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- Materials for National Youth HIV and AIDS Awareness Day (April 10)
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CDC Projects that Half of U.S. Black Gay Men Will Be Diagnosed with HIV During Their Lifetime

If current HIV diagnoses rates persist, about one-half of U.S. Black gay, bisexual, and other men who have sex with men (MSM) and one-quarter of Latino MSM will be diagnosed with HIV during their lifetime, according to a recent analysis by researchers at the Centers for Disease Control and Prevention (CDC). The study, which was presented at last month’s Conference on Retroviruses and Opportunistic Infections, provides the first comprehensive estimates of the lifetime HIV risk for several key at-risk populations at risk, as well as the overall lifetime risk of HIV infection in every state.

For all U.S. residents taken as a whole, the lifetime risk of being diagnosed with HIV is now 1 in 99 – an improvement compared to the previous estimate of 1 in 78 from a previous study using data from 2004 through 2005. Despite this overall progress, CDC’s updated analysis has reveal huge disparities in lifetime HIV risk by race, risk group, and geography. Here are some highlights:

Among MSM, the lifetime risks of HIV infection are:

- 1 in 6 overall (all races/ethnicities combined);
- 1 in 2 for African American MSM;
- 1 in 4 for Hispanic MSM; and
- 1 in 11 for White MSM.

By race/ethnicity and gender, the lifetime risks are:

- 1 in 20 for African American men;
- 1 in 48 for African American women;
- 1 in 48 for Hispanic men;
- 1 in 227 for Hispanic women;
- 1 in 132 for White men; and
- 1 in 880 for White women.

By risk category, the lifetime risks are:

- 1 in 6 for MSM overall;
- 1 in 23 for women who inject drugs;
- 1 in 36 for men who inject drugs;
- 1 in 241 for heterosexual women; and
- 1 in 473 for heterosexual men.

CDC researchers also calculated the overall lifetime risks of HIV for the residents of each state and the District of Columbia. These figures cover a broad range from highs of 1 in 13 for D.C. and 1 in 49 for Maryland to lows of 1 in 670 for North Dakota and 1 in 578 for Montana.

Commenting on the exceptionally high lifetime risk of HIV infection among MSM, CDC’s Jonathan Mermin noted, “As alarming as these lifetime risk estimates are, they are not a foregone conclusion. They are a call to action . . . The prevention and care strategies we have at our disposal today provide a promising outlook for future reductions of HIV infections and disparities in the U.S., but hundreds of thousands of people will be diagnosed in their lifetime if we don’t scale up efforts now.”
Reaching U.S. AIDS Strategy Targets Could Prevent Up to 185,000 HIV Infections by 2020

New U.S. HIV infections could be reduced 185,000 by 2020 if key National HIV/AIDS Strategy (NHAS) targets for HIV testing and treatment and the expanded use of pre-exposure prophylaxis (PrEP) are met, according to a modeling study presented at 2016 CROI. CDC researchers used a forecasting model to predict the effects of implementing the following prevention strategies in the NHAS: 1) expanding PrEP use among high-risk populations; 2) increasing HIV testing and linkage to care; and 3) achieving viral suppression in 80% of persons treated. They examined the impact of fully achieving these NHAS targets, as well as three other scenarios in which none or only some of these targets are met. Their findings are summarized in the graphic, Four Scenarios of the Potential Impact of Expanded HIV Testing, Treatment and PrEP in the US, 2015-2020.

For their baseline scenario – in which HIV testing and treatment continue at current rates and PrEP use is not expanded – the researchers calculated that approximately 265,330 new HIV infections would occur in the U.S. between 2015 and 2020. However, the expanded use of PrEP could prevent about 48,000 of these projected infections. The combination of PrEP plus increased rates of HIV testing and linkage to care could prevent nearly 121,000 new HIV infections. Finally, the combination of expanded use of PrEP, increased HIV testing and linkage to care, and 80% viral suppression rates would prevent an estimated 185,000 infections – 70% of the total infections projected in the baseline scenario.

Recent continuum of care data indicate that less than one-third of persons living with HIV in the U.S. are on sustained antiretroviral treatment that keeps their HIV virus suppressed. And, to date, a relatively small proportion of the uninfected persons who are at substantial risk for HIV are receiving PrEP. “If we expand the use of our current prevention strategies today, we can significantly reduce new HIV infections tomorrow,” commented CDC’s Jonathan Mermin. “This study confirms that we have the right tools to dramatically reduce new HIV infections, but we have a long way to go in order to make those reductions a reality.”

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Despite Improvements, Life Expectancy Gap Remains for HIV+ Persons

The advent of effective antiretroviral treatment (ART) in the mid- to late 1990s led to dramatic increases in the life expectancies of persons living with HIV in the U.S. and other high-income nations with access to ART. Similar gains in life expectancy have been seen in low- and middle-income nations as access to ART and HIV care have increased during the past decade. However, a major study from the Kaiser Permanente health insurance system has found that, despite these improvements, there continues to be a significant gap in the life expectancies of HIV+ versus uninfected persons in the U.S.

For their study, Kaiser researchers compared the mortality rates of nearly 25,000 HIV+ persons and about 258,000 HIV-negative people in the Kaiser Permanente system between the years 1996 and 2011. They matched the HIV-infected and uninfected groups for age and gender, and then tracked mortality using death certificates and social security records. For the period 1996 through 2006, HIV-infected and HIV-uninfected 20-year-olds could expect to live an additional 36.0 and 62.3 years, respectively. In other words, HIV+ 20-year-olds could expect to live, on average, to about age 56, compared to about age 82 for uninfected 20-year-olds; the life-expectancy gap averaged 26.3 years. By 2007 through 2011, the life expectancy of HIV+ persons further improved: HIV+ 20-year-olds could
expect to live, on average, to age 68.5, and the life-expectancy gap between HIV+ and uninfected 20-year-olds had narrowed to 13.8 years.

It is important to note that the above figures are averages for all HIV+ versus uninfected persons in the study. The researchers also found that, among HIV+ persons, there were significant disparities in life expectancy and life expectancy gains by race/ethnicity, gender, HIV risk category, and the stage of infection when they started ART. For example, Blacks and persons with a history of injection drug use had significantly lower life expectancies than other groups in 2007 to 2011. In contrast, HIV+ persons who started ART early (with a CD4 T-cell count of 500 or more) had substantially higher life expectancies than those who started treatment later.

Lifestyle factors and non-HIV health history also had a substantial impact on the life expectancies and life expectancy gaps of HIV+ persons: The life expectancy gap between HIV+ and uninfected persons was only about 5 to 7 years for HIV+ nonsmokers without a history or hepatitis B or C infection, or drug/alcohol abuse. In an interview with Infectious Disease News, the study’s lead author, Julian Marcus noted that, “I think our work highlights the importance of getting HIV patients on treatment early, as well as mitigating non-HIV risk factors such as smoking.”

Meta-Analysis: Over 2 Million People Worldwide Are Coinfected with HIV and Hepatitis

Of the approximately 37 million people living with HIV worldwide, an estimated 2.3 million are coinfect ed with the hepatitis C virus (HCV), according to a meta-analysis by the University of Bristol and the London School of Hygiene and Tropical Medicine. The researchers systematically reviewed nearly 800 medical studies to estimate the overall global prevalence of HIV/HCV coinfection and the prevalence of coinfection in particular groups. The World Health Organization (WHO) commissioned the study to inform its guidelines on screening for coinfections and starting HIV treatment, as well as to guide regional and national strategies for HCV screening and management.

The researchers found that persons who inject drugs account for more than half – nearly 1.4 million – of the HIV/HCV coinfections. The study showed that, on average, HIV+ people are six times more likely than HIV-uninfected people to be infected with HCV. However, there is a wide range in HCV prevalence among different HIV exposure groups. The estimated prevalence of HIV/HCV coinfection is about 4.0% in HIV+ pregnant women and persons exposed to HIV heterosexually, and 6.4% in HIV+ gay, bisexual, and other men who have sex with men. Among HIV+ persons who inject drugs, however, more than four out of five (82.4%) are estimated to be coinfected with HCV.

The researchers noted, however, that data about HIV/HCV coinfection are unavailable in many nations. “Despite a systematic search of published and unpublished literature, estimates were identified in only 45% of countries, and the study quality was variable,” noted study lead author Lucy Platt from the London School of Hygiene and Tropical Medicine. “Improvement in the surveillance of HCV and HIV is imperative to help define the epidemiology of coinfection and inform appropriate policies for testing, prevention, care, and treatment to those in need. This is especially the case in countries with growing populations of persons who inject drugs and also in sub-Saharan Africa where the burden of coinfection is large due to high burden of HIV.”
U.S. Cancer Report Focuses on Growing Burden of Liver Cancer

New cases of liver cancer are increasing rapidly in the U.S., and the death rate for liver cancer is rising faster than for any other malignancy, according to the Annual Report to the Nation on the Status of Cancer, 1975-2012, published in the journal Cancer. The report features detailed information about liver cancer incidence and mortality, and their connection to chronic hepatitis B virus (HBV) and hepatitis C virus (HCV) infection. In particular, the report notes that, between 2003 and 2012:

- New cases of liver cancer rose 3.4% per year among men and 2.4% among women.
- Liver cancer-related death rates increased 2.8% per year among men and 2.2% per year among women. This upward trend in liver cancer deaths is in marked contrast to the overall trend in U.S. cancer deaths, which declined 1.5% per year during the period.
- HCV and liver cancer-associated death rates were highest among “Baby Boomers” – persons born in the period 1945 through 1965.

There were also significant disparities in liver cancer by gender, race/ethnicity, and age. Among all racial or ethnic groups, liver cancer incidence rates among men were more than twice those among women. On average, non-Hispanic Black men and Hispanic men with liver cancer died at a younger age than men of other race/ethnicities. Liver cancer incidence rates among both men and women increased with age for nearly all groups.

The 26-page report is the result of an ongoing collaboration among the American Cancer Society, CDC, the National Cancer Institute, and the North American Association of Central Cancer Registries. Noting that most cases of liver cancer are preventable, the report authors conclude, “Prevention strategies aimed at reducing the frequency of behaviors that increase the risk of HCV transmission can be effective in reducing HCV infection. Early diagnosis of HCV infection with referral to treatment services can decrease a patient’s risk for subsequent health outcomes, such as liver cancer, and can decrease transmission of the virus to others. Cures of HCV infection are associated with a 75% reduction in the risk of liver cancer.” They also outline public health strategies – including improved surveillance for viral hepatitis, promotion of hepatitis B vaccination, and adoption of healthier lifestyles – that could further reduce the burden of liver cancer in the U.S.

20 Million People Have Gained Health Insurance Coverage Since ACA Passage

An estimated 20 million people in the U.S. have gained health insurance coverage since the passage of the Affordable Care Act (ACA) in 2010, according to a new issue brief, Health Insurance Coverage and the Affordable Care Act, 2010–2016, from the U.S. Department of Health and Human Services (HHS). Key ACA provisions that led to this increase in coverage include Medicaid expansion, Health Insurance Marketplace coverage, and changes in private insurance that have allowed young adults to stay on their parent’s health insurance plans and required plans to cover people with pre-existing health conditions.
Of the 20 million total, an estimated 17.7 million nonelderly adults aged 18 through 64 gained health insurance coverage from the start of the first open enrollment period in October 2013 through early 2016. An additional 2.3 million young adults aged 19 through 25 gained health insurance coverage as a result of the ACA provision allowing young adults to remain on a parent’s insurance plan until age 26. HHS estimates that the percentage of uninsured nonelderly adults in the U.S. has declined from 20.4% in late 2013 to 11.5% in the first quarter of 2016.

Uninsured rates have dropped substantially in all racial/ethnic groups since 2013.

- Among non-Hispanic Blacks, the uninsured rate declined 11.8 percentage points, from a baseline uninsured of 22.4% to 10.6%, as 3.0 million adults gained coverage.
- Among Hispanics, the uninsured rate declined 11.3 percentage points, from a baseline uninsured of 41.8% to 30.5%, as 4.0 million adults gained coverage.
- Among White non-Hispanics, the uninsured rate declined by 7.3 percentage points, from a baseline uninsured of 14.3% to 7.0%, as 8.9 million adults gained coverage.

Commenting on the ACA-related increases in health insurance coverage, HHS Secretary Sylvia Burwell noted, “We have seen progress in the last six years that the country has sought for generations. Americans with insurance through the Health Insurance Marketplace or through their employers have benefited from better coverage and a reduction in the growth in health care costs.”

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Highlights of the 2016 Conference on Retroviruses and Opportunistic Infections

Approximately 4,000 people from 96 countries participated in the 2016 Conference on Retroviruses and Opportunistic Infections (2016 CROI), which was held on February 22 through 25 in Boston, Massachusetts. For many years, CROI has been one of the major scientific conferences on HIV, opportunistic illnesses, related health conditions, and emerging infectious diseases.

Biomedical prevention – in particular, pre-exposure prophylaxis (PrEP) – was a major focus of this year’s conference. There was also a strong emphasis on the trends in the epidemic and the HIV care continuum, both within the U.S. and globally. In addition, this year’s conference featured important news concerning the lifetime risk of HIV infection in different groups and updates on the life expectancy of persons living with HIV. These two topics are covered in detail elsewhere in this issue.

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

- Conference Overview and Highlights
- U.S. Epidemic Trends
- The Global HIV/AIDS Epidemic
- HIV Prevention and Transmission (including PrEP and Microbicides)
- HIV Treatment Cascade/Continuum of Care (including HIV Testing)
- HIV Treatment
FDA Approves Odefsey – New One-Pill-a-Day HIV regimen
On March 1, the U.S. Food and Drug Administration approved Odefsey, a new one-pill-a-day HIV regimen. The tablet contains three HIV drugs: 1) the non-nuke rilpivirine made by Janssen Therapeutics; 2) the nuke emtricitabine (FTC) made by Gilead Sciences; and 3) a newer form of the nuke tenofovir called tenofovir alafenamide, or TAF for short. TAF is also made by Gilead.

The older form of tenofovir – called tenofovir disoproxil fumarate or TDF – was approved by the FDA in 2001. TDF is a component in most current HIV treatment regimens, as well as in the only FDA-approved pill to prevent HIV transmission (Truvada). TAF is not available as a stand-alone pill. The only other HIV combination pill containing TAF - Genvoya - was approved by FDA last fall.

Odefsey is essentially an updated version of an earlier once-daily HIV regimen called Complera. Both tablets contain rilpivirine and FTC, but in the case of Odefsey, the TAF form of tenofovir replaces the TDF from in Complera.

The TAF form of tenofovir provides lower levels of drug in the bloodstream, but higher levels within the cells, where the HIV virus replicates. TAF was developed to help reduce drug side effects – including decreased bone density and kidney toxicity – sometimes seen in persons taking the older form of tenofovir (TDF). Consequently, the substitution of TAF for TDF is designed to significantly reduce the risk of such side effects.

OTHER NEWS REPORTS AND MATERIALS

HHS Issues Updated HIV Treatment Guidelines for Adults, Adolescents, and Children
During the past two months, the U.S. Department of Health and Human Services (HHS) issued revised antiretroviral treatment (ART) guidelines for adults and adolescents and for children. The updated guidelines reflect recent findings from major research studies concerning the best time to start antiretroviral treatment, data on the safety and efficacy of different HIV drugs and combinations, and the availability of the combination pill Genvoya, which contains a new form of the antiretroviral drug tenofovir. Genvoya was approved after the previous versions of the adult/adolescent and pediatric guidelines were released last year. Under the new guidelines, ART is recommended for all HIV-infected persons – including adolescents and children – regardless of their clinical symptoms, viral load, or CD4 T
cell count. The list of recommended ART regimens for adults, adolescents, and children living with HIV has also been expanded to include Genvoya. For more detailed information about the changes in the revised ART guidelines, see the “What’s New in the Guidelines?” sections in the guidelines for adults/adolescents and children.

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VA Expands Treatment for HCV-Infected Veterans; Over 76,000 Treated to Date
The U.S. Department of Veterans Affairs (VA) announced on March 11 that it is now able to fund care for all HCV-infected U.S. veterans in Fiscal Year (FY) 2016, regardless of the stage of their liver disease. A combination of increased Congressional funding and falling HCV drug prices made this step possible. “We’re honored to be able to expand treatment for veterans who are afflicted with hepatitis C,” commented VA Undersecretary for Health David Shulkin. Previously, due to limited resources, the VA had prioritized HCV treatment for the sickest patients. Now, veterans with any stage of HCV disease can access treatment through either their local VA facility or a non-VA facility in their community under the VA’s Choice Program. In making the announcement, the VA also summarized progress in treating veterans infected with HCV. To date, the VA has treated more than 76,000 HCV-infected veterans, of whom approximately 60,000 have been cured. In addition, since the beginning of 2014, more than 42,000 patients have been treated with the new highly effective HCV antiviral drugs. In FY15, the VA allocated $696 million for new HCV drugs (17% of the VA’s total pharmacy budget). The agency anticipates its total expenditures for HCV treatment will reach about $1 billion in FY16.

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Latino Commission Examines HIV Crisis Among Hispanic Gay and Bisexual Men
Soon after CDC presented data on the very high lifetime HIV risk among minority gay and bisexual men (see this newsletter’s lead feature above), the Latino Commission on AIDS released a new report, The HIV Crisis Among Hispanic/Latino MSM. The 4-page brief, which is also available in Spanish, outlines the disproportional impacts of HIV on Hispanic/Latino gay, bisexual, and other men who have sex with men (MSM), identifies factors that contribute to high HIV rates, and recommends measures to address the crisis. The report authors note that being unaware of one’s HIV status, as well as stigma, homophobia, and discrimination, greatly complicate the health needs of Hispanic/Latino MSM. In addition, “research suggests that language barriers, poverty, and low educational attainment levels are associated with inadequate knowledge about HIV and HIV testing rates. Research further cites the role of mental health, intimate partner violence, and substance use issues among Hispanics/Latinos as greatly impacting their HIV prevention and treatment needs.” Meeting the unique needs of Hispanic/Latino MSM will require “thinking outside the box,” according to the report. It calls for increased government and privately funded programs that: 1) support strategies and research for culturally responsive interventions and support services, including mental health services; 2) increase capacity building and training for HIV/AIDS providers, public health officials, and advocates; and 3) embrace creative thinking, innovative interventions, and improved data collection.

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CDC Releases State Prevention Status Reports on HIV and Prescription Drug Overdose
The CDC recently released its latest Prevention Status Reports, which summarize the status of state-level policies and practices to address important public health problems. Reports are available for all 50
states and the District of Columbia for HIV, prescription drug overdose, and these eight other health topics: alcohol-related harms; food safety; healthcare-associated infections; heart disease and stroke; motor vehicle injuries; nutrition, physical activity, and obesity; teen pregnancy; and tobacco use. States are given green, yellow, or red ratings to reflect how well they are implementing different recommended policies or practices. For HIV, the ratings evaluate states’ progress in these four areas:
- facilitating state Medicaid reimbursement for HIV screening;
- making state HIV testing laws compatible with the 2006 CDC and 2013 U.S. Preventive Services Task Force HIV testing recommendations;
- reporting all CD4 T-cell count and HIV viral load data to the state HIV surveillance program and complete lab reporting to CDC; and
- increasing the percentage of HIV-infected persons who have a suppressed viral load.

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AVAC Infographics Illustrate Advances and Outlook for HIV Prevention
AVAC has recently produced a series of infographics that focus on the current state of HIV prevention research as well as studies planned in coming years. The Years Ahead in Biomedical HIV Prevention Research, covering 2016 through 2017, presents information on the status of more than 20 planned and ongoing prevention-related trials worldwide involving oral PrEP, long-acting injectable PrEP, rectal gels, vaginal gels, vaginal rings, preventive HIV vaccines, and antibodies, as well as a hormonal contraceptives and HIV trial. Other recent AVAC infographics on global prevention research include:
- Evidence for HIV Prevention Options
- ASPIRE and The Ring Study Results — A Snapshot
- Effectiveness and Adherence in Trials of Oral and Topical Tenofovir-Based Prevention
- Regulatory Status of TDF/FTC for PrEP
- ARV-Based Prevention Pipeline
- PrEP by the Numbers: Efficacy, Regulatory Approval and More

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amfAR Report Outlines Benefits of AIDS Research for Other Health Conditions
“[M]any new treatments for diseases such as cancer, hepatitis, heart disease, and osteoporosis have arisen from research aimed at preventing, diagnosing, and treating HIV/AIDS. This research has also provided insights into new ways of treating autoimmune diseases and severe vision loss,” according to The Broad Benefits of AIDS Research, from The Foundation for AIDS Research (amfAR). The 9-page brief provides specific examples of how HIV research has provided insights into a range of diseases, their causes, and treatments. These include:
- Three drugs developed to treat HIV—lamivudine, tenofovir, and entecavir—are now mainstays of therapy for hepatitis B virus (HBV) infections.
- Antiretroviral drugs that block the protein CCR5, the key co-receptor for HIV’s entry into cells, are being evaluated for use in inflammatory bowel disease and other autoimmune disorders.
- New PCR [polymerase chain reaction] tests, developed for diagnosing HIV, are now routinely used to rapidly detect a number of other infectious diseases, including hepatitis C, tuberculosis, chlamydia, influenza, Lyme disease, and many fungal infections.
CDC Launches Antibiotic Resistance Patient Safety Atlas
CDC has developed a new web app with interactive data on healthcare-associated infections (HAIs) caused by antibiotic-resistant bacteria. The Antibiotic Resistance Patient Safety Atlas includes data on HAIs reported to the National Healthcare Safety Network (NHSN) from 2011 to 2014. The data cover more than 4,400 acute care hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities that have reported at least one HAI to the NHSN. Atlas users can search and download the data displayed in the app to see percent resistance for any of 31 bug-drug combinations, including pathogens identified by CDC as urgent or serious threats, such as methicillin-resistant Staphylococcus aureus (MRSA), Carbapenem-resistant enterobacteriaceae (CRE), and Pseudomonas aeruginosa. Users can also filter data by geographical area, time period, mode of infection, and patient age.

A recent CDC Vital Signs communication, Making Health Care Safer, provides additional background about HAIs, including statistics, infographics, and recommendations for reducing these infections. According to CDC, one in seven catheter- and surgery-related HAIs in acute care hospitals, and one in four catheter- and surgery-related HAIs in long-term acute care hospitals, is caused by any of six resistant bacteria (not including Clostridium difficile).

FEATURED HEALTH RESOURCES
Materials for National Youth HIV and AIDS Awareness Day (April 10)
The fourth annual National Youth HIV and AIDS Awareness Day (NYHAAD) is being observed this year on Sunday, April 10. Many national, state, and private organizations are partners or supporters of NYHAAD. The day’s founding partners include: Advocates for Youth; AIDS Alliance for Children, Youth, and Families; AIDS United; National Alliance of State and Territorial AIDS Directors; National Coalition of STD Directors; NMAC; and Sexuality Information and Education Council of the United States.

According to Advocates for Youth, the establishment of NYHAAD is a step toward acknowledging and addressing the needs of young people in the HIV and AIDS response. Each year, young activists in high schools and at colleges and universities across the country use the day to organize and educate about HIV and AIDS. They promote HIV testing, fight stigma, and start the necessary conversations to deal honestly and effectively with the challenges of fighting HIV/AIDS among youth.

To support activities commemorating NYHAAD, we have compiled an annotated list of online resources focusing on HIV/AIDS among children, adolescents, and young adults.

General Information
National Youth HIV and AIDS Awareness Day: This is the web page for NYHAAD. It provides background information about the day, together with links to information resources focusing on HIV/AIDS among young persons.

Children and HIV. Fact sheet from AIDS InfoNet. Also available in Spanish and Russian.

HIV Among Youth. Fact sheet from CDC.

Vital Signs: HIV Among Youth in the U.S. Infographic from CDC.

Youth Risk Behavior Surveillance – United States, 2013. Article from MMWR.

HIV Surveillance in Adolescents and Young Adults. Slide set from CDC.

Young People, Adolescents, and HIV/AIDS (from Avert) – This page provides general information about HIV among youth and has links to many resources focusing on youth.

Being Young and Positive (from Avert) – Information about HIV/AIDS for young persons. Topics include: taking responsibility for your health, telling your friends, having relationships, and having sex.

HIV Prevention Resources for Youth-Serving Professionals (from Advocates for Youth) – This page includes more than 20 lesson plans, tools, guidelines, strategy documents, and other resources for professionals.

HIV Information for Parents (from Advocates for Youth) – This page includes a variety of resources focusing on sexuality and parent-child communication skills.

Improving Care for Youth Living with HIV. Brief report from HRSA.

Fact Sheets from Advocates for Youth:

- Young People and HIV in the United States
- Young People Living with HIV Around the World
- Understanding Disparities in the HIV Epidemic
- Young Women of Color and the HIV Epidemic
- Young Women of Color and Their Risk for HIV and Other STIs
- Young African American Women and HIV
- HIV and Young American Indian/Alaska Native Women
- HIV/STI Prevention and Young Men Who Have Sex with Men. Also available in Spanish.
- Young Men Who Have Sex with Men: At Risk for HIV and STDs. Also available in Spanish.

Selected Recent Articles About HIV/AIDS and Hepatitis Among Young Persons

Above-Normal Death Rate Still Seen in U.S. Youngsters and Young Adults with HIV. (HIV Treatment Alerts)

Among Young Adults, Bone Density Loss from PrEP Reverses After Stopping Truvada. (Poz)

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

HRSA Brief Highlights Ryan White Program's Impact on Young People. (Health Disparities Update)
Having the Sex Talk With Teens Encourages Safer Sex. (Poz)

HIV-Positive Youth Are Less Likely Than Adults to Achieve Viral Suppression on Antiretroviral Treatment. (AIDSmap)

Deaths Among Youth with HIV Less Common; Other Complications Emerge. (Healio)

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

Younger Gay Men Have Much Lower Risk of Acquiring HIV Than Previous Generations, But Racial Disparities Persist. (AIDSmap)

HIV Infection in Young Gay Men Linked to Lower Socioeconomic Status. (Poz)

Interventions Needed to Reduce High-Risk Behaviors Among HIV-Infected Youth. (Healio)

Study Shows How Time Runs Out on Teenagers with HIV After a Decade or More Undiagnosed. (Science Speaks Blog)

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.


HIV Mortality by Care Cascade Stage and Implications for Universal ART Eligibility. By E. Bendavid, A. Bershteyn, A. Boulle, and others, in 2016 CROI Abstracts.


Streamlining Screening to Treatment: The Hepatitis C Cascade of Care at Kaiser Permanente Mid-Atlantic States. By M.S. Jonas, C.V. Rodriguez, J. Redd, and others, in Clinical Infectious Diseases.


Receipt of Ryan White Care Services Is Associated with Improved Long-Term Outcomes. By T. Nassau, M. Miller, C. Terrell, and others, in 2016 CROI Abstracts.


Clinical Outcomes of Patients Infected with HIV Through Use of Injected Drugs Compared to Patients Infected Through Sexual Transmission: Late Presentation, Delayed Antiretroviral Treatment, and Higher Mortality. By I. Suárez-García, P. Sobrino-Vegas, D. Dalmau, and others, in Addiction.

Reported Church Attendance at the Time of Entry into HIV Care is Associated with Viral Load Suppression at 12 Months. By N. Van Wagoner, L. Elopre, A.O. Westfall, and others, in AIDS and Behavior.


Relationship Between Housing Status and Retention Rates Among HIV-Positive African Americans.
Enrolled in a Comprehensive Care Program. By H. Xiao and W. Mains, in *Journal of Psychoactive Drugs*.

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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.


**Correlates of Combination Antiretroviral Adherence Among Recently Diagnosed Older HIV-Infected Adults Between 50 and 64 years.** By W.E. Abara, O.A. Adekeye, J. Xu, and others, in *AIDS and Behavior*.


**Missed Opportunities for HIV Testing of Patients Diagnosed with an Indicator Condition in Primary Care in Catalonia, Spain.** By C. Agustí, A. Montoliu, J. Mascort, and others, in *Sexually Transmitted Infections*.


**Long-Term Cigarette Smoking Trajectories Among HIV-Seropositive and Seronegative MSM in the Multicenter AIDS Cohort Study.** By W.Z. Akhtar-Khaleel, R.L. Cook, S. Shoptaw, and others, in *AIDS and Behavior*.


**Medication Adherence Among Transgender Women Living with HIV.** By G.N. Baguso, C.L. Gay, and K.A. Lee, in *AIDS Care*.

**Hepatitis C Virus Coinfection as a Risk Factor for Osteoporosis and Fracture.** By R. Bedimo, N.M. Maalouf, and V.L. Re 3rd, in *Current Opinion in HIV and AIDS*.

**Multiple Syndemic Psychosocial Factors Are Associated with Reduced Engagement in HIV Care Among a**


Information, Motivation, and Behavioral Skills of High-Risk Young Adults to Use the HIV Self-Test. By W. Brown 3rd, A. Carballo-Diéguez, R.M. John, and R. Schnall, in AIDS and Behavior.


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