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NEWS ROUNDUP

News from the 2017 Retrovirus Conference

Approximately 4,200 researchers participated in the 2017 Conference on Retroviruses and Opportunistic Infections (2017 CROI), which was held from February 13 through 16 in Seattle, Washington. For many years, CROI has been one of the major scientific conferences on HIV, opportunistic illnesses, related health conditions, and emerging infectious diseases. At this year’s event, scientists from some 90 nations presented and discussed the latest basic science, translational, and clinical research on HIV infection and related infectious diseases, as well as recent progress toward ending the epidemic.

In keeping with the focus of this newsletter, this issue includes summaries of several important studies on trends in the U.S. HIV/AIDS epidemic and health disparities that were released immediately before or during 2017 CROI. The conference also featured presentations on many other HIV and infectious disease topics, including: the global epidemic; the HIV treatment cascade/continuum of care; HIV prevention and transmission (including biomedical prevention technologies, such as pre-exposure prophylaxis and microbicides); HIV treatment and cure research; health concerns of people living with HIV infection; and news of other infectious diseases, including viral hepatitis, tuberculosis, and Zika virus.

The CROI website has archived hundreds of abstracts and webcasts of research presented at the 2017 conference. To find research reports on topics of particular interest, you can also use the site’s search function. Webcasts with slides, video, streaming audio, and audio downloads for the 2017 CROI lectures are available on the Webcasts section of the CROI site. If you are interested in capsule summaries of selected presentations and themed sessions, you can view or listen to the press conference webcasts.

Various health and medical news sites and blogs have also provided extensive coverage of the scientific research findings released during CROI. These include:

- AIDSmap.com
- BETA Blog
- Blog.AIDS.gov
- Healio.com
- HIV iBase
- HIVandhepatitis.com
- Poz.com
- Science Speaks Blog
- TheBody.com

Please note that these news sites and blogs often continue publishing CROI research summaries for up to several weeks after each conference ends, so you may wish to check these sites for additional CROI news during March. In addition, medical education sites, including Clinical Care Options, Practice Point HIV, and ViralEd, are offering online CROI summary programs with Continuing Medical Education credit.

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U.S. HIV Incidence Declines 18% in 6-Year Period, But Disparities Persist
The annual number of new HIV infections in the U.S. decreased 18% from about 45,700 infections in 2008 to about 37,600 infections during 2014, according to the latest estimates from the Centers for Disease Control and Prevention (CDC) presented at the 2017 CROI. However, the CDC’s analysis shows that progress in reducing HIV infections varied widely both in different population groups and in different areas of the country. In particular, during the 6-year period, the annual number of new HIV infections dropped:

- 56% among people who inject drugs (from 3,900 to 1,700);
- 36% among heterosexuals (from 13,400 to 8,600);
- 18% among young gay and bisexual males ages 13 to 24 (from 9,400 to 7,700); and
- 18% among White gay and bisexual males (from 9,000 to 7,400).

In addition, the CDC researchers reported that annual HIV infections either decreased or remained stable in each of the 35 states and Washington, D.C. where annual HIV infections could be estimated. Decreases in new infections were particularly large in the following areas:

- Washington, D.C. (10%/year);
- Maryland (8%/year);
- Pennsylvania (7%/year);
- Georgia (6%/year); and
- New York and North Carolina (5%/year).

CDC attributed the decline to the success of HIV prevention and treatment efforts at the national, state, and local levels. “The nation’s new high-impact approach to HIV prevention is working,” noted Jonathan Mermin, director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. “We have the tools, and we are using them to bring us closer to a future free of HIV . . . We must ensure the interventions that work reach those who need them most.”

In contrast to the progress seen in most demographic groups, the total number of infections among gay and bisexual men remained stable at about 26,000 new infections per year during 2008 through 2014. CDC notes that the decreased infections seen among White and the youngest gay and bisexual men (see bullet points above) were offset by increases in other groups. In particular, during the period, HIV infections rose 35% among 25- to 34-year-old gay and bisexual men (from 7,200 to 9,700) and 20% among Latino gay and bisexual males (from 6,100 to 7,300). The CDC data also show regional disparities in HIV incidence, with the southern states having a disproportional number of new HIV infections. Although 37% of the U.S. population live in southern states, they accounted for half of estimated new HIV infections in 2014.

“Unfortunately, progress remains uneven across communities and populations,” said Eugene McCray, director of CDC’s Division of HIV/AIDS Prevention. “High-impact prevention strategies must continue to be developed and implemented at the state and local levels to accelerate progress. That means more testing to diagnose infections, increasing the proportion of people with HIV who are taking HIV treatment effectively, and maximizing the impact of all available prevention tools.” For further information, please see CDC’s new fact sheet summarizing these findings and abstracts from CROI presentations on overall HIV incidence and prevalence and new infections among gay and bisexual men.

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Report Examines Disparities in U.S. HIV Viral Suppression Rates

About half of all persons diagnosed with HIV in the U.S. had durable viral suppression during 2014, but there were substantial differences in viral suppression based on gender, race/ethnicity, and age, according to a CDC study presented at the 2017 CROI. The researchers analyzed data covering 33 jurisdictions from the National HIV Surveillance System, and focused on the health status of persons aged 13 years or older with HIV infection diagnosed by year-end 2013 and still living at the end of 2014. They calculated the percentage of HIV-diagnosed persons whose last viral load was below 200 copies/mL (considered virally suppressed), and divided them into four groups based on their first and last viral load tests in 2014: both suppressed, first unsuppressed and last suppressed (improved), first suppressed and last unsuppressed (worsened), and both unsuppressed. Altogether, the analysis included nearly 631,000 persons diagnosed with HIV – about 70% of the total number of persons estimated to be living with HIV in the U.S.

Of the 631,000 persons studied, 57% had viral suppression on their last viral load test in 2014, and about 50% had durable viral suppression on multiple tests. Among the nearly 340,000 persons in HIV care, nearly three-quarters (75%) had viral suppression in both their first and last test of the year, about 11% improved, 4% worsened, and 10% had detectable viral load on both their first and last tests (considered “never suppressed”). The proportion of persons who were never suppressed was higher among females than males (11% versus 8%).

There were also significant racial/ethnic differences in the percentage of persons who were never suppressed in 2014, with the highest percentages seen among Blacks/African Americans (12%), followed by Hispanics/Latinos (6%), and Whites (4%). This racial/ethnic disparity was observed across different risk groups, including gay, bisexual, and other men who have sex with men (MSM), male and female persons who inject drugs (PWID), MSM/PWID, and persons exposed to HIV through heterosexual contact. Viral suppression rates also varied substantially by age. About two-thirds (67%) of persons aged 55 years and older achieved durable viral suppression in 2014, compared to just one-third (33%), among persons 13 to 24 years old.

Trends in HIV Diagnosis Rates and Care Outcomes Among U.S. Blacks


Changes in HIV Diagnosis Rates Among Black Women: In the U.S., Black women have historically had higher HIV diagnosis rates than women of other race/ethnicities. Noting that the overall HIV diagnosis rates among U.S. women declined significantly during the period from 2010 through 2014, CDC decided to conduct a detailed analysis by race/ethnicity to determine whether there was any change in the disparity of HIV diagnosis among Black women, compared to Hispanic and White women. The researchers used three different measures of disparity: 1) the absolute rate difference, 2) the diagnosis disparity ratio, and 3) the Index of Disparity – each of which is described in detail in the MMWR paper.
The absolute rate difference between Black women and White women decreased each year, falling from 36.9 in 2010 to 28.3 by 2014. The diagnosis disparity ratio for Black women decreased from 1.7 in 2010 to 1.2 in 2014. The Index of Disparity increased during 2010–2011, and then decreased each year during 2012–2014. “This decrease in all three measures of disparity suggests that prevention measures targeting women might be reducing HIV infections in Black women,” the researchers concluded. Despite this recent progress, Black women still accounted for 61% of new HIV diagnoses among women during 2015. “Because black women remain disproportionately affected by HIV infection, additional interventions that are culturally tailored to them might aid in further reducing the prevalence of HIV among this group.”

HIV Care Outcomes Among U.S. Blacks in 2014: U.S. Blacks living with diagnosed HIV infection have historically had lower levels of care and viral suppression than persons in other racial/ethnic groups. Among persons with HIV infection diagnosed through 2012 who were alive at the end of 2013, only about 68% of blacks received any HIV medical care compared with 74% of whites. In this second study, CDC researchers used data from the National HIV Surveillance System (NHSS) to examine HIV care outcomes among Blacks recently diagnosed with HIV.

Among Blacks who were diagnosed with HIV infection during 2014, about 72% were linked to care within one month after diagnosis, compared with 79% for Whites. The researchers also found that retention in care and viral suppression rates were also lower among Blacks with HIV infection compared to Whites. Among persons diagnosed through 2012 who were alive at the end of 2013, 53.5% of Blacks were receiving continuous HIV medical care, compared with 58.2% of Whites. Less than half (48.5%) of Blacks reached viral suppression, compared with 62.0% of Whites. The analysis showed that the lowest levels of care and viral suppression were among persons with infection attributed to injection drug use and among males with infection attributed to heterosexual contact. There were also disparities in different age groups: linkage to care and viral load suppression were lower among persons under 35 years old compared to persons aged 35 or older.

The CDC researchers noted that the current HIV care outcomes for Blacks are far below the National HIV/AIDS Strategy (NHAS) goals of 85% linkage to care, 90% retention in care, and 80% viral load suppression by 2020. “Increasing the proportion of Black persons living with HIV who are receiving care is critical for achieving the NHAS 2020 goals to reduce new infections, improve health outcomes, and decrease health disparities,” they concluded. “Tailored strategies for Black subpopulations, including persons who inject drugs and young males with infection attributed to heterosexual contact, might be needed to achieve improvements in linkage and retention in care.”

U.S. Health Insurance Coverage Rates Reached Record Level in 2015
The percentage of people under age 65 with health insurance increased to nearly 89% in 2015 – the highest level in more than 40 years of record-keeping, according to a new fact sheet, Long-Term Trends in Health Insurance Coverage, from CDC’s National Center for Health Statistics. The fact sheet, which draws on data from the National Health Interview Survey, summarizes both health insurance rates (expressed in percent covered) and the total number of persons insured over the period from 1968 through 2015. However, data on the percentage and total number of people insured and uninsured have only been available since 1972. Although coverage rates and numbers among persons under age
65 have varied from year to year, the percentage of persons with health coverage declined from an early maximum of about 88% in 1978 to a low of 82% by 2010. During that 30-year period, the number of uninsured persons rose from 23.0 million to over 48.3 million – a reflection of both lower coverage rates and population growth.

However, this trend began to reverse in 2011, with increasing coverage and declining percentages and numbers of people uninsured – particularly after the implementation of the Affordable Care Act (ACA). By 2015, the percentage of persons uninsured had declined from the high of 18.2% in 2010 to 10.6%. During that same period, the total number of uninsured persons decreased by nearly 20 million, to 28.7 million – the lowest level since the early 1980s. The fact sheet provides breakdowns of health coverage in the following categories: employer-based private coverage, other private coverage, Medicaid, Medicare, other public coverage, and uninsured. The data indicate that most of the change in health coverage occurred in two groups: persons with Medicaid coverage and those with non-employer-based private coverage. The number of people insured through Medicaid increased from 44.8 million in 2010 to 55.4 million in 2015, and from 12.7 million to 20.8 million for those with non-employer-based coverage. Concerns about maintaining the insurance coverage gains achieved since the implementation of the ACA are at the forefront of current Congressional debate over the proposed repeal and replacement of the ACA.

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Health Coverage and Viral Suppression Have Improved for HIV+ Persons in States with Medicaid Expansion

The ACA, which was fully implemented in 2014, expanded the healthcare options for many people living with HIV in the U.S. To determine whether the rollout of ACA led to changes in insurance coverage and HIV viral suppression, researchers from the CDC, HRSA, and Kaiser Family Foundation examined data from CDC’s Medical Monitoring Project (MMP) for the period 2012 (pre-ACA implementation) through 2014 (post-ACA implementation). MMP gathers data on a nationally representative sample of people who have been or are currently being treated for HIV infection.

The researchers calculated the proportion of adults living with HIV who were uninsured or had private, Medicaid, or Medicare coverage in 2012 and 2014. They also computed the percentage of adults who received Ryan White HIV/AIDS Program (Ryan White) services for low-income, uninsured, and underinsured persons, as well as the percentage of persons virally suppressed at their last test (viral load less than 200 copies/mL). In addition, the researchers stratified the data by the type of state where each person resided – distinguishing between Medicaid-expansion (ME) states and non-Medicaid-expansion (NME) states. For the purposes of the study, the researchers included all states that had expanded Medicaid coverage anytime in 2014 as ME states.

The researchers found that, in 2012, 26% of persons in HIV medical care were uninsured in NME states compared with 13% in ME states. During the following 2 years, there was no change in healthcare coverage rates of persons receiving HIV care in NME states. However, in ME states, the percentage of persons in HIV care and uninsured declined from 13% to 7%, while Medicaid coverage increased from 39% to 51%. In 2012, the percentage of patients receiving Ryan White services was 42% in both NME and ME states. By 2014, the proportion receiving such services rose to 55% in NME states, but did not change significantly in ME states. The prevalence of viral suppression among persons in HIV care was
77% in both NME and ME states during 2012. The viral suppression rate rose significantly to 83% among patients in ME states during 2014, with a smaller, but not statistically significant, increase seen among patients in NME states.

In a poster at the 2017 CROI summarizing their work, the researchers noted that Ryan White assistance increased over time in nearly every coverage group, particularly among persons in NME states, and that the Ryan White program “is likely to remain an important source of support for quality HIV care, treatment, and supportive services.” They also said that they plan to do additional work to examine whether the observed increase in viral suppression rates in ME states can be directly attributed to changes in healthcare coverage following ACA implementation.

On-Demand Doxycycline PEP Reduces STI Incidence Among Gay and Bisexual Men
Each year worldwide, there are an estimated 146 million new chlamydia infections, 78 million gonorrhea infections, and 6 million syphilis infections. In the US, syphilis infections have been increasing rapidly among gay, bisexual, and other men who have sex with men (MSM). Although pre-exposure prophylaxis (PrEP) using the antiretroviral pill Truvada dramatically reduces a person’s risk of becoming infected with HIV, it offers no protection against other sexually transmitted infections (STIs). In fact, several PrEP trials and demonstration projects have found a high incidence of bacterial STIs among MSM.

At 2017 CROI, a French research group involved in the IPERGAY PrEP trial reported on a substudy to determine whether taking the antibacterial drug doxycycline after condomless sex — on-demand doxycycline post-exposure prophylaxis or PEP — might reduce the incidence of bacterial STIs among MSM taking Truvada PrEP. For their substudy, the researchers randomly assigned 232 IPERGAY participants into two equal groups in which they were assigned either to take doxycycline PEP within 72 hours after condomless sex or to take no doxycycline PEP. All participants in the substudy received risk-reduction counseling and condoms, and were tested for HIV, syphilis, chlamydia, and gonorrhea.

During a follow-up period averaging about 9 months, a total of 73 study participants acquired STIs, of which 28 patients were in the on-demand doxycycline PEP group and 45 were in the no-PEP group. The overall STI incidence was 47% lower in the PEP group, with statistically significant reductions of 70% for chlamydia, and 73% for syphilis. Although a 17% reduction in gonorrhea incidence was also seen, this did not reach the level of statistical significance. “On demand PEP with doxycycline reduced the incidence of chlamydia infection and syphilis in high risk MSM and has an acceptable safety profile,” the researchers concluded. “The long-term efficacy of this strategy and its impact on antibiotic resistance needs to be assessed.” For more information about this study and related research, see CROI abstract 91LB and abstract 55.

UCSF: Low HIV Testing Rates Among People with Mental Illness, Despite High Risks
People living with bipolar disorder, schizophrenia, and major depression with psychosis may be up to 15 times more likely than the general population to be infected with HIV. However, they are only marginally more likely to be tested for the virus, according to a recent study from the University of California-San Francisco (UCSF). The UCSF researchers reviewed the medical records of nearly 57,000
California residents between the ages of 18 and 67 who were receiving one or more anti-psychotic medications for mental illness. They found that only 6.7% of these persons had been tested for HIV during the one-year period from October 2010 through September 2011. That rate was just slightly higher than the 5.2% self-reported HIV testing rate among California’s general population in 2011.

Two recent studies have estimated that the prevalence of HIV among people with severe mental illness is in the range of 1.8% to 6% – much higher than the 0.4% rate for the general U.S. population. “People with severe mental illness have higher rates of unsafe behaviors that put them at risk for HIV infection,” according to the study’s lead author Christina Mangurian of the UCSF Department of Psychiatry. “This includes engaging in unprotected sex with HIV-positive partners and partners of unknown HIV status, injecting drugs, using substances in the context of sexual activity, and episodes of sexual violence.”

The researchers found disparities in the number of patients undergoing HIV testing by gender, race/ethnicity, and age. Just 5.5% of men with severe mental illness were tested in the one-year period, compared with 7.7% of women. Asian/Pacific Islanders with severe mental illness had particularly low HIV testing rates (2.7%), compared with 6% for Whites, and 10.8% for African Americans. Among persons 48 to 67 years old, 5.1% were tested during the one-year period, compared with 7.9% of those under age 27. The researchers also found that persons who had received non-psychiatric medical care were twice as likely to undergo HIV testing as those who did not. “This finding supports national efforts to integrate behavioral health and primary care,” according to James Dilley, another USCF researcher. “People with severe mental illness often have low rates of primary care use, but do seek care at community mental health care clinics. As such, we believe this is an excellent opportunity for community psychiatrists to help promote their patients’ health by making HIV testing a part of their care,” he said.

SAMSA/HRSA Brief Makes Case for Behavioral Health Screening in HIV Care Settings

“As individuals living with HIV lead longer lives and enjoy a greater sense of well-being than ever before, clinics that provide HIV treatment services must be responsive to the variety of health needs of this population,” according to a brief report, The Case for Behavioral Health Screening in HIV Care Settings. The 17-page report from the Substance Abuse and Mental Health Services Administration (SAMSA) and Health Resources and Services Administration (HRSA) begins by describing some important connections between HIV infection, mental illness, substance use, and trauma. For example, people living with HIV have high rates of past or current alcohol or substance use disorders (SUDs). In addition, compared with the general population, persons living with HIV have significantly higher rates of mental illness, including higher rates of anxiety and two to five times higher rates of depression. They are also more likely to have a history of trauma, with prevalence rates up to 70% for all people living with HIV – as much as 20 times greater than the general population.

“The prevalence of mental illness among people living with HIV poses a threat to the health of the individual and has a profound effect on physical wellness,” according to the brief. “For example, people with depression and HIV are more likely to have higher viral loads, more symptoms of anxiety, and are more likely to have a substance use problem. People with HIV and a co-occurring behavioral health condition may increase risky behaviors, such as unprotected sex or sharing needles, or diminished self-care, such as taking medication as prescribed and getting adequate food and rest.”
Despite the connections between HIV infection and behavioral health, studies indicate that there is insufficient screening for substance use in HIV care settings. To address this issue, the brief’s authors recommend the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) – an evidence-based practice for identifying, reducing, and preventing problematic substance use, abuse, and dependence on alcohol and illicit drugs. The report includes a series of tips to help health programs, agencies, and organizations implement behavioral screening in settings that provide HIV care and services. These include:

- creating an organizational culture that fosters collaboration and communication between primary care and behavioral health professionals;
- helping primary care providers see the value in behavioral health screenings;
- providing behavioral health screenings to all patients, not just those living with HIV;
- carefully planning the rollout of behavioral screening, including choosing appropriate screening tools, providing training on their use, and incorporating screening into the work flow;
- getting buy-in from key stakeholders;
- providing supports “that make referral to treatment stick”; and
- choosing a physical location that is conducive for screening and that streamlines subsequent assessment and referral. For example, co-locating assessment and treatment referrals “facilitates a warm hand-off from the primary care provider to the behavioral health clinician.”

OTHER NEWS REPORTS AND MATERIALS

Global Fund Reports Continued Progress in Fighting HIV, TB, and Malaria
Late last month, The Global Fund to Fight AIDS, Tuberculosis, and Malaria (The Fund) released new data showing continued progress against these three infectious diseases. By mid-2016, the number of people on antiretroviral therapy for HIV infection increased to 10 million worldwide – an 8.5% increase over the 2015 figure. From the inception of the Fund in 2002 through mid-2016:

- a total of 3.8 million HIV+ women received services to prevent mother-to-child-transmission of HIV;
- 16.6 million people were treated for tuberculosis (TB);
- 334,000 people were treated for multidrug-resistant TB;
- more than 626 million cases of malaria were treated; and
- more than 713 million insecticide treated nets were distributed to help families protect themselves from malaria.

The Fund is a partnership between governments, civil society, and the private sector. It mobilizes and invests nearly $4 billion a year to support programs run by local experts in more than 100 countries to prevent and treat HIV, TB, and malaria. The Fund estimates that the programs it has funded since 2002 saved 20 million lives by the end of 2015, with an additional 2 million lives saved projected for 2016.
replace the Affordable Care Act (ACA). As of this writing in late February, several plans have been published, and another is expected to be released after the February Congressional recess. The provisions of these plans vary widely, from the complete repeal of all ACA provisions to the preservation of some of its most popular features. To help people better understand the different proposals, the Kaiser Family Foundation has developed an interactive tool that allows users to create side-by-side comparisons of the ACA itself and the following ACA repeal-and-replace proposals:

- U.S. Representative Tom Price’s “Empowering Patients First Act, 2015”;
- U.S. Senator Bill Cassidy’s “Patient Freedom Act, 2017”; and
- U.S. Senator Rand Paul’s “Obamacare Replacement Act, 2017”

Users of the tool can compare different plans’ provisions on over a dozen key areas of health coverage and policy, including market rules for individual insurance, insurance requirements, and provisions for benefit design, employer coverage, Medicaid, and Medicare.

NASTAD Series Spotlights HIV and Hepatitis Success Stories
The National Alliance of State and Territorial AIDS Directors (NASTAD) recently released the third installment in its series of success stories featuring the ongoing work of health departments to respond to HIV and viral hepatitis in their jurisdictions. “Our success stories demonstrate innovation, vision, and commitment to strengthening programs to better meet the needs of people living and at risk for HIV and hepatitis infection,” according to NASTAD. “Going forward, NASTAD will continue to collect and feature model programs and will provide peer-based technical assistance to support local adaptations of these innovative and successful programs.” The most recent installment highlights programs in Tacoma, Washington, and Las Vegas, Nevada, that support syringe services programs for person who inject drugs, and a long-term HIV case management program in the state of Virginia for prison inmates and ex-inmates. Previous installments have featured initiatives in Arizona, the District of Columbia, New York, Oregon, Wisconsin, and an additional program in Virginia.

CDC Launches Updated HIV, STD, and TB Atlas
CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) recently launched the NCHHSTP AtlasPlus, an updated online atlas of HIV, sexually transmitted disease (STD), viral hepatitis, and tuberculosis (TB) data at the national, state, and county level. The updated Atlas, which includes 2014 and 2015 data, allows users to examine disease rates by demographic variables, transmission categories, year, and trends over time. They can use AtlasPlus to create side-by-side maps or charts, such as state-level maps comparing HIV diagnoses among White and African American gay and bisexual men. According to CDC, AtlasPlus has several features developed in response to suggestions made by users of earlier versions. These include adding the capacity to build data tables and various types of charts and graphs that present the specific subsets of data that are of greatest interest to users. In addition, the Atlas has been redesigned for easy access by mobile users.
New and Updated Surveillance Data, Fact Sheets, and Infographics from Multiple Sources

During recent weeks, AIDSinfo, CDC, and the Kaiser Family Foundation (KFF) have published updated surveillance data, fact sheets, and infographics on a variety of HIV-related topics. For your convenience, we have organized these materials by type and source and provided links below:

**Surveillance Data:**
- [HIV Surveillance in Urban and Nonurban Areas (through 2015)](https://www.cdc.gov/hiv/resources/surveillance/urban-nonurban.html) (CDC slide set)
- [HIV Surveillance – Adolescents and Young Adults (through 2015)](https://www.cdc.gov/hiv/resources/surveillance/teen.html) (CDC slide set)

**Fact Sheets and Infographics:**
- [HIV Among African Americans](https://www.cdc.gov/hiv/pdf/factsheets/overview/African-Americans-HIV.pdf) (CDC fact sheet)
- [HIV Among African American Gay and Bisexual Men](https://www.cdc.gov/hiv/pdf/factsheets/overview/AfricanAmericanGayBisexualMen-HIV.pdf) (CDC fact sheet)
- [PEP 101](https://www.cdc.gov/hiv/pdf/factsheets/pep/PEP101.pdf) (CDC fact sheet about Post-Exposure Prophylaxis)
- [How to Find HIV Treatment Services](https://aidsinfo.nih.gov/contentfiles/factsheets/HowToFindHIVTreatmentServices.pdf) (AIDSinfo fact sheet; also available in Spanish)
- [The Path to a Longer, Healthier Life with HIV](https://aidsinfo.nih.gov/contentfiles/factsheets/PathToALongerHealthierLifeWithHIV.pdf) (AIDSinfo infographic – also available in Spanish)
- [What’s a Blip?](https://aidsinfo.nih.gov/contentfiles/factsheets/WhatIsABlip.pdf) (AIDSinfo infographic explaining blips in viral load; also available in Spanish)

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**FEATURED HEALTH RESOURCES**

Materials for 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**

Friday, March 10, will mark the 12th 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](https://www.cdc.gov/hiv/pdf/factsheets/overview/HIVAmongWomen.pdf). This 2016 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](https://www.kff.org/hiv/pdf/8935.pdf). 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 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.

**HIV Among Pregnant Women, Infants, and Children.** 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, 2015.** This 114-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, HIV, and AIDS.** This is a global overview of HIV/AIDS among women from Avert.org. Topics covered include: 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 more than 60 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**


**Women Significantly More Likely than Men to Have Suboptimal Adherence to HIV Therapy.** (AIDSpal)

**Women with HIV Who Smoke Are at Very High Risk of Pregnancy Loss.** (Poz)

**Risk Score Accurately Predicts Which Pregnant and Postpartum Women Would Benefit Most from PrEP.** (Poz)

**Factors Linked to Falling in Middle-Aged Women.** (TheBodyPro)
Rings, Films, or Inserts? Researchers Need to Develop Prevention Products that Make Sense in Women’s Lives. (AIDSmap)

Advances in Research on HIV Prevention for Women. (TheBodyPro)

Most Women Using Anti-HIV Vaginal Ring Say Sex Felt the Same. (Poz)

Among Women, HIV May Often Transmit Through Anal Sex. (Poz)

Vaginal Ring for HIV Prevention Effective and Acceptable. (AIDSmap)

Study Looks at Use of PrEP During Pregnancy and Breastfeeding. (AIDSmap)

Very Early Treatment Keeps Some Women HIV Negative. (Poz)

$85M Awarded to Prevent HIV Among Young Women and Girls. (Poz)

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

High Rates of HIV Found Among Trans Women as New U.S. Studies窄or Transgender Data Gap. (TheBodyPro)

**National Native HIV/AIDS Awareness Day**

The National Native HIV/AIDS Awareness Day (NNHAAD) will be observed this year on Monday, March 20. NNHAAD is a collaborative effort between the National Native American AIDS Prevention Center, CDC, and other organizations. It is a national mobilization effort designed to encourage American Indians, Alaska Natives and Native Hawaiians across the U.S. and territorial areas to get educated, get tested, get involved in prevention and get treated for HIV and 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, other educational materials, event listings, and products to promote HIV/AIDS awareness.

**HIV/AIDS and American Indians/Alaska Natives.** This web page from the Office of Minority Health has detailed statistical information about HIV testing, HIV and AIDS cases, 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, 2015.** 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.

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.

Selected Recent Articles and Abstracts on American Indians and Alaska Natives and HIV


Effects of the “Circle of Life” HIV-Prevention Program on Marijuana Use Among American Indian Middle School Youths: A Group Randomized Trial in a Northern Plains Tribe. (American Journal of Drug and Alcohol Abuse)


NATIVE – It’s Your Game: Adapting a Technology-Based Sexual Health Curriculum for American Indian and Alaska Native Youth. (Journal of Primary Prevention)

Cherokee Nation Is First U.S. Community to Seek Complete Elimination of Hepatitis C. (Hepmag)

$1M Grant Aims to Improve HIV Prevention and Care of Native Americans. (Poz)

Post-Traumatic Stress Disorder and HIV Risk Behaviors Among Rural American Indian/Alaska Native Women. (American Indian and Alaska Native Mental Health Research)

HIV Among Indigenous peoples: A Review of the Literature on HIV-Related Behaviour Since the Beginning of the Epidemic. (AIDS and Behavior)


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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.

Identifying Social and Economic Barriers to Regular Care and Treatment for Black Men Who Have Sex with Men and Women (BMSMW) and Who Are Living with HIV: A Qualitative Study from the Bruthas Cohort. By E.A. Arnold, J. Weeks, M. Benjamin, and others, in BMC Health Services Research.

Pre-Exposure Prophylaxis Prescribing and Retention in Care Among Heterosexual Women at a Community-Based Comprehensive Sexual Health Clinic. By O.J. Blackstock, V.V. Patel, U. Felsen, and others, in AIDS Care.

HIV Viral Load Scale-Up: Multiple Interventions to Meet the HIV Treatment Cascade. By S. Carmona, T. Peter, and L. Berrie, in Current Opinion in HIV and AIDS.


Enhancing Public Health HIV Interventions: A Qualitative Meta-Synthesis and Systematic Review of Studies to Improve Linkage to Care, Adherence, and Retention. By J.D. Tucker, L.S. Tso, B. Hall, and others, in EBioMedicine.
Diagnosis and Monitoring of HIV Programmes to Support Treatment Initiation and Follow Up and Improve Programme Quality. By W.D. Venter, N. Ford, M. Vitoria, and W. Stevens, in *Current Opinion in HIV and AIDS*.


Recent Research on HIV and Hepatitis Health Disparities and Affected Populations

This section includes the titles, authors, and links to abstracts of recent research. Papers are listed alphabetically according to the lead author’s last name.


Reducing Non-Injection Drug Use in HIV Primary Care: A Randomized Trial of Brief Motivational Interviewing, with and Without HealthCall, a Technology-Based Enhancement. By E. Aharonovich, A. Sarvet, M. Stohl, and others, in *Journal of Substance Abuse Treatment*.


Trends and Correlates of Cigarette Smoking and Its Impacts on Health-Related Quality of Life Among People Living with HIV: Findings from the Ontario HIV Treatment Network Cohort Study, 2008-2014. By T. Bekele, S. Rueda, S. Gardner, and others, in *AIDS Patient Care and STDs*.


Examination of the Hepatitis C Virus Care Continuum Among Individuals with an Opioid Use Disorder in Substance Use Treatment. By J.L. Brown, N.K. Gause, D. Lewis, and T. Winhusen, in Journal of Substance Abuse Treatment.


HIV Provider Documentation and Actions Following Patient Reports of At-Risk Behaviors and Conditions When Identified by a Web-Based Point-of-Care Assessment. By H.M. Crane, P.K. Crane, J.T. Tufano, and others, in AIDS and Behavior.


Age and Age Discordance Associations with Condomless Sex Among Men Who Have Sex with Men. By H.E. Del Pino, N.T. Harawa, D. Liao, and others, in AIDS and Behavior.

2020. **Sexually Transmissible Infections and HIV in Gay, Bisexual, and Other Men Who Have Sex with Men.** By C.K. Fairley, G. Prestage, K. Bernstein, and others, in *Sexual Health*.

**Availability and Use of Substance Abuse Treatment Programs Among Substance-Using Men Who Have Sex with Men Worldwide.** By J.M. Flores, G.M. Santos, K. Makofane, and others, in *Substance Use and Misuse*.

**The HIV Care Continuum – Is the Whole Greater Than the Sum of Its Parts? Implications for Interventions in a Test and Treat World.** By V.A. Fonner, in *EBioMedicine*.

**A Minority of Patients Newly Diagnosed with AIDS Are Started on Antiretroviral Therapy at the Time of Diagnosis in a Large Public Hospital in the Southeastern United States.** By N.D. Goswami, J. Colasanti, J.J. Khoubian, and others, in *Journal of the International Association of Providers in AIDS Care*.


**HIV Trends in the United States: Diagnoses and Estimated Incidence.** By H.I. Hall, R. Song, T. Tang, and others, in *JMIR Public Health Surveillance*. Free full text also available.

**Loneliness in Older Black Adults with Human Immunodeficiency Virus Is Associated with Poorer Cognition.** By S.D. Han, O. Adeyemi, R.S. Wilson, and others, in *Gerontology*.


**eHealth Literacy and Intervention Tailoring Impacts the Acceptability of a HIV/STI Testing Intervention and Sexual Decision Making Among Young Gay and Bisexual Men.** By K.J. Horvath and J.A. Bauermeister, in *AIDS Education and Prevention*.

**Shift in Disparities in Hepatitis C Treatment from Interferon to DAA Era: A Population-Based Cohort Study.** By N.Z. Janjua, N. Islam, J. Wong, and others, in *Journal of Viral Hepatitis*.

**HIV-Prevention Opportunities with GPS-Based Social and Sexual Networking Applications for Men Who Have Sex with Men.** By W. Jenkins Hall, C.J. Sun, A.E. Tanner, and others, in *AIDS Education and Prevention*.


**Daily Marijuana Use Is Associated with Missed Clinic Appointments Among HIV-Infected Persons Engaged in HIV Care.** By A.M. Kipp, P.F. Rebeiro, B.E. Shepherd, and others, in *AIDS and Behavior*. 


Undiagnosed Hepatitis B and C Infection Is Rare in Sydney Gay and Bisexual Men Attending a Community HIV Testing Site. By J. Lockwood, J. Gray, and C. Selvey, in *Sexual Health*.

Gender Differences in HIV Risk Behaviors Among Persons Involved in the U.S. Criminal Justice System and Living with HIV or at Risk for HIV: A “Seek, Test, Treat, and Retain” Harmonization Consortium. By K.B. Loeliger, M.L. Biggs, R. Young, and others, in *AIDS and Behavior*.


HIV Testing Preferences Among MSM Members of an LGBT Community Organization in Los Angeles. By A. Medline, J. Daniels, R. Marlin, and others, in *Journal of the Association of Nurses in AIDS Care*.

Psychiatric Symptom Burden in Older People Living with HIV with and Without Cognitive Impairment: The UCSF HIV Over 60 Cohort Study. By B. Milanini, S. Catella, B. Perkovich, and others, in *AIDS Care*.

Strategies Chosen by YMSM During Goal Setting to Reduce Risk for HIV and Other Sexually Transmitted Infections: Results From the Keep It Up! 2.0 Prevention Trial. By D.N. Motley, S. Hammond, and B. Mustanski, in *AIDS Education and Prevention*.


A Global Estimate of the Acceptability of Pre-Exposure Prophylaxis for HIV Among Men Who Have Sex...

“Don’t Think I’m Going to Leave You Over It”: Accounts of Changing Hepatitis C Status Among Couples Who Inject Drugs. By J. Rance, C. Treloar, S. Fraser, and others, in *Drug and Alcohol Dependence*.


Provider and Administrator Experiences with Providing HIV Treatment and Prevention Services in Rural Areas. By H.R. Rodriguez and A. Dobalian, in *AIDS Education and Prevention*.


Recruiting and Assessing Recent Young Adult Latina Immigrants in Health Disparities Research. By D.M. Sheehan, F.R. Dillon, R. Babino, and others, in *Journal of Multicultural Counseling and Development*.


Church-Based HIV Screening in Racial/Ethnic Minority Communities of California, 2011-2012. By M.V.
Williams, K.P. Derose, F. Aunon, and others, in *Public Health Reports*.

*Veterans Living with HIV: A High-Risk Group for Cigarette Smoking*, By S.M. Wilson, L.R. Pacek, P.A. Dennis, and others, in *AIDS and Behavior*.

*Young Transgender Women’s Attitudes Toward HIV Pre-Exposure Prophylaxis*, By S.M. Wood, S. Lee, F.K. Barg, and others, in *Journal of Adolescent Health*.

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