

[STD Update] FYI 4-8: LA County to study ways to enforce condom law in adult films, HIV can develop resistance to CRISPR/Cas9, Targeting social media may increase HIV testing among gay men, 4 papers, 2 webinars, 3 jobs, more.

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### **California Stories**

*Los Angeles County to study ways to enforce condom law on p\*rn shoots*

### **National Stories**

*HIV can develop resistance to CRISPR/Cas9*

*Men Are Not Macaques and Other Lessons From Long-Acting PrEP Study*

*New HIV Drug Has Potential for Weekly or Once-Yearly Dosing*

*Targeting social media may increase HIV testing among gay men*

*NIH Launches Large Clinical Trials of Antibody-Based HIV Prevention*

*The graying of HIV: 1 in 6 new U.S. cases are people older than 50*

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

*Sexual behaviour among people with HIV according to self-reported antiretroviral and viral load status. Results from the ASTRA study.*

*Geographic Variation in Condom Availability and Accessibility*

*Is the risk for sexually transmissible infections (STI) lower among women with exclusively female sexual partners compared with women with male partners? A retrospective study based on attendees at a Norwegian STI clinic from 2004 to 2014*

*Prognosis of ocular syphilis in patients infected with HIV in the antiretroviral therapy era*

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

*Scholarship Opportunities for International AIDS Conference: Clinicians, HIV Service Providers and Advocates*

*VIDEO: New AIDS 2016 Webinar Covering the Latest*

*WEBINAR: Gender-Based Violence + STIs - Intersections and Implications for Providing Quality Clinical Care*

*WEBINAR: "PrEP in the Wild" Around the World - a whirlwind tour of the who, what, where and how of PrEP use and provision outside of approval.*

### **Job/Internship Postings**

*Executive Program Analyst – CDPH STDCB*

*Staff Research Associate – UCSF TEP*

*Administrative Assistant – UCSF*

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## California Stories

### Los Angeles County to study ways to enforce condom law on p\*rn shoots

Susan Abram, Los Angeles Daily News | 4.1

The tough talk and legal wrangles over condom use during p\*rn shoots in Los Angeles County is over – for now.

After almost four years of arguing in courts about whether or not forcing condom use in p\*rnography infringes on First Amendment rights, an agreement was reached and signed off on this past week between adult film industry giant Vivid Entertainment and AIDS Healthcare Foundation, which supported the condoms in p\*rn measure. In part, the agreement means that the constitutionality of the law can no longer be challenged by the industry. But it also means AHF can no longer use the courts to pressure Los Angeles County to enforce it.

County officials also agreed to the terms but must forge a way to enforce condom use during p\*rn shoots, said Robert Ragland, principal deputy counsel for Los Angeles County in a statement. It's unclear how long that will take.

The settlement is based on a district court's finding in 2013 that questioned if enforcement of the law was constitutional.

"The department will need to determine an appropriate regulatory approach in light of the district court's ruling that much of the department's independent enforcement authority over these permits was unconstitutional," Ragland said in a statement.

Measure B, a voter-approved law that requires condoms be used on adult-film shoots across the county, passed in 2012 and also requires adult-film studios to apply for public health permits and for 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 U.S. District Judge Dean Pregerson 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, saying Pregerson was right to make that conclusion. But the issue about privacy violations and inspections had been left out of the decision.

After signing off on agreed terms this week, both Vivid and AHF offered differing views on what the settlement meant for enforcement as well as for the adult film industry, which has largely been based in the San Fernando Valley since the 1970s.

Steven Hirsch, founder/co-chairman of Vivid Entertainment said in a statement he was pleased that litigation on the matter had concluded.

“It was obvious to me that Judge Pregerson had effectively stripped the county of its ability to enforce the law,” Hirsch said. “Any new rules that may come as a result of the litigation can and will be challenged at the appropriate time.”

Michael Weinstein, executive director of the AHF, said the agreement meant it would be more difficult for the adult-film industry to challenge Measure B on constitutional grounds.

“The constitutionality of the condom requirement is now settled law, which is a monumental accomplishment,” Weinstein said in a statement. “No producer can any longer claim that if they film without condoms in Los Angeles County that they don’t know that they are breaking the law.”

Weinstein said while certain provisions of Measure B were overturned, such as surprise inspections and denying future permits to past violators, “the road is now clear for L.A. County to fully enforce the law.”

Condoms have been required on all adult film shoots statewide since the 1990s. But enforcement is based largely on performers complaints to the state’s Occupational Safety and Health Administration. In early March, Cal/OSHA issued a fine of nearly \$78,000 to adult film actor James Deen’s production company, based in Woodland Hills, because of complaints that condoms had not been offered. Deen has denied the allegations.

The threat of Measure B and enforcement has impacted local business, said Eric Paul Leue, executive director for the Free Speech Coalition, a trade group that represents the adult film industry.

“Their saber-rattling has had one effect: the loss of a once-vibrant industry,” Leue said “ In the years since the measure was passed, the adult film industry in the San Fernando Valley has been shuttered, taking with it much-needed jobs and tax-dollars.”

Leue said much of the industry moved to neighboring counties, as well as new production hubs in Las Vegas, Phoenix and Miami. Last year, AHF and the group For Adult Industry Responsibility collected enough signatures by registered voters for a statewide ballot measure to appear on the November 2016 ballot. If passed, the measure would require condoms on film sets across California.

“Our focus now turns to the state measure, which has far more serious implications than Measure B ever had,” Hirsch said. “We will do everything in our power to defeat it.”

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

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## National Stories

### HIV can develop resistance to CRISPR/Cas9

As reported by Medical News Today | 4.7

The CRISPR/Cas9 gene-editing platform may need a little bit more tweaking before it can be used as an effective antiviral, reports a study published in Cell Reports. Researchers who used CRISPR/Cas9 to mutate HIV-1 within cellular DNA found that while single mutations can inhibit viral replication, some

also led to unexpected resistance. The researchers believe targeting multiple viral DNA regions may be necessary for the potential antiviral aspect of CRISPR/Cas9 to be effective.

Upon entry into a cell, HIV's RNA genome is converted into DNA and becomes entwined with the cellular DNA. From here, CRISPR/Cas9 can be programmed to target a DNA sequence and cleave viral DNA. The problem is that HIV is notoriously good at surviving and thriving with new mutations, so while many viruses are killed by the targeted approach, those that escape the CRISPR/Cas9 treatment become more difficult to target.

"When we sequence the viral RNA of escaped HIV, the surprise is that the majority of the mutations that the virus has are nicely aligned at the site where Cas9 cleaves the DNA, which immediately indicates that these mutations, instead of resulting from the errors of viral reverse transcriptase, are rather introduced by the cellular non-homologous end joining machinery when repairing the broken DNA," says senior study author Chen Liang, Senior Investigator at the Lady Davis Institute at the Jewish General Hospital and the Associate Professor of Medicine at the McGill University AIDS Centre.

"Some mutations are tiny-only a single nucleotide-but the mutation changes the sequence so Cas9 cannot recognize it anymore. Such mutations do no harm to the virus, so these resistant viruses can still replicate, he says"

The study, a collaborative effort between researchers at McGill University and the University of Montreal in Canada and the Chinese Academy of Medical Sciences and Peking Union Medical College in China serves as a cautionary tale for those who hope to apply CRISPR/Cas9 as an antiviral. Liang doesn't believe the effort is futile, however, as there are strategies that could overcome this limitation. For example, targeting multiple sites with CRISPR/Cas9 or using other enzymes aside from Cas9. Once a solution is identified, the next barrier will be identifying ways to deliver the treatment to patients.

"CRISPR/Cas9 gives a new hope toward finding a cure, not just for HIV-1, but for many other viruses," Liang says. "We have a long road toward the goal, and there may be many barriers and limitations that we need to overcome, but we're confident that we will find success."

**Journal Reference:**

[CRISPR/Cas9-derived mutations both inhibit HIV-1 replication and accelerate viral escape](#), Wang et al., *Cell Reports*, doi: 10.1016/j.celrep.2016.03.042, published 7 April 2016

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

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## **Men Are Not Macaques and Other Lessons From Long-Acting PrEP Study**

Heather Boerner, *The Body Pro* | 3.30

Imagine seeing a patient every eight weeks for a few quick injections into the buttocks that could prevent HIV between appointments.

That's the promise of the ÉCLAIR trial of the investigational integrase strand transfer inhibitor cabotegravir, which had its phase-2 results unveiled at CROI 2016 in February. ÉCLAIR was one of two trials of long-acting injectable HIV-prevention programs presented at the conference.

"Cabotegravir in oral and long-acting injections were well tolerated," said Martin Markowitz, M.D., the trial's primary investigator, in his presentation at CROI. "We feel this does permit continued development of cabotegravir for PrEP [pre-exposure prophylaxis]."

### **Designing Long-Acting Agents**

This study was a phase-2 trial -- that is, it wasn't designed to figure out how effective the drug was in preventing HIV acquisition in the mostly gay and bisexual men who participated in the trial. It had more fundamental things to figure out first: whether it was safe for human use, what dose would maintain effectiveness between doctors' visits and whether men liked the approach enough to take it.

On all counts, the answer appears to be, "Yes."

The trial randomized the 127 men into two groups. One received a placebo; the other received cabotegravir. Because there would be no way to remove the drug from a participant who had an adverse reaction after receiving a shot, all participants were first dosed via daily pills. That way, if they had adverse reactions or their lab results changed in a concerning way, they could be safely removed from the trial. Seven participants were dropped at this point, due to neutropenia and increased blood creatine phosphokinase. At CROI, Markowitz attributed concern about elevated levels in one Asian-American and two African-American members of the cohort to excessive diligence.

"There was a lot of data not known about giving cabotegravir long acting, so we had a low bar to discontinue patients with changes in white counts, etc.," Markowitz said during his presentation. "Those turned out to be a red herring. Knowing what I know now, I would not have discontinued them. I would have had those patients get dosed [with the long-acting shot]."

### **Ouch, But OK: Safety**

By safety standards, cabotegravir performed well. While reports of adverse events were high -- 98% among participants receiving intramuscular injections of 800mg of cabotegravir every 12 weeks and 90% among patients receiving placebo saline injections -- the majority were minor. They included pain, swelling and itching at the injection site. Seven men in the cabotegravir group experienced fever too. And when participants did experience pain, it was longer lasting in the cabotegravir group, at about 5.4 days of sustained pain after injection.

"It's really interesting to note, and maybe even a little surprising, that the actual act of injecting saline elicited complaints of injection-site pain in 27% of subjects that lasted for about two days," said Markowitz at CROI. "That suggests that there's some background here, that there's some injection pain caused by the act of injecting."

However, he noted that half of participants reported their maximum level of pain as mild. Only about 10% reported their pain levels as being severe.

Four men discontinued the study, citing injection intolerability.

### **Men, Not Macaques: Surprise Absorption Rates**

At CROI, Markowitz presented the audience with a graph. On it were two lines. One showed the plasma cabotegravir levels that afforded 97% protection in earlier studies of rhesus macaques. The second showed the level that afforded 100% protection.

Then he loaded a model. In it, the plasma level of cabotegravir longer-acting rose immediately after injection, slowly declined until the next injection and then spiked again. The intent was to dose participants with enough cabotegravir that effectiveness would never drop below 97%.

But those weren't the results. At CROI, Markowitz layered a third spike-and-trough line on top of the model. This one spiked far higher after dosing and dropped off much more precipitously after dosing, often dropping below effective levels. The findings? About 70% of participants during the injection phase had trough or nadir drug levels below full efficacy. And 15% to 31% of participants at some point during the injection phase had trough levels that wouldn't afford protection from HIV.

So perhaps it should be no surprise that one of the two seroconversions that happened during the trial happened in the cabotegravir arm during the follow-up phase of the trial. This happened around the time that the participant's drug levels were undetectable, said Markowitz.

What this means, essentially, is that men are not macaques -- and that cabotegravir metabolizes differently in human bodies than in our simian counterparts.

"You can see quite clearly, first, that the peaks are higher at each injection visit, consistent with more rapid absorption of drug from the depot," Markowitz said, pointing at the slide. "And the troughs are lower after each injection, consistent with more rapid release of drug from the depot."

For his part, Andrew Owen, Ph.D., wasn't surprised that the absorption rates were so different in men than they were in pre-clinical studies of macaques. Owen, a professor of molecular and clinical pharmacology at the University of Liverpool, has been studying HIV drug development for years, and recently received a grant from the National Institutes of Health to develop long-acting antiretroviral formulations for HIV treatment. So he went to the literature to see what's already known about how long-acting injectables work for other conditions, such as schizophrenia and contraception.

What he found turned into a literature review on long-acting injectables published in the journal *Advanced Drug Delivery Reviews* in February.

"I was surprised by how little is actually known about how the drug makes it into the blood stream after administration of these formulations," he said. "There are a lot of unknowns around drug release from the depot. One would expect clearance of drug to be predictable from data with the oral form and early long-acting trials. However, higher maximum concentrations and lower minimum concentrations than predicted were observed in the ÉCLAIR study, which confirms we have much more to learn about drug release from the depot."

This difference in absorption and clearance may be part of the reason why cabotegravir levels shot higher than models and then dropped far below efficacious levels in participants receiving the shots. Markowitz said the team is now considering a dosing regimen that would happen every eight weeks instead of every 12 to account for the quicker drug absorption in humans.

**Coming Back for More: Acceptability**

To Mike Cohen, primary investigator of the landmark HPTN 052 study on treatment-as-prevention and co-principle investigator of the HIV Prevention Trials Network, of which ÉCLAIR is a member, the study wasn't just good: It was essential.

"I think it accomplished its goals and more, in the sense that it demonstrated safety of the injectable in HIV-negative men and it demonstrated their willingness to participate and return," said Cohen.

This last part wasn't entirely predictable to Cohen. But the news seems to continue to be good about injectables. At the end of the phase-2 trial for ÉCLAIR, the men not only returned for follow-up shots, 74% of them reported a preference for the injection over daily cabotegravir pills. And the same appears to be true in two trials that are building on ÉCLAIR's results, he said. HPTN 076 and HPTN 077, both phase-2 studies of other long-acting injectables, saw high rates of retention, too.

"Injections look great," said Cohen. "[ÉCLAIR] demonstrated that men in the study returned repeatedly for injections, plus they were able to collect PK [pharmacokinetic] data to inform the right dose."

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## **New HIV Drug Has Potential for Weekly or Once-Yearly Dosing**

Simon Collins, HIV i-Base, as reported by The Body PRO

One of the surprises at CROI 2016 was the first virological data from a new highly potent NRTI that in a slow-release formulation has the potential for annual dosing and that is undergoing research as both treatment and PrEP.

In an oral late-breaker, Jay Grobler from Merck presented results from a dose-ranging study in macaques to develop a model for phase 1 studies with MK-8591 (EFdA).<sup>1</sup>

Baseline SHIV viral load ranged from 6 to 8 log copies/mL and following single doses that ranged from 3.9 to 18.2 mg/kg viral load dropped by approximately 1.5 logs and was sustained for seven days.

PK data from a phase 1 multiple-dose study in HIV negative adults (using 10 mg, 30 mg and 100 mg) once-weekly for three weeks showed that with the 10 mg dose target intracellular target drug concentrations were exceeded for more than seven days.

A slightly cheeky slide was shown from the phase 1b study showing that EFdA produced more rapid viral suppressions compared to historical data for TDF and TAF.

Early data on a solid-state slow release parenteral injection formulation that has an option for removability, showed sustained release for more than 180 days in rat studies, with the potential for cover to be extended to a year.

The poster detailing the phase 1 study results in six HIV positive men reported a mean viral load reduction of 1.67 log (95%CI: 1.47 to 1.87) was seen at day 7, following a single 10 mg dose, after which ART was started. Baseline CD4 count was >400 cells/mm<sup>3</sup> and viral load ranged from 10,000 to >

430,000 copies/mL. Although there were no serious safety concerns, there were six cases of headache. There was no detection of drug resistance.<sup>2</sup>

EFdA is active against wild-type and MDR variants of HIV-1 and HIV-2 (including with K65R) and has an EC50 in PBMCs of 0.2 nM and half life for the intracellular triphosphate in PBMCs of approximately 100 hours. It is modestly sensitive to M184V (3-5 fold) suggesting a higher dose might be appropriate given high potency and good safety data, although dose for development has not yet been selected. Preclinical studies have not shown concern for mitochondrial toxicity.

Previous reports about this compound have highlighted a similar structure to a flavour enhancement for soy sauce. Yamasa originally developed the compound before Merck acquired development rights in 2012.

### Comment

**The new NRTI from Merck has the potential to change everything dramatically for treatment and PrEP -- with removable slow release once-yearly dosing.**

**This shows the real potential for pushing drug development over the next 5-10 years -- and why advocacy for continued pipeline research is important.**

**Very early days but animal safety data has so far been good.**

### References

1. Grobler J et al. Long-acting oral and parenteral dosing of MK-8591 for HIV treatment or prophylaxis . 23rd CROI, 22-25 February 2016, Boston. Oral late breaker abstract 98. [www.croiconference.org/sessions/long-acting-oral-and-parenteral-dosing-mk-8591-hiv-treatment-or-prophylaxis](http://www.croiconference.org/sessions/long-acting-oral-and-parenteral-dosing-mk-8591-hiv-treatment-or-prophylaxis) (Abstract) [www.croiwebcasts.org/console/player/29624](http://www.croiwebcasts.org/console/player/29624) (Webcast)
2. Friedman E et al. A single monotherapy dose of MK-8591, a novel NRTI, suppresses HIV for 10 days. 23rd CROI, 22-25 February 2016, Boston. Late breaker poster 437LB. [www.croiconference.org/sessions/single-monotherapy-dose-mk-8591-novel-nrti-suppresses-hiv-for%2%A010-days](http://www.croiconference.org/sessions/single-monotherapy-dose-mk-8591-novel-nrti-suppresses-hiv-for%2%A010-days) (Abstract) [www.croiconference.org/sites/default/files/posters-2016/437LB.pdf](http://www.croiconference.org/sites/default/files/posters-2016/437LB.pdf) (PDF poster)

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## Targeting social media may increase HIV testing among gay men

Kathryn Doyle, Reuters | 4.1

Promoting HIV testing on some of the same social media sites that men who have sex with men and transgender people use to meet friends and sex partners can raise testing rates in these communities, according to results of a U.S. trial.

“Our results are surprising because we were not sure that men and transgender persons would readily accept HIV testing information within the social media and social networking sites that some of them use,” said lead author Scott D. Rhodes of Wake Forest School of Medicine in Winston-Salem, North Carolina. “But we learned that after trust was built, they were eager for information about HIV testing and guidance about how to access testing services.”

We assume that people are knowledgeable about HIV and how to get tested, but that's not the case, he told Reuters Health by email.

The researchers used the intervention in two online communities and posted in another two forums without the intervention for comparison. The communities, including Adam4Adam, BlackGayChat, Craigslist and Gay.com, are designed for users to meet up in person, so the researchers targeted geographic locations 200 to 330 miles apart to prevent user overlap.

Within each online outlet, a health educator created a public profile and posted triggers about the importance of HIV testing, his availability to help and information on where testing services were available. The profiles were accessible to anyone and the health educator would engage with users who instant-messaged him.

On Craigslist, the educator posted HIV testing information and triggers every three to four hours from 9 a.m. to 5 p.m. Monday through Friday in 2013 and 2014.

The researchers offered site users \$10 to complete an assessment, including information on drug and alcohol use, age, race, sexual orientation, HIV status and testing history over the previous year.

More than 1,000 users completed the assessment and most declined the \$10 compensation. On average users were 40 years old, almost all reported sex with at least one man and one-third reported sex with at least one woman over the last year.

At the beginning of the year, about 35 percent of users in each group reported having been tested for HIV over the previous 12 months. After the intervention was complete, 64 percent of those in the intervention communities said they had been tested for HIV in the previous year compared to 40 percent of those in the control groups, as reported in *Clinical Infectious Diseases*.

"Gay and bisexual men as well as transgender women are disproportionately impacted by HIV (that is, by virtue of being a gay or bisexual man, or transgender woman, you are more likely to come in contact with HIV), and thus it is important to ensure frequent HIV testing and linkage to treatment," said Christian Grov of the CUNY Graduate School of Public Health and Health Policy in New York City, who was not part of the new study.

These groups did respond to the social media intervention, Rhodes said.

"HIV testing is important for anyone who is sexually active, and the CDC recommends that all individuals get tested at least once in their lifetimes and those with risk factors get tested more frequently," he said.

The intervention was easy to implement, only requiring one health professional and access to the Internet, so it could be widely implemented within social media by health departments and clinics and other organizations working to prevent HIV, he said.

"However, in addition to the health educator's training, the health educator was skilled in building relationships with social media users, maintaining boundaries, being patient, having a sense of humor,

and being comfortable networking with other organizations as well, particularly those offering HIV testing,” he said.

The users in this study were older and mostly white, noted Dr. Lisa Hightow-Weidman of the University of North Carolina at Chapel Hill School of Medicine, who was not part of the new study.

“Interventions to increase testing should be designed to reach younger men who have sex with men, particularly MSM of color as they are the group most impacted by the HIV epidemic in the U.S.,” she said by email.

**SOURCE:** [bit.ly/1VTuWPY](http://bit.ly/1VTuWPY) Clinical Infectious Disease, online March 14, 2016.

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

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## **NIH Launches Large Clinical Trials of Antibody-Based HIV Prevention**

*Studies on Three Continents Could Have Broad Implications for HIV Prevention Research*

Press Release, NIH NIAID

Enrollment has begun in the first of two multinational clinical trials of an intravenously delivered investigational antibody for preventing HIV infection. Known as the AMP Studies, for antibody-mediated prevention, the trials will test whether giving people an investigational anti-HIV antibody called VRC01 as an intravenous infusion every 8 weeks is safe, tolerable and effective at preventing HIV infection. With a projected enrollment of 4,200 adults, the trials also are designed to answer fundamental scientific questions for the fields of HIV prevention and vaccine research.

The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), is sponsoring and funding the AMP Studies.

The NIAID Vaccine Research Center (VRC) discovered the VRC01 antibody in the blood of an HIV-infected person in 2010 and subsequently manufactured the antibody for these trials. Laboratory studies have shown that VRC01 stops up to 90 percent of HIV strains worldwide from infecting human cells, and thus it is considered to be a broadly neutralizing antibody.

“The AMP Studies could have a major impact on the future of HIV prevention and may be especially informative to HIV vaccine research,” said NIAID Director Anthony S. Fauci, M.D. “Many scientists believe that if a vaccine were developed that elicited broadly neutralizing antibodies in healthy people, it would protect them from HIV infection. The AMP Studies will test this hypothesis by directly giving people the VRC01 antibody.”

In addition, the studies could clarify what level of broadly neutralizing antibodies a vaccine or other long-acting HIV prevention method needs to achieve and maintain to provide sustained protection from the virus.

The AMP Studies are being conducted jointly by the NIAID-funded HIV Vaccine Trials Network (HVTN) and HIV Prevention Trials Network (HPTN). The National Institute for Drug Abuse and the National Institute of Mental Health, both part of NIH, also fund HPTN. The studies individually are known as HVTN 703/HPTN 081 and HVTN 704/HPTN 085.

“The immediate goal of antibody-mediated prevention of HIV is for each VRC01 infusion to have a protective effect that lasts for many weeks,” said Protocol Chair Myron Cohen, M.D. “Such a long-acting HIV prevention regimen might be easier for some people to follow than a daily regimen of oral medication, as currently required to prevent HIV infection.” Dr. Cohen is a principal investigator of the HPTN, associate vice chancellor for global health at the University of North Carolina at Chapel Hill and director of the university’s Institute for Global Health and Infectious Diseases.

The AMP Study that just launched, HVTN 704/HPTN 085, will take place at 24 sites in Brazil, Peru and the United States, and will enroll 2,700 men and transgender people who have sex with men.

The second of the two AMP Studies, HVTN 703/HPTN 081, is planned to launch later this spring, enrolling 1,500 sexually active women at 15 sites in Botswana, Kenya, Malawi, Mozambique, South Africa, Tanzania and Zimbabwe.

The volunteers in both studies will be adults at high risk for HIV infection, but HIV-negative when they enter the study.

In each trial, volunteers will be assigned at random to receive an intravenous infusion of either VRC01 at a dose of 30 milligrams per kilogram (mg/kg), VRC01 at a dose of 10 mg/kg, or a saline solution (a placebo). Neither the volunteers nor the study investigators will know who receives which type of infusion until the end of the study. Volunteers will receive a total of 10 infusions, once every 8 weeks, and then will be followed for 20 more weeks. The results of the trials are expected in 2022.

“Injections or infusions of antibodies to prevent acquisition of an infectious disease have been utilized in medicine for decades,” said Protocol Chair Larry Corey, M.D. “The remarkable advance in technologies to isolate and manufacture human monoclonal antibodies in concentrations high enough to potentially prevent HIV is a major development that makes these exciting trials possible.” Dr. Corey is principal investigator of the HVTN, past president and director of the Fred Hutchinson Cancer Research Center in Seattle, and a professor of medicine and laboratory medicine at the University of Washington.

Volunteers will be tested for HIV infection once every 4 weeks and at any time after reporting possible exposure to the virus. Those who test positive for HIV will stop receiving infusions but will remain in the study for follow-up and will be referred to professionals in their communities for appropriate medical care.

All volunteers will receive the standard care for preventing HIV infection, including condoms and lubricant, counseling on how to reduce behaviors that increase risk for infection, and counseling and referral for antiretrovirals to take immediately following suspected exposure to HIV (post-exposure prophylaxis). In addition, volunteers in the AMP Studies will be referred to available local programs where they may obtain the oral medication Truvada to take daily for HIV prevention, a highly effective practice called pre-exposure prophylaxis (PrEP). Volunteers’ access to PrEP will expand as more host countries approve Truvada for PrEP and develop the infrastructure to support its use. The AMP Studies have been designed so investigators will be able to discern a preventive effect from VRC01 even if some participants are taking PrEP.

“I am gratified that seven southern African nations are taking part in a clinical trial that could have far-reaching implications for the future of HIV prevention,” said Protocol Co-Chair Nyaradzo Mgodhi, MBChB,

MMed. “With 5 to 25 percent of adults in the participating African countries infected with HIV, more and stronger HIV prevention options—especially a vaccine—would make a huge difference here.” Dr. Mgodhi is a principal investigator at the University of Zimbabwe-University of California San Francisco Collaborative Research Program in Zimbabwe.

More information about the AMP Studies is available at Questions and Answers: The AMP Studies for HIV Prevention, ClinicalTrials.gov under study identifiers NCT02716675 and NCT02568215, and at AMPstudy.org External Web Site Policy.

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## **The graying of HIV: 1 in 6 new U.S. cases are people older than 50**

Lenny Bernstein, The Washington Post | 4.6

Thousands of people 50 and older are diagnosed with HIV each year in the United States, a development that has significant consequences for the health care and social support they need and the doctors, counselors and others who provide it.

Older people tend to be sicker when the infection is finally discovered. They usually have other health conditions that accompany aging and often are too embarrassed to reveal their illness to family and friends.

Many never dreamed they were at risk of contracting the virus, and some have outmoded ideas of a disease that long ago became manageable through advances in medication.

“I said, ‘Well, I guess that’s a death sentence,’ ” a Maryland man recalled of his diagnosis at the age of 73. “And the fellow who told me said: ‘No, it’s not. It’s not like that anymore. Once you get on medication, you’ll probably die of whatever old-age thing you’re going to die of anyway.’”

Yet health-care providers still don’t routinely consider HIV when treating older patients, despite guidelines that call on them to screen through age 64, researchers and physicians say. They may be reluctant to ask about an older person’s sex life and sometimes attribute HIV symptoms to age-related issues such as heart disease.

Amy C. Justice, a researcher at Yale University’s Center for Interdisciplinary Research on AIDS, recalled a married man in his 60s who was seen by specialists at Yale-New Haven Hospital. It took more than 18 months before anyone thought to test him for HIV, despite symptoms consistent with the disease.

In 2014, nearly 17 percent of the country’s new HIV diagnoses — 7,391 of 44,071 — were among people 50 and older, according to the Centers for Disease Control and Prevention. That was down slightly from 2013 but up from 15.4 percent in 2005, when data were less complete.

In a study two years ago, the age group represented more than 1 in 5 of newly diagnosed patients at a New York City medical center.

The phenomenon has various medical and social roots. Erectile dysfunction drugs such as Viagra, for example, have extended men’s sex lives. And older heterosexuals, particularly women beyond child-

bearing years, may not be in the habit of using condoms for safe sex. The advocacy organization ACRIA is trying to educate them about protected sex through a campaign called “Age Is Not a Condom.”

Overall, this graying population has not been studied much — especially compared with people who acquired HIV when they were younger and have been aging for decades with the infection, aided by improved antiretroviral therapy.

While the older newly diagnosed group includes more heterosexuals and more women, it generally reflects the overall HIV universe: mostly gay men, some straight men and women, intravenous drug users. It is mostly minority, as well.

A big difference for older people, however, is the shock of receiving an HIV diagnosis later in life. That is especially true for heterosexuals, mostly women, who thought they were in monogamous relationships and must confront the idea that a partner likely has been having sex with someone else.

“Deer in the headlights,” said Ellen A.B. Morrison, a researcher at Columbia University’s Mailman School of Public Health, in describing the women with whom she has worked. They are predominantly African American or Latino.

“They’re just completely caught off guard,” Morrison said. “These are not people who ever thought themselves at risk. They do not understand their partner’s behavior. They know nothing about HIV. They don’t know anyone who has it. They don’t know who to turn to for questions. And they are terribly embarrassed.”

The Maryland man, a 76-year-old widower who said he was occasionally bisexual during his marriage and continues to be, knew he was putting himself at risk through some of his sexual practices. Still, he was stunned when he was diagnosed in 2013.

“That kind of floored me. Damn. That old, and all of a sudden you get hit with it,” he said. He agreed to be interviewed if granted anonymity to protect his privacy.

He still hasn’t told anyone but the members of a peer support group. “In some ways I would like to tell my kids; I don’t feel like they need the extra worry in their life. I don’t see any extra positive other than the freedom of not trying to hide it,” he said.

Older people who feel stigmatized worry that family, friends, neighbors or caregivers will shun them at a time when they often have a heightened need for social support, especially if a spouse or partner has died, some experts said.

The diagnosis and social isolation can lead to depression, studies show. That can cause people to stop taking their medication, said Stephen Karpiak, director of research and evaluation at ACRIA, which is based in New York City.

“The best predictor of not taking your pill . . . is depression,” he said. Newly diagnosed older people have to “take a pill for a disease that is hated,” and that will affect the rest of their lives. “And they’re entering aging, which is scary for everyone.”

But a 2015 study of HIV-positive women older than 50 found that many eventually transition from shock, disbelief and a sense of doom to growing acceptance. The diagnosis also prompted them to take better care of their physical and mental health, to leave toxic situations and to engage in more meaningful activities, wrote Christina Psaros, a Harvard Medical School psychologist.

“With age came knowledge and understanding of what it means to live with HIV and how to . . . cope effectively,” she wrote in the journal *Aging and Mental Health*.

Medically, newly diagnosed older people may immediately face the prospect of a high viral load and more severe illness if their infection is not recent. Older immune systems are not as robust and do not respond as well. A greater proportion of older people die within a year of diagnosis than younger people do.

And because HIV is an inflammatory condition, it increases the likelihood of heart attacks and strokes. Older people already are more likely to be managing high blood pressure, high cholesterol and diabetes, so their doctors must be careful about which antiretroviral drugs to prescribe. For example, some do not react well with statins taken for high cholesterol, said Raymond Martins, senior director of clinical education and training at the Whitman-Walker Health clinic in Washington.

Alfred Newton of San Francisco said he practiced unprotected gay sex and took illicit drugs all his life — until shortly before his HIV diagnosis last year at 72.

By then, he already had many infirmities of age, including high cholesterol and mild chronic obstructive pulmonary disease. He had had hip replacement surgery, plus two other operations on that joint, as well as prostate surgery. When he got over the shock of hearing he had HIV, he began to view it as another condition of his advancing years. He has no symptoms and a very low viral load, he said.

“It’s just another add-on to everything else,” Newton said.

If there is a silver lining for older people with HIV, it is how serious they become about protecting their health. Like the women in the Harvard study, both Newton and the man in Maryland swore off unhealthful habits as they began managing their HIV. Older people are much more adherent to drug regimens than younger ones, Martins noted. Both men with HIV said they’ve missed barely a day of taking their medication.

“In a lot of ways, being [HIV] positive has been a positive experience,” the Maryland man said. “Healthwise, I feel like I’m really in pretty good health. I’m more aware of my health.”

Contrasting his condition to the diabetes that afflicts many people his age, he added. “I’d much rather take two pills a day than have to do blood tests and take insulin shots.”

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

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## Scientific Papers/Conference Abstracts

### Sexual behaviour among people with HIV according to self-reported antiretroviral and viral load status. Results from the ASTRA study.

Lampe F, ASTRA Study Group. *AIDS* 2016; [Epub ahead of print]

#### OBJECTIVE:

To assess, among people with HIV, the association of self-reported antiretroviral treatment and viral load status (ART/VL-SR) with condomless sex with HIV-serodifferent partner (s) (CLS-D).

#### DESIGN:

Cross-sectional study of UK HIV-diagnosed adults, 2011-2012.

#### METHODS:

CLS-D in the past three months and ART/VL-SR were ascertained by questionnaire. Clinic-recorded VL was documented. HIV-transmission risk sex (CLS-D-HIV-risk) was defined as CLS-D plus not on ART or clinic-recorded VL>50 c/mL.

#### RESULTS:

Of 3178 participants diagnosed >3 months, 2746 (87.9%) were on ART, of whom VL-SR was '≤50 c/mL/undetectable' for 78.4%; '>50 c/mL/detectable' for 8.3%; 'don't know/missing' for 13.3%. CLS-D prevalence was 14.9%(326/2189), 6.4%(23/360) and 10.7%(67/629) among men who have sex with men (MSM), heterosexual men, and women, respectively. Among MSM, CLS-D prevalence was 18.8% among those not on ART; 15.2% among those on ART with undetectable VL-SR; 9.8% among those on ART without undetectable VL-SR. Compared to 'on ART with undetectable VL-SR', prevalence ratios (PR;95% confidence interval) adjusted for demographic/HIV-factors were: 0.66 (0.45,0.95) for 'on ART without undetectable VL-SR', and 1.08 (0.78,1.49) for 'not on ART' (global p=0.021). Among heterosexual men and women (combined), ART/VL-SR was not associated with CLS-D [corresponding adjusted PR: 1.14 (0.73,1.79) for 'on ART without undetectable VL-SR'; 0.88 (0.44,1.77) for 'not on ART',p=0.77]. CLS-D-HIV-risk prevalence was 3.2% among all participants; 16.1% for 'not on ART'; 0.6% for 'on ART with undetectable VL-SR'; 4.2% for 'on ART without undetectable VL-SR'.

#### CONCLUSION:

Use of ART was not associated with increased prevalence of CLS-D, and was associated with greatly reduced prevalence of HIV-transmission risk sex.

View the paper online: [Abstract](#)

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### Geographic Variation in Condom Availability and Accessibility

Shacham E, Nelson EJ, Schulte L, et al. *AIDS and Behavior* 2016; [Epub ahead of print]

#### Abstract:

Identifying predictors that contribute to geographic disparities in sexually transmitted infections (STIs) is necessary in order to reduce disparities. This study assesses the spatial relationship condom availability and accessibility in order to better identify determinants of geographic disparities in STIs. We conducted a telephone-based audit among potential-condom selling establishments. Descriptive analyses were

conducted to detect differences in condom-selling characteristics by stores and by store type. Geocoding, mapping, and spatial analysis were conducted to measure the availability of condoms. A total of 850 potential condom-selling establishments participated in the condom availability and accessibility audit in St. Louis city; 29 % sold condoms. There were several significant geographic clusters of stores identified across the study area. The first consisted of fewer convenience stores and gas stations that sold condoms in the northern section of the city, whereas condoms were less likely to be sold in non-convenience store settings in the southwestern and central parts of the city. Additionally, locations that distributed free condoms clustered significantly in city center. However, there was a dearth of businesses that were neither convenience stores nor gas stations in the northern region of the city, which also had the highest concentration of condoms sold. This initial study was conducted to provide evidence that condom availability and accessibility differ by geographic region, and likely are a determinant of social norms surrounding condom use and ultimately impact STI rates.

View the paper online: [Abstract](#)

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## Is the risk for sexually transmissible infections (STI) lower among women with exclusively female sexual partners compared with women with male partners? A retrospective study based on attendees at a Norwegian STI clinic from 2004 to 2014

Molin SB, Blasico BF, Olsen AO. *Sexual Health* 2016; [Epub ahead of print]

### Background:

The prevalence of and the risk for sexually transmissible infections (STIs) for women engaging in same-sex sexual behaviour was investigated among women attending an STI clinic.

### Methods:

Data from electronic medical records were reviewed and logistic regression used to estimate the odds ratio (OR) of STIs. Women reporting life-time exclusively female partners (WSW) and women reporting female and male partners (WSWM) were compared with women reporting exclusively male partners (WSM). Outcomes included: *Chlamydia trachomatis*, *Mycoplasma genitalium*, *Neisseria gonorrhoea*, HIV and syphilis.

### Results:

The study population comprised 103 564 women (WSW 641, WSWM 12 010 and WSM 90 913). Overall prevalence of STIs was 8%. Crude OR of STIs for WSW: 0.56 (95% CI 0.39–0.81), for WSWM: 0.99 (95% CI 0.92–1.06) compared with WSM. Multivariate analysis revealed an interaction effect between same-sex sexual behaviour and smoking. Among non-smokers; WSW adjusted OR was 0.41 (95% CI 0.21–0.80), WSWM adjusted OR was 0.91 (95% CI 0.81–1.02) compared with WSM. Among smokers; WSW adjusted OR was 1.03 (95% CI 0.63–1.67) for WSWM adjusted OR was 1.00 (CI 95% 0.93–1.13), compared with WSM.

### Conclusion:

This study, including the largest cohort of women reporting life-time exclusively female partners in an STI study, shows that WSW generally are at lower risk for acquiring STIs than WSM. Smoking WSW, however, had the same risk for acquiring bacterial STIs as WSM and WSWM. Our study suggests that all WSW should receive the same encouragement to test for STIs as WSM.

View the paper online: [Abstract](#)

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## Prognosis of ocular syphilis in patients infected with HIV in the antiretroviral therapy era

Tsuboi M, Nishijima T, Yashiro S, et al. *Sex Transm Infect* 2016; [Epub ahead of print]

### Objective

To describe the clinical course and prognosis of ocular syphilis in patients infected with HIV-1 in the antiretroviral therapy (ART) era.

### Methods

We conducted a single-centre retrospective chart review of ocular syphilis in patients infected with HIV-1 diagnosed between August 1997 and July 2015. The prognosis of best-corrected visual acuity (BCVA) was analysed.

### Results

The study subjects were 30 eyes of 20 men who had sex with men (MSM) (median age, 41). Loss of vision and posterior uveitis were the most common ocular clinical features (43%) and location of inflammation at presentation (50%), respectively. The median baseline BCVA was 0.4 (IQR 0.2–1.2), including three eyes with hand motion. BCVA $\leq$ 0.4 at diagnosis was significantly associated with posterior uveitis or panuveitis ( $p=0.044$ ). Seventy-five per cent were treated with intravenous benzylpenicillin and 53% were diagnosed with neurosyphilis. After treatment (median follow-up: 21 months), BCVA improved in 89% of the eyes, including all eyes with hand motion, to a median BCVA of 1.2 (IQR 0.8–1.2). Kaplan–Meier analysis showed that >28 days of ocular symptoms before diagnosis was the only factor associated with poor prognosis of BCVA. Three patients (15%) developed recurrence after treatment.

### Conclusions

The prognosis of BCVA in HIV-infected patients with ocular syphilis in the ART era was favourable after proper treatment. Having >28 days of ocular symptoms before diagnosis was associated with poor prognosis. Changes in visual acuity in HIV-infected MSM should prompt an immediate assessment for ocular syphilis as delays in diagnosis and therapy can lead to irreversible visual loss.

View the paper online: [Abstract](#)

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## Resources, Webinars, & Announcements

### Scholarship Opportunities for International AIDS Conference: Clinicians, HIV Service Providers and Advocates

As the International AIDS Conference remains a vital tool for continuing medical education, the International AIDS Society (IAS) is proud to launch the **IAS Educational Fund – a mechanism aimed to provide and invest in educational opportunities that support the frontline HIV workforce.**

The IAS Educational Fund will enable 100 clinicians and 40 advocates to attend the [21<sup>st</sup> International AIDS Conference \(AIDS 2016\)](#). Additionally, it will offer increased virtual access to conference content and a series of symposia hosted in targeted countries to strengthen scientific and programmatic knowledge from a global perspective that is relevant at a local level. **Applications for grants to attend AIDS 2016 will open on 20 April and close on 11 May.**

The IAS Educational Fund is made possible through an educational grant from ViiV Healthcare and financial support from Gilead Sciences.

For more information: [Click here](#)

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## VIDEO: New AIDS 2016 Webinar Covering the Latest

Leading up to AIDS 2016, we have offered a series of webinars, open to everyone that provide comprehensive overviews of the conference. This webinar provides a full overview of recent announcements, expanding access to the conference, an overview of the conference programme and registration process, key updates, and how to connect to AIDS 2016.

Watch the video: [Click here](#)

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## WEBINAR: Gender-Based Violence + STIs - Intersections and Implications for Providing Quality Clinical Care

CFHC

**DATE:** April 13

**TIME:** 11:00 AM – 12:00 PM PST

Presenter:

Rebecca Levenson, MA, Consultant and Former Senior Policy Analyst, Futures Without Violence

Overview:

Women and girls who are victims of gender-based violence are four times more likely to contract sexually transmitted infections (STIs), including HIV. This webinar will outline the intersection of intimate partner violence and STI/HIV transmission and describe how providers, particularly those in reproductive health settings, can respond to violence and support the safety of their patients through the use of evidence-based educational resources and harm reduction strategies. This approach can include tools such as a new safety card entitled “Sex, Relationships and Getting Tested: Taking control of your health” which was designed for health care settings to help patients recognize how their intimate relationship(s) may impact their health and relative risk of becoming infected with STIs or HIV.

What Will You Learn?

After attending this training, participants will be able to:

- Describe how intimate partner violence can affect health and treatment outcomes for people living with STIs/HIV
- Describe the intersection between gender based violence and STIs/HIV

- List harm reduction strategies for partner treatment notification
- Describe trauma-informed programming
- Name two strategies for promoting self-care related to trauma-informed workplace practice

#### Who Should Attend?

- Nurses
- Clinicians
- Medical Assistants
- Family Planning Counselors
- Counselors, Social Workers + Case Managers
- Health Educators
- Health Center Managers + Directors

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

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## **WEBINAR: "PrEP in the Wild" Around the World - a whirlwind tour of the who, what, where and how of PrEP use and provision outside of approval.**

International Rectal Microbicide Advocates

**DATE:** April 20

**TIME:** 10:00 AM CDT

Join us to hear about PrEP's use and provision in countries that haven't yet approved it, or who are in the early days post-approval. Our presenters from Thailand, South Africa, England, Peru, Mexico and the United States will take on the following questions (many of which don't have definitive answers):

- Where is informal PrEP ("in the wild") happening, among which populations?
- What are the perspectives of patients and providers?
- Are people following the full PrEP program (i.e. regular HIV and STI testing, medical monitoring, adherence support, sexual health counseling, other care)?
- What do advocacy efforts look like in different countries?
- What are the public's perceptions of PrEP in different countries?
- How can the "PrEP in the Wild" global survey help your work?

Click [here](#) to determine the time of this webinar in your location.

If you need to have an operator dial you in, you can provide that info when you register for the webinar.

This webinar is brought to you through a collaboration of AVAC, UCLA, Socios en Salud, and IRMA. Many thanks to AVAC for supporting this work.

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

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# 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.

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## 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.

### 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 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.

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## **Administrative Assistant – UCSF**

**Organization:** UCSF Temporary Employment Program

**Location:** Fresno, CA

UCSF Temporary Employment Program

The Temporary Employment Program (TEP) is an internal UCSF based temporary employment program that provides temporary labor to all departments. TEP offers opportunities for the San Francisco Bay Area community to gain access and valuable UCSF work experience and offers temporary employees exceptional benefits not offered by other temporary agencies.

#### **Job overview**

The Administrative Assistant supports STD/HIV surveillance and disease intervention in the regional field office performing data entry of patient health records into the California Reportable Disease Information Exchange (CalREDIE) computer application. With general direction and minimal day-to-day supervision, the incumbent will review, process, and data enter detailed and technical forms, files, etc., associated with STD surveillance, disease intervention, STD/HIV partner services, and program administration. The incumbent ensures the protection of individual confidentiality at all times and maintains confidentiality of medical and/or epidemiological information at all times; and perform other duties as assigned.

#### **Required Qualifications:**

- High school graduation and two years of related administrative experience; or an equivalent combination of education and
- Two years of clerical experience, with an emphasis on data entry experience.
- Ability to type over 50 WPM.
- Ability to maintain confidentiality and follow

- Education, training, and/or experience that demonstrate possession of the qualifications listed above.
- Follow directions and evaluate situations accurately.

Note: Fingerprinting and background check required.

**Preferred Qualifications:**

- 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).

**License/Certification:**

- Current California driver license and proof of valid auto insurance coverage.

**\*\* 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 **44473** under 'Req number' to view the posting. Please submit your cover letter and resume electronically to the UCSF Careers website.

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**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](mailto:aaron.kavanaugh@cdphc.a.gov). If you have an item related to STD/HIV prevention which you would like included, please send. No bibliographic questions please; all materials are compiled from outside sources and links are provided. No endorsement should be implied! Note: Some words may have been palced in [brackets] or replaced with blanks (\_\_\_) or asterisks (\*) in order to avoid filtering by email inboxes.

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