



HIV in People Who Inject Drugs

August 29, 2019



Welcome!

- All lines have been muted.
- Please enter any questions into the ‘question box.’
- This webinar is being recorded. Slides and a link to the recording will be sent out next week.

Webinar Agenda

- Welcome
- Epi overview
- What OHA is doing
- Using the End HIV Oregon pillars to respond
- Funding and other support
- Q & A

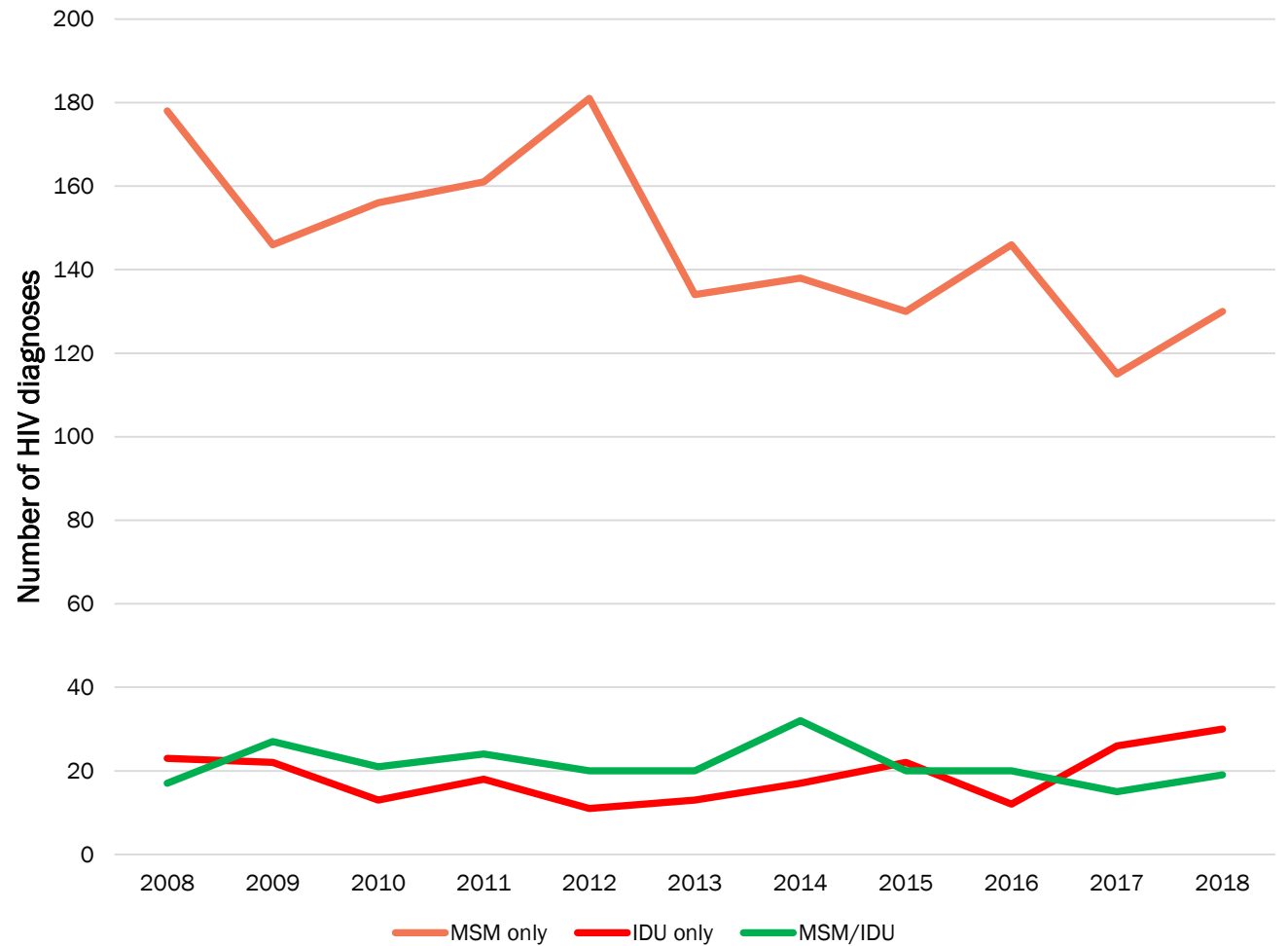


Epidemiological Overview

- What the data is telling us
- Data in context with the rest of the west coast and USA

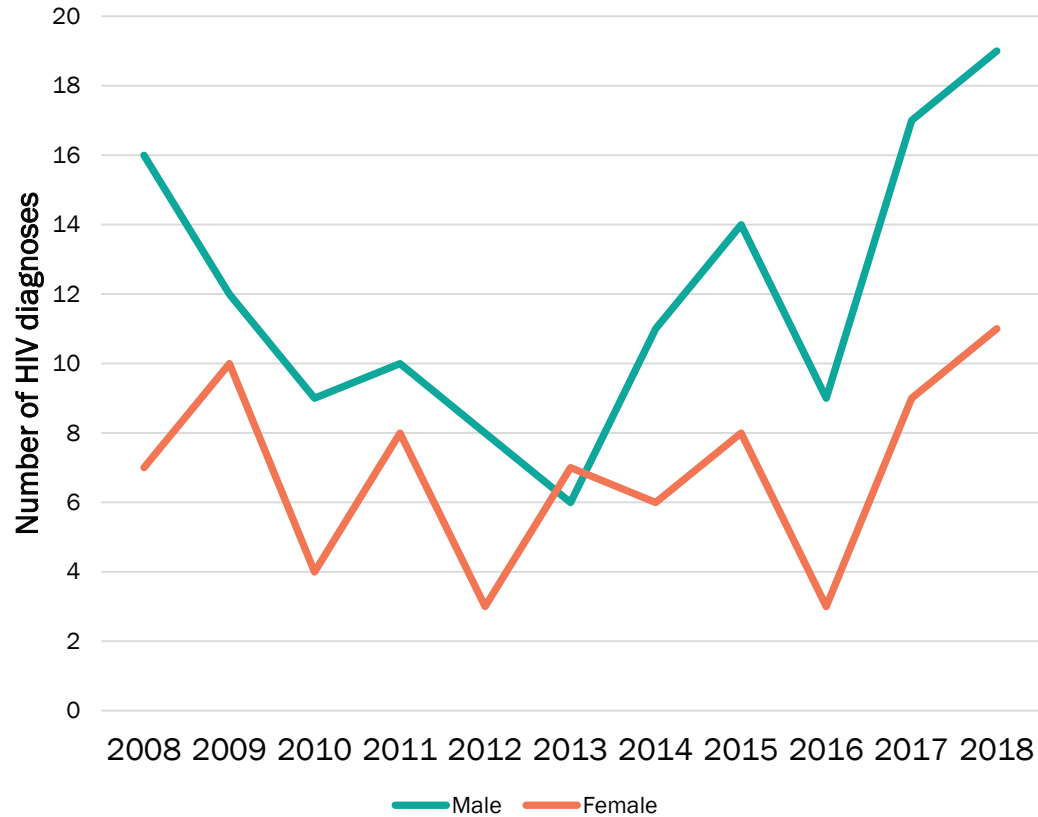
HIV diagnoses are increasing among PWID in context of decreases in other risk groups

Transmission risk among Oregon HIV diagnoses, 2008–2018

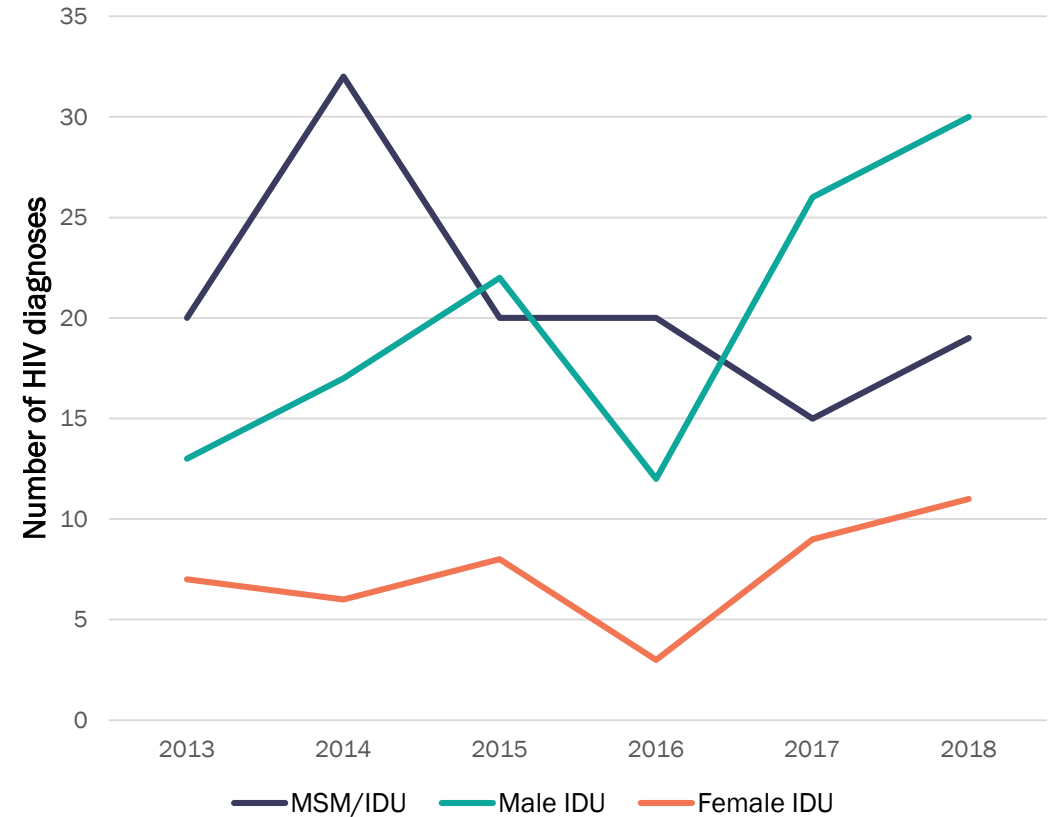


HIV cases among people who inject drugs are increasing

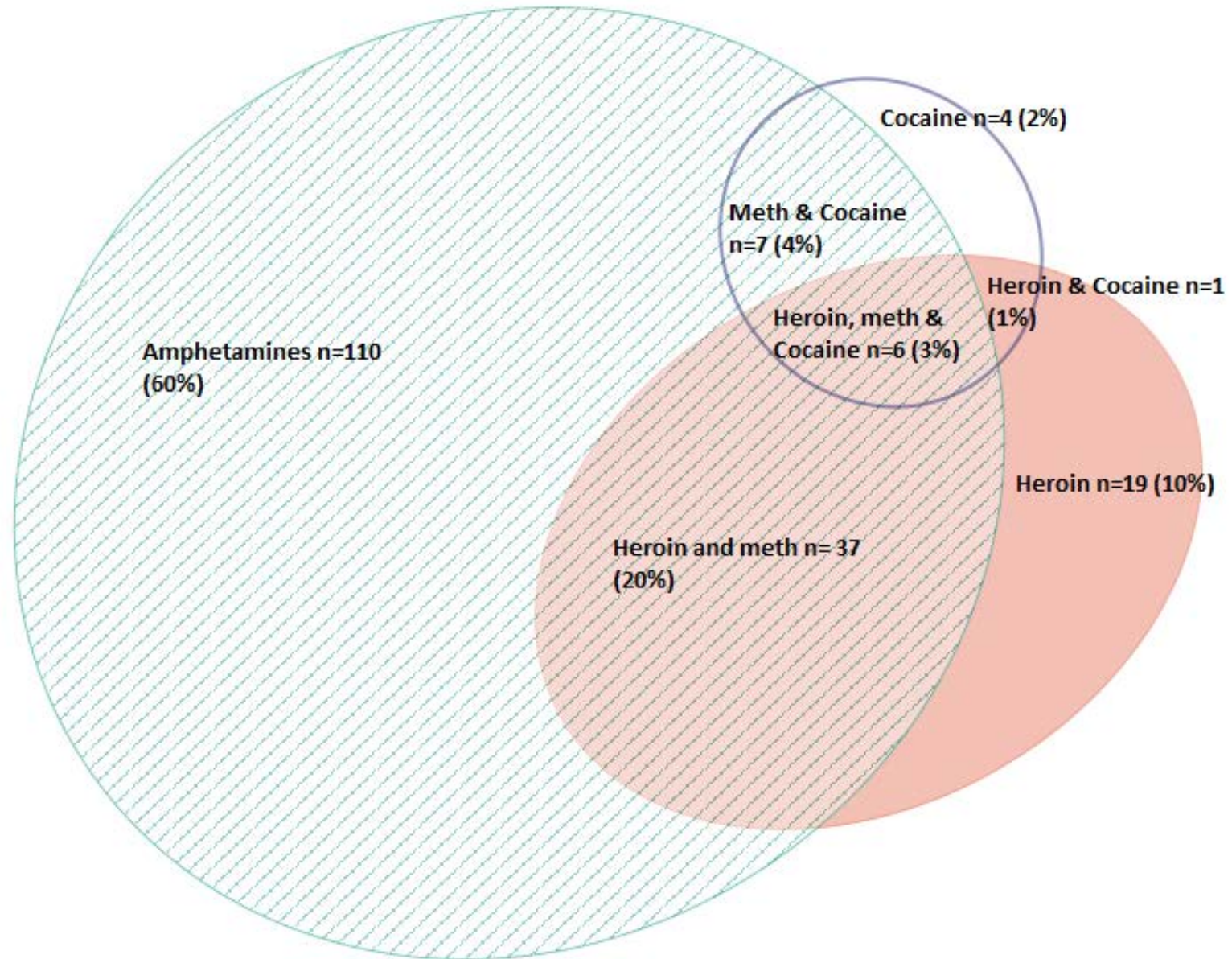
Injection drug use by sex among Oregon HIV diagnoses, 2008–2018



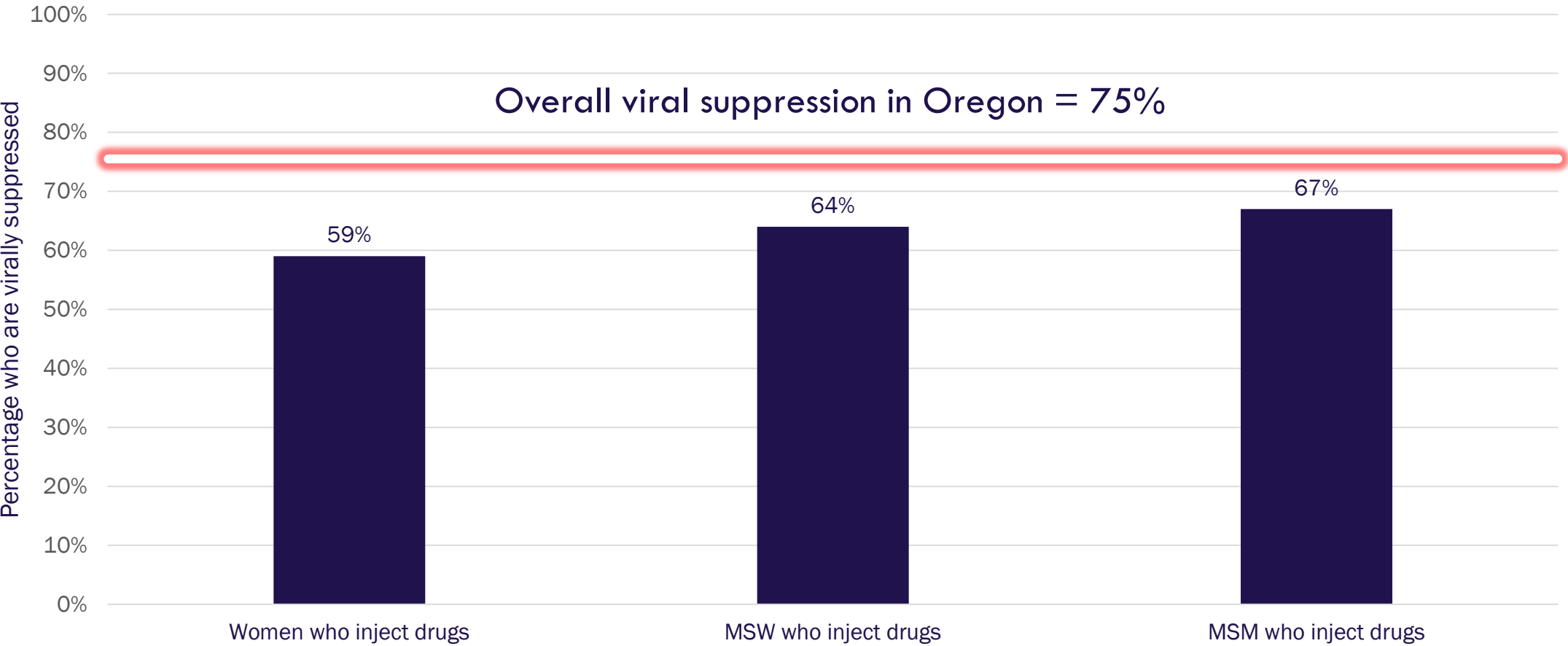
Injection drug use by sex and sex of sex partners among Oregon HIV diagnoses, 2013-2018



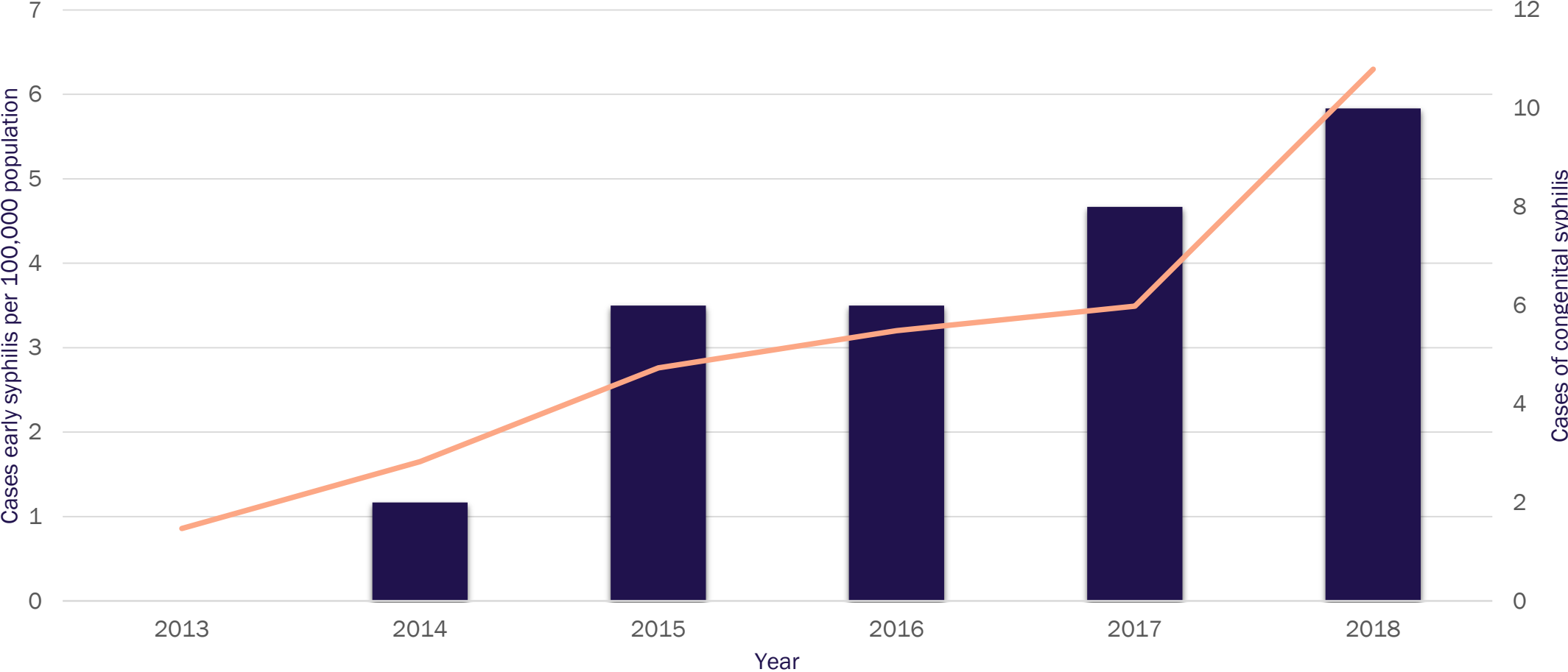
PWID diagnosed with HIV were most likely to report meth or meth + heroin



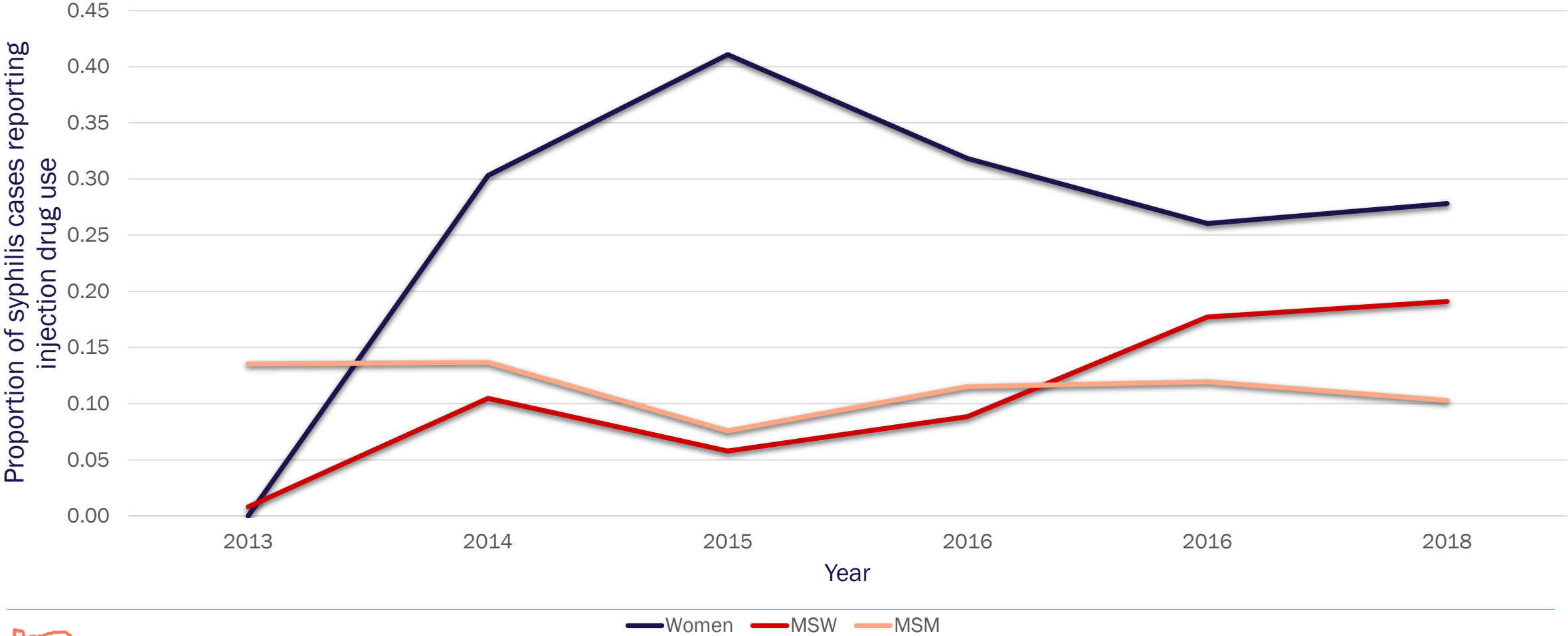
PWID living with HIV are less likely to virally suppressed



The rate of early syphilis among women has increased 600% with a concomitant increase in congenital syphilis

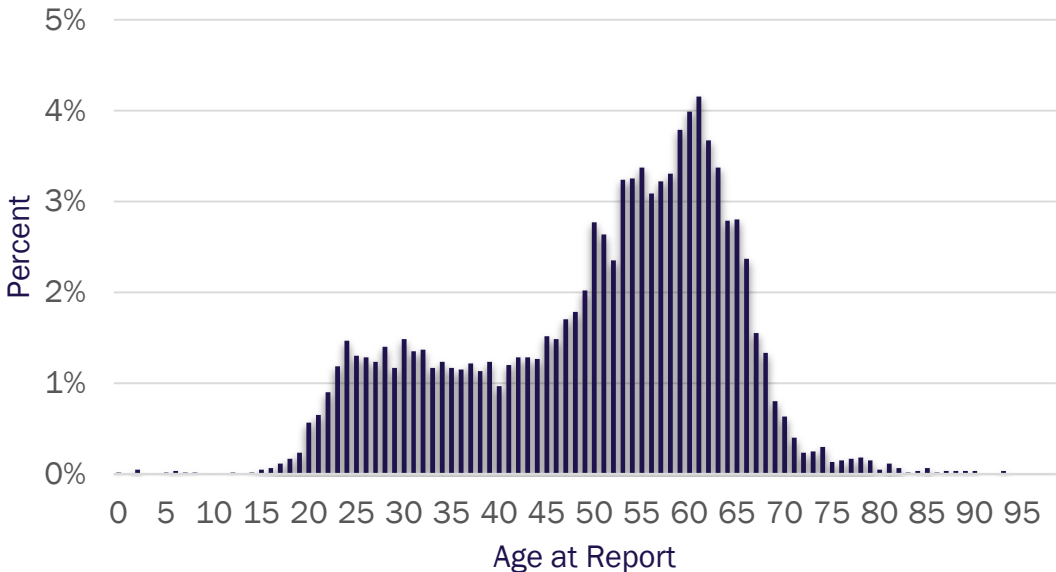


More heterosexuals with syphilis are reporting injection drug (meth) use

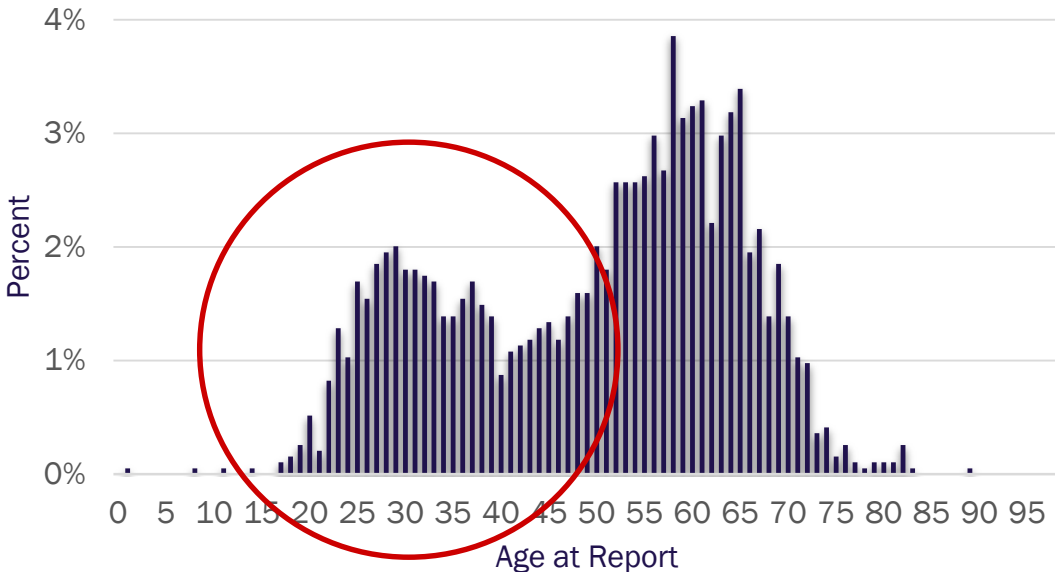


There is now a pronounced bimodal age distribution of new chronic HCV cases

2015 age distribution of newly reported Oregon chronic HCV cases, n=5,993



2018 age distribution of newly reported Oregon chronic HCV cases, n=1,946 (as of 5/1/2018)



More people living with HIV and those with substance use disorder are homeless

Table 24: Change over Time, Unsheltered Population by Disabling Condition

Disabling Condition	2017	2019	% Change
One or more disabling conditions	1,195 (71.6%)	1,604 (78.7%)	34.2%
Chronic health condition	439 (26.3%)	614 (30.1%)	39.9%
Developmental disability	130 (7.8%)	198 (9.7%)	52.3%
HIV/AIDS	24 (1.4%)	53 (2.6%)	120.8%
Mental illness	747 (44.8%)	839 (41.2%)	12.3%
Physical disability	634 (38%)	608 (29.8%)	-4.1%
Substance abuse (alcohol and/or drug)	626 (37.5%)	929 (45.6%)	48.4%
Total	1,668	2,037	22.1%

Note: Street count participants could select the same set of specific disabling conditions in 2017 and 2019. However, only those shown in this table were reported in the 2017 PIT report.

Homelessness and meth + opiate use are associated with transactional sex

Characteristic	Did not report transactional sex, %	Reported transactional sex, %	Adjusted RR (95% CI)
Experienced homelessness, prior 12 months			
No	69.8	22.6	REF
Yes	30.2	77.4	2.65 (1.62, 4.34)
Methamphetamine and opiate use, prior 12 months			
Neither drug	82.1	26.0	REF
Meth only	8.0	29.5	1.26 (0.61, 2.62)
Opiates only	5.8	14.5	1.54 (0.67, 3.55)
Meth and opiates	3.9	29.8	2.45 (1.44, 4.14)

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We are not alone...



What OHA is Doing

- Dear Colleague letter
- Open communication with local, state, and CDC partners
- Changes to Orpheus to better capture HIV risk
- Developing public health-industry partnerships to develop low barrier testing solutions

Field-based screening and preventive services

HIV, STI, hepatitis screening

Hepatitis A+B vaccinations

Syringe services

Naloxone distribution

Rapid screening for substance use disorder

Rapid mental health screening

OHP registration



Field-based care and treatment services

Wound care

STI treatment for clients and partners

Hepatitis C treatment with daily dosing

Rapid buprenorphine starts with daily dosing

Rapid ART starts

Linkage to low barrier HIV care, PrEP, mental health care, and substance use disorder treatment

Linkage to housing case management

Using the End HIV Oregon Pillars to Respond

Testing is Easy

- Subsidized testing through OSPHL
- Home test kits through Part B case managers
- Dried blood spot testing pilot

Testing is Easy

Subsidized HIV screening through OSPHL

Purpose:

To ensure no-cost HIV screening is available to uninsured or underinsured individuals if they are from a population with disproportionate risk for HIV acquisition

Eligibility:

Clients must be uninsured or underinsured, and be at least one of the following:

- Gay, bisexual, or other MSM
- PWID
- Sex and/or needle sharing partner of someone living with HIV
- Diagnosed with a bacterial STI but did not have HIV testing
- Self-screener (they requested HIV testing without it being offered first)

For more information: Jordan Murray
Email: jordan.k.murray@dhsosha.state.or.us



Testing is Easy

Home-based rapid HIV test kits through Part B case managers

HIV Community Services Program [Support Services Guide](#)

Purpose:

To support low barrier rapid HIV screening for sex or needle sharing partners of Ryan White Part B clients who do not know their HIV status

Process:

- Request must be submitted and authorized by Ryan White Part B case manager
- Test does not need to be entered in CAREWare
- Requesting agency should maintain records of distribution (name/alias of recipient and date that test kit is dispensed)

Fax or email form to:

Fax: 971-673-0177, Attention: Gayle

Email:

gayle.wainwright@dhsosha.state.or.us



Testing is Easy

Dried Blood Spot (DBS) Screening



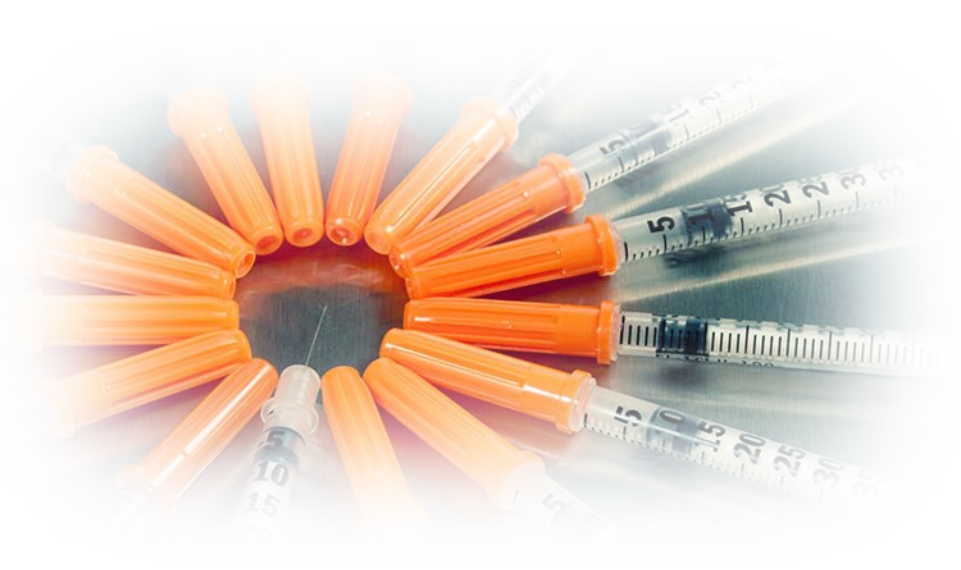
- OHA contracting with Molecular Testing Labs (MTL)
- Capillary blood to test for HIV, Syphilis EIA, and HCV
- Piloting DBS screening deployment in two Oregon counties
- Benefits of DBS screening:
 - No venipuncture; lower volume of blood required
 - Specimen storage/transport is simpler and more stable
 - Less equipment needed
 - One blood card for three distinct tests

Prevention Works

- Syringe service programs
- PrEP navigators at CAP and HIV Alliance
- Oregon Reminders
- EISO and partner services
- Importance of STD prevention & testing

Prevention Works

Syringe services programs (SSPs)



- 10 well-established SSPs in Oregon, and growing
- Provides sterile syringes, ensures safe disposal of used syringes, and provision or referral to HIV/STI/HCV screening, linkage to care, other harm reduction/social support services
- Special needs funding applications available for LPHAs implementing SSP start-ups
 - If approved, can provide funding for syringes, sharps containers, other supplies, FTE, travel, and SSP promotional materials
 - For more information: Jordan Murray (email: jordan.k.murray@dhsosha.state.or.us)
- Harm Reduction and Syringe Exchange Service Planning and Resource Manual webpage

Harm Reduction and Syringe Exchange Service Planning and Resource Manual

To access:

healthoregon.org/harmreduction

Harm Reduction and SSP Planning and Resource Manual

To support the development of local [harm reduction](#) and syringe service programs, the Oregon Health Authority (OHA) is pleased to share this manual and online resource library. For more information, contact OHA's [Acute and Communicable Disease Prevention](#) section.

📖 Planning Manual

This manual brings together many resources from expert sources on harm reduction and syringe service programs. The development of this tool was a community process. Urban and rural syringe service programs across Oregon provided valuable input.

The manual can be viewed online in an interactive format, or downloaded for printing. Planning tools and implementation templates are available to download separately. The searchable resource library is available below.

[Interactive Manual \(view online\)](#)

[Printable Manual](#)

[Tools and Templates](#) +



🔍 Resource Library

NOTE: The Resource Library is currently being populated. Please check back often for new additions.

Search Filter ▾

Topic is one of: [Assessment of Community Needs and Resources](#) × Format is one of: [PDF document](#) × Section is one of: [Program Planning](#) ×

Section	Topic	Document	Link	Description	Source	Format
Program Planning	Assessment of Community Needs and Resources	Assessing Community Need and Readiness	View	GUIDE: General information about assessing community need for SSPs	NASTAD - Syringe Services Program (SSP) Development and Implementation Guidelines for State and Local Health Departments - p 7	PDF document
Program Planning	Assessment of Community Needs and Resources	Planning and Design Needs Assessment	View	GUIDE: Overview of core elements, methods, and strategies for assessing community need for SSPs.	HRC - Guide to Developing and Managing Syringe Access Program - p. 9	PDF document
Program Planning	Assessment of	Rapid Situation Assessment	View	GUIDE: Explanation of Rapid Assessment and Response methodology	Starting and Managing Needle and Syringe	PDF document

Prevention Works

PrEP Navigation Services

- PrEP navigation services available in all 36 Oregon counties
- Cascade AIDS Project and HIV Alliance
 - Health education and risk reduction
 - Assessing barriers and motivators for PrEP
 - Developing PrEP Access Plans (e.g., insurance and co-pay assistance)
 - Adherence support

For more information:

Cascade AIDS Project: <http://www.cascadeaids.org/programs/get-prep/>

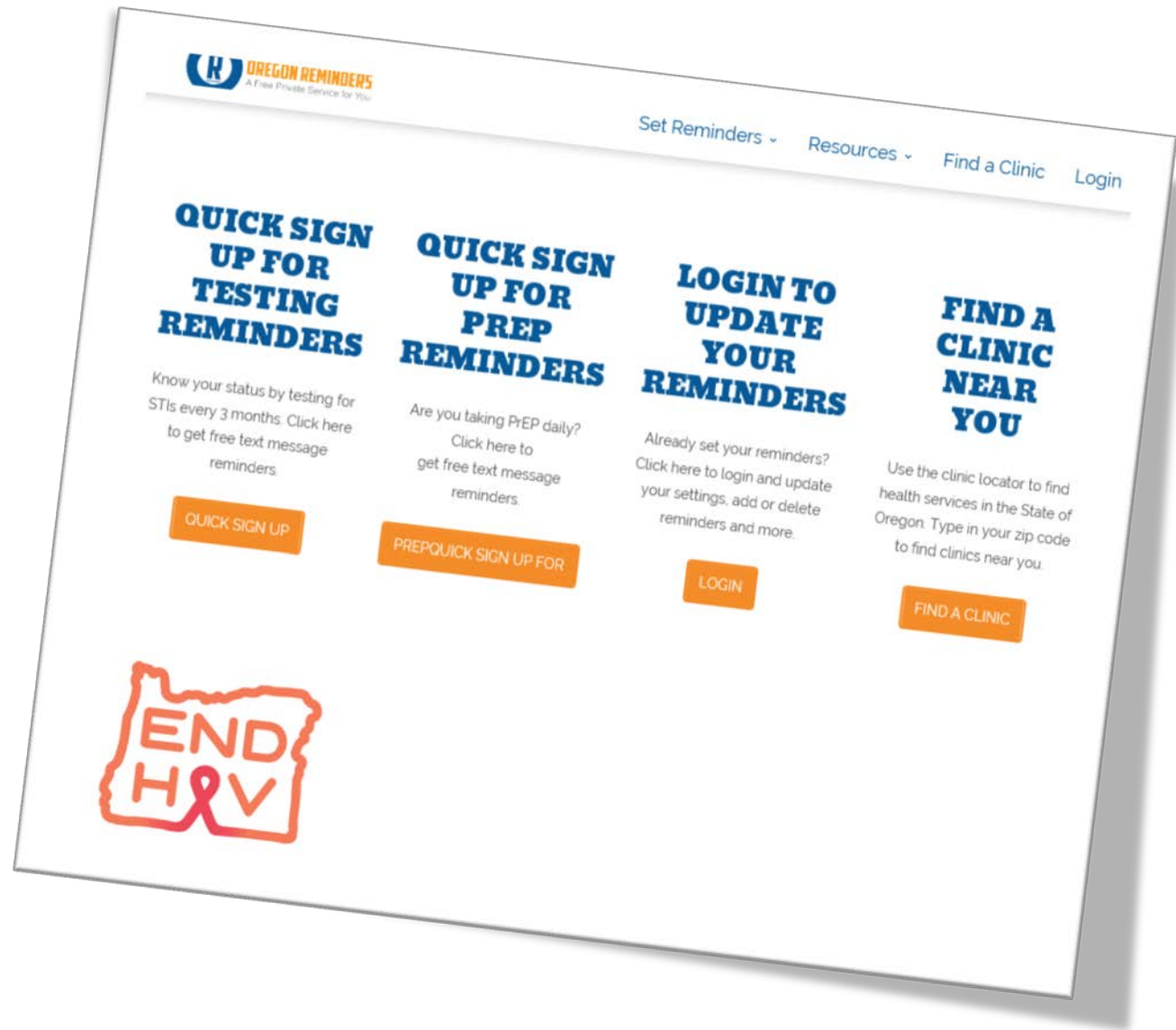
HIV Alliance: <https://hivalliance.org/prevent/prevention-meds/#pep-prep>



Prevention Works

Oregon Reminders

- Testing, medication, and appointment reminders for clients
- For more information:
<https://oregonreminders.org/>

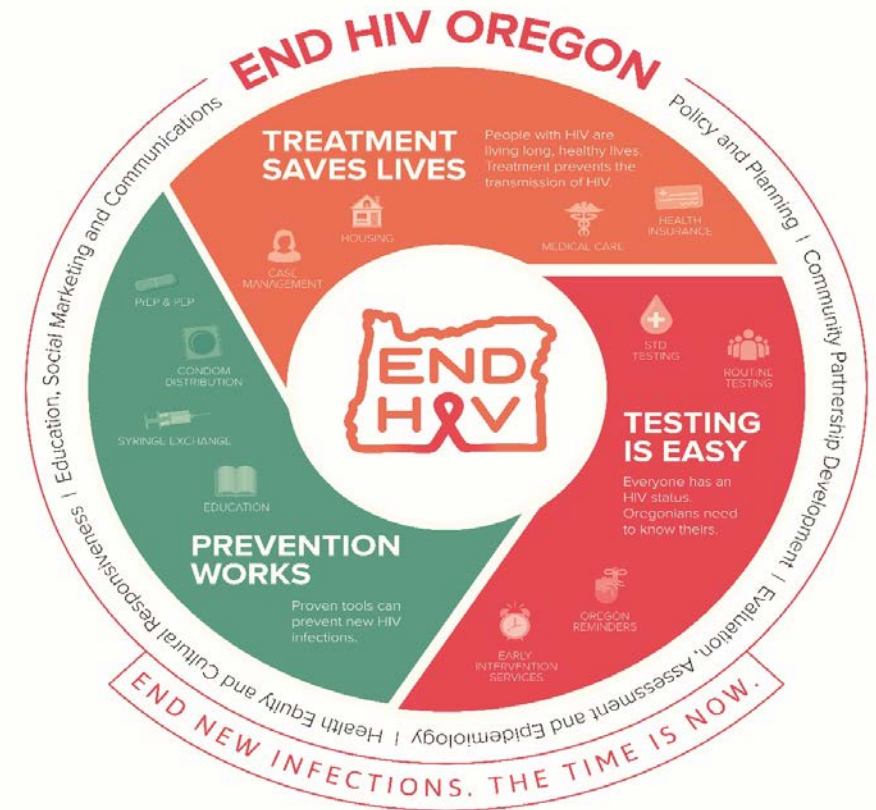


Prevention Works

Early Intervention Services and Outreach (EISO) & Partner Services

Intensified focus on testing people for HIV, linking them to care (or referring to prevention services, if negative), and ensuring continuity of care through initial viral suppression and transfer into HIV case management—is a high priority for achieving the End HIV Oregon vision

- HIV Testing
- Referral Services
- Health literacy and education
- Access and linkage to care
- Outreach



Prevention Works

STD Prevention and Testing

- Subsidized screening programs for gonorrhea/chlamydia and syphilis through OSPHL
- Condom distribution to LPHAs and CBOs

Syphilis &/or gonorrhea infection may indicate that someone is at high risk for HIV infection



Treatment Saves Lives

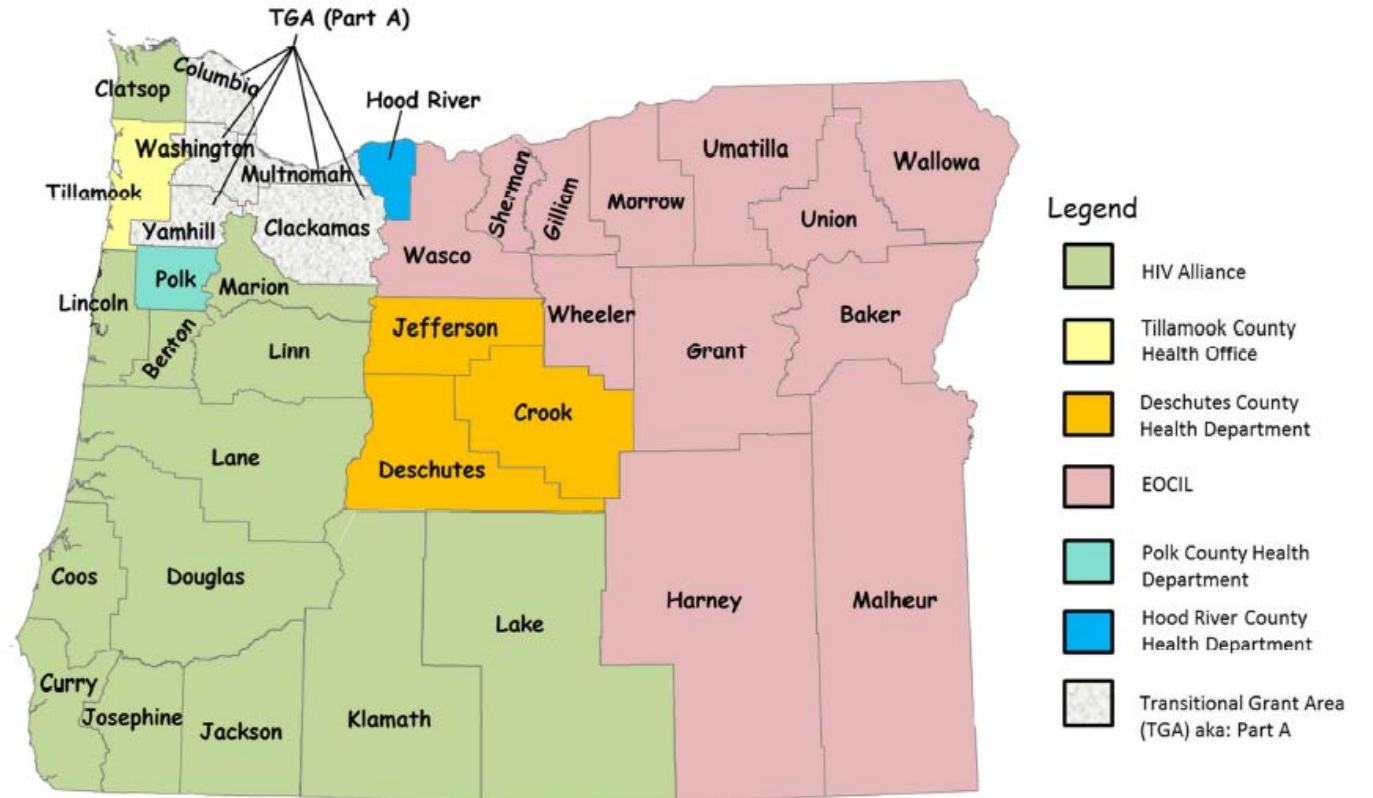
- Case management
- CAREAssist, Oregon's AIDS Drug Assistance Program (ADAP)

Treatment Saves Lives

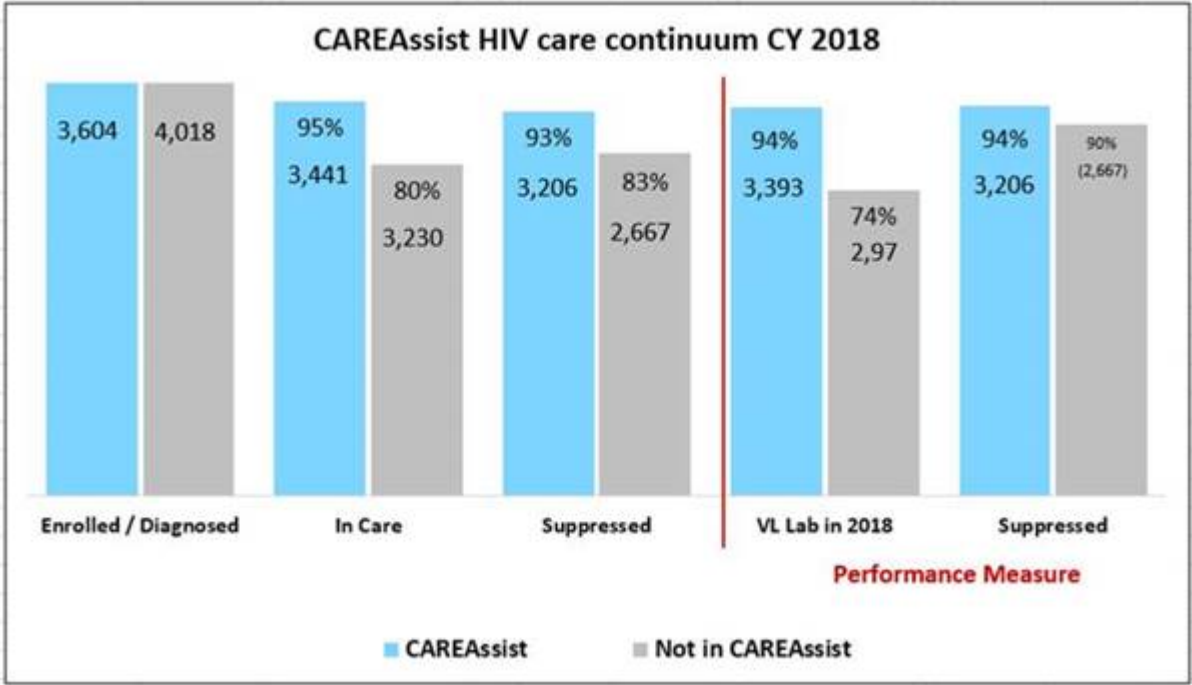
Ryan White Case Managers can provide the following to PLWH:

- Psychosocial supports
- Financial support services
- Behavioral health referrals
- Housing referrals
- Linkage to medical care and insurance programs

Part B Ryan White Providers Map



CAREAssist – Oregon’s ADAP



Mission: Ensure access to HIV care and treatment for eligible Oregonians



CAREAssist – Enrollment

Eligibility:

To apply, submit a complete application along with documents verifying:

- HIV+ status
- Income at or below 500% of the Federal Poverty Level - \$5204/mo. for a family of one
- Oregon Residency

What We Do:

CAREAssist Case Workers and community Case Managers:

- Assist PLWH with the CAREAssist application
- Help applicants identify cost-effective insurance and enroll in coverage

CAREAssist – Benefits

For Insured Clients:

- Assistance with the cost of monthly health insurance premiums
- Access to our open formulary
- Help with deductibles, copays and coinsurance on medical services, up to \$10k per year per client

For Uninsured Clients:

- Access to the open formulary
- Help with the full cost of medical services deemed necessary for the treatment of HIV, viral hepatitis and opportunistic infections

99% of CAREAssist clients have health insurance



CAREAssist – Bridge Program

Purpose:

Facilitate rapid access to HIV care and treatment while clients apply for insurance and ongoing CAREAssist benefits

Eligibility:

To qualify, applicants must be uninsured. To apply, have the prescribing provider complete our two-page Bridge application, verifying HIV-status. Clients must also sign and attest to the following:

- Income at or below 500% of the Federal Poverty Level (\$5204/mo. for a family of one)
- Oregon Residency

Benefits:

- 30-days assistance with the full cost of drugs and medical services necessary to treat HIV, viral hepatitis and opportunistic infections
- Assistance with the full CAREAssist application, benefits counseling and insurance enrollment



CAREAssist – Contact Info

Description	Contact Info	Notes
For more Information:	www.healthoregon.org/careassist	Applications, forms and general program info
Phone Fax Email	971-673-0144 971-673-0177 care.assist@dhsoha.state.or.us	Email is preferred when sending new applications but not required
Joanna Whitmore Lead Case Worker	971-673-0186 joanna.j.whitmore@dhsoha.state.or.us	For client-specific questions & complex cases
Lisa McAuliffe CAREAssist Program Coordinator	971-673-0164 Lisa.mcauliffe@dhsoha.state.or.us	For complex cases and policy clarifications
Physical Address:	800 NE Oregon St. Suite 1105 Portland OR 97232	Drop-ins welcome
Mailing Address	CAREAssist PO Box 14450 Portland OR 97232	



Funding and Other Support

Special Needs Funding

- Special needs funding for local public health authorities and tribes
- Grants up to \$10,000
- address acute HIV/STD prevention activities such as case clusters, outbreaks, or other complex cases/situations
- support syringe service program start-up costs and other one-time expenses

www.healthoregon.org/std - resources for local health departments

Public Health Division
HIV & STD Prevention Programs

Oregon Health Authority

HIV & STD Prevention Special Needs Funding Application

Local Health Department or Tribal Government: _____ Contact name and title: _____
Telephone: () - _____
Submission Date: _____ E-mail: _____

GENERAL GUIDELINES AND REQUIREMENTS	
Use of Funds	<ul style="list-style-type: none">• HIV and STD Prevention Special Needs Funding may be used to address acute HIV and STD prevention activities including, but not limited to outbreaks and large partner/contact case investigations.• Funds are for anticipated future expenses related to the event. They may not be used to reimburse past expenses.• Funds used for HIV and STD Prevention Special Needs Funding may be federal, state, or a combination of both.• All funds will be paid through standard award amendment process.
Eligible Activities and Expenditures	<ul style="list-style-type: none">• Personnel (e.g. overtime, temporary staffing)• Travel• Translation & interpretive services• Other services• Supplies
Non-Eligible Expenditures and Activities	<ul style="list-style-type: none">• Ongoing or routine HIV & STD prevention activities as outlined in program elements 7 & 10• Medications to prevent (e.g. PrEP) and treat HIV• Equipment purchases• Conference attendance
Reporting Requirements	<ul style="list-style-type: none">• Reporting requirements vary by funding source and will be detailed at the time requests are approved. By accepting additional funds for special needs, Recipients agree to complete all reporting requirements within the timeframe specified.
Other Restrictions	<ul style="list-style-type: none">• The amount of available HIV & STD Prevention Special Needs Funding varies from year to year.• Each approved HIV & STD Prevention Special Needs Funding request provides support for HIV and STD prevention activities

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End HIV Oregon Sponsorship Grants

- Open to 501c3 organizations
- Grants up to \$10,000
 - Increase HIV testing
 - Support effective prevention of HIV and other co-occurring sexually transmitted infections
Ensure that people with HIV receive and maintain effective treatment
 - Promote health equity and reduce HIV-related stigma
- We are particularly interested in applications from organizations that serve diverse communities, develop new partnerships, and serve urban and rural areas.

www.endhivoregon.org (application and information at bottom of page)



Support



HIV / STD Prevention – Who do I contact?

Staff from the Oregon Health Authority (OHA) HIV and STD Prevention Programs are available to provide technical assistance related to a variety of topics.



Name	Title	Phone	Email	Primary contact for questions related to:
Alicia Knapp	HIV/STD Integrated Projects Coordinator	971-673-0168	alicia.t.knapp@dhsoha.state.or.us	Oregon Reminders, Early Intervention Services & Outreach (EISO), End HIV Oregon Sponsorship Grants
Barbara Keepes	Fiscal Analyst	971-673-0573	barbara.j.keepes@dhsoha.state.or.us	Fiscal operations
Irina Kasarskis	HIV/STD Epidemiologist	971-673-0165	irina.m.kasarskis@dhsoha.state.or.us	ORPHEUS, HIV/STD data & program evaluation, STD data checks, congenital & ocular syphilis
Jennifer Li	Administrative Operations	971-673-0152	jennifer.h.li@dhsoha.state.or.us	STD medication & condom distribution, STD interstate communications, ORPHEUS, DMV & record searches
Jillian Garai	STD/HIV Prevention Nurse Consultant	971-673-1071	jillian.d.garai@dhsoha.state.or.us	HIV/STD case follow-up, testing, training opportunities, STD treatment protocols, congenital syphilis
Josh Ferrer	HIV/STD Prevention & Surveillance Manager	971-673-0149	joshua.s.ferrer@dhsoha.state.or.us	General program, policy & procedure questions, concerns, problem-solving, CDC requirements, funding, contracts/program elements
Jordan Murray	HIV/STD Systems Coordinator	971-673-0096	jordan.k.murray@dhsoha.state.or.us	HIV/STD testing & OSPHL, Evaluation Web, PrEP navigation, HIV/STD special needs funding, End HIV Oregon, social marketing
Larry Hill	Program Development Analyst	971-673-0162	larry.d.hill@dhsoha.state.or.us	HIV prevention program planning & capacity building assistance, Integrated Planning Group (IPG), services for people who inject drugs including syringe exchange
Lea Bush	Surveillance Coordinator	971-673-0183	lea.bush@dhsoha.state.or.us	HIV case follow-up and/or referral of new cases to local health departments
Shelley Pearson	HIV/STD/TB Projects and Communications Specialist	971-673-0172	shelley.m.pearson@dhsoha.state.or.us	Administrative support, HST website content, awareness day events, End HIV Oregon, HIV prevention condom distribution
Warren Scott	Office Specialist	971-673-1161	warren.r.scott@dhsoha.state.or.us	Integrated Planning Group (IPG) travel & lodging, HIV test form entry (non-funded counties), administrative support

- OHA staff is available to provide technical assistance and capacity building support

971-673-0153

prevention.info@dhsoha.state.or.us

www.healthoregon.org/hivprevention



Clinical STD questions can also be directed to the CDC-funded STD Clinical Consultation Network: <https://www.stdccn.org/>. Additional HIV/STD prevention-related tools including online trainings, provider resources, and program guidance can be found online at www.healthoregon.org/sti. (Updated 4/2019)



Oregon AETC Services

Transforming Knowledge into Practice



Group Trainings with Free CME

- The Oregon AETC offers live, interactive trainings on a variety of topics that support the reduction of new HIV infections in Oregon. Email info@oraetc.org to request a training.

Case Consultation

- Dr. Melissa Murphy, the Medical Director for the Oregon AETC and the Lead Clinician for the Portland VA Medical Center, is available for case consultation for providers in Oregon and SW Washington by phone 971-200-5266 or email Melissa@oraetc.org.

STI & PrEP Forum (SPF)

- On the 1st Wednesday of every month from 12-1 PM, providers outside the Portland area gather to discuss STI, PrEP, and nPEP cases with experts and peers on a Zoom call hosted by Dr. Sugat Patel. Email Ashley@oraetc.org to submit a case or request a registration link.

Oregon AETC Services

Transforming Knowledge into Practice



Webinars

- Providers can learn about PrEP & nPEP at their own pace by watching the PrEP/nPEP webinar on the [Oregon AETC website](#). Take a short quiz upon completion to earn free CME.

Individualized Clinician-to-Clinician Support

- Also referred to as “public health detailing,” one-on-one sessions facilitated by AETC faculty are designed to provide prescribers with the knowledge, tools, and support necessary in taking steps towards aligning one’s practice with the most up to date guidelines and recommendations. Sessions focus on a variety of topics including sexual history taking, STIs, HIV, PrEP, and nPEP. Email Ashley@oraetc.org for more info.

Practice Transformation

- The AETC provides technical assistance to select clinics to support the implementation of routine STI & HIV prevention, screening, and treatment practices to reduce the number of new HIV infections in Oregon.

Questions?

Let's end HIV in Oregon.

We can make it happen.
The time is now.

