

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF KENTUCKY,
AND UNIVERSITY OF WYOMING

*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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HIV among MSA low-SES heterosexuals five times greater than national rate

An estimated 27% of human immunodeficiency virus (HIV) infections in the United States in 2009 were attributed to heterosexual contact.

CDC surveyed (2006-2007), via the National HIV Behavioral Surveillance System (NHBS), heterosexuals living in urban areas with high AIDS prevalence finding an overall HIV prevalence of 2.0% and 2.3% among persons living with annual household incomes at or below the poverty level and 2.8% among persons with less than a high school education.

This report summarizes HIV testing from the second cycle of NHBS (2010) focusing on heterosexual persons with low socioeconomic status (SES) living in areas with high AIDS rates.

Methodology

Initial NHBS respondents selected from poverty areas completed the survey and were asked to recruit up to five persons from their social networks. These individuals were also asked to recruit persons.

Participants (n=8,473) were included in the analysis if they reported low SES, completed the survey, consented to an HIV test, had a final positive negative test

result, and reported no prior male-to-male sex or IDU. Participants were interviewed using a standardized, anonymous questionnaire.

Outcomes of the Study

Median age was 33 years. Most (72%) were black. 63% had annual household income less than \$10,000. Major findings include:

- 2.3% tested positive for HIV infection (2.2% for men; 2.5% for women).
- The 2.3% HIV prevalence is about five times the 0.45% estimated for all persons aged ≥ 13 years in the United States.
- HIV prevalence was 2.8% among blacks and 1.2% among Hispanics and Latinos.
- Prevalence was higher for those with less than high school education (3.1%) vs. high school education (1.8%).
- Prevalence was higher for those with annual household income less than \$10,000 (2.8%), compared with those with an income of \$20,000 or more (1.2%) and for those reporting having an exchange sex partner (2.1%).
- Prevalence was higher for those reporting using crack cocaine in the past 12 months (6.3%) vs. those not using cocaine (1.8%) in

prior 12 months.

- Prevalence was highest among those living in participating MSAs in the Northwest (4.1%) and South (3.9%) regions of the United States.
- A total of 108 participants reported a previous positive HIV test result.
- Among those who did not report a previous positive HIV test result, 89 (1.1%) were HIV infected.

Implications for Prevention

This analysis found that the HIV prevalence among a sample of low-SES heterosexuals residing in MSAs with high AIDS prevalence was 2.3% overall and five times greater than estimates for all persons aged ≥ 13 in the U.S.

Interventions should focus on stigma reduction, making HIV testing accessible, improving HIV care, and addressing behavioral and structural factors that place low-SES heterosexuals at higher risk for HIV infection.

SOURCE:

CDC. (2013). HIV infection among heterosexuals at increased risk -- United States, 2010. *MMWR*, 62, 183-188.

Use of PrEP did not increase sexual risk among HIV- MSM

This study evaluated changes in sexual behaviors associated with daily pill-use Truvada among MSM (n=400). One group began taking Truvada at study onset and other began nine months later.

Sexual behavioral risk declined or remained the same during follow-up. Mean numbers of partners and proportion reporting unprotected anal sex (UAS) declined during follow-up and mean UAS episodes remained the same. During the initial 9 months, changes in risk behaviors were similar in the group that began pills immediately vs. those in the delayed arm. These indicators of risk did not differ after initiation of pill-use in the delayed arm or continuation of study medications in the immediate arm.

Results indicate that the use of Truvada as PrEP did not increase sexual risk-taking among HIV-negative MSM.

SOURCE: Liu, A. Y., et al. (2013, March 11). Sexual risk behavior among HIV-uninfected men who have sex with men (MSM) participating in a tenofovir pre-exposure prophylaxis (PrEP) randomized trial in the United States. *Journal of Acquired Immune Deficiency Syndrome*. doi: 10.1097/QAI.0b013e31828f097a.

Male circumcision reduces genital anaerobic bacteria

Studies have shown that male circumcision reduces HIV acquisition in men by 50 to 60% and decreases incidence and prevalence of HSV-2 and HPV.

This study compared the coronal sulcus microbiota of men from a group of uncircumcised men (n=77) and from a circumcised group (n=78) at enrollment and year 1 follow-up in a randomized circumcision trial in Rakai, Uganda.

After one year, bacteria--especially anaerobic bacteria--had dropped 81 percent for the circumcised men. Bacteria on the coronal sulcus had dropped by 33 percent.

Circumcision deprives anaerobic bacteria the opportunity to thrive in the coronal sulcus, the groove behind the head of the penis. Populations of bacteria in an uncircumcised man attract T4 cells that give HIV an entry point. Without bacteria to mobilize HIV-susceptible T4 cells, other immune cells can destroy the virus.

Male circumcision deprives anaerobic bacteria a place to thrive thus giving the immune system an opportunity to fight off HIV.

SOURCE: Liu, C. M. (2013). Male circumcision significantly reduces prevalence and load of genital anaerobic bacteria. doi: 10.1128/mBio.00076-13.

Screening of all adolescents and adults for HIV recommended

The U. S. Preventive Services Task Force recommends that clinicians screen adolescents and adults aged 15 to 65 years for HIV infection. Younger adolescents and older adults who are at increased risk for HIV infection should also be screened. USPSTF also recommends that all pregnant women be screened for HIV infection including those women in labor who are untested and whose HIV status is unknown.

SOURCE: Moer, V. A. (2013, April 30). Screening for HIV: U.S. Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine*. doi:10.7326/0003-4810-159-1-201307020-00645

Congenital syphilis rates decreased

Rates of congenital syphilis decreased during 2010 for the second consecutive year. During 2008-2010, rates decreased 16%. This decrease parallels a similar rate decrease in primary and secondary syphilis among women during 2008-2010.

SOURCE: CDC. (2012). Summary of Notifiable Diseases. *MMWR*, 2010; 59(no. 53).

RAP* Time is a monthly AIDS/STD prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington. RCAP is a joint project of Indiana University, University of Colorado, and University of Kentucky. The major focus of RCAP is the promotion of HIV/STD prevention in rural America, with the goal of reducing HIV/STD incidence.

The opinions expressed here do not necessarily represent those of the cooperating universities.

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