



## Research

### Patient Navigation, Monetary Incentives, and HIV Suppression 156

In a multicenter randomized trial involving 801 hospitalized patients with HIV infection and substance use, Metsch and colleagues assessed the effect of a structured patient navigation intervention involving care coordination, case management, and motivational interviewing—with or without financial incentives for achieving targeted substance use and HIV care-related behaviors—on HIV viral suppression or mortality. The authors report that compared with treatment as usual, patient navigation with or without financial incentives had no beneficial effect on the combined end point of viral suppression and death at the 12-month follow-up.

### Condomless Sex, ARV Therapy, and HIV Transmission Risk 171

Rodger and colleagues evaluated the rate of within-couple HIV transmission in a prospective multicenter study involving 888 HIV serodifferent couples—heterosexuals and men who have sex with men—who reported condomless sexual activity and in which the HIV-positive partner was using suppressive antiretroviral therapy (ART). The authors report that during a median follow-up of 1.3 years, there were no documented cases of within-couple HIV transmission. In an Editorial, Daar and Corado discuss implications of the study findings for individuals who are infected with HIV and their serodiscordant sexual partners.

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CME [jamanetworkcme.com](http://jamanetworkcme.com)

### Male Circumcision, ART Coverage, and HIV Incidence in Uganda 182

To provide empirical evidence of the population-level effects of increased rates of medical male circumcision and increased availability of antiretroviral therapy (ART) on HIV incidence in sub-Saharan Africa, Kong and colleagues analyzed 1999-2013 population-based survey data ( $n=44\,688$  persons who completed  $\geq 1$  surveys) from 45 rural communities in Rakai District, Uganda. The authors found that increasing rates of medical male circumcision and female ART coverage were associated with lower community-level rates of incident HIV infection among men.

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2014;311(9):937-947.

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Editor in Chief  
Howard Bauchner, MD

**132 YEARS**  
OF CONTINUOUS  
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## Clinical Review & Education

### ARV Drugs for Treatment and Prevention of HIV Infection 191

This article by Günthard and colleagues—members of the International Antiviral Society—USA—provides updated antiretroviral therapy recommendations for adults with established HIV infection and for preventing infection among persons at risk. It is recommended that all persons with detectable circulating HIV be treated and that preexposure prophylaxis be considered for all at-risk individuals. In an Editorial, Mayer and Krakower discuss the benefits of early treatment, advantages of newer antiretroviral (ARV) drugs, and unresolved challenges in controlling the AIDS pandemic.

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### Preexposure Prophylaxis for HIV Infection 211

An article in *JAMA Internal Medicine* reported that in a cohort of 557 men who have sex with men and transgender women who were provided preexposure prophylaxis (PrEP) for HIV infection, just 2 individuals became infected during 48 weeks' follow-up, despite a high incidence of sexually transmitted infections. In this From The JAMA Network article, Riddell and Cohn discuss challenges in the implementation of PrEP programs, particularly among patients at highest risk of HIV transmission.

### HIV Screening: USPSTF Guideline 213

This JAMA Clinical Guidelines Synopsis summarizes the 2013 US Preventive Services Task Force guideline for HIV screening of adolescents, adults, and pregnant women. The guideline recommends that all adolescents and adults aged 15 to 65 years be screened for HIV infection and that individuals outside that age range who are at high risk be screened as well. All pregnant women should undergo HIV screening.

### From The Medical Letter: A New 4-Drug Combination for HIV 215

This *Medical Letter on Drugs and Therapeutics* article provides information regarding Genvoya, a fixed-dose combination of the integrase strand transfer inhibitor elvitegravir, the pharmacokinetic enhancer cobicistat, and the nucleoside/nucleotide reverse transcriptase inhibitors emtricitabine and tenofovir alafenamide, approved for the treatment of HIV infection in patients aged 12 years or older.



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summarizes and comments  
on this week's issue.



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