HIV and STD Integration: Using Data to Power the Program

Focus: Prevention and Surveillance

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Speakers: Terri Lopez, HIV Surveillance Coordinator, San Mateo County
Obiel Leyva, MPH, Program Manager, Contra Costa Public Health
Christopher Ried, MD, Medical Director, HIV/STD Services, Orange County Health Agency
Heidi Aiem, Health and Human Services Agency, San Diego County
Learning Objectives

- Describe how STD/HIV integration strategies contribute to viral suppression.
- Identify opportunities to integrate client level services, emphasizing the use of HIV use STD data, to create more comprehensive client interactions.
- Identify opportunities to enhance HIV prevention outcomes (HIV testing, PrEP, Linkage to Care, Re-engagement) through STD surveillance, clinical services, case management and partner services activities.
- Identify opportunities to enhance STD prevention outcomes (STD screening, three site testing for gonorrhea, and STD treatment) through HIV surveillance, prevention and care activities.
- State concrete examples of early program success for potential replication at the LHJ level.
What Do We Mean By Integration?

- Client-level HIV & STD service integration
  - Ensuring HIV testing, and referral to PrEP or Linkage/Re-Engagement to Care for STD clients
  - Ensuring STD testing and treatment in HIV settings (HIV Care and PrEP)
- Maximizing data to elevate public health impact
  - Record searching of BOTH HIV & STD data PRIOR to client follow-up
  - STD & HIV Partner Services as a pathway to identify those at increased risk for HIV transmission, providing PrEP and LTC
Implications

• Program Policy & Process
  • to support surveillance informed public health program action
  • to support implementation of integrated services by medical providers

• Program Organization & Staffing
  • to support integration of client-level public health interventions

(Note: no one size fits all…there are a variety of options)
Presentations
Contra Costa County

Data to Care
Line List Intervention
“Can we talk?”

Obiel Leyva, MPH
Program Manager
HIV/AIDS & STD Program
What are we doing?

- Using State STD Surveillance data to identify individuals at increased risk of HIV and link them to services.
- Part of STD/HIV program integration.
- Line List Priority Individuals: 18+
  - Coinfected HIV/STD
  - MSM & non MSM men diagnosed with anal CT/GC
  - Transgender Individuals
  - Women of Color
Why are we doing this?

- To be more proactive, reach out to high-risk clients.
- Provide up-to-date risk reduction education and services (including PrEP) to clients.
- Provide linkage/re-linkage to care.
- To reduce the risk of repeat STDs and HIV infection.
- To promote healthier sex lives and destigmatize STDs in Contra Costa County.
How do we do it?

• Data Manager generates the line list using data pulled from CalRedie, EHARS, and DUA.

• Disease Intervention Technicians (DITs) are assigned lists of priority individuals.

• DITs call each person on their line list and follow a script to provide services.

• Call each client 3x, no call back, send letter.
• Use separate scripts & conversation flow charts for HIV+ and HIV-:
  - HIV+: provide risk reduction education, link / re-link to HIV & STD care, offer partner services, & offer PrEP to negative partners.
  - HIV-: provide risk reduction education, link to HIV testing, link / re-link to STD care, & connect with PrEP Navigator.
  - “Sub lists” forming for additional follow up and support: Already on PrEP, Linked to PrEP, & Repeat STDs (same individual on multiple lists for new STD infections).

• Documentation

| First Call Date | 2nd Call Date | 3rd Call Date | Letter Sent Date | Log Key | Notes |

• Clients that receive risk reduction services are reported in LEO.
From December 2016 to August 2017, the DITs reached a total of 1,224 high-risk individuals via Line List calls or letters. The remaining 129 clients were unable to be located.

Of the total clients reached, 56% received risk reduction services.

Increase in PrEP education & awareness.

Line List 1: January-Dec 2016 (n=595)

Line List 2: February-April 2017 (n=375)

Line List 3: May-July 2017 (n=383)
Line List Distribution by Prioritized Population as of August 31, 2017

- WOC: 63%
- MSM: 25.7%
- HIV +: 11%
- Trans: 0.07%

n = 1,353

Chlamydia, Gonorrhea, Syphilis Data 2016 CalREDIE, HIV/AIDS and STD Program
Line List Impact among MSM December 2016 to August 2017

MSM with Reported STDs

<table>
<thead>
<tr>
<th>Line List</th>
<th># of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>82</td>
</tr>
<tr>
<td>3</td>
<td>97</td>
</tr>
</tbody>
</table>

MSM with Repeating STDs

<table>
<thead>
<tr>
<th>Line List</th>
<th># of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

73% reduction in # of cases with repeating STDs through Line List.
Line List Impact among Coinfected December 2016 to August 2017

**HIV + with STD Coinfection**

<table>
<thead>
<tr>
<th>Line List</th>
<th># of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>53</td>
</tr>
<tr>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>3</td>
<td>15</td>
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</tbody>
</table>

72% reduction

**HIV + with Repeat STD**

<table>
<thead>
<tr>
<th>Line List</th>
<th># of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

80% reduction

Contra Costa County HIV/AIDS and STD Program
Lessons Learned

• Integrated team works best.
  • Cross trained staff
• Using client-centered approach works well with cold calls.
• Many people still do not know about PrEP, but once we talk with them about it, they are interested in learning more about PrEP.
• Need to create “Sub Lists.”
• Buy-in from both leadership and staff is necessary!
Thank you!
HIV and STD Integration
Using Data to Power the Program

Terri Lopez, CDI
HIV Surveillance Coordinator
San Mateo County STD/HIV Program
San Mateo County

- Population: 765,135
- 741 sq. miles
- No major urban centers
## 2016 STD & HIV Data

<table>
<thead>
<tr>
<th>Infection</th>
<th># of cases (2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>2,581</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>542</td>
</tr>
<tr>
<td>Early Syphilis</td>
<td>110</td>
</tr>
<tr>
<td>Newly Diagnosed HIV</td>
<td>49</td>
</tr>
</tbody>
</table>

Early syphilis cases co-infected with HIV are stable in 2016; 41% co-infected compared to 45% in 2015.
Key Factors for Operationalizing Integration

- **Staff**
  - STD Control & Prevention Unit – 4 CDI’s
  - HIV Prevention Unit – 5 staff (1 CDI)

- **Training**
  - Staff are cross-trained
    - Introduction to STD investigation (ISTDI) CDI’s only, HIV test counselors, Partner Services, Field Delivered Therapy

- **Supervision**
  - Managed within same department since 2008
  - Monthly joint meetings
Key Factors for Operationalizing Integration

- **Collaboration**
  - HIV case matching for partner services
  - STD clinic
  - STD/HIV testing events

- **Access to data systems**
  - Medical Records (San Mateo County Clinics)
  - **STD surveillance**: CalREDIE, Accurint, Stanford medical records
  - **HIV surveillance**: eHARS, Lab data entry tool (LDET)
  - **HIV Prevention (EIS) & Care**: ARIES
HIV Surveillance
- Positive Confirmatory results
- Case Report Forms
- Data to Care Line Listings

Partner Services/Linkage to Care
- OOJ cases
- ARIES
- Testing on Demand
- County HIV Clinic
- Emergency Department

STD Surveillance
- Co-infected syphilis cases
- Positive rectal GC cases (PrEP)
Sophia
HIV Surveillance Referral of New HIV case

Sophia, a 17 year old Latina presented to a community clinic for STD testing. She had only been in U.S. for 6 months. Sophia had never been previously tested for HIV. She was diagnosed with HIV and disclosed to by clinic staff.

**HIV Surveillance**
- Received ACRF and labs
- OA case match
- Reported case to PS/LTC CDI
- Mailed completed ACRF to OA

**Linkage to Care**
- Consult with STD Controller & HIV clinic medical director
- Field visit for linkage and counseling
- Scheduled initial appointments for patient
- Food, personal hygiene, and transportation services

**Partner Services**
- 1 male partner in past 6 months
- Patient disclosed HIV status to partner
- PS/LTC CDI met with partner and provided rapid HIV test
James
New STD in previous HIV rapid only individual

James is a 28 year old Caucasian MSM with a history of multiple STD’s. Also history of multiple rapid HIV test with refusal of disclosure. STD surveillance identified him as a new early syphilis and GC case. PS/LTC CDI brought in patient for STI treatment. Provider disclosed HIV result.

STD Surveillance
- Received positive syphilis serology
- OOJ syphilis record search
- Entered into CalREDIE
- Assigned case to PS/LTC CDI

HIV Surveillance
- Case check with OA
- Reported case to OA once confirmatory tests were completed
- Provided PS/LTC CDI with copy of ACRF

Linkage to Care
- Syphilis interview completed
- Arranged immediate transportation for syphilis treatment
- Scheduled initial appointments for patient
- PS offered for both syphilis and HIV
David
New HIV case, not previously reported to HIV surveillance
David is a 38 year old heterosexual Latino male. He is a San Mateo County resident who was first diagnosed with HIV at an OOJ STI clinic. No prior HIV testing history. David is uninsured.

Linkage to Care
- Received phone call from OOJ STD staff informing of new HIV positive case
- Received STI and HIV labs from OOJ visit
- Informs HIV Surveillance CDI of new case

Partner Services
- CDI contacted patient same day as OOJ notification
- Scheduled initial appointments for patient; including insurance coverage
- Assisted in notifying 1 female partner

HIV Surveillance
- OA case check
- Case has not been previously reported
- Communicated with OOJ HIV Surveillance staff, they will report case and assign a state number
- Updated LDET with state number
Strengths of Integration

- Proximity of office space
- Data sharing
- Management
- Staff retention
- Access point
- Combined staff meetings; case conferencing
- Cross training
Challenges of Integration

• HIV surveillance does not receive ACRF if case was diagnosed and reported in another jurisdiction; therefore unable to offer case partner services
• Not all syphilis or rectal GC reports have HIV status in CalREDIE
• Providers do not understand integration of STI and HIV services (failed to screen for HIV or do not want to disclose HIV status)
Thank you

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Discussion Questions

• What other systems, structures, models are LHJs using to implement HIV & STD client-level integration and data to care?
• What are the most significant lessons learned? Highlights?
• Creativity in overcoming obstacles?
• Greatest allies or facilitators?