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.
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

Number of HIV diagnoses
PWID diagnosed with HIV were most likely to report meth or meth + heroin.
PWID living with HIV are less likely to virally suppressed

Overall viral suppression in Oregon = 75%

<table>
<thead>
<tr>
<th>Percentage who are virally suppressed</th>
<th>WOMEN WHO INJECT DRUGS</th>
<th>MSW WHO INJECT DRUGS</th>
<th>MSM WHO INJECT DRUGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>59%</td>
<td>64%</td>
<td>67%</td>
</tr>
</tbody>
</table>
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>
<thead>
<tr>
<th>Disabling Condition</th>
<th>2017</th>
<th>2019</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>One or more disabling conditions</td>
<td>1,195</td>
<td>1,604</td>
<td>34.2%</td>
</tr>
<tr>
<td>Chronic health condition</td>
<td>439</td>
<td>614</td>
<td>39.9%</td>
</tr>
<tr>
<td>Developmental disability</td>
<td>130</td>
<td>198</td>
<td>52.3%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>24</td>
<td>53</td>
<td>120.8%</td>
</tr>
<tr>
<td>Mental illness</td>
<td>747</td>
<td>839</td>
<td>12.3%</td>
</tr>
<tr>
<td>Physical disability</td>
<td>634</td>
<td>608</td>
<td>-4.1%</td>
</tr>
<tr>
<td>Substance abuse (alcohol and/or drug)</td>
<td>626</td>
<td>929</td>
<td>48.4%</td>
</tr>
<tr>
<td>Total</td>
<td>1,668</td>
<td>2,037</td>
<td>22.1%</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Did not report transactional sex, %</th>
<th>Reported transactional sex, %</th>
<th>Adjusted RR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced homelessness, prior 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>69.8</td>
<td>22.6</td>
<td>REF</td>
</tr>
<tr>
<td>Yes</td>
<td>30.2</td>
<td>77.4</td>
<td>2.65 (1.62, 4.34)</td>
</tr>
<tr>
<td>Methamphetamine and opiate use, prior 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neither drug</td>
<td>82.1</td>
<td>26.0</td>
<td>REF</td>
</tr>
<tr>
<td>Meth only</td>
<td>8.0</td>
<td>29.5</td>
<td>1.26 (0.61, 2.62)</td>
</tr>
<tr>
<td>Opiates only</td>
<td>5.8</td>
<td>14.5</td>
<td>1.54 (0.67, 3.55)</td>
</tr>
<tr>
<td>Meth and opiates</td>
<td>3.9</td>
<td>29.8</td>
<td>2.45 (1.44, 4.14)</td>
</tr>
</tbody>
</table>
Homelessness and meth + opiate use are associated with transactional sex

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
<th>Email</th>
<th>Primary contact for questions related to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alicia Knapp</td>
<td>OHA/STD Integrated Projects Coordinator</td>
<td>971-673-0168</td>
<td><a href="mailto:alicia.l.knapp@dhsoha.state.or.us">alicia.l.knapp@dhsoha.state.or.us</a></td>
<td>Oregon Recorders, Early Intervention Services &amp; Outreach (EISO), End HIV Oregon Sponsorship Grants</td>
</tr>
<tr>
<td>Barbara Karpus</td>
<td>Fiscal Analyst</td>
<td>971-673-0573</td>
<td><a href="mailto:barbara.l.karpus@dhsoha.state.or.us">barbara.l.karpus@dhsoha.state.or.us</a></td>
<td>Fiscal operations</td>
</tr>
<tr>
<td>Inna Kasarinska</td>
<td>OHA/STD Epidemiologist</td>
<td>971-673-0165</td>
<td><a href="mailto:inna.m.kasarinska@dhsoha.state.or.us">inna.m.kasarinska@dhsoha.state.or.us</a></td>
<td>ORPHIEU, HIV/STD data &amp; program evaluation, STD data checks, congenital &amp; sexual rights</td>
</tr>
<tr>
<td>Jennifer Hl</td>
<td>Administrative Operations</td>
<td>971-673-0152</td>
<td><a href="mailto:jennifer.h@dhsoha.state.or.us">jennifer.h@dhsoha.state.or.us</a></td>
<td>STI medication &amp; condom distribution, STDinternet communications, ORPHIEU, DVM &amp; record searches</td>
</tr>
<tr>
<td>Jillan Gurei</td>
<td>STD/HIV Prevention Nurse Consultant</td>
<td>971-673-1071</td>
<td><a href="mailto:jillan.gurei@dhsoha.state.or.us">jillan.gurei@dhsoha.state.or.us</a></td>
<td>HIV/STD case follow-up, testing, training opportunities, STD treatment protocols, congenital rights</td>
</tr>
<tr>
<td>Joshua Ferrer</td>
<td>OHA/STD Prevention &amp; Surveillance Manager</td>
<td>971-673-0149</td>
<td><a href="mailto:joshua.a.ferrer@dhsoha.state.or.us">joshua.a.ferrer@dhsoha.state.or.us</a></td>
<td>General program, policy &amp; procedure questions, concerns, problem-solving, CDC requirements, funding, contacts, program elements</td>
</tr>
<tr>
<td>Jordan Murray</td>
<td>OHA/STD Systems Coordinator</td>
<td>971-673-0056</td>
<td><a href="mailto:jordan.m.murray@dhsoha.state.or.us">jordan.m.murray@dhsoha.state.or.us</a></td>
<td>HIV/STD testing &amp; OSPEM, Evaluation Webb, HIV/STD special needs funding, End HIV Oregon, social marketing</td>
</tr>
<tr>
<td>Larry Hill</td>
<td>Program Development Analyst</td>
<td>971-673-0162</td>
<td><a href="mailto:larry.d.hil@dhsoha.state.or.us">larry.d.hil@dhsoha.state.or.us</a></td>
<td>HIV prevention program planning &amp; capacity building assistance, Integrated Planning Group (IPG), seminars for people who inject drugs including syringe exchange</td>
</tr>
<tr>
<td>Les Bush</td>
<td>Surveillance Coordinator</td>
<td>971-673-0183</td>
<td><a href="mailto:les.bush@dhsoha.state.or.us">les.bush@dhsoha.state.or.us</a></td>
<td>HIV case follow-up &amp; referral of new cases to local health departments</td>
</tr>
<tr>
<td>Shelley Pearson</td>
<td>OHA/STD/DB Projects and Communications Specialist</td>
<td>971-673-0172</td>
<td><a href="mailto:shaley.m.pearsn@dhsoha.state.or.us">shaley.m.pearsn@dhsoha.state.or.us</a></td>
<td>Administrative support, HST website content, awareness day events, End HIV Oregon, HIV prevention condom distribution</td>
</tr>
<tr>
<td>Warren Scott</td>
<td>Office Specialist</td>
<td>971-673-1161</td>
<td><a href="mailto:warren.r.scott@dhsoha.state.or.us">warren.r.scott@dhsoha.state.or.us</a></td>
<td>Integrated Planning Group (IPG) travel &amp; lodging, HIV test form entry (non-funded counties), administrative support</td>
</tr>
</tbody>
</table>

- 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.cdc.gov. Additional HIV/STD prevention-related tools including online trainings, provider resources, and program guidance can be found online at www.healthoregon.org. (Updated 4/2019)
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.
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.