FEATURED IN THIS ISSUE

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CDC Report Finds Wide Differences in States’ Progress Toward HIV Prevention and Care Goals

Although tremendous progress has been made in the prevention and treatment of HIV during the past 30 years, “not all Americans have benefitted equally from this progress,” according to the State HIV Prevention Progress Report, 2014, issued by the Centers for Disease Control and Prevention (CDC) this month. “The purpose of the State HIV Prevention Progress Report (SPR) is to provide state-level data that show how states are doing in relation to key national goals.” These national goals for 2015 include:

- Increase by 4% the proportion of persons who have ever been tested for HIV;
- Reduce by 25% the proportion of persons diagnosed with late-stage HIV infection (defined as having an AIDS diagnosis within 3 months after their HIV diagnosis);
- Increase to 85% the proportion of persons who are linked to HIV medical care within 3 months after diagnosis;
- Increase by 10% the proportion of persons who are retained in HIV medical care;
- Among persons in HIV medical care, increase by 10% the proportion of persons who achieve viral suppression (defined as an HIV viral load below 200 copies per milliliter); and
- Reduce by 10% the death rates among persons with diagnosed HIV infection.

Selected highlights from the report are presented below. Please note that the data are for the years 2010 or 2011, depending on the goal. Although data were available from all states and the District of Columbia on HIV testing, late-stage diagnosis, and death rates, only 18 states and the District of Columbia reported data on linkage to HIV care, retention in care, and viral suppression.

**Overall Results:** By 2010 or 2011:

- 15 of 50 states and the District of Columbia had already met the goal for the percentage of persons ever tested for HIV;
- 2 of 50 states and the District of Columbia had met the goal for reduced late-stage HIV diagnosis;
- 7 of 18 states and the District of Columbia had met the goal for linkage to HIV medical care;
- 5 of 18 states and the District of Columbia had met the goal for retention in HIV medical care;
- 1 of 18 states and the District of Columbia had met the goal for viral suppression among persons in HIV medical care; and
- 21 of 50 states and the District of Columbia had met the goal for reduced death rates among persons with diagnosed HIV infection.

**HIV Testing:** In 2011, the area with the highest percentage of persons aged 18 to 65 who had ever been tested for HIV was the District of Columbia (73.4%), followed by Maryland, Delaware, Florida, Georgia, and New York, which were each in the range of about 50% to 53%. Utah had the lowest percentage of persons ever tested for HIV (27.2%), followed by South Dakota, North Dakota, Nebraska, and Iowa, which were each in the range of about 29% to 31%.

**Late HIV Diagnosis:** North Dakota and Montana reported the lowest percentage of persons diagnosed with late-stage HIV infection in 2011, with 7.7% and 19.0% respectively. In contrast, nearly three-quarters of the persons who were diagnosed with HIV in Wyoming (73.3%) during 2011 had late-stage infection, as did 45.5% of persons who received an HIV diagnosis in South Dakota.

**Linkage to HIV Medical Care:** In three states – North Dakota, Wyoming, and South Carolina – more than
90% of persons diagnosed with HIV during 2011 were linked to HIV medical care within 3 months after diagnosis. The states reporting the lowest linkage-to-care rates were Georgia, Illinois, and Louisiana, ranging from about 72% to 75%. It is worth noting that 32 states reported no data for this measure, retention in care, or viral suppression.

**Retention in HIV Medical Care:** The three states reporting the highest rates of retention in HIV medical care were Iowa, California, and New York, each with about 58% to 59% of patients retained in care. In contrast, only one-quarter (24.6%) of HIV-diagnosed persons in Illinois were retained in HIV medical care, followed by Delaware and Minnesota, with retention-in-care rates of 28% and 30%, respectively.

**HIV Viral Suppression:** Of persons in HIV medical care, 81.3% achieved an undetectable viral load in North Dakota – the only state to meet or exceed the 2015 national viral suppression goal of 80%. The rate of viral suppression in Delaware (32.5%) was substantially below the figure for any of the other states reporting data for this measure.

**Death Rates:** The reported 2010 death rate per 1,000 people living with an HIV diagnosis was much lower in Maine (4.3) than in any other state. Five additional states – Vermont, Utah, Colorado, Minnesota, and Idaho – reported death rates of 15 per 1,000 or below. In contrast, five states reported death rates at or above 30 per 1,000 HIV infected persons. The highest reported rate was in Louisiana, with 34.5 deaths per 1,000 infected persons.

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**HIV Testing Increases Among Urban Black MSM, According to Latest NHBSS Survey**

The U.S. Centers for Disease Control and Prevention (CDC) recommends that sexually active gay, bisexual, and other men who have sex with men (MSM) undergo HIV testing at least annually, and considers testing to be “an essential first step in HIV care and treatment for HIV-positive individuals.” CDC has implemented a variety of initiatives at both national and local levels to promote HIV testing among MSM and other disproportionately affected population groups. To evaluate trends in HIV testing among MSM over time, CDC researchers compared data on HIV testing gathered during two recent cycles of the National HIV Behavioral Surveillance System (NHBSS) in 2008 and 2011 that focused on MSM. They compared the percentages of MSM tested in the previous 12 months (recent testing), overall and by race/ethnicity and age group.

In unadjusted analyses, recent HIV testing increased from 63% in 2008 to 67% in 2011 overall, and from 63% to 71% among Black MSM. Testing did not increase significantly for White or Hispanic/Latino MSM, but did increase from 63% to 75% among MSM of other/multiple races. Recognizing that young MSM, and particularly young Black MSM, are disproportionately affected by HIV, the researchers also looked at testing among young men. They found that, for MSM in two age groups – 18 to 19 and 20 to 24 – recent HIV testing increased significantly among Blacks but not among MSM of other racial/ethnic groups. Among Black MSM aged 18 to 19, recent testing increased from 65% to 77% between 2008 and 2011, and for those aged 20 to 24, recent testing increased from 71% to 76%. “These differential increases might reflect an effect of testing initiatives focused on populations disproportionately affected by HIV,” according to the CDC researchers. "While the finding of increased HIV testing among certain populations is encouraging, our analysis demonstrates that improved coverage of HIV testing is needed to meet CDC recommendations."
Study Identifies Barriers to HIV Testing Among Black Immigrants to the U.S.

Black immigrants from Sub-Saharan Africa and the Caribbean have high rates of HIV infection and are often diagnosed with advanced disease. In some parts of the U.S., immigrants account for a large proportion of new HIV diagnoses among Blacks. For example, in Massachusetts, 51% of new HIV cases in Black individuals during 2008 to 2010 were among immigrants. Black immigrants in the states of Washington and New York also recently accounted for 46% and 24%, respectively, of all new HIV cases among Black individuals.

To better understand barriers to HIV testing in Black immigrants, Massachusetts General Hospital researcher Dr. Bisola Ojikutu and her colleagues administered a barriers-to-HIV-testing survey to 555 Black immigrants living in four eastern Massachusetts counties. The survey showed that several factors – primary language other than English, lower education levels, incomes under $20,000 per year, lack of a regular health care provider, and recent immigration – were independently associated with greater barriers to HIV testing. In addition, the researchers found that barriers due to health care access, privacy, fatalism, and anticipated stigma were greater for recent immigrants than for immigrants who have lived in the U.S. for a longer period of time.

"We found that Black immigrants, particularly recent immigrants, face significant barriers to HIV testing and are at risk for late presentation and suboptimal outcomes,” the researchers concluded. “Interventions that address barriers to HIV testing and timely entry into care for those testing positive should be developed for all high-risk immigrants, particularly those who have recently entered the U.S.”

High Hepatitis C Rates Seen Among U.S. Veterans in VA Study

About 6% of the approximately 3 million U.S. veterans who have been screened for hepatitis C (HCV) are infected with the virus – a rate about four times that of the general U.S. population, according to a recent study by Dr. Lisa Backus and her colleagues at the Department of Veterans Affairs (VA) Office of Public Health/Population Health. The researchers used the VA’s Corporate Data Warehouse to identify birth dates, gender, race/ethnicity, and laboratory test results for veterans with at least one VA outpatient visit during 2012. They calculated HCV screening rates, prevalence, and HCV infection incident diagnosis.

HCV Screening: Of the 5.5 million veterans who had a VA outpatient visit during 2012, 3.0 million (about 55%) had undergone HCV screening by the VA at some point during their care. Of those testing positive for HCV antibodies, more than 95% underwent screening HCV RNA testing to determine whether they were currently infected with HCV or had cleared the virus.

HCV screening rates were higher in women (58.2%) than in men (54.5%). There were also significant differences in HCV screening rates by race/ethnicity, with the highest rates among Hispanics (68.6%) and Blacks (63.3%), followed by American Indian/Alaska Natives (61.8%), Native Hawaiian/Pacific Islanders (56.8%), Asians (55.5%), Whites (53.5%), and persons with mixed, other, or unknown race (39.7%). Veterans in the “baby boomer” generation – those born in the years 1945 through 1965 – had higher HCV screening rates (64.2%) than older veterans born before 1945 (41.5%) and younger veterans born
after 1965 (58.0%).

**HCV Prevalence:** “HCV infection prevalence differed strikingly by birth cohort, gender, and race/ethnicity,” the researchers noted. Among male veterans, 10.3% of those born 1945 to 1965 were infected with HCV – a rate 6 times higher than the 1.7% prevalence rate seen in those born before 1945 and nearly 9 times higher than the 1.2% rate in those born after 1965. HCV prevalence rates among female veterans were lower in all age groups than among males. The highest HCV prevalence rates for female veterans were likewise seen among those born 1945 to 1965 (4.7%) – about 4 times higher than the 1.2% prevalence rate for those born before 1945, and about 7 times higher than the 0.7% rate for those born after 1965. When race/ethnicity, gender, and age were considered together, the highest HCV prevalence rates were 17.7% among Black men born between 1945 and 1965.

An analysis of the HCV prevalence data by race/ethnicity found that Black veterans had the highest prevalence (11.8%), followed by Hispanics (6.4%) and American Indian/Alaska Natives (6.4%), Whites (4.8%), Native Hawaiian/Pacific Islanders (4.7%), persons of mixed, other, or unknown race (3.3%), and Asians (1.8%).

For men of all races and ethnicities, HCV infection prevalence was highest in those born 1945 to 1965, much lower in those born before 1945, and generally lowest in those born after 1965. Among men born 1945 to 1965, HCV infection prevalence varied widely among the various race/ethnicity subgroups—from 3.4% among Asians to 17.7% among Blacks. For women of all races and ethnicities, HCV infection prevalence was similarly highest in those born 1945 to 1965.

**Potential for Identifying 50,000 Additional HCV Infections:** The VA researchers note that both the CDC and the U.S. Preventive Services Task Force now recommend one-time HCV screening, without prior ascertainment of HCV risk, for all persons born 1945 to 1965. Of the U.S. veterans under VA care in this age group, approximately 910,000 veterans had not yet undergone HCV screening by the end of 2012. The researchers estimate that HCV screening of these previously unscreened veterans would lead to the diagnosis of nearly 49,000 additional HCV infections among men and about 1,500 HCV infections among women.

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**High Rates of Incarceration and Victimization Found Among Transgender Women in National Survey**

In recent years, there has been a growing body of evidence that transgender women have disproportionately high rates of HIV infection and substance use, as well as unemployment, poverty, violence, victimization, and discrimination. The National Transgender Discrimination Survey (NTDS), conducted during 2008 through 2009, collected data on the life experiences of a large sample of transgender and gender-nonconforming adults from across the U.S. Researchers from The Fenway Institute and Harvard School of Public Health recently analyzed the NTDS data to determine the rates of incarceration and victimization while incarcerated among nearly 3,900 transgender women.

Overall, nearly one-fifth (19%) of the transgender women participants reported having ever been incarcerated. There were substantial racial and ethnic disparities in the incarceration rates for transgender women, with the highest rates among Blacks (56%) and Native American/Alaskan Natives (33%), and the lowest among non-Hispanic Whites (15%). In addition, transgender women with a
history of incarceration were significantly more likely to have low income, have lower educational attainment, and to be publicly insured or uninsured than transgender women who had never been incarcerated.

Among the incarcerated transgender women, nearly half (47%) reported being mistreated or victimized while incarcerated. Black, Latina, and mixed-race transgender women were more than twice as likely to report experiences of mistreatment and victimization while incarcerated as White transgender women. The study researchers concluded that, “Interventions and policy changes are needed to support transgender women while incarcerated and upon release.”

FDA Approves New Once-Daily Tablet for HIV Treatment
Late last month, the U.S. Food and Drug Administration (FDA) approved Triumeq, a once-daily tablet that combines three previously approved HIV medications. Triumeq contains the integrase inhibitor dolutegravir (trade name Tivicay) and two nucleoside analog reverse transcriptase inhibitors—abacavir (Ziagen) and lamivudine (Epivir). Triumeq is the fourth approved once-a-day combination that comprises a complete HIV regimen in a single pill. The others are Atripla (approved in July 2006), Complera (approved in August 2011), and Stribild (approved in August 2012).

Of these four approved regimens-in-a-pill, Triumeq is the first that does not contain the drug tenofovir. Although tenofovir is generally a well-tolerated drug, some people experience tenofovir-related bone and kidney side effects, or have existing bone or kidney problems that may keep them from taking tenofovir or combination pills containing the drug. For such persons, Triumeq may be an alternative one-pill-a-day option for HIV treatment. However, before starting Triumeq, patients need to be screened for a genetic marker called HLA-B*5701. This marker helps identify the small percentage of people who can develop a severe drug reaction to abacavir—one of the component drugs in Triumeq.

A new Triumeq fact sheet from AIDSmeds.com has more detailed information about the treatment—including its dosing, drug interactions, side effects, contraindications (who shouldn’t take it), and the drug maker’s patient assistance program for persons who do not have private or public health insurance and are unable to afford Triumeq.

New York Study Highlights Late HIV Diagnosis and Need for increased HIV Screening in Older Adults
Globally, the HIV/AIDS epidemic is aging; that is, a growing proportion of persons living with the virus are now middle-aged or older. In fact, in some nations, including the U.S., fully half of all HIV-infected persons will soon be age 50 or older. Although the aging of the HIV/AIDS epidemic has received growing attention during the past decade, relatively little research has focused specifically on newly diagnosed older persons with HIV. To increase understanding of this “forgotten population” group, Columbia University researchers conducted a retrospective study of nearly 300 persons newly diagnosed with HIV infection from 2006 through 2011 at an academic research center in New York City.

The researchers found that more than one-fifth (21%) of all newly diagnosed persons were age 50 or older. Among these older adults, 70% were diagnosed as inpatients and most (69%) had advanced
disease – a concurrent HIV and AIDS diagnosis. These rates of inpatient and concurrent HIV and AIDS diagnoses were far higher than those seen in younger adults – 42% and 39%, respectively. The median CD4 T-cell count within 3 months of diagnosis was just 97 among newly diagnosed persons age 50 and older, compared to 307 for newly diagnosed younger persons. In addition, nearly half (49%) of the newly diagnosed older persons had an AIDS-defining illness at the time of diagnosis, compared to 26% of younger persons.

“Our study supports the finding that a very high proportion of individuals aged 50 and older are diagnosed with HIV at an advanced stage of disease, significantly later than younger individuals,” the Columbia researchers conclude. “Our data suggest that HIV testing efforts targeting older adults are essential to address the unmet needs of this population, including implementation of HIV screening guidelines in primary care settings.”

OTHER NEWS REPORTS AND NEW RESOURCES

Blog Item: “How New York is Using Pre-Exposure Prophylaxis to End HIV”
This June, New York Governor Andrew Cuomo announced a plan to reduce new HIV infections in the state below epidemic levels by 2020. In the plan, pre-exposure prophylaxis (PrEP) – prescribing HIV medications to uninfected persons to prevent infections – is identified as one of three key strategies for reducing new infections. In this blog item, Dan O’Connell, Director of the New York State Department of Health’s AIDS Institute, outlines a six-step process for implementing PrEP statewide. “If PrEP works the way we believe it can, we will be on the fast track to meeting our objectives: few new infections, longer lives for those with HIV, bending the curve on AIDS,” O’Connell concludes.

HIV Medical Associations Challenge Insurer Restrictions on Hepatitis C Treatment
Last month, top officials from the Infectious Diseases Society of America (IDSA) and the HIV Medicine Association (HIVMA) sent a letter to DHHS’s Centers for Medicare and Medicaid Services (CMMS) challenging new health plan cost-control policies that they claim bar many qualified HIV care providers from prescribing certain medications that treat hepatitis C (HCV). “Given the scope and severity of the HCV epidemic, we consider denial of HCV care provided by ID [infectious disease] and HIV specialists to be an unreasonable and unjustified limitation of access to high quality care for those who need it most,” according to the letter, which was written by Dr. Barbara Murray, president of the IDSA, and Dr. Joel Gallant, chair of the HIVMA. “Therefore, we strongly urge CMS to support our appeal to state Medicaid programs to include ID and HIV specialists as authorized prescribers of drug therapies to treat HCV.”

New Briefing Paper on the Needs and Rights of Trans Sex Workers
"Trans sex workers (TSWs) are amongst the most marginalised and vulnerable sex workers due to widespread social stigmatisation attributable, in general, to transphobic prejudice in almost all countries," according to a recent briefing paper from the Global Network of Sex Work Projects (NSWP),
In Edinburgh, U.K. The 14-page briefing paper focuses on the issues and needs identified by TSWs in NSWP-sponsored focus groups and an online questionnaire. These include the criminalization of sex work, violence targeting TSWs, and pervasive discrimination that limits access to education and employment, housing, justice, and appropriate health care services. The paper includes a series of recommendations to guide policy-makers, program designers, funders, TSW allies, and the news media who wish to support TSW advocacy and activism efforts worldwide.

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American Journal of Public Health Issue Focuses on Health Disparities Among U.S. Veterans
A September 2014 supplement to the American Journal of Public Health (AJPH) reviews recent progress and challenges in addressing health disparities among U.S. Veterans. In an opening editorial, Dr. Robert Jesse, the Veterans Health Administration’s (VHA’s) acting undersecretary for health, notes: “As one of the largest integrated health care systems, we are reminded of access and quality in our mission statement daily . . . Yet, we have realized that some veterans, especially those having characteristics linked to social discrimination and exclusion, continue to experience disparities in access and equitable care.”

"Any lapse in care quality, access, or equity is antithetical to our duty to those who have served to protect our freedoms," according to Dr. Jesse. “Recognizing additional areas for improvement by identifying disparities in care has reinvigorated our commitment to these uniform principles [of quality, access, and equity in health care].” The full text of editorials and research papers published in the AJPH supplement are available for free on the journals website. The research papers include the following:

- Addressing Population Health and Health Inequalities: The Role of Fundamental Causes
- Improving Trends in Gender Disparities in the Department of Veterans Affairs: 2008–2013
- Access to Care for Transgender Veterans in the Veterans Health Administration: 2006–2013
- Suicidality Among Veterans: Implications of Sexual Minority Status
- Asian American and Pacific Islander Military Veterans in the United States: Health Service Use and Perceived Barriers to Mental Health Services
- Providing Culturally Competent Services for American Indian and Alaska Native Veterans to Reduce Health Care Disparities
- Impact of Race/Ethnicity and Gender on HCV Screening and Prevalence Among US Veterans in Department of Veterans Affairs Care (summarized in feature article above)
- Retaining Homeless Veterans in Outpatient Care: A Pilot Study of Mobile Phone Text Message Appointment Reminders

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National HIV Testing Day Campaigns Boost Testing at CDC-Funded Testing Sites
A new CDC study indicates that both the number of HIV tests administered and the number of new HIV diagnoses were substantially higher in the week around the 2010 National HIV Testing Day (NHTD) than in two other “control” weeks during that year. For the study, CDC researchers analyzed HIV testing data collected through the 2010 National HIV Prevention Program Monitoring and Evaluation System. They compared testing data for the number of HIV testing events and new HIV-positive diagnoses for the week of NHTD (June 24-30) with two control weeks (January 7-13 and August 12-18). The comparison revealed that an average of 15,000 more testing events were conducted and 100 more new HIV
diagnoses were identified during NHTD week than during the control weeks. In addition, compared to persons tested during the control weeks, a significantly higher proportion of those tested during NHTD week were: aged 50 years or older; non-Hispanic Blacks or African Americans; men who have sex with men; low-risk heterosexuals; tested with a rapid HIV test; or tested in a non-health-care setting. “NHTD campaigns reached populations disproportionately affected by HIV and further expanded testing to people traditionally less likely to be tested,” the CDC researchers noted. “Incorporating strategies used during NHTD in programs conducted throughout the year may assist in increasing HIV testing and the number of HIV-positive diagnoses.”

HIV Care Continuum: CDC Launches New Act Against AIDS Campaign
On September 17, CDC’s Division of HIV Prevention announced its new HIV Treatment Works campaign, which encourages persons living with HIV to get in care, start taking HIV medications, remain in care, and stay on treatment as directed. The HIV Treatment Works web page includes a series of brief videos in which HIV-infected men and women from across the U.S. talk about their experiences and describe how HIV care and treatment has helped them live longer, healthier lives and protect others from becoming infected. CDC notes that the campaign will initially roll out in selected cities that are heavily impacted by HIV through on-the-ground activities, including community engagement and partnership development. There will also be a national promotion effort that will include ads in targeted print, broadcast, and online outlets.

FEATURED HEALTH RESOURCES
National Gay Men’s HIV/AIDS Awareness Day (September 27)
This year, National Gay Men's HIV/AIDS Awareness Day (NGMHAAD) will be held on Saturday, September 27. The National Association of People with AIDS founded NGMHAAD “to help gay men remember how much we have accomplished together in the fight against HIV/AIDS, remember the quarter-million lovers and brothers we have lost, and renew our commitment to ending what is now an endable epidemic.” To help you and your patients or clients prepare for and mark the day, we’ve compiled an annotated list of online resources focusing on HIV/AIDS among gay, bisexual, and other men who have sex with men.

From the U.S. Centers for Disease Control and Prevention (CDC)
- [HIV Among Gay and Bisexual Men](#), Also available in [Spanish](#).
- [HIV and Young Men Who Have Sex with Men](#)
- [HIV Surveillance in Men Who Have Sex with Men](#)
- [Syphilis & MSM](#)
From the UCSF Center for AIDS Prevention Studies

- What Are Men Who Have Sex with Men (MSM)’s HIV Prevention Needs? Also available in Spanish.
- What Are the HIV Prevention Needs of Young Men Who Have Sex with Men? Also available in Spanish.
- How Do Sexual Networks Affect HIV/STD Prevention? Also available in Spanish.

Additional Resources

HIV/AIDS Resource Center for Gay Men. Web page on thebody.com site with links to many articles and resources.

HIV Transmission and Prevention in Gay Men and Other Men Who Have Sex with Men: Related Resources. Page from HIV InSite with links to many articles, reports, and other information.


The Global HIV Epidemics Among Men Who Have Sex with Men. This report from the World Bank provides a summary of HIV/AIDS among MSM in different countries, as well as prevention interventions designed to reduce HIV transmission among MSM.

HIV Prevention for Men Who Have Sex with Men. Issue brief from the American Foundation for AIDS Research.

Selected Recent Articles about HIV and Hepatitis in Gay, Bisexual, and Other Men Who Have Sex with Men

Studies Investigate Presence of Hepatitis C Virus Among Gay and Bisexual Men. (CATIE Prevention in Focus).

Testing, Safer Sex Reduces HIV in SF Gays Compared With London. (AIDSmeds)

Condoms Aren’t the Only Way that Gay Men Reduce HIV Risk. (AIDSmeds)

Criminalizing Homosexuality Hampers HIV Prevention & Care. (AIDSmeds)

HIV Diagnoses Rise in Gay Men and Fall in All Other Groups. (AIDSmeds)


Communicating Out of Isolation: HIV and Harnessing Communication Technology Among Gay Men, Men Who Have Sex with Men, and Trans Persons. (Health Policy Project)

Men Who Have Sex with Men and Transgender Women Have Risks and Resilience. (Science Speaks Blog)

MSMGF, Johns Hopkins University Unveil New Gay Men's Health Curriculum for Healthcare Providers. (TheBodyPro)
HIV Prevention Needs to Support Gay Men to Discuss HIV Status and Risk, Especially in Relationships. (AIDSmap)

Gay Men at Risk May Not See Themselves as PrEP Candidates. (AIDSmeds)

Gay Men Are Receptive to Sexual Health Info on Hookup Sites. (AIDSmeds)

Bisexual Men Have Higher STI Rates Than Gays. (AIDSmeds)

Clinicians Can Raise PrEP Uptake Among Gay and Bisexual Men. (AIDSmeds)

National Report Documents Hate Violence Against LGBTQ and HIV-Affected Communities. (Health Disparities Update)

NASTAD and NCSD Publish Blueprint for Addressing Stigma in Black and Latino Gay Men. (Health Disparities Update)

Gay Men Who Discuss HIV Status with Sexual Partners Are Less Likely to Acquire HIV. (AIDSmap)

Gays Who Hook Up Online Tend to Have Riskier Sex. (AIDSmeds)

Syphilis Rises Among Gay Men, Possibly Fueling HIV Spread. (AIDSmeds)

Hepatitis C Transmits Sexually in HIV-Positive Gay Men. (AIDSmeds)

Disparities Strategies Report Highlights HIV Prevention Efforts Focusing on Black Men and Women. (Health Disparities Update)

Only Having Sex with Same-Status Partners Is an HIV Prevention Strategy for 40% of Gay Men. (AIDSmap)

HIV Incidence at Record High in Young Gay Black Men in Southern USA. (AIDSmap)

HIV Transmission Bottleneck Offers Clue to HCV Epidemic in HIV+ MSM. (NATAP)

Zero HIV Infections Seen Through Condomless Sex When HIV-Positive Partner Is on Effective Treatment. (TheBodyPro)

Parsing the Variables That Raise HIV Risk Among Black MSM. (AIDSmeds)

Gay Men, IDUs, and People With HIV Should Test for Hep B. (AIDSmeds)

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RECENT RESEARCH ON HIV HEALTH DISPARITIES AND AFFECTED POPULATIONS
This newsletter section includes the titles, authors, and links to abstracts of recent research. Papers are listed alphabetically according to the lead author's last name.

The Influence of Race and Comorbidity on the Timely Initiation of Antiretroviral Therapy Among Older


**Cognitive, Psychiatric, and Personality Factors Associated with Risk Behavior in HIV+ Men and Women.** By A. Arentoft, K. Van Dyk, A. Thames, and others, in *Archives of Clinical Neuropsychology.*

**Prevalence and Correlates of Nonmedical Prescription Opioid Use Among a Cohort of Sex Workers in Vancouver, Canada.** By E. Argento, J. Chettiar, P. Nguyen, and others, in *International Journal on Drug Policy.*

**Exploring Substance Use and HIV Treatment Factors Associated with Neurocognitive Impairment Among People Living with HIV/AIDS.** By J.M. Attonito, J.G. Dévieux, B.D. Lerner, and others, in *Frontiers in Public Health.* Free full text also available.

**The Moderating Effect of Marijuana Use on the Relationship between Delinquent Behavior and HIV Risk Among Adolescents in Foster Care.** By W.F. Auslander, R.G. Thompson Jr, and D.R. Gerke, in *Journal of HIV/AIDS and Social Services.*


**Paediatric HIV Grows Up: Recent Advances in Perinatally Acquired HIV.** By A. Bamford and H. Lyall, in *Archives of Disease in Childhood.*


**Influence of Providers and Nurses on Completion of Non-Targeted HIV Screening in an Urgent Care Setting.** By R.A. Bender Ignacio, J. Chu, M.C. Power, and others, in *AIDS Research and Therapy.*


**Preexposure Prophylaxis: An Emerging Clinical Approach to Preventing HIV in High-Risk Adults.** By C.W. Blackwell, in *Nurse Practitioner.*
Prevalence and Correlates of HIV Risk Among Adolescents and Young Adults Reporting Drug Use: Data from an Urban Emergency Department in the U.S. By E.E. Bonar, L.K. Whiteside, M.A. Walton, and others, in Journal of HIV/AIDS and Social Services.

Predictors of Poor Mental and Physical Health Status Among Patients with Chronic Hepatitis C Infection: The Chronic Hepatitis Cohort Study (CHeCS). By J.A. Boscarino, M. Lu, A.C. Moorman, and others, in Hepatology.


Taking Care of the Caretakers to Enhance Antiretroviral Adherence in HIV-Infected Children and Adolescents. By Y. Bryson, in Journal de Pediatria.

Do Ask, Do Tell: High Levels of Acceptability by Patients of Routine Collection of Sexual Orientation and Gender Identity Data in Four Diverse American Community Health Centers. By S. Cahill, R. Singal, C. Grasso, and others, in PLoS One. Free full text also available.


Changes in Exposure to Neighborhood Characteristics Are Associated with Sexual Network Characteristics in a Cohort of Adults Relocating from Public Housing. By H.L. Cooper, S. Linton, D.F. Haley, and others, in AIDS and Behavior.


Examination of Spatial Polygamy Among Young Gay, Bisexual, and Other Men Who Have Sex with Men in New York City: The P18 Cohort Study. By D.T. Duncan, F. Kapadia, and P.N. Halkitis, in International Journal of Environmental Research and Public Health.


A Forgotten Population: Older Adults with Newly Diagnosed HIV. By T.M. Ellman, M.E. Sexton, D. Warshafsky, and others, in AIDS Patient Care and STDs.

Profiles of Risk Among HIV-Infected Youth in Clinic Settings. By M.I. Fernández, H.C. Huszti, P.A. Wilson, and others, in AIDS and Behavior.


Strategies for Recruiting Steady Male Partners of Female Sex Workers for HIV Research. By P.J. Fleming, C. Barrington, M. Perez, and others, in AIDS and Behavior.

Housing Status and HIV Risk Behaviors Among Transgender Women in Los Angeles. By J.B. Fletcher, K.A.
Kisler, and C.J. Reback, in *Archives of Sexual Behavior*.

**Context of Risk for HIV and Sexually Transmitted Infections Among Incarcerated Women in the South: Individual, Interpersonal, and Societal Factors.** By C.I. Fogel, D.J. Gelaude, M. Carry, and others, in *Women and Health*.

**Health Outcomes and Retention in Care Following Release from Prison for Patients of an Urban Post-incarceration Transitions Clinic.** By A.D. Fox, M.R. Anderson, G. Bartlett, and others, in *Journal of Health Care for the Poor and Underserved*. Free full text also available.

**Current Practices of Screening for Incident Hepatitis C Virus Infection Among HIV-Infected, HCV-Uninfected Individuals in Primary Care.** By J.M. Freiman, W. Huang, L. White, and others, in *Clinical Infectious Diseases*.

**Impact of Hepatitis C Virus Infection on the Risk of Death of Alcohol-Dependent Patients.** By D. Fuster, A. Sanvisens, F. Bolao, and others, in *Journal of Viral Hepatitis*.

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