

# RAP\* Time



## RURAL CENTER *for* AIDS/STD PREVENTION

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

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

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## Young persons were less likely to be diagnosed with HIV or have suppressed viral load

Achieving participation of HIV-infected persons in each step of the continuum of care is an essential component of addressing HIV in the United States.

Persons aware of their HIV infection are less likely to transmit HIV. Persons not linked to care following diagnosis or who do not have regular care are at increased risk for premature mortality as they are less likely to receive ART. Also, persons involved in HIV care receive other benefits such as screening for other STIs.

The objective of this report was to examine differences between groups of persons living with HIV by sex, age, race/ethnicity, and transmission category at essential steps in medical care.

### Methodology

Data were obtained from the National HIV Surveillance System of the Centers for Disease Control and Prevention. Analysis of data determined the number of persons living with HIV who are aware and unaware of their HIV infection.

The percentage of persons linked to care within 3 months of diagnosis based on CD4 level and viral load tests were calculated. The percentages of persons retained in

care, prescribed antiretroviral therapy and with viral suppression was estimated using Medical Monitoring System data.

### Outcomes of the Study

Participants were all HIV-infected persons in the United States. Of these, 44% were black, 19% Hispanic or Latino, and 33% white. Most (61%) were 35 to 54 years of age. 76% were male. 52% became infected via MSM contact and 18% were female infected via heterosexual contact.

Major findings include:

- Of the more than an estimated 1.1 million HIV-infected Americans in 2009, 82% had been diagnosed, 66% linked to care, 37% retained in care, 33% were prescribed antiretroviral therapy and 25% had a suppressed viral load.
- Among HIV-infected persons ages 13-24 years, only 41% had received a diagnosis and 31% were linked to care.
- HIV-infected persons ages 25-44 were less likely to take ART and to have a suppressed viral (28%) than people ages 55-64 (46%).
- Most HIV-infected Americans (857,276) had not been successful in suppressing HIV through ART

including 75% of HIV-infected men, 79% of blacks, 74% of Hispanics, and 70% of whites.

- The percentage of male and female persons who had a suppressed viral load was similar.
- The percentages of blacks in each step of the HIV health care continuum were lower than for whites, but the differences were not statistically different.

### Implications for Prevention

This analysis found significant disparities exist at each step of the HIV care continuum. Many young persons were less likely than older groups to be diagnosed with HIV or have suppressed viral load. Nearly in one in five HIV-infected Americans did not know they had HIV.

Interventions designed to increase HIV testing, linkage to care, and adherence to treatment are needed.

### SOURCE:

Hall, H. I. (2013, June 17). Differences in human immunodeficiency virus care and treatment among subpopulations in the United States. *JAMA Internal Medicine*. doi: 10.1001/jamainternmed.2013.6841.

## HPV infections fell 56% in teen girls after vaccine introduced

The HPV vaccination was introduced in 2006. This report is one of the first measures of vaccine impact.

HPV prevalence in American women ages 14-59 were compared in the three-year periods before the vaccine (2003-2006) and after the vaccine's introduction (2007-2010), using data from the National Health and Nutrition Examination Survey. More than 8000 women participated by answering questions and providing vaginal swabs.

Data indicated that HPV prevalence dropped 56% in girls ages 14-19, from 11.5% in 2003-2006 to 5.1% in 2007-2010. The prevalence drop was 88% for girls who had received the vaccine. CDC reports that 49% of 13-17-year-olds had received at least one dose and 32% all three doses. No differences in sexual behavior were found between the two periods.

SOURCE: Markowitz, L. E., et al. (2013). Reductions in human papillomavirus (HPV) prevalence among young women following HPV vaccine introduction in the United States, National Health and Nutrition Examination Surveys, 2003-2010. *The Journal of Infectious Diseases*, 208, 385-93.

## WHO approves "elastic band" for male circumcision

The World Health Organization prequalified the PrePex device for adult male circumcision for HIV prevention. Prequalified means, in part, that clinical studies on efficacy and safety in settings of intended use have been satisfactorily completed.

WHO states that PrePex device use was demonstrated to be efficacious in male circumcision and safe for use among healthy men 18 years and older when use by trained physicians and mid-level providers. Surgical backup facilities and skills need to be available to manage within hours events such as displacements and self-removals that could lead to serious complications.

The device can be applied by two nurses and works by using an elastic band to cut off blood supply to the foreskin causing it to die resulting in it falling off or cut away painlessly.

Prior studies have shown that men who are circumcised are about 60% less likely to become infected with HIV.

SOURCE: World Health Organization. (2013, May 31). Information update on the PrePex device for adult male circumcision for HIV prevention. [http://www.who.int/hiv/topics/malecircumcision/prepex\\_device\\_update/en/](http://www.who.int/hiv/topics/malecircumcision/prepex_device_update/en/)

## Delays in ART initiation lead to increases in mortality

The mortality impact of antiretroviral therapy initiation delay from entry in HIV care using South African cohorts was studied. An estimated increase in mortality from 11% to 14.7% occurred with a 10-week delay in ART. Prompt ART initiation for patients entering clinical care is a relative low-cost approach with potential impact on decreasing mortality.

SOURCE: Hoffman, C. J., et al. (2013). Mortality associated with delays between clinic entry and ART initiation in resource-limited settings. *Journal of Acquired Immune Deficiency Syndromes*, 63, 105-111.

## HCV risk higher for MSM with HIV

HIV+ MSM or those at HIV risk were followed for 7.1 years. Hepatitis C virus risk factors were older age, HIV infection, being positive for hepatitis B, injection drug use, high alcohol use, syphilis and unprotected receptive anal intercourse with multiple partners.

SOURCE: Witt, M. D., et al. (2013). Incident hepatitis C virus infection in men who have sex with men: A prospective cohort analysis, 1984-2011, *Clinical Infectious Diseases*, 57, 77-84.

**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 Arizona, 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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