In observance of World AIDS Day on December 1st, the Santa Barbara County Public Health Department is joining local partners in recognizing the achievements made in HIV Prevention. World AIDS Day is an opportunity for people worldwide to unite in the fight against HIV, to show support for people living with HIV, and to remember those who have lost their lives to AIDS-related illness. This year’s theme is “Ending the HIV/AIDS Epidemic: Community by Community”.

The Santa Barbara County Public Health Department is encouraging local providers to recognize World AIDS Day and assist us with raising awareness about the importance of HIV testing and HIV prevention.

**Routine HIV Testing in Health Care Settings**

- Take a thorough sexual history for all patients as part of routine medical care
- Provide patients with information on the importance of knowing their HIV status
- Offer HIV testing routinely to all patients aged 13 to 64 years, according to CDC guidelines
- Persons at high risk for HIV infection should be advised to be retested at least once a year. This includes some gay and bisexual men who may benefit from more frequent testing (for example, every 3 to 6 months).
- Discuss prevention tools with patients, including pre-exposure prophylaxis (PrEP) and services for people who inject drugs

**Talk to Your HIV Positive Patients about U=U (undetectable=untransmittable)**

- Counsel them on the necessity of staying undetectable for U=U to work.
- Educate them on the importance of taking HIV medications every day to stay healthy and also prevent transmission to their sexual partners.
- Explain and reinforce that when the virus is suppressed, they will not transmit HIV to partners.
- Encourage patients to know their viral load by keeping their medical appointments so they and their partners are sure of their undetectable status.
- Counsel patients about STD risk and preventive measures such as condoms and screening.

For additional resources and to view the 2018 HIV Annual Report, visit www.sbcphd.org/hiv.

**EPIDEMIOLOGY CORNER**

Visit the Epidemiology Reports webpage to review the new 2018 HIV Annual Report!

- In 2018, 549 residents were living with HIV in Santa Barbara County (SBC).
- In 2018, there were 32 newly diagnosed HIV residents, all of which were male.
- Between 2014-2018:
  - 54% of new HIV cases resided in the cities of Carpinteria, Santa Barbara and Goleta
  - Santa Barbara city had the highest infection rate of any SBC city at 11.9 cases per 100,000.
- Late stage HIV diagnosis increased in 2018 (31.3% of new HIV cases were dually diagnosed with AIDS.
The Month of January is National Cervical Cancer Awareness Month. Human Papillomavirus (HPV) is a group of over 150 viruses that are extremely common worldwide, with at least fourteen being cancer-causing (also known as a high risk type) (1). Though there are other risk factors linked to the development of cervical cancer, two types of HPV (Types 16 and 18) cause roughly 70% of cervical cancers and precancerous cervical lesions. Research also shows that HPV is linked to cancers of the anus, vulva, vagina, penis and oropharynx (1).

Broken down further, women who had been vaccinated, saw the percentage of precancers caused by HPV 16 and 18 drop from 55.2% to 33.3% and in unvaccinated women, the percentage dropped from 51% to 47.3%. Though both populations saw a decrease in the prevalence of HPV precancer, the Researchers who conducted the study believe this can be attributed to herd protection, or the concept that if enough individuals in a population are protected from an infection, the less likely that infection is to travel from host to host. CDC recommendations for administration of the HPV vaccine are for children ages eleven to twelve years old, and catch-up HPV vaccination is recommended for unvaccinated individuals age twenty-six years. For adults aged 27 through 45 years, "shared clinical decision-making" between the patient and the clinician is recommended. This means that the decision to vaccinate persons 27-45 years old should be based on a discussion of benefits and risks between the patient and the clinician.
Cervical cancer often starts with precancerous changes that can be detected through screenings, and the most common forms of cervical cancer screenings are a Pap test and an HPV test. The Pap test looks for changes in cervical cells and can also detect cervical cancer early, when it is easier to treat. While HPV is very common, and most HPV infections can be fought off by the body, the HPV test finds infections that can lead to cell changes and cancer. Starting at age thirty, the HPV test may be used with a Pap test to help doctors decide how to treat individuals who have an abnormal Pap test.

The Every Woman Counts (EWC) program, administered by the California Department of Health Care Services, is a state funded breast and cervical cancer screening program dedicated to decreasing breast and cervical cancer mortality in California. EWC provides free mammograms, Pap smears and other diagnostic tests (as recommended by providers). Typically, individuals that qualify for EWC screening breast exams or mammograms are individuals 40 years or older who are uninsured or underinsured, and have an income no greater than 200% of the Federal Poverty Level. Those that are eligible to have Pap smears covered are typically 21 years or older who meet the same insurance and income criteria set for the breast health screenings. EWC also covers diagnostic breast services for individuals of all ages who are symptomatic.

For more information on EWC, visit:
https://www.countyofsb.org/phd/healthed/cancerdetection.sbc

**PUBLIC HEALTH IN THE NEWS TRIVIA**

Test your public health knowledge with this quick 4 question quiz based on recently published reports and events
(Source: American Public Health Association).

https://www.surveymonkey.com/r/DecPHDQuiz
Cannabis use during pregnancy may restrict fetal growth, increase risk for low birth weight, increase chance of stillbirth, and may affect neurodevelopment (3). Infants exposed to THC (Tetrahydrocannabinol), the principal psychoactive constituent of cannabis, via breast milk may have trouble breastfeeding due to sedation, reduced muscular tone, or poor suckling ability (3).

Although recreational use of cannabis became legal in California on January 1, 2018, the medical community and public health departments across the state have been working overtime to educate the public on the potential hazards of cannabis use. We are in the beginning stages of understanding the short and long term effects of cannabis use on children in utero, during breastfeeding, and beyond. According to the California Department of Public Health, leading doctors’ organizations recommend that:

- If you are pregnant or thinking about becoming pregnant soon, discontinue use of cannabis (3).
- If you already use cannabis for medicinal purposes, discontinue use in favor of an alternative treatment which research shows is safe during pregnancy (4).
- Do not breathe cannabis smoke if you are pregnant. It is bad both for you and your baby because, like tobacco smoke, it lowers your oxygen levels, introduces toxins into your system and harms your lungs (3).
- Do not consume cannabis while breastfeeding because THC can be transmitted to infants who nurse (5).

If you would like to learn more about cannabis and how it affects different populations, the California Department of Public Health has created a public awareness campaign called Let's Talk Cannabis: www.cdph.ca.gov/Programs/DO/letstalkcannabis/Pages/LetsTalkCannabis.aspx

To learn more about health effects, the educational campaign, or local efforts visit: www.LetsTalkCannabisSBC.org and www.MJFactCheck.org.
REFERENCES


ISSUE CONTRIBUTORS

Adriana Almaguer - Immunization Program Administrator
Susan Liles, MS, RD, CLEC - Director of Nutrition Services
Leslie Mehigan, MBA, IBCLC, Lactation Consultant - Nutrition Services
Shantal S. Hover-Jones, MPH - Tobacco Prevention Program & Cannabis Education Program Coordinator
Timothy Watts, MPH, CHES - Every Woman Counts Health Educator
Jackie Ruiz, MPH - Public Information Officer
Michelle Wehmer, MPH - Epidemiologist, Newsletter Editor