



## ILLINOIS HIV INTEGRATED PLANNING COUNCIL NEWSLETTER

Fall 2018

Volume 1, Issue 3

### FROM THE CO-CHAIRS

Hello, everyone!

It is my pleasure to announce the 2018-2019 Illinois HIV Integrated Planning Council (IHIPC) leadership, selected at our June 29<sup>th</sup> meeting:

**Health Department Co-chair:** Janet Nuss, IDPH

**Community Co-chair:** Mike Benner,  
Greater Community AIDS Project

**Community Co-chair Elect:** Nicole Holmes,  
Center on Halsted

**Parliamentarian:** Scott Fletcher,  
The Community Action Place

**Secretary:** Cynthia Tucker,  
AIDS Foundation of Chicago

Accepting a leadership role is a challenging responsibility, especially for a newly established planning group, so we truly appreciate the dedication and commitment of our members who have taken on these positions.

We encourage you to learn more about the work of our HIV community planning group and welcome you to participate in any of our webinars and meetings. A calendar of 2018 meetings and activities has been posted and is available online at <http://ihipc.org/>.

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

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## CALENDAR OF UPCOMING EVENTS

September 18:  
National HIV/AIDS and Aging Awareness Day

September 18-20:  
Risk Target Testing Training  
Chicago Suburbs, IL  
(For IDPH grantees funded to perform HIV/ HCV testing)

September 27:  
National Gay Men's HIV/AIDS Awareness Day

October 2018:  
HIV Navigation Services Training  
Springfield, IL: October 9-11  
Belleville, IL: October 16-18  
Wheaton, IL: To be determined

October 15:  
National Latinx AIDS Awareness Day

October 16-17:  
ARTAS Training  
Elgin, IL

October 29- 30:  
Illinois HIV Integrated Planning Council Meeting  
Illinois Primary Health Care Association  
Springfield, IL

For more information on Risk Targeted Testing, HIV Navigation Services, or ARTAS Trainings, please contact:

Jamie Burns: [jamie.burns@illinois.gov](mailto:jamie.burns@illinois.gov), or  
Dennis Tiburzi: [dennis.tiburzi@illinois.gov](mailto:dennis.tiburzi@illinois.gov)



## 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.

We are transitioning webpages! Please visit <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hpg> for more information on upcoming IHIPC meetings and events until our new webpage is announced.

Sexually Transmitted Disease (STD) 2017 data have been finalized by the Illinois Department of Public Health (IDPH). **Finalized 2017 data and provisional 2018 data can be found here:** <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/stds/data-statistics>



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## IHIPC UPDATE

Thank you to everyone who participated in the June 28-29, 2018 in-person meetings of the Illinois HIV Planning Council (IHIPC). This was the new planning council's first ever face-to-face meeting. It was a truly meaningful opportunity to network with our community partners and collectively meet with members of our standing committees. Even though the meetings were in-person, we web-streamed and recorded the meetings so that community stakeholders not able to attend could still participate, ensuring we bring the voices of all at risk for, and living with HIV/AIDS to the table.

The meetings were also an opportunity to collaboratively assess HIV community services at the state, regional, and local levels. The regional HIV care and prevention lead agents, IDPH HIV Section Program leads, and IHIPC liaisons all provided brief reports about issues, needs, challenges, and successes pertaining to HIV from their respective areas. The IDPH HIV Prevention and HIV Care Program Administrators provided an assessment of the FFY (federal fiscal year) 2018 service delivery, demonstrating the alignment of services to the priorities in the State's Integrated Plan for HIV Prevention and Care.

As part of the planning council's continued efforts to inform the development of the State's Integrated Plan for HIV Prevention and Care, IHIPC voted on its recommendations for the 2019 priority populations for targeted prevention services and the risk group definitions for said populations at the June meetings. The guidance for approved prevention strategies and interventions for 2019 is still being discussed within committees and will be voted on later this year. This information and guidance are invaluable to IHIPC in fulfilling its role as the central advisory body for HIV prevention and care planning activities throughout the state of Illinois. They are also critical in helping the state prioritize prevention and care services for populations and geographic areas most disproportionately impacted by HIV in Illinois.

With the leadership of IHIPC being elected at the June meetings, we anticipate the remainder of 2018 will be a very productive year. We continue to encourage community stakeholders and partners to attend our meetings at any time, either in-person or by webinar.

As a reminder, all webinar and face-to-face meetings of IHIPC are recorded and maintained in the archive for a minimum of 12 months. Meetings prior to July 2018 may be accessed at <http://ilhpg.org/webinar/>. As mentioned in the previous issue of this newsletter, we are in the process of transitioning the IHIPC website to an expanded IHIPC webpage on the IDPH website. Once completed, recorded meetings/webinars as well as associated slides and meeting handouts will be available for download from that site.

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



## REMEMBERING DAN BIGG

*This article contains excerpts from “Dan Bigg Remembered as ‘Revolutionary’ for Approach to Heroin Crisis, Pioneered Live-saving Naloxone, Needle Handout,” published by the Chicago Tribune on August 22, 2018. To view the full article, please click [here](#). Dan Bigg was a long-time partner to IDPH and many other local agencies in pioneering Illinois’ harm reductions efforts. The IDPH HIV Section and IHIPC extend their condolences and gratitude to those who worked with and loved Dan.*

“Dan Bigg didn’t worry about social norms or even the law when lives were at stake. In the early 1990s, when he was a Chicago activist trying to stem the spread of HIV by distributing clean hypodermic needles, that activity was in a legal gray zone. He did it anyway.

A decade later, as heroin-related deaths began to surge, he pioneered the idea of putting the overdose-reversing medication naloxone into the hands of drug users and their loved ones.

As a result of Bigg’s efforts, friends and colleagues said, thousands of people who would have died from infections or

overdoses are still alive — a legacy of the “harm reduction” philosophy Bigg helped to popularize. Bigg, a co-founder of the Chicago Recovery Alliance (CRA), died at his home Tuesday, August 21. He was 59.

“He was a real force of nature,” Daniel Raymond of the Harm Reduction Collation said. “The degree of acceptance we have now, that naloxone would be in the hands of people who need it to survive — it would have been unthinkable without him taking that initial risk.”

Raymond said Bigg was the first to promote the broad availability of naloxone to stop opioid overdoses, even though the drug had been restricted to paramedics and emergency room personnel. The concept was not universally accepted, with some arguing that the prospect of rescue would cause drug users to take greater risks. But Bigg’s insight became the prevailing wisdom, and today, people can buy naloxone at pharmacies without a prescription.

In recent years, Bigg was honored by the International Drug Policy Reform Conference, which cited his work with naloxone, and by Chicago Magazine, which named him a Chicagoan of the year. For all Bigg accomplished, though, Mark Parts, who helped found CRA, doubted that Bigg would be satisfied.

“I’m sure he would look back with pride on all the lives he helped to change and the people he helped to protect,” he said. “But I don’t think he’s the kind of person who would say, ‘I’ve been successful,’ and would relax in any way. There’s always more work to be done.”



*Dan and an associate delivering harm reduction services from Chicago Recovery Alliance’s outreach van.*



## NATIONAL GAY MEN'S HIV/AIDS AWARENESS DAY

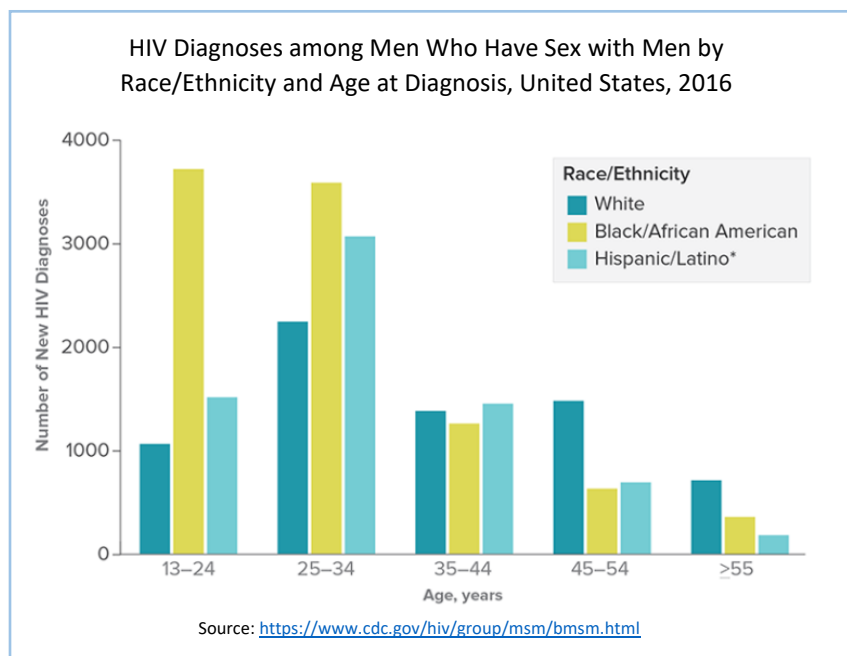
Each year, National Gay Men's HIV/AIDS Awareness Day (NGMHAAD) is held on September 27 to bring recognition and awareness to the long-standing and disproportionate impact of HIV/AIDS among gay and bisexual men in the United States. On NGMHAAD, the Centers for Disease Control and Prevention (CDC) shares a "Start Talking, Stop HIV" themed-message, which encourages all gay and bisexual men and their allies to start conversations about how testing, treatment, and the use of condoms and PrEP can significantly reduce the spread of HIV among this population.

In Illinois, people who identified as men who have sex with men (MSM) accounted for 71 percent of new HIV diagnoses from 2012-2016. Of those newly diagnosed in 2016, 83 percent were linked to care. At the end of 2016, 59 percent of all MSM living with HIV in Illinois were engaged in care, 38 percent were retained in care, and 48 percent had a suppressed viral load.

Although it is evident that gay and bisexual men should continue to be a priority for HIV prevention, PrEP (pre-exposure prophylaxis), and care efforts, some men within the population are more disproportionately impacted by HIV than others. As reflected in the national graph below, young MSM and MSM of color continued to bear the majority of the burden of new HIV infections in 2016. Similar trends exist in Illinois and are indicated in the IDPH MSM Factsheet ([available here](#)). Special consideration for these highly impacted sub-groups should therefore be of highest importance when strategizing for HIV prevention, PrEP, and care services in order to close disparity gaps and to provide culturally competent, quality services for all in this population.

How can you participate in NGMHAAD is this year?

- Visit [CDC's NGMHAAD page](#) to find facts and materials for sharing on social media sites.
- Engage in conversations and efforts that reduce homophobia, discrimination, and stigma against gay and bisexual men, as well as people living with HIV in general.
- Encourage gay and bisexual men to share information within their social networks about local and state resources that can help connect them to appropriate HIV prevention and care services.



Data Sources:

- CDC (2018). HIV Among Gay and Bisexual Men. Retrieved from: <https://www.cdc.gov/hiv/group/msm/index.html>
- IDPH HIV/ AIDS Surveillance Unit, data as of December 2017.



## NATIONAL LATINX AIDS AWARENESS DAY

On October 15, National Latinx AIDS Awareness Day (NLAAD) will be observed across the country to recognize the impact of HIV among Hispanic and Latino communities in the United States. This year marks the 15<sup>th</sup> anniversary of NLAAD and its mission to build capacity among local providers to promote HIV testing, prevention, and care among Hispanic/ Latino individuals in culturally competent ways.



In 2016, Hispanic individuals accounted for 24 percent of new HIV diagnoses and 18 percent of all people living with HIV in Illinois. Of those newly diagnosed in 2016, 83 percent of Hispanics in Illinois were linked to care. By the end of 2016, 58 percent of Hispanics living with HIV in Illinois were engaged in care, 41 percent were retained in care, and 49 percent achieved viral suppression.

Several factors can affect a Hispanic/ Latino person's ability to access HIV prevention and care, which include immigration status, generalized and community HIV stigma, discrimination, and homophobia. Factors unique to this community may include language barriers and, for many, fear of arrest or deportation as a result of seeking services from government partners. As the Hispanic/ Latino community continues to grow in the United States, it is important to find ways to combat barriers, share relevant HIV-related information, and effectively implement best practices for HIV prevention and care among them. When preparing to serve Latinx, it is important to consider the following disparities:

- Rates of new HIV diagnosis in Illinois reveal a racial/ethnic disparity: the rate (per 100,000 population) in which Hispanic people were newly diagnosed with HIV in 2016 was approximately four times that of their non-Hispanic White counterparts in Illinois outside of Chicago, and 1.5 times higher than counterparts in Chicago.
- From 2007-2016, Hispanic people were most likely among any racial/ethnic group to test late in Illinois: 31 percent of Hispanic people diagnosed with HIV during this time were also diagnosed with AIDS at, or within, 12 months of their initial diagnosis.
- Special consideration should be given to Hispanic/Latino men who have sex with men (MSM): while Illinois HIV diagnoses among Hispanic people belonging to other transmission categories decreased, diagnoses among Hispanic MSM increased significantly (approximately 10 percent) from 2007- 2013. Although diagnoses among Hispanic MSM appear to be decreasing as of 2014, they still account for the majority of new diagnoses among Illinois's Hispanic population.

What can you do to commemorate NLAAD this year? Use NLAAD [social media and infographic materials](#) to share the importance of the day with all people; and visit [nlaad.org](http://nlaad.org) to find materials specifically composed for use by Hispanic/Latino clients (written and video formats in English and Spanish) about HIV testing, using condoms, considering PrEP, and staying in HIV care if positive.

Data sources:

- CDC (2018). HIV Among Hispanics/ Latinos. Retrieved from <https://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>
- IDPH HIV/ AIDS Surveillance Unit, data as of December 2017.



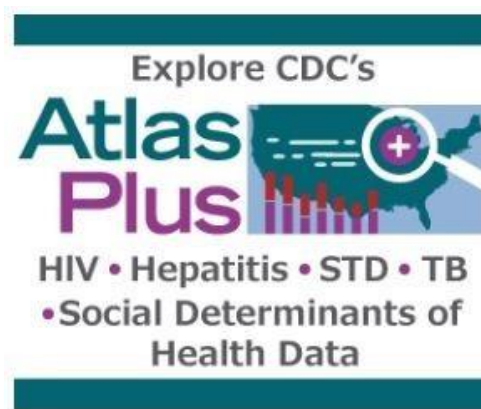


## AtlasPlus RESOURCE GUIDE: HIV AND OTHER ONLINE DATASETS

In June 2018, CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) released an update to its AtlasPlus data tool, which allows users access to tailor almost 15 years' worth of NCHHSTP surveillance data to their specific evaluation and planning purposes.

For HIV-related information, AtlasPlus users can specifically narrow HIV data by the following categories (as long as sample sizes are large enough for reporting) in order to achieve desired information:

- Indicator (by new diagnoses, prevalence, receipt of medical care, viral suppression, etc.)
- Geography (by country, state, and in some cases county)
- Year
- Age group
- Race/ethnicity
- Sex/gender
- Transmission category



After data category selections are made, outputs can be recorded by rate per 100,000 individuals, number of cases, or percentages in the form of charts, maps, and tables. Information can then be downloaded directly off the website for immediate use.

In addition to HIV, Viral Hepatitis, STD, and Tuberculosis data being available on AtlasPlus, the June 2018 update included the addition of Social Determinants of Health data. These data include information about poverty, individuals of uninsured status, education, vacant housing, and urbanization level (i.e. rural, suburban, or urban) by year and geographical area. Although disease data and social determinants of health data cannot be cross examined in individual charts or maps on AtlasPlus, information can be compared to draw insightful correlations about their relationships.

AtlasPlus is helpful for planning purposes as it allows for quick and convenient access to valuable data. The ease of use of the tool enables users with various data experience to visually understand national and state epidemiologic trends in HIV and other diseases. AtlasPlus data can also reveal disproportionality with certain data categories and can further focus efforts to serve special populations as needed. Additionally, year-by-year data comparisons on AtlasPlus can assist users in recognizing where services have been successful as well as where efforts can be improved to best serve people who are at-risk or are living with HIV.

Are you ready to see what information you can discover on AtlasPlus?

- Visit <https://www.cdc.gov/nchhstp/atlas/index.htm> to access the data sets, and
- Visit <https://www.cdc.gov/features/atlasplus/index.html> to learn more about the development of AtlasPlus.



## FIVE ACTION STEPS TO GOOD SEXUAL HEALTH

Recently the [National Coalition for Sexual Health](#) (NCSH), consisting of 100+ leading health/medical organizations and experts, launched the [Five Action Steps to Good Sexual Health](#). This comprehensive list identifies what it means to be sexually healthy and provides practical tools to help clients improve their sexual health.

The timing for release of this list is perfect, when the United States has the highest rate of Sexually Transmitted Diseases (STDs) ever reported with approximately 19 million new infections occurring each year. The direct medical cost of STDs, not including HIV/AIDS, is approximately \$8.4 billion annually.

While many STDs can be cured or treated with medication, the consequences of untreated STDs may include: infertility, ectopic pregnancy, cervical cancer, pelvic inflammatory disease, birth defects, and a 3- to 5-fold increased risk of HIV transmission and acquisition.

Traditional approaches to sexual health and sex education have often been ignored, underutilized, and aimed only at disease prevention. Good sexual health involves much more than biology lessons and prevention posters. To ensure sexual health, a comprehensive approach is critical – one that is client centered, normalizes sexuality, addresses key barriers, and equips people with the information they need to stay healthy.



The [Five Action Steps to Good Sexual Health](#) include:  
(Please visit the link above to view more detailed information.)

**#1: Value who you are and decide what's right for you.**

This Action Step offers advice on improving self-esteem and body image, embracing your sexual identity, and advocating for yourself.

**#2: Get smart about your body and protect it.**

**#3: Treat your partners well and expect them to treat you well.**

This Action Step provides concrete guidance on how to give and get the respect you deserve, and talk openly about consent, boundaries, desires, and safer sex.

**#4: Build positive relationships.**

This Action Step highlights the key ingredients of a healthy, romantic relationship, practical tips for building and maintaining one, and the warning signs of abuse.

**#5: Make sexual health part of your health care routine.**

This Action Step describes recommended services and tips for talking openly with health care providers.

Submitted by Lesli Choat, IDPH, STD Counseling and Testing Coordinator





## ONLINE TRAINING OPPORTUNITY: ACHIEVING HCV ELIMINATION

The Postgraduate Institute for Medicine and Clinical Care Options, LLC, have partnered to release a Video Module Series called ***Achieving Hepatitis C Virus (HCV) Elimination in the United States: Progress and Next Steps.***

The free series includes six informational videos with the following HCV topics:

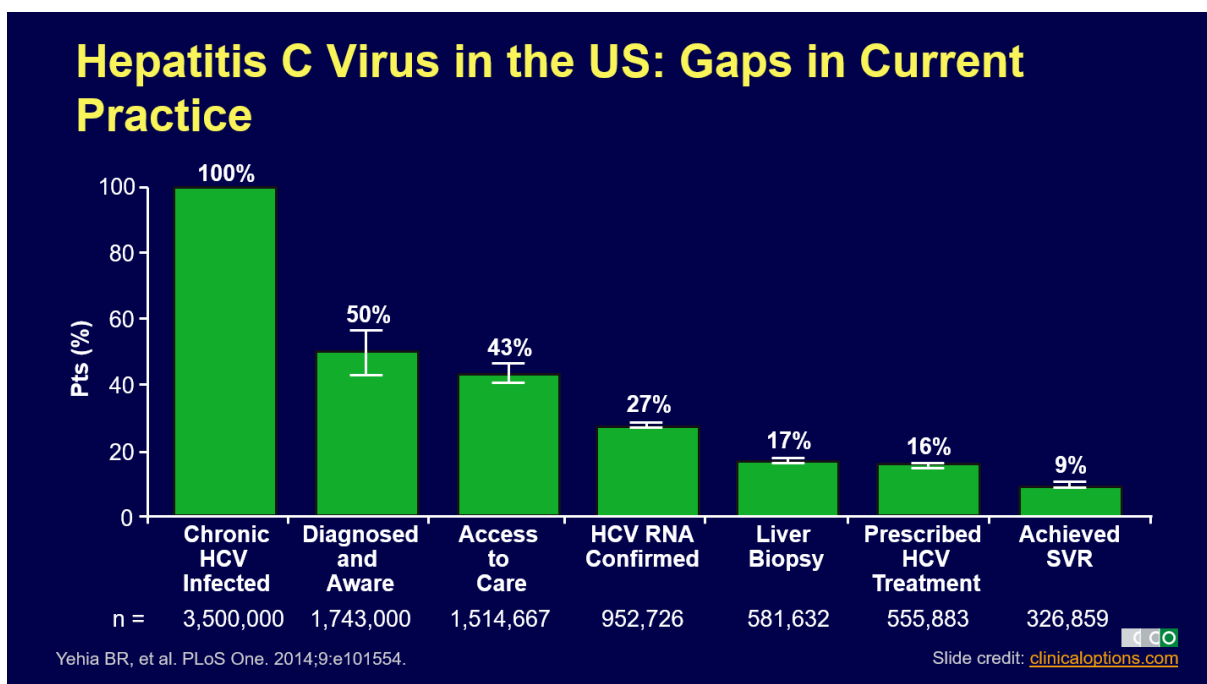
- What Are the Key HCV-Infected Populations in the United States?
- Why Do We Believe that HCV Elimination is Possible?
- How Has HCV Treatment Transformed the Potential for HCV Elimination?
- What Are the Key Barriers to HCV Elimination?
- How Can Primary Care Physicians Contribute to Hepatitis C Elimination?
- What Strategies Can Specialists Use to Accelerate Toward HCV Elimination?

Each video is approximately 20 minutes long, and videos are Continuing Medical Education/Continuing Education/Continuing Professional Education certified. Slide sets from each video are available for downloading.

Find the Series at:

<https://www.clinicaloptions.com/hepatitis/programs/2017-hcv-elimination/video-modules/video-1>

Registration is required. The series will be available through October 17, 2018.



2014 United States HCV Continuum of Care included in "What are the Key Barriers to HCV Elimination?" Module Slide set.  
SVR: Sustained virologic response – Virus remains undetectable for at least 6 months after treatment is complete.



## SEVERAL STUDIES FIND “UNDETECTABLE MEANT ZERO HIV TRANSMISSION”

This article contains excerpts from “Undetectable Meant Zero HIV Transmissions After 89,000 Condomless Sex Acts,” published by *Poz Magazine* on July 24, 2018. To view the full article, including specific details about the studies within it, click [here](#).

“An enormous trove of evidence has been released that supports the consensus that having an undetectable viral load thanks to antiretroviral (ARV) treatment is associated with effectively zero chance of transmission.

U = U

The long-awaited results from the PARTNER2 study of mixed-HIV-status gay male couples are now available. Presented at the International AIDS Conference in Amsterdam (AIDS 2018), the prospective observational study saw zero transmissions between study partners when the HIV-positive partner had a fully suppressed viral load, even after nearly 77,000 condomless anal sex acts. Together with the 12,000 condomless sex acts documented between such partners in the Opposites Attract study, researchers now have data on 89,000 such acts between male partners.

In recent years, three major studies have followed mixed-HIV-status couples over time in an effort to assess the power of ARV treatment to prevent transmission. None have seen the HIV-positive participants transmit the virus to their study partners when they had an undetectable viral load. The [HPTN 052](#) study included only heterosexual couples, while the [PARTNER](#) study included both male-female and male-male couples; the Opposites Attract study, which was [just published](#), focused exclusively on male-male couples.

Because the PARTNER study had less data on gay male partners compared with heterosexual partners, the study authors extended the study with a phase called PARTNER2 to gather more data pertaining to gay couples. The purpose of this extended and expanded study was to reach a refined level of mathematical certainty about the risk of transmission of HIV between men when one has an undetectable viral load and the other is HIV negative.

### *National Institute of Allergy and Infectious Diseases Endorses U=U*

According to an [agency press release](#), having reviewed the evidence from these studies, Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, recently concluded “that the body of scientific evidence to date has established that there is effectively no risk of sexual transmission of HIV when the partner living with HIV has a durably undetectable viral load, validating the U=U (Undetectable = Untransmittable) message of HIV treatment as prevention.”

*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](mailto:janet.nuss@illinois.gov).*

