ILLINOIS HIV INTEGRATED PLANNING COUNCIL NEWSLETTER

Spring 2018 Volume 1, Issue 1

FROM THE CO-CHAIR

Hello, everyone!

I hope you enjoy this first issue of the Illinois HIV Integrated Planning Council (IHIPC) Newsletter.

As you may or may not know, the IHIPC was established as the first statewide integrated HIV prevention and care planning body in Illinois, effective January 1, 2018. On behalf of the Illinois Department of Public Health (IDPH) and the IHIPC, I encourage you to learn more about our HIV community planning group and activities and welcome you to participate in any of our webinars and meetings.

We are still in the process of developing the IHIPC website, but a description of the mission and functions of the planning group and a calendar of 2018 meetings and activities have been posted and are available at http://ihipc.org/. Over the next few months, we will continue to update the website with more information useful to our IHIPC membership and to our community partners for HIV planning.

I look forward to the upcoming year as we successfully take on this new challenge!

Janet Nuss, HIV Community Planning Administrator, IHIPC Coordinator/Co-chair, IDPH

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CALENDAR OF UPCOMING EVENTS

April:
National STD Awareness Month
https://npin.cdc.gov/stdawareness/

April 10th:
National Youth HIV/AIDS Awareness Day

April 18th:
National Transgender HIV Testing Day

April 19th:
IHIPC webinar Meeting 9:30 am – 12 pm
http://ihipc.org/Feb1518_webmtg_reg

Please visit http://ihipc.org/webmtgs/ for more information on upcoming IHIPC meetings and events.

SNIPPETS OF INFORMATION

HIV/AIDS Awareness Days raise awareness about HIV/AIDS among specific populations and provide information about HIV prevention, testing, and treatment. The federal web page https://www.hiv.gov/ provides information and resources to help individuals and organizations plan events and activities around these observance days.

IHIPC UPDATE

Thank you to everyone who participated in the formation and implementation of the new integrated HIV prevention and care planning group last year! It was a lot of work but we were able to complete our mission.

The IHIPC membership will bring the voices of people living with HIV and populations at high risk for HIV infection to the planning table. With our selection of 27 voting members, eight appointed members, and three at-large members, we have a planning group with the professional and community areas of expertise and representation needed to fulfill our mission –"To reduce the number of new HIV infections, increase access to HIV care, and improve health outcomes for people living with HIV (PLWH); to reduce HIV-related health inequities and disparities; and to serve as a role model and central advisory body for HIV prevention and care planning activities throughout the State of Illinois".

I am happy to say that all new members have completed IHIPC orientation, completed and signed their Conflict of Interest forms, and are now ready to take on their new roles! The orientation session was recorded and along with other sources of information and guidance relevant to HIV planning, have been posted at http://www.ihipc.org/IHIPC_NMO/. In addition to IHIPC orientation, members have been working on completing several other required trainings. These will provide them with foundational knowledge about integrated HIV planning and assist them in understanding the purpose of the IHIPC, the functions of its committees, and the roles of members. These should all be completed by March.

All voting and at-large members have been assigned to their respective IHIPC committees. Each committee met in February to finalize its 2018 committee objectives. The committees have also finalized the selection of committee co-chairs so that we can proceed with working on our related tasks and activities. It's going to be a productive year seeing our hard work come to fruition!

Janet Nuss, HIV Community Planning Administrator, IHIPC Coordinator/Co-chair, IDPH

APRIL IS STD AWARENESS MONTH

As many of you are aware, STD diagnoses have increased in the U.S. for the third year in a row. In 2016 more than two million cases of gonorrhea, chlamydia, and syphilis were reported to the Center for Disease Control and Prevention (CDC). This was the highest number of cases ever reported.

Illinois Department of Public Health STD Section hosted two lunchtime webinars offering CEUs during April for STD Awareness Month. These have been archived and are available for viewing and receiving continuing education credits through April 30, 2018. See full information below.

Contact Hours (1):

Pre-Exposure Prophylaxis (PrEP) Knowledge That Every Health Department Should Have

Lesli Choat, B.S., MT (ASCP) – Illinois Department of Public Health

Archive link: **https://idph.adobeconnect.com/p2bxw1ls2qd4/**

Evaluation Link: https://redcap.dph.illinois.gov/surveys/?s=PYL4CDCJXF

Contact Hours (1):

Illinois Getting to Zero Initiative

Sara Semelka – AIDS Foundation of Chicago (AFC)

Archive Link: **https://idph.adobeconnect.com/prsorkkda4ie/**

Evaluation Link: Illinois Getting to Zero Initiative Training Evaluation

For more details contact Lesli Choat at 217-782-2747 lesli.choat@illinois.gov

Other Important STD Resources:

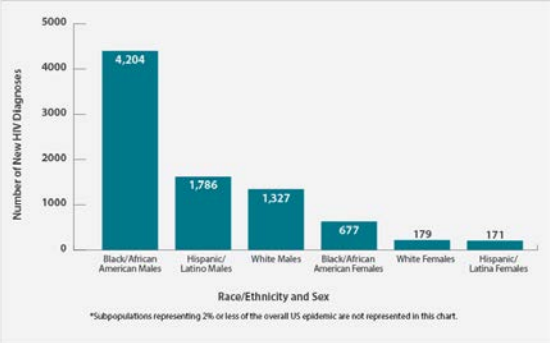
2016 CDC STD Surveillance Report
https://www.cdc.gov/std/stats16/default.htm
2015 CDC STD Treatment guidelines (current)
http://www.cdc.gov/std/tg2015/
2016 Illinois STD Surveillance Book (Released 11/21/2017)
http://dph.illinois.gov/topics-services/diseases-and-conditions/stds/data-statistics

National Youth HIV & AIDS Awareness Day

National Youth HIV & AIDS Awareness Day (NYHAAD) was April 10. Each year, youth in high schools, colleges, and universities across the country use NYHAAD to organize and educate others about the impact of HIV/AIDS on youth and to strengthen the fight against the HIV/AIDS epidemic.

About the Epidemic

According to the Centers for Disease Control and Prevention, youth aged 13 to 24 accounted for more than one in every five new HIV diagnoses in the U.S. in 2015. Gay and bisexual males, especially young black and Hispanic/Latinos, accounted for most of these new HIV diagnoses among youth.



CDC. New HIV Diagnoses Among Youth Aged 13-24 in the U.S., by Race/Ethnicity and Sex, 2015

Youth with HIV are the least likely of any age group to be linked to care and have a suppressed viral load (a very low level of the virus in the body, which helps the person stay healthy and greatly reduces the risk of transmitting HIV to others). Addressing HIV in youth requires that we give young people the information and tools they need to reduce their risk, make healthy decisions, and get care and treatment if needed. More information about HIV among youth can be found at: https://www.cdc.gov/hiv/group/age/youth/index.html

Find HIV Testing and Other Services

Use the following sources to find HIV testing sites and care services near you:

https://locator.hiv.gov/

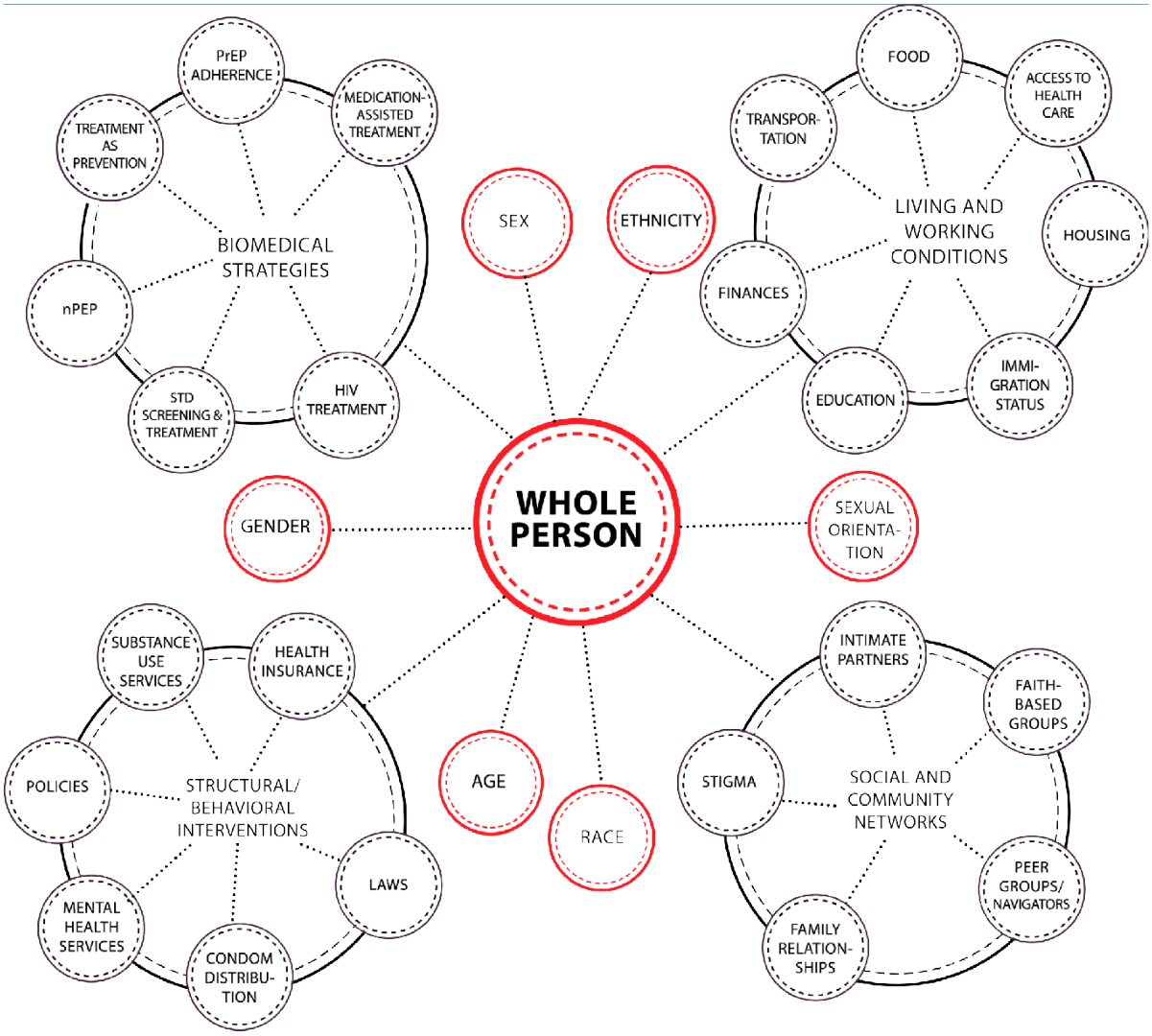
https://gettested.cdc.gov/

Illinois AIDS/HIV & STD Hotline: http://www.centeronhalsted.org/hot/admin/survey.cfm

Illinois HIV Care Connect: http://hivcareconnect.com/

HIV PREVENTION CONTINUUM

The figure below was developed by JSI's Capacity Building Assistance (CBA) project, funded by the Centers for Disease Control and Prevention, and reflects a range of social determinants and services that contribute to a client's ability to successfully navigate HIV prevention activities.

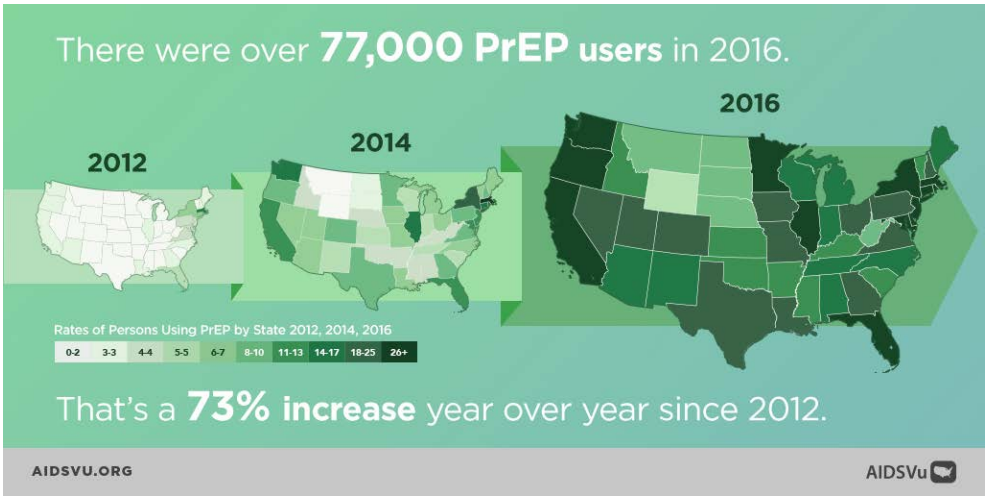


Community-based organizations (CBOs) need to have processes in place to assess the needs of clients who are at high risk for HIV infection, and then either provide appropriate services or refer clients to those services. Because it is often a challenge to confirm whether clients have actually accessed the additional services, JSI's CBA project has developed a resource that may help CBOs implement referral and tracking processes for clients. The tool and a full description can be accessed at the following link: http://www.cbaproviders.org/ResourceMaterials/13/CBA@JSI_HIV_Prevention_Continuum_2017-508complete.pdf

MAPPING PrEP: FIRST EVER DATA ON PrEP USERS ACROSS THE U.S.

The full article, posted March 6, 2018 by AIDSVU can be accessed at the following link: https://aidsvu.org/prep/

AIDSVU has released an interactive state-level map of the U.S. that depicts a 73 percent increase year over year from 2012-2016 in persons accessing PrEP, or pre-exposure prophylaxis. PrEP is an HIV medication that when used as prescribed by people at high risk for HIV, lowers their chances of HIV infection. The below AIDSVU map visually depicts the distribution of over 77,000 PrEP users in the U.S. Since there is currently no single data source that includes data on all PrEP users in the U.S., AIDSVU suggests that this is an underestimation of the total number of PrEP users.



AIDSVu's maps also allow users to view state-level PrEP data by age, sex, race, transmission risk, and other HIV data such as incidence, prevalence, and mortality.

When looking at the rate of PrEP use –the number of people in a state using PrEP per 100,000 population - Illinois is ranked as one of the five states with the highest rate in 2016! That said, a new analysis, released March 6, 2018 by the Centers for Disease Control and Prevention (CDC), suggests that only a small fraction of Americans who could benefit from PrEP have been prescribed it. While two-thirds of the people who could potentially benefit from PrEP are African American or Latino, they account for the smallest percentage of prescriptions. Even though racial and ethnic data were not available for one-third of the prescription data, the analysis still found substantial unmet prevention need among those population groups.

The full release from CDC can be found at the following link:
https://www.cdc.gov/nchhstp/newsroom/2018/croi-2018-PrEP-press-release.html

INCREASE IN HEPATITIS C INFECTIONS LINKED TO WORSENING OPIOID CRISIS

New research from the Centers for Disease Control and Prevention (CDC) suggests that the recent steep increase in cases of acute hepatitis C virus infection is associated with increases in opioid injection. The study examines data from CDC's hepatitis surveillance system and from the Substance Abuse and Mental Health Services Administration's (SAMHSA) national database that tracks admissions to substance use disorder treatment facilities in all 50 U.S. states. Across the nation, researchers found substantial, simultaneous increases in acute hepatitis C (133 percent) and admissions for opioid injection (93 percent) from 2004 to 2014. These increases were seen at not only the national level, but also when data were analyzed by state, by age, and by race and ethnicity. Taken together, the findings point to a close relationship between the two troubling trends.

Hepatitis C is spread through infected blood, which can contain high levels of the virus in a single drop. This, combined with needle and injection equipment sharing behaviors among some people who inject drugs, is fueling infections among younger Americans. "Hepatitis C is a deadly, common, and often invisible result of America's opioid crisis," said Jonathan Mermin, M.D., M.P.H., and Director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. "By testing people who inject drugs for hepatitis C infection, treating those who test positive, and preventing new transmissions, we can mitigate some of the effects of the nation's devastating opioid crisis and save lives."

Until recently, hepatitis C primarily affected older generations, but as the opioid crisis worsened, the virus has gained a foothold among younger Americans. Rates of opioid injection—especially injection of prescription opioid pain relievers, as well as heroin—and acute hepatitis C virus infections increased most dramatically from 2004 to 2014 among younger Americans (ages 18-39).

- Among 18- to 29-year-olds, there was a:
    - 400 percent increase in acute hepatitis C;
    - 817 percent increase in admissions for injection of prescription opioids; and
    - 600 percent increase in admissions for heroin injection.
- Among 30- to 39-year-olds, there was a:
    - 325 percent increase in acute hepatitis C;
    - 169 percent increase in admissions for injection of prescription opioids; and
    - 77 percent increase in admissions for heroin injection.

The dual HCV and opioid epidemics require an integrated response from CDC, SAMHSA, states, communities, and prescribers to prevent opioid misuse, abuse, and overdose and to address the risk of hepatitis C among people who inject drugs. Comprehensive community opioid prevention, treatment, and recovery services that provide a wide array of testing, prevention, and treatment services for hepatitis C, HIV, and other infectious diseases are needed.

The full article, published December 22, 2017, can be accessed at the following link: https://www.hhs.gov/hepatitis/blog/2017/12/22/increase-in-hepatitis-c-infections-linked-to-worsening-opioid-crisis.html

SUPERVISED INJECTION FACILITIES AND RECOMMENDATIONS FOR ACTION

The following is an excerpt from the January 30, 2018 Letter to NASTAD Members, Murray C. Penner, Executive Director, National AIDS State and Territorial AIDS Directors (NASTAD)

In response to increasing incidence of hepatitis, HIV, and overdose death related to opioid and other drug use in America, NASTAD has evaluated evidence-based interventions intended to address these intersecting epidemics, including Supervised Injection Facilities. Today, we are releasing Call to Action: Supervised Injection Facilities and Supervised Injection Facilities: Recommendations for Action for governmental public health agencies in support of Supervised Injection Facilities.

As we are aware, America's opioid epidemic continues to cause unprecedented overdose deaths and fuel increases in new cases of hepatitis B and C, and HIV. According to the CDC, in 2016 over 64,000 people died of accidental overdose and over 60% of new hepatitis C cases and approximately 10% of new HIV cases were related to injection drug use. From 2004-2014 there was a 400% increase in acute hepatitis C among 18-29-year olds that is correlated with dramatic increases in heroin and prescription opioid injection. Overall, among people who inject drugs, prevalence of HCV is estimated to be as high as 80%. Hepatitis B is also increasing as a result of the opioid epidemic. From 2006-2013 the number of new hepatitis B infections in three states (Kentucky, Tennessee, and West Virginia) increased among young PWID by 114%. In terms of scale of the opioid crisis, recent numbers from SAMHSA indicate that in 2015, 11.8 million people misused prescription opiates or heroin and 2.4 million, or 20%, of those met diagnostic criteria for an opioid use disorder. This leaves millions of people actively using opioids and at risk of overdose and HIV and HCV transmission while not yet engaged in or ready for treatment.

As the nation grapples with how to effectively respond to these epidemics, NASTAD urges policymakers, public health and safety leaders, and impacted communities to embrace a comprehensive approach to end these intersecting epidemics. As one element of a comprehensive strategy, NASTAD supports Supervised Injection Facilities as an important, evidence-based, intervention. These programs operate with legal sanction in 11 countries and number well over 100 worldwide.

Supervised Injection Facilities have been shown to:

- Reduce hepatitis and HIV transmission risks for people who inject drugs
- Link participants to testing, infectious disease treatment, medication-assisted treatment, and physical and behavioral health services
- Reduce overdose death and occurrence
- Improve injection practices; decrease soft-tissue/blood infections and associated hospital costs
- Decrease public injection and improperly discarded injection materials
- Not lead to increases in drug use, frequency of injection, or levels of drug-related crime in communities in which they operate

Stakeholders may have differing roles in these efforts and health departments have their own unique role to play. In these newly-released documents, we outline the evidence base for supervised injection facilities and potential avenues to support these lifesaving programs, including opportunities for engagement and education among various stakeholder groups.

EVIDENCE OF HIV TREATMENT AND VIRAL SUPPRESSION

Submitted by Janet Nuss, IDPH HIV Community Planning Administrator

We know that HIV treatment dramatically improves the health outcomes and quality of life of people living with HIV. The Centers for Disease Control and Prevention (CDC) released a new Technical Assistance Fact Sheet in December, 2017 that describes the evidence around HIV treatment and viral suppression and can assist providers in communicating about the importance of antiretroviral therapy (ART) and viral suppression.

A workgroup, convened by the U.S. Department of Health and Human Services (HHS) to review the evidence and develop updated prevention messages to communicate that information to the public, agreed on the following interim message in September, 2017: ""People living with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners."

The term "effectively no risk" describes the estimated risk of transmitting HIV to a sexual partner when an HIV-positive individual is taking ART daily as prescribed and achieves and maintains an undetectable viral load. "Effectively no risk" reflects the fact that there have been no linked infections observed in studies among thousands of sexually active HIV-discordant couples engaging in female-male and male-male sex without a condom or Pre-exposure Prophylaxis (PrEP) for HIV, while the HIV-positive partner is virally suppressed. Although these studies provide extremely strong evidence, they are based on a finite number of observations, and even when combined, the workgroup has determined that we "cannot statistically rule out the possibility that the true risk is greater than zero".

References:

Centers for Disease Control and Prevention. Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV – Technical Assistance Fact Sheet. https://www.cdc.gov/hiv/pdf/risk/art/cdc-hiv-art-viral-suppression.pdf. Published December 2017. Accessed January 18, 2018.

RACIAL AND ETHNIC DISPARITIES IN SUSTAINED VIRAL SUPPRESSION AND TRANSMISSION RISK POTENTIAL AMONG PERSONS RECEIVING HIV CARE – UNITED STATES, 2014

The following is a summary of the article from the February 2, 2018 edition of CDC's Morbidity and Mortality Weekly Report, Vol. 67, No. 4, N. Crepaz, X. Dong, X. Wang, A. Hernandez, and I. Hall

Non-Hispanic blacks represent 12% of the U.S. population, yet in 2016, accounted for 44% of all new HIV diagnoses. Looking at National HIV Surveillance System data reported from the 38 jurisdictions with complete laboratory reporting in the U.S., among 651,811 persons with HIV infection diagnosed through 2013 and alive through 2014, a lower percentage of blacks (40.8%) had sustained viral suppression (< 200 HIV RNA copies/mL), then had Hispanics (50.1%), and whites (56.3%). The remaining 59.2% of blacks included 25.3% who were in care and did not have a sustained viral suppression in 2014 and 33.9% who had no viral load tests in 2014. Blacks aged 13-24 years had the lowest prevalence of sustained viral suppression, a condition that might increase their potential of transmitting the virus. Viral suppression is also essential to maintaining the health of persons living with HIV (PLWH) and reducing the likelihood of transmission. National treatment guidelines recommend that persons with diagnosed HIV infection take antiretroviral therapy (ART) to achieve viral suppression. Scaling up and strengthening public health programs that improve access to ART, promote medication, and address barriers to HIV medical care and supportive services for black persons living with HIV infection, especially aged 13-24 years, is important for reducing HIV related health disparities.

The full article can be found at the following link:
https://www.cdc.gov/mmwr/volumes/67/wr/mm6704a2.htm?s_cid=mm6704a2_e

WHAT IS EPT?

Expedited Partner Therapy (EPT) is the clinical practice of providing prescriptions or medications to the sex partners of patients diagnosed with chlamydia or gonorrhea without the health care provider first examining the partner. EPT is an effective treatment option and increases the likelihood that sex partners will get treatment, thus reducing re-infection rates and overall sexually transmitted disease (STD) rates in a community.

Why is EPT important? It is important because STDs continue to rise in the U.S. at an alarming rate. According to the Centers for Disease Control and Prevention (CDC) 2015 STD Surveillance Report, more cases of chlamydia, gonorrhea, and syphilis combined were reported than ever before. In Illinois during 2016, there were 72,201 (4% increase) chlamydia (CT) cases and 21,199 (24% increase) gonorrhea (GC) cases reported.

EPT has the support of professional organizations

- American Medical Association
- American Bar Association
- Society for Adolescent Health and Medicine (Co-signed by the American Academy of Pediatrics)
- National Association of City and County Health Officials
- American Congress of Obstetricians and Gynecologists (ACOG) Committee Opinion (click here for link)
- National Coalition of STD Directors

To learn more please view the EPT fact sheet at the IDPH website;
http://dph.illinois.gov/sites/default/files/publications/publicationsohpept-fact-sheet.pdf

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Interested in having your HIV planning news shared with the IHIPC membership and community stakeholders? Feel free to send your submissions for the newsletter to janet.nuss@illinois.gov.