



Please Stand By

You will hear silence until the  
presentation begins

1/27/2016



The HIV/STD/TB/Hepatitis Program, Division of Disease Control, conducts Lunch and Learn Webinars for health-care professionals in North Dakota.

Each month a new topic will be held from 12:00 p.m. to 1:00 p.m. CST on the **fourth Wednesday of the month.**

Next month's L&L : February 24, 2016

Register: <http://www.ndhealth.gov/HIV/events.htm>



Please complete the post-test to receive CEU's for this presentation. You must score at least 70% to receive credit.

This presentation will be archived and available for review on:

[www.ndhealth.gov/HIV/Resources/resources.htm](http://www.ndhealth.gov/HIV/Resources/resources.htm)

For questions or comments contact:

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701.328.2379

[gcokrljic@nd.gov](mailto:gcokrljic@nd.gov)

# TOP TEN LIST LOOKING BACK AND AHEAD: 2015 OVERVIEW AND 2016 GOALS AND PRIORITIES

# Outline

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1. 2015 Outreach Activities
2. TB Update
3. T-Spot Program
4. Ryan White Update/Affordable Care Act Update
5. Provider Services Assessment
6. Prevention and Care Plan/NHAS/HCV Action Plan
7. Updated STD and HIV Treatment Guidelines
8. PrEP
9. Syphilis
10. Drug Use Epidemics

# 1. 2015 OUTREACH ACTIVITIES

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# 2015 Outreach Testing Events and Barrier Distribution

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- 56 Events in 2015
  - 21 Testing Events, 7 Health Fairs, 21 Homeless Shelters, 7 Drag Shows
- 416 Individuals Tested for HIV, 496 Individuals Tested for Hepatitis C
- Distributed almost 2,000 Safer Sex Kits and over 2,500 lube packets

# Planning/Coordination

- ❑ Choosing A Testing Site
- ❑ Choosing Which Tests – HIV/HCV/STDs
- ❑ Advertising
- ❑ Agency Collaboration
- ❑ Supplies
- ❑ Attendance

**SEXUAL EXPOSURE CHART**  
(if every person has only the same number of partners as you)

Number of Sexual Partners		Number of People Exposed to
1		1
2		3
3		7
4		15
5		31
6		63
7		127
8		255
9		511
10		1023
11		2047
12		4095

# Choosing A Testing Site

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Who is the target population? How do we reach them?

- Mobile
- Gymnasium
- College/University
- Red Cross Building
- Counseling Testing Site
- Hotel/Motel
- Tent/Canopy
- Library
- Bar
- Classroom/Coatroom

# Advertising

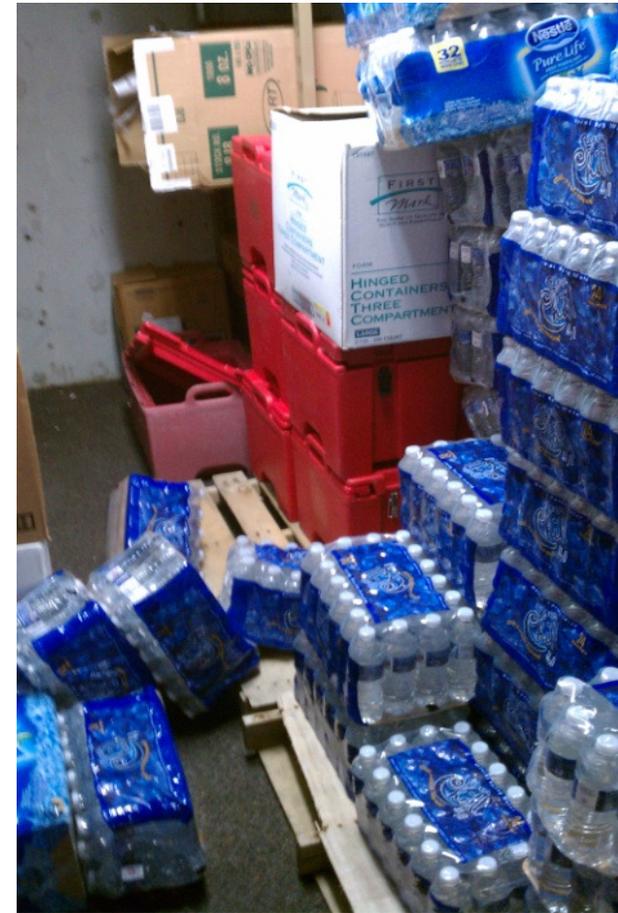
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- Tie in with national event
- Local newspaper
- Local radio
- Community bulletin boards
- Nonprofit status
- Word-of-mouth
- Email
- Posters/Fliers
- Grocery Stores

# Agency Collaboration

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- Partnerships with similar organizations
- Local community events
- Form Logistics



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# Supplies

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- ❑ Proper Tests
- ❑ Forms
- ❑ Male/female condoms, lube, etc.
- ❑ Technology
- ❑ Basic supplies
- ❑ Cooler/fridge - urine
- ❑ Referral Information
- ❑ Positive packets
- ❑ Giveaway prizes

**Important: run controls on rapid tests prior to date of event.**



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# Turnout

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- ❑ Adequate amount of staff
- ❑ Media
- ❑ Higher than projected turnout
- ❑ Reactive results

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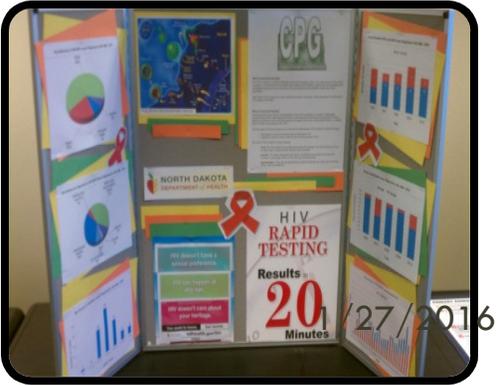
# Events



# Events



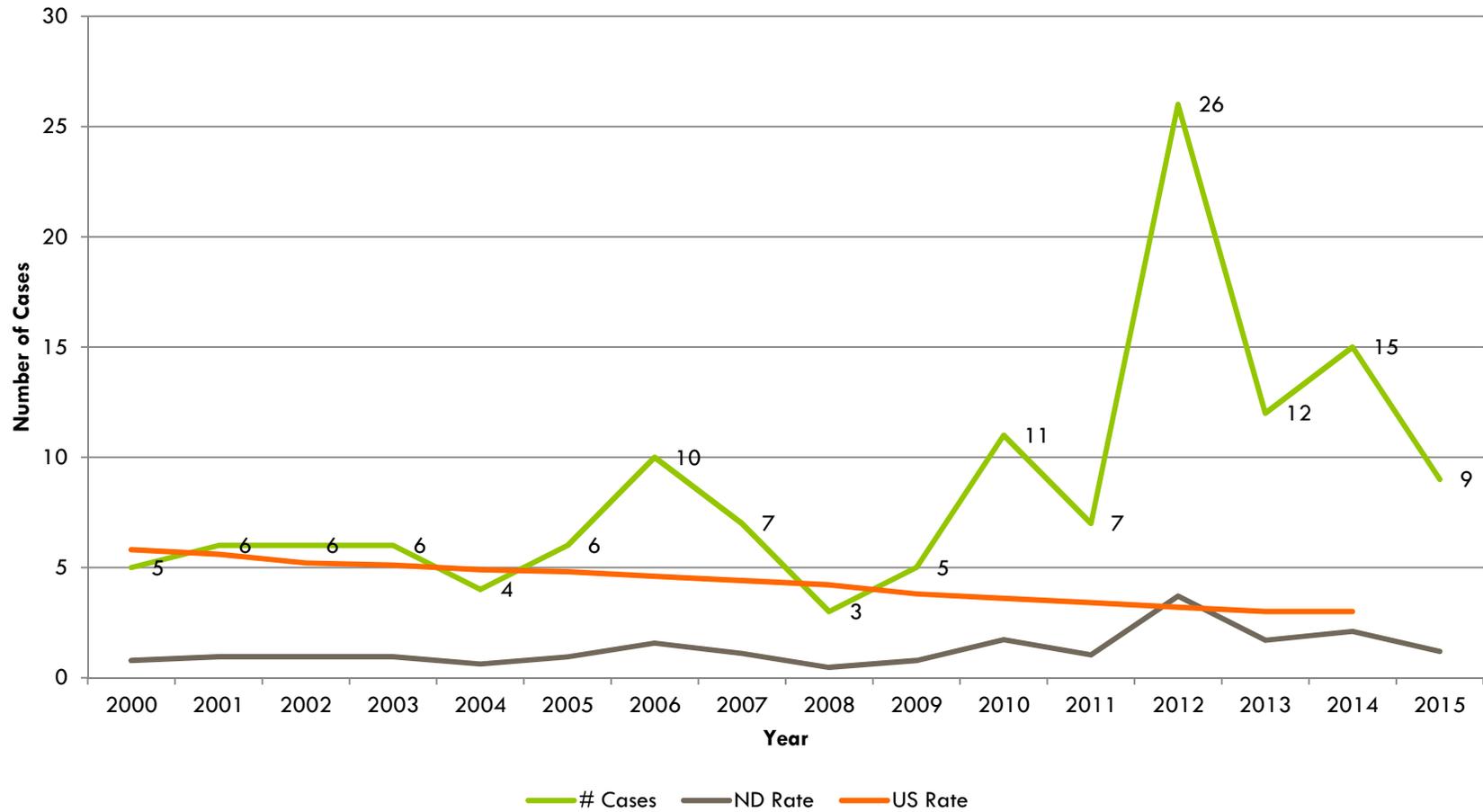
# Events



## 2. TB UPDATE

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# Active TB in North Dakota 2000-2015

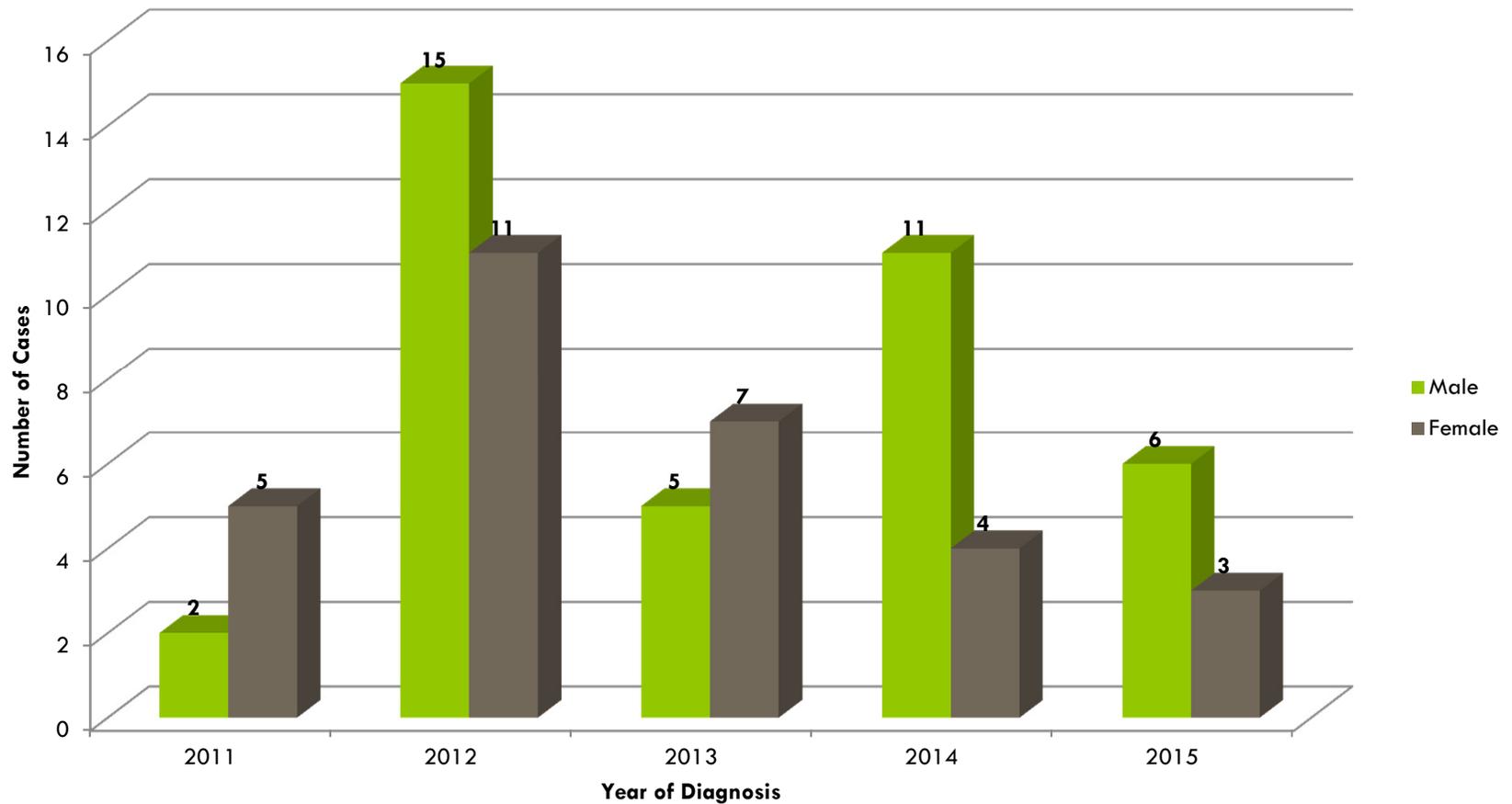


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# Active TB in North Dakota 2011-2015

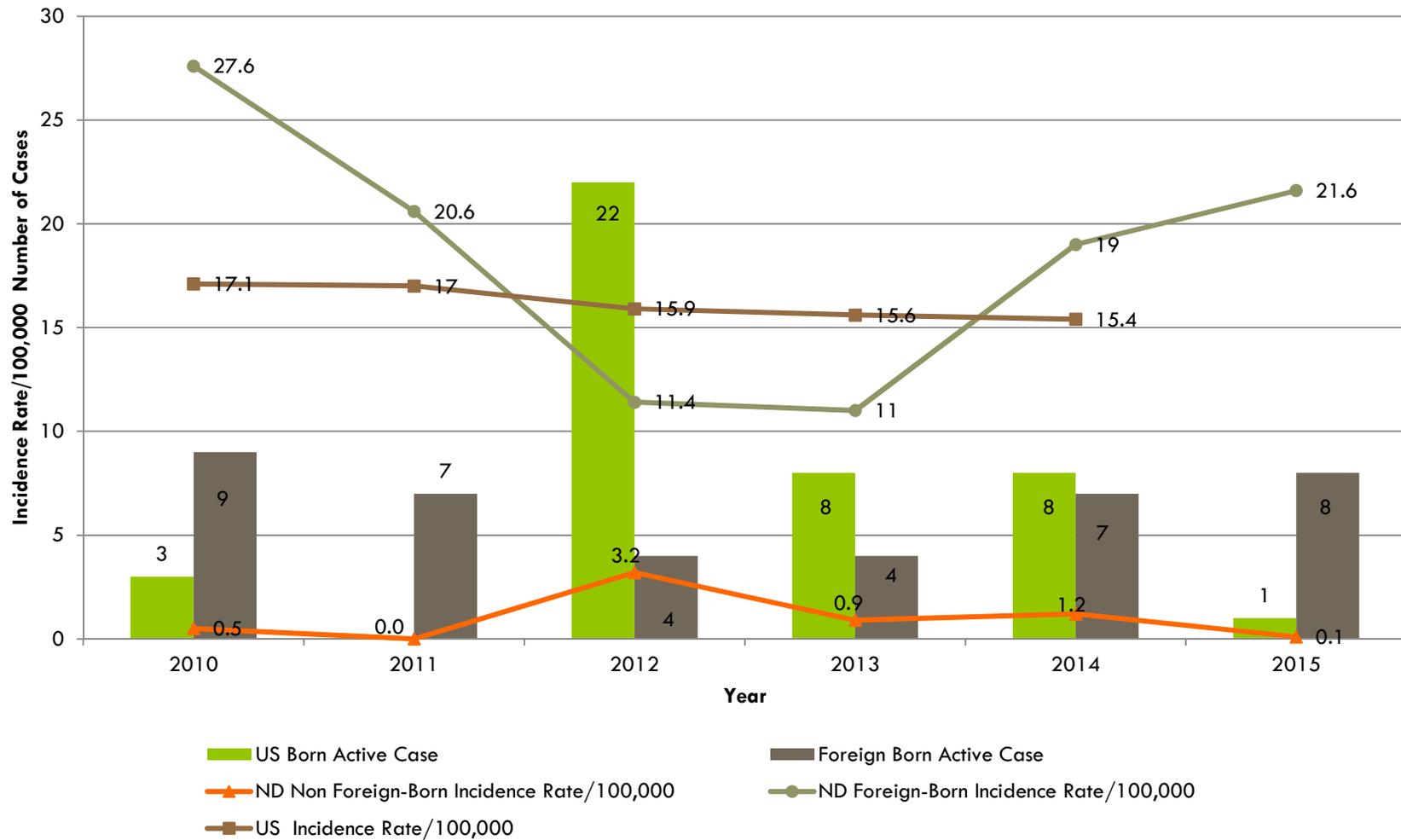
## Gender

19



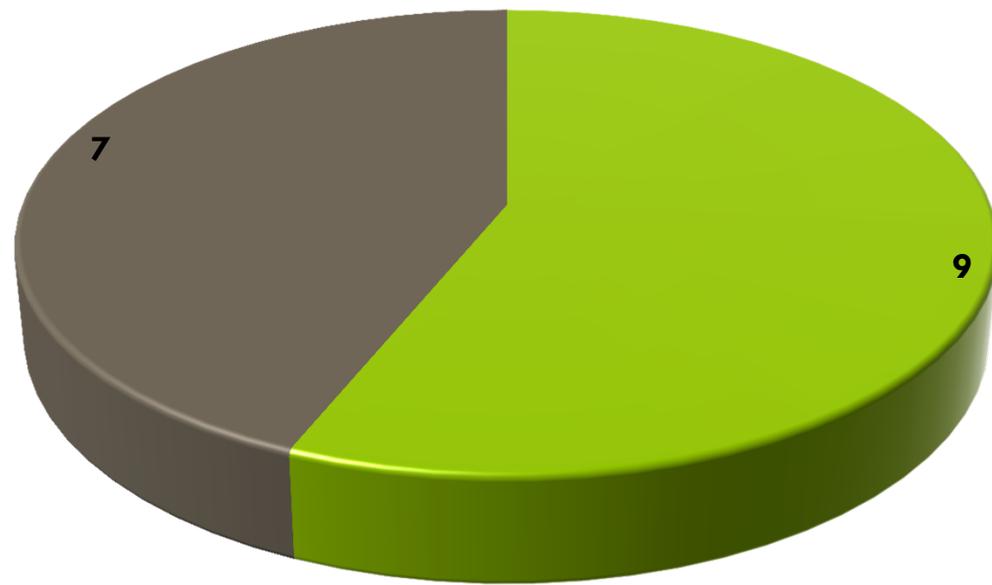
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# Incidence Rates 2010-2015



# Active TB in North Dakota 2015; In-State/Out-of-State

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■ In-State ■ Out-of-State

# 2015 TB Risk Assessment: North Dakota

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Data is usually finalized by March 1<sup>st</sup>

- 9 cases of TB in 2015
- Counties are: Cass, Barnes, Stark, Williams
- 7 Pulmonary Cases and 2 Extra-Pulmonary Cases
- No MDR or XDR cases in 2015
- North Dakota Incidence Rate: 1.2/100,000
- US Incidence Rate is usually available by March 24<sup>th</sup> (World TB Day)

If additional information is needed, please contact me at [djpritschet@nd.gov](mailto:djpritschet@nd.gov) or 701.328.2377

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**TUBERCULIN TEST REGISTRATION**  
**NORTH DAKOTA DEPARTMENT OF HEALTH**  
**DIVISION OF DISEASE CONTROL**

SFN 7722 (Rev. 08-10)

**Report positive results only.** Complete entire card.  
 Indicate not applicable or unknown where appropriate.

Person Completing Card
Facility
Phone #

Name (Last, First, MI)			Phone (H) (W)		
Address			Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
City, State, Zip			Race/Ethnicity		Country of Birth
Reason for Test (employment, refugee, etc.)		Former TB Client? <input type="checkbox"/> No <input type="checkbox"/> Yes		Previous Reactor? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Date TST Planted	Date Read	Results MM	X-ray Date (within 2 wks of positive test, if possible)	X-ray Results	Treatment <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of IGRA	Name of Test	Results	Treatment Start Date	Facility Monitoring Treatment	
Medication Prescribed		Length of Treatment Months	If No Treatment, Reason for Not Treating		
Name of Physician		Phone Number	Address		

Send original to N.D. Dept. of Health, Division of Disease Control, 2635 E. Main Ave., P.O. Box 5520, Bismarck, N.D. 58506-5520. If you have questions, call 1.800.472.2180.

## How/When to Report TB Infection

ELR forms are also acceptable as long as all information is provided

No longer need to send in monthly TB Medication List

Notify NDDoH when treatment is completed or when last dose of medication is dispensed.

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# 2016: On the Horizon

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- ❑ One new TB case to date
- ❑ Several Suspect cases
- ❑ T-Spot Program
- ❑ Centralized Pharmacy

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# 3. T-SPOT PROGRAM

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# T-Spot Program

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## Oxford Pilot Program

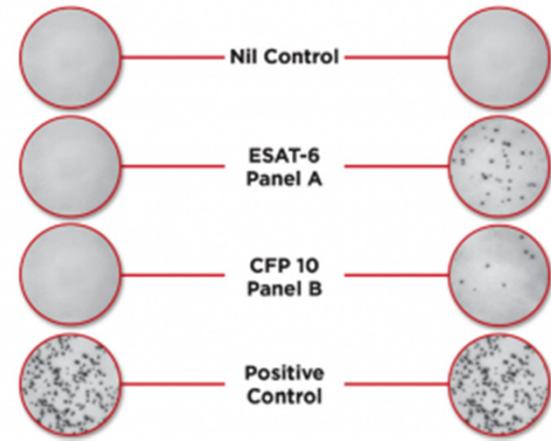
- Agreement with NDDoH
- Site Addendums available for Local Public Health Units and Long-Term Care Facilities
- Available for 1 year
- Max Cost per test \$20.00
- Oxford will bill insurance
- Shipping containers provided
- Shipped by FedEx to Memphis

## T-Spot Test



Negative Result

Positive Result



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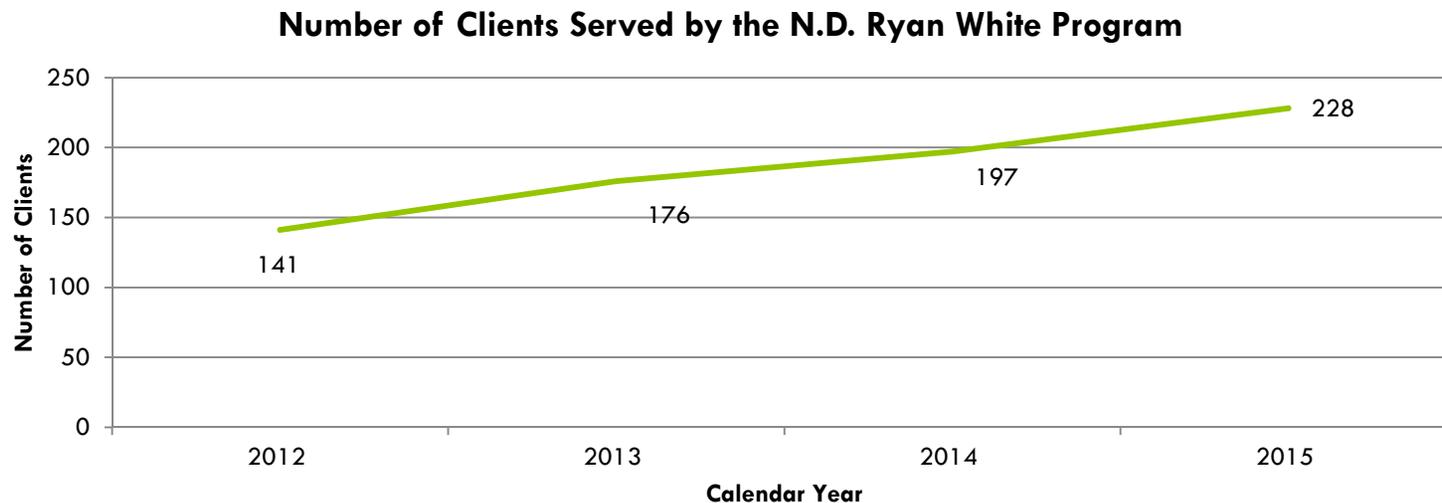
# 4. RYAN WHITE PART B PROGRAM AND AFFORDABLE CARE ACT (ACA) UPDATE

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# Ryan White Part B Program

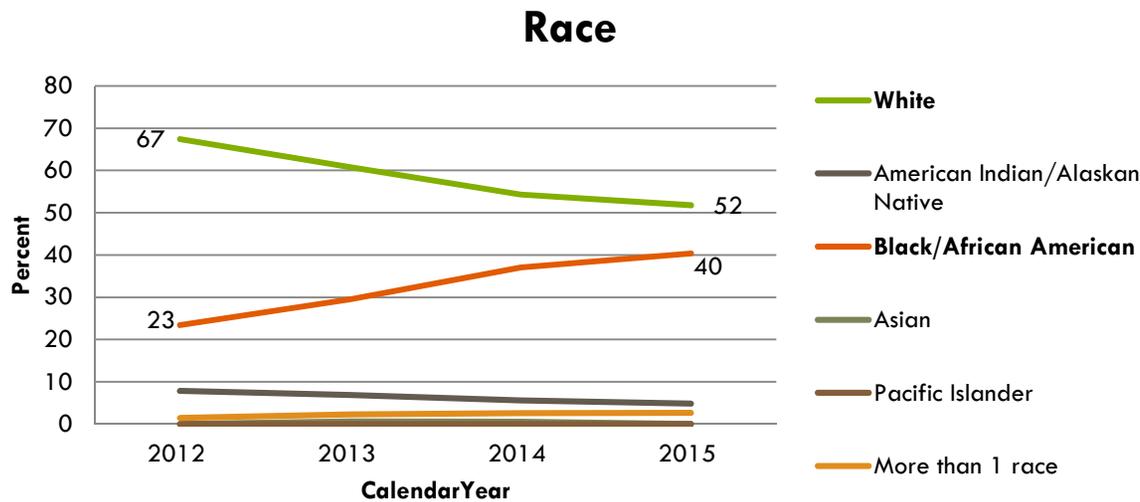
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- Ryan White assists HIV positive N.D. residents with incomes below 400% FPL with medication, medical care, case management, and support services (transportation, emergency assistance, mental health, and others)
- 228 Clients served in 2015
  - 9% increase from 2014



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# Ryan White Part B Program



Number of Black/African American clients has increased from 23% in 2012 to 40% in 2015.

Race	2012	2013	2014	2015
White	67	61	54	52
Black/African American	23	30	37	40
American Indian/Alaskan Native	8	7	6	5
Asian	0	1	1	0
Pacific Islander	0	0	0	0
More than 1 race	1	2	3	3
Unknown/unreported	0	0	0	0

# Ryan White Part B Program

Case Management Agency	2012	2013	2014	2015
<b>Bismarck Burleigh Public Health - Bismarck</b>	19	27	34	43
Central Valley Health Unit - Jamestown	7	7	7	7
Custer Health - Mandan	5	6	6	6
<b>Fargo Cass Public Health - Fargo</b>	67	80	87	99
<b>First District Health Unit - Minot</b>	12	18	20	24
Grand Forks Public Health – Grand Forks	20	23	24	25
Lake Region District Health – Devils Lake	2	3	4	4
Richland County Health - Wahpeton	2	2	2	2
SE ND CAA - Fargo	1	1	1	1
<b>SW District Health Unit - Dickinson</b>	3	6	8	10
Upper Missouri District Health Unit - Stanley	1	1	1	1
<b>Upper Missouri District Health Unit - Williston</b>	2	2	3	6
<b>Total # of Clients Served</b>	141	176	197	228

- 10 Public Health Units, 3 remote sites, and 1 Community Action Agency provide case management.
- Bismarck, Fargo, Minot, Dickinson, and Williston have seen the greatest increase in the number of clients served over the past 4 years.

# Ryan White Part B Program

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- New Medicaid Managed Information System (MMIS) went into production 10/05/2015
  - Used for ADAP
  - Real time claims processing
    - Claims are approved/denied at the point of sale
    - RW clients can use any pharmacy in state vs. only select pharmacies

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# Ryan White Part B Program

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## □ 2015 Challenges

### ■ Frequent changes in:

- Employment/Income
- Residence
- Medical coverage
- 65 newly enrolled clients in 2015, 61 clients closed

### ■ Complicated process of signing up for health coverage for refugees/immigrants

- Open enrollment for 2016 coverage ends January 31<sup>st</sup>

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# Affordable Care Act

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- Individuals that do not qualify for Medicaid, Medicare, or affordable private employer insurance can sign up for a Qualified Health Plan through the Marketplace
- Open enrollment ends January 31<sup>st</sup> (coverage starts March 1, 2016)
- If you serve uninsured or underinsured populations, to help them enroll contact:
  - Minot State University
    - <http://www.ndcpd.org/navigator/>
  - The Great Plains Tribal Chairmen's Health Board:
    - <http://www.gptchb.org>
    - 877-209-1215 or 605-721-1922 ext. 104
- Family HealthCare - Fargo
- Healthcare.gov's navigator services locator
  - <https://localhelp.healthcare.gov/#intro>

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# 5. PROVIDER SURVEY

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# Provider Survey

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- Provider Survey
  - To determine gaps, needs, and barriers in HIV/STD/hepatitis care and treatment
  - Due January 31, 2016
  - Mailed to 384 providers
  - Includes private clinics and hospitals, CAA's, FQHC's, LPHU's, substance abuse and mental health centers, student health clinics, Family Planning, Indian Health Centers, and dental and vision clinics.
- Redesigning our website:
  - Due May 31, 2016
- Survey can be accessed at: [www.ndhealth.gov/hiv](http://www.ndhealth.gov/hiv)

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## 6. NATIONAL STRATEGIES & PLAN

- \* NATIONAL HIV/AIDS STRATEGY
  - \*HEPATITIS ACTION PLAN
  - \*COMPREHENSIVE PLAN

# National HIV/AIDS Strategy: A National effort to end HIV epidemic.

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**Vision:** New infections will become **rare** and when they do occur, all individuals will have access to high quality care free from stigma and discrimination

National HIV/AIDS Strategy: Updated to 2020

[www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update/index.html](http://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update/index.html)

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THE UPDATED STRATEGY DETAILS **11 STEPS** AND **37 ACTIONS** THAT FOCUS ON

# RIGHT PEOPLE, RIGHT PLACES, RIGHT PRACTICES

## RIGHT PEOPLE

### KEY POPULATIONS

- **Gay, bisexual, and other men who have sex with men of all races and ethnicities** (noting the particularly high burden of HIV among Black gay and bisexual men)
- **Black women and men**
- **Latino men and women**
- **People who inject drugs**
- **Youth aged 13 to 24 years** (noting the particularly high burden of HIV among young Black gay and bisexual men)
- **People in the Southern United States**
- **Transgender women** (noting the particularly high burden of HIV among Black transgender women)



## RIGHT PLACES

### PRIORITY AREAS

- **Major metropolitan areas** have higher rates of HIV than other areas of the country.
- **Southern United States:** more than 1/3 of the population lives in southern states, but the region accounts for more than 1/2 of all HIV diagnoses.



## RIGHT PRACTICES



**Widespread HIV testing and linkage to care** enabling people living with HIV to access treatment early.



**Full access to PrEP services** for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.

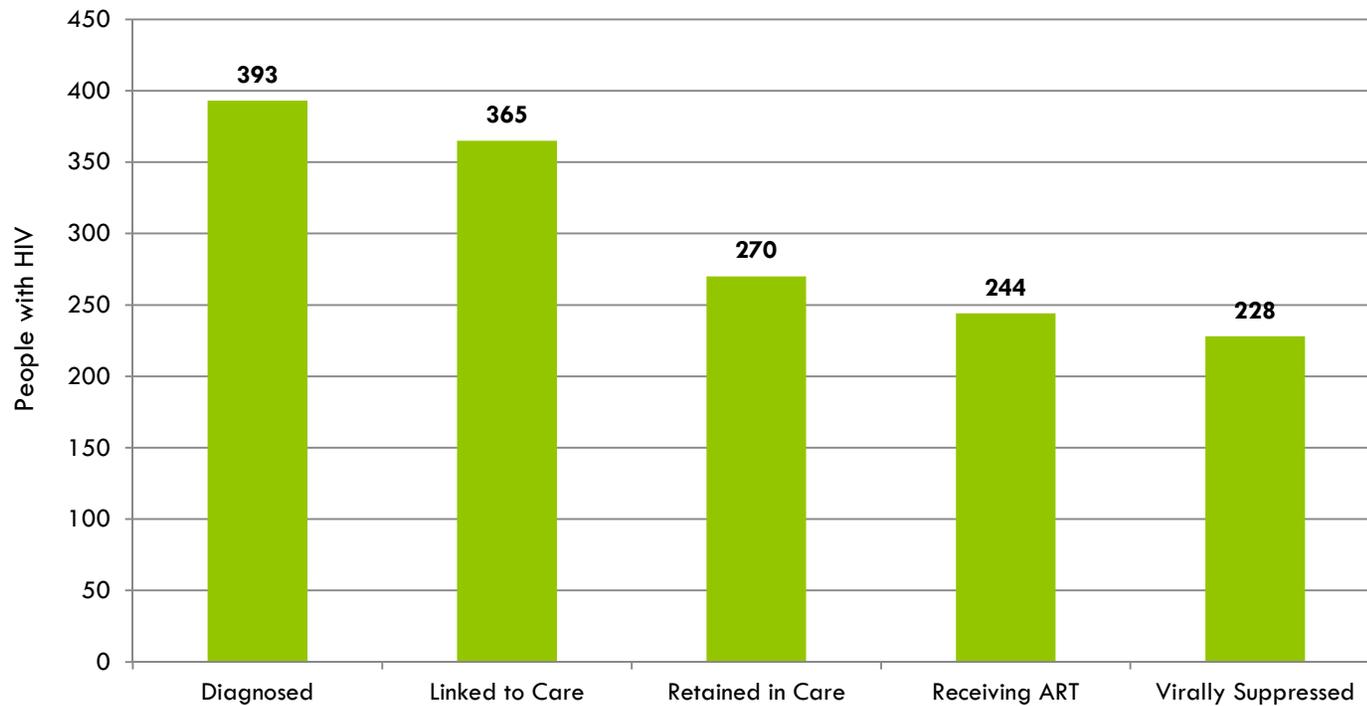


**Broad support for people living with HIV** to remain engaged in comprehensive care, including support for treatment adherence.



**Universal viral suppression** among people living with HIV.

# Improving the Care Continuum Outcomes is a Priority.



*North Dakota HIV Care Continuum, April 2015.  
1/27/2016*

# There is an action plan to combat the **Silent Epidemic of Hepatitis**.

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- Promising new developments in treatments for hepatitis C
- New recommendations for health care providers regarding screening for hepatitis C
- Mounting public awareness of and concern about viral hepatitis
- Expansion of access to viral hepatitis prevention, diagnosis, care and treatment

# Hepatitis Action Plan Focuses on Strengthening Nation's Response to Viral Hepatitis.

- Increase proportion of persons who are aware of their Hepatitis B infection from 33% to 66%
- Increase proportion of persons who are aware of their Hepatitis C infection from 45% to 66%
- Reduce the number of new cases of hepatitis C infection by 25%
- Eliminate mother-to-child transmission of hepatitis B

# The NDDoH is Working on the 2017 – 2021 HIV & Hepatitis C Comprehensive Plan.

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- Integrated HIV Prevention and Care Plan
  - ND is including Hepatitis C in Plan
- Identifies HIV Prevention and care needs, existing resources, barriers and gaps
- With assistance from Community Planning Group (CPG), develop priorities, goals and objectives to address HIV and Hepatitis C epidemic in North Dakota

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# 7. UPDATED TREATMENT GUIDELINES FOR STD & HIV

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# In 2015, CDC Released Updated STD Treatment Guidelines.

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- Full Guidelines, Pocket Guide, Wall Chart, Apps:  
[www.cdc.gov/std/tg2015/default.htm](http://www.cdc.gov/std/tg2015/default.htm)
  - FREE APP for Apple and Android Devices Available
- NDDoH Materials
  - STD Summary Guide and Pocket Guide
  - Contact NDDoH STD Program or Field Staff for a summary presentation of Treatment Guidelines

# Highlights 2015 New Guidance:

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- Alternative treatment regimens for *Neisseria gonorrhoeae*;
- Updated treatment for chlamydial infections during pregnancy;
- Use of nucleic acid amplification tests for the diagnosis of *Trichomonas vaginalis*;
- Updated recommendations for diagnostic evaluation of urethritis;
- The role of *Mycoplasma genitalium* in urethritis/cervicitis and treatment-related implications;
- An additional treatment option for genital warts;
- Updated HPV vaccine recommendations and counseling messages;
- Screening recommendations for gonorrhea and chlamydia;
- Screening recommendations, including Hepatitis C, for men who have sex with men; and
- Information on the clinical management of transgender individuals.

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# Chlamydia Treatment Updates

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- **2015:** Updated treatment recommendation in pregnant women

## **Recommended:**

Azithromycin 1 g orally in a single dose

- 2015: Removed Amoxicillin 500 mg orally three times a day for 7 days as a recommended treatment; It is now an alternative treatment

## **Alternative Regimens:**

- Amoxicillin 500 mg orally three times a day for 7 days      OR
- Erythromycin base 500 mg orally four times a day for 7 days
- Erythromycin base 250 mg orally four times a day for 14 days
- Erythromycin ethylsuccinate 800 mg orally four times a day for 7 days
- Erythromycin ethylsuccinate 400 mg orally four times a day for 14 days

- **Reminder:** Test-of-cure recommended for pregnant women 3-4 weeks after completion of therapy because of potential sequelae

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# Uncomplicated Gonorrhea Infection

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## Recommended:

Ceftriaxone 250 mg IM  
**PLUS**  
Azithromycin 1 g orally

Change from 2010 to 2015:  
Removed Doxycycline as Second  
Agent

□ Alternatives:

Cefixime 400 mg PLUS Azithromycin 1 gram

➤ Can use alternative regimen for EPT

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# Updated HIV Treatment Guidelines

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- Antiretroviral Therapy (ART) is strongly recommended for all HIV-infected individuals to reduce the risk of disease progression, and for the prevention of transmission of HIV.
  - Effective ART with virologic suppression improves and preserves immune function, regardless of baseline CD4 count
  - Earlier ART start may result in better immunologic responses and clinical outcomes
    - Reduction in morbidity and mortality
    - Reduction in HIV-associated inflammation and associated complications
  - ARV combinations are effective and well tolerated

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# Updated HIV Treatment Guidelines

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- Perinatal Transmission
  - ART is strongly recommended for all HIV-infected pregnant women.
- Sexual Transmission
  - ART is strongly recommended for all who are at risk of transmitting HIV to sex partners.

# Updated HIV Treatment Guidelines

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- Website to access the guidelines:
  - <http://aidsinfo.nih.gov>
  - <http://www.aidsetc.org>

# 8. PRE-EXPOSURE PROPHYLAXIS - PREP

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# PrEP Reduces the Risk of Getting HIV from Sex by More Than 90%.

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## PrEP Recommendations

- **For sexual transmission**, anyone who is in an ongoing relationship with an HIV-positive partner. Also anyone who:
  - 1) is not in a mutually monogamous\* relationship with a partner who recently tested HIV-negative
  - 2) is a gay or bisexual man who has had anal sex without a condom or been diagnosed with an STD in the past 6 months; or heterosexual man or woman who does not regularly use condoms during sex with partners of unknown HIV status who are at substantial risk of HIV infection (e.g., people who inject drugs or have bisexual male partners).
  
- PrEP is also recommended for **people who have injected drugs** in the past 6 months and have shared needles or works or been in drug treatment in the past 6 months.

PrEP Guidelines: [www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf](http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf)

PrEP Toolkit: [www.aidsunited.org/data/files/Site\\_18/PrEP\\_Kit\\_Dec15\\_final.pdf](http://www.aidsunited.org/data/files/Site_18/PrEP_Kit_Dec15_final.pdf)

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# 9. SYPHILIS

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# Syphilis

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- There were 43 cases of Syphilis in ND in 2015
- 27 of these cases were primary, secondary, or early latent
- The average age was 30 years old
- Cases are higher in men (31) than women (12)
- The highest number of cases (19) were in whites, the second highest number (14) were in American Indians
- The majority of cases were in Cass County (10), Sioux County (9), and Ward County (7)

# Who is at risk and who should get tested?

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- Syphilis is transmitted through vaginal, oral, or anal sex
- Those who have multiple sex partners and unprotected sex are at greatest risk of infection
- Syphilis is more common in MSM, but heterosexual men and women can be infected as well
- All pregnant women should be screened for syphilis at their first prenatal visit
- MSM and other high risk individuals should be screened for syphilis at least annually

# 10. DRUG USE EPIDEMIC IN THE UNITED STATES

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# Each Day, 44 People in the United States Die from Overdose of Prescription Painkillers.

58

- 14 States with statistically significant increases in the rate from 2013 to 2014 including **North Dakota (125%)**.
- Common Drugs: Hydrocodone, Oxycodone, Oxymorphone, Methadone
- May Lead to HIV and Viral Hepatitis Outbreaks

# Over 180 Individuals in Rural Indiana Community have HIV.

59

- Risk: Syringe-Sharing, Injecting the Prescription Opioid Oxymorphone
- From January 2015 - December 2015: 184 Cases
  - No more than 5 cases in a typically year
- Over 80% Co-Infected with Hepatitis C

# Contact Info:

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For any questions or more information, please contact  
the HIV/STD/TB/Viral Hepatitis Program

at:

701.328.2378

[www.ndhealth.gov/disease](http://www.ndhealth.gov/disease)