A Message from the Editor

The mission of *Public Health Reports* (*PHR*) is to inform the public health community about important public health priorities and provide you with the information needed to improve the health of the nation. This issue starts with information on a very important public health issue: immunization. "Recommendations from the National Vaccine Advisory Committee: Standards for Adult Immunization Practice" outlines important immunization information to improve the health of the adult population and provides an easy-to-use immunization schedule calendar, free of charge, that you can integrate into your practice. Help us spread the word by making copies, sharing them with students and colleagues, and posting them on electronic health record systems.

As highlighted in RADM Boris Lushniak's *Surgeon General's Perspectives* column, the acquired immunodeficiency syndrome epidemic that came to light in the early 1980s—and was a hallmark of then-Surgeon General C. Everett Koop's tenure—continues more than 30 years later. In the U.S., approximately 50,000 people become newly infected with human immunodeficiency virus (HIV) each year, and more than one million Americans are living with HIV.[1] These statistics indicate the ongoing need for HIV testing, prevention, and treatment services.

HIV prevention is the focus of three research articles in this issue of *PHR*. Peterman and colleagues studied men diagnosed with syphilis in Florida and found that they were very likely to be diagnosed with HIV in the ensuing years. Their research highlights the need to target men who get syphilis and offer interventions, such as intensive counseling and antiviral preexposure prophylaxis, to help reduce their risk of contracting HIV.

The article by Kong and colleagues discusses the importance of early HIV diagnosis and care, particularly among foreign-born people at risk for tuberculosis (TB). Almost half of California's HIV/TB patients had new HIV diagnoses and missed opportunities for TB prevention. Outreach and education should target foreign-born people at risk for TB to identify HIV infection earlier and link them to HIV care and TB preventive care. Public health TB programs should continue to monitor HIV/TB comanagement data to ensure adherence to guidelines to maximize prevention opportunities.

The theme of prevention, diagnosis, and treatment of HIV continues in a third article by Bachhuber and Southern. They found that, despite reductions in hospitalization rates associated with widespread use of antiretroviral therapy (ART), people with HIV are still hospitalized at high rates. Further, they found that substantial gender and racial/ethnic disparities in hospitalization rates exist, suggesting that the benefits of ART are not reaching all racial/ethnic groups. Removing barriers to care and finding, engaging, and retaining all people living with HIV in care are imperative to realize the full benefits of ART for all groups.

A timely article by Brady and colleagues examines the efficacy of prescription drug monitoring programs (PDMPs). As they note, per-capita opioid dispensing has been on the rise since the 1990s. To mitigate the abuse of prescription opiods, most U.S. states have implemented PDMPs. However, Brady et al. found that PDMPs did not have a significant impact on the amount of opiods dispensed per capita, and that increased data sharing with neighboring states, requirements for committee oversight, and improved usability might help improve their efficacy.

Finally, there are several thought-provoking commentaries and columns in this issue that I'm sure will be talked about in the coming months.

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REFERENCE

1. Centers for Disease Control and Prevention (US). HIV surveillance supplemental report: estimated HIV incidence in the United States, 2007–2010. 2012 [cited 2013 Dec 5]. Available from: URL: http://www.cdc.gov/hiv/pdf/statistics_hssr_vol_17_no_4.pdf