Alaska Infectious Disease ECHO

HCV-HIV-PrEP-STIs
WHAT WE DO

- We are accepting case presentations and questions pertaining to:
  - HCV
  - HIV
  - PrEP and Preventative Strategies
  - STIs
- Provide Expert Panelists
- Didactic Presentations pertaining to ECHO topics
- Provide CE/CME including pharmacotherapy credits
CONSULTANT TEAM

- Youssef Barbour, MD Hepatologist
- Leah Besh, PA-C HIV/Hepatology Provider
- Terri Bramel, PA-C HIV/STI Provider
- Rod Gordon, R.Ph. AAHIVP Pharmacist
- Lucia Neander, PhD Clinical Psychologist
- Jacob Gray, MD Infectious Disease Provider
- Annette Hewitt, ANP Hepatology Provider
- Brian McMahon, MD Hepatologist
- Lisa Rea, RN HIV/STI Case Manager
- Lisa Townshend, ANP Hepatology Provider
Welcome to Alaska Infectious Diseases
ECHO – HCV, HIV, PrEP, STIs

Approved Provider Statements:
Alaska Native Tribal Health Consortium (ANTHC) is accredited by the Washington State Medical Association to provide continuing medical education for physicians.
ANTHC is approved as a provider of nursing continuing professional development by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center’s Commission on Accreditation.
The Alaska Pharmacists Association (AKPhA) in cooperation with ANTHC is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Contact Hours:
ANTHC designates this live activity for a maximum 12 AMA PRA Category 1 Credit(s)™ for the entire series. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
ANTHC designates this activity as meeting the criteria for one nursing contact hour credit for each hour of participation up to a maximum 12 hour(s), including 3 total pharmacotherapeutics (Rx) contact hours for the entire series.

To receive CPE credit, participants must complete an Evaluation/Attendance Form for each session attended. You will be required to enter your NABP e-profile ID number, & birthdate (mm/dd). CPE credit will be posted to the online CPE Monitor system within 60 days after completion of each activity. No credit will be reported to CPE Monitor for CEs that do not have a completed evaluation. There is no charge to process CPE credit for ANTHC employees and AKPhA members, but a fee may apply to participants not affiliated with either organization.

Conflict of Interest Disclosures:
Youssef Barbour, MD & Lisa Townshend-Bulson, APRN / faculty for this educational event, are primary investigators in an ANTHC sponsored hepatitis C study funded in part by Gilead Sciences. All of the relevant financial relationships listed have been mitigated.

Requirements for Successful Completion:
To receive CE credit please make sure you have actively engaged in the entire activity, your attendance is recorded by the facilitator, and complete the course evaluation form found here: https://forms.gle/18t4EgvN2WdnM4P77.

For more information contact
jlfielder@anthc.org or (907) 729-1387
HIV IN ALASKA 101

Department of Health and Social Services
Division of Public Health, Section of Epidemiology
HIV/STD Program
April 13, 2021
State of Alaska Section of Epidemiology
HIV/STD Program

- Located in Anchorage but operate statewide
State of Alaska Section of Epidemiology
HIV/STD Program

- 14 total staff
- Susan Jones, HIV/STD Program Manager
  - Sarah Brewster, HIV Surveillance Coordinator
  - Lisa Davis, HIV Care Coordinator
  - Jessica Harvill, HIV Prevention Coordinator
  - Kayli Helvie, HIV Linkage to Care Coordinator
  - Nathan Wormington, STD Program Coordinator
  - Team DIS: Cacelia, Derek, Mahalet, Taylor, and TJ
  - Admin Support: Claire, Hesper, and Sara
No health department, state or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.

- Public Health Reports, 1946

• Confirmed or suspected cases of the following STDs are reportable to the SOE:
  o chlamydia (*Chlamydia trachomatis*)
  o gonorrhea (*Neisseria gonorrhoeae*)
  o syphilis (*Treponema pallidum*)
  o chancroid (*Haemophilus ducreyi*)
  o human immunodeficiency virus (HIV) infection
  o acquired immunodeficiency syndrome (AIDS)

• New pregnancy in a woman known to be infected with HIV or syphilis is also reportable
Reporting by Healthcare Providers

- Healthcare providers are required to report confirmed or suspected cases of reportable STDs to the SOE within 2 working days

- HIPAA allows health care providers, health care facilities, and health plans to disclose protected health information to public health authorities \([45 \text{ CFR } § 164.512(b)]\)

- Alaska Regulation 7 AAC 27.005. *Reporting by health care providers* requires that a health care provider who first diagnoses or suspects a diagnosis of a reportable disease or condition to report to public health
Reporting by Healthcare Providers

• Healthcare providers must report reportable diseases or conditions, even if the laboratory will also report.

• For chlamydia, gonorrhea and syphilis disease reports, including applicable treatment information is an essential part of the reporting process.

“Physicians and other health-care providers play a critical role in preventing and treating STDs.”
-2015 Sexually Transmitted Diseases Treatment Guidelines
How to Report


• Call (907) 269-8000 during business hours, 8am-5pm Mon-Fri

Accurate and timely reporting results in two primary public health responses:

1. Disease Intervention and Partner Services
2. Publication of surveillance data, which feeds broader prevention responses
DIS and Partner Services

- Disease Intervention Specialists (DIS) work to interrupt disease transmission
  - Expertise in communication, contact tracing, interviewing, counseling, case analysis, and provider and community engagement
  - Critical part of the public health infrastructure and in building the link to health care
  - Feeds prevention efforts
- Partner Services include partner notification, prevention counseling, and referral to other services
  - Partner Notification – a process through which infected persons are interviewed to elicit information about their partners, who can then be confidentially notified of their possible exposure or potential risk
Reported Cases of HIV Newly Diagnosed in Alaska, 2020 (n=30) [Preliminary]

- 3 (10%) were also diagnosed with AIDS at the time of initial diagnosis
- 25 (83%) were male
- 15 (50%) were men who have sex with men (MSM); 4 (13%) were MSM/IDU; 3 (10%) were heterosexual; 3 (10%) were IDU
- 13 (43%) were Alaska Native/American Indian; 9 (30%) were White; 4 (13%) were Hispanic
- 17 (57%) were living in Anchorage/Mat-Su at the time of diagnosis; 6 (20%) were living in the Southwest
Figure. Reported Cases of HIV Newly Diagnosed in Alaska by Year – 2011-2020 [Preliminary]
Figure. HIV Care Continuum (n=733) – Alaska, 2020 [Preliminary]

‡Includes all cases who lived in Alaska (AK) during 2020; cases with unknown residence and no activity in the surveillance system for 10 or more years were excluded (n=16)

*Received at least one CD4 or Viral Load between Jan. 1 and Dec. 31, 2020

+Viral Load ≤200 copies/mL
HIV Screening Recommendations

- CDC: Individuals 13 - 64 should be tested for HIV at least once as part of routine health care
- Patients with risk factors should be tested more frequently, at least annually
- Risk factors in Alaska include:
  - Known risk factors (MSM, injection drug use, high risk heterosexuals)
  - Multiple sexual partners between testing events
  - History of substance misuse/abuse
  - History of recent or recurrent incarceration
  - History of recurrent STD
  - Reported sex with travel
Additional Screening Recommendations for MSM

• CDC recently released additional screening guidance specific for gay, bisexual, and other men who have sex with men (MSM)
  • Asymptomatic sexually active MSM should be screened at least annually
  • Individual MSM at increased risk should be screened more frequently (e.g. every 3 or 6 months)

Don’t forget: All patients at increased risk for HIV should be assessed for pre-exposure prophylaxis (PrEP) eligibility
Free HIV Screening Services in AK

• The State HIV/STD Program uses Federal HIV Prevention funds to support Alaska HIV Prevention Grantees in offering free, rapid HIV testing
  
  
  • **Alaskan AIDS Assistance Association (Four A’s)** – Anchorage, Mat-Su, Juneau, HIV rapid tests and rapid HIV self-test kits, [https://www.alaskanaids.org/prevention/hiv-testing](https://www.alaskanaids.org/prevention/hiv-testing)
  
  • **Anchorage Health Department (AHD)** – Anchorage, HIV rapid tests at outreach, [https://www.anchoragepublichealth.com/](https://www.anchoragepublichealth.com/)
  
HIV Screening Recommendations

Questions about HIV Screening may be sent to:

Jessica Harvill, MPH (she/her)
HIV Prevention Coordinator
Telephone: (907) 269-5221
jessica.harvill@alaska.gov
Diagnosing HIV Infection

• In 2014, CDC updated its recommended laboratory HIV testing algorithm for serum or plasma specimens

HIV-1/2 antigen/antibody combination immunoassay

(+)

(-)

HIV-1/HIV-2 antibody differentiation immunoassay

HIV-1 (+) HIV-1 (-) HIV-1 (+) HIV-1 (-) or indeterminate
HIV-2 (-) HIV-2 (+) HIV-2 (+) HIV-2 (-)

HIV-1 antibodies detected HIV-2 antibodies detected HIV antibodies detected

HIV-1 antibodies detected

HIV-1 NAT

(+)

(-)

HIV-1 NAT (+) HIV-1 NAT (-)

Acute HIV-1 infection Negative for HIV-1

(+) indicates reactive test result
(-) indicates nonreactive test result
NAT: nucleic acid test
HIV Testing Algorithm

**Step 1:** Screening Test –
Very sensitive, looks for both antigen and antibody

**Step 2:** Confirmatory Test – Looks for HIV Antibodies

**Step 3:** Tiebreaker –
Looks for acute infection
Interpreting the HIV Testing Algorithm

- **Client receives a NEGATIVE result**
  - HIV-1/2 antigen/antibody combination immunoassay
    - (+) => Negative for HIV-1 and HIV-2 antibodies and p24 Ag
  - Additional testing needed

- **Client receives a POSITIVE result**
  - HIV-1/HIV-2 antibody differentiation immunoassay
    - (+) => HIV-1 (+) or indeterminate
    - HIV-2 (+) => HIV-2 (-) or indeterminate
    - HIV-1 antibodies detected
    - HIV-2 antibodies detected
    - HIV antibodies detected
    - HIV-1 NAT (+) => Acute HIV-1 infection
    - HIV-1 NAT (-) => Negative for HIV-1
    - Additional testing needed

- **Client receives a NEGATIVE result**
  - Additional testing needed
Interpreting the HIV Testing Algorithm

**Step 1: Screening Test**

<table>
<thead>
<tr>
<th>INFECTIOUS DISEASES</th>
<th>Reactive</th>
<th>AB</th>
<th>Non Reactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV 1/2 Ag/Ab Combo</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reactive HIV-1/2 Ag/Ab Combo screening samples will reflex to the differentiating confirmatory test.

**Step 2: Confirmatory Test – Often pending in initial lab report**

- HIV-1 Confirmatory: in-lab
- HIV-2 Confirmatory: in-lab
- Confirmatory HIV Comment: in-lab

**Step 2: Confirmatory Test**

- HIV-1 Confirmatory
- HIV-2 Confirmatory
- Confirmatory HIV Comment

Final Interpretation: Client receives a POSITIVE result
Interpreting the HIV Testing Algorithm

<table>
<thead>
<tr>
<th>Test/Observation</th>
<th>Result</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Immunodeficiency Virus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Ag/Ab Combo</td>
<td>REACTIVE</td>
<td>Multiplex Immunoassay</td>
</tr>
<tr>
<td>HIV Confirmatory Testing</td>
<td>HIV NEGATIVE</td>
<td>GEENIUS</td>
</tr>
<tr>
<td>HIV-1 RNA Result</td>
<td>NOT DETECTED</td>
<td>PCR</td>
</tr>
</tbody>
</table>

**Step 1:** Screening Test  
**Step 2:** Confirmatory Test  
**Step 3:** Tiebreaker

Final Interpretation: Client receives a NEGATIVE result
Interpreting the HIV Testing Algorithm

**Step 1:** Screening Test

<table>
<thead>
<tr>
<th>Test/Observation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Ag/Ab Combo</td>
<td>REACTIVE</td>
</tr>
<tr>
<td>HIV Called to:</td>
<td>See comments</td>
</tr>
<tr>
<td>HIV Confirmatory Testing</td>
<td>HIV-1 POSITIVE</td>
</tr>
</tbody>
</table>

**Step 2:** Confirmatory Test

Final Interpretation: Client receives a POSITIVE result
HIV Testing Algorithm

Questions about the HIV Testing Algorithm may be sent to:

Sarah Brewster, MSW, MPH (she/her)
HIV Surveillance Coordinator
Telephone: (907) 269-8057
Sarah.brewster@alaska.gov
HIV Linkage to Care

• Alaska’s Linkage to Care (L2C) program is a free service that works to connect persons living with HIV to medical care and other supportive services

• Any person currently residing in Alaska who meets any one of the criteria outlined below is eligible to receive L2C services:
  • Newly diagnosed with HIV in Alaska
  • Previously diagnosed with HIV and out of HIV medical care
    • Not received a CD4 or viral load test in the preceding 12 months
    • Not attending a HIV care appointment with healthcare provider in the preceding 12 months
  • Previously diagnosed with HIV and new to Alaska
  • Previously diagnosed with HIV and pregnant
HIV Linkage to Care

• Support may include:
  • Assistance in identifying and connecting with medical providers
  • Assistance in accessing HIV care and treatment
  • Support in connecting with social service organizations
  • Support in connecting with long-term medical case management services

• Other Services:
  • Healthy Women and Babies (HWAB) Program
HIV Linkage to Care

Linkage to Care referrals may be sent to:

Kayli Helvie, MSW (she/her)
Linkage to Care Coordinator
Telephone: (907) 269-3404
kayli.helvie@alaska.gov
Ryan White HIV/AIDS Part B Program

- Federal funding to assist low-income individuals living with HIV/AIDS

Core Medical Services

*Medical case management
  - Outpatient health services
  - AIDS Drug Assistance Program treatments
  - Oral health care
  - Health insurance premiums
  - Medical nutrition therapy
  - Mental health services
  - Substance abuse outpatient treatment
  - Home health care
  - Hospice services

Support Services

- Non-medical case management
- Food bank/home-delivered meals
- Housing services
- Medical transportation services
- Emergency financial assistance
- Linguistic services
- Psychosocial support services
- Other professional services
- Health education/risk reduction
- Substance abuse residential treatment
- Respite care
- Rehabilitation services
AIDS Drug Assistance Program (ADAP)

Purpose

• Provides access to HIV/AIDS medications for low-income individuals, uninsured or underinsured individuals

• Provides assistance with health insurance premiums

ADAP eligibility requirements:

1. HIV positive status
2. Alaska resident
3. Income ≤ to 400% of Federal Poverty Level for Alaska
4. ARV prescription from an Alaska provider
5. Be enrolled in case management services through Four A’s or IAA
Alaska’s Ryan White Sub-recipients

• Alaskan AIDS Assistance Association
  • Anchorage and Juneau, phone: (907) 263-2050
  • Medical case management and other RW services
  • ADAP: Eligibility and Enrollment

• Interior AIDS Association
  • Fairbanks, phone: (907) 328-4002
  • Medical Case Management and other RW services

• Bernie’s Pharmacy
  • ADAP Pharmacy Services

Patient Navigator services (& RW Part C clinical services)
• Alaska Native Tribal Health
• Anchorage Neighborhood Health Center
HIV Care

Questions about HIV Care programs may be sent to:

Lisa Davis, MPH (she/her)
HIV Care Coordinator
Telephone: (907) 269-8058
lisa.davis@alaska.gov
Questions?

- HIV/STD Program Main Line: (907) 269-8000
- HIV/STD Program website:  
  http://dhss.alaska.gov/dph/Epi/hivstd/Pages/default.aspx

Susan Jones, RN, MN (she/her)  
HIV/STD Program Manager  
(907) 269-8061  
susan.jones@alaska.gov
TENTATIVE SCHEDULE AT A GLANCE

- May 11th: STI Epidemiology, Screening, Treating: Syphilis
- June 8th: STI Epidemiology, Screening, Treating, Expedited Partner Therapy: Chlamydia/Gonorrhea
- July 13th: How to take an accurate sexual history
- August 10th: PEP-Post Exposure Prophylaxis
- September 14th: STI prevention programs, initiatives, harm reduction resources
- October 12th: Trauma Informed Care
- November 9th: Stigma with patient perspective
- December 14th: HCV Epidemiology, Alaska Elimination Plan
ADDITIONAL LEARNING OPPORTUNITIES

- ANTHC Liver Disease ECHO
  - The 3rd Thursday of every month from 12:00-1:00PM Alaska Standard Time
  - 1CE/CME offered per session
  - anthc.org/project-echo/alaska-liver-disease-echo

- ANTHC LiverConnect
  - Second Tuesday of every month 8:00-9:00AM Alaska Standard Time
  - Didactic topics on liver related disease with 1CE/CME offered
  - anthc.org/what-we-do/clinical-and-research-services/hep/liverconnect/
AK ID ECHO: HCV-HIV-PrEP-STIs
Team Contacts

- Leah Besh PA-C Program Director
  - labesh@anthc.org
- Jeni Williamson Program Coordinator
  - jjwilliamson@anthc.org
- Lisa Rea RN Case Manager
  - ldrea@anthc.org
- ANTHC Liver Disease and Hepatitis Program: 907-729-1560
- ANTHC Early Intervention Services/HIV Program: 907-729-2907
- Northwest Portland Area Indian Health Board
  - David Stephens: Director Indian Country ECHO dstephens@npaihb.org
  - Jessica Leston: Clinical Programs Director jleston@npaihb.org
THANK YOU!