For many Americans, concern over HIV/AIDS in the United States has lost salience

HIV/AIDS continues as a major public health problem in the US. For example, in 2005 AIDS was the sixth-leading cause of death among all persons aged 25-44 and third leading cause of death for African-American women aged 25-44. HIV/AIDS is becoming a greater community burden: only half of persons living with HIV are receiving quality care.

Recently, there has been a growing public perception that HIV/AIDS is under control. The percent of the public believing that AIDS is our most urgent problem has dramatically decreased. This study explored whether people are aware of the incidence of HIV/AIDS domestically as well as the composition of those living with HIV/AIDS and the challenges these individuals face.

Methodology
Public Agenda, a nonprofit, nonpartisan research and citizen engagement organization that studies public issues, conducted focus groups around the country in five cities: New York, NY; Westchester, NY; Los Angeles, CA; Des Moines, IA; and Birmingham, AL. In addition, 13 interviews were conducted with experts specializing in HIV. The focus groups permitted an in-depth qualitative assessment.

Outcomes of the Study
For Los Angeles, Des Moines and Birmingham, the groups were the general public. The group for New York City was young adults under age 30. For Westchester, parents of children under age 25 was the group. Major findings include:

- As research has shown and experts indicate, HIV in America has lost salience with the public. African-Americans and New Yorkers were more aware of issues surrounding HIV.
- Though their HIV knowledge was low, many group members had great sympathy for what they thought it may be like living with HIV/AIDS, envisioning a life of loneliness and isolation.
- Even with high knowledge levels, some clearly overstated some risk behaviors and questioned if enough is known about HIV, which may explain anxiety being near persons having HIV.
- Many group members stated that, unlike heart disease or cancer, HIV mostly affects persons who take risks and engaged in unapproved behaviors.
- Both the experts and group members supported education as the best way to address HIV.
- Some noted that finding a vaccine should take precedent over education.
- Group members were willing to discuss and consider trade-offs for public policies such as condom distribution and testing.

Implications for Prevention
The focus groups confirmed that for most Americans, HIV/AIDS is now perceived with less concern, although African-Americans had greater awareness. Most expressed sympathy for those infected with HIV and most strongly support more awareness campaigns.

Experts noted that the public believes that HIV/AIDS treatment is available to all (i.e. HIV has now been successfully managed) and that HIV still happens to "those people."

SOURCE:
Many reported use of safer safe products lessens their arousal

Sexual pleasure and arousal may influence one’s willingness to use STD prevention methods. This study assessed whether circumcision in HIV-infected men would reduce HIV transmission to female sexual partners. The study was conducted in Rakai District, Uganda, between 2003 and 2007. 922 uncircumcised, HIV-positive Ugandan men participated. Half were circumcised. Their HIV-positive female partners were enrolled: 90 women in the circumcised group and 70 in the uncircumcised group.

After two years, 18% of women in the circumcised group had become HIV-infected and 12% in the uncircumcised group became infected. Most of the new HIV infections in the circumcised group occurred within the first six months of the procedure. This may have been due to some men not waiting long enough for the wound to heal properly, thus exposing their partners to HIV-infected blood.

The researchers concluded that circumcision of HIV-infected men did not reduce HIV transmission to female partners. Condom use after male circumcision is critical.


Male circumcision found not to protect women from HIV

This study assessed whether circumcision in HIV-infected men would reduce HIV transmission to female sexual partners. The study was conducted in Rakai District, Uganda, between 2003 and 2007. 922 uncircumcised, HIV-positive Ugandan men participated. Half were circumcised. Their HIV-positive female partners were enrolled: 90 women in the circumcised group and 70 in the uncircumcised group.

After two years, 18% of women in the circumcised group had become HIV-infected and 12% in the uncircumcised group became infected. Most of the new HIV infections in the circumcised group occurred within the first six months of the procedure. This may have been due to some men not waiting long enough for the wound to heal properly, thus exposing their partners to HIV-infected blood.

The researchers concluded that circumcision of HIV-infected men did not reduce HIV transmission to female partners. Condom use after male circumcision is critical.


HCV infection was high and increasing among HIV+ MSM

The prevalence of hepatitis C virus infection among MSM (N = 689) attending a STI clinic in the Netherlands was assessed. Over the study period, HCV prevalence among HIV-infected MSM increased from 15% to 21%. Seven of the 28 (25%) HIV/HCV coinfected MSM has acute HCV infection. HIV-infection, fisting and GHB use were significantly associated with HIV infection.


ART may reduce HIV sexual transmission

Data suggests that effective antiretroviral therapy may greatly reduce sexual transmission from infected to uninfected partners. Studies also show that HIV-infected persons with undetectable viral loads are less infectious.