

Office of AIDS Update: November 2008

1. CDPH Strategic Plan & Office of AIDS Goals
2. Website Update
3. Increasing Condom Distribution
4. Enhancing Care, Prevention & Testing by facilitating communication, collaboration and coordination
 - Clinical Meeting
 - Prevention Think Tank
 - Technology Summit
 - Testing meeting with CDC & OA follow-up/plans
 - Rural Think Tank/Shasta, Imperial and Madera visits
5. HIV/AIDS Surveillance
 - Surveillance overview
 - HIV Incidence Surveillance
 - eHARS & Web-CMR v
 - Second Surveillance Stakeholder meeting

CDPH Strategic Plan: Goal for HIV

Healthy People 2010

- Reduce deaths due to HIV infection
 - ❑ Target = 0.7 per 100,000 population

- How?
 - ❑ Improve care impact for people with HIV
 - ❑ Limit new infections, and thus the number of people who are vulnerable to die

CA HIV/AIDS Death Rates by Race/Ethnicity

Comparing 1995 (Before HAART) to 2005

Rates per 100,000

Race/Ethnicity	1995	2005	% Decrease
White	27.3	4.5	83.5%
Hispanic/Latino	16.2	2.8	82.7%
African American	61.9	16.6	73.2%
Asian/PI	4.8	0.7	85.4%
Native American	17.2	3.7	78.5%
ALL	24.0	4.2	82.5%

OA's Goals and Strategies: Primary Goals

1. Minimize # of people acquiring HIV infection
 2. Maximize # of people with HIV infection who are accessing appropriate care, treatment, and support
-

Website update



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As designated by California Health and Safety Code Section 131019, the Office of AIDS (OA) has lead responsibility for coordinating state programs, services, and activities relating to HIV/AIDS. OA is committed to assess, prevent, and interrupt the transmission of HIV, and to provide for the needs of HIV-infected Californians.

- [Centers for Disease Control and Prevention's \(CDC\) Division of HIV/AIDS Prevention \(DHAP\) is offering four two-year post-doctoral research fellowships-the 2009-2011 DHAP/ORISE Post-Doctoral Research Fellowships for HIV Prevention in Communities of Color](#) - Applications will be accepted from November 1, 2008 until December 31, 2008.
- [Office of AIDS Stakeholders Letter - October 9, 2008 \(PDF\)](#) Read about recent OA web site developments.

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News, Hot Topics, and Updates

- Meetings, Conferences, and Events
- News

General Information

- A to Z Index
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- HIV/AIDS Topics by Population
- Content Notice and Disclaimer
- Facts Sheets
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- Sexually Transmitted Diseases (STD) Information

For Individuals

- AIDS Drug Assistance Program (ADAP) Services in Your County
- California's HIV/STD Referral Database
- HIV/AIDS Services in Your County
- HIV Testing Resources

For Providers & Contractors

- Forms
- Funding Opportunities
- Provider Resources

For Researchers

- CDPH - Research Highlights (PDF, New Window)
- Data Resources
- HIV/AIDS Statistics

Program Information

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- Welcome to OA
- OA Overview and Programs

Organization

- Center for Infectious Diseases
- Office of AIDS (PDF, New Window)

Resources

- CA Conference of Local AIDS Directors (CCLAD)
- CA Conference of Local Health Officers (CCLHO)
- Community Planning and Other Community Resources
- Guidelines
- HIV/AIDS Laws and Regulations
- HIV/AIDS-Related Web Sites
- Publications and Reports

Job Opportunities

- OA Vacancies
- Other HIV/AIDS-Related Job Opportunities
- CDPH Vacancies

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October 9, 2008

TO: OFFICE OF AIDS STAKEHOLDERS

SUBJECT: OFFICE OF AIDS WEB SITE

The California Department of Public Health, Center for Infectious Diseases, Office of AIDS (OA) is pleased to inform you about the recent launch of its new Web site. OA's new URL is: www.cdph.ca.gov/programs/AIDS.

In addition to OA's new Web site address and look, the Web site includes more user friendly features, news and information about OA programs and activities, as well as links to national HIV/AIDS resources and findings that impact California. We are continually adding material to the site and rearranging materials so they are easy to find. We welcome your suggestions to help us create a premier resource for people with an interest in HIV in California.

Some examples of what you will see on the Web site:

1. On the [OA Home page](#), you will find current news directly on the page, for example as of October 8, 2008:
 - [October 15, 2008 is National Latino AIDS Awareness Day \(NLAAD\)](#)
 - [The California HIV/AIDS Research Program Announces the 2008 Call for Applications](#)
2. Direct links from the [OA Home page](#) include: [Meetings, Conferences, and Events](#). Here you will find:
 - [Upcoming Meetings](#)
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Office of AIDS

Community Planning and Other Community Resources

- [California HIV/AIDS Planning Group \(CHPG\)](#)
- [Population-Based Community Planning Groups](#)
- [Local Ryan White Care Act Planning Councils](#)
- [Local HIV Prevention Planning Groups](#)

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Federal Register: November 10, 2008

FDA concludes that the scientific evidence... fully support[s] the... effectiveness of latex condoms in reducing the risk of transmission of common STIs... correct and consistent use of latex condoms reduces the risk of transmission of HIV/AIDS...



- 3.5 – 4 million condoms will be available for FY 2008-09, up from 1.4 million in the previous year
- Now, both LHJs and CBOs have the ability to order condoms on an “as-needed” basis at <http://www.hivinfo.org/miva/merchant.mvc>

OA Focus: Supporting California's HIV Care Needs

**An Initial Meeting of Training, Consultation
and Professional Organization Partners**

October 16, 2008

Training, Professional Organizations, Care and Public Health Networks

1. PAETC Pacific AIDS Education and Training Center
2. PTC California STD/HIV Prevention Training Center
3. IAS-USA International AIDS Society
4. AAHIVM The American Academy of HIV Medicine
5. HIVMA HIV Medicine Association
6. ANAC Association of Nurses in AIDS Care
7. CMA California Medical Association
8. CDCR California Department of Corrections and Rehabilitation
9. VA Veterans Affairs Administration
10. KP Kaiser Permanente
11. CCLAD California Conference of Local AIDS Directors

Unable to attend: NMA, UCD Telemedicine

Discussion

Our vision is for every person in California with HIV infection to receive high quality medical care.

1. How can OA facilitate and support increased coordination and collaboration among partner groups, to maximize the impact of our work to provide high quality care and support to people with HIV throughout the state.
2. Creating an Emergency Response Network for HIV care and support

POSSIBLE DISCUSSION POINTS for TODAY

OA Focus: Enhancing HIV Prevention Prevention Think Tank

May 13-14, 2008

- **Purpose:** To create an opportunity for prevention and care providers, funders, researchers, and public health officials to review current status of selected HIV prevention strategies and assess possibilities for scale-up in the future
-

Attendees

- LHDs
 - University-affiliated researchers
 - HIV prevention providers
 - CDC managers and behavioral scientists
 - NIMH scientist
 - Physicians providing direct care to clients
 - State partners: STD, PTC, Lab
 - 25 members of OA management and staff
-

Agenda Topics

Day One

1. Post-exposure Prophylaxis (PEP)
2. Prevention with Positives
3. Acute HIV testing
4. Behavioral Interventions

Day Two

5. HIV testing in Emergency Depts. and hospitals
 6. HIV testing in STD and other clinics
 7. Partner Counseling and Referral Services (PCRS)
-

After the Prevention Think Tank

- “Big picture discussions:” Prioritization, Evaluation and Capacity-building
 - **Outcomes/Next Steps:**
 - Report on website - done
 - Focus groups, key informant interviews and additional focused meetings – planning now, then:
 - Convene additional stakeholders, including community partners, providers, consumers
 - Discussion with CCLAD, CHPG, LAB, TG CAB, CAHAAC, other community partners
-

OA Focus: Enhancing OA Data Utility Technology Summit

October 29-30, 2008

- **Purpose:** To assemble a sample of OA service providers and groups that are developing innovative data collection technology to discuss challenges collecting OA data, pros/cons of various technologies, and possibilities for scale-up in the future
-

Attendees

- LHDs: LA DPH, SF DPH (and Magnet), Orange County DPH, San Mateo HD, Madera DPH
 - Universities: UCSF, UCLA
 - CDC
 - Technology Sector: RTI International, Baobab Health, D-tree International, Resources Online, Data Design, UnaMesa Association
 - 10 members of OA management and staff
-

Agenda Topics

Day One

1. Data collection in high volume, high resource settings
2. Data collection in low volume, low resource settings
3. Data collection in outreach settings
4. Data collected from medical settings

Day Two

5. Open synthesis about Day One
 6. Data integration, anonymous client ID linkage, data sharing
 7. Focused discussion (in small groups): high volume clinic; outreach; medical care setting; rural setting
-

After the Technology Summit

■ Outcomes/Next Steps:

- ❑ A theoretical framework was developed
 - ❑ OA developing a draft plan re requirements
 - ❑ Targeted discussions with Technology Summit attendees
 - ❑ Convene additional stakeholders, primarily providers
 - ❑ Identify pilot opportunities
 - ❑ Refine plan and develop implementation process
-

OA Focus:

Opportunities to increase HIV
screening in California

CDPH/Office of AIDS Considerations:
What role can we play?

Reduce Barriers to HIV screening

- Expand in new and existing venues
 - Take full advantage of
 - CDC guidelines (2006)
 - Legislation (AB682) eliminating written consent requirement for performing an HIV test (2008)
 - Legislation (AB1894) requiring reimbursement by private insurers for HIV screening (2009)
 - Recent incidence and prevalence reports from CDC (2008)
-

Needs that OA is addressing to facilitate increased HIV screening by venue

- Linkages with appropriate training and TA providers through PAETC and PTC
- Facilitate linkages to local care and support
- Training to utilize reimbursement sources
 - identify remaining areas in need of financial support

Venue considerations

- Outpatient settings
 - Providing continuity care
 - Providing as-needed care
 - Inpatient settings
 - Corrections (prison, jail, juvenile)
 - Substance use treatment
 - Other non-clinical settings (e.g., CBOs, mobile testing programs, health fairs)
-

Outpatient settings

- Providing continuity care
 - ❑ TB clinics
 - ❑ Primary care co-located with HIV care clinics
 - ❑ Other primary care (e.g., Family Practice, General Int. Med, Women's Health)
- Providing as-needed care
 - ❑ STD clinics
 - ❑ Emergency Departments
 - ❑ Urgent Care clinics
 - ❑ Family Planning clinics

Inpatient settings

- Medical wards
 - Psychiatric wards
 - OB-Gynecology wards
 - Surgical wards, e.g.,
 - Trauma
 - Services caring for infectious processes
-

Consider venue-specific purpose of HIV screening/testing

- Screen only (with minimal education)
 - Screen + provide expanded education
 - Test + provide prevention interventions
-

No matter the venue, ensure that...

- All are provided with basic information on the HIV test, voluntary nature of testing, and educational materials on how to remain negative
 - All HIV-positive clients
 - receive appropriate results disclosure
 - are given accurate HIV care/treatment and partner services linkages as well as appropriate assistance in accessing referrals
-

Potential OA role in all venues

- Facilitate access to venue-specific training and technical assistance needs related to:
 - ❑ Specific test technology
 - ❑ Provider and client education and materials
 - ❑ Disclosure and other counseling
 - ❑ Care and support linkages
 - ❑ Financial eligibility screening
- By coordinating and/or contracting with appropriate venue-specific training and TA partners

Primary care co-located with HIV clinics

Purpose	Test Method	Financial Eligibility Screening	Training	Financial Needs from OA if Resources Available	Partners
Basic: Screen + Educate Or Expanded: Provide prevention counseling if resources and interest	Standard	Yes	(Prevention counseling) Test-specific training Disclosure Linkages Eligibility	Training and TA Lab costs as payer of last resort	PAETC PTC (AAHIVM) (CMA) (CA Primary Care Association) (CA Family Health Council) (NMA) (Community Health Center)

TB Clinics

Purpose	Test Method	Financial Eligibility Screening	Training	Financial Needs from OA	Partners
<p>Screen + Educate</p> <p>(TB-specific education)</p>	<p><u>Active TB cases:</u> clients seen more than once and blood is drawn. Whichever test fits best with clinic flow.</p> <p><u>Contacts:</u> clients seen more than once so rapid not required. If PPD, oral fluid preferred. If Quantiferon standard preferred due to cost (rapid blood is alternative).</p> <p><u>LTBI:</u> single visit, so rapid test. Oral fluid if no phlebotomy to help make the decision about whether or not to initiate LTBI treatment with a preliminary positive result.</p>	<p><u>Bill Medi-Cal if available.</u> Most TB clinics are set up to bill Medi-Cal. Both Medi-Cal categories have to meet income (low) and immigration (legal) criteria.</p> <p><u>Regular Medi-Cal</u> pays for folks who would qualify for regular Medi-Cal (children and adults with minor children). Regular Medi-Cal would pay for LTBI treatment and contact evaluation for eligible persons.</p> <p><u>TB Medi-Cal</u> pays for outpatient services for people who would not qualify for regular Medi-Cal (single adults). TB Medi-Cal is only for cases and suspects.</p> <p>TB cases that are co-managed with LHD and private sector and LTBI treated in the private sector: bill <u>private insurance</u>.</p> <p><i>All others for whom LHDs cover services: OA support</i></p>	<p>TOT to create system</p> <p>HIV-TB education</p> <p>Test-specific training</p> <p>Disclosure</p> <p>Linkages</p> <p>Eligibility</p>	<p>Test kits or lab costs as payer of last resort</p> <p><u>In process:</u></p> <p>Initial Training</p> <p>limited on-going TA</p>	<p>Curry Training Center</p> <p>TB Control Branch</p> <p>AETC</p> <p>PTC</p>

Testing meeting with CDC...
and next steps

Implementation of HIV Screening in Acute Care Settings: A Strategic Planning Workshop for Hospitals

October 22-24, 2008

- **Sponsored by CDC and OA**
 - Attendees: 11 California hospitals and clinics - administrators and staff
 - Purpose: To provide hospital teams with an opportunity to hear from “early adopters” of HIV screening and problem-solve on how they can implement HIV screening in their emergency departments, urgent care, and other inpatient and outpatient departments.
 - OA working with PAETC and PTC to provide follow-up TA
-

OA Focus:

Rural Think Tank – Part 1

March 2 and 3, 2009

Rural LHJs and urban LHJs with rural areas face unique obstacles. Some are common to both groups, such as distance, unique stigma-related issues and unique poverty-related issues.

In addition, rural LHJs receive minimal funding, while urban LHJs with rural areas need to make resource allocation decisions taking into account both their urban and rural concerns.

First Rural Think Tank: Who and What

■ Participants:

- ❑ AIDS Directors and one additional health department staff from interested LHJs, including those that are predominantly urban but also have rural areas
- ❑ Training and/or consultation, state and federal partners

■ Content:

- ❑ Consider successful programs and strategies as well as barriers and obstacles and brainstorm potential policy and program changes for OA.

First Rural Think Tank: Goals

1. To identify policy and program changes for OA that are likely to facilitate appropriate and high quality HIV surveillance, education and prevention, and care and treatment activities in rural LHJs and urban LHJs containing rural areas
2. To facilitate access to relevant non-OA training, consultation and other resources
3. To facilitate collaboration within and between LHJs

POSSIBLE DISCUSSION POINTS for TODAY

Shasta, Imperial and Madera & surrounding counties site visits

How can OA provide flexibility and support to accomplish much with little - education, prevention, care, treatment, support and surveillance

Southern and Northern CA PAETC meetings with OA

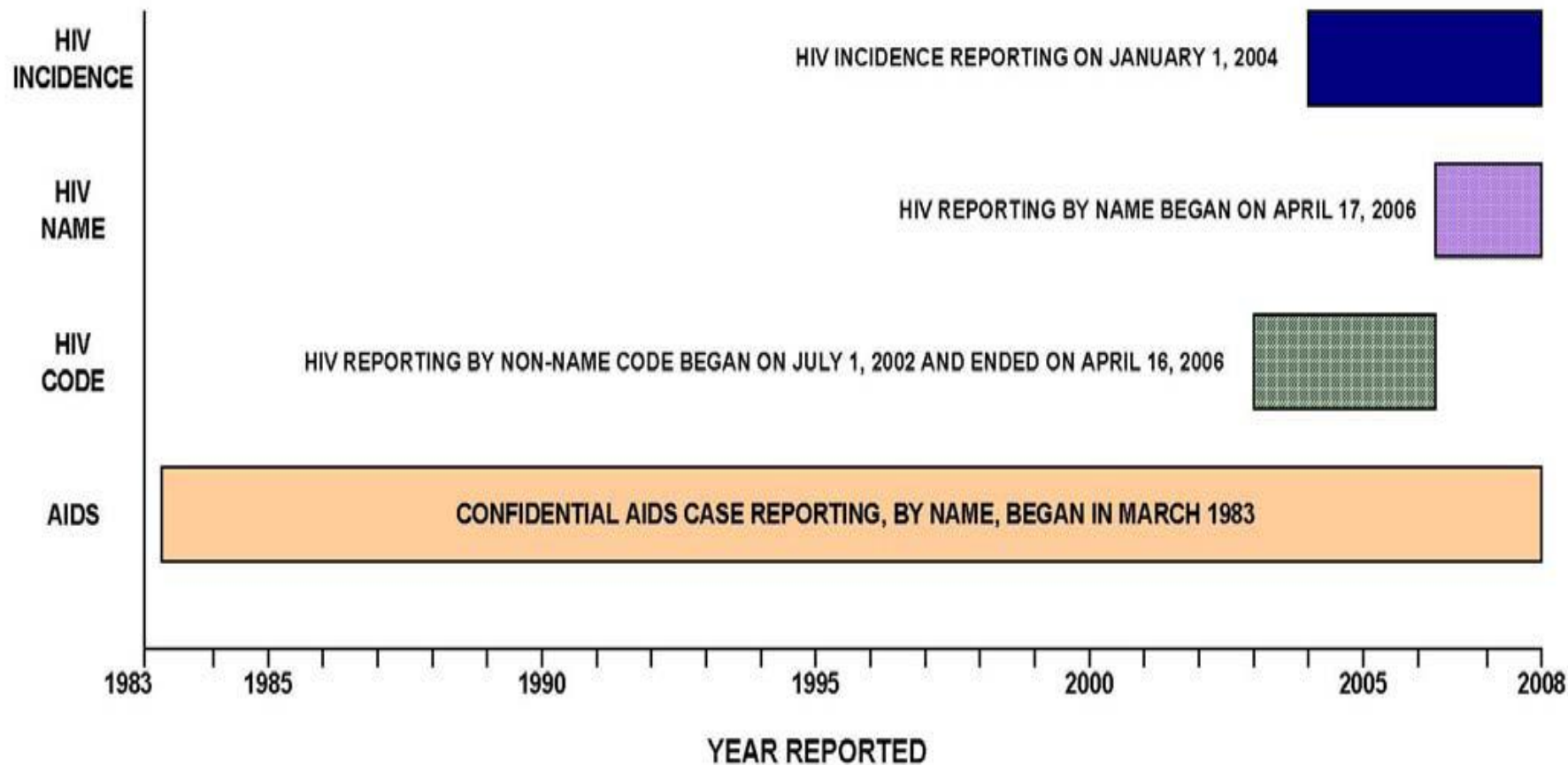
- 11 local performance sites (LPS) throughout California provide *free training and technical assistance* to health care facilities
 - implementation of the CDC HIV testing recommendations
 - care and treatment issues
 - Based at medical schools and community-based organizations, the faculty of nurses, physicians and program managers can help address implementation challenges, train staff, and develop policies and procedures.
-

OA Focus: Enhancing HIV/AIDS Surveillance

Core Surveillance
Incidence Surveillance

Figure 1.

TIMELINE OF CALIFORNIA HIV/AIDS SURVEILLANCE SYSTEMS



OA Focus:

HIV Incidence Surveillance (HIS)

	Core Surveillance	HIS
Measures	New <i>diagnoses</i> HIV Prevalence ■ Existing cases	New <i>infections</i> HIV Incidence ■ New cases
Data collected	■ Demographic information ■ HIV risk ■ HIV test result ■ AIDS Indicators	Also: ■ Past HIV testing history ■ Medications to treat or prevent HIV (ART) ■ STARHS test result from remnant blood specimen
Uses of data	Both important to guiding prevention and care; resource allocation.	
	Changes in burden of disease.	Where infection is spreading

What Is STARHS?

- Antibody-based laboratory testing method that allows CDC to identify, with reasonable probability, how many newly reported HIV infections in any given population are recent
 - i.e., within the previous 6 -12 months
-

Requirements for HIV Incidence Surveillance

Remnant HIV+ Serum

Supplemental Data

STARHS
Testing using
BED Assay

Testing and
Treatment History

```
graph TD; A[Remnant HIV+ Serum] --> D[STARHS Testing using BED Assay]; B[Supplemental Data] --> E[Testing and Treatment History]; D --> F[HIV Incidence Estimation]; E --> F;
```

HIV Incidence Estimation

Key Non-Health Department Partners

■ **Providers:**

- Ensure new patient records include testing and treatment history (TTH)
 - First positive HIV Test
 - Last negative HIV test
 - Exposure to antiretroviral medication
- Facilitate completion of HIV/AIDS case report form when new case is ascertained

■ **Labs:**

- Ship remnant serum samples to central facility for STARHS testing

Key Health Department Partners

■ **Local Health Departments**

- ❑ Collect core surveillance variables and TTH data through receipt from providers and active surveillance

■ **Office of AIDS**

- ❑ Raise awareness and interest
- ❑ Guidance, technical support and monitoring
- ❑ Data management and transfer to CDC
- ❑ **Complete California incidence estimation**

OA Focus: CDC eHARS/web-CMR visit

Implementing now: eHARS

Planning for the future: web-CMR

CCLAD & web-CMR Advisory Group

POSSIBLE DISCUSSION POINTS for TODAY

Second Surveillance Stakeholder meeting

1. Web-CMR and eHARS
2. HIV Incidence Surveillance
3. Partner Services

Surveillance Stakeholder Meetings

1st: April 9-10, 2008

- **Purpose:** Provide opportunity for consensus-building discussion regarding current and future HIV reporting policies and regulations

 - **Attendees:**
 - ❑ LHDs (incl. CCLAD, CCLHO)
 - ❑ Surveillance coordinators
 - ❑ Laboratory directors
 - ❑ Health care providers
 - ❑ Service organizations serving HIV-positive patients
 - ❑ Advocates
-

Outcomes and Next Steps

- **Workgroup #1:** Data Transmission Issues
- **Workgroup #2:** Centralized Laboratory Reporting
- **Workgroup #3:** Considerations Regarding Possible Uses of HIV/AIDS Data for Public Health Purposes
 - eg Partner Services, case management

Next Meeting December 3, 2008

Possible Discussion Topics for Today

■ Testing

- ❑ OA can facilitate linkages with appropriate training and TA providers through PAETC and PTC
- ❑ Facilitate linkages to local care and support through LHD

■ Care and Support

- ❑ How can OA facilitate and support increased coordination and collaboration among partner groups, to maximize the impact of our work to provide high quality care and support to people with HIV throughout the state.
- ❑ Creating an Emergency Response Network for HIV care and support

■ Rural Think Tank

■ Surveillance

- ❑ HIS
- ❑ Web-CMR

Thank You

For your assistance in helping OA
meet its goals

Day 2: Joint CCLAD-STD Controller Meeting

November, 2008

Topics

1. Integrating CDPH and LHJ Integration Efforts
 2. Hepatitis Vaccine Expansion
 3. Partner Services and Surveillance
-

Integrating CDPH and LHJ Integration Activities:

Step 1 (March, 2008)

- Reviewed activities in two representative LHJs, Orange and Sacramento Counties, from perspective of CDPH program monitors
 - Focus: successes in service integration, barriers to enhanced service integration and how these barriers might be overcome.
 - County reps were not included in the meeting, as it was designed to discover CDPH knowledge of cross-divisional activities in these Counties
-

Preparation and Discussion

- Teleconferences among program monitors for Orange and Sacramento from OA, STD, TB, IZ
 - Review existing programs and integration activities
 - Discuss potential collaboration opportunities and enhanced service integration
 - Monitors and managers: review demographics and disease trends, organizational structure and funding, referral sites for clients, and the role of County Health departments and community-based organizations in detecting, treating, and managing disease.
-

Findings

- Significant differences in how the two Counties operate result in different strengths and challenges
 - Orange County more highly integrated in terms of STD/HIV services due to large, County-operated clinic offering “one-stop shopping.”
 - Sacramento County successful at integrating HIV testing into most of its primary care clinics, using a geographic managed care model that has integrated many categorical services, with the exception of TB.
 - Lack of awareness among CDPH staff and management about services offered by other Divisions within the counties.
-

Integrating CDPH and LHJ Integration Activities:

Step 2 (September, 2008)

- Los Angeles and San Francisco HIV/STD/TB/IZ representatives described integration efforts currently taking place in their jurisdictions.
 - Best practices, challenges/resolutions, data sharing issues
 - Technical assistance needs from CDPH
 - Discussed how to assist other counties statewide to start or enhance existing HIV/STD/TB/Immunization program integration.
-

Los Angeles Integration Efforts

- **HIV Medical Sites:** Hep B, TB, Syphilis
 - **TB Clinics:** HIV
 - **Jails:** HIV/STD
 - **Mobile Testing Units:** HIV, STD, Hepatitis
 - **Alternative Testing Sites:** HIV, Syphilis
 - **Commercial Sex Venues:** HIV, STD
 - **IDU Service Sites:** Hepatitis C, HIV
 - **Staff cross-training:** HIV, STD, Hepatitis
 - **Partner Services:** HIV, STD, Embedded PHI w/Liaison
-

San Francisco Integration Efforts

- **STD Clinic:** HIV C&T; HE/RR; PwP; 3rd Party Notification; Hep A/B Vaccinations; Substance Abuse Referrals; Family Planning Services inc. Emergency Contraception & PAP Smears
 - **City Clinic:** HIV C&T, Case Management, Medical Care, 3rd Party Notification; PEP; TB testing; Flu Vaccinations; Gardasil vaccinations
 - Fund pooled RNA screening & planning
 - Contribute funding to collaborative project for Substance Use Contingency Management
 - Acknowledged need to expand integration of TB and HCV
-

Findings

- Both counties described integrated testing strategies that are successful for them, although the way in which programs are being administered in each LHJ is unique.
 - Agreed that programs would be difficult to replicate statewide with limited funds available.
 - Lack of awareness within the two counties of services offered by other groups at the local and State levels, among both staff and management.
 - Inadequate staffing to provide services to the large numbers of patients seeking care.
 - Both counties expressed desire for continued meetings to enhance communication.
-

Integrating State and LHJ Integration Efforts

Step 3: How do we extend these
discussions throughout the State?

IZ: Expansion of Adult Hepatitis Vaccine Project Participation to All CA Counties

- Hepatitis A, Hepatitis B, or combination AB vaccine
 - Settings:
 - Sexually transmitted disease (STD) treatment facilities,
 - Human immunodeficiency virus (HIV) testing or care facilities,
 - Drug abuse prevention and treatment facilities,
 - Syringe exchange programs,
 - Correctional facilities,
 - Health care settings serving men who have sex with men.
 - Health care settings serving injection drug users (IDU)s.
 - Health care settings serving Asian/Pacific Islanders (or other individuals born in countries with at least 2% prevalence of chronic hepatitis B infection).
-

Second Surveillance Stakeholder meeting **December 3, 2008**

1. Web-CMR and eHARS
 2. HIV Incidence Surveillance
 3. Partner Services
-

Status of considerations re surveillance data and partner services

- August, 2008: OA invited STD Branch and CDC HIV Prevention, Surveillance & STD Project Officers & Sam Dooley to Sac
 - Agreed to pilot proposal to focus on:
 - Local stakeholder input process
 - Policies and procedures for meeting HIV surveillance security requirements
 - Proposal prepared and awaiting my assessment of competing funding priorities
-