



HIV Early Intervention Services & Outreach in Oregon

Year 3 Annual Report (2020)
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Background: Early Intervention Services & Outreach (EISO) in Oregon

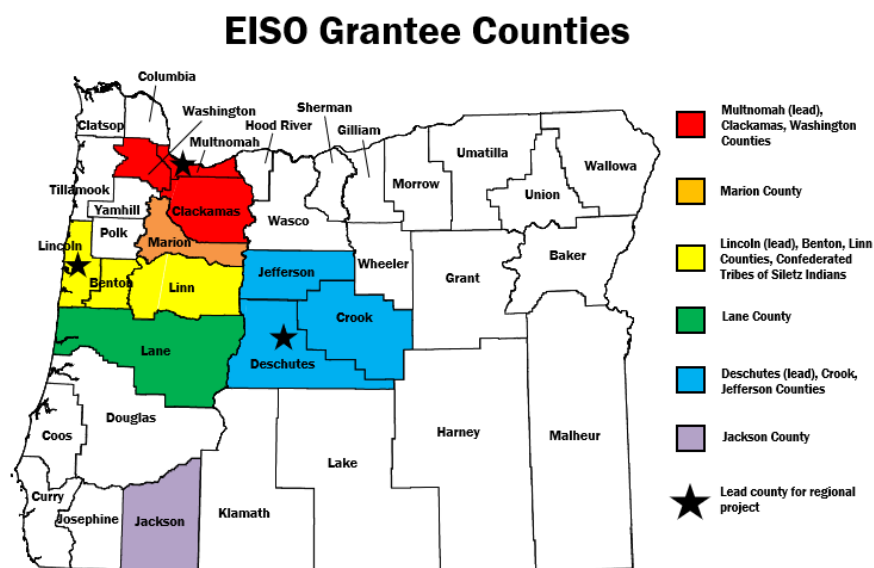
In January 2018, the Oregon Health Authority awarded contracts to six local public health authorities (LPHAs) to identify, treat, and prevent HIV and sexually transmitted infections (STI) as part of End HIV Oregon, the statewide effort to eliminate new HIV infections. HIV early intervention services & outreach (EISO services) are provided in partnership with community-based agencies and tribal nations in areas of Oregon most impacted by HIV, syphilis, and gonorrhea.

EISO provides time-limited, intensive services for people diagnosed with HIV, as well as HIV testing for people at risk, including those diagnosed with early syphilis (defined for EISO as primary, secondary, and non-primary, non-secondary syphilis) and rectal gonorrhea, to link them and their partners quickly to prevention and treatment services. EISO also supports the reengagement of people previously diagnosed with HIV who are not accessing the medical and social services needed to achieve viral suppression.

EISO funds support public health modernization in Oregon. EISO ensures adequate resources for HIV/STI prevention and treatment and fosters new approaches to infectious disease prevention, including partnerships with community-based organizations and a focus on populations experiencing disparities.

EISO Awards: 12 Counties, 1 Tribal Nation Funded for Five Years

Six LPHAs, representing 12 Oregon counties and the Confederated Tribes of Siletz Indians, received EISO funding; primary grantees for LPHA partnerships are indicated below. Contracts were first awarded in January 2018 and are renewable for up to five years. OHA allocated \$20 million dollars to support EISO over the five-year period.



How EISO Aims to Improve Sexual Health in Oregon

EISO funds support local public health infrastructure, including the staff and equipment needed to identify and treat rectal gonorrhea (GC), early syphilis, and HIV and link people at risk for these infectious diseases to additional prevention and care services.

Short-term goals for EISO include increased HIV and STI testing hours and locations, as well as expansion of HIV/STI partner services.

Longer-term goals include the identification and treatment of more HIV/STI cases and development of community partnerships that are foundational to health equity.

Ultimately, EISO aims to reduce HIV and STI prevalence and to promote health equity by eliminating HIV and STI disparities.

EISO Strategy Map, Oregon, 2020

HOW: Planned STRATEGIES to influence desired changes	WHAT: Planned ACTIVITIES	WHAT: Desired Outcomes	WHY: The change we want to see
Strategy 1: HIV testing	<ul style="list-style-type: none"> Hire and train staff Develop/modify policies and procedures Build partnerships across sectors and within multiple communities Increase HIV and STI testing hours and locations 	<ul style="list-style-type: none"> Increase number of trained staff available at local level to provide HIV/STI services 	<p>Strengthen public health infrastructure across Oregon</p> <p>End new HIV transmissions</p> <p>Ensure viral suppression, good health, and quality of life for people infected with HIV</p> <p>Eliminate HIV/STI disparities</p>
Strategy 2: Referral Services	<ul style="list-style-type: none"> Provide outreach testing and harm reduction services Provide partner services to contacts of HIV, syphilis, and rectal GC cases Provide health education and PrEP referrals to people testing HIV negative 	<ul style="list-style-type: none"> Increase number of HIV, syphilis, and rectal GC tests Identify and treat more HIV, syphilis, and rectal GC cases Identify and treat more contacts to positive HIV, syphilis, and rectal GC cases 	
Strategy 3: Health Literacy & Education	<ul style="list-style-type: none"> Provide people with HIV with partner services, health education, referrals, and linkage to HIV case management and medical care as soon as possible after diagnosis 	<ul style="list-style-type: none"> Streamline systems for connecting people to care and prevention services 	
Strategy 4: Access & Linkage to Care	<ul style="list-style-type: none"> Provide follow-up services to people newly diagnosed with HIV to ensure retention in HIV medical care Follow-up with people with HIV who are out of care. Work to reconnect them to HIV medical care and case management services 	<ul style="list-style-type: none"> Increase number and quality of partnerships across local systems and communities Increase proportion of people with HIV linked to care within 30 days Increase proportion of people with HIV who are retained in care and achieve sustained viral suppression 	
Strategy 5: Outreach	<ul style="list-style-type: none"> Collect and report data. Adjust activities based on findings 	<ul style="list-style-type: none"> Decrease incidence of HIV, syphilis and rectal GC (ultimately) 	

HIV/STI Testing, Referrals, Health Education, and Linkage to Care (EISO Strategies 1-4)

In 2020, 153 HIV infections and more than 1,300 early syphilis and rectal GC infections were diagnosed and treated in EISO counties. This represents the majority of HIV (88%), early syphilis¹ (92%), and rectal GC (98%) infections that were diagnosed in Oregon. Ninety-six percent of people with new HIV infections, 94% of early syphilis infections, and 97% of rectal GC infections diagnosed in EISO counties were enrolled in EISO.

People Newly Diagnosed with HIV, 2020

Enrollment in EISO of people newly diagnosed with HIV remained high in 2020: of 159 people diagnosed with HIV in EISO counties, 153 were enrolled (96%). (Table 1).

Table 1. Demographics of People Newly Diagnosed with HIV & EISO-Enrolled, 2020 (N=153)

Demographics	N	%
Gender Identity		
Female	18	12%
Gender queer	1	<1%
Male	134	88%
Age Group		
15-19	3	2%
20-24	22	14%
25-29	35	23%
30-39	47	31%
40-49	21	14%
50-59	14	9%
60+	11	7%
Race/Ethnicity		
American Indian/Alaska Native	4	3%
Asian	6	4%
Black/African American	12	8%
White	86	56%
Multiracial	4	3%
Native Hawaiian/ Pacific Islander	3	2%
Hispanic/Latinx	38	25%
Housing Status		
Corrections	1	<1%
Homeless/Unstable housing	25	16%
Stable Housing	124	81%
Missing/Unknown	3	2%
Men who Have Sex with Men (MSM)	106	69%
Persons who Inject Drugs (PWID)	33	22%

¹ Early syphilis is defined as syphilis with one of the following stages: primary, secondary, or early non-primary, non-secondary. See page 7.

People with HIV receive intensive services through EISO to ensure they are quickly linked to HIV medical care and case management, with the goal of achieving viral suppression within six months. Eighty six percent (n=132) of newly diagnosed PLWH in EISO were linked to care in 30 days or less, compared to 66% from 2013-2017 and 79% in 2019. Clients were equally likely to be linked into care within 30 days, regardless of demographics.²

EISO staff provide referrals and health education to people newly diagnosed with HIV, particularly those with acute needs, but their focus is linkage to Oregon's HIV case management and medical care system, where people receive ongoing, comprehensive services. Seventy-seven percent of EISO clients were linked to HIV case management. Latino/Latinx clients were more likely to be connected to HIV case management than others, with 89% linked to HIV case management. There were no other demographic differences in linkage to case management.

Among those linked to care, 32% had two or more viral load tests – a dramatic reduction from 2019, when it was 82%, and likely a reflection of reduced lab testing and clinic visits during the COVID-19 pandemic.

Among EISO-enrolled clients, the median days to viral suppression was 62 days. Eighty percent achieved viral suppression within six months.³ Clients who reported unstable housing or use of injection drugs were less likely to be virally suppressed at six months.

Delayed diagnosis (e.g., AIDS diagnosis concurrent with or within 12 months of HIV diagnosis) is an important metric for ending new HIV transmissions in Oregon: timely diagnosis allows people with HIV to be linked to medical care, receive health services to improve their quality of life, and become virally suppressed. People with HIV who maintain viral suppression have zero chance of transmitting HIV to their sex partners. Just 14% percent of HIV cases in EISO counties had delayed diagnosis, compared to 33% from 2013-2017 and 24% in 2019.

Outreach (EISO Strategy 5)

Outreach Services, as defined by HRSA/Ryan White Program Guidance, are services “*aimed at identifying persons with HIV who may know or be unaware of their status and are not in care.*”

Given high rates of HIV/STI coinfection in Oregon, HIV testing of STI patients and partner services for HIV/STI are highly effective ways of identifying people with HIV who do not know their status. These are EISO's primary strategies for identifying persons with HIV who are unaware of their status.

² There were no differences or disparities in linkage to care when comparing groups by the following demographics: sex, age, race/ethnicity, region, housing status, MSM/non-MSM, or PWID/non-PWID.

³ 122/153 clients had 1 or more tests showing <200cc/ml viral load 180 days after diagnosis; the 20% not virally suppressed include those with tests >200 cc/ml and those with no VL tests on record.

In addition, EISO grantees reach out to communities in digital spaces, host events, or partner with community-based agencies to support events in nonclinical settings. This increases awareness of EISO services, and it improves access to HIV testing and prevention services for people experiencing disparities, since they might not seek testing in a clinical setting.

STI Testing and Treatment of People Newly Diagnosed with HIV

Because of high rates of HIV/STI coinfection in Oregon, integrated testing (for HIV, syphilis and gonorrhea) is a priority. Most people newly diagnosed with HIV were tested for other STIs by EISO staff positivity rates among those tested were high, and partner services identified a high number of contacts. Specifically:

- 83% were tested for other STIs (127/153). Among those tested, 14% (n=18) were positive for syphilis and 20% (n=26) were positive for gonorrhea, including 14 new cases of rectal gonorrhea.

Clients were equally likely to receive STI testing and treatment, regardless of demographics.

Partner Services for People Newly Diagnosed with HIV

- 87% (n=133) received a partner services interview about sexual and needle-sharing contacts and offers to help contacts access testing and treatment.
- 41% of those offered partner services identified one or more contacts with enough information to facilitate follow-up, for a total of 88 identified contacts.

HIV Testing and Treatment of People with Early Syphilis

Oregon is experiencing a syphilis epidemic and syphilis and HIV coinfection is common. In 2020, 851 syphilis cases were diagnosed in EISO counties; 94% (n=799) were enrolled in EISO (Table 2). Early syphilis includes primary syphilis (generally characterized by a painless sore at site of infection), secondary syphilis (whose symptoms often include rashes, swollen lymph nodes, and fever), and early non-primary, non-secondary syphilis (the asymptomatic stage that used to be called early latent, usually thought to be within one year of infection). Late latent or tertiary syphilis occurs when early syphilis is not detected and treated; tertiary syphilis can result in severe medical complications. EISO focuses on early syphilis cases and those are the data detailed in this report.

Table 2. Demographics of People with Early Syphilis & EISO-Enrolled, 2020 (N=799)

Demographics	Primary and secondary (N)	Early Non-primary, non-secondary (N)	Total Early Syphilis (N)	%
Total EISO-enrolled in 2020	526	273	799	---
Sex				
Male	411	221	632	79%
Female	115	52	167	21%
Age Group				
Under 15	1	0	1	<1%
15-19	14	3	17	2%
20-24	55	21	76	9%
25-29	87	48	135	17%
30-39	175	82	257	32%
40-49	125	57	182	23%
50-59	52	50	102	13%
60+	17	12	29	4%
Race/Ethnicity				
American Indian/Alaska Native	14	3	17	2%
Asian	10	6	16	2%
Black/African American	57	32	89	11%
White	325	157	482	60%
Multiracial	11	6	17	2%
Native Hawaiian/ Pacific Islander	4	0	4	<1%
Hispanic/Latinx	56	47	103	13%
Unknown/Other	49	22	71	9%
Housing Status				
Corrections	0	0	0	0
Homeless/Unstable Housing	96	26	122	15%
Stable Housing	154	107	261	33%
Missing/Unknown/Declined	276	140	416	52%
MSM	195	147	342	43%
PWID	33	40	73	9%

Syphilis diagnosis presents an opportunity for partner services, HIV testing, PrEP referrals, and linkage or relinkage to HIV medical care, depending on a patient's HIV status.

Seventy-two percent of EISO-enrolled early syphilis cases received partner services (n=577), including 70% of people with primary and secondary syphilis and 77% of people with non-primary, non-secondary syphilis. Among people with the most infectious cases (primary and secondary), men who identified as MSM (89% vs. 94% non-MSM, $p < .041$) PWID of all genders,

(66% vs. 94% non-PWID, $p < .001$), and females (58% vs. 73% male, $p = .002$) were less likely to have received a partner services interview. People who identified as Hispanic/Latino/Latinx were more likely to receive a partner services interview (84%, $p = .016$) compared to people of other race/ethnicities.

Among those interviewed, 31% (n=180) identified one or more contacts with enough information to facilitate follow-up, for a total of 276 identified contacts. Among people with the most infectious cases (primary and secondary), females (36% vs. 26% of males) and people living outside the tri-county Portland metropolitan area (44% vs. 17% tri-county) were significantly more likely to identify contacts, while MSM were significantly less likely to identify contacts (21% vs. 38% non-MSM).

Twenty-four percent of early syphilis cases (n=193) were previously diagnosed with HIV. Of the 76% (n=606) who were not known to be HIV+ at the time of syphilis diagnosis, 67% (409/606) were tested for HIV. Among people with the most infectious cases (primary and secondary), females (56% vs. 68% of males, $p = .013$), homeless and unstably housed people (50% vs. 90% of stably housed, $p < .001$), and people who inject drugs (62% vs. 87% of non-PWID, $p < .001$) were less likely to receive HIV testing. Significantly more Hispanic/Latino/Latinx clients (84%) and Black/African American clients (79%) received HIV tests compared to clients who identified as white (63%) or another race (55%).

HIV Status and Testing, EISO-Enrolled Clients with Syphilis (N=799)

HIV Status/Testing	N (%)
Previous HIV diagnosis	193 (24%)
Not known to be HIV positive at time of syphilis diagnosis	606 (76%)
HIV Tested	409/606 (67%)
New HIV Positive	9/409 (2.2%)

EISO staff offered PrEP referrals to 244 individuals, 40% of those not known to be HIV positive at time of syphilis diagnosis.

HIV Testing and Treatment of People with Rectal Gonorrhea

Rectal gonorrhea is associated with increased risk of HIV seroconversion (Bernstein 2010), making this a prime opportunity to encourage HIV-negative individuals with rectal GC to start PrEP. Specifically, among MSM, rectal GC has been associated with a 2- to 17-fold increase in the risk of HIV infection; furthermore, rectal GC (and rectal chlamydia) have been found to be independently associated with HIV seroconversion within one year of their rectal GC or chlamydia diagnosis (Barbee 2017).

Because of the high risk of HIV seroconversion, and because there are too many cases of gonorrhea to realistically follow-up with intensive services, EISO has prioritized rectal GC. In

counties with fewer overall HIV/STI cases, non-rectal gonorrhea cases may also be enrolled in EISO; data in this report are limited to rectal GC.

In 2020, 588 cases of rectal gonorrhea were diagnosed in EISO counties. This was far fewer than diagnosed in 2019 (n=742), but the number enrolled in EISO was higher (n=569 vs. 423 in 2019) and the proportion was much higher (97% vs. 57%).

Table 3. Demographics of People with Rectal Gonorrhea & EISO- Enrolled, 2020 (N=569)

Demographics	N	%
Sex		
Male	539	95%
Female	29	5%
Unknown	1	<1%
Age Group		
Under 15	1	<1%
15-19	14	2%
20-24	76	13%
24-29	151	27%
30-39	206	36%
40-49	68	12%
50-59	44	8%
60+	9	2%
Race/Ethnicity		
American Indian/Alaska Native	9	1%
Asian	20	4%
Black/African American	33	6%
White	343	60%
Multiracial	15	3%
Native Hawaiian/ Pacific Islander	8	1%
Hispanic/Latinx	104	18%
Unknown/Other	37	7%
Housing Status		
Corrections	0	0%
Homeless/Unstable Housing	9	1%
Stable Housing	197	35%
Missing/Unknown/Declined	363	64%
MSM	87*	15%
PWID	9*	1%

*These categories are artificially low because of low interview rates; data on MSM and PWID status are only collected through interview.

Fifty-eight percent of people with rectal GC who were enrolled in EISO received a partner services interview (n=329/569). Clients who identified as Hispanic/Latinx/Latino (79%, $p = .006$) and those who lived outside the Portland tri-county area (83% vs. 65% tri-county, $p = .012$) were more likely to receive a partner services interview.

Among those receiving partner services interviews, 8% (n=31) identified one or more contacts with enough information to facilitate follow-up, for a total of 42 contacts. Females (21% vs. 5% of males, $p = .001$) and people enrolled in counties outside the Portland tri-county area (23% vs 4%, $p < .001$) were more likely to identify contacts.

HIV Status and Testing, EISO-Enrolled Clients with Rectal GC (N=569)

HIV Status/Testing	N (%)
Previous HIV diagnosis	104 (18%)
Not known to be HIV positive at time of rectal GC diagnosis	465 (82%)
HIV Tested	332/465 (71%)
New HIV Positive	6/332 (1.8%)

People who identified as Hispanic/Latinx/Latino were more likely to receive HIV testing (85%, $p = .002$) than people of other race/ethnicities. Among those tested, six people were newly diagnosed with HIV (1.8% positivity).

EISO staff offered PrEP referrals to 146 individuals, 31% of those not known to be HIV positive at time of rectal GC diagnosis.

HIV Testing and Treatment of Contacts to HIV, Early Syphilis, and Rectal Gonorrhea

In addition to providing intensive services for individuals who are enrolled in EISO because of a specific HIV/STI diagnosis (e.g., index cases), EISO provides services to the sexual (and, in the case of HIV, needle sharing) contacts that are identified by those cases. Because many people meet sex partners through digital platforms or in public sex environments, partner services interviews may identify anonymous contacts that cannot realistically be followed up by the people who are newly diagnosed or by health department staff.

EISO clients identified a total of 178 contacts with enough information to facilitate follow-up: 44 contacts to an HIV index case, 116 contacts to an early syphilis index case, and 18 contacts to a rectal GC index case.⁴ The number of contacts identified through HIV/STI partner services in 2020 decreased significant from 2019, when 680 contacts were identified.

Most contacts (94%, 167/178) were not known to be HIV+ at the time they were identified by people with HIV, syphilis, or rectal GC enrolled in EISO:

⁴ Because of coinfection, some individuals may be counted in more than one disease category.

- 53% (n=89/167) were tested for HIV.
- 2 contacts were newly diagnosed with HIV (2.2% positivity).
- 25 contacts were newly diagnosed with early syphilis, 4 were newly diagnosed with rectal GC.
- EISO staff offered PrEP referrals to 61 contacts (37% of contacts not known to be HIV+).

Outreach and Testing in Community Settings

In 2020, EISO grantees tested 909 people for HIV in community (e.g., non-clinical) settings, such as drug treatment facilities, syringe exchange, mobile vans, corrections, and community-based organizations; three people (<1%) tested positive, in three different counties. An additional 611 people were tested for HIV at community health centers in three EISO counties (433 in Multnomah, 175 in Washington, and 3 in Lincoln Counties); 6 people tested at community health clinics diagnosed positive (1.4%).

Partnerships

EISO grantees have used EISO funding as an opportunity to develop or deepen relationships with community partners who serve people facing HIV/STI disparities, including Black, Indigenous, and other people of color; Latinx and Spanish-speaking people; people who inject drugs and/or have other behavioral health concerns; and people who are or have been incarcerated. EISO partnerships include formal resource-sharing agreements (e.g., subcontracts), participation on community advisory boards or coalitions, and collaboration on shared events.

Discussion

On World AIDS Day 2016, Oregon announced End HIV Oregon, a shared, community-driven vision to end new HIV transmissions and ensure that all people living with HIV in Oregon have access to high-quality care, free from stigma and discrimination. EISO is a cornerstone of End HIV Oregon, as it addresses its four key components: HIV testing, prevention, treatment, and eliminating HIV disparities.

Early Intervention: Linking Newly Diagnosed to Care

Despite the ongoing challenges of COVID-19, EISO programs continued to do an excellent job of enrolling people newly diagnosed with HIV into intensive services to ensure that they move from diagnosis to viral suppression as quickly as possible. Provision of early support services to people living with HIV has been found to improve viral suppression rates, especially among PLWH with unstable housing or no plan for care at the time of diagnosis (Whelan 2019).

EISO continues to improve linkage to care and viral suppression: 86% of EISO-enrolled PLWH were linked to care in 30 days or less, compared to 66% from 2013-2017 and 79% in 2019. Clients were equally likely to be linked into care within 30 days, regardless of demographics, indicating that EISO may also be an important strategy to eliminate disparities.

Among those linked to care, 32% had two or more viral load tests – a dramatic reduction from 2019, when it was 82%, and likely a reflection of reduced lab testing and clinic visits during the COVID-19 pandemic. Among EISO-enrolled clients, the median days to viral suppression was 62 days, just slightly higher than the 57.2 days reported in 2019. Eighty percent achieved viral suppression within six months; these data include any EISO client with one or more viral load test.

Outreach: Identifying People with HIV Who Do Not Know Their Status

Diagnosing New HIV Cases, Preventing Delayed Diagnosis

EISO uses a variety of outreach strategies to identify people with HIV who do not know their status and bring them into care, primarily HIV testing of STI patients, HIV and STI partner services, and outreach events. All outreach strategies were severely curtailed in 2020, due to stay-at-home orders and limited in-person services throughout 2020.

EISO programs tested more syphilis and rectal GC clients for HIV in 2020, as well as higher proportions of clients. About the same number of clients with syphilis and rectal GC were newly diagnosed with HIV than in 2019; the positivity rate was lower due to the higher volume of tests. (Table 4). These numbers reflect common-sense triaging and a commendable ability by local public health staff to continue providing integrated HIV/STI testing during an emergency when public health resources were maximally stretched.

HIV/STI partner services suffered in 2020, with far fewer contacts identified, tested, or treated than in 2019 – a clear consequence of LPHA staff time and other resources being diverted into COVID-19 efforts. The yield of new positives identified through HIV/STI contact tracing was 2.2% in 2020 compared to a very robust 7% in 2019.

Similarly, outreach events in the community were curtailed by stay-at-home orders and agency shut-downs. Still, EISO programs tested more than 1,000 people at community health centers and in other community settings, identifying 9 people with newly diagnosed HIV.

Table 4. Yield of New HIV Positives by Outreach Testing Approach, EISO Counties, 2020

HIV Testing Approach	N (%) Tests	N (%) New HIV+
Integrated Testing: Syphilis Cases	539/606 (89%)	9 (1.7%)
Integrated Testing: Rectal GC	392/465 (84%)	6 (1.5%)
HIV Testing of HIV/STI Contacts	89/167 (53%)	2 (2.2%)
HIV Testing in Nonclinical Community Settings	909	3 (<1%)
HIV Testing at Community Health Centers	433	6 (1.4%)

Eliminating Disparities

Integrated STI/HIV testing and partner services may also help eliminate disparities. For example, a study that examined outcomes among all publicly-funded HIV testing sites in the

U.S. from 2011-2013 found that a higher proportion of new HIV diagnoses were identified at STI clinics compared to other sites, and these diagnoses included a high proportion of people facing HIV disparities, such as MSM of color (Seth 2015). A study in Washington State found that integrating HIV testing into partner services for STI patients increased HIV case finding among MSM (Katz 2016). Finally, Webster et al (2012) make the case that HIV testing through partner services efficiently identifies older people with unidentified HIV and avoids late diagnosis among this population.

Enrollment of HIV, syphilis, and rectal GC cases in Oregon EISO was very high and most received partner services (87% of people with HIV, 72% of people with syphilis, and 58% of people with rectal GC), but far fewer contacts were identified in 2020 compared to 2019.

Delivering partner services is inherently challenging, but these efforts were torpedoed in 2020 by the COVID-19 pandemic. Staff were stretched far too thin and could not rely on strong pre-existing local infrastructure for digital partner services, which does not exist widely across Oregon. The impact of social and structural factors on clients (e.g., housing instability, substance use, lack of access to economic and social resources, social isolation) may have meant that other life priorities took precedence over cooperating with disease investigations – even more so in 2020 than in usual times. Anti-government sentiment and suspicion, as well as the elevated visibility of public health, epidemiology, and contact tracing in the news, may have also played a role.

Braiding Services: EISO Supports HIV/STI Prevention

In addition to providing intensive early intervention services to newly diagnosed PLWH and identifying PLWH who did not know their status, EISO programs supported STI/HIV prevention by identifying and treating thousands of STI cases, providing health education, and referring hundreds of people to PrEP navigation services. EISO also supports public health modernization by building capacity at the local level to respond to public health threats, including – but not limited to – communicable disease.

Success Maintaining Program Services in an Unprecedented Year

The ways that the COVID-19 pandemic taxed LPHA staff cannot be overstated – but despite staff shortages, stress, and exhaustion, EISO staff maintained program services, triaging resources to highest-priority areas.

Outcomes for newly diagnosed people living with HIV continued to improve in 2020, despite the unprecedented challenges:

- 86% were linked to care in 30 days or less, compared to 66% from 2013-2017 and 79% in 2019.
- 80% achieved viral suppression in 6 months.

- Only 14% of people newly diagnosed with HIV had a delayed diagnosis, compared to 33% from 2013-2017 and 24% in 2019.
- 83% of newly diagnosed PLWH were tested for other STIs: an increase from 64% in 2019.
- Nearly the same proportion of clients received partner services and identified contacts in 2020 compared to 2019.

Services to people with syphilis and rectal GC, however, were not as robust compared to 2019, revealing the impact of redeployment of personnel and resources to COVID-19 response:

- Only 70% of people with primary and secondary syphilis received a partner services interview in 2020 compared to 82% in 2019; 31% identified contacts compared to 42% in 2019.
- Fewer rectal GC cases were diagnosed in EISO counties in 2020, but a higher number and proportion of those diagnosed were enrolled in EISO.
- Only 58% of rectal GC cases received a partner services interview, but this is a higher number of individuals than received interviews in 2019, indicating a high level of work done in 2020, despite staff shortages due to the pandemic. Only 8% of people with rectal GC identified contacts.
- Only 178 contacts received follow-up services in 2020 compared to 680 in 2019.

Recommendations

Linkage to Care and Viral Suppression Support

The EIS component of EISO is working well in all jurisdictions. Despite the challenges of 2020, EISO funding continues to improve linkage to care and viral suppression outcomes for newly diagnosed PLWH compared to the period preceding EISO (2013-2017) and 2019. Rates of delayed diagnosis were lower in 2020, as well. This may be indicative of the cumulative effect of more and better access to HIV testing but needs to be tracked for a longer period. It is also possible that populations who traditionally experience delayed diagnosis were less likely to test in 2020.

- **Recommendation:** Continue to prioritize linking new HIV cases to HIV medical care and case management. This work is improving client health and helping to eliminate disparities.

Integrated STI/HIV Testing & PrEP Referrals

High proportions of people newly diagnosed with HIV were tested for syphilis and/or gonorrhea and vice versa. However, fewer than half of people with syphilis or rectal GC who were not previously HIV positive received PrEP referrals from EISO staff; these numbers continue to be low considering the high probability of HIV seroconversion among people with a syphilis or rectal GC diagnosis.

- **Recommendation:** Continue to develop plans to address missed opportunities to provide HIV testing & PrEP referral to people with syphilis and rectal GC. Evaluate internal/LPHA systems for testing and referral.
- **Recommendation:** Coordinate with AETC to provide training and education to private medical providers and other places diagnosing STI.

Partner Services

As noted, HIV/STI partner services are inherently challenging – and have become more challenging in the digital era. Partner services can also be resource intensive; many of these resources were redirected into COVID-19 contact tracing and were further challenged by agency shut-downs and curtailed field operations. Finally, it is unclear what impact increased public awareness of public health methods such as contact tracing may have had on partner services in 2020 and beyond. Some members of the public may be more receptive, while others may be more suspicious and concerned about government intrusion.

- **Recommendation:** Closer coordination between private providers and LPHAs may help promote partner services; AETC will be enlisted to help with this endeavor.
- **Recommendation:** The public health system may need to rebrand partner services so that they are more understandable and palatable to the public. OHA will work with LPHAs to collect more data and implement new strategies to “market” partner services.
- **Recommendation:** Digital partner services (DPS) are an essential tool in the modern disease investigation toolbox. All EISO grantees should have some level of DPS policies and procedures in place or should subcontract with a community-based organization who can conduct DPS. Orpheus access for subcontractors is an ongoing challenge, but OHA is currently engaged in a pilot project to test the feasibility of expanding access.

Outreach Testing & Partnerships

Partnerships with community-based agencies that have established and trusted relationships with people facing HIV/STI disparities can help address barriers and improve health outcomes. However, some partnership and outreach strategies may be more effective than others.

- **Recommendation:** Since outreach testing in nonclinical settings yields the fewest new HIV diagnoses, EISO programs should – in most cases – ensure that higher yield strategies (e.g., HIV testing of STI patients and partner services for people with HIV and STI) are fully supported before expanding testing in community settings, as in-person services begin to be reinstated to pre-COVID levels.
- **Recommendation:** EISO programs should review local data to understand which populations are facing disparities in their local jurisdictions and develop strategic plans for partnering with the community-based agencies that can best address those disparities.
- **Recommendation:** EISO grantees should consider partnering with community health centers to support HIV testing, if not already doing so. This has been a successful model

for bringing HIV testing into trusted community settings and for identifying people with HIV who are unaware of their status.

- **Recommendation:** EISO programs with few new HIV or STI diagnoses should use resources to build their capacity to respond to communicable disease as part of public health modernization; that is, in most cases, they should focus heavily on integrated HIV/STI testing and HIV/STI partner services, as well as on developing an outbreak response plan, rather than conducting widespread community outreach testing which continues to yield low positivity rates.

Ending Disparities

One of the foundations of End HIV Oregon and EISO is ending disparities. Community partnerships and community-led interventions are key to delivering successful services to all community members.

EISO appears to be making progress on reducing disparities. Clients with new HIV diagnoses were equally likely to be linked into care within 30 days, regardless of demographics. Latino/Latinx clients were more likely to be connected to HIV case management than others, with 89% linked to HIV case management. Delayed diagnosis has decreased steadily among all groups since EISO began – only 14% of new cases in 2020 were delayed diagnosis.

In addition, Latino/Latinx clients were more likely to receive a partner services interview for syphilis and rectal GC compared to people of other race/ethnicities. This likely reflects the increased outreach and partnerships between LPHAs and Latino/Latinx community agencies.

- **Recommendation:** Many EISO programs have indicated that they want to continue to develop and expand testing and outreach in Latino/Latinx communities. Continue to develop partnerships with Latinx/Latino community agencies. Consult with Familias en Acción, who are providing culturally-specific training for community health workers and others statewide related to HIV, STI, and sexual health.

People who inject drugs and experience unstable housing were less likely to be virally suppressed at six months. These populations face structural and societal barriers to care, which were further exacerbated by COVID-19.

- **Recommendation:** Continue to develop partnerships with agencies that promote drug user health and peer programs serving people who inject drugs to ensure the best opportunities to support these populations.

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