FEATURED IN THIS ISSUE

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CDC Study Finds HIV+ MSM Have Significant Unmet Needs for Ancillary Services

More than half of the people currently living with HIV in the U.S. are gay, bisexual, and other men who have sex with men (MSM). There is an extensive body of research indicating that ancillary services – such as case management, mental health and substance abuse treatment, transportation, and housing assistance – can improve the health of persons living with HIV and help them achieve the goal of viral suppression. In a recent report in the Morbidity and Mortality Weekly Report, a research group from the Centers for Disease Control and Prevention (CDC) assessed the unmet needs for ancillary services among MSM receiving outpatient HIV medical care during 2013 and 2014. The researchers used data from the Medical Monitoring Project surveillance system to obtain nationally representative estimates of, and identify reasons for, unmet needs.

MSM who received outpatient HIV medical care during 2013 and 2014 reported having many needs for ancillary services, according to CDC. In particular:

- 23% reported unmet need for dental care;
- 19% reported unmet need for eye or vision care;
- 12% reported unmet need for food and nutrition services;
- 8% reported unmet need for HIV peer group support;
- 7% reported unmet need for transportation assistance;
- 7% reported unmet need for shelter or housing services; and
- 6% reported unmet need for mental health care.

Non-Hispanic Black MSM had higher prevalences of unmet needs for dental care (27%), transportation assistance (9%), shelter or housing (10%), and food or nutrition services (14%) compared with non-Hispanic white MSM (20%, 6%, 5%, and 10%, respectively). Hispanic/Latino MSM had higher prevalences of unmet needs for shelter or housing (8%) and food or nutrition services (14%).

“Findings from this analysis indicate some MSM were not accessing ancillary services because they did not know how to get services, were not eligible or were denied services, or had psychological barriers,” the researchers note. “Co-locating ancillary services with routine HIV medical care using a medical home model is a hallmark of the Ryan White HIV/AIDS Program. Expansion of the medical home model for HIV care by health departments, health care providers, and community-based organizations would likely increase access to needed ancillary services. When co-locating services is not feasible, proactive linkage via HIV case managers to existing program-funded services is another possible option for increasing access to services.”

San Francisco Reports Progress Toward Ending Its HIV Epidemic, But Challenges Remain

The number of new HIV cases in San Francisco is continuing to decline, and its HIV+ residents are getting linked to HIV care and achieving viral suppression more quickly, according to HIV Epidemiology: Annual Report 2016. The 108-page report from the San Francisco Department of Public Health (SFDPH) provides an overview of the HIV epidemic in San Francisco, including...
trends in HIV diagnoses, insurance status at time of diagnosis, engagement in prevention and care, and survival and deaths among persons living with HIV and AIDS. The report also provides breakdowns of HIV surveillance data and trends for the following groups: men who have sex with men; persons who inject drugs; heterosexuals; women; children, adolescents, and young adults; persons aged 50 and older; transgender persons; homeless persons; and persons coinfected with sexually transmitted infections.

In keeping with its Getting to Zero (GtZ) initiative, San Francisco hopes to be the first U.S. city to achieve the global GtZ goals of zero new HIV infections, zero HIV deaths, and zero HIV stigma. The 2016 report documents progress toward these goals, as well as persistent disparities in different demographic and risk groups. Overall, a total of 255 people in San Francisco were newly diagnosed with HIV during 2015 – a 52% decline from the 528 new HIV diagnoses reported in 2006. The 2015 figure for new diagnoses is the lowest number ever reported in the city since the epidemic began. However, there were substantial racial/ethnic disparities both in the diagnosis rates and the percentage change in diagnosis rates during the period from 2006 through 2015. In particular:

- among White men, the diagnosis rates declined nearly 66% – from 151 to 52 per 100,000;
- in contrast, among Black men, the diagnosis rates were substantially higher throughout the period and declined only 41% – from 238 to 140 per 100,000;
- among White women, the diagnosis rates were under 10 per 100,000 throughout the period;
- while among Black women, diagnosis rates were substantially higher and fluctuated widely from year to year, starting at 47 per 100,000 in 2006 and ending at 31 per 100,000 in 2015.

Although the number of new diagnoses has declined, the prevalence of HIV in San Francisco has continued to rise, reaching 15,995 persons living with HIV by the end of 2015. This is largely explained by improvements in HIV treatment and care, which have extended the lives and reduced the number of deaths among persons living with HIV. While the number of such deaths declined from 234 in 2011 to 197 in 2015, these figures were below the number of new diagnoses – resulting in a net increase in the number of persons living with HIV. The report provides more detailed breakdowns of deaths for 2003 through 2013. During this period, the death rates among HIV+ African American men peaked in 2005 at 333 per 100,000, before declining by nearly half during subsequent years and reaching 179 per 100,000 in 2013. This 2013 death rate among HIV+ African American men was about two times higher than that of White men and three times higher than that of Latino men.

SFDPH also found significant disparities in access to HIV care and viral suppression among different demographic and risk groups in San Francisco. For example, a lower proportion of HIV+ males were retained in care 3 to 9 months after initial linkage to care (72%) than females (93%). Compared to other racial/ethnic groups, HIV+ African Americans had a lower proportion of linkage to care both 1 month and 3 months after diagnosis (67% and 81%, respectively), retention in care (64%), and viral suppression 12 months after diagnosis (53%). Interestingly, HIV+ homeless persons actually had higher rates of linkage to care within 3 months of diagnosis than people who were housed (94% versus 90%). However, the proportion of HIV+ homeless persons reaching viral suppression within 12 months after diagnosis was substantially lower (53%) than that of HIV+ persons who were housed (77%).
While San Francisco public health officials remain optimistic about the city’s progress toward ending its HIV epidemic, they noted that the persistence of disparities “serves as a reminder that more work needs to be done to address the social determinants of health that adversely impact health outcomes among persons living with HIV in San Francisco.”

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Sweden Becomes First Nation to Achieve 90-90-90 Continuum of Care Targets

The “90-90-90 goals” of the Joint United Nations Program on HIV/AIDS/World Health Organization set the following targets for HIV diagnosis and care: 90% of all people living with HIV should know their HIV status; 90% of those diagnosed should receive antiretroviral therapy (ART); and 90% of those on ART should achieve durable viral suppression. Achieving durable viral suppression improves the health outcomes of persons living with HIV and dramatically reduces the risk of HIV transmission. If a nation meets all three of the 90-90-90 goals, than at least 73% of their residents living with HIV would be expected to achieve durable viral suppression, and the nation’s incidence of new HIV infections would likely be low. That is why meeting the 90-90-90 goals is widely considered to be an important milestone in ongoing efforts to end the HIV pandemic.

In a recent study published in *HIV Medicine*, a Swedish research team reports that Sweden has become the first nation to achieve the 90-90-90 goals. The researchers analyzed data from the Swedish InfCare HIV Cohort Study, which uses an electronic clinical decision support system to collect patient viral loads, CD4 counts, and viral sequences, as well as demographic and clinical data. This database includes information for nearly 100% of the 6,946 persons diagnosed with HIV in Sweden by the end of 2015.

Drawing on HIV surveillance data reported to Sweden’s Public Health Agency, the researchers estimated that only 10% of all HIV-infected persons in Sweden remain undiagnosed – thereby meeting the first of the 90-90-90 goals. They also calculated that, among all HIV-diagnosed patients, 99.8% were linked to care and 97.1% of those remained in care. At the end of 2015, 95.1% of the diagnosed patients were receiving ART, and 91.6% of these had been on treatment for at least 6 months and achieved an undetectable viral load. Taken together, these data indicate that Sweden has met or exceeded each of the 90-90-90 goals and that about 78% of the persons living with HIV there have achieved durable viral suppression.

The researchers described several factors that probably contributed to Sweden achieving the 90-90-90 goals:

- the HIV epidemic in Sweden is fairly small compared to that in many other nations;
- Sweden has enacted legislation requiring clinicians and labs to report new HIV cases and obliging patients to keep follow-up appointments;
- patients living with HIV are routinely linked to specialist treatment centers with multi-disciplinary teams;
- patients have free access to ART; and
- Sweden’s care providers typically follow the nation’s HIV treatment guidelines, which since 2014 have recommended ART for all persons living with HIV.

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Despite Improvements in Life Expectancies of HIV+ Persons, Large Regional Disparities Persist

The average life expectancies of people living with HIV (PLHIV) have increased dramatically since effective combination antiretroviral treatment (cART) first became widely available in high-income nations, including the U.S., Canada, Western Europe, and Australia, about 20 years ago. Effective cART has also become increasingly available in low/middle-income nations, particularly during the past decade. However, the life expectancy gains of PLHIV in these regions has lagged substantially behind the gains seen in high-income nations, according to a recent meta-analysis published in *HIV Medicine*.

The study researchers aggregated and analyzed data from eight cohort studies that estimated the life expectancy in PLHIV aged 14 years or older in different nations and regions over time. They then estimated the additional years of life expected for persons in different regions after starting cART either at the ages of 20 or 35.

Their calculations indicated that the overall life expectancy for 20-year-old PLHIV in high-income nations averaged an additional 43.3 years, compared to just 28.3 additional years for PLHIV in low/middle-income nations — a 15-year difference. For 35-year-old PLHIV, the estimated life expectancies averaged 32.2 additional years for those living in high-income nations, compared to just 25.6 years for those living in low/middle-income nations.

Interestingly, there was a large gender difference in the life expectancies of 20-year-old PLHIV in low/middle-income nations: an additional 33.0 years of life for women versus just 22.9 additional years for men. In contrast, the estimated life expectancies for HIV-infected 20-year-old men and women in high-income nations were about the same.

The researchers concluded that “life expectancy in HIV-positive people starting cART has consistently improved in both high-income and low/middle-income countries over time, reflecting improved access to better cART and improved patient monitoring . . . It is important for countries, and those of low/middle income in particular, to continue to monitor life expectancy from cART start in HIV-positive people into the future to assess the effect that changes in national cART guidelines, care coverage, and the care cascades have on patient outcomes.”

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Meta-Analysis: Simple Interventions Could Improve Engagement and Retention in Hepatitis Care

Recent advances in viral hepatitis treatment have improved the health outcomes of persons living with chronic hepatitis B (HBV) or hepatitis C (HCV) infections. HBV treatments can achieve and maintain viral suppression for many years, and new HCV treatments have very high cure rates both for people infected with HCV alone and for those coinfected with HIV and HCV. However, many people living with HBV or HCV have not yet benefited from effective treatment, either because they are unaware that they are infected or because they have not been successfully linked to and retained in care.

In a recent report in *Lancet Infectious Diseases*, University of California researcher Kali Zhou and colleagues conducted a systematic review and meta-analyses of interventions to enhance chronic viral hepatitis testing, linkage to care, treatment uptake, adherence, and viral
suppression or cure. They found that “several simple, inexpensive operational interventions can substantially improve engagement and retention along the chronic viral hepatitis care continuum.” In particular, their analysis showed that:

- Engaging culturally appropriate lay health workers to promote HBV testing increased HBV testing rates 2.7-fold;
- Using clinician reminders to prompt HCV testing during clinical visits increased HCV testing rates 3.7-fold; and
- Coordinating mental health, substance misuse, and hepatitis treatment services increased HCV treatment uptake 3-fold, and was associated with small, but statistically significant, improvements in treatment adherence and cure rates compared with the usual care.

The technology needed to implement these types of interventions is already available in many settings, including resource-limited areas. “In addition, many of these interventions can be implemented at the local level and are not dependent on higher-level governmental authorization,” the researchers noted. “We identified the importance of integrated approaches to hepatitis care and treatment for specific vulnerable populations. High uptake along the [viral hepatitis care] continuum will become increasingly important as access to effective HBV and all-oral HCV medicines expands.

NASTAD Recommends Steps to Ensure Equitable Access to Care for Transgender Persons

Many studies have shown that the prevalence of HIV infection is very high among transgender women, with an especially heavy impact on Black trans women of color. The National HIV/AIDS Strategy updated to 2020 (NHAS) outlines the importance of providing programs and services that address the needs of the transgender community in efforts to prevent new HIV cases in the U.S. “For transgender clients, insurance coverage represents an opportunity to access both HIV services and gender-affirming care and treatment,” according to Crossroads: ADAP Considerations for Transgender Health, an issue brief from the National Alliance of State and Territorial AIDS Directors (NASTAD).

“ADAPs and providers must directly engage transgender and gender nonconforming people in order to understand the systemic and day-to-day barriers many experience when attempting to engage in health care services,” the brief notes. “While cultural and gender-based training for staff can be a step in the right direction, intentional and direct input from transgender individuals is essential to create a support system that is safe and inclusive of all.” To meet the NHAS goals, NASTAD recommends that ADAPs and other providers take the following steps:

- incorporate transgender-specific considerations into insurance purchasing plan assessments, being mindful of plan policies and practices;
- include gender-affirming treatments on ADAP formularies;
- promote the collection of sexual orientation and gender identity data;
- include transgender-inclusive considerations on forms, communications, and publications;
- partner or contract with organizations that are run by transgender people, or are majority staffed by transgender people; and
• support syringe exchange services for clients who are injecting hormones or silicone, for feminization or masculinization, without medical supervision.

In related news, the Health Resources and Services Administration (HRSA) has scheduled a 90-minute webinar, “Trans Health 201: A Deeper Dive into Providing Culturally Appropriate Care from Patient and Provider Perspectives,” for Monday, October 17, at 1 p.m. EDT. Speakers at this webinar will discuss the health care needs of the transgender community from both the patient and provider perspectives. According to HRSA, the event “will highlight the special obstacles faced by transgender patients within the healthcare setting, opportunities to improve cultural competency within your organization, and best practices to integrate trans-friendly care into the primary care setting. The target audience includes HRSA grantees, healthcare providers, public health officials, and advocates wanting to improve competency in regards to serving the needs of transgender patients in their practices.” For more information, please contact Valerie Gallo at (415) 437-8095 or vgallo@hrsa.gov.

U.S. Pledges Up to $4.3 Billion Through 2019 to the Global Fund

On behalf of the White House, National Security Advisor Susan Rice recently announced that the U.S. will commit up to $4.3 billion through 2019 to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, subject to Congressional appropriations. “We are committing to match one dollar for every two dollars in pledges made by other donors through September 30, 2017,” Rice noted. “We are calling on all partners to contribute generously in order to leverage our matching pledge to reach the Global Fund’s replenishment goal of $13 billion for the three-year period from 2017 to 2019.” If this goal is reached, the Global Fund could avert an estimated 300 million new infections and saving an additional 8 million lives from HIV/AIDS, malaria, and tuberculosis by 2020.

The U.S. is the largest supporter of the Global Fund. It contributes about one-third of the overall funding and connects the Global Fund to other U.S.-led initiatives in global health. In addition, the U.S. has advocated for addressing the special health challenges that women and girls face, and for reaching key populations affected by HIV, tuberculosis, and malaria through the combined efforts of government, community, and private-sector stakeholders.

“We are profoundly grateful for the U.S. leadership in our mission to end these epidemics and build resilient and sustainable systems for health,” noted Mark Dybul, the Global Fund’s executive director. “It is thanks to partners like the U.S. that the Global Fund partnership is creating a movement that is transforming countless lives and creating more fair societies.”

OTHER NEWS REPORTS AND MATERIALS

Highlights from Two Recent U.S. HIV/AIDS Conferences

This year’s U.S. Conference on AIDS (USCA) was held on September 15 through 18 in Hollywood, Florida. At the conference, staff from blog.AIDS.gov used Facebook Live to broadcast conversations in real time with federal and community leaders discussing recent HIV developments and tools for responding to the epidemic. Embedded video recordings for eight
of these conversations have also been archived in a recent post to the blog. These include:

- opening comments about the USCA;
- developments in viral hepatitis;
- approaches for addressing HIV in Native American and Alaska Native communities;
- HIV stigma;
- investments to support the HIV response among Black gay men;
- a discussion in Spanish with USCA social media fellows;
- a conversation about viral suppression among people living with HIV; and
- closing reflections on USCA from Rich Wolitski, acting director of the Office of HIV/AIDS and Infectious Disease Policy.

The blog.AIDS.gov site also published a series of posts with highlights from the 2016 National Ryan White Conference on HIV Care and Treatment, which was held in Washington during late August. Some of these posts also featured embedded videos from Facebook Live chats:

- Dr. Fauci Kicks Off Facebook Live at Ryan White 2016
- Live on Facebook from Ryan White 2016
- Day Two Recap
- Day Three Recap
- Facebook Live Conversations with HRSA Leaders
- NIH’s Dr. Carl Dieffenbach Discusses HIV Treatment Science

Common Patient Assistance Application Updated to Streamline Access to HIV Meds

During August, the U.S. Department of Health and Human Services (HHS), in collaboration with the National Alliance of State and Territorial AIDS Directors (NASTAD) and seven drug companies, released an updated version of their Common Patient Assistance Program Application (CPAPA). Since the original CPAPA became available in 2012, it has allowed people living with HIV and their providers to apply to all HIV patient assistance programs (PAPs) at once, thereby reducing paperwork and saving time. PAPs are administered by private drug companies and other groups to help eligible patients obtain HIV medications for free or at low-cost. More than 10,000 persons have used the CPAPA to apply for assistance obtaining HIV medications since 2012. “To improve the application process, CPAPA was recently updated to provide clarity of the form’s instructions, ensure completeness of the application, and allow patients and case managers to fill out the form electronically,” according to Murray Penner, executive director of NASTAD. “By streamlining how people living with HIV who need help covering the cost of their medications are able to obtain those medications – which are key to achieving viral suppression, improving health outcomes, and preventing new infections – the CPAPA helps reduce barriers to accessing affordable, effective care and treatment.”

NIH Awards $7.9 Million to Test Mobile HIV Prevention App for Young Gay and Bi Men

The National Institutes of Health (NIH) has awarded a $7.9 million grant to the Columbia University School of Nursing to test an HIV prevention mobile app specifically developed for
high-risk young men. In the 5-year project, Columbia researchers will adapt and test a new mobile version of MyPEEPS – an existing HIV education intervention that covers topics including correct condom use, dealing with stigma and shame, and communicating effectively about safer sex. MyPEEPS Mobile will be a web-based version of the intervention that will be accessible by mobile and desktop devices and that will feature games, videos, and interactive scenarios. The app will be evaluated in a randomized controlled trial involving 700 racially and ethnically diverse 13- to 18-year-old men with HIV-negative or unknown status at four geographically diverse sites: Birmingham, Alabama; Chicago, Illinois; New York, New York; and Seattle, Washington. “Our aim is to provide this population with information to make better health decisions,” notes Rebecca Schnall, a co-principal investigator for the project. “Young, diverse MSM are the most at-risk for HIV infection, and there is a dearth of evidence-based interventions targeting this community. There is much evidence that mobile tech is a great way to connect with this generation. By meeting them where they are, we are hopeful about the intervention’s potential to decrease infections.”

New Resources on HIV Criminalization
In mid-July, approximately 150 advocates, activists, researchers, and community leaders from over 35 nations gathered in Durban, South Africa, for the meeting, Beyond Blame: Challenging HIV Criminalization. The meeting participants discussed progress in the global effort to combat the unjust use of criminal law against people living with HIV. The organization HIV Justice Worldwide, which convened the event, has now published a 43-page report that summarizes important take-home messages from the meeting, including guidance concerning: pursuing strategies to combat HIV criminalization; using available advocacy tools; and forming effective partnerships and alliances to fight unjust laws and practices. HIV Justice Worldwide has also created a 29-minute video that covers highlights from the Beyond Blame meeting.

In other HIV criminalization news, the HIV Prevention Justice Alliance and the SERO Project recently completed a three-part webinar series called “HIV is Not a Crime.” Resources from each of these webinar sessions are now available:

- Anti-Blackness and HIV Criminalization (91-minute video and slide set)
- Criminalization’s Impact on Trans Communities (91-minute video and slide set)
- Immigration and HIV Decriminalization (87-minute video and slide set)

Recent Fact Sheets and Reports from CDC
In recent weeks, the Centers for Disease Control and Prevention (CDC) published the following new or update fact sheets and report on HIV-related topics:

- HIV Among People Aged 50 and Over (brief overview of key facts and statistics)
- HIV Among Gay and Bisexual Men (brief overview of key facts and statistics)
- HIV Testing 101 (easy-to-read fact sheet in question-and-answer format)
- Social Determinants of Health among Adults with Diagnosed HIV Infection in 11 States, the District of Columbia, and Puerto Rico, 2014 (38-page report)
- Pediatric HIV Surveillance (through 2014) (slide set presenting surveillance data in maps, charts, and graphs)
Updated Hepatitis C Resources from HCV Advocate

HCV Advocate recently released the 2016 edition of A Guide to Understanding Hepatitis C. This 18-page publication includes information about HCV transmission, diagnosis, symptoms, disease progression, treatment options, disease management, and patient assistance programs, as well as a glossary and resource list. Another newly updated resource, Acute Hepatitis C, is a fact sheet that provides concise information about the clinical features of acute HCV infection, treatment options, the estimated incidence of acute HCV infection in the U.S., and a breakdown of acute infection cases by gender, race, age, and immune status – in particular, coinfection with HIV.

FEATURED HEALTH RESOURCES
MATERIALS FOR NATIONAL LATINO AIDS AWARENESS DAY (OCTOBER 15)

This year, National Latino AIDS Awareness Day (NLAAD) will be held on Saturday, October 15. The theme for 2016 is “We’ll Defeat AIDS Con Ganas [with Gusto].” The Latino Commission on AIDS, the Hispanic Federation, and many other organizations share responsibility for organizing NLAAD. The main goals of this annual awareness day include building the capacity of non-profit organizations and health departments to reach Hispanic/Latino communities, promote HIV testing, and provide HIV prevention information and access to care. To help you and your patients or clients prepare for and mark the day, we have compiled an annotated list of online resources focusing on the impact of HIV/AIDS on Hispanic/Latino communities.

General Information

National Latino AIDS Awareness Day. Web page for the day on the AIDS.gov website. Includes links to fact sheets in English and Spanish, HIV testing resources, and HIV programs focusing on Hispanic/Latino communities.

HIV/AIDS and Hispanic Americans. Web page from the Office of Minority Health with detailed statistical information about HIV testing, HIV and AIDS cases, modes of HIV exposure, and death rates among Hispanic/Latino Americans.

HIV Among Hispanics/Latinos. Fact sheet from the Centers for Disease Control and Prevention (CDC). Also available in Spanish.

Recursos en Español. This page from the AIDS.gov website links to resources in Spanish from a variety of agencies.

HIV in the United States: At a Glance. This fact sheet includes information about high HIV rates among Hispanics/Latinos. Also available in Spanish.

Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas. This CDC
Selected Recent Articles about HIV and Hepatitis in Hispanics/Latinos

Grindr Reaches At-Risk Minority Gay and Bi Men with HIV Self-Testing Kits.  (Poz)

Late Diagnosis, Adherence to Tx Problematic for Latinos With HIV.  (MedPage Today)

Half of Black Gay Men and a Quarter of Latino Gay Men Projected to Be Diagnosed Within Their Lifetime.  (CDC); related coverage from AIDSmap and BETA Blog


Sharp Rise in New HIV Diagnoses Among Gay and Bi Latino Men.  (Poz)

Some PrEP Success Among White and Latino Gay Youth.  (Poz)

Intervention Improves HIV Med Adherence Among Blacks and Latinos.  (Poz)

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.


A Dyadic Behavioral Intervention to Optimize Same Sex Male Couples’ Engagement Across the HIV Care Continuum: Development of and Protocol for an Innovative Couples-based


Individuals Motivated to Participate in Adherence, Care, and Treatment (imPACT): Development of a Multi-Component Intervention to Help HIV-Infected Recently Incarcerated Individuals Link and Adhere to HIV Care. By C.E. Golin, K. Knight, J. Carda-Auten, and others, in *BMC Public Health*. Free full text also available.

Barriers and Facilitators to Interventions Improving Retention in HIV Care: A Qualitative Evidence Meta-Synthesis. By B.J. Hall, K.L. Sou, R. Beanland, and others, in *AIDS and Behavior*.

Factors Associated with Optimal Pharmacy Refill Adherence for Antiretroviral Medications and Plasma HIV RNA Non-Detectability Among HIV-Positive Crack Cocaine Users: A Prospective Cohort Study. By K. Hayashi, E. Wood, T. Kerr, and others, in *BMC Infectious Diseases*. Free full text also available.


Development and Application of a New Measure of Engagement in Out-Patient HIV Care. By A.R. Howarth, F.M. Burns, V. Apea, and others, in *HIV Medicine*.

Chronic Hepatitis B in Korean Americans: Decreased Prevalence and Poor Linkage to Care. By C.S. Hyun, S. Kim, S.Y. Kang, and others, in *BMC Infectious Diseases*. Free full text also available.


Missing the Mark: Ongoing Missed Opportunities for HIV Diagnosis at an Urban Medical Center Despite Universal Screening Recommendations. By A. Liggett, D. Futterman, G.I. Umansi, and P.A. Selwyn, in *Family Practice*.
Marijuana Use Among Young Black Men Who Have Sex with Men and the HIV Care Continuum: Findings From the uConnect Cohort. By E. Morgan, A.S. Khanna, B. Skaathun, and others, in Substance Use and Misuse.


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.


Challenges in Recruiting People Who Use Drugs for HIV-Related Biomedical Research: Perspectives from the Field. By P. Batista, S. Deren, A. Banfield, and others, in AIDS Patient Care and STDs.


Disparities in Depressive Symptoms and Antidepressant Treatment by Gender and
Race/Ethnicity Among People Living with HIV in the United States. By A.M. Bengtson, B.W. Pence, H.M. Crane, and others, in *PLoS One*. Free full text also available.

Third-World Realities in a First-World Setting: A Study of the HIV/AIDS-Related Conditions and Risk Behaviors of Sex Trade Workers in Saskatoon, Saskatchewan, Canada. By Y. Bird, M. Lemstra, M. Rogers, and J. Moraros, in *SAHARA Journal*.


Exchange of Sex for Drugs or Money in Adolescents and Young Adults: An Examination of Sociodemographic Factors, HIV-Related Risk, and Community Context. By C.B. Boyer, L. Greenberg, K. Chutuape, and others, in *Journal of Community Health*.


Identity Conflict and Sexual Risk for Black and Latino YMSM. By C.L. Corsbie-Massay, L.C. Miller, J.L. Christensen, and others, in *AIDS and Behavior*.


Non-Disclosure of HIV Status and Associations with Psychological Factors, ART Non-Adherence, and Viral Load Non-Suppression Among People Living with HIV in the U.K.  By M. Daskalopoulou, F.C. Lampe, L. Sherr, and others, in *AIDS and Behavior*.


Community Federally Qualified Health Centers as Homes for HIV Pre-Exposure Prophylaxis: Perspectives from South Florida.  By S. Doblecki-Lewis and D. Jones, in *Journal of the International Association of Providers of AIDS Care*.

Stigma Experiences in Marginalized People Living with HIV Seeking Health Services and Resources in Canada.  By L.R. Donnelly, L. Bailey, A. Jessani, and others, in *Journal of the Association of Nurses in AIDS Care*.

A Cost-Effectiveness Analysis of Pre-Exposure Prophylaxis for the Prevention of HIV Among Los Angeles County Men Who Have Sex with Men.  By E.F. Drabo, J.W. Hay, R. Vardavas, and others, in *Clinical Infectious Diseases*.

Barriers to Viral Suppression Among Female Sex Workers: Role of Structural and Intimate Partner Dynamics.  By P. Duff, S. Goldenberg, K. Deering, and others, in *Journal of Acquired Immune Deficiency Syndromes*.


Coercion or Caring: The Fundamental Paradox for Adherence Interventions for HIV+ People with Mental Illness.  By M.M. Eisenberg, M. Hennessy, D. Coviello, and others, in *AIDS and Behavior*.


Reactions to Testing HIV Negative: Measurement and Associations with Sexual Risk Behaviour


Behavioral and Psychosocial Correlates of HIV Testing Among Male Clients of Female Sex Workers in Tijuana, Mexico. By P.J. Fleming, T.L. Patterson, C.V. Chavarin, and others, in AIDS and Behavior.


An HIV Pre-Exposure Prophylaxis (PrEP) Demonstration Project and Safety Study for Young MSM. By S. Hosek, B. Rudy, R. Landovitz, and others, in *Journal of Acquired Immune Deficiency Syndromes*.


Mortality in Hepatitis C Patients Who Achieve a Sustained Viral Response Compared to the General Population. By H. Innes, S. McDonald, P. Hayes, and others, in *Journal of Hepatology*.


Fertility Desires Among Women Living with HIV. By D.L. Jones, R. Cook, J.E. Potter, and others, in *PLoS One*. Free full text also available.


Hospitalizations in Immigrants and Non-Immigrants Diagnosed with Chronic Hepatitis C Infection in Quebec. By R. Kamstra, L. Azoulay, R. Steele, and others, in *Clinical Infectious Diseases*.

Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9-12 – United States and Selected Sites, 2015. By L. Kann, E.O. Olsen, T. McManus, and others, in *MMWR Surveillance Summary*. Free full text also available.


Full House: A Retrospective Analysis of High Sexually Transmitted Infection Prevalence Among Adult Film Actors at a Singular Residence. By K. Kendrick, V. Brown, C. Lords, and others, in *Sexually Transmitted Diseases*.


Quality of Care for HIV/AIDS and for Primary Prevention by HIV Specialists and Nonspecialists. By R.J. Landovitz, K.A. Desmond, J.L. Gildner, and A.A. Leibowitz, in *AIDS Patient Care and STDs*.


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