



# Meeting Minutes

Oregon HIV/Viral Hepatitis/Sexually Transmitted Infection  
Integrated Planning Group (IPG)

Date: **May 31, 2017**

Number of voting members present: 18

Number of others/non-voting members present: 8

Agenda Item/Topic	Key Themes in Discussion
<p><b>Announcements</b></p>	<ul style="list-style-type: none"> <li>• Multnomah County is looking for volunteers for upcoming PRIDE events in Portland.</li> <li>• Beginning on July 1, Deschutes County will become the Ryan White case management provider which includes the counties of Deschutes, Crook, and Jefferson counties.</li> <li>• The HIV statewide Continuum of Care conference will be held on October 11 and 12 in Portland. Planning is being done through the AIDS Education and Training Center (AETC). Topics will include the continuum of care by addressing prevention needs to viral suppression.</li> <li>• The Oregon Program Review Panel is looking for reviewers to help the state review content that is received from contractors and others.</li> </ul>
<p><b>End HIV Oregon: The Science Behind the Initiative</b></p>	<ul style="list-style-type: none"> <li>• New HIV cases have been declining since at least 2003.</li> <li>• Infections are more common in the age groups of 20 – 49 years of age.</li> <li>• Rates among Black / African Americans are up to five times higher than those who are white.</li> <li>• 85% of men who are HIV positive are men who have sex with men.</li> <li>• Three tools that are being used today around HIV include effective treatment, universal testing, and Pre-Exposure Prophylaxis (PrEP).</li> <li>• Most people that are in care have maintained viral suppression.</li> <li>• There was a question on why routine testing is only for persons aged 15 – 65 and not anyone older. It could be that those over the age of 65 are less likely to be sexually active.</li> </ul>

	<ul style="list-style-type: none"> <li>• Numbers of some race groups are small therefore it is difficult to determine trends.</li> <li>• If a person starts taking Pre-Exposure Prophylaxis (PrEP), would they be able to avoid getting HIV? That is not known because there is not enough data to indicate that this is possible.</li> <li>• It has been reported that HIV transmission is much higher among the Trans community. There are discussions to see if a study on Trans can be done as part of the National HIV Behavioral Surveillance project (Oregon’s “Chime-In”).</li> </ul>
<p><b>End HIV Oregon: Mid-year Report Card</b></p>	<ul style="list-style-type: none"> <li>• Three strategies that will be worked on this year include expand testing in healthcare settings, implement early intervention services statewide, and innovation grants around testing those populations that normally do not get tested.</li> <li>• One of the goals include increasing the number of people tested each year.</li> <li>• Innovation testing grants are being developed to address those who have not been tested.</li> <li>• A process has been developed for HIV and STI outbreak assistance. For local public health authorities.</li> <li>• The AIDS Education &amp; Training Center (AETC) are working with providers on prescribing PrEP.</li> <li>• More services will be available for those who need additional assistance with case management.</li> <li>• Enhancements will be available for housing support.</li> <li>• A partnership plan will be developed based on changes to the IPG infrastructure.</li> </ul>
<p><b>Hepatitis C Action Plan, Education Campaign, and more...</b></p>	<ul style="list-style-type: none"> <li>• Social media campaign begins June 1.</li> <li>• There are two population sets that the focus is on: Those born between 1945 and 1965 and those at risk for exposure to blood.</li> <li>• As part of the Viral Hepatitis Action Plan, a video was created. Since the video posted online, it has been viewed more than 7,000 times.</li> <li>• Multiple medications are out that can treat the different genotypes of Hepatitis C.</li> <li>• For prevalence, Oregon is in the top five states in the country for Hep. C.</li> <li>• Oregon ranks number 1 in mortality rates for Hep. C.</li> <li>• In 2015, the Viral Hepatitis program published its first Epidemiological Profile.</li> <li>• The HIV Prevention, Hepatitis Prevention, and Overdose prevention programs have in common is the prevention of new infections and overdoses, find people, and share data.</li> </ul>

<p><b>Innovations in Targeted Testing</b></p>	<ul style="list-style-type: none"> <li>• Targeted testing includes those who are hard to reach and those who test late.</li> <li>• In 2015, 37% of adult Oregonians have ever been tested for HIV.</li> <li>• 38% of those diagnosed within a five-year period were diagnosed late.</li> <li>• Those likely to have been diagnosed late include Hispanics, men who inject drugs, men who have no identified risk factor, people living in rural areas, and older persons.</li> <li>• <b>Targeted Testing Ideas Group 1:</b> Working with or through small organizations that work with these types of populations. Provide technical assistance so they can set up testing opportunities. Organizations could include the Urban League and those businesses who focus on day labor.</li> <li>• <b>Targeted Testing Ideas Group 2:</b> Sustainable funding to support testing statewide for rural populations.</li> <li>• <b>Targeted Testing Ideas Group 3:</b> Use of home test kits. There may be untapped potential for other funding sources. Have home test kits available at the same places as syringe exchange sites.</li> <li>• <b>Targeted Testing Ideas Group 4:</b> Home test kits and web-based peer counseling and general use of peers. Thinking about ways to partner with health systems in rural areas to encourage them to do more testing.</li> <li>• <b>Targeted Testing Ideas Group 5:</b> Work with organizations that reach out to the Latino community with the intent to get people in for testing regardless of their immigration status. Setting up web-based resources connected to those who use home test kits and get a positive result.</li> <li>• Encourage providers to do risk assessments.</li> </ul>
<p><b>How Addressing Syphilis and Gonorrhea can help us end New HIV Infections in Oregon</b></p>	<ul style="list-style-type: none"> <li>• Every area in the United States has increases in Gonorrhea.</li> <li>• It is difficult to get information on a person's history and why rates are increasing.</li> <li>• More female cases have been appearing over the last couple of years.</li> <li>• CDC has released a call for action included tasks for specific organizations or groups such as healthcare providers, people who are impacted by syphilis, and academics.</li> <li>• Phase two of the SyphAware campaign was launched.</li> <li>• Outbreak response assistance has been developed to help those smaller communities who do not have the capacity to handle an outbreak.</li> <li>• STI screening guidelines have been updated.</li> <li>• A statewide syphilis summit will be held in Portland later this year. This will be an opportunity to bring</li> </ul>

together those who are impacted by syphilis to talk about what is happening, and innovative ways in which collaboration can occur. Hope to get participants from businesses including public sex environments and adult bookstores, academia, mental health, and drug / alcohol treatment together.

- Gonorrhea numbers have been the highest since 1992.
- Drug resistant Gonorrhea is being tested by the University of Washington to determine which drugs it is resistant to.
- Regional trainings have been completed in different parts of the state. All materials from the trainings can be found online.