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CMOC Quarterly Training
HIV Basics: Where Are We Now?

January 16, 2020

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This program is funded wholly, or in part, by the Government of the District of Columbia, DC Health, HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA).

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HIV & PrEP 101

Dave Cornell, MBA, DNP, AAHIVS
Director of HIV Services, Mary's Center
January 16, 2020

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Who Am I?

- David Cornell, MBA, DNP, FNP, AAHIVS
- DNP – University of Iowa, Family Medicine Program, 2015
- Post-DNP Fellowship, Duke University School of Nursing, HIV Specialty, 2016
- American Academy of HIV Medicine Specialist, 2016-2022.
- Director of HIV Services and Family Nurse Practitioner, Mary's Center, Washington, D.C.

Disclosures

- Gilead Sciences Prevention Speaker's Bureau – Descovy for PrEP. September 2019 – December 2020
- No other financial disclosures.

Learning Objectives

1. Identify at-risk populations for HIV and STI.
2. Describe HIV infection and the viral replication process.
3. Identify common barriers to accessing PrEP and recognize appropriate candidates for PrEP.
4. Identify alternative options to condoms when openly discussing sexual health and HIV/STI prevention.

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What is HIV?

- Human Immunodeficiency Virus
- Retrovirus that infects human immune cells, especially CD4.
- Leads to Acquired Immune Deficiency Syndrome (AIDS) and allows for other infections more easily
- No cure, but relatively easy to treat and prevent
- Can mutate/change over time if not treated appropriately
- Epidemic HIV rates in the DMV, consistently #1-2 in the U.S. for annual rate of new HIV infections

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How is HIV Transmitted?

- Sexual contact (oral, vaginal, anal)
- Contact w/ mucous membranes (eyes, nose, urethra, rectum)
- Sharing needles
- Blood transfusions or organ transplants
- Maternal transmission (birth, breastfeeding)
- 1 in 7 with HIV don't know their HIV status!
- Often starts as cold/flu-like symptoms in the first few weeks after infection, which most people tend to ignore.

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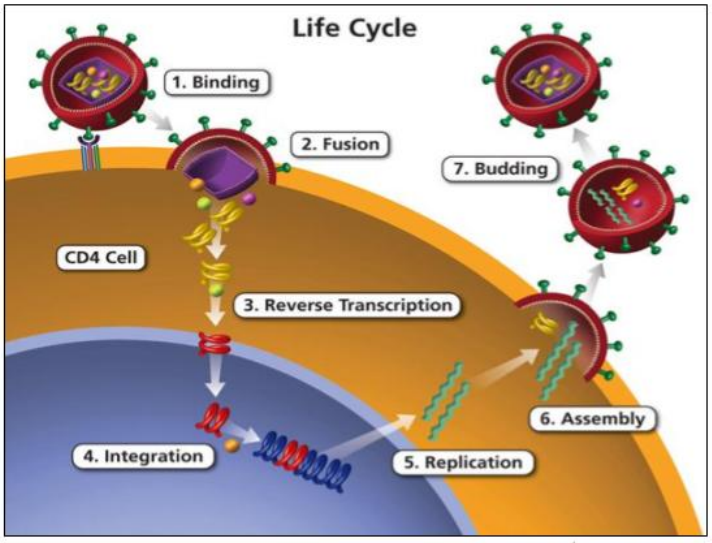
How is HIV Treated?

- HIV is smart, but lazy
- Uses the host to reproduce (CD4)
- Medications target different stages of reproduction
- Can mutate over time



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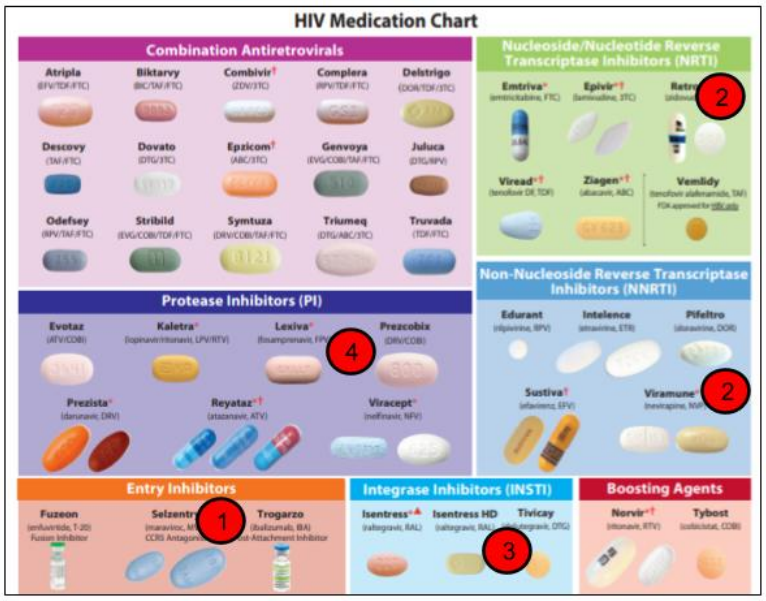
HIV Meds (ARV)

Medications work in different HIV life stages:

1. Binding/Entry
2. Reverse transcription (NRTI and NNRTI)
3. DNA Integration (Integrase Inhibitors)
4. Cutting/Replication (PI)



HIV in DC (2018)

- 12,322 PLWH in DC (9x higher than the U.S. average)
- 360 new cases (~1 each day!!), down 49% from 711 new cases in 2011 (~2 each day!!). 368 new cases in 2017.
- IVDU infections down 94% from one decade ago
- For the first time, >50% PLWH in DC are over 50 years old
- <24y/o = 20% or 1/5 new HIV diagnoses, unchanged in 3 years
- 9007 chlamydia, 4249 gonorrhea, 282 syphilis cases reported

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Who's at Greatest HIV Risk?

- MSM of color (including transgender women– think anatomy)
- Cis-women of color typically second highest risk
- Black MSM 1:2 lifetime risk, Black WSM 1:2 exposure by 30y/o
- Self-identified heterosexual men increasing in recent years
- STI (chlamydia, gonorrhea, syphilis) increase risk 2-9x
- Think about behavior and anatomy, ask questions.
- https://wwwn.cdc.gov/hivrisk/estimator.html

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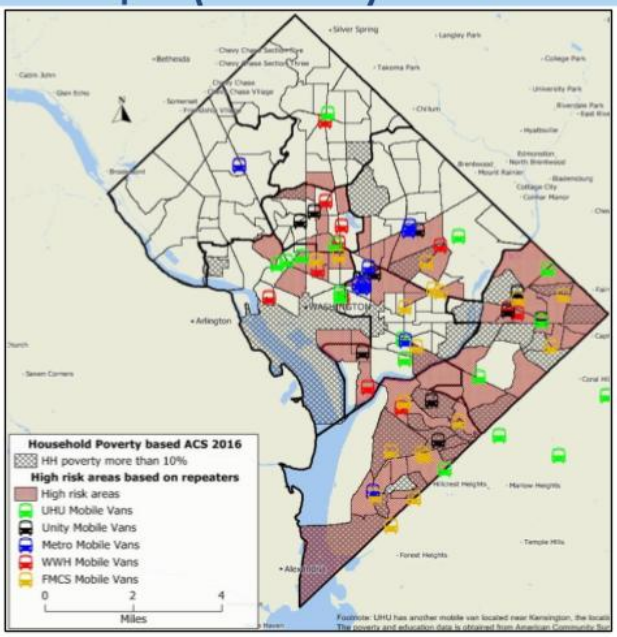
DC HIV Risk Map (2016)

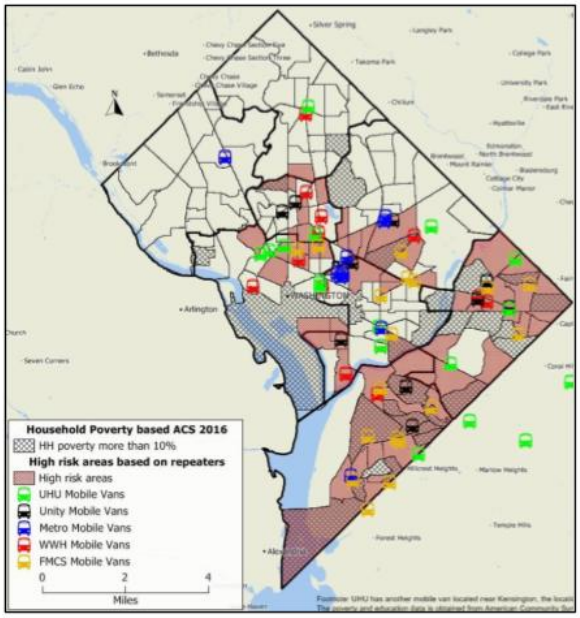
What does this map illustrate?

- Where is the biggest HIV risk?
- What do these areas have in common?
- Where do you see bus symbols?
- Does this map account for movement of people?

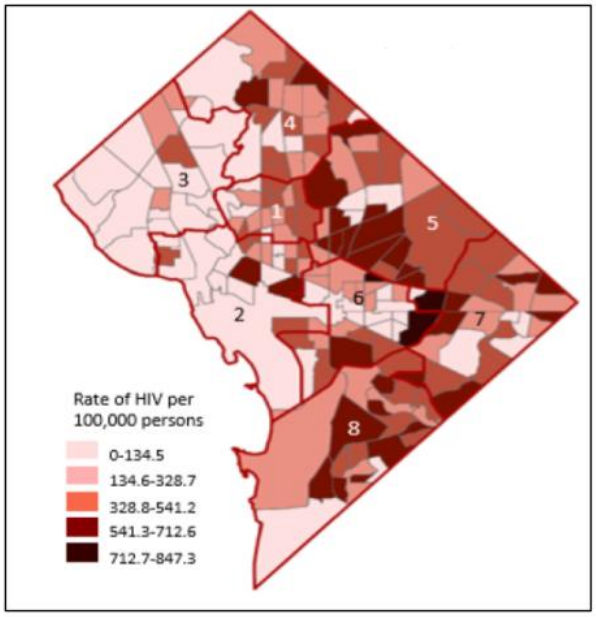
HIV disproportionately impacts DC by race, poverty level, and educational achievement.



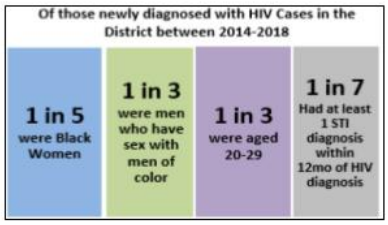
2016 DC HIV Risk

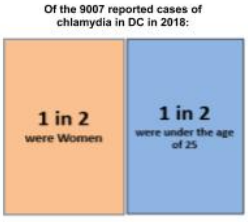


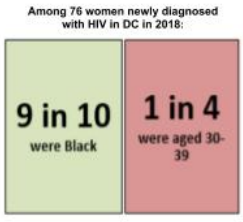
2018 DC New HIV Diagnoses

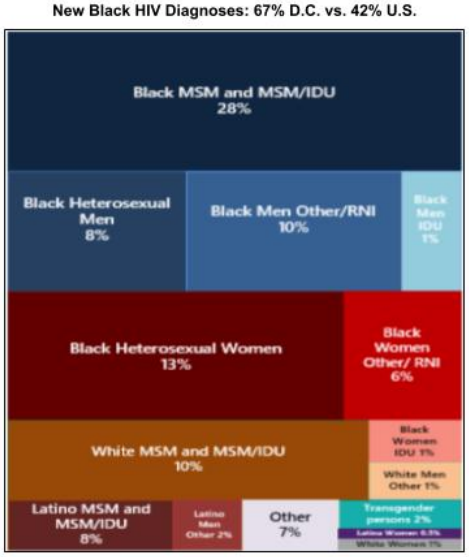


New HIV Diagnoses (2018)



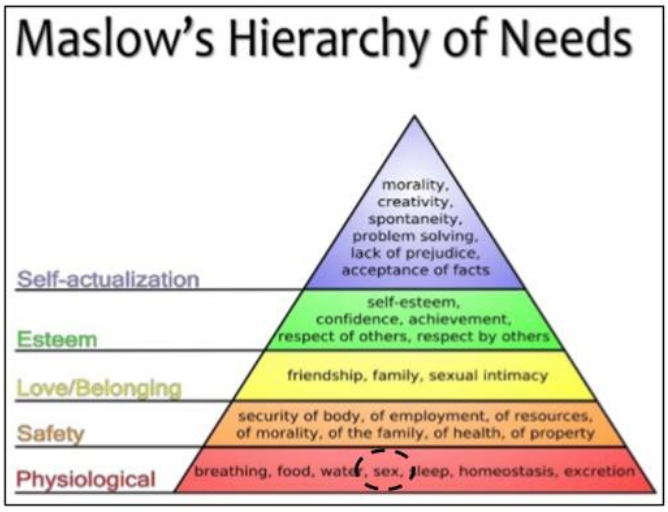






Where do we start?!

- HIV is primarily sexually transmitted, so talk openly about SEX.
  (Use patient's terms when possible)
- Only 71% of primary care patients were offered HIV tests last year.
- 14,000 STIs in DC last year!
- Condoms aren't the only tool in the toolbox
- Only 5000 school STI tests in 2018?
- Missed opportunities to discuss and prevent STI/HIV.

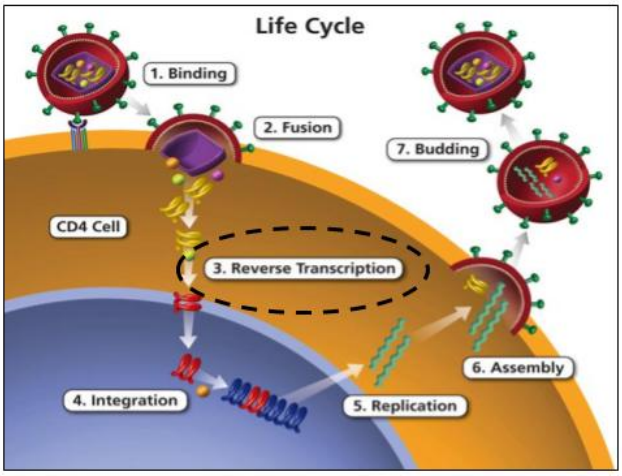


What is PrEP?

- PrEP = **Pr**e-**E**xposure **P**rophylaxis, or HIV prevention
- Daily medication for men AND women, Truvada or Descovy*
- Reduces HIV risk up to 99%, still advise condoms
- FREE for almost everyone, with or without insurance
- Minimal short-term, but known risk for long-term side effects
- PEP = **P**ost-**E**xposure **P**rophylaxis. **Must** be started within 72 hours of a suspected HIV exposure, is taken for 28 days, reduces risk of HIV transmission up to 95%.

How Does PrEP Work?

- HIV Birth Control
- Prevents HIV RNA from copying into DNA correctly
- Resulting viral copies don't work properly and can't infect a new cell.
- Needs 7 days for rectal, 21 days for vaginal tissue



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Who Should Take PrEP?

- People the CDC says qualify for PrEP:
  - HIV-negative and sexually active in the last 6 months (future sex?)
  - Partner(s) of HIV+ or unknown HIV status
  - At least one +STI in the past 6 months
  - Inconsistent condom use (condoms "break" 3% vs ~45%)
  - Sharing needles or injection supplies

- People who **should** qualify for PrEP:
  - DC HIV rates are the highest in the U.S., don't over-complicate it!!
  - Anyone who requests to start PrEP, regardless of risk factors – *CRITICAL!* Start them yesterday, sort it out later!
  - **ANY** HIV-negative human alive in the DC area can take PrEP!

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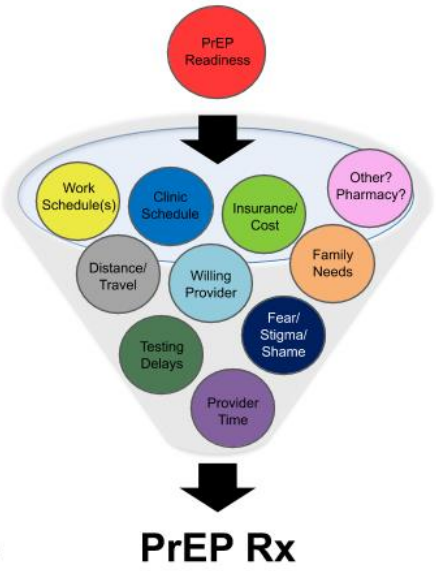
Barriers to PrEP

- Traditional clinical barriers apply: insurance/cost, time from a willing provider, testing delays, trying to schedule an appointment(!), etc.
- Add in socioeconomic barriers: cost, work schedules, family needs, distance/travel, stigma/fear/shame
- Readiness for PrEP is CRUCIAL! Be the "Yes", never the "No"
- *Find ways to reduce or remove barriers, and PrEP uptake increases.*
- 3mo: +388% overall, +906% in women



Removed:

PrEP @ Mary's Center

Removed:

- Clinic Schedule — Walk-in clinic ONLY for STI testing/treatment & PrEP starts.
- Insurance/ Cost — FREE walk-in testing, no insurance or SFS needed, subsidized by HAHSTA.
- Willing Provider — Walk-in patients see a health educator trained in STI prevention, education, and PrEP.
- Fear/ Stigma/ Shame — STI/HIV Risk Assessment proactively asks about PrEP and allows for tailored PrEP conversations, doesn't wait for the patient to ask or bring it up.
- Testing Delays — 1-minute POC HIV testing, self-testing offered for STI. PrEP rx given before lab results.
- Provider Time — Provider on-site/in clinic, reviewing clinic notes and providing 30-day PrEP prescriptions. Provider not required in each visit, empowers health educators to act in real time. PrEP f/u visits at 1wk (call), 1mo, and 3mo with a PrEP Coordinator under the same model.

Outreach Practices

- Reduce barriers to care – not always easy or cheap.
- Have uncomfortable conversations, surprise people.
- Find places others aren't going, then go there.
- Patients first – help them go where they *can* go. Not everyone has to become your patient or your revenue
- Work together and smarter, not harder. Stop reinventing the wheel, stop working 50+ different ways.
- Finally - Get out there and meet people where they exist.

Questions?

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References

Annual Epidemiology & Surveillance Report: Data Through December 2018. Washington, DC: District of Columbia Department of Health; HIV/AIDS, Hepatitis, STD, & TB Administration, 2019. Accessed at https://dchealth.dc.gov/publication/hahsta-annual-epidemiology-surveillance-report-2019

Annual Epidemiology & Surveillance Report: Data Through December 2017. Washington, DC: District of Columbia Department of Health; HIV/AIDS, Hepatitis, STD, & TB Administration, 2018. Accessed at https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/AR%20report%202018_v072518_FINAL.pdf

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The Other Sexually Transmitted Infections

Bruce W. Furness, MD, MPH ("Bryce")

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The findings and conclusions in this presentation are those of the presenter and do not necessarily represent the views of the Centers for Disease Control and Prevention.

Who Am I?

- Bruce W. Furness, MD, MPH ("Bryce")
- BS – Allegheny College (1989)
- MD – Georgetown University (1994)
- Internal Medicine/Pediatrics Residency Training – UCLA/Cedars-Sinai Medical Center (1998)
- Epidemic Intelligence Service (EIS) Fellowship – CDC - Division of Parasitic Diseases (2000)
- MPH – Johns Hopkins University (2001)
- Medical Epidemiologist – Division of STD Prevention – HIV/AIDS, Hepatitis, STD & TB Administration (2002)

WHAT ARE WE DISCUSSING?

- **Chlamydia**
- **Gonorrhea**
- **Syphilis**
- **Hepatitis A**
- **Hepatitis B**
- **Hepatitis C**
- **Public Health Importance**
- **Transmission**
- **Symptoms**
- **Diagnosis**
- **Treatment**
- **Prevention**

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Why?

- All of these infections can be sexually transmitted – just like HIV
- People who have STDs such as gonorrhea, herpes, and syphilis are more likely to get HIV compared to people who do not
- HIV-positive people who have STDs are more likely to transmit HIV to others
- The same behaviors that put you at risk for acquiring STDs can put you at risk for transmitting HIV
- STD testing and treatment is a critical part of preventing the spread of disease – including HIV

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Learning Objectives

- Participants will become familiar with six infections that can be sexually transmitted – chlamydia, gonorrhea, syphilis, hepatitis A, hepatitis B, and hepatitis C
- Participants will become familiar with the screening recommendations for these infections among persons living with HIV
- Participants will become familiar with how to prevent these infections among persons living with HIV

Chlamydia

Public Health Importance

- Chlamydia can cause serious, permanent damage to a woman's reproductive system:
  - This can make it difficult or impossible for her to get pregnant later on
  - Can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb)
- Untreated chlamydia may increase a person's chances of acquiring or transmitting HIV
- Known as the "silent" disease
  - ~75% of infected women and ~50% of infected men have no symptoms

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Transmission

- Chlamydia is transmitted through vaginal, anal, or oral sex with someone who has chlamydia
- Male sex partners can transmit chlamydia even without ejaculating
- Patients who've had chlamydia and were treated in the past can get infected again
- Pregnant women can give chlamydia to their baby during childbirth

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Symptoms

- Most people who have chlamydia have no symptoms
  - Even when chlamydia causes no symptoms, it can still damage the reproductive system
- Women with symptoms may notice:
  - An abnormal vaginal discharge
  - A burning sensation when urinating
- Symptoms in men can include:
  - A discharge from their penis
  - A burning sensation when urinating
- Men and women can also get infected with chlamydia in their throat and rectum

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Diagnosis

- There are a number of diagnostic tests for chlamydia, including nucleic acid amplification tests (NAATs), cell culture, and others
  - NAATs are the most sensitive tests, and can be performed on easily obtainable specimens such as vaginal swabs or urine
- There are no commercially available blood tests for the diagnosis of chlamydia

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Treatment

- Recommended treatment of chlamydia:
  - Azithromycin 1 g orally in a single dose
  - Doxycycline 100 mg orally BID x 7 days
- Alternatives:
  - Erythromycin Base 500 mg orally QID x 7 days
  - Ethylsuccincate 800 mg orally QID x 7 days
  - Ofloxacin 300 mg orally BID x 7 days
  - Levofloxacin 500 mg orally qD for 7 days

Prevention

- Latex male condoms, when used consistently and correctly, can reduce the risk of getting or giving chlamydia
- Partner Management
  - All recent anal, vaginal, or oral sex partners (within 60 days before the onset of symptoms or diagnosis) need to be tested and treated
- Retesting
  - Repeat infection with chlamydia is common
  - Women and men with chlamydia should be retested about three months after treatment of an initial infection

Gonorrhea

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Public Health Importance

- Untreated gonorrhea can cause serious and permanent health problems
- In women, gonorrhea can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID)
  - PID can also damage the fallopian tubes enough to cause infertility or increase the risk of ectopic pregnancy
- In men, gonorrhea may be complicated by epididymitis
  - In rare cases, this may lead to infertility
- If left untreated, gonorrhea can also spread to the blood and cause disseminated gonococcal infection (DGI)
- Untreated gonorrhea can increase a person's risk of acquiring or transmitting HIV

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Transmission

- Gonorrhea is transmitted through vaginal, anal, or oral sex with someone who has gonorrhea
- Male sex partners can transmit gonorrhea even without ejaculating
- Patients who've had gonorrhea and were treated in the past can get infected again
- Pregnant women can give gonorrhea to their baby during childbirth

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Symptoms

- Gonorrhea in men usually causes:
  - A burning sensation when urinating
  - A white, yellow, or green discharge from the penis
  - Painful or swollen testicles (although this is less common)
- Gonorrhea in women usually causes:
  - Painful or burning sensation when urinating
  - Increased vaginal discharge
  - Vaginal bleeding between periods
- Rectal and pharyngeal infections typically cause no symptoms in men and women

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Diagnosis

- Urogenital gonorrhea can be diagnosed by testing urine, urethral (for men), or endocervical or vaginal (for women) specimens using nucleic acid amplification testing (NAAT)
- Urethral (or endocervical) samples can be stained looking for the bacterium (gram stain)
- Gonorrhea can also be diagnosed using culture, which requires endocervical or urethral swab specimens
- If a person has had oral and/or anal sex, pharyngeal and/or rectal swab specimens should be collected for NAAT
- There are no commercially available blood tests for the diagnosis of gonorrhea

Treatment

- Gonorrhea has progressively developed antimicrobial resistance to previously recommended regimens
- Current treatment options are severely limited so only dual treatments are currently recommended
- Recommended dual therapy for gonorrhea:
  - 250 mg ceftriaxone IM x 1 in combination with 1 gm azithromycin po x 1
- Two dual treatment regimens may be considered as alternatives for uncomplicated urogenital gonorrhea in persons with a cephalosporin allergy:
  - 320 mg gemifloxacin po x 1 plus 2 gm azithromycin po x 1
  - 240 mg gentamicin IM x 1 plus 2 gm azithromycin po x 1

Prevention

- Latex male condoms, when used consistently and correctly, can reduce the risk of getting or giving gonorrhea
- Partner Management
  - All recent anal, vaginal, or oral sex partners (within 60 days before the onset of symptoms or diagnosis) need to be tested and treated
- Retesting
  - Women and men with gonorrhea should be retested about three months after treatment of an initial infection

Syphilis

Public Health Importance

- Syphilis can cause long-term complications – including blindness and death - if not diagnosed early and treated correctly
- It has often been called "the great imitator" because so many of the signs and symptoms are indistinguishable from those of other diseases
- Genital sores and mucous lesions caused by syphilis make it easier to transmit and acquire HIV infection sexually
- "He who knows syphilis knows medicine"
  - Sir William Osler, Father of Modern Medicine, at the turn of the 20th Century

Transmission

- Syphilis is transmitted from person to person by direct contact with a syphilitic sore, known as a chancre, or mucosal lesions
- Chancres can occur on or around the external genitals, in the vagina, around the anus , or in the rectum, or in or around the mouth
- Transmission of syphilis can occur during vaginal, anal, or oral sex
- In addition, pregnant women with syphilis can transmit the infection to their unborn child – known as congenital syphilis

Symptoms

- Primary stage of syphilis:
  - Usually marked by the appearance of a single sore (called a chancre), but there may be multiple sores
  - The chancre is usually firm, round, small, and painless
- Secondary stage of syphilis:
  - The characteristic rash may appear as rough, red, or reddish brown spots both on the palms of the hands and the bottoms of the feet – or as a generalized body rash
  - In addition to rashes, symptoms of secondary syphilis may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue
- Latent stages (early and late) of syphilis: no symptoms

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Diagnosis

- Dark-Field Microscopy
- Syphilis serologies:
  - Need both for a diagnosis!
  - Non-treponemal blood tests (RPR, VDRL)
    - Measures nonspecific antibodies
    - False-positive reactions can occur
    - Used for screening
    - After early adequate treatment, usually become non-reactive
  - Treponemal blood tests (FTA-ABS, TPHA, EIA, etc.)
    - Measures more specific antibodies
    - Usually used for confirmation
    - Remain reactive for life

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Treatment

- Early (<1 year)
  - Recommended:
    - Benzathine penicillin G 2.4 mu IM in a single dose
  - Alternatives:
    - Doxycycline 100 mg orally BID x 14 days
    - Tetracycline 500 mg orally QID x 14 days
- Latent (>1 year)
  - Recommended:
    - Benzathine penicillin G 2.4 mu IM q week x 3
  - Alternatives:
    - Doxycycline 100 mg orally BID x 28 days
    - Tetracycline 500 mg orally QID x 28 days

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Prevention

- Latex male condoms, when used consistently and correctly, can reduce the risk of getting or giving syphilis
  - However, a syphilis sore outside of the area covered by a latex condom can still allow transmission, so caution should be exercised even when using a condom
- Partner Management
  - All recent anal, vaginal, or oral sex partners (within 3-6 months before the onset of symptoms or diagnosis) need to be tested and treated
- Retesting
  - Women and men with syphilis should be retested about three months after treatment of an initial infection

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Hepatitis A

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Public Health Importance

- In rare cases, hepatitis A can cause liver failure and even death:
  - This is more common in older people and in people with other serious health issues, such as chronic liver disease

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Transmission

- The hepatitis A virus is found in the stool and blood of people who are infected
- The hepatitis A virus is spread when someone ingests the virus, usually through:
  - Person-to-person contact
    - Hepatitis A is very contagious, and people can even spread the virus before they feel sick
  - Eating contaminated food or drink
    - Contamination of food with the hepatitis A virus can happen at any point: growing, harvesting, processing, handling, and even after cooking

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Symptoms

- Not everyone with hepatitis A has symptoms - adults are more likely to have symptoms than children
- If symptoms develop, they usually appear 2 to 7 weeks after infection and can include:
  - Yellow skin or eyes
  - Upset stomach
  - Throwing up
  - Dark urine or light-colored stools
  - Diarrhea
  - Not wanting to eat
  - Stomach pain
  - Fever
  - Joint pain
  - Feeling tired
- Symptoms usually last less than 2 months, although some people can be ill for as long as 6 months

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Diagnosis

- A doctor can determine if you have hepatitis A by:
  - Discussing your symptoms
  - Taking a blood sample
    - Typically the hepatitis A total antibody assay
    - There are also hepatitis A IgG and IgM antibody assays to differentiate acute from chronic infections

Treatment

Hepatitis A

- Rest
- Adequate nutrition
- Fluids
- Some people will need supportive medical care in a hospital

Prevention

- The hepatitis A vaccine is safe and effective
  - Travelers to countries where hepatitis A is common
  - Men who have sexual encounters with other men
  - People who use or inject drugs
  - People with chronic or long-term liver disease, including hepatitis B or hepatitis C
  - People experiencing homelessness
- The vaccine series usually consists of 2 shots, given 6 months apart
- Getting both shots provides the best protection against hepatitis A

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Hepatitis B

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Public Health Importance

- Acute Hepatitis B refers to a short-term infection that occurs within the first 6 months after someone is infected with the virus
  - The infection can range in severity from a mild illness with few or no symptoms to a serious condition requiring hospitalization
- Chronic Hepatitis B refers to a lifelong infection
  - Up to 90% of infants infected with the Hepatitis B virus will develop a chronic infection
  - In contrast, about 5% of adults will develop chronic Hepatitis B
  - Chronic Hepatitis B can cause serious health problems, including liver damage, cirrhosis, liver cancer, and even death

Transmission

- The Hepatitis B virus is spread when blood, semen, or other body fluids from an infected person enters the body of someone who is not infected
- Sex with an infected person
- Injection drug use
  - Sharing needles, syringes, and any other equipment can spread the virus
- Outbreaks
  - Poor infection control in health care settings
- Birth
  - Worldwide, most people with Hepatitis B were infected with the virus as an infant

Symptoms

- Many people with Hepatitis B do not have symptoms and do not know they are infected
- If symptoms occur, they can include:
  - Fever
  - Not wanting to eat
  - Throwing up
  - Grey-colored stool
  - Yellow skin and eyes
  - Feeling tired
  - Upset stomach
  - Dark urine
  - Joint pain
- Acute infection – symptoms usually appear within 3 months of exposure and can last up to 6 months
- Chronic Hepatitis B - symptoms can take years to develop and can be a sign of advanced liver disease

Diagnosis

- The only way to know if a person has Hepatitis B is to have them tested
- Blood tests can determine if a person has been infected and cleared the virus, is currently infected, or has never been infected
  - Hepatitis B surface antibody
  - Hepatitis B surface antigen
  - Hepatitis B core antibody

Treatment

- For those with acute Hepatitis B:
  - Rest
  - Adequate nutrition
  - Fluids
  - Close medical monitoring
  - Some people may need to be hospitalized
- Those with chronic Hepatitis B:
  - Should be evaluated for liver problems and monitored on a regular basis
  - Treatments are available that can slow down or prevent the effects of liver disease

Prevention

- The best way to prevent Hepatitis B is by getting vaccinated
- Typically given as a series of 3 shots over a period of 6 months
- The entire series is needed for long-term protection
- All infants are routinely vaccinated for Hepatitis B at birth, which has led to dramatic declines of new Hepatitis B cases in the US and many parts of the world
- Healthcare and public safety workers exposed to blood, men who have sex with men, and people who inject drugs should be considered for hepatitis B vaccination if not immune

Hepatitis C

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Public Health Importance

- Acute Hepatitis C:
  - Refers to the first several months after someone is infected
  - Can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization
  - About 20% of people are able to clear, or get rid of, the virus without treatment in the first 6 months
- Chronic Hepatitis C:
  - Over time, can cause serious health problems including liver disease, liver failure, and even liver cancer
  - Number one cause of liver transplant in the United States

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Transmission

- Hepatitis C is mostly spread through sharing needles, syringes, or any other equipment to inject drugs
- Spread through blood transfusions, organ transplants, getting tattoos and body piercings did and can occur
  - Especially before widespread testing became available in 1992
- Outbreaks – uncommon - associated with poor infection control in healthcare settings
- While rare, sexual transmission of Hepatitis C is possible
  - Having HIV, sex with multiple partners, or rough sex appears to increase a person's risk for Hepatitis C
- Approximately 6% of infants born to infected mothers will get Hepatitis C

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Symptoms

- Many people with Hepatitis C do not have symptoms and do not know they are infected
- If symptoms occur, they can include: fever, feeling tired, not wanting to eat, upset stomach, throwing up, dark urine, grey colored stool, joint pain, and yellow skin and eyes
- Acute Hepatitis C - can appear anytime from 2 weeks to 6 months after infection
- Chronic Hepatitis C - can take decades to develop
- When symptoms appear with chronic Hepatitis C, they often are a sign of advanced liver disease

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Diagnosis

- The only way to know if a person has Hepatitis C is to have them tested
- Hepatitis C Antibody Test – determines if a person has been infected with the Hepatitis C virus at some point in time
- Hepatitis C RNA Test – determines if a person is currently infected with Hepatitis C
- Testing for Hepatitis C is recommended for certain groups, especially people who:
  - Were born from 1945 – 1965 (Baby Boomers)
  - Received donated blood or organs before 1992
  - Have ever injected drugs, even if it was just once or many years ago

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Treatment

- Treatment depends on many different factors, so it is important to see a doctor experienced in treating Hepatitis C
- New and improved (expensive) treatments are available that can cure Hepatitis C for many people
  - Sofosbuvir - $1,000 per pill or $84,000 for a three-month course of treatment
  - Ledipasvir/sofosbuvir– a combination pill - costs $94,500

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Prevention

- There is currently no vaccine to prevent Hepatitis C
- Ways to reduce the risk of becoming infected:
  - Avoid sharing or reusing needles, syringes or any other equipment to prepare and inject drugs, steroids, hormones, or other substances
- Do not use personal items that may have come into contact with an infected person's blood, even in amounts too small to see, such as razors, nail clippers, toothbrushes, or glucose monitors
- Do not get tattoos or body piercings from an unlicensed facility or in an informal setting

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Persons With HIV

- Chlamydia | Gonorrhea | Syphilis
  - For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter
  - More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology
- Trichomonas
  - For sexually active women at entry to care and at least annually thereafter
- Hepatitis B
  - Test for HBsAg and HBcAb and/or HBsAb
- Hepatitis C
  - Serologic testing at initial evaluation
  - Annual HCV testing in MSM

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Sexually Active Msm

- Including HIV-positive MSM!
- HIV serology, if HIV status is unknown or negative
- Syphilis serology – at least annually
- A test for urethral chlamydia and gonorrhea infections - in men who have had insertive intercourse during the preceding year – at least annually
- A test for rectal chlamydia and gonorrhea infections - in men who have had receptive anal intercourse during the preceding year – at least annually
- A test for pharyngeal gonorrhea infection - in men who have had receptive oral intercourse during the preceding year – at least annually

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QUESTIONS?

Bruce W. Furness, MD, MPH ("Bryce")
Office number - (202) 442-4705
E-mail address - bfurness@cdc.gov

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Medical Case Management
Refining the Tools

Charles Brown, APRN/FNP, DHA

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This program is funded wholly, or in part, by the Government of the District of Columbia, Department of Health, HIV/AIDS, Hepatitis, STI and TB Administration (HAHSTA).

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Learning Objectives

- Identify best practices for linking clients to health systems quickly and maintaining ongoing engagement in care
- Explain how to set treatment adherence goals with clients through medical case management services
- Identify best practices and standards for medical case management services for people living with HIV

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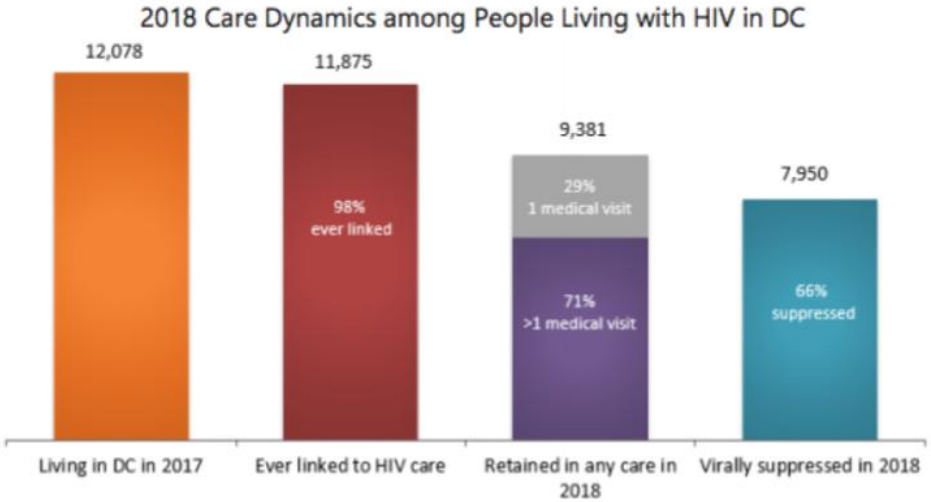
Closing



Annual Epidemiology & Surveillance Report: Data Through December 2018. Washington, DC: District of Columbia Department of Health; HIV/AIDS, Hepatitis, STD, & TB Administration, 2019. Accessed [access date] at https://dchealth.dc.gov/publication/hahsta-annual-epidemiology-surveillance-report-2019

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Medical Case Management

"The goal of Medical Case Management (MCM) is to improve the health care outcomes of people living with HIV (PLWH) by identifying and **removing barriers** to medical care, facilitating **continuous engagement** in primary medical care and **supporting adherence** to treatment regimens"

- ✔ Remove barriers to care
- ✔ Engage in ongoing care
- ✔ Treatment adherence counseling

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Remove Barriers to Care

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Removing Barriers to Care

- What are some common **barriers to care** for clients living with HIV?
  - Stigma
  - Access (transportation, time)
  - Cost of care (perceived/actual)
  - Others?
- How have you helped your clients **overcome** barriers to care?

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Engagement in Ongoing Care

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Engage in Ongoing Care

- What prevents clients from becoming and remaining engaged in care?
- What strategies have worked to engage clients in ongoing medical care for HIV?
- Helpful strategies to engage clients in ongoing care
  - Practicing **effective listening**
  - **Creating** resources to meet their needs
  - **Promoting** holistic health

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Effective Listening

- Gain a greater understanding of your client's needs by practicing effective listening:
  - Note their **physical demeanor** and body language
  - What do you notice about their **tone of voice** and speech delivery?
  - What is the **urgency** of what they are requesting?
  - How **frequently** does the client call or reach out to the facility?

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Creating High Quality Care

- Develop **rapport** with the client
  - Build trust with the client so that they feel comfortable discussing their health concerns
- Ensure a **safe space** for the client
  - What does your space tell the client about the care they will receive?
  - What does your space say about your quality of service?
  - How does your space make the client feel safe?
- Facilitate linkages to **wraparound** services for the client
  - Both in and outside of your organization
  - Help the client develop their own support network of care

Promote Creative Resources

- How can you promote **holistic health** for the client?
  - Mindfulness to reduce stress and anxiety
    - Yoga, meditation, mindful activities (e.g. art therapy)
  - Physical health & wellbeing
    - Nutrition, exercise (including maintaining an active lifestyle)
  - Mental health
    - Linkage to mental health resources, therapy, support groups

Treatment Adherence Counseling

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Treatment Adherence Counseling

- It is the role of the Medical Case Manager to counsel the client in medication adherence
- What are some barriers that prevent clients from adhering to their medication(s)?
- What does treatment adherence look like?

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Closing

- What are your outstanding challenges for helping clients become linked to and retained in care?
- What additional resources would be helpful for medical case managers to do this work?

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Iron Sharpens Iron
Non-medical Case Managers Working together to Better Each Other

Courtney M. Parson, BA

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This program is funded wholly, or in part, by the Government of the District of Columbia, Department of Health, HIV/AIDS, Hepatitis, STI and TB Administration (HAHSTA).

Learning Objectives

- Identify the psychosocial needs typical for clients living with HIV that non-medical case managers serve in D.C.
- Identify resources, work strategies, and best practices for providing non-medical case management services to clients living with/at risk for HIV.
- Describe how to implement self-care through case management by working with other case managers, providers and support workers to reduce stress and anxiety for workers and clients.

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Non-medical Case Managers

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Meeting Clients' Psychosocial Needs

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Psychosocial Needs

- Mental Health
- Transportation
- Food
- Financial Problems
- Caregiver Coordination
- Family Responsibilities
- School/Work
- Spiritual Beliefs
- Other

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Case Study – Client with Multiple Psychosocial Needs

- Karen Smith is a 45 year old African American female, diagnosed with HIV in 2014. Client has three children ages 12, 19 and 25. The 25 year old has developmental disabilities and resides with Karen and the 12 year old. The 19 is in college and only comes home for holidays and breaks. Karen has a housing voucher through the DC Housing Authority but is 6 months behind due to unemployment. She was laid off 7 months ago because the company downsized and her department was eliminated. Karen's oldest daughter receives a disability check but it does not cover all of the needed expenses. She is currently in the application process for child support for the youngest child whose father is not involved.
- Lately, Karen has become very depressed due to her circumstances and has started drinking heavily. Although Karen attends all of her medical appointments, she sometimes forgets to take her medication due to her drinking.
- **How can we help Karen?**

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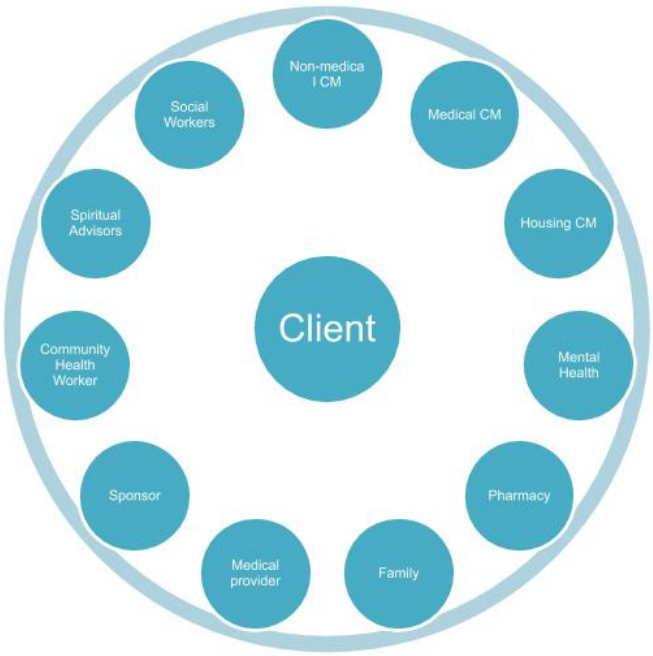

- Who is on your client's treatment team?
- Do you have their contact information?
- Have you spoken with them regarding the care of your client?
- **What challenges have you faced in connecting clients with the wraparound services they need?**

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Multidisciplinary Team Approach

"Health centers are often models of excellence in providing care by multidisciplinary teams. More than two-thirds of health centers use the patient-centered medical home (PCMH) model which emphasizes proactive, multidisciplinary team-based care. **Teams comprising providers and support staff in a variety of areas can create a "one-stop shop" for the services individuals receive.** A team approach also allows for effective communication and coordination among providers and support staff, which can enhance care and improve outcomes."

If your team does not provide interdisciplinary services, how can you make the client's experience more of a "one-stop shop"?

U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care. Integrating HIV Care, Treatment & Prevention Services into Primary Care – A Toolkit for Health Centers. Rockville, Maryland: U.S. Department of Health and Human Services, 2017.

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Self-care for Case Managers

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Signs of Burnout Among Helping Professionals

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Signs of Burnout Among Helping Professionals

- What does burnout look like in yourself or among your colleagues?
- How does burnout affect your work with clients?
- What strategies have you tried that were **effective** at preventing burnout or becoming re-engaged in your work?
- What strategies have you tried that were **not effective** at preventing burnout or becoming re-engaged in your work?

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Preventing Burnout

Nip it in the bud: Signs of social work burnout and tips for self care. Retrieved from: https://onlinemsw.fsu.edu/blog/2016/10/04/nip-it-bud-signs-social-work-burnout-and-tips-self-care

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