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UNAIDS Board Adopts Strategy to End the AIDS Epidemic by 2030

During its 37th meeting, the UNAIDS Program’s Coordinating Board adopted a new strategy to end the AIDS epidemic as a public health threat by the year 2030. The UNAIDS 2016–2021 Strategy maps out UNAIDS’s fast-track approach to accelerate the global AIDS response over the next five years. UNAIDS noted that its AIDS Strategy “is one of the first [strategic elements] in the United Nations system to be aligned to the U.N. Sustainable Development Goals, which set the framework for global development policy over the next 15 years, including ending the AIDS epidemic by 2030.”

The new AIDS Strategy establishes three global “strategic milestones” to be achieved by 2020: 1) reducing the total number of new infections to fewer than 500,000; 2) reducing the total number of AIDS-related deaths to fewer than 500,000; and 3) eliminating HIV-related discrimination. In its “Strategy at a Glance” table, UNAIDS describes important goals to be reached by 2020:

- Children, adolescents, and adults living with HIV will access testing, know their status, and will be immediately offered and sustained on affordable quality treatment;
- Voluntary HIV testing services will be accessible for people at risk of HIV infection;
- New HIV infections among children will be eliminated and their mother’s health and well-being will be sustained;
- Young people, especially young women and adolescent girls, will access combination prevention services and will be empowered to protect themselves from HIV;
- Tailored HIV combination prevention services will be accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrants;
- Women and men will practice and promote healthy gender norms and work together to end gender-based, sexual, and intimate partner violence to mitigate the risk and impact of HIV;
- Punitive laws, policies, practices, stigma, and discrimination that block effective responses to HIV will be removed;
- The global AIDS response will be fully funded and efficiently implemented based on reliable strategic information; and
- People-centered HIV and health services will be integrated in the context of stronger systems for health.

“The Strategy focuses on our unfinished agenda – drastically reducing new infections to bend the trajectory of the epidemic. We must protect future generations from acquiring HIV by eliminating once and for all new HIV infections among children, and by ensuring young people can access the HIV-related and sexual and reproductive health services they need,” UNAIDS Executive Director Michel Sidibé writes in the Strategy’s Foreword. “If we do not fast-track our response, the costs of the epidemic – to national finances and to human lives – will grow into a debt we can never repay.”

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New WHO HIV Guidelines Favor Treatment for All HIV-Infected Persons

In its recently updated HIV treatment and PrEP guidelines, the World Health Organization (WHO) has recommended that antiretroviral treatment (ART) be offered to all HIV-infected persons – regardless of
CD4 T-cell count. WHO also endorsed pre-exposure prophylaxis (PrEP) as a prevention choice for people at substantial risk of HIV infection. “The two recommendations are being made available on an early-release basis because of their potential to significantly reduce the number of people acquiring HIV infection and dying from HIV-related causes and significantly impact global public health,” according to the guidelines document. “By publishing these recommendations as soon as possible, WHO aims to help countries to anticipate their implications in a timely fashion and begin the dialogue necessary to ensure that national standards of HIV prevention and treatment are keeping pace with important scientific developments.”

The WHO guidelines provide specific recommendations on when to start ART and who to prioritize for ART in each of the following population groups: adults (defined as persons older than 19 years); pregnant and breastfeeding women; adolescents (defined as persons between the ages of 10 and 19); and children (persons under age 10). The document summarizes the supporting scientific evidence for WHO’s ART recommendations, including the relative benefits and risks of universal treatment versus delayed treatment, costs and cost-effectiveness of ART, equity in offering ART, acceptability of ART to affected groups, feasibility of offering universal ART, and challenges in implementing universal access to ART.

Many organizations praised the WHO guidelines’ recommendations for universal ART and access to PrEP for persons considered to be at substantial risk for HIV infection. “These recommendations are a major step forward in the global fight against HIV,” according to a statement from the U.S. Centers for Disease Control and Prevention (CDC). “They have the potential to dramatically reduce transmission of HIV worldwide, increase the widespread use of PrEP among those who need it most, and help those living with HIV live longer, healthier lives.”

James Loduca, vice president of philanthropy and public affairs at San Francisco AIDS Foundation, observed, “Thanks to tremendous progress in science and research, we now know what’s required to reverse the course of the global epidemic. These long-awaited recommendations take us in that direction . . . We now call on WHO to work with governments, practitioners, and community health organizations everywhere to marshal the political will and resources necessary to implement them on a global scale.”

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HHS Awards Over $2.2 Billion in Ryan White Program Grants
U.S. Health and Human Services (HHS) Secretary Sylvia Burwell announced on October 21 that the agency awarded more than $2.2 billion in Ryan White HIV/AIDS Program (RWHAP) grants during Fiscal Year (FY) 2015 to cities, states, and local community-based organizations. This funding supports the provision of HIV health care, support services, and essential medications to more than 500,000 people living with and affected by HIV in the U.S. “Over the last quarter century, the RWHAP has played a critical role in the U.S.’s public health response to HIV,” Burwell said. “These grants will make a difference for the most vulnerable Americans who lack adequate health care coverage or financial resources to pay for treatment.”

During 2013, 81% of program clients were retained in care and more than 78% of those who were in care were virally suppressed, according to James Macrae, Acting Administrator of the Health Resources
and Services Administration (HRSA) – the HHS agency that oversees RWHAP. “This improves clinical and public health outcomes by preserving health, extending life expectancy, and reducing HIV transmission,” Macrae noted. The funding awards for the different parts of the RWHAP during FY15 are summarized briefly below:

**Part A:** A total of nearly $625 million was awarded to 53 metropolitan areas to provide core medical and support services for individuals living with HIV/AIDS. These grants were awarded to 24 eligible metropolitan areas and 29 transitional grant areas with the highest number of people living with HIV and AIDS or experiencing increases in HIV and AIDS cases and emerging care needs.

**Part B:** Approximately $1.3 billion was awarded to 59 states and territories for core medical and support services, and for the AIDS Drug Assistance Program (ADAP). In addition, 16 states received Emerging Community grants based on the number of AIDS cases over the most recent five-year period.

**Part C:** About $187 million was awarded to 347 local community-based organizations to provide core medical and support services to people living with HIV under RWHAP’s Early Intervention Services (EIS). Thirty-three organizations were awarded an additional $3.1 million in Part C Capacity Development grants.

**Part D:** Approximately $67 million was awarded to 115 local community-based organizations to provide family-centered comprehensive care for women, infants, children, and youth.

**Part F:** $68.4 million was awarded to support technical assistance, clinical training, oral health services, and the development of innovative models of care through several different programs. Also under Part F, the AIDS Education and Training Centers Program (AETC) awarded approximately $31.1 million through 26 grants to support education and training of health care professionals through a network of eight regional and three national centers.

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**CMS Issues Guidance to Increase Access to Hepatitis C Drugs**

Earlier this month, the Centers for Medicare and Medicaid Services (CMS) issued an important letter, Assuring Medicaid Beneficiaries Access to Hepatitis C (HCV) Drugs, that advises state health officials on the coverage of drugs for Medicaid beneficiaries living with HCV infection. Specifically, this letter addresses the use of the direct-acting antiviral (DAA) drugs approved by the U.S. Food and Drug Administration for the treatment of chronic HCV infections. The CMS letter addresses the restrictive approaches that some state Medicaid programs and Medicaid Managed Care Organizations (MCOs) have used to restrict access to the costly DAA drugs that are now the recommended treatments for HCV. According to Harvard University’s Center for Health Law and Policy Innovation (CHLPI), the CMS letter makes clear that “restricting access to HCV treatments solely on the basis of cost and using medically unjustifiable criteria is unacceptable.”

CHLPI highlighted the following key points in the CMS guidance letter:

- The terms of the Medicaid Act require states to cover all drugs of manufacturers that have entered into rebate agreements for all “medically accepted indications.” All the manufacturers of the new HCV treatments have entered into such agreements.
• The budgetary impact of treatment is not a sufficient justification to exclude HCV medications.
• States should examine their drug benefits to ensure that any limitations on access do not unreasonably restrict coverage of these medications. CMS also notes that states should use the current HCV treatment guidelines to guide their coverage policies.
• Medicaid MCOs must match Fee-For-Service (FFS) Plans in access to treatments – which has often not been the case, because MCOs tend to be more restrictive in coverage for HCV medications than their corresponding Medicaid FFS Plans.
• CMS will monitor state compliance with applicable regulatory filings, statutes, and regulations to make sure that access to HCV medications are maintained in a manner consistent with the requirements of the Medicaid Act and the guidance provided.

The AIDS Institute issued a statement in support of CMS’s action to lift “onerous restrictions” on HCV drug access. “Denying drugs that can cure people of a deadly infectious disease is just bad public health policy,” commented Carl Schmid, deputy executive director of the Institute. “This announcement demonstrates that Medicaid beneficiaries with HCV, who represent some of the Nation’s most vulnerable, deserve access to a cost-effective cure just like anyone else.” In light of the CMS guidance, the Institute also called on states to remove patient barriers to HCV treatment. “In the long run, it will save the health care system billions of dollars, save the lives of hundreds of thousands of people, and help eradicate a deadly infectious disease.”

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Focus on Hispanics/Latinos and HIV
CDC Report on HIV Diagnoses and Prevalence: In time for National Latino AIDS Awareness Day (NLAAD) last month, CDC published a new report, Diagnoses and Prevalence of HIV Infection Among Hispanics or Latinos — United States, 2008-2013, in the October 9 issue of the Morbidity and Mortality Weekly Report. CDC noted that while Hispanics/Latinos represent about 17% of the U.S. population, they continue to be disproportionately affected by HIV infection. Of the approximately 912,000 persons living with diagnosed HIV infection in the U.S. at the end of 2012, 183,300 (20%) were Hispanics/Latinos. In addition, Hispanics/Latinos accounted for about 21% of the approximately 276,600 new HIV diagnoses among adults and adolescents during the period from 2008 through 2013.

The researchers found that, while the overall rates of new diagnoses among Hispanics/Latinos decreased about 14% during the period – from 28.3 per 100,000 in 2008 to 24.3 per 100,000 in 2013 – the number and proportion of new diagnoses attributed to male-to-male sexual contact substantially increased. Between 2008 and 2013, the estimated number of new diagnoses in this risk category rose about 16% from 6,141 to 7,098, while the percentage of total new diagnoses attributed to male-to-male sex increased from 62.7% to 71.4%.

A large proportion (43%) of Hispanics/Latinos who received an HIV diagnosis during the period were not born in the U.S. or the U.S. territory Puerto Rico. The CDC researchers noted that, “The large proportion of HIV diagnoses in the United States among Hispanics or Latinos who are immigrants is important to consider when developing HIV prevention interventions, given that approximately 40% of Hispanic or Latino immigrants do not speak English well or at all and because certain socioeconomic factors, such as limited access to health care, lack of health insurance, and poverty, might be at play.”

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“The disproportionate rate of HIV infection among Hispanics or Latinos and the disparities found within this population indicate that much work still needs to be done to reach Hispanics or Latinos at high risk for acquiring or transmitting HIV infection,” the researchers concluded. “CDC and its partners are pursuing a high-impact prevention approach to maximize the effectiveness of current HIV prevention methods.”

**New LCOA Brief:** In related news, the Latino Commission on AIDS (LCOA) has produced a 4-page brief, *The State of HIV & AIDS Among Hispanics/Latinos in the United States and Puerto Rico*. The brief, which is also available in Spanish, summarizes recent CDC data and the challenges of addressing HIV/AIDS among Latinos/Hispanics, including the role of institutional stigma and barriers to community engagement. “We hope to contribute to a better understanding of the complex challenges we face as community members, and the urgent need to develop comprehensive and culturally responsive strategies to address HIV, access to quality healthcare, and other health conditions disproportionately impacting our community,” stated Guillermo Chacón, LCOA president and founder of the Hispanic Health Network.

**Spanish-Language Version of the Updated National HIV/AIDS Strategy:** On NLAAD, the U.S. White House released *Estrategia Nacional contra el VIH / SIDA: Actualizado Hasta 2020* – a Spanish-language version of the National HIV/AIDS Strategy: Updated to 2020, which was released in July. The publication of the updated Strategy in Spanish is part of an ongoing effort to raise HIV/AIDS awareness and engage Hispanic/Latino communities in the Obama Administration’s work towards an AIDS-free generation.

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**NASTAD Examines Opportunities to Meet Health Needs of Substance Users**

“It is a public health, economic, and moral imperative that our health care system be more responsive to people who use drugs. Fragmented services, insufficient coverage and financing for behavioral health and harm reduction services, and stigma related to drug use create significant barriers to vital prevention and health care services for people who use drugs,” according to a new white paper from the National Alliance of State and Territorial AIDS Directors (NASTAD). “This broken system has contributed to alarming increases in rates of infectious disease and overdose-related deaths.” The 24-page report, *Modernizing Public Health to Meet the Needs of People Who Use Drugs*, begins with an overview of the U.S. public health crisis for people who use drugs (PWUD) and the “drug user health services continuum” – the various points at which PWUD encounter gatekeepers to and providers of health services. It then explores opportunities under the provisions of the Affordable Care Act (ACA) to better meet the health needs of PWUD.

“Through a significant expansion of Medicaid and private insurance coverage, coupled with new coverage requirements for prevention, mental health, and behavioral health services, the ACA provides unprecedented opportunities for a coordinated, health system-wide approach to drug user health for people living with and at risk for HIV and/or HCV,” according to NASTAD. Working with the O’Neill Institute for National and Global Health Law, the NASTAD project team reviewed community-based drug user health and harm reduction services typically not covered by insurance. Their research focused on eight states, assessing how health departments, community-based organizations, Medicaid programs and plans, and hospitals were working together to better address the needs of people who...
use drugs.

The project team identified five key themes as a result of their research, which were summarized on the NASTAD blog:

- It is critical for public health programs and providers to build coalitions, engage broad stakeholders, and participate in new Medicaid decision-making tables and forums;
- Trusted community providers are crucial to connecting vulnerable populations to insurance coverage;
- Public health programs and providers have an important role to play to partner with Medicaid to ensure increased access to naloxone;
- There are new opportunities for Medicaid coverage of community-based services that address social determinants of health; and
- Hospitals are key partners in increasing access to drug user health services.

In addition, the project team made five policy recommendations to help states take full advantages of the opportunities afforded by ACA. These are to:

- Support a strong legal, regulatory, and syringe access foundation;
- Use new federal payment and delivery reform initiatives to find and influence state policy decision-making tables and make the case for inclusion of community-based services;
- Mobilize harm reduction organizations and syringe services programs to participate in ACA outreach and enrollment activities;
- Work with community-based providers to develop relationships with Medicaid MCOs to expand access to naloxone and to support care coordination activities; and
- Approach safety net non-profit hospitals that serve a large proportion of people who use drugs.

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Challenges of Sex Workers Who Use Drugs Spotlighted in New Report

“Sex workers and people who use drugs – specifically, people who inject drugs – are now recognized as key populations in the global HIV response. However, this recognition often fails to translate into funding commitments of appropriate scale and reach,” according to the authors of Sex Workers Who Use Drugs: Experiences, Perspectives, Needs, and Rights: Ensuring a Joint Approach. This 15-page briefing paper by the Global Network of Sex Work Projects (NSWP) and the International Network of People Who Use Drugs (INPUD) highlights the specific needs and rights of sex workers who use drugs, as a community that spans two key at-risk populations.

Sex workers and people who use drugs face many challenges. “Globally, these groups are subjected to repressive and discriminatory laws, policies, and practices,” the report notes. “These policies and practices fuel stigma, discrimination, widespread violence, and significantly increase the risks and vulnerabilities of both populations to sexually transmitted infections and bloodborne viruses, notably HIV and hepatitis B and C.” Persons who both engage in sex work and use drugs are especially marginalized – often experiencing stigma and discrimination from within sex worker communities and communities of people who used drugs. In addition, sex workers who use drugs “may be demonized, blamed, infantilized, and pathologized at the point of accessing services, and can be perceived as being less worthy of services than others” – all of which can severely limit their access to essential health and
support services.

To rectify this situation, NSWP and INPUD recommend a holistic and inclusive approach to meet the needs of sex workers who use drugs. In particular, they advocate for:

- Decriminalization of people who use drugs and of sex work, including sex workers, clients, third parties, families, partners, and friends;
- Meaningful participation of sex workers and people who use drugs in policy, programmatic discussions, and dialogue;
- Tailoring services, interventions, and referral systems to the specific needs of sex workers who use drugs; and
- Providing services discreetly and respectfully, with a focus on informed consent, wellbeing, and confidentiality; this includes not pressuring sex workers who use drugs to stop their sex work or their drug use.

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Focus on Intimate Partner Violence and HIV

New Public Awareness Campaign: One in three women in the U.S. experiences intimate partner violence (IPV), and for women living with HIV, the figure is one in two. Research has shown that persons with abusive partners have a higher risk for HIV and, if infected, have worse health outcomes. On October 20, during National Domestic Violence Awareness Month, Greater Than AIDS launched Empowered: Women, HIV, and Intimate Partner Violence – to bring greater attention to IPV and to provide resources for women who may be at risk of, or dealing with, abuse and HIV. The Empowered campaign was developed in partnership with the National Domestic Violence Hotline, loveisrespect, Planned Parenthood Federation of America, Positive Women’s Network-USA, and The Well Project, with additional support from The Elizabeth Taylor AIDS Foundation. Empowered has created a 20-minute video featuring women’s health advocate Tonya Lewis Lee, who explores the issue from the perspective of five women living with HIV who have had experience with, and received services related to, intimate partner violence.

Impact of IPV on Women’s Engagement in HIV Care: The journal AIDS recently featured an in-depth review and meta-analysis of the impact of IPV on engagement in HIV care and treatment among women. The study found that HIV-infected women with a history of physical or sexual IPV were significantly less likely to be on antiretroviral treatment (ART) than women who had never been subjected to IPV. Among those receiving ART, IPV-affected women had much lower rates of ART adherence and were significantly less likely to reach viral suppression than women without an IPV history. “To ensure the health of HIV-positive women, it is essential for clinical programs to address conditions that impact engagement in care and treatment,” the researchers concluded. “IPV is one such condition, and its association with declines in ART use and adherence requires urgent attention.”

New Report on IPV Among LGBTQ and HIV-Affected Persons: The National Coalition of Anti-Violence Programs (NCAVP) released the 2014 NCAVP Intimate Partner Violence Report on October 27. This report presents the findings of data collected from 16 NCAVP member organizations on the experiences of 2,166 lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV-affected survivors of intimate partner violence (IPV) during 2014. Key findings and trends include the following:
• Continuing a multi-year trend, the group most impacted by IPV homicide was men who have sex with men.
• Bisexual survivors were more likely to experience sexual violence than those who did not identify as bisexual.
• LGBTQ and HIV-affected people of color were disproportionately affected by IPV and experienced more severe forms of violence. An association between poverty and higher IPV rates was also seen among LGBTQ people of color.
• Transgender people were twice as likely to experience IPV in public areas and more than three times as likely to experience discrimination compared to people who did not identify as transgender.

NCAVP concluded that, “These findings demonstrate the importance of an intersectional approach that looks at the impact that poverty and racism, as well as homophobia, biphobia, and transphobia, have on the lives of LGBTQ people and HIV-affected [persons] of color.”

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FDA Approves Genvoya – A New Once-Daily HIV Regimen
On November 5, the U.S. Food and Drug Administration (FDA) announced the approval of a new one-pill-a-day HIV treatment regimen called Genvoya, made by Gilead Sciences. Genvoya is a tablet containing four drugs: elvitegravir, cobicistat, emtricitabine, and tenofovir alafenamide. The recommended dosage of Genvoya is one tablet taken once daily with food.

Genvoya is the first approved anti-HIV pill to contain a new form of the drug tenofovir called tenofovir alafenamide, or TAF for short. The older form of tenofovir — called tenofovir disoproxil fumarate or TDF — was approved by the FDA in 2001. TDF is a component in most current HIV treatment regimens, as well as in the only FDA-approved pill to prevent HIV transmission (Truvada).

The new form of tenofovir (TAF) provides lower levels of drug in the bloodstream, but higher levels within the cells, where the HIV virus replicates. It was developed to help reduce drug side effects — including decreased bone density and kidney toxicity — sometimes seen in persons taking the older form of tenofovir (TDF). The hope is that the substitution of TAF for TDF will significantly reduce the risk of side effects and long-term toxicities.

Genvoya is very similar to another Gilead once-daily tablet called Stribild, which was approved in 2012. Both tablets contain the drugs elvitegravir, cobicistat, and emtricitabine, but in Genvoya the TAF form of tenofovir is substituted for the TDF form contained in Stribild. The wholesale acquisition cost of Genvoya is expected to be the same as for Stribild — about $31,400 per year. “Our request to Gilead that Genvoya be priced neutrally with Stribild was heard,” noted Lynda Dee, co-chair of the Fair Pricing Coalition, a group that negotiates pricing with drug-makers. “We now need to ensure that this welcome addition is priced affordably for all cash-strapped public insurance programs and that future TAF-inclusive co-formulations are priced to ensure access for all people living with HIV.”

It is worth noting that Gilead has also filed for FDA approval of a new version of the two-drug combination pill Truvada, in which TAF will be substituted for TDF. If approved, as expected, the tablet will receive a new name and may be used in place of Truvada for HIV treatment and prevention.
**OTHER NEWS REPORTS AND MATERIALS**

**HHS Publishes Disparities Action Plan Progress Report**
The U.S. Department of Health and Human Services (HHS) recently published an Implementation Progress Report for the agency’s Action Plan to Reduce Racial and Ethnic Health Disparities, which was launched in April 2011. The 38-page implementation report summarizes progress that HHS departmental agencies and offices made between 2011 and 2014 toward achieving the Action Plan’s five main goals, which are to:

- transform health care;
- strengthen the nation’s health and human services infrastructure and workforce;
- advance the health, safety, and well-being of the American people;
- advance scientific knowledge and innovation; and
- increase the efficiency, transparency and accountability of HHS programs.

The executive summary of the implementation report concludes that, “Agencies contributing to the HHS Disparities Action Plan have developed an extensive, multifaceted set of activities that span a wide range of populations, address a multitude of individual and system-level barriers to health and quality health care, and support the growth of a more diverse healthcare workforce.”

**HRSA Brief Highlights Ryan White Program's Impact on Young People**
“Youth represent a medically underserved population in the U.S., and successfully connecting with and caring for this population requires tailored approaches,” according to the new 8-page report, Youth and Young Adults and the Ryan White HIV/AIDS Program (RWHAP), from the Health Resources and Services Administration (HRSA). Of the approximately 525,000 clients served by the RWHAP during 2013, 15% were youth and young adults from 13 to 30 years old. These young persons, especially those between the ages of 19 and 30 years, were most likely to be Black men who have sex with men. And among RWHAP’s young female clients, the vast majority (86%) were racial or ethnic minorities. The HRSA report looks at health disparities among young persons living with HIV, with particular emphasis on racial and ethnic minority youth. It also provides a brief history of the RWHAP’s youth-focused initiatives, with examples of outreach projects to increase youth involvement and bring youth into services, efforts to provide case management and linkage to services, and initiatives to ensure that youth have access to and are retained in a comprehensive continuum of care. Drawing on RWHAP’s 25 years of experience in working with youth, the report’s authors have compiled a concise table listing nearly 20 characteristics of successful programs for reaching and engaging young persons living with HIV.

**NASTAD Introduces Health Systems Integration Team**
The National Alliance of State and Territorial AIDS Directors (NASTAD) recently formed a three-person Health Systems Integration (HSI) team, which “expands upon NASTAD’s work to help state and territorial HIV and viral hepatitis programs maximize financing and coverage opportunities amidst our
rapidly evolving public health landscape.”

The HSI team will support the efforts of health departments in four high-priority areas:

• Insurance coverage and access: supporting AIDS Drug Assistance Program (ADAP) and other HIV and viral hepatitis program efforts to optimize insurance access;
• Provider sustainability: working with state health departments to build the capacity of providers to remain relevant in a changing health care landscape, pursue contracts and other partnerships with public and private payers, and pursue new streams of revenue to sustain services;
• Insurance claims data: working with state HIV programs to leverage insurance claims data to improve HIV and viral hepatitis services delivery; and
• Pre-exposure prophylaxis financing: helping health departments build sustainable financing mechanisms to provide access to this treatment and its related ancillary services.

If you’d like more information about NASTAD’s HSI initiative, you can check out their program summary and webpage, or contact one of the HSI team members about receiving technical assistance.

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Canadian Film Explores Criminalization of HIV Non-Disclosure

A new documentary film, “Consent: HIV Non-Disclosure and Sexual Assault Law,” looks at the effects of using Canada’s sexual assault law to prosecute persons living with HIV who do not disclose their HIV status to sexual partners. The Canadian HIV/AIDS Legal Network and Goldelox Productions produced the film after the Legal Network convened a group of feminist scholars, front-line workers, activists, and legal experts to discuss the issue of criminalizing HIV non-disclosure. According to the film-makers, through the testimony of these experts, “Consent shines a light on the systemic obstacles women face in disclosing their HIV status, points to the dangerous health and human rights outcomes of applying such a harsh charge as aggravated sexual assault to HIV non-disclosure, and makes the argument that the law needs to better protect those who are living with and vulnerable to HIV.” The 27-minute film may be viewed online for free. The Legal Network is also producing a discussion guide that it expects will be available on the film’s website in the near future.

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New Resources on Hepatitis C in Prisons and Jails

Inmates and former inmates of U.S. jails and prisons have disproportionately high rates of hepatitis C virus (HCV) infection. To help incarcerated persons better understand HCV, the National Hepatitis Corrections Network has produced an easy-to-read, four-panel brochure, Hepatitis C in Prison and Jail. The brochure provides essential information about what HCV is, ways people can – and can’t – become infected, and HCV testing, treatment, and care. The brochure also describes steps inmates can take if they are unable to get HCV treatment while incarcerated.

During the summer, the U.S. Federal Bureau of Prisons (BOP) also released its latest Clinical Practice Guidelines for the Evaluation and Management of Chronic Hepatitis C Virus Infection. State and local correctional health services often base their hepatitis C testing and treatment policies on these guidelines. The updated guidelines give BOP’s recommendations concerning which inmates should be given highest priority for HCV treatment, as well as the HCV regimens that should be considered.
Updated HIV Fact Sheets Available on AIDSInfo Website
AIDSInfo recently updated several of the consumer-focused fact sheets on its website, including materials focusing on the basics of HIV prevention, transmission, and treatment. Each fact sheet includes a summary of key points and links to additional information. Hyperlinks to the updated fact sheets are provided below:

- The Basics of HIV Prevention. Also available in Spanish.
- HIV/AIDS: The Basics. Also available in Spanish.
- The HIV Life Cycle. Also available in Spanish.
- The Stages of HIV Infection. Also available in Spanish.
- HIV Testing. Also available in Spanish.
- HIV/AIDS Clinical Trials. Also available in Spanish.

Materials from Recent Webinars and Trainings
Webinar on Care of Older Persons Living with HIV: The National Center for Innovation in HIV Care has posted the slide set from its October 28 webinar, “Care of the Older Adult with HIV Infection.” The presentation by Dr. Howard Libman provides an overview of the care of older adults living with HIV infection and describes strategies for people working in health centers, AIDS service organizations, and other settings to improve management of comorbidities in this group.

Webinar on the 2015 Perinatal HIV Guidelines: The AETC National Resource Center (NRC) has posted a video and the slide set from CDC’s October 7 webinar, “What’s New in the 2015 Perinatal HIV Guidelines.” The objectives of the webinar are to increase understanding and awareness of recent changes to the perinatal HIV treatment guidelines and to use clinical cases to illustrate accurate interpretation of the guidelines. The updated perinatal guidelines, which were published this summer, may be accessed here.

Webinar on Reproductive Options for Persons Living with HIV: NRC has also posted the video and slide set from the CDC webinar, “Engaging Persons Living with HIV in Discussion about Conception and Reproductive Health Intentions.” This October 26 webinar featured speakers from CDC’s Expert Panel on Reproductive Health and Preconception Care for Persons with HIV. The speakers described a sexual and reproductive justice approach for offering reproductive health care to persons living with HIV. They also provided case studies that illustrate empowering and nonstigmatizing approaches for speaking with patients or clients about contraception, planning a pregnancy, or pre-exposure prophylaxis.

Training on LGBTQ Addiction Recovery: The Substance Abuse and Mental Health Services Administration (SAMHSA) has posted the slide set for its recent Training on LGBTQ Addiction Recovery: An Overview of Barriers and Solutions to Addiction Recovery for the Lesbian, Gay, Bisexual, Transgender, and Queer Community. It includes three presentations on the following topics: 1) an overview of LGBTQ addiction recovery; 2) barriers LGBTQ persons face in accessing health care and recovery services and strategies for overcoming them; and 3) Native American “two-spirit” persons and their health care and recovery needs.
FEATURED HEALTH RESOURCES

HIV AND HEPATITIS AMONG PERSONS OF HISPANIC/LATINO DESCENT

This year, National Latino AIDS Awareness Day (NLAAD) was held on Thursday, October 15. The theme for 2015 was “You & I Will Defeat AIDS” – “Tu y Yo Vamos a Derrotar al SIDA.” The Latino Commission on AIDS, the Hispanic Federation, and many other organizations shared 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. In the spirit of NLAAD, this month’s featured health resources focus on HIV and viral hepatitis among persons of Hispanic/Latino descent.

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, 2013.** This CDC report includes information about HIV and AIDS cases among Hispanics/Latinos and five other racial/ethnic groups.

**Latinos and HIV/AIDS.** Fact sheet from the Kaiser Family Foundation.

**HIV/AIDS in the U.S. Latino Community.** Web page from thebody.com with links to articles and resources.

**The Body en Español.** This link will take you to the Spanish language version of the website thebody.com. It includes many HIV resources in Spanish such as guides, articles, and fact sheets.

**Selected Recent Articles about HIV and Hepatitis in Hispanics/Latinos**

**Diagnoses and Prevalence of HIV Infection Among Hispanics or Latinos — United States, 2008–2013.**
Latinos Deserve Access to PrEP, Too. (BETA Blog)

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

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

SAMHSA Funding Opportunity to Prevent Substance Abuse, HIV, and Hepatitis C Among Minority Young Adults. (Health Disparities Update)

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

New HIV Surveillance and Continuum of Care Resources. (Health Disparities Update)

HRSA Issues New Guides on HIV in Women of Color and HCV Treatment. (Health Disparities Update)

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

Updated HIV Surveillance Slide Sets from CDC. (Health Disparities Update)

CDC Rolls Out New Campaign Urging Hispanics/Latinos to Speak Up About HIV. (Health Disparities Update)

USCA Plenary Panel Focuses on HIV/AIDS in the Latino Community. (Health Disparities Update)

Continuum of HIV Care Updates for HIV+ Gay and Bisexual Men and for Hispanics/Latinos. (Health Disparities Update)

Only 44 Percent of HIV-Diagnosed Latinos Are on Treatment. (AIDSmeds)

Hispanics or Latinos Living with Diagnosed HIV: Progress Along the Continuum of HIV Care — United States, 2010. (Morbidity and Mortality Weekly Report)

**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 access 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.


Geographical Targeting to Improve Progression Through the Sexually Transmitted Infection/HIV Treatment Continua in Different Populations. By S.O. Aral, E. Torrone, and K. Bernstein, in Current Opinion in HIV and AIDS.


Financial Incentives to Improve Progression Through the HIV Treatment Cascade. By I.V. Bassett, D. Wilson, J. Taaffe, and K.A. Freedberg, in Current Opinion in HIV and AIDS.


Late Initiation of Combination Antiretroviral Therapy in Canada: A Call for a National Public Health Strategy to Improve Engagement in HIV Care. By A. Cescon, S. Patterson, C. Davey, and others, in Journal of the International AIDS Society. Free full text also available.


The First Step on the Continuum of Care. By the Editors of The Lancet HIV, in Lancet HIV.


“Just Because It's Out There, People Aren't Going to Use It.” HIV Self-Testing Among Young, Black MSM,
and Transgender Women.  By V. Frye, L. Wilton, S. Hirshfied, and others, in *AIDS Patient Care and STDs*.


**The HIV Care Cascade Measured Over Time and by Age, Sex, and Race in a Large National Integrated Care System.**  By M.A. Horberg, L.B. Hurley, D.B. Klein, and others, in *AIDS Patient Care and STDs*.

**Cost-Effectiveness of Frequent HIV Testing of High Risk Populations in the United States.**  By A.B. Hutchinson, P.G. Farnham, S.L. Sansom, and others, in *Journal of Acquired Immune Deficiency Syndromes*.

**Neurocognitive Deficits Increase Risk of Poor Retention in Care Among Older Adults with Newly Diagnosed HIV Infection.**  By A. Jacks, D.A. Wainwright, L. Salazar, and others, in *AIDS*.

**PrEP Continuum of Care for MSM in Atlanta & Los Angeles.**  By D. Joseph Davey, M.J. Bustamante, D. Wang, and others, in *Clinical Infectious Diseases*.

**Making Longitudinal Progress in the HIV Care Continuum Within an Urban Veterans Affairs Clinic.**  By A.M. Lagasca and V.L. Kan, in *AIDS Patient Care and STDs*.

**HIV Treatment Cascade in Tuberculosis Patients.**  By R.J. Lessells, S. Swaminathan, and P. Godfrey-Faussett, in *Current Opinion in HIV and AIDS*.

**The Need for Standardisation of the HIV Continuum of Care.**  By L. Lourenço, M. Hull, B. Nosyk, and others, in *Lancet HIV*.

**Cultural Influences on HIV Testing Among Latino Youth.**  By M. Ma and L.R. Malcolm, in *Culture, Health, and Sexuality*.

**Unpacking Linkage and Reengagement in HIV Care: A Day in the Life of a Positive Charge Care Coordinator.**  By C. Maulsby, S. Kinsky, K.M. Jain, and others, in *AIDS Education and Prevention*.

**GYT: Get Yourself Tested Campaign Awareness: Associations with Sexually Transmitted Disease/HIV Testing and Communication Behaviors Among Youth.**  By M. McFarlane, K. Brookmeyer, A. Friedman, and others, in *Sexually Transmitted Diseases*.


**Defining Success: Insights from a Random Assignment, Multisite Study of Implementing HIV Prevention,**

**Characterizing Retention in HAART as a Recurrent Event Process: Insights into ‘Cascade Churn’.** By B. Nosyk, L. Lourenço, J.E. Min, and others, in *AIDS.*


**Potential Impact on HIV Incidence of Higher HIV Testing Rates and Earlier Antiretroviral Therapy Initiation in MSM.** By A.N. Phillips, V. Cambiano, A. Miners, and others, in *AIDS.*


**Strategic Information Is Everyone's Business: Perspectives from an International Stakeholder Meeting to Enhance Strategic Information Data Along the HIV Cascade for People Who Inject Drugs.** By R.D. Pierce, J. Hegle, K. Sabin, and others, in *Harm Reduction Journal.*

**The HIV Care Continuum in Black MSM in the U.S.A.** By T. Poteat, J. White, and F. van Griensven, in *Lancet HIV.*


**HIV Treatment Cascade in MSM, People Who Inject Drugs, and Sex Workers.** By K. Risher, K.H. Mayer, and C. Beyrer, in *Current Opinion in HIV and AIDS.*

**Delayed Entry into HIV Medical Care in a Nationally Representative Sample of HIV-Infected Adults Receiving Medical Care in the U.S.A.** By M. Robertson, S.C. Wei, L. Beer, and others, in *AIDS Care.*


**The Epidemiologic and Economic Impact of Improving HIV Testing, Linkage, and Retention in Care in the United States.** By M. Shah, K. Risher, S.A. Berry, and D.W. Dowdy, in *Clinical Infectious Diseases.*

**Rapid HIV Screening in an Urban Jail: How Testing at Exit With Linkage to Community Care Can Address Perceived Barriers.** By K.A. Simonsen, R.A. Shaikh, M. Earley, and others, in *Journal of Primary*
Engagement in the HIV Care Continuum Among Key Populations in Tijuana, Mexico. By L.R. Smith, T.L. Patterson, C. Magis-Rodriguez, and others, in AIDS and Behavior.


HIV Treatment Cascade in Migrants and Mobile Populations. By F. Tanser, T. Bärnighausen, A. Vandormael, and A. Dobra, in Current Opinion in HIV and AIDS.


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.


Frequency of and Risk Factors for Depression among Participants in the Swiss HIV Cohort Study (SHCS).


HIV-Related Stigma, Shame, and Avoidant Coping: Risk Factors for Internalizing Symptoms Among Youth Living with HIV? By D.S. Bennett, J. Hersh, J. Herres, and J. Foster, in Child Psychiatry and Human Development.


Increasing Use of ‘Party Drugs’ in People Living with HIV on Antiretrovirals: A Concern for Patient Safety. By M. Bracchi, D. Stuart, R. Castles, and others, in AIDS.

Disclosure and Self-Efficacy Among HIV-Positive Men Who Have Sex with Men: A Comparison Between

Trauma Symptoms, Internalized Stigma, Social Support, and Sexual Risk Behavior Among HIV-Positive Gay and Bisexual MSM Who Have Sought Sex Partners Online. By K.E. Burnham, D.G. Cruess, M.O. Kalichman, and others, in AIDS Care.


Incidence of Syphilis, Active Component, U.S. Armed Forces, 1 January 2010 through 31 August 2015. By L.L. Clark and D.J. Hunt, in MSMR.


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.


The Opportunity for Medical Systems to Reduce Health Disparities Among Lesbian, Gay, Bisexual, Transgender, and Intersex Patients. By C. Donald and J.M. Ehrenfeld, in *Journal of Medical Systems*.

Representation of Latinos and Blacks in Screening for and Enrollment into Preventive HIV Vaccine Trials in New York City. By T.M. Ellman, K. Hawkins, J. Benitez, and others, in *Vaccine*.

Executive Summary of the Consensus Document on Psychiatric and Psychological Aspects in Adults and Children with HIV Infection. By the Experts Panel from the Secretary of the National AIDS Plan (SPNS) and others, in *Enfermedades Infecciosas Microbiologia Clinica*.


Activation of Persons Living with HIV for Treatment, the Great Study. By K. Fiscella, M. Boyd, J. Brown, and others, in *BMC Public Health*.

Sexual Health Issues in Adolescents and Young Adults. By S. Forsyth S, Rogstad K, and BASHH Adolescent Special Interest Group, in *Clinical Medicine*.

Toward Development of Enhanced Preventive Interventions for HIV Sexual Risk Among Alcohol-Using Populations: Confronting the ‘Mere Pause from Thinking.’ By R.C. Freeman, in *AIDS and Behavior*.

Passing the Baton: Community-Based Ethnography to Design a Randomized Clinical Trial on the Effectiveness of Oral Pre-Exposure Prophylaxis for HIV Prevention Among Black Men Who Have Sex with Men. By J. Garcia, P.W. Colson, C. Parker, and J.S. Hirsch, in *Contemporary Clinical Trials*.

A Randomized Controlled Trial of Personalized Text Message Reminders to Promote Medication Adherence Among HIV-Positive Adolescents and Young Adults. By R. Garofalo, L.M. Kuhns, A. Hotton, and others, in AIDS and Behavior.


A Randomized Controlled Trial to Compare Computer-Assisted Motivational Intervention with Didactic Educational Counseling to Reduce Unprotected Sex in Female Adolescents. By M.A. Gold, G.K. Tzilos, L.A. Stein, and others, in Journal of Pediatric Adolescent Gynecology.


Treatment for Hepatitis C Virus Infection Among People Who Inject Drugs Attending Opioid Substitution Treatment and Community Health Clinics: The ETHOS Study. By J. Grebely, M. Alavi, M. Micallef, and others, in Addiction.

Risk Behavior and Sexually Transmitted Infections Among Transgender Women and Men Undergoing Community-Based Screening for Acute and Early HIV Infection in San Diego. By N. Green, M. Hoenigl, S. Morris, and S.J. Little, in Medicine.


A Frailty Index Predicts Survival and Incident Multimorbidity Independent of Markers of HIV Disease Severity. By G. Guaraldi, T.D. Brothers, S. Zona, and others, in AIDS.


Cocaine Use May be Associated with Increased Depression in Persons Infected with HIV. By E.R. Hammond, S. Lai, C.M. Wright, and G.J. Treisman, in AIDS and Behavior.


Psychosocial Characteristics Associated with Both Antiretroviral Therapy Adherence and Risk Behaviors in Women Living with HIV. By M.M. Holstad, S. Spangler, M. Higgins, and others, in AIDS and Behavior.


Quality of HIV Care and Mortality in HIV-Infected Patients. By P.T. Korthuis, K.A. McGinnis, K.L. Kraemer, and others, in *Clinical Infectious Diseases*.

Correlates of PrEP Indication in a Multi-Site Cohort of Young HIV-Uninfected Transgender Women. By L.M. Kuhns, S.L. Reisner, M.J. Mimiaga, and others, in *AIDS and Behavior*.

What Parents and Their Gay and Bisexual Sons Say About HIV Prevention. By M.C. LaSala, J.P. Fedor, E.J. Revere, and R. Carney, in *Qualitative Health Research*.

Hepatitis C Knowledge Among Gay and Other Homosexually Active Men in Australia. By T. Lea, M. Hopwood, and P. Aggleton, in *Drug and Alcohol Review*.

A Review of Recent Literature on Trauma Among Individuals Living with HIV. By S. LeGrand, S. Reif, K. Sullivan, and others, in *Current HIV/AIDS Reports*.


Childhood Trauma and METH Abuse Among Men Who Have Sex with Men: Implications for Intervention. By M. Lopez-Patton, M. Kumar, D. Jones, and others, in *Journal of Psychiatric Research*.


Relationship Factors and Condom Use Among Women with a History of Intimate Partner Violence. By H.A. McGrane Minton, M. Mittal, H. Elder, and M.P. Carey, in *AIDS and Behavior*. 

Randomized Controlled Trial of an Internet Application to Reduce HIV Transmission Behavior Among HIV Infected Men Who have Sex with Men. By J. Milam, S. Morris, S. Jain, and others, in *AIDS and Behavior*.


Liver Transplant in Young Adults with Chronic Hepatitis C Virus: An Argument for Hepatitis C Treatment in Childhood. By B. Mohamad, I.A. Hanouneh, N.N. Zein, and others, in *Experimental and Clinical Transplantation*.

Hospitalisation Rates and Associated Factors in Community-Based Cohorts of HIV-Infected and -Uninfected Gay and Bisexual Men. By C.L. Moore, A.E. Grulich, G. Prestage, and others, in *HIV Medicine*.

Marijuana Use as a Sex-Drug is Associated with HIV Risk Among Black MSM and Their Network. By E. Morgan, B. Skaathun, S. Michaels, and others, in *AIDS and Behavior*.

Shared Illness and Social Support Within Two HIV-Affected African American Communities. By K.E. Mosack, P.E. Stevens, A.M. Brouwer, and A.R. Wendorf, in *Quality Health Research*.


Nonvolitional Sex and HIV-Related Sexual Risk Behaviours Among MSM in the United States. By M. Nasrullah, E. Oraka, P.R. Chavez, and others, in *AIDS*.


STDs.

**Tobacco Use, Use Disorders, and Smoking Cessation Interventions in Persons Living with HIV.** By L.R. Pacek and P.A. Cioe, in *Current HIV/AIDS Reports.*


**Sustainability of Evidence-Based Practices for HIV Prevention Among Female Sex Workers in Mexico.** By L.A. Palinkas, C.V. Chavarin, C.M. Rafful, and others, in *PLoS One.* Free full text also available.

**Barriers and Facilitators to Dental Care Among HIV-Infected Adults.** By C. Parish, K. Siegel, M. Pereyra, and others, in *Special Care in Dentistry.*

**The Cedar Project: Resilience in the Face of HIV Vulnerability Within a Cohort Study Involving Young Indigenous People Who Use Drugs in Three Canadian Cities.** By M.E. Pearce, K.A. Jongbloed, C.G. Richardson, and others, in *BMC Public Health.*

**Post-Traumatic Stress Disorder and HIV Risk Behaviors Among Rural American Indian/Alaska Native Women.** By C.R. Pearson, D. Kaysen, A. Belcourt, and others, in *American Indian and Alaska Native Mental Health Research.*

**Knowledge of Case Workers and Correctional Officers Towards HIV and HCV Infections: Opportunity for Public Health Education in the Correctional System.** By C.M. Pérez, C. Santos Mdel, A. Torres, and others, in *Puerto Rico Health Sciences Journal.*

**The Predominant Relationship Between Sexual Environment Characteristics and HIV-Serodiscordant Condomless Anal Sex Among HIV-Positive Men Who Have Sex with Men (MSM).** By N.S. Perry, S. Wade Taylor, S. Elsesser, and others, in *AIDS and Behavior.*

**Factors Influencing Black Churches' Readiness to Address HIV.** By L.C. Pichon, T.W. Powell, S.A. Ogg, and others, in *Journal of Religion and Health.*

**Frailty, Inflammation, and Mortality Among Persons Aging With HIV Infection and Injection Drug Use.** By D.A. Piggott, R. Varadhan, S.H. Mehta, and others, in *Journals of Gerontology - Series A.*


Impact of a Brief Intervention for Substance Use on Acquisition of Sexually Transmitted Diseases Including HIV: Findings from an Urban Sexually Transmitted Disease Clinic Population. By M. Rogers, K. Johnson, J. Yu, and others, in Sexually Transmitted Diseases.


Do High-Risk Young Adults Use the HIV Self-Test Appropriately? Observations from a Think-Aloud Study. By R. Schnall, R.M. John, and A. Carballo-Dieguerz, in AIDS and Behavior.

Comparison of a User-Centered Design, Self-Management App to Existing mHealth Apps for Persons
Living With HIV. By R. Schnall, J.P. Mosley, S.J. Iribarren, and others, in *JMIR mHealth and uHealth*. Free full text also available.

Using the Program Logic Model to Evaluate ¡Cuidate!: A Sexual Health Program for Latino Adolescents in a School-Based Health Center. By M.L. Serowoky, N. George, and H. Yarandi, in *Worldviews on Evidence-Based Nursing*.

Does Older Age Confer an Increased Risk of Incident Neurocognitive Disorders Among Persons Living with HIV Disease? By D.P. Sheppard, S.P. Woods, M.W. Bondi, and others, in *Clinical Neuropsychologist*.

Antiretroviral Regimen Durability and Success in Treatment-Naïve and Treatment-Experienced Patients by Year of Treatment Initiation, United States, 1996-2011. By A.N. Sheth, I. Ofotokun, K. Buchacz, and others, in *Journal of Acquired Immune Deficiency Syndromes*.


PrEP Reduces Incidence of HIV in Clinical Settings. By A. Slomski, in *JAMA*.


Adolescent HIV Risk Reduction in the Bahamas: Results from Two Randomized Controlled Intervention Trials Spanning Elementary School Through High School. By B. Stanton, V. Dinaj-Koci, B. Wang, and others, in *AIDS and Behavior*.


Once a Navegante, Always a Navegante: Latino Men Sustain Their Roles as Lay Health Advisors to Promote General and Sexual Health to Their Social Network. By C.J. Sun, L. Mann, E. Eng, and others, in AIDS Education and Prevention.

Alcohol Use Problems and Sexual Risk Among Young Adult African American Mothers. By A. Swartzendruber, J.M. Sales, E.S. Rose, and R.J. DiClemente, in AIDS and Behavior.


Social Media Interventions to Prevent HIV: A Review of Interventions and Methodological Considerations. By L.S. Tso, W. Tang, H. Li, and others, in Current Opinions in Psychology.

Pain and Mortality Risk in a Cohort of HIV-Infected Persons with Alcohol Use Disorders. By J.I. Tsui, D.M. Cheng, E. Quinn, and others, in AIDS and Behavior.

Sexually Transmitted Disease Diagnoses Among Hispanic Immigrant and Migrant Men Who Have Sex with Men in the United States. By E.E. Valverde, E.A. DiNenno, J.D. Schulden, and others, in International Journal of STD and AIDS.


Health.


Epidemiology of Sexually Transmitted Infections Among Offenders Following Arrest or Incarceration. By S.E. Wiehe, M.B. Rosenman, M.C. Aalsma, and others, in American Journal of Public Health.


Correlates of Seroadaptation Strategies Among Black Men Who have Sex with Men (MSM) in 4 U.S. Cities. By L. Wilton, B. Koblin, V. Nandi, and others, in AIDS and Behavior.


Use of Technology to Address Substance Use in the Context of HIV: A Systematic Review. By S.D. Young, D. Swendeman, I.W. Holloway, and others, in Current HIV/AIDS Reports.


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