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CDC Publishes New Recommendations for HIV Prevention in Adults and Adolescents

Last month, the U.S. Centers for Disease Control and Prevention (CDC) issued its revised Recommendations for HIV Prevention with Adults and Adolescents with HIV in the United States, 2014. The 240-page updated recommendations are far more extensive than the previous version, which was published in 2003. Unlike the earlier prevention guidance, which focused largely on individuals’ prevention knowledge and behavior, the new recommendations place greater emphasis on the role of social and structural factors in HIV prevention, as well as the dramatic reduction in transmission that may be achieved through antiretroviral drugs. According to CDC, “This updated guideline is a comprehensive compilation of new and longstanding federal recommendations about biomedical, behavioral, and structural interventions that can help reduce the risk of HIV transmission from persons with HIV by reducing their infectiousness and their risk of exposing others to HIV.” The topics covered include:

- social, ethical, and legal issues that impact HIV prevention;
- linkage to and retention in HIV medical care;
- antiretroviral treatment to prevent transmission;
- adherence to HIV treatment;
- screening for behavioral and biomedical risk factors for HIV transmission and risk-reduction interventions;
- services for sex- and drug-injection partners of persons with HIV;
- sexually transmitted disease preventive services;
- reproductive health and pregnancy-related services for women and men;
- other medical and social services that affect HIV transmission or use of HIV services; and
- evaluation and improvement of HIV prevention and care services.

The three primary audiences for the recommendations are clinical providers, nonclinical providers, and staff of health departments and HIV planning groups who provide population-level HIV prevention and care services. CDC has prepared the following guides that focus on the specific recommendations for each of these groups:

- Summary for Clinical Providers
- Summary for Nonclinical Providers
- Summary for Clinical Providers

CDC also notes that, “The guideline may also interest persons with HIV; partners of persons with HIV; specialists in HIV planning, service delivery, policy, and legislation; and managers of medical assistance programs, health insurance plans, and health systems that serve persons with HIV.”

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Surveillance Report Examines Progress in the U.S. Continuum of Care for HIV/AIDS

In a recently published surveillance report, CDC researchers analyzed data from the National HIV Surveillance System and Medical Monitoring Project to measure progress toward achieving selected objectives of the National HIV/AIDS Strategy and CDC’s Division of HIV/AIDS Prevention Strategic Plan.
The 61-page report is entitled, Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data – United States and 6 Dependent Areas - 2012. It includes detailed information on the HIV continuum of care (with breakdowns by age, race/ethnicity, and transmission categories), as well as U.S. HIV prevalence, frequency of late diagnosis, survival after diagnosis, and death rates. CDC also summarized the report’s key findings related to the continuum of HIV care in the short summary, Vital Signs: HIV Diagnosis, Care, and Treatment Among Persons Living with HIV – United States, 2011 and in an online fact sheet: HIV Care Saves Lives: Viral Suppression is Key.

According to CDC, as of 2011 – the latest year for which detailed data are available – an estimated 1,201,100 persons were living with HIV in the U.S. This figure includes persons who were unaware of their HIV status. Of this total, approximately:

- 1,032,800 (86%) were diagnosed with HIV infection;
- 478,433 (40%) were engaged in care;
- 441,661 (37%) were prescribed antiretroviral treatment (ART); and
- 361,764 (30%) had achieved viral suppression (an HIV viral load that was either undetectable or less than 200 copies/mm³)

Interestingly, the data show no significant differences in viral suppression rates by gender, race/ethnicity, or HIV transmission category. However, there were significant differences by age: only 13% of young persons between the ages of 18 and 24 had achieved viral suppression, compared with 37% of those 65 years or older.

“The percentage of people living with HIV who achieve viral suppression could be increased by expanding HIV testing efforts so that all people living with undiagnosed HIV know their status and are linked to and engaged in ongoing HIV medical care. Early and regular treatment with ART can protect health and extend life,” Dr. Eugene McCray, CDC's director of the Division of HIV/AIDS Prevention wrote in comments on the new continuum data. “People with HIV who are diagnosed early, begin ART immediately, and continue receiving ongoing care can have a life expectancy near to that of people who do not have HIV.”

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Major Disparities in HIV Rates Among Black Gay, Bisexual, and Other MSM May Persist for Decades

Gay, bisexual, and other men who have sex with men (MSM) currently account for about two-thirds of all new HIV infections in the U.S. HIV surveillance data indicate that infection rates are particularly high among Black MSM. In a recent study, Emory University researcher Eli Rosenberg and colleagues used CDC data to model the HIV care continuum for U.S. Black and White MSM during the period 2009 to 2010. Their deterministic model generated estimates of race-specific HIV transmissions, transmission rates, incidence rates, and rate ratios.

Approximately 562,500 Black and 3,231,061 White adult MSM were living in the U.S. during 2010, according to the study. Of these, an estimated 180,477 Black and 243,174 White MSM were living with HIV. These figures correspond to HIV prevalence rates of 32% and 8% among Black and White MSM, respectively. The model also indicated that there were major racial disparities among MSM at all steps along the HIV care continuum. In particular, of those diagnosed with HIV infection, 33% of Black versus
51% of White MSM were retained in care. The rate of viral suppression among Black MSM (16%) was less than half that achieved among White MSM (34%).

The model also indicated that an estimated 9,833 and 9,710 new HIV transmissions per year could be attributed to HIV-infected Black and White MSM, respectively. This means that the annual HIV transmission rates per infected person were about 1.4 times higher for Black MSM, while overall HIV incidence rates were nearly 8 times higher.

"Our study has clear programmatic and policy implications," according to the researchers. “Because disparities in the HIV care continuum likely account for most of the disparities in HIV transmission rates between Black and White MSM, there is an urgent need to improve our rates of HIV testing, linkage and retention in care, and prescription of and adherence to antiretroviral therapy for Black MSM living with HIV.”

Rosenberg and his colleagues also used the model to calculate the projected impact that improved HIV care might have on these disparities. They found that, while “disparities in the rates of HIV transmission could be reduced by improving the outcomes of the HIV care continuum . . . racial disparities in HIV prevalence are likely to continue sustaining the higher incidence in Black MSM for decades to come.”

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**NHBS Report Reviews HIV Risk, Prevention, and Testing Behaviors Among High-Risk Heterosexuals**

Heterosexual sex is the second most common route of HIV transmission in the U.S. Approximately one-quarter of all newly diagnosed HIV infections in 2011 were attributed to heterosexual contact, and heterosexuals with a low socioeconomic status have disproportionately high rates of HIV infection. In three-year cycles, the National HIV Behavioral Surveillance System (NHBS) collects HIV prevalence and risk behavior data for three population groups at high risk for HIV infection: gay, bisexual, and other MSM; persons who inject drugs; and heterosexuals at increased risk for HIV infection. A recent CDC report summarized data from the second NHBS data collection cycle for high-risk heterosexuals, conducted between June and December 2010.

During the study period, researchers used surveys to collect data on HIV risk, prevention, and testing behaviors in nearly 9,300 high-risk heterosexual men and women living in 21 metropolitan areas in the mainland U.S. and Puerto Rico. More than half (58%) of the participants were 40 to 60 years old. The majority of participants reported Black race (72%) or Hispanic/Latino ethnicity (21%), and the sample group was evenly distributed by gender.

Among the participants, 88% of the men and 90% of the women reported having vaginal sex without a condom with one or more opposite-sex partners in the 12 months before the survey. About one-third (30% of the men and 29% of the women) reported engaging in anal sex without a condom with one or more opposite-sex partners. In addition, the majority of participants (59%) reported using non-injection drugs in the 12 months before the survey, and about one in seven (15%) had used crack cocaine.

Although most participants had been tested for HIV at some point during their lives, the percentage was lower among Hispanic/Latino participants (52% among men and 62% among women) compared to other racial/ethnic groups. About one-third (34%) of participants reported receiving free condoms in the 12 months before the survey, and only 11% reported participating in a behavioral HIV prevention
Commenting on these findings, the CDC researchers noted that, “Increasing coverage of HIV testing and other HIV prevention services among heterosexuals at increased risk is important, especially among groups disproportionately affected by HIV infection, such as Blacks and Hispanics/Latinos. The National HIV/AIDS Strategy for the U.S. delineates a coordinated national response to reduce infections and HIV-related health disparities among disproportionately affected groups. NHBS data can guide national and local planning efforts to maximize the impact of HIV prevention programs.”

Higher HIV Rates and Worse Outcomes Continue in Nine “Deep South” States
A group of nine states in the U.S. Deep South – Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Texas – have for years experienced particularly high HIV diagnosis and death rates. In a new study led by Duke University’s Susan Reif, researchers used CDC surveillance data to analyze the demographic characteristics of persons diagnosed with HIV in these Deep South states, their 5-year HIV and AIDS survival rates, and overall deaths among persons living with HIV.

Reif and her colleagues found that, in 2011, these states had the highest HIV diagnosis rate of any U.S. region – 24.5 per 100,000 population, compared to 18.0 per 100,000 for the country as a whole. While 28% of the total U.S. population lives in the Deep South, these states are home to 38% of all persons living with HIV. In addition, among persons living with diagnosed HIV infection in the Deep South, there are higher proportions of women, Blacks, and individuals living in suburban and rural areas than for the U.S. as a whole. In addition, a higher proportion of persons diagnosed with HIV were adolescents and young adults between the ages of 13 and 34 years old. The researchers noted that the higher HIV diagnosis rates seen among young persons in the Deep South “could be attributed, in part, to lack of education about HIV transmission and less gravity placed on HIV infection due to improvements in available drug regimens.”

In addition to higher HIV diagnosis rates, these nine Deep South states had lower 5-year HIV and AIDS survival rates after diagnosis (85% and 73%, respectively) compared to the U.S. overall (86% and 77%, respectively). In addition, the death rates among all persons living with HIV in the Deep South were higher than in any other U.S. region. The researchers noted that regional differences in demographics and HIV transmission risk did not explain the higher death rates seen in the Deep South. “The higher death rate among persons living with HIV in the targeted states [Deep South] suggests a disconnect between diagnosis and maintenance of HIV care in this region, particularly in non-urban areas. Identifying effective ways to structure prevention and care services so that they address common barriers to care such as accessibility and pervasive stigma will be critical to improving HIV outcomes in rural and suburban areas of the targeted states.”

Work-Related HIV Infections Among Health Care Workers Have Become Rare
In 1987, CDC recommended the use of "universal precautions" to prevent occupational HIV exposures among U.S. healthcare workers (HCWs). The agency has been systematically documenting suspected
cases of occupationally acquired HIV infection among HCWs since 1991. In addition, occupational post-exposure prophylaxis (PEP) with antiretroviral drugs has been recommended to prevent HIV infection since 1996.

In a study published earlier this month, CDC researchers Patricia Joyce, David Kuhar, and John Brooks reviewed reports of occupationally acquired HIV infection among HCWs. They found that, during the period from 1985 through 2013, a total of 58 confirmed and 150 possible cases of occupationally acquired HIV infection among HCWs were reported to CDC. Fifty-four of the 58 confirmed cases occurred in the years before CDC’s 1996 recommendations for antiretroviral PEP following possible occupational exposures. And only one confirmed case – a laboratory technician sustaining a needle puncture while working with a live HIV culture in 2008 – has been reported since 1999.

“Documented occupational acquisition of HIV infection in HCWs has become rare in the United States,” according to the researchers. “Whereas the paucity of cases could be the result of underreporting, it might indicate the effectiveness of more widespread and earlier treatment to reduce patient viral loads, combined with prevention strategies such as post-exposure management and prophylaxis as well as improved technologies and training to reduce sharps injuries and other exposures.”

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Syphilis Rates Continue Rising in the U.S., Particularly Among Gay, Bisexual, and Other Men Who Have Sex with Men

The rates of primary and secondary (P&S) syphilis increased 10% in the U.S. during 2013 – the second consecutive year with a double-digit increase, according to CDC’s report, 2013 Sexually Transmitted Diseases Surveillance, published last month. The total number of reported syphilis cases rose to 17,375 during 2013, which is equivalent to a rate of 5.5 per 100,000 population. According to the report, syphilis is a major health problem among gay, bisexual and other MSM. “The estimated proportion of P&S syphilis cases attributable to MSM increased from 7% in 2000 to 64% in 2004.” By 2013, “Among cases of P&S syphilis for whom sex of partner was known, MSM accounted for 75% of P&S syphilis cases,” according to CDC.

"This second year of double digit increases of syphilis rates is completely unacceptable and also significantly intersects with our HIV epidemic,” noted William Smith, executive director of the National Coalition of STD Directors (NCSD), in comments on the syphilis data. "This continues to affect populations already disproportionately impacted by all STDs, including HIV, most notably gay men and other MSM."

“The rate of primary and secondary syphilis in 2013 is the highest recorded rate since 1996,” according to Smith. “In addition, the 10% increase in syphilis rates in 2013 was the result of increases in men, mainly MSM; no overall increase was seen in women in 2013. Syphilis and HIV co-infection among MSM is also very common, with 52% of MSM with primary and secondary syphilis co-infected with HIV.”

The 176-page CDC report also includes detailed information about chlamydia and gonorrhea infections, as well as briefer summaries about chancroid, human papillomavirus, pelvic inflammatory disease, herpes simplex virus, and trichomoniasis. A total of 1,401,906 cases of chlamydia (446.6 per 100,000 population) were reported in 2013, a decrease of 1.5% from the 2012 figure. The 333,004 reported
cases of gonorrhea (106.1 per 100,000) in 2013 represents a 0.6% decrease compared to the previous year. Additional highlights of the 2013 data – including information on the disproportionate impact of STDs on young persons and on MSM – are summarized in a new 2-page CDC fact sheet: Reported STDs in the United States.

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FDA Announces Planned Changes in Blood Donation Policy for Gay, Bisexual, and other Men Who Have Sex with Men

On December 23, the U.S. Food and Drug Administration (FDA) announced that the agency “will take the necessary steps to recommend a change to the blood donor deferral period for men who have sex with men [MSM] from indefinite deferral to one year since the last sexual contact.” Under the current U.S. policy, any man who has ever had sex with another man since 1977 is permanently “deferred” – essentially banned for life – from donating blood, regardless of their HIV status. Many LGBT and civil liberties advocacy groups have opposed the ban, arguing that current HIV screening technologies have made it unnecessary, and that a blanket ban on blood donations from all gay, bisexual, and other MSM is stigmatizing and discriminatory.

“This recommended change is consistent with the recommendation of an independent expert advisory panel – the HHS Advisory Committee on Blood and Tissue Safety and Availability, and will better align the deferral period with that of other men and women at increased risk for HIV infection,” according to FDA. “Additionally, in collaboration with the NIH’s National Heart Lung and Blood Institute, the FDA has already taken steps to implement a national blood surveillance system that will help the agency monitor the effect of a policy change and further help to ensure the continued safety of the blood supply.”

In its announcement, FDA said that it plans to issue a draft guidance about this proposed change in blood donation policy during 2015, and that there will be an opportunity for public comment. “We encourage all stakeholders to take this opportunity to provide any information the agency should consider, and look forward to receiving and reviewing these comments.”

The responses to the new FDA recommendations have varied widely. AABB, America’s Blood Centers, and the American Red Cross issued a statement that, “FDA’s decision to take steps to recommend a change in the blood donation deferral for MSM from a lifetime deferral to a one-year deferral is consistent with the position of our organizations that the current lifetime deferral is unwarranted.” Some other groups, including the HIV Medicine Association (HIVMA) and many LGBT advocacy organizations, criticized the FDA for not going far enough.

Scott Schoettes, Lambda Legal’s senior attorney and director of the HIV Project said that the planned change was “a step in the right direction,” but argued that “blood donation policy should be based on current scientific knowledge and experience, not unfounded fear, generalizations, and stereotypes. Merely changing the parameters of this outdated policy does not alter its underlying discriminatory nature, eliminate its negative and stigmatizing effects, nor transform it into a policy based on current scientific and medical knowledge.”

Similarly, HIVMA characterized the FDA decision as an “important step forward.” However, HIVMA Chair Dr. Adaora Adimora noted that the organization is “concerned that the new policy retains an
unnecessary and unique exclusion of men who have sex with men from donating blood for one year . . . We recommend that blood donor screening procedures be revised to ask all potential donors to exclude themselves if within the previous six months they have tested positive for HIV, engaged in unprotected sex with a partner with HIV or unknown HIV status, or used a syringe not prescribed by a physician.” In addition, “We urge that deferral criteria focus on risk behavior rather than sexual orientation and support recommendations for additional studies to develop blood donation deferral criteria that will protect the blood supply while reducing discriminatory exclusion of HIV-negative individuals.”

FDA Approves AbbVie’s Viekira Pak for Chronic Hepatitis C Treatment

On December 19, FDA approved a combination regimen called Viekira Pak for the treatment of chronic hepatitis C virus (HCV) genotype 1 infection. Viekira Pak, which is marketed by AbbVie Inc., includes three new HCV drugs – ombitasvir, paritaprevir, and dasabuvir. It also includes a fourth drug, ritonavir, which was first approved as an HIV drug in 1996 and has been commonly used since to boost the levels of HIV drugs in the protease inhibitor class. In Viekira Pak, however, ritonavir is used to boost the levels of the HCV drug paritaprevir.

Unlike another recently approved HCV regimen called Harvoni, which consists of a once-daily pill, the Viekira Pak regimen includes two different pills. One pill, containing ombitasvir, paritaprevir, and the ritonavir booster, is prescribed once daily with a meal. The second pill, containing dasabuvir, is prescribed twice daily with a meal. Fortunately, neither Harvoni nor Viekira Pak need to be used with the older HCV drug interferon, which has to be injected and commonly causes difficult-to-tolerate side effects.

In clinical trials, the Viekira Pak regimen achieved HCV cure rates of over 90% in persons with HCV genotype 1; this is comparable to the cure rates seen with Harvoni. For many people with genotype 1, Viekira Pak can achieve an HCV cure after 12 weeks of treatment. However, 24 weeks of Viekira Pak treatment is recommended for people who have HCV genotype 1a and cirrhosis. Viekira Pak is not recommended for patients whose liver is unable to function properly (decompensated cirrhosis).

The HCV treatment landscape is evolving rapidly, with the approval of several new drugs and combinations during the past 13 months and many more drugs now undergoing testing in clinical trials. Many hope that growing competition among drug makers for market share will lead to substantial reductions in HCV drug prices. According to a recent article on the Hepmag website, AbbVie has priced Viekira Pak at about $83,300 for a 12-week regimen, which is about 12% lower than the $94,500 for a 12-week regimen of Harvoni.

In the weeks since Viekira Pak was approved, HCV drug makers, pharmacy groups, and the ADAP Crisis Task Force have been negotiating agreements that will make some of the new drugs available at substantial discounts. On January 15, the Task Force announced that AbbVie is the first company to offer a discount on the ADAP price on the new HCV medications. “The agreed-upon ADAP price for Viekira Pak, negotiated between the Task Force and AbbVie, reflects voluntary discounts and rebates that are significantly lower than the wholesale acquisition cost. While many ADAPs may not be able to add Viekira Pak to their formularies due to fiscal constraints, this agreement recognizes the importance of access to hepatitis C medications for people living with HIV and demonstrates good faith that access at a discounted price may lead to formulary inclusion.”
OTHER NEWS REPORTS AND MATERIALS

Obama Administration Will Investigate Insurers for Bias Against HIV and Other Chronic Conditions
According to a recent article in The New York Times, the Obama administration plans to investigate health insurers’ prescription drug coverage and other benefits to determine whether the companies have discriminated against people living with HIV/AIDS or other costly chronic health conditions. The Affordable Care Act requires insurers to accept all applicants for coverage and prohibits them from charging higher premiums based on a person’s pre-existing conditions or disabilities. Advocates have claimed that some insurers have engaged in discriminatory practices by limiting access to benefits for people living with HIV/AIDS and other chronic illnesses. In a letter to insurers, Obama administration officials said that, “If an issuer places most or all drugs that treat a specific condition on the highest-cost tiers, that plan design effectively discriminates against, or discourages enrollment by, individuals who have those chronic conditions.” The Centers for Medicare and Medicaid Services (CMS) – which also administers the Health Insurance Marketplace – said it would focus its investigation on companies in the federal Insurance Marketplace. According to The Times, CMS will try to determine the “estimated out-of-pocket costs associated with standard treatment protocols for specific medical conditions using nationally recognized clinical guidelines.” The specific conditions studied will likely include HIV/AIDS, diabetes, rheumatoid arthritis, bipolar disorder, and schizophrenia.

NACCHO Offers Online “Roots of Health Inequity” Website and Course
The National Association of County and City Health Officials (NACCHO) has developed an online course, Roots of Health Inequity, designed for the public health workforce. According to NACCHO, the Roots of Health Inequity “is an online learning collaborative . . . for those who want to address systemic
differences in health and wellness that are, actionable, unfair, and unjust.” The course has the following five units:

- Unit 1: Where Do We Start? – explores the interrelationships among changing the culture of organizations, engaging community members, and negotiating with political pressures strategically.
- Unit 2: Perspectives on Framing – discusses how "mental models" or "frames" influence public health work, including the role of values, assumptions, and interests in addressing health inequities.
- Unit 3: Public Health History – explores the transformation of public health during the last 150 years, including the forces that have advanced or limited the field.
- Unit 4: Root Causes – examines the importance of class structure, racism, and gender inequity in the development of health inequities.
- Unit 5: Social Justice – explores the principles of social justice and considers ways to influence the institutions and agencies that generate health inequity.

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New and Updated Fact Sheets on the U.S. HIV/AIDS Epidemic and Affected Populations
CDC recently published a new 4-page fact sheet, *Today’s HIV/AIDS Epidemic*, which summarizes the latest HIV surveillance figures and continuum of care data for the U.S. The fact sheet has five sections:

- The Scope and Impact of HIV in the United States;
- Care and Prevention for People Living with HIV;
- Populations at Higher Risk for HIV: Route of Transmission;
- Populations at Higher Risk for HIV: Racial and Ethnic Health Inequities; and
- Socioeconomic Factors Affecting HIV Risk

The fact sheet is also well-illustrated with full-color graphs and maps. All in all, it is a handy resource for anyone seeking a concise, plain-language update on the U.S. epidemic. CDC has also recently developed updated HIV/AIDS fact sheets in English and Spanish for several key population groups:

- HIV Among African American Gay and Bisexual Men and Spanish version
- HIV Among Latinos and Spanish version
- HIV Among African Americans and Spanish version
- HIV Among Gay and Bisexual Men and Spanish version

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HRSA Issues New Guides on HIV in Women of Color and HCV Treatment
The U.S. Health Resources and Services Administration (HRSA) recently posted two new resources on its Integrating HIV Innovative Practices site: *Enhancing Access to HIV Care for Women of Color* and *Delivering Hepatitis C Treatment in an HIV Care Setting*. According to HRSA, the women of color guide “synthesizes lessons learned from the federally funded Special Projects of National Significance (SPNS) Enhancing Access to and Retention in Quality HIV Care for Women of Color Initiative,” and “offers
blueprint to other HIV care providers who may wish to incorporate some or all of their evidence-based interventions.” Similarly, the HCV guide summarizes findings from the SPNS Hepatitis C Treatment Expansion Initiative. The main topics covered in the HCV guide include:

- HCV infection overview;
- specific considerations for persons co-infected with HIV and HCV;
- HCV treatment barriers;
- key details about the initiative and the models of care studied;
- best practices in implementation; and
- potential benefits and challenges associated with each model of care.

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Brief Report Highlights Rising Hepatitis Death Rates Among Persons Aged 45 to 64
"From 1999 to 2011, the death rate for viral hepatitis as the underlying or contributing cause of death among those aged 45 to 64 years increased 2.2 times among men (from 11.9 to 26.5 per 100,000 population) and 2.3 times among women (from 3.7 to 8.4 per 100,000 population),” according to a brief report from CDC’s National Vital Statistics System. The report examined viral hepatitis deaths by age and gender. In contrast to the overall rise in death rate among middle-aged persons, the death rate among men between the ages of 18 and 44 years decreased 60%. The pattern was more complicated among women between the ages of 18 and 44 years. In this group, the viral hepatitis death rate did not change from 1999 to 2002 but then decreased 46% from 2003 to 2011. Among men aged 65 years or older, the death rate did not change from 1999 to 2003 but then increased 40% from 2004 to 2011. For women in this older age range, the death rate did not change significantly from 1999 to 2011.

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AASLD and IDSA Update Recommendations for HCV Testing, Management, and Treatment
During December, the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA), in collaboration with the International Antiviral Society-USA, published updates to their Recommendations for Testing, Managing, and Treating Hepatitis C on the www.hcvguidelines.org website. The updated recommendations provide guidance on the use of interferon-free antiviral treatment regimens for HCV that were recently approved by FDA. They also include specific guidance on managing HIV infection in “unique patient populations,” including person with HIV/HCV co-infection, cirrhosis (including decompensated cirrhosis), or renal impairment, as well as those who have undergone liver transplantation.

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FEATURED HEALTH RESOURCES
National Black HIV/AIDS Awareness Day (February 7)

Saturday, February 7, is the 15th annual National Black HIV/AIDS Awareness Day (NBHAAD). As has been the case for the past several years, the theme for NBHAAD in 2015 is: "I am My Brother’s/Sister's
Keeper: FIGHT HIV/AIDS!" According to NBHAAD organizers, the purpose of the event is to encourage Black Americans to:

- get educated about HIV and AIDS;
- get involved in community prevention efforts;
- get tested to know their status; and
- get treated to receive the continuum of care needed to live with HIV/AIDS.

To help you and your clients or patients prepare for and mark NBHAAD, we've compiled an annotated list of online resources focusing on HIV/AIDS in the Black/African American community.

**Fact Sheets and Reports**

**HIV Among African Americans.** This two-page CDC fact sheet presents recent statistics, information about prevention challenges, and steps CDC is taking to address the HIV/AIDS epidemic among African Americans.

**HIV/AIDS and African Americans.** Web page with detailed statistics from the Office of Minority Health.

**Diagnoses of HIV Infection in the United States and Dependent Areas, 2012.** This 83-page CDC report includes detailed information about HIV and AIDS cases and deaths among Blacks/African Americans and other racial/ethnic groups. Breakdowns are also provided by age, gender, HIV transmission category, and geographic region.

**Black Americans and HIV/AIDS.** This three-page fact sheet from the Kaiser Family Foundation was updated last April. It provides detailed information on HIV/AIDS among Black Americans in the following topic areas: snapshot of the epidemic, key trends and current cases, women and young people, gay and bisexual men, HIV transmission, geographic distribution of cases, access to and use of health care, HIV testing, and opinions about HIV/AIDS.

**HIV and AIDS Among African Americans.** This online document from Avert.org provides an extensive overview of the HIV/AIDS epidemic in Black America, complete with citations to more than 60 source research papers and reports. Topics covered include: key statistics, transmission routes, HIV prevention and treatment, and social and economic factors that contribute to high rates of HIV among African Americans.

**Selected Organizations and Websites**

**NBHAAD website:** This site provides background information about the awareness day, links to resources, a facility to register for NBHAAD events, and information about the Historically Black Colleges and Universities HIV/AIDS awareness initiative. You can also order or download PDFs of posters and postcards to raise awareness of HIV/AIDS in the Black community.

**Black AIDS Institute:** The Black AIDS Institute is a leading organization addressing HIV/AIDS among Black Americans. Their website provides detailed information on a range of programs and reports focusing on the impact of the epidemic on the Black community. Recent reports include:

- **Light at the End of the Tunnel**
• Back of the Line: The State of AIDS Among Black Gay Men in America
• Exit Strategy: Ending the AIDS Epidemic in Black America
• AIDS: 30 Years Is Enuf
• Deciding Moment: The State of AIDS in Black America
• Rights Here, Right Now

National Minority AIDS Council (NMAC): The NMAC website has extensive resources in support of its mission to develop leadership in communities of color to end the HIV/AIDS epidemic. These resources include information on health coverage under the Affordable Care Act, legislation and advocacy, conferences, training programs, and educational materials.

HIV/AIDS Resource Center for African Americans: This special section on TheBody.com website has links to numerous resources about HIV/AIDS in the Black community, as well as links to recent news articles, opinion pieces, and personal stories.

Center for AIDS Prevention Studies (CAPS): The University of California-San Francisco's CAPS has compiled many fact sheets in English and Spanish on HIV prevention in different communities. CAPS fact sheets include:
• What Are African Americans' HIV Prevention Needs? Also available in Spanish.
• What Are Black Men's HIV Prevention Needs? Also available in Spanish.
• What Is the Role of the Black Church for Black Gay Men and HIV Prevention?
• What Are Black Women's HIV Prevention Needs? Also available in Spanish.

Selected Recent Articles About HIV/AIDS Among Blacks/African Americans

Higher HIV Rates in Black MSM Due to Racial Gaps in Testing and Care. (TheBodyPRO)

New CDC Surveillance Report Finds Persistent Disparities in U.S. HIV Diagnoses. (Health Disparities Update)

Racial Disparities in the Gay Male HIV Epidemic Appear Entrenched. (AIDSmeds)


Why We Must Not Ignore the Lives of Older Black Gay Men. (HIV Prevention Justice Alliance)

HIV Criminalization: Another Way to Lock Up Young Black Men. (HIV Prevention Justice Alliance)

Infrequent HIV Testing and Late Diagnosis Are Common Among Black Gay and Bisexual Men in Six-City Study. (Health Disparities Update)

HIV Testing Increases Among Urban Black MSM, According to Latest NHBSS Survey. (Health Disparities Update)
Study Identifies Barriers to HIV Testing Among Black Immigrants to the U.S. (Health Disparities Update)

How Often Do Condoms Fail? Black Gay Men and Condom Problems. (TheBody)

Advocacy Groups Report to U.N. on U.S. Failures to Address the HIV Epidemic in Communities of Color. (HIV Prevention Justice Alliance)

CDC Study Finds Significant Racial and Gender Disparities in HIV Treatment and Viral Suppression. (Health Disparities Update)

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

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

Organizations Work to Reduce HIV/AIDS Among African American Women and Latinas. (blog.AIDS.gov)

Race, Age, and Transmission Risk Affect Viral Suppression Chances in D.C. Cohort. (NATAP)

HIV Incidence at Record High in Young Gay Black Men in Southern U.S.A. (AIDSmap)

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

Study Identifies How Blacks Fare in HIV Treatment Cascade. (AIDSmeds)

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RECENT RESEARCH ON HIV AND HEPATITIS 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.


Factors That Do Not Inform HIV Providers' Decisions to Start Antiretroviral Therapy for Young People Living with Behaviorally Acquired HIV. By J.D. Ball, in Journal of Adolescent Health.


Detecting HIV Among Persons Accompanying Patients to an Infectious Diseases Clinic. By J.J. Bischof, L.L. Bell, J.K. Pierce, and others, in Sexually Transmitted Diseases.


Giving Care to Immigrants Living with HIV in France: Stakes and Specificities [in French]. By O. Bouchaud, in La Revue du Praticien.


Depression and Apathy Among People Living with HIV: Implications for Treatment of HIV Associated Neurocognitive Disorders. By V.E. Bryant, N.E. Whitehead, L.E. Burrell 2nd, and others, in AIDS and Behavior.


Medicare’s Use of Cost-Effectiveness Analysis for Prevention (But Not for Treatment). By J.D. Chambers, M.J. Cangelosi, and P.J. Neumann, in Health Policy.

Addressing the Increasing Burden of Sexually Transmitted Infections in Rhode Island. By P.A. Chan, J. Maher, D. Poole, and others, in Rhode Island Medical Journal.


The Relationship Between Online Social Network Use, Sexual Risk Behaviors, and HIV Sero-Status Among
a Sample of Predominately African American and Latino Men Who have Sex with Men (MSM) Social Media Users. By C.J. Chiu and S.D. Young, in AIDS and Behavior.

A Text Messaging Intervention to Improve Retention in Care and Virologic Suppression in a U.S. Urban Safety-Net HIV Clinic: Study Protocol for the Connect4Care (C4C) Randomized Controlled Trial. By K.A. Christopoulos, E.D. Riley, J. Tulsky, and others, in BMC Infectious Diseases.


Health Outcomes for Older Hispanics with HIV in New York City Using the Oaxaca Decomposition Approach. By J.J. Dela Cruz, S.E. Karpiak, and M. Brennan-Ing, in Global Journal of Health Science.


IknowUshould2: Feasibility of a Youth-Driven Social Media Campaign to Promote STI and HIV Testing Among Adolescents in Philadelphia. By N. Dowshen, S. Lee, B. Matty Lehman, and others, in AIDS and Behavior.


Perceived Medical Risks of Drinking, Alcohol Consumption, and Hepatitis C Status Among Heavily Drinking HIV Primary Care Patients. By J.C. Elliott, E. Aharonovich, A. O'Leary, and others, in Alcoholism, Clinical and Experimental Research.


Depression Mediates and Moderates Effects of Methamphetamine Use on Sexual Risk Taking Among Treatment-Seeking Gay and Bisexual Men. By J.B. Fletcher and C.J. Reback, in Health Psychology.

Smoking, Internalized Heterosexism, and HIV Disease Management Among Male Couples. By K.E. Gamarel, T.B. Neilands, S.E. Dilworth, and others, in AIDS Care.


HIV Infection Worsens Age-Associated Defects in Antibody Responses to Influenza Vaccine. By V.K. George, S. Pallikkuth, A. Parmigiani, and others, in Journal of Infectious Diseases.


To Test or Not to Test: Barriers and Solutions to Testing African American College Students for HIV at a Historically Black College/University. By N.M. Hall, J. Peterson, and M. Johnson, in Journal of Health
Disparities Research and Practice.

**Estimating the Size of Populations at High Risk for HIV Using Respondent-Driven Sampling Data.** By M.S. Handcock, K.J. Gile, and C.M. Mar, in *Biometrics*.

**National Responses to HIV/AIDS and Non-Communicable Diseases in Developing Countries: Analysis of Strategic Parallels and Differences.** By T.N. Haregu, G. Setswe, J. Elliott, and B. Oldenburg, in *World Health and Population*.

**Complexities and Challenges of Transition to Adult Services in Adolescents with Vertically Transmitted HIV Infection.** By R. Harris, in *Journal of Family Planning and Reproductive Health Care*.


**Individual, Partner, and Partnership Level Correlates of Anal Sex Among Youth in Baltimore City.** By L.E. Hebert, P.S. Lilleston, J.M. Jennings, and S.G. Sherman, in *Archives of Sexual Behavior*.


**Binge Drinking and Risky Sexual Behavior Among HIV-Negative and Unknown HIV Status Men Who Have Sex with Men, 20 U.S. Cities.** By K.L. Hess, P.R. Chavez, D. Kanny, and others, in *Drug and Alcohol Dependence*.

**High Infectivity of Early HIV Infection in Men Who Have Sex with Men in San Francisco.** By T.D. Hollingsworth, C.D. Pilcher, F.M. Hecht, and others, in *Journal of Infectious Diseases*.

**Network Influences on the Sexual Risk Behaviors of Gay, Bisexual, and Other Men Who Have Sex with Men Using Geosocial Networking Applications.** By I.W. Holloway, C.A. Pulsipher, J. Gibbs, and others, in *AIDS and Behavior*.

**Acceptability and Willingness Among Men Who Have Sex with Men (MSM) to Use a Tablet-Based HIV Risk Assessment in a Clinical Setting.** By J. Jones, R. Stephenson, D.K. Smith, and others, in *Springerplus*. Free full text also available.


**Rates and Correlates of Antiretroviral Therapy Use and Virologic Suppression Among Perinatally and Behaviorally HIV-Infected Youth Linked to Care in the United States.** By S.Y. Kahana, M.I. Fernandez, P.A. Wilson, and others, in *Journal of Acquired Immune Deficiency Syndromes*.

**Dimensions of Poverty and Health Outcomes Among People Living with HIV Infection: Limited Resources and Competing Needs.** By S.C. Kalichman, D. Hernandez, C. Kegler, and others, in *Journal of Community...*


Mortality Among Older Adults with Opioid Use Disorders in the Veteran's Health Administration, 2000-2011. By S. Larney, A.S. Bohnert, D. Ganoczy, and others, in *Drug and Alcohol Dependence*.


Virtual Support for Paediatric HIV Treatment Decision Making. By K. Le Doare, N.E. Mackie, S. Kaye, and others, in *Archives of Disease in Childhood*.

Race-Based Differentials in the Impact of Mental Health and Stigma on HIV Risk Among Young Men Who Have Sex with Men. By C. Lelutiu-Weinberger, K.E. Gamarel, S.A. Golub, and J.T. Parsons, in *Health Psychology*.


Trends and Patterns of Sexual Behaviors Among Adolescents and Adults Aged 14 to 59 Years, United States. By G. Liu, S. Hariri, H. Bradley, and others, in *Sexually Transmitted Diseases*.


High Interest in a Long-Acting Injectable Formulation of Pre-Exposure Prophylaxis for HIV in Young Men Who Have Sex with Men in NYC: A P18 Cohort Substudy. By K. Meyers, K. Rodriguez, R.W. Moeller, and...


The Relationship Between ART Adherence and Smoking Status Among HIV+ Individuals. By J.L. Moreno, D. Catley, H.S. Lee, and K. Goggin, in AIDS and Behavior.


Hispanic/Latino Individuals Lack Sufficient HIV Treatment. No authors listed, in JAMA.


Impact of Community-Based Programs on Incarceration Outcomes Among Gay and Bisexual Stimulant-Using Homeless Adults. By A.M. Nyamathi, C.J. Reback, S. Shoptaw, and others, in Community Mental Health Journal.


Technology Use in Linking Criminal Justice Reentrants to HIV Care in the Community: A Qualitative Formative Research Study. By J. Peterson, M. Cota, H. Gray, and others, in *Journal of Health Communication*.


HIV Diagnoses, Prevalence, and Outcomes in Nine Southern States. By S. Reif, B.W. Pence, I. Hall, and others, in *Journal of Community Health*.

Structural Vulnerabilities to HIV/STI Risk Among Female Exotic Dancers in Baltimore, Maryland. By M.L. Reilly, D. German, C. Serio-Chapman, and *AIDS Care*.

Modeling Disparities in HIV Infection Between Black and White Men Who Have Sex with Men in the...
United States Using the HIV Care Continuum. By E.S. Rosenberg, G.A. Millett, P.S. Sullivan, and others, in Lancet HIV.


Prevalence and Correlates of Substance Use Among Trans*Female Youth Ages 16-24 Years in the San Francisco Bay Area. By C. Rowe, G. Santos, W. McFarland, and E.C. Wilson, in Drug and Alcohol Dependence.


Interactive Effects of Neurocognitive Impairment and Substance Use on Antiretroviral Non-Adherence in HIV Disease. By N.S. Thaler, P. Sayegh, M.S. Kim, and others, in *Archives of Clinical Neuropsychology*.

Impact of HIV-1 Infection on the Clinical Presentation of Syphilis in Men Who Have Sex with Men. By C. Tipple, in *Sexual Health*.


Taming the Great: Enhanced Syphilis Screening in HIV-Positive Men Who Have Sex with Men in a Hospital Clinic Setting. By J.A. Trubiano and J.F. Hoy, in *Sexual Health*.

Twelve-Month Incidence and Clearance of Oral HPV Infection in HIV-Negative and HIV-Infected Men Who Have Sex with Men: The H2M Cohort Study. By F. van Aar, S.H. Mooij, M. van der Sande, and others, in *BMC Infectious Diseases*.


Repeated STI and HIV Testing Among HIV-Negative Men Who Have Sex with Men Attending a Large STI Clinic in Amsterdam: A Longitudinal Study. By H.J. Vriend, I.G. Stolte, J.C. Heijne, and others, in *Sexually Transmitted Infections*.


HIV Treatment Outcomes Among People Who Inject Drugs in Victoria, Australia. By N. Walsh, A. Mijch,
K. Watson, and others, in *BMC Infectious Diseases*. Free full text also available.

**Prescription Drug Misuse and Sexual Behavior Among Young Adults.** By B.E. Wells, B.C. Kelly, H.J. Rendina, and J.T. Parsons, in *Journal of Sex Research*.


**Foreign-Born Persons Diagnosed with HIV: Where Are They From and Where Were They Infected?** By E.W. Wiewel, L.V. Torian, D.B. Hanna, and others, in *AIDS and Behavior*.

**Structural and Sociocultural Factors Associated with Cervical Cancer Screening Among HIV-Infected African American Women in Alabama.** By M. Williams, L. Moneyham, M.C. Kempf, and others, in *AIDS Patient Care and STDs*.

**Determining the Cost-Savings Threshold for HIV Adherence Intervention Studies for Persons with Serious Mental Illness and HIV.** By E.S. Wu, A. Rothbard, D.R. Holtgrave, and M.B. Blank, in *Community Mental Health Journal*.


**Retention in HIV Care Among Female Sex Workers in the Dominican Republic: Implications for Research, Policy, and Programming.** By R. Zulliger, C. Maulsby, C. Barrington, and others, in *AIDS and Behavior*.

**HIV, Violence and Women: Unmet Mental Health Care Needs.** By B. Zunner, S.L. Dworkin, T.C. Neylan, and others, in *Journal of Affective Disorders*.

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