HRSA
Health Resources & Services Administration

HIV Cluster Detection and Response Institute
301: Improving Service Delivery in Recent Responses

2022 National Ryan White Conference on HIV Care and Treatment

August 25, 2022

Vision: Healthy Communities, Healthy People

Presenters

- **CDR Anita Edwards**, MBA, Chief, Southern Services Branch, Division of State HIV/AIDS Programs (DSHAP), HAB, HRSA
- **Stephen Perez**, PhD, RN, ACRN, Detection and Response Branch, Division of HIV Prevention (DHP),Centers for Disease Control and Prevention (CDC)
- **Jonathan Hanft**, Ryan White HIV/AIDS Program Supervisor, Hennepin County Public Health
- **Anna Bosch**, MPH, Minnesota Department of Health
- **Christine Teague**, PharmD, MPH, Program Director Charleston Area Medical Center, Ryan White Part C Program

Agenda

- Recap of 101: Connecting Data, Partners, and Programs to Close Gaps and 201: *Partnerships to Enhance Routine Cluster Detection and Response*
- Specific examples of successful cluster detection and response interventions
- Collaborations between Ryan White HIV AIDS Program grant recipients and health departments in response

Learning Objectives

- Name interventions that have been used in successful HIV cluster and outbreak responses.
- Describe partnerships across clinical care settings and support service providers that contribute to successful HIV cluster and outbreak response.
- Identify strategies to build partnerships that engage clinical care providers and other service providers to meet the needs of local communities impacted HIV clusters outbreaks.

Health Resources and Services Administration (HRSA)

Overview

Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged

HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HRSA Ryan White HIV/AIDS Program

HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- **Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.**
- **Funds grants to states, cities, counties, and local community-based organizations to improve health outcomes and reduce HIV transmission.**
  - Recipients determine service delivery and funding priorities based on local needs and planning process.
- **Provided services to nearly 562,000 people in 2020—more than half of all people with diagnosed HIV in the United States.**
- **89.4% of RWHAP clients receiving HIV medical care were virally suppressed in 2020, exceeding national average of 64.6%[i].**

HRSA Ryan White HIV/AIDS Program

i. Centers for Disease Control and Prevention. Core indicators for monitoring the Ending the HIV Epidemic initiative: National HIV Surveillance System Data Reported through December 2021; and Preexposure Prophylaxis (PrEP) Data Reported through September 2021. HIV Surveillance Data Tables 2022;3(No. 1). https://www.cdc.gov/hiv/library/reports/surveillance-data-tables/index.html. Published May 2022.

Recap of 101 and 201

HIV Cluster Detection and Response Institute 301: Improving Service Delivery in HIV Cluster and Outbreak Response

Stephen Perez, PhD, RN, ACRN
Detection and Response Branch
Division of HIV Prevention
Centers for Disease Control and Prevention

Ending the HIV Epidemic

Core Cluster Detection and Response Strategies

Fundamental Building Blocks

- Internal partnerships
- External partnerships and community engagement
- High-quality, timely data
- Data integration
- Flexible funding

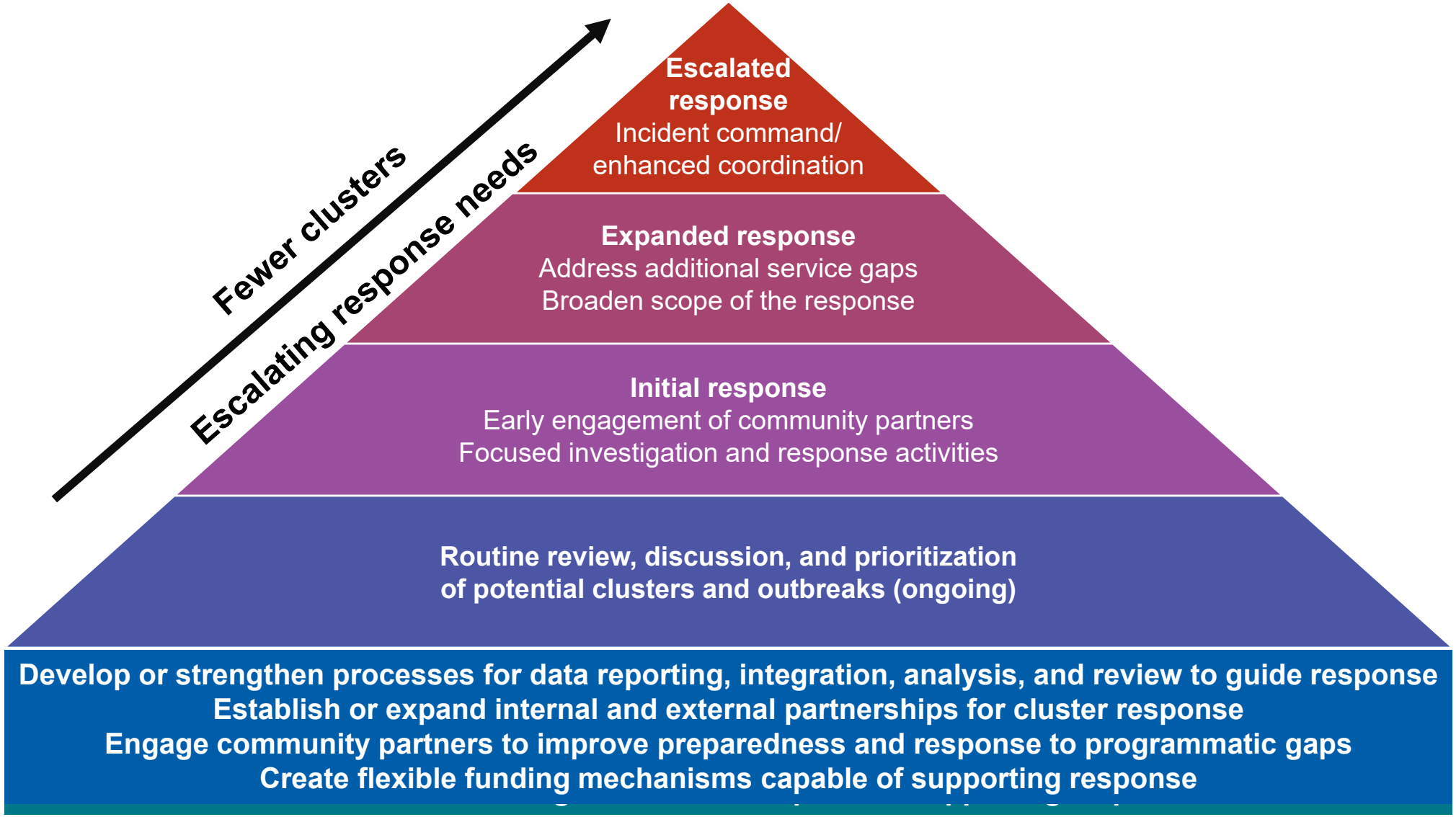
Investigate and Intervene in Networks

- Understand networks
- Support linkage to and retention in critical services

Identify and Address Gaps in Programs and Services

- Identify and swiftly address gaps
- Use cluster information to guide future activities

The Spectrum of Cluster Detection and Response



Key Organizations and Roles

Staff or Organization	Role
HIV medical providers, medical case management	Entry or re-entry to care, retention in care, trusted relationship to promote services, care status
HIV prevention	HIV testing, PrEP, condom distribution, risk reduction interventions, social marketing and media
HIV surveillance	Detect clusters, monitor growth, evaluate outcomes
Partner services (e.g., disease intervention specialists) and STD clinics	Partner elicitation/notification, HIV testing, PrEP, STI testing and treatment
(Re-)linkage to care program	Data to care, navigation to medical and supportive services
Supportive services for people with and without HIV	Housing, transportation, mental health and substance use, healthcare benefits, employment, etc.

Key Organizations and Roles (cont.)

Staff or Organization	Role
Programs addressing syndemics (e.g., viral hepatitis)	Test and treat co-occurring conditions, identify opportunities for co-location of services, person-centered health
Community-based organizations and FQHCs	Reach populations of focus: HIV testing, SSPs, PrEP, STI testing and treatment, primary care, social media messaging
Community planning groups, community members	Community-driven planning and services, address stigma, lived experiences
Other jurisdictions (e.g., local or regional HDs, neighboring jurisdictions)	Locating, identify extent of cluster, continuity of client services
Correctional and detention settings	Locating, HIV testing, medical care, STI testing and treatment
Communications officers	Health alerts, media campaigns, outbreak declaration
Agency leadership, including legal counsel	Agency capacity and staffing, funding, approve policy and processes, data protections

Opportunities for Collaboration

Opportunities for collaboration: Training

- **AIDS Education and Training Centers**
  - Support national HIV priorities by building clinician and care team capacity and expertise along the HIV care continuum
  - Provide focused educational efforts in response to HIV outbreaks
  - Build collaboration and community engagement

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Opportunities for collaboration: Outreach

Improve access and uptake of HIV testing

- Community-based organizations
- Clinics, emergency departments, pharmacies

Improve or modify service outreach

- Intensify partner services
- Network-driven recruitment (e.g., for HIV testing, SSPs)
- Mobile or venue-based services
- Home or self-testing

Opportunities for collaboration: Prevention and Care

Increase number of persons who are virally suppressed

- Rapid linkage to HIV care and ART initiation
- Care coordination and case management to strengthen retention in care
- Enhance delivery of key social support services (e.g., housing)

Expand PrEP

- New providers, hours, locations
- Increase PrEP messaging
- Improve retention

Increase SSPs

- New providers, hours, locations
- Policy changes and acceptability of services

Collaboration for Community Engagement

Program Planning

Engage **community members and organizations** in **planning** for cluster detection and response programs via:

Meetings with planning bodies and public health, policy, healthcare, and community organizations

National, state, local

Program Implementation (Response to a Cluster or Outbreak)

Engage **community members and organizations** in **responding** to specific clusters and outbreaks via:

Public forums, meetings with healthcare providers and community organizations

Usually state and local

Engage **people involved in cluster or outbreak** in **responding** to specific clusters and outbreaks via:

Qualitative interviews to ask input on challenges and needs and solicit ideas for solutions

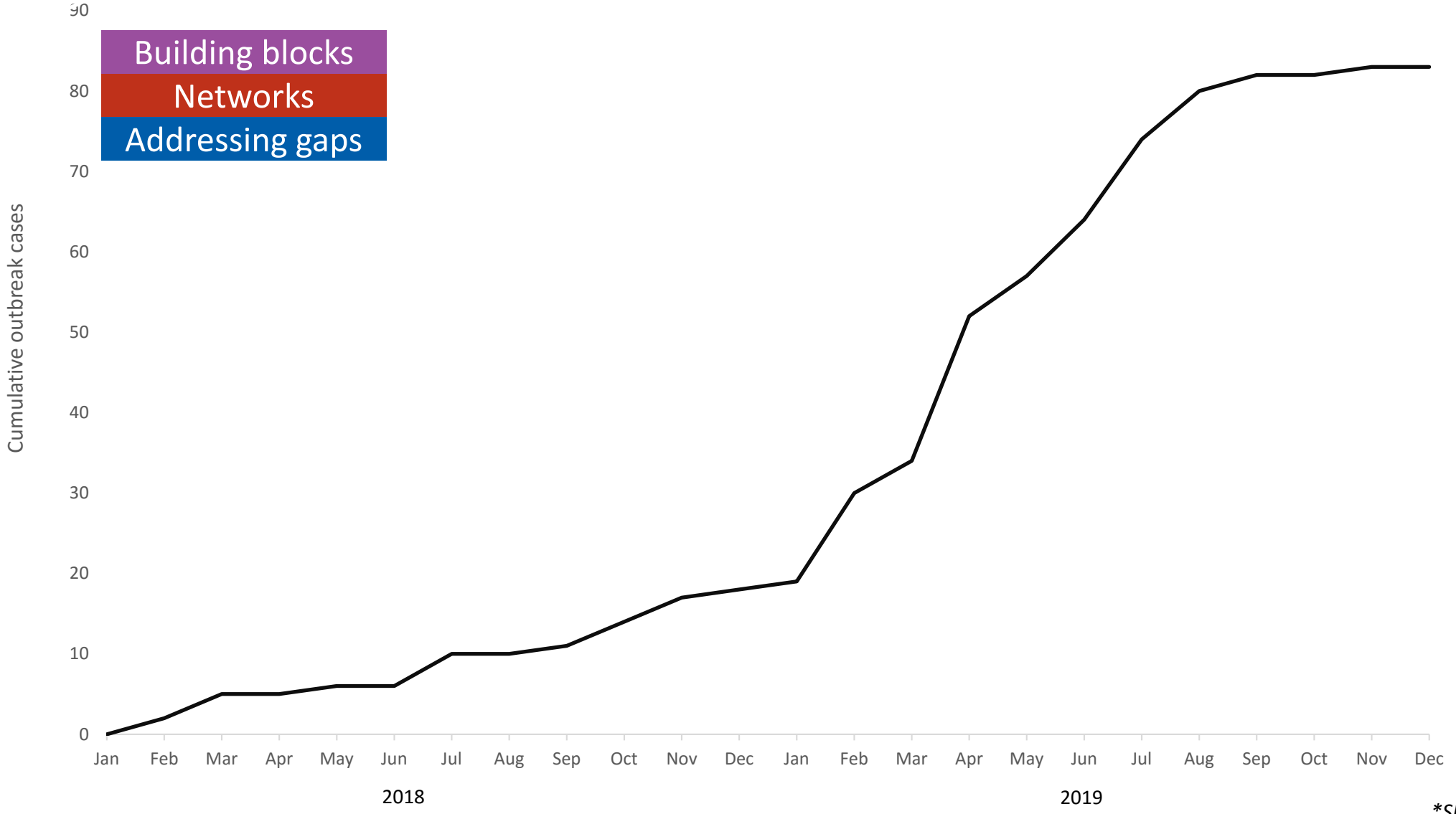
Usually state and local

Examples from Cabell County, WV

- West Virginia department of health noted an increase in HIV diagnoses among PWID in Cabell County
- Molecular analysis identified a cluster of rapid transmission
- A robust, multidisciplinary response was initiated which included the federal, state and local support
- Multiple response-related interventions were implemented across a wide range of partners and community organizations

McClung RP AJPM 2021

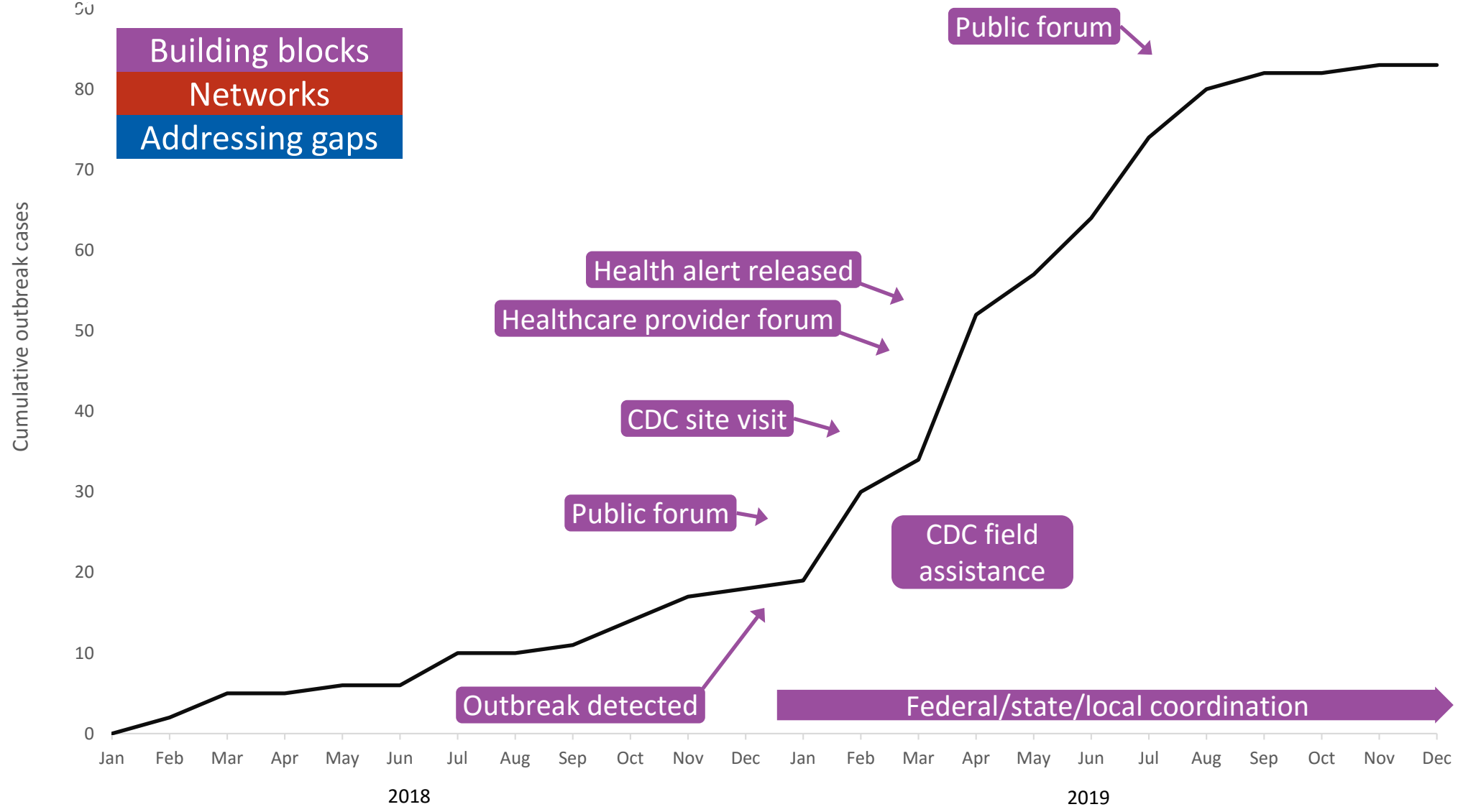
2019 HIV Outbreak in Cabell County, WV



McClung RP CROI 2020 (adapted) and McClung RP AJPM 2021

**SNS: Social network strategy*

2019 HIV Outbreak in Cabell County, WV



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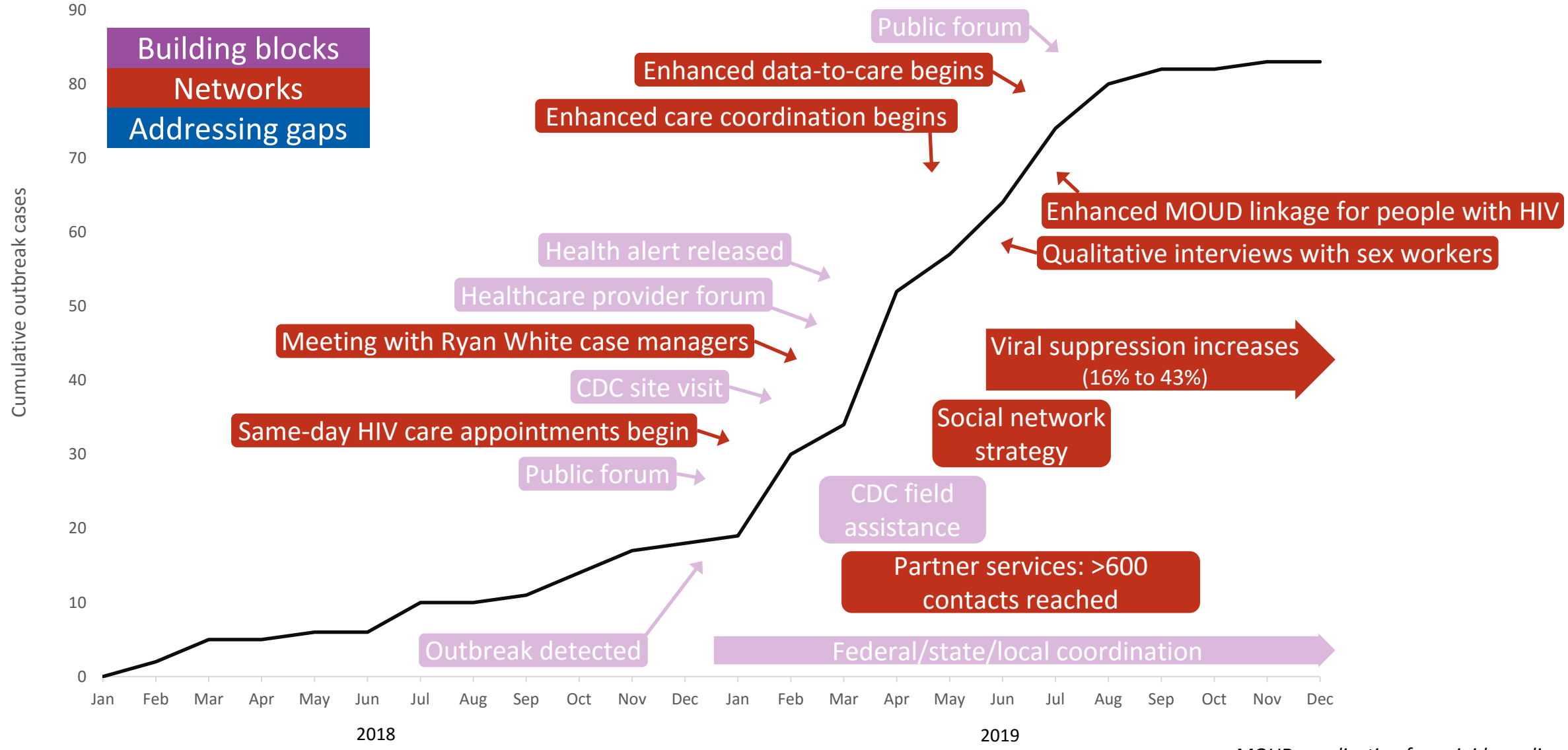
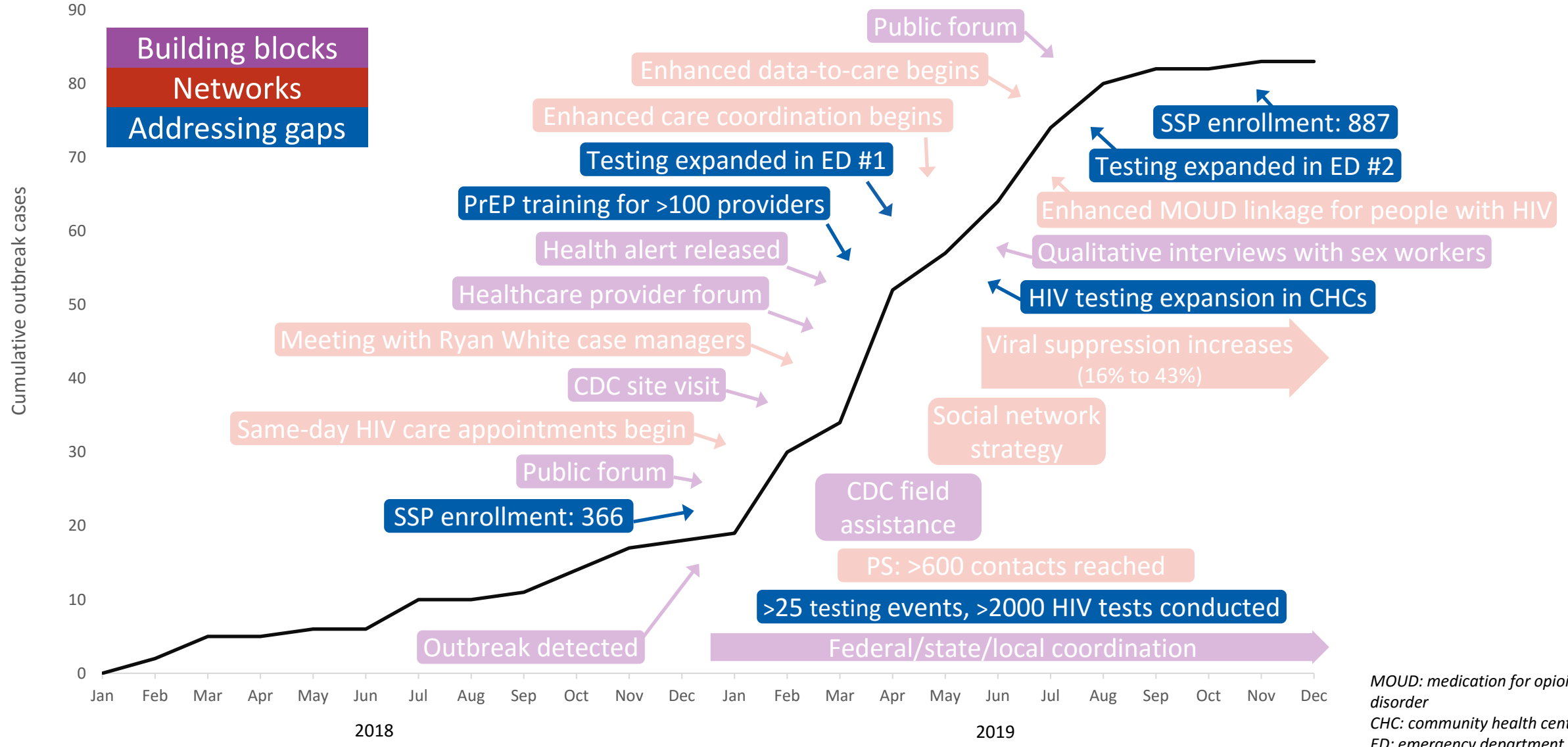


McClung RP CROI 2020 (adapted) and McClung RP AJPM 2021

MOUD: medication for opioid use disorder

2019 HIV Outbreak in Cabell County, WV



MOUD: medication for opioid use disorder
CHC: community health centers
ED: emergency department

McClung RP CROI 2020 (adapted) and McClung RP AJPM 2021

Cluster and Outbreak Response Can Help Bring the Nation Closer to Ending the HIV Epidemic

A cluster or outbreak is a failure of our care and prevention services that needs to be addressed to improve access to services and stop transmission.

Cluster and outbreak response involves curating care and prevention services to be more accessible to the people who need them most.

Response is most successful when community service providers are engaged and collaborate with health departments and others to implement successful response interventions

Conclusion

www.cdc.gov/hivcluster

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

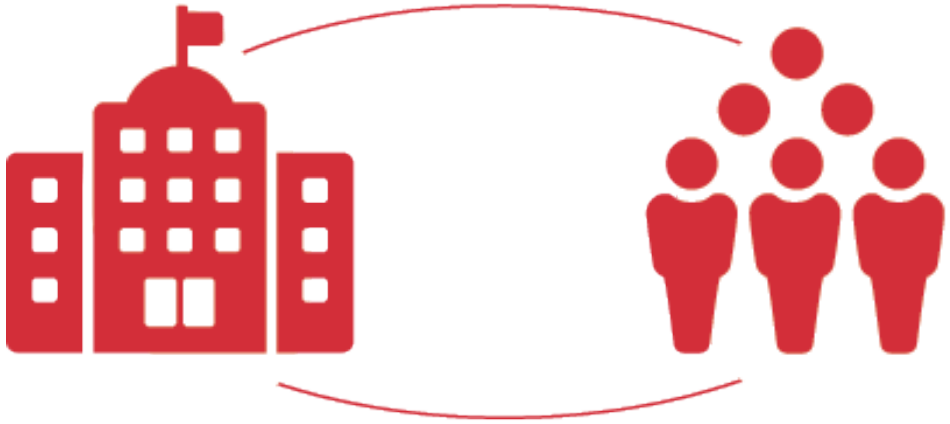
The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

West Virginia

- Largely rural, remote outside of cities of Charleston, Huntington or Morgantown (WVU campus)
- Economic decline and opioid epidemic have devastated most communities
  - Overdose deaths
  - Hepatitis C, HIV, abscesses, endocarditis, sepsis
- Two ongoing HIV outbreaks associated with IDU: **Cabell** and **Kanawha Counties**
  - Each with >100 new cases (annual average in years prior <5)
  - 20-40 year-old age group
  - Approximately 50% unstably housed
  - Multiple co-morbidities
- Role of CAMC RW Part C Program and Community Partnerships
- Barriers
  - Lack of routine testing in hospitals, corrections and PrEP services
  - Lack of adequate state/county resources, COVID-19 impact
  - Restrictive SSP state law enacted 2021
  - Lack of low barrier housing
- Lessons Learned

Minnesota HIV Outbreaks

- MN outbreaks – overview
  - Duluth
  - Hennepin/Ramsey
- Communities most impacted
- Response
  - Prevention and care
  - RWHAP role, resources, partnerships
- Challenges
- Successes



Questions and Answers

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