

Supporting clients that test HIV-positive

OHA has developed a fact sheet offering tips for delivering test results and supporting clients that test positive for HIV (<http://bit.ly/PosTest>). The fact sheet was developed with input from the Oregon HIV/Viral Hepatitis/Sexually Transmitted Infection Integrated Planning Group (IPG).

The document is intended to help ensure persons testing HIV-positive receive the information and support needed, including linkage to care. The document is posted online as a resource for both funded and non-funded partners (e.g., clinicians considering routine HIV screening).

Linkage to care for the uninsured

With the implementation of the Patient Protection and Affordable Care Act, the number of insured clients should continue to increase substantially. However, there will be exceptions.

Occasionally, prevention staff might encounter an uninsured client that tests positive for HIV and

needs to access care and treatment. Depending on the client's income and the time period, the client can access health care through the Oregon Health Plan (OHP), the federal health plan marketplace or CAREAssist's Uninsured Persons Program (UPP). The table below provides key information about eligibility for these programs.

Health care for uninsured clients that test HIV+	
If...	Then...
Eligible for OHP (with income at or below 138 percent of the federal poverty level ¹)...	The client can enroll in OHP any time.
Income exceeds the eligibility requirements for OHP and the date is between Nov. 15, 2014, and Feb. 15, 2015 (the open enrollment period)...	The client can enroll in a health plan by visiting www.healthcare.gov . The client also may be eligible for assistance with insurance premiums and co-pays through CAREAssist (http://bit.ly/CA-app).
Income exceeds the eligibility requirements for OHP, but is at or below 400 percent of the federal poverty level, ² and the date is outside the open enrollment period...	The client can seek assistance from the Uninsured Persons Program (UPP) by submitting a CARE-Assist application. For more information about UPP, please visit http://bit.ly/CA-UPP .

¹That's approximately \$1,342 per month for a single person or \$2,743 per month for a family of four.

²That's approximately \$3,890 per month for a single person or \$7,950 per month for a family of four.

Please welcome Josh!



We are excited to welcome Josh Ferrer, MA, the new HIV/STD prevention technical consultant at OHA. In this role, Josh will lead a variety of program operations and serve as a contact to local health departments on issues related to HIV/STI testing technology, treatment protocols and STI Partner Services.

Previously, Josh served as the manager of prevention services at Cascade AIDS Project. He brings valuable experience overseeing sexual health services, enhancing professional development of staff and offering technical assistance related to HIV and STI prevention and care. Josh starts in his new role Sept. 16. Please welcome him!

Upcoming events

International Overdose Awareness Day Memorial (Portland)
 Sept. 3, 6–8 p.m.
 Outside In, 1132 SW 13th Ave.
 Contact Haven at Havenw@OutsideIn.org.

National HIV/AIDS and Aging Awareness Day
 Sept. 18
 Learn more at <http://bit.ly/NHAAADay>.

National Gay Men’s HIV/AIDS Awareness Day
 Sept. 27
 Learn more at <http://bit.ly/NGMHAADay>.

Domestic Violence Awareness Month
 October
 Learn more at <http://bit.ly/DVAMonth>.

National Disease Intervention Specialist Recognition Day
 Oct. 3
 Learn more at <http://www.ncsddc.org/DIS>.

National Latino AIDS Awareness Day
 Oct. 15
 Learn more at www.nlaad.org.

HIV test window period

The time between first infection and when a test can reliably detect that infection is known as the “window period.” The window period for detecting HIV after an exposure can vary depending on the type of test used.

When clients test for HIV at local health departments or community-based organizations, they usually receive either a rapid test¹ that provides results in less than 30 minutes, or they give a blood sample that is sent to the Oregon State Public Health Laboratory for testing.

The state lab uses fourth generation HIV testing technology. For most people, this technology can detect HIV infection within three weeks following an exposure, but no sooner than approximately two weeks. In rare cases, it may take longer than three weeks to detect infection.

When is retesting recommended for clients with HIV tests sent to the state lab?

Population	Recommendation
Clients likely exposed to HIV (especially those showing signs of acute infection)	Retesting may occur as early as 2 weeks after the exposure. Viral load testing also is an option, but it can be more expensive. While waiting to retest, using condoms or abstaining from sex can help protect partners. Discussing nPEP or PrEP also might be appropriate in these cases.
Concerned clients with very recent risk	Re-testing is recommended in 3 weeks.
Clients at increased risk for HIV, but not highly concerned or likely infected recently	Testing is recommend every 3–6 months. This is the standard recommendation for Oregon’s priority populations.
Non-priority populations ²	Re-testing might not be necessary. HIV testing is recommend at least once for persons age 15–65.

¹For rapid HIV tests, the window period can vary and may be up to several months. Agencies offering rapid testing should be familiar with the window period for the type of HIV test they are using and can find this information within the manufacturer’s pamphlet included with the test kit.

²HIV-negative priority populations are gay, bisexual and other men who have sex with men; persons who inject drugs; and sexual or injection partners of persons living with HIV.

CAREAssist covers syphilis and TB medications

CAREAssist is Oregon's AIDS Drug Assistance Program. To better support the health needs of PLWH, OHA has added syphilis and tuberculosis (TB) medications to the CAREAssist formulary, which lists the medications that CAREAssist clients are eligible to receive at no cost.

Both syphilis and TB disproportionately impact people with HIV. In fact, men with HIV account for

roughly half of syphilis cases in Oregon.

Syphilis treatment on the updated formulary includes Benzathine penicillin G ("Bicillin"), Doxycycline, Tetracycline and Lidocaine (to lessen pain from injections). All drugs used to treat TB disease and latent TB infection are included on the updated formulary. To access the CAREAssist formulary, visit www.healthoregon.org/careassist.

Peer-reviewed publications

Peer-reviewed research helps inform public health programs in Oregon and in other regions. Did you know that OHA and Program Design and Evaluation Services (PDES), which provides contractual services to OHA, regularly contribute to the academic literature on HIV and other sexually transmitted infections? Articles of interest published since 2012 are listed below.

Monitoring retention in care: using multiple laboratory tests as an indicator for HIV medical care

Caislin Leah Firth, Sean David Schafer & Kären Greene.

Visit <http://bit.ly/MonRetention>.

Oregon patients with HIV infection who experience delayed diagnosis

Sara Laura Schwartz, Rebecca G. Block & Sean David Schafer

Visit <http://bit.ly/DelDx>.

Hepatitis C treatment eligibility among HIV-hepatitis C virus coinfecting patients in Oregon: a population-based sample

Marissa M. Maier, Haiou He, Sean D. Schafer, Thomas T. Ward & Atif Zaman

Visit <http://bit.ly/HCVelig>.

Population-based study of risk factors for coronary heart disease among HIV-infected persons

John Oh, Kären Greene, Haiou He, Sean D. Schafer & Katrina Hedberg

Visit <http://bit.ly/CHD-HIV>.

Lack of association between azithromycin and death from cardiovascular causes

Christine M. Khosropour, Jeffrey D. Capizzi, Sean D. Schafer, James B. Kent, Julia C. Dombrowski & Matthew R. Golden

Visit <http://bit.ly/AzithLTE>.

Expedited Partner Therapy

Expedited Partner Therapy (EPT) is the practice of treating a patient's sex partners by providing the patient with medication to take to their partners without a health care provider first examining the partners. EPT is a good option when there is reason to believe a patient will not be successful encouraging their partner to seek testing and treatment. EPT also helps patients avoid reinfection. EPT should not be offered to partners of men who have sex with men because of the increased chance

of missing syphilis or HIV infections, for which health care providers can offer screening.

OHA is given statutory responsibility to declare for which infections it is legal to prescribe partner-delivered treatment. Updated recommendations for EPT for both chlamydia and gonorrhea will be posted soon at <http://bit.ly/EPT-OR>. Materials with information about EPT for clients will be available in both English and Spanish. Stay tuned!