



Strengthening HIV Outbreak Response Through Health Department Partnerships with AIDS Education and Training Centers

2022 National Ryan White Conference on HIV Care and Treatment

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Vision: Healthy Communities, Healthy People



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, pregnant individuals, 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 outcome 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.



Agenda

- Introductions
- Learning Objectives
- AETC Program and CDC HIV Cluster Detection and Response Overview
- West Virginia AETC Regional Partner Involvement
- Live Interview
- Minnesota and Iowa AETC Regional Partner Involvement
- Minnesota Department of Health Response
- Live Interview
- Q & A



Learning Objectives

- Describe the contribution AETCs can make to HIV outbreak response efforts
- Identify lessons learned from implementing AETC training in current and prior HIV outbreak responses
- Discuss key training topics relevant to support HIV response efforts



Program Mission

AETC Program Mission:

Strengthen the HIV workforce by increasing the number of health care professionals who are effectively educated and motivated to counsel, diagnose, treat, and medically manage people with HIV and by helping prevent HIV transmission among high-risk patients



Program Overview

What is the AIDS Education and Training Center (AETC) Program?

- A national network of centers with leading HIV experts who provide tailored education and technical assistance to healthcare providers and organizations so they can care for and treat people with HIV or at-risk for HIV
- The AETCs train new and experienced providers on a variety of HIV topics from the basics of testing to the comprehensive care of complex patients



Program Overview continued

What Do the AETCs Do?

- ✓ Build the capacity to provide accessible, high-quality HIV treatment and care services throughout the U.S. and its territories
- ✓ Collaborate with more than 130 local partners to train and provide technical assistance to health care professionals, inter-professional health teams, and health care organizations on the prevention, diagnosis, treatment and care of HIV
- ✓ Assist with the emergency response to HIV outbreaks in the U.S. and its territories



Program Goals

What are the AETC Program goals?

- Increase the size of the HIV clinical workforce
- Improve outcomes along the HIV care continuum
- Reduce HIV incidence and increase viral suppression



AETC Program Overview

- **AIDS Education and Training Centers (AETC) Program**
 - **8 Regional AETCs**
 - **National Clinician Consultation Center**
 - **National Coordinating Resource Center**
 - **National**



Regional AETCs: Overview

There are 8 Regional AETCs:

New England

Northeast/Caribbean

MidAtlantic

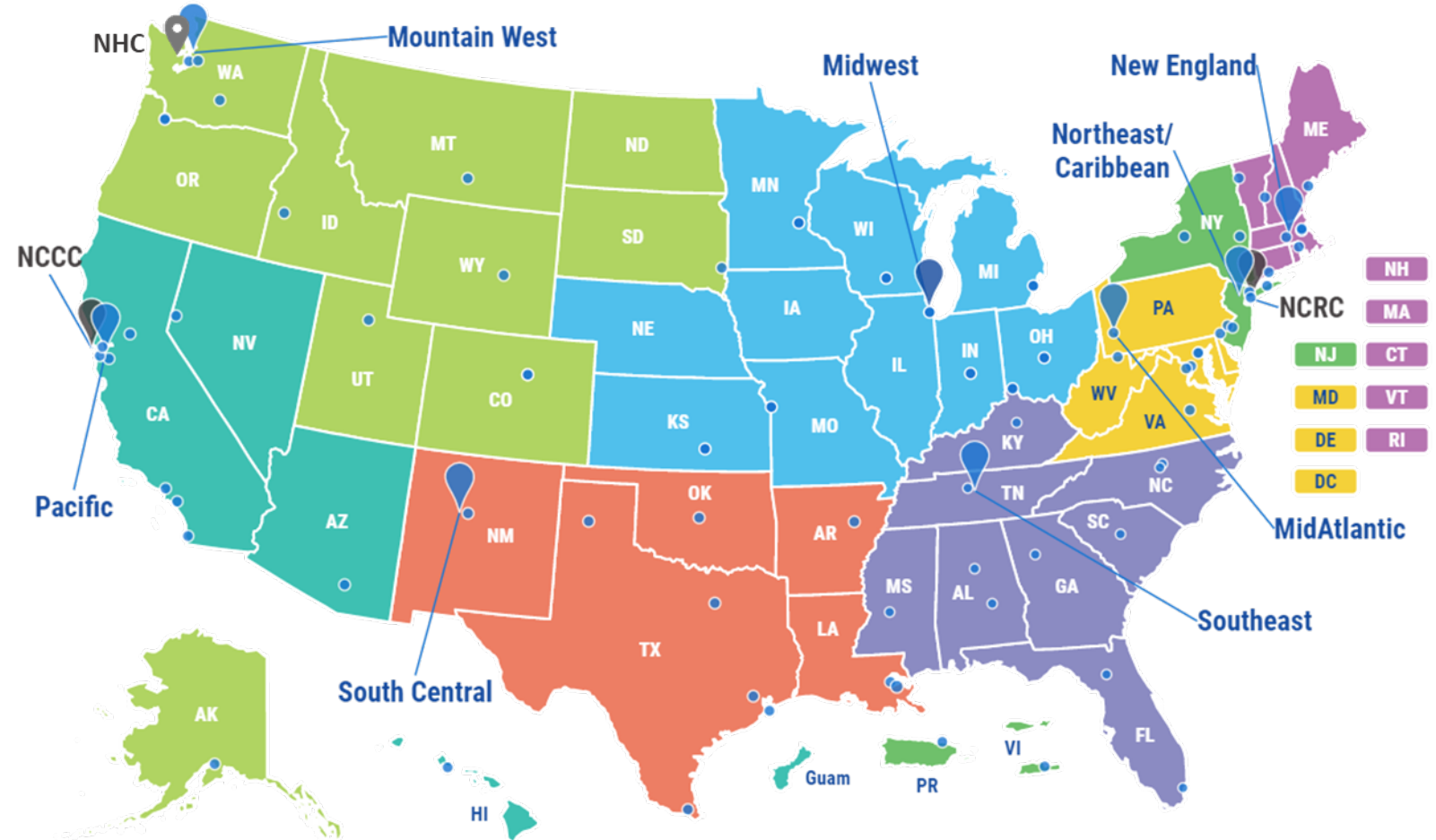
Southeast

Midwest

Mountain West

South Central

Pacific



View the interactive map at: <http://aidsetc.org>



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HIV Cluster Detection and Response: A Brief Introduction

Stephen Perez, PhD, RN, ACRN
Detection and Response Branch
Division of HIV Prevention
Centers for Disease Control and Prevention



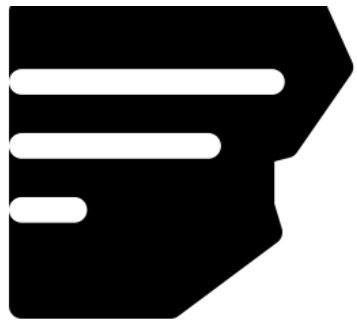
Ending
the
HIV
Epidemic

Cluster detection and response offers a framework to guide tailored implementation of proven HIV prevention strategies where transmission is occurring most rapidly



Why is Responding to Clusters Important?

Standard Treatment & Prevention Services



Tailored Treatment & Prevention Interventions



Clusters and Outbreaks Affect Many Different Populations

- Outbreaks among people who inject drugs have been highly visible in recent years
- Sexual transmission is the predominant mode of HIV transmission in molecular clusters of rapid transmission
- Using diverse methods to identify clusters is important to address gaps in all populations experiencing rapid transmission



HIV Cluster Detection and Response Has Expanded

2015

Initial cluster detection activities piloted

27 HDs participating in Molecular HIV Surveillance

CDC-based molecular cluster detection

2018

Cluster detection and response becomes a required activity

All CDC-funded HDs

HD-based molecular and time-space cluster detection, network-based response

2020

Respond pillar activities expanded under Ending the HIV Epidemic Initiative

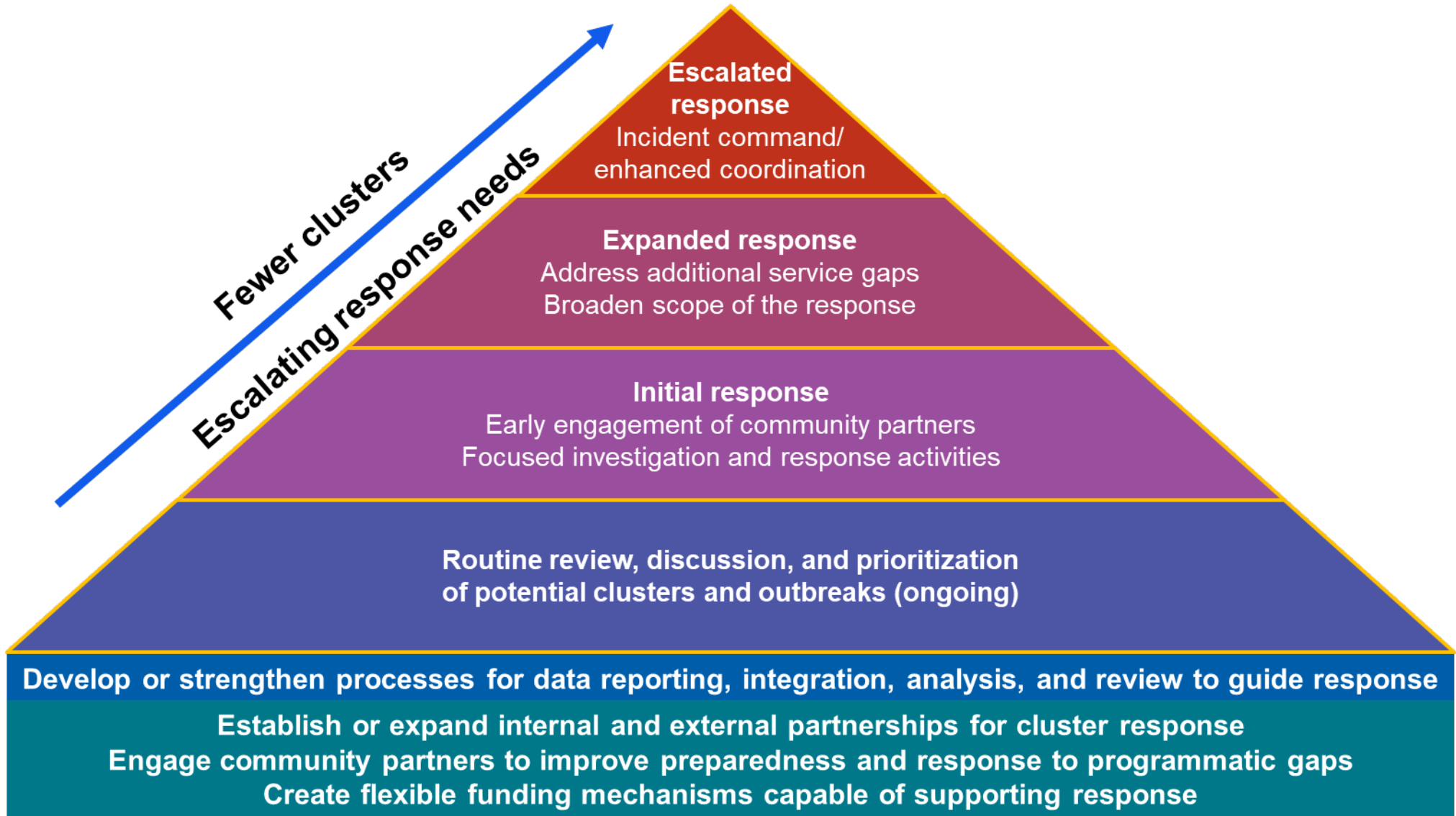
48 counties, DC, San Juan, and 7 states with rural burden

Expansion of foundational activities and robust response

Core Strategies for Cluster Detection and Response

- Core Cluster Detection and Response Strategies
 - Fundamental Building Blocks
 - Internal partnerships
 - External partnerships
 - High-quality, timely data
 - Data integration
 - Flexible funding
- Investigate and Intervene in Networks
 - Understand networks
 - Support linkage to and retention in important services
- Identify and Address Gaps in Programs and Services
 - Identify and swiftly address gaps
 - Use cluster information to guide

The Spectrum of Cluster Detection and Response

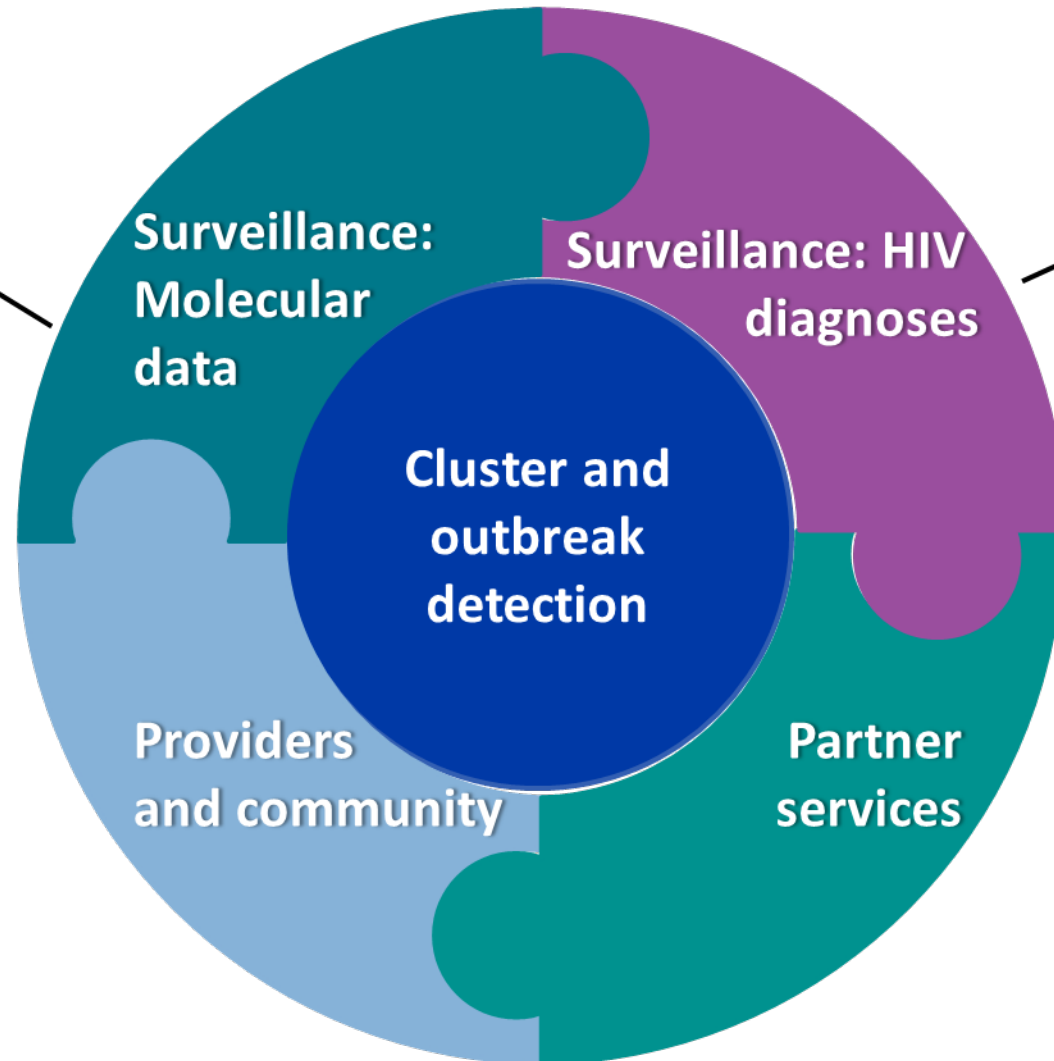
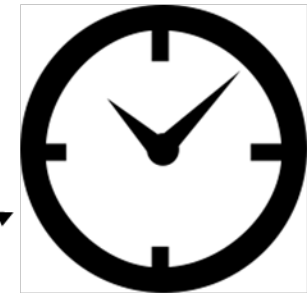


Multiple methods are used to for cluster and outbreak detection

Molecular clusters



Time-space clusters





Response Outcomes



- Reduced diagnoses or transmission, or a lack of new linked cases
- Improved HIV testing and diagnosis
- Improved viral suppression, or improved linkage to and retention in HIV care
- Improved PrEP uptake or SSP utilization
- Improved prevention and care for other conditions, such as hepatitis A vaccination, hepatitis C treatment, improved opioid use disorder treatment, prevention of endocarditis

Community Engagement

Program Planning



Engage **community members and organizations** in **planning** for cluster detection and response programs via:

Meetings with planning bodies and public health, policy, healthcare, and community organizations

National, state, local

Program Implementation (Response to a Cluster or Outbreak)



Engage **community members and organizations** in **responding** to specific clusters and outbreaks via:

Public forums, meetings with healthcare providers and community organizations

Usually state and local

Engage **people involved in cluster or outbreak** in **responding** to specific clusters and outbreaks via:

Qualitative interviews to ask input on challenges and needs and solicit ideas for solutions

Usually state and local

Cluster and Outbreak Response Can Help Bring the Nation Closer to Ending the HIV Epidemic



A cluster or outbreak is a failure of our care and prevention services that needs to be addressed to improve access to services and stop transmission.



Cluster and outbreak response involves curating care and prevention services to be more accessible to the people who need them most.



Response is most successful when community engagement is an integral part of response efforts.

Thank You!

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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.



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Sara Vincelli has no relevant financial interests to disclose.

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West Virginia Outbreak Response

- Collaboration with WV DHHR, CDC contractors and staff
- Creation of HIV Outbreak Curriculum
 - CDC EpiAid
- Incorporating HIV testing recommendations into facility protocols
- Continued promotion of PrEP
- Expansion of partnerships with individual agencies, including but not limited to free clinics, local health departments, EDs, state professional associations, etc.

Challenges

- WV has historically been a low HIV prevalence state
 - Multiple HIV outbreaks since 2016 in West Virginia
- Decreased awareness regarding HIV
- COVID-19 pandemic and compassion fatigue
 - Opioid epidemic burnout
- Lack of universal HIV screening in healthcare settings, including areas where PWID seek health services
- Difficulty engaging the proposed audience
- Restrictive harm reduction policies

MidAtlantic AETC - Contact Information

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Live Interview Questions 1

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Disclosures 2

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AETCs are Essential in Outbreak Response

- Critical but underutilized in traditional outbreak response work
 - Not part of Incident Command System
 - Can be flexible, quick moving, supportive
- Have relationships with healthcare professionals and community orgs
- Need healthcare professionals to know:
 - There is an outbreak
 - Know why/how it affects them
 - What they can do to respond
 - AETCs can do this!
- Can work on skills building, quality improvement, capacity building, technical assistance

Minnesota AETC HIV Outbreak Response

- Two different outbreaks, two different responses
- Three Pillars of our response work:
 - Pillar 1: Disseminating information and education to health care professionals and social service providers in our community
 - Resource creation, educational events, technical assistance, reports
 - Pillar 2: Working with HIV providers and health care professionals
 - Traditional model- ID Clinics
 - Strategic model- FQHCs, Telehealth, mobile health
 - Pillar 3: Relationships with community partners
 - Resource Mapping, community engagement, needs assessments
 - Informs work of Pillars 1 and 2

Minnesota AETC HIV Outbreak Response (2)

- PrEP access for PWID, PEP best practices, Syringe Service Program TA
- HIV testing initiatives
 - Supporting outreach-based testing and improving in-clinic testing
 - Mobile health community of practice
 - Referral/Warm Hand off support
- Alternative linkage to care
 - Pilot program + resource mapping
- Increasing HIV service capacity
 - In ID Clinics
 - In primary care/telehealth/mosaic approach
- Resource creation: Delivering HIV test results, P&P, Competent Care Referral

Linkage to HIV Care

LINKAGE TO HIV CARE

This is a visual representation of the Rapid Start ART facilitated by Outreach via Telemedicine that we have developed for the Duluth area HIV Outbreak

OUTREACH HIV TESTING

Outreach testers perform HIV tests in the field during pop up events, outreach, or by appointment

ORDER LABS

There are standing lab orders. Outreach worker can take participant to labs if requested and act as patient advocate

PHARMACY

There are standing orders for Biktarvy at multiple pharmacies in the area, outreach worker can pick up meds, if needed

TELEHEALTH APPOINTMENT

Telemedicine provider is on call during testing events, they do not need to have an appointment same day as reactive test to get meds.

SUPPORTIVE NEXT STEPS

What does the participant say that they need? Can you offer other resources, supplies, or education?

FOLLOW-UP APPOINTMENT

Follow up labs and primary care. This appointment can be via telehealth or in primary care clinic



Minnesota AETC/HD Collaborative Efforts

- Monthly meetings
 - HIV Outbreak Collaborative larger group
 - Just AETC/HD: Discuss gaps, barriers, services needed
- Needs assessments
- Health department provides funding, AETC provides TA
- Co-developing trainings for healthcare professionals
 - HIV Outbreak Town Hall → HIV Outbreak Provider Learning Series
 - Virtual over zoom, topics such as HIV prevention, HIV Outreach services, Epidemiology, and Harm Reduction

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Routine STD, HIV, TB Section Activities

- Surveillance activities
- Funder for HIV prevention projects
 - HIV testing, PrEP, and Syringe Service Programs
- Partner and Care Link Services
- HIV testing training
- END HIV MN: statewide plan to end the epidemic
- Condom Distribution Project
- Community engagement (e.g., tabling at local summer events)

HIV Outbreak Response Activities

- Active Incident Command System (ICS) structure
- Consistent engagement with partners
 - Ongoing meetings with local public health and care providers
 - HIV Outbreak and Partner Engagement (HOPE) group
- Enhanced interventions, such as
 - Technical assistance and specialized training
 - Incentives for testing and linkage to care and SSP supplies
- Increased communication efforts (e.g. bi-weekly HIV outbreak updates, dynamic outbreak web content)
- Increased education and awareness (e.g. community presentations, awareness campaigns, provider education)

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Live Interview Questions 2

Live Q & A

Thank you!