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NEWS ROUNDPUP

News and Views on the U.S. Election's Impacts on HIV/AIDS and Health Care
The results of the 2016 U.S. national election came as a great surprise to many people – from pollsters and political pundits to voters of every party. The election of Donald Trump as President, together with Republican majorities in the U.S. House and Senate, is expected to lead to extensive changes in both U.S. domestic and foreign policy and funding priorities. Many policy-makers and advocates across the political spectrum believe that, if the stated positions of President-Elect Trump and the 2016 Republican Platform are fully implemented, they could dramatically transform U.S. society. Just two days after the election, Trump and Republican Congressional leaders announced their top three priorities: immigration reform, health care, and job creation.

Many of this newsletter’s readers are directly involved in HIV and hepatitis work, public health, medical care, and social justice. To shed light on the policy changes in these areas that may occur during a Trump presidency, we have compiled a list of related analyses, statements, and news stories released in the run-up to the 2016 election and its immediate aftermath. This newsletter will publish more detailed summaries of Trump Administration policy proposals as these become available.

Policy Briefings
- Where President-Elect Donald Trump Stands on Six Health Care Issues (Kaiser Family Foundation)
- The 2016 Presidential Candidates on Important Health Equity Issues and Comparing the Candidates and Parties (Fenway Health and Harlem United) – These documents, which were prepared before the election, include succinct summaries of the 2016 Republican Platform and the stated positions of Donald Trump and Vice-President Elect Michael Pence.

Statements from HIV/AIDS Organizations and Public Health Groups
- Where Do We Go from Here? (joint post-election statement from NMAC, the National Alliance of State and Territorial AIDS Directors, AIDS United, and the National Coalition of STD Directors)
- HIV Advocates Face Challenges New & Old After Stunning U.S. Elections (AIDS United)
- Standing Together: AVAC Statement on the U.S. Election (AVAC)
- Working the Grief, Pain, the Fear and the Anger of the 2016 Presidential Election (Black AIDS Institute, published in Poz)
- The Future of Our Movement (AIDS United)
- GMHC Responds to 2016 Election Results (GMHC)
- Statement on the Election and the Affordable Care Act (Enroll America)

Sources of Ongoing Coverage (News Services and Aggregators)
President-Elect Donald Trump and HIV/AIDS - This new web page on TheBody.com site has links to articles from TheBody and other sources

Kaiser Health News - This site has many articles about the impacts of the 2016 election on the U.S. healthcare system. Here are links to a sampling of those articles:
- Following Trump's Win, Americans Sign Up For Health Law Coverage In Droves
- Republicans Likely To ‘Give Themselves Time’ To Set Health Law Replacement
- Trump’s Daunting Challenge: How Do You Actually Replace Obamacare?
Presented with P&S syphilis at participating STD clinics, the proportion who were coinfected with HIV was also common among MSM diagnosed with P&S syphilis during 2015. Among MSM who accounted for over 90% of all P&S syphilis cases during 2015, rates of syphilis remain especially high among gay, bisexual, and other men who have sex with men (MSM). During 2015, MSM accounted for more than four-fifths (82%) of P&S cases among men in which the sex of the partner was known. HIV coinfection was also common among MSM diagnosed with P&S syphilis during 2015. Among MSM who presented with P&S syphilis at participating STD clinics, the proportion who were coinfected with HIV.

Selected Coverage from Various Other Sources

- With President-Elect Donald Trump, an Uncertain Future for the Health Care of Tens of Millions (BETA Blog)
- Trump Can Kill Obamacare with or Without Help from Congress (NPR)
- Republicans Face Divisions Over ObamaCare Repeal (The Hill)
- Obamacare’s Future in Critical Condition After Trump’s Victory (Washington Post)
- Day One And Beyond: What Trump’s Election Means for the ACA (Health Affairs Blog)
- Trump Upset Will Force Healthcare Leaders to Rethink the Future (Modern Healthcare)
- A Sense of Whiplash About the Affordable Care Act (New York Times)
- U.S. President-Elect Donald Trump Urged to Ensure Human Rights for All (Inter Press Service)
- Five Ways Trump’s Win Can Change Medicine and Science (STAT/Scientific American)
- Why Trump’s Win Matters for Global Health (Council on Foreign Relations)
- From AIDS to Zika: Trump on Global Health and Humanitarian Aid (NPR)
- Here’s Some Advice for You, President Trump, from Scientists (ScienceInsider)
- The U.S. Election Is Over. Who Will Hold Key Science Leadership Jobs? (ScienceInsider)
- Science Under President Trump (Nature)
- How Scientists Reacted to the U.S. Election Results (Nature)

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U.S. STD Diagnoses Rose to Record Levels in 2015

The total combined cases of chlamydia, gonorrhea, and syphilis reached the highest number ever reported in the U.S., according to Sexually Transmitted Disease Surveillance 2015, from the Centers for Disease Control and Prevention (CDC). CDC statistics indicate that there were more than 1.5 million cases of chlamydia, nearly 400,000 cases of gonorrhea, and nearly 24,000 cases of primary and secondary (P&S) syphilis—the most infectious stages of that disease. The number of cases for each of these sexually transmitted diseases (STDs) increased significantly above the 2014 figures, with a 6% rise for chlamydia, 13% for gonorrhea, and 19% for P&S syphilis. The number of cases of congenital syphilis also rose 6% during 2015 to 487. The corresponding infection rates per 100,000 population were 479 for gonorrhea, 124 for chlamydia, 8 for syphilis, and 12 (per 100,000 live births) for congenital syphilis.

While the total cases and rates of P&S syphilis have increased among both men and women, men accounted for over 90% of all P&S syphilis cases during 2015. Rates of syphilis remain especially high among gay, bisexual, and other men who have sex with men (MSM). During 2015, MSM accounted for more than four-fifths (82%) of P&S cases among men in which the sex of the partner was known. HIV coinfection was also common among MSM diagnosed with P&S syphilis during 2015. Among MSM who presented with P&S syphilis at participating STD clinics, the proportion who were coinfected with HIV.
ranged from about 21% in Los Angeles to 59% in Baltimore.

“The health outcomes of syphilis – miscarriage, stillbirth, blindness, or stroke – can be devastating,” commented Gail Bolan, director of CDC’s Division of STD Prevention. “The resurgence of congenital syphilis and the increasing impact of syphilis among gay and bisexual men makes it clear that many Americans are not getting the preventive services they need. Every pregnant woman should be tested for syphilis, and sexually active gay and bisexual men should be tested for syphilis at least once a year.”

The 2015 STD surveillance data also showed that both the numbers and rates of chlamydia and gonorrhea cases continue to be highest among young people between the ages of 15 through 24. This age group accounts for half (50%) of total U.S. chlamydia cases and nearly two-thirds (65%) of gonorrhea cases. While both young women and men are heavily affected by these two STDs, young women generally face the most serious long-term health consequences. Researchers estimate that undiagnosed STDs cause infertility in more than 20,000 women each year.

“We have reached a decisive moment for the nation,” noted Jonathan Mermin, director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. “STD rates are rising, and many of the country’s systems for preventing STDs have eroded. We must mobilize, rebuild, and expand services – or the human and economic burden will continue to grow.”

NYC Achieves 90-90-90 Targets for HIV+ Whites, But Not Latinos or Blacks

In 2014, the Joint United Nations Programme on HIV/AIDS (UNAIDS) launched its Fast Track strategy for ending the AIDS epidemic by 2030. This strategy included the so-called 90-90-90 targets to increase HIV testing, access to care, and maintenance in care such that, by 2020:

• 90% of all people living with HIV will know their HIV status;
• 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART); and
• 90% of all people receiving ART will have viral suppression.

During the past few years, nations, states, cities, and other jurisdictions have incorporated these 90-90-90 targets into their own strategic plans for ending AIDS. This summer, Swedish researchers published a report indicating that their nation was the first in the world to achieve the 90-90-90 goals.

Now, public health officials report that New York City (NYC) has partially achieved the 90-90-90 targets – reaching that milestone for Whites, but not for Latinos/Hispanics and Blacks. A research group from the NYC Department of Health and Mental Hygiene studied HIV diagnosis and medical data, and calculated rates of diagnoses, retention in care, and viral suppression for persons living with HIV (PLWH) in NYC. The researchers estimated that there were about 87,000 PLWH in NYC at the end of 2014, including 15,900 Whites, 28,900 Latinos/Hispanics, 39,800 Blacks, and 2,400 persons of other races/ethnicities.

Their detailed analysis of a large randomly selected sample of HIV+ NYC residents showed that Whites met all three 90-90-90 targets for knowledge of HIV status, being on ART, and achieving viral suppression, while Latinos/Hispanics and Blacks met only the first two of the three targets. Overall, 80% of the Whites studied had achieved viral suppression, compared to 73% for Latinos/Hispanics, and
67% for Blacks.

“Although substantial progress has been made on clinical outcomes among PLWH in NYC, more progress needs to be made among Latino/Hispanic and Black PLWH to reduce racial disparities,” the researchers noted. “Racial disparities occurred at the last step of the HIV care continuum from ART prescription to viral suppression. Innovative interventions to improve adherence to ART in Latino/Hispanic and Black PLWH are needed.”

Most U.S. Veterans with Hep C Could Be Cured Within 3 Years, Study Suggests
The Veterans Affairs (VA) Healthcare System provides care for the largest group of persons living with chronic hepatitis C virus (HCV) in the U.S. With the roll-out of highly effective HCV treatments during the past few years, HCV cure rates have improved dramatically. At a conference this month, a VA research group reported that more than 107,000 veterans were prescribed antiviral regimens for HCV infection between 1999 and 2015. For much of this period, the available treatment consisted of the drugs interferon and ribavirin, which had relatively low HCV cure rates and difficult-to-tolerate side effects. However, beginning in 2011, and especially during the past few years, the VA has used a growing array of new direct-acting antivirals (DAAs) to treat the veterans in its care who are living with HCV.

The number of HCV-infected veterans treated by the VA increased from about 2,000 to 7,000 per year during the period from 1999 through 2011, to more than 9,000 in 2014 and 31,000 in 2015, as DAAs became more widely used. In the VA Healthcare System, HCV cure rates – defined as a consistently undetectable HCV viral load after treatment – rose from just 23% in 1999 to 91% in 2015. The VA researchers found that the availability of highly effective DAA regimens since 2014, together with increased funding for DAAs, resulted in about a 14-fold increase in the number of veterans cured of HCV per year. In fact, of the approximately 57,500 patients cured of HCV since 1999, nearly half (28,084) were cured in just one year – 2015.

The most important factors limiting HCV treatment in the VA system during 2015 were the high costs of HCV drugs and the amount of funding available for treatment. “Further increases in funding for antiviral medications and reductions in the cost of antiviral medications that occurred in 2016, suggest that the VA has the capacity to cure the majority of HCV-infected Veterans in VA care within the next 2 to 3 years,” according to the VA researchers.

Smoking Reduces Life Expectancy by More Than Six Years in HIV+ Persons
More than 40% of persons living with HIV in the U.S. are smokers. Previous studies have shown that smokers living with HIV are more susceptible to some opportunistic illnesses, including thrush, bacterial pneumonia, and pneumocystis pneumonia, than HIV+ nonsmokers. A multi-center research group recently used a computer model to calculate the impacts of smoking and smoking cessation on the survival of persons living with HIV in the U.S. In particular, the model used age- and sex-specific data, stratified by smoking status, to compare the life expectancies of HIV+ smokers and nonsmokers.
The model calculated that the risk of death from non-AIDS-related causes was 2.8 times greater for HIV+ current smokers versus never-smokers. The corresponding risk ratio for former smokers versus never-smokers ranged from 1.0 to 1.8, depending on the age that the persons stopped smoking. Men and women who entered HIV care at age 40 but continued to smoke lost 6.7 years and 6.3 years of life expectancy, respectively, compared with never-smokers, according to the model. In contrast, men and women who quit smoking upon entering HIV care regained an average of 5.7 years and 4.6 years, respectively, of life expectancy that they would have lost had they continued smoking.

The researchers noted that the factors associated with greater benefits from smoking cessation included younger age, higher initial CD4 T-cell counts, and excellent adherence to antiretroviral therapy (ART). They calculated that smoking cessation by 10% to 25% of U.S. HIV+ smokers could save a cumulative total of approximately 106,000 to 265,000 years of life. Noting that the negative effects of smoking may exceed those of HIV itself for persons who are receiving ART, the researchers urged that smoking cessation should become a priority in HIV treatment programs.

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**Literature Review: HIV+ Persons Less Likely to Receive Cancer Care**

The life expectancies of persons living with HIV have increased dramatically since the early days of the epidemic, thanks to antiretroviral treatment (ART) and other advances in HIV care. The rates of some AIDS-defining cancers, including Kaposi’s sarcoma, have declined substantially in the years since ART became widely available in the U.S. However, persons living with HIV continue to have higher rates of cancer-related illness and death than uninfected persons, in part because of lifestyle factors, such as higher rates of smoking and heavy alcohol use, and exposures to cancer-causing viruses.

Several studies have also indicated that disparities in cancer treatment may contribute to the higher cancer death rates seen in HIV+ persons. To investigate this further, Duke University researchers recently conducted a literature review of cancer treatment and survival among persons living with HIV. The review indicated that, compared to uninfected persons, HIV+ cancer patients were less likely to receive cancer treatment for several types of cancer. In one of the studies reviewed, significant disparities in cancer treatment rates were seen for diffuse large B-cell lymphoma, non-small cell lung cancer, and colorectal cancer – each of which is potentially curable in early stages.

Further analysis revealed that disparities in cancer treatment rates persisted, even after adjusting for differences in race, cancer stage, insurance status, and noncancer health issues. “Withholding treatment from HIV-infected patients can lead to lower life expectancy as well as symptoms from untreated cancer and lower quality of life. Loss of quantity and quality of life may have tremendous psychological, social, and economic impact on HIV-infected patients and their families in terms of mental health, family planning, lost wages, and diminished productivity,” the researchers noted. “Furthermore, equal access to standard cancer treatment, as well as novel therapies available only through clinical trials, is an issue of equity. All patients, regardless of HIV status, should have equal access to the best available cancer therapies.”

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Study Sheds Light on the Impacts of Food Insecurity on HIV Health Outcomes

Food insecurity has been defined as “the limited or uncertain availability of nutritionally adequate, safe foods, or the inability to acquire personally acceptable food in socially acceptable ways.” Previous research has shown that HIV+ food-insecure people have consistently worse health outcomes than HIV+ persons with consistent access to healthy food. To develop a deeper understanding of the interactions and impacts of food security and HIV infection, researchers from the University of California-San Francisco (UCSF) conducted in-depth interviews of 34 low-income HIV+ persons who were receiving food assistance from a non-profit organization in the San Francisco Bay area.

The interviewers asked participants about their experiences with food insecurity and its effects on their HIV-related health, mental health, and health behaviors, including their adherence to antiretroviral treatment (ART) and engagement in care. The researchers also analyzed interview transcripts to identify common themes among the participants. Four main themes emerged:

Food insecurity and adherence: Many participants explained how they preferred to take ART pills with food to avoid or ease the severity of side effects, such as nausea, vomiting, and fatigue. As a result, some participants struggled with adherence when they had limited access to food. Some also reported that they disliked taking medications at public meal sites, which they felt stigmatized them and offered little privacy for pill-taking.

Food insecurity and medical appointments: Although the participants generally placed a high priority on keeping their medical appointments, they reported that feelings of hunger or exhaustion from lack of adequate food, or digestive symptoms from taking pills on an empty stomach, sometimes made them miss appointments.

Food insecurity and mental health: Participants described how the lack of consistent access to food eroded their mental well-being through added stress and anxiety. Food insecurity also sometimes triggered or exacerbated depression, as well as feelings of failure, humiliation, or shame.

Interactions between food insecurity, mental health, and HIV-related health: “Many participants described how long-term food insecurity negatively affected their health, and several explicitly explained how their experiences with stress, anxiety, and depression – either arising directly from food insecurity or exacerbated through the mechanisms described above – had led to poor HIV clinical outcomes,” according to the researchers. They also reported how food insecurity, depressive symptoms, and non-adherence to ART could reinforce each other in more complex ways.

“This kind of in-depth understanding is essential for the design of well-targeted interventions and policies that do not oversimplify the problems they purport to solve,” the researchers concluded. “Among urban poor people living with HIV in the United States, broad, nuanced, creative approaches are needed that operate at multiple levels, going beyond nutritional interventions and acontextual clinical care to address the behavioral, psychosocial, and structural dimensions of persistent food insecurity amid a society of significant wealth.”

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NIMHD Designates Sexual and Gender Minorities as Health Disparity Populations

Read current and back issues of the HIV and Hepatitis Health Disparities Update online at aac.org/HDupdate.
Last month, the National Institute on Minority Health and Health Disparities (NIMHD) formally designated sexual and gender minorities (SGM) as a health disparity population for National Institutes of Health (NIH) research. According to NIMHD, the term SGM includes “lesbian, gay, bisexual, and transgender populations, as well as those whose sexual orientation, gender identity and expressions, or reproductive development varies from traditional, societal, cultural, or physiological norms.” In announcing the designation, NIMHD director Eliseo Pérez-Stable noted that, “Mounting evidence indicates that SGM populations have less access to health care and higher burdens of certain diseases, such as depression, cancer, and HIV/AIDS. But the extent and causes of health disparities are not fully understood, and research on how to close these gaps is lacking.”

While marked progress has occurred in the public acceptance of, and legal rights for, some SGM population groups in recent years, “stigmatization, hate-violence, and discrimination are still major barriers to the health and well-being of SGM populations,” according to Pérez-Stable. “Research shows that sexual and gender minorities who live in communities with high levels of anti-SGM prejudice die sooner – 12 years on average – than those living in more accepting communities.”

He noted that the designation builds on NIH’s previous steps to advance SGM health research. For example, in 2011, the Institute of Medicine published an NIH-commissioned report focusing on LGBT health issues. Responding to that report’s recommendations, NIH expanded its research portfolio and created the Sexual and Gender Minority Research Office (SGMRO). The SGMRO coordinates NIH-supported activities on SGM health issues and provides guidance to researchers both within and outside NIH.

OTHER NEWS REPORTS AND MATERIALS

Highlights from the 2016 HIVR4P Conference
About 1,400 HIV researchers, policy-makers, and advocates from over 40 nations met in Chicago on October 17 through 20 for the 2016 HIV Research for Prevention Conference (HIVR4P). HIVR4P is the only international scientific meeting devoted specifically to biomedical HIV prevention. Participants at this year’s conference presented on and discussed a wide range of prevention research, technologies, and strategies, including: studies of mechanisms of HIV transmission; vaccine development; short- and long-acting pre-exposure prophylaxis, vaginal rings and other microbicides; treatment as prevention, and voluntary medical male circumcision. For highlights of HIVR4P, we suggest you check out the official conference website. The site’s rapportsur summaries present news capsules for each conference day. The media coverage section includes links to more than 100 articles about the conference, with coverage from HIV news sources, including AIDSmap, HIV i-Base, TheBody, Poz, and NATAP, as well as from health and policy sites and the general news media. The AVAC Blog provides additional conference coverage not included in the HIVR4P site’s media section.
Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States

(Perinatal Guidelines). Like other HHS guidance on HIV treatment and care, the Perinatal Guidelines are updated regularly by an expert panel to reflect new information about HIV testing, prevention, antiretroviral treatment (ART), drug side effects and toxicities, and comorbid conditions. The revised Perinatal Guidelines include the following updates, among others:

- discussions of the use of expedited HIV testing, preferably involving fourth-generation antigen/antibody assays, in accordance with CDC testing guidelines;
- a recommendation that preconception care of HIV+ women with uninfected partners include a discussion of the potential benefits and risks of PrEP;
- a recommendation that ART should be started as early as possible in the pregnancies of HIV+ women;
- a recommendation that HIV+ women be counseled that ART during pregnancy generally does not increase the risk of birth defects; this guidance is based on extensive research on the safety of ART during pregnancy; and
- some changes in the antiretroviral drugs included in the Perinatal Guidelines’ preferred and alternative regimens for HIV+ pregnant women.

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Southern Initiative to Address HIV Disparities Among Minority Populations

The National Association of County and City Health Officials (NACCHO), in partnership with Cicatelli Associates, Inc. (CAI), has launched the Southern Initiative – a project to improve HIV health outcomes among minority populations in the Southern U.S. More than half of the newly diagnosed U.S. HIV cases occur in the South, according to NACCHO. “In addition, outcomes along the HIV care continuum are among the lowest in the country, and disparities among minority populations are particularly pronounced.” The 3-year Southern Initiative will focus on Ryan White Part A jurisdictions in Atlanta, Houston, Memphis, and New Orleans. NACCHO notes that each jurisdiction will receive funding and technical assistance “to implement innovative and evidence-based interventions aimed at improving outcomes across the HIV care continuum, and reducing disparities among minority populations, particularly men who have sex with men, youth, cisgender and transgender women, and people who inject drugs.” Consistent with National HIV/AIDS Strategy goals, these interventions will be designed to link people to care seamlessly after HIV diagnosis, as well as to support retention in care to achieve viral suppression. For persons who test HIV-negative, there will be interventions to support prevention counseling and planning, including the provision of pre-exposure prophylaxis, as appropriate. NACCHO and CAI will work closely with local HIV programs to ensure that Southern Initiative activities are integrated into the local HIV services infrastructure and are sustainable beyond the project period. The Southern Initiative is supported by the HHS Secretary’s Minority AIDS Initiative Fund and administered by the Health Resources and Services Administration’s HIV/AIDS Bureau.

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Webinars on Hepatitis and HIV Co-infection in Minority Communities

This summer and fall, the HHS Office of Minority Health (OMH) offered a five-part webinar series, “Fighting Hepatitis and HIV Co-Infection in Minority Communities.” According to OMH, the series was “designed to help health professionals, agencies, and clinics get past these challenges and address the rising rates of hepatitis and HIV co-infection in their communities.” The webinars examined the current
impacts of hepatitis and HIV among minority groups and best practices for culturally and linguistically appropriate testing and outreach efforts. As this newsletter went to press, OMH had posted archived videos for the first four webinars in the series:

- **Innovative Strategies for Addressing Hep C in Indian Country** (June 24)
- **Strategies to Address Hep C in African American Communities** (July 20)
- **Hep B among African Immigrants: Knowledge, Attitudes, Behavior** (September 1)
- **Hepatitis in Communities of Color: Strategies and Best Practices to Engage Consumers in Underserved Communities** (September 29)

The final webinar in the series “Veterans and Hepatitis C: Test, Treat, Cure,” was held on November 10. OMH is expected to post a link to that webinar on the capacity-building section of its website soon.

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**Journal Issues on HIV and Aging Research in Women, PrEP & Circumcision**

Current HIV/AIDS Reports has pre-published online a special supplement focusing on HIV and aging research in women. The issue’s articles examine the biomedical, neurocognitive, and psychosocial aspects of HIV infection in older women, primarily through the analyses of data from the Women’s Interagency HIV Study (WIHS) prospective cohort study.

“Global Implementation of PrEP as Part of Combination HIV Prevention – Unsolved Challenges” is the theme of a recent supplemental issue of the Journal of the International AIDS Society. The issue includes editorials, review articles, and reports focusing on the roll-out of pre-exposure prophylaxis (PrEP) in the following nations and regions: the U.S., Africa (including specific information for South Africa and Sub-Saharan Africa), the Asia-Pacific region, Europe, and Latin America. Also included are articles about the specific challenges and opportunities of providing PrEP to transgender women and persons who inject drugs. The supplement’s main page lists, and has links to, all articles and commentaries in the issue, including free full text.

The journal PLoS ONE has also just compiled a collection of research articles on the topic of voluntary medical male circumcision (VMMC). This collection includes research on new mathematical models “that can help country decision-makers examine the potential effects of targeting sub-populations for VMMC services,” according to the journal editors. “Using these models can lead to more informed choices about where best to invest scarce resources to prevent HIV.”

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**New Fact Sheets on HIV, Medicare, and Medicaid from Kaiser Family Foundation**

The Medicaid public insurance program has been an essential provider of HIV care since the beginning of the HIV epidemic. Medicaid is currently the single largest provider of health coverage for persons living with HIV in the U.S., covering more than 40% of those in care. With the aging of the U.S. HIV epidemic, a growing number of HIV+ persons are now 65 or older – the eligibility age for Medicare. In fact, the number of Medicare beneficiaries with HIV has nearly tripled since the late 1990s, rising from about 42,500 in 1997 to 120,000 in 2014. The Kaiser Family Foundation (KFF) recently produced two new fact sheets – **Medicaid and HIV** and **Medicare and HIV** – that provide extensive information about these topics. Each fact sheet includes sections on program eligibility requirements for HIV+ persons,
benefits available to HIV+ persons, the number of HIV+ beneficiaries, total program spending on HIV, and the future outlook for each program as a source of HIV care coverage. For easy reference, KFF has summarized key facts about program eligibility, benefits, and funding in several tables.

KFF also recently created a new infographic, Health and Health Care for Hispanics in the United States. The document contains a series of charts, maps, and pictorial representations of demographic data and health-related issues for Hispanics, including: population trends and income levels; health challenges, including disproportionately high rates of HIV infection, obesity, diabetes, and teen births; and barriers to accessing health insurance coverage, health care, and services.

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Updated Fact Sheets from AIDSinfo and CDC
In recent weeks, the U.S. federal AIDSinfo website and the CDC have published updated fact sheets about a range of HIV-related topics. Links to these fact sheets in English and Spanish, as available, are provided below:

- HIV/AIDS: The Basics (Spanish)
- The HIV Life Cycle (Spanish)
- The Stages of HIV Infection (Spanish)
- HIV Testing (Spanish)
- FDA-Approved HIV Medicines (Spanish)
- HIV/AIDS Clinical Trials (Spanish)
- What Is an Investigational HIV Drug? (Spanish)
- HIV and Mental Health (Spanish)
- What Is a Latent HIV Reservoir? (Spanish)
- Safer Sex 101 for HIV
- HIV and Substance Use in the United States

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FEATURED HEALTH RESOURCES

MATERIALS FOCUSING ON THE GLOBAL AND U.S. HIV/AIDS EPIDEMIC

On Thursday, December 1, the global community will observe the 28th annual World AIDS Day. For this issue of the Disparities Update, we’ve compiled a list of online resources focusing on the impact of HIV/AIDS globally and in the U.S. The global resources are listed first, followed by the U.S. materials.

The Global HIV/AIDS Epidemic
UNAIDS Website – This website includes information about HIV/AIDS policies and programs, regional information, global statistics, and news. Highlights include the following pages and recent reports:

- Country Data
- The AIDS Epidemic Can Be Ended by 2030 with Your Help
- Fast-Track Commitments to End AIDS by 2030
- UNAIDS and the Global Fund: A Life-Changing Partnership

Read current and back issues of the HIV and Hepatitis Health Disparities Update online at aac.org/HDupdate.
• AIDS by the Numbers - 2016
• Global AIDS Update: 2016
• Prevention Gap Report - 2016
• Cities Ending the AIDS Epidemic

Global HIV & Tuberculosis. Web page from CDC’s Division of Global HIV & Tuberculosis that includes statistics on HIV and TB in numerous countries, as well as U.S. efforts to help affected nations respond effectively to both epidemics

HIV InSite Global HIV Resources. Includes links to HIV/AIDS information from different organizations


Kaiser Family Foundation Information on the Global Epidemic

• The Global HIV/AIDS Epidemic
• Global HIV/AIDS Timeline
• The U.S. & The Global Fund to Fight AIDS, Tuberculosis and Malaria

Avert.org Information on the Global Epidemic (includes Global, Regional, and Country Statistics):

• HIV Around the World
• Global HIV and AIDS Statistics
• South Africa
• Sub-Saharan Africa
• Asia and the Pacific
• China
• India
• Thailand
• Western Europe, Central Europe, and North America
• United Kingdom
• Caribbean
• Latin America

The U.S. HIV/AIDS Epidemic

Planning Documents

National HIV/AIDS Strategy: Updated to 2020. This 74-page document from the White House is designed to guide the U.S. HIV/AIDS response through the year 2020. It outlines a series of steps needed to achieve four primary goals: 1) reducing new HIV infections; 2) increasing access to care and improving health outcomes for people living with HIV; 3) reducing HIV-related disparities and health inequities; and 4) achieving a more coordinated national response to the U.S. HIV epidemic.

Federal Action Plan for 2016-2020. This 40-page plan from the White House outlines specific actions federal agencies will take to implement the updated National HIV/AIDS Strategy above.
Resources on the U.S. Epidemic and Specific Population Groups from the CDC

- **HIV in the United States: At A Glance.** Fact sheet focusing on key aspects of the U.S. epidemic with bulleted highlights and graphs
- **Diagnoses of HIV Infection in the United States and Dependent Areas, 2014** (123-page report)
- **HIV Among Gay and Bisexual Men**
- **HIV Among Transgender People**
- **HIV Among Women**
- **HIV Among African Americans**
- **HIV Among American Indians and Alaska Natives**
- **HIV Among Asians**
- **HIV Among Hispanics/Latinos**
- **HIV Among Native Hawaiians and Other Pacific Islanders**
- **HIV Among Youth**
- **HIV Among People Aged 50 and Older**
- **HIV Among Incarcerated Populations**
- **HIV Risk Among Persons Who Exchange Sex for Money or Nonmonetary Items**

Additional Resources on the U.S. Epidemic

- **State Health Facts: HIV/AIDS.** Web page from the Kaiser Family Foundation with links to a wealth of state-level statistics, including data on the following: number of people living with HIV/AIDS; number of AIDS diagnoses; number of HIV diagnoses; HIV death rates; HIV/AIDS funding; AIDS Drug Assistance Programs; HIV and Medicaid; HIV testing; and HIV prevention programs.

- **NCHHSTP Atlas.** This atlas, from the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), is designed to be a “one-stop shop” for CDC’s most recent available data on HIV, viral hepatitis, STDs, and tuberculosis.

- **AIDSVu.** Interactive online map depicting various aspects of the U.S. HIV/AIDS epidemic at the state and county levels, as well as for selected cities.


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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.
Are We Shifting Attrition Downstream in the HIV Cascade? By M.P. Fox, in *Lancet HIV*.


Structural Inequalities Drive Late HIV Diagnosis: The Role of Black Racial Concentration, Income Inequality, Socioeconomic Deprivation, and HIV Testing. By Y. Ransome, I. Kawachi, S. Braunstein, and D. Nash, in *Health Place*.

Neighborhood Social Capital in Relation to Late HIV Diagnosis, Linkage to HIV Care, and HIV Care Engagement. By Y. Ransome, I. Kawachi, and L.T. Dean, in *AIDS and Behavior*.


Predictors of Viral Suppression and Rebound Among HIV-Positive Men Who Have Sex with Men in a Large Multi-Site Canadian Cohort. By Z. Tanner, N. Lachowsky, E. Ding, and others, in *BMC Infectious Diseases*.

Opening the Door to Zero New HIV Infections in Closed Settings. By A. Torriente, A. Tadion, and L.N. Hsu, in *Health and Human Rights*.

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.

Correlates of Combination Antiretroviral Adherence Among Recently Diagnosed Older HIV-Infected Adults Between 50 and 64 Years. By W.E. Abara, O.A. Adekeye, J. Xu, and others, in AIDS and Behavior.


The Association Between Changes in Alcohol Use and Changes in Antiretroviral Therapy Adherence and Viral Suppression Among Women Living with HIV. By N. Barai, A. Monroe, C. Lesko, and others, in AIDS and Behavior.

Food Insecurity Increases HIV Risk Among Young Sex Workers in Metro Vancouver, Canada. By D. Barreto, K. Shannon, C. Taylor, and others, in AIDS and Behavior.


The Utility of a Syndemic Framework in Understanding Chronic Disease Management Among HIV-Infected and Type 2 Diabetic Men Who Have Sex with Men. By B. Byg, A.R. Bazzi, D. Funk, and others,
in *Journal of Community Health*.

**No One Left Behind: How Are We Doing in the Roll-Out of PrEP as Part of Combination HIV Prevention?** By C.F. Cáceres, L.G. Bekker, and P. Godfrey-Faussett, in *Journal of the International AIDS Society*. Free **full text** also available.

**PrEP: Controversy, Agency, and Ownership.** By G.P. Cairns, K. Race, and P. Goicochea, in *Journal of the International AIDS Society*. Free **full text** also available.

**Barriers to Condom Use: Results for Men and Women Enrolled in HIV Risk Reduction Trials in Outpatient Drug Treatment.** By A.N. Campbell, A.J. Brooks, M. Pavlicova, and others, in *Journal of HIV/AIDS and Social Services*.

**Prevalence, Recurrence, and Incidence of Current Depressive Symptoms Among People Living with HIV in Ontario, Canada: Results from the Ontario HIV Treatment Network Cohort Study.** By S.K. Choi, E. Boyle, J. Cairney, and others, in *PLoS One*. Free **full text** also available.


**Bone Mineral Density and Vitamin D Levels in HIV Treatment-Naïve African American Individuals Randomized to Receive HIV Drug Regimens.** By P.P. Cook, A.T. Stang, L.R. Walker, and others, in *Southern Medical Journal*.


**Circumcision Status is Not Associated with Condom Use and Prevalence of Sexually Transmitted Infections Among Young Black MSM.** By R.A. Crosby, C.A. Graham, L. Mena, and others, in *AIDS and Behavior*.


**Differential Expression of MicroRNAs in Hepatitis C Virus Mediated Liver Disease Between African Americans and Caucasians: Implications for Racial Health Disparities.** By P.B. Devhare, R. Steele, A.M. Bisceglie, and others, in *Gene Expression*.


**Universal Antiretroviral Treatment Eligibility for Children and Adolescents Living with HIV: A New Era.** By E.J. Dziuban and E.D. Rivadeneira, in *Pediatric Infectious Disease Journal*.

**Acute HIV Infection Transmission Among People Who Inject Drugs in a Mature Epidemic Setting.** By D.J.
Escudero, M.N. Lurie, K.H. Mayer, and others, in AIDS.


**Increasing HPV Vaccination and Eliminating Barriers: Recommendations from Young Men Who Have Sex with Men.** By H.B. Fontenot, H.C. Fantasia, R. Vettes, and G.D. Zimet, in *Vaccine*.

**Chronic Health Conditions in Medicare Beneficiaries 65 Years and Older with HIV Infection.** By E.E. Friedman and W.A. Duffus, in AIDS.

**Interpersonal Attacks on the Dignity of Members of HIV Key Populations: A Descriptive and Exploratory Study.** By S.R. Friedman, E.R. Pouget, M. Sandoval, and others, in AIDS and Behavior.

**Associations Among Neighborhood Characteristics and Sexual Risk Behavior Among Black and White MSM Living in a Major Urban Area.** By V. Frye, V. Nandi, J.E. Egan, and others, in AIDS and Behavior.

**Costs and Benefits of Secrecy: The Dilemma Experienced by Adolescents Seropositive for HIV.** By E. Galano, E.R. Turato, R.C. Succi, and others, in AIDS Care.

**Prevalence and Correlates of Substance Use Among Youth Living with HIV in Clinical Settings.** By K.E. Gamarel, L. Brown, C.W. Kahler, and others, in Drug and Alcohol Dependence.


**Bayesian Approaches to Racial Disparities in HIV Risk Estimation Among Men Who Have Sex with Men.** By N.D. Goldstein, J. Burstyn, and S.L. Welles, in Epidemiology.

**Minority Men Who Have Sex with Men Demonstrate Increased Risk for HIV Transmission.** By K.S. Gordon, E.J. Edelman, A.C. Justice, and others, in AIDS and Behavior.


**Low Awareness and Use of Preexposure Prophylaxis in a Diverse Online Sample of Men Who Have Sex with Men in New York City.** By S. Gupta, D.W. Lounsbury, and V.V. Patel, in Journal of the Association of Nurses in AIDS Care.


Epidemiology.


The Shift in Emphasis from Risk-Based to Age-Based Hepatitis C Virus (HCV) Testing in the U.S. Tends to Remove Injection Drug Use from Discourse on HCV. By A.E. Jordan and D.C. Perlman, in Substance Use and Misuse.


Awareness of Hepatitis C Virus Seropositivity and Chronic Infection in the Hispanic Community Health Study/Study of Latinos (HCHS/SOL). By M.H. Kuniholm, M. Jung, J. Del Amo, and others, in Journal of Immigrant and Minority Health.


School-Based Interventions for Preventing HIV, Sexually Transmitted Infections, and Pregnancy in Adolescents. By A.J. Mason-Jones, D. Sinclair, C. Mathews, and others, in Cochrane Database of
Systemic Reviews.

**Alcohol Misuse, Depressive Symptoms, and HIV/STI Risks of U.S. Hispanic Women.** By B.E. McCabe, N. Schaefer Solle, N. Peragallo Montano, and V.B. Mitrani, in *Ethnicity and Health.*


**Psychosocial and Service Use Correlates of Health-Related Quality of Life Among a Vulnerable Population Living with HIV/AIDS.** By M.M. Mitchell, T.Q. Nguyen, S.R. Isenberg, and others, in *AIDS and Behavior.*

**Extent of Disclosure: What Perinatally HIV-Infected Children Have Been Told About Their Own HIV Status.** By P.M. Murnane, S.L. Sigamoney, F. Pinillos, and others, in *AIDS Care.*

**A Qualitative Description of HIV-Infected African American Women's Experiences of Psychological Distress and Their Coping Strategies.** By J.N. Peltzer, L. Ogawa, S. Tusher, and others, in *Journal of the Association of Nurses in AIDS Care.*

**San Franciscan MSM Have Similar Types and Numbers of Partnerships with Men Inside San Francisco and Outside San Francisco, 2011.** By Z. Pope, W. McFarland, and H.F. Raymond, in *AIDS Care.*

**Interruptions of Antiretroviral Therapy in Children and Adolescents with HIV Infection in Clinical Practice: A Retrospective Cohort Study in the U.S.A.** By N. Rakhmanina, K.S. Lam, J. Hern, and others, in *Journal of the International AIDS Society.*

**Assessing Stigma Among African Americans Living with HIV.** By D. Rao, Y. Molina, N. Lambert, and S.E. Cohn, in *Stigma and Health.*

**Impact of Cigarette Smoking and Smoking Cessation on Life Expectancy Among People with HIV: A US-Based Modeling Study.** By K.P. Reddy, R.A. Parker, E. Losina, and others, in *Journal of Infectious Diseases.*

**Virologic and Immunologic Outcomes in HIV-infected Patients with Cancer.** By D.J. Riedel, K.A. Stafford, A. Vadlamani, and R.R. Redfield, in *AIDS Research and Human Retroviruses.*


Rates and Predictors of Injury in a Population-Based Cohort of People Living with HIV: Trends and Disparities from 1996 to 2013. By H. Samji, W. Zhang, O. Eyawo, and others, in AIDS.


Nonadherence as 4-Day Antiretroviral Therapy Interruptions: Do Depression and Race/Ethnicity Matter as Much in the Modern Antiretroviral Therapy Era? By J.A. Saucedo, M.O. Johnson, and P. Saberi, in AIDS and Behavior.


Cancer Care Disparities in People with HIV in the United States. By G. Suneja and A. Coghill, in Current Opinions in HIV/AIDS.

Emerging Viral STIs Among HIV-Positive Men Who Have Sex with Men: The Era of Hepatitis C Virus and Human Papillomavirus. By T.J. van de Laar and O. Richel, in Sexual Transmitted Infections.


HIV and Aging. By E.J. Wing, in International Journal of Infectious Diseases.


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