TUESDAY, JULY 10:
PHARMACY’S ROLE IN HIV & HEPATITIS C PREVENTION IN IOWA
WELCOME

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Iowa Pharmacy Association Webinar: Overview of HIV in Iowa

July 10, 2018

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Iowa Department of Public Health
Bureau of HIV, STD, and Hepatitis

**Mission Statement:** Promoting and protecting the health of Iowans at risk of or infected with HIV, sexually transmitted diseases, and/or viral hepatitis.

**Vision Statement:** Healthy Iowans living in healthy communities.

The Bureau of HIV, STD, and Hepatitis works to reduce the impact of communicable diseases in Iowa through prevention and care services for chlamydia, gonorrhea, syphilis, HIV, and hepatitis C.

https://idph.iowa.gov/hivstdhep
Diagnoses of HIV in Iowans by Sex: 2007 through 2017

Number of Persons

Year of HIV Diagnosis

Male
Female

81%
19%
Age in Years at Diagnosis of HIV: 2007 through 2017

- 15-24
- 25-44
- ≥45

Year of HIV Diagnosis

Number of persons


2007: 15-24 = 25%, 25-44 = 32%, ≥45 = 43%
2008: 15-24 = 32%, 25-44 = 43%, ≥45 = 25%
2009: 15-24 = 25%, 25-44 = 32%, ≥45 = 43%
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Diagnoses of HIV in Iowans by Exposure Category: 2007 through 2017

- MSM: 56%
- PWID: 21%
- MSM/IDU: 10%
- Heterosexual: 8%
- Risk not Reported: 5%
Diagnoses of HIV in Iowans by Race and Ethnicity: 2007 through 2017

- Hispanic, any race: 51%
- White, NH: 30%
- Black/African American, NH: 13%

Year of HIV Diagnosis: 2007 to 2017

Number of Persons
Late Diagnoses of HIV in Iowans: 2007 through 2017
In 2017, there were 2,790 people living with HIV in Iowa who were aware of their statuses. Approximately 72% resided in the ten most populous counties, with 28% in Polk County alone. The remaining 28% resided in more rural areas.

For more information, visit https://idph.iowa.gov/hivstdhep/hiv.
2017 Iowa HIV Care Continuum

**People living with HIV (PLWH):** Iowans living with HIV, diagnosed and undiagnosed

**Diagnosed:** People diagnosed with HIV and living in Iowa as of December 31, 2016

**Linked at 1 Month:** Diagnosed people who attended a HIV medical care visit within one month of diagnosis (as measured by a viral load or CD4+ cell count reported to IDPH)

**Retained in Care:** Diagnosed people who are engaged in medical care (as measured by 2 or more CD4+ cell count or viral load lab results at least 3 months apart OR one viral load lab result demonstrating viral suppression reported to IDPH)

**Virally Suppressed:** People retained in medical care whose most recent viral load was less than 200 copies/mL

- 78% of Iowans diagnosed with HIV are virally suppressed
- Number of Persons
  - 3,095 PLWH
  - 2,662 Diagnosed
  - 2,211 Retained in Care
  - 2,070 Virally Suppressed

88% of PLWH were virally suppressed in 2017.

Bureau of HIV, STD, and Hepatitis
Viral Suppression

- The goals of HIV treatment are to improve health outcomes and prevent transmission of HIV.
- The best marker of successful treatment is reducing the amount of HIV in the blood and elsewhere in the body to very low levels. This is called viral suppression.

People living with HIV who are virally suppressed have effectively no risk of sexually transmitting the virus.
Epidemiology of HCV in Iowa

Quick facts: Hepatitis C virus (HCV) is a blood-born pathogen transmitted today primarily through injection drug use. HCV affects the liver. Hepatitis C can clear spontaneously or can be cured.

• 25,789 Iowans ever reported to IDPH as diagnosed with HCV
  • 16,984 people with evidence of confirmatory result
  • 8,805 people with antibody only results (75% to 85% are likely chronically infected)

CDC estimate: 45 to 85% of people with HCV are undiagnosed
Iowans Diagnosed with HCV

Number of Iowans Diagnosed with HCV: 2000 through 2017

Number of Iowans

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Iowans with Confirmed HCV Infection: Under 40 Years Old

Number of Iowans


45 39 9 56 100 53 120 150 127 97 157 268 287 315 316 379 480 357
Iowans Diagnosed with HCV in 2017, by Age

At risk for complications, little ongoing transmission

Ongoing transmission
Early Intervention Services funds have been used to greatly expand initiatives and projects along the HIV continuum.
• The Iowa Department of Public Health (IDPH) implements a collaborative Early Intervention Services (EIS) program that integrates efforts across HIV prevention, Ryan White Part B, and STD programs within the Bureau of HIV, STD, and Hepatitis. The EIS service category includes four service areas, all of which must be present in order for Ryan White HIV/AIDS Program (RWHAP) funds to be used, though not all components have to be funded utilizing RWHAP funds. These four areas are outlined below with expanded explanations regarding implementation at the IDPH. In an effort to best address the four categories of a comprehensive EIS program, IDPH has implemented EIS programs in two primary ways, Structural and Client-Level. The primary goal of this dual-approach is to address the unique barriers related to case-finding, referral, and linkage in largely rural and historically underserved areas of the state.

• **Structural-Level EIS:**

IDPH’s Structural-Level EIS Program seeks to routinize HIV screening and case finding in rural primary healthcare settings, substance use treatment facilities, community-based corrections, and other social-service settings that could and should act as key points of entry into the system of HIV prevention and care. Furthermore, IDPH provides capacity building and technical assistance in the areas of substance use, health equity, and trauma-informed prevention and care to these providers, IDPH-funded test sites, and Ryan White Part B providers & case managers. The goal is to increase the likelihood of successful case finding, linkage, engagement, and retention among priority populations.

• **Client-Level EIS:**

IDPH’s Client-Level EIS Program seeks to collaborate with, and expand upon, existing HIV prevention and case-finding activities through the expansion of traditional HIV testing efforts to include regionalized safety-net outreach testing strategies, routinized testing in Federally Qualified Health Centers, opt-in testing in rural community-based pharmacies, and demonstration project outreach HIV testing with priority populations. In conjunction with an expanded effort in disease intervention and partner services, these projects collectively work to increase case finding, ensure adequate referral and linkage services, and deliver prevention and care efforts with unique considerations for health equity, trauma, and substance use in order to garner the best health outcomes for the highest number of Iowans possible.
IDPH HIV Prevention Services and Activities

- Statewide condom distribution
- PrEP awareness, training, and linkage
- Fund HIV and HCV testing at Integrated Testing Services (ITS) sites
- Support HIV and HCV testing at Federally Qualified Health Centers
- Support HIV testing at local pharmacies
- Support HIV and HCV testing pilot at substance use treatment facility
IDPH-funded Test Sites

IDPH provides funding for staffing and admin support, marketing, condom distribution, and rapid test kits to 12 agencies.

Services and activities of IDPH-funded test sites:
• HIV and hepatitis C testing
• Hepatitis A/B immunizations
• STD testing
• Link clients to pre-exposure prophylaxis services
• Link newly diagnosed clients to medical care
• Re-engage previously diagnosed HIV-positive clients to medical care
• Condom distribution
• Provide referrals for other health and support services

8,500+ HIV tests administered in 2017, 23 people newly diagnosed
HIV Testing at FQHCs and Local Pharmacies

IDPH provides funding for two staff at the Primary Care Association and one staff at the Iowa Pharmacy Association to provide capacity building and technical assistance to federally qualified health centers (FQHCs) and local pharmacies to implement HIV testing

**Purpose of testing:**

- Decrease risk of co-morbidity
- Reduce stigma – make testing part of routine visits/care
- Promote linkage to clinical and prevention services
- Reduce barriers for ongoing care for patients with HIV and HCV
- Reduce transmission of HIV, STD, and HCV in Iowa
Screening Recommendations:
HIV

All adults and adolescents 15 to 65 years old should be screened for HIV at least once in their lifetime.

All pregnant women should be screened for HIV, including those who present in labor who are untested and whose HIV status is unknown.

Patients who engage in behaviors that are high-risk for HIV should be screened more frequently:

- Men who have sex with men
- Persons who inject drugs
- Persons who test positive for STDs
- Persons who have vaginal or anal intercourse without using condoms or PrEP
- Persons who exchange sex
- Persons who have a partner who is HIV-positive, bisexual, or who uses injection drugs
What roles can the pharmacy play?
Fill the gaps!

- Rapid HIV Screening*
- Rapid HCV Screening
- Linkage To Care
- Re-engagement Support
- Fighting Stigma
- Provide Appropriate Counseling
- Increase Product Availability
Contact Information:

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COMMUNITY PHARMACY
HIV TESTING
COMMUNITY PHARMACY HIV TESTING PROJECT

• 3-year program
• Goal: Improve testing access, increase treatment coverage for people living with HIV/AIDS and Hepatitis C
• Expands role of pharmacists in preventative screenings
PHARMACY HIV TESTING PROJECT

• Web-based and in-person training for participating pharmacists
• Use of the INSTI Rapid Test kit
• Data collection for IDPH
  – Completely confidential
  – Strong security for protection of privacy
• Collaborative Practice Agreements
• Counseling on results
  – Referral for confirmatory testing
Below are the counties of specific interest to pilot the program:

- Allamakee
- Appanoose (Hep C)
- Blackhawk
- Bremer
- Calhoun
- Carroll
- Cass
- Clarke
- Clayton
- Decatur
- Des Moines
- Emmet
- Fayette
- Henry
- Humboldt
- Kossuth
- Lee
- Louisa
- Lucas
- Mahaska
- Marion
- Monroe
- Palo Alto
- Pocahontas
- Wayne
- Webster
- Winneshiek
NEXT STEPS

• Phase One: Summer 2018 – gauge interest in program via survey, determine feasibility at pharmacies in counties of interest, work towards commitments from interested pharmacies (10)

• Phase Two: Fall 2018 – continuing to gauge deeper interest, gain additional commitments from interested pharmacies
QUESTIONS?

Contact information:
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JOIN US TUESDAY, AUGUST 14:
STATUS OF THE NEW CANNABIDIOL PROGRAM

Questions? Contact David Schaaf at dschaaf@iarx.org or 515-270-0713