

EMEDICINE



# Arizona **State Office of Rural** Health Webinar Series



# Webinar Tips & Notes



- Mute your phone &/or computer microphone
- Time is reserved at the end for Q&A
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recording will be posted on the AzCRH <u>www.crh.arizona.edu/</u> and the SWTRC <u>www.southwesttrc.org/</u>

## Arizona State Office of Rural Health Monthly Webinar Series

Provides technical assistance to rural stakeholders to disseminate research findings, policy updates, best-practices and other rural health issues to statewide rural partners and stakeholders.



THE UNIVERSITY OF ARIZONA MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH Center for Rural Health

Thank you to our partners in delivering this webinar series:











THE UNIVERSITY OF ARIZONA MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH Center for Rural Health

## Today's presentation:

# HIV Testing and Prevention in Arizona: How Healthcare Workers Can End the Epidemic



Presenter: Alyssa Guido, MPH Arizona AIDS Education and Training Center University of Arizona College of Medicine



# HIV Testing and Prevention in Arizona:

How Healthcare Workers Can End the Epidemic

Alyssa Guido, MPH Arizona AIDS Education and Training Center University of Arizona College of Medicine

December 19, 2017

# **Arizona AIDS Education & Training Center**

Provide healthcare professionals with the knowledge and skills necessary to provide outstanding care to people living with HIV and AIDS.

Arizona AETC is a local partner of the Pacific AIDS Education and Training Center (PAETC).

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #5 U10HA29292, Regional AIDS Education and Training Centers





## **Objectives**

- Describe the HIV epidemic on national and local levels.
- Discuss the importance of early HIV testing and treatment.
- Review biomedical HIV prevention treatment strategies (PEP & PrEP).





# What is your primary role?

- 1. Community Health Worker / Health Educator
- 2. Program Manager
- 3. Administrator
- 4. Medical Assistant
- 5. Nurse
- 6. Provider
- 7. Student
- 8. Other



Figure 1

### World AIDS Day December 1

### Adult HIV Prevalence, 2016

Global HIV Prevalence = 0.8%



NOTES: Data are estimates. Prevalence includes adults ages 15-49. SOURCES: Kaiser Family Foundation, based on UNAIDS, AIDSinfo, Accessed July 2017



# In the United States, how many people living with HIV are unaware of their infection?

- 1. 1 in 3
- **2.** 1 in 7 √
- 3. 1 in 12
- 4. 1 in 20



## HIV/AIDS in the U.S.



1,122,900 people are living with HIV (2016)
1 in 7 are unaware of their HIV infection
39, 782 new infections (2016)
6,721 deaths were attributed directly to HIV (2014)
49% are virally suppressed



https://www.cdc.gov/hiv/statistics/overview/ataglance.html

## Persons Living with Diagnosed or Undiagnosed HIV Infection HIV Care Continuum Outcomes, 2014—United States





Ē

Note. Receipt of medical care was defined as  $\geq 1$  test (CD4 or VL) in 2014. Retained in continuous medical care was defined as  $\geq 2$  tests (CD4 or VL)  $\geq 3$  months apart in 2014. Viral suppression was defined as < 200 copies/mL on the most recent VL test in 2014.

## Adults and Adolescents Living with Diagnosed HIV Infection, by Sex and Transmission Category, Year-end 2015—United States and 6 Dependent Areas





Ē

Note. Data have been statistically adjusted to account for missing transmission category. "Other" transmission category not displayed as it comprises 1% or less of cases.

<sup>a</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.



Ę



#### Lifetime Risk of HIV Diagnosis by Transmission Group

Source: Centers for Disease Control and Prevention

https://www.cdc.gov/nchhstp/newsroom/images/2016/CROI\_lifetime\_risk\_race\_ethnicity.jpg



### Lifetime Risk of HIV Diagnosis among MSM by Race/Ethnicity



Source: Centers for Disease Control and Prevention

https://www.cdc.gov/nchhstp/newsroom/images/2016/CROI\_lifetime\_risk\_msm\_race\_ethnicity.jpg



### Lifetime Risk of HIV Diagnosis by Race/Ethnicity 1 in 20 African American Men African American Women 1 in 48 Hispanic Men 1 in 48 Hispanic Women 1 in 227 White Men 1 in 132 White Women 1 in 880 LOWEST RISK **HIGHEST RISK**

Source: Centers for Disease Control and Prevention

https://www.cdc.gov/nchhstp/newsroom/images/2016/CROI\_lifetime\_risk\_race\_ethnicity.jpg



## Diagnoses of HIV Infection and Population among Female Adults and Adolescents, by Race/Ethnicity, 2016—United States





Ē

*Note*. Data for the year 2016 are preliminary and based on 6 months reporting delay. <sup>a</sup> Hispanics/Latinos can be of any race.

# Women of Color and HIV

- 1 in 4 people living with HIV is a woman
- 4 in 5 women living with HIV in the US are women of color
- African American women are **18 times** more likely to be living with HIV than White women.
- Latinas are 4 times more likely to be living with HIV than White women.
- From 2005-2014, number of new HIV diagnoses among women dropped 40%.



http://www.thewellproject.org/hiv-information/why-race-matters-women-and-hiv https://www.cdc.gov/nchhstp/newsroom/images/2016/CROI\_lifetime\_risk\_race\_ethnicity.jpg



## Percentages of Diagnoses of HIV Infection among Adults and Adolescents, by Region and Population of Area of Residence, 2016—United States





Ē

*Note*. Data for the year 2016 are preliminary and based on 6 months reporting delay. Data exclude persons whose county of residence is unknown.

## Rates of Adults and Adolescents Living with Diagnosed HIV Infection Year-end 2015—United States and 6 Dependent Areas

N = 988,955 Total Rate = 364.3





Ē

Note. Data are based on address of residence as of December 31, 2015 (i.e., most recent known address).

# How can healthcare workers help end the epidemic?

- 1. Testing patients for HIV
- 2. Linking / re-engaging HIV-infected patients to HIV care
- 3. Helping those at risk for HIV access PrEP & PEP



# What is the HIV testing policy at your clinic/organization?

- 1. We routinely screen all our patients
- 2. We only screen patients with risk factors and/or clinical indications
- 3. I don't know my clinic's HIV testing policy
- 4. My clinic doesn't have any HIV testing policy
- 5. Other
- 6. N/A



# What percentage of your patients/clients have been tested for HIV?

≤ 25 %
 26-50%
 51-75%
 ≥76%
 N/A



## **Relatively Few People Report Getting Tested for HIV Regularly**



NOTE: Don't know / refused responses not shown; \*excludes the 10% who self-identify as HIV-positive

SOURCE: Kaiser Family Foundation Survey of Gay and Bisexual Men on HIV (conducted July 17 - August 3, 2014) and Kaiser Family Foundation Health Tracking Poll (conducted July 15-21, 2014)



# **Testing Recommendations**

- 2006 CDC Universal HIV Screening Recommendations (13-64).
   <u>http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm</u>
- 2013 U.S. Preventive Services Task Force gave HIV screening a grade A recommendation (15-65). http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm

2013 American Academy of Family Physicians recommends universal HIV screening (18 – 65).

http://www.aafp.org/patient-care/clinical-recommendations/all/hiv.html



# Why test patients for HIV?

## Better for the patient

- People living with HIV (PLWHIV) can live long, healthy lives if HIV infection is identified early and treated
- Early treatment reduces HIV related illnesses





# Why test patients for HIV?

## **Better for the community**

- Change in behavior
- HIV treatment is prevention

"Across three different studies, including thousands of couples and many thousand acts of sex without a condom or pre-exposure prophylaxis (PrEP), **no HIV transmissions to an HIV-negative partner were observed when the HIVpositive person was virally suppressed**."

-Eugene McCray, MD Director, Division of HIV/AIDS Prevention, CDC







Source: Skarbinski et al. Human Immunadoficionau Virua Transmission et each stan of the earse continuum 2015.

# **Arizona HIV Testing Law**

- Revised in September 2008
- No written consent form required for HIV testing
- No formal pre or post test counseling is required with a HIV test
- Verbal consent is sufficient for a HIV test
- HIV testing can be incorporated into general medical consent that is signed by each patient prior to initiating medical care
- It is recommended but NOT required that the provider document that written or oral consent information was given to the patient



# Most recent HIV testing technology can detect HIV infection within:

- 1. 2 weeks after infection
- 2. 1 month after infection
- 3. 3 months after infection
- 4. 6 months after infection
- 5. No idea



## **HIV Infection and Laboratory Markers**



Slide credit: Bernard Branson, MD

Ē

Modified after Busch et al. Am J Med. 1997







Bio-Rad Ag/Ab Combo 2011



#### Determine Combo Ag/Ab Rapid Test 2013



Siemens Advia Centaur CHIV 2015 (serum)

Slide credit: Bernard Branson, MD

Ag/Ab Combo Tests "4<sup>th</sup> Generation"

# **Acute HIV Infection**

40-90% develop symptoms of acute HIV

Usually begin 2-4 weeks after exposure

# Main symptoms of **Acute HIV infection**



Photo Credit: Häggström, Mikael (2014). "<u>Medical gallery of Mikael Häggström 2014</u>". *WikiJournal of Medicine* **1** (2). <u>DOI:10.15347/wjm/2014.008</u>. <u>ISSN 2002-4436</u>. <u>Public Domain</u>.



Ę



Slide credit: Bernard Branson, MD

Is there a prescription medication that HIV-negative people can take to lower their risk of getting HIV?

- 1. Yes
- 2. No
- 3. I don't know



## Few People are Aware of New Prevention Strategies Such as Pre-exposure Prophylaxis (PrEP)

As far as you know, is there a prescription medication that people who are HIV-negative can take to lower their risk of getting HIV, or not?



SOURCE: Kaiser Family Foundation Survey of Gay and Bisexual Men on HIV (conducted July 17 - August 3, 2014) and Kaiser Family Foundation Health Tracking Poll (conducted July 15-21, 2014) July 15-21, 2014)







Pre-Exposure Prophylaxis is a HIV prevention strategy which **protects** the body and helps **prevent HIV** infection.

- Made up of two different anti-viral medications: tenofovir/emtricitabine (Truvada®)
- FDA approved in 2012
- Once a day dosing
- Can be used by men or women without depending on their partner



# **Understanding PrEP**

## Comparison to oral contraception

Oral Contraceptive ("The Pill")	Pre-Exposure Prophylaxis (PrEP)
Prevents pregnancy if taken before sex. <b>Does not work as morning-after pill</b> .	Prevents HIV infection pre-exposure. Will not work if already exposed.
Does not always start working immediately.	Does not start working immediately.
Must take daily – cannot skip doses.	Must take daily – cannot skip doses.
Only helps prevent pregnancy, will not prevent STIs (should still use condoms).	Only helps prevent HIV – will not prevent other STIs (should still use condoms).
Very effective at preventing pregnancy, but not 100% effective.	Very effective at preventing HIV infection, but not 100% effective.
Should be taken by anyone who is sexually active (at risk for becoming pregnant)	Should be taken by anyone who could be exposed to the HIV virus (at risk for HIV)



# How effective is PrEP?

How well does PrEP work? Is it a cure for HIV? Is PrEP a vaccine? Is PrEP better than condoms?

- PrEP reduces risk of HIV infection by over 90%
- Reaches effectiveness 7 days in rectum; 20 days in vagina
- PrEP does not reduce the risk of other STIs or pregnancy
- Should be used with other HIV risk reduction strategies (i.e. condoms)



## How do I take PrEP?

How often do I take PrEP? Can I skip doses? How do I qualify for PrEP?

- PrEP should be taken every day
- PrEP is not a vaccine, if you stop taking PrEP you will lose protection
- PrEP is an option for:
  - HIV negative individuals
  - People with normal kidney functioning
  - People willing to see a provider every 3 months for HIV testing and STI screening



# Who might benefit from PrEP?



US Public Health Service and the CDC released the first comprehensive guidelines for PrEP in May 2014.

Guidelines recommended PrEP for patients who are **HIV-negative** and have one of the following risk factors:

- **1.** HIV-positive partners
- 2. MSM with recent unprotected sex or STD
- 3. Intravenous drug users (IDU) who reported **sharing needles** or equipment
- 4. Heterosexual men or women who infrequently use condoms and have sex with high-risk partners



# **CDC Estimate of PrEP Candidates**



Centers for Disease Control and Prevention (2015) Vital Signs: Estimated Percentages and Numbers of Adults with Indications for Preexposure Prophylaxis to Prevent HIV Acquisition — United States, 2015. Morbidity and Mortality Weekly Report, 64(46);1291-1295. <u>http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6446a4.htm</u>





## 2,092 – 11,896 People in Maricopa County from target populations (MSM and IDU) might be eligible for PrEP



# **Connect to a PrEP Provider**

PLEASE HOME FIND A PROVIDER ADD LOCATION RESOURCES ABOUT	Español
Find a PrEP Provider	
Enter your city or ZIP code  C Q SEARCH - OR -	2
Use the interactive map to search by state Not sure how to search for a PrEP provider? Get tips here.	HIVAZ

Provider Login

Free / Low Cost Care

#### Pre-Exposure Prophylaxis (PrEP)

#### PrEP Can Lower Your Risk of Getting HIV by 92%

.ORG

You may qualify to get PrEP for free or at low cost. Call Care Directions at 602-241-6100 to learn more about getting PrEP in Arizona.

HIV Testing I'm HIV+ Prevention Black HIVAZ HIV Programs

Pre-Exposure Prophylaxis (PrEP) is a relatively new HIV prevention method, which involves HIV negative people taking HIV medication to help prevent HIV infection. A person on PrEP takes one pill each day to ensure that the medication is always in his/her body. If he/she is exposed to HIV, PrEP can help block the virus from spreading. Several studies have shown that PrEP can reduce the risk of a person getting HIV when taken daily.

HIV negative individuals who desire to go on PrEP must visit with a prescribing healthcare provider to have an HIV test to confirm their HIV status, and have other lab tests completed. They must also be able to commit to taking the drug everyday, and to return to their health care provider every 3 months for a repeat HIV test, prescription refills, and follow-up.







## **Insured patients**

Gilead co-pay cards: <u>https://www.gileadadvancingaccess.com/copay-coupon-card</u> Patient Advocate Foundation: <u>https://www.copays.org/diseases/hiv-aids-and-prevention</u>

### Uninsured patients

Gilead advancing access medication assistance program: www.gileadadvancingaccess.com



# What is Post-Exposure Prophylaxis (PEP)?

- A 28-day course of antiretroviral medication taken AFTER potential HIV exposure.
- Consists of three different kinds of medications in pill form. One pill is a combination of two medications.
- PEP is an emergency situation and needs to be taken as soon as possible.
- PEP is not effective if initiated after 72 hours.





Need more information on PEP?

## https://www.hivguidelines.org/pep-for-hiv-prevention/

Post-exposure management & evaluation Timing of PEP initiation ART regimens for PEP Follow-up & monitoring



**Exposed to HIV?** The clock is ticking!

To be effective, **PEP** must begin within 72 hours of exposure







# Summary Healthcare workers can help end the HIV epidemic through:

- 1. Testing patients for HIV per CDC guidelines
- Identifying HIV patients who are out of care and linking them to HIV medical care
- 3. Educating patients at risk for HIV about PrEP & PEP and helping them access care





## **Questions**?

## alyssa1@deptofmed.arizona.edu (520) 626-0723





## **Resources:**

Arizona AETC - arizonaaetc.arizona.edu; Pacific AETC - paetc.org

AETC National Coordinating & Resource Center - <a href="https://aidsetc.org/">https://aidsetc.org/</a>

National Clinicians Consultation Center http://nccc.ucsf.edu/

CDC Guidance on HIV Testing in Clinical Settings https://www.cdc.gov/hiv/testing/clinical

Clinical Practice Guidelines for PrEP https://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf

CDC Guidelines for Non-occupational PEP https://stacks.cdc.gov/view/cdc/38856

US Public Health Service Guidelines for Occupational Exposures to HIV <a href="http://www.jstor.org/stable/10.1086/672271">http://www.jstor.org/stable/10.1086/672271</a>





# Thank you Questions?



# Happy Holidays from all of us!



## **REGISTRATION NOW OPEN**

## Arizona Rural & Public Health Policy Forum



Wednesday, January 24, 2018 Arizona State Capitol

Visit crh.arizona.edu for more information

## Your opinion is valuable to us Please participate in this brief survey:

#### https://uarizona.co1.qualtrics.com/jfe/form/SV\_6G8SprKsuct9iQZ

This webinar is made possible through funding provided by Health Resources and Services Administration, Office for the Advancement of Telehealth (G22RH24749). Arizona State Office of Rural Health is funded granted through a grant from US Department of Health and Human Services. Grant number H95RH00102-25-00

This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, DHHS or the U.S. Government.