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Program Analyst, Medical and Scientific Affairs – CDPH STD Control Branch

California Stories

California Has Second-Highest Rate of HIV-Infected Individuals

As reported by California Healthline | 11.20

At a press conference on Wednesday, state public health officials said California has the second-highest rate of HIV infections in the U.S., despite a significant drop in new diagnoses each year, [Payers & Providers](#) reports.

In 2013, 4,712 Californians were diagnosed with HIV -- down from 5,494 in 2012. Those rates are down "dramatically" from the approximately 13,000 Californians who were diagnosed with the infection annually in the 1980s and 1990s, according to Payers & Providers.

Gil Chavez, state epidemiologist and deputy director for infectious diseases, said, "While this represents significant progress, at least 400 people are newly diagnosed every month" in California (Shinkman, Payers & Providers, 11/19).

In addition, a total of 137,000 Californians are living with HIV, according to Chavez. He said the large number of infected state residents largely is "due to individuals living full life spans with HIV infections as a result of the improved treatment and medical care" (Dador, ABC 7, 11/18).

Just one state -- Florida -- has a higher rate of HIV infection diagnoses than California.

In addition, the state Department of Public Health said at least 15,000 Californians likely have HIV but have not yet been diagnosed.

Meanwhile, Karen Mark, head of DPH's AIDS office, said just half of HIV-diagnosed individuals currently receive proper care for the infection, while just 45% are considered "virally suppressed" (Payers & Providers, 11/19).

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

New Study Reveals Who Is Being Impacted by California Laws that Criminalize People Living with HIV

Press Release, the Williams Institute | 12.1

California laws that criminalize people living with HIV have directly affected 800 people from 1988 to June 2014, according to state-level criminal offender record information from the California Department of Justice obtained by the Williams Institute. The state outcomes suggest that national HIV criminalization rates may be much higher than currently estimated.

The study, titled "HIV Criminalization in California: Penal Implications for People Living with HIV/AIDS," analyzes data obtained from the California Department of Justice on the criminal history of all individuals who have had contact with the criminal justice system under four of the state's HIV-related criminal laws. These data record any contacts an individual may have had with the criminal justice system to provide a full chronological record of how these laws are being used.

The laws were originally intended to control the spread of HIV by prosecuting individuals who knowingly expose others. However, these data show that in 95 percent of incidents, no proof of exposure or transmission was required for prosecution.

Key findings from the report include:

- Nearly every incident in which charges were brought resulted in a conviction (389 out of 390 incidents). Among those with known sentences at the time of conviction, 91 percent were sent to prison or jail for an average of 27 months.
- The vast majority of these incidents (94 percent) involved sex work. The law that criminalizes sex workers living with HIV does not require intent to transmit HIV or exposure to HIV.
- Women made up 43 percent of those who came into contact with the criminal justice system based on their HIV-positive status.
- Black people and Latino/as make up two-thirds (67 percent) of those who came into contact based on charges of these crimes.
- Across all HIV-related crimes, white men were significantly more likely to be released and not charged (in 60 percent of their HIV-specific criminal incidents) than expected. Black men (36 percent), black women (43 percent) and white women (39 percent) were significantly less likely to be released and not charged.
- While the average age at the time of arrest for the first HIV-related incident was 37, the arrestees ranged from 14 to 71 years old.
- Nearly half (48 percent) of these incidents occurred in Los Angeles County. By contrast, 37 percent of people living with HIV/AIDS in California have lived in Los Angeles County.
- “Like the rest of the criminal justice system, we are seeing certain communities bearing more of the weight of the penal code than others,” said Amira Hasenbush, Jim Kepner Law and Policy Fellow at the Williams Institute.

“For too long, federal and state laws have discriminated against people living with HIV. These laws serve only to breed fear, distrust and misunderstanding. I applaud the Williams Institute for their hard work in drafting this report that shows the real impact of these discriminatory laws on Californians,” said Congresswoman Barbara Lee, co-chair and co-founder of the bipartisan Congressional HIV/AIDS Caucus. “As a member of the UN Commission on HIV and the Law, I ensured that the Commission held a hearing in Oakland, California to highlight these discriminatory laws in the United States. This effort led to the introduction the bipartisan REPEAL Act (H.R. 1586), which seeks to modernize these laws and we continue to build support for this important legislation. It also led to the Justice Department issuing best practice guidance for states to reform these laws, using the most up-to-date scientific and medically-accurate information, to ensure that no person is discriminated against.”

Funded by the California HIV/AIDS Research Program, the study was co-authored by Amira Hasenbush, Jim Kepner Law and Policy Fellow; Ayako Miyashita, Brian Belt HIV Law & Policy Fellow; and Bianca Wilson, Rabbi Barbara Zacky Senior Scholar of Public Policy at the Williams Institute.

[Click here for the full report.](#)

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

National Stories

Rates Of Syphilis, Chlamydia And Gonorrhea Rising For First Time Since 2006, Particularly Among Young People

Ed Cara, Medical Daily | 11.17

There may never be a worse time than now to engage in unprotected sex, according to an report released Tuesday by the Centers for Disease Control and Prevention (CDC). It found that rates of the sexually transmitted diseases syphilis, chlamydia, and gonorrhea have all increased in the past year — a feat not seen of the three concurrently since 2006.

Overall, there were over 1.4 million cases of chlamydia reported in 2014, of which 1 million were found in women; around 350,000 cases of gonorrhea; and nearly 20,000 cases of primary and secondary syphilis (the earliest and most infectious forms of the bacterial disease). These numbers represent a 2.8 percent, 5.1 percent, and 15.1 percent rise over 2013 rates, respectively.

Chlamydia remained the commonly reported notifiable disease in the United States, though it should be noted that other STDs like herpes and HPV are very common as well, if harder to keep track of. And of course, even the CDC rates are likely an underestimation of their true prevalence.

Most At Risk

Though each disease brings with it unique characteristics and challenges, the familiar trend in their rise is that of age, with those youngest and sexually active most at risk of harboring these three STDs. Worryingly, the report detected greater rates of gonorrhea in men, and greater increases of syphilis among women.

Syphilis, however, remains primarily a problem among men who have sex with men (MSM), encompassing 83 percent of reported cases (when the sex of the partner is known). Fifty percent of MSM syphilis cases were also HIV-positive, highlighting a known but nonetheless frightening connection between the two STDs. It's believed the sores commonly seen in syphilis make it easier for the HIV virus to be transmitted between partners.

“America’s worsening STD epidemic is a clear call for better diagnosis, treatment, and prevention,” said Dr. Jonathan Mermin, director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and Tuberculosis Prevention, in a statement. “STDs affect people in all walks of life, particularly young women and men, but these data suggest an increasing burden among gay and bisexual men.” While

syphilis is the only reportable STD that keeps track of a sufferer's sexual orientation, it's believed there is a similar rise among MSM for chlamydia and gonorrhea as well.

"A number of individual risk behaviors (such as higher numbers of lifetime sex partners), as well as environmental, social and cultural factors (such as higher prevalence of STDs or difficulty accessing quality health care) contribute to disparities in the sexual health of gay and bisexual men," explained the CDC's summary of their report. "For example, gay and bisexual men with lower economic status may have trouble accessing and affording quality healthcare, making it difficult to receive STD testing and other prevention services. Additionally, complex issues like homophobia and stigma can also make it difficult for gay and bisexual men to find culturally-sensitive and appropriate care and treatment."

It wasn't solely age, gender, and sexual orientation that predicted greater STD rates, but race as well. In particular, STD rates were highest in blacks across the board, though few minority groups fared better than whites, save Asians.

"The consequences of STDs are especially severe for young people," added Dr. Gail Bolan, director of CDC's Division of STD Prevention. "Because chlamydia and gonorrhea often have no symptoms, many infections go undiagnosed and this can lead to lifelong repercussions for a woman's reproductive health, including pelvic inflammatory disease and infertility."

Because of these risks, the CDC recommends that sexually active women younger than 25 request annual chlamydia and gonorrhea tests; pregnant women obtain syphilis, HIV, chlamydia, and hepatitis B tests early on; and sexually active men who have sex with men undergo a battery of STD tests at least once a year, more if they're especially a high-risk group.

Source:

Braxton J, Carey D, Davis D, et al. Sexually Transmitted Disease Surveillance 2014. Centers for Disease Control and Prevention. 2015.

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

CDC reports record high chlamydia rate

Dave Muoio, Heallo Infectious Disease News | 11.17

Annual surveillance data from the CDC revealed large increases in nationally notifiable STD rates within the United States, with a record number of chlamydia cases reported in 2014.

These diseases continue to affect women and young people more than any other demographic, although infection rates appear to be increasing among men who have sex with men as well, according to the Sexually Transmitted Disease Surveillance 2014 report.

"America's worsening STD epidemic is a clear call for better diagnosis, treatment and prevention," Jonathan Mermin, MD, director of the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and Tuberculosis Prevention, said in a press release. "STDs affect people in all walks of life, particularly young women and men, but these data suggest an increasing burden among gay and bisexual men."

Surveillance information was collected from state and local STD case reports submitted to the CDC by public and private sources. These data indicate 1,441,789 cases of chlamydia were reported last year to the CDC, which translates to an incidence rate of 456.1 cases per 100,000 population. This is a 2.8% increase over 2013, according to CDC, and the highest annual rate of chlamydia infection ever reported in the U.S. Although this change was largely driven by a 6.8% rate increase among men, women continued to account for the majority of all detected chlamydia infections and likely reflects the larger portion of women who receive screening compared with men, the researchers wrote.

There were 19,999 cases of primary and secondary syphilis, representing a 15.1% annual infection rate increase to 6.3 cases per 100,000 population. Men accounted for 91% of all syphilis infections, although large rate increases were seen among both men and women. Case increases were seen in every region of the country and among all age groups, but the disease continues to affect a disproportionately large number of blacks, according to the researchers.

A total of 350,062 reported gonorrhea cases resulted in a 5.1% rate increase to 110.7 cases per 100,000 population. Incidence was highest among men and blacks, and the largest incidence rate increases from 2013-2014 were seen among men and American Indian/Alaskan Natives. Antimicrobial resistance among gonorrhea cases remains a concern, the researchers wrote, with the percentage of isolates with reduced azithromycin susceptibility rising to 2.5% in 2014.

Collectively, this is the first time reported cases of chlamydia, syphilis and gonorrhea have increased since 2006, the CDC said. The majority of all cases were reported to private physician offices and health maintenance organizations, as opposed to STD clinics. Many transmissions occurred in younger people, with more than half of reported gonorrhea cases and nearly two-thirds of chlamydia cases reported among persons aged 15 to 24 years. According to the CDC, these findings support previous data suggesting that half of the estimated 20 million notifiable and non-notifiable STDs diagnosed annually occur among this age group.

“The consequences of STDs are especially severe for young people,” Gail Bolan, MD, director of the CDC’s Division of STD Prevention, said in the release. “Because chlamydia and gonorrhea often have no symptoms, many infections go undiagnosed, and this can lead to lifelong repercussions for a woman’s reproductive health, including pelvic inflammatory disease and infertility.”

Of additional concern is the incidence of STDs among MSM. According to the report, MSM accounted for 83% of male syphilis cases in which the sex of an individual’s partners was reported, and 51% of MSM diagnosed with syphilis were coinfecting with HIV. Although syphilis is the only nationally notifiable STD in which sex partner information is reported, data collected through the STD Surveillance Network among MSM tested at participating clinics imply the prevalence of gonorrhea and chlamydia to be 19.2% and 14.9%, respectively. The CDC wrote that this sentinel surveillance system data — along with high-risk behaviors often associated with MSM — suggest chlamydia and gonorrhea infections also may be of significant concern among this population.

Reference:

CDC. *Sexually Transmitted Diseases Surveillance 2014*. www.cdc.gov/std/stats14/surv-2014-print.pdf. Accessed: November 17, 2015.

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

Drug-Resistant Gonorrhea Rising Once More

As reported by aidsmeds.com | 11.11

After dropping dramatically in recent years, rates of drug-resistant gonorrhea rose once again in 2014, Medscape reports. Publishing their findings in the *Journal of the American Medical Association*, researchers tested over 50,000 samples taken from individuals between 2006 and 2014 at 34 sites participating in the Centers for Disease Control and Prevention's (CDC) Gonococcal Isolate Surveillance Project.

Overall, the samples were not nationally representative, so these findings may not represent how susceptible gonorrhea is to antibiotics around the nation.

The researchers looked for rates of gonorrhea's susceptibility to what are known as third-generation antibiotics, including injectable ceftriaxone or oral cefixime.

Twenty-eight percent of the samples were from men who have sex with men (MSM). The CDC recently reported that gonorrhea rates rose 26 percent among MSM between 2010 and 2013, from 1.17 percent to 1.47 percent. In 2013, an estimated 3.4 percent of MSM between 25 and 29 years of age contracted the sexually transmitted infection (STI).

Between 2006 and 2011, the rate of antibiotic resistant strains of gonorrhea rose from 0.1 percent to 1.4 percent, and then fell to 0.4 percent in 2013—a 70 percent drop. This rapid turnaround, say CDC researchers, is apparently related to a shift in national treatment protocol for the STI. They cannot, however, delineate a definitively causal relationship.

In 2014, the drug-resistance rate rebounded, doubling to 0.8 percent.

“The increased prevalence of reduced cefixime susceptibility in 2014 highlights the need to maintain surveillance, search for new therapeutics, and ensure that gonorrhea is treated according to CDC guidelines,” the researchers concluded.

Gonorrhea has developed resistance to all drugs used to treat the infection through history. In 2014, reflecting on what was then promising news about the fallen rate of drug resistance, the CDC stated, “The potential that gonorrhea could become untreatable remains real.”

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

To read the JAMA letter, [click here](#).

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

There's a Drug That Prevents HIV. Let's Use It

Alice Park, TIME | 11.16

An FDA-approved drug can prevent HIV infections, but critics have worried that having such a fallback pill can promote unsafe sex and cause HIV infections to rise. A new study proves them wrong.

Since 2012, there has been a drug that can protect you from getting infected with HIV. It's a combination of drugs that originally were developed to treat the infection, but studies found that giving it to people who are uninfected but at high risk of getting exposed to HIV could lower their risk of getting HIV by as much as 90%. But because the drug was tested in lab-based research settings, some questioned whether the therapy, called pre-exposure prophylaxis, or PrEP, would work in real world clinics and community health centers.

Now they have their answer and it's an encouraging yes. Reporting in JAMA Internal Medicine, researchers show that providing PrEP to men who have sex with men, who are at highest risk of developing new HIV infections, dropped their rates of HIV dramatically. In the study, conducted at two clinics treating sexually transmitted diseases and a community health center in three different cities, 437 men and transgender women took PrEP, which consists of emtricitabine and tenofovir (together called Truvada), for nearly a year. Only two became HIV positive, but both showed extremely low blood levels of the drug, suggesting that they took only about half of their required doses.

Even more encouraging, the study found that those engaging in the riskiest behaviors for acquiring HIV — having sex without a condom and having multiple sex partners, were the most likely to have protective levels of the drugs in their blood at the end of the study. Rates of sexually transmitted infections, while high, did not increase during the study period while the participants were taking PrEP. In other words, the drug did not make users more promiscuous or more reckless about their risk.

"These results are promising, and really highlight the potential role of PrEP as a prevention tool for men who have sex with men," says Dr. Albert Liu, clinical research director of Bridge HIV in the San Francisco Department of Public Health and the study's lead author.

But PrEP continues to suffer from an image problem. In the months and years after it was approved, even those in the gay community, perhaps skeptical of its too-good-to-be-true promise, began denigrating those who took advantage of the drugs, labeling them Truvada whores. Well respected and early pioneers in AIDS advocacy were equally leery, seeing PrEP as a dangerous cancer that could eventually undo all the laborious work they had put into educating people about the disease and warning them about the unsafe behaviors that promote HIV.

Even in San Francisco, which is taking bold and unprecedented steps to become the first city to declare itself HIV-free by providing free testing to everyone in their emergency rooms and immediately providing anyone who tests HIV positive with anti-HIV drugs and a doctor to guide them through their care, men in the city's Castro district, where the rates of new HIV infections are highest, still weren't aware of the medication. "I was surprised when I first learned about what it does," says Andrew Giddens, a sous chef whom I met at the Castro's HIV clinic that offers free HIV tests. While he's HIV negative, Giddens has been in relationships with HIV positive partners, so "to me it's like a wonder drug. How come every single person in the gay community does not know about this?"

It's not just awareness that's holding PrEP back. There are other potential barriers, which the current study laid bare. While all the PrEP takers showed protective levels of the drugs in the blood, they were still lowest among African-American men, and the reasons had nothing to do with factors such as depression or substance abuse. Instead, Liu and his colleagues believe other types of barriers, such as cultural perceptions about both HIV and HIV treatments, mistrust of the medical system, and competing social or health priorities may be contributing to the lower adherence to the drug regimen.

That theory is supported by a separate study published in the same issue, in which researchers from Chicago focused specifically on PrEP trends among young black men who have sex with men. Among the group of 622 who participated in the study, only 40% were aware of PrEP and 4% had used it, despite the fact that they belonged to the group at highest risk of contracting HIV.

“These studies show yet again that PrEP works,” says Dr. Anthony Fauci, director of the National Institute on Allergy and Infectious Diseases, who was not involved in either study. “We know PrEP works, and we know it doesn’t increase risk behavior. The issue is, can we get PrEP to the people who really need it?”

Fauci and Liu both note that as encouraging as the data on PrEP’s effectiveness are, there’s a danger that it can further widen already existing disparities in HIV incidence. PrEP was provided free to members of the studies, but costs anywhere from \$8,000 to \$14,000 a year. While cities like San Francisco have taken bold steps to make PrEP available at no charge to anyone who is HIV negative but at high risk of becoming positive, not all cities have allotted such funds for HIV prevention. “We know it’s economically sound to do so,” says Fauci. “We know if we prevent an infection, it saves \$350,000 over a lifetime for a person in health costs, so it’s definitely an economically sound approach.”

Indeed, both the U.S. Centers for Disease Control and the World Health Organization now recommend PrEP as an effective way to prevent HIV infection among those who are at high risk of getting exposed to the virus. Putting these study results together with those from previous research trials of PrEP, says Fauci, it’s time to put concerns that a drug-based prevention strategy will lead to more unsafe behavior and higher HIV rates to rest. And it’s time for more cities and states to take San Francisco’s lead and figure out ways to make PrEP available to those who can benefit most. “Enough is enough. We have enough data, so let’s do it,” says Fauci.

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

Preventive HIV treatment shown effective at health clinics

As reported by MedicalXPress | 11.17

Real-world application of pre-exposure prophylaxis (PrEP) medications appears to be effective for the prevention of HIV, but racial discrepancies exist, new research suggests. The studies appear online Nov. 16 in JAMA Internal Medicine.

The first study tracked 437 gay and bisexual men and transgender women who visited sexually transmitted disease clinics in San Francisco and Miami, and a community health center in Washington, D.C. The participants went to the clinics between 2012 and 2015. All participants received free tenofovir and emtricitabine (Truvada). Study treatment continued for 48 weeks.

Based on levels of the drugs in the blood of 294 participants, the researchers found that 80 percent or more appeared to have used PrEP therapy consistently. The two individuals who contracted HIV during the study appeared to have taken the drug two or fewer times per week instead of daily, as recommended. The level of other sexually transmitted diseases remained stable among the participants. Blacks were less likely than others to consistently take the medication; just 57 percent of them did so.

A second study surveyed more than 622 sexually active young gay or bisexual black men from Chicago and found that for those who weren't HIV-positive, just 4 percent had used PrEP. The surveys were done from 2013 to 2014. Eighty percent had incomes of less than \$20,000 a year. Only half of this group had any health insurance, the researchers found. Just 40 percent were aware that PrEP exists.

Several authors of the first study disclosed financial ties to pharmaceutical companies, including Gilead Sciences, which manufactures Truvada and provided the drug for the study.

More information: [Full Text 1 \(subscription or payment may be required\)](#)
[Full Text 2 \(subscription or payment may be required\)](#)
[Editorial \(subscription or payment may be required\)](#)

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

Analysis shows PrEP appears to work for trans women

Liz Highleyman, The Bay Area Reporter | 11.19

Transgender women who were assigned to take Truvada in the iPrEx pre-exposure prophylaxis, or PrEP, trial had a similar overall risk of HIV infection as those assigned to a placebo, but participants who had blood drug levels showing consistent PrEP use appeared to be protected, according to a new analysis.

"This confirms what we've already seen in the community: that trans women benefit from PrEP, that our risks and barriers to usage are different than men who have sex with men, that most of us have had experience in the sex trades, and that our public health response needs to be holistic and culturally competent," Dee Michel, HIV services manager and transgender services coordinator at St. James Infirmary told the Bay Area Reporter.

One of the study authors also confirmed the benefit.

"While this analysis did not include a large enough sample group to draw firm conclusions, we did find strong evidence pointing to efficacy," said senior study author Robert Grant from the UCSF Gladstone Institutes. "Additional research designed specifically for transgender women is needed to confirm this finding."

Grant and his colleagues performed an unplanned analysis of PrEP effectiveness and adherence among transgender women in iPrEx, comparing outcomes between trans women and men who have sex with men (MSM). Findings were reported recently in the Lancet.

The iPrEx trial enrolled 2,499 participants in six countries. While most were gay and bisexual men, 339 participants, or 14 percent, were classified as transgender women. These included people assigned male at birth who identified as women, trans, or "travesti," or who used feminizing hormones. Just 3 percent of participants in the U.S. were trans women, rising to 15 percent in Ecuador and Peru, and 38 percent in Thailand.

Participants were randomly assigned to take Truvada or placebo pills once daily. After the randomized portion of the trial ended they had the option to receive Truvada in an open-label extension of the study.

Compared with gay and bi men, transgender women more often reported sex work or transactional sex (64 versus 38 percent), condomless receptive anal sex (86 versus 55 percent), recent sexually transmitted infections, and more than five sex partners during the past three months.

Transgender women had lower PrEP drug levels in their blood, showing they were less likely to take Truvada on a daily basis. Unlike the gay men – for whom those at highest risk of HIV had better adherence – trans women who reported condomless anal sex tended to use PrEP less consistently. Trans participants who took hormones were also less likely to have protective drug levels.

"We think that one factor leading to lower rates of pill-taking may be due to either a fear of, or lack of information about drug-drug interactions between PrEP and gender-affirming hormone medications," said lead study author Madeline Deutsch from UCSF. "For transgender women, their gender-affirming medications are a higher priority."

Deutsch added that they do not know of any interaction with hormones or other biological factors that would affect how PrEP works for trans women, but more studies are needed.

Among all iPrEx participants, Truvada reduced the risk of HIV infection by 42 percent overall compared to placebo in the randomized study, rising to 92 percent among those with blood drug levels indicating consistent use. In the open-label extension, no one who took Truvada at least four times a week became infected.

Among transgender women, 11 new HIV infections occurred in the PrEP group and 10 in the placebo group during the randomized trial – essentially no difference. Two more trans women receiving PrEP seroconverted during the open-label extension. Trans women were half as likely as gay men to have drug levels showing they took four or more Truvada doses per week. But among those who did, none became infected.

Investigators and community advocates agreed on the need for research and interventions specific to trans women.

"When transgender women take PrEP as prescribed, it appears to work, but to retain and encourage PrEP use, research should be conducted and interventions should be delivered in gender-affirming environments," said study co-author JoAnne Keatley, director of the UCSF Center of Excellence for Transgender Health.

"If you're an HIV-negative gay man you probably know tons of men taking Truvada, but that's not the case among trans women," Aria Sa'id, who works with the Center for Excellence and St. James Infirmary, told the B.A.R. "These new findings on PrEP adherence show we have to be innovative and creative about educating trans women about PrEP."

Others pointed out that trans women are not often part of research studies.

"Transgender women are classified as high-risk for HIV, but we continue to be an afterthought in research studies," added Nikki "Tita Aida" Calma, HIV prevention program manager at the Asian and Pacific Islander Wellness Center. "We want to be able to tell transgender women and men what to expect when they take PrEP, just like HIV prevention workers can when they work with cisgender men."

We want to fully understand the barriers to PrEP adherence and efficacy for our communities so we can design the best programs to support them, backed by scientific evidence."

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

EDITORIAL: Safe sex: Americans have lost self-control on STDs

Editorial Board, Pittsburgh Post-Gazette | 11.23

Americans live in one of the most sexually adventurous eras in history. No longer constrained by marriage, religion or taboo, many feel free to indulge in whatever pleasures of the flesh feel good. One of the dark sides of this freedom is a jump in cases of sexually transmitted diseases.

The U.S. Centers for Disease Control and Prevention reported last week that the three most common STDs — chlamydia, gonorrhea and syphilis — reached all-time highs in 2014.

Last year, for every 100,000 people there were 456 cases of chlamydia, 111 cases of gonorrhea and six cases of primary and secondary syphilis. All three diseases are curable, but they can cause serious damage, particularly to women, the longer they go undetected. Syphilis can cause blindness; chlamydia and gonorrhea can lead to infertility in women. The CDC estimates that undiagnosed STDs are responsible for as many as 20,000 women becoming infertile every year.

Chlamydia is the most common STD, with an estimated 1.4 million annual cases reported to the CDC. More than half of the chlamydia and gonorrhea cases can be traced to people between ages 15 and 24 — a logical group to target for more information on how to protect oneself.

Sexually transmitted diseases can be devastating, but they're also preventable. Better diagnosis, treatment and prevention would dramatically slow this public health epidemic. There's nothing sexy about having one's life ruined by not taking safe sex seriously.

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

VIDEO: Did AHF Go Too Far With Grindr & Tinder Billboard?

Huffington Post | Originally aired 10.2

The AIDS Healthcare Foundation is refusing to remove billboards in LA that suggest a link between the rise of dating apps and sexually transmitted infections. Grindr and Tinder are angry. Is there a correlation? Or, has AHF gone too far?

Watch the video online: [Click here](#)

Scientific Papers/Conference Abstracts

Developing and testing accelerated partner therapy for partner notification for people with genital Chlamydia trachomatis diagnosed in primary care: a pilot randomised controlled trial

Estcourt CS, Sutcliffe LJ, Copas A, et al. *Sex Transm Infect* 2015;91:548-554

Background

Accelerated partner therapy (APT) is a promising partner notification (PN) intervention in specialist sexual health clinic attenders. To address its applicability in primary care, we undertook a pilot randomised controlled trial (RCT) of two APT models in community settings.

Methods

Three-arm pilot RCT of two adjunct APT interventions: APThotline (telephone assessment of partner(s) plus standard PN) and APTPharmacy (community pharmacist assessment of partner(s) plus routine PN), versus standard PN alone (patient referral). Index patients were women diagnosed with genital chlamydia in 12 general practices and three community contraception and sexual health (CASH) services in London and south coast of England, randomised between 1 September 2011 and 31 July 2013.

Results

199 women described 339 male partners, of whom 313 were reported by the index as contactable. The proportions of contactable partners considered treated within 6 weeks of index diagnosis were APThotline 39/111 (35%), APTPharmacy 46/100 (46%), standard patient referral 46/102 (45%). Among treated partners, 8/39 (21%) in APThotline arm were treated via hotline and 14/46 (30%) in APTPharmacy arm were treated via pharmacy.

Conclusions

The two novel primary care APT models were acceptable, feasible, compliant with regulations and capable of achieving acceptable outcomes within a pilot RCT but intervention uptake was low. Although addition of these interventions to standard PN did not result in a difference between arms, overall PN uptake was higher than previously reported in similar settings, probably as a result of introducing a formal evaluation. Recruitment to an individually randomised trial proved challenging and full evaluation will likely require service-level randomisation.

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

Intentional Medication Nonadherence Because of Interactive Toxicity Beliefs Among HIV-Positive Active Drug Users.

Kalichman SC, Kalichman MO, Cherry C, et al. *JAIDS* 2015;70(5):503-9

BACKGROUND:

Drug use poses significant challenges to medical management of HIV infection. Although most research has focused on the influence of intoxication on unintentional adherence to HIV treatment, drug use may also lead to intentional nonadherence, particularly when individuals believe that mixing medications with drugs is harmful. This study examined whether interactive toxicity beliefs predict nonadherence to antiretroviral therapy (ART) over a prospective period of adherence monitoring.

METHODS:

Men and women living with HIV who screened positive for drug use and were being treated with ART (n = 530) completed computerized self-interviews and 3 prospective unannounced pill counts to measure ART adherence and provided urine specimens for drug screening and HIV viral load results from medical records.

RESULTS:

Results showed that 189 (35%) participants indicated that they intentionally miss their ART when they are using drugs. These participants also reported common beliefs regarding the perceived hazards of mixing HIV medications with alcohol and other drugs. Multivariable models controlled for demographic and health characteristics and frequency of alcohol use showed that intentional nonadherence predicted poorer ART adherence over the prospective month and also predicted poorer treatment outcomes as indexed by unsuppressed HIV viral load.

CONCLUSIONS:

These findings extend previous research to show that interactive toxicity beliefs and intentional nonadherence play a significant role in medication nonadherence for a substantial number of people living with HIV and should be actively addressed in HIV clinical care.

View the paper online: [Abstract](#)

Measuring the HIV Care Continuum Using Public Health Surveillance Data in the United States.

Lesko CR, Sampson LA, Miller WC, et al. *JAIDS* 2015;70(5):489-94

Abstract:

The HIV care continuum is a critical framework for situational awareness of the HIV epidemic; yet challenges to accurate enumeration of continuum components hamper continuum estimation in practice. We describe local surveillance-based estimation of the HIV continuum in the United States, reviewing common practices as recommended by the Centers for Disease Control and Prevention. Furthermore, we review some challenges and biases likely to threaten existing continuum estimates. Current estimates rely heavily on the use of CD4 cell count and HIV viral load laboratory results reported to surveillance programs as a proxy for receipt of HIV-related outpatient care. As such, continuum estimates are susceptible to bias because of incomplete laboratory reporting and imperfect sensitivity and specificity of laboratory tests as a proxy for routine HIV care. Migration of HIV-infected persons between jurisdictions also threatens the validity of continuum estimates. Data triangulation may improve but not fully alleviate biases.

View the paper online: [Abstract](#)

Is perceived parental monitoring associated with sexual risk behaviors of young Black males?

Crosby R, Terrell I, Pasternak R. *Preventive Medicine Reports* 2015;2:829-832

Abstract:

This study determined whether perceived parental monitoring is associated with any of twelve selected outcomes related to sexual risk behaviors of young Black males. Recruitment occurred in clinics diagnosing and treating sexually transmitted infections. Young Black males living with a parent or guardian (N = 324) were administered a 9-item scale assessing level of perceived parental monitoring. The obtained range was 10–45, with higher scores representing more frequent monitoring. The mean was 29.3 (sd = 7.0). Eight of the twelve outcomes had significant associations with perceived parental monitoring (all in a direction indicating a protective effect). Of these eight, five retained significance in age-adjusted models were ever causing a pregnancy, discussing pregnancy prevention, safer sex, and condom use with sex partners, and using a condom during the last act of penile–vaginal sex. Monitoring by a parent figure may be partly protective against conceiving a pregnancy for Black males 15–23 years of age.

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

Resources, Webinars, & Announcements

NIH Statement on World AIDS Day 2015 – Follow the Science to Fast-Track the End of AIDS

News Release, NIAID | 12.1

When the first cases of what would become known as AIDS were reported in 1981, scientists and physicians did not know the cause and had no therapies to treat those who were infected. Times have changed and today physicians can offer their patients highly effective medicines that work as both treatment and prevention. We can now speak credibly about having within our sights the end to the HIV/AIDS pandemic, when new HIV infections and deaths due to AIDS are rare.

Ending the HIV/AIDS pandemic as we know it will require using antiretroviral therapy (ART) to treat all infected people upon diagnosis, facilitating the implementation of an array of prevention tools including pre-exposure prophylaxis, and eliminating mother-to-child HIV transmission. While recent scientific advances demonstrate these objectives are all possible, we must encourage universal HIV testing so that people know their status and are linked to care if infected and linked to a prevention program if at risk of infection. Approximately 50,000 people in the United States are newly infected with HIV each year, and about 1 in 8 of the 1.2 million who currently are infected do not know their status. Tragically, nearly a third of all new HIV infections in this country are transmitted by people who are unaware of their infection; another 60 percent of infections arise from people who are diagnosed but not in care.

We need to intensify our efforts to connect infected and at-risk people with needed health services to treat or prevent HIV infection. If all people infected with HIV were made aware of their status and began receiving consistent treatment and medical care, most new infections in the United States could be prevented. Additionally, connecting people to the “prevention continuum,” in which people at high-risk for HIV infection are regularly tested, counseled and provided a variety of prevention options, could reduce the spread of the virus even further.

Research supported by the National Institutes of Health has provided solid scientific data showing that once an HIV-infected person has been diagnosed and connected with medical care, immediate

antiretroviral therapy should be initiated. Taken together, the findings from the NIH-funded [SMART study](#) reported in 2006, the [HPTN 052 study](#) in 2011 and the [START study](#) earlier this year conclusively demonstrate that starting ART promptly after HIV diagnosis protects the health of the infected person while preventing HIV transmission to uninfected sexual partners.

NIH continues to investigate the best methods of connecting high-risk people with comprehensive prevention packages containing highly effective tools such as pre-exposure prophylaxis (PrEP). The [HPTN 067](#) and [PrEP Demo](#) studies also show that people can follow the recommended daily PrEP dosing regimen routinely, further validating PrEP as a practical component in achieving widespread HIV prevention alongside condom use, testing and treatment for other sexually transmitted diseases, behavior change and needle exchange.

While increased HIV testing and immediate treatment or connection to prevention strategies can substantially decrease new HIV infections and HIV-related illness and deaths, developing a safe and effective HIV vaccine or cure would accelerate a durable end to the global HIV/AIDS pandemic. Earlier this year, the National Institute of Allergy and Infectious Diseases (NIAID) and its collaborators launched [HVTN 100](#), a clinical trial in South Africa that is testing an investigational HIV vaccine regimen based upon the findings of the [RV144 trial](#), conducted in Thailand, which demonstrated a modest degree of success. The HVTN 100 vaccine regimen was designed to increase the magnitude and duration of vaccine-elicited immune responses observed in the RV144 trial, and is the first of several additional planned vaccine trials and research studies that will begin in the coming years.

Scientists at NIH continue to learn more about the virus as we work to find a cure. For example, studies are underway to boost the immune response of HIV-infected people whose viral load has been suppressed by ART using passive transfer of broadly neutralizing antibodies as well as therapeutic vaccinations to determine if it is possible to withdraw ART without viral rebound.

On this World AIDS Day, there is considerable optimism that an end to the HIV/AIDS pandemic is achievable. However, to do this, we must have the will to apply established scientific findings and continue to follow the science. We must build on the promising achievements made through the dedication of researchers, health care professionals and clinical trial participants, and continue to work together to fill the gaps that remain.

Media inquiries can be directed to the NIAID Office of Communications at 301-402-1663, niaidnews@niaid.nih.gov.

View the release: [Click here](#)

Updated Guide for Choosing a Health Plan Through Covered California Now Available

For people living with HIV, hepatitis C, hepatitis B, and those considering PrEP
AIDS Project Los Angeles

Five leading California HIV organizations—Access Support Network, AIDS Project Los Angeles, Los Angeles LGBT Center, Project Inform, and San Francisco AIDS Foundation—today released an updated guide for people living with HIV, hepatitis C (HCV), hepatitis B (HBV), and individuals considering pre-exposure prophylaxis (PrEP) on choosing a health insurance plan through [Covered California](#). The guide

contains two parts. The [first part](#) explains important things to consider when choosing a plan and includes information about additional benefits that might be available to help pay for the cost of health insurance. The [second part](#) includes an analysis of the availability of HIV, HCV, HBV, and PrEP drugs on each of the 12 plans' drug formularies.

For individuals living with HIV, HCV, HBV, or considering PrEP, it is important to understand all of the options available before enrolling in a new health insurance plan through Covered California. A [recent analysis](#) by Avalere found that some 2015 Covered California plans provided limited coverage for prescription drugs and had high out-of-pocket costs. Our analysis of 2016 Covered California plans found that coverage and cost-sharing for HIV, HCV, HBV, and PrEP drugs varies significantly among insurers. Thus, it is extremely important for individuals to review each plan's formulary and associated out-of-pocket costs before selecting a new health insurance plan. In addition, because plans can change at any time, we recommend that individuals speak with a certified enrollment counselor or certified insurance agent who understands their individual health needs before making a final decision.

Among the guide's recommendations:

- People with chronic conditions and routine medication needs, including PrEP, should avoid Bronze and Minimum Coverage plans. Despite their low premiums, these plans have high deductibles and out-of-pocket costs that are likely to make access to medications and other benefits unaffordable.
- People with incomes between 138% and 250% of the Federal Poverty Level (\$16,243-\$29,425 for individuals) should strongly consider Silver plans where they will be eligible for help with out-of-pocket costs. The exception is people living with HIV who qualify for additional help through the [AIDS Drug Assistance Program](#) (ADAP) and the [Office of AIDS Health Insurance Premium Payment program](#) (OA-HIPP) with incomes over 200% of the Federal Poverty Level who may have lower out-of-pocket costs by selecting a Platinum plan.
- Some Californians living with HIV can get their medications covered and/or additional help paying for their medications through ADAP. They may also be able to have their insurance premiums paid by OA-HIPP. People living with HIV are now eligible for these programs if their modified adjusted gross income does not exceed 500% of the Federal Poverty Level (\$58,850 for individuals) based on family size and household income.
- For Californians interested in PrEP, there are now multiple financial assistance programs that may be able to help pay for the cost of the medication. These programs are supported by [Gilead Sciences](#), [Patient Access Network Foundation](#), and [Patient Advocate Foundation](#).
- For the 2016 plan year, people who enroll in a Covered California health plan will pay no more than \$250 per month for a 30-day prescription drug supply for Silver, Gold, and Platinum plans and no more than \$500 for a 30-day prescription drug supply for Bronze plans.
- All Covered California plans are now required to maintain a dedicated prescription drug customer service line where current and prospective members can call for help and receive an estimate of the out-of-pocket cost for specific drugs.

The release of the guide coincides with the open enrollment period for Covered California which began November 1, 2015, and continues through January 31, 2016. However, if you would like your coverage to start January 1, 2016, you will need to enroll by December 15, 2015. After open enrollment, you can only enroll through a special enrollment period, which occurs if you have a "qualifying life event" such as loss of a job, birth of a child, divorce, or loss of insurance. If you choose not to enroll and don't have other comprehensive health insurance, you may be required to pay a tax penalty.

The guide is available at www.projectinform.org/pdf/CCguide.pdf

The formulary analysis is available at www.projectinform.org/pdf/CCformularies.pdf

HOPE Act Research Criteria Published

NIAID

Under the HIV Organ Policy Equity (HOPE) Act, the U.S. Department of Health and Human Services has finalized safeguards and criteria for research to assess the safety and effectiveness of solid organ transplantation from donors with HIV infection to recipients with HIV infection. NIAID led the development of the criteria, which provide the framework for clinical studies on transplantation of HIV-infected organs to begin in the United States as early as 2016. The criteria are published in a Nov. 25 [Federal Register notice](#).

For more information: [Click here](#)

Updated CDC Page: Daily Pill Can Prevent HIV – Reaching people who could benefit from PrEP

Overview:

Preexposure prophylaxis (PrEP) is a medicine taken daily that can be used to prevent getting HIV. PrEP is for people without HIV who are at very high risk for getting it from sex or injection drug use. People at high risk who should be offered PrEP include about 1 in 4 sexually active gay and bisexual men*, 1 in 5 people who inject drugs, and 1 in 200 sexually active heterosexual adults. When taken every day, PrEP is safe and highly effective in preventing HIV infection. PrEP is even more effective if it is combined with other ways to prevent new HIV infections like condom use, drug abuse treatment, and treatment for people living with HIV to reduce the chance of passing the virus to others. Many people who can benefit from PrEP aren't taking it. If more health care providers know about and prescribe PrEP, more HIV infections could be prevented.

...

For more information: [Click here](#)

New CDC Websites

This week's *Enhancing Coordination Update* newsletter has quite a view great resources listed. In particular there are three new CDC websites that are highlighted. These websites are easy to navigate, visually appealing, and include excellent information and resources.

[Social Determinants of Health \(SDOH\) website](#): Visit the new website to find CDC resources for SDOH data, tools for action, programs, and policies.

[Health in All Policies \(HiAP\) Resource Center](#): The new website is a one-stop-shop that provides practical resources and tools for collaboration across sectors to achieve policies that improve community health.

[CDC Community Health Improvement Navigator](#): The recently launched website offers tools and resources to support nonprofit hospitals, public health, and community stakeholders.

WEBINAR: Comprehensive Sexual Health Care for Sexual and Gender Minority Patients in the HAART and PrEP Era

ASTDA

DATE: Dec. 3

TIME: 1:00 PM EST

Sexual and gender minority patients have experienced sexual health disparities that are partially related to behaviors (e.g. frequent partner change among some subgroups), biology (e.g. increased susceptibility of the rectal mucosa to HIV and several other STIs), and structural factors (e.g. lack of culturally competent care, unsupportive socio-political environments). The advent of highly active antiretroviral therapy (HAART) and pre-exposure prophylaxis (PrEP) means that individuals can engage in condomless sex without HIV transmission. The implications of the new findings in HIV prevention for STI management and control will be explored in the talk, with suggestions for the development of new paradigms to enhance the sexual health of these populations.

Participants can join this event on December 3 at 1:00 PM ET by [clicking this link](#).

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

WEBINAR: Teen Health: Preventing Pregnancy & Promoting Healthy Youth

NIHCM Foundation

DATE: Dec. 8

TIME: 3:00 PM EST

[The NIHCM Foundation](#) is hosting a webinar titled **Teen Health: Preventing Pregnancy & Promoting Healthy Youth** on December 8, 2015, at 3:00 EST. [Registration](#) is open now.

The webinar will explore strategies to reduce teen pregnancy and improve adolescent health, and will address topics including:

- Colorado's efforts to expand access to long-acting reversible contraceptives (LARCs) among low-income women
- Research demonstrating that this LARC initiative led to a 5% reduction in births and abortions among teens
- Targeted outreach to 18 to 19 year olds, who represent the largest segment of teens facing unintended pregnancy
- Ways to improve access to reproductive health services for adolescents, such as alternative care settings

Why a concentrated focus on adolescent health and youth empowerment are a critical part of winning this battle

For more information: [Click here](#)

WEBINAR: Envisioning comprehensive HIV prevention service delivery in the US

TAG & PJA

DATE: Dec. 17

TIME: 2:00 – 3:30 PM ET

Join [Treatment Action Group](#) and the *HIV Prevention Justice Alliance* for a [webinar](#) on **Thursday, Dec. 17, 2 to 3:30 p.m. ET** as we discuss the current state of the HIV prevention toolbox and an introduction to the HIV prevention continuum.

In the summer of 2015, Treatment Action Group published a report, [Toward Comprehensive HIV Prevention Service Delivery in the United States](#), in an attempt to present an action plan for uniting HIV prevention and care services into a new paradigm. The HIV prevention continuum represents a bold new vision for how we as a community can expand comprehensive HIV prevention service delivery for key populations in the domestic epidemic and work toward fulfilling the ambitious goals of the National HIV/AIDS Strategy.

The webinar will be specifically geared to HIV prevention advocates in affected communities, but all key stakeholders are welcome to take part.

Objectives:

1. Speakers will provide participants with a general overview of the evidence base for key tools in the HIV prevention toolbox.
2. Speakers will introduce the concept of an HIV prevention continuum and discuss the potential benefits of developing a continuum.
3. Speakers will discuss how we might qualitatively and quantitatively measure success in HIV prevention.

Panel includes:

- **K. Rivet Amico, PhD**, Research Associate Professor, *University of Michigan*
- **Dazon Dixon Diallo**, Founder/President, *SisterLove Inc.*
- **Jim Pickett**, Director of Prevention Advocacy and Gay Men's Health, *AIDS Foundation of Chicago*

Moderator: Jeremiah Johnson, HIV Prevention Research and Policy Coordinator, *Treatment Action Group*

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

Job/Internship Postings

Program Analyst, Medical and Scientific Affairs – CDPH STD Control Branch

Organization: California Department of Public Health, STD Control Branch

Location: Richmond, CA

App. Deadline:

JOB OVERVIEW

The Department of Obstetrics, Gynecology & Reproductive Science (OB/GYN & R.S.), SFGH Division, is seeking a Medical and Scientific Affairs Program Analyst for its Sexually Transmitted Diseases Control Branch (STDCB) contract. The position is assigned to the California Department of Public Health (CDPH), STDCB and is under general supervision of the Office of Medical and Scientific Affairs (OMASA). The Program Analyst provides support for planning and development of statewide initiatives to enhance STD, HIV, and hepatitis screening, diagnosis, and treatment in California. The position is responsible for project management and coordination for multiple statewide public health STD control efforts that include, but are not limited to: antibiotic-resistant gonorrhea, gonorrhea cases with possible treatment failure, Gonococcal Isolate Surveillance Project, congenital syphilis, prenatal screening, and other STD clinical priorities. In this role, the Program Analyst will establish and maintain effective consultative and collaborative working relationships with state and local health partners, healthcare delivery organizations, provider groups, and non-governmental organizations to help ensure that the project-specific activities are coordinated and represent best practices. The position will assist state STD clinical and scientific initiatives through research, writing, performing literature reviews, and preparing slides for presentation and documents for review and publication

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

Required Qualifications

- BA/BS degree in Public Health or a related major and three years of experience in administrative analysis or operations research; or an equivalent combination of education and experience
- Valid CA Driver License and proof of valid insurance coverage
- At least three years of experience coordinating public health projects or research studies
- Proficiency with Microsoft applications: Outlook, Word, Excel, PowerPoint
- Experience working across disciplines and managing multiple projects simultaneously
- Experience establishing and maintaining effective working relationships with clinical/medical personnel, provider groups, public health professionals, local officials and community groups and the general public
- Excellent and effective time management skills and ability to juggle multiple priorities and meet competing deadlines
- Ability to work collaboratively as well as independently with minimal supervision
- Excellent oral, written, and presentation skills
- Excellent interpersonal and communication skills, including professionalism, diplomacy, and discretion in verbal and written communications, and ability to communicate professionally with multiple levels of staff
- Ability to work well within the confines of a state bureaucracy, to problem solve creatively and effectively, and to keep cool under pressure
- Ability to know when to seek counsel on issues outside one's abilities or knowledge

Preferred Qualifications

- Master's degree in Public Health or related major and two or more years related experience after completion of the MPH, or equivalent combination of education and experience
- Basic content knowledge in STD epidemiology and prevention and control strategies, including knowledge of STD screening recommendations and other STD-related clinical interventions
- Knowledge of basic medical terminology
- Able to use/program within online survey platforms (e.g., Survey Monkey, Survey Gizmo) or ability to effectively learn this skill
- Experience drafting or preparing grant applications and reports
- Experience working in or implementing projects/studies in a clinical setting

This position may also be viewed at: <http://ucsfhr.ucsf.edu/careers/>

Search openings- requisition #: 43793BR

Aaron Kavanaugh

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