Few young adult gay and bisexual men in the U.S. had initiated the HPV vaccine series

Gay and bisexual men experience a high rate of human papillomavirus (HPV) infection and HPV-related disease. Research suggests that more than one-half of HIV-negative gay and bisexual men have an anogenital HPV infection. About 7% of gay and bisexual men report a history of genital warts.

The incidence of anal cancer among HIV-negative men is estimated to be 35 cases per 100,000 population. The anal cancer incidence rate among all men in the United States is 1.6 cases per 100,000.

Little research has addressed HPV vaccination uptake among gay and bisexual men. This study examined HPV vaccination among gay and bisexual men in the United States.

**Methodology**

Individuals were surveyed through the Harris Interactive LGBT Panel who were aged 18 to 26 years, living in the United States, and self-identified as lesbian, gay, bisexual, or transgendered.

HPV vaccine initiation (i.e., receipt of at least 1 dose of the 3-dose series) was the primary outcome of this study. Constructs associated with HPV vaccination and acceptability were also accessed.

**Outcomes of the Study**

428 men completed online surveys in fall 2013. 71% were ages 22 to 26, 64% were non-Hispanic White and 83% were married or living with partner.

Major findings include:

- 13% (56 of 428) had initiated the HPV vaccination series.
- Main reasons for initiation was physician said get vaccinated (46%), to protect against cancer (18%), to protect sexual partners (11%), and a parent said get vaccinated (11%).
- Among initiators, 54% (30 of 56), had received all three recommended doses.
- The strongest correlate with HPV vaccination initiation was health care provider recommendation.
- 83% who had received a health care provider recommendation initiated the HPV vaccination compared to 5% who had not received a recommendation.
- Initiation was higher among participants who reported higher levels of worry about getting HPV-related diseases or perceived positive peer norms of HPV vaccination.

**Implications for Prevention**

This study found that even after two years post updated recommendations were released that recommended male vaccination, HPV vaccination was low among gay and bisexual men assessed in this United States study.

Increasing health care provider recommendation for vaccination is important for this population.

**SOURCE:**

In 2012, 11% of injection drug users tested HIV-positive

From the 2012 CDC National HIV Behavioral Surveillance system, 11% of 10,002 persons who inject drugs (PWID) tested HIV + in contrast to 9% in 2009.

The percent of PWID with HIV infection was higher among non-Hispanic blacks (16%) than non-Hispanic whites (5%). PWID in the South region had higher HIV prevalence (13%) than the Midwest (8%) and West (7%).

Prevalence of HIV infection was 27% among male PWID who reported male-to-male sex in the previous 12 months. 30% of PWID reproductively shared syringes, 70% had vaginal sex without a condom, 25% had heterosexual sex without a condom, and 49% had more than one opposite sex partner in the past 12 months. Among male PWID, 10% reported male-to-male sexual contact and 5% reported MSM contact without a condom.

51% had an HIV test in past 12 months, and 78% ever tested. PWID with health insurance was more likely to be tested.


Fatalistic beliefs related to not finishing HPV vaccination

Initiating and completion of the 3-dose human papillomavirus (HPV) vaccine is a key component in the primary prevention of cervical cancer. This study examined the association between fatalistic beliefs and completion of the full HPV vaccine series among young women (N=344), ages 18-26, in Appalachian Kentucky.

The mean age was 22 years and 94% were non-Hispanic white. 48% had completed some college, 30% were married, and 39% reported having children at home.

Several fatalistic beliefs resulted in a higher likelihood of not successfully completing the full HPV vaccine series. Specifically, women indicating agreement with 3 beliefs related to limited control over their health (generally) and cervical cancer (specifically) were significantly less likely to complete the full HPV vaccination series.

Increased educational and intervention research addressing fatalistic beliefs is warranted to improve HPV vaccination behaviors among Appalachian women.


Viral load suppressed even among non-perfect adherence

Adherence to HAART and HIV RNA suppression of 21,865 HAART users was examined. A significant increase over time in the proportion virally suppressed occurred even among those with <95% adherence. The data suggest that adherence levels lower than 95% may be sufficient for viral load suppression in populations using newer NNRTI formulations.


Gardasil 9 recommended

In February, 2015, the Advisory Committee on Immunization Practices recommended Gardasil-9 for routine vaccination at ages 11 and 12. Also, recommended for females 13 through 26 years, males 13 through 21 not previously vaccinated, and MSM through age 26.