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NEWS ROUNDUP

Increased Risks of Chronic Health Conditions in HIV+ Medicare Beneficiaries
People aged 65 and older who are living with HIV have significantly higher risks of many chronic health conditions compared to uninfected persons of similar age, according to new study by researchers from CDC’s Office of Health Equity. These findings are based on an analysis of national Medicare claims data from 2006 to 2009 for more than 29 million Medicare-eligible beneficiaries. For the purposes of the study, the CDC researchers considered beneficiaries with HIV diagnosis codes for outpatient, inpatient, or skilled nursing facility claims to be HIV+. They then compared the demographic characteristics and rates of chronic disease for the HIV+ and uninfected beneficiaries.

A total of 24,735 (0.09 percent) of the Medicare beneficiaries studied were HIV+. The median age of the HIV+ Medicare beneficiaries was about 5 years younger than the age of those without HIV. HIV+ beneficiaries were nearly twice as likely to be male and five times as likely to be African-American or Hispanic, compared to uninfected beneficiaries. They were also more likely to live in California, Florida, New Jersey, New York, or Texas.

Overall, HIV+ Medicare beneficiaries were about twice as likely as their uninfected counterparts to have high blood pressure, high blood lipid levels, ischemic heart disease, rheumatoid/osteoarthritis, or diabetes. In addition, compared to uninfected persons, the HIV+ beneficiaries were about 2.4 times as likely to have one or more of these chronic conditions and 7 times as likely to have all five.

“With the aging HIV-positive patient population, HIV providers in the Medicare network will have to prepare for patients with different medical needs, including a higher likelihood of chronic comorbid health conditions,” the researchers note. “Similarly, chronic disease practitioners who serve in the Medicare network, such as cardiologists and endocrinologists, should be aware that their Medicare patients may be receiving treatment for HIV infection. Greater collaboration between infectious disease and chronic disease practitioners will be needed to ensure the appropriate medical management of these patients including complex medication regimens.”

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CDC: HIV Treatment and Care Prevented 22,000 Perinatal Transmissions in U.S.
In 1994, a landmark clinical trial known as PACTG 076 showed that the risk of mother-to-child transmission of HIV could be substantially reduced by providing antiretroviral treatment (ART) and HIV care to the mother during pregnancy and to the infant after birth. Interventions based on this and subsequent research have made the prevention of mother-to-child transmission (PMTCT) one of the greatest success stories of the HIV/AIDS epidemic.

CDC researchers recently analyzed published HIV data to evaluate the impact of PMTCT interventions on perinatal HIV transmission in the U.S. In particular, they calculated:

- the total number of infants born during the period from 1978 through 2010 who were perinatally exposed to HIV and subsequently infected with the virus;
- the number of perinatal HIV cases prevented by PMTCT interventions; and
- the number of infants exposed to ART during the prenatal and intrapartum periods.
An estimated 186,000 HIV-exposed and 21,000 HIV-infected infants were born in the U.S. between 1978 and 2010, according to the researchers. Although about two-thirds of the total perinatal exposures to HIV occurred after the PACTG 076 trial’s findings were released in 1994, most U.S. perinatal infections occurred before that year – strong evidence of the efficacy of PMTCT interventions implemented in the wake of PACTG 076. About 80% of the mothers of the approximately 124,000 HIV-exposed infants born between 1994 and 2010 received ART during pregnancy, thereby preventing many HIV infections. The CDC researchers concluded that a total of nearly 22,000 MTCT HIV cases were prevented in the U.S. during that period.

“While widespread ARV prophylaxis has produced significant PMTCT successes, challenges remain,” the researchers noted. “Other studies have highlighted the role of missed HIV prevention opportunities, including late or no maternal HIV testing, inadequate ARV prophylaxis, breastfeeding, or low maternal CD4 cell counts. Addressing these missed prevention opportunities is crucial to the elimination of perinatal HIV transmission. Efforts to identify HIV infections and provide timely treatment for women before or early in pregnancy need continued support.”

HIV+ Hispanics/Latinos Have Significant Unmet Service Needs
In the run-up to National Latino AIDS Awareness Day (NLAAD) earlier this month, researchers from CDC and the Oak Ridge Institute for Science and Education published a new study evaluating the unmet needs for ancillary services among Hispanics/Latinos receiving HIV medical care in the U.S. in 2013 and 2014. These services include case management, mental health and substance abuse treatment, food and nutrition, transportation, and housing assistance, among others. As in a similar study published last month focusing on gay, bisexual, and other men who have sex with men, the new report identified significant unmet ancillary service needs among Hispanics/Latinos. In particular, among those receiving outpatient HIV medical care during 2013 and 2014:

- 24% reported unmet needs for dental care;
- 21% reported unmet needs for eye or vision care;
- 15% reported unmet needs for food or nutrition services;
- 9% reported unmet needs for transportation assistance;
- 8% reported unmet needs for shelter or housing services
- 7% reported unmet needs for HIV peer group support; and
- 6% reported unmet needs for mental health care.

For many of the ancillary services studied, young and early-middle-aged Hispanics/Latinos had a higher prevalence of unmet needs than persons aged 50 years or older. For example, Hispanics/Latinos between the ages of 18 and 39 years had a higher prevalence of unmet needs for both shelter or housing services and HIV peer group support than those 50 and older. Similarly, Hispanics/Latinos in their thirties or forties had a higher prevalence of unmet needs for food or nutrition services than those in their fifties or older.

Many Hispanics/Latinos with unmet ancillary service needs reported that they did not know how to get particular services. In fact, nearly half of those with unmet needs for transportation assistance (44%), HIV peer group support (43%), and food or nutrition (42%) cited this reason for not having their service...
needs met. In addition, a substantial proportion of Hispanics/Latinos with unmet needs reported that they were either not eligible for or denied services, especially shelter or housing (28%), transportation assistance (21%), and food or nutrition (15%).

“In this analysis, approximately half of Hispanics/Latinos in HIV care and with unmet needs for subsistence services did not receive these services because of real or perceived ineligibility or because they did not know how to get services,” the researchers noted. “In some cases, this might be related to immigration status, because just under 40% of Hispanics/Latinos in HIV care in the U.S. are foreign born. In previous research, Hispanic/Latino immigrants living with HIV cited inadequate knowledge about available services as obstacles to receiving HIV care and often held erroneous beliefs about service eligibility for undocumented persons. Case managers might consider providing targeted support to Hispanic/Latino clients who are navigating service availability and eligibility, especially in complicated immigration situations.”

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Inmates in State Prisons Have Limited Access to New Hepatitis C Drugs
U.S. prison inmates have disproportionately high rates of chronic hepatitis C virus (HCV) infection. In the 41 U.S. states whose departments of corrections reported HCV data, more than 106,000 inmates – 10% of the total inmate population – were known to have HCV in early 2015. The Federal Bureau of Prisons’ current Clinical Practice Guidelines recommend the use of direct-acting antiviral drugs (DAAs) for the treatment of many HCV-infected inmates. Unfortunately, the very high costs of the DAAs has been a major barrier to HCV treatment in state prison systems.

Recent studies have shown that, despite the high costs, treating HCV in state prisons is both feasible and cost-effective. However, in the past, there has been little data on current HCV treatment rates in state prison systems. To address this data gap, a Yale research group administered a survey to the directors of the departments of corrections in all 50 states, asking about current HCV care practices in state correctional facilities. The survey included questions about the number of inmates in state prisons known to be infected with HCV, the number of prisoners receiving any form of HCV treatment (including both new DAA regimens and older interferon-based regimens), annual prison spending on HCV treatment, and prison systems’ efforts to obtain specific DAA regimens. The survey also included questions about the costs of DAA regimens and how HCV medications were acquired in each state.

In the 41 states whose corrections departments reported data on HCV infection and treatment, the proportion of inmates reported to be infected with HCV in early 2015 ranged from just 1% in North Carolina to 41% in New Mexico, with a median rate of 10% for all states reporting data. Of the more than 106,000 HCV-infected inmates in these 41 states, only 949 (0.9%) were being treated for HCV. As of September 2015, the prices for a 12-week course of DAAs in state prisons varied widely, from about $43,000 to $95,000. The survey responses also indicated that many state corrections departments received smaller discounts on the prices of the DAAs than other government agencies did. Altogether, the corrections departments in these 41 states spent a total of at least $39.8 million annually on HCV treatment. In over half of the states, spending on HCV drugs was less than 10% of their total drug expenses. However, in eight states, HCV drugs accounted for 20% or more of total drug spending.

“The hepatitis C epidemic, state governments should increase funding for treating infected
inmates,” the study researchers recommended. “State departments of corrections should consider collaborating with other government agencies to negotiate discounts with pharmaceutical companies and with qualified health care facilities to provide medications through the federal 340B Drug Discount Program. Helping inmates transition to providers in the community upon release can enhance the gains achieved by treating hepatitis C in prison.”

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**UCSF Study Finds AETCs Strengthen Skills of Minority HIV Medical Providers**

There is currently a shortage of U.S. medical providers with the skills to care for the growing number of persons living with HIV. This shortage is projected to become even more acute, since many of the medical providers now involved in HIV care are nearing retirement. In addition, African Americans, Latinos, and American Indian/Alaska Natives are underrepresented among medical providers as a whole and among providers who serve people living with HIV. The National HIV/AIDS Strategy (NHAS) calls for an increase in both the number and the racial/ethnic diversity of HIV medical providers.

The national AIDS Education and Training Centers (AETCs) are tasked with developing the U.S. HIV workforce through a range of clinical training and capacity development activities focusing on evidence-based HIV care. To evaluate the impact of AETCs on the U.S. HIV medical work force, researchers from the University of California-San Francisco (UCSF) analyzed data on AETC educational activities for the funding year 2012-2013. In particular, they examined AETC trainee characteristics, including the types of medical providers trained by professional group and race/ethnicity. Their findings are summarized in a recent report in the *American Journal of Public Health.*

AETCs provided education to 56,127 unique trainees during the 2012-2013 funding year, according to the UCSF researchers. Nearly two-thirds (64%) of the AETC trainees were medical providers and nearly half (46%) identified as racial/ethnic minorities. In addition, approximately 40% of the medical provider trainees served mostly minority patient populations. More than 90% of the AETC trainings focused on topics related to the NHAS, such as antiretroviral therapy and issues related to HIV/AIDS in targeted and vulnerable population groups.

“We observed a higher rate of AETC training participation among medical providers who identified as African American and AI/AN across all types of provider groups examined, with variation by AETC region,” the researchers noted. “These successes warrant future research on the strategies employed to recruit and engage racial/ethnic minorities by AETCs with high minority training rates. Additional areas for future inquiry include the examination of minority training rates over time and exploring training rates among other clinicians (e.g., psychologists, social workers) who contribute heavily to the success of HIV health care teams.”

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**CDC Reports Examine HIV Testing Trends Among MSM and Hispanics/Latinos**

**HIV Testing Among HIV+ MSM Prior to Their Diagnosis:** Since 2006, the CDC has recommended that sexually active gay, bisexual, and other men who have sex with men (MSM) be tested for HIV at least annually. A variety of HIV testing initiatives and strategies have been implemented during the past
decade to expand HIV testing among MSM and thereby increase early diagnosis and treatment and reduce transmission. To better understand HIV testing patterns among HIV+ MSM prior to their diagnosis, CDC researchers recently analyzed data from CDC’s National HIV Surveillance System (NHSS). Their study, published last month in the Morbidity and Mortality Weekly Report (MMWR), focused on 21 jurisdictions conducting HIV incidence surveillance during the period from 2007 through 2013.

The researchers compared the number of newly diagnosed MSM who had a negative HIV test result in the 12 months before diagnosis for the two years at the beginning and end of the study period. Their analysis showed that the proportion of MSM who had a negative HIV test during the 12 months before diagnosis increased from 48% in 2007 to 56% in 2013, “indicating a trend toward increased HIV testing and earlier HIV diagnosis among persons most at risk for HIV,” according to the researchers. “Although testing facilitates early detection of HIV, given the large numbers of MSM still acquiring HIV (many after having a negative HIV test), enhanced HIV testing efforts might incorporate provision of biomedical prevention interventions such as pre-exposure prophylaxis for persons testing negative but still at risk for infection to reduce HIV acquisition.”

HIV Testing and Outcomes Among Hispanics/Latinos: In another report published in the MMWR, CDC researchers evaluated HIV testing and outcomes among Hispanics/Latinos in the U.S., Puerto Rico, and the U.S. Virgin Islands. They analyzed data from the National HIV Prevention Program Monitoring and Evaluation system on more than 3 million CDC-funded HIV test events conducted during 2014. Their analysis showed that 22.6% of CDC-funded HIV testing events and 23.3% of new HIV diagnoses were among Hispanics/Latinos. They also found that only about 60% of newly diagnosed Hispanics/Latinos were linked to medical care within 90 days of diagnosis — well below the 85% linkage-to-care goal in the National HIV/AIDS Strategy. Newly diagnosed Hispanics/Latinos living in U.S. dependent areas and the Northeast had the highest rates of linkage to HIV medical care, referrals for partner services, and referrals for HIV risk-reduction services, while those living in the South had the lowest rates.

“The findings emphasize the need for culturally and linguistically sensitive prevention strategies to promote diagnosis of HIV infection and linkage to medical care among Hispanics/Latinos to improve health outcomes,” according to the researchers. “Stakeholders and partners should focus on prevention and care strategies for Hispanic/Latino subpopulations (e.g., men who have sex with men and persons who inject drugs) to reduce HIV-related disparities.”

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amfAR Recommends Steps to Promote Engagement in HIV Care
Health plans and health care purchasers — including Medicaid and Medicare programs, marketplaces, and employers — can play an important role in curbing the U.S. HIV epidemic by taking steps to more effectively support engagement in HIV care, according to a recent report from The Foundation for AIDS Research (amfAR). The report authors note that, “from a health plan or purchasing perspective, HIV is a chronic condition that can be effectively managed. While some individuals with HIV may have extensive and complex needs, many are virally suppressed and require limited monitoring and laboratory services in addition to their antiretroviral therapy (ART) regimens. Effective management can help to make them a more predictable-cost population and allow plans and purchasers to appropriately tailor services to only those persons who need them.”
The report identifies changes in policy and practice that clinics, communities, and health care programs can implement to improve health outcomes, reduce unnecessary health spending, increase the effectiveness of services, and increase the integration of services. “Done right, the same steps that lead to appropriate management of care by health plans and purchasers also will help to achieve national public health goals,” according to amfAR. The report recommends 16 actions and interventions designed to:

- better monitor engagement in HIV care;
- support continuous and sustained engagement in care and HIV viral suppression; and,
- support policy changes at all levels of government to strengthen engagement in HIV care.

“While we have the science and the tools to stop HIV transmissions and support all people with HIV to lead long and healthy lives, the HIV community cannot achieve this vision alone,” noted Greg Millett, amfAR vice president and public policy director. “We hope that this report shows health plans and major health care purchasers that they can take a small number of strategic steps to provide better care to their members that will help us achieve critical national goals.”

OTHER NEWS REPORTS AND MATERIALS

Global HIV/AIDS Deaths Fell by One-Third During the Past Decade
Between 2005 and 2015, the number of HIV/AIDS deaths declined approximately 33% from 1.8 million to 1.2 million per year, according to a recent report by researchers in the Global Burden of Disease (GBD) 2015 Study. The GBD Study provides a detailed assessment of all-cause and cause-specific mortality for nearly 250 diseases in 195 countries and territories during the 35-year period from 1980 through 2015. Globally, life expectancy at birth increased from 61.7 years in 1980 to 71.8 years in 2015, according to GBD researchers. “Several countries in sub-Saharan Africa had very large gains in life expectancy from 2005 to 2015, rebounding from an era of exceedingly high loss of life due to HIV/AIDS” as a result of increased access to effective antiretroviral treatment for HIV and efforts to prevent mother-to-child transmission of the virus. The researchers noted that the significant decline during the past decade in the total number of deaths worldwide from communicable, maternal, neonatal, and nutritional conditions was largely attributable to major decreases in the age-standardized mortality rates for HIV/AIDS (42%) and malaria (43%), as well as a 30% decline in the rate of neonatal preterm birth complications and a 29% decrease in maternal disorders.

NIH Funds Research Network for HIV+ and at-Risk Youth
The National Institutes of Health (NIH) recently awarded funding for a research network focusing on the health and well-being of adolescents and young adults who are living with HIV or at risk for HIV. The awards, totaling up to $24 million in 2016, will support three research hubs and a data coordinating center in the Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN). The ATN’s three research hubs will be led by principal investigators at the University of California-Los Angeles; the

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University of North Carolina (UNC) and Emory University, and Wayne State University, Seton Hall University, and Hunter College. The ATN coordinating center at UNC will serve as the central resource for network communications, sample cataloging, and data management. Many HIV-infected youth “go a long time before they find out they have HIV and often do not get the care they need,” noted ATN co-director Bill Kapogiannis of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the NIH institute providing much of the funding for the awards. In addition, “Many at-risk youth are not aware that they need HIV and STI testing or prevention services,” according to ATN co-director Sonia Lee, a program officer at NICHD. “ATN studies will focus on helping this population engage with available services and avoid behaviors that increase the risk of HIV infection.”

Panel Recommends Hepatitis B Testing Before Starting Hepatitis C Antivirals
All patients with chronic hepatitis C virus (HCV) infection should be tested for hepatitis B virus (HBV) before beginning treatment with direct-acting antiviral (DAA) drugs, according to the guidance panel of the American Association for the Study of Liver Diseases/Infectious Diseases Society of America. “Cases of HBV reactivation – an increase of the HBV virus – during or after DAA therapy for HCV have been reported in HBV/HCV co-infected patients who were not already on HBV suppressive therapy,” explained Raymond Chung, co-chair of the HCV guidance panel. He noted that HBV reactivation can sometimes lead to mild to severe liver injury that, at worst, may be life-threatening. The recent updates to the HCV guideline also recommend:

- Providing HBV vaccination for all susceptible individuals, including persons who have not been immunized for HBV or who lack evidence of a response to HBV immunization;
- obtaining a test for HBV DNA prior to DAA therapy in patients who could have actively replicating HBV;
- starting patients who meet criteria for treatment of active HBV infection on therapy at the same time — or before — they start treatment HCV DAA treatment; and
- monitoring patients with low or undetectable HBV DNA levels at regular intervals for HBV reactivation, and treating them with HBV therapy, if needed.

Summaries of U.S. Candidates’ Positions on HIV/AIDS and Other Health Equity Issues
The Fenway Institute and Harlem United recently compiled summaries of each major presidential candidate’s and their party’s positions on a range of health equity topics, including: HIV/AIDS, LGBT equality, healthcare, substance use, mental health, and housing. These summaries are in two forms: 1) a 45-page document that provides detailed information about the stated positions and health equity histories, when available, for the presidential and vice presidential candidates, as well as relevant parts of the party platforms for the Democratic, Republican, Green, and Libertarian parties; and 2) a webpage, Issues That Matter: Comparing the Candidates and Parties, which includes brief excerpts from the party platforms and candidate statements. After the 2016 election next month, we plan to use these two resources to provide a more detailed summary of the health equity positions of the winning presidential candidate and the platforms of the majority party(ies) in the U.S. House and Senate.
Infographics on the Benefits of HIV/AIDS Research and PEPFAR

The Foundation for AIDS Research (amfAR) recently created two new infographics: Lifting All Boats: The Broad Benefits of Increased Investments in HIV/AIDS Research and The World Without PEPFAR. Lifting All Boats describes how HIV/AIDS research has contributed to the development of new diagnostic tests or treatments for various cancers, viral hepatitis, tuberculosis, autoimmune disorders, and Alzheimer’s disease. The document also includes a graph that tracks actual and inflation-adjusted NIH funding for HIV/AIDS research from 2003 to the present. According to amfAR, “inflation has shrunk the purchasing power of NIH HIV research dollars such that our ability to invest in new treatments, prevention tools, and, most importantly, a cure is at its lowest since 2003.”

The World Without PEPFAR infographic focuses on the U.S. President’s Emergency Plan for AIDS Relief. Launched in 2003, PEPFAR has provided extensive, ongoing support for HIV treatment, prevention, and care in resource-limited nations around the world. Instead of describing PEPFAR’s benefits directly, the amfAR infographic presents an alternative world in which PEPFAR never existed. In this world without PEPFAR, 9.5 million fewer people would have access to antiretroviral treatment, and an additional 11.5 million people would die of AIDS-related causes. Fifty percent of children born with HIV and left untreated would die by their second birthday, and the overall life expectancy of persons living in the nations hardest hit by HIV would decline to less than 40 years. In a summary of the infographic, amfAR concludes that, by making billions of dollars available for HIV programs in developing countries, PEPFAR “unlocked the ability to deliver programs and fundamentally changed the course of the HIV/AIDS epidemic and the world more broadly.”

First National HIV PrEP Summit Slated for December

The first National HIV PrEP Summit (NHPS) will be held on December 3 and 4 in San Francisco. The event will focus on the implementation of PrEP and other biomedical interventions as community-level options for reducing HIV transmission. According to NMAC, a primary sponsor for the event, the main goals of the NHPS are to bring together HIV leaders and stakeholders to discuss ways for increasing access to high-quality PrEP services among people of color and ways for building the infrastructure needed to support biomedical HIV prevention. In related news, NMAC is developing a two-part blueprint for HIV biomedical prevention. The first part of the blueprint, which will be released during the NPHS, will summarize the current state of biomedical HIV prevention. The second part, to be based on the insights of Summit participants, will include policy recommendations about biomedical HIV prevention for the next U.S. President’s White House AIDS czar and the secretary of the Department of Health and Human Services.

SIECUS Develops PrEP Education Toolkit for Providers Who Serve Youth

The Sexuality Information and Education Council of the United States (SIECUS) has developed an online resource to support primary care providers who wish to offer HIV pre-exposure prophylaxis (PrEP) to adolescents and young adults under age 25. According to SIECUS, the 64-page PrEP Education for Youth-Serving Primary Care Providers Toolkit combines existing and new tools and resources to help youth-serving primary care providers (PCPs) more effectively educate, counsel, and when appropriate, prescribe PrEP for young people. The Toolkit is divided into six sections:
• general overview of PrEP, as well as issues specifically related to prescribing PrEP to youth;
• clinical tools with guidance about the indications for PrEP, potential side effects, and drug interactions, as well as information about starting PrEP, supporting adherence, and treating special populations;
• billing considerations for PrEP;
• HIV, stigma, and social determinants of health;
• laws and policies related to youth and HIV; and
• links to additional online PrEP resources, organized by topic.

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FEATURED HEALTH RESOURCES
MATERIALS ABOUT SMOKING AND HIV
In most Disparities Update issues, we compile resources related to a designated HIV or hepatitis awareness day in the upcoming month. Although there are no officially designated health awareness days on HIV or hepatitis topics next month, November is Lung Cancer Awareness Month, and Thursday, November 19, is the Great American Smokeout. The Smokeout is a national event, organized by the American Cancer Society, challenging people to stop smoking tobacco for 24 hours as a first step toward quitting permanently.

There is a large and growing body of research on smoking among persons living with HIV. In the U.S., a higher proportion of HIV+ persons are smokers compared to the uninfected general population. As a result, the incidence of smoking-related cancers and cardiovascular disease is substantially higher among HIV+ persons than uninfected persons. Since smoking also weakens the immune system, HIV+ smokers are more susceptible to some opportunistic illnesses, including thrush, bacterial pneumonia, and pneumocystis pneumonia, than HIV+ nonsmokers.

In addition, there is now evidence that HIV+ smokers receiving effective HIV treatment are more likely to die from smoking-related causes than from HIV-related illnesses. To help you, your colleagues, and clients or patients become more informed about this topic, we have compiled an annotated list of online resources focusing on smoking and HIV/AIDS.

General Information

Smoking (AIDSmap)

Smoking and HIV (AIDS InfoNet) and Spanish version

Cigarette Smoking & HIV/AIDS (TheBody) – web page with links to fact sheets and articles about smoking

Quit Smoking Resources (CDC)

Stay Away from Tobacco (American Cancer Society)

Selected Recent Articles

Read current and back issues of the HIV and Hepatitis Health Disparities Update online at aac.org/HDisupdate.
Osteoporosis and Smoking Raise Fracture Risk in People with HIV. (Center for AIDS Information and Advocacy)

CT Scans Detect Early Lung Cancer in Middle-Aged Smokers with HIV. (Center for AIDS Information and Advocacy)

Helping People With HIV Quit Smoking: What Works for Whom? (Center for AIDS Information & Advocacy)

Smoking’s Pernicious Impact Worse with HIV Infection. (Center for AIDS Information & Advocacy)

Step-by-Step Advice on Helping HIV-Positive Smokers Quit. (Center for AIDS Information & Advocacy)

Ten Things Every HIV Clinician Should Know About Smoking. (Center for AIDS Information & Advocacy)

Low CD4 Count, Smoking, and Unhealthy Alcohol Use Are Risk Factors for Acute Exacerbation of COPD in People with HIV. (AIDSmap)

Quit-Smoking Drug Works Among People with HIV. (Poz)

Smoking Greatly Increases Risk for Non-AIDS Cancers in People with HIV. (Project Inform)

People with HIV Have High Rates of Smoking, Low Rates of Quitting. (Poz)

Avoiding Smoking Could Prevent 37% of Non-AIDS Cancers in Adults with HIV. (NATAP)

Smoking, Atherosclerosis Common Among MSM with HIV. (Healio)

Screening Study Finds High Prevalence of Early-Stage Lung Cancer Among Smokers with HIV. (AIDSmap)

Smoking Almost Triples Heart Attack Risk in Those Living with HIV. (TheBodyPro)

Smoking Is the Biggest Risk Factor for Non-AIDS-Defining Cancers in People Living with HIV. (AIDSmap)

Varenicline Helps People with HIV Stop Smoking, But Success Rate Remains Low. (AIDSmap)

Stop-Smoking Drug Helps HIV Patients Kick Habit. (MedPage Today)

Smoking Is the Main Cause of Increased Risk of Heart Attack in People with HIV. (AIDSmap)

Smoking Lowers Life Expectancy More Than HIV Itself. (TheBodyPro); related coverage from AIDSmap and Poz

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RECENT RESEARCH ON THE CONTINUUM OF CARE/TREATMENT CASCADE FOR HIV AND VIRAL HEPATITIS

This newsletter section includes the titles, authors, and links to abstracts of recent research related to the continuum of care for HIV and viral hepatitis. This includes research on interventions to increase awareness of HIV and/or viral hepatitis status through expanded testing; to increase linkage to and retention in care and treatment; and to attain and maintain desired health outcomes. Papers are listed alphabetically according to the lead author's last name.


Patterns of Healthcare Utilization Among Veterans Infected with Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) and Coinfected With HIV/HCV: Unique Burdens of Disease. By S. Katrak, L.P. Park, C. Woods, and others, in Open Forum Infectious Diseases.


Criminal Justice Involvement History Is Associated with Better HIV Care Continuum Metrics Among a Population-Based Sample of Young Black Men Who Have Sex with Men. By J.A. Schneider, M. Kozloski, S. Michaels, and others, in AIDS.

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RECENT RESEARCH ON HIV AND HEPATITIS HEALTH DISPARITIES AND AFFECTED POPULATIONS

This section includes the titles, authors, and links to abstracts of recent research. Papers are listed alphabetically according to the lead author's last name.


Transmitted Infections.


Effect of Alcohol Consumption on All-Cause and Liver-Related Mortality Among HIV-Infected Individuals. By C.E. Canan, B. Lau, M.E. McCaul, and others, in HIV Medicine.


Online Partner Seeking and Sexual Risk Among HIV+ Gay and Bisexual Men: A Dialectical Perspective. By D.G. Cruess, K.E. Burnham, D.J. Finitis, and others, in Archives of Sexual Behavior.


Inequalities by Educational Level in Response to Combination Antiretroviral Treatment and Survival in HIV-Positive Men and Women in Europe (1996-2013): A Collaborative Cohort Study. By J. Del Amo, in AIDS.

Update on Current Management of Chronic Kidney Disease in Patients with HIV Infection. By N.E. Diana and S. Naicker, in International Journal of Nephrology and Renovascular Disease. Free full text also available.


Exploring Service Provider Perceptions of Treatment Barriers Facing Black, Non-Gay-Identified MSMW.
By B. Forenza and E. Benoit, in *Journal of Ethnic and Cultural Diversity in Social Work*.

**Multiplex Competition, Collaboration, and Funding Networks Among Health and Social Organizations: Towards Organization-Based HIV Interventions for Young Men Who Have Sex with Men.** By K. Fujimoto, P. Wang, L.M. Kuhns, and others, in *Medical Care*.

**Risk Factors for “Late-to-Test” HIV Diagnosis in Riverside County, California.** By A.T. Gardner, R. Napier, and B. Brown, in *Medicine*.

**Predictors of HIV-Related Risk Perception and PrEP Acceptability Among Young Adult Female Family Planning Patients.** By D.B. Garfinkel, K.A. Alexander, R. McDonald-Mosley, and others, in *AIDS Care*.


**Factors Associated with Receiving Rapid HIV Testing Among Individuals on Probation or Parole.** By M.S. Gordon, S.B. Carswell, M. Wilson, and others, in *Journal of Correctional Health Care*.

**Using Online Settings to Identify Gay and Bisexual Men Willing to Take or with Experience Taking PrEP: Implications for Researchers and Providers.** By C. Grov, H.J. Rendina, R. Jimenez, and J.T. Parsons, in *AIDS Education and Prevention*.


**Prevalence and Predictors of Substance Use Disorders Among HIV Care Enrollees in the United States.** By B. Hartzler, J.C. Dombrowski, H.M. Crane, and others, in *AIDS and Behavior*.

**Gender and Sexual Health: Care of Transgender Patients.** By R. Hayon, in *FP Essentials*.

**Paying for Antiretroviral Adherence: Is It Unethical When the Patient Is an Adolescent?** By J. Healy, R. Hope, J. Bhabha, and N. Eyal, in *Journal of Medical Ethics*.


**Gender, Transience, Network Partnerships and Risky Sexual Practices Among Young Persons Who Inject Drugs.** By A.L. Hotton and B. Boodram, in *AIDS and Behavior*.

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