



# DHAP NEWS



• Division of HIV/AIDS Prevention •

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

October 2009

## Jono's Journal



The 2009 National HIV Prevention Conference (NHPC) in August highlighted the herculean efforts of DHAP staff and our many partners throughout the country over the past 2 years. The numerous presentations, posters, and impromptu conversations showed new energy, creative programs, exciting science, and improved evaluation of HIV prevention programs.

There were many ideas for improving support to states, localities, and community-based organizations; strengthening the quality and use of surveillance and epidemiologic data; improving HIV prevention programs; including affected communities in planning and implementation; and coping with the substantial need for HIV prevention in a time of economic challenges and reduced state budgets.

Some of these ideas were shared at four listening sessions held during the conference. These sessions provided an opportunity for prevention partners to share with key DHAP leaders their critical perspectives on how to enhance HIV/AIDS prevention activities in their communities. The division looks forward to sustaining this dialogue to ensure that prevention programs include persons from all racial and ethnic groups at risk for HIV.

Ensuring health equity is key to reversing the trajectory of the epidemic. The Hispanic/Latino community is one of the populations disproportionately affected by HIV/AIDS. Because the U.S. Hispanic/Latino population is expected to almost triple between the years of 2000 and 2050, continually addressing HIV/AIDS prevention in this population is vital. Taking into account the differing risk behaviors of diverse subgroups of Latinos and understanding the cultural, socioeconomic, and health-related factors that contribute to the epidemic in this community are important considerations in developing prevention programs.

This month's issue of *DHAP News* commemorates National Latino AIDS Awareness Day, which was October 15, and examines some of the work we are doing at CDC to raise awareness and reduce incidence of HIV infection in the Latino community. To learn more about National Latino AIDS Awareness Day, visit <http://www.hhs.gov/aidsawarenessdays/days/latino/index.html> and <http://www.nlaad.org>.

Among the broad-ranging content in this issue of *DHAP News*, you will read about four evidence-based interventions directed to Hispanic and Latino populations; NHPC highlights; a unique workshop the Program Evaluation Branch in DHAP hosted just after the conference; some of the successes, programs, and funding opportunities at DHAP over the past couple of months; and an update on the division's expanded and integrated HIV testing program that focuses primarily on African Americans.

Additionally, the recent results of the RV 144 HIV vaccine trial, the first evidence of potential efficacy from an HIV vaccine candidate, are encouraging. Although much work must be done to improve on the levels of efficacy of any vaccine candidate for widespread use, the results from this trial provide hope that we may one day have an effective and safe vaccine that can help put an end to the epidemic and save millions of lives around the world. Until that vaccine is developed and approved by the Food and Drug Administration, current proven HIV prevention tools remain our most effective defense against the epidemic.

Since coming on board at DHAP in July, I continue to be impressed by the dedication of staff and inspired by our partners who work with DHAP every day to fight the HIV/AIDS epidemic. I value your advice and encourage you to send your perspectives and ideas to me at [DrMerminsCommentBox@cdc.gov](mailto:DrMerminsCommentBox@cdc.gov). I look forward to hearing from you soon.

Jonathan Mermin, MD, MPH  
Director  
Division of HIV/AIDS Prevention

## National Latino AIDS Awareness Day Utilizes Partnerships to Encourage HIV Prevention, Testing, and Treatment



On October 15, communities across the United States and dependent areas focused attention on National Latino AIDS Awareness Day (NLAAD). The day, which

was initiated in 2003 by the Latino Commission on AIDS and the Hispanic Federation in partnership with faith and community organizations, provides Hispanic/Latino communities with an opportunity to encourage HIV prevention, testing, and treatment.

The theme of this year's NLAAD, "United We Can Stop HIV and Prevent AIDS," underscored the importance of working together

as a united community to improve the accessibility of quality HIV/AIDS services to Hispanic/Latino communities throughout the country. Halting the spread of HIV in this population can be accomplished by forging partnerships; encouraging people to seek HIV testing, counseling, and treatment; and by developing and disseminating effective prevention strategies.

Per U.S. Census data as of July 1, 2008, the estimated Hispanic population of the United States was 46.9 million, making persons of Hispanic origin the nation's largest ethnic or racial minority. In addition, there are approximately 4 million residents of Puerto Rico. By July 1, 2050, the projected Hispanic population of the United States will be 132.8 million. According to this projection, Hispanics will constitute 30% of the nation's population in 2050.

## Behavioral Interventions Focus on Hispanic/Latino Populations

The Diffusion of Effective Behavioral Interventions (DEBI) project was designed to bring science-based, community-, group-, and individual-level HIV prevention interventions to community-based service providers and state and local health departments. The project's goal is to enhance the capacity to implement effective interventions at the state and local levels, to reduce the spread of HIV and STDs, and to promote healthy behaviors.

DEBI works with the Replicating Effective Programs (REP) and the Prevention Research Synthesis projects to move effective HIV interventions into program practice. REP translates evidence-based HIV behavioral interventions into everyday language and user-friendly packages of materials. These intervention packages are designed, developed, and field-tested by researchers collaborating with community-based partners. Once packaged, the DEBI project coordinates the dissemination of these interventions.

Several interventions focus on reaching Hispanics/Latinos in their communities, including the four interventions described next.

**VOICES/VOCES**, a video-based HIV/STD prevention intervention designed and tested for Hispanics/Latinos and African Americans, encourages condom use and improves condom negotiation skills.

In research trials, participants had significantly 1) increased knowledge about HIV/STD transmission, 2) a greater likelihood of getting condoms and intending to use them regularly, and 3) fewer repeat STD infections. The intervention's implementation package is available in Spanish.

For additional information about **VOICES/VOCES**, check out the DEBI Web site: <http://www.effectiveinterventions.org/go/interventions/voices-/-voces>.

**Connect**, a relationship-based intervention designed and tested for Hispanic/Latino and African American heterosexual couples, teaches heterosexual couples techniques and skills to enhance the quality of their relationship, communication, and shared commitment to safety and health. Among couples participating in the research trial, **Connect** significantly 1) increased the

## HIV/AIDS among Hispanics/Latinos HIV/AIDS takes a disproportionate toll on Hispanics/Latinos.

### Key Facts

- In 2006, HIV/AIDS was the fourth leading cause of death among Hispanic/Latino men and women aged 35 to 44.
- Hispanics/Latinos comprise 15% of the US population, but accounted for 17% of all new HIV infections occurring in the United States in 2006.
- In 2007, Hispanics accounted for 19% of new AIDS diagnoses and 19% of all people living with AIDS.
- In 2007, the rate of new AIDS diagnoses among Hispanic/Latino men was three times that of white men, and the rate among Hispanic/Latina women was five times that of white women.
- HIV/AIDS disproportionately affects men who have sex with men (MSM) across all races/ethnicities. In 2006, an estimated 76% of new HIV infections among Hispanics and Latinos were in men, and of those, 72% were MSM.
- Injection drug use, sexually transmitted diseases (STDs), poverty, and cultural beliefs are some of the HIV prevention challenges facing the Hispanic/Latino community.

proportion of protected sex acts and 2) increased the rates of using a condom every time they have sex. A Spanish translation of portions of the implementation package (Facilitator's Handbook and the videos and handouts used with couples) will be completed by November 2009. For more information on **Connect**, go to the DEBI Web site: <http://www.effectiveinterventions.org/go/interventions/connect>.

**¡Cuidate!**, a culturally based intervention designed to reduce HIV sexual risk behavior among Spanish and non-Spanish speaking Latino youth aged 13 to 18 years, incorporates cultural beliefs that are common among Latino subgroups and associated with sexual risk behavior. The intervention uses these beliefs in a positive way to frame abstinence and condom use as culturally accepted and effective ways to prevent unwanted pregnancy and sexually transmitted diseases, including HIV/AIDS.

Youth participating in **¡Cuidate!** were more likely to report using condoms consistently and less likely to report sexual intercourse,



multiple partners, and days of unprotected sexual intercourse.

Development of the REP package is complete, and dissemination is planned for 2010 through DEBI. For additional information, check out the REP Web site: [http://www.cdc.gov/hiv/topics/prev\\_prog/rep/packages/lcuidate!.htm](http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/lcuidate!.htm).

**Salud, Educacion, Prevencion y Autocuidado (SEPA)** is a six-session, evidence-based small group-level intervention for heterosexually active Hispanic women/Latinas aged 18 to 44 at risk for HIV and STD infection. Significant outcomes were seen among low-income Mexican and Puerto Rican women in Chicago, where the intervention was originally tested. Compared

with members of the control group, *SEPA* participants showed significant increases in HIV knowledge, communication with partners about HIV issues, risk-reduction behavioral intentions, and condom use.

*SEPA* is being packaged for dissemination through the DEBI project in 2011.

For more information about these and other interventions for Hispanics/Latinos, visit <http://www.cdc.gov/hiv/topics/research/prs/subset-best-evidence-interventions.htm#link3>. To learn more about all DEBIs, visit <http://www.effectiveinterventions.org>.

## 2009 National HIV Prevention Conference: Future Directions for DHAP and New Prevention Tools for Partners Unveiled at 2009 National HIV Prevention Conference

More than 3,000 HIV prevention experts and advocates from diverse backgrounds attended the 2009 National HIV Prevention Conference in Atlanta August 23–26. They came to hear, speak, and learn about perspectives of persons living with AIDS; the National HIV/AIDS Strategy; advances in HIV prevention science and technology; integration of substance abuse and mental health with HIV prevention; and issues of stigma, discrimination, racism, sexism, homophobia, homelessness, and other prevention challenges. View all the conference plenary sessions at [http://www.cdcnpin.org/nhpc\\_2009/Public/ListWebcast.aspx](http://www.cdcnpin.org/nhpc_2009/Public/ListWebcast.aspx).

At the division plenary session, Jonathan Mermin, director; Amy Lansky, deputy director for surveillance, epidemiology, and laboratory science; Rich Wolitski, deputy director for behavioral and social science; and Janet Cleveland, deputy director for prevention programs spoke about the future directions DHAP is exploring in several critical areas.

One of these critical areas is the new data the division is developing to calculate disease rates among men who have sex with men (MSM). Dr. Lansky described the division's efforts to estimate the size of the MSM population in the U.S. The preliminary estimates underscore the substantial disparity in HIV diagnoses for MSM compared to other men and women. DHAP is currently finalizing these estimates, which will be available in 2010.

At the conference, Dr. Mermin talked about the strategic plan DHAP will begin to develop over the next few months—a process that will involve internal and external stakeholders and that will incorporate information from a recent external peer review that involved over 70 partners in HIV prevention. He underscored that DHAP's planning process will feed into the National HIV/AIDS Strategy being led by the Office of National AIDS Policy.

Dr. Mermin stressed that the division will be transparent and accountable and that the best science drives DHAP's prevention programs and the allocation of resources. Demonstrating the division's commitment to transparency and accountability, Ms. Cleveland unveiled at the conference a new interactive



From l to r: Beverly Watts Davis, senior policy advisor, Substance Abuse & Mental Health Services Administration; Dr. Jonathan Mermin, DHAP director; Kathleen Sebelius, Secretary of Health and Human Services; Dr. Tom Frieden, CDC director; Dr. Rich Wolitski, deputy director for behavioral and social science at DHAP; and Dr. Kevin Fenton, director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at CDC.

map—*DHAP HIV Prevention Funding Allocations by State and Dependent Area (Fiscal Year 2008)*—that allows the user to click on various states and territories to see where and to whom CDC's prevention dollars are being distributed. View the map at <http://www.cdc.gov/hiv/topics/funding/state-awards/index.htm>.

“We are also committed to continue to work hand in hand with partners to build capacity and improve the effectiveness of our programs and to reduce the unacceptable racial and ethnic disparities and extraordinarily high rates of HIV among MSM, African Americans, Latinos, and drug users, which continue to present challenges to all of us,” Dr. Mermin said.

Another valuable resource unveiled at the conference to aid our collective prevention efforts was a new report: *HIV Prevention in the United States: At a Critical Crossroads*. This 8-page document examines the status of HIV prevention in the United States, shows how we know that prevention works, highlights the challenges

facing HIV prevention, explains the populations at greatest risk, and categorizes the factors that will determine the future course of the U.S. HIV epidemic.

*HIV Prevention in the United States: At a Critical Crossroads* makes a strong case that HIV prevention works: prevention efforts have averted more than 350,000 cases of HIV, thus saving lives that would have been lost due to AIDS as well as saving an estimated \$125 billion in medical costs that would have been spent treating HIV and AIDS.

However, the HIV crisis in the United States is not over. Far too many Americans remain at risk for HIV, especially African Americans, Latinos, and gay and bisexual men of all races. Already, over one million people in the United States are living with HIV, and about 21% of those do not know it.

The document also affirms that the heavy burden of HIV in the United States is neither inevitable nor acceptable. Stopping the U.S. epidemic is possible, but such an achievement will require that we dramatically expand access to proven HIV prevention programs, make tough choices about directing available resources, and effectively integrate new HIV prevention programs into existing programs. Read the document at [http://www.cdc.gov/hiv/resources/reports/pdf/hiv\\_prev\\_us.pdf](http://www.cdc.gov/hiv/resources/reports/pdf/hiv_prev_us.pdf).

## Headlines from the 2009 National HIV Prevention Conference



**Earvin "Magic" Johnson opened the 2009 National Prevention Conference.**

with HIV and common myths about HIV in the black community. In response to an audience member's question, he also made it clear that he does not have access to any medications that are not available to the public and that there is currently no cure for HIV.

Georgia Congressman John Lewis introduced the town hall meeting that Jeffrey Crowley, director of the White House Office of National AIDS Policy, used as a springboard for other HIV/AIDS town hall meetings that will be held across the country. Crowley discussed the government's role in addressing HIV. While in Atlanta, Crowley toured a variety of HIV/AIDS organizations and told the *Atlanta Journal-Constitution* that he was concerned about a lack of urgency among city officials to fight the HIV/AIDS epidemic.

Earvin "Magic" Johnson helped kick off the conference with a plea to black churches and religious leaders to get involved in the fight. "We all have to get black churches involved," Johnson said. "If we do, we will see change quickly. One constant in the black community is the church." He addressed the challenges of living

California Congresswoman Maxine Waters, a longtime leader in Congress for directing federal funds and attention to AIDS prevention, treatment, and research, told conference attendees that the U.S. should pursue a National AIDS Strategy that will reduce infections, increase access to insurance and care, and reduce health disparities at a time when two-thirds of all infected Americans are minorities. She also stressed that HIV prevention must be a component of any meaningful health care reform.

Secretary of Health and Human Services Kathleen Sebelius made news at the conference by naming Helene Gayle—former head of what is now CDC's National Center for HIV/AIDS, Viral Hepatitis, TB, and STD Prevention and current president and chief executive of the charity CARE USA—chair of the Presidential Advisory Council on HIV/AIDS. The secretary also reiterated her and the President's administration's commitment to fighting HIV and AIDS in the United States and abroad.



**Jeffrey Crowley, left, director of the White House Office of National AIDS Policy, hosted a town hall meeting at the conference. Kathleen Sebelius, right, Secretary of Health and Human Services, spoke at the 2009 National HIV Prevention Conference.**

## Expanded Testing Initiative Reaches More Than One Million Persons

During the 2009 National HIV Prevention Conference, Janet Cleveland, deputy director for prevention programs in the Division of HIV/AIDS Prevention, announced a major milestone in the division's efforts to increase HIV testing. She reported that more than 1.1 million tests have been conducted as part of the division's expanded and integrated HIV testing program that focuses primarily on African Americans. Initiated in the fall of 2007, this project provides funding to 25 jurisdictions that had at least 140 AIDS cases among African Americans in their jurisdictions during the year 2005. Together, these jurisdictions represented 95% of AIDS cases among African Americans and other blacks in the United States in 2005.

Health departments in these jurisdictions have worked hard with new and existing partners to achieve the goals of this initiative. Of the more than 1.1 million tests conducted as of March 2009, about 65% were provided to African Americans. In the first 18 months of

the project alone, 6,859 persons were newly diagnosed with HIV, and about 76% of these have been successfully linked to medical care. Ms. Cleveland acknowledged the health departments' efforts, noting that "New partnerships between health departments and clinical facilities have been forged and our infrastructure has been strengthened." The National Association of State and Territorial Health Departments (NASTAD) has published a summary of some of the successes and challenges that the health departments participating in this initiative have experienced. The report can be found at: [http://www.nastad.org/Docs/highlight/2009318\\_26632\\_NASTAD\\_Brief.pdf](http://www.nastad.org/Docs/highlight/2009318_26632_NASTAD_Brief.pdf).



**Representatives from health departments and community-based organizations work in small groups at the National HIV Monitoring and Evaluation workshop.**

## Listening Sessions at Prevention Conference Provide Opportunity for Attendees to Share Perspectives

To gain prevention partners' perspectives on the impact of HIV/AIDS on various communities, DHAP held four listening sessions at the 2009 National HIV Prevention Conference.

The sessions provided a unique opportunity for attendees to share with key DHAP leaders their critical perspectives on how to enhance HIV/AIDS prevention activities in their communities. The listening sessions were grouped by risk category: injection drug users, heterosexuals, men who have sex with men, and an open session for sharing additional information.

The listening sessions were substantive, and common themes emerged spanning several categories and subjects. Some issues raised include the continued need to improve dialogue and collaboration among HIV and STD programs; develop effective structural, biomedical, and behavioral interventions; address social determinants of health such as stigma, homophobia, poverty, and access to health care; tackle the HIV prevention needs of rural, migrant, and incarcerated populations; and ensure that prevention programs include people from all racial/ethnic groups at risk for HIV.

DHAP appreciates the frank, direct, and informative comments and questions and looks forward to sustaining this dialogue.

## Program Evaluation Branch Hosts National HIV Monitoring and Evaluation Workshop

DHAP's Program Evaluation Branch (PEB) hosted a national HIV monitoring and evaluation workshop immediately following the 2009 National HIV Prevention Conference.

Ninety-five representatives from health departments and community-based organizations (CBOs) across the United States participated in the 1½-day workshop and shared information about

their successes in the fight against the HIV/AIDS epidemic.

"The workshop was very interactive," said Dale Stratford, chief of PEB. "We learned from each other by discussing best practices. The tone was very positive."

Several workshop participants shared their thoughts about the workshop. Specific comments include

"The workshop provided great insight into the rationale behind the CDC's processes and procedures that we use with our programs. It was also an excellent opportunity for grantees to give feedback to CDC staff on how to improve current processes and tools so that we cannot only collect the required information for NHM&E [National HIV Prevention Program Monitoring & Evaluation], but also what we need to collect tailored information for our programs, stakeholders, and communities."

Ainka C. Gonzalez, MPH  
Prevention Programs Manager  
AID Atlanta, Inc.

"This workshop was a great opportunity to network and share successes and challenges among health departments and CBOs. It was a great validation of shared struggles along the PEMS [Program Evaluation and Monitoring System] and NHM&E road, and a reminder of the quality and richness of individuals and organizations that have contributed to its ongoing evolution."

Sandy Sands  
PEMS Implementation Coordinator  
Montana Department of Public Health and Human Services

Several participants noted the workshop helped them understand the importance of planning, and the long process involved before conducting an evaluation. Others said that they enjoyed exchanging ideas and interacting with CBOs, health departments, and CDC. Several grantees said they wanted to be in contact with other colleagues to assist one another in reviewing grant applications, worksheets, and tools (e.g., evaluation plan, logic models).

## Six New Interventions Added to Compendium

Six new interventions have been added to the *2009 Compendium of Evidence-Based HIV Prevention Interventions*.

The new best-evidence interventions are *Female Condom Skills Training*; *HORIZONS*; *Many Men, Many Voices (3MV)*; and *Motivational Interviewing HIV & Partner Violence Risk Reduction*. The new promising-evidence interventions are *Real Men Are Safe (REMAS)* and *Safer Sex Skills Building (SSSB)*.

Fact sheets on these six interventions will be available soon. For more information about these and other interventions recently added to the *Compendium*, visit <http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm>.

## CDC Updates Recommendations for Preventing and Treating Opportunistic Infections in Children

Ken Dominguez in DHAP's Epidemiology Branch provided CDC leadership to a 2-year effort to produce *Guidelines for the Prevention and Treatment of Opportunistic Infections Among HIV-Exposed and HIV-Infected Children*.

The guidelines, which were published in the September 4 *Morbidity and Mortality Weekly Report (MMWR)*, were developed by a panel of specialists in pediatric HIV infection and other infectious diseases from a variety of organizations including CDC, the National Institutes of Health, the HIV Medicine Association of the Infectious Diseases Society of America, the Pediatric Infectious Diseases Society, and the American Academy of Pediatrics. The report provides recommendations for the most effective ways to diagnose, prevent, and treat "opportunistic infections" in HIV-exposed and HIV-infected children.

"The guidelines will help health care workers and public health officials who work with children to save lives that might otherwise be lost," said Kathleen Sebelius, Secretary of the U.S. Department of Health and Human Services. "The infections that can accompany HIV are often the major cause of illness and death of HIV-infected children."

Read the guidelines at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5811a1.htm>.

## All 59 Project Areas Have Transitioned to eHARS

DHAP's Quantitative Sciences and Data Management Branch (QSDMB) announced that as of August 27, all 59 project areas have transitioned from HARS (HIV/AIDS Reporting System) to eHARS (Enhanced HIV/AIDS Reporting System).

eHARS is a browser-based HIV/AIDS surveillance system deployed at all state public health departments. The health departments submit information to CDC monthly via a secure connection. Having all health departments on the system can speed up and standardize the reporting of HIV/AIDS information.

## Funding News and Opportunities

### CDC Funds Grantees to Build Capacity to Improve Delivery and Effectiveness of HIV Prevention Services for Vulnerable Populations

Thirty organizations were funded under the new CBA program announcement (PA), PS09-906, "Capacity Building Assistance (CBA) to Improve the Delivery and Effectiveness of Human Immunodeficiency Virus (HIV) Prevention Services for High-risk and/or Racial/Ethnic Minority Populations." See a comprehensive list at <http://www.cdc.gov/hiv/topics/funding/PS09-906/awards.htm>.

"The Capacity Building Branch is very excited about this portfolio of CBA providers," said Rashad Burgess, chief of the Capacity Building Branch. "They reflect the best and the brightest of organizations to build the capacity of communities of color and other high-risk communities to educate members about HIV prevention."

The new CBA program, a 4.5-year, \$110 million cooperative agreement, provides funding to improve the capacity of individuals, organizations, and communities to effectively deliver evidence-based interventions and core public health strategies for HIV prevention.

Since 1988, CDC has provided funds to organizations to assist in building the capacity of funded grantees (including state and local health departments and community-based organizations) in implementing HIV prevention programs.

### New Funding Opportunities Announced for Health Departments and Community-Based Organizations

DHAP's Prevention Program Branch (PPB) published three new funding opportunities (FOAs) in August. Two of them are specifically for health departments—PS10-1001, "HIV Prevention Projects" and PS10-1002, "HIV Prevention Projects for the Pacific Islands"—and one is for community-based organizations—

PS10-1003, “HIV Prevention Projects for Community-Based Organizations.”

PS10-1001 (<http://www.cdcnpin.org/Display/FundDisplay.asp?FundNbr=3886>) funds health departments in all 50 states; 6 cities (Chicago, Houston, Los Angeles, New York, Philadelphia, and San Francisco); the District of Columbia; Puerto Rico; and the Virgin Islands.

PS10-1002 (<http://www.cdcnpin.org/Display/FundDisplay.asp?FundNbr=3888>) funds the United States Affiliated Pacific Island jurisdictions. October 5 was the application deadline for both of these FOAs.

PS10-1003 (<http://www.cdcnpin.org/Display/FundDisplay.asp?FundNbr=3900>) funds community-based organizations with documented experience working with the target populations and providing services in their geographic areas. Letters of intent were due September 9, and the application deadline is October 26.

## Events and Meetings

National Latino AIDS Awareness Day, October 15, [www.nlaad.org](http://www.nlaad.org).

AIDS Walk Atlanta 2009, October 18, at noon in Piedmont Park, [www.aidswalkatlanta.com](http://www.aidswalkatlanta.com).

National Minority AIDS Council’s U.S. Conference on AIDS, San Francisco, CA, October 29–31, <http://www.nmac.org/index/2009-usca>.

NAPWA World AIDS Day Leadership Conference, Columbus, OH, November 16–17, <http://www.napwa.org/programs/>.

World AIDS Day, December 1, <http://www.worldaidscampaign.org/en/Key-events/World-AIDS-Day>.

2010 Black Gay Research Group (BGRG) Summit: “Reclaiming Our Place: Emerging Research and Dialogues on the Lives of Black Gay Men,” Atlanta, GA, January 20, 2010, <http://www.bgrg-international.org/html/Summit-Information.html>.

2010 National African American MSM Leadership Conference on HIV/AIDS and Other Health Disparities: “Stepping Forward, United,” Atlanta, GA, January 21–24, 2010, <http://naesmonline.org/events.htm>.

17<sup>th</sup> Conference on Retroviruses and Opportunistic Infections (CROI 2010), San Francisco, CA, February 16–19, 2010, <http://www.retroconference.org/2010/>.

XVIII International AIDS Conference (AIDS 2010): “Rights Here, Right Now,” Vienna, Austria, July 18–23, 2010, <http://www.aids2010.org/>.

## New Publications, Web Sites, and Other Materials

### Peer-Reviewed Journal Articles

DHAP researchers have recently published a variety of articles covering a range of topics, including an evaluation of an effective intervention, HIV testing in emergency departments, changes in rates of HIV notifications among men who have sex with men (MSM), updates in HIV prevention and treatment guidelines, process mapping, benefits of HIV susceptibility testing, diarrhea in HIV-infected children, and a potential HIV transmission route in infants:

- In [“Efficacy of an HIV/STI Prevention Intervention for Black Men Who Have Sex with Men: Findings from the Many Men, Many Voices \(3MV\) Project.”](#) published in the June issue of *AIDS & Behavior* (2009;13(3):532–544), authors assessed the 3MV intervention. Project Officers Jeff Herbst and Tom Painter of the Prevention Research Branch (PRB) worked with Maria Alvarez of the Capacity Building Branch, and Jim Carey and Wayne Johnson of PRB to conduct the evaluation. Other organizations involved in the evaluation include the Brooklyn-based People of Color in Crisis, Inc.; the Center for Health and Behavioral Training at the University of Rochester in New York; and Binghamton University, State University of New York, Binghamton, NY.
- In [“Design and Implementation of a Controlled Clinical Trial to Evaluate the Effectiveness and Efficiency of Routine Opt-out Rapid Human Immunodeficiency Virus Screening in the Emergency Department.”](#) published in the August issue of *Academic Emergency Medicine* (2009;16(8):800–808), Brian Boyett of the Program Evaluation Branch (PEB), James Heffelfinger of the Behavioral and Clinical Surveillance Branch (BCSB), and coauthors describe the design and implementation of a large prospective controlled clinical trial to evaluate these recommendations in an urban emergency department.
- In [“Reemergence of the HIV Epidemic Among Men Who Have Sex With Men in North America, Western Europe, and Australia, 1996–2005.”](#) published in the June issue of *Annals of Epidemiology* (2009;19(6):423–31), authors Kevin Fenton, director, NCHHSTP, and Joseph Prejean, from DHAP’s Epidemiology Branch (EB), along with colleagues and the Ancey MSM Epidemiology Group, described and contextualized changes in rates of HIV notifications among MSM in eight countries from 1996–2005. They concluded that increased HIV notifications in MSM are not wholly explained by changes in HIV testing and that urgent efforts are required to develop effective HIV prevention interventions for MSM, and to implement them broadly in the countries examined.

- In [“Prevalence of Unprotected Anal Intercourse Among HIV-Diagnosed MSM in the United States: A Meta Analysis,”](#) published in *AIDS* (2009 Aug 24;23(13):1617–29), the HIV/AIDS Prevention Research Synthesis Team reported that most HIV-diagnosed MSM protect partners during sexual activity, but a sizeable percentage continues to engage in sexual behaviors that place others at risk for HIV infection and place themselves at risk for other sexually transmitted infections. The team, which included Nicole Crepaz, Adrian Liao, Mary Mullins, Latrina Aupont, and Khiya Marshall of PRB; Elizabeth Jacobs of PEB; Gary Marks of EB; and Rich Wolitski, deputy director for behavioral and social science, DHAP, concluded that prevention with positives programs continue to be urgently needed for MSM in the United States.
- In [“What’s New in the 2009 U.S. Guidelines for Prevention and Treatment of Opportunistic Infections Among Adults and Adolescents with HIV?”](#) published in the July/August issue of *Topics in HIV Medicine* (2009;17(3):109–14), John Brooks of EB, Jonathan Kaplan of CDC’s Global AIDS Program (GAP), and Henry Masur of NIH provide a quick “what you need to know” update that researchers, providers, and partners working to fight the HIV/AIDS epidemic will find useful.
- In [“Process Maps in Clinical Trial Quality Assurance.”](#) published in the August issue of *Clinical Trials* (2009 Aug;6(4):373–7), CDC staff members Daniel Rosen, Sandra Johnson, Poloko Kebaabetswe, Michael Thigpen, and Dawn Smith, conclude that process maps are a simple tool to check if clinical trial processes are operating as designed and offer an effective means to identify and correct divergences. They recommend that further research focus on using process maps in the design phase of trials, analyzing the cost-to-benefit ratio for process maps, and linking the analysis of the process map to monitor queries to quantify the improvement gained from using this technique.
- In [“The Association of HIV Susceptibility Testing With Survival Among HIV-Infected Patients Receiving Antiretroviral Therapy: A Cohort Study.”](#) published in the *Annals of Internal Medicine* in July (2009;151(2):73–84), John Brooks and Kate Buchacz of EB and coauthors found that use of genotypic and phenotypic susceptibility testing (GPT) was independently associated with improved survival among patients who have received highly active antiretroviral therapy (HAART).
- In [“Diarrhea in Children Less Than Two Years of Age with Known HIV Status in Kisumu, Kenya.”](#) published in the *International Journal of Infectious Diseases* (2009; doi:10.1016/j.ijid.2009.06.001), John Brooks of EB with researchers from other CDC departments and colleagues from Kenya and Amsterdam concluded that diarrhea was more common among HIV-infected children, but was not associated with specific bacterial pathogens. Measures that reduce diarrhea will benefit all children, but may benefit HIV-infected children in particular.
- In [“Practice of Feeding Premasticated Food to Infants: A Potential Risk Factor for HIV Transmission,”](#) published in the August issue of *Pediatrics* (2009;124(2):658–66), Ken Dominguez and John Brooks of EB, Marcia Kalish, retired from DHAP’s Laboratory Branch, and coauthors examined HIV infections in three children. Phylogenetic analyses supported the epidemiologic conclusion that the children were infected through exposure to premasticated food from a caregiver infected with HIV in 2 of the 3 cases.

## Fact Sheet

A new Spanish-language fact sheet provides the most recent data on the extent of the epidemic in the Hispanic/Latino community and important information about what CDC is doing to reduce new HIV infections among Hispanics/Latinos. View the *HIV/AIDS among Hispanics/Latinos* fact sheet at <http://www.cdc.gov/hiv/hispanics/resources/factsheets/hispanic.htm>.

## Web Site

The Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) Web site went live October 1. The TREND statement is a 22-item checklist specifically developed to guide standardized reporting of nonrandomized controlled trials. The TREND statement complements the widely adopted CONSolidated Standards of Reporting Trials (CONSORT) statement developed for randomized controlled trials. A collective effort in promoting transparent reporting is valuable to improve research synthesis and advance evidence-based recommendations for best practices and policies.

Visit the TREND Web site at <http://www.cdc.gov/trendstatement/>.

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