End HIV/STI Oregon Statewide Planning Group (OSPG) Meeting Notes

May 21, 2025, 1:00 - 4:00 p.m.

Announcements

Partnership Project is moving from its current location and is closed to in-office visits until June 2nd, but staff are available by phone (503-230-1202) and email (pproject@ohsu.edu). Partnership Project's new address is 2525 SW 1st Ave., Suite 1201 Building B West, Portland, OR 97201. There will be an open house and 30th anniversary celebration in the fall.

AIDSWatch

AIDSWatch is the largest constituent-led HIV advocacy event in the country. For 32 years, people living with HIV and allies have come from across the country to Washington D.C. to advocate on Capitol Hill for programs that will end the HIV epidemic and protect and uplift our communities. AIDSWatch is a space for those who provide and for those who seek out essential, life-saving HIV services in every corner of our nation to come together, share their stories, and push for policies that increase quality of life for people living with and affected by HIV.

AIDSWatch 2025 was a three-day event that took place in late March and early April. The theme was "Preserving our Health and PrEParing for the future." There were more than 630 participants from 38 states. Collectively, participants held 271 meetings with congressional offices. The objectives were to protect HIV prevention funding, advance health equity, and call for justice for all people living with and vulnerable to HIV. Policy Briefs for this year focused on the following topics:

- Ryan White
- Access to care for people living with and vulnerable to HIV (Medicaid & Medicare)
- Housing
- Syndemics
- Racial and health equity
- Protecting our communities

As an AIDSWatch participant, the OSPG community co-chair was able to connect with other advocates across the nation, interview participants and help share their stories via video, and meet with members of congress and staff from the Elizabeth Taylor Foundation.

Discussion
Scott Moore, Community Affairs & Policy Officer at Quest Center for Integrative Health, is coordinating an HIV policy convening this Friday. The convening seeks to address the impact of Medicaid cuts on Ryan White, 340B income, housing, and more. The convening is garnering attention from state legislators.

Resources
The AIDS United website includes an AIDSWatch 2025 Policy Brief addressing Ryan White, housing, syndemics, racial and health equity, and more.

The Epi Scoop: What's New with STIs and HIV in Oregon?

HIV
It is recommended people ages 15-65 screen for HIV at least once in their lifetime. While most adults in Oregon have never been screened for HIV, the proportion who have ever been screened increased from 34% in 2012 to 42% in 2023. Over 50% of people in Black/African American, Latine, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander communities have screened for HIV in their lifetime, reflecting community assets despite systemic challenges.

HIV cases are typically diagnosed in primary care settings. However, HIV diagnoses have been trending upwards in emergency departments and hospital settings, while trending downwards in HIV screening and referral sites. In the last two years, there was an increase in the proportion of late diagnoses (people diagnosed with AIDS within 90 days of their HIV diagnosis).

The number of people living with HIV continues to increase; In 2024, there were 8,713 PLWH in Oregon. New diagnoses dipped in 2024. The number of deaths among PLWH has increased since 2019, with a notable spike in 2022.

From 2019–2023, HIV diagnoses were high among people who identify as Hispanic/Latinx and Black/African American. Diagnoses were highest in urban counties but increasing in rural counties. People reporting male-to-male sexual contact, injection drug use, and both male-to-male sexual contact and injection drug use account for a large proportion of diagnoses.

Among people newly diagnosed with HIV, the proportion who were linked to care within 30 days decreased from 83% in 2023 to 76% in 2024. The proportion with viral suppression within 90 days of diagnosis rebounded in the last two years (56% in 2024).

Among PLWH, deaths due to HIV have decreased—except for a spike in 2020. In 2023, HIV was the underlying cause of death for 27% of all deaths among PLWH. Fatal overdoses increased since 2019, accounting for 23% of all deaths among PLWH in 2023; Most were caused by methamphetamine.

Gonorrhea
Gonorrhea cases exceeded 6,000 cases annually from 2019 through 2021, then declined to 4,462 cases in 2024. In 2024, cases were more common among people assigned male at birth compared to people assigned female at birth (148.4 cases vs. 61.7 cases per 100,000 people).

New projects:
HST Tableau dashboard development is ongoing. Updates are frequent, so please check back. A dashboard with data from Chime In is coming soon. Chime In is a survey of people in the Portland metro area who are at higher risk of acquiring HIV.

Testing Data: Historically, HST has only received positive test results from the Oregon State Public Health Lab (OSPHL). HST is now working with OSPHL to track trends in HIV, STI, HCV testing – specifically, the tests that HST subsidizes for program planning. HST hopes to identify any gaps (e.g., Are there communities that could be accessing testing and aren't?).

340B Partnership
In 2020, Oregon Department of Corrections (ODOC) and OHA entered into a memorandum of understanding (MOU), in which OHA provided in-kind support to ODOC. This partnership allowed ODOC to participate in the 340B Drug Pricing Program, which enabled cost savings to be directed toward expanding STI, HIV, hepatitis C, testing, treatment, and care.

OHA provides in-kind support via the CDC STD grant and confers 340B Drug Pricing Program eligibility. Because of this partnership, ODOC is now a 340B covered entity (CE) and is responsible for meeting/maintaining all 340B CE requirements. This CE status creates significant health care cost savings among eligible persons in their custody. Facility savings are reinvested into services/structures that align with the CDC STD grant goals. ODOC gives condoms and educational materials (provided by HST) to persons at the time of release and shares HIV, syphilis, chlamydia, gonorrhea, and HCV test data with HST. The number of HIV/STI/HCV screening tests and Adults in Custody screened at ODOC has increased since opt-out testing was implemented in early 2024 Comparing 2023 to 2024 (when opt-out testing was implemented), the number of tests increased 30% and the number of people tested/screened increased 14%.

Syphilis
Counts of all syphilis stages in Oregon increased from 181 in 2010 to 2,357 in 2022, then declined to 1,657 in 2024. This overall decline was driven by declines in primary/secondary and early non-primary non-secondary cases. However, syphilis infections that were latent or of unknown duration have increased since 2020. In 2024, primary/secondary syphilis diagnoses were more common among people assigned male at birth compared to people assigned female at birth (17.0 cases vs. 7.9 cases per 100,000 people).

Chlamydia
Chlamydia cases in Oregon have declined from 19,253 in 2019 to 13,992 in 2024. In 2024, cases were more common among people assigned female at birth compared to people assigned male at birth (416.4 cases vs. 239.6 cases per 100,000 people).

Discussion
- HIV can make it more complicated to manage other diseases.
- In the MCHD clinic, providers and staff saw many deaths from overdose during the pandemic.
- It's nice to see a decline in cancer-related deaths among PLWH, an aging population.
- Q: Is there a general sense that testing has gone down for all STIs?
    - A: Our general sense is HIV/STI testing is returning to pre-pandemic levels.

Changes to Statewide HIV/STI Service Delivery: Introducing HSSS

The current funding model

Currently, HIV/STI services in Oregon are funded by a mix of CDC, HRSA, Ryan White Program Income, and state general funds. Each funding source has different rules, requirements, and restrictions that direct how and where funding must be used. Data and reporting requirements also vary across these funding sources. This presentation/funding model does not address Ryan White funding.

Historically, CDC funding has gone to counties with the highest HIV prevalence and incidence. Since 2018, HST has funded HIV Early Intervention Services and Outreach (EISO) in 8 counties (Clackamas, Deschutes, Jackson, Lane, Linn, Marion, Multnomah, and Washington). In 2021, a CDC STD grant allowed the OHA HIV/STD/TB Section (HST) to fund the balance of state to build Disease Intervention Specialist (DIS) capacity. Funds were abruptly rescinded by Congress in 2023. In addition to funding counties directly, HST funds also support statewide disease monitoring and outbreak coordination, HIV/STI testing (e.g., Take Me Home, Oregon State Public Health Lab), condom distribution (e.g., One at Home), STI medication access programs, training and technical assistance, and

some contracts for outreach and capacity building with community-based organizations (CBOs) and tribes.

Under the current funding model:

- Services have become fragmented and piecemealed.
- Oregon's HIV/STI landscape has changed
- HIV EISO is an effective, best practice model that reaches the right people (e.g. persons diagnosed with multiple STIs) and facilitates HIV linkage to care
- There is a need for a system that is:
    - More structurally integrated
    - Better aligned with national efforts to end HIV/STIs
    - Coordinated and reflects best practice approaches
    - Able to reach Oregonians across the state.

The new funding model

Beginning in Fall 2023, HST began developing a new model to align with EndHIV/STI goals, ensure all requirements are met, and match our values.

HIV/STI Statewide Services (HSSS):

- Create a best practice, status neutral and integrated service model
- Have realistic and scalable activities
- Optimize funds distributed
- Leverage/combine funds to maximize what is allowable
- Ensure every county gets some funding
- Use HIV *and* STI data in allocation decision-making so that funding reflects disease burden.
- Streamline and simplify payment methods, reporting, and monitoring
- Ensure funder fiscal and programmatic requirements are met
- Support regional and community-based partnerships
- Improve documentation and visibility of HIV/STI services provided in Oregon
- Mitigate negative impacts to counties who may see less funding under any new funding model

Core HSSS activities align with foundational public health programs and capabilities and are required by key funders:

- Integrated HIV/STI testing
    - Includes referrals; testing focused on those with rectal gonorrhea and syphilis; and testing provided by local public health authorities, subcontractors, and other entities
- Case Investigation and Partner Services
    - Includes health education/counseling, referrals (e.g., PrEP, harm reduction), and linkage to care and treatment
- Outbreak response

Enhanced HSSS activities include:

- Targeted outreach
- Harm/risk reduction supports
- Condom and lubricant distribution
- Targeted community education and/or capacity building with priority populations

These enhanced activities are scalable based on funding and capacity. Counties with the highest funding levels are expected to implement many of these activities, while counties with the lowest funding levels are not expected to implement them.

Other details:

- Regional partnerships and CBO subcontracting are strongly encouraged.
- Funding supports staff providing HSSS (e.g. DIS, nurses, testing/outreach personnel, peers).
- All CDC and HRSA data and reporting requirements must be met.
- HSSS first focuses on services/funding for LPHAs:
    - The Oregon Council of Local Health Officials (CLHO) approved the model and funding approach to start 7/1/2025.
    - Funding accounts for HIV and STI data, population, and health equity metrics, such as poverty rates, race/ethnicity data, and community health.
- $10M will be awarded to LPHAs over three years (range: $17K - 2.7M/year).
- Awards are based on availability of funds.
- HSSS replaces previous LPHA service awards (e.g., HIV EISO).
- HST plans to continue supporting statewide services and programs as resources allow (e.g., statewide testing, STI medication access).
- HST intends to further evaluate how statewide services align with the HSSS model and approach.

Discussion

- Q: Is there a bare minimum amount that a county must receive in order to do HIV/STI work?
    - A: The funding formula includes a base; No county will receive less than that base amount. Every county receiving funding must provide core services, which are designed to be scalable. Keep in mind that this is funding of last resort. LPHAs are encouraged to use other funding sources, as well.
- Q: What would happen if funding were to shrink over time?
    - A: If funding were to decrease, the formula would still be used to determine how funds are distributed.
- Q: I think what I am understanding is that CBOs may not receive direct funding but rather could get subcontracts through an LPHA?
    - A: A local public health authority could absolutely use these funds to subcontract with a CBO. It's also possible that CBOs may receive other funding directly from HST, but HSSS funds are awarded from OHA to LPHAs.

The Congenital Syphilis Syndemic

Syphilis transmission can occur via 1) sexual contact, 2) vertical transmission (through placenta), 3) blood transfusion or organ transplant (rare), or 4) touching infectious legions (rare). Symptoms of Primary Syphilis include a chancre. Symptoms of secondary Syphilis can include fever, fatigue, and a rash. Congenital Syphilis is a serious condition that occurs when a pregnant person with Syphilis transmits the infection to their fetus during pregnancy or delivery. Testing for Syphilis is recommended three times during pregnancy.

Syphilis testing includes 1) direct detection through PCR or darkfield microscopy or 2) serologic testing through treponemal or non-treponemal tests. Treponemal tests detect antibodies to proteins/antigens found in T. pallidum *only*. Non-treponemal tests detect antibodies to lipoidal antigens (phospholipids, cardiolipin) present in T. pallidum and mammalian cells.

Congenital Syphilis is serious and deadly. It can cause stillbirth, infant death, and conditions in surviving infants such as bone abnormalities, anemia, hepatomegaly, and nerve disorders. In early Syphilis, 80% of pregnancies are affected. In late Syphilis, 23% of pregnancies are affected.

During pregnancy, Syphilis can cause spontaneous abortion, fetal demise, neonatal death, preterm labor, preterm birth, fetal growth restriction, and hydrops fetalis. In Oregon, between 2015 and 2024, Syphilis diagnoses during pregnancy have increased from 22 to 104, and Congenital Syphilis cases have increased from 6 to 45. From 2014 - 2024, Syphilis in pregnancy has occurred in 28 counties and congenital Syphilis has occurred in 24 counties in Oregon.

Among the 45 pregnant people linked to a congenital Syphilis case in Oregon in 2024, there were notable rates of:

- Late or no prenatal care (nearly two-thirds, 64%)
- A history of chlamydia or gonorrhea (approximately one-third)
- Unstable housing or no housing (46%)

Oregon's Native Hawaiian/Pacific Islander, Black/African American, American Indian/Alaska Native populations have also been disproportionately affected. Risk is created by systems and structures, not individual characteristics. We cannot discount the lasting impact of the untreated Syphilis study at Tuskegee (1932 - 1972), which left 399 Black/African American men with Syphilis untreated (without informed consent). This study has fueled distrust for government, science, and healthcare in Black/African American communities.

A syndemic is the co-occurrence of individual epidemics and health conditions that interconnect and amplify one another. The Congenital Syphilis syndemic is impacted by poverty, houselessness, substance use, incarceration, racism, stigma and discrimination, mental health disorders, STI co-infection, and Syphilis in marginalized communities.

Communication and engagement initiatives include:

- Dear Colleague letters
- Quarterly case review boards with LPHAs
- A survey of prenatal care providers about Syphilis and Congenital Syphilis knowledge, screening practices, and awareness.
- Provider detailing through the AIDS Education and Training Center (AETC)
- Webinars and data presentations by the HST team
- A 2022 CD Summary, which highlighted recommendations for health care providers for responding to the Congenital Syphilis Emergency in Oregon

OHA programs include:

- Subsidized testing programs through OSPHL
- Bicillin Access Program
- Take Me Home (STI testing)/One at Home (condoms and lube)
- HIV/Syphilis Incentive Care
- HIV and STD Special Needs Funding
- Oregon Department of Corrections to expand STI screening and treatment
- Mobile Health Unit Pilot Program

Efforts to address Syphilis throughout the state include:

- Rapid Syphilis and HIV testing at Union County outreach centers.
- Columbia Memorial Hospital Rural Pacific Northwest Healthcare hosted an STI Summit and Collaborative.
- Deschutes County has an outreach van that offers STI, HIV, and hepatitis C screening.
- Multnomah County offers mobile health services, including STI testing and linkage to care.

<u>Discussion</u>

- Thanks for all the great information!

Congenital Syphilis Prevention in Clackamas County

From 2017-2022, there was a 154% surge in syphilis cases in Clackamas County, with a corresponding surge in Congenital Syphilis cases. The LPHA identified a need to increase community awareness and education, improve access to and increase syphilis screening, and reinforce key partnerships with organizations involved in the system of care. The LPHA received a $73,000 public health modernization grant to address Congenital Syphilis—and subcontracted with Cascade AIDS Project and Planned Parenthood to support this work, as well.

Phase 1 (June - November 2024) of the LPHA's response has involved partnering with Coates Kokes to create a media campaign geared toward high-risk populations. Focus groups helped inform the campaign. Key messages include:

- "Syphilis can be treated so your baby is safe."
- "Syphilis testing while pregnant can help you and your baby stay safe."
- "You need to be tested for Syphilis 3 times during your pregnancy (First visit, 28 weeks, delivery)."

Digital assets were created in English, Spanish, and Ukrainian. A campaign webpage was developed.

Phase 1 also involved a Chembio dual HIV/Syphilis POC screening platform training, which was attended by three key partners and a community paramedic. Since the training, 234 tests have been administered. The LPHA developed a 13-question risk factor survey for participants receiving a Syphilis test. More than 80 surveys have been completed, and an analysis is forthcoming.

A $5,000 digital advertising partnership with the Clackamas Free Clinic helped expand the media campaign. As of May 4, the campaign resulted in more than one million impressions and more than 700 clicks. The clinic has seen an increase in testing and phone calls inquiring about testing.

Phase 2 (December 2024 - June 2025) has involved:

- Two CME trainings with health center staff and the UW STD Prevention Training Center
- The development of a toolkit with information about syphilis for partners such as foodbanks, law enforcement, and non-clinical CBOs
- The dissemination of campaign assets across Clackamas County
- A campaign evaluation and closeout.

Efforts to address Congenital Syphilis have been integrated into the county's core programming and will continue with other funding sources.

There is an opportunity to advocate for stronger laws that prompt Syphilis testing three times during pregnancy. Currently, Oregon law requires healthcare providers to conduct tests related to any infectious condition that may affect a pregnant woman or fetus during or within 10 days of a pregnant woman's first professional visit (one time during pregnancy).

Discussion

- This is such an important project. I can't wait to learn from your risk survey results and hear your overall lessons learned once all is complete.
- Q: Will you continue to monitor the impact of the social media campaign? We are curious to know if it helps bring people in for testing.
    - A: Yes, we will continue to track clinic visits for at least a month after the campaign ends. We'll also track which organizations are using digital assets and whether new cases are identified at organizations using the assets.
- Q: Do impressions = views on a website?
    - A: Yes. However, we were not able to capture conversions. For example, we don't know whether folks who clicked on an ad taking them to the Clackamas County website then clicked on a link with information about testing. In other words, we don't know whether the initial click "converted" to another action.
- Q: I feel that my organization could be more effective in its use of social media. I'd love to hear more about your social media strategy in the future.
    - A: We looked at epidemiologic data by ZIP code to help inform the campaign. I can share more at a later time.
    - If there is broad interest, OHA could also ask Coates Kokes to offer training on social media strategy in the future.

Meeting evaluation

The information shared today was useful and relevant to the OSPG's mission (28 responses).

- Strongly agree: 75%
- Agree: 25%
- Neutral: 0%
- Disagree: 0%
- Strongly disagree: 0%

The meeting ran smoothly (28 responses).

- Strongly agree: 39%
- Agree: 50%
- Neutral: 11%
- Disagree: 0%
- Strongly disagree: 0%

There were enough opportunities to ask questions and share thoughts (23 responses).

- Strongly agree: 61%
- Agree: 30%
- Neutral: 9%
- Disagree: 0%
- Strongly disagree: 0%