigns, provide HIV testing services, and/or engage trans community members in promoting status awareness among all trans people. So, in closing, I make a personal appeal to you: please pass this blog along to those in your community who would help us advance to a state of health and wellness. We are all part of the social fabric in this country. We are your sisters, mothers, fathers, brothers and cousins, and you can help save our lives, simply by caring and sharing.

Editor's Note: Visit the [AIDS.gov NTHTD Awareness Day Page](#) for more digital resources to get involved with National Transgender HIV Testing Day.

Report Concludes Elimination of Hepatitis B & C in U.S. Feasible

Corinna Dan, [blog.aids.gov](#) | 4.12

Yesterday the National Academies of Sciences, Engineering and Medicine released [Eliminating the Public Health Problem of Hepatitis B and C in the United States: Phase One Report](#), which affirms that it would be possible to eliminate hepatitis in the U.S. with the right resources, commitment, and strategy.

Importantly, the report also concluded that in the short term, disease control — a reduction in the incidence and prevalence of hepatitis B and C and their consequences — is feasible.

Commissioned by the CDC's Division of Viral Hepatitis and the HHS Office of Minority Health, the report examines scientific and policy issues related to the prevention, detection, control, and management of HBV and HCV and also discusses the barriers that must be overcome to eliminate hepatitis B and hepatitis C in the United States.

This report will inform and galvanize work currently underway across the federal government to both implement the national [Viral Hepatitis Action Plan](#) and develop an update to it that will guide our nation's response to viral hepatitis through 2020. (See the related blog post: [Federal Workgroup Looks to Future of Viral Hepatitis Action Plan.](#))

The Academies will now continue their work, developing a phase two report that will outline a strategy and propose targets for eliminating hepatitis B and C in the United States. This report is expected early next year.

For more information: [Click here](#)

Transgender Health Workshop on 4/17: Best Practices for Data Collection, Analysis, & Public Health

Please join us for our final workshop of the semester: **Transgender Inclusive Research: Best Practices for Data Collection, Analysis, and Public Health**. This workshop will be facilitated by **Erin Armstrong**, a nationally recognized transgender advocate who has been featured in Rolling Stone, the Advocate, and Huffington Post for her pioneering work.

When: Sunday, April 17th 9:30am-12 noon (includes bagels + coffee!)

Where: Latimer Hall Room #121, UC Berkeley campus (see flier for map)

The Berkeley Free Clinic Saturday Services and LGBTQ Suitcase Clinic invite you to our Spring 2016 Training Series: Improving Healthcare for the East Bay Transgender Community.

Trainings are on select Sundays (see attached flier) from 10-12 noon, free, and open to the public*. Bagels and coffee are provided at 9:30 AM; the training starts at 10am.

*This training is intended for those who have a basic knowledge of trans-inclusive language and exposure to trans-specific health topics. If you have further questions, please contact suitcaseBFC@gmail.com.

Erin Armstrong has been a transgender activist since 2006, when she started the first video blog on YouTube dedicated to documenting the transgender experience. With over 6 years of non-profit program management experience, focused specifically on transgender advocacy and wellness, she has become a defining voice in the transgender movement. In 2013 her work was recognized on the Inaugural Trans 100 List, with additional mentions in Rolling Stone Magazine, the Los Angeles Times, and The Advocate. She is currently pursuing a joint MBA/MPP at Mills College. More information can be found on her website (www.grishno.com).

To RSVP, go to www.EBtranshealth.eventbrite.com

WEBINAR: News and expert analysis from the 2016 International Liver Congress

DATE: April 25

TIME: 8:00 – 9:00 AM EST

Receive an update on key research findings and guidance presented at the 2016 International Liver Congress and their implications for treatment, prevention, public health policy and advocacy from experts in viral hepatitis.

Featuring:

- Dr Sanjay Bhagani, Consultant in Infectious Diseases, Royal Free Foundation NHS Trust, London
- Professor Jeffrey Lazarus, University of Copenhagen, Editor in Chief, *Hepatology, Medicine and Policy*
- Raquel Peck, Chief Executive Officer, World Hepatitis Alliance

Registration

The webinar will take place on Monday 25 April 1-2pm UK / 2-3pm CET / 8-9am EST

[Click here to register to take part.](#)

Job/Internship Postings

Executive Program Analyst – CDPH STDCB

Organization: STD Control Branch, California Department of Public Health

Location: Richmond, CA

JOB OVERVIEW

The Department of Obstetrics, Gynecology & Reproductive Science (OB/GYN & R.S.), SFGH Division is seeking an Executive Program Analyst for its STD Branch contract. The Executive Program Analyst is assigned to the California Department of Public Health (CDPH), Sexually Transmitted Diseases Control Branch (STDCB). This position will be under the general supervision of the Branch Chief. Additionally, this position will work closely with the Chief of the Office of Policy Planning & Communications (OPPC) and the Chief of the Office of Adult Viral Hepatitis Prevention (OAVHP) on programmatic support activities. The Executive Program Analyst position plays a key role in the STDCB by providing technical, analytical, consultative, and administrative support to Branch staff as a liaison to the Branch Chief position. The individual works closely with all levels of management within the Branch, in addition to managers and chiefs in the Division and Center offices, to support programmatic activities to Branch staff located in Richmond. This position may require light travel within California.

Please Note: This position is located in Richmond, CA.

OBSTETRICS, GYNECOLOGY & REPRODUCTIVE SCIENCE

The mission of the Department of Obstetrics, Gynecology & Reproductive Science (OB/GYN & R.S.) is to promote health and prevent disease in women. We accomplish this by supporting the programmatic initiatives of our faculty and staff in the areas of patient care, education, and research. We are committed to providing quality health care services to all women; educating health care providers and investigators; and conducting research to advance knowledge in our field.

ABOUT UCSF

The University of California, San Francisco (UCSF) is a leading university dedicated to promoting health worldwide through advanced biomedical research, graduate-level education in the life sciences and health professions, and excellence in patient care. It is the only campus in the 10-campus UC system dedicated exclusively to the health sciences.

Required Qualifications

- BA/BS degree with a major in a related field and two years of experience in administrative analysis or operations research; or an equivalent combination of education and experience
- One to two years' work experience in an administrative capacity
- Proficiency in Microsoft Office 2010, including Outlook, Word, Excel, and PowerPoint

Preferred Qualifications

- Experience designing standardized surveys, key informant interviews, or other data collection tools to support formal evaluation
- Experience programming surveys online via Qualtrics, Survey Monkey, or other online survey software
- Experience investigating, collating, and summarizing existing guidelines, regulations, tools, or other resources on a particular public health topic into a useable reference document
- Experience performing quantitative and qualitative data analysis and summarize results
- Experience uploading documents to a web page
- Basic understanding of epidemiology and public health principles
- General knowledge of medical terminology pertaining to sexually transmitted diseases, and appropriate laws, rules, regulations, and policies of the State of California governing the program area(s)
- Ability to juggle multiple priorities and effectively meet deliverables for more than one person/team at time
- Experience collaborating with outside stakeholders in a professional and effective manner
- Experience exercising outstanding initiative, work ethic, and self-motivation
- Proficiency using Microsoft Office 2010, including Outlook, Word, and Excel, PowerPoint
- Knowledge of modern office methods, equipment, and procedures
- Ability to reason logically and creatively
- Ability to work both independently and as part of a team
- Willingness to maintain excellent attendance
- Outstanding organizational and analytical skills; ability to multi-task and work well under pressure
- Experience proofreading, editing, and writing about data in English

**** Directions for applying to this position ****

Candidates interested in applying for this position, please visit the UCSF website at:

<http://ucsfhr.ucsf.edu/careers/>. Click on 'Search openings' and enter in 44432 under 'Req number' to view the posting. Please submit your cover letter and resume electronically to the UCSF Careers website

Director of Development - APLA

Organization: AIDS Project Los Angeles

Location: Los Angeles, CA

Reporting to the CEO, the Director of Development will be a builder and change-agent able to engage the committed efforts of all members of the Board and staff to create a truly world-class development organization. The Director of Development will be an innovative, energetic and thoughtful individual who is not satisfied with the status quo, and who is totally committed to driving increased funding to address health issues that disproportionately affect the LGBT community and other underserved communities.

In close cooperation with the CEO and the Board of Directors (including the Board Fund Development Chairs), and senior members of the leadership team, the Director of Development will drive diversification of contributed revenue by a) forging a deeper and more textured connection with supporters already committed to APLA, and b) inviting new donors and supporters into the APLA family. The Development Team will systematically elevate awareness of APLA's mission among new and current supporters, encourage increased levels of giving through targeted solicitations, and implement donor stewardship programs that give all members of progressive communities in Southern California (including the LGBT community) a personal stake in APLA's success.

With the active support of the CEO and Board Chair, the Director of Development will shift APLA's fundraising culture to a more activist, results-oriented growth model. This vision is one of continuous, nonstop advocacy for APLA's critical importance to the community among those with the means to contribute to the organization's work and the overall health of the LGBT community while continuing to advance the agency's mission to "End AIDS".

Orchestrated by the Development Team, everyone involved with APLA in any way will continually "sell" APLA's unique contributions to the health and vitality of the LGBT community. The objective of the Development Team is to ensure that giving to APLA takes center stage for individual, foundation, government and corporate donor/funders, and that financially strengthening APLA is one of the top three priorities of each donor that supports causes important to the LGBT community in Southern California while also maintaining and strengthening support from HIV/AIDS donors.

This individual will provide the overall leadership, direction, coordination and vision for all day-to-day fundraising activities of APLA. The Director of Development must be systematic in approach, driven, results-oriented, able to inspire people who want to be inspired, and able to make hard decisions that improve fundraising yields while explaining the logic behind such decisions to others. Excellent communication and people skills will be essential for this position.

IMMEDIATE PRIORITIES

The Director of Development's immediate priorities are to:

- Thoroughly understand APLA - its history, culture, advocacy, medical services and the nature of FQHC organizations, programs, personalities, constituencies and governance structure; understand its branding and how it delivers information on services to different constituents;

understand APLA's base of financial support and the short and long-term funding requirements (including the need for capital investment) in all segments of the organization;

- Immediately assess the "state of play" of in-process fundraising efforts and provide support for those efforts as needed; assume a hands-on, creative leadership role in the identification, cultivation and solicitation of donors personally, and with board members, executive and development staff;
- Thoroughly understand current and prospective funding mechanisms, donors (individual and institutional), events organized by outside or in-house managers, etc. and the potential capacity of each kind of donor; identify any gaps in the donor continuum and set goals for involving them in APLA's work and future; become familiar with all development-related communications and marketing collateral; within the first 90 – 120 days consolidate this information into a fundraising plan that includes an analysis of current and prospective donors by capacity, needed improvements to APLA's fundraising infrastructure, and a plan for increasing yields from each donor cohort;
- Develop strong relationships with, and secure the trust and confidence of the CEO, the Chairs of the Board Fund Development Committee, senior staff, key funders, board members, outside organizations that run various donor events, and fundraising consultants (if any);
- Develop strong relationships with the development staff, understanding their strengths and talents, giving them a sense of leadership and direction and providing for professional development; understand volunteer constituencies and their contributions so that maximum revenue is generated through their efforts;
- Review APLA's communications and brand strategy as it might impact fundraising initiatives; in close cooperation with the Director of Communications, shape all communications to support the fundraising case.

MAJOR RESPONSIBILITIES

Direct, coordinate and execute all fundraising activities, including:

- Individual donor solicitations as appropriate, with the support of the CEO, Chair of the Board, the Chairs of the Fund Development Committee, other Board members, program leaders, and other APLA staff; foster strong, long-term relationships with targeted individual and institutional donor constituencies;
- Identification of staff and Board members who will be key in fundraising; definition of roles, targets and objectives, along with metrics for success; appropriately coach and prepare team members engaged in solicitation activities;
- Develop and grow special events that boost institutional and individual fundraising efforts, including corporate and private gatherings, and other events celebrating contributions of various donor groups and marking special milestones;

Sustain and grow the current fundraising infrastructure, including:

- Evaluate, motivate, retain, recruit and manage a team of development professionals and consultants with appropriate donor cultivation, individual giving and institutional giving skills and experiences; establish work plans, performance objectives, and goals for each team member and regularly review performance; provide professional development and training required to cultivate staff skills and professionalism;
- Establish clear standards for stewardship, donor recognition, and institutional sponsorship, with particular emphasis on the proper use of logos, brands, naming and other recognition opportunities;
- Ensure successful adherence to foundation grant and restricted giving agreements.

In coordination with marketing and communications, plan and implement a systematic, integrated donor marketing, communications and fundraising plan, including:

- Branding Integration: Optimize APLA's positioning to individual and institutional funders and prospective donors; ensure donor communications are consistent with the organization's overarching brand strategy;
- Donor segmentation, recognition levels, fund development activities and the capture and use of donor information;
- Oversee and ensure timely and effective communication with individual and institutional funders through a mix of mechanisms and distribution channels, including social media, web, print publications, broadcast and other media; and

In collaboration with the CEO, finance and program staff, assist in the preparation of annual operating plans and budgets, appropriately incorporating fundraising projections and other data into the organization's budgets and financial reports.

Qualifications

The Director of Development should have the following type of experience and qualifications:

- A record of success in raising major gifts from individuals and institutions; broad-based knowledge of various development activities including relationship-based philanthropy, annual fund, campaigns, pledge events, planned giving, telemarketing, direct mail and social media;
- An understanding of medical, mental health, public health and human services issues related to HIV/AIDS treatment and prevention, and the diverse health issues faced by members of the LGBT community served by APLA;
- Strong knowledge of key philanthropic trends and top-level contacts with major sources of funding;
- Experience with systematic, database-driven donor targeting, solicitation and recognition programs;
- Demonstrated ability to work effectively with and gain the respect and support of a CEO, Board, staff and volunteer constituents;
- Proven ability to hire talented individuals and manage and lead a diverse group of personalities; a team builder, mentor and motivator; a manager who is adept at coordinating and supporting the fundraising activities of others;
- Exceptional communication skills, in writing as well as verbally; ability to vary communication style to meet the need of different audiences;
- At least ten years' professional fundraising experience; at least three years in a senior management capacity.

PERSONAL CHARACTERISTICS

The successful candidate should have the following qualities:

- A mission-driven individual with a passion for addressing health disparities affecting members of the LGBT community including people living with HIV/AIDS; ability to work comfortably with diverse populations;
- A good listener and strategist; comfortable receiving input from many sources, and able to analyze and formulate disparate information into a sound, well-organized plan;
- Intrepid yet tactful; determined yet respectful of others' concerns; someone with the flexibility and creativity needed to find alternative ways to reach funding objectives when barriers arise; a skilled negotiator who does not drive himself/herself or others into a corner;

- A hard worker with a high energy level; a “doer” with a willingness to work hands-on in building and executing a variety of development and advancement activities; and
- A positive, emotionally mature person with a good sense of humor.

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

Social Media Specialist – John Snow, Inc.

Organization: John Snow, Inc.

Location: San Francisco, CA

Description

John Snow, Inc., a public health research and consulting firm, seeks a full time (40 hours) experienced Social Media Specialist (SMS) for the AIDS.gov project. The SMS will be based in our San Francisco office and will work under the supervision of the AIDS.gov Digital Media Director.

The SMS will support the social media efforts of AIDS.gov, a unique and innovative leading technology program within the US Department of Health and Human Services (HHS). The project aims to expand the availability of information on Federal HIV/AIDS and Viral Hepatitis (VH) policies, programs, and resources and offers technical assistance (TA) and resources to help stakeholders use digital tools to extend the reach of their HIV/VH programs to communities at greatest risk.

RESPONSIBILITIES

Social Media Content

- Manage day to day social media accounts and communication channels (including but not limited to Facebook, Twitter, Instagram, Pinterest, Blog posts, Youtube, Flickr, email marketing applications, website pages, and podcasts).
- Develop a social media calendar and daily content which promotes consumer participation and community engagement.
- Plan and implement social media programs and initiatives.
- Utilize approved content syndication information for social media updates as required.
- Support the development and/or editing of new media presentations.
- Be aware of and implement security requirements for all social media and digital channels.
- Insure appropriate AIDS.gov graphics/images are universally utilized.
- Provide weekly phone-based social media TA through Virtual Office Hours and in-person at select conferences.

Reporting and analysis

- Monitor and track AIDS.gov and partners’ social media activities and develop weekly reports.
- Provide updates to team on social media advancements and public health impacts through research, analysis of industry trends, review of pop culture, and problem identification/solving.

Marketing and Promotion

- Work with AIDS.gov team members and other community and federal partners to gather content for cross-promotion, amplify partner messages, and identify opportunities for collaboration.
- Provide new social media strategy recommendations.

- Support the implementation of the communications strategy for the National HIV/AIDS Strategy, Federal Action Plan and Viral Hepatitis Action Plan.
- Consistently craft messages which promote the AIDS.gov brand and “voice” and include motivational messaging and calls to action.
- Convey a sense of community and build AIDS.gov following.
- Coordinate production (including pre and post-production) of viral hepatitis marketing materials, including reports, fact sheets, videos, and animations.
- Work with and support graphic designer to develop and produce templates for viral hepatitis materials.
- Recruit participants/talent for videos and animations.
- Work with writing/editing team to develop supporting materials including video scripts.
- Ensure all final products are 508-compliant.
- Support development and implementation of social media guidelines for team members.

Administrative/Partnership Activities

- Participate in supervision and team meetings.
- Follow-through on assignments during nontraditional work hours, as needed.
- Represent AIDS.gov at conferences and community events.
- Develop and build relationships with key online influencers.
- Build relationships with key influencers in HIV communities.
- Conduct special projects for HHS on demand.

QUALIFICATIONS

Education/Experience

- Must live in the San Francisco area and work from JSI's local office.
- Masters degree plus at least five years of professional social media/communications experience.
- Knowledge of HIV and VH and extensive experience working with communities of color and populations most-heavily impacted by HIV and VH including: Black gay and bisexual men, Black and Latino women and men, people who inject drugs, people in the Southern United States and transgender women.
- Strong writing skills.
- Demonstrated experience in successfully multi-tasking across projects and delivering results within very tight deadlines.
- Solid understanding of the requirements for mobile ready environments.
- Excellent problem solving and self-management skills.
- Knowledge of or interest in learning about domestic public health issues.
- Availability to work during non-traditional business hours as needed.
- Familiarity with graphic design and video editing software is a plus.

Salary commensurate with experience.

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

Aaron Kavanaugh

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Archives of previous STD Updates can be found [here](#). To unsubscribe or add colleagues' names, email 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.

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