

This newsletter is organized to align the updates with Strategies from the ***Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*** (Integrated Plan). The [Integrated Plan](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf) is available on the Office of AIDS' (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf.

In This Issue:

- Strategy A
- Strategy B
- Strategy F
- Strategy J
- Strategy K
- Strategy M
- Strategy N

Staff Highlight:

OA is pleased to introduce **Cassandra (Cassi) Fecho** who has joined the OA Surveillance and Prevention Evaluation and Reporting (SPER) Branch, Surveillance Section as a Research Scientist I. In her new role, Cassi will coordinate lab onboarding, monitor lab submissions and work to establish and maintain the completeness, timeliness, and accuracy of California state-wide HIV/AIDS surveillance system data. Cassi hails from Stoneham, MA, a suburb of Boston, and its only claim to fame is that Olympic medalist figure skater Nancy Kerrigan was born there (and Cassi, of course!)

Cassandra received a BS in Imaging and Photographic Technology from Rochester Institute of Technology, but later chose to pursue a career in public health due to a desire for more meaningful work, to help our community, and because of experiences in the health system. Cassi then received a Pre-Nursing Post-baccalaureate Certificate from San Francisco State University and an MPH with an epidemiology focus from UC Davis while working for UCSF's Radiology Department doing biomedical research on traumatic brain injury. Dr. Hannah Laqueur at the UC Davis Violence Prevention Research Program was Cassi's MPH practicum project director. The project consisted of in-depth literature review on threat assessment, firearm purchase patterns, and behavioral indicators of mass shooting risk.



As an outcome, Cassi developed an evidence-based protocol and codebook for conducting qualitative data analysis on California mass shooting case reports.

The career change was due to a bit of serendipity, according to Cassi.

"I had been working in digital imaging for a number of years and I knew I wanted to change careers, but I was having trouble figuring out what I wanted to do. I knew I wanted to do something more analytical, something that would challenge me, but I also wanted it to

be something where I could help people. One day, I was reading Bill Bryson's A Short History of Nearly Everything, and when I came to the chapter on microbes and infectious diseases, it suddenly hit me: epidemiology. And the more I learned about public health and epidemiology, the more I knew this was the right choice for me. I can honestly say that deciding to change careers and go into public health was one of the best decisions I've ever made."

Cassi comes to the OA position from the California Tobacco Control Program, serving as a Cal-EIS Fellow in the Surveillance Unit and UCSF, exploring how sensitive estimates of sexual and gender minority (SGM) youth disparities are to the removal of inaccurate and/or mischievous responders on youth surveys.

Working with rural communities in Latin America through volunteering with Global Brigades has helped to galvanize Cassi's desire to work with vulnerable populations. One of Cassi's goals is to apply epidemiological methods to a wide variety of health topics to help improve the effectiveness of HIV/AIDS interventions in groups who have been disproportionately affected by this disease due to limited healthcare access. Cassi states, "Healthcare is a basic human right and I'm committed to research that seeks to balance health disparities."

Outside of work, you will find Cassi enjoying traveling, arts and crafts (costuming, crochet, cross-stitch), making and listening to music, (primarily classical choral music and opera) and reading as many as four books simultaneously.

Some of Cassi's favorite things: The App "Overdrive" (lets you borrow e-books from your local library), non-dairy chocolate ice cream, dogs, visiting favorite people, Muir Woods in Marin County, and singers Bad Bunny, J Balvin, and Daddy Yankee.

Cassi Fecho jumped into the world of HIV surveillance with both feet, already planning

new protocols and processes in just the second month! We are lucky to have Cassi's talents and looking forward to many years of association with OA.

HIV Awareness:

September 18 National HIV/AIDS and Aging Awareness Day:

National HIV/AIDS & Aging Awareness Day (NHAAAD) is observed to combat stigma faced by older Americans with HIV and to address aging-related challenges of HIV testing, prevention, and care.

The Southern California HIV/AIDS Policy Research Center has developed an infographic to help stakeholders and their community partners understand the experiences and concerns of older people living with HIV. The population of people living with HIV is getting older. By the end of 2022, an estimated 70% of people living with HIV will be aged 50 years and older. With age and the cumulative effects of HIV, this population experiences exacerbated age-related health vulnerabilities and comorbid conditions. The [infographic](https://www.chprc.org/infographic-hiv-and-aging/) is located at the CHPRC website located at <https://www.chprc.org/infographic-hiv-and-aging/>.

Feel free to share this infographic with your networks and clients!

September 27 National Gay Men's HIV/AIDS Awareness Day:

National Gay Men's HIV/AIDS Awareness Day (NGMHAAD) is celebrated to encourage open communication about stigma, HIV status, HIV prevention strategies such as testing, PrEP, condoms and address the disproportionate impact of HIV on gay and bisexual men. People living with HIV who take their medication daily as prescribed, who reach and maintain viral suppression have no risk of sexually transmitting HIV to a partner. Take charge of your overall sexual health get tested today!

General Office Updates:

COVID-19:

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed.

Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Racial Justice and Health Equity:

OA now posts all new job openings on multiple job boards and recruitment sites, including the new [Ending the Epidemics Workforce Jobs Bank](https://ete.jobs.net/) hosted by the National Minority AIDS Council (NMAC) as a centralized place for HIV, STD, and hepatitis job openings. The jobs bank can be found at <https://ete.jobs.net/>.

HIV/STD/HCV Integration:

As the lead state department in the COVID-19 response, CDPH has re-directed hundreds of staff to this effort. Because of this, the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention are postponed indefinitely. Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

CDPH Ending the Epidemics Strategic Plan:

The team developing the initial phase of the Ending the Epidemics Strategic Plan is completing listening sessions with community subject matter experts to learn more about factors influencing social determinants of health that contribute to increased rates of HIV, STDs, and Hepatitis C. This information will shape the development of goals and strategies of the new HIV, STD, and Hepatitis C Strategic Plan that will begin in 2022.

Upcoming Training Opportunity:

Congenital Syphilis Prevention for Family Planning and Primary Care Providers – Tuesday, September 28, 2021 12:00PM -1:15PM (PDT)

CDPH continues to see dramatic statewide increases in cases of congenital syphilis (CS), a severe yet preventable condition when syphilis is passed from mother to fetus. This webinar, presented by the California Prevention Training Center, features Dr. Eric Tang, public health medical officer at CDPH, who will provide a clinical overview of CS prevention and discuss the new Expanded Syphilis Screening Recommendations from CDPH as it relates to family planning and primary care providers. After his presentation, Dr. Sara Kennedy, Chief Medical Officer of Planned Parenthood Northern California, will present her organization's experience implementing expanded syphilis screening in their clinics to detect and treat syphilis cases to ultimately prevent CS cases in California.

Register:

[Denver National | Class Information | \(nnptc.org\)](https://www.nnptc.org/)
Registration will close Monday, September 27, 2021, 4:00PM (PDT).

Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization

PrEP-Assistance Program (AP):

As of August 30, 2021, there are 192 PrEP-AP enrollment sites covering 156 clinics that currently make up the PrEP-AP Provider network. A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

Data on active PrEP-AP clients can be found in the three tables on page 4.

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	332	7%	---	---	---	---	89	2%	421	9%
25 - 34	1,285	29%	2	0%	---	---	475	11%	1,762	39%
35 - 44	971	22%	---	---	3	0%	296	7%	1,270	28%
45 - 64	634	14%	2	0%	20	0%	174	4%	830	19%
65+	37	1%	---	---	144	3%	8	0%	189	4%
TOTAL	3,259	73%	4	0%	167	4%	1,042	23%	4,472	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	193	4%	---	---	37	1%	36	1%	1	0%	128	3%	6	0%	20	0%	421	9%
25 - 34	916	20%	4	0%	187	4%	109	2%	4	0%	450	10%	15	0%	77	2%	1,762	39%
35 - 44	806	18%	2	0%	82	2%	68	2%	1	0%	259	6%	2	0%	50	1%	1,270	28%
45 - 64	562	13%	1	0%	32	1%	27	1%	3	0%	191	4%	---	---	14	0%	830	19%
65+	43	1%	1	0%	3	0%	1	0%	---	---	141	3%	---	---	---	---	189	4%
TOTAL	2,520	56%	8	0%	341	8%	241	5%	9	0%	1,169	26%	23	1%	161	4%	4,472	100%

Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	419	9%	---	---	6	0%	14	0%	---	---	18	0%	---	---	3	0%	460	10%
Male	1,975	44%	8	0%	319	7%	224	5%	9	0%	1,129	25%	20	0%	149	3%	3,833	86%
Transgender	119	3%	---	---	13	0%	3	0%	---	---	10	0%	3	0%	2	0%	150	3%
Unknown	7	0%	---	---	3	0%	---	---	---	---	12	0%	---	---	7	0%	29	1%
TOTAL	2,520	56%	8	0%	341	8%	241	5%	9	0%	1,169	26%	23	1%	161	4%	4,472	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 8/31/2021 at 12:01:15 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

The PrEP-AP team has developed a new infographic entitled, [PrEP-AP at a Glance](#), to provide a high-level overview of PrEP-AP. The infographic serves as an introduction or quick reference to PrEP-AP for new and existing clients and program partners. ***We welcome you to share this infographic on your website, social media, newsletters, or other communications.***

Strategy B: Increase and Improve HIV Testing

OA's HIV home-testing distribution demonstration project continues through Building Healthy Online Communities (BHOC) in the six California Consortium Phase I Ending the HIV Epidemic in America counties. The program, [TakeMeHome®](https://takemehome.org) (<https://takemehome.org>), is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit. In the first 11 months, between September 1, 2020 and July 31, 2021, 1816 tests were distributed, including 170 tests distributed in July. Of those ordering a test in July, 37.1% reported never before receiving an HIV test, and 42.9% were 18 to 29 years of age. For individuals reporting ethnicity, 56.9% were Hispanic/Latinx, and of those reporting sexual history, 56.9% indicated 3 or more partners in the past 12 months. To date, 271 recipients have filled out an anonymous follow up survey, with 94.1% indicating they would recommend TakeMeHome HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (75.3%) or having had more than one sex partner in the past 12 months (59.0%).

The six counties are expanding the options available through the TakeMeHome® program to include using a Dried-Blood Spot (DBS) HIV testing kit. This allows for additional screenings, including for Syphilis and Hepatitis C, as well as running a creatinine test that is part of the monitoring done for people taking PrEP. Since the DBS testing is processed by a laboratory,

the counties and the state will have access to results and can quickly respond when people have a positive result for HIV or the other tests. BHOC has also made available STD screening, providing swabs to test for Gonorrhea and Chlamydia in the throat, rectum, or vagina. These too are processed by the lab and positive results are reported to the counties and the State, with the ability for county staff to provide partner notification services. The counties will come on-line with these additional options between September and December, after completing some administrative tasks. Promotion of the TakeMeHome® resource will be expanded to reach cisgender women of color, transgender people, and people who inject drugs (PWID), in addition to ongoing promotion to gay/MSM, particularly young gay/MSM of color.

Strategy F: Improve Overall Quality of HIV-Related Care

OA is in the formative phase of developing a Request for Applications (RFA) in response to the legislative funding for up to five HIV and Aging demonstration projects under [Health and Safety Code section 121295, HIV and Aging Demonstration Projects](#). Appreciating **Strategy N: Enhanced Collaborations and Community Involvement**, community input is being sought through a [survey](#) that is still open for your input at https://cdphooa.co1.qualtrics.com/jfe/form/SV_eP5iy3gCAzvjeRg, and through two listening sessions that were hosted on August 24th and 27th. More than 140 people attended the two listening sessions. If you missed the listening sessions and want to [share your recommendations](#), you can send them to HIVandAgingRFA@cdph.ca.gov. A summary, including answers to questions posed during the listening sessions is forthcoming, and will be distributed to the more than 900 stakeholders on our list-servs. If you are not on the OA mailing list, [please ask to be added](#) by sending an e-mail to OfficeofAIDS@cdph.ca.gov. OA will also consult with the California Department of Aging as instructed in the legislation.

To ensure ongoing community input, an Advisory Committee will be formed. More information about the advisory committee will be provided in the next few weeks, and applications for the advisory committee will be available on the OA website.

The RFA is open to all counties and community-based organizations throughout the state. A two-tiered funding system will be utilized with larger funding amounts for more complex, comprehensive programs, and smaller funding amounts will support organizations that cannot provide full clinical services but can offer programming that supports the health and well-being of people living with HIV fifty years of age and older.

The exact date of the RFA release has not been determined as input from the community will help shape the RFA. Once released, the RFA will be posted and accessible at the OA Website. Notice of the posting will be distributed through all our list-servs and that of our community partners.

New Medications on the ADAP Formulary:

OA has added mental health medications and gender-affirming medications to the AIDS Drug Assistance Program (ADAP) formulary. The additions of clonazepam (Klonopin®), duloxetine (Cymbalta®), escitalopram (Lexapro®), and

hydroxyzine pamoate (Vistaril®) were effective on July 30, 2021. The additions of 17beta ()_estradiol, dutasteride, finasteride, leuprolide, and spironolactone were effective on August 6, 2021. For more information, [access to the associated management memos](#) can be found on the CDPH website at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_communications.aspx.

Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP

ADAP’s Insurance Assistance Programs:

As of August 30, 2021, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

The Truth About Fentanyl:

Fentanyl does not cause overdose through accidental skin contact or inhalation despite misinformed accounts that continue to circulate in the media. The [Drug Policy Alliance’s](#) recent blogpost, [“Facts, Not Fear. The Truth About Fentanyl”](#) answers frequently asked questions about fentanyl and how to identify a fentanyl overdose.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from July
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	577	-0.68%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,526	-0.91%
Medicare Part D Premium Payment (MDPP) Program	2,040	+0.44%
Total	9,143	-0.59%

Harm Reduction in Clinical Praxis Conference:

The Keck School of Medicine at University of Southern California will host their first annual Harm Reduction in Clinical Praxis Conference later this month. Healthcare workers will be offered interventional, institutional, and structural tools specific to improving care and outcomes for PWUD. The conference aims to provide an educational experience that translates into their clinical practice in order to dismantle treatment protocols and structures that uphold systems of violence against PWUD.

[Register for the conference](https://keckusc.cloud-cme.com/course/courseoverview?P=5&EID=2896) at <https://keckusc.cloud-cme.com/course/courseoverview?P=5&EID=2896>.

Strategy M: Improve Usability of Collected Data

The [AHEAD Dashboard](https://ahead.hiv.gov) (<https://ahead.hiv.gov>) is expanding the information available! The AHEAD Dashboard is the Federal website monitoring six indicators necessary to getting to zero new HIV infections. You can view data for the nation, and for each of the 56 state, counties, and territories that comprise Phase I of the two-phase Ending the HIV Epidemic in America initiative. The indicators include: Incidence, knowledge of HIV Status, New HIV Diagnosis, Linkage to HIV Medical Care within 30 days of diagnosis, Viral Suppression rates, and PrEP Uptake.

Enhancements include reporting demographic data (Age, Race/Ethnicity, Sex At Birth, and Mode of Transmission). Two and three-way stratification will be possible (e.g. looking at females, ages 13 – 24). Five Social Determinants of Health indicators will be listed: Housing Status, Stigma, Poverty, Educational levels, and employment rates. Confidence intervals will be available for some measures. The enhancements are being phased in, first for the national data, then for the jurisdictions. The site is more user friendly. Check it out!

Strategy N: Enhance Collaborations and Community Involvement

OA has partnered with the California Consortium of Urban Indian Health (CCUIH) to develop a Strategic Plan for relationship building and strengthening work in Indian Country in areas of communication, data collection and sharing, funding and other matters such as HIV/AIDS and Hepatitis C testing and harm reduction. CCUIH has presented two of three listening sessions for OA providing an overview of CA Indian history, the CA Indian healthcare system and HIV and Hepatitis C data among tribal communities.

For [questions regarding this issue of *The OA Voice*](#), please send an e-mail to angelique.skinner@cdph.ca.gov.