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U.N. Political Declaration on Ending AIDS Adopted in New York

On June 8, at the United Nations (U.N.) General Assembly's High-Level Meeting on Ending AIDS, U.N. member nations adopted the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight Against HIV and to End the AIDS Epidemic (Declaration). In the Declaration, nations reaffirm their commitment to end the AIDS epidemic by 2030 and to accelerate and scale up the fight against HIV to reach this goal. In addition, they pledged to “intensify efforts towards the goal of comprehensive prevention, treatment, care, and support programs that will help to significantly reduce new infections, increase life expectancy and quality of life, the promotion, protection, and fulfillment of all human rights and the dignity of all people living with, at risk of, and affected by HIV and AIDS and their families.”

Reducing New Infections, Deaths, and Stigma: The 2016 Declaration calls on the world’s nations to achieve the following global HIV/AIDS goals for 2020:

- reduce new HIV infections to fewer than 500,000;
- reduce AIDS-related deaths to fewer than 500,000 annually; and
- eliminate HIV-related stigma and discrimination.

By the end of 2015, the total number of people receiving HIV treatment reached 17 million, exceeding an earlier 2015 target of reaching 15 million people. In the Declaration, nations also pledge to pursue the “90-90-90” treatment target for 2020: that is, to ensure that 90% of people living with HIV know their status, 90% of those who know their status are receiving treatment, and 90% of people on treatment have suppressed viral loads. Meeting the 90-90-90 target will ensure that 30 million people living with HIV access treatment by 2020.

Prevention Goals: The Declaration also includes ambitious prevention goals for 2020:

- reaching all women, adolescent girls, and key populations with comprehensive HIV prevention services, including harm reduction;
- reaching 3 million people at higher risk of HIV infection with pre-exposure prophylaxis; and
- reaching 25 million young men in high HIV incidence areas with voluntary medical male circumcision, and making 20 billion condoms available in low- and middle-income countries.

Financing the End of AIDS: To ensure that these and other targets can be achieved, the Declaration includes a commitment to implement a Fast-Track AIDS response. These include:

- increasing and front-loading investments by spending at least $26 billion a year on the AIDS response by 2020;
- investing at least one-quarter of HIV/AIDS spending on HIV prevention; and
- addressing regulations, policies, and practices that restrict access to safe, efficacious, and affordable generic medicines, diagnostics, and related health technologies.

Following the adoption of the Declaration, the U.S. announced the establishment of a $100 million Key Populations Investment Fund to expand access to HIV services globally. This new fund, which was created as part of the U.S. President’s Emergency Plan for AIDS Relief, will help close the gap between people who have access to HIV services and those who are being left behind.
Reflections on 35th Anniversary of AIDS and HIV Long-Term Survivors Awareness Day

On June 5, 1981, the U.S. Centers for Disease Control and Prevention (CDC) published reports about a rare form of pneumonia in five gay men, which were later determined to be the first published cases of AIDS. Although the first HIV infections in the U.S. and elsewhere occurred years earlier, June 5, 1981 has come to be considered the beginning of the AIDS epidemic. In the past few years, the HIV advocacy group Let’s Kick ASS (LKA) has also led an effort to designate June 5 as HIV Long-Term Survivors Awareness Day (HLTSAD) – which has now been recognized as one of the U.S.’s national HIV/AIDS awareness days. This feature includes information about HLTSAD, as well as reflections from President Barack Obama and others about the 35th anniversary of AIDS.

HIV Long-Term Survivors Awareness Day: LKA launched HLTSAD to raise awareness about the needs, issues, and journeys of long-term survivors of HIV infection, including older adults and others who have lived with the virus for decades. In a recent blog post, LKA noted that 2016 marks both the 35th anniversary of AIDS and the 20th anniversary of the rollout of the first highly active antiretroviral therapies that revolutionized the treatment of HIV/AIDS. “We want to change the narrative from surviving to thriving,” according to LKA. “Achieving that goal requires older adults with HIV to be equipped for healthy aging. Long-term survival, once an almost unimaginable concept, is now the norm.” LKA is calling on AIDS service organizations, medical and mental health providers, HIV long-term survivors, and other advocates to:

- prioritize HIV and aging issues through awareness and age-appropriate services;
- end what LKA calls the “ongoing systemic institutional invisibility” of HIV long-term survivors;
- help persons living with HIV reach viral suppression, which both safeguards their health and reduces the risk of HIV transmission;
- address the challenges of poverty and disability, which are barriers to healthy aging with HIV infection;
- understand and address the medical and mental health needs of HIV long-term survivors.

35th Anniversary Remarks from President Obama: “The past 35 years tell a story that bends from uncertainty, fear, and loss toward resilience, innovation, and hope,” the President noted in a White House statement issued on June 5. “We've learned that stigma and silence don't just fuel ignorance, they foster transmission and give life to a plague. We've seen that testing, treatment, education, and acceptance can not only save and extend lives, but fight the discrimination that halted progress for too long. And we've reaffirmed that most American of ideas – that ordinary citizens can speak out, band ourselves together like a breathtaking quilt, and change the course of our communities and our nation for the better.”

President Obama also briefly summarized several key U.S. government initiatives, including the establishment of the Ryan White HIV/AIDS Program and the President's Emergency Plan for AIDS Relief (PEPFAR) before his presidency, as well as the Obama Administration’s implementation of the first U.S. National HIV/AIDS Strategy in 2010 and its subsequent update to guide the nation’s HIV/AIDS response through 2020. “Nearly five years ago, I said that an AIDS-free generation is within reach, and today, the global community is committed to ending this epidemic by 2030. This will take American leadership, smart investments, and a commitment to ensure that all communities are heard and included as we move forward.”
Remarks from Other Federal Officials: Two early June posts on the blog.AIDS.gov site, include written and video reflections on the epidemic from four U.S. federal officials who have been part of the U.S. AIDS response for many years. U.S. global AIDS coordinator Deborah Birx shared personal reflections on her early work with persons living with HIV as a physician at the Walter Reed Medical Center, the many people who died as a result of AIDS, and the efforts to reverse the epidemic. “This week, as I reflect on the past 35 years – and as world leaders prepare to gather in New York City for the 2016 U.N. High-Level Meeting on Ending AIDS – there were many moments when reaching such a goal seemed impossible. Today, thankfully, it isn’t. But we won’t reach it easily or without focus. We must combine the power and perseverance of the early AIDS activists with the scientific knowledge and data that we now have in order to get there.”

Amy Lansky, the acting director of the White House Office of National AIDS Policy, noted that the lessons learned in combating HIV/AIDS during the past 35 years have been integrated into the NHAS. Recent and ongoing efforts to address and ultimately end the epidemic include expanding the HIV prevention toolbox, improving access to healthcare coverage under the Affordable Care Act, modernizing recommendations for HIV treatment and routine HIV testing, and improving outcomes along the HIV care continuum. Lansky also called on Americans to fight the stigma that has prevented many people from seeking HIV testing and treatment.

Richard Wolitski, acting director of the HHS Office of HIV/AIDS and Infectious Disease Policy, also reflected on the toll that HIV/AIDS has taken in the U.S. and globally, as well as important milestones in the AIDS response. While noting that breakthroughs such as HIV testing, prevention of mother-to-child transmission, and the development of effective antiretroviral treatment have been critically important, Wolitski emphasized that the infections averted and lives saved have been the result of many sectors of society coming together to ensure that these scientific advances reached the people who needed them. “If we all do our part, we can stop marking these milestones, we can stop counting the infections, we can stop adding up the deaths. And we can look back on HIV as something that’s a part of our past and part of our history – but not a part of our future.”

Anthony Fauci, director of the National Institute for Allergy and Infectious Diseases, also discussed his experiences during the early years of the epidemic and his decision to devote his career to AIDS research. He noted that the prognosis for people diagnosed with HIV today is “night and day” compared to 1981, thanks to the development of many highly effective antiretroviral drugs used in combination to fight HIV. “What has happened from 1981 to now is really one of the most extraordinary accomplishments of biomedical research.”

Statement from the Gay Men’s Health Crisis: On June 5, the Gay Men’s Health Crisis (GMHC) in New York issued a statement to honor long-term survivors of HIV/AIDS. The statement describes the early reports of AIDS and the community’s response, including the establishment of GMHC’s buddy program in 1982 to help persons living with and dying from AIDS. “All of our successes as a community were made possibly because of the tenacity and fighting spirit the long term survivors embodied during the darkest times. They taught us how to organize and fight when no one was willing to help.” Further, “Today honors some of the bravest Americans who have lived through the unthinkable and helped save countless lives because of their insistence on never giving up. . . [T]ogether we will not only end the epidemic, but never give up on our collective goal of finding a cure.”

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15% of U.S. MSM Are Living with HIV, But Prevalence Varies Widely by Region

Eli Rosenberg and colleagues from Emory University’s Rollins School of Public Health have used recent estimates of the number of gay, bisexual, and other men who have sex with men (MSM) and publicly available HIV surveillance data to estimate, for U.S. MSM, the prevalence of HIV diagnosis and infection and the rate of new diagnoses, at the national, state, Metropolitan Statistical Area (MSA), and county levels.

Their calculations indicate that, overall, HIV prevalence among MSM in the U.S. during 2012 was 15.0%, the diagnosed HIV prevalence among MSM in 2012 was 11.1%, and the new diagnosis rate for 2013 was 0.7 per 100 MSM. The diagnosed HIV prevalence rate among MSM was 57.5 times greater than among other U.S. men. The bulleted list below highlights geographic patterns in HIV prevalence among MSM at the state, MSA, and county level in 2012. Please note that the HIV prevalence rates and HIV case figures cited refer specifically to diagnosed cases of HIV infection among MSM only. Though not summarized here, the paper also contains estimates of the total HIV cases (both diagnosed and undiagnosed) among MSM, as well as HIV prevalence estimates that include undiagnosed cases.

- Georgia, with about 24,100 diagnosed HIV cases among MSM and a diagnosed HIV prevalence rate of 18.5%, was the only state with both more than 15,000 diagnosed HIV cases and a diagnosed prevalence rate above 15%.
- Five states, all in the South, and the District of Columbia (D.C.) had diagnosed HIV prevalence rates above 15% but fewer than 15,000 total diagnosed HIV cases among MSM. These states and their associated HIV prevalence rates were: Mississippi (23.3%); Louisiana (21.7%), South Carolina (21.6%), D.C. (21.0%), Alabama (15.8%), and Arkansas (15.0%).
- Five high-population states had more than 15,000 diagnosed HIV cases among MSM and diagnosed HIV prevalence rates between 10% and 15%. These states and their associated HIV prevalence rates were: New York (14.6%), Florida (14.4%), Texas (11.8%), California (10.9%), and Illinois (10.2%).
- Of the 25 MSAs with the highest diagnosed HIV prevalence rates in the U.S., 21 were in the South, and 6 had diagnosed HIV prevalence rates above 25% among MSM.
- County-level data showed high diagnosed HIV prevalence rates in both urban and rural counties of the South.
- The five states with the lowest diagnosed HIV prevalence rates were: North Dakota (3.3%), South Dakota (3.6%), Montana (3.7%), Vermont (4.0%), and Wyoming (4.0%).

The researchers conclude: “Surveillance data have been described as the conscience of the HIV epidemic, and the new insights provided here on the rates of HIV prevalence and new diagnoses for U.S. MSM constitute a call of conscience for heightened responses and improved monitoring of HIV epidemics among MSM, especially in the South. Across the U.S., MSM are affected by HIV at rates that are orders of magnitude higher than for other Americans. This health disparity is even more pronounced in the South. There is a need for increased resources for HIV prevention, treatment, and care for MSM. In the South, this must include expansion of access to health care through Medicaid expansion under the Affordable Care Act; increased access to comprehensive HIV prevention services, including for pre-exposure prophylaxis (PrEP); and increased resources for programs to support immediate referrals for antiretroviral therapy for those who are newly diagnosed with HIV.”

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Denmark Is Nearing the “Elimination Threshold” for Their HIV Epidemic

The World Health Organization (WHO) has identified HIV treatment as prevention (TasP) as a key element in ending the HIV/AIDS epidemic. TasP refers to the reduction in HIV transmission rates arising from extensive access to, and use of, antiretroviral treatment (ART) among persons living with HIV. This occurs because effective ART suppresses HIV viral load to very low levels, dramatically decreasing the risk of HIV transmission – a 96% reduction in one major study. For infectious diseases, when the transmission rate falls below a level known as the “elimination threshold,” the disease is unable to maintain itself and will eventually be eliminated. For HIV, the elimination threshold has been calculated at one new HIV transmission per 1,000 individuals.

Thanks to broad access to ART, the HIV epidemic among Danish gay, bisexual, and other men who have sex with men (MSM) is now close to the elimination threshold, according to a new study from the University of California-Los Angeles (UCLA) and the Copenhagen University Hospital. The study researchers used an approach called CD4-staged Bayesian back-calculation to determine the number of Danish MSM who had become infected with HIV each year between 1995 and 2013, as well as the number of MSM who had undiagnosed HIV infection.

They found that the number of new HIV infections among MSM has been decreasing since 1996, the year that effective ART regimens were introduced in Denmark. When the researchers examined the relationship between this declining HIV incidence and the growth in ART use during the period, they found that these two variables were highly correlated.

By 2013, the number of new HIV infections among Danish MSM had declined to just 1.4 per 1,000 – very close to the elimination threshold for HIV. “The Danes have done what nobody else in the world has been able to do,” according to UCLA researcher Sally Blower. “They have almost eliminated their HIV epidemic, and they have achieved this simply by providing treatment.”

The Danish experience may be difficult to replicate, however, because both HIV treatment access and adherence are exceptionally high there. In fact, 98% of Danish MSM have achieved HIV viral suppression – a key goal of HIV treatment. The paper concludes on a sobering note: “Unless these extremely challenging conditions [very high treatment coverage, and an exceptionally high viral suppression rate] can be met in sub-Saharan Africa, the WHO’s global elimination strategy is unlikely to succeed.”

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European Study Examines Relationship Between Implementation of Harm Reduction Programs and Declining HIV Incidence

Many studies have found an association between the implementation of harm reduction interventions for persons who inject drugs (PWID) and subsequent reductions in HIV incidence. However, these studies have largely focused on the effects of harm reduction interventions in individual nations. To examine the effects of harm reduction efforts cross-nationally, Columbia University researchers used a mathematical model to estimate the potential impacts of needle-and-syringe programs (NSPs) and methadone maintenance therapy (MMT) on HIV incidence rates in the general population and among PWID in 28 European nations.
After adjusting for the nations’ Gross Domestic Product (GDP) and total health care expenditures, the researchers found significant associations between the amount of time that MMT and NSP interventions had been in place and the HIV incidence rates in the nations studied. In general, the longer these harm reduction efforts were in place, the lower the HIV incidence were among both PWID and the general population. In addition, nations that spent a higher proportion of their GDP on healthcare also tended to have reduced HIV incidence rates.

“The findings of this study suggest that MMT and NSP may reduce incidence rates of HIV among PWID cross-nationally,” the researchers note. “Given the absence of cross-national analyses of correlates of HIV incidence rates, this study opens the door to a new approach to studying the effects of harm reduction policies globally. Our findings reinforce extant literature suggesting that MMT and NSP implementation not only protects the basic human rights and health of PWID, but also promotes the health and wellbeing of societies at large by virtue of reducing overall rates of HIV.”

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CDC Report Finds Progress in Reducing Sexual Risk Behaviors Among U.S. Youth
The newly released national Youth Risk Behavior Survey (YRBS) for 2015 indicates that progress continues to be made in reducing some sexual risk behaviors among U.S. high school students. Every 2 years, the YRBS monitors the following six main categories of priority health-risk behaviors among youth and young adults nationwide in grades 9 through 12: 1) sexual behaviors related to unintended pregnancy and sexually transmitted infections (STIs), including HIV; 2) behaviors that contribute to unintentional injuries and violence; 3) tobacco use; 4) alcohol and other drug use; 5) unhealthy dietary behaviors; and 6) physical inactivity. In this brief feature, we focus on the YRBS report's findings on sexual behavioral risks, HIV/AIDS education, and HIV testing.

Sexual Risk Behaviors and HIV Testing
According to the 2015 YRBS report, for 9th through 12th grade students:
• about 41% had ever had sexual intercourse – decreasing from about 47% in 2013 and 54% in 1991 (the year when the YRBS was first conducted);
• about 30% were currently sexually active – decreasing from about 34% in 2013 and 37.5% in 1991;
• about one in nine (11.5%) had had sexual intercourse with four or more people during their life – decreasing from about 15% in 2013 and 19% in 1991;
• about one in 25 (3.9%) had sexual intercourse for the first time before age 13 – decreasing from 5.6% in 2013 and 10.2% in 1991; and
• about one in 10 (10.2%) had ever been tested for HIV, compared to 12.9% in 2013 and 11.9% in 2005 (the first year for which this information was compiled in the YRBS).

Health Education, Health Services, and Supportive Environments
A related survey, the School Health Policies and Practices Study 2014, indicates that, among U.S. high school students:
• 75% had been taught in school about preventing HIV infection;
• 76% had been taught about preventing STIs;
• 65% had been taught how to find valid information or services related to HIV or HIV testing;
• 70% were taught how to find valid information or services related to STIs or STI screening;
• 50% were taught how to obtain condoms; and
• 35% were taught how to correctly use a condom.

Further, among U.S. high schools:
• 50% provided HIV or STI prevention services at school in one-on-one or small-group sessions;
• 7% made condoms available to students at school;
• 40% provided HIV counseling, testing, and referral services at school;
• 54% provided identification, treatment of, or referral for STIs at school;
• 16% provided identification, treatment of, or referral for STIs to students through arrangements with providers not located on school property;
• 35% provided services specifically for gay, lesbian, or bisexual students at school; and
• 38% had a gay/straight alliance.

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NASTAD Campaign Will Support Health Department Efforts to End HIV and Viral Hepatitis Epidemics
In late May, the National Alliance of State and Territorial AIDS Directors (NASTAD) launched the “Ready to End the HIV and Viral Hepatitis Epidemics” Chair’s Challenge, which calls on health departments to accelerate the end of HIV and viral hepatitis in the U.S. “For the first time in history, we have scientifically validated and effective prevention and care modalities that prove ending the HIV and hepatitis epidemics is feasible,” noted NASTAD Executive Director Murray Penner in a post on the NASTAD Blog. However, “in many communities, there are often significant political, financial, cultural, and other hurdles to overcome. With enough patience, passion, strategy, and resources, these obstacles can be overcome.”

The Chair’s Challenge includes three main activities described below:
• State and territorial health departments will sign a commitment pledge and policy statement affirming their important role in accelerating the end of the HIV and viral hepatitis epidemics.
• NASTAD will survey health departments to determine the essential programs and policies that must be in place to support effective HIV and hepatitis prevention and care programs. NASTAD will also assess the extent to which health departments have established these essential programs and policies.
• NASTAD will develop a report card for evaluating health departments’ core competencies in addressing HIV and viral hepatitis. In addition, NASTAD will provide technical assistance to help health departments modernize their HIV and hepatitis programs and policies.

“I challenge all of my colleagues in both states and cities to join NASTAD in re-imagining our work with a clear eye toward ending the epidemics,” said NASTAD Board Chair, DeAnn Gruber. “This is not business as usual. We have a unique opportunity at this moment in history to change the trajectory of HIV and hepatitis forever.”

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New Collaboration to Provide Technical Assistance to 16 Fast-Track Cities

ViiV Healthcare and the International Association of Providers of AIDS Care (IAPAC) recently announced that they are collaborating to support a global effort called the Fast-Track Cities Initiative. Their collaboration is designed to help 16 Fast Track Cities (including four in the U.S.) “build upon, strengthen, and leverage their existing HIV programs and resources to:

- attain the UNAIDS 90-90-90 targets (described above in this issue’s first feature article);
- increase utilization of combination prevention – including condom provision and the immediate initiation of antiretroviral therapy and pre-exposure prophylaxis;
- reduce to zero the negative impact of discrimination and stigma, including in healthcare settings; and
- monitor and report progress through a standardized approach to data generation, analysis, and reporting that embraces local and global accountability and the use of ‘open data.’”

The following cities with HIV prevalence will be the focus of the ViiV-IAPAC collaboration: Amsterdam, Atlanta, Bangkok, Brussels, Bucharest, Buenos Aires, Dar es Salaam, Denver, Durban, Geneva, Kingston, Miami, Nairobi, Paris, Rio de Janeiro, and San Francisco. Under the collaboration, each of these cities’ health departments will receive technical assistance to meet the objectives listed above, and city-wide stakeholders and the local public health community will receive a dedicated web-based dashboard to both monitor and provide feedback on progress made towards attaining targets.

According to ViiV Healthcare, these online dashboards “will also allow participating cities to see the progress made and strategies deployed in the other cities, and to directly connect with each other through a global Fast-Track Cities web portal into which all city dashboards connect.” José M. Zuniga, president and CEO of IAPAC summarized the new collaboration with ViiV Healthcare as follows: “IAPAC has long valued partnerships with a variety of stakeholders. ViiV Healthcare will provide crucial support by helping us meet our objective of generating critical HIV care continuum data in 16 Fast-Track Cities that they can utilize to fast-track their local AIDS responses and attain the 90-90-90 and zero discrimination and stigma targets.”

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OTHER NEWS REPORTS AND MATERIALS

Preventive Services Task Force Strongly Recommends Syphilis Screening in MSM and Persons Living with HIV

Gay, bisexual, and other men who have sex with men (MSM) and persons living with HIV infection should be screened for syphilis infection, according to updated recommendations from the U.S. Preventive Services Task Force (USPSTF). The task force also recommends screening for others at high risk for infection, including persons with a previous syphilis infection, an infected sexual partner, or more than four sex partners in the preceding year. To develop the updated recommendations, the USPSTF conducted a systematic review of current evidence on screening for syphilis infection in asymptomatic, nonpregnant adults and adolescents, including patients coinfected with other sexually transmitted infections, such as HIV. This review yielded “convincing evidence that screening for syphilis infection in asymptomatic, nonpregnant persons at increased risk for infection provides substantial

Read current and back issues of the HIV and Hepatitis Health Disparities Update online at aac.org/HDUpdate.
benefit,” according to the USPSTF. “Accurate screening tests are available to identify syphilis infection in populations at increased risk. Effective treatment with antibiotics can prevent progression to late-stage disease, with small associated harms, providing an overall substantial health benefit.” The systematic review also indicated that screening HIV-positive men or MSM for syphilis every 3 months is associated with improved syphilis detection.

In an editorial, Kaiser Permanente dermatologist Kenneth Katz notes that, “the USPSTF’s new recommendation has implications for health services delivery. The recommendation carries the USPSTF’s highest grade, “A,” which means that private health insurers, under the Affordable Care Act, must fully cover costs of screening in their health plans. In addition, the USPSTF’s revision now makes its recommendation more congruent with guidelines from the CDC and other public health agencies and professional groups.

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**KFF Charts Health Care and Outcomes by Race and Ethnicity**
The Kaiser Family Foundation (KFF) has produced a new chartpack, *Key Facts on Health and Health Care by Race and Ethnicity*. The document includes nearly 40 graphs and maps with data on demographics, health access and use, health status and outcomes, and health coverage by race and ethnicity to provide greater insight into the current status of health disparities in the U.S. Whenever data are available, KFF has examined measures for these racial/ethnic groups: Whites, Asians, Hispanics, Blacks, American Indians and Alaska Natives, and Native Hawaiians and Other Pacific Islanders. “Together these data show that people of color continue to face significant disparities in access to and utilization of care, health status and health outcomes, and health coverage,” according to KFF. “However, the scope and types of disparities vary across racial and ethnic groups.” In particular:

- Blacks and American Indians and Alaska Natives fare worse than Whites on the majority of examined measures of health status and outcomes. Findings for Hispanics are mixed with them faring better than Whites on some measures and worse on others. Asians fare better than Whites across most examined measures, but this finding masks underlying differences between subgroups of Asians.
- Despite coverage gains under the Affordable Care Act, nonelderly Hispanics, Blacks, and American Indians and Alaska Natives remain significantly more likely than Whites to be uninsured.

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**Report Examines HIV Criminalization Worldwide**
The HIV Justice Network and the Global Network of People Living with HIV have produced a new report, *Advancing HIV Justice 2: Building Momentum in Global Advocacy Against HIV Criminalisation*. This is the second in a series tracking the achievements and challenges of advocacy efforts to end HIV criminalization worldwide. This document focuses on developments occurring during the period from April 2013 through September 2015. According to the report, “a total of 72 countries have adopted laws that specifically allow for HIV criminalization, either because the law is HIV-specific, or because it names HIV as one (or more) of the diseases covered by the law.” This total increases to 101 jurisdictions when the HIV criminalization laws in 30 U.S. states are counted individually. Over the years, prosecutions for HIV non-disclosure, potential or perceived exposure, and/or unintentional
transmission have been reported in a total of 61 nations. During the 30-month period above, a total of at least 313 HIV-related arrests, prosecutions, and/or convictions were reported in 28 nations, with Russia (at least 115) and the U.S. (at least 105) accounting for 70%. In addition to the summarizing the current state of HIV criminalization, the report includes detailed discussions of:

- consensus building and global action in efforts to end HIV criminalization;
- research studies that can be used to build the case against HIV criminalization;
- targeted advocacy efforts, with examples from the U.S. and France; and
- key developments in nearly 30 nations and U.S. states.

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HHS Launches Viral Hepatitis Site
Last month, the U.S. Department of Health and Human Services (HHS) launched its Viral Hepatitis Website as part of HHS’s ongoing efforts “to raise greater awareness about viral hepatitis prevention, testing, care and – in the case of hepatitis C – cure, among policy makers, healthcare providers, at risk populations, and the public.” The new site provides basic information about hepatitis B and C, as well as online tools that can help assess a person’s risk, find hepatitis A and hepatitis B vaccines, and locate hepatitis C services. The site also has sections focusing on viral hepatitis data and trends and the role of the Affordable Care Act in the prevention, diagnosis, and treatment of viral hepatitis. In addition, the site includes brief summaries and links to the U.S. Viral Hepatitis Action Plan and annual progress reports on the plan’s implementation, hepatitis-related federal policies and guidelines, and training resources. HHS’s hepatitis-related communications, which had been published previously on its blog.AIDS.gov site, are now featured on a new Viral Hepatitis Blog.

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New HIV Cure Glossary and Resource Guide
A group of HIV advocates have published the HIV/AIDS Cure Research Glossary and Resource Guide 2016, which provides current information about the rapidly developing field of HIV cure research. The 41-page publication is the result of a collaboration among three organizations: the Delaney AIDS Research Enterprise, defeatHIV, and the Collaboratory of AIDS Researchers for Eradication. The illustrated glossary section includes detailed definitions and descriptions of numerous terms related to: basic science and biology; HIV’s viral structure, life cycle, and its interactions with cells and cell structures; antiretroviral treatment; HIV cure strategies; and HIV research methods and key findings of past cure research. The resources section provides background information and links to many organizations that are involved in HIV cure research or have either produced or archived cure-related reports, articles, webinars, videos, and other materials.

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Latest HIV Resource Materials from CDC
The CDC recently released the following new or updated reports, issue briefs, fact sheets, and infographics:

• Diagnoses of HIV Infection Among Adults Aged 50 Years and Older in the United States and Dependent Areas, 2010-2014 (69-page report supplementing CDC’s 2014 HIV Surveillance Report)
• HIV in the Southern United States (4-page issue brief)
• HIV Prevention in the South: Aligning CDC’s Funding with Current HIV Trends (infographic)
• Oral Sex and HIV Risk (fact sheet)
• HIV Among Native Hawaiians and Other Pacific Islanders (fact sheet)
• HIV Among Asians in the United States (fact sheet)
• HIV and AIDS in the United States by Geographic Distribution (fact sheet)

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Journal Special Issues: HIV Prevention Among Young MSM & Sex, Sexuality, and Sex Work
The June 2016 special issue of the journal AIDS Education and Prevention is devoted to the topic, “HIV Prevention Among Diverse Young MSM” (YMSM). The issue includes an introduction and overview of research needs, priorities, and opportunities for HIV prevention among YMSM, plus six research reports. The article titles, together with links to the abstracts, for the research reports are provided below:
• “Let Me Help You Help Me”: Church-Based HIV Prevention for Young Black Men Who Have Sex with Men
• weCARE: A Social Media–Based Intervention Designed to Increase HIV Care Linkage, Retention, and Health Outcomes for Racially and Ethnically Diverse Young MSM
• Implementation and Evaluation of the Keep It Up! Online HIV Prevention Intervention in a Community-Based Setting
• Does Age Matter Among Young Black Men Who Have Sex with Men? A Comparison of Risk Behaviors Stratified by Age Category
• Enhancing HIV Prevention Among Young Men Who Have Sex with Men: A Systematic Review of HIV Behavioral Interventions for Young Gay and Bisexual Men
• Unheard Voices: The Need for HIV Research and Prevention Priorities for YMSM in the Global Context

The journal Culture, Health, and Sexuality has also recently produced an issue focusing on the theme of sex, sexuality, and sex work. The issue’s editorial introduction provides a brief history of sex work studies, reflects on past research examining the sexuality and wellbeing of persons who sell sex, and considers opportunities for future sex work studies. The editorial’s authors also reflect on how HIV “has created an environment in which issues of culture, health, and sexuality have come to be disentangled from the moral agendas of earlier years." The 16 papers in the issue are organized into four main topic areas relating to sex work and sex workers:
• power, agency, race, and place;
• love, legalization, health access, and stigma;
• hazards, context and vulnerability for men and trans people; and
• sex, relationships, activism, and discourse.

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FEATURED HEALTH RESOURCES
MATERIALS FOR WORLD HEPATITIS DAY (JULY 28)
In 2010, the World Health Organization designated the first World Hepatitis Day (WHD), which is now commemorated on July 28 each year. The main goals of WHD are to raise awareness about viral hepatitis and to call for access to treatment, better prevention programs, and effective government action to address and ultimately end the hepatitis B and C epidemics. To help you, your patients or clients, and at-risk communities prepare for and mark WHD, we’ve compiled the annotated list of online resources below.

General Information About Viral Hepatitis

The ABCs of Hepatitis. Fact sheet and information table describing and comparing the features of hepatitis A, B, and C.

Hepatitis A, Hepatitis B, and Hepatitis C. Pages on the MedlinePlus website with both basic information about hepatitis A, B, and C and links to many other resources.

What I Need to Know About Hepatitis A, What I Need to Know About Hepatitis B, and What I Need to Know About Hepatitis C. Easy-to-read fact sheets in question-and-answer format from the National Institute of Diabetes and Digestive and Kidney Diseases.

Hepatitis A Resources from Centers for Disease Control and Prevention (CDC)
Hepatitis A Questions and Answers for the Public
Hepatitis A Questions and Answers for Health Professionals
Guidelines and Recommendations
Statistics and Surveillance
Professional Resources
Patient Education Resources

Hepatitis B Resources from CDC
Frequently Asked Questions (FAQs) for the Public
Immunization Schedules (including for hepatitis A and B)
FAQs for Health Professionals
Perinatal Transmission
Testing and Public Health Management of Persons with Chronic Hepatitis B Virus Infection
Statistics and Surveillance
Post-Exposure Prophylaxis
Professional Resources
Patient Education Resources

Hepatitis C Resources from CDC
Hepatitis C FAQs for the Public
Hepatitis C FAQs for Health Professionals
Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease
Selected Recent Articles and Reports About Viral Hepatitis

Hepatitis C is Killing Americans in Record Numbers While Patients Cannot Access Life Saving Medicine. (Hepmag); related coverage from Poz

Ending the U.S. Epidemics of Hepatitis B and Hepatitis C Is Now Feasible. (Hepmag)

New Hepatitis C Drugs May Do Only So Much to Limit the Impact of the Disease. (Hepmag)

Understanding the Magnitude of the Viral Hepatitis Epidemics in the United States. (Hepmag)

New Documentary Examines Hepatitis B Among Asian Americans. (Hepmag)

Hepatitis B Prevalence High Among Syrian Refugees in Europe. (Hepmag)

Without a Vaccine, Eliminating Hepatitis C Will Be a Huge Challenge. (Hepmag)

HCV Epidemic in North America Peaked Between 1940 and 1965 with Medical Procedures Likely Source of Most Infections. (AIDSmap)

Global HIV/HCV Burden Exceeds 2 Million, Driven by PWID (Healio)

Strategies Used During HIV, HCV Outbreak in Indiana May Prevent Future Epidemics. (Healio)

CDC Statement on Liver Cancer and Hepatitis. (Project Inform)

In the Global Epidemic of Hepatitis C, Millions Await the Cure. (Science Speaks Blog)

CDC Highlights Interventions that Reduce Disparities in HAV, HIV/AIDS. (Healio)

Most U.S. States Not Prepared for Infectious Disease Outbreaks. (Hepmag)

Hepatitis A Probably Originated in Bats, Not Humans. (Hepmag)

New Viral Hepatitis Numbers from the CDC. (Hepmag)

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RECENT RESEARCH ON THE CONTINUUM OF CARE/TREATMENT CASCADE FOR HIV AND VIRAL HEPATITIS
This newsletter section includes the titles, authors, and links to abstracts of recent research related to the continuum of care for HIV and viral hepatitis. This includes research on interventions to increase awareness of HIV and/or viral hepatitis status through expanded testing; to increase linkage to and retention in care and treatment; and to attain and maintain desired health outcomes. Papers are listed alphabetically according to the lead author’s last name.

Effect of Sociodemographic Factors on Survival of People Living with HIV. By S. Abgrall and J. Del Amo, in Current Opinions in HIV and AIDS.


Creating Systems Change to Support Goals for HIV Continuum of Care: The Role of Community Coalitions to Reduce Structural Barriers for Adolescents and Young Adults. By C.B. Boyer, B.C. Walker, K.S. Chutuape, and others, in Journal of HIV/AIDS and Social Services.

Access to New Medications for Hepatitis C for Medicaid Members: A Retrospective Cohort Study. By K.M. Clements, R.E. Clark, P. Lavitas, and others, in Journal of Managed Care and Specialty Pharmacy.


A Randomized Trial to Test a Peer Mentor Intervention to Improve Outcomes in Persons Hospitalized with HIV Infection. By T.P. Giordano, J. Cully, K.R. Amico, and others, in Clinical Infectious Diseases.

Interventions to Improve Treatment, Retention, and Survival Outcomes for Adolescents with Perinatal HIV-1 Transitioning to Adult Care: Moving on Up. By A. Judd, A.H. Sohn, and I.J. Collins, in Current Opinions in HIV and AIDS.


Testing the Hypothesis that Treatment Can Eliminate HIV: A Nationwide, Population-Based Study of the
Danish HIV Epidemic in Men Who Have Sex with Men. By J.T. Okano, D. Robbins, L. Palk, and others, in *Lancet Infectious Diseases*.

A Novel Collaborative Community-Based Hepatitis B Screening and Linkage to Care Program for African Immigrants. By H. Shankar, D. Blanas, K. Bichoupan, and others, in *Clinical Infectious Diseases*.

weCARE: A Social Media-Based Intervention Designed to Increase HIV Care Linkage, Retention, and Health Outcomes for Racially and Ethnically Diverse Young MSM. By A.E. Tanner, L. Mann, E. Song, and others, in *AIDS Education and Prevention*.


Racial Disparities in Treatment Rates for Chronic Hepatitis C: Analysis of a Population-Based Cohort of 73,665 Patients in the United States. By P. Vutien, J. Hoang, L. Brooks Jr, and others, in *Medicine*.

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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.

Caring for Transgender Patients. By A. Abebe, in *JAAPA*.

The Need for Multi-Level Mitigation of Medical Mistrust Among Social Network Members Contributing to Antiretroviral Treatment Nonadherence in African Americans Living with HIV: Comment on Bogart et al. (2016). By L.M. Adams and J.M. Simoni, in *Social Science and Medicine*.


Association of Chronic Obstructive Pulmonary Disease (COPD) with Frailty Measurements in HIV-Infected and Uninfected Veterans. By K.M. Akgün, J.P. Tate, K.K. Oursler, and others, in *AIDS*.

Introduction to the Culture, Health & Sexuality Virtual Special Issue on Sex, Sexuality, and Sex Work. By D. Allman and M.H. Ditmore, in *Culture, Health, and Sexuality*.


Acceptability of Rapid Point-of-Care Hepatitis C Tests Among People Who Inject Drugs and Utilize Syringe-Exchange Programs. By J.A. Barocas, B.P. Linas, A.Y. Kim, and others, in *Open Forum Infectious Diseases*.


Social Determinants of Health for HIV Among Hispanic Women. By R. Cianelli and N. Villegas, in *Hispanic Health Care International*.

Female Offenders, HIV Peer Programs, and Attachment: The Importance of Prison-Based Civilian Staff in Creating Opportunities to Cultivate Prosocial Behaviors. By K. Collica-Cox, in *International Journal of Offender Therapy and Comparative Criminology*.


**The Usability and Acceptability of an Adolescent mHealth HIV/STI and Drug Abuse Preventive Intervention in Primary Care.** By D. Cordova, F. Alers-Rojas, F.M. Lua, and others, in *Behavioral Medicine*.


Sexual Positioning Among Men Who Have Sex with Men: A Narrative Review. By D.T. Dangerfield 2nd, L.R. Smith, J. Williams, and others, in *Archives of Sexual Behavior*.
The Effect of Commuting Patterns on HIV Care Attendance Among Men Who Have Sex With Men (MSM) in Atlanta, Georgia. By S. Dasgupta, M.R. Kramer, E.S. Rosenberg, and others, in JMI Ralph Public Health and Surveillance.


Online Sex Partner Meeting Venues as a Risk Factor for Testing HIV Positive Among a Community-Based Sample of Black Men Who Have Sex with Men. By L.A. Eaton, J.L. Maksut, K.E. Gamarel, and others, in Sexually Transmitted Diseases.

Complications of Treatment in Youth with HIV. By A.R. Eckard, S.L. Fowler, J.C. Haston, and T.C. Dixon, in Current HIV/AIDS Reports.

Identifying Undiagnosed HIV in Men Who Have Sex with Men (MSM) by Offering HIV Home Sampling Via Online Gay Social Media: A Service Evaluation. By E. Elliot, M. Rossi, S. McCormack, and A. McOwan, in Sexually Transmitted Infections.


Race/Ethnicity-Specific Disparities in Cancer Incidence, Burden of Disease, and Overall Survival Among Patients with Hepatocellular Carcinoma in the United States. By J. Ha, M. Yan, M. Aguilar, and others, in Cancer.


Preexposure Prophylaxis Modality Preferences Among Men Who Have Sex with Men and Use Social Media in the United States. By E.W. Hall, W. Heneine, T. Sanchez, and others, in Journal of Medical Internet Research. Free full text also available.


Competing Priorities: Partner-Specific Relationship Characteristics and Motives for Condom Use Among At-Risk Young Adults. By S.M. Harvey, I. Washburn, L. Oakley, and others, in Journal of Sex Research.

Chemsex and the City: Sexualised Substance Use in Gay, Bisexual, and Other Men Who Have Sex with Men Attending Sexual Health Clinics. By A. Hegazi, M.J. Lee, W. Whittaker, and others, in International Journal of STD and AIDS.
Outcomes of a Behavioral Intervention to Increase Condom Use and Reduce HIV Risk Among Urban African American Young Adults. By T. Henry Akintobi, J. Trotter, T. Zellner, and others, in Health Promotion Practice.


Barriers to Treatment Among New York City Residents with Chronic Hepatitis C Virus Infection, 2014. By A. King, K. Bornschlegel, N. Johnson, and others, in Public Health Reports.


Willingness to Use HIV Pre-Exposure Prophylaxis Among Community-Recruited, Older People Who Inject Drugs in Washington, D.C. By I. Kuo, H. Olsen, R. Patrick, and others, in Drug and Alcohol Dependence.


Epic Allies: Development of a Gaming App to Improve Antiretroviral Therapy Adherence Among Young HIV-Positive Men Who Have Sex with Men. By S. LeGrand, K.E. Muessig, T. McNulty, and others, in JMIR Serious Games.


Cardiovascular Disease Risk Scores’ Relationship to Subclinical Cardiovascular Disease Among HIV-Infected and Uninfected Men. By A.K. Monroe, S.A. Haberlen, W.S. Post, and others, in AIDS.


Aging and Inflammation in Patients with HIV Infection. By M. Nasi, S. De Biasi, L. Gibellini, and others, in Clinical and Experimental Immunology.


A Mid-South Perspective: African American Faith-Based Organizations, HIV, and Stigma. By T.D. Otey
and W.R. Miller, in *Journal of the Association of Nurses in AIDS Care*.


**Treatment of Dermatological Conditions Associated with HIV/AIDS: The Scarcity of Guidance on a Global Scale.** By S. Paul, R. Evans, T. Maurer, and others, in *AIDS Research and Treatment*.

**Facilitators and Barriers of Drop-In Center Use Among Homeless Youth.** By E.R. Pedersen, J.S. Tucker, and S.A. Kovalchik, in *Journal of Adolescent Health*.


**The Promise of Pre-Exposure Prophylaxis for Black Men Who Have Sex with Men: An Ecological Approach to Attitudes, Beliefs, and Barriers.** By M.M. Philbin, C.M. Parker, R.G. Parker, and others, in *AIDS Patient Care and STDs*.


**Multiple Dimensions of Stigma and Health Related Factors Among Young Black Men Who Have Sex with Men.** By K. Quinn, D.R. Voisin, A. Bouris, and others, in *AIDS and Behavior*.

**Depression and Key Associated Factors in Female Sex Workers and Women Living with HIV/AIDS in the Dominican Republic.** By C.T. Rael and A. Davis, in *International Journal of STD and AIDS*.

**Thriving and Adapting: Resilience, Sense of Community, and Syndemics Among Young Black Gay and Bisexual Men.** By S.J. Reed and R.L. Miller, in *American Journal of Community Psychology*.

**Pharmacy Student Attitudes and Willingness to Engage in Care with People Living with HIV/AIDS.** By N.M. Rickles, K.J. Furtek, R. Malladi, and others, in *American Journal of Pharmaceutical Education*.

**Levamisole-Contaminated Cocaine Use in HIV-Infected and Uninfected Unstably Housed Women.** By E.D. Riley, A.H. Kral, J. Cohen, and others, in *Journal of Women's Health*.


The Use of Mobile Health Applications Among Youth and Young Adults Living with HIV: Focus Group Findings. By P. Saberi, R. Siedle-Khan, N. Sheon, and M. Lightfoot, in AIDS Patient Care and STDs.


Treatment Scale-Up to Achieve Global HCV Incidence and Mortality Elimination Targets: A Cost-Effectiveness Model. By N. Scott, E.S. McBryde, A. Thompson, and others, in Gut.


Gender Differences Among Smokers Living with HIV. By J. Shuter, B.K. Pearlman, C.A. Stanton, and others, in Journal of the International Association of Providers of AIDS Care.

Community-Based Assessment to Inform a Chlamydia Screening Program for Women in a Rural American Indian Community. By L. Smartlowit-Briggs, C. Pearson, P. Whitefoot, and others, in Sexually Transmitted Diseases.


Disparities in Cancer Treatment Among Patients Infected with the Human Immunodeficiency Virus. By G. Suneja, C.C. Lin, E.P. Simard, and others, in Cancer.

A Qualitative Examination of Stigma Among Formerly Incarcerated Adults Living with HIV. By H. Swan, in Sage Open.


Higher All-Cause Hospitalization Among Patients with Chronic Hepatitis C: The Chronic Hepatitis Cohort Study (CHeCS), 2006-2013. By E.H. Teshale, J. Xing, A. Moorman, and others, in Journal of Viral Hepatitis.


Drugs. By A. Weir, A. McLeod, H. Innes, and others, in Drug and Alcohol Dependence.

Racial Differences in Partnership Attributes, Typologies, and Risk Behaviors Among Men Who Have Sex with Men in Atlanta, Georgia. By D. White, J.A. Grey, P.M. Gorbach, and others, in Archives of Sexual Behavior.


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