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# **Texas Collaborative for HIV Education and Prevention (TCHEP) Learning Series**

# **Updates and Recommendations for Primary and Emergency Care Services**



# Ending the HIV Epidemic in Texas: The Role of Healthcare Providers



Texas Department of State Health Services



# Disclosure to Learners

Texas Collaborative for HIV Education & Prevention Learning Activities:  
“Ending the HIV Epidemic in Texas: The Role of Healthcare Providers”

May 27, 2021



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- Attend the entire event,
- Participate in education activities, and
- Complete the participant evaluation.



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## **Continuing Medical Education:**

The Texas Department of State Health Services, Continuing Education Service is accredited by the Texas Medical Association to provide continuing medical education for physicians.

The Texas Department of State Health Services, Continuing Education Service designates this live event for a maximum of 1.00 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This course has been designated by The Texas Department of State Health Services, Continuing Education Service for 1.00 credits of education in medical ethics and/or professional responsibility.

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# Continuing Education

Other professions:

Certified Health Education Specialists

Certified in Public Health

Social Workers



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# Thank you!

Please contact Isabel Clark at [Isabel.Clark@dshs.texas.gov](mailto:Isabel.Clark@dshs.texas.gov) for more information on CE credits.



For any other information on TCHEP,  
including materials from this learning series,  
please visit:

<http://tchep.org>



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# Speakers:

**Harold Phillips, MRP**

**Judith Steinberg, MD, MPH**



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# Ending the HIV Epidemic in the U.S. Engaging Providers in their Essential Roles

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Harold Phillips, Chief Operating Officer, EHE, Office of Infectious Disease and HIV/AIDS Policy (OIDP)

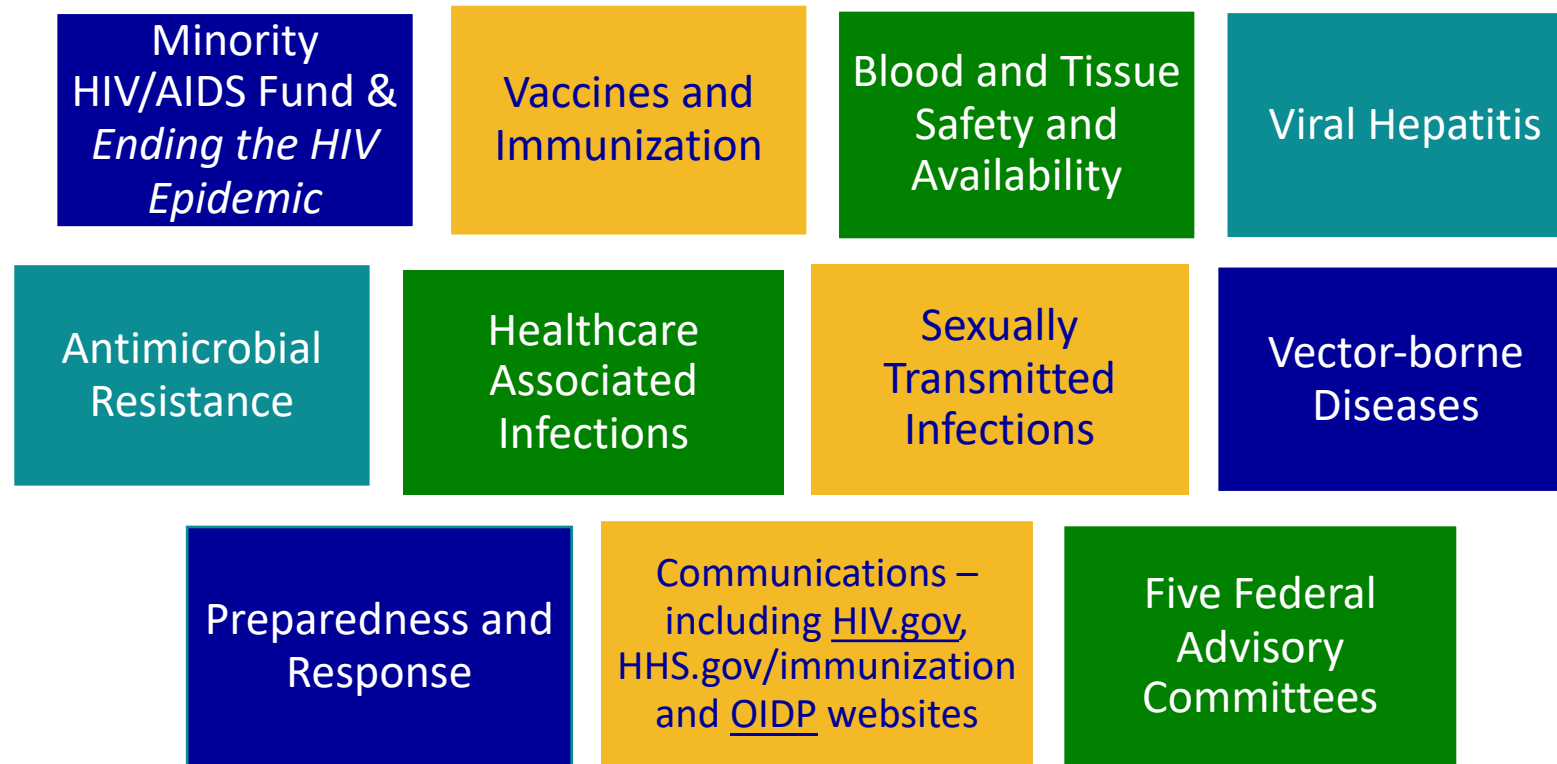
Judith Steinberg, Chief Medical Officer, OIDP





- **The Office of Infectious Disease and HIV/AIDS Policy**
- **Ending the HIV Epidemic in the U.S. (EHE): Overview**
- **HIV in Texas: The Data**
- **EHE Provider Engagement Strategy**
- **Discussion**

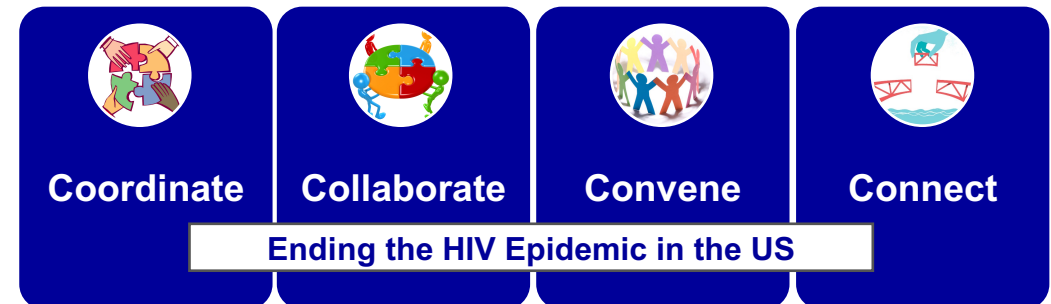
# Office of the Assistant Secretary for Health: Office of Infectious Disease and HIV/AIDS Policy Portfolio



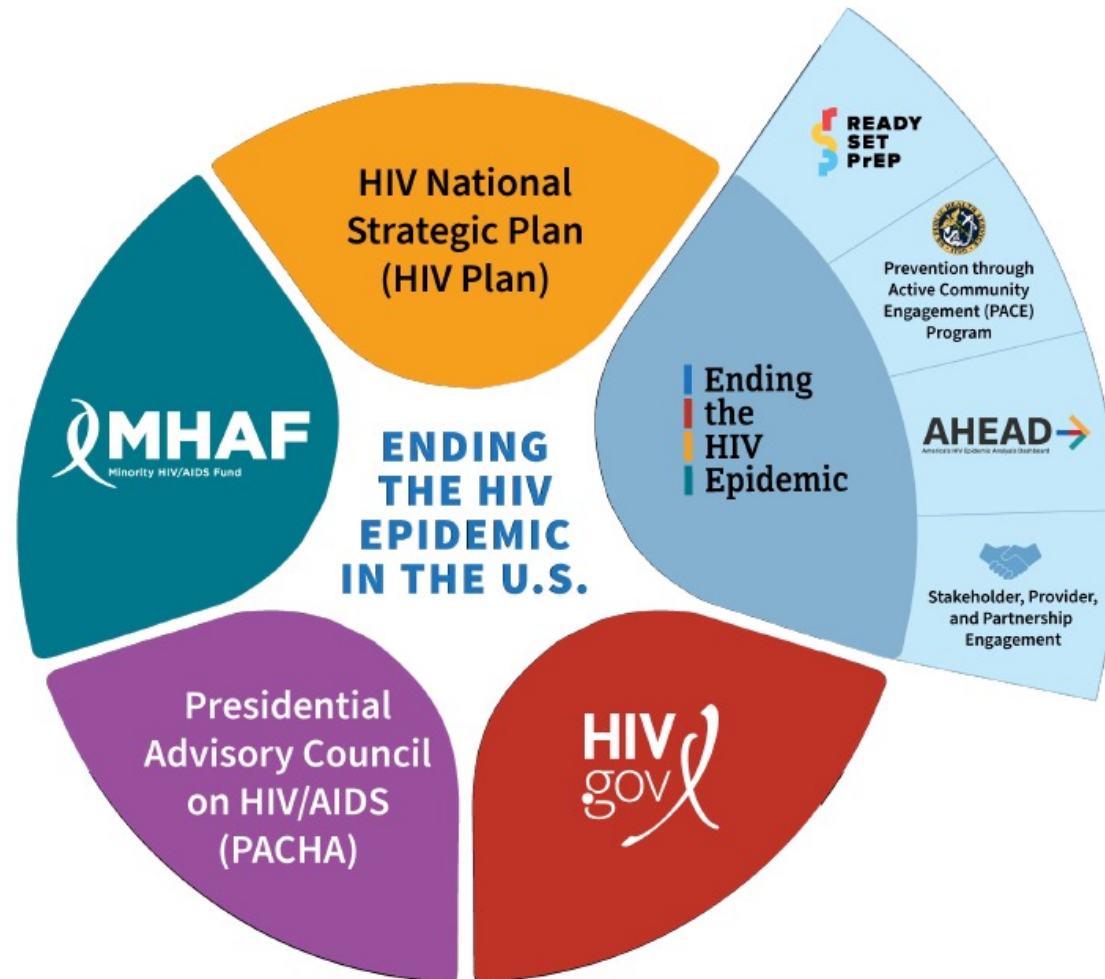


## PACE Officer Partnerships

- **Pharmacists**
  - Renewal of agreements
  - Expansion of Ready, Set, PrEP [mail order programs](#)
  - educate communities- streamed CVS Health Live Episode
- **Faith-based organizations (FBOs)**
  - Outreach to FBO institution leaders
  - Leverage FBOs to mitigate [medical mistrust](#)
- **Community-based organizations (CBOs)**
  - Capture [best practices and innovations](#)
  - [Connect communities](#) to EHE resources
- **Business Leaders**
  - HHS [public-private partnership](#) to amplify EHE outcomes



# Office of Infectious Disease and HIV/AIDS Policy: HIV Portfolio



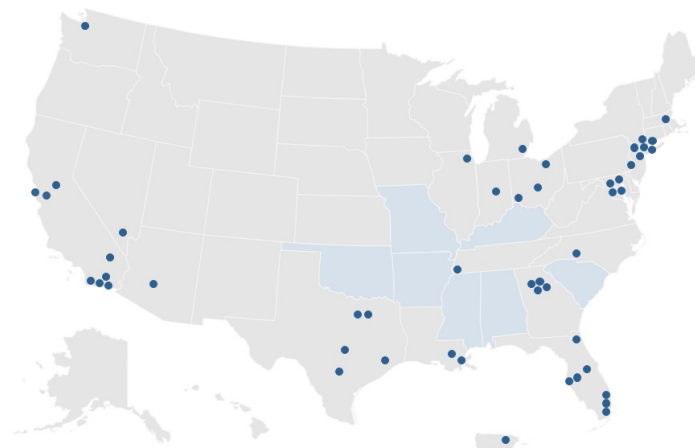
# Ending the HIV Epidemic in the U.S.

## GOAL:

**75%**  
reduction in new  
HIV infections  
in 5 years  
and at least  
**90%**  
reduction  
in 10 years.

## FOCUSED EFFORT

- 48 counties, DC, and San Juan account for 50% of new HIV diagnoses in 2016.
- 7 states with the most substantial HIV diagnoses in rural areas.



Led by HHS



# EHE's Key Pillars

## GOAL

**75%**  
reduction  
in new HIV  
infections  
in 5 years  
and at least  
**90%**  
reduction  
in 10 years.



The U.S. Department of Health and Human Services will work with each community to establish local teams to tailor and implement strategies to:



**Diagnose** all people with HIV as early as possible.

**Treat** people with HIV rapidly and effectively to reach sustained viral suppression.




**Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

**Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



## *Ending the HIV Epidemic in the U.S. is a Priority for the Biden Administration*

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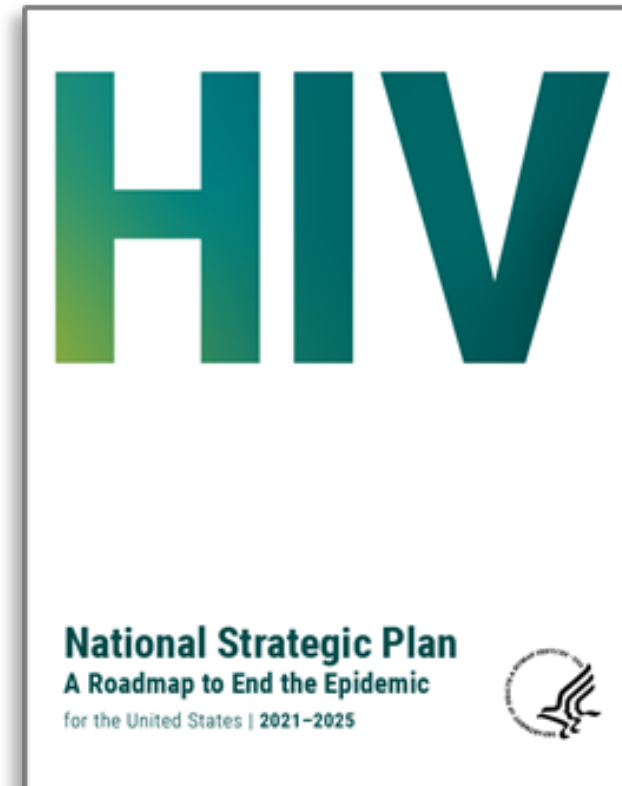
# Ending the HIV Epidemic

- President Biden has requested \$670 Million from Congress to help end the HIV epidemic
- The administration is committing to “*help accelerate and strengthen efforts to end the HIV/AIDS epidemic in the United States.*”
- Federal, state and local EHE implementing agencies have maintained a balanced approach—continuing critical HIV operations while responding to the emerging needs resulting from COVID-19.

## HIV National Strategic Plan

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- 5-Year Plan released in Jan. 2021
- Roadmap for all HIV Stakeholders
- Builds on National HIV/AIDS Strategy
- Complements Ending the HIV Epidemic initiative
- Visit [www.hiv.gov](http://www.hiv.gov) to learn more and download the HIV Plan





It's Time to End the HIV Epidemic

## The U.S. government's *Four for Forty* themes are:

### ▪ Reflect

- ✓ We honor the more than 32 million people who have died from AIDS-related illness in the U.S. and globally since the start of the HIV epidemic.

### ▪ Recommit

- ✓ The U.S. government is fully committed to working with a diversity of partners to help end the HIV epidemic at home and abroad, especially in communities of people living with and at risk for HIV.

### ▪ Reenergize

- ✓ We have made remarkable progress in preventing and treating HIV in the U.S. and around the world, but our work is not finished – and the COVID-19 pandemic has slowed and threatened hard-won gains.

### ▪ Reengage

- ✓ We need continued contributions and innovation from all sectors of our diverse society in order to end the HIV epidemic. We also must reengage and coordinate with our partners around the world for maximum and enduring impact.

## It's Time to End the HIV Epidemic: National Webinar

**TUESDAY, JUNE 1, 2021**

**12:00 - 3:30 P.M. ET**

### FEATURED KEYNOTE SPEAKER:

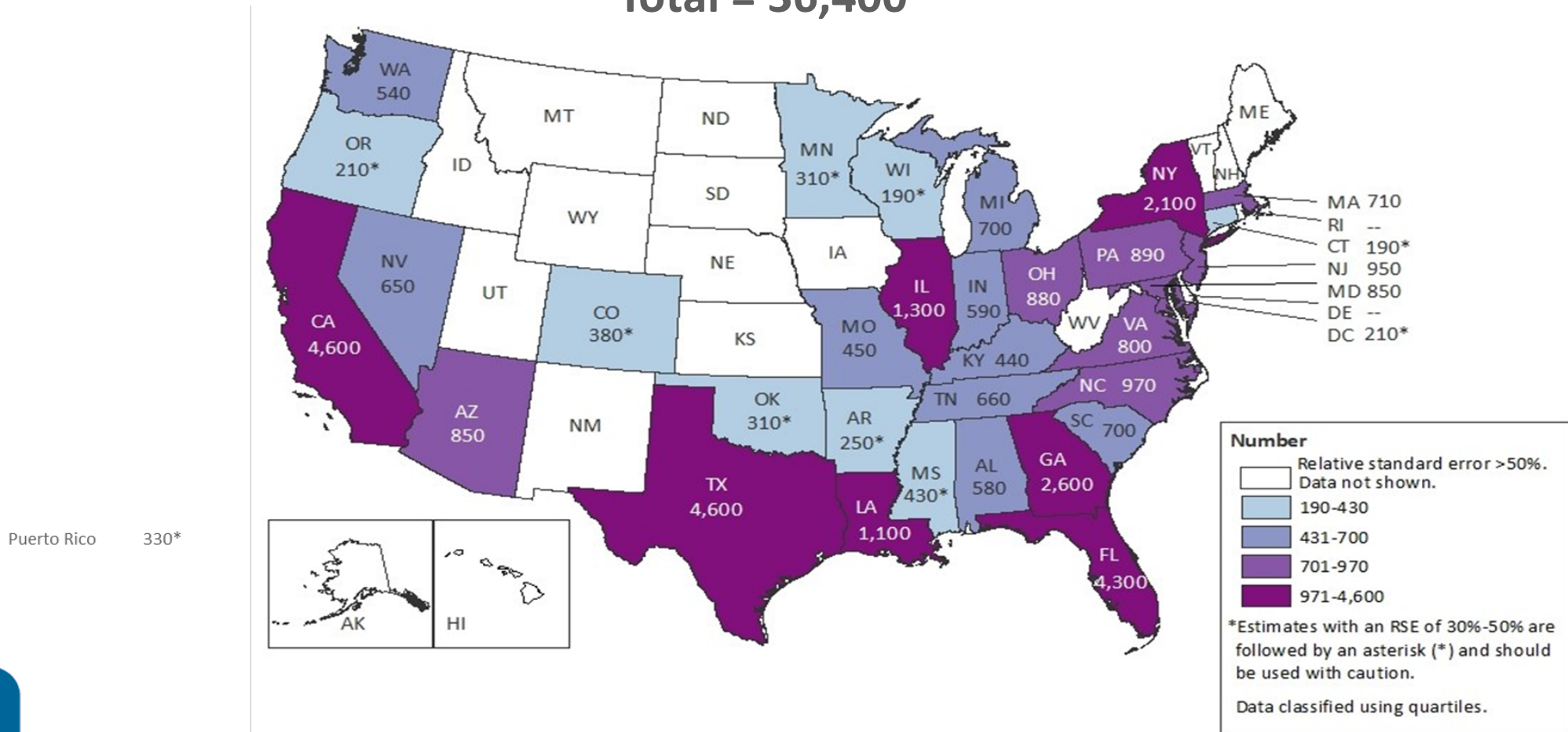
- Rachel L. Levine, M.D., Assistant Secretary for Health

### PRESENTERS & PANELISTS:

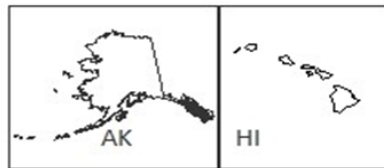
- A testimony of life experience by a Long-term HIV Survivor, Community-Based Organization, Health System Providers, and Local Department of Health.

# Estimated HIV Incidence among Persons Aged ≥13 Years, by Area of Residence 2018—United States

Total = 36,400<sup>†</sup>



Puerto Rico 330\*



Note. Estimates were derived from a CD4 depletion model using HIV surveillance data. Estimates rounded to the nearest 100 for estimates >1,000 and to the nearest 10 for estimates ≤1,000 to reflect model uncertainty.

<sup>†</sup>Total estimate for the United States does not include data for Puerto Rico.



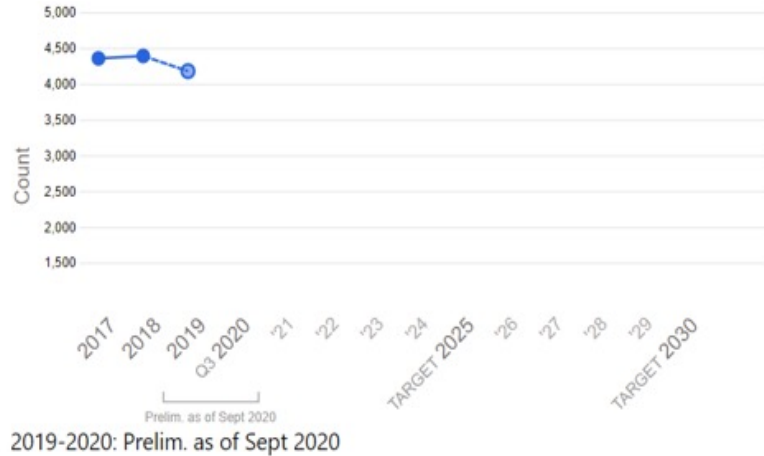


# Texas EHE Indicator Data

## Diagnoses



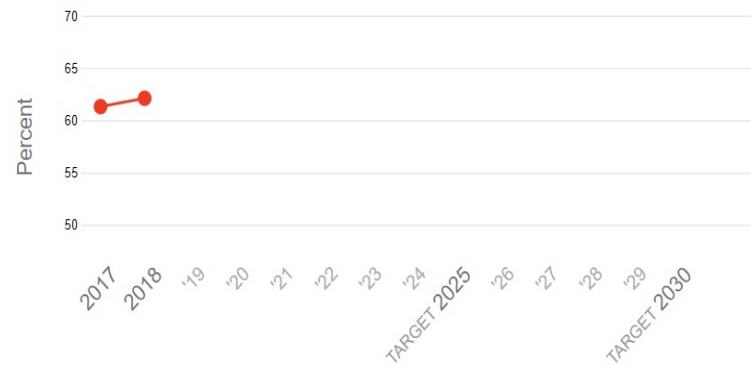
Diagnoses is the number of people with HIV diagnosed in a given year confirmed by laboratory or clinical evidence.



## Viral Suppression



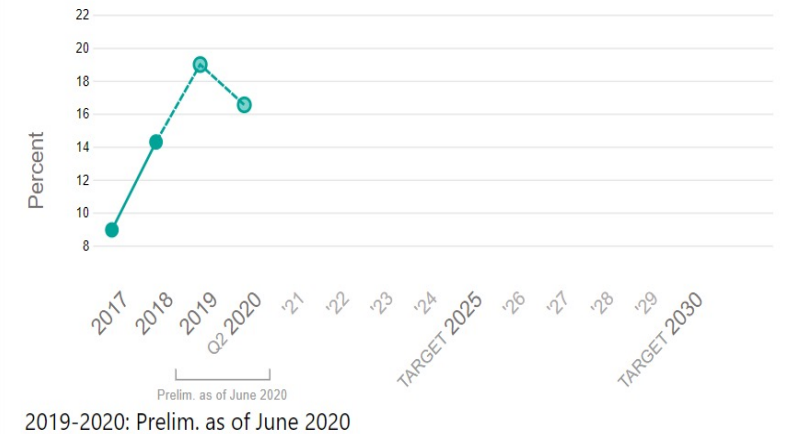
Viral suppression is the percentage of people living with diagnosed HIV infection who have an amount of HIV that is less than 200 copies per milliliter of blood, in a given year.



## PrEP Coverage



PrEP coverage is the estimated percentage of individuals prescribed PrEP among those who need it.



## Provider Engagement Strategy: *Meet people where they are*

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### Essential Role

- Normalize sexual health and substance use discussions
- Test for HIV, viral hepatitis, STIs
- Vaccinate for Hep A, B and HPV
- Provide HIV prevention: PrEP, PEP
- Link to HIV treatment
- Link to substance use treatment and syringe services programs

### Provider Target Audience

- Primary care
  - Family physicians, internists, pediatricians, ob-gyn
- Addiction medicine
- Mental health
- Federally Qualified Health Centers
- Emergency Department
- Pharmacists
- Nurse practitioners and physician assistants
- Nurses

## Tactics

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- **Working with national professional societies**
  - Presentations at meetings
  - Blurbs/resources for e-newsletters and webpages
  - Aligned messaging for HIV Awareness Days
- **Working at Regional & State levels**
  - Providers, health care systems, societies
  - Academic institutions
  - Pharmacies/businesses
  - Patients and patient advocacy groups
  - Community-based organizations
  - Departments of health
  - Payers



## Lessons Learned

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- Start with buy-in from leadership – what's in it for us?
- Identify provider and staff champions to recruit and train others
- Need training on cultural sensitivity, compassion, HIV 101 and resources for all staff
- Need training on normalizing sexual health and substance use discussions
- Address barriers to engagement: stigma, business model, time constraints, etc.
- Share best practices:
  - Provide protocols, how to's for opt out testing, telehealth, etc.
  - Use peer to peer learning
- Promote navigation services to enhance linkage to care

## **Provider Engagement Strategy: Key Take-Aways**

---

***Meet people where they are***

***Avoid missed opportunities***

***Strengthen the connection: linkage to care***



**OASH**

Office of the  
Assistant Secretary  
for Health

## Questions and Discussion

Contacts:

[Harold.Phillips@hhs.gov](mailto:Harold.Phillips@hhs.gov)

[Judith.Steinberg@hhs.gov](mailto:Judith.Steinberg@hhs.gov)

**[www.hiv.gov](http://www.hiv.gov)**

**[www.hhs.gov/oidp](http://www.hhs.gov/oidp)**

**[@hivgov](https://twitter.com/hivgov)**



# Ann Dills, MSW



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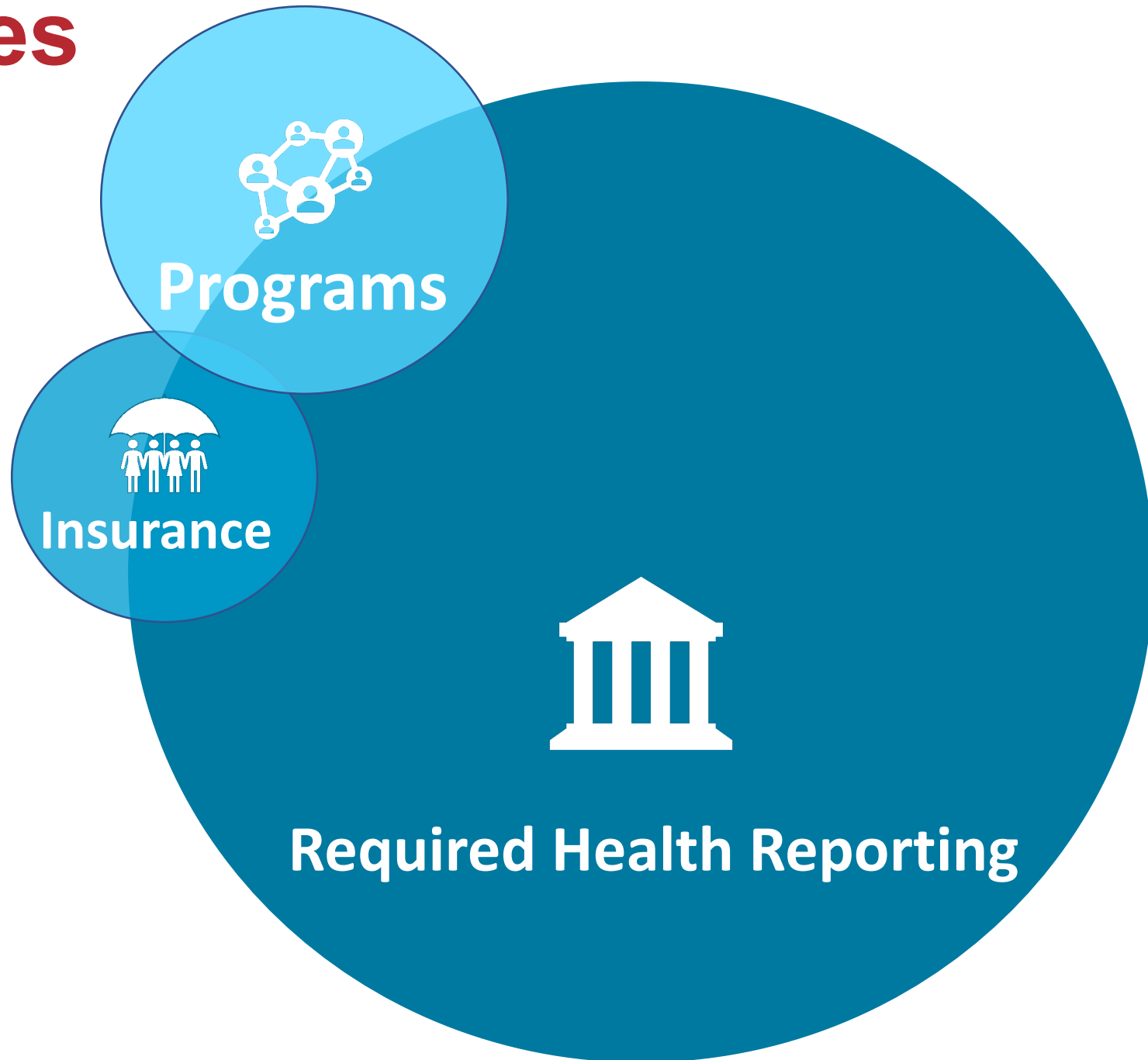


# HIV Trends

Ann Dills, MSW  
HIV Systems Consultant  
Texas DSHS HIV/STD Program  
[Ann.Dills@dshs.texas.gov](mailto:Ann.Dills@dshs.texas.gov)



# Data Sources



# Texas HIV Priority Populations



Latinx Gay, Bisexual  
and other Men who  
have Sex with Men  
(Latinx MSM)



Black Gay, Bisexual  
and other Men who  
have Sex with Men  
(Black MSM)



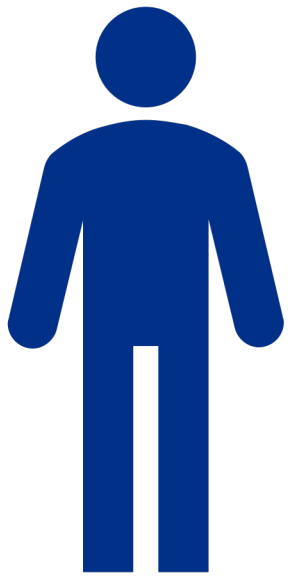
White Gay, Bisexual  
and other Men who  
have Sex with Men  
(White MSM)



Black Women who  
have Sex with Men  
(Black Women)



Transgender Women  
who have Sex with  
Men  
(Transgender Women)



**A person acquires HIV**

# HIV Transmission Mapping – where do we disrupt?

Estimated 111,062 PLWH in Texas in 2018



51% of PLWH achieved viral suppression

49% of PLWH did not achieve viral suppression

51% achieved viral suppression (57,251)

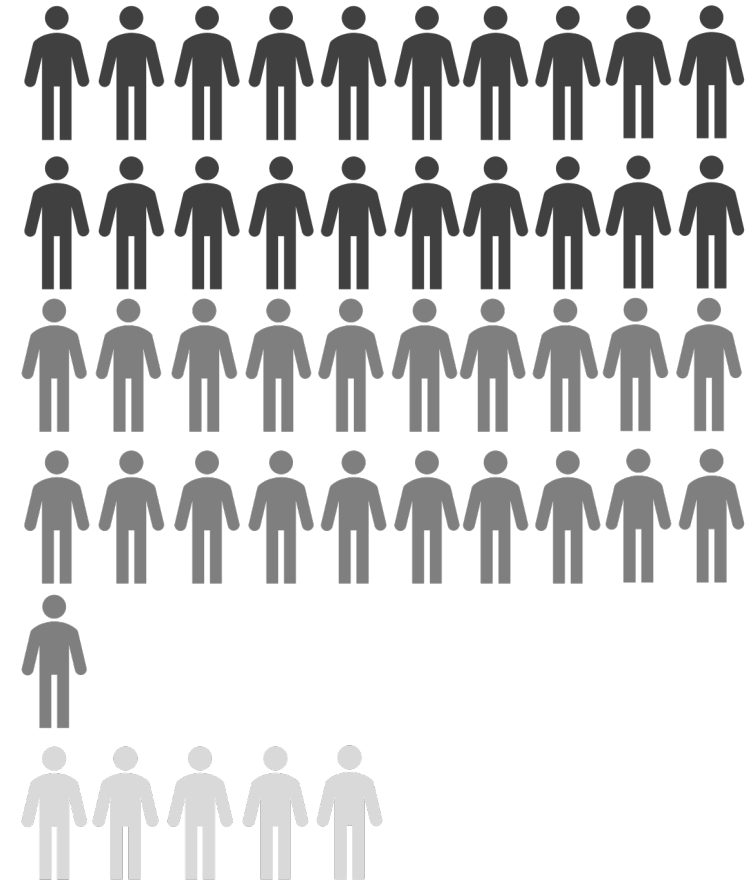
49% did not achieve viral suppression (57,251)

4,617 people with new HIV infections

44%

45%

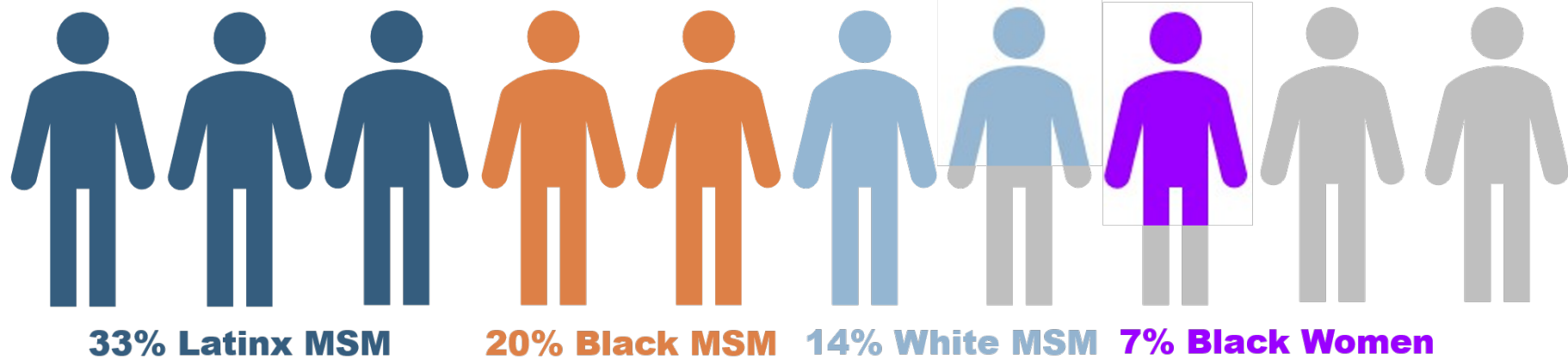
11%



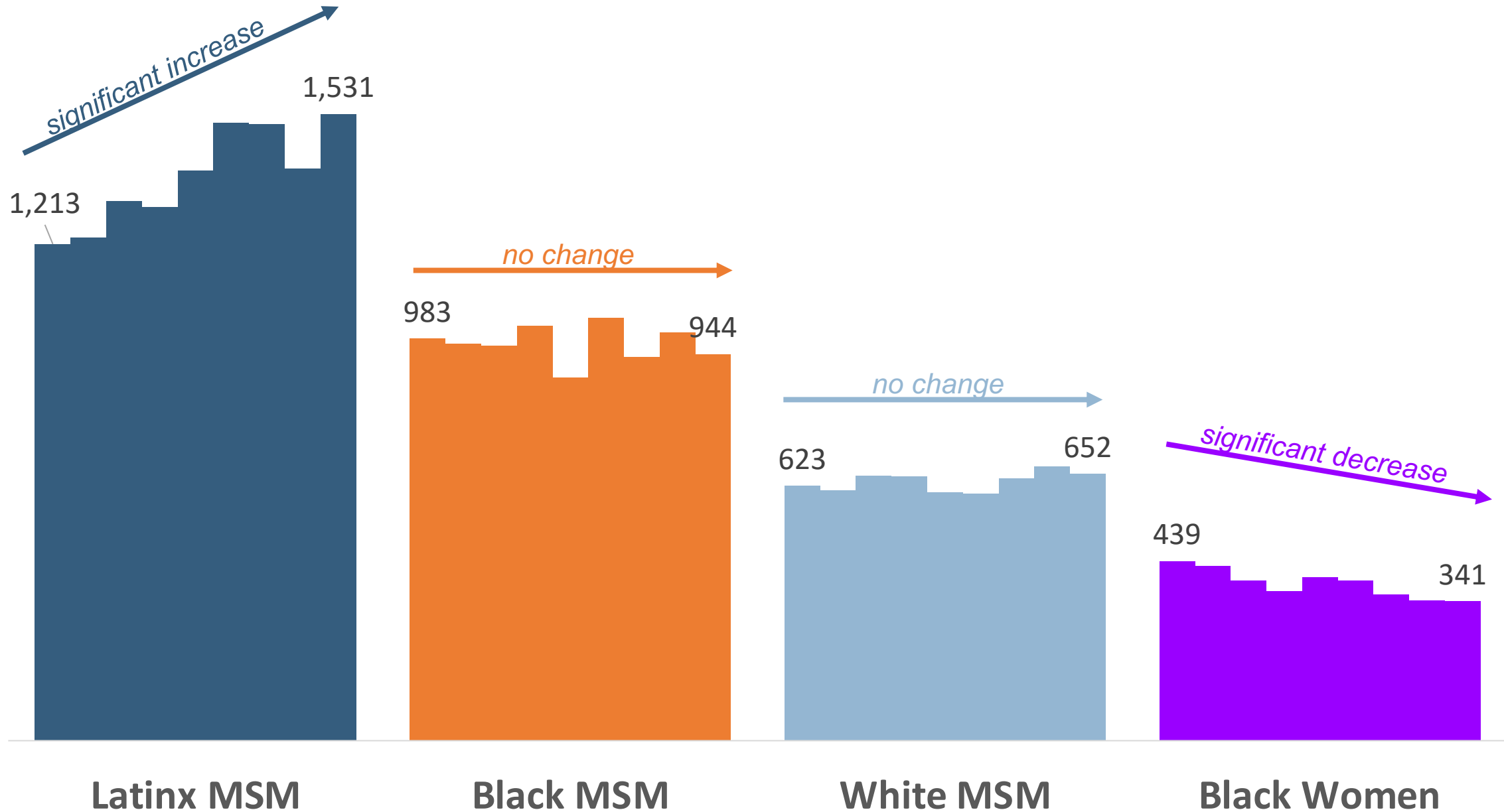
= 1,000 people

= 100 people

# HIV incidence in Texas



# HIV incidence in Texas, 2010-2018





They get a diagnosis



They get on ART & retained in care



They have a suppressed viral load



People Living With HIV (PLWH) **know their status**



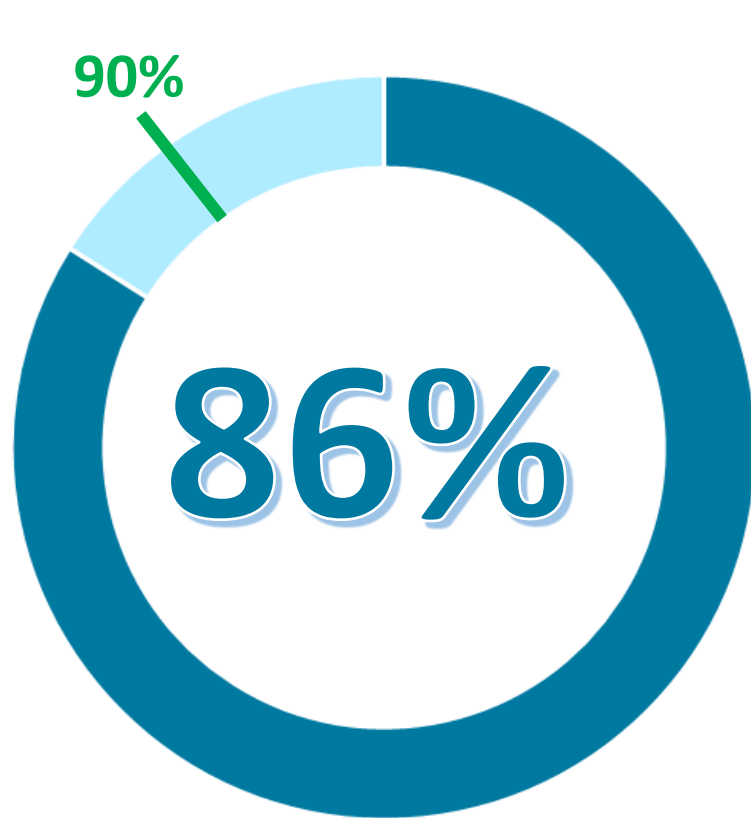
PLWH who know their status **are on ART**



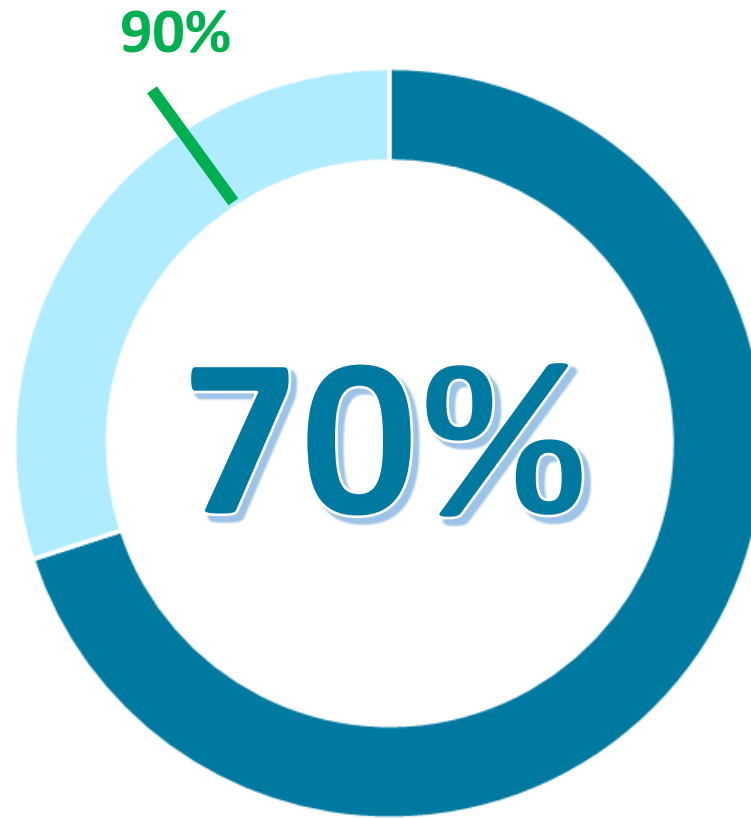
PLWH who are on ART **achieve viral suppression**

# Achieving Together: 90/90/90 – Texas 2019

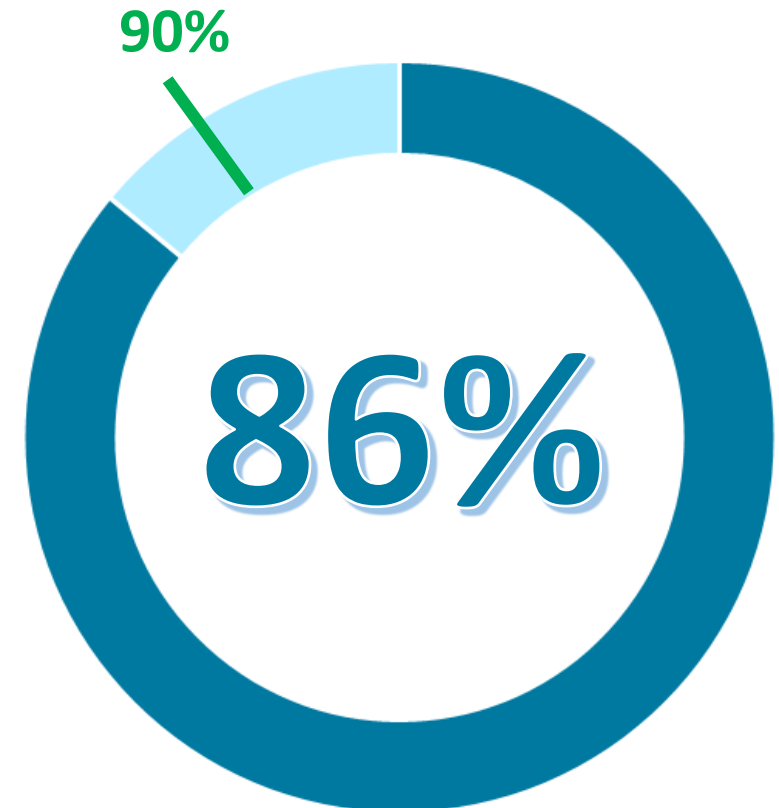
*Diagnosis*



*Retention in Care*



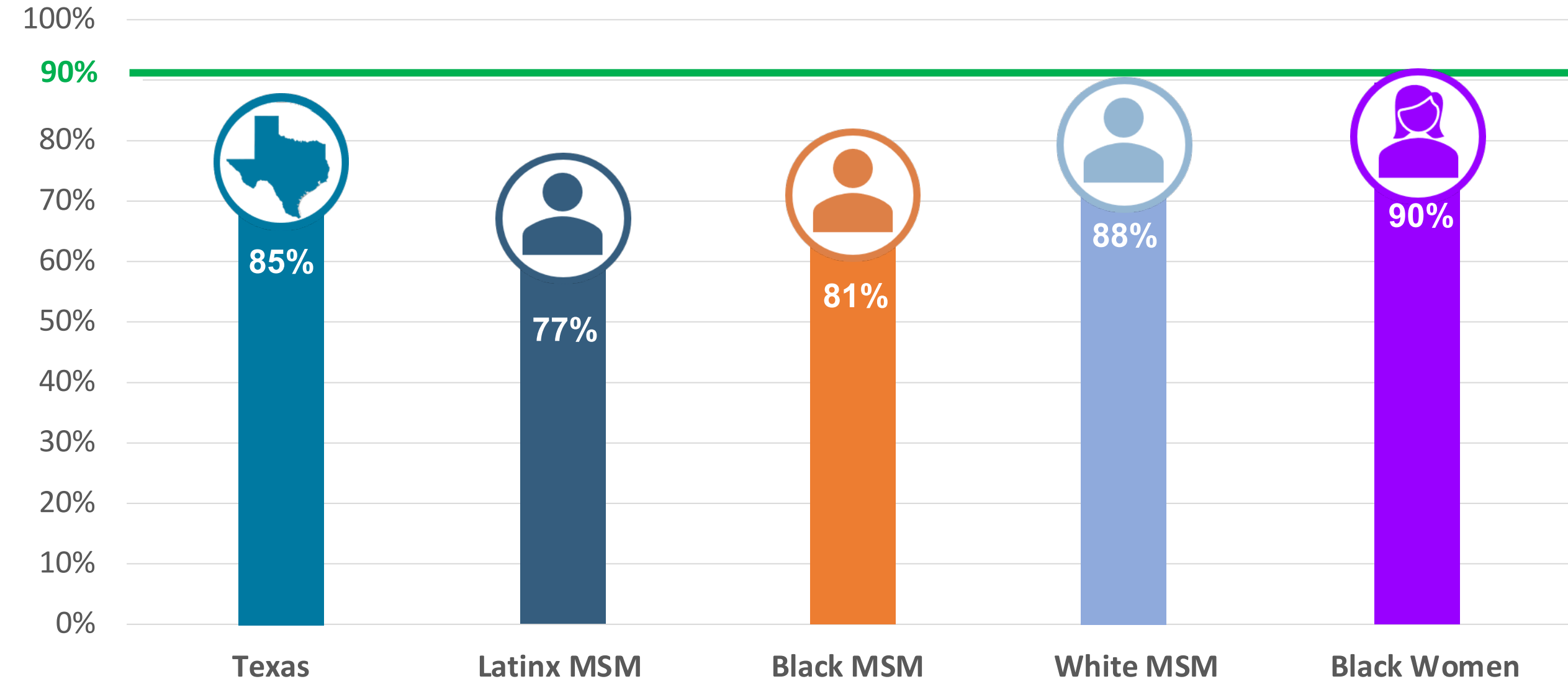
*In-Care Viral  
Suppression*





# HIV Diagnosis in TX – Priority Populations

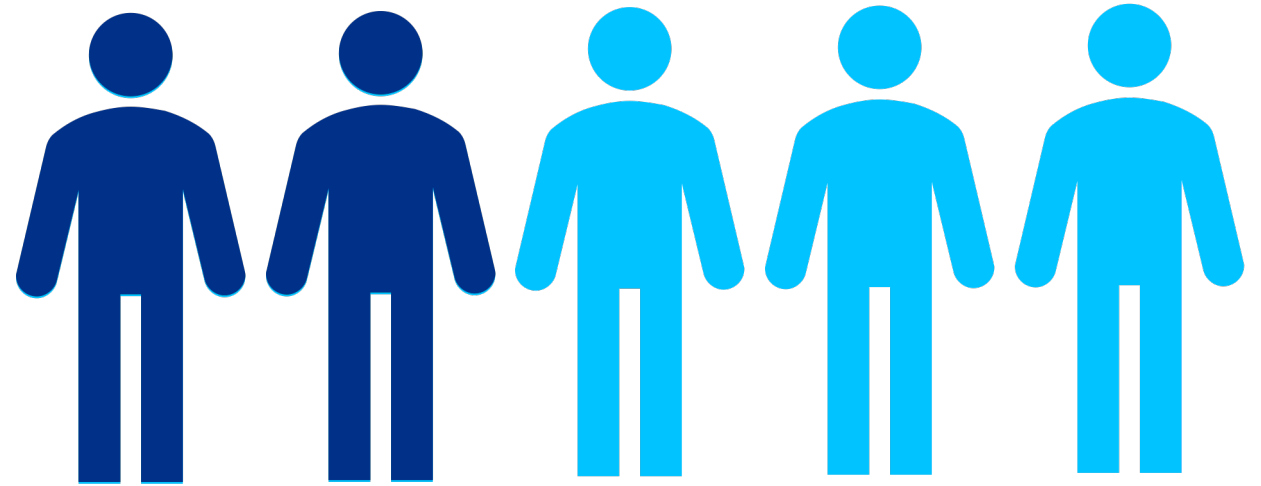
*Estimated proportion of PLWH who have diagnosed HIV in 2018*



# HIV Diagnosis in Texas



Of the **16,000 Texans** who are living with **undiagnosed HIV**

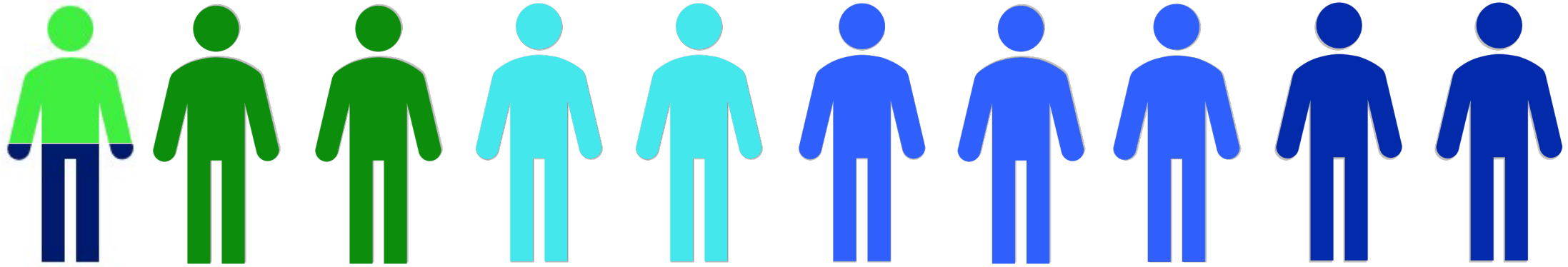


people with undiagnosed HIV

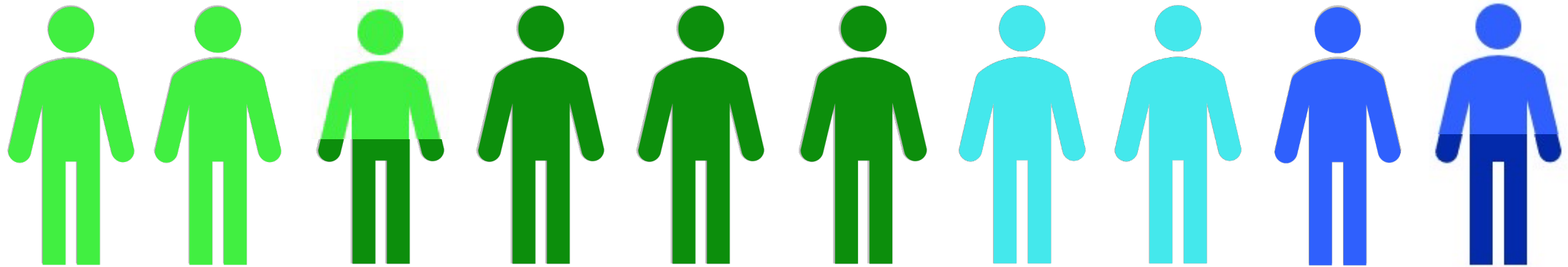
# 25-34

# TX PLWH and New Diagnoses, by Age, 2019

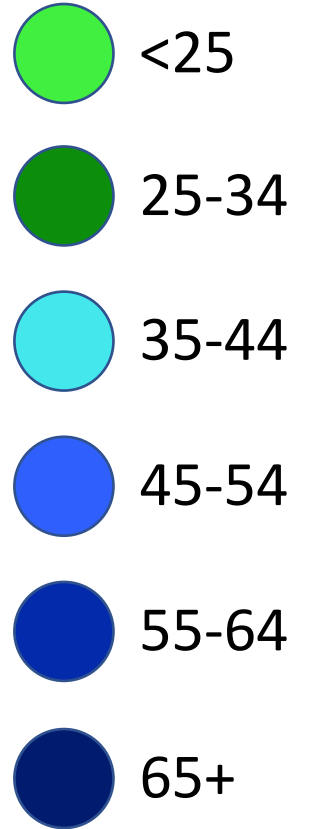
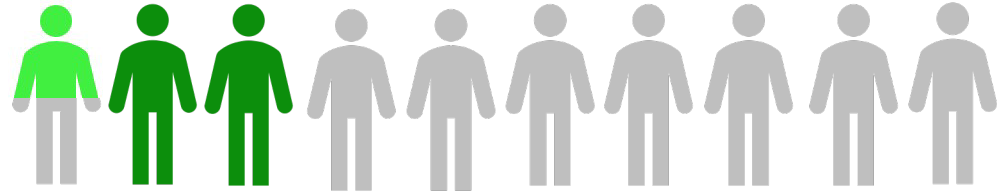
**PLWH**



**New  
Diagnoses**



# Texas PLWH, by Age, 2019



Texas

Latinx MSM

White MSM

Black MSM

Black Women

Transgender  
Women

# Treatment Cascade Stoplight System

Retention In Care

< 69%

70% - 89%

90% <

*Stop and examine further, May be a priority*

*May need to examine further, May not be a priority*

*Maintain Current Activities, Look for Promising Practices*



In-Care  
Viral Suppression

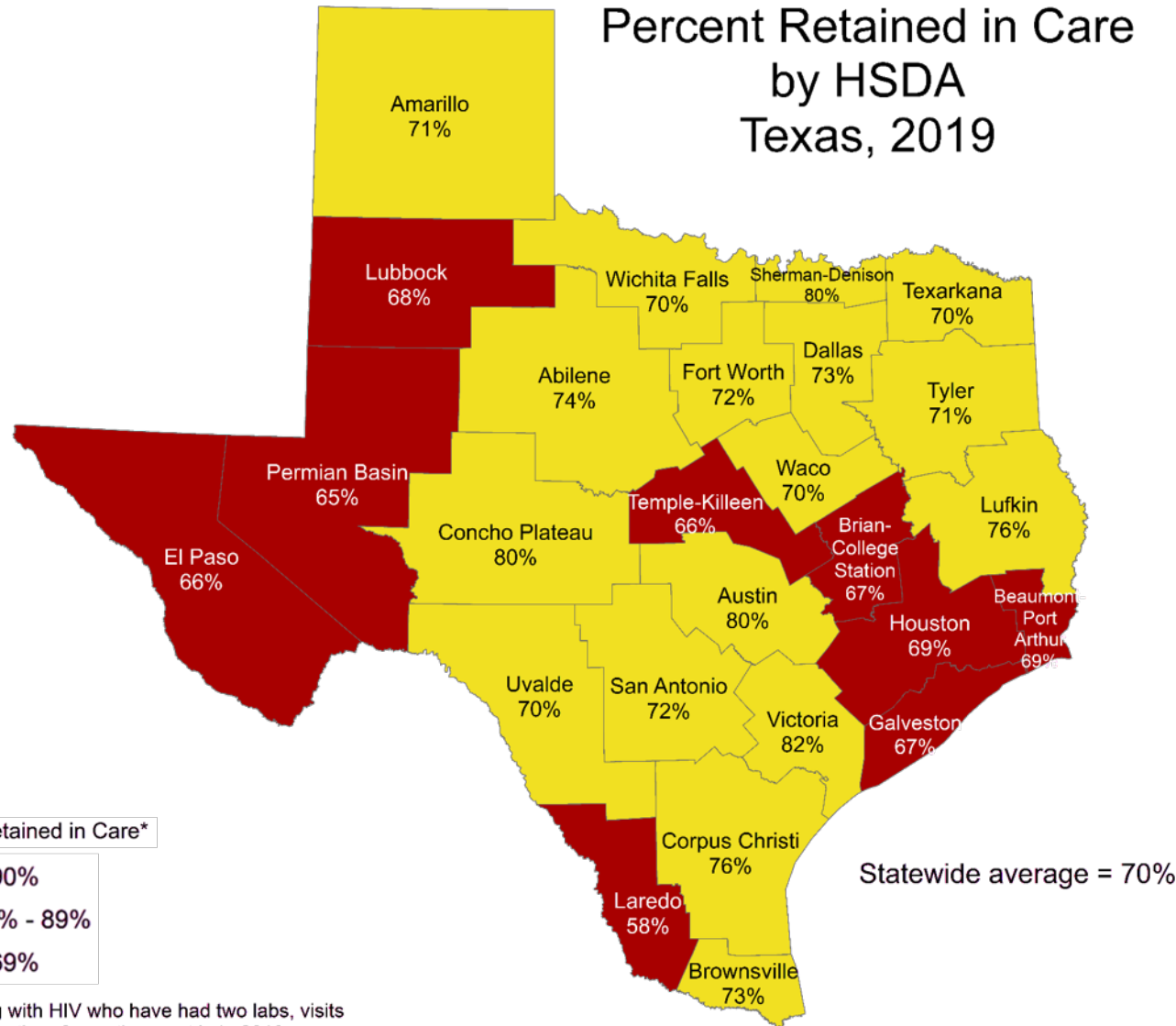
< 84%

85% - 89%

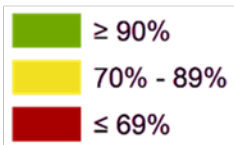
90% <

# Treatment Cascade Stoplight System

Percent Retained in Care  
by HSDA  
Texas, 2019



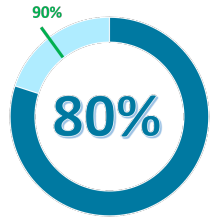
Percent Retained in Care\*



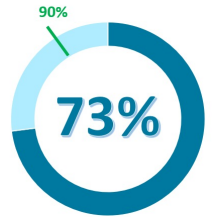
\*People living with HIV who have had two labs, visits or ARVs more than 3 months apart in in 2019.

Source: Texas eHARS, 2020.

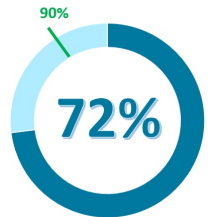
Austin HSDA



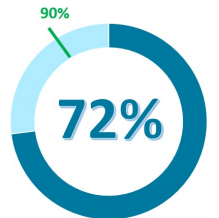
Dallas HSDA



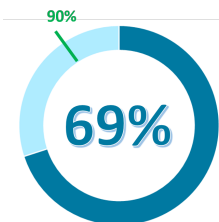
San Antonio HSDA



Ft. Worth HSDA

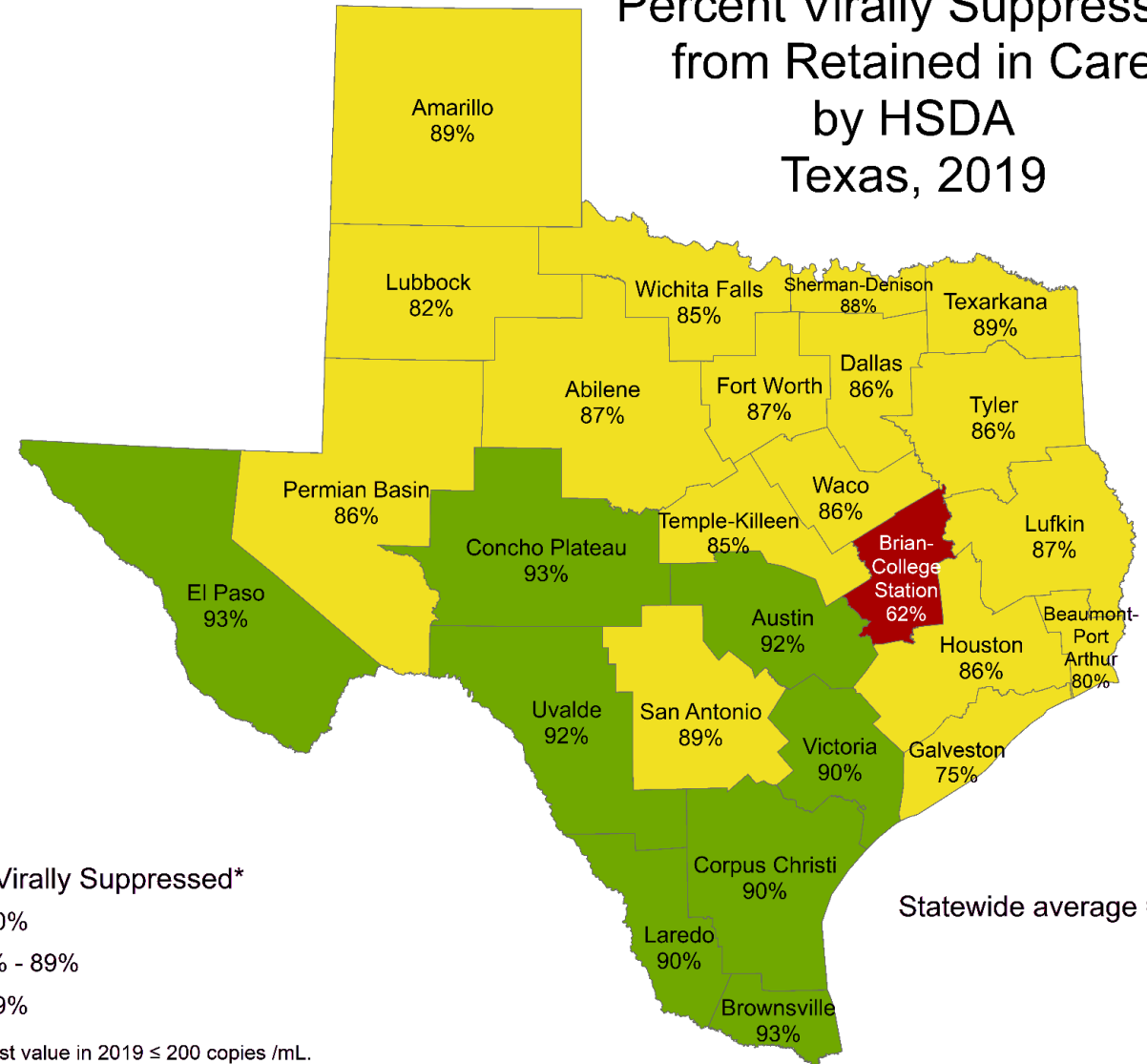


Houston HSDA



# Treatment Cascade Stoplight System

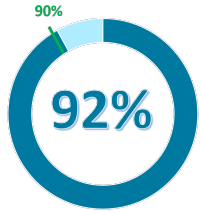
Percent Virally Suppressed from Retained in Care by HSDA Texas, 2019



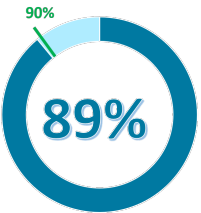
Percent Virally Suppressed\*

- ≥ 90%
- 70% - 89%
- ≤ 69%

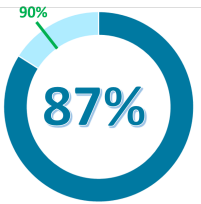
\*Last viral test value in 2019 ≤ 200 copies /mL.



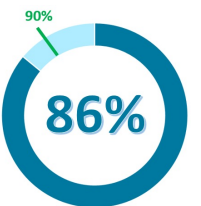
Austin HSDA



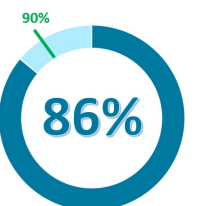
San Antonio HSDA



Fort Worth HSDA

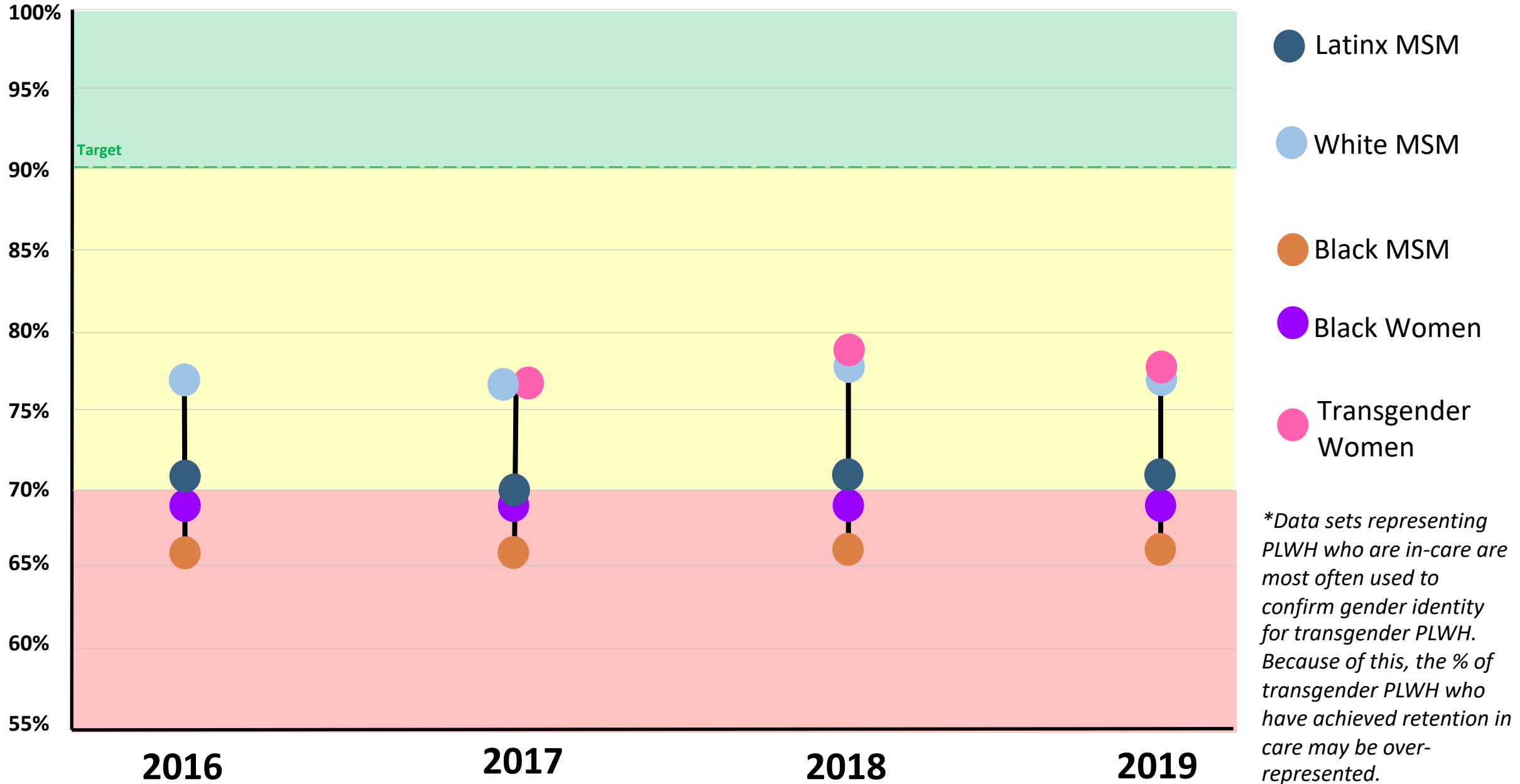


Houston HSDA



Dallas HSDA

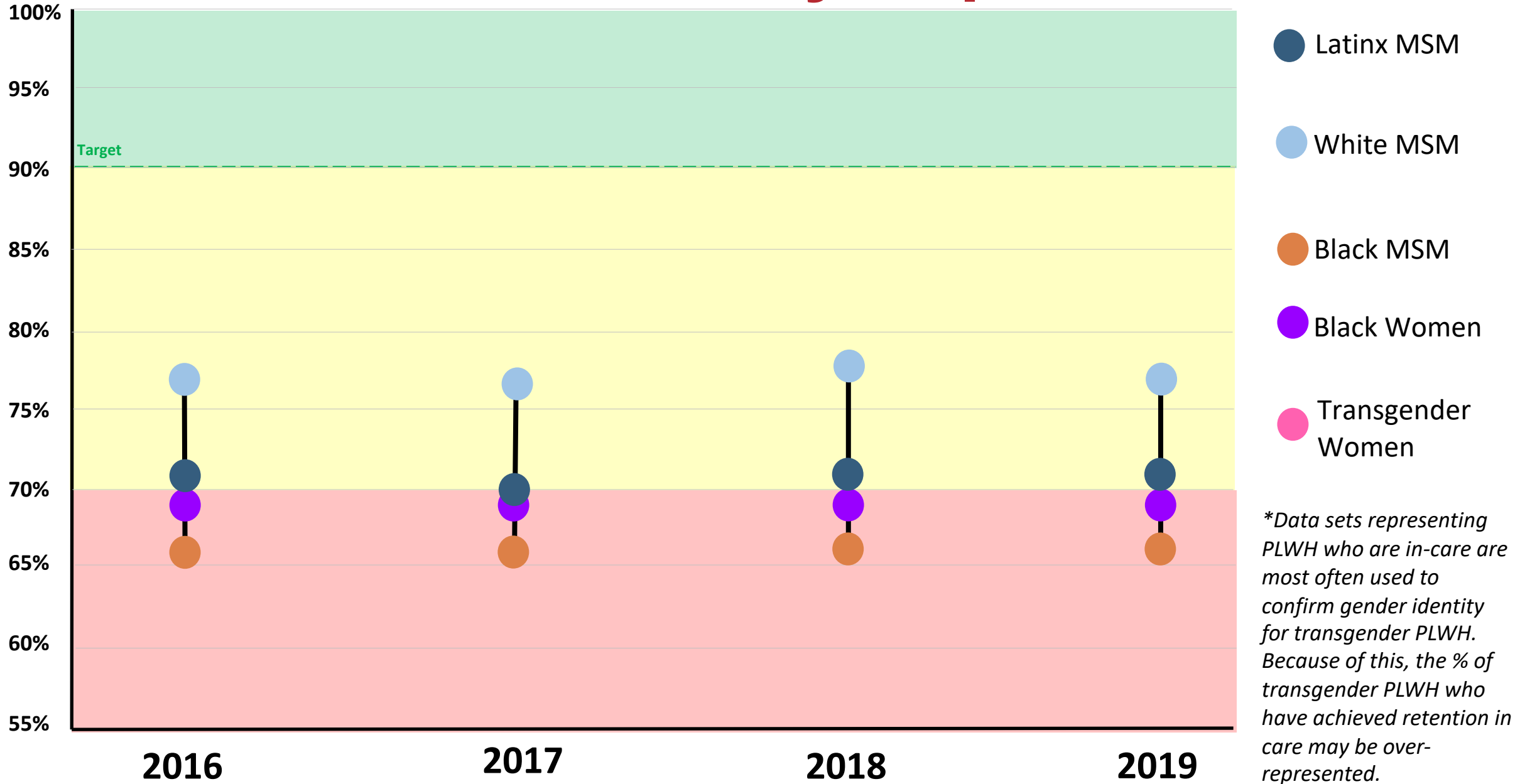
# Retention in Care, Priority Populations



*\*Data sets representing PLWH who are in-care are most often used to confirm gender identity for transgender PLWH. Because of this, the % of transgender PLWH who have achieved retention in care may be over-represented.*

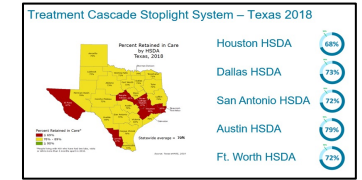
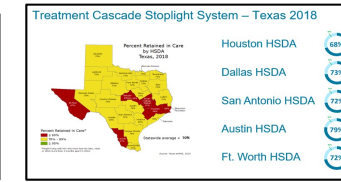
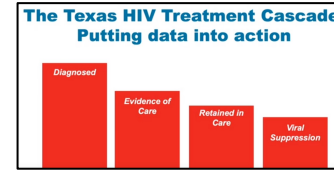


# Retention in Care, Priority Populations



# Resources

## Data Overview



<https://achievingtogethertx.org/hiv-in-texas-overview/>

## Texas Ending the Epidemic Plan



<https://achievingtogethertx.org/>



# Thank you!

*Texas DSHS HIV Surveillance staff  
Regional HIV Surveillance staff  
Everyone who collects/enters/submits HIV data*

Any Questions?



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# Philip Huang, MD, MPH



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# Ending the HIV Epidemic in Texas

The Role of Healthcare  
Providers and Fast Track  
Counties/Cities

Philip Huang, MD, MPH



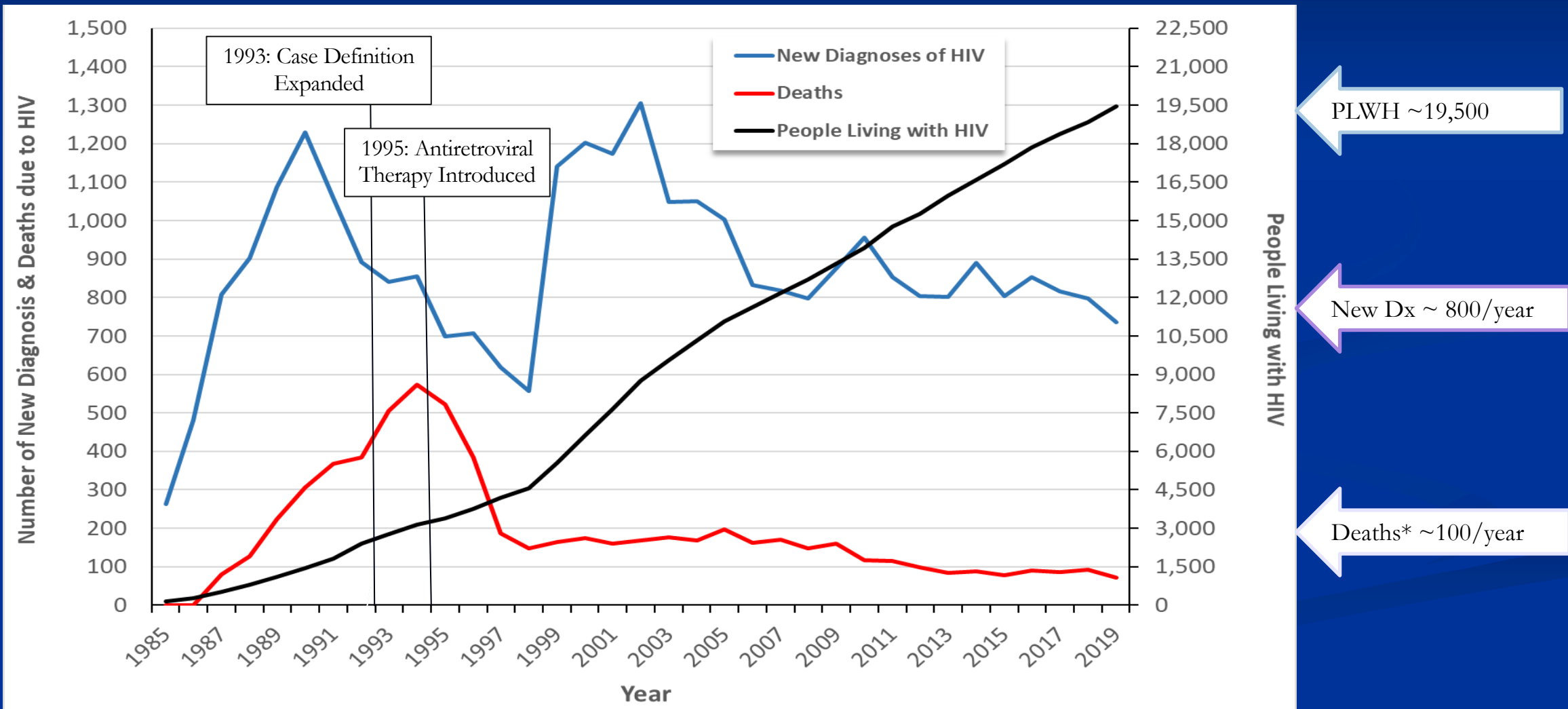
# Ending in the HIV Epidemic in Dallas County



**DCHHS**  
*Safe families, healthy lives*  
Dallas County Health and Human Services



# Dallas County Residents Living with Diagnosed HIV Infections, New Diagnoses and Deaths 1985 - 2019





- **December 2014** – Fast-Track Cities initiative launched World AIDS Day 2014 in the City of Paris
  - 26 cities sign *Paris Declaration on Fast-Track Cities Ending the AIDS Epidemic* committing to fast-track AIDS responses & attain 90-90-90
- Global partnership:
- Currently 25 U.S. cities have signed the Paris Declaration (including San Antonio, Austin, Dallas and Houston).
- Ties in to other efforts: “Achieving Together” and Ending the Epidemic.



# Paris Declaration: “Ending the HIV/AIDS Epidemic” Dallas County, Texas - August 26th, 2019



# Fast Track Cities/EHE



- Fast Track Cities is meant to build upon, strengthen, and leverage existing HIV-specific and -related programs and resources to:
  - **Attain 90-90-90 targets by 2030**
    - 90% of all people living with HIV will know their HIV status;
    - 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and
    - 90% of all people receiving antiretroviral therapy will have undetectable viral load.
  - **Reduce to zero the negative impact of stigma and discrimination**

# Why Now?

We now have effective tools to turn around the HIV epidemic

- Effective Antiretroviral Treatment
  - Dramatic improvement in quality of life and life expectancy (almost equal to general population)
  - People treated with ART with undetectable viral loads CAN NOT transmit the virus (U=U)
- RAPID start
- Expanded Linkage/Retention
- Anti-Stigma Campaigns
- Pre-Exposure Prophylaxis (PrEP)

# Pre-Exposure Prophylaxis (PrEP)

- According to the CDC, when taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92%.
- Modeling studies show that providing PrEP to MSM at highest risk will have a significant additional impact on the HIV incidence by the combined effect of averting HIV among high risk MSM taking PrEP and the prevention of onward sexual transmission to others, estimates ranging from 15-60% reduction.

# Current Status of 90-90-90 Goals in Dallas EMA

GOAL	CURRENT STATUS (as of 2019)	GAP
Goal 1: 90% of all people living with HIV will know their HIV status.	An estimated 83% of all Dallas County residents living with HIV know their status.	7%
Goal 2: 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.	73% of individuals in Dallas EMA diagnosed with HIV are currently retained in care.	17%
Goal 3: 90% of all people receiving antiretroviral therapy will have viral suppression.	86% of people who are retained in care are virally suppressed.	4%
Goal 4: 50% reduction in new infections	There were 735 new diagnoses of HIV in the Dallas HSDA.	50%

Sources: 2019 HIV Continuum of Care – Dallas HIV Service Delivery Area (EMA)

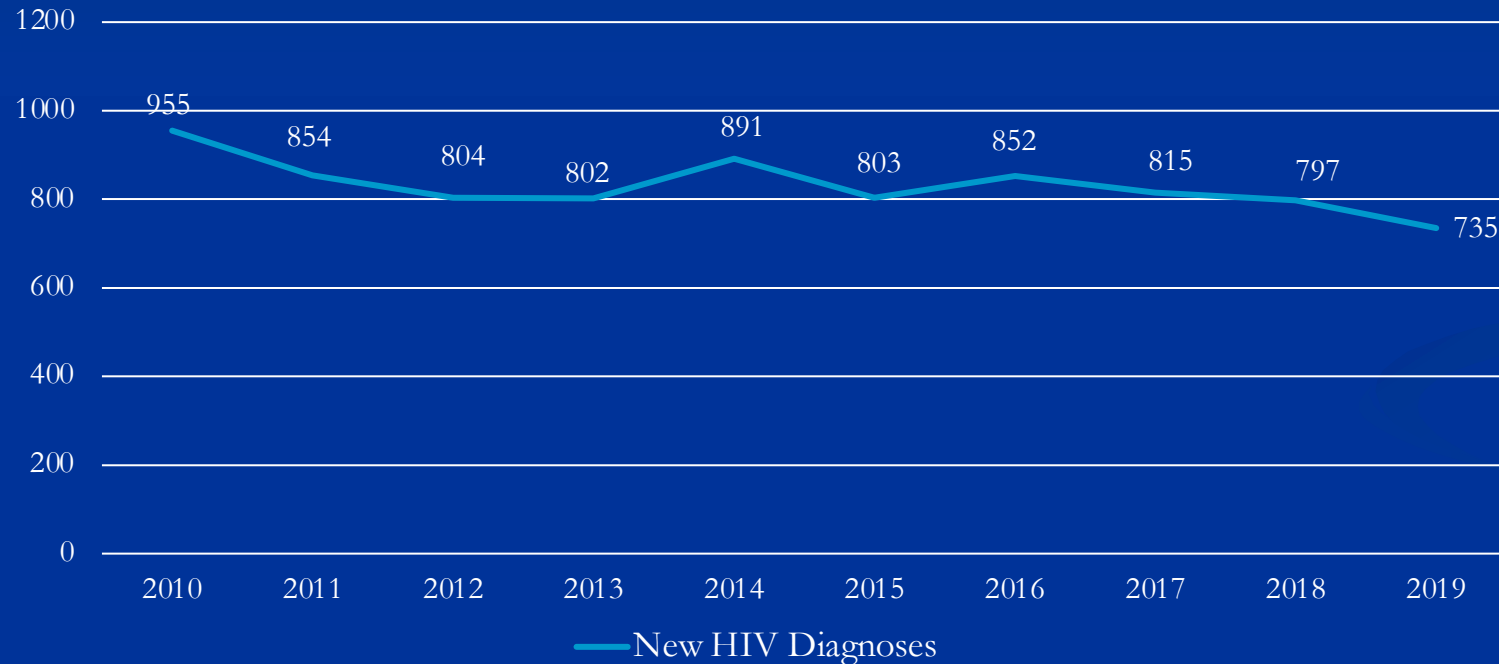
# Dallas Fast Track, Achieving Together, ETE County

Convener: DCHHS

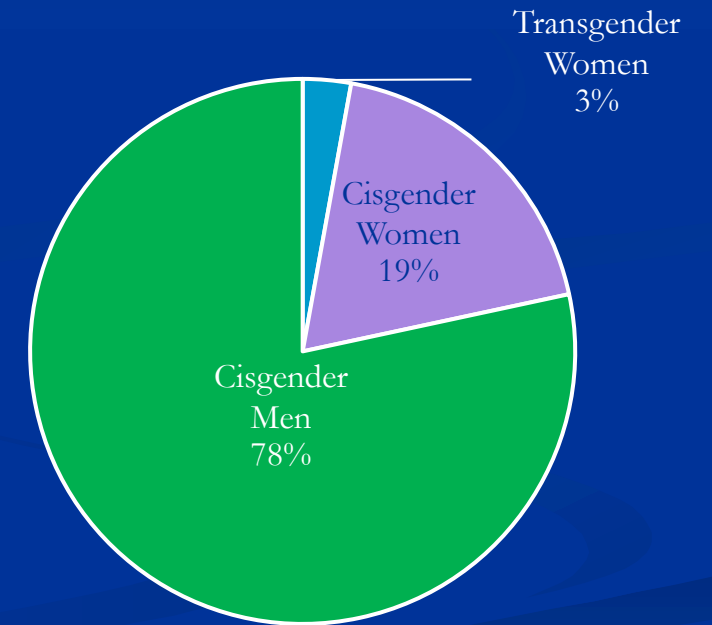


# New HIV Diagnoses: Dallas county, 2019

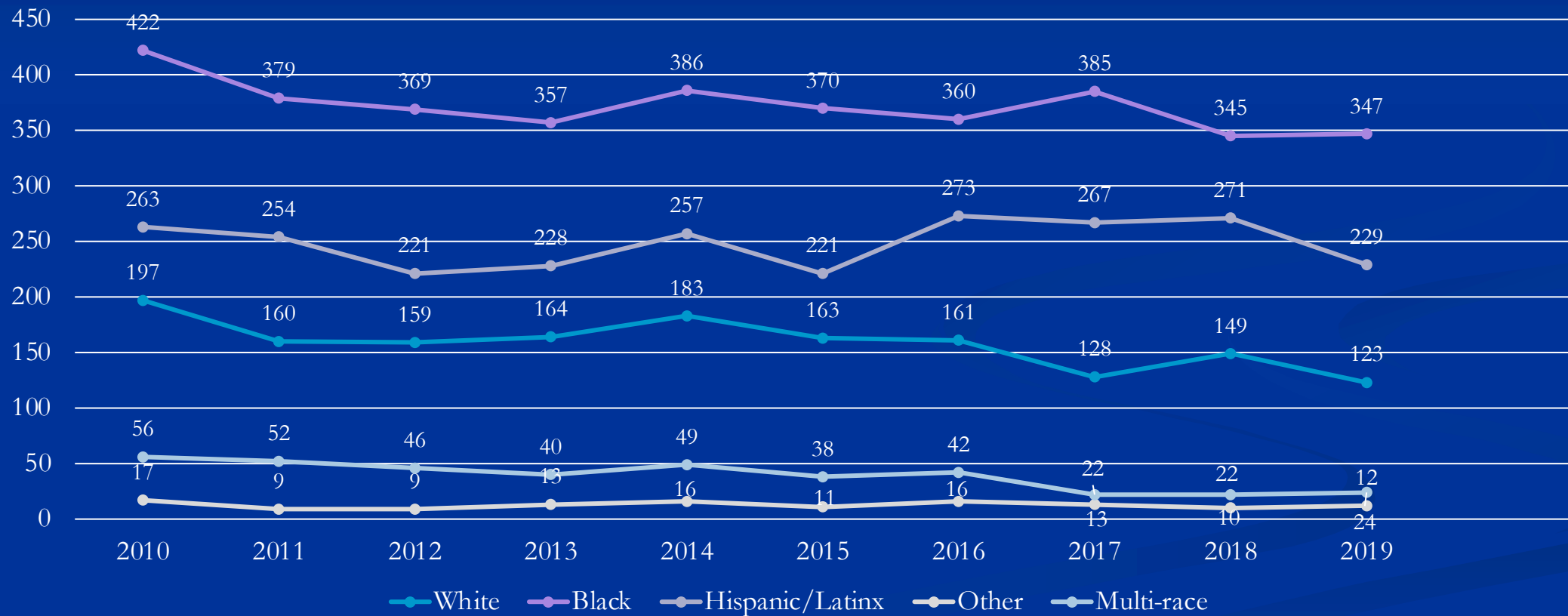
## New HIV Diagnoses



## New HIV Diagnoses by Gender Identity



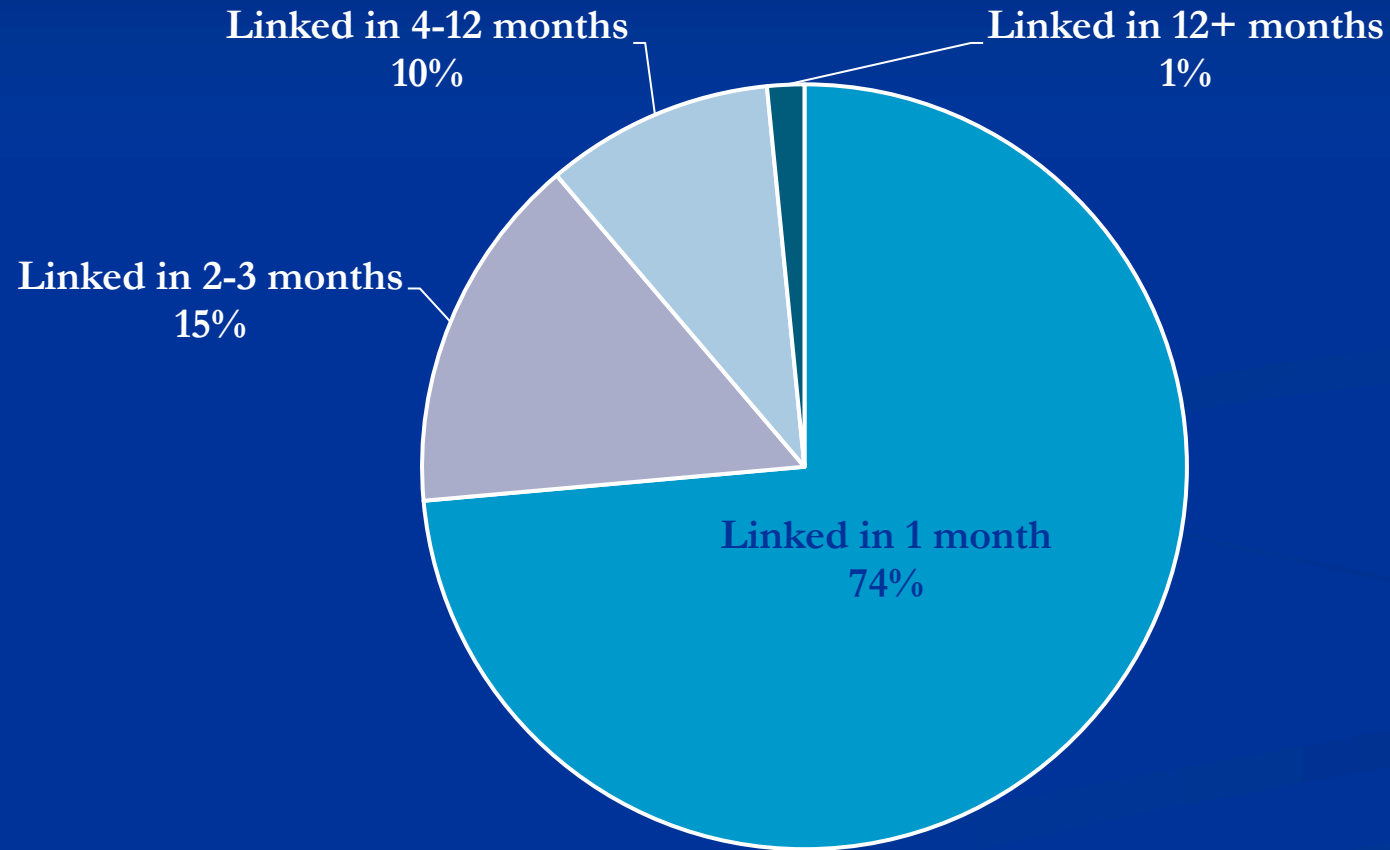
# New HIV Diagnoses By Race/Ethnicity: Dallas county, 2019



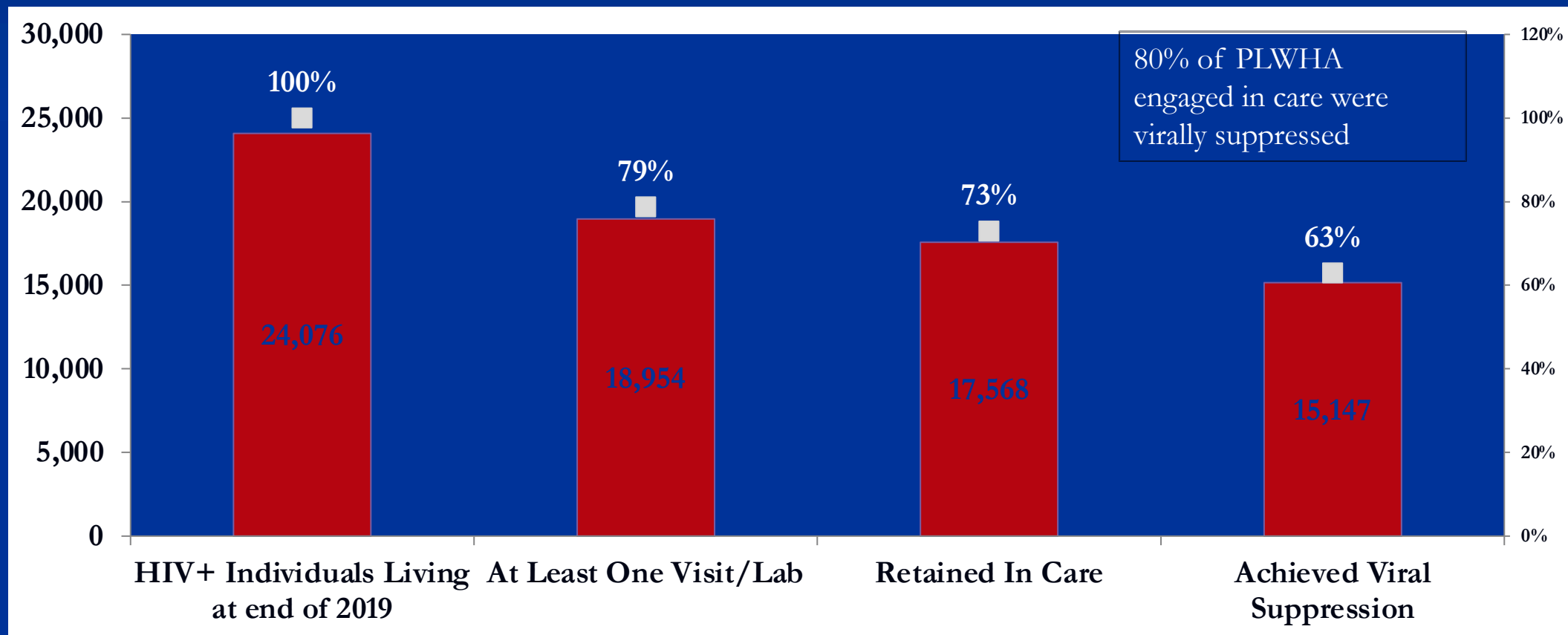


# Linkage to Care: Dallas EMA, 2019

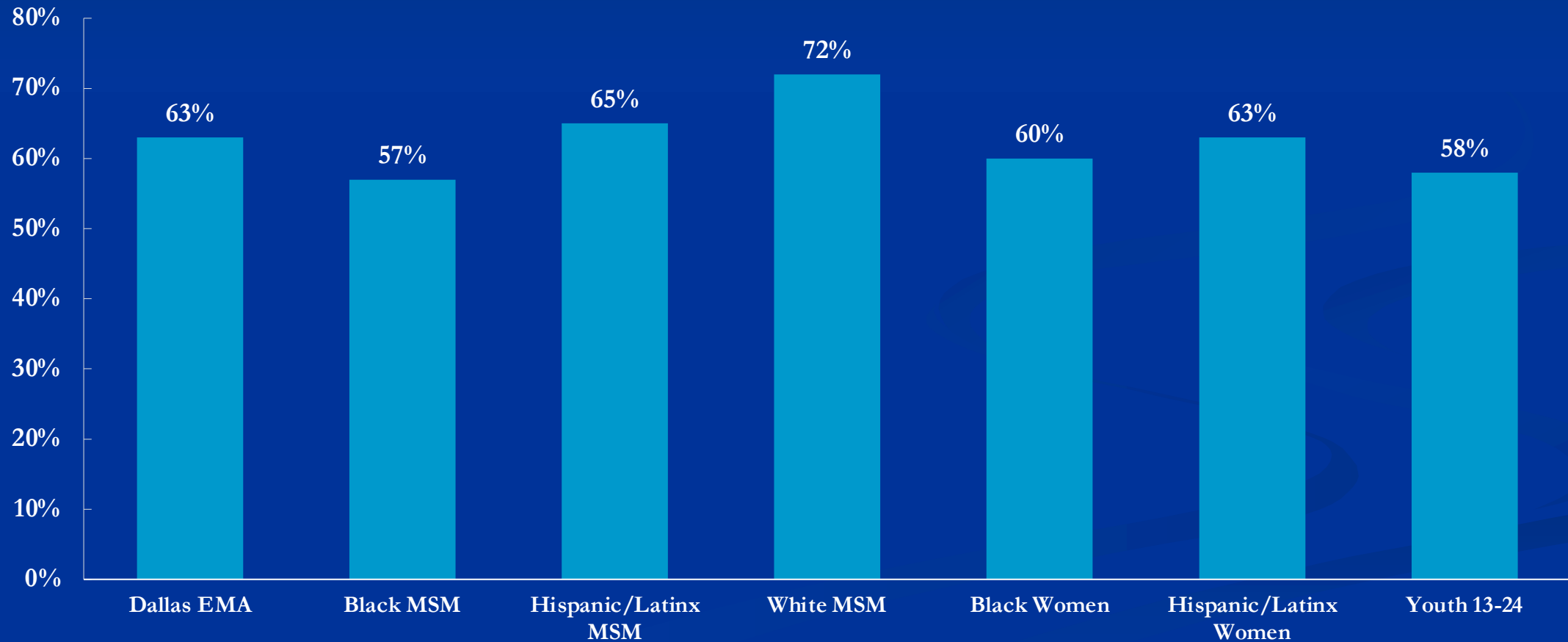
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# HIV Care Continuum: Dallas EMA, 2019



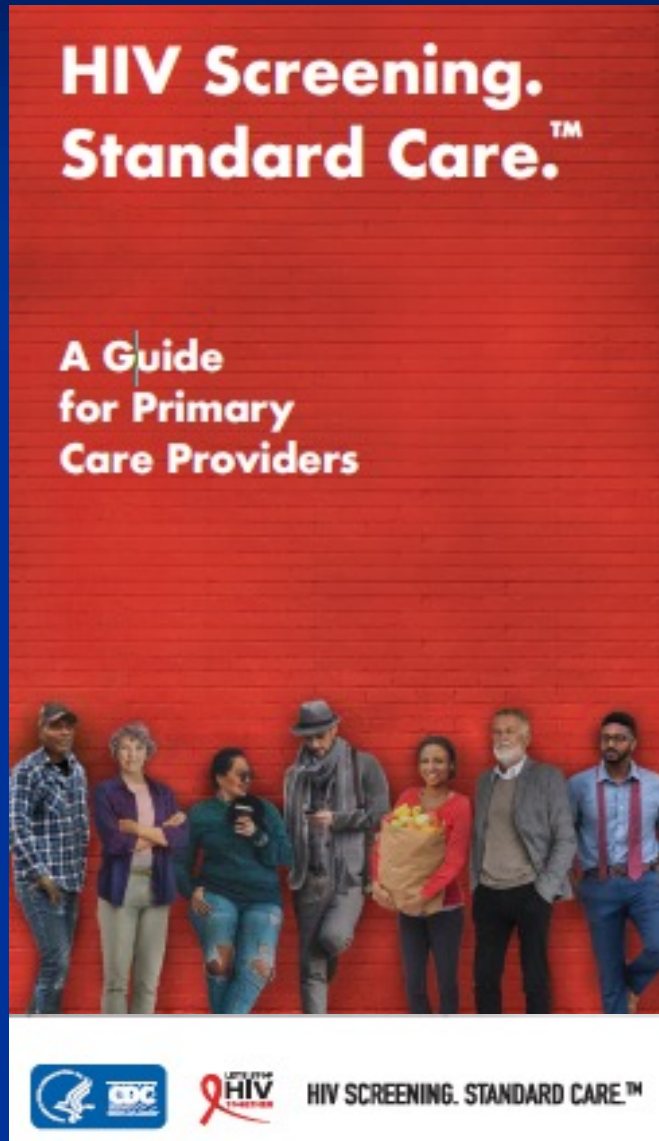
# Viral Suppression by Sub-Population: Dallas Ema, 2019



# What Clinicians Can Do to Help End the HIV Epidemic

- Implement CDC HIV Testing Guidelines
- Prescribe/treat or refer patients for PrEP/nPEP
- Promote other HIV prevention recommendations
- Work on community End the Epidemic or Fast Track City/County initiatives

# HIV Screening Guidelines for Primary Care Providers



- Primary care providers (PCPs) are the front line for detecting and preventing the spread of HIV.
- Despite seeing a PCP, many people at high risk for HIV are not getting tested every year.
- More than 75% of patients at high risk for HIV who saw a PCP in the last year weren't offered an HIV test during their visit.

# Importance of HIV Screening

## Many People Have HIV for Years Before They Know It<sup>3-4</sup>



number of people in 2017 who received an HIV diagnosis



An estimated 1 in 2 people with HIV have the infection 3 or more years before being diagnosed



1 in 4 live with HIV 7 years or more before diagnosis



1 in 5 already have AIDS

- *An estimated 1.1 million people in the United States have the human immunodeficiency virus (HIV), and approximately 1 in 7 (nearly 15%) are unaware of their status.*

# CDC Recommendations

The Centers for Disease Control and Prevention (CDC) is asking PCPs to:

- Conduct routine HIV screening at least once for all their patients
- Conduct more frequent screenings for patients at greater risk for HIV
- Link all patients who test positive for HIV to medical treatment, care, and prevention services

**HIV Testing.  
Linkage to Care.  
The Time Is Now.**

# Benefits of Early HIV Diagnosis

- Early ART keeps people with HIV alive and healthier
- Reduces HIV-associated morbidity and mortality
- Greatly decreases HIV transmission to others
- May reduce the risk of serious non-AIDS-related diseases



# Risk of Transmission with Undetectable Viral Load

Transmission Category	Risk for People Who Keep an Undetectable Viral Load
Sex (oral, anal, or vaginal) <sup>7</sup>	Effectively no risk
Pregnancy, labor, and delivery <sup>11</sup>	1% or less*
Sharing syringes or other drug injection equipment <sup>12</sup>	Unknown, but likely reduced risk
Breastfeeding <sup>13</sup>	Substantially reduces, but does not eliminate risk Current recommendation in the United States is that mothers with HIV should not breastfeed their infants <sup>14</sup>

\* The risk of transmitting HIV to the baby can be 1% or less if the mother takes HIV medicine daily as prescribed throughout pregnancy, labor, and delivery and gives HIV medicine to her baby for 4-6 weeks after giving birth.

# How Often Should Patients be Screened?

- The CDC recommends that individuals between the ages of 13 and 64 get tested for HIV at least once as part of routine health care and that those with risk factors get tested more frequently.
- Patients who may be at high risk for HIV should be screened at least annually.

# Persons Likely to be High-Risk

- People who inject drugs and their sex partners
- People who exchange sex for money or drugs
- Sex partners of people with HIV
- Sexually active MSM (more frequent testing may be beneficial; e.g., every 3–6 months)
- Heterosexuals who themselves or whose sex partners have had  $\geq 1$  sex partner since their most recent HIV test
- People receiving treatment for hepatitis, tuberculosis, or a sexually transmitted disease

# Why Routine, Opt-Out HIV Screening

- Conducting risk-based screening may fail to identify persons with HIV
- Removes the stigma associated with HIV testing
- Fosters earlier diagnosis and treatment
- Reduces risk of transmission
- It's cost-effective

# Additional Resources

## CDC Guidelines

- Recommendations for HIV Prevention with Adults and Adolescents with HIV in the United States, 2014: [www.cdc.gov/hiv/guidelines/recommendations/personswithhiv.html](http://www.cdc.gov/hiv/guidelines/recommendations/personswithhiv.html)
- 2015 Sexually Transmitted Diseases Treatment Guidelines: [www.cdc.gov/std/tg2015/default.htm](http://www.cdc.gov/std/tg2015/default.htm)

## CDC HIV Programs

- HIV Screening. Standard Care. (Encouraging primary care providers to screen all patients for HIV): [www.cdc.gov/ScreenforHIV](http://www.cdc.gov/ScreenforHIV)
- Prevention IS Care (Tools and information for HIV care providers on HIV treatment and care and transmission prevention): [www.cdc.gov/preventioniscare](http://www.cdc.gov/preventioniscare)
- Prescribe HIV Prevention (Information for health care providers about pre-exposure and post-exposure prophylaxis for HIV prevention): [www.cdc.gov/prescribeHIVprevention](http://www.cdc.gov/prescribeHIVprevention)
- **The American Journal of Medicine HIV Resource Center**, [hivscreening.amjmed.com](http://hivscreening.amjmed.com)
- **Clinician Consultation Center** , [www.nccc.ucsf.edu](http://www.nccc.ucsf.edu); 800-933-3413

# References

- Branson B, Handsfield HH, Lampe MA, et al. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health care settings. *MMWR Morb Mortal Wkly Rep* 2006;55(RR-14):1-17.
- Centers for Disease Control, 2021. HIV Screening. Standard Care. <https://www.cdc.gov/stophivtogether/library/hiv-screening-standard-care/brochures/cdc-lsht-hssc-brochure-guide-for-primary-care-providers.pdf>

Thank You!



# That's all, folks!

Any Questions?



Texas Department of State Health Services







# Thank you!



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