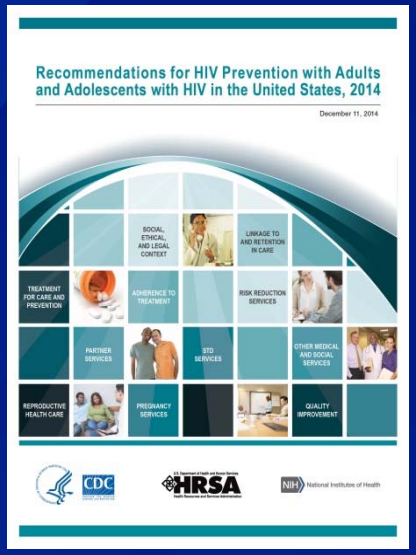
2014 Recommendations for HIV Prevention with Adults and Adolescents with HIV in the US

National Summit on HCV and HIV Diagnosis, Prevention and Access to Care
Arlington, VA June 4-6, 2015



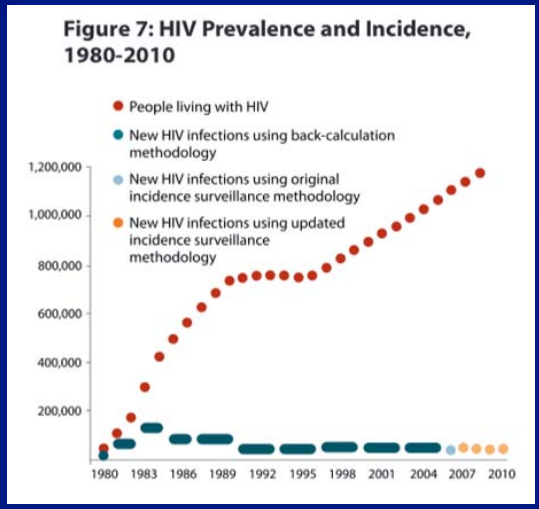
Kathleen Irwin, MD, MPH, FIDSA, FACPM for the

Prevention with Positives Workgroup of Centers for Disease Control and Prevention, Health Resources and Services Administration, National Institutes of Health, American Academy of HIV Medicine, Association of Nurses in AIDS Care, International Association of Providers of AIDS Care, the National Minority AIDS Council, and Urban Coalition for HIV/AIDS Prevention Services

The presented findings and conclusions are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention. Presenter declares no interests.

Overview

- Updated guideline published in December 2014 to address
  - > 1 million persons living with HIV
  - ~50,000 new cases each year
  - ↑ number and longevity of persons with HIV
  - the principle of “Prevention with Positives”

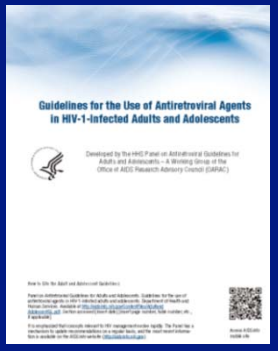


- Rationale, development methods, audience, and scope
- Recommendations most relevant to viral hepatitis
- Guideline implementation resources and examples

Rationale to Update 2003 Guidelines on Incorporating Prevention into HIV Medical Care

- 2003 recommendations outdated, aimed only at HIV medical providers
  - Only covered 4 topics
    - Behavioral risk screening and risk reduction
    - STD screening and treatment (not including hepatitis)
    - Referral to support services (e.g., drug treatment)
    - Services for sex and drug-injection partners

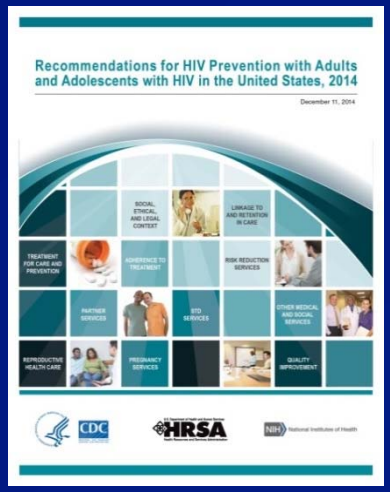
- Did not include many new, evidence-based prevention strategies, especially ART for preventing transmission



- CDC, HRSA, and NIH recognized value of
  - consolidating all federal guidance on topic in single document
  - expanding audience to health depts and community-based organizations

Guideline Development Methods

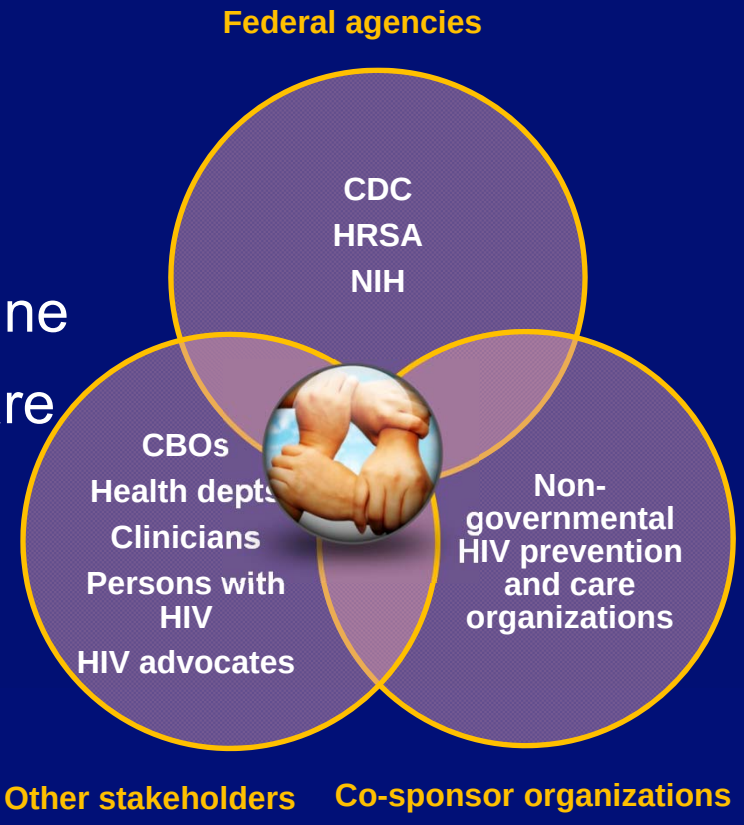
- **Describes numerous strategies to**
  - ↓ infectiousness of persons with HIV
  - ↓ risk of exposing others to HIV



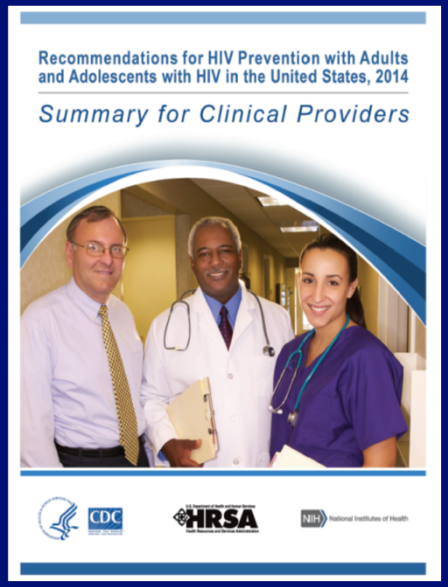
- **Consolidates recommendations based on scientific evidence, program evaluations, and/or expert opinion from**
  - Other existing federal guidance published through June 2014
  - Deliberations of CDC/HRSA Workgroup vetted by >200 governmental and nongovernmental experts, formal consultation, public comment.

Guideline Development Process: Cross-sector collaboration was central

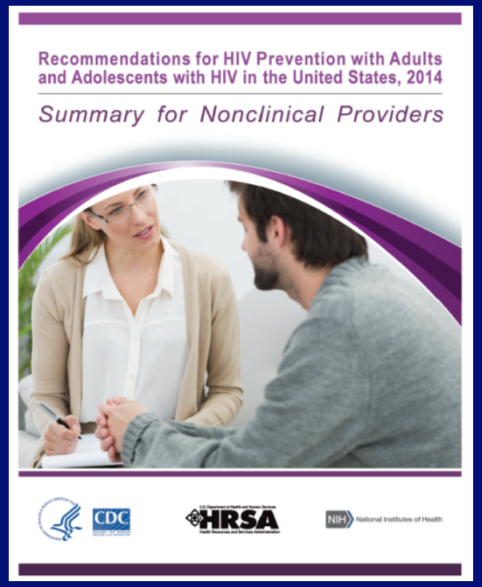
- CDC: DHAP, DSTD, DASH, DRH
- HRSA: Bureaus of HIV, Primary Care, MCH, Health Workforce
- NIH: NIAID, NIDA, NIMH, NICHD
- American Academy of HIV Medicine
- Association of Nurses in AIDS Care
- International Association of Providers of AIDS Care
- National Minority AIDS Council
- Urban Coalition for HIV/AIDS Prevention Services



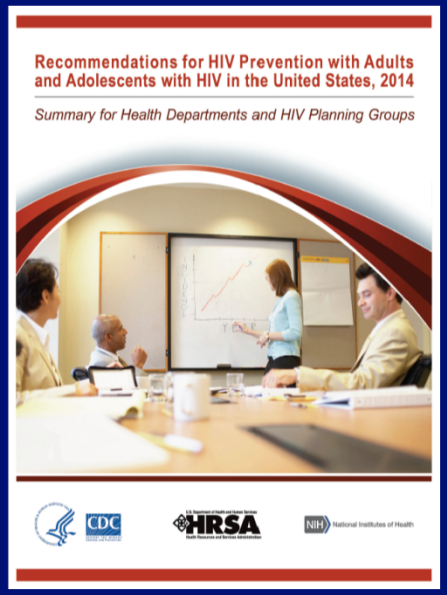
Guideline Audiences



Staff of health care facilities who serve patients (MD, RN, health educators, pharmacists, case managers, etc)



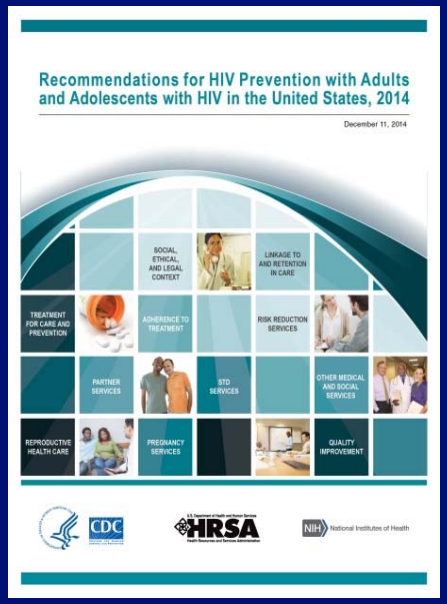
Staff of CBOs and HD who offer individual-level services, such as health education, testing, risk reduction interventions, and partner services



Staff of HD and HIV planning groups who provide population-level services, such as surveillance, public policy, and media campaigns

Guideline Scope

- Emphasis on
  - New effective, evidence-based interventions
  - Longstanding but underutilized interventions



- Topics include:
- Context: social, ethical & legal issues
- Linkage to and retention in HIV medical care
- ART initiation and adherence
- Risk screening and risk reduction interventions
- Referrals for ancillary medical and social services
- HIV partner services
- Screening and treatment for STDs that facilitate HIV transmission
- Reproductive health and pregnancy services
- Quality improvement and program evaluation

What this Guideline Does NOT Cover

- Comprehensive primary health care for persons with HIV
- Prevention, screening, or care for pathogens not known to facilitate onward HIV transmission: viral hepatitis, TB, some STDs
- Guidance to HIV- persons or their providers to ↓ HIV acquisition with biomedical or behavioral strategies (e.g., PrEP, PEP)
- Comprehensive prevention services for injection drug users

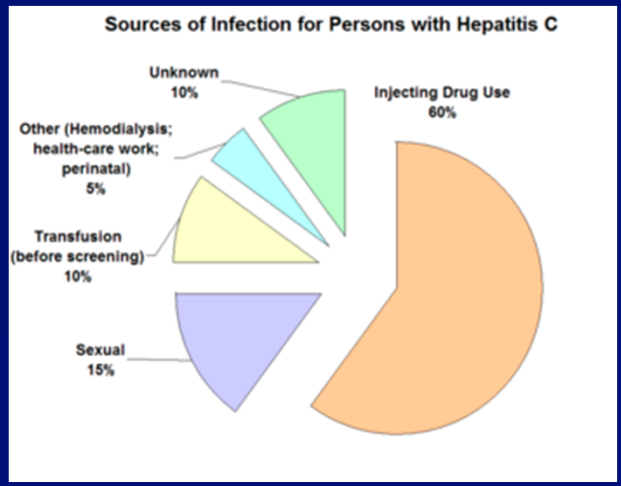
- Other federal and nongovernmental guidance covers these topics
  - *Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents*
  - *Guidelines for Use of Antiretroviral Agents in HIV-1 infected Adults and Adolescents*
  - *Primary Care Guidelines for the Management of Persons Infected With HIV*
  - *HRSA Guide for HIV/AIDS Clinical Care (HRSA)*
  - *Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945-1965*
  - *Integrated prevention services for HIV infection, viral hepatitis, sexually transmitted diseases, and tuberculosis for persons who use drugs illicitly*

Why this Guideline is Relevant to Hepatitis Prevention and Control?

- Many persons with HIV are
  - young, men who have sex with men, or diagnosed in settings with high prevalence of HBV and HCV (drug Rx programs, ED, jails)
  - at ↑ risk for acquiring viral hepatitis from sex or drug use
  - coinfected with viral hepatitis; coinfection accelerates liver disease
  - stigmatized and marginalized from care (like persons with or at risk for hepatitis)
- Many persons with HIV benefit from
  - services that ↓ risk of acquiring hepatitis (substance use treatment, opioid replacement programs, legal syringe service programs)
  - HIV medical care that enables hepatitis screening, vaccination, and treatment
  - HIV medication adherence interventions that ↑ adherence to hepatitis treatment
- Strategies for Prevention with HIV Positives can be adapted to hepatitis prevention and care

Selected HIV Recommendations that Provide Role Models for Improving Hepatitis Prevention and Care

- Context: social, ethical & legal issues
- Linkage to and retention in HIV medical care
- Referrals for ancillary medical and social services
  - mental health, substance use, housing
- ART initiation and adherence
- Risk screening and behavioral risk reduction
- HIV partner services



Selected Recommendations for All Three Audiences: Social, Ethical, Legal and Policy Context of HIV Prevention

- Participate in comprehensive networks of providers, community organizations, and health departments that serve persons with HIV
- Promote HIV training and resources for non-HIV specialists
- Promote task sharing across provider types.

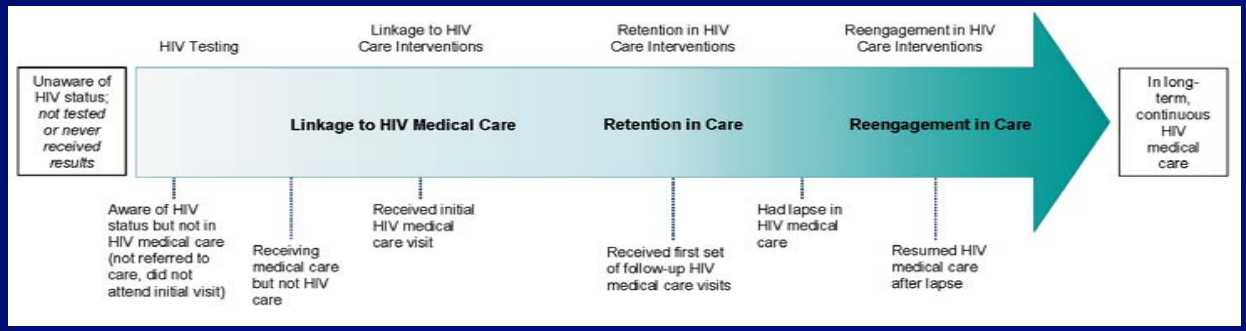
CLINICIAN CONSULTATION CENTER
National rapid response for HIV management and bloodborne pathogen exposures.

- Evaluate how criminalizing HIV exposure, same-sex marriage, drug paraphernalia laws, and other issues influence HIV disclosure, transmission, and use of HIV services, and apply findings

Selected Recommendations for Clinical and Nonclinical Providers

Linkage and Referral to HIV Medical Care

- Inform patients/clients about benefits of starting ART and staying in care before testing is offered and when notifying of HIV test results



- Assess facilitators and barriers to linkage and retention and refer for ancillary medical and social services that ↑ linkage and retention (e.g., substance use treatment)
- Help persons enroll in health insurance/ medical assistance programs
- Provide prompt, active, repeated linkage help: aim to start care as soon as possible and no later than 3 months of diagnosis
- Track outcomes of linkage and retention services and provide follow-up assistance, as allowed by jurisdiction

Initiating ART for Prevention

- Inform all HIV+ persons, regardless of CD4 count, about ART
  - Benefits: improve health, ↑ longevity, ↓ transmission to others
  - Limitations: Need sustained high adherence, may not prevent all transmission risk

- Offer ART, regardless of CD4 count, according to HHS recommendations
- Inform HIV+ persons about PrEP and nPEP for HIV- partners:
  - if clinically indicated to ↓ acquisition risk
  - PrEP and nPEP may not eliminate all risk of HIV acquisition
  - where partners can seek clinical evaluation
- If patient postpones or stops ART, periodically reoffer ART

ART Adherence

- Participate in multi-disciplinary teams to assess and support adherence
- Inform HIV+ persons about benefits of high adherence, even if feel well, and risks of low adherence (ART resistance, transmission)
- Provide adherence support
  - consider evidence-based interventions

- Remind patients to report current or planned use of other prescription, nonprescription and recreational drugs that may ↓ ART effectiveness or cause toxicity that could ↓ adherence.
- Provide/refer for services that address factors that impair adherence (e.g., drug abuse, mental illness, unstable housing)

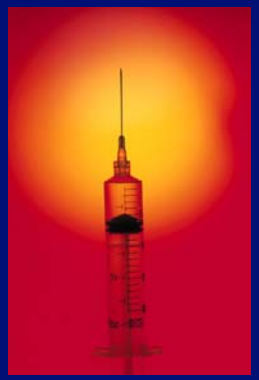
CDC Compendium of Evidence-Based ART Adherence Interventions

http://www.cdc.gov/hiv/prevention/research/compendium/rr/index.html

Risk Screening and Risk-Reduction Interventions

- Train staff to create trusting, nonjudgmental atmosphere that encourages voluntarily disclosure of sex and drug behaviors, health information, and asking questions

- Screen persons with HIV at initial and later encounters (at least yearly or more often as needed) for:
  - behavioral risk factors i.e., unprotected sex
  - biologic risk factors i.e., drug use, STD diagnoses, viral load
  - characteristics of partners i.e., use of PrEP

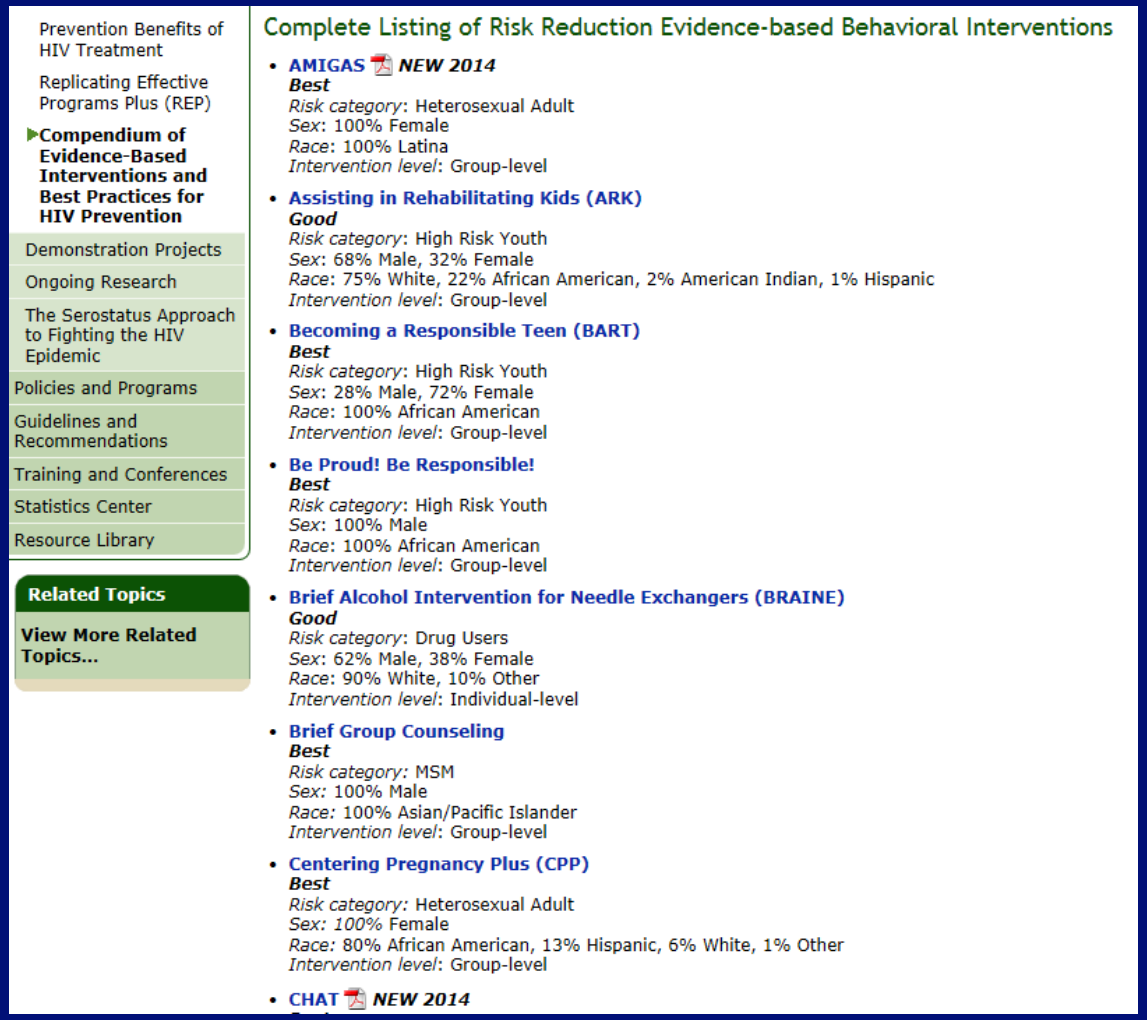


- Offer positive reinforcement to persons who report safe behaviors and use biomedical strategies that↓ their infectiousness to motivate continued use.

- Offer risk-reduction information and interventions tailored to specific risks, such as
  - information to correct misperceptions
  - behavioral and biomedical interventions (e.g. substance use treatment)
  - condoms and referrals for legal syringe services
  - Consider evidence-based interventions, including those in CDC compendium

- Describe methods to reduce IDU-related HIV transmission by reducing number of injection partners, using new, sterile injections equipment, alcohol swabbing before injection, and safe disposal

CDC Compendium of Evidence-Based Risk-Reduction Interventions



Prevention Benefits of HIV Treatment

Replicating Effective Programs Plus (REP)

Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention

Demonstration Projects

Ongoing Research

The Serostatus Approach to Fighting the HIV Epidemic

Policies and Programs

Guidelines and Recommendations

Training and Conferences

Statistics Center

Resource Library

Related Topics

View More Related Topics...

Complete Listing of Risk Reduction Evidence-based Behavioral Interventions

- **AMIGAS** ***NEW 2014***
  Best
  Risk category: Heterosexual Adult
  Sex: 100% Female
  Race: 100% Latina
  Intervention level: Group-level
- **Assisting in Rehabilitating Kids (ARK)**
  Good
  Risk category: High Risk Youth
  Sex: 68% Male, 32% Female
  Race: 75% White, 22% African American, 2% American Indian, 1% Hispanic
  Intervention level: Group-level
- **Becoming a Responsible Teen (BART)**
  Best
  Risk category: High Risk Youth
  Sex: 28% Male, 72% Female
  Race: 100% African American
  Intervention level: Group-level
- **Be Proud! Be Responsible!**
  Best
  Risk category: High Risk Youth
  Sex: 100% Male
  Race: 100% African American
  Intervention level: Group-level
- **Brief Alcohol Intervention for Needle Exchangers (BRAINE)**
  Good
  Risk category: Drug Users
  Sex: 62% Male, 38% Female
  Race: 90% White, 10% Other
  Intervention level: Individual-level
- **Brief Group Counseling**
  Best
  Risk category: MSM
  Sex: 100% Male
  Race: 100% Asian/Pacific Islander
  Intervention level: Group-level
- **Centering Pregnancy Plus (CPP)**
  Best
  Risk category: Heterosexual Adult
  Sex: 100% Female
  Race: 80% African American, 13% Hispanic, 6% White, 1% Other
  Intervention level: Group-level
- **CHAT** ***NEW 2014***

http://www.cdc.gov/hiv/prevention/research/compendium/rr/index.html

HIV Partner Services

- Identify HIV+ clients/patients who warrant expedited services, e.g.,
  - Acute HIV infection, newly diagnosed HIV, or high viral load
  - Newly diagnosed STD indicating unprotected sex
  - Behaviors with high risk of exposing others (many partners, sharing syringes)
- Provide information about voluntary, confidential health dept partner services and refer promptly to health dept

- If declines health dept assistance,
  - Advise how to self-notify partners in safe, effective way
  - Directly offer services to partners referred by patients (if allowed by authority)
    - Screening for HIV, STD, viral hepatitis with CDC-recommended tests
    - If HIV-, information and referral for PrEP; If HIV+, linkage to HIV care
    - If exposed to STD or positive STD screening test, linkage to STD Rx
    - Referral to substance use or mental health services, other services

Selected Recommendations for Health Departments and HIV Planning Groups

Linkage and Referral

- Support efforts to increase assistance with linkage, retention, and re-engagement services and affordable ART through direct interventions and partnerships
- Support infrastructure to facilitate delivery of other medical or social services (e.g., substance use treatment, mental illness)
- Establish protocols to monitor individual-level outcomes of linkage and retention

- Provide information to providers about protecting confidentiality and data security when referring persons with HIV for services

ART for Prevention

- Support ↑ access to HIV medical care and affordable ART with interventions by HD staff and partnering with health systems, e.g.,
  - Share information about sources of HIV care and ART drug assistance and subsidies
  - Develop protocols and data-sharing agreements to track HIV care delivery, quality, and outcomes

  - Support social marketing about HIV testing and early ART benefits
  - Foster ↑ continuity of HIV services (e.g., after prisoner release)

Example of Health Department Support for HIV Treatment and Adherence

New York City Health Department services for city jail detainees

- Monitored indirect measures of adherence (Viral load, CD4 count)
- Assessed factors that might impair adherence after release, e.g.,
  - Substance abuse, mental illness
  - Lack of health insurance
- Pre-release discharge planning to ↑ continuity of HIV care and ART access
- Linkage to services that ↓ adherence barriers
  - Substance abuse and mental health services

PA Texiera et al, Am J Public Health, 2015

Risk Reduction

- Support efforts to monitor HIV risk behaviors in community
- Make online directories of organizations that offer risk-reductions services such as
  - behavioral interventions
  - condoms
  - legal sterile syringes
  - substance use treatment programs
  - mental health services

- Make available information about minors' access to and consent to risk-reduction services,condoms, and sterile syringes

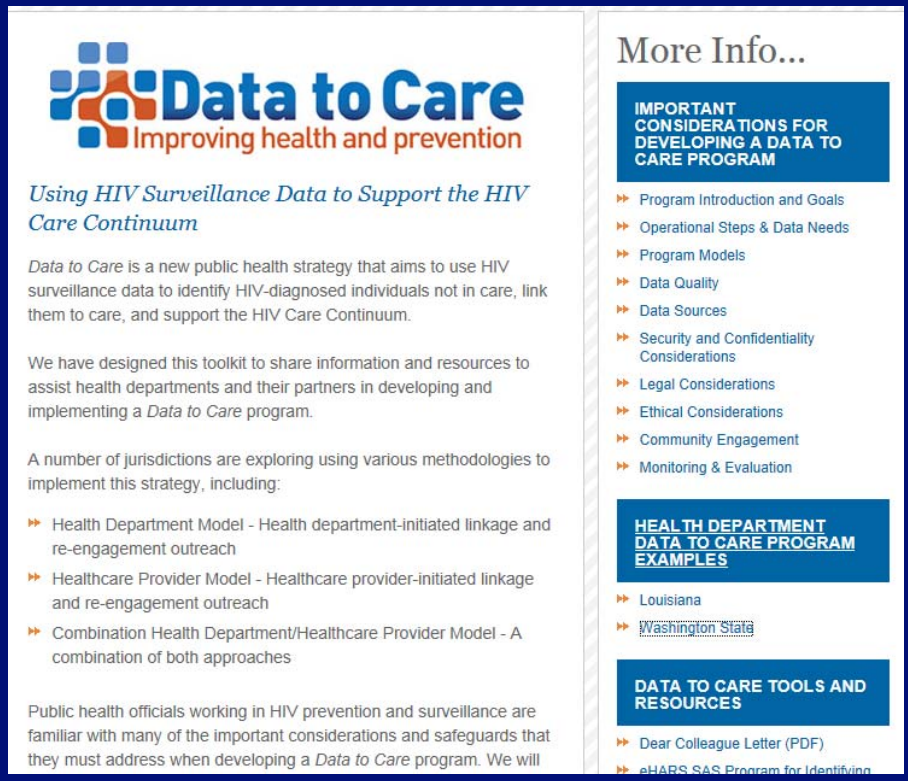
Partner Services

- Establish and use systems to integrate or routinely match HIV and STD surveillance data to identify index patients coinfected with HIV and other STDs
- Expedite interviewing of high priority HIV+ index patients (see previous slide)
  - Provide verbal, print, or AV information about PS
  - Inform about PrEP and nPEP for HIV- partners
  - Consider various notification options (in-person, phone, text, web, apps, social media)
- Expedite interviewing of high priority partners: likely unaware of infection, contact in last 3-12 months, spouses, long-term partners
- Offer partners
  - Screening for HIV, STD, hepatitis with CDC-recommended tests
  - If HIV-, information and referral for PrEP; If HIV+, linkage to HIV care
  - If exposed to STD, linkage to presumptive STD Rx
  - Referral to other needed services (e.g., drug abuse, mental health)

Health Department Strategy to Monitor Outcomes of Linkage and Retention and Expedite Partner Services

Use HIV surveillance data to identify HIV+ persons with

- Delayed linkage to care
- Lapses in HIV care
- Suboptimal treatment (↑ viral load, ↓ CD4 count)
- Co-infected with STDs
- Warrant expedited partner services



Data to Care
Improving health and prevention

Using HIV Surveillance Data to Support the HIV Care Continuum

Data to Care is a new public health strategy that aims to use HIV surveillance data to identify HIV-diagnosed individuals not in care, link them to care, and support the HIV Care Continuum.

We have designed this toolkit to share information and resources to assist health departments and their partners in developing and implementing a *Data to Care* program.

A number of jurisdictions are exploring using various methodologies to implement this strategy, including:

- Health Department Model - Health department-initiated linkage and re-engagement outreach
- Healthcare Provider Model - Healthcare provider-initiated linkage and re-engagement outreach
- Combination Health Department/Healthcare Provider Model - A combination of both approaches

Public health officials working in HIV prevention and surveillance are familiar with many of the important considerations and safeguards that they must address when developing a *Data to Care* program. We will

More Info...

IMPORTANT CONSIDERATIONS FOR DEVELOPING A DATA TO CARE PROGRAM

- Program Introduction and Goals
- Operational Steps & Data Needs
- Program Models
- Data Quality
- Data Sources
- Security and Confidentiality Considerations
- Legal Considerations
- Ethical Considerations
- Community Engagement
- Monitoring & Evaluation

HEALTH DEPARTMENT DATA TO CARE PROGRAM EXAMPLES

- Louisiana
- Washington State

DATA TO CARE TOOLS AND RESOURCES

- Dear Colleague Letter (PDF)
- eHARS SAS Program for Identifying

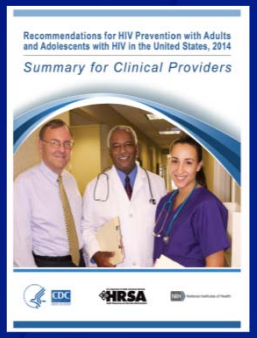
CDC. Data to Care.
http://www.effectiveinterventions.org/en/HighImpactPrevention/PublicHealthStrategies/DatatoCare.aspx

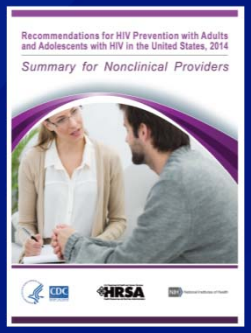
Guideline Implementation Resources

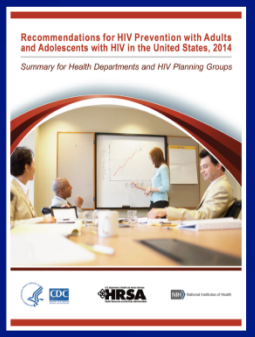
- CDC PWP Resource Library http://www.cdc.gov/hiv/pwp/resources.html
  - For clinicians, nonclinical providers, and health departments
  - Training tools, decision-support tools
  - Fact sheets for providers, clients, and patients
- HRSA Target Center https://careacttarget.org/
  - For clinicians and health departments
  - Training tools, decision-support tools, provider and patient fact sheets
- HRSA/CDC HIV Training, Technical Assistance and Collaboration Center
  Partnership for Care Project: http://p4chivtac.com/content/resource-library)
  - For clinicians and health departments
  - May include guidance on using surveillance and EMR data, MOAs between HD and clinics, linkage protocols, etc

What Can You Do to Promote Guideline Uptake?

- Read relevant summaries and explore implementation resources







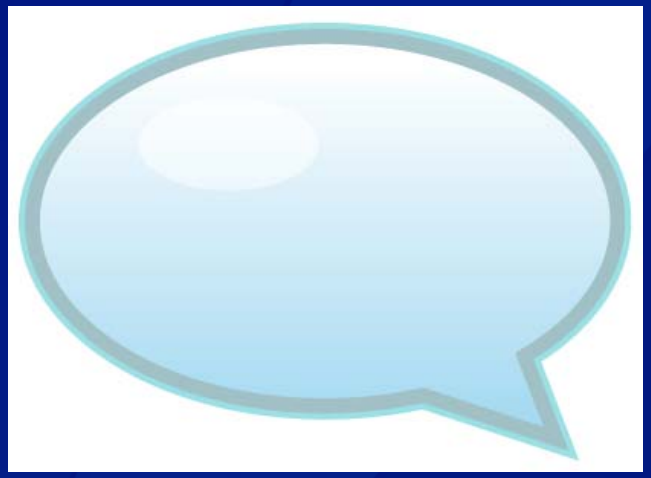
- Become a “champion” and alert your colleagues to
  - Guidelines, Summaries, and implementation resources
  - Training options (archived webinars, slide sets, CME)
- Integrate recommendations into your practice or agency
- Assess evidence that would support using and adapting these strategies for hepatitis prevention and care

2015 Indiana Outbreak Investigation: Preliminary Data

- Poor, rural county of ~4200 residents, ~500 recent IDU; many teens or young adults
- Many used prescription painkiller, OPANA® (oxymorphone)
- Short half-life → injection 4-15 times/day, often with shared injection equipment

- To date, case investigations and community survey have found
  - 163 HIV+ persons, of whom 95% were HCV coinfected
  - 371 IDU: 39% infected with HCV alone
- Before outbreak, state had no legal syringe exchanges; county had few options for opioid replacement, and no experienced HIV care providers
- Key actions and recommendations to date
  - Emergency approval of county syringe service program
  - Proactive, prompt linkage to medical care for HIV management by HIV specialists
  - Recommendation for routine, repeat HCV and HIV screening in substance abuse treatment programs, jails, and emergency departments.

Preliminary, unpublished data courtesy of John Brooks, MD, Division of HIV/AIDS, CDC, Atlanta



Questions, comments, and information
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