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## California Stories

### Court Rules Catholic Hospital Can Refuse Reproductive Health Care

Jessica Mason Pieklo, RH Reality Check | 1.19

A California state court judge has tentatively rejected a lawsuit brought by a California woman against a Catholic hospital that has refused her request for a tubal ligation.

Rebecca Chamorro and Physicians for Reproductive Health sued Dignity Health and Mercy Medical Center in Redding, California in December 2015. Chamorro, who is eight months pregnant and scheduled to give birth at the end of January, wanted a tubal ligation at that time, according to the complaint. But Dignity Health refused Chamorro's request and told Chamorro's doctor that he could not perform the procedure, citing religious directives written by the United States Conference of Catholic Bishops.

Those directives state that direct sterilization is "inherently evil."

That refusal, according to the complaint, amounts to sex discrimination because the prohibition against sterilization disproportionately impacts women.

Dignity Health is the fifth largest health system in the nation and the largest hospital provider in California. Each year it receives millions in government grants, Medicare and Medicaid reimbursements, and government programs, according to recent tax filings.

Chamorro had asked the court for an order declaring that the hospital chain's refusal violated California civil rights laws, business and professions laws, and the Health and Safety Code, as well as an injunction requiring the hospital allow the procedure.

Superior Court Judge Ernest Goldsmith denied that request in a tentative ruling last week. Chamorro's discrimination claim is likely to fail because Dignity Health's sterilization policy "applies equally to men and women," Goldsmith wrote.

Goldsmith continued: "[p]laintiff can obtain the desired procedure at other hospitals that do not follow defendant's directive."

According to Chamorro's attorneys, their client is still scheduled for a January 28 cesarean section at Mercy Medical, where her doctor will not be allowed to perform the tubal ligation procedure. Despite last week's order tentatively rejecting Chamorro's claims, Elizabeth Gill with the ACLU of Northern California said in a statement the rest of their case would move forward.

"We will continue to litigate the case on behalf of Physicians for Reproductive Health," Gill said. "We believe that the courts will ultimately ensure that government-funded hospitals serving the general public and people of all faiths cannot use religion to discriminate, interfere in the doctor-patient relationship, or deny women basic healthcare."

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

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## AVN: Eric Paul Leue Appointed Head Of The Free Speech Coalition

As reported by AVN | 1.21

Longtime entrepreneur and HIV/AIDS activist Eric Paul Leue will take over as Executive Director of the Free Speech Coalition, the adult industry trade organization, effective February 1, 2016. Leue had most recently worked as the Director of Sexual Health and Advocacy at San Francisco-based Kink.com. "It's an incredible honor to be able to lead the charge of the Free Speech Coalition, at a time when the adult industry is fighting for its very survival," said Leue. "When it comes to free speech, performer safety, and sexual health, we cannot let the moralistic and anti-scientific arguments dictate policy. I will fight to keep our industry safe and legal."

The adult industry in California currently faces two existential threats: new Cal/OSHA regulations which would require eye protection, dental dams and condoms when shooting adult film, and a ballot measure which would allow private citizens to file lawsuits against producers and performers who don't appear to comply with the regulations. Leue has extensive experience in both nonprofit and for-profit arenas. Leue started his first successful business while still in his teens, and has managed budgets and fundraising for multinational corporations, nonprofit organizations and his own successful business, EPL Brand Services.

A former Mr. LA Leather, Leue has served on the LA County PEP and PrEP Workgroup since 2013, and on the Los Angeles Commission on HIV since 2014. In the past year, he was named one of the "Top HIV Advocates of 2015" by HIV Plus magazine, one of The Advocate's "40 Under 40," and recognized by the Mayor of Los Angeles for his "Untiring Advocacy and Exemplary Service." Leue came to the attention of the adult industry directly in 2014, after circulating a petition calling for the removal of long-time industry opponent Michael Weinstein, of the AIDS Healthcare Foundation. He has since become a regular figure at Cal/OSHA hearings, legislative events, rallies and producer meetings. "Eric has been a major contributor to our success over the past two years," said Board Chair Jeffrey Douglas. "He has been a fierce advocate for our industry, and we look forward to a successful 2016 and beyond."

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

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## National Stories

### Tinder now helps users find STD testing sites

*Dating app launches health and safety page to resolve dispute with AIDS Healthcare Foundation*

Amar Toor, The Verge | 1.22

Tinder this week added a new feature that allows users to find STD testing sites in their area, resolving a dispute with a US sexual health advocacy group. A link to the STD testing locator is included under a new health safety section on Tinder's website, and is accessible under the dating app's FAQ page.

The move was welcomed by the AIDS Healthcare Foundation, a Los Angeles-based nonprofit that became embroiled in a feud with Tinder over billboards that linked the dating app to the spread of STDs like gonorrhea and chlamydia. The billboards were launched as part of an awareness campaign in New

York and Los Angeles, and featured the slogan: "Tinder, Chlamydia, Grindr, Gonorrhea," referencing the popular dating app for gay men.

In September, Tinder sent a cease-and-desist letter demanding that the billboards be removed. On Thursday, the AIDS Healthcare Foundation said they will be taken down following the launch of Tinder's health safety section. In explaining the basis for the billboard campaign, the group cited a report from the Centers for Disease Control and Prevention (CDC), which found a dramatic increase of STDs in the US. In 2014, cases of chlamydia, gonorrhea, and syphilis increased for the first time since 2006, the CDC said.

"We are unfortunately now waging an uphill battle on this front. The CDC also noted, the majority of these infections are affecting young people – the demographic that is on their mobile phones all day long," Whitney Engeran Cordova, senior director of public health at the foundation, said in a statement. "This is why it is such welcome news that Tinder will add a Health Safety section with a link to Healthvana, making it easier for people to find testing locations through an easily accessible, modern platform. And we hope to see other dating sites do the same."

Some experts believe there's a correlation between the rise of Tinder and the spread of HIV and other STDs, but the link remains blurry, and dating app companies have contested the accusations.

"While the CDC, who conducted the largest and most credible study on the topic, has never identified any connection that supports the idea that Tinder usage correlates with, let alone causes, an increase in STDs, we're of course in favor of organizations that provide public education resources on the topic, and we're happy to do our part in supporting these educational efforts," Tinder said in a statement to The Verge.

Tinder's health safety page includes basic advice on condoms and vaccinations, though as Newsweek notes, it's not very well marked. To access the page from the app, users must click on the FAQ section, which directs them to a mobile browser. From there, they have to scroll to the bottom for a link to the health safety page. That page contains a link to the Healthvana STD testing site locator, which identifies testing sites in the US, but does not include any links to sites like the CDC, where users could find far more detailed information on STD risk and prevention.

In a statement to The Verge, Tinder did not say whether it plans to expand the health safety page or increase its visibility. "Users are always able to get to tinder.com through the app," a spokesperson said.

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

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## **Less Than Half of US High Schools Teach the CDC-Recommended Sex Ed Curriculum**

Joanna Rothkipf, Jezebel | 1.18

The Centers for Disease Control and Prevention has published a list of 16 topics it says should be taught in high school sex education courses. The health bureau also recently found that less than half of U.S. high schools are properly teaching the topics.

The topics include the importance of minimizing the number of sexual partners, how to use a condom, and how to find reliable information about sexual health. It also includes one clause on the benefits of abstinence.

In December, the CDC released data that indicated that not only are over half of American secondary schools failing their children, but also, so were four-fifths of middle schools.

Why should middle schoolers be taught about condom use?

“What we recommend is covering all of these topics prior to becoming sexually active,” said Dr. Stephanie Zaza, director of the CDC’s Division of Adolescent and School Health, in an interview with the Daily Beast. “We know that about 30 percent of teenagers are already sexually experienced in the 9th grade, which would suggest that reaching them really has to happen in the middle school years.”

Read the complete list of topics below via the AP:

- Benefits of being sexually abstinent.
- How to access valid and reliable health information, products and services related to HIV, other sexually transmitted diseases, and pregnancy.
- Influences of family, peers, media, technology and other factors on sexual risk behavior.
- Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy.
- Goal-setting and decision-making skills related to eliminating or reducing risks.
- Influencing and supporting others to avoid or reduce sexual risk behaviors.
- Importance of using condoms consistently and correctly.
- Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy.
- How to create and sustain healthy and respectful relationships.
- Importance of limiting the number of sexual partners.
- Preventive care that is necessary to maintain reproductive and sexual health.
- How HIV and other STDs are transmitted.
- Health consequences of HIV, other STDs, and pregnancy.
- Effectiveness of condoms.
- How to obtain condoms.
- How to correctly use a condom.

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

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## Ongoing HIV Replication Replenishes Viral Reservoirs During Therapy

*NIH-Funded Study Provides Insights Into HIV Evolution and Persistence*

News Release, NIAID | 1.27

### **WHAT:**

In HIV-infected patients undergoing antiretroviral therapy (ART), ongoing HIV replication in lymphoid tissues such as the lymph nodes helps maintain stores, or reservoirs, of the virus, a new study funded by the National Institutes of Health suggests. A better understanding of how HIV persists in the body is

essential for developing strategies to eliminate viral reservoirs—a prerequisite to achieving a cure for HIV infection.

Current ART regimens quickly suppress HIV to levels undetectable in the blood in most patients, but cannot eliminate persistent viral reservoirs in the tissues. Scientists have debated whether these reservoirs are maintained because latently infected cells are long-lived, because low-level HIV replication persists or for both reasons.

To help address this question, Northwestern University's Steven Wolinsky, M.D., and colleagues sequenced viral DNA from lymph-node and blood cells collected from three HIV-infected patients before and during the first six months of ART. In these patients, the virus evolved over time, indicating ongoing replication, but did not accumulate mutations conferring drug resistance. Previous work had suggested that antiretroviral drug concentrations are lower in lymphoid tissue than in blood, and that HIV can hide in sanctuaries that drugs do not penetrate well. In this study, researchers demonstrated that continued HIV replication in lymphoid tissue sanctuaries refills viral reservoirs in patients on ART who have achieved undetectable blood levels of HIV.

Next, the investigators constructed a mathematical model to explain how the virus evolves during ART without the emergence of highly drug-resistant strains. According to their calculations, drug-sensitive HIV strains tend to dominate over drug-resistant strains when the effective drug concentration is low. At intermediate drug concentrations, drug-resistant strains start to dominate, and at high concentrations, HIV cannot grow. These observations suggest the importance of devising strategies to deliver clinically effective drug concentrations throughout the lymphoid tissue compartment, the investigators note.

Future studies using drugs that better penetrate the entire lymphoid tissue compartment should provide a more complete picture of how viral reservoirs are maintained and help pave a promising path to a cure, according to the authors.

**ARTICLE:**

R Lorenzo-Redondo et al. Persistent HIV-1 replication maintains the tissue reservoir during therapy. Nature DOI: 10.1038/nature16933 (2016).

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

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## Can we improve acceptance of HIV testing?

As reported by Medical News Today | 1.20

How you offer patients an HIV test has a significant impact on the likelihood of them accepting tests, finds a study published by The BMJ.

In the first randomized controlled trial to evaluate consent for HIV testing, the results show that opt-out HIV testing can substantially increase the number of patients accepting tests, while opt-in schemes may reduce testing.

However, the researchers suggest that active choice testing (directly asking patients if they would like an HIV test) may best reflect patients' true preferences, and they call for further work to assess the effects of different approaches on patient behaviour.

Worldwide, approximately 37 million people are infected with HIV and approximately 46% of infections remain undiagnosed.

Testing for HIV infection remains a critical first step in controlling the epidemic. US guidelines endorse opt-out testing, and Europe has seen a trend toward this testing scheme.

However, over the past decade, relatively little research has been conducted to help us understand the effect of various consent methods on acceptance of testing.

To examine this important matter, researchers at the University of California decided to evaluate acceptance of three distinct approaches of offering HIV testing: "opt-in" (notifying patients that HIV testing was available but requiring them to ask specifically for testing), "active choice" (directly asking patients if they would like an HIV test), and "opt-out" (patients are told that they will be tested unless they decline).

They randomized 4,800 emergency department patients, who were aged 13-64 years, had a variety of medical complaints, and were not already known to be infected with HIV, to one of the three groups, with acceptance of a test as the outcome.

A total of 38% of patients in the opt-in group accepted a test, compared with 51% in the active choice group, and 66% in the opt-out group.

Furthermore, they found that patients identified as being at intermediate and high risk were more likely to accept testing than were those at low risk in all groups.

The opt-out effect was significantly smaller among those reporting high risk behaviors, but the active choice effect did not significantly vary by level of reported risk behavior.

"Our study provides evidence that small changes in wording can significantly affect patients' behavior and thus our understanding of their preferences and is crucial to providing patient centered care," conclude the authors.

In an accompanying editorial, researchers based in Denver, Colorado argue that to maximize test acceptance and subsequent new HIV diagnoses, "we must use evidence to drive decisions about the best way to conduct testing procedures."

They commend the study authors for helping to improve our understanding of how best to offer an HIV test, and say their results support the notion that "the ask" is a critical piece of the equation and is probably as important as "the test."

**Journal Reference:**

[Patient choice in opt-in, active choice, and opt-out HIV screening: randomized clinical trial](#), Juan Carlos C Montoy, William H Dow, Beth C Kaplan, *The BMJ*, doi: 10.1136/bmj.h6895, published 19 January 2016.

[Screening for HIV infection](#), Jason S Haukoos, Sarah E Rowan, *The BMJ*, doi: 10.1136/bmj.i1, published 19 January 2016.

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

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## In countries where gay sex is taboo, Grindr and other apps open a (sometimes perilous) window

Shashank Bengali and Jonathan Kaiman, Los Angeles Times | 1.16

Within the quietly thriving gay scene in India's entertainment and financial capital, one thing appears to be common.

"Everybody from the gay community is using Grindr," Inder Vhatwar, a Mumbai fashion entrepreneur, said of the dating app geared toward gay men.

Despite a national law banning same-sex intercourse, tens of thousands of gay Indians use Grindr for social networking, dating and, yes, sex. As in many other Asian countries where homosexuality is outlawed or taboo, Grindr and similar apps have opened up a new digital frontier for gays but also raised concerns about privacy, safety and government clampdowns.

Grindr's international appeal is in the spotlight following the announcement Monday that a Chinese gaming company had purchased a majority stake in the Hollywood start-up for \$93 million. The deal with Beijing Kunlun World Wide Technology Co. values Grindr, founded in 2009, at \$155 million.

Company founder and Chief Executive Joel Simkhai said the sale would allow Grindr to accelerate the growth of "the largest network for gay men in the world."

That includes users in Afghanistan and Pakistan -- where homosexuality is illegal on the grounds that it's un-Islamic -- and in China, where not long ago gays and lesbians had so few ways to meet that they formed surreptitious communities around public toilets, parks and bathhouses.

After news of the sale, Beijing Kunlun's stock shot up more than 10% in China, highlighting a huge demand among the country's gay community for new ways to connect.

Homosexuality was a criminal offense in China until 1997 and classified as a psychological disorder until 2001. Chinese authorities do not recognize same-sex marriages, and many Chinese families, employers and schools still consider homosexuality taboo, forcing many Chinese gays and lesbians to keep their sexuality a secret.

Grindr is far from China's most popular gay dating app. That position is held by Blued, a homegrown start-up founded by an ex-policeman, Ma Baoli, in 2012. Blued has attracted 22 million gay male users, accounting for about 85% of China's gay dating app market, the company wrote in a 2015 report. Half its users are between 18 and 25 years old.

"Blued is more important for Chinese people than Grindr is for Americans," said Sun Mo, 25, a media operations manager at the Beijing LGBT (lesbian, gay, bisexual and transgender) Center.

"In America, if you don't use Grindr, you can go to a gay bar. You can find gay people around. In China, apart from Beijing, Guangzhou and Shanghai — in smaller cities, and in the countryside — you can't find any gay organizations or gay bars whatsoever."

Indian cities, too, have only handfuls of gay-friendly bars, and members of the LGBT community say the country's conservative views on marriage and family keep many of them in the closet. But India's Grindr community is diverse, ranging from male sex workers to orthodox Hindus, users say.

"If you download the app, you will be shocked to notice how many gay men are around you," said Ashok Row Kavi, founder of the Humsafar Trust, a gay rights organization in Mumbai. "At any one time on Grindr, there are 100 to 200 gay men in a one-kilometer [half-mile] radius.

"Sexual behaviors are coming way out in urban places, and Grindr is bringing out the best and worst of them."

In 2013, India's Supreme Court reinstated a 153-year-old law criminalizing sex "against the order of nature," which includes same-sex relations. While the law does not ban homosexuality – and few gays have been prosecuted under it – activists say thieves and corrupt cops have used it to harass and blackmail sexual minorities.

Grindr, which uses a cellphone's GPS function to pinpoint a user's location, has made it easier to find targets, users say.

Vhatwar, who runs one of Mumbai's only clothing companies aimed at gay men, said a friend recently invited a man he met on Grindr back to his apartment and got undressed. A second man showed up and the two threatened to disclose the incident, making off with the victim's laptop, iPad and wallet, said Vhatwar.

When Vhatwar and his friend went to report the incident, the police took hours to register the complaint. Four men were arrested but later released on bail, he said.

In India, "any person using any dating app should be cautious," Vhatwar said. "During initial chatting, you do not disclose personal details and even when you decide to meet, you make sure you meet at a public place. Then you decide whether you want to go further."

Kavi said the problem has gotten so serious that gay community leaders have set up a crisis management cell to assist Grindr blackmail victims.

In Pakistan in April 2014, a serial killer confessed to using a gay dating app, Manjam, to meet three men at their homes in Lahore, where he drugged and strangled them. The case shocked gay circles and prompted many people to delete their profiles on Grindr and similar apps. Many Grindr users don't show their faces in profile pictures; others give fake names.

Despite legal prohibitions, Pakistan's gay community flourishes in the shadows in Lahore and other major cities. Dating apps help people meet in a country where it is illegal for the Muslim majority to drink alcohol.

"We do not have gay bars – in fact, we do not have any bars, so there are not a lot of places for people to meet specifically for sex," said Iqbal Qasim, executive director of the Naz Male Health Alliance in Lahore.

“Grindr is one of the main avenues that people have to meet each other within the LGBT community.”

The government bans many LGBT-related sites, but Grindr remains widely used. And while there has been at least one case of a Facebook post leading to a jail sentence in Pakistan – for hate speech – there is no known case of a Grindr user being arrested.

“The authorities ... are probably not even aware of Grindr,” Qasim said.

Few countries have gone so far as to ban the app. Authorities in Muslim-majority Turkey blocked Grindr in 2013 as a “protection measure,” a move that activists have challenged in the country’s constitutional court.

China, which operates one of the world’s most extensive censorship regimes, has not touched gay dating apps. Yet the country’s political environment is volatile — officials have recently tightened controls over social media — and users say a clampdown isn’t unthinkable.

A 23-year-old master’s student in Shanghai who asked to be identified only by his surname, Chou, said he met his first boyfriend through a Grindr competitor, the U.S.-based app Jack’d. Chou described it as “a very, very good memory for me, even though we’ve broken up by now.”

If the Chinese government attempts to interfere with such apps, “it’s going to be a big issue,” Chou said. “They’d be blocking a way for people to find happiness — a way to love and be loved by another person.”

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

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## **Gilead Premieres HIV PrEP Party Drug Ad, AHF Responds**

In what looks to be the first direct-to-consumer drug advertising paid for by Gilead Sciences, Inc. for use of its AIDS treatment, Truvada, for use as pre-exposure prophylaxis (PrEP) to prevent HIV infection in non-infected individuals, Gilead has paid for an ad that violates Food and Drug Administration (FDA) guidelines for PrEP by promoting off-label use of the drug by encouraging situational PrEP use for those who, “ ... like to party.”

A November 8, 2015 news article on Australia’s ‘Gay News Network’ titled, “New US PrEP Ads Target Men Who Like to Party,” appears to promote situational—rather than daily—use of Truvada for PrEP for “... men who enjoy recreational sex and drug use but do not test regularly for HIV.” The article also noted, “The campaign is supported by Gilead Sciences, manufacturer of Truvada.” The TV ad, titled, “I Like to Party,” includes a slate at the end of the spot reading: “Supported by funding from Gilead Sciences.” The ad also credits Public Health Solutions, a New York City-based non-profit and Connected Health Solutions, a Brooklyn-based “organizational development consultancy” on the slate at the end of the ad.

Gilead’s Truvada was first approved for treatment of HIV/AIDS patients in August 2004. The FDA formally approved use of Truvada as PrEP on July 16, 2012. Guidelines issued by the FDA for PrEP for individuals include 1) an initial baseline negative HIV test; 2) daily adherence to the Truvada medication;

3) ongoing periodic HIV testing to ensure the individual on PrEP remains HIV-negative; and 4) continued use of other prevention methods, such as condoms.

It now appears AHF President Michael Weinstein made a prophetic comment to an Associated Press reporter in April 2014 when he offhandedly referred to PrEP as a "... party drug." Since then, both he and AHF have been repeatedly and harshly criticized by the gay and AIDS communities for the observation, while Gilead itself now funds and promotes "party" use of Truvada as PrEP in violation of the law and FDA regulation.

"When I referred to PrEP as a party drug two years ago, it created a nationwide scandal. Now Gilead—in what looks to be its first official paid advertising for Truvada as PrEP—explicitly promotes PrEP as a party drug for situational use in direct violation of FDA regulations. This is illegal and we will seek to hold them accountable for their irresponsible and illegal advertising," said Michael Weinstein, President of AIDS Healthcare Foundation, which has criticized and cautioned against the widespread deployment of PrEP as a community wide public health strategy, such as the CDC's recommendation that 1.2 million individuals go on PrEP, but supports its use on a case-by-case basis decided upon between a medical provider and his or her patient.

To watch the ad: [Click here](#)

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

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## Scientific Papers/Conference Abstracts

### Clear Links between Starting Methamphetamine and Increasing Sexual Risk Behavior: a cohort study among Men who have Sex with Men.

Hoenigl M, Chaillon A, Moore DJ, et al. *J Acquir Immune Defic Syndr* 2016; [Epub ahead of print]

#### **BACKGROUND:**

It remains unclear if methamphetamine is merely associated with high risk behavior or if methamphetamine use causes high risk behavior. Determining this would require a randomized controlled trial, which is clearly not ethical. A possible surrogate would be to investigate individuals before and after starting the use of methamphetamine.

#### **METHODS:**

We performed a cohort study to analyze recent self-reported methamphetamine use and sexual risk behavior among 8,905 MSM receiving the "Early Test", a community-based, HIV screening program in San Diego, California, between April 2008 and July 2014 (total 17,272 testing encounters). Sexual risk behavior was evaluated using a previously published risk behavior score (San Diego Early Test [SDET] score) that predicts risk of HIV acquisition.

#### **RESULTS:**

Methamphetamine use during the last 12 months (hereafter, recent-meth) was reported by 754/8,905 unique MSM (8.5%). SDET scores were significantly higher in the 754 MSM with recent-meth use compared to the 5,922 MSM who reported that they have never used methamphetamine ( $p < 0.001$ ).

Eighty-two repeat testers initiated methamphetamine between testing encounter, with significantly higher SDET scores after starting methamphetamine (median 5 [IQR 2-7] at recent-meth versus median 3 [IQR 0-5] at never-meth;  $p < 0.001$ , respectively).

**CONCLUSIONS:**

Given the ethical impossibility of conducting a randomized, controlled trial, the results presented here provide the strongest evidence yet that initiation of methamphetamine use increases sexual risk behavior among HIV-uninfected MSM. Until more effective prevention or treatment interventions are available for methamphetamine users, HIV-uninfected MSM who use methamphetamine may represent ideal candidates for alternative effective prevention interventions (i.e., pre-exposure prophylaxis).

View the paper online: [Abstract](#)

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## Statistical issues in trials of preexposure prophylaxis

Dunn DT, Glidden DV. *Current Opinion in HIV and AIDS* 2016;11(1):116-121

**Purpose of review:**

We discuss selected statistical issues in the design and analysis of preexposure prophylaxis (PrEP) trials. The general principles may inform thinking for other interventions in HIV prevention.

**Recent findings:**

To date, four different designs have been used to determine the effectiveness of PrEP: randomized, double-blind, placebo-controlled; randomized, open-label, immediate or delayed access; nonrandomized comparison of HIV incidence according to the level of drug detected; comparison of the observed HIV incidence to the expected rate using historical control data. Open-label trials of PrEP, which assess public health effectiveness, complement the placebo-controlled trials which established the biological efficacy of TDF/ FTC. Future trials of PrEP will be highly challenging to design since a no PrEP group is difficult to justify and the natural control regimen, TDF/FTC, is highly efficacious.

**Summary:**

Standard statistical paradigms for noninferiority trials should be reconsidered for evaluating alternative PrEP regimens.

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

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## Nondaily preexposure prophylaxis for HIV prevention

Anderson PL, Garcia-Lerma JG, Heneine W. *Current Opinion in HIV and AIDS* 2016;11(1):94-101

**Purpose of review:**

To discuss nondaily preexposure prophylaxis (PrEP) modalities that may provide advantages compared with daily PrEP in cost and cumulative toxicity, but may have lower adherence forgiveness.

**Recent findings:**

Animal models have informed our understanding of early viral transmission events, which help guide event-driven PrEP dosing strategies. These models indicate early establishment of viral replication in rectal or cervicovaginal tissues, so event-driven PrEP should rapidly deliver high mucosal drug

concentrations within hours of the potential exposure event. Macaque models have demonstrated the high biological efficacy for event-driven dosing of oral tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) against both vaginal and rectal virus transmission. In humans, the IPERGAY study demonstrated 86% efficacy for event-driven oral TDF/FTC dosing among men who have sex with men (MSM), while no similar efficacy data are available on women or heterosexual men. The HPTN 067 study showed that certain MSM populations adhere well to nondaily PrEP, whereas other populations of women adhere more poorly to nondaily versus daily regimens. Pharmacokinetic studies following oral TDF/FTC dosing in humans indicate that TFV-diphosphate (the active form of TFV) accumulates to higher concentrations in rectal versus cervicovaginal tissue, but nonadherence in trials complicates the interpretation of differential mucosal drug concentrations.

**Summary:**

Event-driven dosing for TFV-based PrEP has promise for HIV prevention in MSM. Future research of event-driven PrEP in women and heterosexual men should be guided by a better understanding of the importance of mucosal drug concentrations for PrEP efficacy and its sensitivity to adherence.

**View the paper online:** [Abstract](#)

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## **Measures of Attitudes Toward and Communication about Condom Use: Their Relationships With Sexual Risk Behavior Among Young Black Men Who Have Sex With Men**

Crosby RA, Graham CA, Yarber WL, et al. *Sex Transm Dis* 2016;43(2):94-8

**Objective:**

The aim of this study was to construct and test measures of psychosocial mediators that could be used in intervention studies seeking to promote safer sex behavior among young black men who have sex with men (YBMSM).

**Methods:**

A total of 400 YBMSM, ages 18 to 29 years, were recruited from a clinic for sexually transmitted infection in the southern United States. All men had engaged in penile-anal sex with a man as a “top” in the past 6 months. The men completed an audio-computer–assisted self-interview and provided specimens used for nucleic acid amplification testing to detect Chlamydia and gonorrhea. Four measures were constructed and tested for criterion validity (Safer Sex Communication, Condom Turn-Offs, Condom Pleasure Scale, and a single item assessing frequency of condom use discussions before sexual arousal).

**Results:**

With the exception of Safer Sex Communication, all of the measures showed criterion validity for both unprotected anal insertive and unprotected anal receptive sex. With the exception of the Condom Turn-Offs, the 3 other measures were supported by criterion validity for oral sex. Both the Condom Turn-Offs and Condom Pleasure Scale were significantly related to whether or not the men reported multiple partners as a top, but only the Condom Pleasure Scale was associated with reports of multiple partners as a “bottom.” Only the Condom Turn-Offs Scale was positively associated with having been diagnosed with either Chlamydia or gonorrhea.

**Conclusion:**

Findings provide 3 brief scales and a single item that can be used in intervention studies targeting YBMSM. Perceptions about condoms being a turnoff and about condoms enhancing pleasure showed strong association with sexual risk behaviors.

View the paper online: [Abstract](#)

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## **Dramatic increase in preexposure prophylaxis use among MSM in Washington state.**

Hood JE, Buskin SE, Dombrowski JC, et al. *AIDS* 2016;30(3):515-9

### **OBJECTIVE:**

HIV preexposure prophylaxis (PrEP) is efficacious, but uptake has been slow. In Washington State, most insurance plans, including Medicaid, pay for PrEP, and the state supports a PrEP drug assistance program. We assessed trends in PrEP awareness and use among MSM in Washington.

### **DESIGN AND SETTING:**

Serial cross-sectional survey conducted annually at the Seattle Pride Parade between 2009 and 2015.

### **METHODS:**

In a convenience sample of MSM who reside in Washington State and deny ever testing HIV positive ( $n = 2168$ ), we evaluated the association between calendar year and self-report of PrEP uptake and awareness using descriptive statistics and multivariable relative risk and logistic regression. Regression models included HIV risk and demographic covariates.

### **RESULTS:**

In 2015, 23% [95% confidence interval (CI): 16%, 31%] of high-risk MSM reported currently taking PrEP. The percentage of high-risk MSM who reported ever taking PrEP increased from 5% in 2012 to 31% in 2015. PrEP use among lower-risk MSM was low and stable, between 1 and 3% in 2012-2015. In multivariable analyses, PrEP use was associated with later calendar years (2015 vs. 2012: adjusted relative risk = 2.29, 95% CI: 1.16, 4.52) and elevated HIV risk (adjusted relative risk = 2.92, 95% CI: 2.00, 4.25). The percentage of high and lower-risk MSM who had heard of PrEP increased from 13 to 86% and from 29 to 58%, respectively.

### **CONCLUSION:**

PrEP awareness is high and the use has rapidly increased over the last year among MSM in Seattle, Washington, USA. These findings demonstrate that high levels of PrEP use can be achieved among MSM at high-risk for HIV infection.

View the paper online: [Abstract](#)

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## Resources, Webinars, & Announcements

### [\[PrEP Access Advocates\] Transgender Women PrEP Materials Launch Today](#)

Project Inform and Outshine NW enthusiastically announce the launch of a new educational resource on Pre-Exposure Prophylaxis (PrEP) for transgender women. The launch will take place Friday, January 22 at the 2016 Creating Change conference in Chicago.

Entitled “Transcending Barriers for Safer Pleasure,” the new booklet marks the first major available resource on PrEP by and for the transgender community. Both organizations are also re-launching Project Inform’s current booklet, “Is Taking PrEP the Right Choice for You?” written for men who have sex with men (MSM). It is now updated with inclusive language and information for transgender men who have sex with men.

Though not uniformly collected throughout the US, current data show high rates of HIV infection among transgender women, while other data point to a high proportion of transgender women who continue to be unaware of their current status. According to the Centers for Disease Control and Prevention (CDC), a meta-analysis of 29 published studies show that 27.7% of transgender women tested positive for HIV infection. One study found that 73% of those who tested positive did not know their status. Further, higher percentages of infection occur among transgender women of color.

Faced with injustice affecting housing stability, employment and healthcare access, transgender people are more likely to be put in situations that substantially increase risk for contracting HIV, while also having fewer resources for testing or treatment available. This new booklet for transgender women and the newly-revised booklet for men who have sex with men are the first in a series of dedicated educational outreach efforts that aim to uplift and empower transgender people to make informed, proactive and healthy decisions.

PrEP, or Pre-Exposure Prophylaxis, is an HIV prevention strategy that allows HIV-negative people to take a once-daily pill to prevent HIV. It has been proven highly effective in a broad range of people, is safe to take in combination with hormones, and is recommended for anyone at risk of contracting HIV.

Executive Director of Outshine NW, Brandyn Gallagher stated, “Our community has been desperately needing these resources, and I’m glad we’ve broken some ground to create them with Project Inform. Transgender women are fighting a serious crisis right now with regard to HIV and inadequate health care resources. Transgender men who have sex with men are widely excluded entirely from prevention research despite reporting higher rates of behaviors associated with HIV risk. Sexual health researchers, educators and providers must actively engage transgender people and develop culturally appropriate HIV prevention strategies if we want to see an end to the virus. Project Inform’s collaboration with us on this and other upcoming projects is a great example of such engagement.”

“By providing these new and revised booklets, Project Inform hopes to begin filling the noticeable gap in PrEP education by and for the transgender community,” said Director of Education Alan McCord. “We have been providing PrEP materials to the community and service providers since FDA approval in 2012. It’s been both a pleasure and a privilege to work alongside Outshine NW to produce these booklets. We look forward to continuing to partner with them in building this resource.”

The Spanish version of the “Transcending Barriers for Safer Pleasure” booklet will be available in a

couple of weeks. All of Project Inform's PrEP materials can be read and copies ordered at [www.projectinform.org/prep](http://www.projectinform.org/prep).

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Alan McCord [he, him], [amccord@projectinform.org](mailto:amccord@projectinform.org)  
Director of Education, Project Inform

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

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## 2016 STD Prevention Conference: Call for Abstracts is Now Open

Abstracts are being accepted for the 2016 STD Prevention Conference through April 25, 2016. The Conference theme: *Transcending Barriers. Creating Opportunities.*, offers you the perfect opportunity to share your work in the areas of STD prevention research, program, policy, diagnosis, and treatment. Abstract submissions are peer-reviewed for scientific content, logical presentation, timeliness, and current interest of the topic to the scientific community. Abstracts must be submitted no later than **Monday, April 25, 2016 at 11:59pm PST**. Instructions for submitting an abstract and a new resource to help guide you through the development process are available at the [2016 STD Prevention Conference website](#).

We look forward to seeing you September 20-23 in Atlanta and to exploring how to bring this year's theme – *Transcending Barriers. Creating Opportunities.* – into our everyday work, and ultimately, maximizing the health of our communities.

Thank You,  
Gail Bolan, M.D.  
Director, Division of STD Prevention  
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

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## National Black HIV/AIDS Awareness Day is February 7

**February 7, 2016:** [National Black HIV/AIDS Awareness Day](#) is a national testing and treatment community mobilization initiative targeted at African Americans. This year's theme is "I am my Brother/Sister's Keeper. Fight AIDS/HIV." [Get involved or plan an event](#) to commemorate this special day!

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## 8<sup>th</sup> Annual LGBTQI Health Forum is February 20

Dear friends and colleagues,

You are warmly invited to attend the 8th Annual LGBTQI Health Forum on **Saturday February 20th**. This innovative program is the oldest and largest student-run LGBTQI health forum in the country. The forum

educates attendees from around the country about healthcare disparities faced by LGBTQI individuals and their communities, and aims to prepare current and future healthcare providers on how to better serve the needs of LGBTQI people.

All interested health professional students, practitioners, and community members, whether LGBTQI or not, are welcome at this popular annual event. All attendees must purchase tickets.

This year's forum will feature **keynote speaker Subhi Nahas** - Syrian refugee and LGBT advocate - and include patient panels and expert speakers on topics such as puberty delay for gender nonconforming youth, kink, homelessness, interpersonal violence, sexual pleasure, and more. For the first time ever, we will also have research poster presentations and **standardized patient interactions** for those who want to practice clinically interviewing LGBTQI patients.

Summary

**What:** LGBTQI Health Forum

**When:** Saturday, February 20th from 8:00AM-6:30PM

**Where:** UCSF Medical Center - 513 Parnassus Avenue San Francisco, CA 94143

**Who:** All are welcome

Registration is \$20 and includes breakfast, lunch, and a reception. Register here: <https://www.eventbrite.com/e/8th-annual-ucsf-lgbtqi-health-forum-tickets-20306240512>

**Present your research** related to lesbian, gay, bisexual, transgender, queer, or intersex health, health care, and disparities! Poster presentations will take place at 11:45-1pm. Sign up here: [Click Here](#)

If you have any questions please feel free to contact me or:

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## Job/Internship Postings

### HRC Foundation Launches Fellowship Program for Young Leaders in Communities Most Affected by HIV

Today, the Human Rights Campaign (HRC) Foundation, the educational arm of the nation's largest lesbian, gay, bisexual and transgender (LGBT) civil rights organization, announced it is launching an intensive, capacity-building fellowship program for young leaders at the front lines of the fight to end the spread and stigma of HIV.

[HRC's HIV 360° Fellowship](#) program, which is made possible by the tremendous support of the Elton John AIDS Foundation, will provide training and support for innovative young professionals and nonprofit leaders as they tackle the challenges facing communities hit hardest by HIV, including Black and Latino gay and bisexual men, transgender women of color, and LGBT people living in the South.

“We all must act with renewed urgency to combat this epidemic and invest in emerging leaders on the frontlines of the most impacted communities,” said **Mary Beth Maxwell, HRC Senior Vice President for Programs, Research and Training**. “Young leaders bring with them the creativity, passion, and ingenuity that is necessary to help the most underserved and vulnerable communities. This program will help support these advocates critical to ending the HIV epidemic.”

The fellows’ experience will also include training and coaching in communications, grant writing, fundraising, and other aspects of successful nonprofit management -- all focused on strengthening their own community organizations.

“The Elton John AIDS Foundation is proud to support the HRC Foundation’s HIV 360° Fellowship Program,” said **Scott Campbell, Executive Director of the Elton John AIDS Foundation**. “In order to keep up the pace of the global effort to end AIDS, we must continue to train and mentor young activists and emerging leaders from a variety of fields including LGBT rights, racial and economic inequality, substance abuse, and poverty and homelessness.”

“This fellowship will ensure that the next generation of leaders is provided with resources and mentorship opportunities that will help them not only succeed, but deeply impact the way their communities combat HIV,” said **Marvell Terry II, HRC’s HIV Project Manager**, who founded his own community-based organization in Memphis, TN, seven years ago.

“I applaud HRC and EJAF in helping to swell the ranks of community-based leadership. To make progress in our nation’s persistent racial and ethnic disparities in HIV diagnoses, we need to invest in the leaders of tomorrow,” said **Gregorio Millett, M.P.H., Vice President and Director of Public Policy at amfAR, the Foundation for AIDS Research**.

“We need an investment in emerging leaders, an investment that not only creates opportunity for young leaders -- but brings opportunity for them to truly shape the response to HIV across the field. It is clear that the HRCF HIV 360° Fellowship Program is not only addressing that need -- but positioned to make real impact. We are so grateful for this effort being undertaken by HRC and EJAF,” said **Michael Kaplan, President & Chief Executive Officer of AIDS United**.

Since its founding, HRC has worked to end the HIV epidemic through federal, state and local advocacy for research, treatment and strengthening the public health safety net. By sharing the stories of people living with and affected by HIV with more than 9 million people, HRC has been able to mobilize its members and supporters in support of HIV prevention and treatment efforts. HRC has also been a leader in raising awareness about the benefits of Pre-Exposure Prophylaxis (PrEP) in some of the hardest hit communities across the nation. Beyond that, in partnership with the National LGBT Health Education Center, HRC trained 500 doctors and health care providers throughout the Deep South on the importance of providing LGBTQ-friendly and HIV-inclusive care.

For more information, and to nominate someone for the HIV 360° Fellowship Program, please visit: [www.hrc.org/hiv360](http://www.hrc.org/hiv360). The program application will open on February 1, 2016.

Since 1992, the Elton John AIDS Foundation has raised more than \$349 million to combat stigma, prevent infections, provide treatment and services, and motivate governments to end AIDS. The Foundation funds evidence-based programs and policies and speaks out with honesty and compassion

about the realities of people's lives. Please visit [www.ejaf.org](http://www.ejaf.org) to learn more about the Foundation and its programs.

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## Program Advisor (Analyst III) – CDPH STDCB

**Organization:** CDPH STD Control Branch

**Location:** Richmond, CA

### JOB OVERVIEW

The Department of Obstetrics, Gynecology & Reproductive Science (OB/GYN & R.S.), SFGH Division, is seeking an Program Advisor for its STD Branch contract. Under the direction of the Office of Viral Hepatitis Prevention Chief, the Advisor will provide training and technical assistance to local health jurisdictions (LHJs), community-based organizations (CBOs), and other community partners to support their implementation three-year, state-funded, hepatitis C linkage to care demonstration projects. This position may include a moderate volume of travel to conduct program activities and local site visits throughout the state of California. Site visits and training require the use of a personal, rental, or state vehicle.

### REQUORED QUALIFICATIONS

- Three to four years of relevant work experience and BA/BS degree OR an equivalent combination of education and experience
- Valid CA driver license and proof of valid insurance coverage.
- Experience working for a public health program, funded prevention agency, or community based organization
- Experience as a trainer and knowledge of training and technical assistance principles
- Experience building collaborative efforts with diverse partner groups
- Outstanding organizational and analytical skills; ability to multi-task and work well under pressure
- Ability to reason logically and use interpretive thinking to find solutions
- Excellent interpersonal and communication skills, including professionalism, diplomacy and discretion in verbal and written communication
- Ability to know when to seek counsel on issues outside one's own abilities and knowledge

### PREFERRED QUALIFICATIONS

- Experience working with local or state public health agency
- Experience with management and analysis of public health surveillance data
- Experience with implementation of HIV or hepatitis C prevention, testing, and/or linkages to care in public health or community-based settings
- Experience with principles of epidemiological study design and analysis and/or program evaluation
- Demonstrated record of excellent attendance and reliability
- Demonstrated record of adhering to departmental policies and procedures for maintaining confidentiality of all private health information, clinical data, and laboratory information according to confidentiality, HIPAA, and IRB standards

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

**Search openings: Requisition # 44092BR**

If you are interested in applying for this position, please submit your cover letter and resume electronically to the UCSF careers website at <http://ucsfhr.ucsf.edu/careers/>.

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## Clinical Regional Coordinator – CAPTC

**Organization:** California Prevention Training Center (CAPTC)  
**Location:** Oakland, CA  
**Salary:** \$65,000 - \$75,000 depending on experience  
**App. Deadline:** Until Filled

### SUMMARY

The California Prevention Training Center (CA PTC) is jointly sponsored by Public Health Foundation Enterprises, Inc. (PHFE) and the University of California, San Francisco (UCSF). Federally funded by the Centers for Disease Control and Prevention (CDC), the CAPTC is an integral part of a National Network of Prevention Training Centers that provide clinical, disease intervention services and capacity-building assistance through training and technical assistance to medical, health, and community professionals to enhance their STD/HIV knowledge and skills.

The Clinical Regional Coordinator is responsible for coordinating all clinical training and technical assistance activities in CAPTC's assigned 5 state region (Arizona, California, Hawaii, Nevada, and New Mexico), including needs assessment activities to guide course planning and development. The coordinator regularly interacts with local, state and national partners to ensure delivery of high quality training and technical assistance in the arena of STD screening, diagnosis, and treatment.

### ESSENTIAL FUNCTIONS

Project Management (50%) Responsible for:

- Establishing and maintaining excellent working relationships with training partners in the 5-state CAPTC clinical training region (AZ, CA, HI, NM, NV), including STD directors at state and local health departments, community health centers, health maintenance organizations and other health care organizations likely to diagnose, treat, and manage patients with STDs
- Makes strategic contributions and implements CAPTC Clinical Regional Center program objectives based on work plan deliverables and CDC grant requirements
- Coordination and delivery of clinical trainings and events in consultation with CAPTC clinical faculty and guest faculty (knowledge of instructional design, adult learning theory, and interactive teaching methods strongly desired)
- A Program of Public Health Foundation Enterprises
- [www.phfe.org](http://www.phfe.org) 2 of 4
- Development, implementation, and management of evaluation instruments to determine extent to which training activities are achieving course outcomes, in collaboration with the Evaluation Manager or designated evaluation staff
- Completion of interim and annual progress reports and other grant-related documents as required by the CDC and CAPTC, in coordination with CAPTC director, medical director, evaluation manager and other designated clinical PTC faculty
- Coordination of Clinical Consultation service via phone and email for regional providers, including ensuring responsiveness (follow-up within or before 24 hours)

- Implementation of assessment activities to determine priority STD training needs of medical providers in five-state region, including compiling data, summarizing results, and meeting with clinical faculty and director to determine best ways to achieve recommendations
- Participation in the National Network of Prevention Training Center (NNPTC) steering committee and clinical training network conference calls to ensure communication, coordination and collaboration among the 8 nationally-funded centers CA PTC Clinical Training Program representation at CDC grantee meetings, national conferences and events
- Training Coordination (50%) Responsible for:
- Performing comprehensive planning of 5-7 regional training activities per year to fulfill funding requirements, including working closely with medical director and faculty to plan training content, identify internal and external partners, and promote courses to prospective health care organizations and clinicians
- Communicating with regional partners to determine training location and dates, potential participants, promotion of events, and associated logistics to ensure successful training
- Developing course content and schedules including communicating with faculty to identify presenters for each content area
- Planning and producing webinars, including coordinating content, speakers, and managing technical issues (audio/video functions, audience participation, resolving technical difficulties, archiving pre-recorded webinars)
- Working closely with clinical administrative support staff who carries out course logistics, including promotion of trainings managing course registration, coordinating receipt of faculty slides, assisting with CMEs, and other administrative duties
- Ongoing communication with CAPTC administrative support staff to assure timely posting and marketing of courses, and management of participant registration
- Communicating with participants regarding online registration system and post-course follow-up for CME purposes
- Ongoing communication with faculty to ensure timely receipt of content outlines, presentation slides and related materials for dissemination
- Managing required activities for obtaining continuing medical education (CME) and nursing continuing education units (CEUs) for all clinical training activities

## JOB QUALIFICATIONS

### Education/Experience

- Master's degree in Public Health (MPH) or related field desirable
- Three years of work experience in sexual and reproductive health, STD, HIV prevention, public health, or health-related programs
- Experience working with or in healthcare organizations in training or quality improvement
- Experience working in a regional or national training program to improve health provider practice in STD, HIV, reproductive health or other health-related services for patients
- Certificates/Licenses/Clearances: N/A
- Other Skills, Knowledge, and Abilities
- Extensive project management experience and strong organizational skills
- Basic knowledge of public health principles and communicable diseases, including sexually transmitted diseases
- Knowledge of instructional design, adult learning theory, and interactive teaching methods
- Excellent oral, written and presentation skills for working with participants, faculty, partners and stakeholders.

- Must be a team player, but possess ability to work independently in a dynamic, fast-paced environment.
- Strong user skills for technological support systems, including health information tools, website, twitter, audience response systems, webinar and conference call systems
- Must have proven abilities with MS Office Programs
- Must have the ability to assume initiative, develop and maintain effective working professional relationships

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

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**Aaron Kavanaugh**

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