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Highlights of Domestic HIV/AIDS Funding in President’s FY2017 Budget Request

President Barack Obama presented his administration’s budget request for Fiscal Year 2017 (FY17) to the U.S. Congress earlier this month. “The Budget advances the President’s commitment to reaching an AIDS-free generation in the United States,” according to the White House. With few exceptions, the proposed budget would provide the same level of federal support for most domestic HIV/AIDS-related programs as in FY16. In particular, the FY17 budget would continue funding programs that provide treatment and care completion services, including a total allocation of $2.33 billion for the Ryan White HIV/AIDS Program (Ryan White), of which $900 million would support the AIDS Drug Assistance Program. Funding for the Department of Housing and Urban Development’s Housing Opportunities for Persons with AIDS (HOPWA) would be maintained at the FY16 level of $335 million.

A White House fact sheet summarizing HIV/AIDS allocations in the President’s FY17 budget proposal highlights funding for initiatives related to pre-exposure prophylaxis (PrEP), HIV/AIDS care for U.S. veterans, and hepatitis C:

- **PrEP Pilot Program**: The FY17 budget proposal includes $20 million for “a new innovative pilot program to increase access to PrEP and allow grantees, as the payer of last resort, to use a portion of funds to purchase the medication and other related healthcare services.” This new funding is in keeping with a key element of the updated National HIV/AIDS Strategy, launched last summer, which calls for providing more people with highly effective prevention services such as PrEP to reduce new HIV infections.

- **Increased Funding for Veterans Living with HIV**: The budget includes $1.13 billion within the Department of Veterans Affairs (VA), including a $57 million increase for medical care, “to ensure that veterans living with HIV/AIDS receive high quality, comprehensive clinical care, including diagnosis of their infection and timely linkage to medical care.”

- **SPNS Hepatitis C Project**: The proposed Ryan White budget includes $9 million in new funding to support a Special Projects of National Significance (SPNS) initiative to increase hepatitis C screening and expand access to hepatitis C care and treatment among people living with HIV.

The budget proposal also includes a $4 million increase in funding – from $101 million to $105 million – for the Teen Pregnancy Prevention Program in the Health and Human Services Office of Adolescent Health. It is also notable that one budget cut – the proposed elimination of funding for “abstinence only until marriage” sex education – drew praise from some advocacy groups, including the Positive Women’s Network USA (PWN-USA) and the Sexuality Information and Education Council of the U.S.

**Reactions to the Budget Proposal**: “The budget President Obama released today demonstrates his Administration’s continued commitment to preventing HIV and hepatitis in the United States and providing lifesaving health care and treatment for those who cannot afford it,” commented Carl Schmid, the deputy executive director of The AIDS Institute. The AIDS Institute also welcomed a $5 million increase in funding to $39 million for hepatitis prevention at CDC, but said that much more was needed to adequately fund U.S. hepatitis prevention efforts. In a blog item on the FY17 budget proposal, AIDS United’s Policy Action Center commented that, “As with any budget, there are winners and losers, and some items that simply miss the mark, and for the HIV advocate community this budget is no different. In such austere times, we are largely thankful for flat funding and modest increases.”

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Read current and back issues of the HIV and Hepatitis Health Disparities Update online at aac.org/HDUpdate.
However, AIDS United and PWN-USA both expressed concern about a proposal in the FY17 budget – which also appeared in the President’s two previous budget proposals – to eliminate dedicated funding for Ryan White Part D, which serves women, infants, children, and youth with HIV/AIDS. Under the proposal, Part D and its funding would be consolidated into Ryan White Part C, with the purpose of creating efficiencies and reducing the administrative burden. AIDS United contends that, in the three years that the Administration has backed this change in Ryan White structure, it has not yet clarified how the change “would adequately address the unique needs of the women and families Part D is charged with supporting.”

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**New CDC Reports Examine HIV Disparities Among Blacks/African Americans**

The February 5 and 12 issues of CDC’s *Morbidity and Mortality Weekly Report* (MMWR) included several articles and research reports focusing on the disproportionate impacts of HIV/AIDS among Blacks/African Americans (Blacks) in the U.S. In a brief overview, National Black HIV/AIDS Awareness Day – February 7, 2016, CDC notes that Blacks accounted for 44% of new HIV diagnoses in the U.S. during 2014, and that nearly three-quarters (73%) of these new diagnoses were among men. The annual HIV diagnosis rate for Black women (30.0 per 100,000) was 18 times the rate for White women (1.7 per 100,000) and five times the rate for Hispanic/Latino women (6.5 per 100,000).

**Disparities in Consistent Retention in HIV Care — 11 States and the District of Columbia, 2011–2013:**

Blacks are significantly less likely to be consistently retained in HIV Care, according to this new report. CDC researchers used National HIV Surveillance System (NHSS) data to track retention in HIV care during the 3-year period from 2011 through 2013 in 12 jurisdictions (11 states and the District of Columbia). Among the 9,824 adults and adolescents with HIV infection diagnosed in 2010 who were still alive in December 2013, 43% were retained in HIV care for all 3 years. Nineteen percent were retained in 2 of the 3 years; 14% were retained in 1 of the 3 years, and 25% were not retained in any of the 3 years.

However, the researchers found substantial racial/ethnic disparities in retention-in-care rates. Only 38% of Blacks with HIV infection were consistently retained in care during 2011 through 2013, compared with 50% of Hispanics/Latinos and 49% of non-Hispanic Whites. Likewise, a larger proportion of Blacks (28%) were not retained in care during any of the 3 years, compared with Hispanics (23%) and Whites (19%).

“These findings are consistent with previous reports on racial/ethnic differences in HIV care engagement and demonstrate that these disparities remain over multiple years,” the researchers note. “The racial/ethnic differences in HIV care retention are established during the first year after diagnosis, underscoring the importance of early engagement in care to reduce disparities in sustained retention in care and thus improve the resulting outcomes (e.g., initiation of treatment and viral suppression).” Further, “Barriers to retention in care, such as lack of health insurance, limited access to health services, and stigma, are particularly prevalent among Blacks. Continuing to identify barriers to HIV care engagement, including those leading to prolonged lack of retention in care, can inform development of effective interventions to improve HIV care engagement among Blacks. Developing such interventions might narrow racial/ethnic disparities in clinical outcomes.”

**HIV Testing and Service Delivery Among Black Females — 61 Health Department Jurisdictions, United**
**States, 2012–2014:** In this article, CDC researchers analyze CDC-funded HIV testing services provided to Black women and girls aged 13 and older from 2012 through 2014. The numbers of CDC-funded testing events totaled about 764,000 in 2012, 794,000 in 2013, and 702,000 in 2014. During that period, the number of new HIV diagnoses among Black women and girls decreased 17% from 2,177 in 2012 to 1,806 in 2014. The percentage of HIV tests resulting in a new HIV diagnosis was similar for all 3 years: 0.28% in 2012 and 2013, and 0.26% in 2014.

The percentage of newly diagnosed Black women and girls who were linked to HIV medical care within 90 days of diagnosis increased substantially, from 33.8% in 2012 to 50.1% in 2014. The largest increase occurred among 13- to 19-year-olds, rising from 32.7% in 2012 to 57.9% in 2014. Regionally, the Northeast had the highest linkage-to-care rates for Black women and girls during 2014 (65.0%), followed by the South (48.2%), the Midwest (43.2%), and the West (39.6).

The CDC researchers note that, despite overall improvements in linkage-to-care rates, the 2014 figures are still well below the target of 85% established in 2010 in the National HIV/AIDS Strategy. “To continue to reduce HIV-related health disparities for Black females in the United States, increasing HIV testing efforts among this group is needed to increase the percentage of Black females living with HIV who are aware of their status, and to ensure that every Black female with HIV infection is linked to HIV medical care soon after her diagnosis, is retained in care, and achieves viral suppression.”

**HIV-Related Risk Behaviors Among Male High School Students Who Had Sexual Contact with Males – 17 Large Urban School Districts, United States, 2009–2013:** This report examines the prevalence of HIV risk behaviors among male students who have reported sexual contact with other males, with breakdowns by race/ethnicity. The CDC authors note that, “Although risk behaviors are necessary for HIV transmission, the findings in this report do not provide evidence that differences in HIV-related risk behaviors alone are driving the higher numbers of HIV diagnoses among young Black MSM compared with young Hispanic and White MSM. Indeed, Black male students who had sexual contact with males in this report often had a lower prevalence of HIV-related risk behaviors.”

In particular, compared to their White counterparts, Black MSM students had a significantly lower prevalence of the following risk behaviors: drinking five or more drinks of alcohol in a row; ever using inhalants, heroin, ecstasy, or using prescription drugs without a doctor’s prescription; and drinking alcohol or using drugs before their last sexual intercourse. However, a significantly higher proportion of Black MSM students reported ever having sexual intercourse than either White or Hispanic MSM students.

“Other explanations besides differences in HIV-related risk behaviors might help explain differences in HIV diagnoses by race/ethnicity among MSM,” according to the CDC researchers. “Key among these are higher prevalence of HIV, undiagnosed HIV infection, and other sexually transmitted infections among Black MSM compared with MSM of other races/ethnicities. Because Black MSM are more likely to have sex partners of the same race, Black MSM are at greater risk for HIV infection within their sexual networks. In addition, Black MSM who are infected with HIV are less likely to have health insurance, adhere to antiretroviral treatment, and have suppressed HIV viral load. These risks are compounded by social determinants of health associated with increased risk and poorer health outcomes that include higher rates of unemployment and incarceration and lower incomes and educational attainment.”

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High Rates of HIV Care and Viral Suppression Attained in ADAP Clients

Nearly three-quarters (72%) of all clients served by AIDS Drug Assistance Programs (ADAPs) as of June 2015 were virally suppressed – a key health outcome on the continuum of care, according to the National ADAP Monitoring Project: 2016 Annual Report from the National Alliance of State and Territorial AIDS Directors (NASTAD). In addition, 87% of clients served by ADAP received medications and 84% were retained in care.

The report introduction explains how ADAP helps its clients achieve optimal health outcomes at a higher rate than typically seen among persons living with HIV (PLWH) in the U.S. “ADAPs play a critical role in efforts to end the HIV epidemic nationally by having a measurable impact on multiple ‘bars’ within the HIV prevention to care continuum, most notably linkage to and retention in care and treatment as well as viral load suppression,” the report notes. “ADAPs’ support of insurance and direct provision of ARV [antiretroviral] therapy and other medications for PLWH is necessary in order for clients to achieve optimal health outcomes including viral load suppression. . . The NHAS [National HIV/AIDS Strategy] emphasizes the need for ‘seamless systems to link people to care immediately after diagnosis and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk.’ ADAP is exactly one of those systems.”

Since 2002, the number of clients served by ADAP-funded insurance purchasing increased approximately 12-fold (1162%), rising to more than 70,000 persons by 2015. During the same period, the number of clients served by the full-pay medication component of ADAPs decreased 8%. NASTAD notes that, if all 20 of the remaining non-Medicaid expansion states were to expand Medicaid eligibility to 138% of the Federal Poverty Level, nearly 34,000 of the ADAP clients served in June 2015 would be eligible to transition into Medicaid coverage. “This ‘Medicaid Gap’ has likely exacerbated health disparities among states and placed a significant burden on ADAPs in non-Medicaid expansion states to continue to provide a safety net for low-income clients left out of health care reform,” according to NASTAD.

To supplement its 2016 report, NASTAD has produced an infographic summarizing how ADAP is improving health outcomes through: 1) engagement in care; 2) changes in client enrollment and insurance coverage; and 3) enrollment in more comprehensive care through an Affordable Care Act Marketplace Qualified Health Plan or Medicaid.

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Modeling Study: Achieving Key Targets in Updated NHAS Could Save 128,000 Lives

Achieving three key targets in the updated National HIV/AIDS Strategy (NHAS) could result in a 58% reduction in new HIV infections in the U.S. at an additional cost to the nation’s health system of about $105 billion, according to a recent modeling study by researchers from Johns Hopkins and Emory University. For their analysis, the research team used the Johns Hopkins HIV Economic-Epidemic Model to project the impacts of three targets specified in updated NHAS: 1) 90% of persons infected knowing their HIV status; 2) 85% linkage to care within one month after diagnosis; and 90% retention in care for persons diagnosed.

They calculated that, if current rates of engagement along the HIV care continuum remained constant,
then there would be approximately 524,000 new HIV infections and 375,000 deaths between 2016 and 2025. However, the achievement of the key NHAS targets above could substantially reduce both new infections and deaths. The model indicates that the greatest impact would be achieved by reaching the target of rapid linkage to care – which would avert 52% of new infections, compared to the base case of current rates of engagement. Increasing awareness of HIV status and improving retention in care to the NHAS target levels would yield much smaller benefits – 2% and 4% reductions in new infections, respectively.

The combined impact of attaining all three targets could reduce new U.S. HIV infections by 58% and save 128,000 lives, compared to the base case, at an incremental cost of about $105 billion, the researchers calculate. Most of this added expenditure would be for the costs of additional antiretroviral treatment (ART) at an average of about $32,000 per person per year. “The primary gap in the current continuum of care is in care retention, which is needed to realise the prevention and health benefits of use of ART and viral suppression; achieving the NHAS goal of engaging 90% of those diagnosed in care could halve the number of HIV infections over the next 10 years,” the researchers note. “These results offer credence to the importance of achieving the NHAS progress indicators to bend the curve of the HIV epidemic.”

Further, "if we are to succeed in curbing transmission, we must also reframe our approach to funding the HIV response, seeking innovative and targeted funding mechanisms to facilitate this long-term treatment and retention. Reducing ART costs through such mechanisms as 430B pricing, AIDS Drug Assistance Programs, and generic manufacturing of key drugs could offer substantial health system cost savings. Efforts to both expand funding for HIV care, including ancillary services and interventions to promote long-term retention, and lower the costs of ART must both be prioritised.”

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Nine Deep South States Continue to Have Highest U.S. HIV Diagnosis and Death Rates

Nine Deep South States are driving the U.S. HIV epidemic, according to HIV/AIDS in the US Deep South: Trends from 2008-2013, the latest report from the Southern HIV/AIDS Strategy Initiative (SASI). These states – Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Texas – have been disproportionately affected by HIV disease for years. In the 6-year period from 2008 through 2013, these states had the highest HIV and AIDS diagnosis rates and numbers in the U.S., accounting for 40% of new HIV diagnoses and 43% of new AIDS diagnoses with only 28% of the nation’s population. The HIV death rate in the Deep South during 2013 (3.2 deaths per 100,000 population) was about 1.5 times higher than in the U.S. as a whole and nearly 3 times that of the Midwest, the region with the lowest HIV death rate. The Deep South states share a number of characteristics, including poorer overall health, high poverty rates, an insufficient supply of medical care providers, and a cultural climate that likely contributes to the spread of HIV, according to SASI.

The 19-page report provides a comparative regional assessment of HIV disease trends in the U.S. with particular emphasis on the nine Deep South states. It includes many tables, charts, and graphs with detailed data on HIV and AIDS diagnoses, prevalence, deaths, case fatality, and sexually transmitted infections (STIs) for the years 2008 through 2013. The report authors conclude that, “Holistic approaches that include local, state and federal partnerships and address the multiple factors that contribute to the disproportionate epidemic in the South such as lack of resources, inadequate HIV
services infrastructures, and regional resource inequities as well as stigma and high STI rates are needed to adequately address HIV in the region.”

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U.S. Drug Overdose Deaths Rose to Record Levels in 2014; President Proposes $1.1 Billion in Additional Funding for Drug Initiatives

A total of 47,055 people died of drug overdoses in 2014 – more than any previous year on record, according to a recent report in CDC’s Morbidity and Mortality Weekly Report. The age-adjusted drug overdose death rate has more than doubled since the year 2000, increasing from 6.2 per 100,000 persons to 14.7 per 100,000 in 2014. The overall number and rate of drug overdose deaths also rose significantly between 2013 and 2014, with an additional 3,073 deaths occurring in 2014 and a 6.5% increase in the age-adjusted rate. The cumulative number of U.S. overdose deaths in the period from 2000 through 2014 was nearly half a million.

Opioids, primarily prescription pain relievers and heroin, are the main drugs associated with overdose deaths in the U.S. In 2014, opioids were involved in 28,647 deaths – 61% of all drug overdose deaths; the rate of opioid overdoses has tripled since 2000. Between 2013 and 2014, the death rate from the most commonly prescribed opioid pain relievers rose 9%, the death rate from heroin increased 26%, and the death rate from synthetic opioids jumped 80%. “The 2014 data demonstrate that the United States’ opioid overdose epidemic includes two distinct but interrelated trends: a 15-year increase in overdose deaths involving prescription opioid pain relievers and a recent surge in illicit opioid overdose deaths, driven largely by heroin,” according to the report authors from CDC’s National Center for Injury Prevention and Control.

In particular, drug overdose deaths involving heroin more than tripled in 4 years. “This increase mirrors large increases in heroin use across the country and has been shown to be closely tied to opioid pain reliever misuse and dependence. Past misuse of prescription opioids is the strongest risk factor for heroin initiation and use, specifically among persons who report past-year dependence or abuse. The increased availability of heroin, combined with its relatively low price (compared with diverted prescription opioids) and high purity appear to be major drivers of the upward trend in heroin use and overdose.”

The researchers conclude, “Efforts to encourage safer prescribing of opioid pain relievers should be strengthened. Other key prevention strategies include expanding availability and access to naloxone (an antidote for all opioid-related overdoses), increasing access to medication-assisted treatment in combination with behavioral therapies, and increasing access to syringe service programs to prevent the spread of hepatitis C virus infection and human immunodeficiency virus infections.”

Proposed Increases in Drug Program Spending: President Barack Obama’s federal budget proposal for FY17 calls for $1.1 billion in new funding to address the prescription opioid abuse and heroin use epidemic in the U.S. According to a White House fact sheet, this includes $1 billion in new mandatory funding over two years to expand access to treatment for prescription drug abuse and heroin use. Of this total:
$920 million would support cooperative agreements with states to expand access to medication-assisted treatment for opioid use disorders;

$50 million in National Health Service Corps funding would expand access to substance use treatment providers; and

$30 million would be used to evaluate the effectiveness of treatment programs and help identify opportunities to improve treatment for patients with opioid use disorders.

In addition, the FY17 budget proposal includes approximately $500 million – an increase of over $90 million – to continue and build on current efforts across the Departments of Justice and Health and Human Services to expand state-level prescription drug overdose prevention strategies, increase the availability of medication-assisted treatment programs, improve access to the overdose-reversal drug naloxone, and support targeted enforcement activities. Part of this funding is directed specifically to rural areas, where rates of overdose and opioid use are particularly high.

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FDA Approves New Combination Pill Zepatier for Hepatitis C
On January 28, the U.S. Food and Drug Administration (FDA) approved the new once-daily combination pill Zepatier for the treatment of chronic hepatitis C virus (HCV) infection genotypes 1 and 4. Zepatier, which is made by Merck and Co., combines two antiviral drugs grazoprevir and elbasvir. It may be used alone or in combination with the previously approved HCV drug ribavirin to cure HCV infection.

According to Merck, most people will be treated with Zepatier for 12 weeks, although in some circumstances, the recommended treatment period is 16 weeks. In clinical trials, Zepatier cured 94% to 97% of patients with HCV genotype 1, and 97% to 100% of those with genotype 4. The most common side effects for people taking Zepatier alone (without ribavirin) were fatigue, headache, and nausea. For those taking Zepatier with ribavirin, the most common side effects were anemia and headache. Zepatier is not recommended for persons with moderate or severe liver impairment. Zepatier also has significant drug interactions with some HIV medications, which may preclude its use in some persons coinfected with HIV and HCV.

The undiscounted price for 12 weeks of treatment is $54,600 – which is more than 30% below the list prices for popular competing combination pills, but comparable to the net prices for those pills after discounts. Soon after Zepatier’s approval, a Merck official indicated that the company may offer discounts to increase access to the treatment and increase their market share.

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Resources About the Zika Virus
The outbreak of the Zika virus infection in parts of Central and South America has received increasing news coverage in recent weeks. CDC reports indicate, that as of February 10, no locally transmitted Zika cases have been reported in the continental U.S., but cases have been reported in returning travelers. In addition, locally transmitted Zika virus cases have been reported in the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and America Samoa. CDC projects that, with the recent outbreaks, the number of Zika cases among travelers visiting or returning to the U.S. will likely increase.
Although the recent Zika outbreak is unrelated to HIV and viral hepatitis, we thought it would be worthwhile to include links to some reliable, up-to-date resources in this issue. Many Disparities Update readers are involved in researching or responding to emerging infectious diseases, or may have patients, clients, colleagues, or friends with questions about the Zika virus.

Zika Virus Resources from the CDC

- Zika Virus Home Page
- Zika Virus: Questions and Answers
- Transmission
- Prevention
- Symptoms, Diagnosis, and Treatment
- Information for Health Care Providers
- Information for Pregnant Women
- Resources and Publications
- Fact Sheets and Posters
- Areas with Zika
- Zika Virus Disease in the United States, 2015–2016 – Includes a map and table listing locally acquired and travel-acquired cases in specific U.S. states and territories

Other Zika Virus Resources

- Preparing for and Responding to the Zika Virus at Home and Abroad: This White House fact sheet, issued on February 8, includes a detailed breakdown of the Obama Administration’s request for more than $1.8 billion in emergency funding “to enhance our ongoing efforts to prepare for and respond to the Zika virus, both domestically and internationally.”
- Zika Virus Fact Sheets from the Massachusetts Department of Public Health, Bureau of Infectious Disease. Available in: English, Spanish, Portuguese, French, and Haitian Creole.
the resources of our entire health care payment and delivery system to fight the HIV epidemic,” NASTAD notes.

Special Journal Issues Focus on HIV Screening and Health Disparities
The theme of the January/February supplemental issue of Public Health Reports is the implementation of routine HIV screening in clinical settings. The supplement marks the tenth anniversary of CDC’s 2006 recommendations that HIV screening be part of routine medical care in the U.S. for persons 13 to 64 years old. In an opening editorial, Emory University epidemiologist Patrick Sullivan and colleagues note that, “Since then, important developments in policy and technology have improved the capacity to adopt the 2006 recommendations, and public, private, and nonprofit organizations have supported and funded efforts to evaluate HIV screening methods and spread implementation.” Free full-text PDF files of the editorial and 16 research papers can be downloaded from the supplemental issue’s home page. The papers examine HIV screening in a wide range of clinical settings – including community health centers, hospital emergency departments, family planning clinics, and pharmacies – as well as differing approaches to HIV screening and subsequent linkage to care. According to Sullivan and colleagues, “As a group, these articles represent an important milestone in the progress of HIV screening implementation and provide a basis for anticipating new challenges in screening for HIV and other infectious diseases as effective treatment, health-care payment structures, medical records systems, and laboratory technologies continue to evolve.”

The February 12 supplement issue of CDC’s Morbidity and Mortality Weekly Report has the theme, “Strategies for Reducing Health Disparities — Selected CDC-Sponsored Interventions, United States, 2016.” This is the second in a series of CDC reports presenting detailed information on specific interventions that have proven effective in reducing disparities. The eight interventions discussed include two focusing on HIV, one on hepatitis A, and others on asthma, colorectal cancer, diabetes, interpersonal violence, and living with disabilities. The titles and links to the full text of the HIV and hepatitis A reports are listed below:

- Adaptation and National Dissemination of a Brief, Evidence-Based, HIV Prevention Intervention for High-Risk Men Who Have Sex with Men
- The HoMBReS and HoMBReS Por un Cambio Interventions to Reduce HIV Disparities Among Immigrant Hispanic/Latino Men
- Progress Toward Eliminating Hepatitis A Disease in the United States

New and Updated Reports, Slide Sets, and Fact Sheets from CDC and AIDSInfo
CDC’s Division of HIV/AIDS Prevention has published two new special reports and has updated several fact sheets and slide sets.

HIV Infection Risk, Prevention, and Testing Behaviors Among Men Who Have Sex with Men, 2014. This 32-page report summarizes findings from the fourth cycle of data collection, conducted in the 2014 National HIV Behavioral Surveillance for gay, bisexual, and other men who have sex with men.

Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection, Medical
Monitoring Project, United States, 2013 Cycle (June 2013-May 2014). This 42-page report includes data on a range of demographic, behavioral, and clinical characteristics among over 5,000 patients at 480 participating facilities in CDC’s Medical Monitoring Project. It includes information on: disease stage and viral suppression; use of, and adherence to, antiretroviral treatment; use of health care services; depression and substance use; sexual behavior and reproductive health; and met and unmet needs for ancillary services, such as dental care, housing, food, and transportation services.

The updated CDC fact sheets and slide sets include:
- HIV Among African American Gay and Bisexual Men – fact sheet
- HIV Among African Americans – fact sheet
- HIV Surveillance in Women (through 2014) – slide set
- HIV Surveillance: Persons Who Inject Drugs (through 2014) – slide set
- HIV Surveillance in Urban and Nonurban Areas (through 2014) – slide set
- HIV Surveillance in Adolescents and Young Adults (through 2014) – slide set
- HIV Mortality (through 2013) – slide set
- Trends in HIV Infection, Stage 3 (AIDS) (through 2014) – slide set

On its AIDSInfo site, the U.S. Department of Health and Human Services has also recently updated 8 consumer-oriented fact sheets on the side effects of HIV medications. These fact sheets are available in both English and Spanish:
- HIV Medicines and Side Effects (Spanish)
- HIV and Diabetes (Spanish)
- HIV and Hepatotoxicity (Spanish)
- HIV and Hyperlipidemia (Spanish)
- HIV and Lactic Acidosis (Spanish)
- HIV and Lipodystrophy (Spanish)
- HIV and Osteoporosis (Spanish)
- HIV and Rash (Spanish)

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Resource for Transgender Women Considering PrEP
Studies indicate that more than one-quarter of transgender women in the U.S. are living with HIV. Project Inform and Outshine NW have partnered to create a free resource, PrEP: Transcending Barriers for Safer Pleasure, specifically written for trans women. The 24-page booklet describes pre-exposure prophylaxis (PrEP) in plain language and discusses the following concerns from the perspective of trans women:
- How to gauge if PrEP might be right for you;
- Questions to ask your provider if you’re thinking about starting PrEP;
- How people start and stop taking PrEP;
- Guidance on using condoms with PrEP;
- Possible side effects of Truvada – the medication used for PrEP;
- What is known about interactions between PrEP and feminizing hormones;
- Disclosure: Considering whether to tell friends, lovers, and others that you’re taking PrEP.
“Transgender women are fighting a serious crisis right now with regard to HIV and inadequate healthcare resources,” notes Brandyn Gallagher, executive director of Outshine NW. “Sexual health researchers, educators, and providers must actively engage transgender people and develop culturally appropriate HIV prevention strategies if we want to see an end to the virus.” A Spanish-language version of the booklet is expected to be available soon.

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Mount Sinai Offers Free HepCure Toolkit for Providers and Patients
The Mount Sinai Icahn School of Medicine in New York City has developed a new HepCure toolkit that includes three main components: a provider “dashboard,” a patient app, and a weekly provider tele-education webinar series. The toolkit is part of a Mount Sinai project designed to “expand the number of health care providers treating HCV infection, improve provider knowledge of HCV disease management, enhance patient engagement in the HCV treatment process, and improve the quality and outcome of HCV treatment.” The HepCure provider dashboard allows providers to organize and track their patients with HCV infection, access algorithms for determining HCV treatment options, track HCV quality-of-care indicators, and share information with patients. The patient app helps patients learn about available HCV treatment options, assess and improve their readiness to start treatment, set medication reminders, track adherence, record symptoms, and communicate with their doctors, as well as access patient education resources. The patient app is available for download from Google Play and the Apple App Store. The HepCure weekly webinar series takes place every Tuesday, and all webinars are archived for later viewing.

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FEATURED HEALTH RESOURCES
National Women and Girls HIV/AIDS Awareness Day (March 10) and National Native HIV/AIDS Awareness Day (March 20)

**National Women and Girls HIV/AIDS Awareness Day**

Thursday, March 10, will mark the 11th observance of National Women and Girls HIV/AIDS Awareness Day (NWGHAAD). The overriding purpose of the NWGHAAD is to raise awareness of the impact of HIV/AIDS on women and girls. In commemoration of this day, we have compiled an annotated list of online resources focusing on HIV/AIDS among women and girls in the U.S.

**Fact Sheets and Reports on Women and HIV**

**HIV Among Women.** This 2015 CDC fact sheet presents information about trends in new HIV infections and HIV/AIDS diagnoses and deaths among women in the U.S. It also discusses the various factors that can place women at risk for HIV infection and the steps CDC is taking to address the needs of women affected by HIV/AIDS.

**Women and HIV/AIDS in the United States.** This four-page fact sheet from the Kaiser Family Foundation provides excellent summary information on the impact of HIV/AIDS on U.S. women. The fact sheet,
which was last updated in 2014, includes: a snapshot of the epidemic, a review of key trends and current cases, information on reproductive health and HIV transmission specific to women, HIV testing, access to prevention and care, and women’s opinions about HIV/AIDS.

**Women and HIV.** This is a one-page fact sheet from the AIDS InfoNet. Also available in [Spanish](https://www.aidsinet.org) and [Russian](https://www.aidsinet.org).

**HIV Among Pregnant Women, Infants, and Children in the United States.** This CDC fact sheet includes information about trends in mother-to-child transmission (MTCT) of HIV, strategies for preventing MTCT, and steps CDC, as well as medical and public health groups, are taking to address MTCT.

**Diagnoses of HIV Infection in the United States and Dependent Areas, 2014.** This 123-page CDC report includes detailed information about HIV and AIDS cases and deaths in the U.S., including breakdowns by gender, race/ethnicity, transmission category, and age.

**Women and HIV/AIDS.** This is a global overview of HIV/AIDS among women from Avert.org. Topics covered include: updates on HIV/AIDS among women in different geographical regions; the factors that place some women at high risk for becoming infected with HIV and reduce access to care and services; HIV counseling, testing, and antiretroviral treatment among women; prevention programs specifically for women; and efforts to reduce MTCT of HIV. This document also includes citations and hyperlinks to 50 source research papers and reports.

**Selected Organizations and Web Sites on Women and HIV**

**The Well Project:** This web site focuses on HIV prevention, treatment, and wellness among women living with, or at risk for, HIV infection.

**Women, Children, and HIV:** This web site from the University of California-San Francisco Medical Center has extensive resources on the prevention and treatment of HIV in women and children worldwide. The target audience for the resources is primarily health workers, program managers, and policy-makers, especially those working in resource-limited settings.

**Women Organized to Respond to Life-Threatening Diseases (WORLD):** The mission of WORLD is to improve “the lives and health of women, girls, families, and communities affected by HIV through peer-based education, wellness services, advocacy, and leadership development.”

**Selected Recent Articles on Women and HIV**

**Why Is HIV So Devastating Among Southern Black Women?** (AIDSmeds)

**HRSA Issues Brief Reports on HIV and Trauma, Women’s Health, and Youth Health.** (Health Disparities Update)

**Hormonal Contraception Safe for Women with HIV and May Have Important Health Benefits.** (AIDSmag)

**Women and HIV: Same Treatment, Different Care.** (TheBodyPro)
WAVES Study Shows HIV Treatment Efficacy Differs Between Women and Men. (TheBodyPro)

HIV Increases Bone Fracture Risk by 32% in Middle-Aged U.S. Women. (TheBodyPro)

Obesity Drives Higher Diabetes and Hypertension Rates in Black Women with HIV. (TheBodyPro)

HIV-Positive Postpartum Women Who Rapidly Re-engage with HIV Care More Likely to Have Viral Suppression in Longer Term. (AIDSmap)

Implant and Injectable Hormonal Contraception Most Effective Methods for Women Living with HIV. (AIDSmap)


Anal Cancer Screens May Miss Lesions Among HIV-Positive Women. (AIDSmeds)


Almost Half of U.S. Women with HIV Not in Regular Care in CDC Analysis. (NATAP)

Women and PrEP: The Bridging Role of Local Health Departments. (TheBodyPro)

**National Native HIV/AIDS Awareness Day**

The National Native HIV/AIDS Awareness Day (NNHAAD) will be observed this year on Sunday, March 20. NNHAAD is a collaborative effort between the National Native American AIDS Prevention Center, CDC, and other organizations. It is designed to promote HIV testing in Native communities through educational materials and use of marketing strategies. The goals and objectives of NNHAAD are to:

- encourage Native people to get educated and to learn more about HIV/AIDS and its impact in their community;
- work together to encourage testing options and HIV counseling in Native communities; and
- help decrease the stigma associated with HIV/AIDS.

To support activities commemorating NNHAAD, we have compiled an annotated list of online resources focusing on HIV/AIDS among American Indians and Alaska Natives.

**National Native HIV/AIDS Awareness Day Website**: This is the official website for NNHAAD. The site provides background information about the day, together with links to fact sheets, event listings, and posters and other promotional materials.

**HIV/AIDS and American Indians/Alaska Natives**: This is a web page from the Office of Minority Health with detailed statistical information about HIV testing, HIV and AIDS cases, modes of HIV transmission, and death rates among American Indians and Alaska Natives.

**HIV/AIDS Among American Indians and Alaska Natives**: This is a CDC fact sheet.
Diagnoses of HIV Infection in the United States and Dependent Areas, 2014. This CDC report includes information about HIV and AIDS cases and deaths in the U.S., with breakdowns for different racial and ethnic groups, including American Indians and Alaska Natives.

Native Gay Men and Two Spirit People: HIV/AIDS and Viral Hepatitis Programs and Services. Issue brief from the National Alliance of State and Territorial AIDS Directors.

Links: Native Americans. This is a web page of the HIV InSite with links to organizations and resources concerned with HIV/AIDS in the Native American community.

Celebrate American Indian/Alaska Native Heritage! This is a CDC resource page with information about health indicators and health disparities among American Indians/Alaska Natives.

Native American Health. This web page from MedlinePlus has links to many health resources.

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.

Expanded HIV Testing and Linkage to Care: Conventional vs. Point-of-Care Testing and Assignment of Patient Notification and Linkage to Care to an HIV Care Program. By S. Bares, R. Eavou, C. Bertozzi-Villa, and others, in Public Health Reports.

Integrating Routine HIV Testing into Family Planning Clinics That Treat Adolescents and Young Adults. By R.S. Buzi, F.L. Madanay, and P.B. Smith, in Public Health Reports.

Pharmacy Intervention to Improve HIV Testing Uptake Using a Comprehensive Health Screening Approach. By N.D. Crawford, T. Dean, A.V. Rivera, and others, in Public Health Reports.


Routine HIV Screening in an Urban Community Health Center: Results from a Geographically Focused Implementation Science Program. By A. Nunn, C. Towey, P.A. Chan, and others, in Public Health Reports.

Routine Screening for HIV Infection in Medical Care Settings: A Decade of Progress and Next Opportunities. By P.S. Sullivan, M.S. Lyons, M. Czarnogorski, and B.M. Branson, 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.


To Use a Rectal Microbicide, First Insert the Applicator: Gel and Applicator Satisfaction Among Young Men Who Have Sex with Men. By J. Bauermeister, R. Giguere, C. Dolezal, and others, in AIDS Education and Prevention.


HIV Primary Care Providers – Screening, Knowledge, Attitudes and Behaviors Related to Alcohol Interventions. By G. Chander, A.K. Monroe, H.M. Crane, and others, in Drug and Alcohol Dependence.

The Feasibility and Acceptability of Using Technology-Based Daily Diaries with HIV-Infected Young Men Who Have Sex with Men: A Comparison of Internet and Voice Modalities. By E.M. Cherenack, P.A. Wilson, A.M. Kreuzman, and others, in *AIDS and Behavior*.


Social Determinants of HIV-Related Stigma in Faith-Based Organizations. By J.D. Coleman, A.D. Tate, B. Gaddist, and J. White, in *American Journal of Public Health*.


HIV’s Syndemic Links with Mental Health, Substance Use, and Violence in an Environment of Stigma and Disparities in Japan. By A.S. DiStefano, in *Qualitative Health Research*.

Stigma, Activism, and Well-Being Among People Living with HIV. By V.A. Earnshaw, L. Rosenthal, and S.M. Lang, in *AIDS Care*.


Explaining the Presence of “Heterosexual” Female Clients of a Rapid HIV Testing Site Located in the Gay Village of Montreal, Quebec. By K. Engler, K. Rollet, D. Lessard, and others, in *Journal of Primary Care and Community Health*.


Young Male Sex Workers Are at High Risk for Sexually Transmitted Infections: A Cross-Sectional Study from Dutch STI Clinics, the Netherlands, 2006-2012. By N. Fournet, F.D. Koedijk, A.P. van Leeuwen, and others, in *BMC Infectious Diseases*. Free full text also available.

Transmitted Infections.


Predictors of Inpatient Mortality and Resource Utilization for the Elderly Patients with Chronic Hepatitis C (CH-C) in the United States. By P. Golabi, M. Otgonsuren, W. Suen, and others, in *Medicine*.


Ethical Implications of Social Stigma Associated with the Promotion and Use of Pre-Exposure Prophylaxis for HIV Prevention. By P.D. Herron, in LGBT Health.

HIV and Elevated Mental Health Problems: Diagnostic, Treatment, and Risk Patterns for Symptoms of Depression, Anxiety, and Stress in a National Community-Based Cohort of Gay Men Living with HIV. By W. Heywood and A. Lyons, in AIDS and Behavior.


Pain Symptoms Associated with Opioid Use Among Vulnerable Persons with HIV: An Exploratory Study with Implications for Palliative Care and Opioid Abuse Prevention. By A.R. Knowlton, T.Q. Nguyen, A.C.
Robinson, and others, in *Journal of Palliative Care*.


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

**HCV Prevalence in Asian Americans in California.** By O.N. Lin, C. Chang, J. Lee, and others, in *Journal of Immigrant and Minority Health*.

**Young Men Who Have Sex with Men’s Use of Social and Sexual Media and Sex-Risk Associations: Cross-Sectional, Online Survey Across Four Countries.** By K. Lorimer, P. Flowers, M. Davis, and J. Frankis, in *Sexually Transmitted Infections*.


**From Marginal to Marginalised: The Inclusion of Men Who Have Sex with Men in Global and National AIDS Programmes and Policy.** By T. McKay, in *Global Public Health*.


**The Impact of Age, HIV Serostatus, and Seroconversion on Methamphetamine Use.** By J.L. Montoya, J. Cattie, E. Morgan, and others, in *American Journal of Drug and Alcohol Abuse*.

**Patterns of Drug Use and Drug-Related Hospital Admissions in HIV-Positive and -Negative Gay and Bisexual Men.** By C.L. Moore, H.F. Gidding, F. Jin, and others, in *AIDS and Behavior*.

**HIV Community Viral Load and Factors Associated with Elevated Viremia Among a Community-Based Sample of Men Who Have Sex with Men (MSM) in Vancouver, Canada.** By D.M. Moore, Z. Cui, M. Lachowsky, and others, in *Journal of Acquired Immune Deficiency Syndromes*.
Men: Psychometric Evaluation


The Conflation of Gender and Sex: Gaps and Opportunities in HIV Data Among Transgender Women and MSM. By T. Poteat, D. German, and C. Flynn, in Global Public Health.

Effect of Pre-Exposure Prophylaxis and Combination HIV Prevention for Men Who Have Sex with Men in the U.K.: A Mathematical Modelling Study. By N. Punyacharoensin, W.J. Edmunds, D. De Angelis, and others, in Lancet HIV.


Frequent Injection Cocaine Use Increases the Risk of Renal Impairment Among Hepatitis C and HIV Co-Infected Patients. By C. Rossi, J. Cox, C. Cooper, and others, in AIDS.


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

Sexually Transmitted Infections and Pre-Exposure Prophylaxis: Challenges and Opportunities Among Men Who Have Sex with Men in the U.S. By H.M. Scott and J.D. Klausner, in AIDS Research and Therapy. Free full text also available.


Racial Diversity in Mortality and Morbidity in Urban Patients with Hepatitis C. By A. Stubbs, P. Naylor, K. Ravindran, and others, in Journal of Viral Hepatitis.


Patterns and Correlates of Serostatus Disclosure to Sexual Partners by Perinatally Infected Adolescents and Young Adults. By A. Weintraub, C.A. Mellins, P. Warne, and others, in AIDS and Behavior.


Anxiety and Depressive Symptoms Among People Living with HIV and Childhood Sexual Abuse: The Role of Shame and Posttraumatic Growth. By T.C. Willie, N.M. Overstreet, C. Peasant, and others, in *AIDS and Behavior*.


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