

Welcome!

Office for State, Tribal, Local and Territorial Support
presents...



CDC *Vital Signs* HIV/AIDS Webinar Lessons Learned and Success Stories

December 6, 2010
2:00pm – 3:30pm EST



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

CDC *Vital Signs* HIV/AIDS Webinar

Lessons Learned and Success Stories



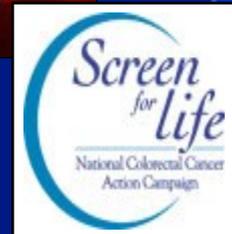
Thomas R. Frieden, MD, MPH
**Director, Centers for Disease Control and
Prevention**
**Administrator, Agency for Toxic
Substances and Disease Registry**

***CDC Vital Signs* HIV/AIDS Webinar**

Lessons Learned and Success Stories



Judy Monroe, MD, FAAFP
CDC OSTLTS Director

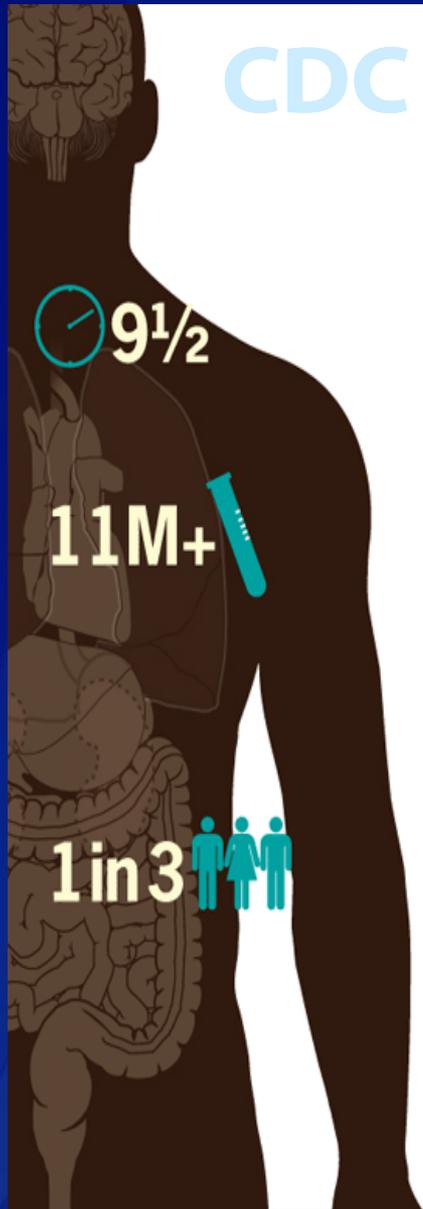


Vital^{CDC}**signs™ Webinar**
 to support STLT efforts and build momentum around the monthly release of CDC *Vital Signs*



CDC *Vital Signs* HIV/AIDS Webinar

Lessons Learned and Success Stories



- **John Auerbach**, ASTHO President
- **Carol Moehrle**, NACCHO President
- **Dr. Jonathan Mermin**, CDC DHAP Director
- **Julie Scofield**, NASTAD Executive Director
- **Heather Hauck**, Infectious Disease and Environmental Health Administration Director, Maryland
- **Dr. Ann Robbins**, HIV/STD Prevention and Care Branch Manager, Texas

***CDC Vital Signs* HIV/AIDS Webinar**

Lessons Learned and Success Stories



John Auerbach
ASTHO President

CDC *Vital Signs* HIV/AIDS Webinar

Lessons Learned and Success Stories



Carol Moehrle
NACCHO President

Vital Signs
**HIV Testing and Diagnosis Among Adults —
United States, 2001–2009**

Jonathan Mermin, MD, MPH

Division of HIV/AIDS Prevention, NCHHSTP, CDC



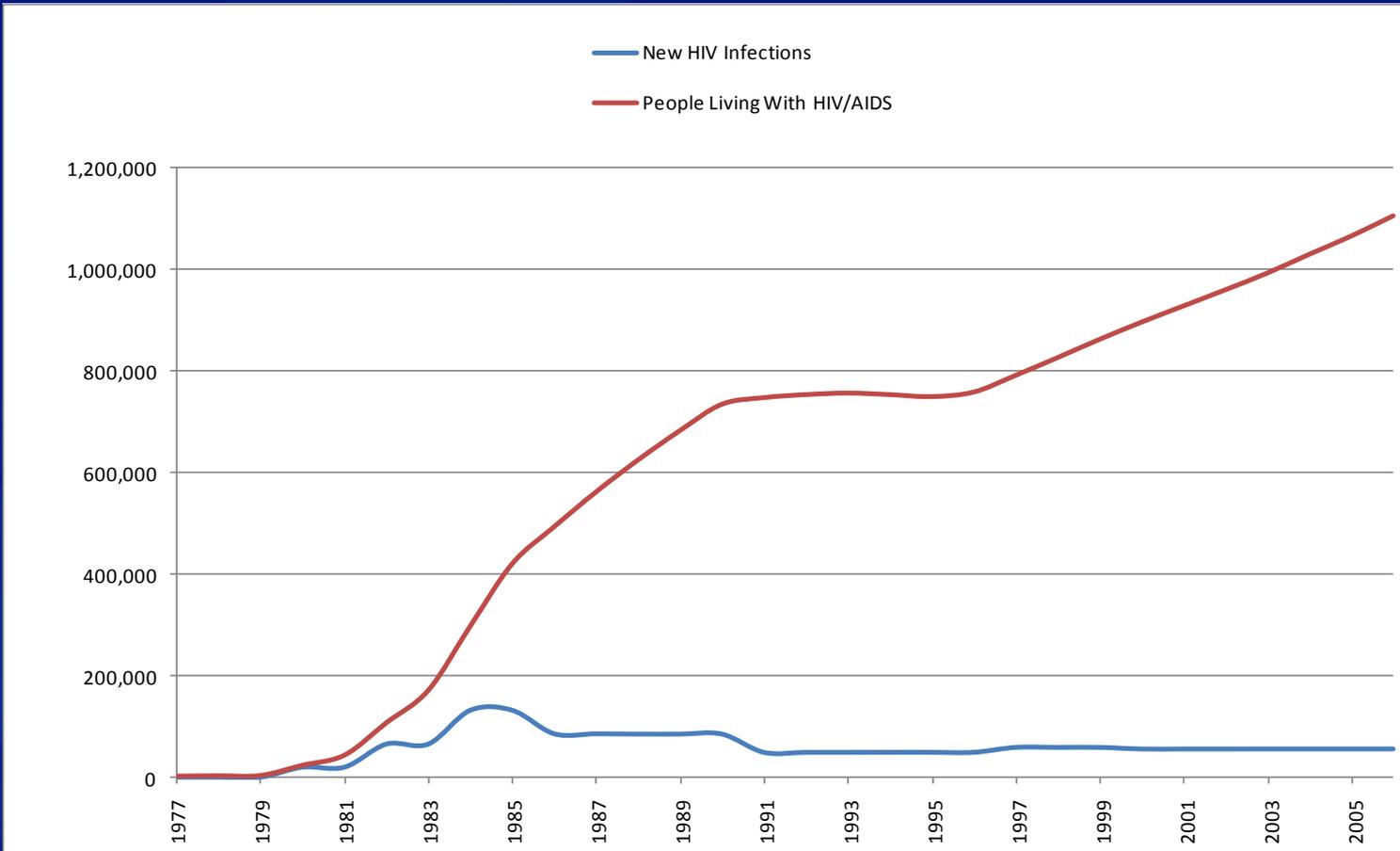
Centers for Disease Control and Prevention

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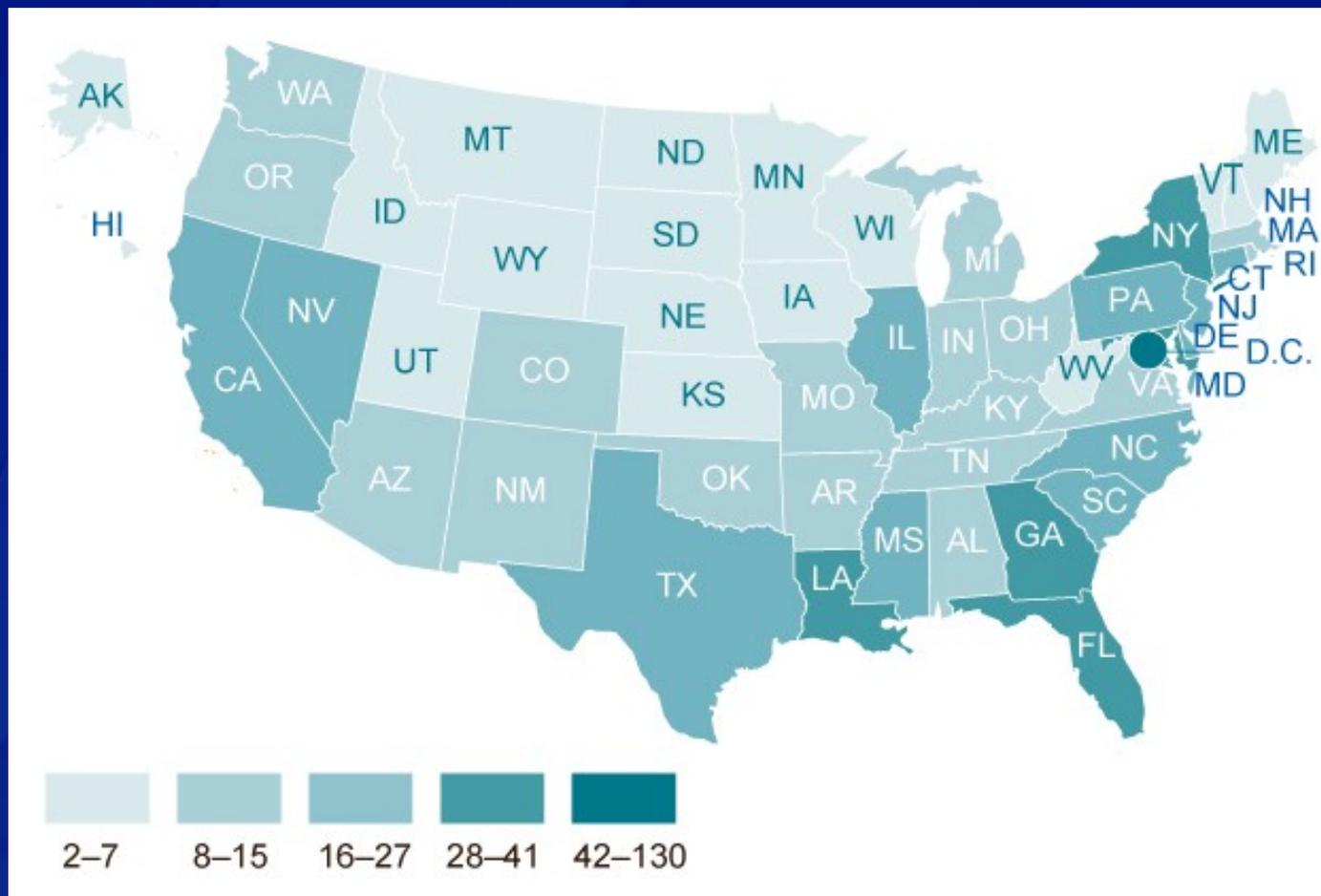
The HIV Landscape

- ❑ **1.1 million people living with HIV in the US**
 - More than 200,000 do not know they are infected
 - More than 50,000 new infections each year
- ❑ **\$21 billion in annual health care costs to treat people with HIV**
- ❑ **National HIV/AIDS Strategy**
- ❑ **Use and targeting of existing interventions: e.g., HIV testing, condoms, behavioral change**
- ❑ **Advances in biomedical prevention – antiretroviral therapy, microbicides, and pre-exposure prophylaxis**

HIV Incidence and Prevalence, United States, 1977-2006



Rates of AIDS Diagnoses among persons aged 18–64 years, by area of residence - 50 States and the District of Columbia, 2008



National HIV Surveillance System, 2008

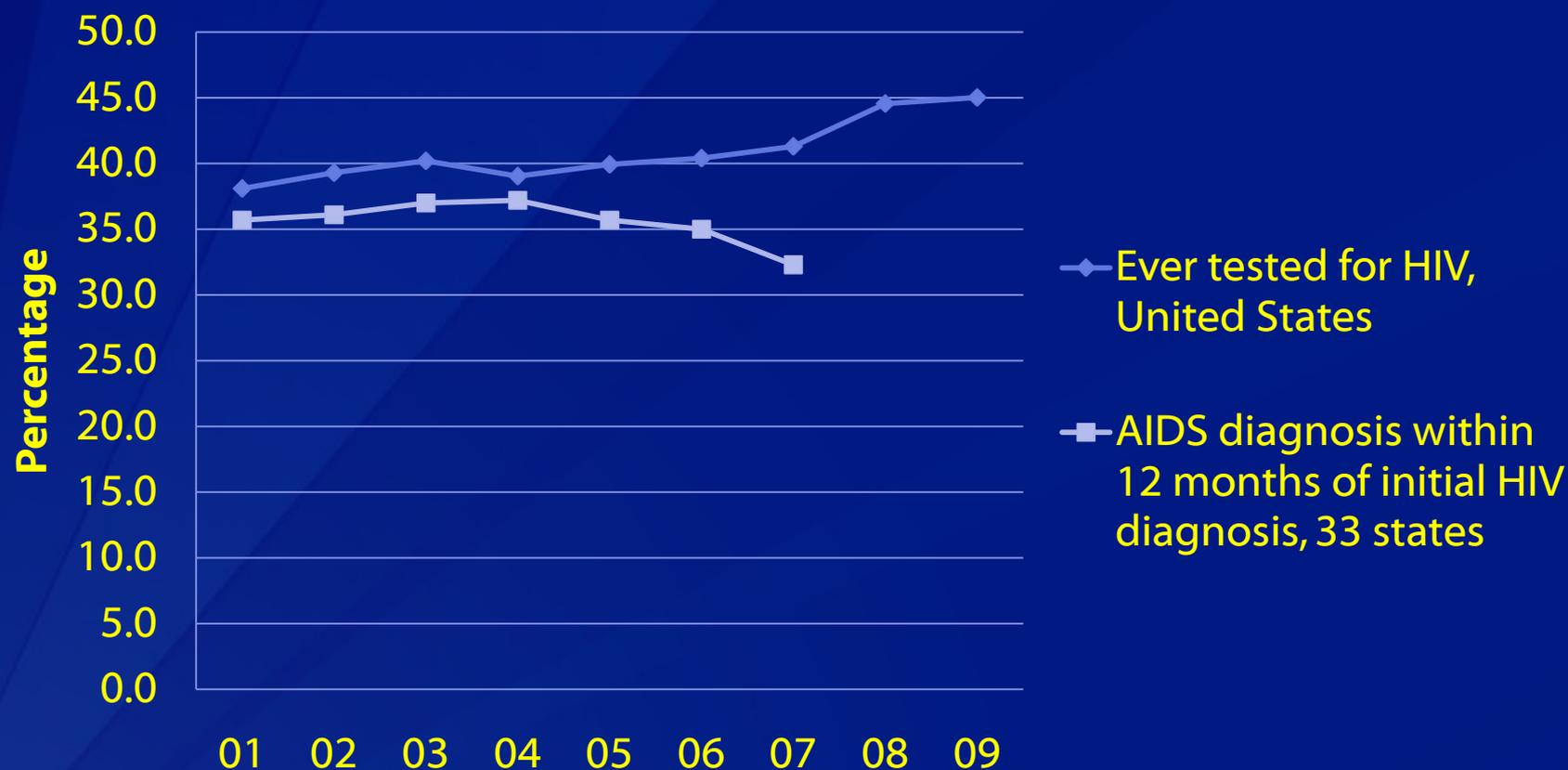
Vital Signs: Methods

- ❑ **National Health Interview Survey (NHIS)**
 - In-person household surveys
 - 88,000 individuals / 34,000 households (2009)
- ❑ **CDC's HIV surveillance data**
 - Core HIV/AIDS surveillance and long-term confidential name-based HIV reporting systems

Vital Signs: Findings

- ❑ **83 million people ever tested**
 - 11 million newly tested between 2006 and 2009
- ❑ **55% adults 18-64 have never been tested**
 - 28% at higher risk have never been tested
- ❑ **Many not tested often enough**
 - ❑ Youth 18-24 – lower testing rates
 - ❑ Men who have sex with men – 55% of HIV infections; only 2 in 5 tested in past year
 - ❑ African Americans – more than half of HIV infections; only 3 in 5 ever tested
- ❑ **32% of diagnoses are late**

Percentage of persons aged 18–64 years who reported ever being tested (2001–2009), and percentage of late HIV diagnoses (33 states, 2001–2007)



Vital Signs: Implications

- ❑ **HIV is preventable**
- ❑ **AIDS is preventable – by preventing HIV infection and/or progression**
 - Yet 37,000 people diagnosed with AIDS in 2008
- ❑ **People who don't know they are infected cannot**
 - Get treatment – most effective when received early
 - Protect their partners and reduce risk behavior
- ❑ **HIV prevention is cost-effective**
 - \$367,000 lifetime medical costs for one case of HIV

CDC Collaborations in HIV Testing

- ❑ **Supports adoption of 2006 recommendations for routine, opt-out HIV testing in clinical settings**
- ❑ **Expanded Testing Initiative in 30 high-prevalence areas**
 - Focus on African Americans, Latinos, IDUs, gay and bisexual men
 - Progress in first phase
 - New initiative: April 1, 2010 – expected to total \$142M over next 3 years
- ❑ **Working with professional organizations, health departments, community organizations on testing**
- ❑ **Act Against AIDS campaign**

Call to Action

- ❑ **Efforts are showing results**
- ❑ **Collaborate with federal government, state and local health departments, community, and other partners to**
 - Ensure state and local policies are supportive of HIV testing
 - Expand testing and increase linkage to care and retention
 - Educate about benefits of testing and early treatment
 - Integrate HIV prevention and care services
 - Support community prevention efforts

For more information, visit:
www.cdc.gov/vitalsigns
www.cdc.gov/hiv

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: 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.



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Office for State, Tribal, Local and Territorial Support



Bridging Science, Policy and Public Health

Successes in Expanded HIV Testing

CDC *Vital Signs* Webinar

December 6, 2010

Julie M. Scofield, Executive Director

National Alliance of State and Territorial AIDS Directors (NASTAD)

- **Represents the nation's chief health agency HIV/AIDS and viral hepatitis staff in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and the Pacific Island Affiliated Jurisdictions.**
 - **Provides technical assistance and other support to health department HIV/AIDS and viral hepatitis programs;**
 - **Provides national leadership on HIV/AIDS and viral hepatitis policy and programs; and,**
 - **Educates about and advocates for necessary federal funding for all HIV/AIDS and viral hepatitis programs.**

HIV/AIDS Opportunities and Challenges

- **Opportunities**

- National HIV/AIDS Strategy released in July; Calls for state HIV/AIDS plans.
- HIV/AIDS one of CDC Director Frieden’s “Winnable Battles”.
- Health reform holds great promise, HIV/AIDS received \$30 million from Prevention and Public Health Fund this year.

- **Challenges**

- States budget cuts of ~\$230 million over last two years; public health workforce under extreme duress.
- AIDS Drug Assistance Programs (ADAPs) in crisis likely to worsen - 4,369 people on waiting lists in 9 states.
- Statement of Urgency on HIV/STDs among gay men/MSM – unacceptably high numbers of new infections.

Notable Success: CDC's Expanded Testing Initiative

- **Launched in September 2007 with a goal of conducting 1.5 million HIV tests and identifying 20,000 new HIV infections/year for three years. Second project period began September 2010.**
 - **25 jurisdictions funded in first round; 30 jurisdictions funded now**
 - **80% of testing required in clinical settings; 70% now**
 - **Initial focus on African Americans, expanded to Latinos, gay men/MSM, and IDUs**
- **As of June 2010: 2.36 million tested; 25,077 confirmed HIV+**
- **Totals projected for three years:**
 - **2.66 million tested; 27,766 confirmed HIV+**
 - **62-65% African American**
 - **75% linked to care**

Findings from NASTAD Assessment of Health Department Efforts to Implement HIV Testing in Health Care Settings, November 2010

- **Lack of adequate funding, provider and health facility resistance are barriers to implementing HIV testing in health care settings.**
- **Hospital emergency departments, correctional facilities and community health clinics are the most challenging environments in which to implement HIV testing.**
- **Provider education and awareness efforts may be another important strategy for encouraging and supporting HIV testing in health care settings.**
- **Reimbursement for HIV testing continues to be a key concern for health departments.**

Findings from NASTAD Assessment of Health Department Efforts to Implement HIV Testing in Health Care Settings, November 2010

- Since 2007, the state legal and policy environment offers increased flexibility for HIV testing.
- In 2010, fewer health departments report that separate consent for HIV testing is required by statute or regulation and fewer reported that pre-test counseling is required prior to HIV testing.
- Substantially more health departments reported that routine offering of HIV testing in health care settings, with right of refusal, is allowed by statute, regulation or policy.
- The legal environment for HIV testing at the state-level is largely responsive to CDC's *Recommendations* and should be conducive to provision of HIV testing as a standard of medical care.

Findings from NASTAD Assessment of Health Department Efforts to Implement HIV Testing in Health Care Settings, November 2010

- **State health departments have increased investments in HIV testing in health care settings. Nearly all health departments reported supporting HIV testing efforts in health care settings in 2010 while only 35 reported doing so in 2007.**
- **Three-fourths of health departments reported supporting the routine offering of HIV testing to all patients aged 13-64 years, without regard to clinical signs or symptoms or behavioral risk.**

Contact Information

National Alliance of State & Territorial AIDS Directors
(202) 434-8090

www.NASTAD.org

Julie M. Scofield
Executive Director



HIV Testing in Maryland

CDC *Vital Signs* Webinar

Heather L. Hauck, LICSW, MSW
Director

Infectious Disease and Environmental Health Administration
Maryland Department of Health and Mental Hygiene



MISSION

- To improve the health of Marylanders by reducing the transmission of infectious diseases, helping impacted persons live longer, healthier lives, and protecting individuals and communities from environmental health hazards.
- We work in partnership with local health departments, providers, community based organizations, and public and private sector agencies to provide public health leadership in the prevention, control, monitoring, and treatment of infectious diseases and environmental health hazards.



Strategies to Increase HIV Testing in Maryland



- Policy and legislative changes
- Comprehensive testing program
- Partnership, collaboration and integration
- Provider education, capacity building and technical assistance



Maryland HIV Testing Law – July 2008



- Pre-test information must be provided in writing, verbally, or by video based on the needs / testing history of patient
- In health care settings - eliminates the separate written consent; informed consent must be documented in the medical record
- In non-health care settings - continue using the uniform HIV informed consent form developed and provided by the Department



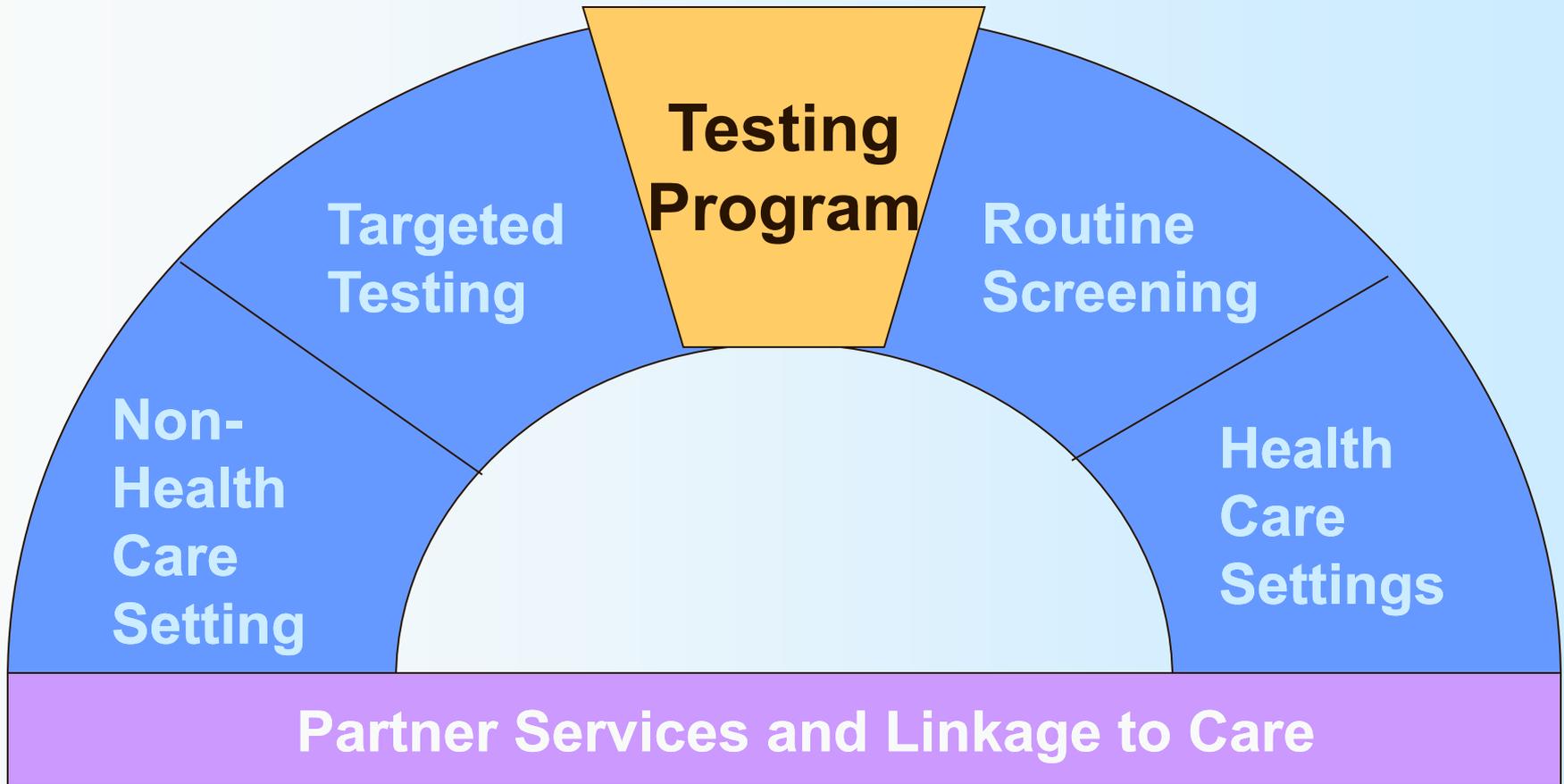
Maryland Testing Law - Pregnant Women



- Inform the pregnant woman that she will be tested for HIV unless she declines
- Inform a pregnant woman that she can decline HIV test without penalty
- Test the pregnant woman for the presence of HIV after obtaining consent
- Document if the pregnant woman declines test in the medical record
- Offer an HIV test in the third trimester of pregnancy



IDEHA Testing Program - The Keystone





IDEHA Comprehensive HIV Testing Program



- Support a variety of testing strategies in diverse settings
 - Anonymous and confidential testing
 - Conventional testing and rapid testing
 - Targeted testing and routine screening
 - Clinical and non-clinical settings
- Approximately 70 agencies with over 350 active sites across the state
 - LHDs, CBOs, FBOs, FQHCs, correctional facilities, drug treatment centers, perinatal care clinics, and emergency departments

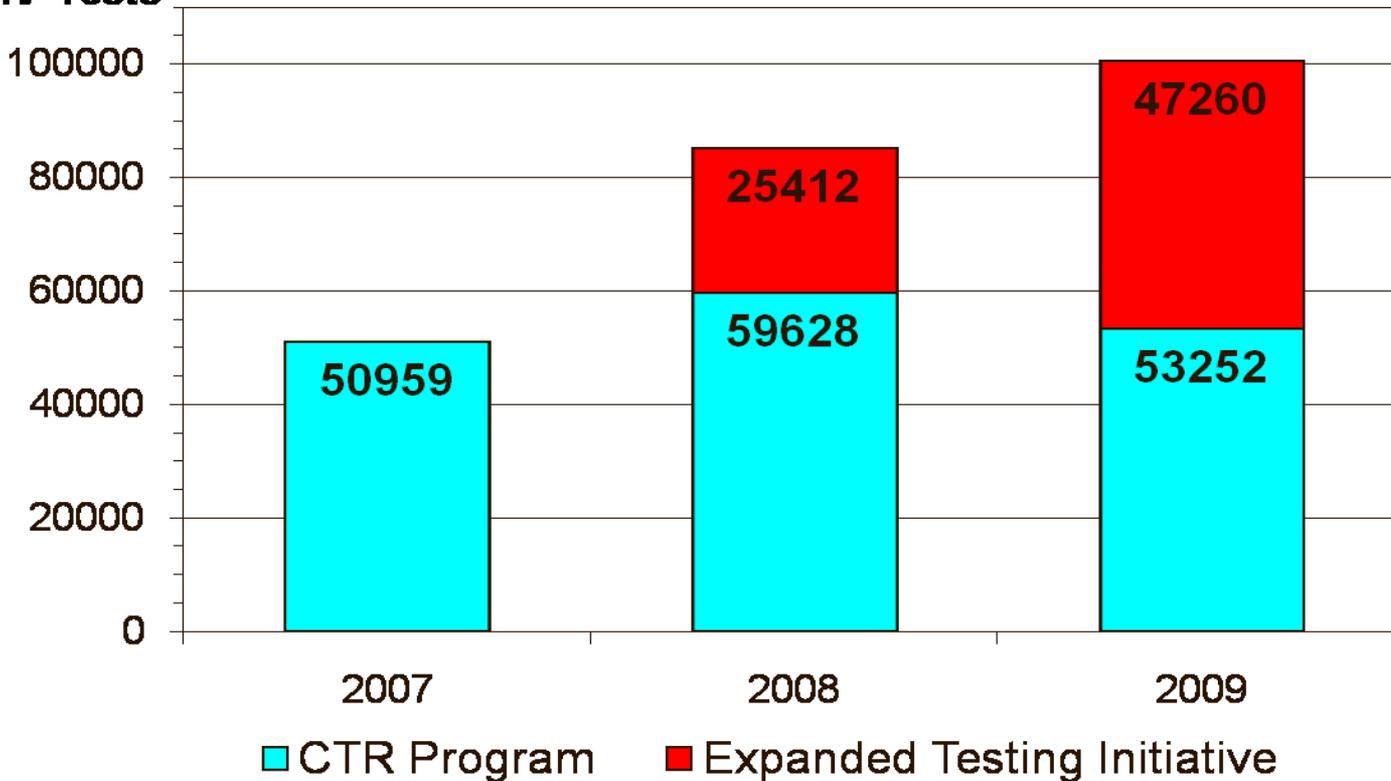


IDEHA HIV Testing 2007-2009

HIV Tests by Funding Source



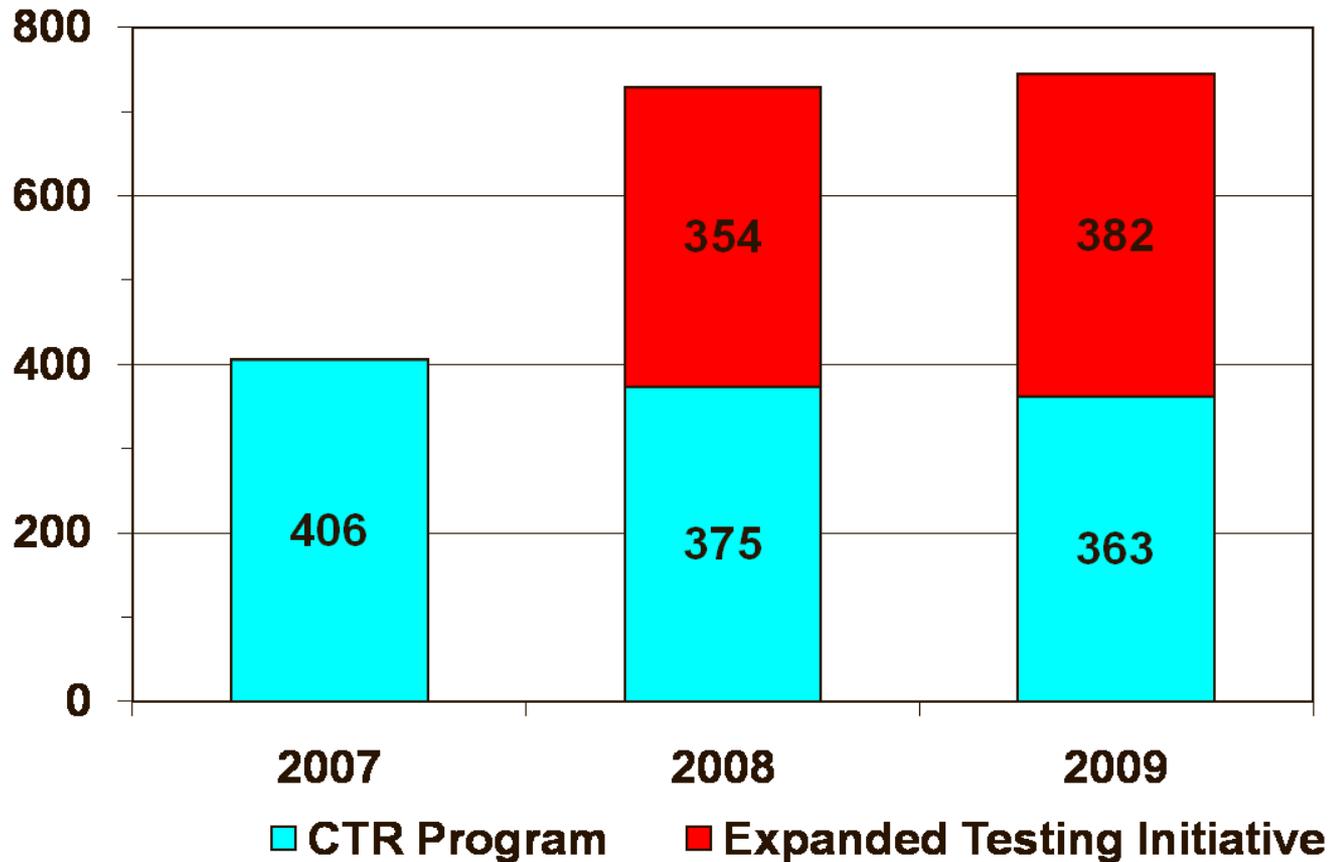
HIV Tests





IDEHA HIV Testing 2007-2009

Newly Identified HIV-Positive Clients by Funding Source





IDEHA HIV Testing 2007-2009

Testing Volume & Positivity



Year	Total # of HIV Tests	# Newly Identified HIV-Positive Clients	% Newly Identified HIV-Positive Clients
2007	50,959	406	0.8
2008	85,040	729	0.9
2009	100,512	745	0.7

*Newly-Identified based on the client self report of previous knowledge of HIV serostatus prior to the current test.



Partnership, Collaboration and Integration



- Work with a diverse array of public, private, clinical and non clinical agencies
- System level partnerships to increase the integration of HIV testing with other relevant services
- **FIND CHAMPIONS** in all settings who are interested in HIV testing, committed to the mission and understand the goals of the program



Linkage to Care and Partner Services



- Work with HIV testing providers to ensure effective linkage to prevention, care and support services for all HIV-positive clients (newly-identified and previously diagnosed).
- Provide HIV/STI Partner Services to ensure that clients at the greatest risk for HIV-infection are aware of their serostatus.
 - Notify partners of HIV-positive individuals of their potential exposure, provide access to HIV/STI testing, and link clients to prevention, care and support services.



Provider Education

- Designed tailored educational materials / toolkits
- Mailed materials on CDC Recommendations and change in Maryland law to over 14,000 physicians – partnership with MD Medical Society, MedChi
- Issued Practice Advisories on change in Maryland law to clinical and non-clinical settings
- Provided trainings on CDC recommendations for routine HIV testing; changes to MD law; and opportunities to expand the provision of routine HIV testing.



TA and Capacity Building

- Technical Assistance
 - Navigation of State regulations and other requirements for rapid and conventional testing
- Capacity Building
 - Testing Policies and Procedures
 - Prevention Counseling
 - Linkage to Care and Partner Services



Challenges and Opportunities



- Partner with clinical providers to increase the sustainability of routine testing programs
- Leverage non-public health resources to maximize the impact of public health dollars
- Continue system level integration efforts to increase testing in clinical and social service settings
- Increase coordination between prevention and care programs to ensure PLWH are effectively linked to HIV prevention, care and support services



Maryland Infectious Disease and Environmental Health Administration

<http://eh.dhmh.md.gov/ideah>

Expansion of Routine HIV Testing in Texas Health Care Settings

Ann Robbins

HIV/STD Prevention and Care Branch
Department of State Health Services

Texas Consent Law

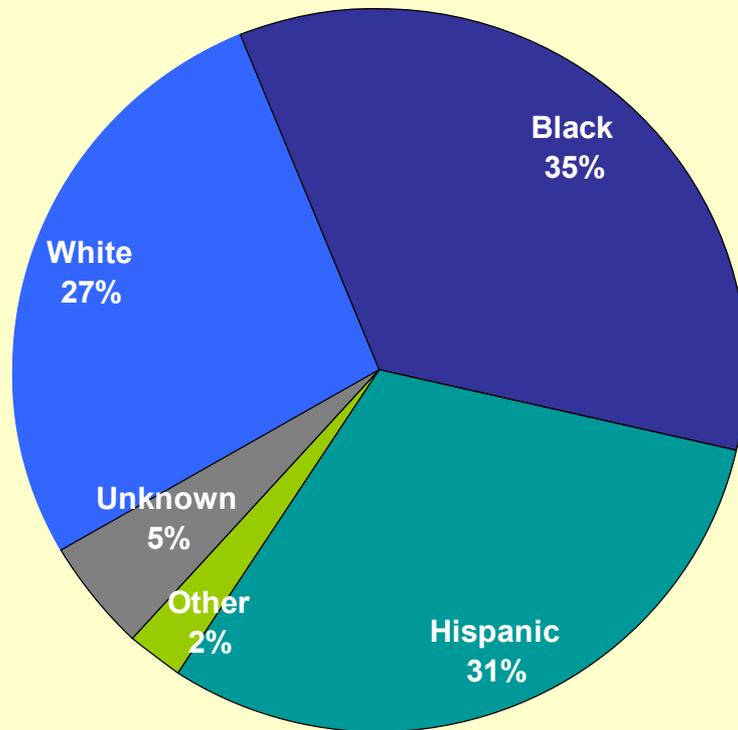
- Sec. 81.105. Informed Consent.
 - (a) Except as otherwise provided by law, a person may not perform a test designed to identify HIV antibody without first obtaining the informed consent of the person to be tested.
 - (b) Consent need not be written if there is documentation in the medical record that the test has been explained and the consent has been obtained.
- Sec. 81.106. General Consent.
 - (a) A person who has signed a general consent form for the performance of medical tests is not required to also sign a specific consent form relating to medical tests to determine HIV infection that will be performed on the person during the time in which the general consent form is in effect.

28 Sites – Multiple Models – One Goal Sustainable, Integrated, Routine HIV Testing

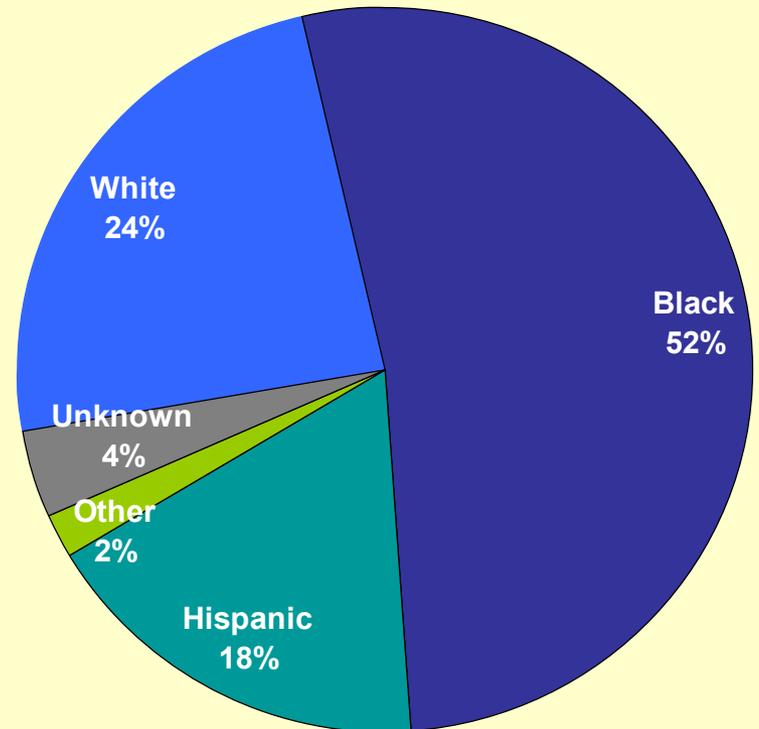
HIV Test Results by Type of Testing Site October 2008 – November 2010	HIV+		HIV-	Total
	N	%	N	N
Community Health Centers	33	0.5	7,024	7,060
Community Organizations	39	0.6	6,017	6,060
Correctional Health Facilities	472	0.7	62,662	63,145
Emergency Departments	1,023	1.2	84,621	85,651
Family Planning Clinics	12	0.4	3,166	3,179
STD Clinics	568	1.5	38,316	38,886
Substance Abuse Treatment Centers	4	0.6	626	630
Total	2,151	1.1	202,432	204,611

Tests and Positives by Race/Ethnicity

All Tests



HIV + Tests



Challenges and Best Practices

Challenges:

- Reimbursement- program income
- Staffing issues- exogenous stays exogenous
- HIV exceptionalism and stigma
- Special project syndrome: data reporting, contracts
- Creating demand

Best Practices:

- Champions
- Standard test, rapid result
- Lab infrastructure investment
- Quality assurance and stamping practice in
- Internal marketing
- Peer networks – Test Texas Coalition

What's Next?

Primary Care Centers and Private Practice

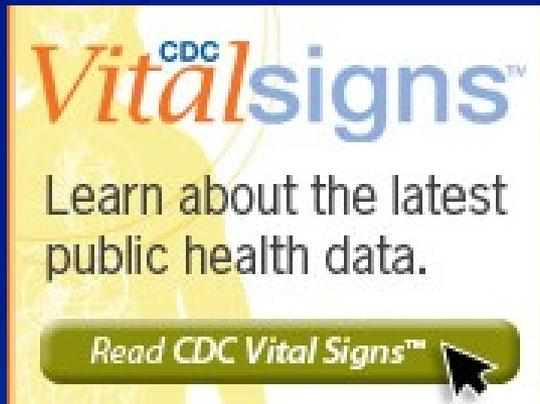
- Challenges
 - Reimbursement, relevance, results
 - Integration of sexual health
- Response
 - Peer networks
 - Detailing

Response and Integration

- Application of integrated data
- Consideration of role of public health follow up
- Integration of targeted testing programs

Provide feedback on this Webinar:

http://www.cdc.gov/ostlts/webinars/vitalsigns_20101206.html



Please mark your calendars for
the next OSTLTS webinar:

January 11, 2011
2:00pm – 3:00pm EST

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