

**HIV/AIDS**

**Surveillance Report**

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 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 President Obama’s 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 Goals:

 1) To minimize the number of new HIV infections;

 2) To maximize the number of people with HIV infection who access appropriate care and treatment;

3) To support and provide prevention education and linkages to needed services;

4) Reduce HIV/AIDS related disparities and deaths due to HIV infection.

The CDC’s 2014 analysis provided information about the 70% of people living with HIV who did **NOT** have their virus under control in 2011. It was reported that among the nearly 840,000 who had not achieved viral suppression:

* 20% did not yet know they were infected
* 66% had been diagnosed, but were not engaged in regular HIV care
* 4% were in HIV care, but were not prescribed ART
* 10% had been prescribed ART, but had not yet achieved viral suppression

In addition, the CDC also published a number of other statistics relating to the stages of the HIV Care Continuum including:

1. Study showed that 91% of new infections in 2009 were attributable to people who were not in HIV care, including those who did not know they were infected.
2. According to this research, 9 in 10 new HIV infections in the United States could be prevented through early diagnosis and prompt, ongoing care and treatment.

**Ventura County Public Health Goals**

Our goals follow [President Obama’s National HIV/AIDS Strategy](http://www.whitehouse.gov/photos-and-video/video/2011/07/13/president-obamas-national-hivaids-strategy), [Healthy People 2020](http://www.healthypeople.gov/2020/default.aspx) and the [State Office of AIDS](http://www.cdph.ca.gov/programs/AIDS/Pages/Default.aspx). We have implemented the CDC’s Revised Recommendations for HIV Testing in Healthcare Settings (see attachment A for a summary). This is commonly referred to as Opt Out testing. The recommendations suggest Healthcare providers adopt a policy for routine HIV screening for patients 13-64 years and all pregnant women in healthcare settings. The patient must explicitly decline the test (Opt Out). This effort is to minimize the number of people who are HIV positive but unaware of their diagnosis.

Linkage to care is also a critical element to reducing HIV transmission and healthcare costs. In Ventura County we attempt to be at every new HIV result disclosure with the patient and provider so that we may directly link them into HIV care and case management immediately. This has proven to be very successful in Ventura County and a model for other counties to follow.

**2015 HIV/AIDS Advisory Committee Recommendations:**

1. Recognize that Ventura County Public Health is the only direct provider of HIV services including case management in Ventura County.
2. Continue to support the Ventura County Public Health HIV/AIDS Program’s Early Intervention Program (EIP) for persons living with HIV infection in order to delay the onset of illness and decrease the cost of care of persons with HIV/AIDS. An early intervention program will provide HIV/AIDS education that includes information on transmission and prevention, nutrition, exercise, stress reduction, safer sex, disease.
3. Support increased accessibility to the medical mobile unit for HIV testing.
4. Continued support of the Santa Paula West LGBT medical clinic.
5. Support, encourage and participate in annual AIDS Walk.
6. Encourage HIV/AIDS education and testing for senior citizens 55 years and over.
7. Encourage all Healthcare providers in Ventura County to implement the September 2006 Center for Disease Control’s (CDC) “Revised Recommendation for HIV Testing of Adults, Adolescents and Pregnant Women in Health-Care Settings” in which the CDC recommends Health Care providers routinely conduct testing of all adults and adolescent patients for HIV in the United States in accordance with opt-out guidelines.
8. Support the expansion of prevention education and outreach to all at risk populations: including those who are partners of HIV positive persons.
9. Recognize the need for affordable housing programs for those living with HIV/AIDS in Ventura County.
10. Continue to recognize the successful Syringe Replacement Program (SRP) and encourage its expansion throughout the County.
11. Support the public in access to care providers that prescribe Pre-exposure prophylaxis) PrEP).
12. Support the focus HIV outreach and education to populations/groups that may not normally receive or have been historically underserved such as the Mixtec and homeless populations.

**VENTURA COUNTY PUBLIC HEALTH**

**“THE CENTER”**

**What We Do**

 We improve the lives of people with HIV/AIDS emotionally, socially and medically. The Center provides medical case management to HIV infected and affected people of Ventura County regardless of ability to pay, sexual orientation, documentation, ethnicity, gender, or religious convictions. We provide professional, confidential and culturally sensitive services in English and Spanish.

 **We Are Unique**

 Ventura County Public Health HIV/AIDS Service has created a unique and very effective way to get newly diagnosed patients directly into care. VCPH has been recognized by the State Office of AIDS and encouraged other counties to follow our lead.

 We make every effort to be with the Healthcare Provider and the patient at the time of HIV diagnosis disclosure. We assist providers and remain with the patient to counsel them as long as necessary, provide emotional support, and provide direct linkage to an HIV specialist at that time. It is critical that the patient leave the provider’s office with a plan to move forward and know they have a support system already in place. This has been highly successful in getting patients into care within one day to one week and retaining them in care. This enhances their health outcome, reduces HIV transmission rates, creates an early opportunity for HIV viral suppression and reduces healthcare costs.

Direct client services including and not limited to:

* [Medical Case Management including benefits counseling, treatment adherence and support](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-%28adap%29)
* [Partner Services (PS)](http://www.vchca.org/public-health/hiv-aids-center/pcrs)
* [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 Alcohol and Substance Abuse Outreach
* HIV/AIDS Case Surveillance
* [HIV/AIDS-Related Reports and Presentations](http://www.vchca.org/public-health/hiv-aids-center/hiv-aids-reports-and-presentations)

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**Summary 2015 HIV Cases**

* Total number of new HIV infections was 32.
* All males, 96% men having sex with men (MSM).
* 41% were between the ages of 26-35 years of age, 41% between 36-53 years, 19% were under 25.
* 66% were white; 28% Hispanic; 6% other.
* 34% were from outside the US including Mexico, Ireland and Honduras.
* 22% diagnosed in Los Angeles but live in Ventura County; 22% were diagnosed through the VCMC system; 12% via Planned Parenthood.

**SUMMARY 2015 AIDS CASES**

* Total number of AIDS cases was 22.
* 27 were males with primary risk of MSM; 5 females infected through heterosexual transmission.
* 45% were white; 32% Hispanic; 4 were Asian/African American
* 59% were diagnosed simultaneously with HIV and AIDS = late diagnosis, higher medical costs, increased likelihood of HIV transmission and poorer health outcome.
* 4% were under the age of 25 yrs.; 45% between the ages of 26-45 yrs.; 50% were over 50 yrs. of age.
* 36% were from outside the US, including Thailand, Uganda, Canada and Honduras.
* Facility of diagnosis; primarily VCMC and affiliates, St. John’s Regional Medical Center and Simi Valley Hospital

**EXPANDED HIV TESTING GRANT**

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 2015 HIV/AIDS report from Ventura County Public Health states there are approximately 1,960 people diagnosed and living with HIV/AIDS in Ventura County, and following CDC estimates, likely 15.8%, or at least another 309 patients remain undiagnosed and therefore unaware of their diagnosis. In Ventura County in 2015, 59% of the people were diagnosed with HIV and AIDS simultaneously, which remains higher than the national average. This may suggest that Ventura County may lag behind the 15.8% undiagnosed nationally.

In March 2015, Ventura County Public Health HIV/AIDS Program began participating in collaboration with PAETC (Pacific AIDS Education and Training Center), in the Expanded HIV Testing Program provided by the State Office of AIDS. Through the VCMC ED (Emergency Department) we began routine HIV screening in the Ventura campus and were soon able to add in the Santa Paula ED.

The 2015 EHT Grant results: A total of 33 positive HIV patients were identified; 5 were newly diagnosed.

* Seventeen of the thirty-three previously positive patients were already in HIV care. Those that weren’t were linked to HIV case management and HIV medical care.
* The five newly diagnosed patients (2 were diagnosed with AIDS simultaneously) were contacted, given their results and linked to care immediately. Partner notifications were also performed.
* A total of nine cases were indeterminate. This means they were reactive for HIV 1/2 Ab Ag, however, their confirmatory test was not reactive. This could mean a person is actively seroconverting (a recent exposure has occurred) or it may be a false positive test. In this situation a PCR HIV viral load test is needed confirm the results. All nine of these cases turned out to be negative for HIV. Patients were contacted with the results and HIV education and prevention were provided.

It is critical to identify undiagnosed HIV positive patients, get them into care, on HIV medications, and identify who also may be at high risk for HIV transmission. This also provides us an opportunity to re-connect patients who may have dropped out of care and link them back in thereby reducing HIV transmission rates, potential hospitalizations, and follows the 2013 National HIV Care Continuum Initiative of President Obama.

**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 services for HIV/AIDS in Ventura County. We do not receive funds for these patients from State or Federal grants. However, we provide services for any HIV/AIDS diagnosed patient who is living in Ventura County. We are in close proximity to Los Angeles which is has one of the largest populations of HIV/AIDS cases and we have excellent weather and medical care here in Ventura.

 **In 2015:**

53% arrived with an AIDS diagnosis

 16% were from Out of State (1 case from outside US)

 84% were from other counties in California

**Summary**

We continue to see newly diagnosed patients in Ventura County; many are younger males, predominantly white and Hispanic. The means of transmission is men having sex with men. A large number of those were newly infected were connecting via apps on their phones or the internet. Easy access to sex and drug use with anonymous partners still continues to be a challenge to address, however, the cities of San Francisco and Berkeley are attempting a pilot program with the internet sites on prevention and education messages. We have seen a reduction in the number of simultaneous or late diagnosis (HIV and AIDS at the same time) which may reflect the effort to increase testing in the Healthcare setting. Through the EHT grant we have also been able to diagnosis new HIV patients and link to care those who were previously HIV positive but had fallen out of care.

The National goals for early detection and linkage to care has been our focus in Ventura County. We have been working hard to expand HIV testing, getting newly diagnosed patients into care as soon as possible and assisting patients to achieve and maintain viral suppression. This goal will continue to expand into 2016 and beyond. HIV and AIDS patients are living longer due early engagement in medical care, case management assistance and early detection. Our case managers work with an average of 380 to 400 clients per year. These patients include the newly diagnosed and those who have been living and managing their HIV disease with case management assistance.

**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 yrs. 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 on the basis of 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 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

 tests 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 regardless of primary diagnosis.
* 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.

