

Hot Topics in HIV, STD, & Viral Hepatitis

Public Health Café ~ June 2010

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Overview

- **Division of HIV, STD, Viral Hepatitis Overview and Terminology**
- **Epidemiology Update**
- **One Test, Two Lives**
- **HIV, STD, Viral Hepatitis in Incarcerated Populations**
- **Program Collaboration & Service Integration (PCSI)**
- **Open Discussion**

ISDH Division of HIV, STD, Viral Hepatitis

- **The Division is grouped by program areas including:**
 - **HIV Prevention**
 - Training and Education
 - Communities of Color and Capacity Building
 - Community Planning Group (CPG)
 - Adult Viral Hepatitis Prevention
 - **HIV Care**
 - Care Coordination Services
 - HIV Medical Services
 - Special Populations Support Program
 - Consumer Advisory Board (CAB)/Comprehensive HIV Services Planning and Advisory Counsel (CHSPAC)

ISDH Division of HIV, STD, Viral Hepatitis

- HIV Surveillance
 - Surveillance
 - Incidence
 - Medical Monitoring Project (MMP)
 - Never in Care Project (NIC)
 - Advocacy Responsibility Counseling Program (ARC)
- STD Program

ISDH Division of HIV, STD, Viral Hepatitis

- The Division is primarily funded through grants from the CDC, HRSA, and other federal funders. that are then provided via a competitive request for proposal process to local health departments, community based organizations, and other care providers.
- Some programs like the MMP and NIC projects are directly funded to conduct research or other activities.
- The Division routinely cooperates with internal and external partners to conduct special projects and events.

HIV, STDs, and Viral Hepatitis Nationally

- Prevalence data for 2007 indicates that there are 1.1 million individuals living with HIV.
- In 2008, there were 46,277 case of syphilis, 1.2 million cases of Chlamydia, and 336,742 cases of gonorrhea reported.
- According to 2007 data there are an estimated 800,000 to 1.4 million persons living with hepatitis B (HBV) and 2.7 to 3.9 million living with hepatitis C (HCV).

HIV, STDs, and Viral Hepatitis in Indiana

- According to our December 2009 prevalence data, there were 4,434 individuals with HIV and 5,286 living with an AIDS diagnosis.
- Also in 2009, there were 152 primary and secondary syphilis cases; 6,812 gonorrhea cases; and 21,579 Chlamydia cases.
- There were an estimated 63 acute hepatitis (HBV) infections in the first part of 2008.
- And 7,066 reported hepatitis C (HCV) infections in 2008.

HIV, STDs, and Viral Hepatitis in Indiana

- Both nationally and locally we continue to see a rise in AIDS at first diagnosis indicating that individuals do not perceive themselves to be at risk or are not accessing testing opportunities.
- Those 20-39 years of age continue to represent the highest numbers being diagnosed with HIV/AIDS.
- African American/Black and women continue to represent over 60% of new diagnoses among women in Indiana.
- These same populations are disproportionately impacted by STDs and the viral hepatitis.

Current Initiatives

- CDC has several initiatives aimed at increasing routine testing for HIV in primary care and emergency settings.
- CDC, ISDH, and our partners are working to convey unified messages around HIV, STDs, and the viral hepatitis.
- Locally, a new campaign has been developed to educate and encourage testing among women during pregnancy.
- There has been an increased focus on providing education and healthy decision making for those incarcerated or previously incarcerated.



Questions?

One Test, Two Lives

- Indiana has seen a 400% increase in HIV cases in infants over a two year period.
- In response the One Test, Two Lives campaign was developed by the following partners.
 - Health and Hospital Corporation of Marion County
 - Indiana Perinatal Network
 - Indiana State Department of Health
 - Indiana University's National Center for Excellence in Women's Health
 - Indiana University School of Medicine
 - Midwest AIDS Training & Education Center
 - Riley Hospital for Children

One Test, Two Lives

- **One Test, Two Lives encourages prenatal providers to complete the following interventions during care to educate women and prevent transmission to babies;**
 - **In depth risk assessment with each patient.**
 - **Initial Screening**
 - **Re-screening in the third trimester**
 - **Education and counseling**
 - **Clinical management during pregnancy and labor and delivery and care of the infant following birth.**

One Test, Two Lives

- More information including resources for patients and care providers can be found at;
 - www.1test2lives.in.gov
 - National Perinatal HIV Consultation and Referral Service 1-888-448-8765 (24/7)
 - Midwest AIDS Training + Education Center in Indiana – 317-948-6497



Questions?

Incarcerated Populations

- As of 1997, the United States prison population included;
 - 2% living with hepatitis B (HBV)/ 0.5 % General population.
 - 15% living with hepatitis C (HCV) / 1.3% General population.
- During that same period;
 - 2.1% living with HIV.
- Of those infected racial and ethnic minorities were overrepresented shadowing trends seen in the general population.

Risks to Inmate Health

- Overpopulated living conditions.
- Communal living arrangement.
- Meals eaten in cell during lockdown.
- Tattoos and Body Piercings.
- Sex between inmates and with staff.
- Hand to hand fighting.
- Poor health behaviors reported prior to incarceration (i.e. smoking, substance use/abuse, lack of exercise).

Prevention in Incarcerated Populations

- Multifaceted awareness and education programs targeted at inmates and staff including:
 - HIV/STD/Viral Hepatitis/TB
 - Universal Precautions
- Condom distribution is provided in some jurisdictions via state HDs, and ASO/NGOs.
- Needle exchange is not available in correctional systems.

What are We Doing in Indiana?

- Inmates are provided testing for HIV, STDs, and HCV at intake.
- Inmates may request testing for HIV and HCV during their incarceration period.
- HIV-positive prisoners are provided with treatment during incarceration.
- Prisoners meeting certain conditions are provided treatment for HCV.
- A 30 day supply of medications is provided to infected offenders at release.

What are We Doing in Indiana?

- The Healthy at ReEntry Education Program was developed in 2009 to provide inmates just prior to release with HIV, STD, viral hepatitis, TB, and healthy decision making education.
- The program is currently in place in 2 facilities within the state with hopes to expand it in the near future.



Questions?

PCSI or Program Collaboration and Service Integration

- **The Centers for Disease Control and Prevention developed PCSI or Program Collaboration and Service Integration to serve as a mechanism for organizing and blending interrelated health issues in an effort to provide more comprehensive prevention and care practices to those at risk for HIV, STDs, viral hepatitis, and TB.**

Examples of PCSI

- **Examples of PCSI include;**
 - **Organizational structures that support collaboration.**
 - **Cross or co-training of staff.**
 - **Counseling and testing of HIV, STDs, viral hepatitis, and TB in one location and/or active referrals to partners providing this testing.**
 - **Provision of, or referral for, HAV and HBV vaccination.**
 - **Combined messaging around prevention of HIV, STDs, and the viral hepatidities.**

PCSI (cont.)

- The benefits of integrating HIV, STD, viral hepatitis, and TB include :
 - More comprehensive care to at-risk clients.
 - Improved overall quality improvement at all levels.
 - Provides an opportunity for organizational growth.
 - Provides an opportunity to apply for a greater variety of funding opportunities.

How is PCSI Being Applied in Indiana?

- We are currently applying for CDC PCSI funding that will support and expand current efforts.
- The Division of HIV, STD, Viral Hepatitis represents an integrated organizational model.
- The Division routinely partners with traditional and non-traditional collaborators.
- Local partner providers, when able, provide integrated counseling and testing.



Questions?

Discussion Questions

- How can the work that we are doing within HIV, STDs, and the viral hepatitis support or combine with your own work?
- Do you use PCSI principles in your own work? How? is it working?
- What can we, as a Division, do to better support your work?
- What more would you like to know about our work?



Thank you!

Contact Information

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