

Out of care, but not out of mind

The National HIV/AIDS Strategy places a strong emphasis on linking people living with HIV (PLWH) to care and treatment. In addition to optimizing health outcomes, treatment can lower a person's viral load and reduce the possibility of transmission. To identify previously diagnosed PLWH who may be out of care and link them to services, a pilot project was conducted involving the Douglas County Communicable Disease Program Manager and the Oregon Health Authority (OHA) Data and Analysis, HIV Community Services and HIV Prevention Programs.

Viral load and CD4 tests should be conducted routinely for PLWH receiving HIV care. Public health laws require laboratories to report these test results to OHA. Using the Oregon Public Health Epidemiologists' User System (Orpheus), OHA staff identified 30 HIV cases with a last reported residence in Douglas County, Oregon and no viral load or CD4 count reported in the past 18 months. Information about current residence and vital status were then obtained from multiple other data sources, such as CareWare, the Social Security Death Index and Facebook. Of the 30 cases, 24 (80%) were determined to be living outside Oregon, deceased, or receiving care

(the Veterans Administration does not report test results to OHA consistently).

Thus, six of the 30 cases (20%) were determined to be potentially living in Douglas County and not receiving continuous medical care. These six cases then became the focus of local efforts. Douglas County Health Department (DCHD) staff contacted the clients, their last known providers, their emergency contacts or their next of kin to obtain information about vital status and access to medical care and to offer assistance accessing regular care. Three cases could not be located. The remaining three clients were found and had physicians. For these three clients with physicians, CD4 or viral load tests were not being conducted (two cases) or not being reported (one case). Staff connected clients with additional services to ensure adequate care. Information collected was also used to update OHA databases.



Local health departments (LHDs) are encouraged to work with OHA to replicate this project in their county. To learn more, contact Sean Schafer at sean.schafer@state.or.us.

Price agreement for OraQuick rapid home test kits

OHA has expanded its price agreement with OraSure to include the OraQuick rapid home HIV test kit. LHDs may take advantage of the reduced price from this agreement, but should note that OHA will pass along the costs of both the test kits and shipping to the LHD.

OHA will not purchase and distribute home test kits because we do not have appropriate systems for data collection or quality assurance for over-the-counter products that are

anonymous and self-administered. However, all efforts to reduce barriers to testing are encouraged.

The OraSure price agreement reduces the cost per test kit from approximately \$40 (in-store price) to \$30. While the regular test kits from OraSure are delivered without shipping charges, the in-home test kits will incur shipping charges of approximately \$20 per case for ground shipment and approximately \$70 per case for three-day air shipment.

Upcoming events

Week of Prayer for the Healing of AIDS

March 3–9

Learn more at <http://bit.ly/x6HMIT>.

Women/Girls HIV/AIDS Awareness Day

March 10

Learn more at <http://1.usa.gov/RVs2M>.

National Native HIV/AIDS Awareness Day

March 20

Learn more at <http://bit.ly/nnhaad12>.

STD Awareness Month

April

Learn more at <http://1.usa.gov/SAM12>.

Sexual Assault Awareness Month

April

Learn more at <http://bit.ly/8L7oJw>.

Adolescent Sexuality Conference

Apr. 22–23

Learn more at www.oregon-asc.org.

Policy changes impacting HIV testing and linkage

Oregon Administrative Rules (OAR) have been revised to align with Senate Bill 1507, passed in February 2012. These policy changes allow 1) health care providers to obtain consent for HIV testing in a manner similar to that used for other common tests and 2) more timely linkage to HIV care and treatment.

Health care agencies are encouraged to insert language in their general medical consent form stating that consent for medical care includes consent for HIV testing unless declined and patients wishing to decline HIV testing must inform their health care provider of this decision. As with other screening tests, providers are encouraged to also notify patients verbally of their intent to perform an HIV test and offer an opportunity to decline. However, verbal

notification is not required if notification was contained in a general medical consent. HIV testing guidance for LHDs is being developed and will be posted on the OHA website soon (visit 1.usa.gov/XE39BU).

The OHA Public Health Division or local public health authority may disclose the identity of an individual with an HIV-positive test to a health care provider (e.g., physician, nurse, clinic manager) for the purpose of referring or facilitating treatment for HIV infection. While this process is not new, it has often involved a release of information with documented consent from the client. This documentation is not required under OARs. Questions about these policy changes may be directed to Dano Beck at daniel.w.beck@state.or.us.

2013 funding update

The OHA HIV Prevention Program receives and distributes HIV prevention funding from the Centers for Disease Control and Prevention (CDC) for core services (Category A) and technology-based services (Category C). OHA also distributes funds to LHDs from the state General Fund.

The largest HIV prevention funding source in Oregon is Category A funding. 2013 Category A funding was reduced by 11% compared to our 2012 award from CDC. However, the amount we received was the maximum funding level for which Oregon was eligible. OHA has absorbed the majority of this funding reduction and passed on a 3% reduction to the seven funded LHDs.

OHA received continued Category C funding at the same level, but redirected funds so that HIV Alliance, Cascade AIDS Project (CAP) and the Multnomah County Health Department received a 25% increase to support program implementation (2012 funds primarily supported start-up activities).

The OHA HIV Prevention Program will not know our state General Fund allocation until later in 2013. However, a reduction is expected.

Due to hotline cost-effectiveness data and program priorities, OHA gave notice that the Oregon HIV/STD Hotline contract will end March 31. CAP has stated that the hotline will continue to operate through at least June 30, 2013.