R A P* 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

Vol. 19, No. 3, March, 2015

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.
- Among those not getting HPV vaccination reasons were: not knowing males could get vaccinated (17%), not being sexually active (15%), not heard of vaccination (12%) and having sex with 1 partner who is not infected with HPV.
- Among those unvaccinated, willingness to get the HPV vaccination was high if it was free.
- HPV vaccination was lower among participants who perceived greater barriers to getting vaccinated.

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:
Reiter, P., L. et al. (2015). Human papillomavirus vaccination among young adult gay and bisexual men in the United States. *American Journal of Public Health,* 105, 96-102.

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 receptively 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.

SOURCE: CDC. (2015). HIV infection and HIV-associated behaviors among persons who inject drugs--20 cities, United States, 2012. *MMWR.* 64, 270-275.

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.

SOURCE: Vanderpool, R, C., et. al. (2015). Fatalistic beliefs and completion of the HPV vaccination series among a sample of young Appalachian Kentucky women. *The Journal of Rural Health,* 31, 199-205.

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.

SOURCE: Viswanathan, S., et. al. (2015). Adherence and HIV RNA suppression in the current era of highly active antiretroviral therapy. *Journal of Acquired Immunodeficiency Syndrome,* 69, 493-498.

Gardasil 9 recommended

In February, 2015, the Advisory Committee on Immunization Practices recommended Garasil-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.

SOURCE: CDC. (2015). Use of 9-valent human papillomavirus (HPV) vaccine: Updated HPV vaccination recommends of the Advisory Committee on Immunization, *MMWR* 64, 300-304

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.

Rural Center for AIDS/STD Prevention
Indiana University
801 East Seventh Street
Bloomington, Indiana
47405-3085

Phone, Fax, E-mail, web page:
Voice and TDD: (812) 855-7974
(800) 566-8644
FAX line: (812) 855-3936
aids@indiana.edu
http://www.indiana.edu/~aids