

[STD Update] FYI 4-6: Fresno County sees rise in syphilis, Descovy approved by FDA, Women need to adhere better to PrEP than men to be protected against HIV, 5 papers, 3 jobs, more.

California Stories

Fresno County sees rise in syphilis

Adult film company, Los Angeles County agree to terms on condom law

National Stories

Descovy, New HIV Drug Containing Tenofovir Alafenamide, Approved by FDA

Women Need to Adhere Better to PrEP Than Men to Be Protected Against HIV

Transmitted HIV Medication Resistance is Increasing, Mostly Among Non-Nukes

LARC users less likely to use condoms

Non-hormonal male contraceptive Vasalgel™ has proven efficacy in rabbits

Men Using Daily HIV Prevention Drug Report High Levels of Adherence

Scientific Papers/Conference Abstracts

Expanding HIV Testing in African American Communities Through Community-Based Distribution of Home-Test Vouchers

Early Syphilis Among Men Who Have Sex with Men in the US Pacific Northwest, 2008–2013: Clinical Management and Implications for Prevention

Food insecurity is associated with HIV, sexually transmitted infections and drug use among men in the United States.

Syphilis Among U.S.-Bound Refugees, 2009–2013

Using a Mobile Health Intervention to Support HIV Treatment Adherence and Retention Among Patients at Risk for Disengaging with Care

Resources, Webinars, & Announcements

Announcement: STD Awareness Month — April 2016

2016 STD Prevention Conference: Upcoming Dates and Reminders

HIVresource: A Guide to Clinical Research in the San Francisco Bay Area

Job/Internship Postings

Research Coordinator – University of Washington

Executive Program Analyst – CDPH STDCB

Staff Research Associate – UCSF TEP

California Stories

Fresno County sees rise in syphilis

Gene Haagenon, KFSN | 3.24

An ancient disease is re-emerging in the Central Valley, with devastating results to babies.

Local hospitals and clinics are seeing a surge in syphilis including Chris Downer, an OBGYN at Community Regional Medical Centers.

"It's a major public health concern for us the number of patients that we see with syphilis," Downer said. "Especially in pregnancy has gone up substantially, it's something we need to address."

Statistics from the Fresno County Health Department show a dramatic rise. In 2010 there were just 10 reported cases. By 2016, there were 160 diagnosed.

The most serious version is congenital syphilis, which is when an unborn child contracts the disease from its mother. Those cases went from just two in 2010 to 40 last year. Because of the rise the, FCHD has ordered all hospitals to test expectant mothers at least three times during their pregnancies.

"First focusing on pregnant women, then women of childbearing age, those are the ones we want to get investigated first," David Luchini with the health department said. "And from there we will investigate other cases."

In adults, the initial symptoms of syphilis can be mild starting with a painless sore at a point of sexual contact, followed later by a body rash and flu like symptoms. They can pass, but if not treated the disease never leaves, and complications years later can include brain damage, paralysis, blindness and death.

But for the unborn,

"For untreated syphilis one of the effects can happen before delivery they can have a high rate of miscarriage or intra uterine fetal demise," Downer said. "And then after delivery depending on how long they've had the disease, it can affect baby in multiple ways."

If the baby survives it could be premature, suffer internal organ damage, facial deformities, blindness deafness and nervous system damage. Syphilis is an old disease that almost disappeared, now its back, but overshadowed other less common ailments like Zika.

"You are much more likely to have syphilis than ever come in contact with Zika virus and also the effects of syphilis can be much worse," Downer said.

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

Adult film company, Los Angeles County agree to terms on condom law

Susan Abram, Los Angeles Daily News | 3.23

The Los Angeles County Board of Supervisors voted unanimously late Tuesday to authorize an agreement between AIDS Healthcare Foundation, Vivid Entertainment and health officials over how to implement Measure B.

The three parties met in federal court in January to discuss how to carry out the voter-approved law that requires condoms be used on adult film shoots across the county. At issue were details of the law that include inspections and health permits.

The terms agreed upon were not immediately available, and it wasn't clear how this will impact the adult film industry, which is still largely based in the San Fernando Valley.

"The details of the settlement will be made available once finalized by all parties," a statement from a county spokesman said.

After Measure B was passed in 2012, a battle began between the adult-film industry and the AIDS Healthcare Foundation, which introduced and supported the new law.

Formally known as the Safer Sex in the Adult Film Industry Act, Measure B also requires adult-film studios to apply for public-health permits and directs the county Department of Public Health to lead inspection and enforcement efforts.

The industry opposed the measure, saying self-monitoring and regular testing of performers for sexually transmitted diseases are more effective than condoms. Universal City-based Vivid Entertainment filed a lawsuit against the county health department. AIDS Healthcare Foundation stepped in as the defendant.

The issue landed in federal court, where a judge said he was concerned about some parts of Measure B but did not believe it violated freedom of speech or expression. The 9th Circuit panel agreed with his conclusion.

But the issue about privacy violations and inspections had been left out of the decision.

Last year, AIDS Healthcare Foundation and the group For Adult Industry Responsibility collected enough signatures by registered voters for a statewide measure to appear on the November 2016 ballot. If passed, the measure would require condoms on film sets across California.

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

National Stories

Descovy, New HIV Drug Containing Tenofovir Alafenamide, Approved by FDA
Warren Tong, The Body PRO | 4.6

On April 4, the U.S. Food and Drug Administration (FDA) approved emtricitabine/tenofovir alafenamide (F/TAF), which will be marketed as Descovy, in a fixed-dose combination for the treatment of HIV in adults and adolescents over 12.

Descovy is the third approved HIV drug to include tenofovir alafenamide (TAF), which has been shown to have better bone and kidney safety than its predecessor tenofovir disoproxil fumarate (TDF, Viread). It essentially replaces the TDF in tenofovir/emtricitabine (F/TDF, Truvada).

The other two TAF-containing drugs currently approved are once-daily single-tablet regimens elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide (Genvoya) and emtricitabine/rilpivirine/tenofovir alafenamide (Odefsey).

Descovy is indicated to be used in combination with other HIV antiretrovirals, however, it is not indicated for use as PrEP (pre-exposure prophylaxis), according to the approval press release.

"Emtricitabine and TAF is not known to work for PrEP, and may work poorly because of low penetration of the drug into rectal and vaginal tissues," said Robert Grant, M.D., from the UCSF Gladstone Institutes and San Francisco AIDS Foundation, according to a BETA report.

Earlier this year at CROI 2016, 48-week study results found that switching from regimens containing F/TDF to regimens containing F/TAF maintained undetectable viral loads while improving renal and bone safety.

The current recommended first-line treatment regimens containing F/TDF include:

- Darunavir (Prezista) + ritonavir (Norvir) + F/TDF.
- Dolutegravir (Tivicay, DTG) + F/TDF.
- Raltegravir (Isentress) + F/TDF.

Presumably, the U.S. Department of Health and Human Services (DHHS) will update their HIV treatment guidelines to include the same regimens with F/TAF. In the meantime, we'll have to wait and see how many providers will suggest and how many patients will want a switch to regimens containing F/TAF.

"It's clear that people living with HIV have increased risks of bone and kidney problems. This is for many reasons, not only antiretroviral therapy," Benjamin Young, M.D., Ph.D., senior vice president and chief medical officer of the International Association of Providers of AIDS Care (IAPAC), told TheBodyPRO.com.

"That said, the data from the large phase-3 studies all show that bone and kidney safety profiles of Descovy appear better than Truvada. The drug is also approved for people with significant kidney disease (whereas Truvada isn't). It's not clear to what extent these differences will translate to clinically meaningful reduction in bone and kidney disease in populations of people, but overall (in this country, assuming that the cost is similar) it seems that we're looking at the end of the use of Truvada for HIV treatment, and I'd predict that the majority of people in the U.S. on Truvada will switch over time. Also it's worth noting that the FDA still recommends monitoring kidney and bone health in people who are being considered for, or being treated with Descovy."

Young also noted that while Descovy is not approved yet for PrEP, clinical trials to study this indication are beginning.

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

Women Need to Adhere Better to PrEP Than Men to Be Protected Against HIV

As reported by POZ | 3.29

More daily doses of Truvada (tenofovir/emtricitabine) per week are required for protection against vaginal exposure to HIV than for protection against anal exposure. This finding may help explain why, despite similar levels of adherence in clinical trials, women have not received as much protection against HIV from pre-exposure prophylaxis (PrEP) as men who have sex with men (MSM) have.

Publishing their findings in the *Journal of Infectious Diseases*, researchers studied human cells in test tubes to measure particular DNA materials in the cells, as well as to determine how much Truvada was required to protect the cells against HIV. They also studied Truvada levels in vaginal, cervical and rectal tissues in 47 HIV-negative women given the drug, and also studied the level of the key DNA materials in those cells.

Looking at both the test tube and the human results, the researchers created a mathematical model to predict the Truvada-to-DNA ratios in vaginal, cervical and rectal tissues. This model helped them calculate how many doses per week of Truvada were required to achieve protection against HIV in each cell type.

Protecting the female genital tract against HIV requires taking at least six daily tablets of Truvada per week, the researchers estimated. Protecting rectal cells, meanwhile, requires only two daily tablets per week. ([Previous research](#) has estimated that taking two to three tablets of Truvada per week confers some protection against rectal exposure to HIV, while taking four or more per week confers maximum protection.)

To read a press release about the study, [click here](#).

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

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

Transmitted HIV Medication Resistance is Increasing, Mostly Among Non-Nukes

As reported by POZ | 3.28

People contracting HIV increasingly acquire strains that are resistant to antiretrovirals (ARVs), in particular non-nucleoside reverse transcriptase inhibitors (NNRTIs, or non-nukes). Publishing their findings in the *Journal of Acquired Immune Deficiency Syndromes*, researchers analyzed data on 496 HIV-positive participants in the San Diego Primary Infection Cohort, looking at 1996 to 2013.

The members of the group studied all underwent genotypic resistance testing before starting ARVs.

Overall, 13.5 percent (67 of 496) of the cohort had transmitted drug resistance (TDR). Over time, the rate of TDR increased. The predominant TDR was among non-nukes, at 8.5 percent (42 of 496) of the cohort; this rate also saw an upward trend. The rate of TDR to protease inhibitors and nucleoside/nucleotide reverse transcriptase inhibitors was a respective 4.4 percent (22 of 496) and 3.8 percent (19 of 496); these rates remained constant over time.

The prevalence of TDR did not differ by individuals' age, sex, race or ethnicity, or their risk factors in contracting HIV.

The researchers concluded, "These findings highlight the importance of baseline resistance testing to guide selection of [HIV treatment] and for public health monitoring."

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

To read the POZ HIV drug chart, which includes a list of non-nukes, click [here](#).

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

LARC users less likely to use condoms

David Costill, Healio Infectious Disease News | 3.28

Adolescent girls who used long-acting reversible contraceptives, such as intrauterine devices or implants, were significantly less likely also to use condoms compared with girls who used birth control pills, according to recent research in JAMA Pediatrics.

"Among a nationally representative sample of sexually active female U.S. high school students, [long-acting reversible contraceptive (LARC)] users were about 60% less likely to use condoms compared with oral contraceptive users," Riley J. Steiner, MPH, of the division of adolescent and school health at the CDC, and colleagues wrote. "Establishing the relationship between LARC and condom use among adolescent LARC users prior to widespread adolescent uptake will help provide a useful reference point for future monitoring and can ultimately inform STI prevention efforts as LARC is brought to scale."

The researchers analyzed data from 2,288 sexually active high school girls, collected from the 2013 national Youth Risk Behavior Survey. Study participants reported their contraceptive methods as either birth control pills, condoms, intrauterine devices, implant, injections, patches, rings, withdrawal method or unknown. The survey also gathered data related to condom use at last sexual intercourse and number of sexual partners.

Study data showed that 1.8% of participants used a form of LARC. Condom use was almost 60% less likely among girls who used LARC compared with girls who used birth control pills (adjusted prevalence ratio = 0.42; 95% CI, 0.21-0.84). The researchers did not find any significant differences between condom use behaviors of LARC users and girls who used injections, patches or rings (aPR = 0.57; 95% CI, 0.26-1.25).

The researchers also wrote that LARC users were more likely to have two or more sexual partners over the last 3 months vs. pill users (aPR = 2.61; 95% CI, 1.75-3.9) and girls who used injections, patches or rings (aPR = 2.58; 95% CI, 1.17-5.67).

"There is a clear need for a concerted effort to improve condom use among adolescent LARC users to prevent STIs, particularly as adolescent LARC use increases," Steiner and colleagues wrote. "Regardless of the strategy or combination of strategies used, improving dual protection among adolescents will be key to maximizing both pregnancy and STI prevention goals."

In a related editorial, Julia Potter, MD, of the department of pediatrics at Boston Medical Center, and Karen Soren, MD, of the department of pediatrics at Columbia University Medical Center, wrote that the investigators' cross-sectional study results need to be teased out to better understand the motivating factors associated with decreased condom use. They emphasized that these results should not be used to discourage LARC use among adolescents.

"We need to work on crafting a clear message about pregnancy prevention and STI prevention," Potter and Soren wrote. "Withholding LARC — the most effective methods of reversible contraception — owing to concerns about the unintended consequence of decreased condom use is not the answer. Condoms still need to be part of the conversation because STIs are common in the adolescent population. Condoms and LARC complement each other. We need to get the message right."

Journal Reference:

[Steiner RJ, et al. *JAMA Pediatr.* 2016;doi:10.1001/jamapediatrics.2016.0007.](#)

[Potter J, et al. *JAMA Pediatr.* 2016;doi:10.1001/jamapediatrics.2016.0141.](#)

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

Non-hormonal male contraceptive Vasalgel™ has proven efficacy in rabbits

As reported by Medical News Today | 3.30

Men currently have few options for reproductive control, including condoms and vasectomy. While condoms are widely available and useful in preventing disease when used correctly, they have an 18% yearly pregnancy rate in typical use. Vasectomy is effective, but must generally be considered permanent. There are no long-acting, reversible contraceptives currently available for men.

With over 85 million unintended pregnancies occurring annually world-wide, demand for new contraceptive methods is strong and growing. International surveys indicate that the majority of men would be willing to use new male contraceptive methods, with variation depending on demographic and cultural attributes. Scientists have discovered a number of possible methods to control fertility in men over the last decades, but no new option has yet made it to market, due mainly to financial and regulatory hurdles. Additionally, much of the research has been on hormonal approaches, even though many men favor a non-hormonal option because of hormonal side effects and safety risks.

The study results published yesterday confirm that Vasalgel has the potential to fill the gap in male contraception availability. It consists of styrene-alt-maleic acid (SMA) dissolved in dimethyl sulfoxide and could be the first long-acting, non-hormonal, potentially reversible male contraceptive to reach market.

Vasalgel results promising

The initial rabbit study provided evidence for Vasalgel's value as an effective male contraceptive. The study tested two different formulations of the test article having either 100% SMA acid or 80% SMA acid/20% SMA anhydride. After the gel was injected into the vas deferens of 12 rabbits, semen analysis revealed that 11 rabbits were azoospermic in all samples, having no quantifiable sperm in their semen at all. One rabbit had a few samples with very small numbers of sperm before also becoming azoospermic. Both test articles were equally effective. The study also confirmed that the contraceptive effect was

durable over the 12 month study period. The response of the vasa deferentia tissue was minimal with characteristics of a normal foreign body response.

"Results from our study in rabbits were even better than expected. Vasalgel produces a very rapid contraceptive effect which lasted throughout the study due to its unique hydrogel properties. These features are important considerations for a contraceptive product to be used in humans," said Dr. Donald Waller, of Prelabs, LLC, Professor of Pharmacology and Toxicology at the University of Illinois at Chicago and lead author on the publication. Dr. Waller has worked in the contraceptive development field for much of his career.

The characteristics of the Vasalgel contraceptive are likely the reason for its success where other implants have failed. Once injected into the vas deferens, the material forms a hydrogel. The implant remains in a soft gel-like state, with the ability to flex and adhere to the walls of the vasa deferentia. Hydrogels allow transit of many water-soluble molecules but not larger structures such as spermatozoa, which may reduce hydrostatic pressure in the epididymis and rete testis (back-pressure in sperm storage and production areas).

Next steps

The ability to remove the gel to return the flow of sperm - or reverse the contraceptive effect - was successfully accomplished in the rabbit model, with results currently being prepared for publication. Seven rabbits had the test article flushed from their vas deferens, and semen samples showed a rapid return of sperm flow.

The success of the studies has supported planning for the first clinical trial in men, which is scheduled to launch in late 2016. Parsemus Foundation, a non-profit organization based in Berkeley, California, has brought on a team of experts in manufacturing, testing, regulatory compliance and clinical trial implementation to initiate the next phase of the project. The ultimate goal is for Vasalgel to be available world-wide, at a cost low enough to be affordable to all men.

Parsemus Foundation Executive Director Elaine Lissner, who has championed the cause of male contraception and the development of Vasalgel, said "Contraceptive development is a hugely expensive project. But this is not just another early-stage lead; we're so close on this one. It's time to finish the job we've started."

Journal Reference:

[Azoospermia in rabbits following an intravas injection of Vasalgel™](#)

Donald Waller, David Bolick, Elaine Lissner, Christopher Premanandan and Gary Gamerman

Basic and Clinical Andrology

DOI. 10.1186/s12610-016-0033-8

Published online 30 March 2016

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

Men Using Daily HIV Prevention Drug Report High Levels of Adherence

As reported by PRWeb | 3.30

A study of more than 1,000 gay and bisexual men currently prescribed a daily HIV prevention drug showed high levels of medication adherence.

The study was conducted by researchers at the Center for HIV Educational Studies & Training at Hunter College, part of the City University of New York (CUNY). Results will be presented Friday at the Society of Behavioral Medicine's Annual Meeting & Scientific Sessions in Washington, DC.

"For so long research has focused on the 'wrong' behaviors of gay and bisexual men, but we want to turn the tables on that. We want to examine what these men are doing 'right,'" said Thomas Whitfield, a study author and doctoral student in CUNY's Health Psychology and Clinical Science training program. "One of the things we've discovered is that for many gay and bisexual men, sexual health is important."

Researchers examined data from the One Thousand Strong panel, a national sample of 1,071 HIV-negative gay and bisexual men, ranging in age from 18-80 and representing 49 of 50 states. Men complete at-home HIV and sexually-transmitted-disease testing kits each year for three years. They also complete twice yearly online surveys examining sexual behaviors and other factors, including uptake and adherence of pre-exposure prophylaxis (PrEP) for the prevention of HIV. Researchers specifically analyzed self-report data from the 12-month survey related to PrEP use and adherence.

Of the 1,029 men who completed the 12-month survey, 643 would be candidates for PrEP according to Centers for Disease Control and Prevention (CDC) guidelines. However, only 83 of the men reported currently being prescribed PrEP. Adherence to PrEP, overall, was high: 60 percent reported not having missed any doses in the last 30 days; of those that had missed a dose, 88 percent reported missing three doses or fewer. The most common reasons reported for missing a dose were forgetting, being somewhere other than home, and having run out of medication.

These findings illustrate that the majority of gay and bisexual men who are prescribed PrEP are adhering quite well. Emerging research is also suggesting that four doses a week may be sufficient to prevent HIV, which would mean participants in this study had little potential for HIV infection in the event of exposure.

Although these findings are encouraging in the fight against the spread of HIV, they also leave areas to be explored further. For example, researchers said, what can be done to help men to not forget or to plan ahead when staying away from home?

The study also showed that uptake of PrEP remains low, with only 13% of the men in One Thousand Strong who would be good candidates for PrEP reporting uptake.

"Gay and bisexual men should speak to their medical providers about the potential for including PrEP as an effective prevention tool to maintain their sexual health," said Jeffrey T. Parsons, PhD, a Hunter CUNY professor and one of the principal investigators of the One Thousand Strong panel.

Results of this study will be presented Friday from 6 to 7 p.m. ET during a poster session at the Society of Behavioral Medicine's Annual Meeting & Scientific Sessions, being held in Washington, DC, at the Washington Hilton. Parsons is a society fellow.

Findings are from the One Thousand Strong Panel, a national U.S. sample of more than 1,000 gay and bisexual men. The One Thousand Strong study was funded by a research grant from the National

Institute on Drug Abuse (R01 DA036466: Jeffrey T. Parsons & Christian Grov, MPIs). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

The Society of Behavioral Medicine (SBM) is a 2,200-member organization of scientific researchers, clinicians and educators. They study interactions among behavior, biology and the environment, and translate findings into interventions that improve the health and well-being of individuals, families and communities (<http://www.sbm.org>).

The Center for HIV Educational Studies & Training's mission is to conduct research to identify and promote strategies that prevent the spread of HIV and improve the lives of people living with HIV. We have been advocating for and working with the LGBT community since 1996 (<http://www.chestnyc.org>).

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

Scientific Papers/Conference Abstracts

Expanding HIV Testing in African American Communities Through Community-Based Distribution of Home-Test Vouchers

Meyerson BE, Carer G, Lawrence C, et al. *AIDS Patient Care and STDs* 2016;30(3):141-145

Abstract:

We investigated the implementation feasibility and effectiveness of community-based HIV home-test voucher distribution in three Indianapolis African American communities. Community-based organizations augmented traditional outreach methods to distribute vouchers for home HIV tests redeemable at three pharmacies during three distribution waves from February to April 30, 2015. Voucher redemption served as a proxy indicator of intent to test for HIV. 315 vouchers were distributed and 47 vouchers were redeemed for a 14.9% redemption rate. Distribution was 46% of plan. Vouchers were redeemed at all three pharmacies, and 21% of visits involved redemption of more than one voucher. The original team of seven distributors in three organizations reduced to a remaining five distributors in two organizations by wave 2. This study suggests that outreach organizations could implement HIV home test voucher distribution, and that people would redeem the vouchers at a pharmacy for an HIV test. Future studies should explore how voucher distribution can expand the current HIV testing system.

View the paper online: [Abstract](#)

Early Syphilis Among Men Who Have Sex with Men in the US Pacific Northwest, 2008–2013: Clinical Management and Implications for Prevention

Petrosky E, Neblett FR, Toevs K, et al. *AIDS Patient Care and STDs* 2016;30(3):134-140

Abstract:

Substantial increases in syphilis during 2008–2013 were reported in the US Pacific Northwest state of Oregon, especially among men who have sex with men (MSM). The authors aimed to characterize the

ongoing epidemic and identify possible gaps in clinical management of early syphilis (primary, secondary, and latent syphilis ≤ 1 year) among MSM in Multnomah County, Oregon to inform public health efforts. Administrative databases were used to examine trends in case characteristics during 2008–2013. Medical records were abstracted for cases occurring in 2013 to assess diagnosis, treatment, and screening practices. Early syphilis among MSM increased from 21 cases in 2008 to 229 in 2013. The majority of cases occurred in HIV-infected patients (range: 55.6%–69.2%) diagnosed with secondary syphilis (range: 36.2%–52.4%). In 2013, 119 (51.9%) cases were diagnosed in public sector medical settings and 110 (48.0%) in private sector settings. Over 80% of HIV-infected patients with syphilis were in HIV care. Although treatment was adequate and timely among all providers, management differed by provider type. Among HIV-infected patients, a larger proportion diagnosed by public HIV providers than private providers were tested for syphilis at least once in the previous 12 months (89.6% vs. 40.0%; $p < 0.001$). The characteristics of MSM diagnosed with early syphilis in Multnomah County remained largely unchanged during 2008–2013. Syphilis control measures were well established, but early syphilis among MSM continued to increase. The results suggest a need to improve syphilis screening among private clinics, but few gaps in clinical management were identified.

View the paper online: [Abstract](#)

Food insecurity is associated with HIV, sexually transmitted infections and drug use among men in the United States.

Palar K, Laraia B, Tsai AC, et al. *AIDS* 2016; [Epub ahead of print]

OBJECTIVE:

To examine the population-level association between food insecurity, HIV risk factors, and HIV serostatus among men, the group representing the majority of HIV diagnoses in the United States (US).

DESIGN:

Cross-sectional secondary data analysis using the National Health and Nutrition Examination Survey (NHANES) 1999-2012, a nationally representative survey of the civilian non-institutionalized US population.

METHODS:

Logistic regression with design weights and complex survey commands was used to estimate nationally-representative associations between food insecurity and HIV serostatus (primary outcome), herpes simplex virus 2 (HSV-2), self-reported STIs, and past-year illicit drug use among men, adjusting for potential confounders. Food security was measured using the 18-item Household Food Security Survey.

RESULTS:

We analyzed data for 9150 men representing 61 million individuals in the US. Unadjusted HIV prevalence was 1.5% among food insecure men, compared to 0.4% among food secure men ($p < 0.001$). In adjusted models, food insecure men had over 2 times higher odds of HIV seropositivity compared to food secure men (adjusted odds ratio (AOR) = 2.10; 95% CI 1.01-4.37; $p < 0.05$). Food insecurity was associated with higher odds of HSV-2 seropositivity (AOR = 1.28; 95% CI 1.04-1.57; $p < 0.05$), self-reported STIs (AOR = 1.54; 95% CI 1.08-2.20; $p < 0.05$), and illicit drug use (AOR = 1.57; 95% CI 1.14-2.15; $p < 0.01$). Results were robust to sensitivity analyses restricted to lower incomes.

CONCLUSIONS:

Food insecurity is associated with prevalent HIV, STIs and illicit drug use among men in the US. Further research is needed to establish whether and through what mechanisms improved food security may help prevent new HIV infections.

View the paper online: [Abstract](#)

Syphilis Among U.S.-Bound Refugees, 2009–2013

Nyangoma EN, Olson CK, Painer JA, et al. *Journal of Immigrant and Minority Health* 2016; [Epub ahead of print]

U.S. immigration regulations require clinical and serologic screening for syphilis for all U.S.-bound refugees 15 years of age and older. We reviewed syphilis screening results for all U.S.-bound refugees from January 1, 2009 through December 31, 2013. We calculated age-adjusted prevalence by region and nationality and assessed factors associated with syphilis seropositivity using multivariable log binomial regression models. Among 233,446 refugees, we identified 874 syphilis cases (373 cases per 100,000 refugees). The highest overall age-adjusted prevalence rates of syphilis seropositivity were observed among refugees from Africa (1340 cases per 100,000), followed by East Asia and the Pacific (397 cases per 100,000). In most regions, male sex, increasing age, and living in non-refugee camp settings were associated with syphilis seropositivity. Future analysis of test results, stage of infection, and treatment delivery overseas is warranted in order to determine the extent of transmission risk and benefits of the screening program. © 2016 Springer Science+Business Media New York (Outside USA)

View the paper online: [Abstract](#)

Using a Mobile Health Intervention to Support HIV Treatment Adherence and Retention Among Patients at Risk for Disengaging with Care

Rana AI, van den Berg JJ, Lamy E, et al. *AIDS Patient Care and STDs* 2016;30(4):178-184

Abstract:

Less than half of the 1.2 million HIV-infected individuals in the United States are in consistent medical care, with only a third receiving treatment resulting in viral suppression. Novel interventions to improve engagement are necessary to ensure medical adherence, improve long-term outcomes, and reduce HIV transmission. Mobile health (mHealth) strategies including cell phone and text messaging have shown success in the developing world for medical adherence, yet mHealth interventions have not been developed and evaluated to improve retention in HIV care in the United States. We conducted a 6-month pilot study investigating the use of a clinic-based bi-directional texting intervention to enhance engagement in HIV care among those with higher risk of loss to follow up, including those with a recent HIV diagnosis or those re-engaging in HIV care at a large urban clinic in New England.

View the paper online: [Abstract](#)

Resources, Webinars, & Announcements

Announcement: STD Awareness Month — April 2016

CDC MMWR April 1, 2016

According to data published by CDC in the 2014 Sexually Transmitted Diseases (STD) Surveillance Report (<http://www.cdc.gov/std/stats14/surv-2014-print.pdf>), cases of three nationally notifiable STDs (chlamydia, gonorrhea, and syphilis) have increased for the first time since 2006.

With approximately 1.4 million reported cases of chlamydia and a rate of 456.1 cases per 100,000 population, the rate of reported cases has increased 2.8 percent since 2013. Rates of primary and secondary (P&S) syphilis, the most infectious stages of syphilis, and gonorrhea, have both increased since 2013, by 15.1 percent and 5.1 percent, respectively. In 2014, there were 350,062 reported cases of gonorrhea (a rate of 110.7 per 100,000) and 19,999 reported cases of P&S syphilis (for a rate of 6.3 per 100,000).

STDs continue to affect young people, particularly women, most severely, but increasing rates among men, especially among gay, bisexual, and other men who have sex with men, contributed to the overall increases in 2014 for all three diseases.

April 2016 is CDC's annual STD Awareness Month, and the prevention theme for this year's campaign is Talk Test Treat. Individuals should begin a program of STD prevention by talking openly and honestly with their sexual partners and health care providers about their sexual history. Sexually transmitted infections might be asymptomatic; among sexually active persons, getting tested is one of the most important things they can do to protect their health. Health care providers can help their patients decide which tests are the most appropriate for them. Patients who test positive for an STD should work with their doctor to get the correct treatment, and ensure that the treatment works. Learning resources for patients, clinicians, and community members about STDs are available from CDC at <http://www.cdc.gov/std/sam>.

For more information: [Click here](#)

2016 STD Prevention Conference: Upcoming Dates and Reminders

CDC

Included in this email are a few important updates and reminders for the 2016 STD Prevention Conference:

Less than one month remains until the official Call for Abstracts closes. **Abstracts must be submitted no later than Monday, April 25, 2016 at 11:59 PM, PST.** If you haven't already, check out [this new resource](#) for help writing your abstract.

Registration for the conference will open on May 1, 2016, and the deadline for early registration is August 12. Registration fees can be found [online](#).

Special rates have been negotiated at [Hilton Atlanta](#), where the conference will be held, for attendees and exhibitors. **Please visit [Hilton/2016 STD Prevention Conference](#) to book your stay.** Additional details are also available from the [hotel information page](#).

We will continue to update the [conference website](#) with this and other key information to help you plan your attendance.

HIVresource: A Guide to Clinical Research in the San Francisco Bay Area

SF AIDS Foundation

A new issue of HIVresource is available online.

In the spring 2016 edition of HIVresource, read about a new HIV combo pill named Odefsey; find out about housing help available for people facing an eviction or needing rental assistance; get info on a new sex and dating book club being held at Strut, the new San Francisco AIDS Foundation health and wellness center; and, [take a short reader survey](#) to improve HIVresource.

[In this issue of HIVresource](#), you will also find a list of more than 50 clinical trials that offer HIV or hepatitis C treatment and care. HIVresource is a free publication produced by San Francisco AIDS Foundation.

Job/Internship Postings

Research Coordinator – University of Washington

Organization: University of Washington, Division of Allergy & Infectious Diseases
Location: Harborview Medical Center, Washington
Salary: Commensurate with experience and education
App. Deadline: Open until filled

The University of Washington (UW) is proud to be one of the nation’s premier educational and research institutions. Our people are the most important asset in our pursuit of achieving excellence in education, research and community service. Our staff not only enjoys outstanding benefits and professional growth opportunities, but also an environment noted for diversity, community involvement, intellectual excitement, artistic pursuits, and natural beauty.

The Division of Allergy and Infectious Diseases at the University of Washington has long been prominent nationally and internationally. Through support provided by NIH-sponsored training grants, the Division has one of the largest and most well-known postdoctoral training programs in the United States.

The **Division of Allergy & Infectious Diseases** has an outstanding opportunity for a full-time **Research Coordinator**. The Research Coordinator will collaborate with the Principal Investigator to manage and execute Project DETECT, a 6-year CDC-funded study designed to answer questions about the window periods of 7 different point-of-care HIV tests by testing people recently infected with HIV. The study is

based at the Public Health – Seattle & King County STD Clinic located at Harborview Medical Center where HIV-negative and HIV-positive participants are seen for study visits.

Under minimal supervision, responsibilities include:

Research Administration

- Direct day-to-day research-related activities
- Design and develop data management strategies for tracking participant progress, contractual deliverables and study results
- Design and develop data collection forms, protocols, standard operating procedures, and surveys
- Monitor contractual deliverables and other project goals and timelines and collaborate with to troubleshoot problems
- Manage communications with internal research team, outside collaborators, other research sites and sponsors
- Manage study staff, including onboarding and training new staff members
- Remain current in research topic; conduct literature reviews and follow blogs on topics related to HIV prevention, diagnostics, and care
- Apply scientific knowledge to generate new research ideas and strategies

Grants and Budget Management

- Develop budgets and interface with Fiscal staff on grant applications
- Monitor and manage research expenditures
- Communicate with Grants and Contracts Services and resolve budget issues, as necessary
- Coordinate travel planning and reimbursement for research projects
- Manage study team equipment: keys, computer equipment and liaise with IT support
- Coordinate and purchase research-related supplies, such as clinical supplies
- Manage licensing requirements and required trainings for study staff
- Respond to inquiries from research partners within and outside of UW

Human subjects management

- Responsible to ensure research ethics standards are maintained at all times
- Draft, finalize and submit IRB applications, study consent forms, study modification requests and status reports
- Audit research activities to ensure compliance with local research ethics standards
- Communicate with the HSD Committee Coordinators about questions and problems, as needed

Analysis and presentation of research results

- Develop manuscripts, presentations, conference abstracts and media campaigns
- Perform data analyses using Excel and STATA or other biostatistical software

As a UW employee, you will enjoy generous benefits and work/life programs. For detailed information on Benefits for this position, [click here](#).

REQUIREMENTS:

- Bachelor's Degree in Public health, Biology, Psychology or related field plus a minimum 2 years experience in the following:
- Project management and/or human subjects research experience

- Experience collaborating with and contributing to a research team.
- Ability to work independently, prioritize and manage multiple tasks, and conduct follow-up
- Excellent interpersonal and communication skills (written and spoken)
- Flexibility with shifting priorities and competing demands in a fast-paced and challenging work environment

Equivalent education/experience will substitute for all minimum qualifications except when there are legal requirements, such as a license/certification/registration.

DESIRED:

- Masters of Public Health
- Research or public health experience
- Experience with qualitative research, particularly focus groups and interviews
- Experience in research protocols, database development and analysis, and/or managing a budget

Condition of Employment:

Appointment to this position is contingent upon obtaining satisfactory results from a criminal background check.

Application Process:

The application process for UW positions may include completion of a variety of online assessments to obtain additional information that will be used in the evaluation process. These assessments may include Workforce Authorization, Criminal Conviction History, Cover Letter and/or others. Any assessments that you need to complete will appear on your screen as soon as you select "Apply to this position". Once you begin an assessment, it must be completed at that time; if you do not complete the assessment you will be prompted to do so the next time you access your "My Jobs" page. If you select to take it later, it will appear on your "My Jobs" page to take when you are ready. **Please note that your application will not be reviewed, and you will not be considered for this position until all required assessments have been completed.**

For more information: [Click here](#)

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.

Staff Research Associate – UCSF TEP

Organization: UCSF

Location: Richmond and Sacramento, CA

Job overview

The Staff Research Associate is a trained health professional who assists with follow-up of sampled STD patients to collect STD-related clinical and behavioral data needed for enhanced disease surveillance, e.g. California Gonorrhea Surveillance System (CGSS). The main work objective for the incumbent is to conduct telephone interviews of STD patients using a standardized questionnaire. The incumbent will also provide patient education as needed, and ensure that patients have been properly examined and treated. and perform other duties as assigned.

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Required Qualifications

- BA/BS in a related science and knowledge of, or experience with, the basic techniques or methods required by the position; or an equivalent combination of education and experience;
- Be comfortable with discussing and reviewing confidential and sensitive health data information
- Adhere to data confidentiality and security policies governing the collection, management, and storage of sensitive and confidential patient information
- Have strong communication skills (orally and written) and be able to work with a wide variety of people.
- Be able to communicate tactfully and effectively with organizations, individuals in crisis, and persons from diverse cultural, ethnic, and educational backgrounds, as well as sexual orientation.
- Have strong organizational skills and be able to independently manage a complex work load in a multi-faceted work environment.
- Have critical thinking ability, problem-solving skills, and demonstrate flexibility.
- Exercise appropriate judgment in answering questions and releasing information and analyzing and projecting consequences of decisions and/or recommendations.

Preferred Qualifications

- Health care background with experience in interacting with patients, including interviewing.

**** 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 44451 under 'Req number' to view the posting. Please submit your cover letter and resume electronically to the UCSF Careers website.

For more information: [Click here](#)

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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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