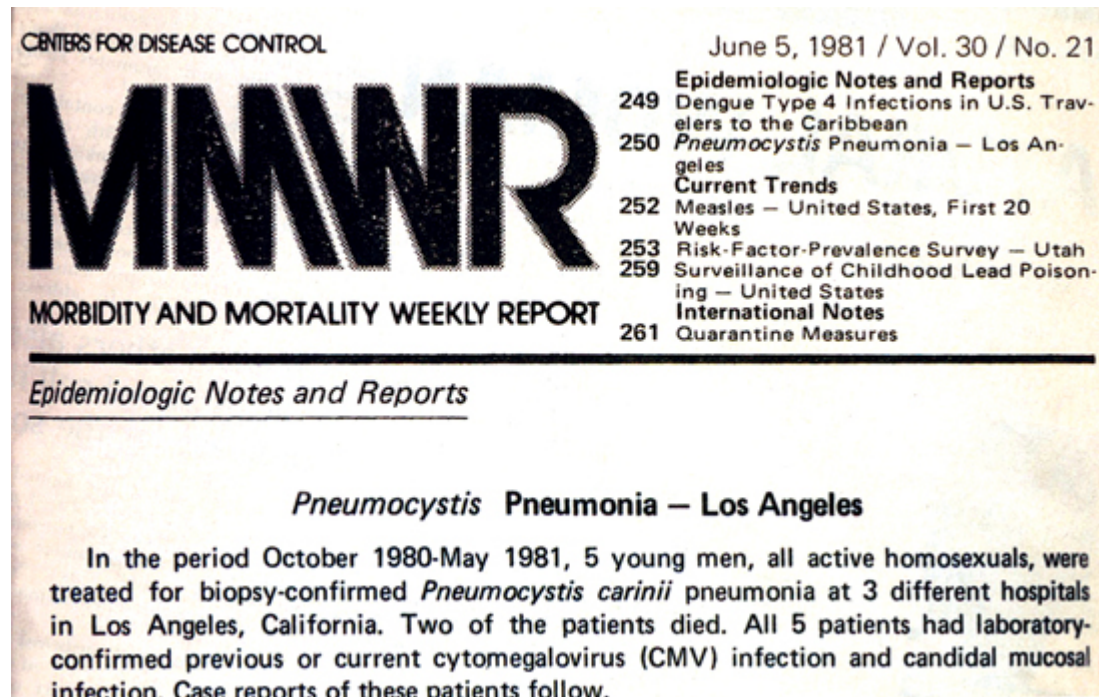


HIV Prevention and Care: 35 Years Later

Debra Guilbault | October 6, 2022



The Beginning



- The first official report of what became known as AIDS appeared in the June 5, 1981 MMWR
- The article reported on five previously healthy men, all in Los Angeles hospitals, that presented with *Pneumocystis pneumonia*, a condition known to affect persons with compromised immune systems
- One month later, on July 3, 1981, MMWR included an article linking Kaposi's Sarcoma and *Pneumocystis pneumonia* in homosexual men and connecting them to compromised immune systems.

- **CDC continued to release information about AIDS, publicly defining it in the September 24, 1982 issue of MMWR.**
- **In that issue of MMWR it was reported that 243 of the 593 (41%) cases reported between June 1, 1981 and September 15, 1982 had died.**
- **One to two cases were being reported daily. Risk factors were reported as male homosexuality, intravenous drug use and possibly hemophilia.**
- **In December 1982 AIDS was linked to perinatal transmission, and one month later CDC reported AIDS in female sexual partners of males with AIDS**
- **In September 1983 CDC released the risk factors for AIDS and states that casual contact, food, water, air, or environmental surfaces were not methods of transmission**

MMWR, January 11, 1985 reports a newly diagnosed retrovirus HTLV-III (HIV) is linked to AIDS and it was recommended that the following information should be provided to anyone “most likely” to have HIV infection.

1. Long-term prognosis is unknown, but studies indicate most persons will remain infected.
2. Asymptomatic individuals can still transmit HIV others.
3. Refrain from donating plasma, blood, body organs, other tissue, or sperm.
4. Risk of infecting others by sexual intercourse, sharing of needles, and *possibly exposure to saliva through oral-genital contact or intimate kissing*. Condom use was “unproven” but consistent use was recommended.



5. *Toothbrushes, razors, or other implements that could become contaminated with blood should not be shared.*
6. Women with sexual partners who were HIV+ were at increased risk and the babies of these women were at risk of acquiring AIDS.
7. After any accidents involving blood, contaminated surfaces should be cleaned with bleach.



8. Hypodermic and acupuncture needles should be steam sterilized by autoclave or safely discarded. Whenever possible disposable needles and equipment should be used.
9. When seeking medical or dental care, people living with HIV should inform those responsible for their care so that appropriate evaluation and precautions could be taken.
10. Testing for HTLV-III antibodies should be offered to anyone who may have been exposed.

Ryan White



- Ryan White was a 13-year-old Indiana resident when he was diagnosed with AIDS in December 1984 and given six months to live.
- One month after his diagnosis, the MMWR article from the previous slide was released.
- Ryan was banned from his school because of the fears that he would infect other students.
- Ryan became an activist and became the “Face of AIDS” in educating the public about HIV until his death in April 1990, one month before he would have graduated from high school.
- Congress passed the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in August 1990.
- It is because of Ryan and his mother’s advocacy that we are able to provide access to care for people living with HIV today; however, despite their activism, the stigma surrounding HIV/AIDS remains today.

<https://www.youtube.com/watch?v=53dumkxzHwA>

From the Surgeon General

STATEMENT

BY

C. EVERETT KOOP, M.D.

SURGEON GENERAL

U.S. PUBLIC HEALTH SERVICE

WEDNESDAY, OCTOBER 22, 1986

WASHINGTON, D.C.

It wasn't until almost two years after Ryan White was diagnosed with AIDS that Surgeon General, C. Everett Coop clearly stated in his Surgeon General's Report on AIDS that HIV could NOT be spread by casual contact and called for a nationwide education campaign that includes early sex education in schools, increased use of condoms and voluntary HIV testing.

Important Dates

1992

AIDS becomes the leading cause of death for US men aged 25-44

1995

Highly Active Antiretroviral Therapy (HAART) became widely available for treatment of HIV

1997

AIDS Deaths decline by 47% due largely to the use of HAART

1998

CDC reports that African Americans account for 49% of US AIDS related deaths, almost 10 times the mortality rate of whites

Important Dates

2001

CDC announces a new HIV Prevention Strategic Plan through 2005

2003

CDC estimates that 2/3 of people in the US who have HIV do not know they have HIV and announces new strategies for HIV testing.

2006

CDC announces revised HIV testing recommendations stating that everyone between the ages of 13 and 64 should be screened at least once and those with higher risk factors should be tested annually.

HIV Testing

- In the early 2000's, most tests were saliva-based and required sending specimens to the lab for testing. CDC reported in the April 18, 2003 issue of MMWR that 31% of people who were tested did not return to get their test results.
- In 2003, the OraQuick HIV rapid test was approved and classified as a CLIA-waived test. Tests provided results in 20 minutes, were stored at room temperature, required no special equipment, and could be performed outside of clinical settings.



HIV Testing

What does HIV testing consist of?

- Conducting a testing risk assessment, including obtaining a sexual history – this step requires a little time and patience as well as being self-aware of your own biases and judgments. This step can often be done as the rapid test is processing.
- Rapid tests are still used and involve a finger stick similar to what would be required from someone who is checking their blood sugar. An HIV rapid test looks very much like a home COVID test and operates much the same way.
- Processing time also allows the clinician or tester to discuss the patient's reactions if the test comes back positive and help the patient make a plan in that case.
- It is important to remind both the patient and the clinician that a rapid test is a preliminary test, and if it comes back positive a confirmatory test will be required.

HIV Testing - Continued

- Confirmatory tests require a tube of blood and can be sent to the Kansas Health and Environment Laboratory for processing.
- The patient is often more comfortable knowing what the next steps are if their rapid test comes back with a positive result.
- If the clinician or tester becomes familiar with the process, they can also explain to the patient what will happen next in the event of a positive test.
- If the test is negative, the patient can be offered PrEP (pre-exposure prophylaxis) if their sexual history reveals they could benefit from it. Prescribing PrEP requires labs every three months and a one pill per day regimen taken consistently.
- KDHE would love to add providers for counseling and testing and for PrEP services in some of our more rural areas of the state. If this is something your clinic would be interested in exploring, please contact me or Camille Cushinberry for more information.

Why PrEP?

- PrEP or Pre-Exposure Prophylaxis is a part of the CDC High Impact Prevention Framework, which focuses on scientifically proven, cost-effective, scalable interventions targeted to the right populations in the right geographic areas to increase the impact of HIV prevention efforts.
- Released, January 28, 2011, the interim guidance for prevention of HIV infection in men who have sex with men reported significant reductions in HIV infections from the iPrEx study, indicated a 44% reduction in HIV acquisition among participants that received the PrEP medication.
- CDC reports that drugs to treat HIV can also reduce HIV acquisition not only among men who have sex with men, but with individuals exposed to the virus through heterosexual sex.
- Prescribing PrEP is a simple process involving regular labs. In many cases, prescriptions can be accessed through the drug manufacturer's patient assistance programs.

What if the Test is Positive?

- The clinician or tester will contact KDHE the Linkage to Care Coordinator and the Disease Investigation Specialist in their area.
- The KDHE Linkage to Care Staff and Disease Investigation Specialists work closely together but have two very different roles. Linkage to Care provides intense case management for newly diagnosed clients while the Disease Investigators will ask the patient about their sexual contacts.
- Disease Investigators will notify partners that they have been exposed to HIV and should be tested.
- Linkage to Care staff provide support to clinicians if they haven't given positive test results before and can be present while the patient is given their test result or immediately thereafter.

What if the Test is Positive?

1. Confirmatory test is done
2. A positive HIV test form is completed and sent to KDHE
3. Results are given to the patient. Linkage to Care can be present if desired.
4. Client is enrolled in Linkage to Care and Ryan White Part B services.
5. Disease Investigation Specialist interviews clients and notifies partners of need to get tested.



5. Linkage to Care Coordinator meets with client to determine eligibility for Ryan White Part B services, Medicaid, Medicare or employer-based insurance and enrolls client in appropriate coverage.
6. Linkage to Care Coordinator maintains regular contact with client through client's desired means and frequency.
7. Linkage to Care Coordinator assists client with obtaining medical care, including attending first medical appointment with client, if desired.



8. Linkage to Care Coordinator provides warm referrals to other services as needed. This may include housing assistance, food pantry access, or even emergency financial assistance.
9. Linkage to Care Coordinator works with client to develop a service plan and to address any barriers to HIV care.
10. Linkage to Care Coordinator provides health education/risk reduction counseling and helps client understand how to keep themselves and others healthy.
11. Linkage to Care Coordinator transfers client to long-term case manager.

Treatment is Prevention

- In 2011, the CDC issued a “Dear Colleague” letter stating that people with HIV who take HIV medications as prescribed, gets virally suppressed and STAYS virally suppressed (also called undetectable) can stay healthy and will not transmit the virus to their sex partners.
- Prior to that time, providers were encouraged to wait until a patient’s CD4 count had reached a certain level before starting treatment. Now the recommendation is to start treatment as early as possible to help patients reach and maintain viral suppression.



How Does the Ryan White Program Work?

- There are multiple parts to the Ryan White Care Act: Part A is for metropolitan areas with high HIV infection rates. Part B is funded through state health departments and provides services throughout the state – primarily through contracts with sub-recipients for case management and through payment to medical providers for HIV care. Part C is funded through HIV specialty clinics, and Part D is funded for women, infants, children and youth (WICY). Youth includes both male and female gender until age 24. After age 24, Part D continues to assist individuals who are transgender.
- Services provided through all parts are similar. The Ryan White Care Act legislation requires Ryan White to be the payor of last resort, meaning that if a client is eligible for Medicare or Medicaid, they must utilize that first. Employer-based insurance must also be used first unless it is considered a “non-credible” coverage, a determination made by KDHE eligibility staff.
- Requirements for enrollment into Ryan White Part B are that a person has proof of their HIV status, is a resident of Kansas, and makes less than 400% of the federal poverty level.

Ryan White Program Continued

- Case managers throughout the state work with the client to obtain proof of eligibility and send it to KDHE staff for enrollment in the program. If the only payor source a person has is Ryan White Part B, the program pays for HIV care, HIV labs, and HIV medications. If the patient needs medical treatment that is HIV-related, the program can also pay for that treatment with the physician's written statement that the condition is related to their HIV status.
- Since the implementation of the Affordable Care Act in 2014, we have found it more cost effective to pay BC/BS insurance premiums for eligible clients. This benefits the Ryan White program by reducing costs and benefits the client by providing coverage for all of their medical needs.
- Ryan White pays for both dental care and medical care at Medicaid rates if the medical provider is a Ryan White provider. The process to become a provider is simple, and there is a desperate need for more HIV care providers throughout Kansas. Because it has become more of a chronic illness, less specialty care is involved, but providers can be set up with "mentors" who have been providing HIV care for a long time.

How Does this Impact My Clinic?

- The State of Kansas has a desperate need for more dental providers and medical providers for people living with HIV and hepatitis C. Providers are reimbursed at Medicaid rates and for your clinics, it does provide a payor source if you become a Ryan White Provider.
- The State of Kansas needs more medical providers willing to prescribe PrEP in all parts of the state to help us reduce new infections.
- The State of Kansas has recently implemented a new program working with people at risk of hepatitis C or co-infection with HIV and Hepatitis C. We need partners in this work.
- The KDHE team is planning to do a Project ECHO in 2023 that will provide additional information and practice at getting comfortable with these topics if that is a barrier for care.

How Does this Impact My Clinic?

- The KDHE Ryan White team can connect you with other providers who have been practicing HIV or hepatitis medicine for support and guidance, if needed.
- Oral health is one of the biggest challenges for our clients because there are so few dentists that provide care for Medicaid rates and are willing to be Ryan White providers.
- Talk with your colleagues in your area about becoming Ryan White dental providers, Ryan White medical providers, or both.
- Many of our clients must travel two-three hours for medical care and further than that for dental care, creating barriers to keeping them healthy. You can help!

Thank you/Questions



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Resources

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