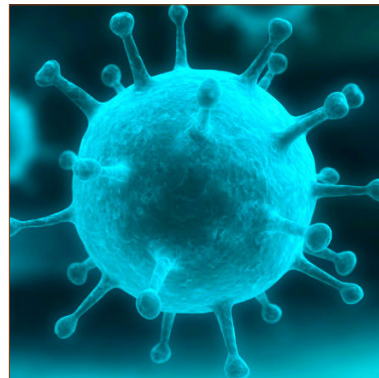
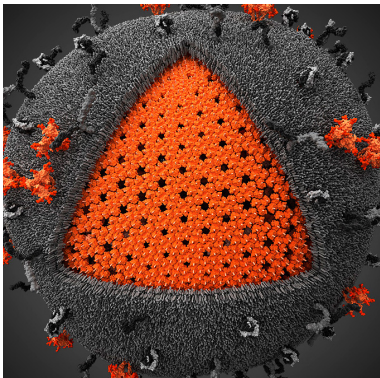
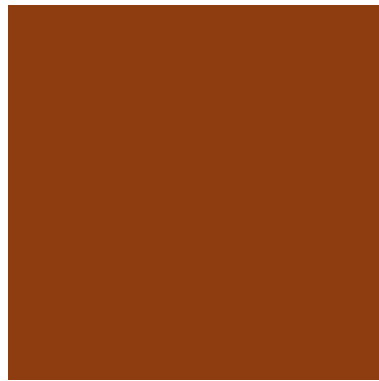

Keynote Forum

May 18, 2018

STDs & HIV/AIDS 2018



2nd World Conference on

STDs, STIs & HIV/AIDS

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Richard Dembo

University of South Florida, USA

Individual and community level factors in the STD status of justice involved youth: Multi-group exploratory two-level analysis


Justice-involved youth display higher prevalence rates of sexually transmitted diseases (STDs), in comparison to the general public, highlighting a critical public health concern. Individual factors are important predictors of STDs, but only provide a partial understanding of this public health issue. According to social disorganization theory communities experiencing higher levels of disorder and lower levels of cohesion tend to have fewer institutional resources available, which may impact sexual risk behavior and STDs. However, few studies have examined the association between community characteristics and STD prevalence among justice involved adolescents. Informed by social disorganization theory, the current study explores individual-level attributes and community-level characteristics in explaining STDs among justice-involved youth. Results indicate a number of individual and community level factors, reflecting community disadvantage, significantly relate to delinquent youths' STD status, with effects varying by gender. Findings suggest a gendered perspective is important for understanding individual-level characteristics affecting

STD infection. Support is also found for a growing body of literature suggesting community factors affect adolescent sexual behavior. The justice system represents a critical opportunity in the treatment and prevention of STDs for youth.

Speaker Biography

Richard Dembo is a Professor of Criminology at the University of South Florida in Tampa. He received his PhD in Sociology from New York University. He has conducted extensive research on the relationship between drug use and delinquency; he has published three books and over 180 articles, book chapters and reports in the fields of criminology, substance use, mental health, and program evaluation; and has guest edited five special issues of journals addressing the problem of drug misuse. He is a member of the editorial boards of *The International Journal of the Addictions* (renamed *Substance Use and Misuse*), *Violence, Aggression and Terrorism*, *The Journal of Drug Issues*, *The Journal of Child and Adolescent Substance Abuse*, *The Journal of Offender Rehabilitation*, and *Neurobehavioral HIV Medicine*. He has served as a Consultant to the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the National Institute on Drug Abuse, the National Institute of Mental Health, the Center for Substance Abuse Treatment, the Office of Substance Abuse Prevention and the National Science Foundation. He is a Reviewer of manuscripts for numerous professional journals.

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 Notes:

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Margaret J Henning

Keene State College, USA

Protective factors for school attendance for HIV/AIDS affected children in Zambia

Introduction: HIV/AIDS in Africa has posed a direct threat to the health development and educational success of children. An estimated, 13.4 million children and adolescents worldwide have lost one or both parents to AIDS as of 2015 and the vast majority of these children (10.9 million) live in sub-Saharan Africa (UNICEF, 2016). In Zambia, where estimated HIV prevalence is 13.5% as of 2009, mortality and protracted illness from AIDS have created a generation of children that are HIV/AIDS affected often cared by chronically ill caregivers. A direct association exists between the increased prevalence of HIV/AIDS affected children and increases in child labor, child prostitution, sexual exploitation and juvenile delinquency.

Methods: This research sought to identify and better understand the positive protective factors for HIV/AIDS affected children that contribute to school attendance. Quantitative and qualitative results were used to triangulate findings on protective factors that would support children and their school attendance and reliance. The 2009 National Zambia Sexual Behavior Survey was analyzed using data collected from a nationally representative sample of interviews of households with 475 HIV/AIDS affected

children compared to 1176 households without children made vulnerable due to HIV/AIDS. Qualitative data were collected in focus groups from 6 different schools with a high proportion of HIV/AIDS affected children (N=34 total participants; 16 males, 18 females).

Results: Our data analysis indicates that the number of school-age children in a home is related to school attendance. There is a negative association between children that are HIV/AIDS affected and stepparents appear to negatively influence school attendance. Our findings suggest the need to focus further on education settings as a sustainable community-based approach to support vulnerable children affected by HIV/AIDS.

Speaker Biography

Margaret J Henning is an Associate Professor in Health Science at Keene State College. She has earned her Master's in Health Education and her PhD in Public Health from Oregon State University with a focus on International Health. She has also completed postdoctoral work for the T H Chan Harvard School of Public Health. Her research is interdisciplinary and focuses on the problems of mobilizing, allocating and maintaining limited resources to improve health. Additionally, she was a recipient of the 2015 American Public Health Award for her work in International.

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Terrence O Lewis

West Chester University, USA

Addressing the intersections between religion, LGBTQ identities and psychosexual health in African-American Communities


There is a psychosexual health crisis in the African-American community, with disproportionate rates of HIV/AIDS infections and poorer medical treatment outcomes. In contrast to the homophobic responses of most historically black churches (HBCs), some HBCs are offering an affirmative ministry for lesbian, gay, bisexual, and transgendered (LGBT) individuals. Dr. Lewis has been exploring the experiences of LGBT-affirming African-American ministers and HBCs, and their responses to the psychosexual health needs of LGBT individuals in the African-American community. In his dissertation research, Dr. Lewis used a Heuristic methodology to explore the historical, theological, and practical dimensions of four LGBT-affirming HBCs. In his current research project, Dr. Lewis is conducting a narrative study with African-American minister who offer an LGBT affirmative ministry within the African American community. In addition to sharing the research findings, Dr. Lewis will discuss the lessons learned from conducting community-based research projects with HBCs and ministers in the African-American community. The objectives of present

study are: (1) The impacts of religiously-based stigmatization on the psychosexual health of African-American LGBT individuals and their families; (2) The emerging LGBT affirming ministries within Historically Black Churches and African American Communities and (3) The importance of interdisciplinary collaborations between churches, public health workers, and social workers for addressing the biological, psychological, social, sexual, and spiritual health needs African-American LGBT individuals and their families.

Speaker Biography

Terrence O Lewis has extensive clinical experience working with individuals and couples in community mental health settings and private practice. As a community-based researcher, he focuses on the relationships between churches and marginalized populations including LGBT and ethnic minority communities. His dissertation research was on the phenomenon of LGBT-affirming Black churches and their responses to the HIV/AIDS crisis. Building on the rich findings from the dissertation, his current research project is a narrative study with African-American pastors who develop and offer a LGBT-affirming ministry within African American Communities.

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Alwyn Rapose

Reliant Medical Group, USA

Unusual presentations of common STIs in the HIV era


Sexually Transmitted Infections (STIs) are associated with profound physical as well as psychosexual morbidity. Presence of an ulcer or genital discharge results in much distress and a myriad of questions in the mind of the patient. Recurrent ulcerations on the genitals place a significant stress on sexual relationships. Untreated STIs constitute a major burden on public health systems; secondary to transmission to sexual partners. STIs with genital ulcers are associated with increased risk for HIV transmission. HIV shedding in genital ulcers has been demonstrated in patients with co-infections. Early diagnosis and treatment of STIs with genital ulcers has been demonstrated to reduce HIV transmission. Diagnosis and treatment of STIs is hence one of the important pillars in strategies to prevent transmission of HIV. When patients present with classic clinical features and reliable diagnostic laboratory facilities are available, targeted therapy for the STI is possible. However, in many circumstances, a syndromic approach is undertaken to treat STIs with the aim of rapid resolution of symptoms and hence reduced transmission of HIV. Commonly encountered STIs presenting as genital ulcers include herpes, syphilis and chancroid. Genital herpes is characterized by recurrences and a chronic course. Syphilis is making a comeback in certain populations secondary to increased risk-taking behaviors. STIs like lymphogranuloma venereum (LGV) and granuloma inguinale (GI) are seen less frequently. Genital herpes - caused by Herpes simplex virus - occurs as grouped vesicles that rupture easily resulting in grouped ulcerations, often with severe symptomatology. A

syphilitic chancre - caused by *Treponema pallidum* - is painless, with a "button-like" consistency and associated with painless local lymphadenopathy. Chancroid with *Haemophilus ducreyi* as etiologic agent presents as painful soft ulcer with tender localized lymphadenopathy. LGV may not manifest a genital ulcer and often presents as bilateral inguinal lymphadenopathy. GI presents as genital erosions with beefy red granulation tissue that easily bleeds on minimal trauma. These are the classic presentations. However, all these STIs can present with clinical variations and some patients may have concomitant infections. Co-infection with HIV results in modification of the classic clinical characteristics and often results in delayed diagnosis and patients need prolonged therapy. In this presentation, we will review classic clinical features of individual STIs presenting with genital ulcers, along with clinical variations and differential diagnoses. Modifications in patients with HIV co-infection and implications for management will also be discussed.

Speaker Biography

Alwyn Rapose obtained his Doctorate in Dermatology, Venereology and Leprology from King Edward VII Memorial Hospital, Bombay, India. Thereafter, he obtained his MD in Internal medicine from St. Vincent Hospital, Worcester, Massachusetts, USA, followed by a fellowship in infectious diseases at the University of Texas Medical Branch, Galveston, Texas, USA. During this time, he was a recipient of the NIH / NIAID supported UTMB postdoctoral research grant in emerging and reemerging infectious diseases. He is board certified in both infectious diseases and internal medicine. He is presently Assistant Professor of clinical medicine at the University of Massachusetts, USA and practices as consultant in infectious diseases at the Reliant Medical Group and St. Vincent Hospital in Worcester, Massachusetts, USA.

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Michael Kaltenbach

University of Pennsylvania, USA

Changes in sexual behaviors due to the utilization of PrEP as a preventive method for the transmission of HIV

According to The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), approximately 33.4 million individuals throughout the world have been affected by HIV/AIDS in the last 30 years or so. The medication, Truvada, otherwise known as PrEP, has been introduced to serve as a harm reduction technique to combat the spread of HIV infection. PrEP is an antiretroviral drug that lowers the risk of HIV exposure. This is a qualitative study examining the sexual behaviors of gay and bisexual men prescribed PrEP as a preventive method for the transmission of HIV. The study was examined by 30 semi-structured in-depth interviews of people who had been prescribed PrEP for at least 30 days in three cities: Los Angeles, Philadelphia, and New York City. The results indicate that contextual factors shaped the sexual behaviors of participants on PrEP, leading them to lower risk at times and elevate it at others. PrEP caused individuals to experience changes within their communication patterns with their medical providers and their sexual partners. The results shed light on the way people on PrEP engage in sexual and

health-seeking behaviors and help to develop a blueprint for the way service providers engage with this community.

Speaker Biography

Michael Kaltenbach is an Adjunct Lecturer at Smith College School of Social Work, teaching a course in clinical practice. His doctoral dissertation research interest focused on how sexual behaviors have changed due to the usage of PrEP, as a HIV preventive method. His research data as interpreted through the theoretical/ conceptual perspectives of cognitive-behavioral theory and relational-cultural therapy. He is a Licensed clinical social worker in California, New York, and Pennsylvania, and has many years of experience providing psychotherapy, case management, and other social services in a variety of settings: hospitals, HIV outpatient clinics, schools, foster care agencies, senior residential facilities, group homes, outpatient community counseling centers, etc. He has experience providing clinical supervision as well as field instruction to MSW level social workers and interns from USC and UCLA. He formerly served as a co-facilitator for the LA County HIV mental health task force, and has provided lectures on various mental health topics. Previously, he was a Teacher's Assistant (T.A.) for a professor at the University of Pennsylvania School of Social Policy & Practice's MSW level course on post-colonial social work practice: International Social Welfare in Kolkata, India. He enjoys traveling and learning about various cultures. After he obtained his Bachelor's degree he served as an US peace corps volunteer in Senegal, West Africa.

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Subhra Mandal

Creighton University, USA

**Targeting HIV-1 reservoir by combination antiretroviral drug loaded nanoformulation:
Towards functional HIV cure**

Presently, HIV patients ingest combination antiretroviral therapy (cART), has proven to significantly reduce plasma viremia below detection limits. Patients are able to live fairly normal lives on cART. However, some serious long-term side effects due to high cARV drug levels are produced. Additionally, another concern is low-level replication of HIV-1 primarily in tissue reservoirs of suppressed individuals. Subsequently, even a brief interruption in treatment may allow HIV-1 rebound from the reservoirs into the plasma. Hence, a highly motivated, adherent patient taking cARV daily is needed to achieve a nondetectable plasma viral load (pVL). Therefore, cARV therapy faces major challenges including adherence, a daily large oral dose, with associated drug side effects, and costs. Here, cARV nanomedicine could be a potential alternative. Currently, HIV-1 research is focused on formulation ARV drugs that prolong bioavailability of drugs to improve drug-adherence and improves therapeutic or prophylactic opportunities of HIV-1 patient populations. The other major issue is to suppress HIV-1 replication in the reservoirs. To achieve these goals, our research is focused to formulate anti-CCR5 antibody loaded cARV nanoparticles (NPs), with the aim to prolong cARV bioavailability and to block HIV replication within the HIV reservoir to improve drug efficacy to prevent/treat HIV-1 infection. We formulated, cARV drugs (i.e. dolutegravir (DTG) + emtricitabine (FTC)) loaded Poly (lactic-co-glycolic acid) (PLGA) NPs (DTG+FTC NPs) and to target HIV-1 infected cells (a HIV-1 reservoir model), these NPs were surface labelling with anti-CCR5 antibody. For bio distribution study of cARV NPs, IRDye 800CW loaded NPs were formulated and administration subcutaneously (SubQ) in humanized mice model, Hu-CD34-NSG mice (n=3) with functional human immune reconstitution. The mice were imaged for 14 days under IVIS Lumina XR *In Vivo* Imaging System. After 14th day, animals were sacrificed and organ of interest (female reproductive track (FRT), colon, lymph nodes, spleen and brain) were imaged. Bio distribution of IRD NPs demonstrated whole body distribution within 1 h of SubQ administration. Overtime accumulation of IR NPs reveals

high accumulation at the HIV-1 virus infection site (FRT and colon), and reservoirs (lymph nodes, spleen, and brain), even after 14 days of study. Positively, the injection site shows high NPs presence even at day 14 of study, conferring the depo and slow release properties of NPs. To target the HIV-1 infected cells (a HIV-1 reservoir model), DTG+FTC loaded NPs were surface labeled with anti-CCR5 antibody and their binding efficacy was evaluated by flow cytometry. Further, CCR5 targeting analysis after treatment with anti-CCR5-DTG+FTC NPs shows enhance binding efficacy with the CCR5 receptor expressing cells (i.e. HIV-1 reservoir cell type). At the tissue level, NPs accelerates prolonged penetration. Whereas *in-vivo* study demonstrates NPs results in enhanced and prolonged accumulation at the site of infection and within latent reservoirs in this animal model of HIV-1 for entire study period. Moreover, targeted cARV NPs enhances latent cells at the HIV-1 reservoirs. Present focus of our study is to evaluate potency of the HIV-1 protective/treatment efficacy of the target specific cARV NPs. Our cARV encapsulated polymeric nanoparticle (NPs) as nanodrug delivery system shows slow drug release and protects drugs from systemic clearance as well as HIV-1 reservoir organ accumulation. Therefore, we predict use of targeted cARV NPs will lead to monthly dosing in humans that potentially could overcome the adherence burden of the HIV patient and potentially could achieve functional HIV-1 cure.

Speaker Biography

Subhra Mandal has graduated from International School of Advanced Studies-SISSA, Trieste, Italy with her Doctorate degree. Soon after completion, she joined Prof. Carl Figdor, a world-class immunologist in Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands, as Post-Doctoral researcher for European Research Council (ERC) Advanced grant project. Since 2015, she is working as co-investigator with Dr. Chris Destache as a NIAID (R01) grant, she has more than 10 years of research experience in design, characterization and application of various types of nanocarriers for effective drug delivery system and nano-drugs for cancer, neurodegenerative diseases and HIV/AIDS theranostics. She is active editorial board member of various journals and participates in peer-reviewing manuscripts for various journals. She is an active member in various scientific societies such as RSB, ASM and AAPS.

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Kibirige Nangonde Safina

Mildmay, Uganda

Determinants of child survival (0-59months) among mother living positively with HIV and AIDS at Ndejje Health Centre IV-Wakiso District

Background: Global estimates for children born with HIV on daily basis adds up to 1,000 and many die by the age of two if they do not receive the appropriate medical care. According to WHO 2011 report, over 3 million babies are estimated to be dying around the world before 28 days of life, although a lot of efforts have been put in place to improve on child survival within the past 10 years; new born mortality has gone low compared to the overall child mortality.

Objective: To establish determinants of infant and child survival (0-59 months) among mothers living positively with HIV/AIDS and receiving health care services at Ndejje H/C IV-Wakiso district.

Method: This was a cross sectional study on 152 mothers living positively with HIV/AIDS at Ndejje H/C IV-Wakiso district. Structured interviews were used to collect data on infant and child survival (0-59 months) among the study respondents. Chi-square tests were used to assess the association between individual attributes of the mother and health service factors with infant and child survival. All statistical Cox regression tests were two-tailed and P-value less than 0.05 were considered significant.


Results: The survival rate of infants and children was at 85.5%. The results showed Childs' age ($\chi^2=6.476$, P-value of 0.039), child's HIV status ($\chi^2=8.574$, P-value of 0.003), maternal age ($\chi^2=33.468$, P-value of 0.001), level of education ($\chi^2=25.499$, P-value of 0.008) employment status ($\chi^2=6.032$, P-value of 0.010), income level ($\chi^2=16.788$, P-value of 0.019) ARV at birth ($\chi^2=11.170$, P-value of 0.008), number of ANC visits ($\chi^2=6.431$, P-value of 0.027) and the place of delivery ($\chi^2=21.268$, P-value of 0.000) were the child's characteristics that were found to have a significant association with child's survival but the only variable that was statistically significant at the Cox regression was income level with P-value of 0.028.

Conclusion & Recommendation: The survival rate of the children was moderate. It is recommended that government and its partners should increase the level of sensitization on HIV related issues to the public to enhance informed decision making and to economically empower mothers. Safe practices and the need to reinforce the facility delivery policy through health education with emphasis on promotion, protection and support of HIV programs should also be considered.

Speaker Biography

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 Notes:



Shixing Tang

Southern Medical University, China

A novel human pegivirus HPgV-2 (HPgV-1) is tightly associated with HCV/HIV-1 co-infection

Background: HPgV-2 is a novel blood-borne human pegivirus that mainly infects hepatitis C virus (HCV) and Human Immunodeficiency Virus type one (HIV-1) co-infected subjects. We have investigated the prevalence of HPgV-2 in China, high risk population and its association with HCV and HIV-1.

Methods: A cross-sectional study was conducted with both blood donors and HCV and HIV-1 infected patients in Guangzhou, China. All subjects were screened for anti HPgV-2 and HPgV-2 RNA. Demographic and clinical information were obtained from electronic medical records.

Results: We tested 8198 serum or plasma samples. Only 0.15% (6/4017) of healthy blood donors was positive for anti HPgV-2, while negative for HPgV-2 RNA. No HPgV-2 viremia was detected in HBV or HIV-1 singly infected individuals. The relatively high frequency of HPgV-2 infection was observed in 1.23% (30/2440) and 0.29% (7/2440) of HCV-infected persons by serological assay and RT-PCR, respectively. Furthermore, anti HPgV-2 and HPgV-2 RNA were detected in 8.91% (18/202) and 3.47%


(7/202) of HCV and HIV-1 co-infected subjects. The prevalence of HPgV-2 in HCV and HIV-1 dually-infected people who inject drugs (PWID) was 12.9% in Guangdong and 15.9% in Sichuan. HCV/HIV-1-infected PWID represents a high-risk population for HPgV-2 infection. HPgV-2 persistent infection was documented in about 30% of anti HPgV-2 positive individuals.

Conclusion: Our results indicate the rarity of HPgV-2 infection in the general population and tight association with HCV, in particular with HCV and HIV-1 co-infection. HPgV-2 appears not to worsen HCV-related liver damage. Our study provides new findings about the association of HPgV-2 and HCV/HIV-1 and the impact of HPgV-2 infection on HCV replication and pathogenesis.

Speaker Biography

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 Notes:



Effat Merghati Khoei

Tehran University of Medical Sciences, Iran

Veiled truths: Iranian women and risky sexual behavior in the context of substance use

Introduction: Substance use disorders and risky sexual behavior coexist for some women. Explanatory models of women's sexuality in the context of substance use are understudied. This study aimed to explore how women's sexual behavior can become risky in the context of substance use.

Methods: In this ethnographic inquiry, we approached 25 women with substance use disorders (SUDs) at two Drop-In-Centers (DICs) in South Tehran. Observation, semi-structured interviews and field notes were used to collect data. Qualitative content analysis was used to attain the explanatory model of women's sexual behaviours in the context of substance use.

Results: Three major themes emerged from the data analysis regarding their lives in the context of substance use; 1) The struggle to survive; 2) Unsafe living context; and 3) Negative

self-perception. Subthemes were identified as self-disturbed perception, loss of contact with family, social stigma, forgetfulness, worthlessness and low self-efficacy.

Conclusion: Findings suggest that SUDs are highly interwoven with women's sexual health, facilitating a shift towards risky behaviors. Integration of safe sexual skills building programs into substance use treatment is needed.

Speaker Biography

Effat Merghati Khoei is an Associate Professor at Iranian National Center of Addiction Studies (INCAS) and Director of Sexual and Family Health Division in Brain and Spinal Injury Research Center (BASIR), Tehran University of Medical Sciences (TUMS), Iran.

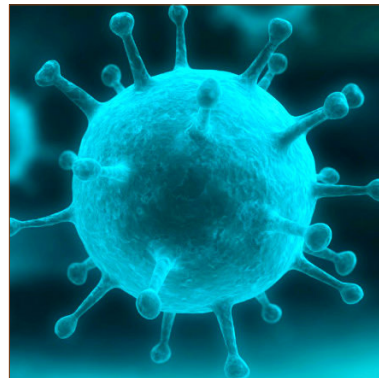
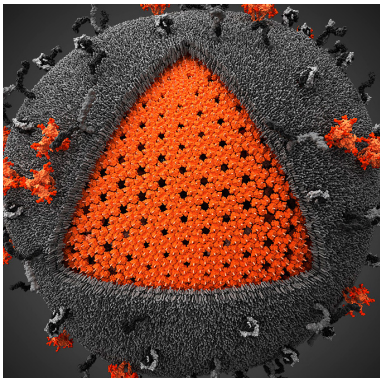
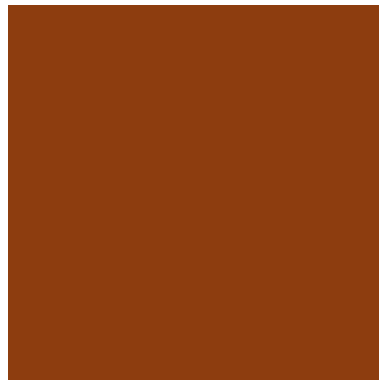
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 Notes:

Keynote Forum

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Effat Merghati Khoei

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Sexual risk behaviors and condom use barriers in Iranian female with substance use disorders

Background: We aimed to investigate Risky Sexual Behaviors (RSBs) and condom use barriers in Iranian women with substance use disorders (SUDs).

Methods: This study conducted with 300 women referred to the Outpatient Drug Free (ODF) and Methadone Maintenance Treatment Program (MMTP) centers active in Tehran, Capital of Iran. Inclusion criteria for the participants were as: a) women over 15 years, b) sexually active (oral, anal or vaginal) with any sexual partner (man / woman) in the last six months, c) a history of SUDs and currently in treatment (with or without pharmacotherapy) and d) able to complete the consent form and questionnaires. Data were collected using three questionnaires including a demographic questionnaire, the Risky Sexual Behavior Questionnaire (RSBQ) and the Condom Barriers Scale (CBS). The statistical software R, analysis of variance post hoc and Multivariate Analysis of Variance (MANOVA) logistic regression tests were used in data analysis.

Findings: The majority, 84.3 (N=253) had a history of at least one episode of risky sexual behavior in the past 12 months. Generally, the lowest and highest CBS subscale scores were the sexual experience (2.47 ± 0.86) and access/availability subscales

(3.52 ± 0.7), respectively. In addition, the mean score for partner barriers and motivational barriers subscales was (2.85 ± 0.79) and (3.19 ± 0.71), respectively.

Results: The results of MANOVA analysis showed that there was a statistically significant difference between the condom use barriers based on education ($P < 0.001$) and marital status ($P < 0.001$). Partner barrier subscale scores had a significant negative ($P = 0.003$) relationship with risky sexual behavior such that at one point increase in condom use, reduced the chance for risky sexual behavior by 60%.

Conclusion: Sexual dynamic and gendered experiences of Iranian women with SUDs vary. Our findings show that barriers to condom use is gender specific. Culturally acceptable and gender sensitive strategies need to be utilized in Iranian clinical settings reaching beyond simply condom accessibility for this at risk population.

Speaker Biography

Effat Merghati Khoei is an Associate Professor at Iranian National Center of Addiction Studies (INCAS) and Director of Sexual & Family Health Division in Brain and Spinal Injury Research Center (BASIR) Tehran University of Medical Sciences (TUMS) Iran.

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