FEATED IN THIS ISSUE

News Roundup

• News from the 21st International AIDS Conference
• U.S. HIV Care Continuum Improves, But Disparities Persist
• Indicators Report Tracks Progress in Meeting U.S. AIDS Strategy Goals
• Medicare Study Finds High Rates of Chronic Health Conditions in HIV+ Elders
• 2015 Youth Health Surveys Identify Extensive Risk Disparities Among Sexual Minority Youth
• Model Indicates Broad Use of PrEP Could Lead to Marked Reductions in HIV Incidence Among MSM
• Focus on Supervised Injection Facilities
• AVAC Calls for Better Prevention Data Collection and Reporting
• Five-Year Strategic Plan and Provider Resource from MSMGF

Other News Reports and Materials

• Meta-Analysis Links Food Insecurity to Lower CD4 Counts
• 2016 Pipeline Report Highlights Advances in HIV and TB Testing, Prevention, and Treatment
• HHS Updates U.S. HIV Treatment Guidelines
• FDA Approves Epclusa for Chronic Hepatitis C Infection
• Special Journal and Magazine Issues Devoted to HIV/AIDS Themes

Featured Health Resources

• Materials for National HIV/AIDS and Aging Awareness Day (September 18)
• Recent Research on the Continuum of Care/Treatment Cascade for HIV and Viral Hepatitis
• Research Reports on HIV and Hepatitis Health Disparities and Affected Populations
NEWS ROUNDUP

News from the 21st International AIDS Conference
More than 18,000 global leaders, scientists, advocates, and frontline providers participated in the 21st International AIDS Conference, which was held in Durban, South Africa, from July 18 through 22. Some key themes of the biennial conference included: progress in ending the HIV/AIDS epidemic; the HIV care continuum; biomedical prevention; and the provision of HIV care and services to specific demographic and HIV risk groups.

To help people navigate the flood of recent news from this important meeting, AIDS Action’s Health Library has created a new web page: 2016 International AIDS Conference. The page organizes conference articles, videos, and other resources (with associated hyperlinks) into the following major sections:

- Conference Overview and Highlights
- The Global HIV/AIDS Epidemic
- HIV Prevention and Transmission (including PrEP and Microbicides)
- HIV Treatment Cascade/Continuum of Care (including HIV Testing and Access to Care)
- HIV Treatment
- Affected Population Groups
- Stigma and Discrimination
- Other Infectious Diseases

When more than one media outlet has covered a particular research study or conference development, the Conference resource page generally provides the full title and hyperlink for one summary, followed by links to related coverage from other sources. We believe that this structure highlights the main themes and news from the 2016 International AIDS Conference, will help you find the stories of greatest interest to you, and will make it easier to explore topics in depth.

U.S. HIV Care Continuum Improves, But Disparities Persist
During the period from 2009 through 2013, there were increases in the percentage of U.S. HIV+ persons receiving antiretroviral treatment (ART) and reaching viral suppression, according to a new CDC study published online in the Journal of Acquired Immune Deficiency Syndromes. These increases were seen among all racial/ethnic groups, both overall and among gay, bisexual, and other men who have sex with men (MSM). Despite these improvements, however, some significant racial/ethnic disparities persisted through the study period.

In their study, the CDC researchers used population-based estimates of HIV+ adults receiving medical care in the U.S. and Puerto Rico to examine trends in racial/ethnic disparities in the rates of ART prescriptions and viral suppression. They analyzed data from the 2009-2013 cycles of the Medical Monitoring Project (MMP), which is an HIV surveillance system designed to produce nationally representative estimates of the clinical and behavioral characteristics of HIV+ adults receiving medical care. Their analysis included about 22,000 HIV+ adults receiving medical care who self-identified as non-Hispanic Black or African American (Black), Hispanic, or non-Hispanic White (White), and participated in MMP between 2009 and 2013.
The researchers found that the prevalence of ART prescription increased during the period from 86% to 93% among Blacks, 89% to 97% among Hispanics, and from 92% to 95% among Whites. Viral suppression rates also increased significantly for all of these racial/ethnic groups during the period, rising from 64% to 76% among Blacks, 75% to 81% among Hispanics, and 79% to 86% among Whites.

“Despite reductions in the magnitude of racial/ethnic disparities in viral suppression over the time period, significant disparities remained, even after adjusting for differences in racial/ethnic group characteristics,” the researchers noted.

“In addition to increasing ART prescription among Blacks, efforts to reduce the prevalence of factors associated with lack of viral suppression that are more common among Blacks may have the potential to reduce Black-White disparities in viral suppression. Evidence-based programs that address social determinants of health such as poverty, education, incarceration, and homelessness have been recommended. Although addressing social determinants of health is notoriously difficult, these efforts are crucial to achieve the goals of the NHAS [National HIV/AIDS Strategy]."

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Indicators Report Tracks Progress in Meeting U.S. AIDS Strategy Goals

The Office of National AIDS Policy (ONAP) recently released an updated version of its Indicator Supplement, which tracks progress in meeting key goals in the National HIV/AIDS Strategy updated to 2020 (NHAS 2020). According to the 34-page report, “The most recent indicator data show that overall progress is being made in the fight against HIV, nationally and in key groups, including Black women, youth, and people who inject drugs. The data also show that we are not seeing progress on some indicators and that the disparities are widening for gay and bisexual men.”

The indicator data show that, since the baseline year of 2010, the U.S. has made important advances in the three main goals of the original NHAS and its 2020 update, namely: reducing new infections, improving health outcomes among people living with HIV, and reducing HIV-related disparities. These advances include:

- a 7% decrease in new HIV diagnoses from 2010 to 2013;
- a 30% reduction in the HIV/AIDS death rate, which is now approaching the 2020 target;
- improvements on milestones for the HIV continuum of care, including knowledge of serostatus, linkage to care, and viral suppression;
- decreased disparities in HIV diagnoses for Black females; and
- increased rates of viral suppression among youth and persons who inject drugs;

Unfortunately, NHAS targets have not been met for a number of key indicators. In particular:

- in the Southern U.S., progress has stalled in reducing disparities in HIV diagnoses;
- homelessness has increased among persons living with HIV; and
- disparities in new HIV diagnoses and rates of HIV-risk behaviors have increased among gay and bisexual men.

A recent blog post by ONAP Director Amy Lansky describes the supplement in detail and includes an infographic summarizing recent progress toward NHAS 2020 goals, together with a 4-minute video discussing the report.
Medicare Study Finds High Rates of Chronic Health Conditions in HIV+ Elders

The availability of effective antiretroviral treatment has dramatically increased in the life expectancies of persons living with HIV. In the U.S., the proportion of HIV+ persons over age 50 continues to rise and is projected to reach 50% by 2020. This “graying” of the HIV epidemic in the U.S. and globally has led to increased research on health threats to older HIV+ persons – both those due to chronic HIV infection and those related to the normal aging process.

To gain insight into the health status of HIV+ persons 65 years of age or older, researchers from CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention analyzed fee-for-service Medicare claims data for the years 2006 through 2009. They calculated the prevalence of chronic health conditions among these HIV+ Medicare beneficiaries HIV and compared the prevalence rates to Medicare beneficiaries without HIV.

The CDC researchers found that, of the 29.1 million Medicare beneficiaries studied, 24,735 (0.09%) were HIV+. The proportion of HIV+ beneficiaries who were Hispanic or African American was about five times higher, compared to beneficiaries without HIV. The HIV+ beneficiaries were about twice as likely as those without HIV infection to have chronic health conditions such as high blood pressure, ischemic heart disease, rheumatoid arthritis/osteoarthritis, or diabetes. They were also much more likely to have one to five comorbid health conditions than the uninfected beneficiaries.

The researchers conclude that, “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 co-morbid health conditions. 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 regimes.”

2015 Youth Health Surveys Identify Extensive Risk Disparities Among Sexual Minority Youth

Sexual minority youth have substantially higher rates of behavioral health risks compared to heterosexual youth, according to a report from CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. The report, Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 – United States and Selected Sites, 2015, analyzes data gathered through national, state, and urban-area Youth Risk Behavior Surveys (YRBSs) for 2015. For the first time, the 2015 YRBSs included questions to ascertain the sexual identity and the sex of sexual contacts for the students surveyed. This made it possible for researchers to calculate the prevalence of specific risk behaviors among lesbian, gay, and bisexual youth compared to heterosexual youth.

The researchers found that sexual minority youth had a comparatively high prevalence of health risks in the risk categories of sexual behavior, violence, tobacco use, and drug use.
• Of 6 sexual risk behaviors surveyed nationally, the prevalence of 5 was higher among sexual minority youth than among heterosexual youth.
• Of 18 violence-related risk behaviors surveyed nationally, the prevalence of 16 was higher among sexual minority youth than among heterosexual youth.
• Similarly, across 13 tobacco use-related risk behaviors, the prevalence of 11 was higher among sexual minority youth than among heterosexual youth.
• In addition, of 19 alcohol or other drug use-related risk behaviors, the prevalence of 18 was higher among sexual minority youth than among heterosexual youth.

The researchers concluded that, “To reduce the disparities in health-related behaviors experienced by sexual minority students, it is important to use this and other reports based on scientifically sound data to raise awareness about the prevalence of priority health-related behaviors among sexual minority students in grades 9-12 among policy makers, the public, and a wide variety of agencies and organizations that work with youth. These agencies and organizations, including schools and youth-friendly health care providers, can help facilitate access to education, health care, and evidence-based interventions designed to address priority health-related behaviors among sexual minority youth.”

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Model Indicates Broad Use of PrEP Could Lead to Marked Reductions in HIV Incidence Among MSM There is an extensive and growing body of evidence indicating that pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV infection among gay, bisexual, and other men who have sex with men (MSM). However, only limited information has been available on the projected impact that the extensive rollout of PrEP could have on new HIV infections among high-HIV-incidence groups, such as MSM. In a new study, researchers describe their use of a mathematical model to estimate the impact that the rollout of PrEP, based on the behavioral indications in CDC’s PrEP guidelines, could have on HIV incidence in U.S. MSM. Other variables considered in the model were the percentage of MSM with indications for PrEP who receive treatment and their rate of adherence to the PrEP regimen.

The researchers used a model of HIV transmission dynamics among MSM to estimate the proportion of HIV infections averted (PIA), the number of persons needed to treat with PrEP to prevent one new infection, and related epidemiological outcomes after implementing PrEP according to the behavioral indications in CDC’s PrEP guidelines.

The researchers developed a base scenario in which 40% of MSM with behavioral indications started PrEP and about 62% of those receiving PrEP were highly adherent. Under this scenario, the model projected that, over the next decade, the use of PrEP by U.S. MSM would avert an estimated 1,162 infections per 100,000 person-years. This is equivalent to one-third (33%) of expected infections among MSM. The model also predicted that the number of persons needed to treat (NNT) with PrEP to prevent one HIV infection would be 25. The researchers also used to model to calculate the expected impacts of other scenarios for PrEP coverage and adherence. They found that increasing PrEP coverage and adherence jointly raised the PIA, but that reductions to the NNT were associated with better adherence only.

“Implementation of CDC PrEP guidelines would result in strong and sustained reductions in HIV incidence among MSM in the United States,” the researchers concluded. “The guidelines strike a good balance between epidemiological impact (PIA) and efficiency (NNT) at plausible scale-
up levels. Adherence counseling could maximize public health investment in PrEP by decreasing the NNT."

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Focus on Supervised Injection Facilities
The Harm Reduction Coalition (HRC) recently issued a 20-page report, Alternatives to Public Injecting, summarizing the results of a consultative meeting on Supervised Injection Facilities (SIFs) convened in September 2015. HRC describes SIFs (also known as “drug consumption rooms”) as “sanctioned and supervised spaces for the hygienic consumption of pre-obtained drugs in a non-judgmental environment and under the observation of trained staff.” Further, “SIFs represent a public health intervention operating as part of a wider network of services for people who use drugs, woven into local networks of coordinated strategies to address the individual risks and community impact of drug use. These programs aim to reach underserved and marginalized populations, address health inequities, and resolve public health and safety tensions related to public injecting.”

Although more than 100 SIFs have been established in at least eight countries around the world, there are currently none operating in the U.S. At the consultative meeting, experts from several countries with operating SIFs – including Australia, Canada, and Germany – shared information about their SIF programs, planning and policy development processes, implementation challenges, and evaluation results.

The HRC report notes that, although SIFs in different regions have varied histories, settings, and contexts, they share some common themes and lessons, summarized below:

- People who use SIFs take better care of themselves, reduce or eliminate their needle sharing, use their drugs more safely, and ultimately reduce their drug use.
- SIF participants gain access to other medical and social services and entry into drug treatment.
- There has not been a single overdose death in any of these SIF programs over many years of operation and many thousands of supervised injections.
- SIFs do not increase drug use in the area, nor do they encourage young people to initiate drug use.
- Crime and public nuisance decrease in the areas around these programs.

In July, AIDS United’s Public Policy Committee issued a position statement calling for the implementation, with community support, of local SIFs as an HIV/HCV prevention strategy for people who inject drugs (PWID).” The statement cites research indicating that “SIFs dramatically reduce overdose-related death, increase both initiation and retention of care, lead to better long-term substance use treatment outcomes, and are cost effective. Subsequently, they further represent an excellent overdose and substance use prevention and intervention strategy.”

In particular, AIDS United sees SIFs as part of a comprehensive prevention and treatment strategy for PWID: Other key elements of this strategy include:

- increased access to Medication Assisted Therapy;
- layperson naloxone distribution;
• Good Samaritan protections for individuals who administer naloxone or call emergency services in the event of an overdose;
• syringe services programs;
• HIV and hepatitis C screening, prevention, and treatment;
• hepatitis A and hepatitis B vaccination;
• access to wound care and primary medical care;
• access to behavioral health care; and
• access to non-abstinence-based Housing First supportive housing programs with low barrier of entry and high barrier of exit.

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AVAC Calls for Better Prevention Data Collection and Reporting

In Big Data, Real People, AVAC focuses on what it considers “one of the most urgent issues facing biomedical HIV prevention today: gaps in the type and quality of data collected on prevention for HIV-negative people.” In its 44-page report, AVAC argues that, “Changing the approach to HIV prevention data means assessing and adapting relevant ‘Big Data’ approaches that analyze enormous data sets to identify new correlations. It also means adapting systems that have existed for decades to reflect new prevention tools and goals.”

AVAC identifies the following major problems with current HIV prevention data:
• Prevention data are not sufficiently broken down.
• Data are missing for many of the people most in need of prevention.
• The data aren’t there to measure prevention progress.
• Data driving basic science to new breakthroughs need sustained funding.

“Fixing core problems with how prevention data are collected and reported is key to slowing the rate of new cases of HIV,” according to AVAC. “In 2016, there is no justification for prevention data to be as patchy and mysterious as they are.” To improve this situation, AVAC calls for the piloting and widespread adoption of HIV Prevention Data Dashboards – visual displays “of the critical information needed to achieve objectives; consolidated and arranged so that the information can be easily monitored.”

Such dashboards would reorganize existing prevention indicators “into ‘cascade’-style readouts of the services obtained by people testing HIV-negative.” In such dashboards, “Readouts from prevention and treatment cascades could be combined to give a sense of progress toward prevention overall. These could be developed for any key population for which there is adequate data or for a nation or program. The Dashboard wouldn’t answer all the relevant questions, but it would offer a valuable snapshot and tool to track progress toward global and national targets for incidence reduction.”

^ RETURN TO “FEATURED IN THIS ISSUE”

Five-Year Strategic Plan and Provider Resource from MSMGF

During the past decade, the Global Forum on MSM & HIV (MSMGF) has worked with partner organizations to develop advocacy and capacity-building programs that address the health and human rights challenges of gay and bisexual men worldwide. In its newly released strategic plan for 2016-2021 – Community Action, Sexual Health & Rights – MSMGF describes dramatic changes in HIV epidemiology, prevention technologies, and policies that will shape advocacy and service delivery for years to come. These include, among others:
• unabated – and in many instances worsening – incidence of HIV and sexually transmitted infections among gay and bisexual men and other men who have sex with men (MSM);
• reductions in HIV funding and gross disparities of funding directed to community-based programs led by MSM;
• integration of HIV within a broader agenda for global health or for sexual and reproductive health;
• ongoing criminalization and worsening stigma, discrimination, and violence directed at lesbian, gay, bisexual, and transgender people, undermining the HIV response;
• solid evidence of the health and prevention potential of antiretroviral medication; and
• increasing biomedicalization of the HIV response.

To respond to these challenges and opportunities, MSMGF will organize its work around the following themes over the next 5 years:
• “Forging the Way,” which involves nurturing and mobilizing leadership for community action in HIV, sexual health, and human rights;
• “Breaking Barriers,” which involves promoting equitable access to comprehensive and holistic HIV and sexual health services for gay and bisexual men and other men who have sex with men; and
• “Leading Together on Human Rights,” which involves facilitating gay, bisexual, and other men who have sex with men to work in broad-based coalitions towards social justice.

In related news, MSMGF has launched a new e-learning platform for health professionals who serve gay and bisexual men. The platform’s content, which includes video lectures and ebooks, is organized into modules to facilitate self-directed learning. Currently available modules include: defining community empowerment; power and health; key elements of community empowerment 1 and 2; and monitoring progress on community empowerment initiatives. In the coming months, MSMGF plans to release over 250 hours of videos and review content.

OTHER NEWS REPORTS AND MATERIALS

Meta-Analysis Links Food Insecurity to Lower CD4 Counts
Food insecurity – the lack of reliable access to a sufficient amount of nutritious, affordable food – affects an estimated 800 million people worldwide, including many persons living with HIV. To evaluate what role, if any, food insecurity may have on HIV disease prognosis, researchers from McGill University and their colleagues conducted a meta-analysis of studies that included information about the food security status and CD4 T-cell counts of persons living with HIV.

After an extensive literature review, the researchers focused on eight studies with sufficiently detailed data on food security and CD4 counts for analysis. They found that, HIV+ persons who met the U.S. Department of Agriculture’s criteria for food insecurity were over 1.3 times more likely to have lower CD4 counts than HIV+ persons who were food secure. On average, HIV+ food insecure persons’ CD4 counts were 91 cells/microliter lower than their food-secure counterparts. “Although the exact mechanism in which food insecurity is associated with lower CD4 counts is not yet fully understood, both experimental and human studies have demonstrated that adequate nutrition (sufficient intake of nutritious foods and the absorption of
nutrients) is essential if the immune system is to function normally," the researchers note. “Therefore, addressing food insecurity among HIV-infected people must be considered if we are to improve immune status and avoid poor health outcomes. One possible and immediate solution for food insecurity in this population is the provision of food supplementation; this approach has demonstrated promising results in several studies on this topic.”

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2016 Pipeline Report Highlights Advances in HIV and TB Testing, Prevention, and Treatment
The Treatment Action Group and the HIV i-base recently published the 2016 Pipeline Report: HIV & TB, which provides detailed information on new drugs, diagnostics, vaccines, preventive technologies, and research to cure HIV and TB. The 206-page report includes sections on:

- the overall antiretroviral treatment (ART) pipeline for HIV, with updates on new and experimental drugs;
- the ART pipeline specifically for children;
- approaches for optimizing ART through access to improved HIV medications and more convenient dosing;
- prevention technologies, including PrEP, microbicides, and HIV vaccine development;
- research to cure HIV and immune-based and gene therapies; and
- the diagnostics, prevention, and treatment pipelines for tuberculosis.

In previous years, the Pipeline Report had also included extensive information about advances in the prevention and treatment of chronic hepatitis C virus (HCV) infection. However, the 2016 report contains only a brief update on HCV, with particular emphasis on HCV treatment guidelines and barriers to accessing HCV care.

^ RETURN TO “FEATURED IN THIS ISSUE”

HHS Updates U.S. HIV Treatment Guidelines
In mid-July, the U.S. Department of Health and Human Services (HHS) posted the latest update to its Adult and Adolescent Antiretroviral Treatment Guidelines. The guidance regarding the choice of regimens when starting antiretroviral treatment (ART) was revised to include new combination pills containing tenofovir alafenamide (TAF). TAF is a prodrug of tenofovir with an improved side effect profile compared to the older form of tenofovir, which has been widely used in HIV regimens for years. The updated guidelines also emphasize that ART is recommended for all HIV-infected persons, including all HIV+ women, and stresses the importance of early ART for HIV+ women during pregnancy and continuation of ART after pregnancy. The update also includes new guidance on managing coinfections involving HIV and hepatitis B, hepatitis C, or tuberculosis.

^ RETURN TO “FEATURED IN THIS ISSUE”

FDA Approves Epclusa for Chronic Hepatitis C Infection
The U.S. Food and Drug Administration (FDA) recently approved the two-drug combination pill Epclusa to treat adult patients with chronic hepatitis C virus (HCV) infection. Epclusa, developed by Gilead Sciences, is a fixed-dose combination tablet containing sofosbuvir, an HCV drug approved in 2013, and velpatasvir, a new HCV drug. It is the first HCV combination...
pill that may be used to treat all six major forms (genotypes) of HCV. Research studies have shown that a 12-week regimen of Epclusa has a high HCV cure rate both for patients without cirrhosis and for those with compensated cirrhosis. For patients with moderate to severe cirrhosis (decompensated cirrhosis), Epclusa has been approved for use in a combination with the older HCV drug ribavirin. “This approval offers a management and treatment option for a wider scope of patients with chronic hepatitis C,” noted Edward Cox, director of FDA’s Office of Antimicrobial Products in the Center for Drug Evaluation and Research. The wholesale acquisition cost for Epclusa is $890 per pill, which means that a 12-week course of Epclusa treatment costs about $75,000. Gilead has established financial assistance, insurance support, and copay coupon programs to help HCV-infected persons access Epclusa.

Special Journal and Magazine Issues Devoted to HIV/AIDS Themes

This summer, several medical journals and HIV magazines have published theme issues focusing on the HIV/AIDS epidemic and related topics. For your convenience, we have briefly described and provided hyperlinks to these issues below:

**JAMA HIV/AIDS Issue:** The July 12 issue of the Journal of the American Medical Association (JAMA) covers a wide range of topics related to HIV/AIDS, including: the history of the HIV/AIDS pandemic and recent trends; HIV vaccine research; the provision of PrEP to persons with high HIV risk; the safety of condomless sex when the HIV+ partner has achieved viral suppression; HIV treatment as prevention; and an editorial titled "Visions for an AIDS-Free Generation."

**JAIDS Supplement on HIV Prevention for Transgender Persons:** The theme of the August 15 Supplement to the Journal of Acquired Immune Deficiency Syndromes is “HIV Prevention for Transgender Persons.” The full text of the supplement’s nine papers are available for free and include the following articles:

- Transgender People and HIV Prevention: What We Know and What We Need to Know: A Call to Action
- Global Epidemiology of HIV Infection and Related Syndemics Affecting Transgender People
- Behavioral Interventions to Prevent HIV Transmission and Acquisition for Transgender Women: A Critical Review

**The Lancet Coverage of HIV in Prisoners and HIV and Prevention:** The Lancet provided extensive coverage of HIV during July in an “HIV and Related Infections in Prisoners” series and a special “HIV and Prevention” issue of its journal Lancet HIV. According to its editors, the HIV and prisoners series “describes the unique and complex nature of an HIV epidemic in an understudied and underserved population, but also shows that quality clinical care can be provided, and that prison harm-reduction and drug treatment programs can substantially reduce disease transmission.” The editors of the HIV and prevention argue that note that, despite impressive advances in global access to HIV treatment and care, “prevention must not be left behind.” Several articles focus on an “HIV prevention cascade approach” that targets “demand-side interventions that improve risk perception and awareness and acceptability of prevention approaches; supply-side interventions that make prevention products and procedures more accessible and available; and adherence interventions that support ongoing adoption of prevention behaviors, including those that do and do not involve prevention
products.”

**RITA Issue on Depression and HIV:** The [Summer 2016 issue](#) of the newsletter *Research Initiative/Treatment Action!* (RITA) focuses on the topic of depression in people living with HIV. The newsletter, which is published by the Center for AIDS Information and Advocacy, includes articles on high rates and risk factors for depression in HIV+ persons, as well as guidance on providing depression treatment and care.

^ RETURN TO “FEATURED IN THIS ISSUE”

**FEATURED HEALTH RESOURCES**

**MATERIALS FOR NATIONAL HIV/AIDS AND AGING AWARENESS DAY (SEPTEMBER 18)**

The ninth National HIV/AIDS and Aging Awareness Day (NHAAAD) will be observed on Sunday, September 18. According to the AIDS Institute, which launched NHAAAD in 2008, this awareness day “focuses on the challenging issues facing the aging population with regards to HIV prevention, testing, care, and treatment. In addition, there is an increased need for prevention, research, and data targeting the aging population, medical understanding of the aging process and its impact on HIV/AIDS.”

In particular, the NHAAAD campaign targets:
- people living with HIV/AIDS who are aging with the disease or already over 50 at the time of their initial diagnosis;
- increasing the use of protection from HIV infection, especially among the Baby Boomer population; and
- the increasing number of grandparents becoming the primary guardians for children who have lost their parent(s) to HIV/AIDS.

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 HIV/AIDS among older persons.

**National HIV/AIDS and Aging Awareness.** Official web page for the awareness day, with links to fact sheets, posters, presentations, and other materials.

**From the CDC's HIV pages:**
- [HIV Among People Aged Fifty and Older](#)
- [Diagnoses of HIV Infection Among Adults Aged 50 Years and Older in the United States and Dependent Areas, 2007-2010](#)

**HIV-Age.org:** This site, focusing on issues related to HIV and aging, is presented by the American Academy of HIV Medicine, the AIDS Community Research Initiative of America, and the American Geriatrics Society. It includes blog items, journal articles, clinical recommendations, and conference listings.

**Staying Healthy with HIV as You Age.** 36-page booklet from HIV-Age.org and ACRIA.

**Older People and HIV.** Fact sheet from AIDS InfoNet. Also available in [Spanish](#).

**HIV, AIDS, and Older People.** Fact sheet from the National Institute on Aging.
Coming of Age: A Guide to Ageing Well with HIV. Most recent edition of a booklet from JUSTRI.org. The publication provides extensive information about aging, HIV medical care, comorbid conditions, and wellness.

The Immune System, HIV, and Aging. 32-page report from the Treatment Action Group.

Aging & HIV/AIDS. Page on TheBody.com site with links to articles and resources.

Selected Recent Articles on HIV and Aging

5 Steps to Improve the Health of Older Adults Living with HIV. (Poz)

As Women of Color Age, What Are Their HIV and Mental Health Needs? (TheBody)

HIV Ages Cells by Five Years. (Poz); related coverage from Healio

For the First Time, Alzheimer’s Is Diagnosed in Someone with HIV. (Poz); related coverage from MedPage Today

Serious Kidney Problems Are Rare with PrEP, But Increase with Older Age and Better Adherence. (Project Inform)

Life Expectancy Rising in HIV Group Over 50, But Still Lags General Population. (TheBodyPro)

Older People with HIV Face Different Long-Term Health Challenges. (CATIE)

People with HIV Do Not Appear to Be ‘Aging Faster’ Than HIV-Negatives. (HIV Treatment Alerts)

Odds of Frailty Twice Higher in Older Adults with HIV. (TheBodyPro)

Older People with HIV Have Longer, But Still Limited Lifespan. (Poz)

HIV Essentially Doubles Aging’s Effect on Heart Attack Risk. (Poz)

Life Expectancy Is Steadily Improving for Older People with HIV. (Poz)

Under 5% of U.S. Adults Age 50 or Older Tested for HIV, Despite Guidelines. (TheBodyPro)

Getting Older with HIV: Earlier Development of Geriatric Syndromes? (TheBodyPro)

^ RETURN TO “FEATURED IN THIS ISSUE”

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.


**Retention in Care Outcomes for HIV Pre-Exposure Prophylaxis Implementation Programmes Among Men Who Have Sex with Men in Three U.S. Cities.** By P.A. Chan, L. Mena, R. Pate, and others, in *Journal of the International AIDS Society*.

**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*.

**Linking and Retaining Patients with Human Immunodeficiency Virus (HIV) in Their Care: A Metasynthesis of Qualitative Studies.** By D. Flores, N. Leblanc, and J. Barroso, in *International Journal of Nursing Studies*.


**Assessing Implicit Cognition Among Patients Lost to Follow-Up for HIV Care: A Preliminary Study.** By E. Houston, T. Lyons, B. Wolfe, and others, in *Open AIDS Journal*. Free full text also available.


**Provider-Level and Other Health Systems Factors Influencing Engagement in HIV Care: A Qualitative Study of a Vulnerable Population.** By Y. Lam, R. Westergaard, G. Kirk, and others, in *PLoS One*. Free full text also available.

**A Longitudinal, HIV Care Continuum: 10-Year Restricted Mean Time in Each Care Continuum**
Stage After Enrollment in Care, by History of Injection Drug Use. By C.R. Lesko, J.K. Edwards, R.D. Moore, and B. Lau, in AIDS.


Sliding Down the Cascade of Care for Chronic Hepatitis B Virus Infection. By B.J. McMahon, in Clinical Infectious Diseases.

80% Viral Suppression by 2020? Understanding the Concept of Engagement in HIV Care and a Call to Action for Nursing. By J.L. Mignano, in Journal of the Association of Nurses in AIDS Care.


Suicidal Ideation is Associated with Limited Engagement in HIV Care. By E.B. Quinlivan, B.N. Gaynes, J.S. Lee, and others, in AIDS and Behavior.

Cascade of Care for People Living with HIV Infection in the Wellington Region. By N. Raymond, K. Bargh, K.L. Aung, and J. Rice, in New Zealand Medical Journal.


Maximising HIV Prevention by Balancing the Opportunities of Today with the Promises of Tomorrow: A Modelling Study. By J.A. Smith, S.J. Anderson, K.L. Harris, and others, in Lancet HIV.


Community-Engaged Strategies to Promote Hepatitis B Testing and Linkage to Care in
**Immigrants of Florida**. By J. Stanford, A. Biba, J. Khubchandani, and others, in *Journal of Epidemiology and Global Health*.

**Looking Beyond the Cascade of HIV Care to End the AIDS Epidemic: Estimation of the Time Interval from HIV Infection to Viral Suppression**. By V. Supervie, L. Marty, J.M. Lacombe, and others, in *Journal of Acquired Immune Deficiency Syndromes*.

**Continuum of Care Among People Living with Perinatally Acquired HIV Infection in New York City, 2014**. By Q. Xia, D. Shah, B. Gill, and others, in *Public Health Reports*.

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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.


**Food Insecurity and Low CD4 Count Among HIV-Infected People: A Systematic Review and Meta-Analysis**. By W. Aibibula, J. Cox, A.M. Hamelin, and others, in *AIDS Care*.

**Reducing HIV Risk Among Hispanic/Latino Men Who Have Sex with Men: Qualitative Analysis of Behavior Change Intentions by Participants in a Small-Group Intervention**. By J. Alonzo, L. Mann, A.E. Tanner, and others, in *Journal of AIDS and Clinical Research*.


**Association Between Food Insecurity and Procurement Methods Among People Living with HIV in a High Resource Setting**. By A. Anema, S.J. Fielden, S. Shurgold, and others, in *PLoS One*. Free full text also available.

**The Loss of Boystown and Transition to Online Sex Work: Strategies and Barriers to Increase Safety Among Men Sex Workers and Clients of Men**. By E. Argento, M. Taylor, J. Jollimore, and others, in *American Journal of Men’s Health*.

**Making an Impact with Pre-Exposure Prophylaxis for Prevention of HIV Infection**. By J.M. Baeten, in *Journal of Infectious Diseases*.

**Social Networking Technology Use and Engagement in HIV-Related Risk and Protective Behaviors Among Homeless Youth**. By A. Barman-Adhikari, E. Rice, K. Bender, and others, in...


Establishing Conception Intentions and Safer Conception Services for Eliminating the Vertical, and Reducing the Horizontal, Transmission of HIV. By V. Black, N. Davies, B.G. Williams, and others, in BJOG.


Association Between Violence Exposure and Condom Non-Use Among Transgender Sex Workers in the Dominican Republic: The Mediating Role of Trust. By H. Budhwani, B. Turan, J. Hasbun, and others, in International Journal of STD and AIDS.


A Community-Engaged Randomized Controlled Trial of an Integrative Intervention with HIV-


On Both Sides of the Prison Walls – Prisoners and HIV. By P. Das and R. Horton, in Lancet.

A Qualitative Approach to Increasing HIV Prevention in Primary Care Settings for Older Adults: Perspectives from Primary Care Providers. By T. Davis, P.B. Teaster, J.F. Watkins, and others, in Journal of Applied Gerontology.


Behaviors.


Young Hispanic Men's HIV and STI Knowledge, Attitudes, Beliefs, and Behaviors. By E.A. Fenkl, S. Gracia Jones, and R. Orta, in Hispanic Health Care International.


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


Faster Entry into HIV Care Among HIV-Infected Drug Users Who Had Been in Drug-Use Treatment Programs. By L.I. Gardner, G. Marks, S.A. Strathdee, and others, in Drug and Alcohol Dependence.


Trends in Incidences and Risk Factors for Hepatocellular Carcinoma and Other Liver Events in HIV and Hepatitis C Virus Co-Infected Individuals from 2001 to 2014: A Multi-Cohort Study. By
L.I. Gjærde, L. Shepherd, E. Jablonowska, and others, in *Clinical Infectious Diseases*.


*Transgender Women in Clinical Trials of Pre-Exposure Prophylaxis.* By R.M. Grant, J.M. Sevelius, J.V. Guanira, and others, in *Journal of Acquired Immune Deficiency Syndromes*.

*Predictors and Profiles of Antiretroviral Therapy Adherence Among African American Adolescents and Young Adult Males Living with HIV.* By I.M. Gross, S. Hosek, M.H. Richards, and M.I. Fernandez, in *AIDS Patient Care and STDs*.


*Trends in Cardiovascular Disease Mortality Among Persons with HIV in New York City, 2001-2012.* By D.B. Hanna, C. Ramaswamy, R.C. Kaplan, and others, in *Clinical Infectious Diseases*.

*Parenting Among Adolescents and Young Adults with Human Immunodeficiency Virus Infection in the United States: Challenges, Unmet Needs, and Opportunities.* By K. Hatfield-Timajchy, J.L. Brown, L.B. Haddad, and others, in *AIDS Patient Care and STDs*.


*Risk Profiles of Women Experiencing Initial and Repeat Incarcerations: Implications for Prevention Programs.* By J.H. Herbst, O. Branscomb-Burgess, D.J. Gelaude, and others, in *AIDS Education and Prevention*.

*Contingency Management Interventions for HIV, Tuberculosis, and Hepatitis Control Among Individuals with Substance Use Disorders: A Systematized Review.* By E.S. Herrmann, A.K. Matusiewicz, M.L. Stitzer, and others, in *Journal of Substance Abuse Treatment*.

*Developing a Video-Based eHealth Intervention for HIV-Positive Gay, Bisexual, and Other Men Who Have Sex with Men: Study Protocol for a Randomized Controlled Trial.* By S. Hirshfield, M.I. Downing Jr, J.T. Parsons, and others, in *JMIR Research Protocols*. Free full text also available.


Direct and Indirect Effects of Heavy Alcohol Use on Clinical Outcomes in a Longitudinal Study of HIV Patients on ART.  By C.W. Kahler, T. Liu, P.A. Cioe, and others, in *AIDS and Behavior*.

Health Outcomes and the Transition Experience of HIV-Infected Adolescents After Transfer to Adult Care in Québec, Canada.  By F. Kakkar, D. Van der Linden, S. Valois, and others, in *BMC Pediatrics*.

Race-Based Medical Mistrust, Medication Beliefs, and HIV Treatment Adherence: Test of a Mediation Model in People Living with HIV/AIDS.  By S.C. Kalichman, L. Eaton, M.O. Kalichman, and others, in *Journal of Behavioral Medicine*.


Transmitted HIV Drug Resistance High and Longstanding in Metropolitan Washington, D.C.  By S.G. Kassaye, Z. Grossman, M. Balamane, and others, in *Clinical Infectious Diseases*.

Contributions of Disease Severity, Psychosocial Factors, and Cognition to Behavioral Functioning in U.S. Youth Perinatally Exposed to HIV.  By D.H. Katrina, F.C. Katherine, L.W. Paige, and others, in *AIDS and Behavior*.

HIV Testing at a Community Health Center Before and After Implementing Universal Screening.  By G. Kayingo and R.D. Bruce, in *JAAPA*.


Ethical and Psychosocial Considerations in Informing HIV-Exposed Uninfected Children That They Were Exposed to HIV and Antiretroviral Medications in Utero.  By R. Klitzman, C.A. Mellins, M.M. Philbin, and others, in *American Journal of Public Health*.

Pre-Exposure Prophylaxis for Human Immunodeficiency Virus and Sexually Transmitted Infection Acquisition Among Men Who Have Sex with Men. By N. Kojima, D.J. Davey, and J.D. Klausner, in *AIDS*.


Linguistic and Cultural Adaptation of a Computer-Based Counseling Program (CARE+ Spanish) to Support HIV Treatment Adherence and Risk Reduction for People Living with HIV/AIDS: A Randomized Controlled Trial. By A.E. Kurth, N. Chhun, C.M. Cleland, and others, in *Journal of Medical Internet Research*.


Social Network Factors as Correlates and Predictors of High Depressive Symptoms Among Black Men Who Have Sex with Men in HPTN 061. By C.A. Latkin, H. Van Tieu, S. Fields, and others, in *AIDS and Behavior*.


Culturally Sensitive Approaches to Identification and Treatment of Depression Among HIV-Infected African American Adults: A Qualitative Study of Primary Care Providers’ Perspectives. By H.N. Le, M.M. Hipolito, S. Lambert, and others, in *Journal of Depression and Anxiety*. Free full text also available.


Read current and back issues of the HIV and Hepatitis Health Disparities Update online at aac.org/HDupdate.


High Concordance Between Self-Reported Adherence, Treatment Outcome, and Satisfaction with Care Using a Nine-Item Health Questionnaire in InfCareHIV. By G. Marrone, A. Mellgren, L.E. Eriksson, and V. Svedhem, in *PLoS One*. Free full text also available.

Syndemic Factors Associated with Adult Sexual HIV Risk Behaviors in a Sample of Latino Men Who Have Sex with Men in New York City. By O. Martinez, S. Arreola, E. Wu, and others, in *Drug and Alcohol Dependence*.


Transgender People and HIV Prevention: What We Know and What We Need to Know, a Call to Action. By K.H. Mayer, B. Grinsztejn, and W.M. El-Sadr, in *Journal of Acquired Immune Deficiency Syndromes*.


Antiretroviral Therapy Interruption Among HIV-Positive People Who Use Drugs in a Setting with a Community-Wide HIV Treatment-as-Prevention Initiative. By R. McNeil, T. Kerr, B. Coleman,
and others, in *AIDS and Behavior*.

**Monitoring for HPV Vaccine Impact Among Gay, Bisexual, and Other Men Who Have Sex with Men – United States, 2012-2014.** By E. Meites, P.M. Gorbach, B. Gratzer, and others, in *Journal of Infectious Diseases*.

**A Novel Measure of Poverty and Its Association with Elevated Sexual Risk Behavior Among Young Black MSM.** By L. Mena, R.A. Crosby, and A. Geter, in *International Journal of STD and AIDS*.


**Sexual Risk-Taking in HIV-Negative Gay and Bisexual Men Increases with Depression: Results from a U.S. National Study.** By B.M. Millar, T.J. Starks, G. Grov, and J.T. Parsons, in *AIDS and Behavior*.

**Direct-Acting Antivirals for Acute Hepatitis C in HIV-Infected MSM.** By J.D. Millard, J. Henry, S.S. Rizvi, and M. Nelson, in *AIDS*.

**A Transactional Approach to Relationships Over Time Between Perceived HIV Stigma and the Psychological and Physical Well-Being of People with HIV.** By C.T. Miller, S.E. Solomon, S.E. Varni, and others, in *Social Science and Medicine*.

**Data and Methods to Characterize the Role of Sex Work and to Inform Sex Work Programs in Generalized HIV Epidemics: Evidence to Challenge Assumptions.** By S. Mishra, M.C. Boily, S. Schwartz, C. Beyrer, and others, in *Annals of Epidemiology*.

**Language and Culture in Health Literacy for People Living with HIV: Perspectives of Health Care Providers and Professional Care Team Members.** By K.D. Mogobe, S. Shaibu, E. Matsheleo, and others, in *AIDS Research and Treatment*. Free full text also available.

**Adherence to Pre-Exposure Prophylaxis for HIV Prevention in a Clinical Setting.** By M.C. Montgomery, C.E. Oldenburg, A.S. Nunn, and others, in *PLoS One*. Free full text also available.


“Inside These Fences Is Our Own Little World”**: Prison-Based HIV Testing and HIV-Related

Adolescent Human Immunodeficiency Virus Care Providers’ Attitudes Toward the Use of Oral Pre-Exposure Prophylaxis in Youth. By T.L. Mullins, G. Zimet, M. Lally, and others, in *AIDS Patient Care and STDs*.

Changes in Substance Use Symptoms Across Adolescence in Youth Perinatally Infected with HIV. By M. Mutumba, K.S. Elkington, J.A. Bauermeister, and others, in *AIDS and Behavior*.


HIV Testing Among Black and Hispanic Immigrants in the United States. By B.O. Ojikutu, F. Mazzola, A. Fullem, and others, in *AIDS Patient Care and STDs*.


Couples-Focused Prevention Program to Reduce HIV Risk Among Transgender Women and Their Primary Male Partners: Feasibility and Promise of the Couples HIV Intervention Program. By D. Operario, K.E. Gamarel, M. Iwamoto, and others, in *AIDS and Behavior*.


The Daily Relationship Between Aspects of Food Insecurity and Medication Adherence Among People Living with HIV with Recent Experiences of Hunger. By J.A. Pellowski, S.C. Kalichman, S. Cherry, and others, in *Annals of Behavioral Medicine*.


Clinical Care of Incarcerated People with HIV, Viral Hepatitis, or Tuberculosis. By J.D. Rich, C.G. Beckwith, A. Macmadu, and others, in Lancet.


“A Place at the Table:” A Qualitative Analysis of Community Board Members’ Experiences with Academic HIV/AIDS Research. By S. Safo, C. Cunningham, A. Beckman, and others, in BMC Medical Research Methodology.
Affect and Condom Use Among Men Who have Sex with Men: A Daily Diary Study. By E.L. Sarno, J.J. Mohr, and J.G. Rosenberger, in *AIDS and Behavior*.


The Prevalence of Sexual Behavior Stigma Affecting Gay Men and Other Men Who Have Sex with Men Across Sub-Saharan Africa and in the United States. By S. Stahlman, T.H. Sanchez,
P.S. Sullivan, and others, in *JMIR Public Health Surveillance*.

**Performance of Risk-Based and Birth-Cohort Strategies for Identifying Hepatitis C Virus Infection Among People Entering Prison, Wisconsin, 2014.** By L.J. Stockman, J. Greer, R. Holzmacher, and others, in *Public Health Reports*.

**Building a More Diverse Workforce in HIV/AIDS Research: The Time Has Come.** By D.M. Stoff and V.A. Cargill, in *AIDS and Behavior*.

**Exploring Patterns of Awareness and Use of HIV Pre-Exposure Prophylaxis Among Young Men Who Have Sex with Men.** By B.B. Strauss, G.J. Greene, G. Phillips 2nd, and others, in *AIDS and Behavior*.

**HIV Knowledge Among Pregnant Latinas in Rural South Carolina.** By M.E. Torres, A. Murray, E.G. Meetze, and others, in *Journal of Immigrant and Minority Health*.

**Changes in Condom Use Over Time Among Female Sex Workers and Their Male Noncommercial Partners and Clients.** By A. Tracas, A.R. Bazzi, I. Artamonova, and others, in *AIDS Education and Prevention*.

**High Levels of Self-Reported Prescription Opioid Use by HIV-Positive Individuals.** By A.N. Turner, C. Maierhofer, N.T. Funderburg, and others, *AIDS Care*.


**The Public Health Implications of Violence Exposures: Violence and Immunological Factors Among Perinatally HIV-Infected Youth.** By D.R. Voisin, in *Journal of Adolescent Health*.


**Transgender Populations and HIV: Unique Risks, Challenges, and Opportunities.** By T. Wansom, T.E. Guadamuz, and S. Vasan, in *Journal of Virus Eradication*.

**Qualifications, Demographics, Satisfaction, and Future Capacity of the HIV Care Provider Workforce in the United States, 2013-2014.** By J. Weiser, L. Beer, B.T. West, and others, in *Clinical Infectious Diseases*.


The Role of Discrimination in Alcohol-Related Problems in Samples of Heavy Drinking HIV-Negative and Positive Men Who Have Sex with Men (MSM). By T.B. Wray, D.W. Pantalone, C.W. Kahler, and others, in *Drug and Alcohol Dependence*.

Management of Hepatitis C/HIV Coinfection in the Era of Highly Effective Hepatitis C Virus Direct-Acting Antiviral Therapy. By D.L. Wyles, M.S. Sulkowski, and D. Dieterich, in *Clinical Infectious Diseases*.


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