A CALL FOR IMPROVED SYPHILIS TESTING AND PREVENTION EFFORTS IN VULNERABLE POPULATIONS

Syphilis testing and incidence were reviewed among 8455 people living with HIV who were seen at four US clinical sites in 2014–2018. Over 29,568 person-years (py) of follow-up, testing rates were 118/100 py; 57% were tested at least every 12 months, increasing to 68% among men who have sex with men (MSM). Syphilis incidence (based on rapid plasma reagin patterns) was 4.7 cases/100 py overall. Rates were highest among younger MSM, transgender women, those who injected drugs, Hispanic people and those with detectable HIV RNA, rectal STIs or hepatitis C. The findings identify subpopulations among people living with HIV who should be prioritised for syphilis testing and interventions for syphilis prevention.


ASSISTED PARTNER NOTIFICATION HELPS INCREASE HIV TESTING AMONG SEXUAL CONTACTS

Assisted partner notification—when providers help people living with HIV to inform sexual partners of the HIV diagnosis—offers the potential to increase early HIV detection among those at risk. A clinical trial in China randomised 187 newly HIV diagnosed MSM to either assisted (n=97) or passive (n=90) partner notification. The assisted notification group was offered a choice between HIV self-testing kits to give to contacts or anonymous community healthcare worker outreach to contacts. Rates of partner notification within 3 months were similar in the two groups (58% vs 57% for assisted vs passive notification). However, HIV testing among sexual partners of index cases increased significantly in the assisted notification group (35% vs 17%). Assisted partner notification is a promising strategy for increasing HIV testing among contacts of newly diagnosed MSM.


A COMPREHENSIVE PICTURE OF ANAL HPV INFECTION TO GUIDE ANAL CANCER PREVENTION IN MEN

A systematic review and meta-analysis evaluated the age-specific prevalence of anal HPV and high-grade squamous intraepithelial lesions (HSIL) in men, stratified by HIV status and sexuality. Among 29,900 men from 64 studies, prevalence of HPV16 and other high-risk HPV types was lowest in HIV-negative homosexual men, followed by HIV-positive heterosexual men and HIV-negative MSM and was highest in HIV-positive MSM. Prevalence of anal HPV16 increased rapidly with age among MSM aged 15–24 years and was consistently high in MSM aged ≥25 years. Despite substantial heterogeneity in HSIL detection, HIV infection and HIV-related immunosuppression were significant predictors of anal HSIL.

The findings highlight the importance of both primary prevention of HPV and HIV infection and secondary prevention of HPV-related anal cancer, particularly for high-risk populations.


REMDESIVIR MODESTLY REDUCES EBOLA VIRUS RNA IN SEMEN

Among survivors, Ebola virus RNA may persist in semen for months or even years following acute infection and potentially result in sexual transmission. Remdesivir is a nucleotide analogue prodrug that distributes efficiently into the testes. In the HPTN083 trial of cabotegravid (CAB) versus TDF/FTC for HIV PreP, there have been 12 and 39 incident HIV infections among men using cabotegravid for PREP.

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Infections documented, respectively. In the CAB arm, five infections occurred in the absence of CAB exposure, three during the oral lead-in phase (potentially before target drug concentrations were attained) and four during the injection phase (despite mostly on-time CAB injections and expected plasma concentrations). Diagnosis of HIV infection was delayed in 7/12 cases due to prolonged viral suppression and delayed antibody expression. The delay was more frequent and longer with CAB than TDF/FTC, leading to ongoing PrEP use among some participants with undetected infection and increasing risk of potential drug resistance.


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Contributors All authors each drafted a section of the manuscript, and the final draft was approved by all authors.
Competing interests None declared.
Provenance and peer review Commissioned; internally peer reviewed.

REFERENCE