Hawaii’s Role Implementing the National HIV/AIDS Strategy

Pacific Global Health Conference

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Objectives

Purpose:

1. Provide overview of National HIV/AIDS Strategy (NHAS)
2. Review recent HIV science propelling NHAS implementation
3. Explore relevance of HIV services cascade for Hawaii
4. Discuss how Hawaii can achieve goals of NHASS

**Graph Description:**
- **Diagnoses:** Represented by a line graph with orange points and lines increasing from left to right, indicating a rise in diagnoses over time.
- **Deaths:** Represented by a line graph with blue points and lines increasing from left to right, showing an increase in deaths over time.
- **Prevalence:** Represented by a line graph with yellow points and lines increasing from left to right, indicating an increase in prevalence over time.
- The graph highlights the year 1993, with a vertical line indicating the implementation of a new definition.

**Note:**
All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting. Death may be due to any cause.

**Source:** CDC
HIV Incidence 2006-2009, United States

- 2006: 48,600 (42,400-54,700)
- 2007: 56,000 (49,100-69,200)
- 2008: 47,800 (41,800-53,800)
- 2009: 48,100 (42,200-54,000)
A NATIONAL HIV/AIDS STRATEGY FOR THE UNITED STATES

JULY 2010
Major Goals of NHAS

1. Reduce new HIV infections
2. Ensure HIV positive individuals are linked with and remain in care and treatment
3. Reduce disparities on disproportionally impacted populations
4. Increase collaboration and reduce inefficiencies
Hawaii HIV/AIDS Diagnoses and Deaths by Year
As of December 31, 2011
Diagnosed 4,362 Deceased 1,962

Incidence Rate: 2.0 2.6 5.4 7.8 11.4 13.5 13.5 16.3 19.4 23.0 26.3 19.7 18.9 15.0 12.0 14.5 12.0 14.0 15.3 13.9 13.2 11.9 10.3 9.0 10.3 9.2 9.3 8.4 6.1

Reports through September 27, 2012; Diagnosis data for 2011 not complete
Hawaii People Living with HIV/AIDS at the End of Each Year, As of Report by September 27, 2012
At the end of 2011, N=2,400
What Hawaii’s Epi tells us

• MSM highest risk statewide and each county (71% of cumulative cases), IDU with 8% and MSM/IDU with 7% of cumulative cases.
• Caucasians are the primary risk race (decreasing proportion)
• Asians, Others increasing proportion
• Caucasians, Blacks overrepresented
• Males 85%+
Proportion of HIV/AIDS Cases by Risk, Diagnosed as of December 31, 2011 and Reports through September 27, 2012

- MSM continues to be the primary risk for HIV/AIDS diagnosis

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>MSM</td>
<td>77.1%</td>
<td>73.1%</td>
<td>74.2%</td>
</tr>
<tr>
<td>IDU</td>
<td>12.5%</td>
<td>10.0%</td>
<td>8.0%</td>
</tr>
<tr>
<td>MSM &amp; IDU</td>
<td>8.0%</td>
<td>5.1%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>6.9%</td>
<td>9.3%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Other/unk.</td>
<td>5.6%</td>
<td>13.8%</td>
<td>20.3%</td>
</tr>
</tbody>
</table>

Cases
- MSM: 3,083
- IDU: 353
- MSM & IDU: 295
- Heterosexual: 309
- Other/unk.: 322
Proportion of HIV/AIDS Cases by Race/Ethnicity, Diagnosed as of December 31, 2011 and Reports through September 27, 2012

- White continues to be the primary risk for HIV/AIDS diagnosis
- Proportions of Asian and other cases have increased
- Proportion of White cases has declined

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<thead>
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<tbody>
<tr>
<td>White</td>
<td>60.7%</td>
<td>52.7%</td>
<td>40.0%</td>
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<tr>
<td>Asian</td>
<td>13.4%</td>
<td>18.4%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Hawaiian/PI</td>
<td>11.2%</td>
<td>9.0%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9.0%</td>
<td>6.9%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Black</td>
<td>4.3%</td>
<td>4.3%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Other</td>
<td>15.6%</td>
<td>17.3%</td>
<td>10.4%</td>
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</table>

Cases: 2,509, 655, 478, 316, 205, 515
Recent HIV Science

1. HIV rapid tests increasingly accurate/usable preliminary positive in <20 min. Or in 1 minute
2. 4th generation HIV lab test identifies HIV antigens as early as several days after initial infection
3. Powerful new HIV medications used in combinations of three or more, once a day
4. HIV medications started sooner, often upon initial diagnosis
5. New medications provide viral suppression for adherent naïve patients
HIV Care is Prevention

• New HIV medications can reduce HIV viral load to almost zero (viral suppression, undetectable viral load)

• Viral suppression can reduce HIV transmission (98%) more if combined with other prevention interventions, condoms, clean syringes etc.

• This biomedical/behavioral combination reduces new HIV transmission

• HIV treatment benefits individuals and public health
Mission Accomplished?
Stages of Engagement in HIV Care

<table>
<thead>
<tr>
<th>Stage of Engagement in HIV Care</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-Infected</td>
<td>1,106,400</td>
</tr>
<tr>
<td>HIV-Diagnosed</td>
<td>874,056</td>
</tr>
<tr>
<td>Linked to HIV Care</td>
<td>655,542</td>
</tr>
<tr>
<td>Retained in HIV Care</td>
<td>437,028</td>
</tr>
<tr>
<td>Need Antiretroviral Therapy</td>
<td>349,622</td>
</tr>
<tr>
<td>On Antiretroviral Therapy</td>
<td>262,217</td>
</tr>
<tr>
<td>Adherent/Undetectable</td>
<td>209,773</td>
</tr>
</tbody>
</table>
NHAS Linkage, Retention and Care Objectives

• 85% of newly HIV-diagnosed persons linked to clinical care within 3 months of diagnosis
• 80% of RW program patients in continuous care (at least 2 primary care visits 12 months; visits spaced at least 3 months apart)
• Increase proportion of HIV-diagnosed persons who have undetectable viral load by 20%
Diagnosing all Persons Living With HIV

• Estimated at 20-25% of all persons with HIV are not diagnosed

Impact:

• Newly diagnosed persons have highest viral load and most infectious
• Persons not knowing positive status are less likely to take prevention measures
• Persons not diagnosed are not on HIV medications
• Late testing when people in hospital with AIDS
How Will Hawaii Increase Diagnosis of Persons with HIV?

• More and more productive targeted HIV testing
• More complete routine HIV screening by health care providers
Targeted HIV Testing

- Targeted testing by DOH (STD clinic) and ASO (Life Foundations) and partners (Waikiki HC)
- Target populations: MSM, MSM/IDU, IDU, partners of positives
- Partner services: partners of positives are those most likely exposed to HIV
Increase Routine HIV Screening

- Increase routine screening by health care providers. CDC recommends all persons 15 to 65 years.
- 2010 Hawaii changed the law to not require pre-test counseling or written informed consent.
- Success in testing pregnant women almost eliminated mother to child transmission.

**Barriers:** Insurance reimbursement, provider awareness, cost, access, men not going to doctors,
Linkage and Retention in HIV Care

- 25% of all people diagnosed HIV do not make initial HIV medical visit
- 33% of all persons who make the first appointment do not continue in HIV care
- **Impact:** not on HIV medications or prevention, new HIV transmissions, deterioration of health and emergency costs
- **Why?** No/limited health insurance, stigma, fear, denial, few HIV providers, transport, other life issues
Stages of Engagement in HIV Care

- **HIV-Infected**: 1,106,400
- **HIV-Diagnosed**: 874,056
- **Linked to HIV Care**: 655,542
- **Retained in HIV Care**: 437,028
- **Need Antiretroviral Therapy**: 349,622
- **On Antiretroviral Therapy**: 262,217
- **Adherent/Undetectable**: 209,773

**Stage of Engagement in HIV Care**
Achieving Individual and Community Viral Suppression

- Only 33% of persons retained in HIV care achieve viral suppression
- If all PLWHA in specific community have suppressed viral load no transmission

**Challenges:** cost of meds, complexity of insurance, side effects, other life issues and priorities, treatment fatigue, fear, stigma, shame
Strengthening HIV Linkage, Retention and Treatment...at the client level

- Prompt enrollment in Medicaid, Medicare etc. HDAP, HSPAMM
- HIV case management for clients to access support/care and keep close contact with clients most likely to fall out of care
- Make first HIV appointment quickly, follow up, know providers and client needs
- Use laboratory CD4/VL data to determine who not in care and provide outreach and linkage
....at the system level

• Increase and ease access to health insurance
• Assure there are enough accessible HIV providers statewide
• Encourage larger HIV role for CHCs
• Use of retention focused staff by major HC providers
• Attune support and care system to needs of risk groups and different cultures
• Work collectively to reduce stigma, fear.
• Increase awareness/help
So fighting HIV/AIDS in America and around the world will require more than just fighting the virus. It will require a broader effort to make life more just and equitable for the people who inhabit this Earth.

President Obama 2010