

Establishing and Sustaining HIV Care and Treatment in Communities Vulnerable to Large Increases in HIV/HCV

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Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

After this session, participants will be able to:

1. Identify the conditions for vulnerability to an HIV and HCV outbreak related to injection drug use, particularly in suburban and rural communities.
2. Organize opportunities and formulate plans for identifying and responding to increases in HIV and HCV among people who inject drugs (PWID), particularly in suburban and rural areas that lack existing HIV prevention, care, and treatment capacity.
3. Identify approaches to building and sustaining HIV care and treatment services within communities where there is limited to no existing infrastructure, resources, and capacity.



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Session Overview

- Overview of the HIV outbreak in Scott County, Indiana
- Discussion of the similarities between Scott County, Indiana and Wise County, Virginia
- Look at Virginia's vulnerability to rapid increases in HIV or HCV infection among PWID
- Review Virginia's planning efforts to respond to this vulnerability
- Discussion of Virginia's efforts to establish the infrastructure for prevention and harm reduction interventions and HIV/HCV treatment in rural areas
- Review opportunities for disease intervention



Demographics



- Austin, Indiana is a small town located in rural Scott County.
- The city of Austin is roughly 2.5 square miles.
- Approximately 4200 residents (25% are under the age of 18)



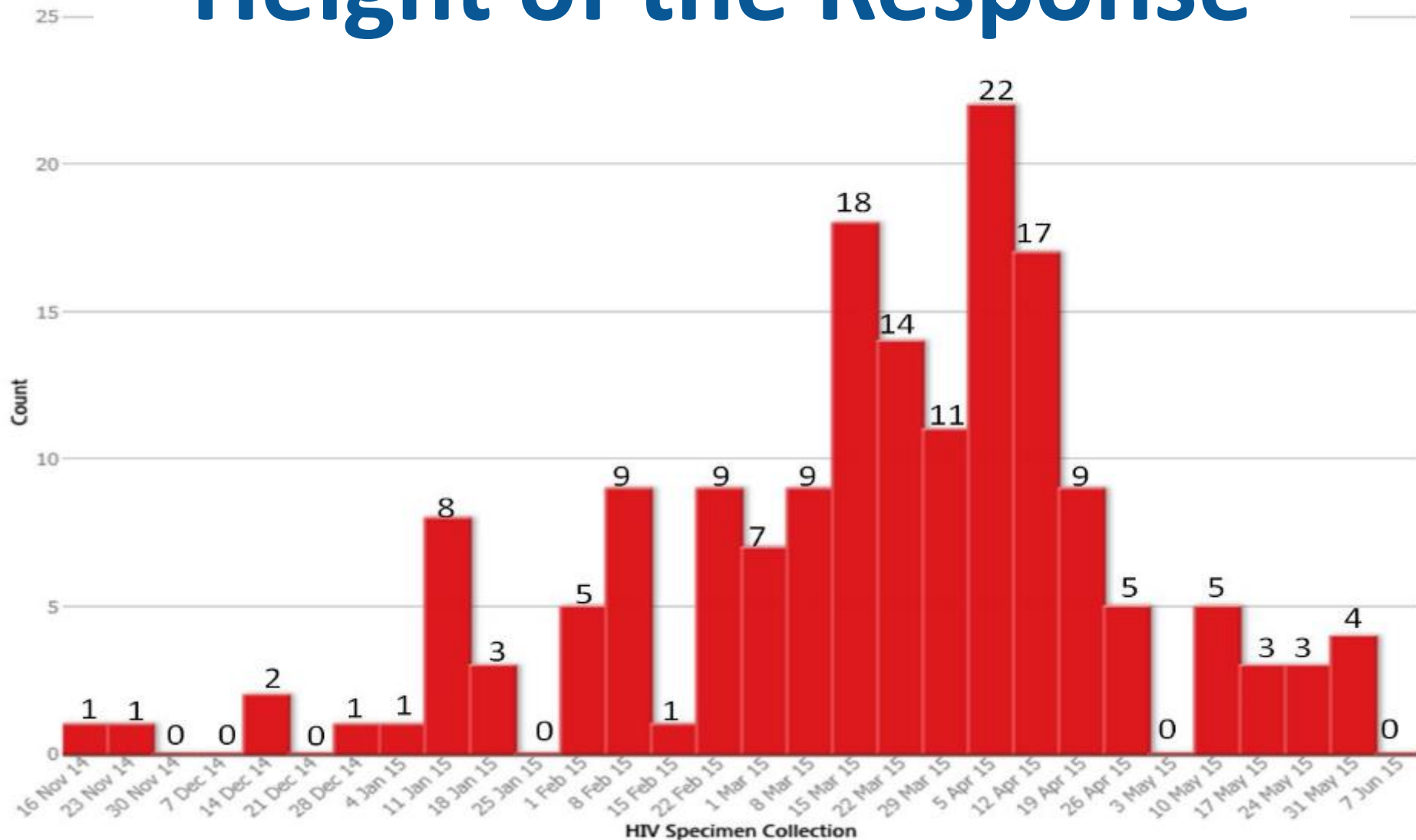
Scott County

1 Disease Intervention Specialist (DIS) covers all of Region 9

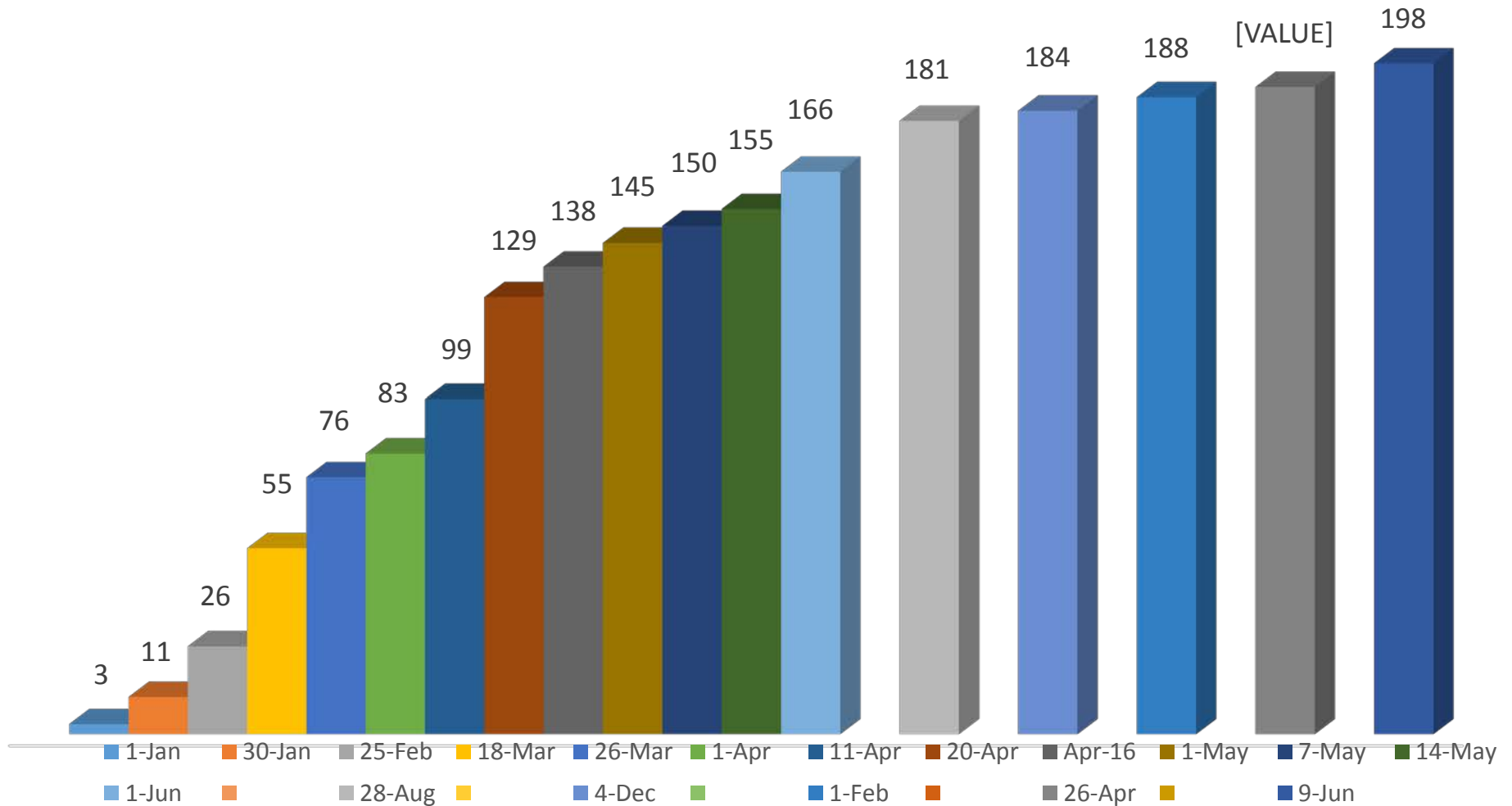
Indiana Outbreak Identification

- In late 2014, 3 new HIV diagnoses in rural Indiana
- 2 individuals reported to the DIS that they had shared needles
- By mid January 2015, 8 more new infections were identified in a jurisdiction with a total of 5 new HIV infection from 2009 – 2013
- All cases reported injection of the opioid analgesic oxymorphone (Opana® ER and generic ER)

Height of the Response



Case Count Timeline



Indiana's EMAC Request

(Emergency Management Assistance Compact)

Indiana requested personnel from other states to assist

- Trained DIS
- Contact Tracing
- Rapid Testing
- Phlebotomy
- Patient Interviews

Virginia Department of Health sent two Field Operations Staff

- Both were current DIS supervisors
- Both were formers DIS
- Both had participated in outbreak response events in the past

Case Demographics

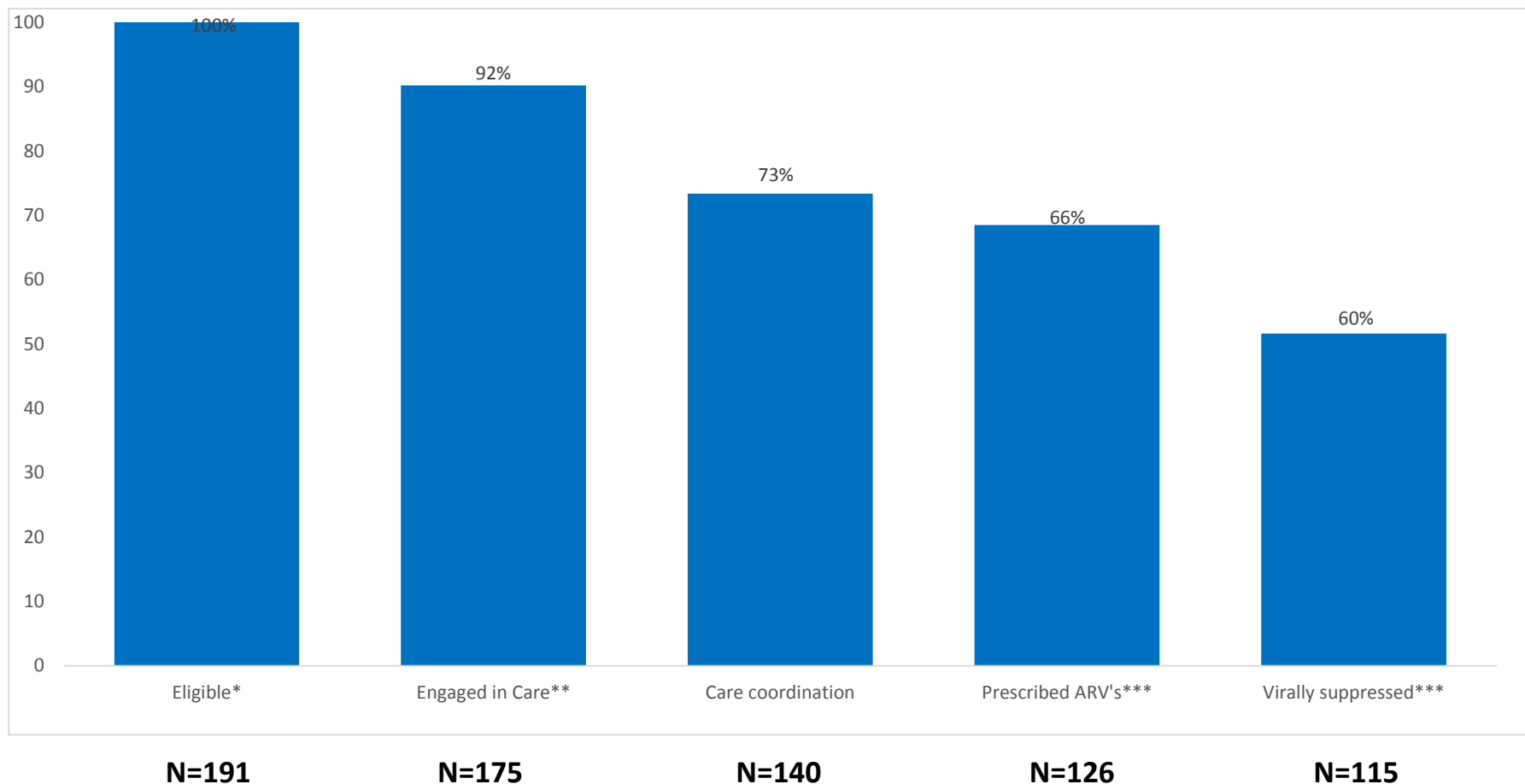
- Median age: 33 years, range 18 – 60 years
- Male: 57%
- 100% White non-Hispanic
- Risk factors
 - 95% reported injecting drugs: Oxymorphone, meth, heroin
 - 5.7% reported exchanging sex for drugs or money
- Drug use
 - Multi generational sharing of injection equipment
 - Daily injections 4-15 times per day
 - Number of partners: 1-6 per injection event
- Socioeconomic factors
 - High poverty (19%) and unemployment (8.9%)
 - Low education levels (21.3% do not complete high school)
 - Lack of health insurance

Case Epidemiology

- Total cases: 200
- 463 of 521 (89%) named contacts linked to outbreak have been located and offered testing
- Contacts remaining to trace: 1
- Positivity rate among tested contacts: 39%
- Average number of unique contacts per case: 8 (range: 0-80)
- **Infection drug users: 96%**
- **HCV co-infection: 94%**

Scott County

Continuum of HIV Care – 6/8/2016



Lessons Learned

1. Expect the unexpected

- Outbreak potential for HIV is high in communities where HCV prevalence is high among PWID
- Encourage healthcare providers to promptly report new HIV and HCV cases
- Become familiar with local data so any increases are easily identified before an outbreak occurs
- Look for clusters of HIV and HCV

Lessons Learned

2. Engage the community in advance

- Identify community partners and leadership for assistance, services, and potential response
- Increase testing in high-risk communities
- Consider PrEP among high-risk individuals
- Increase awareness/availability of addiction recovery services and Medication-Assisted Treatment (MAT)
- Syringe services programs (SSPs) must be part of a comprehensive response and embraced by the community

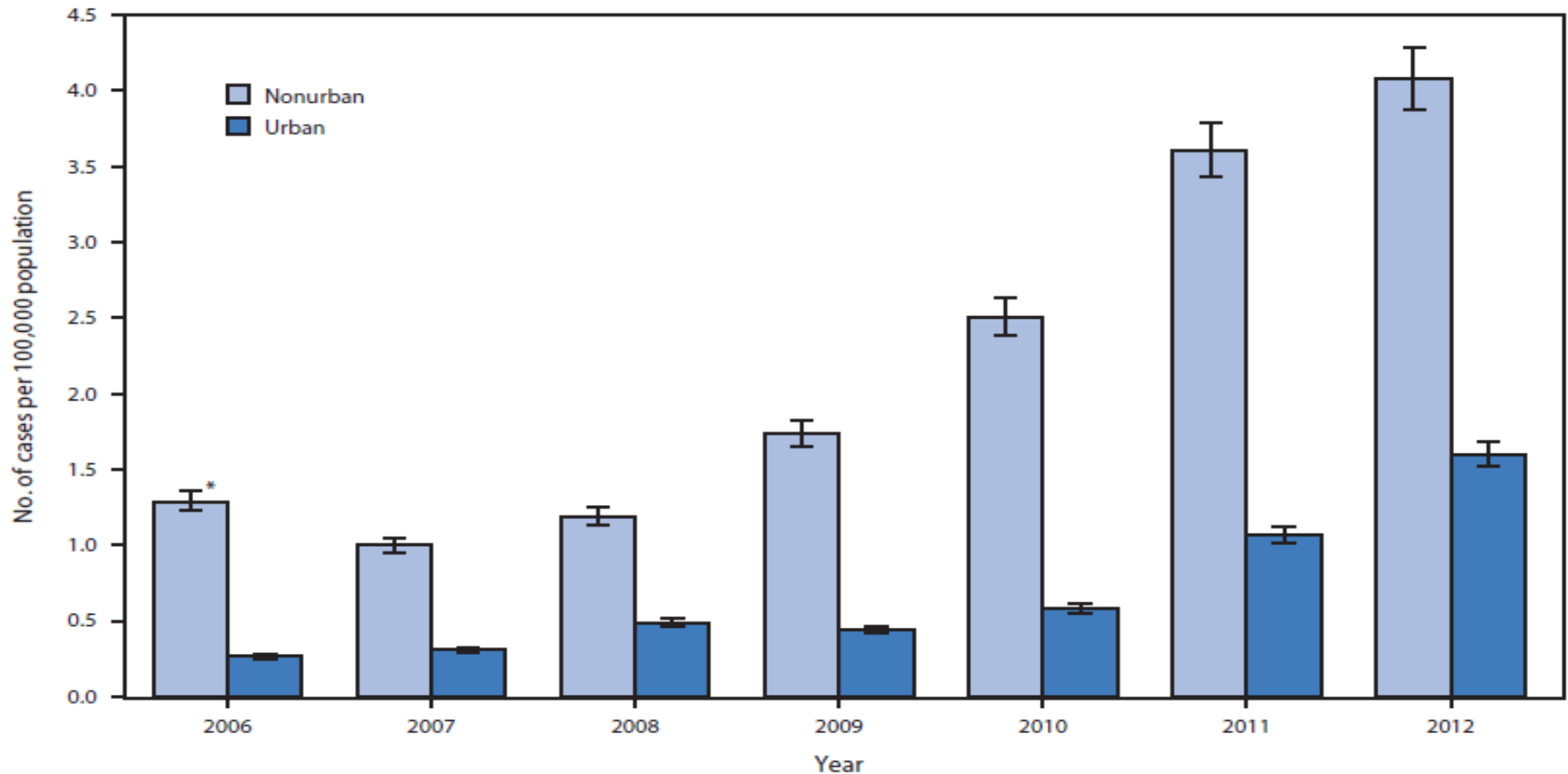
Lessons Learned

3. Assess your internal resources

- Ensure leadership fully understands the importance of DIS
- Build capacity of the DIS workforce
- Pre-establish an incident command structure
- Monitor resources carefully
- Plan de-escalation and long-term sustainability at the same time

Why Indiana? Why Virginia?

FIGURE 1. Incidence of acute hepatitis C among persons aged ≤ 30 years, by urbanicity and year — Kentucky, Tennessee, Virginia, and West Virginia, 2006–2012



MMWR Morb Mortal Wkly Rep 2015, 64(17): 444-448, "Increases in Hepatitis C Virus Infection Related to Injection Drug Use Among Persons Aged ≤ 30 Years — Kentucky, Tennessee, Virginia, and West Virginia, 2006–2012"

Demographic Comparison

Scott County, IN

Population of Scott County: 24,000

Population of City of Austin: 4,200

Poverty: 19%

Education: 21.3% do not graduate
from high school



Wise County, VA

Population of Wise County: 39,000

Population of City of Wise: 3,200

Poverty: 21.9%

Education level: 26.3% do not
graduate from high school



Scott County, IN



Wise County, VA



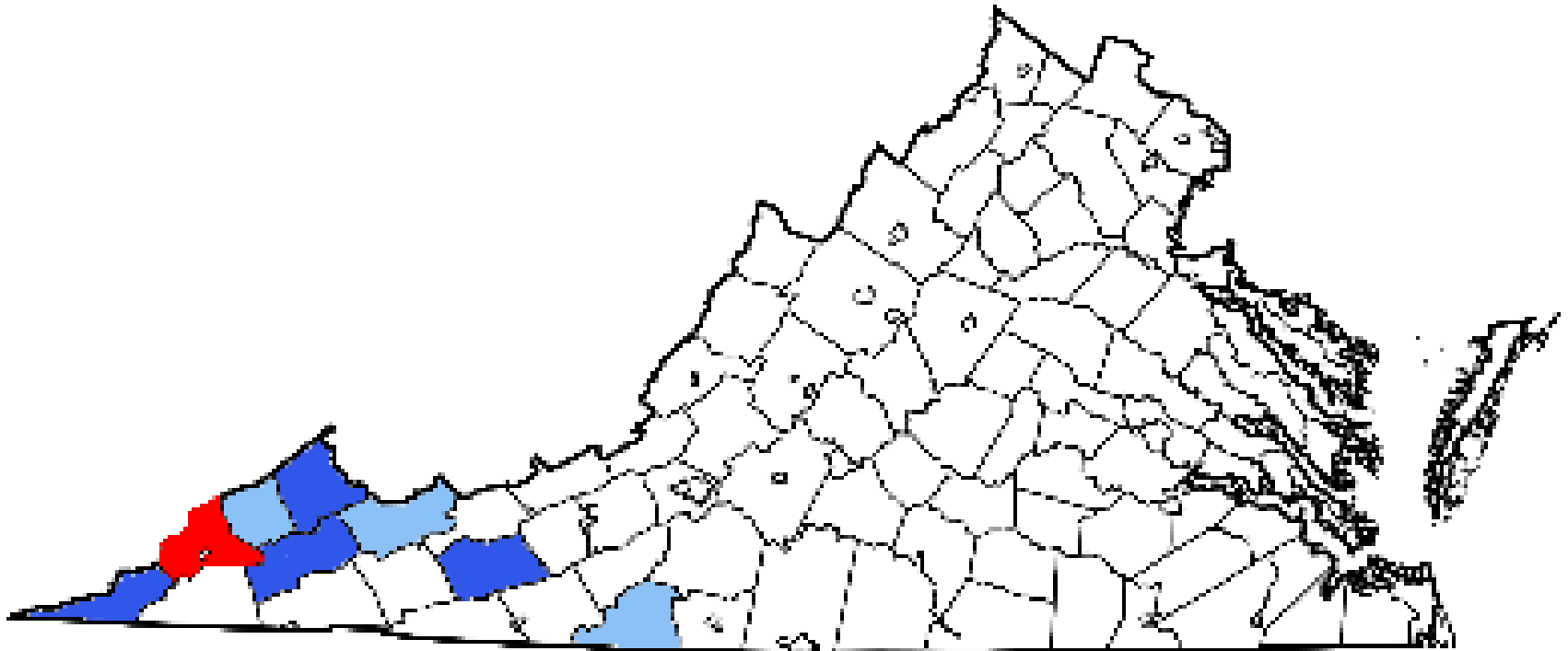
Virginia Department of Health Regions and Districts

Health District

VDH VIRGINIA
DEPARTMENT
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Vulnerability Assessment

CDC identified eight (8) counties in the Southwest region of state as being vulnerable for rapid dissemination of HIV or HCV infection among PWID.



Appalachia HCV Testing Data

HCV positivity by age

■ Appalachia ■ Non-Appalachia

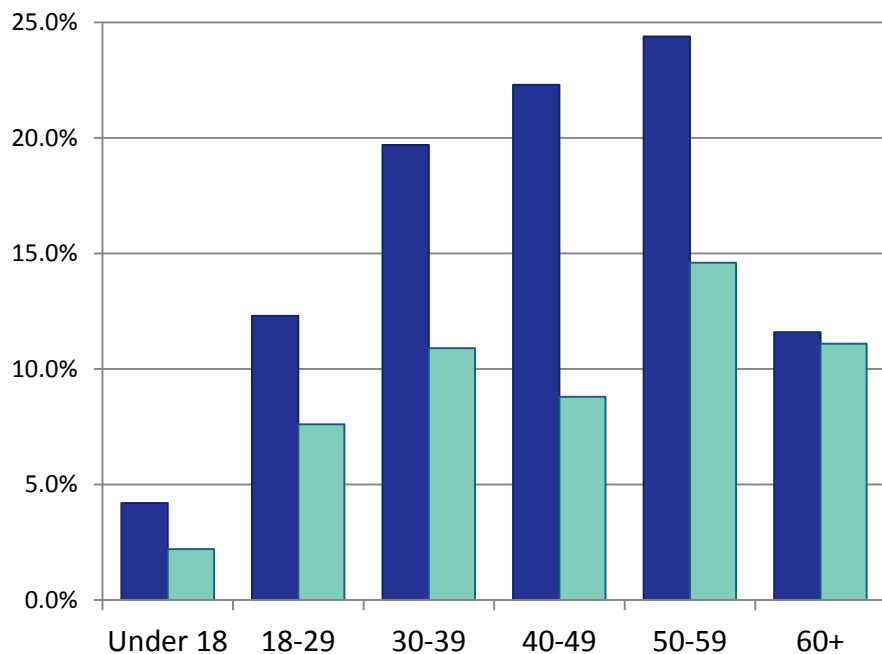


Figure A.. Percentage of individuals tested at free testing sites Jan 2014 – Mar 2016 with past or present HCV infection.

Appalachia

■ No IDU ■ IDU

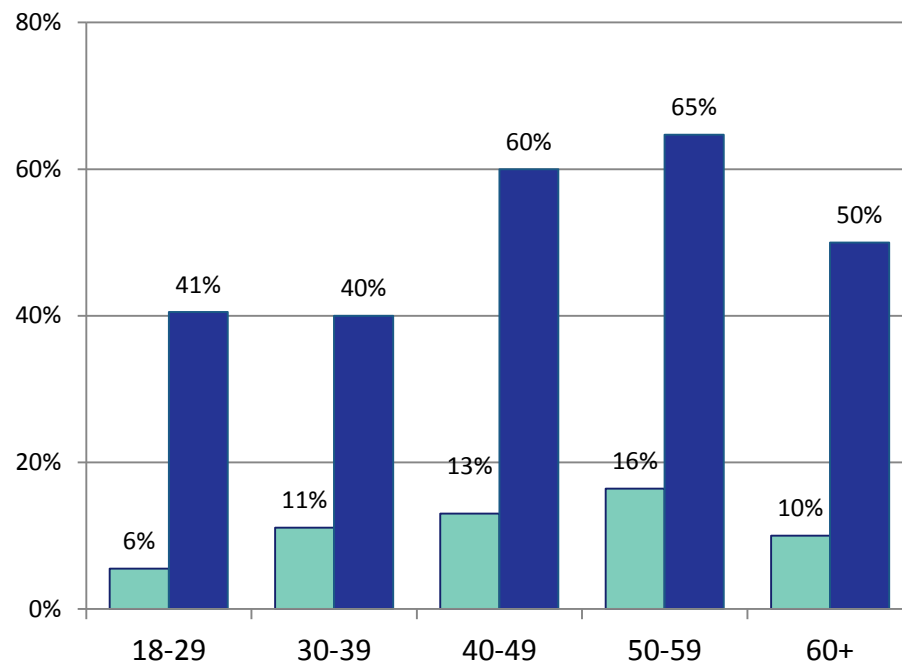


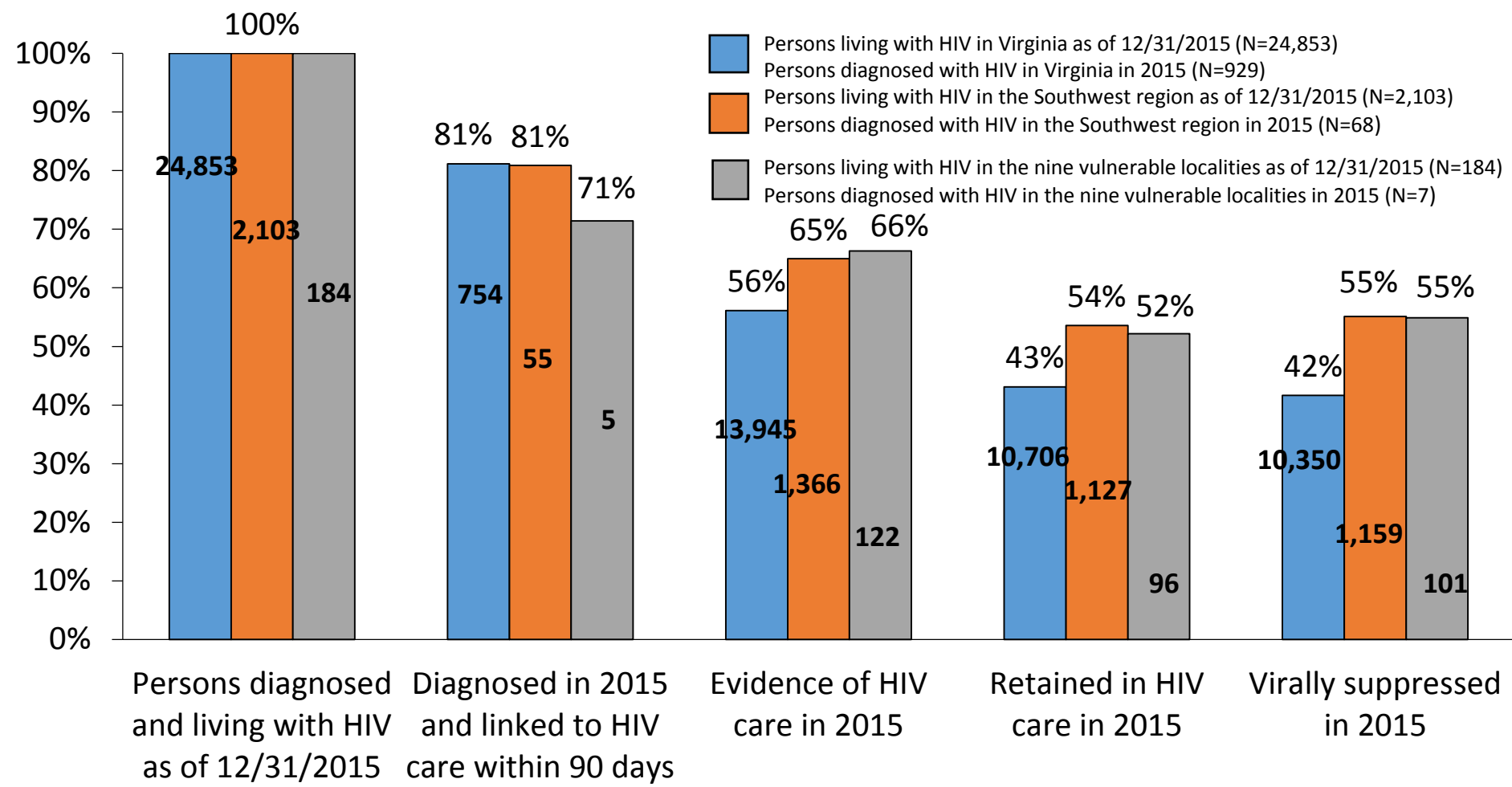
Figure B.. Percent of individuals tested at free testing sites January 2014 – March 2016 with a positive HCV antibody test or HCV RNA test.

HIV Testing in Southwest Virginia (2015)

There were 10,922 tests completed at publicly-funded HIV testing sites in Calendar Year 2015.

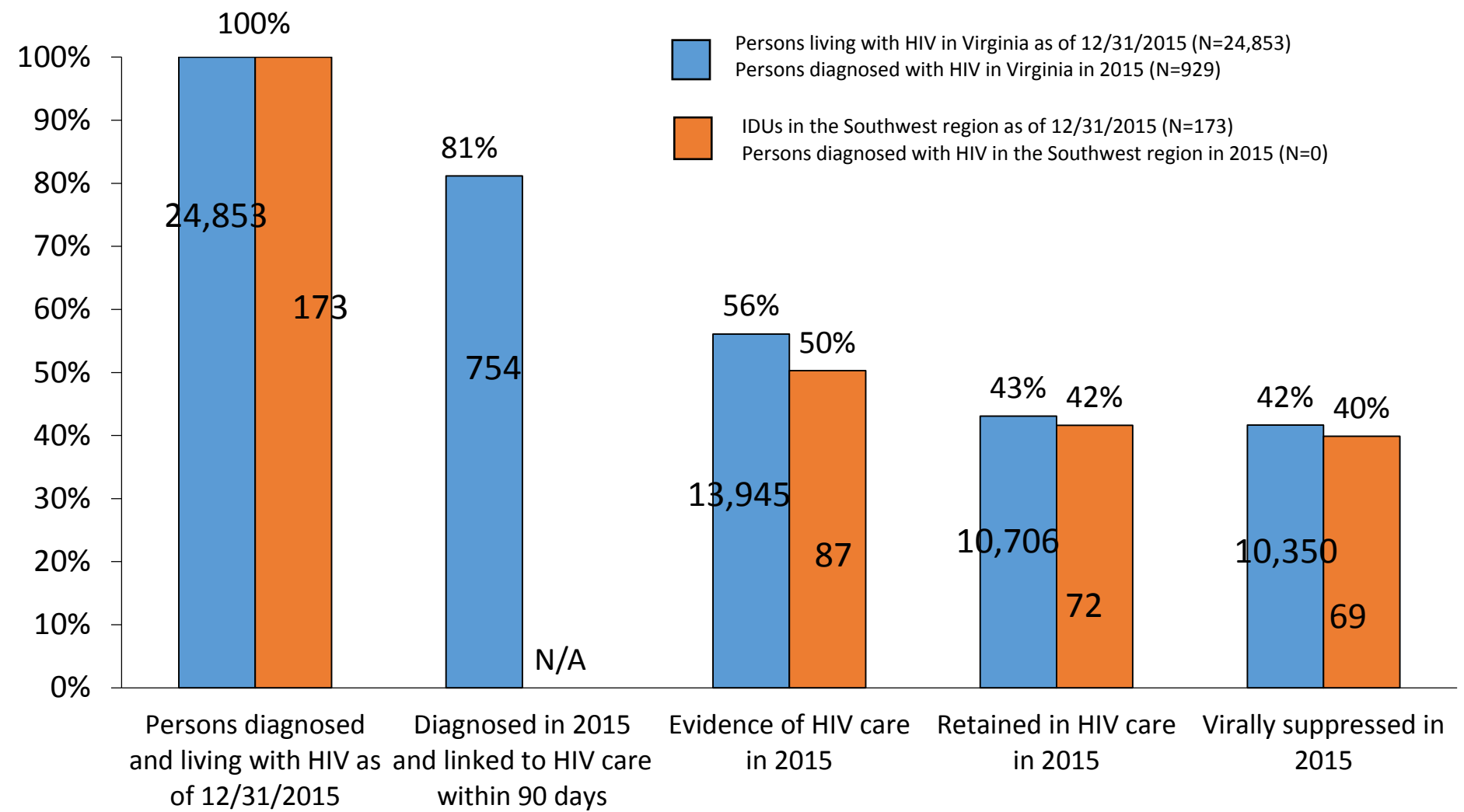
- 57.0% of the tests completed were female; however, they represented only 2.6% of persons who tested positive.
- 39 positive, 0.36% positivity rate
 - ✓ 97.4% male
 - ✓ 5.1% injection drug use (IDU)

HIV Continuum of Care, 2015: Virginia, Southwest Region, and Counties of Vulnerability



Data current as of December 2015; Accessed March 2016; Virginia Department of Health, Division of Disease Prevention.
 Vulnerable counties include: Buchanan Co., Dickenson Co., Lee Co., Patrick Co., Russell Co., Norton (city), Tazewell Co., Wise Co., and Wythe Co.
 Data for 2015 should be considered preliminary and may be incomplete due to reporting delay.

HIV Continuum of Care, 2015: Virginia versus Injection Drug Users (IDUs) in the Southwest Region of Virginia



Applying Lessons Learned

Challenges faced by Indiana	Virginia's interventions
Very few insured/limited access to services	Federal and state grants for health; high rate of PLWH enrollment in market place insurance through ADAP
Number of HIV/HCV cases	↑ HCV testing; ↑ acute HCV infections in Southwest. HIV/HCV cases in Southwest small, but PLWH more likely have HCV co-infection.
Limited HIV awareness	Testing events, social media, Treatment Works!
Limited addiction services	↑ availability treatment services (MAT) in region
Focus on HIV services	RWHAP B; other resources; LHDs, DIS; private sector; telemedicine
Lack of syringe services or syringe services are illegal	Exploring 2 nd legislative attempt for syringe exchange; changes in federal law; and issuance of 2016 HHS Guidance for SSPs

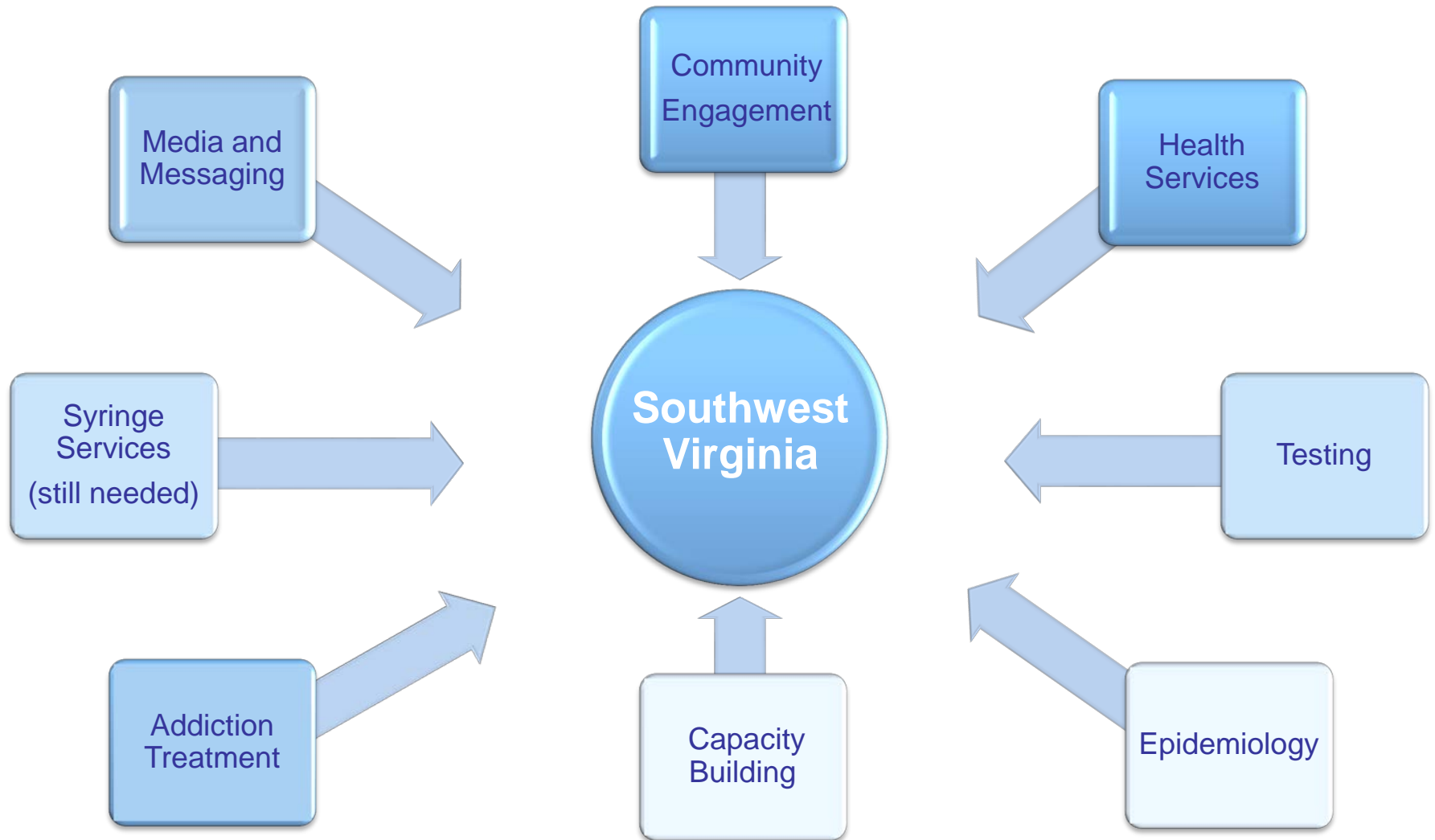
Virginia's Interventions

- Outbreak **Preparedness** Exercise
- Importance of **biomedical interventions for prevention of HIV acquisition, HIV treatment, and Hepatitis C treatment**
- **Exploring legislative proposals** for Safe Syringe Services Programs
- Importance of resource allocations and points of service for:
 - ✓ **Substance abuse and addiction treatment services including MAT**
 - ✓ **Comprehensive harm reduction**
 - ✓ **Mental Health**
 - ✓ **Injecting drug user health (holistically)**
 - ✓ **Vaccinations and immunizations**

VIRGINIA
HEPATITIS C
EPIDEMIOLOGIC
PROFILE

2016

Virginia's Interventions



Virginia's Tabletop Exercise

Southwest HIV Outbreak
Exercise 2016: **SWOBEX**

- Virginia Department of Health **Office of Epidemiology**
- Virginia Department of Health **Office of Emergency Preparedness**

April 13-14, 2016



Tabletop Exercise



- Scope
- Mission Area
- Core Capabilities
- Participating Agencies

Tabletop Exercise Objectives

- Discuss procedures, capabilities, and readiness of the health districts and community to respond to large number of HIV cases.
- Review and discuss plans, capabilities, and authority for responding to a high-risk infectious disease emergency.
- Examine and demonstrate public notification procedures.
- Examine and demonstrate public notification and information sharing procedures to address messaging and coordination with stakeholders.

Tabletop Exercise

Preliminary Findings

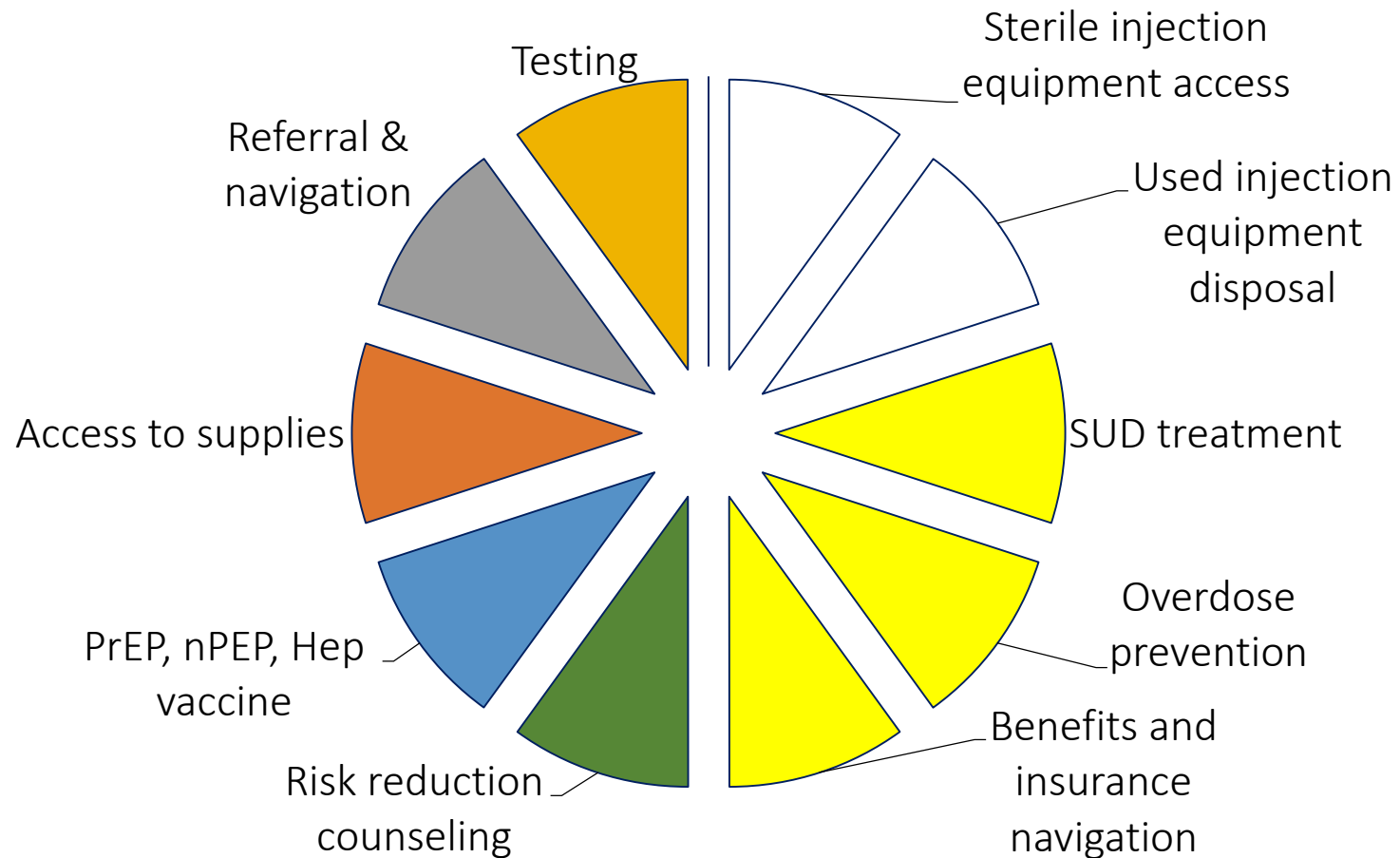
Immediate Actions

- Review comprehensive harm reduction strategies
- After Action Debrief among VDH staff
- Re-vamped FY 16 RWHAP Supplemental Application to fund 8 DIS positions
- Exploring legislative proposal for SSPs (2nd attempt)
- Launch of telemedicine for HIV care in Lenowisco Health District

Long Range Planning

- Identifying additional partners
- Cultivating partnerships
- Allocating resources
- Implementing interventions

Comprehensive Harm Reduction—Critical Strategies



Partner Services

- DIS training and mentoring opportunities
- Active referral
- Linkage to care
- Enhanced contact tracing
- Cross-jurisdictional collaboration
- Interstate Communication Control Record (ICCR)
- Coverage assessment to determine additional resources
- Comprehensive service for clients

Linkage to Care

- Active Referral to Care
- Data to Care
- Black Box Exercise
- No Wrong Door for Testing (and HIV Care)
- Cross-Jurisdictional Collaboration
- Integrated HIV Prevention and Care Plan, CY 2017-2021
- Trauma-Informed Care/Relief Services



Take Home

- Utilize the lessons learned in other jurisdictions
- Focus on prevention, but simultaneously develop a comprehensive response plan
- Identify and engage local partners
- Develop DIS skillset
- Increase prevention education in rural communities
- Identify opportunities to build infrastructure and capacity to address increases in morbidity
- Community engagement is a key step in building trust

Acknowledgements

- Health Resources & Services Administration
- Centers for Disease Control and Prevention
 - Division of HIV/AIDS Prevention
 - Division of Viral Hepatitis
 - Division of STD Prevention
- Scott County Health Department
- Indiana State Department of Health
- Virginia Department of Health
 - Central Office
 - Lenowisco Health District
 - Office of Epidemiology
 - Division of Disease Prevention

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