HRSA
Health Resources & Services Administration

HIV Cluster Detection and Response Institute
201: Partnerships to Enhance Routine Cluster Detection and Response

2022 National Ryan White Conference on HIV Care and Treatment

August 25, 2022

Vision: Healthy Communities, Healthy People

Presenters

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Disclosures

Susan Robilotto has no relevant financial interests to disclose.

Makeva Rhoden has no relevant financial interests to disclose.

Paul McClung has no relevant financial interests to disclose.

Brittany Wilbourn has no relevant financial interests to disclose.

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Agenda

- Recap of 101: Connecting Data, Partners, and Programs to Close Gaps
- HIV cluster detection and response program functions
- Role of RWHAP recipients as key partners of cluster detection and response programs
- Washington D.C.'s experience in working across HIV surveillance, prevention, and care to conduct cluster detection and response activities

Learning Objectives

- Describe the functions of an HIV cluster detection and response program.
- Identify key partners in HIV cluster detection and response.
- Discuss opportunities to maximize resources and improve efficiencies through collaboration with stakeholders.

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'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(1). https://www.cdc.gov/hiv/library/reports/surveillance-data-tables/. Published May 2022. Accessed July 2022.

Recap of 101

HIV Cluster Detection and Response Institute 201:

Partnerships to Enhance Routine Cluster Detection and Response

National Ryan White Conference on HIV Care & Treatment
August 2022

R. Paul McClung, MD, CDR (USPHS)
Detection and Response Branch, Division of HIV Prevention, CDC

Core Cluster Detection and Response Strategies

Fundamental Building Blocks

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

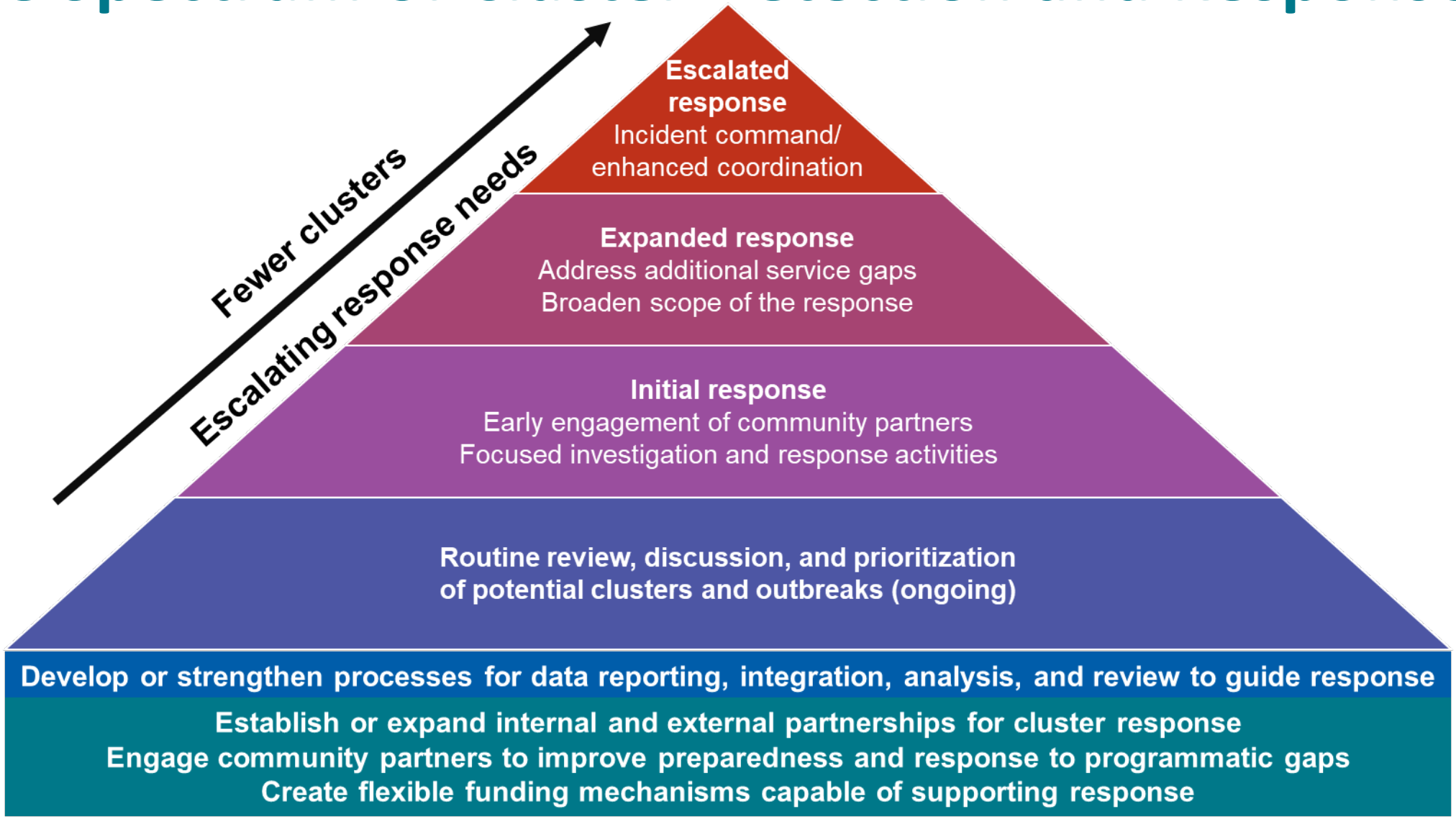
Investigate and Intervene in Networks

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

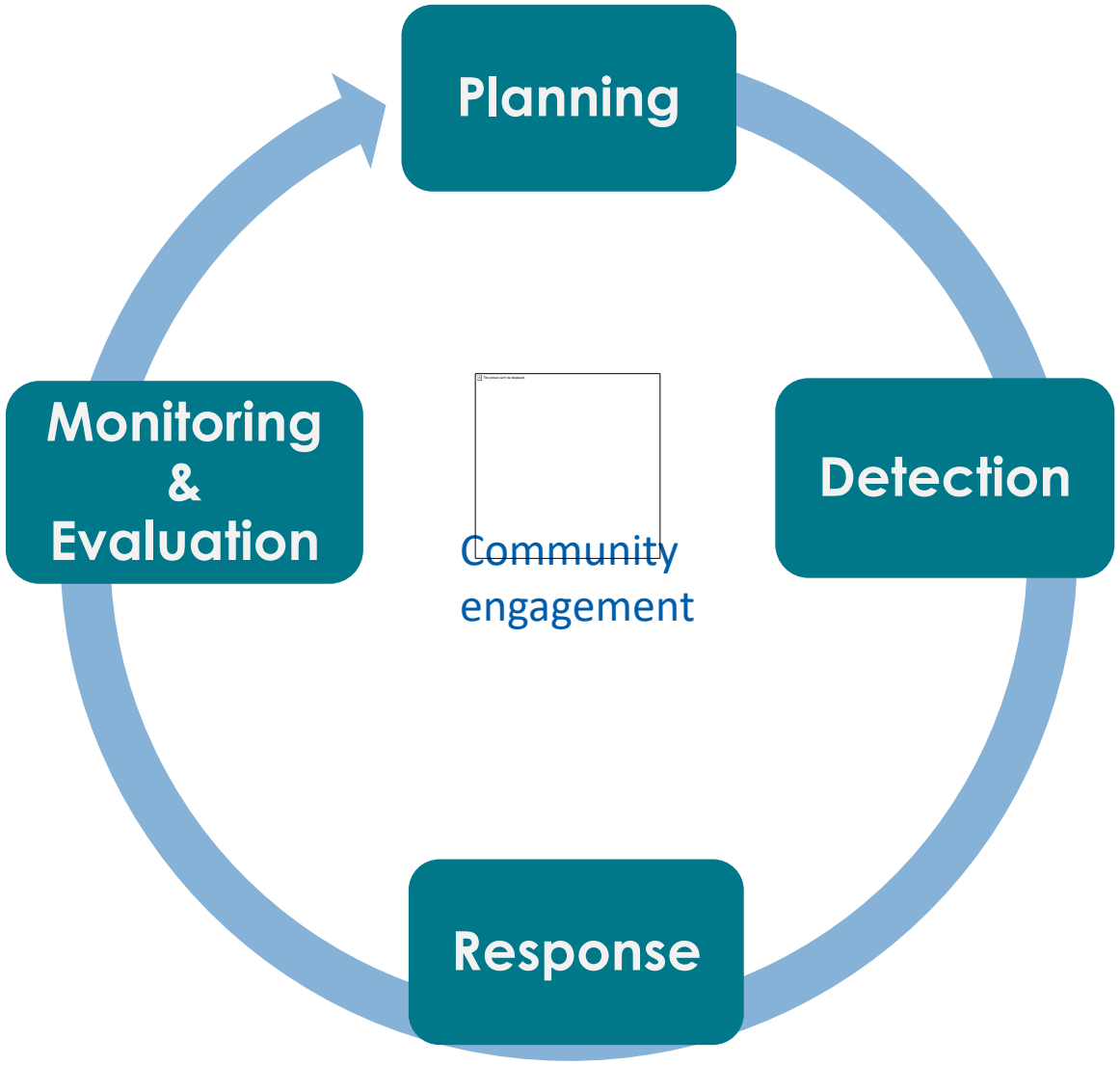
Identify and Address Gaps in Programs and Services

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

The Spectrum of Cluster Detection and Response 1



CDR Program Activities 1



CDR Program Activities 2

Planning

- Internal and external partnerships, including community
- Processes and policies
- Building capacity (staff, training, funding)

Detection

Response

Monitoring & Evaluation

Community engagement

Cluster and Outbreak Detection and Response Plans ("CDR Plans")

- Required for jurisdictions receiving CDC surveillance funding
- Blueprint for planning, detection, response, and monitoring and evaluation
- Updated annually

Key Organizations and Roles

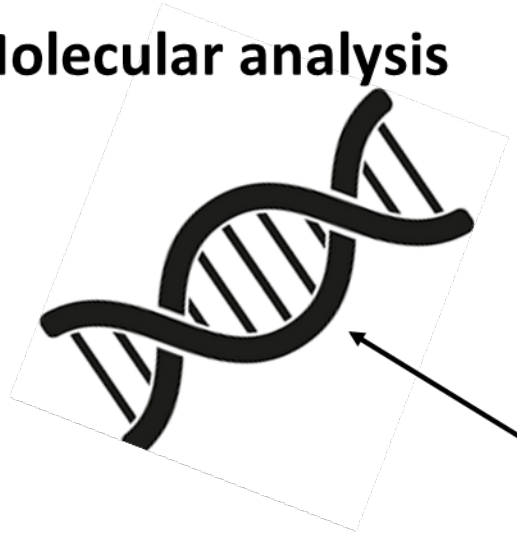
Staff or Organization	Role
HIV medical providers, medical case management	Entry or re-entry to care, retention in care, trusted relationship to promote services, care status
HIV prevention	HIV testing, PrEP, condom distribution, risk reduction interventions, social marketing and media
HIV surveillance	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.)

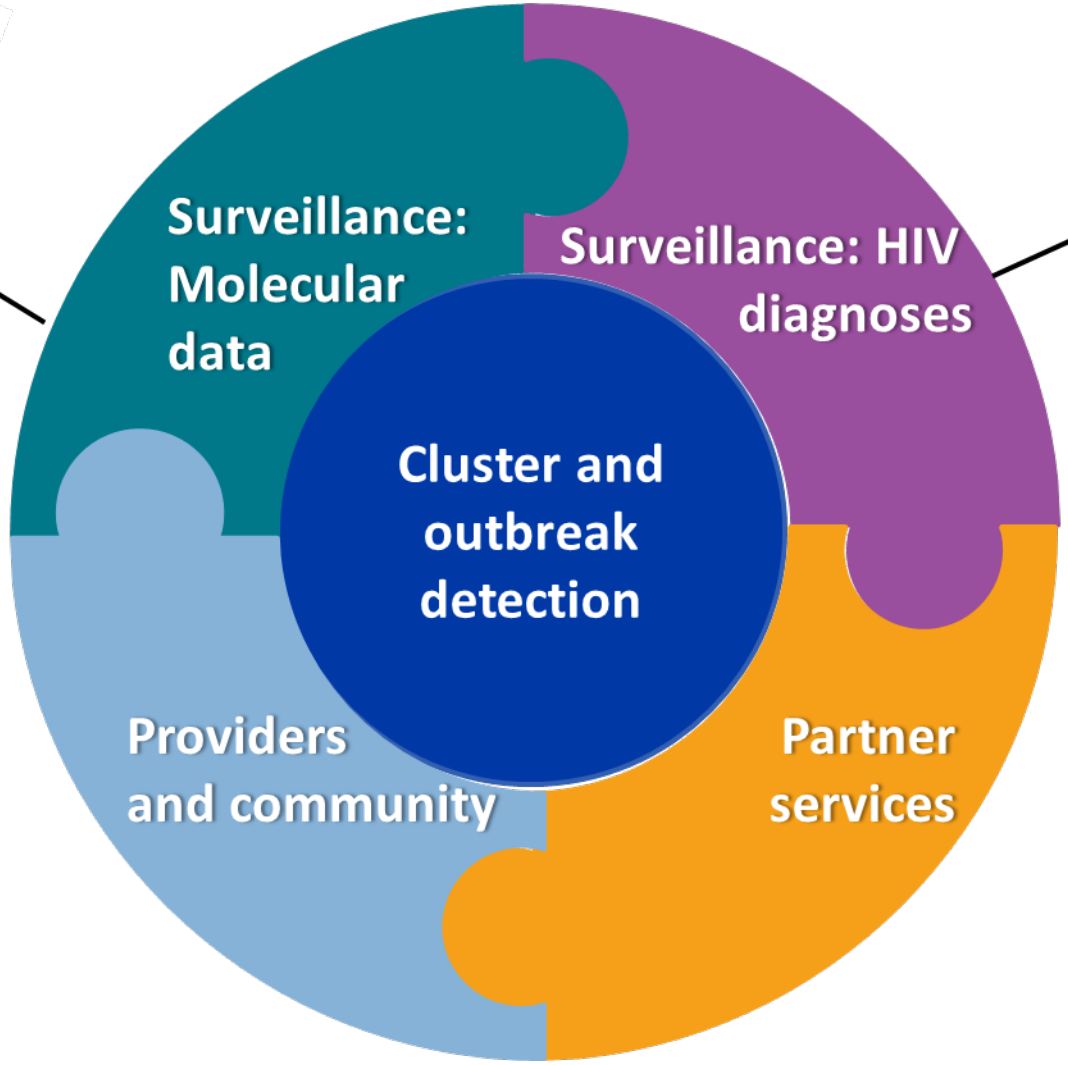
Staff or Organization	Role
Programs addressing syndemics (e.g., viral hepatitis)	Test and treat co-occurring conditions, identify opportunities for co-location of services, person-centered health
Community-based organizations and FQHCs	Reach populations of focus: HIV testing, SSPs, PrEP, STI testing 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

CDR Program Activities 3

Molecular analysis

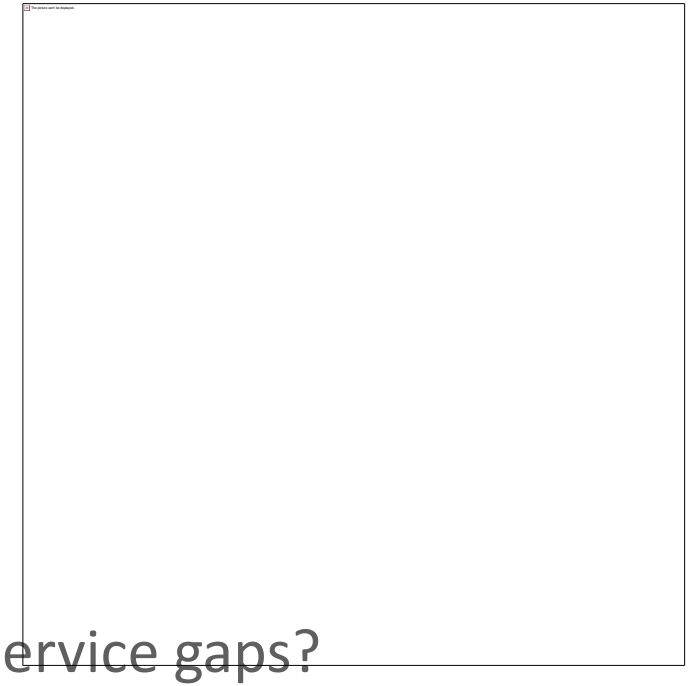


Time-space analysis

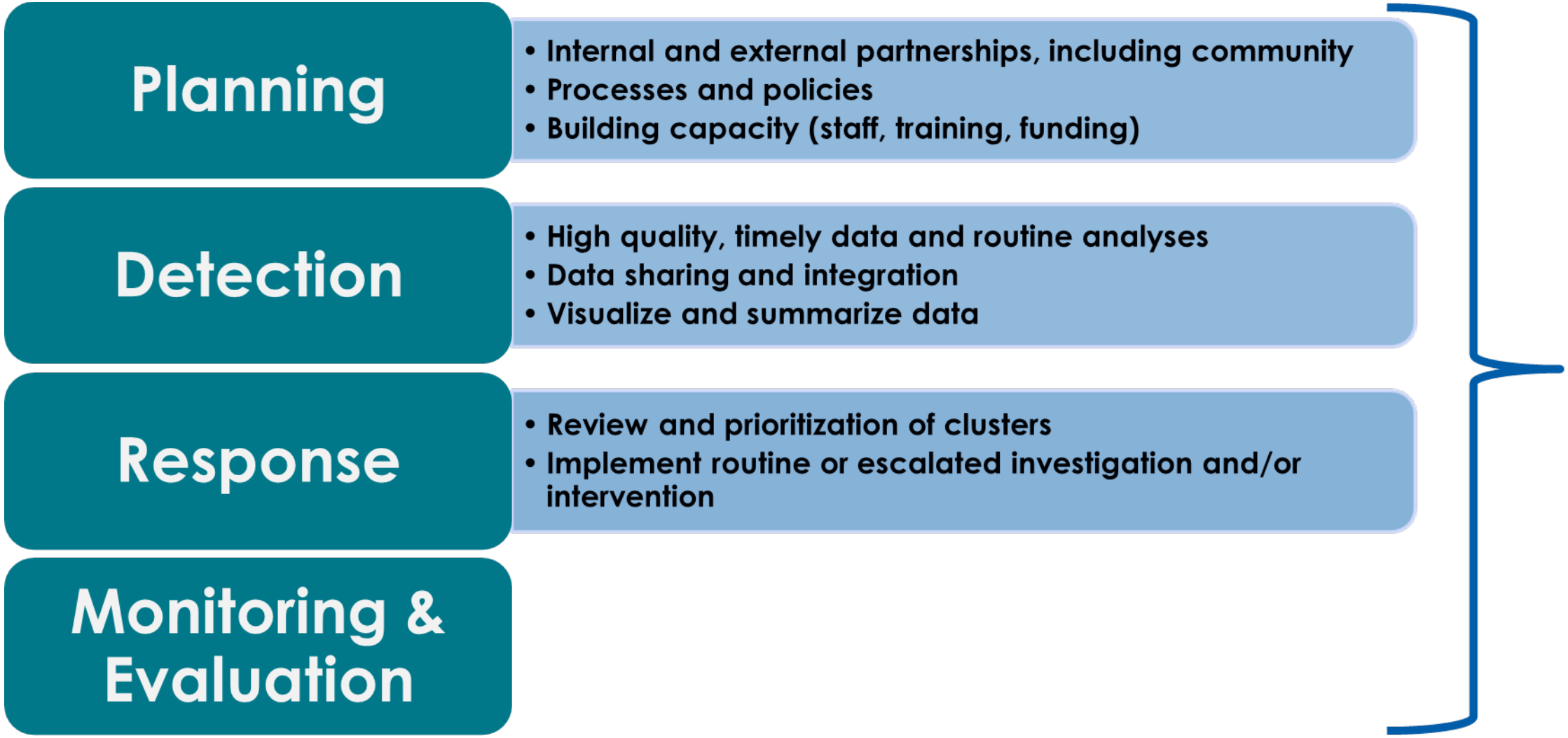


Data Sharing, Integration, Summarization & Visualization

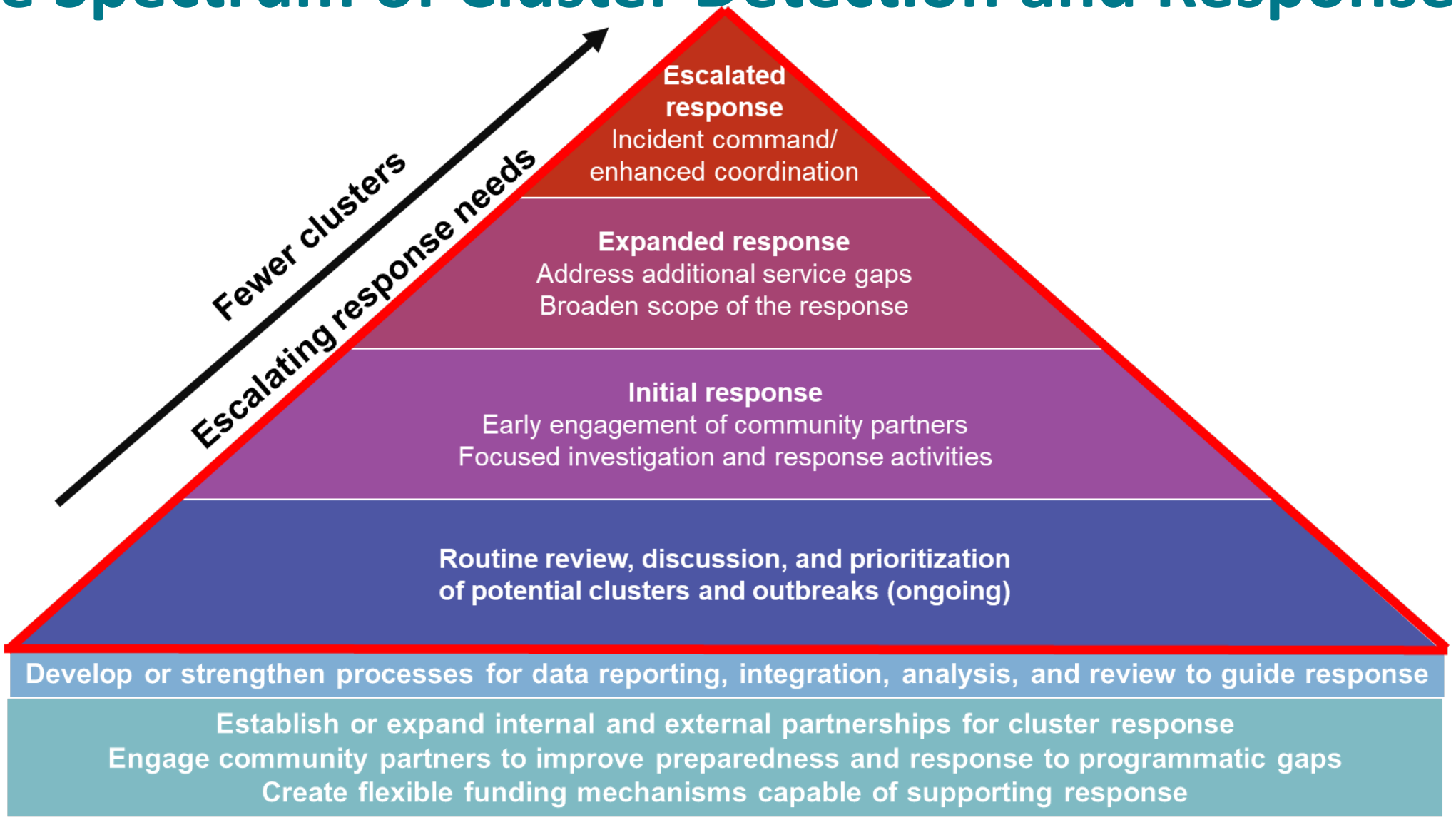
- Review available data
  - Partner services: information about behaviors, risk factors, and networks
  - HIV surveillance: diagnosis, risk factor information
  - CAREWare: Clinical care information
  - Sexually transmitted infections or other co-infection
  - Medical records and pharmacy history
- Identify key themes
  - Geography, timeline, venues, behaviors, etc.
  - What are the characteristics of the network(s)?
  - Are multiple communities affected?
  - Evidence of structural barriers, missed opportunities, service gaps?



CDR Program Activities 4



The Spectrum of Cluster Detection and Response 2



Response Teams

Response Interventions

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

Response Interventions (cont.)

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)

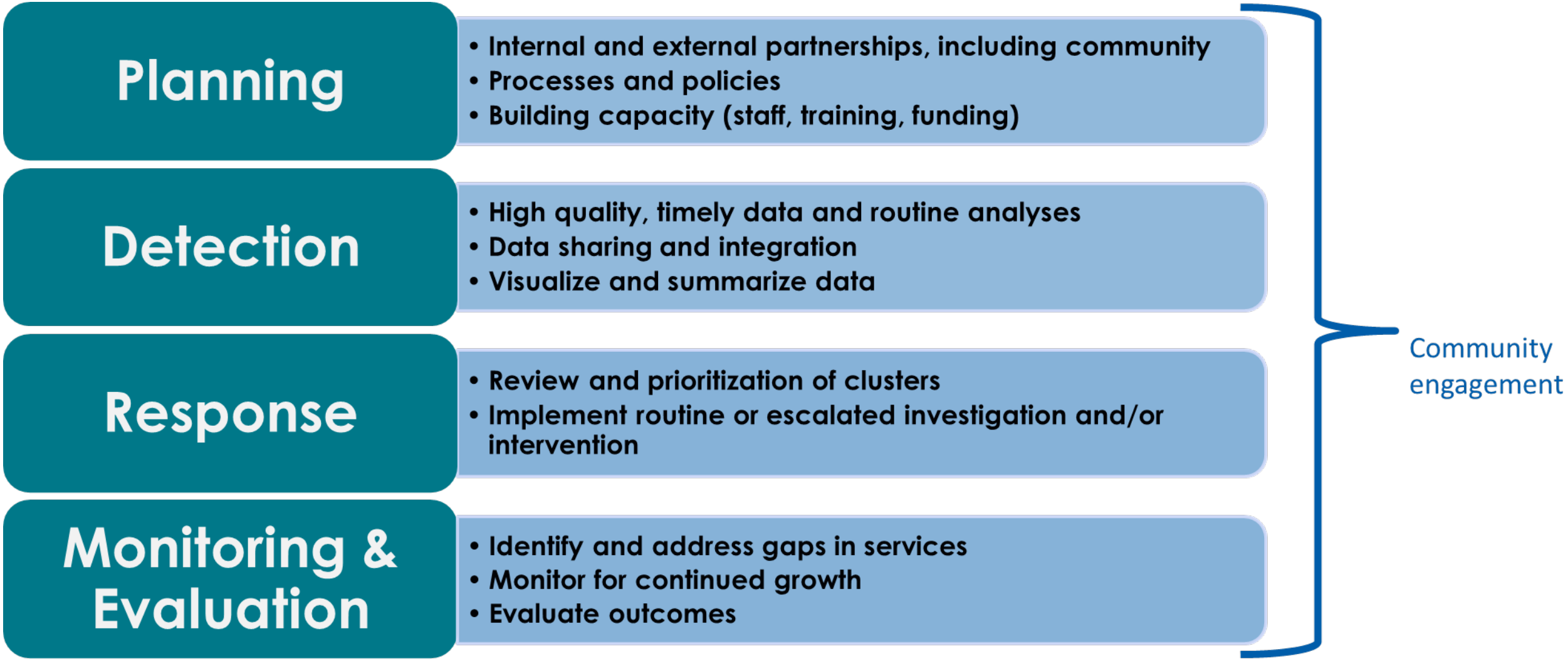
Expand PrEP

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

Increase SSPs

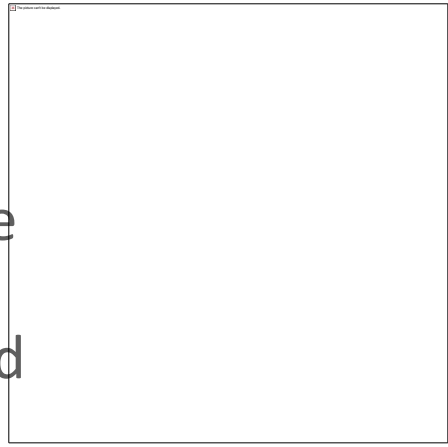
- New providers, hours, locations
- Policy changes and acceptability of services

CDR Program Activities 5



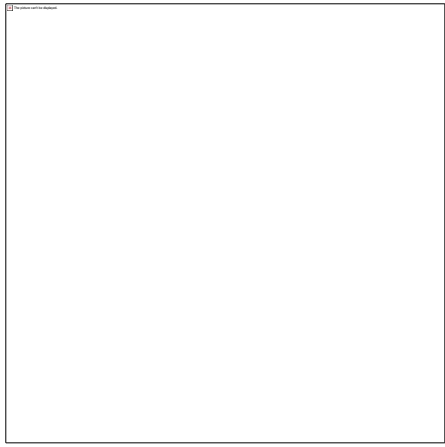
Monitoring & Evaluation and Addressing Gaps

- **Implement, reassess, adjust: continuous quality improvement cycle**
  - Monitor for continued growth
  - Identify and assess gaps in services
- **Identify key questions**
  - Why are some members of the cluster not in HIV care? What are the barriers to entry or retention in care?
  - Did the population receiving response interventions, such as focused testing, reflect the demographics of the cluster?
  - What % of new diagnoses include sequences and can this be improved?
  - What is the level of satisfaction with current prevention, medical, and support services?



Monitoring & Evaluation and Addressing Gaps continued

- **Prioritize interventions: assess impact and feasibility**
  - Responses vary in size and scope of activities
  - What outcomes were met, such as:
    - Reduced diagnoses or transmission
    - Improved HIV testing
    - Improved viral suppression
    - Improved PrEP uptake or SSP utilization
  - What was successful, and what could be improved?
- **Value and benefits of CDR**
  - What changed as a result of response efforts?
  - Funding- strategy and creativity needed!
  - Increase flexibility of your funding options before a cluster or outbreak response occurs



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.

The Role of RWHAP Recipients in Cluster Detection and Response

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

- **The RWHAP has statutorily defined Parts that provide funding for medical and support services, medications, technical assistance, clinical training, and the development of innovative models of care.**

- **RWHAP Part A (cities/counties), Part B (states), Part C (community-based organizations), and Part D (community-based organizations for women, infants, children, and youth) services include:**
  - Medical care, medications, and laboratory services
  - Clinical quality management and improvement
  - Support services such as case management, medical transportation, food/pantry services, and other services

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

- **RWHAP Part F:**
  - **AIDS Education and Training Centers Program:** Supports a network of regional and national centers that conduct targeted, multidisciplinary education and training programs for health care providers serving people with HIV
  - **Dental Programs:** Provide funding for oral health care for people with HIV and support dental and dental hygiene provider training through the HIV Dental Reimbursement Program and the Community-Based Dental Partnership Program
  - **Special Projects of National Significance Program:** Supports the development and evaluation of innovative HIV care strategies and interventions for dissemination to and replication in RWHAP-funded recipients

RWHAP Allowable Service Categories

- RWHAP statute includes the allowable core medical and support services
- Jurisdictions have flexibility in which services they chose to fund based on local need and resources
- RWHAP clients must be determined eligible
  - HIV status
  - Low-income
    - ✓ The RWHAP recipient defines low-income
  - Residency
    - ✓ The RWHAP recipient defines its residency criteria, within its service area

RWHAP Allowable Service Categories – Core Medical Services

Core Medical Services (13)

1. AIDS Drug Assistance Program Treatments
2. AIDS Pharmaceutical Assistance
3. Early Intervention Services
4. Health Insurance Premiums and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient and Ambulatory Health Services
13. Substance Abuse Outpatient Care

https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf

RWHAP Allowable Service Categories – Support Services

Support Services (17)

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals Health
4. Health Education/Risk Reduction
5. Housing
6. Legal Services
7. Linguistic Services
8. Medical Transportation
9. Non-Medical Case Management Services
10. Other Professional Services
11. Outreach Services
12. Permanency Planning
13. Psychosocial Support Services
14. Referral for Health Care and Support Services
15. Rehabilitation Services
16. Respite Care
17. Substance Abuse Services (residential)

https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf

HRSA Ryan White HIV/AIDS Program

Examples of Integration of RWHAP Services

One-Stop Shop Models

- Early Intervention Services
- Medical Case Management
- Outpatient/Ambulatory Health Services
- Medical Transportation

Homeless Shelters/Housing Programs

- Early Intervention Services
- Medical Case Management
- Outpatient/Ambulatory Health Services
- Food Bank/Home Delivered Meals

Examples of Integration of RWHAP Services (cont.)

Syringe Service Programs/Harm Reduction Programs

- Early Intervention Services
- Medical Case Management
- Outpatient/Ambulatory Health Services
- Medical Transportation
- Food Bank/Home Delivered Meals

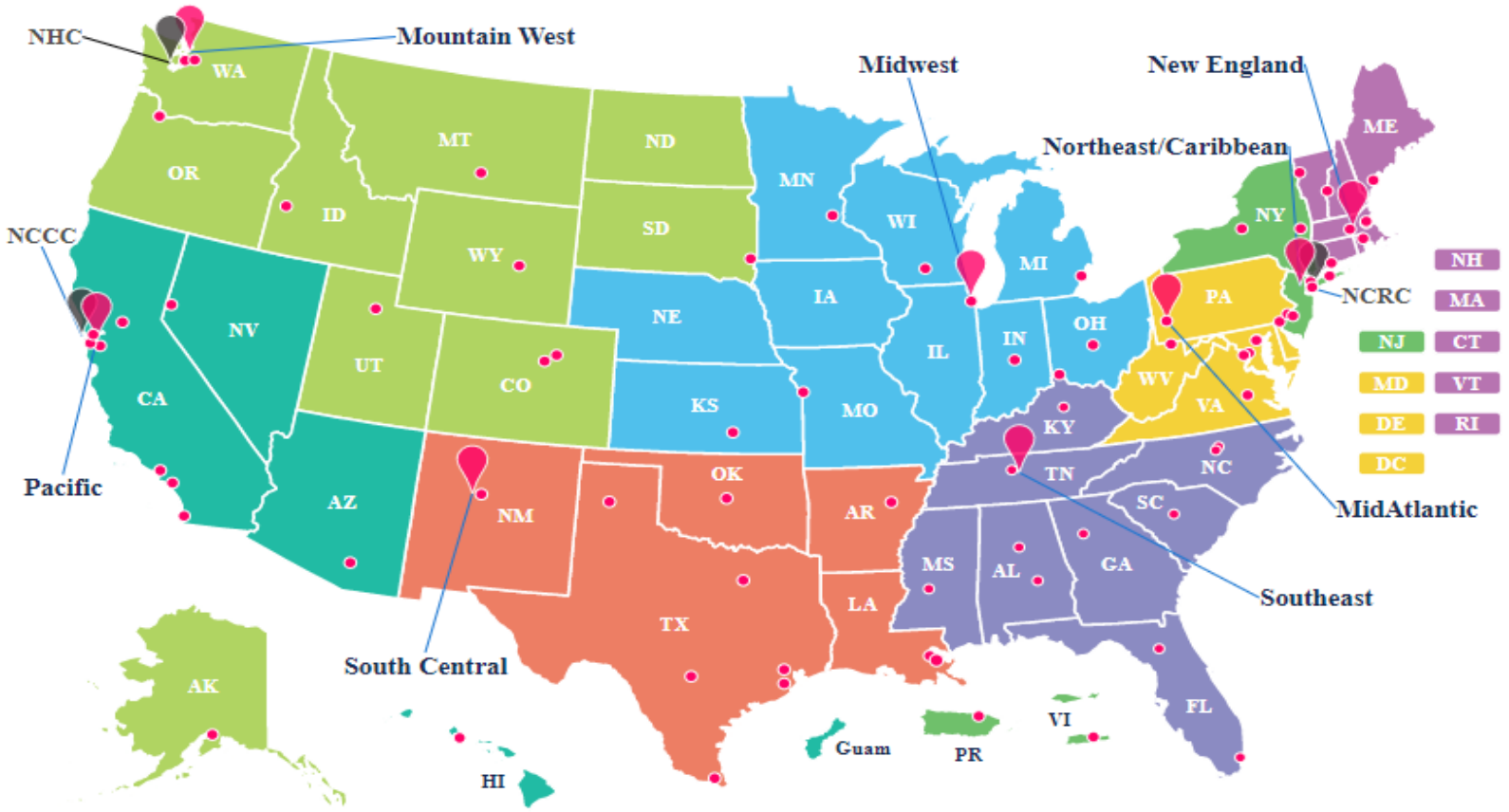
RWHAP AIDS Education and Training Center (AETC) Program

- National network of HIV care experts who provide health care providers with:
  - Tailored education and training on HIV-related topics (e.g., basics of testing and prevention, complex care of patients)
  - Clinical consultation
  - Technical assistance

- Goals:
  - Increase the number of health care providers educated and motivated to counsel, diagnose, treat, and medically manage people with HIV
  - Help to prevent behaviors that lead to HIV transmission by educating providers on how to counsel patients

RWHAP AIDS Education and Training Center (AETC) Program Regional and National Offices

- Eight Regional AETCs



Two national AETC centers:

- National Coordinating Resource Center
- National Clinician Consultation Center

HRSA Ryan White HIV/AIDS Program

RWHAP AIDS Education and Training Center (AETC) Program Training

- Training targeted for:
  - Advanced practice nurses
  - Nurses
  - Oral health professionals
  - Pharmacists
  - Physicians
  - Physician associates
- Works with HIV care teams in:
  - The Ryan White HIV/AIDS Program-funded programs
  - Community health centers
  - Sexually transmitted disease clinics
  - Hospitals
  - Community-based organizations
  - Health departments
  - Mental health and addiction treatment facilities
  - Other health care facilities

Cross-Divisional, Cross-Jurisdictional, and Community Partnerships to Enhance CDR in Washington, DC

Session 201: Partnerships to Enhance Routine Cluster Detection and Response

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District of Columbia Department of Health

2022

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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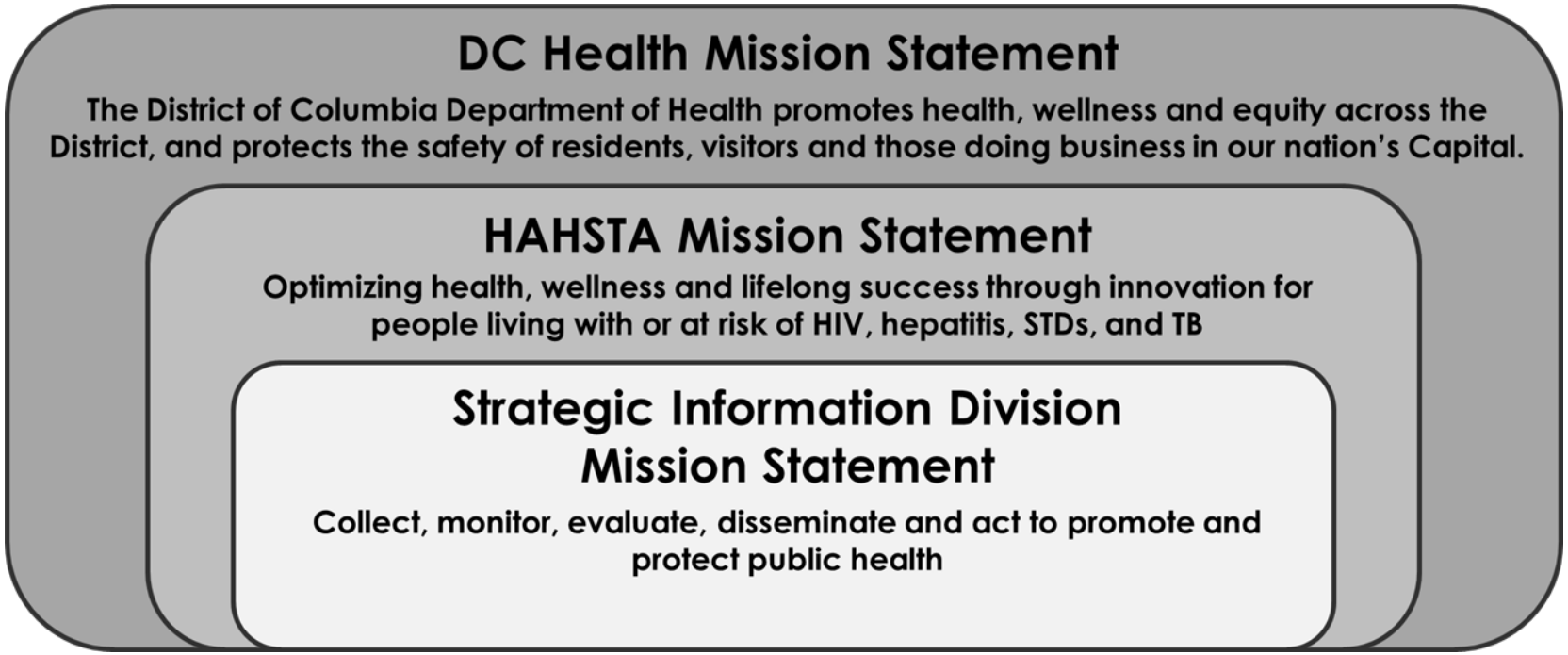
DC Health Overview



Review of DC Health CDR Process

DC HIV Cluster Detection and Response Timeline

- 2014 – 2016
  - Labcorp historical data samples from 2011-2015
  - Routine HL7 messaging processed via Rhapsody
  - Onboarded Quest Laboratories
- 2017 – 2019
  - Resistance and Network analysis
  - Onboarding CDR Investigator
  - Local network investigation protocol developed
  - CDC primary network
  - Community Engagement
  - Monthly DMV CDR Workgroup
- 2020 – current
  - Expanded priority criteria
  - Modified field protocols
  - Updated Secure HIV-TRACE system
  - Developed HIV Cluster Outbreak Response Plan
  - Improved Data Management
  - Developed internal CDR reports

Network Investigation Process

Create Network Map

Prioritize Networks

- Network Size
- Network Recency
- Network Needs

Network Investigations

- Incorporate Identified Partners
- Individual Action Plan
- Conduct investigations and interventions

Report Findings

- Situational update report
- Disseminate for Programmatic Use

1. Identify Eligible Networks

- Run various CDC and local SAS programs to:
  - Identify sequence data quality concerns
  - Properly format and prepare data for upload to Secure HIV-TRACE
  - Summarize the results generated from cluster detection in Secure HIV-TRACE.
  - Determine which clusters meet the local criteria of active, monitoring, and inactive investigation
  - Generate list of new cluster members needing follow-up for upload into REDCap

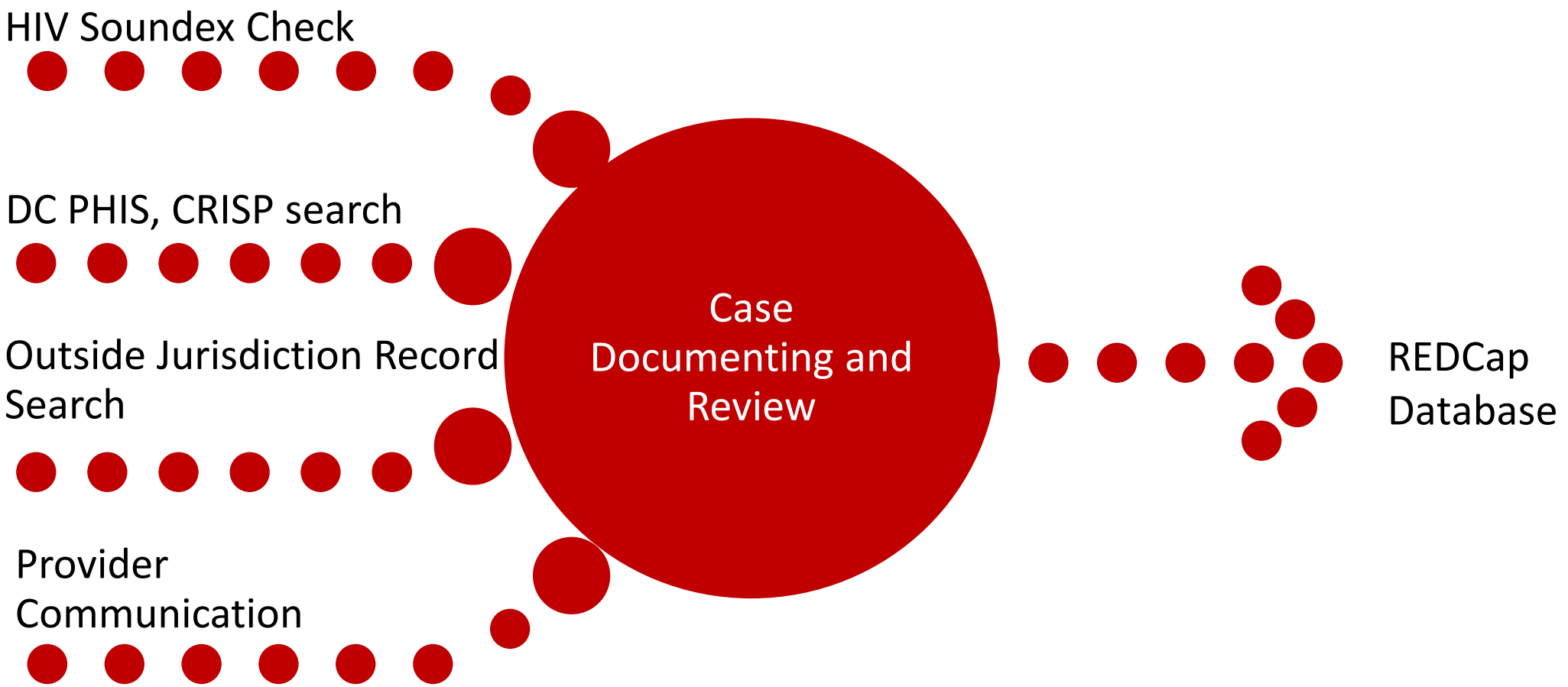
CDC Guidance on Collection, Use and Release of HIV Sequence Data

- Health Departments are recommended to collect Sanger sequences
  - Sanger sequences provide the necessary information to detect HIV clusters and outbreaks and respond with prevention and care interventions
  - NGS sequence data may offer additional potential to infer direction of transmission
- Analyses of HIV sequence data conducted by Health Departments should not attempt to prove direct transmission
- State and local HIV surveillance programs funded by CDC and their academic partners should not release sequence data to GenBank or other publicly available sequence repositories without individual consent

2. Prioritization of Clusters and Outbreaks

- Molecular
  - **Active**: Networks with 3+ members and at least 1 diagnosed in the previous 6 months
  - **Monitoring**: Networks with 3+ members and at least one member diagnosed 6-12 months prior or all network outreach attempts have been completed
  - **Inactive**: Networks with 3+ members where no one was diagnosed in the previous 12 months
- Epi-linked
  - **Active**: Networks with 5+ members and at least 2 members diagnosed in the previous 6 months
  - **Monitoring**: Networks with 5+ members and at least 2 members diagnosed 6-12 months prior or all network outreach attempts have been completed
  - **Inactive:** Networks with 5+ members where <2 members diagnosed in the previous 12 months
- Time-Space
  - **Active**: areas with growth greater than two SD above the mean number of new diagnoses within the last 12 months
  - **Monitoring**: areas with growth greater than one SD above the mean number new diagnoses within the last 12 months
  - **Inactive**: areas with no indication of clustering

3. Network Investigations



3. Disease Intervention Activities

Risk Education	• Patients are educated on signs and symptoms of HIV/STIs to ensure prompt response of a future STI.
Risk Reduction	• Encouraging patient to adopt behaviors that will reduce their risk of transmitting a HIV/STI.
Navigation and Treatment Adherence	• Both of these messages are to treat the diagnosis and prevent the patient from transmitting to others.
Linkage to Care	• Ensuring that all HIV/STI diagnosed patients who are investigated are linked to medical care/treatment
Assuring Partners Testing	• This is the most complex and significant disease intervention behavior.

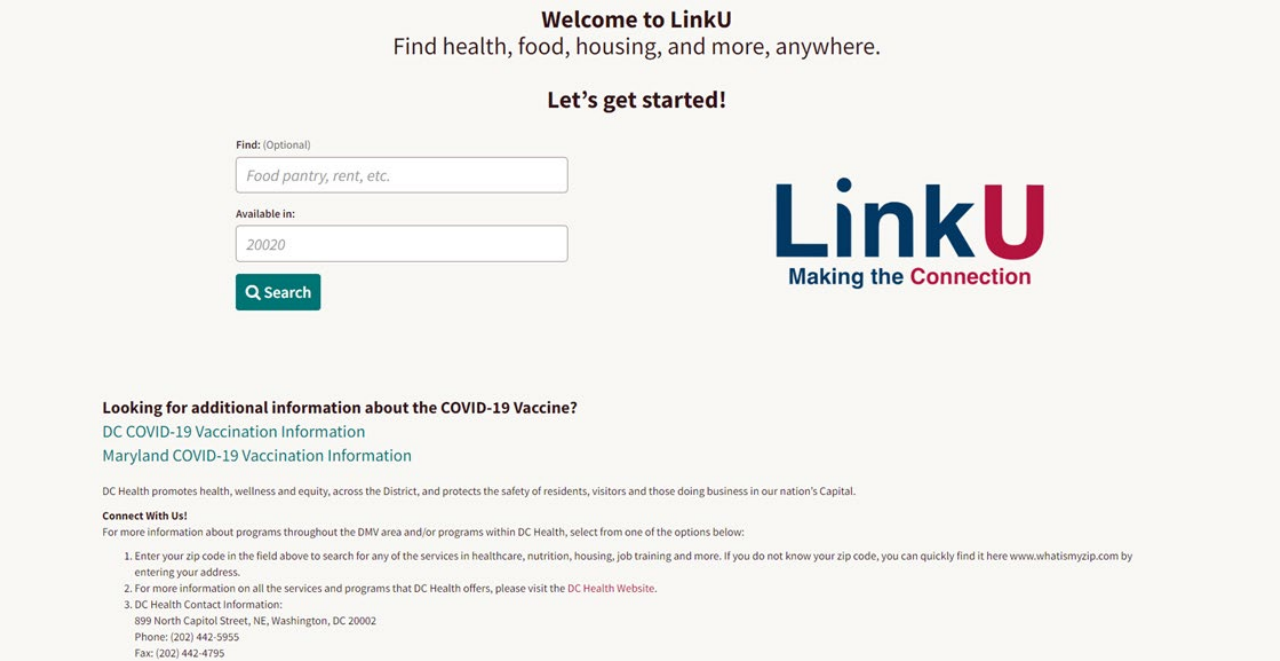
4. Report Findings

- Weekly Case Conference
  - Meet with CDR Investigator to discuss case updates
- Monthly SID Cluster Meetings
  - Meet with SID leadership team to review existing clusters, refine processes for identifying and responding to clusters
- Monthly Regional MHS Meeting
  - Discuss cluster updates with MD and VA DOH Staff
- Bimonthly Situational Update Meetings
  - Meet with HIV/AIDS, Hepatitis, STD, TB Administration (HAHSTA) Leadership to:
    - Provide situational awareness for local active clusters and/or clusters of national significance
    - Connect issues identified in the collection of CDR data to programmatic action

Individual, Cross-Divisional, Cross-Jurisdictional, and Community Partnerships

Individual Partnerships

- Care and Treatment Division spearheaded creation of a resource database for individuals needing care reengagement
  - All HAHSTA divisions collaborated to provide input



Cross-Divisional Partnerships 1

- Bimonthly Situational Update Meetings
  - Representation from:
    - Strategic Information Division
    - Capacity Building, Housing and Community Partnerships Division
    - Prevention and Intervention Services Division
    - Care and Treatment Division
    - STD/TB Control Division
  - Meet with HIV/AIDS, Hepatitis, STD, TB Administration (HAHSTA) Leadership to:
    - Provide situational awareness for local active clusters and/or clusters of national significance
    - Connect issues identified in the collection of CDR data to programmatic action

Cross-Divisional Discussions 2

- Data
  - Cross-divisional collaboration to refine data collection questions
- Provider outreach
  - Cross-divisional strategy to improve communication with providers, facilitate HIV and prevention care reengagement
- Prevention
  - Cross-divisional collaboration on condoms, HIV/STD testing, PrEP/nPEP

Cluster Snapshots 1

HIV TRANSMISSION CLUSTER SNAPSHOT: CLUSTER 1
APRIL 2022

PRIMARY JURISDICTION: DISTRICT OF COLUMBIA

Table 1 – Summary of cluster characteristics, MHS completeness, and case definitions

Identification date: September 2017 **Date of Analysis:** April 2022	
Total Cluster Members: 11 Total DC case count: 3 Total OOJ case count: 7 Total active investigation count: 2 (18.2%) Total virally suppressed*: 1 (9.1%)	Total count of named partners: 0 Total count of anonymous partners: for HIV • Gonorrhea anonymous partners: 0 • Chlamydia anonymous partners: 0 • Syphilis anonymous partner: 1 • OOJ anonymous partners: 0
Network Descriptive Characteristics	
MSM, MSM/IDU, and Unknown transmission STI co-infections MD, VA OOJ cases	
Molecular Network	HIV-positive case genetically linked to molecular cluster
Transmission Network	HIV-positive case epi-linked to a molecular member
Risk Network	HIV-negative or unknown status case epi-linked to a molecular member

*Based on most recent viral load at the time of analysis
Prioritization of clusters:
Active: Networks with 3+ members and at least 1 diagnosed in the previous 6 months
Monitoring: Networks with 3+ members and either at least 1 member diagnosed 6-12 months prior or all network outreach attempts have been completed
Inactive: Networks with 3+ members where no one was diagnosed in the previous 12 months

Cluster updates – April 2022
• 2 open surveillance investigation: ▪ Follow up with LKP; DIS interview underway for new dx ▪ Action TBD based on investigation outcomes • 1 member virally suppressed ▪ No action needed • Last new member diagnosed 1/2022 and identified 3/2022 due to delay in sequence reporting from lab

*LKP=Last known provider

Cluster Snapshots 2

Table 2 – Characteristics of Cases in Cluster 1

Characteristic	HIV Positive Cases (n=11)	HIV Negative Partners (n=0)
Age at HIV Diagnosis		
13-19	1 (9.1%)	0 (0.0%)
20-29	5 (45.4%)	0 (0.0%)
30-39	4 (36.4%)	0 (0.0%)
40-49	1 (9.1%)	0 (0.0%)
50-59	0 (0.0%)	0 (0.0%)
Current Age (n=10)		
13-19	0 (0.0%)	0 (0.0%)
20-29	2 (18.2%)	0 (0.0%)
30-39	7 (63.6%)	0 (0.0%)
40-49	1 (9.1%)	0 (0.0%)
50-59	0 (0.0%)	0 (0.0%)
Sex		
Male	11 (100.0%)	0 (0.0%)
Female	0 (0.0%)	0 (0.0%)
Race/Ethnicity		
White	0 (0.0%)	0 (0.0%)
Black/African American	4 (36.4%)	0 (0.0%)
Hispanic/Latino	3 (27.3%)	0 (0.0%)
Asian	1 (9.1)	
Multiple Races	3 (27.3%)	0 (0.0%)
Unknown	0 (0.0%)	0 (0.0%)
Transmission Category		
MSM	8 (72.7%)	0 (0.0%)
MSM and Heterosexual Contact	0 (0.0%)	0 (0.0%)
MSM and IDU	1 (9.1%)	0 (0.0%)
Heterosexual Contact	0 (0.0%)	0 (0.0%)
Other	0 (0.0%)	0 (0.0%)
Unknown	2 (18.2%)	0 (0.0%)

Figure 1 – Epi curve of cases by HIV diagnosis date

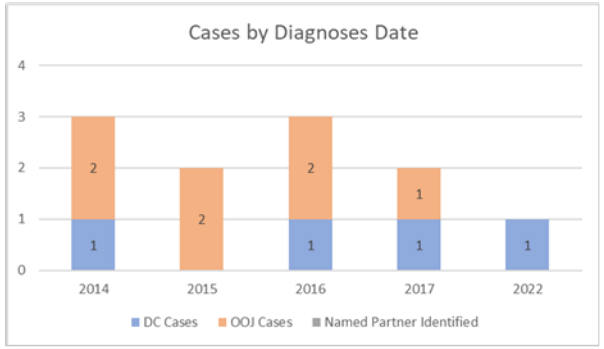
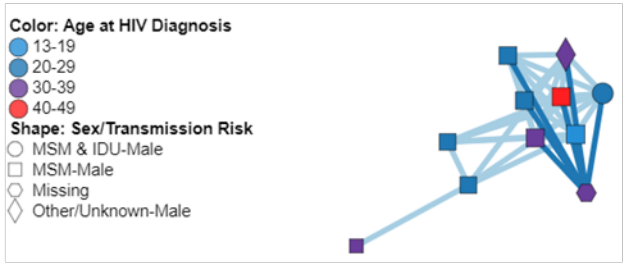
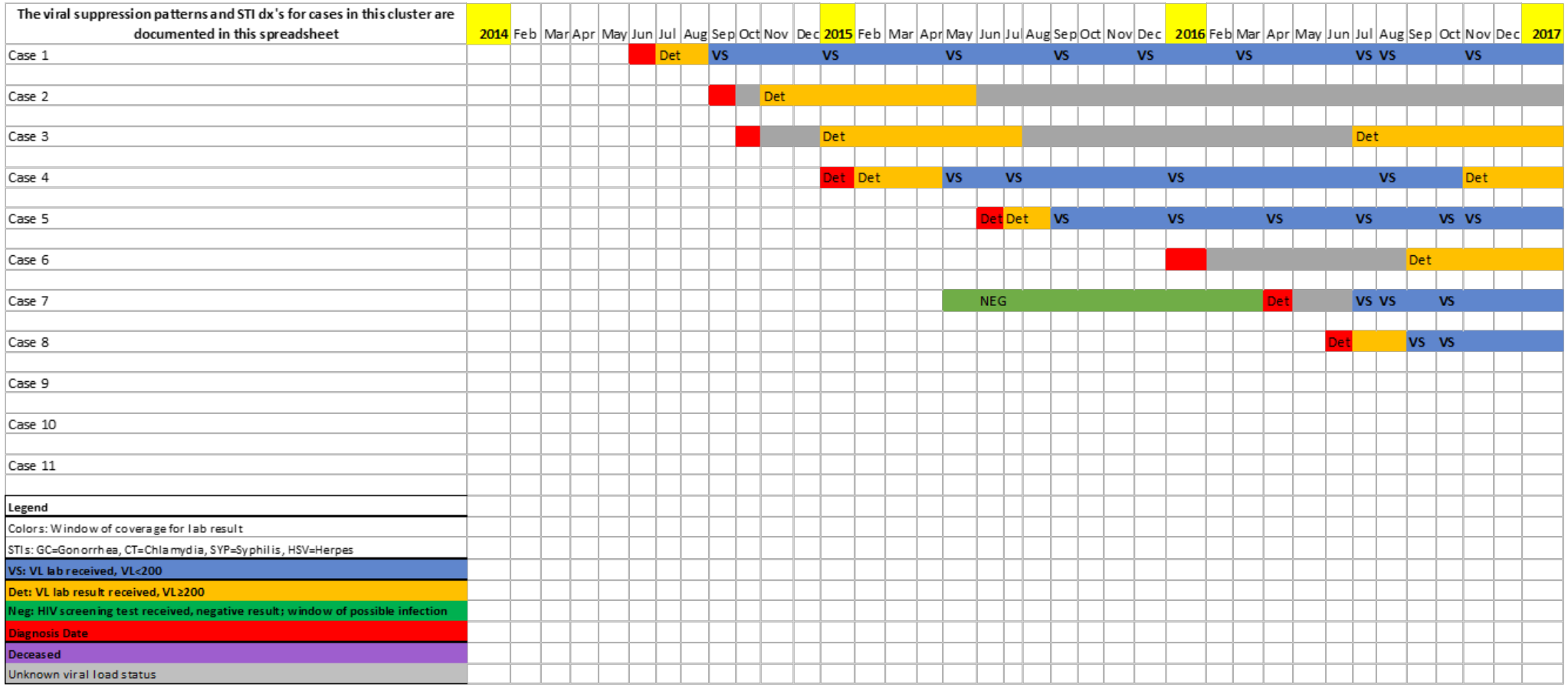


Figure 2 – DC Molecular Network Cluster 1

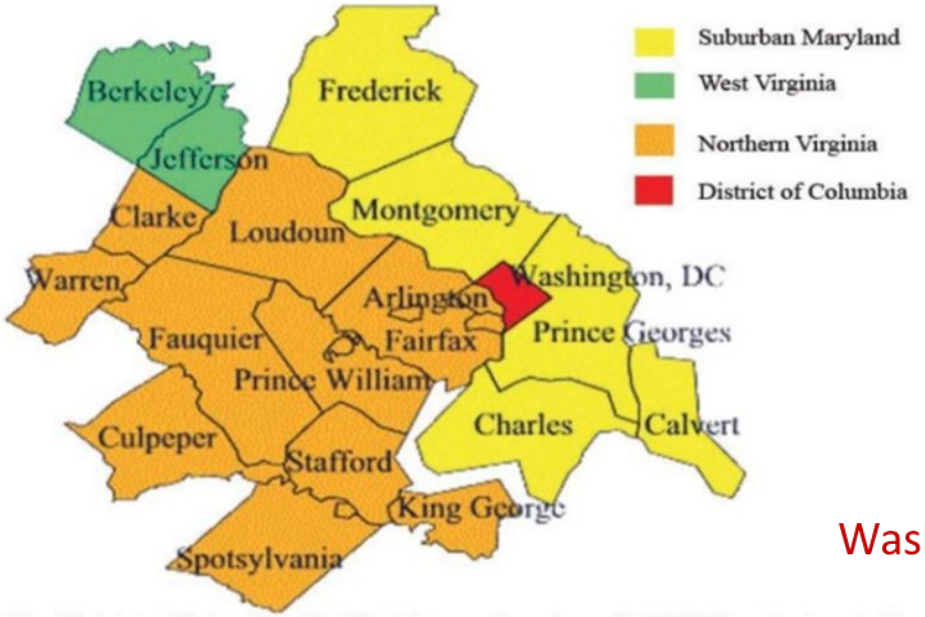


Cluster Snapshots 3



Cross-Jurisdictional Partnerships 1

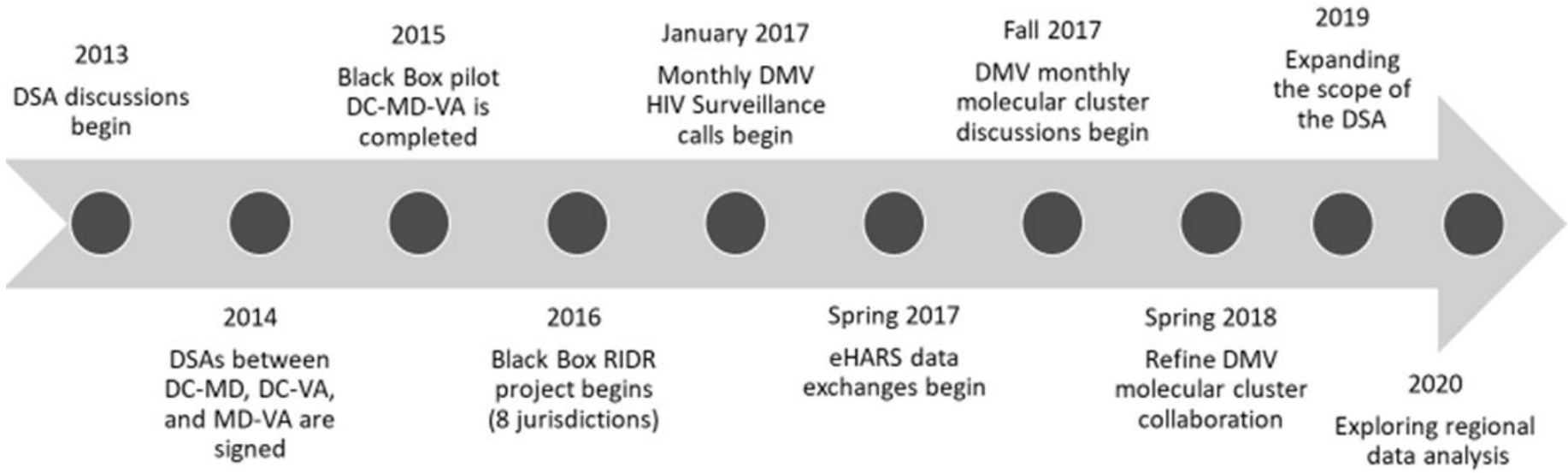
- DMV data exchange
  - Due to people moving fluidly thought the region, surveillance data exchanged quarterly to alleviate gaps in data



Washington Eligible Metropolitan Area (EMA)

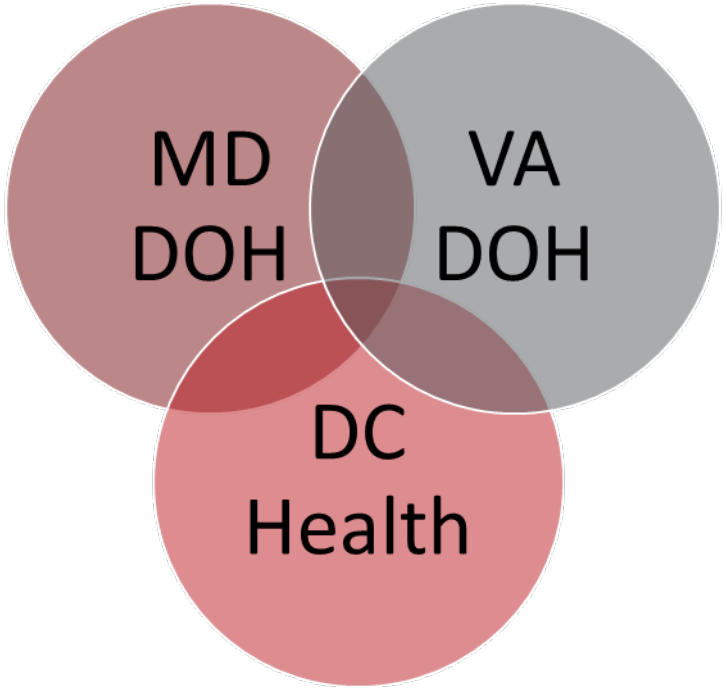
Cross-Jurisdictional Partnerships 2

History of HIV Surveillance Data Sharing



Cross-Jurisdictional Partnerships 3

- Monthly Regional MHS Meeting
  - Discuss cluster updates with MD and VA DOH Staff as many clusters of national significance involve all jurisdictions

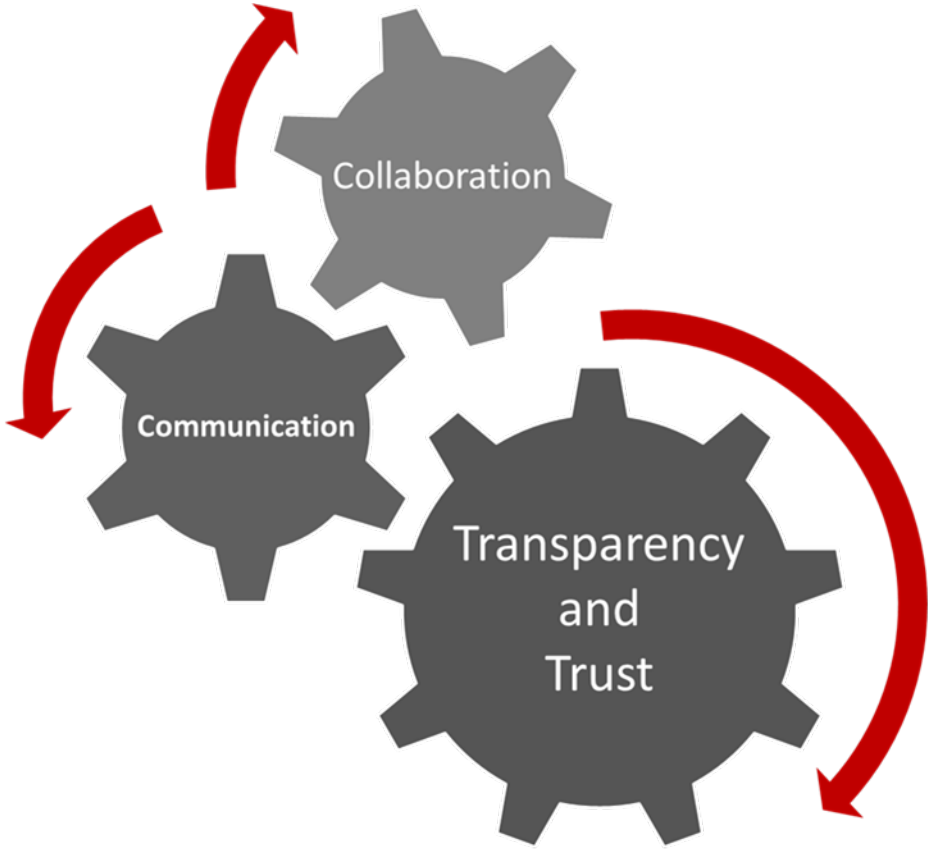


Community Partnerships continued

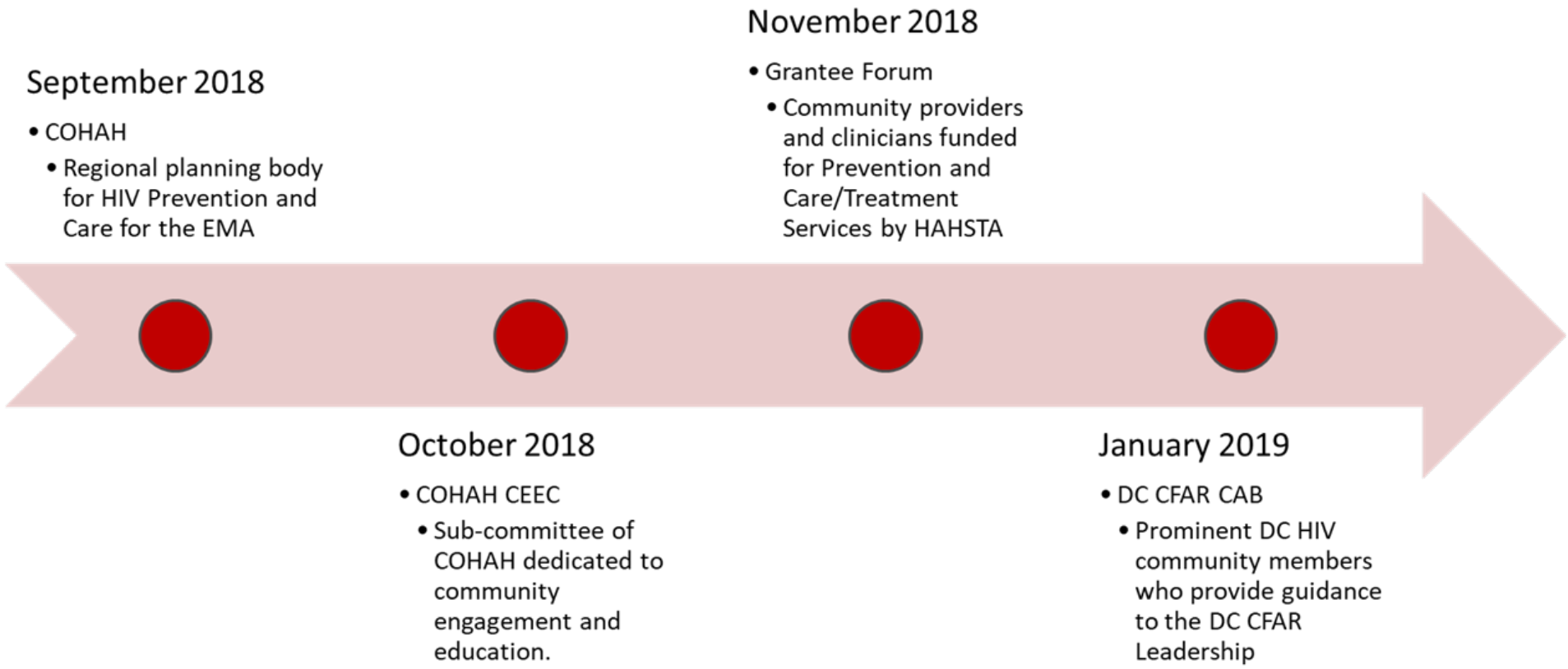
- Goal:
  - Collaborate with providers and community members to improve transparency and trust by developing communication strategies for Cluster Detection and Response, Care Re-engagement, and PrEP/PEP activities.

Community Partnerships

- Audiences
  - Providers/CBOs
  - Network Members
  - Community Members
- Types
  - Educational Materials
  - Re-engagement in Care
  - Testing and PrEP/PEP



Community Engagement Timeline



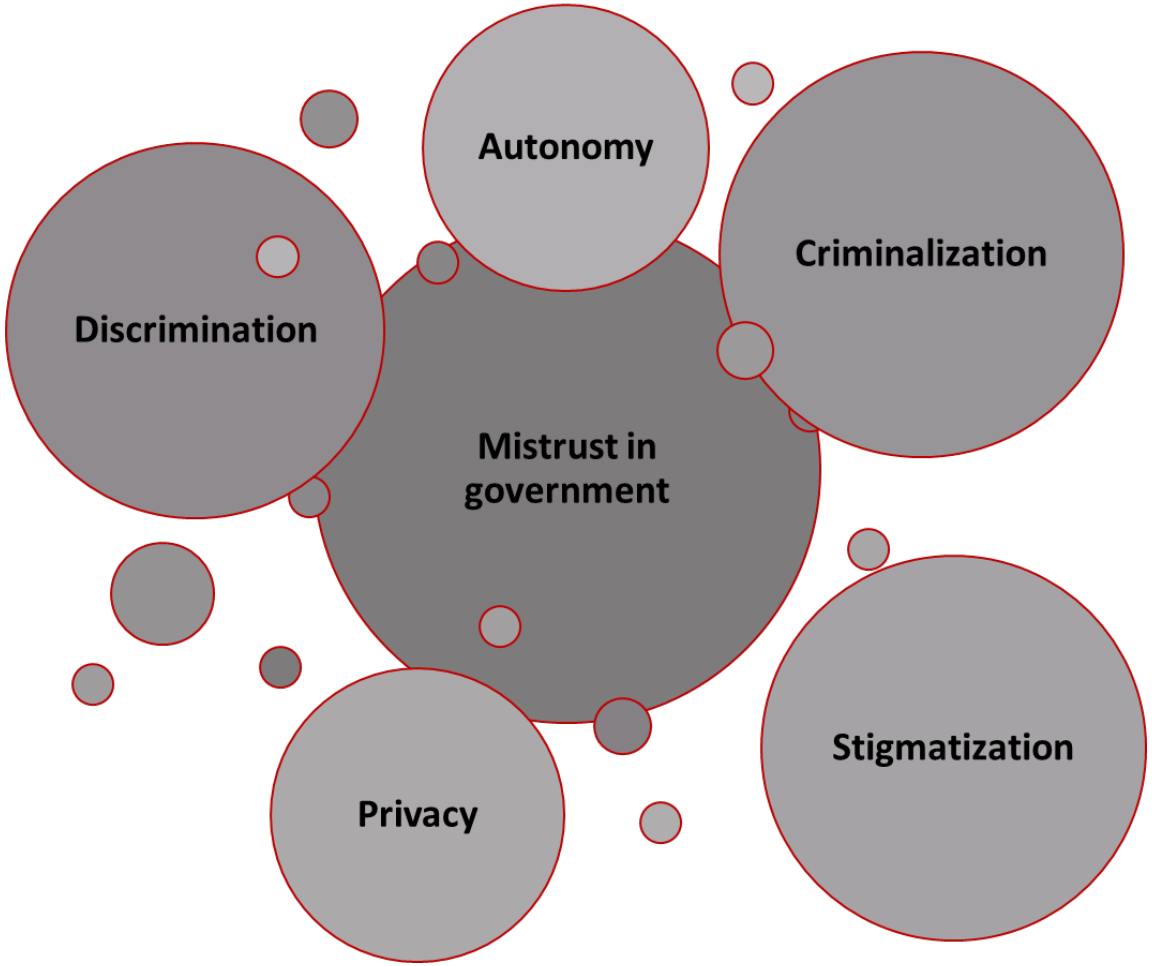
Community Engagement Efforts

COHAH Regional planning body for HIV Prevention and Care for the EMA	**COHAH CEEC** Sub-committee of COHAH dedicated to community engagement and education	**Grantee Forum** Community providers and clinicians funded for Prevention and Care/Treatment Services by HAHSTA
DC CFAR CAB Prominent DC HIV community members who provide guidance to the DC CFAR Leadership	**GWU Guest Lecture** HIV surveillance guest lecture for public health students	**NWGHAAD Event** Community based event to discuss HIV impact and efforts around women and girls
DC Health Website Publishing community engagement materials and frequently asked questions		**CFAR Supplemental** to create a framework for surveillance-driven initiatives

Community Discussions

Transparency and Trust	• Are patients aware of HIV/STD reporting requirements? • How should we be talking about disease intervention with community members?
Communication Modalities	• How should people be informed they are part of a network? • What does being identified as part of a network mean?
Collaborative Relationships	• What is the role of providers/CBOs in initiating interventions and educating community? • Is there a way to engage case managers or providers to facilitate a warm hand-off to DIS?

Community Concerns



What are the indicators of success?

- Proportion of connected people engaged in care and virally suppressed
- Proportion of connected people tested/retested and knowing their status
- Speed at which this can occur depends on the availability of information to the health department to aggregate and assess.
- Expedience at which the network is closed
- Identification of previously unknown programmatic/ policy gaps to prevent transmissions or support people living with HIV

CDR Challenges

- Sequence data
  - Pre-pandemic, only 50-55% of sequences were available for new diagnoses in DC; many sequences not reported close to the time of diagnosis
    - Plan to work with providers and labs to troubleshoot any issues and increase the proportion of sequences available for new diagnoses and timeliness of reporting
    - The more sequences we have, the better we can monitor drug resistance and identify clusters
- Internal investigation
  - Workload and workflow of surveillance investigator
  - Productivity of/receptiveness to DIS Interview
- Community concerns
  - CDR is still highly controversial

CDR Successes

- Hired dedicated CDR Coordinator
- Internal workflow
  - Timely analysis of sequence data and identification of clusters
  - Updated cluster investigation documentation process
  - Developed internal cluster detection and response reports
  - Finalizing HIV Outbreak and Response Plan
- Addressing programmatic gaps
  - Revising how our different programs ask about risk behaviors
  - Connecting individuals who are requesting one prevention service to other related prevention services
- Data Privacy Protection Amendment Act of 2021
  - Heard by Health Committee in November 2021

Questions and Answers

How To Claim CE Credit

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