

**HIV/AIDS Program**

**Annual Report**

**January - December 2018**

Prepared by

Ventura County Public Health

The HIV/AIDS Center

Office of HIV/AIDS Surveillance

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**Introduction**

The Center for Disease Control (CDC) in conjunction with the current National HIV/AIDS Strategy, Healthy People 2020 and the California State Office of AIDS provide us with the outline and strategy to combat the HIV/AIDS epidemic.

The strategy sets clear priorities and targets for HIV prevention and care in the United States, and calls on government agencies and their public and private partners to align efforts toward a common purpose.

The following are the goals for the next 5 years:

1) Lower the number of new HIV infections by 25%.

2) Increase percentages of people living with HIV who have knowledge of their infections from 79 to 90%.

3) Reduce the HIV transmission rate by 30%.

4) Increase percentage of newly diagnosed people linked to care within 3 months from 65 to 85%.

5) Increase the proportion of HIV-diagnosed gay and bisexual men, African Americans, and Latinx

with undetectable viral load by 20%

**California**

California’s 2017 to 2021 Integrated HIV Plan establishes a blueprint designed as a guide towards reaching *Zero* for state and local health departments. The California’s Integrated HIV Surveillance, Prevention, and Care Plan for Laying the Foundation to Getting to Zero may be found at: https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP\_2016\_Final.pdf

Getting to *Zero*means that there are:

* Zero new HIV infections,
* Zero AIDS related deaths, and
* Zero stigma and discrimination against people living with HIV.

**Ventura County HIV/AIDS Program**

Ventura County Public Health (VCPH) follows the National HIV/AIDS strategy (updated to 2020), the CDCs High-Impact Prevention (HIP) approach to reducing new HIV infections, and California’s Integrated Plan for Getting to Zero. The VCPH department has adopted the Centers for Disease Control and Prevention’s (CDC) high impact HIV prevention strategies of providing simple, accessible, routine HIV testing, HIV care and treatment, easy access to condoms and Pre-Exposure Prophylaxis (PrEP), risk reduction support, and partner services.

* Opt-Out Testing: Medical providers are educated regarding the CDC recommendation to adopt a policy for routine HIV screening for all patients 13-64 yrs. and pregnant women.
* HIV Care and Treatment: VCPH staff are present during initial HIV diagnosis disclosure to patients. Following diagnosis disclosure, immediate case management services, and linkages to care are offered. This strategy has proven to be very successful in Ventura County and has been an adopted practice by other counties. Linking to HIV care and treatment are critical elements in reducing transmission of HIV and associated healthcare costs.
* Access to condoms: Condoms are free and accessible at multiple locations throughout the county. The locations include high risk areas identified by the VCPH Sexually Transmitted Infections (STI) collaborative. Literature supports a correlation between condom use and a reduction of HIV transmission.
* PrEP (Pre-Exposure Prophylaxis): PrEP is medication taken to reduce the risk of HIV disease transmission. VCPH staff provide individuals at risk for HIV infection information about PrEP and how to obtain PrEP treatment. VCPH and its partners are working to increase the percentage of PrEP providers throughout the county. Currently, 34% of primary health care providers recently reported having knowledge of PrEP.
* Risk Reduction Support: Through outreach, counseling and testing VCPH staff educate individuals with the information and resources needed to protect themselves and their partners.
* Partner Services: A service provided by VCPH staff that assists HIV infected individuals with notifying sex and/or needle sharing partners of a possible exposure to HIV. Partners are encouraged to engage with confidential care services.

**VENTURA COUNTY PUBLIC HEALTH**

**“THE CENTER”**

**What We Do**

The Center is located in the city of Ventura and strives to improve the lives of people with HIV/AIDS; emotionally, socially and medically. The Center provides medical case management to HIV infected and affected people living in Ventura County regardless of ability to pay, sexual orientation, immigration status, ethnicity, gender, or religious convictions. The Center provides professional, confidential, and culturally sensitive services primarily in English, Spanish, and other languages as needed.

**We Are Unique**

Ventura County Public Health (VCPH) HIV/AIDS services has a unique method for getting newly diagnosed patients directly into care. The State Office of AIDS has recognized these strategies and has encouraged other counties to follow VCPHs lead.

An HIV linkage-to-care staff specialist is present at the time of HIV diagnosis disclosure. Support and direct linkage to HIV care is provided following disclosure. The patient leaves the encounter with a care plan and know they have a program of support in place. Utilizing staff to link newly infected individuals with care is highly successful in getting patients into care within one day to one week and retaining them in care. Early care enhances health outcomes, reduces HIV transmission rates, creates an early opportunity for HIV viral suppression, supports health care providers, and reduces associated healthcare costs.

VCPH HIV/AIDS services include:

* Medical [Case Management](http://www.vchca.org/public-health/hiv-aids-center/medical-case-management)
* [AIDS Drug Assistance Program (ADAP)](http://www.vchca.org/public-health/hiv-aids-center/aids-drug-assistance-program-(adap))
* [Partner Services (PS)](http://www.vchca.org/public-health/hiv-aids-center/pcrs) 808
* [Early Intervention Services (EIS)](http://www.vchca.org/public-health/hiv-aids-center/early-intervention-services)
* Office of AIDS Health Insurance Premium Payment Program (OA-HIPP)
* [Court Mandated HIV/AIDS Education](http://www.vchca.org/public-health/hiv-aids-center/court-ordered-aids-education)
* HIV/AIDS Case Surveillance
* [HIV/AIDS-Related Reports and Presentations](http://www.vchca.org/public-health/hiv-aids-center/hiv-aids-reports-and-presentations)
* Syringe Replacement Program (SRP)
* PrEP Navigation Services

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| **1985 1991 2002**  **1st HIV Test Magic Johnson HIV non-name**  **1995 reporting CA 2012**  **Protease Inhibitor PrEP available**  **1988 2000**  **AZT 1994 HAART 2006**  **New AIDS HIV name reporting CA /**  **Definition Atripla Single dose HAART Therapy** |

**Summary 2018 HIV Cases**

* In 2018, 45 newly infected HIV individuals were found who were living in Ventura County\*
  + Population: 80% men having sex with men (MSM), 9 % heterosexual, and

11% unidentified.

* + Population age: 15% less than 25 yrs., 44% between 26-35 yrs., 23% between 36-45 yrs.,

and18% over 45 yrs.

* + Population ethnicity: 42% White, 44% Hispanic. 9% African American, and 5% Other.

\* Several HIV infected individuals living in Ventura County were diagnosed in Los Angeles

**Summary 2018 AIDS CASES**

* In 2018, 16 newly diagnosed AIDS individuals were living in Ventura County\*
  + Population: 11 MSM and 4 heterosexual males, and 1 heterosexual female.
  + Population age: 6% less than 25 yrs., 44% between 25-34 yrs., 6% 35-44yrs., and

44% 45 yrs. and older.

* + Population ethnicity: 44% White, 37% Hispanic, 19% were African-American
  + 67% of cases were simultaneously diagnosed with HIV and AIDS

HIV/AIDS

**HIV TESING/ROUTINE OPT OUT TESTING (ROOT)**

According to the CDC, more than 1.1 million people are infected with HIV in the United States and one in six people or 15.8% are unaware of their diagnosis. The 2018 HIV/AIDS report from Ventura County Public Health notes that there are approximately 2,300 people diagnosed and living with HIV/AIDS in Ventura County. Following CDC estimates, likely 15.8%, or at least another 363 patients remain undiagnosed and unaware of their diagnosis. In 2018, 67% of the people diagnosed with AIDS in Ventura County were diagnosed simultaneously with HIV, which remains higher than the national average.

In March 2015, VCPH HIV/AIDS Program participated in collaboration with USC (University of Southern California) and PAETC (Pacific AIDS Education and Training Center) in the Expanded HIV Testing Program (EHT) provided by the State Office of AIDS. Routine screening for HIV began in the county hospital Emergency Departments (ED) located at the VCMC Santa Paula and Ventura campuses. The grant ended in December 2017, however, the screenings are continuing and there are expansion efforts underway to St. John’s Regional Medical Center ED. In 2018 there were 7 new HIV diagnosis through the EHT.

ROOT (Routine Opt-Out Testing) is routine HIV testing for everyone, regardless of age, gender identity, sexual orientation, drug use status…who present in a medical setting and is aged 13 to 64 years of age. This CDC recommendation was designed specifically to identify those individuals who are unaware of their diagnosis (Please see attachment A). It is critical to identify HIV positive patients, get them into care, on HIV medications, and identify those who also may be at high risk for HIV transmission. The continuation of these routine HIV screening services (ROOT) also provide an opportunity to re-connect patients who dropped out of care back into services, reducing HIV transmission rates and potential hospitalizations—aligning with the 2013 through 2020 National HIV Care Continuum Initiative.

**OUT OF COUNTY, STATE and COUNTRY CASES**

**(OOC/OOS)**

OOC cases are those patients who were diagnosed and reported in another county, state or country and are now living and receiving HIV/AIDS services in Ventura County. The Center does not receive state or federal funds for these patients, however still provides services to this population. Many of our OOC are from neighboring counties such as Los Angeles, which has one of the largest populations of HIV/AIDS cases.

**Summary**

There was a significant decrease in the number of HIV cases in 2018 (45 vs. 71 in 2017). Most of these were young men under the age of 35, both White and Hispanic. The mode of transmission was primarily unprotected sex among MSM (men having sex with men). Many of those infected were connected by geo social networking mobile apps on their phones or computer via the Internet. Easy access to sex and drug use with anonymous partners continues to be a challenge. Ventura County Public Health is currently working with The State Office of AIDS Prevention branch and community partners to address social media messaging barriers. With increased social messaging regarding condom use and the intense focus on the use of PrEP, hopefully we will see transmission rates continue to decrease.

With the EHT (Expanded HIV Testing) grant, newly diagnosed HIV patients and those previously diagnosed but who had fallen out of care, were linked to services. Although the grant ended December 2017, the work will continue at both Ventura County Medical Center (VCMC) and the Santa Paula Emergency Departments. In addition, we will add EHT to St. John’s Regional Medical Center in 2019.

The National goals for early detection and linkage to care have been the focus in Ventura County. The work continues to expand HIV testing, getting newly diagnosed patients into care as soon as possible, and assisting patients to achieve and maintain viral suppression. There are currently six single-tablet medication regimens available that improve patient compliance. People with HIV/AIDS are living longer due to early detection, rapid engagement in medical care, medication adherence, and case management assistance. The Center provides case management to over 350 clients. This includes the newly diagnosed and those who have been living and managing their HIV disease. Ventura County Public Health HIV/AIDS program continues to follow the State Office of AIDS “Getting to Zero” plan.

**Attachment A**

**CDC Revised HIV Testing in Healthcare Settings**

**The CDC recommendations suggest Healthcare providers adopt a policy for routine HIV screening for patients 13-64 yrs. and all pregnant women in all healthcare settings.**

**New Recommendations: HIV screening**

* For patients **ages 13-64 years in all healthcare setting**s after the patient is notified that testing will be performed. **The testing will be performed unless patient explicitly declines (Opt-Out screening).**
* HIV testing of people at high risk for HIV infection at least once per year.
* Screening should be incorporated into the general consent for medical care; **separate written consent is not required.**

**Why test?**

* Data suggests that targeted testing based on risk behavior fails to identify a substantial number of people infected with HIV.
* An estimated **one-fourth** of the approximately 1 million persons in this country who are living with HIV **do not know they are infected.**
* Earlier detection and earlier linkage to medical care will allow patients to receive more effective treatment resulting in better improved health and extended health. Currently, many only learn of their diagnosis after the onset of symptoms (65%).
* More people accept routine HIV testing if it is offered to everyone (without a risk assessment). This may help reduce the stigma attached.

**CDC standard for HIV testing: ELIZA (HIV 1&2 AB)**

* Repeatedly reactive enzyme immune-assay **(HIV 1 & 2 AB)** followed by a confirmatory Western Blot or IFA remains the standard method for diagnosing HIV infection.
* HIV 1 RNA PCR QT viral load should not be used as a screening tool.
* Rapid HIV testing- 20 to 40-minute preliminary result; if positive, confirmatory blood draw required.

**NO Consent Required for Testing**

**California law has eliminated the requirement for separate, written consent for HIV testing.**

**H&S Code Section** **120990** requires a medical care provider, prior to ordering an HIV test, to:

• Inform the patient that an HIV test is planned;

• Provide information about the HIV test;

• Inform the patient that there are numerous treatment options available for a patient who

test positive for HIV and that a person who tests negative for HIV should continue to be

routinely tested;

• Advise the patient that he or she has the right to decline the HIV test; and, if the patient

declines the HIV test, document that fact in the patient’s medical file.

**These bulleted requirements shall not apply when a person independently requests an HIV test from the provider.**

**Reimbursement**: According to the State Office of AIDS

* AB 1894- all private health insurance third party payers must reimburse for HIV testing.
* Medi-Cal should reimburse for ICD-9-CM codes (V73.89 or V69.8)
* Family PACT will reimburse for routine HIV screening
* Medicare will reimburse for individual risk factors and if the patient requests an HIV test.

