Community HIV Planning Group (CPG) Board Meeting
Thursday, April 11, 2024
9:00 AM – 4:00 PM

Attendees: 26 members

Non-Member Attendees: 7 guest

VDH Staff: Ashley Yocum, Jenny Calhoun, Adyam Redae-Woodson, Olivia Allison, Eric Mayes, Rebecca Leitz**,** Marquietta Alston

New Member Introductions

Prevention and Care Updates

CDC-RFA-PS-24-0047 High-Impact HIV Prevention and Surveillance Programs for Health Departments

- The next iteration of the HIV Prevention and Surveillance grant was published on February 9, 2024, with a due date of April 29. The purpose of this notice of funding opportunity (NOFO) is to implement a comprehensive HIV prevention and surveillance program to prevent new HIV infections and improve the health of people with HIV. Applicants have the opportunity to build their proposed HIV prevention and surveillance program by identifying and implementing activities within the jurisdiction, based on need and resources, to reach the stated goal(s) for each strategy. There are six strategies, 1) increase knowledge of status to 95% by ensuring all people with HIV receive a diagnosis as early as possible; 2) implement a comprehensive approach to treat people with diagnosed HIV infection rapidly (increase linkage to care up to 95%) and effectively to achieve viral suppression up to 95%; 3) prevent new HIV transmission, by increasing PrEP coverage to 50% of estimated people with indications for PrEP, increasing PEP services, and supporting HIV prevention, including prevention of perinatal transmission, harm reduction and syringe services program (SSP) efforts; 4) respond quickly to HIV cluster and outbreaks to address gaps and inequities in services for communities who need them; 5) conduct HIV surveillance activities as described in the Technical guidance (TG) for HIV surveillance programs to ensure accurate, timely, complete and actionable data; and 6) support community engagement and HIV planning. Each strategy is required to include several short-term outcomes and immediate outcomes.
- There are 60 awards for eligible health departments for core prevention and surveillance funding. Approximately 32 additional awards for eligible health departments representing the 57 jurisdictions (48 counties; District of Columbia; San Juan, Puerto Rico and seven states) included in the Ending the HIV Epidemic in the US initiative. The total period of performance funding is $2,900,000,000, and the total period of performance length is 5 years (FY2024-FY2029). The approximate total fiscal year funding is $484,474,481.
- VDH is working on the grant proposal and will submit it before the due date (April 29). Awards will be announced before or by the award start date of August 01, 2024. The

first budget period ends May 31, 2025 (10 months), and the remaining budget periods are 12 months (June 1 – May 31).

The Early Insights Report of the 2022 U.S. Trans Survey is Out!

- The National Center for Transgender Equality (NCTE) has released the report from their 2022 survey. A record 92,329 persons completed the survey. This more than tripled the number of participants from the last survey in 2015 (27,715). Several highlights of the report include:
    - Nearly a quarter of respondents (24%) reported not getting healthcare when needed due to fear of mistreatment within the last year.
    - Nearly a half of respondents (48%) reported having at least one negative experience because they were transgender. This could have included being refused healthcare, being misgendered, having a provider using harsh or abusive language when treating them or having a provider be physically rough or abusive when treating them.
    - Nearly all respondents (98%) currently receiving hormone treatment reported that receiving this treatment helped them to feel either a lot more satisfied (84%) or a little more satisfied (14%) with their life.
    - Nearly half of respondents reported thoughts of moving to another state because their state government was considering or was passing laws, they felt targeted transgender persons for unequal treatment.

To read more on the report and access all the data, visit https://ustranssurvey.org.

VDH Issues Clinical Considerations for the use of Doxycycline Post-Exposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention

- Rates of sexually transmitted infections (STI) have increased significantly in the past several years in Virginia and nationally. Increases in syphilis are of the utmost concern. Preliminary data from 2023 show increases in syphilis diagnoses in nearly all Virginia health regions. Because of this, VDH issued clinical considerations for the use of Doxycycline Post-Exposure Prophylaxis (DoxyPEP), accompanied by a fact sheet for patients in English and a fact sheet for patients in Spanish.

- Doxycycline, administered as 200mg within 24–72 hours of condomless sex, has been shown to significantly reduce the acquisition of syphilis, chlamydia and gonorrhea among men who have sex with men and transgender women. VDH recommends that healthcare providers consider DoxyPEP in these populations, as clinically appropriate. VDH clinical considerations and fact sheet are aligned with CDC draft guidelines for the use of doxycycline as post-exposure prophylaxis for bacterial STIs. VDH recommendations will be revised as needed to align with the final CDC recommendations once they are released. For the most up to date information, please refer to the VDH syphilis resource page (https://www.vdh.virginia.gov/syphilis/data-in-virginia/).

HIV Care Services (HCS) Updates

VDH Public Hearing

- The Virginia Department of Health invites providers, consumers, and community members to attend a Virtual Public Hearing to provide input on services for people living with HIV.
    - This virtual meeting will be held on Wednesday, April 17th from 6:00 PM – 8:00 PM through an online platform with an option to call in by phone.
        - Please also share this information widely with your network of providers and consumers who may provide or receive services, including medication pick up.
        - If you would like to participate, please register using the link below. After completing the registration, you will receive a confirmation to the email you provide.
        - Register by clicking this link: https://redcap.link/VDHPublicHearingRegistration
        - If you have any questions about this public hearing or need assistance with registering by phone, please contact VDH's RWHAP B HIV Services Planner, Ashley Yocum by email at Ashley.Yocum@vdh.virginia.gov or by phone at 804-864-7621.

Upcoming Provide Quarterly Training Calls

- Please join us for our Provide Quarterly Training Call, happening on **Friday, April 19, 2024**, at 11AM using the link below. Our Provide Enterprise trainer, Cristina (Tina) Gorman, will deliver training on the use of Informed Consent, a tool in Provide to share clients across programs and make corrections to eligibility assessment audit findings. Time-permitted we will be able to answer your questions. We hope to see you there!
    - Calendar and Topics:
        - **Friday, April 19, 2024 -** Informed Consent and Updating Client Information/Correcting Eligibility Assessment Audit Findings
        - **Friday, July 19, 2024 -** Tips and Tricks for Provide—Using the Views and Reports and Other Ways to Make Provide Work for Your Needs
        - **Friday, October 18, 2024 -** Ryan White Services Report (RSR)SR—How to Pull It and What to Do with the Data
        - **Friday, January 17, 2024** -Ryan White Services Report

Closing Out Grant Year 2023

- The 2023 Ryan White Grant Year closed out on March 31, 2024.
- Final invoices and subrecipients annual reports are due April 30th (No exceptions).
- Currently working on the Annual Progress Report.

Unified Eligibility Assessments:

- Assist Ryan White Part B clients in maintaining their eligibility for services. Eligibilities due in April need to be completed by April 30.
- Subrecipients should view expiring client eligibility lists in the Provide system (View/Clients/Expiring in 45 Days).
- As a reminder, with the implementation of Unified Eligibility, VDH requires a Virginia RWHAP B-contracted agency to conduct all client eligibility assessments for all RWHAP B services, including ADAP. Non-RWHAP B contracted agencies must refer any clients that need an assessment completed for RWHAP B service, to a RWHAP B contracted agency.
- To find a Ryan White Part B Provider, you can visit the Resource Connections webpage (https://vadoh.myresourcedirectory.com/), which lists all agencies where Part B eligibility assessments can be done.
- All RWHAP B providers must conduct an eligibility assessment for a RWHAP B client that requests one, regardless of whether they receive services at your agency.
- As a reminder, when completing a Unified Eligibility Assessment for a client, please ensure that clients are choosing to be able to receive phone calls and/or mail related to information around their Ryan White Part B eligibility and services, including medication access and insurance enrollment assistance.

HIPPA Reminder: VDH has been receiving non-secure emails that contain PHI and PII. As a reminder, VDH cannot accept any client information through email unless it is encrypted and sent through secure email.

- This includes Client level data, Personal Health Information (PHI), and/or Personal Identifiable Information (PII)
- If you need to communicate information that includes any PHI or PII, please use SFTP to share that information or fax info to VDH. If fax, please inform VDH know so they can pick it up and it's not sitting on fax machine.
- If you are a client, please do not send your personal information through email to VDH. Please call VDH to discuss your needs.

CPG HIV Prevention and Surveillance Grant Feedback

- The purpose of this notice of funding opportunity (NOFO) is to implement a comprehensive HIV prevention and surveillance program to prevent new HIV infections and improve the health of people with HIV.
- The NOFO aligns with the Integrated Plan objectives to merge the Status Neutral and Community HIV Testing program grants.
- NOFO was reviewed by CHPG members with feedback acquired by April 19, 2024. It was published February 9 with a due date of April 29 (VDH April 25)

- **Strategy 2**

- Implement a comprehensive approach to treat people with diagnosed HIV infection rapidly and reach viral suppression.
    - Activities
        - Link to HIV medical care within 30 days for all people who test positive for HIV, provide HIV partner services, and refer to or provide prevention and essential services to support improved quality of life.
        - Support people with diagnosed HIV infection to receive rapid and effective treatment.
    - 5-Year Outcomes
        - Implement a comprehensive approach to treat people with diagnosed HIV infection rapidly and reach viral suppression.
        - Disseminate out-of-care lists every six months to funded contractors for clients who are identified to be in care but who are not virally suppressed.
        - Increase the number of newly diagnosed persons linked to medical within 30 days to 95% by. (74% of newly diagnosed were linked to care in 2020.)
        - Increase the number of PWH retained in care to 95%. (52% were retained in care in 2020.)
        - Increase the number of PWH with viral suppression to 95%. (59% were virally suppressed in 2020.)
        - Refer and link 95% of PWH for essential support services that address social determinants of health.

- **Strategy 3**
    - Prevent HIV transmission by increasing PrEP coverage to 50% of estimated people with indications for PrEP, increasing PEP services, and supporting HIV prevention, including condom distribution, prevention of perinatal transmission, harm reduction, and syringe services program (SSP) efforts.
        - Activities
            - Support and promote awareness and access to PrEP and PEP services.
            - Conduct condom distribution.
            - Support harm reduction services, including syringe services programs (SSPs) and a whole-person approach to HIV prevention services.
            - Support and promote social marketing campaigns and other communication efforts to increase awareness of HIV, reduce stigma, and promote testing, prevention, and treatment.
        - 5-Year Outcomes
            - Prevent HIV transmission by increasing PrEP coverage to 50% of estimated people with indications for PrEP, increasing PEP

services, and supporting HIV prevention, including condom distribution, prevention of perinatal transmission, harm reduction, and syringe services program (SSP) efforts.

- Activities
  - Support and promote awareness and access to PrEP and PEP services.
  - Conduct condom distribution.
  - Support harm reduction services, including syringe services programs (SSPs) and a whole-person approach to HIV prevention services.
  - Support and promote social marketing campaigns and other communication efforts to increase awareness of HIV, reduce stigma, and promote testing, prevention, and treatment.
  - Conduct perinatal, maternal, and infant health prevention and surveillance activities and support maintaining the national goals of perinatal HIV incidence of <1 per 100 000 live births and a perinatal transmission rate of <l %.
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- **Strategy 6**
  - Support community engagement and HIV planning
    - Activities
      - Conduct strategic community engagement.
      - Establish and maintain an HIV Planning Group (HPG).
      - Facilitate the development and monitoring of the Integrated HIV Prevention and Care Plan.
    - 5-Year Outcomes
      - Increase coordination of HIV programs across governmental agencies and with public and private healthcare payers, community-based organizations, and academic partners.
      - Enhance the quality, accessibility, sharing, and uses of data, including HIV prevention and care to measure, monitor, evaluate, and use the information to report progress and course corrections as needed to achieve the goals of the integrated plan.
      - Address social and structural determinants of health and co-occurring conditions that impede access to HIV services and exacerbate HIV-related disparities.

- Provide public leadership opportunities for people with or who experience risk for HIV infection as well as promote a diverse HIV workforce that is representative of and responsive to the needs of the populations served.
- Expand CHR services to ensure more equitable access across Virginia to each health region.
- Conduct needs assessments through focus groups or other engagement activities for at least two priority populations annually.

Virtual Vote on Previous Minutes to be held May 6, 2024.

Travel Policy

- The Travel Policy has been updated as of March 2024.
    - Please reach out to Charlotte Ferguson with questions or an electronic copy.
- Rates are based on the Federal General Savings Administration.

National HIV Behavioral Surveillance (NHBS) – Jamell James and Garrett Shields

- NHBS is a CDC-funded project that began in 2003; Virginia joined NHBS as a project site in 2016.
- Purpose: To learn more about the behaviors of people at higher risk of HIV infection.
- 23 project areas participate in NHBS.
- In Virginia, they collect data from residents in the Eastern Health Region.
- **Program Goals:**
    - Monitor Trends in:
        - HIV Prevalence among groups at highest risk for HIV infection
        - HIV Risk Behaviors
        - HIV Testing
        - Use of HIV prevention services
- **Populations of Focus:**
    - NHBS collects data in rotating annual cycles in three different populations at increased risk for HIV:
        - 1) Men who have sex with men (MSM) - 2017, 2020, 2021, 2023 and 2026
        - 2) People who inject drugs (PWID/IDU) - 2018, 2022 and 2024
        - 3) High risk heterosexually active persons (HET) – 2019 and 2025
- **Respondent Driven Sampling (RDS) for People Who Inject Drugs (PWID), Intravenous Drug Users (IDU) and HET Cycles**
    - Locate Seeds (initial participants) – Seeds complete survey and are issued coupons to recruit peers – Peers receive coupons and complete the survey – Peers now take survey and recruit – Increased survey participation through these peer networks – Process Continues until benchmark of 500 is reached.

        - The survey is in an in-depth questionnaire, consisting of about 40 questions. Participants remain anonymous.
- **Venue-Based Sampling (MSM Cycle, only.)**
    - Staff identify locations frequented by the MSM community – staff build rapport with business owners and establish trust to conduct surveys and HIV testing in their venues.
        - Sample size is 500
- **Data Collection**
    - In all three cycles, trained staff screen potential participants for eligibility (based on questions developed by VDH, CDC, and community partners).
    - A standardized, anonymous questionnaire is used to collect data. The interview takes approximately 40 minutes to complete and includes questions concerning HIV-related risk behaviors.
    - HIV testing is offered, and participants receive HIV prevention education.
    - All participants are compensated for their time.
        - Participants are not compensated for their risk behaviors.
    - Participation is strictly voluntary. Those taking part in the survey are given a consent form. All risks, benefits, and confidentiality rules are discussed prior to beginning the survey.
    - Data collection goes from June through November of each cycle.
- **We need community support!**
    - Community support validates the project in the three survey populations.
    - Stakeholders can provide input and expertise during the formative research process, which includes the exchange of helpful information relevant to the current population of interest and assisting with seed selection. Seed selection refers to the process of selecting key members from the population of interest who are willing to serve as initial participants.
    - NHBS disseminates data findings to community partners.
    - Contact VDH if you are interested in supporting.
- **Interpreting Results**
    - Data presented today are unweighted, which allows us to report detailed summary of data collected
    - Results presented today cannot be generalized to the PWID population in eastern Virginia
    - **Demographics:**
        - 31% Female & 69% Male
        - 79% Black, 15% White, 4% Other, and 2% Hispanic
        - 32% 50-59 years old, 32% 60+ years old, 20% 40-49 years old, 13% 30-39 years old, and 3% 18-29 years old.
        - 91% Heterosexual, 8% Bisexual, and 1% Homosexual
        - 43% High School Diploma/GED, 38% Less than High School, 18% Some other college or technical degree, and 1% College degree or more.

- Household Income: 64% $0-$14,999 per year, 15% $15,000-$24,999 per year, 13% $25,000 to $39,999 per year, 5% $40,000-$59,999 per year, and 3% $60,000+ per year.
- 51% experienced homelessness in the past 12 months and 49% did not experience homelessness in the past 12 months.
- 78% were not incarcerated in the past 12 months, however 22% did experience incarceration in the past 12 months.

- **Health Insurance Utilization:**
  - 85% have health insurance and 15% does not have health insurance.
  - 93% have a usual source of care and 7% does not have a usual source of care.
  - 78% have had a health care visit in the past 12 months and 23% have not had a health care visit in the past 12 months.
  - 16% are unable to afford medical care and 84% can afford medical care.
  - 80% have Medicaid, the remaining consists of Medicare, The Veteran's Administration, Private Insurance, and 'Other'
  - 41% listed Hospital Emergency Room as their Location of Care, 29% stated a Doctor's Office or HMO, 24% stated Clinic or Health center, and 6% stated 'Other'.
- **Substance Use:**
  - 75% reported at least one alcoholic drink in the past thirty (30) days, 25% did not.
  - 19% reported binge drinking in the past 30 days, 81% did not.
  - 83% reported non-injection drug use in the past 12 months, 17% did not.
    - Non-injection drug use can include taking prescriptions that are not prescribed to you.
  - Injection Drug Use in the past 12 months:
    - 70% - more than once a day.
    - 12% - once a day.
    - 11% - more than once a week.
    - 7% - once a week or less.
  - Needle Sharing in the past 12 months:
    - 2% - always, used a needle after someone else.
    - 5% - most of the time, used a needle after someone else.
    - 26% - about half of the time, used a needle after someone else.
    - 67% - rarely, used a needle after someone else.
    - 4% - always, gave a used needle to someone else.
    - 9% - most of the time, gave a used needle to someone else.
    - 24% - about half of the time, gave a used needle to someone else.
    - 63% - 63% - rarely, gave a used needle to someone else.
- **Sexual Behaviors in the Past 12 Months: median number of sexual partners - 2**

        - 84% of men reported condomless sex and 46% of women reported condomless sex.
        - 28% of men reported exchange sex and 40% of women reported exchange sex.
        - 46% of men had/have a partner whose HIV status is positive or unknown and 58% of women had/have a partner whose HIV status is positive or unknown.
        - 38% of men had/have a partner who injects drugs and 59% of women had/have a partner who injects drugs.
    - **HIV/STI Testing**
        - 91% reported having an HIV test in their lifetime, 9% have not.
        - 29% have had an HIV test in the past 12 months, 71% have not.
        - 24% have had an STI test in the past 12 months, 76% have not.
        - Most common locations for HIV testing: Public Health Clinic or Community Health Center, Inpatient Hospital, Private Doctor's Office, Correctional Facility or Jail/Prison, and a Drug Treatment Program.
        - 65% had no reason for not receiving an HIV test in the past 12 months, 13% were afraid of finding out, 13% thought they were at low-risk, 6% did not have the time, and 4% reported 'some other reason'.
        - Out of the 479 tested for HIV, 18 tested positive, 18 have seen providers, and 14 are now taking ARVs.
        - 86% have reached undetectable and 14% are detectable, but with less than 5,000 viral copies/mL.
    - **HIV Prevention in the Past 12 Months**
        - 42% have received free condoms, 58% have not.
        - 19% have had an HIV prevention conversation, 81% have not.
        - 30% have heard of PrEP before their interview, 70% had not.
        - 5% had discussed taking PrEP, 95% had not.
        - 0% have taken PrEP, 100% have not taken PrEP.
- **For more information:**
    - https://www.vdh.virginia.gov/disease-prevention/disease-prevention/virginia_hiv_hepatitis_surveillance/national-hiv-behavioral-surveillance/
- **Discussion:**
    - What are the requirements to participate in the survey or cycle?
        - You must be 18 years of age and live in the area.
        - Available in English and Spanish.
    - Was there a label used in the survey to identify sexuality?
        - The survey states homosexual, gay, or lesbian.
    - Why are the participants not taking PrEP?
        - There was no question asked on the survey. However, focus groups in Roanoke found that people, mostly men, went home and talked themselves

out of taking PrEP. It was also found that PrEP is seen as only for gay men.

- How often is treatment being looked at as prevention? The conversation should shift to U = U and how that correlates to PrEP.
  - Marketing is very specific to LGBTQ+, which could deter heterosexual individuals from seeking PrEP.
  - There is often a bias within certain populations that certain risks don't exist.
  - Age issues is one the hurdles right now. It's harder to find younger people as they can secure drugs via social networking, rather than the streets like in previous years.
    - Struggling to get the younger population in, but they are partnering with different agencies in efforts to gather the population.
    - They have noticed that young people tend to think that things are traps, more than the older population does.
      - Coupons have been given in efforts to draw them in, but they would give the coupons to their mentors or other members of the older population.
  - They have been working with Minority AIDS Support Services (MASS), with a focus on their syringe exchange.
- Are there any Children or Youth centered agencies partnered?
  - LGBT Life Center's Youth Department
  - Hampton / Newport News Community Services Board (CSB) Program
  - Hampton Drug Corp
  - Norfolk State University
  - Old Dominion University
- What happens when you receive a positive HIV result while in the field?
  - They are partnered with Community Based Organizations (CBO) and Local Health Departments (LHD) to offer counseling right at the site. They offer private services for care, let them know what agencies are available and they call privately – no further conversation is needed. However, they can't force it.
  - When you open the survey, it asks if you want to take an HIV test. Some people are self-reported, but all can be linked or re-linked to care.
- Are there questions regarding Hepatitis C?
  - No, but they can refer you to a partner.

Virginia Greater Than: A Public Information Response to STIs, HIV, Hepatitis, and MPOX

- "KFF is an independent non-profit health information organization. We work with health departments and community partners as part of our Greater Than public information initiative with a primary focus on HIV and sexually transmitted diseases.
- **Project Overview:**
    - Goal: Increase knowledge of and access to HIV, STD, Hepatitis C (HCV), and Mpox services in Virginia.
    - Media Platforms: YouTube, Meta (Facebook and Instagram), Google Display, Google Search, and Grindr
    - Priority Focus: Populations most affected by HIV/STIs/Mpox/Hepatitis
    - Languages: English and Spanish
    - Primary Referral Resources:
        - GreaterThan.org/Virginia
        - VirginiaGetsTested.org
        - GreaterThan.org/Materials
        - YouTube: @WeAreGreaterThan
        - YouTube: @GreaterThanHIV
- **Results to Date (January 2023 – February 2024):**
    - 29.8 million impressions
    - 5.3 million video views
    - 196,700 clicks to online resources
- **Help Get Information Out:**
    - Post to social media and tag #GreaterThanSTIs or #GreaterThanHIV
    - Embed or link on websites
    - Show in clinics and at events
    - Include in e-newsletters and newsletters
    - Train staff to start conversations with clients
    - Buy digital ads
- **10 Heath Districts and agencies participated in National HIV Testing Day with Walgreens!**
    - Neighborhood Health (Alexandria)
    - Blue Ridge Health District (Charlottesville)
    - FAHASS (Fredericksburg)
    - Strength in Peers (Harrisonburg)
    - Nationz (Henrico)
    - Horizon Behavioral Health (Lynchburg)
    - Minority AIDS Support Services (MASS)
    - LGBT Life Center (Norfolk)
    - ETSI Health Clinic (Portsmouth)
    - AIDS Response Effort (Winchester)
- **Discussion:**
    - Were any ads run that targeted the aging population?

        - There was no age limit on these ads, they could have shown up on anyone's social media feed. However, there were no aging-specific advertisements made.
    - The ads were very informative and showcased a diverse population.
        - Ads can be found on YouTube @WeAreGreaterThan and @GreaterThanHIV

Community Education Group Virginia Syndemic Learning Collaborative – Lovina Johns

- In 2021, 57% of acute Hepatitis C cases, with risk information, reported injection drug use.
    - Injection drug use and sexual activity associated with drug use are known drivers of HIV and HCV. Many undiagnosed cases likely experience a touchpoint with a substance use disorder (SUD) provider.
        - SUD treatment providers are an untapped resource in the goal of eradicating HIV and Hepatitis C (HCV).
- **Overview of VA-SLC:**
    - To achieve the eradication of HIV and HCV, we must enlist medication-assisted treatment (MAT) providers in prevention, education, testing, linkage to care, and re-linkage to care for those persons who may know their status and have fallen out of care.
    - With this learning collaborative, Community Education Group (CEG) hopes to create community-driven resources that assist interested SUD treatment providers in adding HIV and HCV testing and treatment to their menu of services.
- **Broad Goals:**
    - Understand what regulations and best practices guidance say about what SUD providers should be doing related to HIV/HCV care.
    - Understand what SUD providers are currently doing related to HIV/HCV care and what challenges they face that keep them from achieving best practices, etc.
    - Work toward identifying a model that SUD providers could follow or a guide for overcoming challenges to offering these services.
- **Partners:** Virginia HepC, Virginia Harm Reduction Coalition (VHRC), and Carilion Clinic.
- **Discussion:**
    - CEG VA-SLC is taking ideas that work in the cities and formatting them to fit the rural areas. They work with teams across the state.
    - Has there been any progress in getting numbers reduced?
        - There haven't been any specifics regarding that. The project has just begun, and they are currently looking at agencies' data and eventually will get to state-level data as they grow.

The Intersection of Mpox and HIV – Jenny Calhoun

- March 5, 2024, Mpox has been detected in 118 countries. 92,274 cases have been reported, 178 resulting in death.
- As of April 2, 2024, Virginia has had a total of 595 cases: 35 requiring hospitalization and 2 resulting in death.
- **Democratic Republic of the Congo (DRC) Outbreak:**
    - Clade I MPXV
        - More virulent
        - Spreads more easily
        - Higher fatality rate
    - First-time Clade I MPXV spread by sexual contact.
    - No expected changes expected in performance of tests, vaccine, or treatment
    - No U.S. cases caused by Clade I MPXV
    - Risk of Clade I MPXV introduction into the U.S. and spread considered **low** based on current information.
- **Mpox Vaccine**
    - JYNNEOS is a two-dose vaccine. 4 weeks after the first dose is administered, the second dose is administered, then after 2 weeks the client will be at "max protection"
    - **Vaccine Eligibility**
        - At this time, widespread vaccination against Mpox is not recommended or necessary. Vaccines are recommended for individuals with known contact or those who have a high risk of exposure to Mpox.
        - VDH and CDC recommend vaccinating against Mpox if:
            - You had known or suspected exposure to someone with Mpox
            - You had a sex partner in the past 2 weeks who was diagnosed with Mpox
            - You are a gay, bisexual, or other man who has sex with men or a transgender, nonbinary, or gender-diverse person who in the past 6 months has had:
                - A new diagnosis of 1 or more sexually transmitted diseases (e.g., chlamydia, gonorrhea, or syphilis) OR
                - More than 1 sex partner
            - You have had any of the following in the past 6 months:
                - Sex at a commercial sex venue (like a sex club or bath house)
                - Sex related to a large commercial event or in a geographic area (city or county, for example) where Mpox transmission is occurring
            - You have a sex partner with any of the above risks
            - You anticipate experiencing any of the above scenarios

        - You have HIV or other causes of immune suppression and have had recent or anticipated future risk of Mpox exposure from any of the above scenarios
        - You work in settings where you may be exposed to Mpox, e.g., lab working with orthopoxviruses
    - When given as postexposure prophylaxis (PEP), CDC recommends that the vaccine be given within 4 days from the date of exposure for the best chance to prevent onset of the disease. If given between 4 and 14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease.
- **Vaccine Administration**
    - If someone has symptoms and is suspected or confirmed to have Mpox
        - Should be seen by a clinician for testing and treatment, if indicated
        - Should not be vaccinated; vaccination after onset of signs/symptoms not expected to provide benefit
    - Pre-exposure vaccination
        - SQ and ID dosing regimens are interchangeable
        - SQ for anyone with history of developing keloid scars or if < 18
        - Anyone with concerns about ID administration due to potential stigma or other reasons should receive SQ dose
        - Clinicians should discuss options with each patient > 18
    - Post-exposure vaccination
        - PEP for <u>both</u> people with a *known* or *presumed* Mpox exposure
        - Timing ASAP after exposure
        - Ideally within 4 days
        - Administration 4-14 days may still provide protection and should be offered
- **Vaccine Effectiveness**
    - Vaccine effectiveness of JYNNEOS against Mpox ranges from 36%-75% for 1-dose vaccinations. For 2-dose vaccinations, the vaccine effectiveness of JYNNEOS against mpox ranges from 66%-89%.
- **VDH Vaccines Administered Dashboard**
    - VDH launched this dashboard on August 22, 2022.
        - As of April 9, 2024; 13,285 first doses have been given and 9,928 second doses have been given.

- **Mpox Transmission**
    - Incubation Period: 3-17 days (5.6 days on average)
    - Transmitted by:
        - Contact with lesions
        - Body Fluids
        - Respiratory Droplets
        - Contaminated Materials

    - Scientists are researching some of the unknowns in this outbreak:
        - How frequently the virus can spread when someone has no symptoms
        - How often Mpox spread through respiratory secretions, or when a person with Mpox symptoms might be more likely to spread the virus through respiratory secretions
        - Extent of spread through contaminated objects
        - If it can spread via semen, vaginal fluids, urine, or feces
    - Clinical Features
        - Rash may be located on hands, feet, chest, face, or mouth or near genitals
            - May look like pimples or blisters initially
            - Lesions can be painful or itchy
        - May also have fever, chills, fatigue, muscle aches, respiratory symptoms (sore throat, cough, nasal congestion)
        - Illness is generally self-limited and lasts 2-4 weeks
        - Differential diagnoses may include:
            - secondary syphilis
            - chancroid
            - molluscum contagiosum
            - herpes
            - chickenpox/shingles
- **Health Equity – Messaging Matters**
    - The Mpox outbreak has disproportionately affected gay, bisexual, and other men who have sex with men, people of color, people with HIV, transgender, and gender-diverse adults.
        - To prevent disparities in future Mpox outbreaks, we need sustained equity-based strategies, such as tailored messaging and expanded vaccination services
            - Messaging needs to be culturally sensitive and non-stigmatizing:
                - What is known about the disease
                - What scenarios lead to increased risk of spread
                - Data on who is most affected
                - Actions proven to stop outbreaks should be shared
                - Engaging and listening to affected communities
                - Leveraging trusted sources of information
    - Supportive Care for all Patients
        - Assess and provide supportive care for pain management, skin, and oral lesions, proctitis, and gastrointestinal symptoms
            - Examples include:
                - Over-the-counter or prescription pain medications
                - Oral antihistamines for pruritic skin lesions
                - Rehydration for fluid losses
                - Anti-emetics for nausea and vomiting
                - Sitz baths for proctitis or painful lesions

- **Mpox and HIV**
    - Well controlled HIV**:** like patients without HIV infection
    - Uncontrolled HIV: More prolonged illness, larger lesions, higher rates of both secondary bacterial skin infections and genital ulcers, strictures/scarring, bowel obstruction/perforations, lung involvement, corneal ulcerations, necrosis, encephalitis, myocarditis, sepsis, and death
        - **Mpox emerged as an HIV-related opportunistic infection**
    - CD-4 T-cells are required to clear the virus - no recovery can begin until the immune system has been restored
    - Mpox Risk
        - Among 2,000 people with Mpox:
            - 41% have had HIV
            - 41% have had an STI in the past year
            - 61% have had either HIV or an STI
    - Mpox Prevention
        - American Men's Internet Survey in August of 2022, found that MSM, since learning about the Mpox outbreak:
            - 48% reduced number of sex partners
            - 50% reduced one-time sexual encounters
            - 50% reduced sex with partners met on dating apps or at sex venues
- **How can you help?**
    - How do we reach the people most severely affected by HIV and Mpox?
    - Encourage HIV testing
    - Encourage and educate about Mpox vaccination
    - Encourage people with HIV to get into care or return if lost to care
    - Refer people for needed services
    - And know the work you are doing is important and appreciated!
- **Discussion:**
    - How long can the virus live on surfaces?
        - It's not an efficient means of transmission, however, it can be up to 15 days on most surfaces.
    - Is this considered an STI?
        - No.
    - How did it transfer from animals to humans?
        - Not 100% sure. In the DRC, kids go outside and play; likely encountering those animals. Children under 15 are likely getting the virus from animals, rather than sexual transmission.
    - Where can people get a vaccine?
        - They are available state-wide! On the internet, there is an Mpox Vaccine Locator.
            - JYNNEOS is being commercialized. Therefore, anyone who can take the vaccine will be able to through insurance.
                - Unsure if a cost will be associated.

                - There is a discussion on adding it to Ryan White programs.
        - Should you get a booster if you are HIV-positive?
            - You can, it's not necessarily recommended, but it won't hurt.
        - Minority AIDS Support Services (MASS), Virginia Harm Reduction Coalition (VHRC), Nationz Foundation, NovaSalud, and the LGBT Life Center have been doing great work with the JYNNEOS Vaccine.
            - NovaSalud has had two Mpox Vaccination Events
                - NovaSalud also has Social Networking Strategies, including transportation and incentives, specifically for mpox.

Crossover Healthcare Ministry: Providing HIV Care Services to Spanish-Speaking Populations – Millie Rocha & Yulisa Arellano

- Crossover Healthcare Ministry is a non-profit organization that provides compassionate healthcare to uninsured and Medicaid patients.
    - They provide high-quality healthcare while promoting wellness.
    - They connect community talents and resources with people in need in the name of Jesus Christ.
- **Two Locations**
    - Henrico Location
        - 8600 Quioccasin Rd. Richmond, VA 23229
        - Services Offered:
            - Primary Care
            - Specialty Care
            - Mental Health
            - Hospital Discharge Clinic
            - In-House Pharmacy
            - Case Management
            - STD/HIV Testing
            - Ryan White Part B
            - Pediatrics
            - Eye Care
            - Dental Care
    - Cowardin Location
        - 108 Cowardin Ave. Richmond, VA 23224
        - Services Offered:
            - Primary Care
            - Specialty Care
            - Mental Health
            - Hospital Discharge clinic
            - In-House Pharmacy
            - Case Management
            - STD/HIV Testing

- Women's Health & OB Services

- **Patient Demographics**
  - 6,662 patients served annually
    - 69% are uninsured
      - 54% are eligible
      - 46% are not eligible for insurance
    - 31% have Medicaid
  - 115 Countries
  - 40 Languages
  - Gender
    - Male – 74%
    - Female – 24%
    - Transgender – 2%
  - Race
    - Hispanic – 57%
    - Black or African American – 29%
    - White – 10%
    - Asian – 4%
  - Age
    - 25 – 44 Years of Age – 44%
    - 45 – 64 Years of Age – 42%
    - 65+ Years of Age – 9%
    - 13 – 24 Years of Age – 5%
  - Federal Poverty Level (FPL)
    - Below 100 FPL – 43%
    - 201 – 400 FPL – 27%
    - 139 – 200 FPL – 15%
    - 100 – 138 FPL – 13%
    - 401 – 500 FPL – 2%
  - Serviced Areas
    - Richmond – 32%
    - Henrico – 30%
    - Chesterfield – 26%
    - Arlington, Bath, Charles City, Dinwiddie, Goochland, Hanover, Hopewell, James City, King William, New Kent, Newport News, Petersburg, Powhatan, and Stafford – 1%
- **Who is eligible for CrossOver services?**
  - Persons eligible for Medicaid or enrolled in Medicaid
    - CrossOver accepts all Virginia Medicaid insurance plans. However, they do not accept any other private health insurance.
  - Uninsured persons at or below 200% of the Federal Poverty Level (FPL)
    - Call 804-655-2794 option 6, to inquire about new patient financially eligibility screening appointments.

- **Treatment Intervention Prevention Services (HIV Care) (TIPS) Program**
    - Services Offered:
        - Full-spectrum HIV/AIDS Care
        - Outpatient Ambulatory Health Services
        - In-House Lab
        - In-House Oral Healthcare
        - Integration of HIV Services within CrossOver In-House Specialties
        - Mental Health Services
        - Case Management Services
        - Limited PrEP Services
        - Free, confidential STD and HIV community testing
            - Spanish Forms available
    - 2023 Service Funding:
        - 9 out of 30 possible services were funded
        - Outpatient/Ambulatory Health Services – 80%
        - Case Management (Non-Medical) – 79%
        - Oral Healthcare – 46%
        - Linguistic Services – 26%
        - Mental Health Services – 19%
        - Medical Transportation Services – 16%
        - Medical Case Management (Including treatment) – 15%
        - Psychosocial Support Services – 2%
        - Health Insurance Premium & Cost Sharing Assistance – 2%
- **Rapid Start Program:**
    - Rapid Start is an initiative that helps newly diagnosed/other candidates with HIV begin Antiretroviral Therapy (ART) as soon as possible.
        - CrossOver participated in the Pilot Program on July 1, 2021.
        - 9 patients benefited in the first year (2021)
        - Patients reached viral suppression at a quick rate
        - Rapid Start Client example:
            - VL > 10,000,000 on July 13, 2021, vs. VL 550 on August 21, 2021.
- **STD Community Testing:**
    - In 2023, 689 tests were completed.
        - They include:
            - HIV Rapid Tests
            - HIV Confirmatory Tests
            - Gonorrhea
            - Syphilis
            - Chlamydia
            - Hepatitis
- **AIDS Drug Assistance Program (ADAP) Medication Pick-up Site:**
    - 88% have reached viral suppression

    - 12% are not virally suppressed
    - CrossOver keeps a log to keep track of their patients' medications. They will reach out to the client once a refill is complete; they will order the refill on their own.
- **Program Challenges:**
    - Program Move for Richmond Clients
    - Rapid Start hybrid
    - STD Community Testing – Refugees
    - Prospective Clients
- **Discussion:**
    - How are language barriers overcome in in-person settings?
        - iPads are in every room to help when needed.
    - How many active Ryan White clients do you have?
        - 217, not including PrEP clients.
    - If someone is ineligible for insurance, or they don't have any, can they access all services?
        - Yes. However, patients with insurance cannot receive eye care or specialty care.
    - Is CrossOver Healthcare Ministry LGBT-friendly?
        - Yes!
    - Are there any testing events? If so, what do they look like?
        - The program doesn't contribute to community testing. The clinic itself may have some testing days, but they do not participate in the events since they are usually on the weekends or during work hours.

Team Building Exercise

Meeting Wrap-Up

Adjourn

Next Meeting: Friday, June 14, 2024