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**June 2009**

**Journal Articles  
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## ACSA Information Services Current Awareness Service

### GUIDE TO USE

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## HIV/AIDS Journal Articles

### GAY MEN

6625

"The discourse of gay men's group sex: the importance of masculinity"

**Location:**

AA VERTICAL FILE - GAY MEN - GM 57

Publication Type:

JOURNAL ARTICLE

by McInnes, David ; Bradley, Jack ; Prestage, Garrett

CULTURE, HEALTH & SEXUALITY

Volume: Issue: Day: Month: Year: 2009 Page numbers: pp 1 - 14 iFirst Article

**Subjects:**

1. GAY MEN(AUST) 2. SEXUAL BEHAVIOUR 3. RISK BEHAVIOUR

**Abstract:**

*Group sex has consistently been identified as one of a group of risk behaviours among gay men associated with HIV seroconversion. This paper presents a detailed description of how gender, and specifically masculinity, operates as an aspect of the discourse of gay men's group sex. The findings presented in this paper are one part of a multi-aspected discourse analysis through which we are aiming to develop an account of the discourse of gay men's group sex as it was produced in a series of qualitative interviews conducted with gay men who participate in group sex. The interviews were conducted as part of the Three or More Study (TOMS), a larger project that involved a substantial quantitative component. The overarching intent of the discourse analysis is to provide as comprehensive a mapping as possible of this discursive terrain to facilitate the targeted development of HIV and sexual health educational initiatives. The discourse of gay men's group sex reproduces some key formations of masculinity within discourses of gender, which present specific challenges for HIV prevention education. These challenges are outlined at the conclusion of this paper.*

### HEALTH & FINANCIAL ISSUES

6610

"Swine Flu and HIV : Update"

**Location:**

AA VERTICAL FILE - HEALTH & FINANCIAL ISSUES - HF 53

Publication Type:

ARTICLE (ONLINE)

by Australian Federation of AIDS Organisations

Volume: Issue: Day: Month: June Year: 2009 Page numbers:

**Subjects:**

1. HIV POSITIVE PEOPLE-HEALTH CARE NEEDS

**Abstract:**

*At this time there is no evidence that people with HIV are more likely to have serious complications from Swine flu. This update from AFAO discusses the risks of Swine flu for people living with HIV and provides general information and advice on avoiding the flu.*

### HEALTH PROMOTION

6605

"Think again"

**Location:**

**AA VERTICAL FILE - HEALTH PROMOTION - HP 8**

Publication Type:

JOURNAL ARTICLE

by Murphy, D ; Ellard, J

HIV AUSTRALIA

Volume: 7 Issue: 1 Day: Month: Year: 2009 Page numbers: pp 20-23

**Subjects:**

1. HEALTH PROMOTION
2. SAFER SEX EDUCATION
3. MEN WHO HAVE SEX WITH MEN
4. AUSTRALIA

**Abstract:**

*The authors report on their analysis of the concepts of responsibility and agency as expressed in HIV education materials targeting gay men in Australia.*

**HEPATITIS**

6617

**"New hepatitis C drug may halve the length of treatment, but ribavirin still needed"**

**Location:**

**AA VERTICAL FILE - HEPATITIS - HEP 44**

Publication Type:

ARTICLE (ONLINE)

by Cairns, Gus

AIDSMAP

Volume: Issue: Day: 12th Month: June Year: 2009 Page numbers:

**Subjects:**

1. HEPATITIS C
2. TREATMENTS

**Abstract:**

*The new hepatitis C protease inhibitor drug telaprevir, when added to the standard treatment of pegylated interferon and ribavirin (IFN/RBV), achieved superior results to standard treatment, according to studies published recently in the New England Medical Journal. Furthermore it did so in 24 weeks, half the time needed for the standard regimen.*

*The drug, used against the hard-to-treat genotype 1 of hepatitis C, produced a Sustained Viral Response – equivalent to a cure – in roughly two-thirds of patients compared with less than a half taking the standard regimen.*

*However hopes that it might render ribavirin unnecessary were dashed when a regimen using telaprevir and pegylated interferon alone achieved poorer results than the standard regimen containing ribavirin.*

6631

**"Hepatitis c education and support in Australian prisons : preliminary findings of a nationwide survey"**

**Location:**

**AA VERTICAL FILE - HEPATITIS - HEP 45**

Publication Type:

JOURNAL ARTICLE

by Dyer, J ; Tolliday, L

HEALTH PROMOTION JOURNAL OF AUSTRALIA

Volume: 20 Issue: Day: Month: Year: 2009 Page numbers: pp 37-41

**Subjects:**

1. HEPATITIS C
2. PRISONS(AUST)

**Abstract:**

*Inreviewee perceptions indicated that delivery of hepatitis C education and support services in Australian*

custodial settings is marred by inconsistency. However, both education programs and psychological support services could be developed by external agencies wishing to reduce the impact of hepatitis C within the prison system.

## HIV RELATED CONDITIONS

6633

### "HIV Itself Linked to Possible Heart Risk, Even Among Nonprogressors, Study Finds"

**Location:**

AA VERTICAL FILE - HIV RELATED CONDITIONS - HRC 53

Publication Type:

ARTICLE (ONLINE)

by Goldman, Bonnie ; Helfand, Myles

THE BODY

Volume: Issue: Day: 3rd Month: June Year: 2009 Page numbers:

**Subjects:**

1. HIV-RELATED CONDITIONS 2. CARDIOVASCULAR DISORDERS

**Abstract:**

*There's something about having HIV in your body that may raise your risk for heart disease, say U.S. researchers in a large study published in the June 1 issue of the medical journal AIDS. The study found that this risk even appears to apply to long-term HIV nonprogressors -- people who are able to maintain an undetectable viral load despite never having taken HIV meds.*

## INJECTING DRUG USERS

6630

### "New UN drug policy will undermine HIV prevention"

**Location:**

AA VERTICAL FILE - INJECTING DRUG USERS - IDU 63

Publication Type:

ARTICLE (ONLINE)

by Alcorn, Keith

AIDSMAP

Volume: Issue: Day: 11th Month: March Year: 2009 Page numbers:

**Subjects:**

1. INJECTING DRUG USE 2. HIV TRANSMISSION 3. PREVENTION AND CONTROL 4. POLICY

**Abstract:**

*A new United Nations declaration on drug control policy will significantly undermine harm reduction and HIV prevention, professional groups and human rights activists warned this week. The Political Declaration on Drug Policy under negotiation this week in Vienna omits any mention of harm reduction measures including needle and syringe exchange and opiate substitution that most international public health experts endorse as essential for successful HIV prevention and treatment.*

## LEGAL ISSUES

6616

### "Criminal prosecution of HIV transmission: the policy agenda"

**Location:**

AA VERTICAL FILE - LEGAL ISSUES - LI

Publication Type:

STATEMENT

by Groves, A ; Cameron, S  
AFAO

Volume: Issue: Day: Month: Year: 2009 Page numbers: pp 1-8

**Subjects:**

1. HIV TRANSMISSION 2. LEGAL ASPECTS(AUST) 3. LEGISLATION(AUST)

**Abstract:**

*Criminal prosecutions involving HIV transmission are increasing around the world. Australia has also seen an increase in the number of prosecutions in recent years but to date this issue has received relatively little attention at a national level. The purpose of this discussion paper is to provide information about these prosecutions and potential issues and options for policy makers.*

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6612

**"Criminalization of HIV Transmission"**

**Location:**

**AA VERTICAL FILE - LEGAL ISSUES - LI 29**

Publication Type:

STATEMENT

by UNAIDS

UNAIDS

Volume: Issue: Day: Month: August Year: 2008 Page numbers: pp 1-7

**Subjects:**

1. HIV TRANSMISSION 2. LEGAL ASPECTS 3. LEGISLATION

**Abstract:**

*In some countries, criminal law is being applied to those who transmit or expose others to HIV infection. There are no data indicating the application of criminal law to HIV transmission will either achieve criminal justice or prevent HIV transmission. This paper from UNAIDS argues against the use of criminal sanctions and outlines the human rights concerns associated with the criminal prosecution of positive people around the world.*

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6614

**"Verdict on a Virus : Public Health, Human Rights and Criminal Law"**

**Location:**

**AA VERTICAL FILE - LEGAL ISSUES - LI 30**

Publication Type:

REPORT

by International Planned Parenthood Federation, Global Network of People Living with HIV/AIDS, International Community of Women Living with HIV/AIDS

Volume: Issue: Day: Month: Year: 2008 (?) Page numbers: pp 1-45

**Subjects:**

1. HIV TRANSMISSION 2. LEGAL ASPECTS

**Abstract:**

*A booklet that provides information on criminalisation of HIV transmission or exposure and the related health, human rights and legal implications. This guide can help you become more familiar with the latest laws, legal support and other services relating to HIV in your country or region. Includes brief information on Australian legislation and resources.*

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6615

**"Sexually Charged : The Views of Gay and Bisexual Men on Criminal Prosecutions for sexual HIV Transmission"**

**Location:**

**AA VERTICAL FILE - LEGAL ISSUES - LI 31**

Publication Type:

REPORT

by Dodds, C et al

Volume: Issue: Day: Month: January Year: 2009 Page numbers: pp 1-33

**Subjects:**

1. GAY MEN 2. HIV TRANSMISSION 3. LEGAL ASPECTS(GREAT BRITAIN)

**Abstract:**

*Reports the views of Gay Men in the UK about the criminal prosecution of people who transmit HIV to their sexual partner. Explores the implications for HIV prevention efforts.*

**PREVENTION**

6609

**"Policy and strategic implications of Australia's divergent HIV epidemic among gay men"**

**Location:**

**AA VERTICAL FILE - PREVENTION - PV 58**

Publication Type:

JOURNAL ARTICLE

by Griew, R

SEXUAL HEALTH

Volume: 5 Issue: 2 Day: Month: June Year: 2008 Page numbers: pp 203-205

**Subjects:**

1. PREVENTION AND CONTROL(AUST) 2. SOCIAL RESEARCH(AUST)

**Abstract:**

*Discusses the findings presented by Australian researchers in a special issue of the journal Sexual Health devoted to the divergent epidemic in Australia where most states, except NSW, have had an increase in HIV notifications.*

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6608

**"Sexually transmissible infection and HIV management among men who have sex with men with and without HIV: survey of medical practitioners who are members of the Australasian Society for HIV Medicine."**

**Location:**

**AA VERTICAL FILE - PREVENTION - PV 59**

Publication Type:

JOURNAL ARTICLE

by Fairley, C K ; Fehler, G ; Lewin, S R

SEXUAL HEALTH

Volume: 5 Issue: 2 Day: Month: June Year: 2008 Page numbers: pp 155-159

**Subjects:**

1. PREVENTION AND CONTROL(AUST) 2. SEXUALLY TRANSMITTED INFECTIONS 3. SOCIAL RESEARCH(AUST)

**Abstract:**

*BACKGROUND: Rates of HIV in New South Wales (NSW) have been stable, but have increased significantly in other Australian states. The reasons for this are unknown and may be associated with differences in the management of sexually transmissible infections (STI) and HIV in different states in Australia. Our aim was to determine if the use of suppressive treatment for genital herpes, the treatment*

of HIV or STI screening practices were different between states in Australia. **METHODS:** This study was a cross-sectional survey of medical practitioners who are S100 prescribers and members of the Australian Society for HIV Medicine. **RESULTS:** In general, there were no differences between the clinical practices of practitioners in NSW and other states except that in NSW fewer practitioners tested HIV-positive men who have sex with men (MSM) for syphilis annually (NSW 78% v. others 87%,  $P = 0.04$ ) or treated MSM with advanced HIV disease ( $CD_4 < 150 \times 10^6$  cells L(-1)) with acyclovir in the absence of herpes simplex virus (HSV) (NSW 4% v. others 13%,  $P = 0.03$ ), and more practitioners in NSW tested HIV-negative MSM for HSV type-specific serology (NSW 21% v. others 11%,  $P = 0.02$ ). **CONCLUSIONS:** It is unlikely that the minor differences in HSV and HIV treatment or STI screening practices among practitioners in NSW and other Australian states explains the differences in HIV notifications between these two areas.

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6607

**"Health Care Services for men who have sex with men in different Australian states and territories since the emergence of HIV."**

**Location:**

**AA VERTICAL FILE - PREVENTION - PV 6o**

Publication Type:

JOURNAL ARTICLE

by Pell, C ; Donohoe, S ; Conway, D

SEXUAL HEALTH

Volume: 5 Issue: 2 Day: Month: June Year: 2008 Page numbers: pp 161-168

**Subjects:**

1. HEALTH CARE
2. MEN WHO HAVE SEX WITH MEN
3. PREVENTION AND CONTROL(AUST)
4. SOCIAL RESEARCH(AUST)

**Abstract:**

*In the context of differing changes in the rates of new infections across Australian states, the purpose of this article is to describe sexual health services available in Australia across the different states and territories for gay men and men who have sex with men (MSM) and their utilisation. An assessment of services available in different states is made, then the evidence about how MSM and people living with HIV/AIDS access health care in Australia is presented. This demonstrates that the number and location of sexual health services has changed over time. It also demonstrates that services available differ by state and territory. The availability of non-occupational post-exposure prophylaxis for HIV infection has been different in each state and territory, as has its utilisation. The majority of care for sexual health-related issues and for MSM and people living with HIV/AIDS is delivered in general practice settings in Australia, with hospital outpatient settings, including sexual health clinics, utilised commonly.*

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6621

**"Effectiveness of Peer Education Interventions for HIV Prevention in Developing Countries: A Systematic Review and Meta-Analysis"**

**Location:**

**AA VERTICAL FILE - PREVENTION - PV 6o**

Publication Type:

JOURNAL ARTICLE

by Medly, Amy et al

AIDS EDUCATION AND PREVENTION

Volume: 21 Issue: 3 Day: Month: June Year: 2009 Page numbers: pp 181-206

**Subjects:**

1. PREVENTION AND CONTROL
2. DEVELOPING COUNTRIES
3. PEER EDUCATION

**Abstract:**

Peer education for HIV prevention has been widely implemented in developing countries, yet the effectiveness of this intervention has not been systematically evaluated. We conducted a systematic review and meta-analysis of peer education interventions in developing countries published between January 1990 and November 2006. Standardized methods of searching and data abstraction were utilized. Merged effect sizes were calculated using random effects models. Thirty studies were identified. In meta-analysis, peer education interventions were significantly associated with increased HIV knowledge (odds ratio [OR]: 2.28; 95% confidence interval [CI]:1.88, 2.75), reduced equipment sharing among injection drug users (OR: 0.37; 95% CI: 0.20, 0.67), and increased condom use (OR: 1.92; 95% CI: 1.59, 2.33). Peer education programs had a nonsignificant effect on sexually transmitted infections (OR: 1.22; 95% CI:0.88, 1.71). Meta-analysis indicates that peer education programs in developing countries are moderately effective at improving behavioral outcomes but show no significant impact on biological outcomes. Further research is needed to determine factors that maximize the likelihood of program success.

## RELIGIOUS ASPECTS

6622

### "Emerging discourse: Islamic teaching in HIV prevention in Kenya"

**Location:**

AA VERTICAL FILE - RELIGIOUS ASPECTS - RA 14

Publication Type:

JOURNAL ARTICLE

by Maulana, Aisha Omar ; Krumeich, Anja ; Van Den Borne, Bart

CULTURE, HEALTH & SEXUALITY

Volume: 11 Issue: 5 Day: Month: June Year: 2009 Page numbers: pp 559-569

**Subjects:**

1. HIV 2. PREVENTION AND CONTROL 3. ISLAM

**Abstract:**

Islamic values portraying sex outside of marriage as sinful are often believed to contribute to HIV transmission as they reject safe-sex practices. Moreover, stigma associated with sinful behaviour is frequently assumed to interfere with access to care for those infected. In contrast, adherence to religious values such as abstinence is viewed as an explanation for the relatively low incidence of HIV infection in Islamic populations. Inspired by this debate, a study was conducted into the possibilities of using Islamic texts as a starting point for health promotion addressing HIV infection and HIV/AIDS-related stigma in Lamu, a Muslim community in Kenya. The study also explored the potential role of Lamu's Islamic leaders in the delivery of that health promotion. In collaboration with Islamic leaders, texts were identified that applied to sexual conduct, health, stigma and the responsibilities of Islamic leaders towards their congregations. In spite of the association of HIV with improper sexual behaviour, Islamic texts offer a starting point for tackling HIV transmission and HIV/AIDS-related stigma. Under particular conditions, the identified Islamic texts may even justify the promotion of safer-sex methods, including condom use.

## SAFER SEX & RISK BEHAVIOUR

6619

### "A Qualitative Analysis of Partner Selection, HIV Serostatus Disclosure, and Sexual Behaviors among HIV-Positive Urban Men"

**Location:**

AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 85

Publication Type:

JOURNAL ARTICLE

by Relf, Michael V et al

AIDS EDUCATION AND PREVENTION

Volume: 21 Issue: 3 Day: Month: Year: 2009 Page numbers: pp 280-297

**Subjects:**

1. HIV POSITIVE PEOPLE-RELATIONSHIPS 2. SEXUAL BEHAVIOUR 3. HIV POSITIVE PEOPLE-RISK BEHAVIOUR

**Abstract:**

*Using grounded theory, 18 interviews with HIV-positive urban men were conducted to understand their sexual relationships. Analysis of the verbatim transcripts revealed that regardless of age, sexual orientation or race/ethnicity, the participants were "making choices" related to their sexual relationships. Some men were "avoiding sex" whereas others were engaging in "just sex" or having sex in a relationship that was "going somewhere." However, dependent upon the type of sexual relationship, these HIV-positive urban men struggled with issues associated with "disclosure" of serostatus, the sexual "behaviors" in which they engaged, and selecting sexual "partners." Health care providers can facilitate sexual health and well-being among HIV-positive urban men by recognizing that men may be seeking sexual intimacy for different purposes, in different types of relationships, or avoiding it entirely. By exploring these decision-making processes, it is possible to facilitate sexual relationships that prevent new infections as well as manage the dissonance associated with this decision-making associated with disclosure, behaviors and their sexual partners.*

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6620

**"An Intervention to Assist Men Who Have Sex With Men Disclose their Serostatus to Casual Sex Partners: Results from a Pilot Study"**

**Location:**

**AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 86**

Publication Type:

JOURNAL ARTICLE

by Serovich, Julianne M.

AIDS EDUCATION AND PREVENTION

Volume: 21 Issue: 3 Day: Month: Year: 2009 Page numbers: pp 207-219

**Subjects:**

1. MEN WHO HAVE SEX WITH MEN 2. GAY MEN WITH HIV 3. DISCLOSURE OF HIV POSITIVE STATUS

**Abstract:**

*This article reports pilot data from a newly developed disclosure intervention and associated measures specifically tailored for disclosure to casual sexual partners. Treatment consisted of a four-session, theoretically driven intervention focusing on the costs and benefits of disclosure. Using a randomized control, crossover design 77 men were randomized into one of three conditions (wait-list control, facilitator only, and computer and facilitator). Results of the study suggest that facilitated administration of the pilot intervention was effective in reducing mean scores on the HIV disclosure behavior and attitude scales and that these reductions were both statistically and practically significant.*

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6623

**"Assessing Motivations to Engage in Intentional Condomless Anal Intercourse in HIV Risk Contexts ("Bareback Sex") among Men Who Have Sex With Men"**

**Location:**

**AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 87**

Publication Type:

JOURNAL ARTICLE

by Bauermeister, José A et al

AIDS EDUCATION AND PREVENTION

Volume: 21 Issue: 2 Day: Month: Year: 2009 Page numbers: pp 156-168

**Subjects:**

1. MEN WHO HAVE SEX WITH MEN 2. RISK BEHAVIOUR 3. ANAL SEX

**Abstract:**

*Although condom use is an effective barrier against HIV transmission, some men who have sex with men (MSM) engage in bareback sex (unprotected anal sex in risky contexts) and increase their risk for HIV (re)infection. Understanding MSM's decision to bareback (vis-à-vis condom use) is essential to develop effective HIV/AIDS prevention programs for this population. An ethnically diverse sample of men who bareback (n = 120) was recruited exclusively on the Internet and stratified to include two thirds who reported both unprotected receptive anal intercourse (URAI) and being HIV uninfected. We used exploratory factor analysis to explore the domains within the Decisional Balance to Bareback (DBB) scale, and test the association between DBB and risky sexual behaviors. HIV-positive MSM (n = 31) reported higher costs/losses associated with condom use than HIV-negative men (n = 89). We found two underlying factors in the DBB scale: a Coping with Social Vulnerabilities subscale (eight items;  $\alpha = .89$ ) and a Pleasure and Emotional Connection subscale (five items;  $\alpha = .92$ ). We found a positive association between DBB (i.e. greater gains associated with bareback sex) and URAI occasions, number of partners, and having one or more sero-discordant partners in the past 3 months. We conclude that because MSM may avoid using condoms in order to cope with psychosocial vulnerabilities and create intimacy with other MSM, this population could benefit from alternatives to condoms such as pre/post exposure prophylaxis and rectal microbicides.*

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6626

**"Gay Identity-Related Factors and Sexual Risk Among Men Who Have Sex with Men in San Francisco"**

**Location:**

**AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 88**

Publication Type:

JOURNAL ARTICLE

by Flores, Stephen A et al

AIDS EDUCATION AND PREVENTION

Volume: 21 Issue: 2 Day: Month: Year: 2009 Page numbers: pp 91-103

**Subjects:**

1. MEN WHO HAVE SEX WITH MEN 2. IDENTITY - GAY MEN 3. GAY MEN-RISK BEHAVIOUR 4. USA

**Abstract:**

*This study explored the relationship between gay identity-related factors (gay community involvement, gay bar attendance, gay identity importance, and self-homophobia) and unprotected anal sex (UA) in the past 3 months among men who have sex with men (MSM) of three different race/ethnicity groups. Four hundred eighty-three MSM (mean age 34) were recruited in the San Francisco Bay Area (33% African American, 34% Latino and 33% White). Compared with White MSM, African American and Latino MSM were less likely to identify as gay, and to attend gay bars/clubs, and more likely to report self-homophobia. Just over one third of the sample reported UA (did not vary by race). Gay community involvement was associated with receptive UA with all partners (adjusted odds ratio [AOR] = 1.30, 95% Confidence Interval (CI) = 1.061.60). Gay bar attendance was associated with insertive UA with all partners (AOR = 1.20, 95% CI = 1.011.43) and with HIV-discordant partners (AOR = 1.35, 95% CI = 1.081.69). Implications for prevention include addressing community norms and encouraging alternatives to bars as settings in which to meet and socialize with other MSM.*

**SEXUALLY TRANSMITTED INFECTIONS**

6606

**"Sexually transmissible infection testing guidelines for men who have sex with men"**

**Location:**

**AA VERTICAL FILE - SEXUALLY TRANSMITTED INFECTIONS - STD 33**

Publication Type:

JOURNAL ARTICLE

by Bourne, C ; Edwards, B ; Shaw, M

SEXUAL HEALTH

Volume: 5 Issue: 2 Day: Month: June Year: 2008 Page numbers: pp 189-191

**Subjects:**

1. SEXUALLY TRANSMITTED INFECTIONS 2. GUIDELINES(AUST) 3. TESTING 4. MEN WHO HAVE SEX WITH MEN

**Abstract:**

Since 2002, biennial production of sexually transmissible infection testing guidelines for men who have sex with men has supported sexually transmitted infection control efforts in inner Sydney, Australia.

**SUPERINFECTION**

6632

**"HIV-1 superinfection in the antiretroviral therapy era: are seroconcordant sexual partners at risk?"**

**Location:**

**AA VERTICAL FILE - SUPERINFECTION - SUP 10**

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Campbell, Mary S et al

PLOS ONE

Volume: 4 Issue: 5 Day: Month: May Year: 2009 Page numbers:

**Subjects:**

1. HIV 2. SUPERINFECTION

**Abstract:**

*BACKGROUND: Acquisition of more than one strain of human immunodeficiency virus type 1 (HIV-1) has been reported to occur both during and after primary infection, but the risks and repercussions of dual and superinfection are incompletely understood. In this study, we evaluated a longitudinal cohort of chronically HIV-infected men who were sexual partners to determine if individuals acquired their partners' viral strains. METHODOLOGY: Our cohort of HIV-positive men consisted of 8 couples that identified themselves as long-term sexual partners. Viral sequences were isolated from each subject and analyzed using phylogenetic methods. In addition, strain-specific PCR allowed us to search for partners' viruses present at low levels. Finally, we used computational algorithms to evaluate for recombination between partners' viral strains. PRINCIPAL FINDINGS/CONCLUSIONS: All couples had at least one factor associated with increased risk for acquisition of new HIV strains during the study, including detectable plasma viral load, sexually transmitted infections, and unprotected sex. One subject was dually HIV-1 infected, but neither strain corresponded to that of his partner. Three couples' sequences formed monophyletic clusters at the entry visit, with phylogenetic analysis suggesting that one member of the couple had acquired an HIV strain from his identified partner or that both had acquired it from the same source outside their partnership. The 5 remaining couples initially displayed no evidence of dual infection, using phylogenetic analysis and strain-specific PCR. However, in 1 of these couples, further analysis revealed recombinant viral strains with segments of viral genomes in one subject that may have derived from the enrolled partner. Thus, chronically HIV-1 infected individuals may become superinfected with additional HIV strains from their seroconcordant sexual partners. In some cases, HIV-1 superinfection may become apparent when recombinant viral strains are detected.*

**TESTING**

6628

**"I'm sorry, you're positive": a qualitative study of individual experiences of testing positive for HIV"**

**Location:**

**AA VERTICAL FILE - TESTING - TES 29**

Publication Type:

JOURNAL ARTICLE

AIDS CARE

Volume: 21 Issue: 2 Day: Month: February Year: 2008 Page numbers: pp 185-188

**Subjects:**

1. HIV TESTING 2. HIV TESTING-PSYCHOSOCIAL ASPECTS 3. HIV TESTING-COUNSELLING

**Abstract:**

*New CDC guidelines for HIV testing as well as the introduction of rapid tests may increase the number of HIV tests conducted in the USA and make testing a more routine part of medical care. However, little is currently known about the experience of those receiving positive results. In this study, face-to-face interviews were conducted with 50 participants who had recently learned they were HIV positive in the San Francisco Bay Area. Ninety-two percent were male, 36% were persons of color. Participants were asked to tell their story of testing positive for HIV. Interviews were transcribed for team-based narrative qualitative analysis. The majority of participants were tested at either a hospital or an HIV test site. While some suspected they might have HIV, most were tested while seeking care for another health concern or for routine testing. Fifty-eight percent had a rapid test. Test results were typically given by medical staff or HIV test counselors. The manner in which the news was delivered affected an individual's testing experience. For seven (14%) of the participants, the provider giving the results was so upset or agitated that it added to the participant's distress over the diagnosis. Responses to the news varied greatly from being too shocked to comprehend what they were being told to immediately accepting the news and feeling ready for action. The patient/provider interaction plays a pivotal role in both follow-up care and prevention decisions. Therefore, HIV service providers need to be cognizant of the way in which their role in the testing process, including delivery of the news and post-test counseling impacts the individual's experience of testing positive.*

**TRANSSEXUALS**

6624

**"Informing Interventions: The Importance of Contextual Factors in the Prediction of Sexual Risk Behaviors among Transgender Women"**

**Location:**

**AA VERTICAL FILE - TRANSSEXUALS - TRA 24**

Publication Type:

JOURNAL ARTICLE

by Sevelius, Jae M et al

AIDS EDUCATION AND PREVENTION

Volume: 21 Issue: 2 Day: Month: Year: 2009 Page numbers: pp 113-127

**Subjects:**

1. TRANSSEXUALS 2. RISK BEHAVIOUR

**Abstract:**

*This study identifies contextual factors that predict risky sexual behavior among 153 transgender women who participated in a structured survey soliciting information on demographics, substance use, HIV status, risk behaviors, and other health and psychosocial factors. Multivariate logistic regression models were used to determine predictors. Inconsistent condom use was associated with stimulant use, unstable housing, and recruitment site. Substance use during sex was associated with unstable housing and stimulant use. Sex work was associated with hormone use, gender confirming surgeries, and younger age. When developing interventions for transgender women, it may be useful to focus on predictors of risk behavior rather than predictors of current HIV status (i.e., race/ethnicity as "risk factor"), because*

these behaviors are the target of interventions aimed at sexual risk reduction. Implications include potential benefits of context-specific interventions, structural interventions addressing barriers to housing and health care, and culturally specific substance abuse treatment programs for transgender women.

## TREATMENTS

6627

### "Self-efficacy and depression as mediators of the relationship between pain and antiretroviral adherence"

**Location:**

AA VERTICAL FILE - TREATMENTS - TRE 148

Publication Type:

JOURNAL ARTICLE

by Berg, Karina M

AIDS CARE

Volume: 21 Issue: 2 Day: Month: February Year: 2009 Page numbers: pp 244-248

**Subjects:**

1. TREATMENTS 2. COMPLIANCE 3. MENTAL HEALTH

**Abstract:**

*The goals of this study were to examine the association between pain and antiretroviral adherence and to estimate the mediating effect of adherence self-efficacy and depression symptom severity. Surveys using audio computer-assisted self-interview were conducted among 70 HIV-infected current and former drug users enrolled in a methadone program. We assessed antiretroviral adherence and adherence self-efficacy using questions from the Adult Clinical Trials Group survey. We considered participants adherent if they reported taking at least 95% of prescribed antiretrovirals over the past seven days. We assessed depression symptom severity using the depression subscale of the Brief Symptom Inventory. Participants reported pain of any duration in response to a question from the Brief Pain Inventory. Participants reporting pain were 87% less likely to be classified as adherent compared to those without pain (Unadjusted OR = 0.13, 95%CI: 0.03-0.52). When we examined adherence self-efficacy as a mediator of the relationship between pain and adherence, criteria for partial mediation were met. Adjusting for self-efficacy, the beta coefficient for pain decreased by 23% but the independent relationship between pain and antiretroviral adherence was maintained. Mediation criteria were not met when we examined the mediating effect of depression symptom severity on the relationship between pain and adherence. Adjusting for depression symptom severity, the beta coefficient for pain decreased by 9% and the relationship between pain and antiretroviral adherence remained significant. Our results indicate that neither adherence self-efficacy nor depression symptom severity fully mediated the relationship between pain and adherence. HIV providers should recognize the potential impact of pain on antiretroviral adherence among current and former drug users.*

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6629

### "Don't take Ginkgo biloba with efavirenz"

**Location:**

AA VERTICAL FILE - TREATMENTS - TRE 149

Publication Type:

ARTICLE (ONLINE)

by Carter, Michael

AIDSMAP

Volume: Issue: Day: 21st Month: May Year: 2009 Page numbers:

**Subjects:**

1. TREATMENTS 2. COMPLEMENTARY THERAPIES

**Abstract:**

*The herbal remedy Ginkgo biloba should not be taken with the anti-HIV drug efavirenz, Dutch investigators warn in the June 1st edition of AIDS. They report the case of an individual whose viral load became detectable, with the development of drug resistance, because Ginkgo biloba interacted with efavirenz.*

**WOMEN**

6618

**"Testosterone treatment has benefits and few risks for women with HIV"****Location:****AA VERTICAL FILE - WOMEN - WOM 83**

Publication Type:

ARTICLE (ONLINE)

by Carter, Michael

AIDSMAP

Volume: Issue: Day: 20th Month: May Year: 2009 Page numbers:**Subjects:**

1. WOMEN WITH HIV 2. TREATMENTS

**Abstract:**

*Long-term testosterone therapy in HIV-positive women is safe and has significant benefits, researchers report in the May 15th edition of AIDS. The US investigators found that 18 months of testosterone treatment improved women's lean body weight, bone density and mood, without causing side-effects. Earlier research has shown that HIV-positive women frequently have hormone deficiencies, including low levels of testosterone. This has been associated with reduced lean body mass and bone mineral density, as well as poorer quality of life. Short-term studies have demonstrated that these can be improved with testosterone treatment, and that this therapy does not involve a significant risk of side-effects.*



