

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](#) is available on the Office of AIDS' (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final.pdf.

In This Issue:

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

General Office Updates:

HIV/STD/HCV Integration Update:

Over the past few weeks, KAI Partners has worked closely with the California Department of Public Health (CDPH) Project Team to develop and approve the Project Schedule and calendar kick-off meetings with the impacted Branches. Together, KAI and CDPH will begin to engage staff in critical project activities.

In the upcoming weeks, teams will be formed to identify current processes and provide input to the development of future processes for the integrated organization. Stay tuned for upcoming opportunities for partner engagement!

Staff Highlight:

OA is very happy to announce that Dr. Marisa Ramos has been appointed Chief of the OA. Dr. Ramos has been with the CDPH for 11 years. She has 25 years of experience managing research projects, data systems, and surveillance efforts, and has authored publications and presented at local, state, national and international conferences on refugee and Latino health issues. Prior to coming to CDPH, Dr. Ramos was an Adjunct Professor of Biology at the University of California, Davis, where she currently serves as a volunteer Professor of Public Health. Dr. Ramos completed both Masters and Doctoral



Dr. Ramos at OA's Halloween Party

programs in Biological Nutrition with an emphasis in Epidemiology from the University of California, Davis.

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

OA has developed a HIV pre-exposure prophylaxis (PrEP) infographic. PrEP 2-1-1, also called "On-Demand PrEP", is a non-daily PrEP dosing strategy that has been evaluated in men who have sex with men (MSM) and demonstrated to be effective.

The infographic contains the following:

- A brief summary of the difference between daily PrEP and PrEP 2-1-1
- An illustration of the PrEP 2-1-1 protocol
- A list of important caveats

Notably, the newly approved PrEP medication (tenofovir alafenamide / emtricitabine; brand name: Descovy®) has not been studied with non-daily dosing and is not recommended in a PrEP 2-1-1 protocol at this time.

As the PrEP 2-1-1 dosing strategy is increasingly used in California, we hope that this infographic can help educate public health officials, healthcare providers, people with any indications for PrEP, and the general public on this emerging HIV prevention strategy. The [infographic](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/PrEP211_101019_ADA.pdf) is available at https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/PrEP211_101019_ADA.pdf.

Please email [Phil Peters](mailto:Phil.Peters@cdph.ca.gov) (Phil.Peters@cdph.ca.gov) or [Tiffany Woods](mailto:Tiffany.Woods@cdph.ca.gov) (Tiffany.Woods@cdph.ca.gov) with any questions.

PrEP Navigator Services Programs Request for Applications Awardees:

OA is continuing to work through finalizing contracts for the five organizations who were awarded funding to support PrEP navigator

service programs. One of the original awardees, East Bay AIDS Center – Alta Bates Summit Medical Center, has informed OA that they will not be able to move forward with accepting the grant award. To ensure that the funding is made available to the community for its intended purpose, OA has awarded the funding to Radiant Health Centers whose application has the sixth highest score. We are working closely with Radiant to get their application executed as quickly as possible.

PrEP Assistance Program (PrEP-AP):

As of January 27, 2020, there are 186 PrEP-AP enrollment sites covering 141 clinics that currently make up the PrEP-AP Provider network and there are 2,997 clients enrolled in the PrEP-AP. 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>.

Strategy B: Increase and Improve HIV Testing

The Kern County Public Health Services Department (KCPHSD) has encouraged local healthcare providers to establish routine opt-out testing (ROOT) for HIV and syphilis for several years. Despite hesitation from clinics and hospitals due to many reasons, including costs, inexperience with HIV-positive patients, complicated HIV-related legislation or regulations, and organizational limitations, Kern

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	107	3%	---	---	---	---	110	4%	217	7%
25 - 34	890	29%	2	0%	1	0%	638	21%	1,531	50%
35 - 44	508	17%	---	---	3	0%	263	9%	774	25%
45 - 64	228	7%	---	---	17	1%	185	6%	430	14%
65+	6	0%	---	---	91	3%	11	0%	108	4%
TOTAL	1,739	57%	2	0%	112	4%	1,207	39%	3,060	100%

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

Current Age	Latinx		White		Black or African American		Asian		American Indian or Alaskan Native		Native Hawaiian/ Pacific Islander		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	85	3%	68	2%	14	0%	32	1%	---	---	1	0%	8	0%	9	0%	217	7%
25 - 34	667	22%	493	16%	118	4%	165	5%	---	---	5	0%	28	1%	55	2%	1,531	50%
35 - 44	376	12%	248	8%	54	2%	57	2%	3	0%	2	0%	8	0%	26	1%	774	25%
45 - 64	164	5%	197	6%	24	1%	29	1%	2	0%	2	0%	3	0%	9	0%	430	14%
65+	9	0%	90	3%	4	0%	3	0%	1	0%	---	---	1	0%	---	---	108	4%
TOTAL	1,301	43%	1,096	36%	214	7%	286	9%	6	0%	10	0%	48	2%	99	3%	3,060	100%

Both 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: 01/31/2020 at 11:07:38 PM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

County established a partnership with Dignity Health's Bakersfield Memorial Hospital (BMH) to implement ROOT within their emergency department (ED).

In 2018, Kern County's Health Officer, Dr. Kristopher Lyon championed establishing and implementing ROOT in local hospitals. Dr. Lyon was well aware of the staggering increase in

syphilis in Kern, and recognized increasing rates of HIV, as he screened, diagnosed, and treated patients regularly in the emergency department (ED). Dr. Lyon was connected to Gilead Sciences' FOCUS Program to discuss ROOT in Kern which enables him to facilitate dialogue among local hospitals, Gilead Sciences, and KCPHSD staff.

BMH joined the discussions early on and echoed Dr. Lyon's conviction about the importance of ROOT in the ED. Like many EDs, BMH cared for many high risk patients who were difficult to follow and had reservations about their ability to provide linkage to care services. Gilead Sciences proposed a unique funding configuration with distinct funding of BMH and KCPHSD, but a joint



scope of work between both organizations. BMH would screen and identify positive HCV and HIV cases in the ED and KCPHSD would provide linkage to care. Both entities were awarded funding in July 2019. KCPHSD also requested BMH include syphilis as part of their ROOT program. Gilead Sciences does not provide funding for syphilis, but BMH was aware of the increase of early syphilis and congenital syphilis in Kern County.

On October 6, 2019, BMH started ROOT of HCV, HIV, and syphilis on all patients presenting to the ED who were determined to need a blood draw. During the period of October 6, 2019 through November 30, 2019 BMH performed 2,910 HCV, 3,086 HIV, and 3,073 syphilis tests on patients seen in the ED. Each of the test conditions had unusually high seropositivity rates: HCV at 7%, HIV at 0.39%, and syphilis at 5.1%.

In less than two months ROOT outcomes yielded tremendous results across HCV, syphilis and HIV. What is notable is that none of these patients presented to the ED for HIV-related symptoms. The preliminary results speak volumes to the need for ROOT to occur in other clinical settings.

The FOCUS Program is a public health initiative that enables partners to develop and share best practices in routine blood-borne virus (HIV, HCV, HBV) screening, diagnosis, and linkage to care in accordance with screening guidelines promulgated by the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Preventive Services Task Force (USPSTF), and state and local public health departments. FOCUS funding supports HIV, HCV, and HBV screening and linkage to the first medical appointment after diagnosis. FOCUS partners do not use FOCUS awards for activities beyond linkage to the first medical appointment. FOCUS activities and scope of work are not used to address activities beyond linkage to the first medical appointment. For more information about Kern County's program, contact [Patrick Salazar](mailto:Patrick.Salazar@kerncounty.com) (salazarp@kerncounty.com) or [Karley Beavers](mailto:Karley.Beavers@kerncounty.com) (beaversk@kerncounty.com).

Strategy F: Improve Overall Quality of HIV-Related Care

The U.S. Department of Health and Human Services (HHS) Panel on Antiretroviral Guidelines for Adults and Adolescents released an updated version of the Guidelines for the Use of Antiretroviral Agents (ART) in Adults and Adolescents with HIV. Key updates include:

- The HHS panel supports Undetectable = Untransmittable (U=U) as an HIV prevention transmission strategy to sexual partners. This is a strong recommendation of grade AIII.
- The HHS panel recommends that ART be started immediately or as soon as possible after diagnosis to increase the uptake of ART, decrease the time required to achieve linkage to care and virologic suppression for individual patients, reduce the risk of HIV transmission, and improve the rate of virologic suppression among persons with HIV. This is a strong recommendation of grade AIII.

More [updates](https://aidsinfo.nih.gov/e-news/archive/2019/12/24) are available at <https://aidsinfo.nih.gov/e-news/archive/2019/12/24>.

The HHS Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission released an updated version of the Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States. Key updates include:

- Restrictions on the use of dolutegravir (DTG) during the first trimester and in women who are trying to conceive have been removed.
- DTG is now a preferred antiretroviral (ARV) drug throughout pregnancy and an Alternative ARV drug for women who are trying to conceive.

More [updates](https://aidsinfo.nih.gov/e-news/archive/2019/12/18) are available at <https://aidsinfo.nih.gov/e-news/archive/2019/12/18>.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from December
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	631	-0.16%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,274	+4.50%
Medicare Part D Premium Payment (MDPP) Program	1,790	+3.05%
Total	7,695	+3.76%

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

ADAP's Insurance Assistance Programs:

As of January 27, 2020, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart above.

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

Among several ground-breaking initiatives included in the state budget last year, the California Budget Act of 2019 included \$15.2 million in State General Fund allocated over four years to support syringe service programs (SSPs). Of the total, \$12.6 million will support staffing at SSPs, \$1.8 million will support technical assistance and program administration, and \$800,000 will support staffing at OA. For the past six months the OA Harm Reduction Unit has been working steadily to launch the project we're calling the California Harm Reduction Initiative (CHRI).

In January, OA hired Loris Mattox, former Executive Director of HIV Education and Prevention Project of Alameda County (HEPPAC), to steer the project for OA. Loris brings years of experience working in harm reduction and HIV prevention and care to this

important role. Additionally, OA is pleased to announce that we will partner in this project with Harm Reduction Coalition (HRC), which will take the lead on subcontracting with eligible California SSPs, as well as providing technical assistance to the organizations that will be expanding their staffing under this program.

HRC has a proven track record as a technical assistance provider in harm reduction topics ranging from safety for sex workers to integrating peer-delivered services into harm reduction programs. And their HepConnect project, which has awarded more than \$5.3 million in grant funding to 44 projects in five states, has given HRC extensive experience in directly supporting harm reduction organizations. As OA developed our Request for Proposals and researched possible applicant organizations, we determined that HRC was the only non-profit in California qualified to apply to direct this project, and OA is moving forward with a contract with HRC.

OA would like to thank the more than 30 SSP and health department staff who volunteered to participate in informational interviews to input into the CHRI scope of work. At OA we are working to finalize the HRC contract, and will continue to provide updates. Feel free to [reach out to Loris](mailto:Loris.Mattox@cdph.ca.gov) (Loris.Mattox@cdph.ca.gov) with questions.

HIV.gov has recently posted the following webinar recordings which were part of the

webinar series, *Syringe Services Programs – A Critical Public Health Intervention*.

1. Syringe Service Programs – [A Critical Public Health Intervention](https://www.youtube.com/watch?v=te9krUIWIAE) – August, 2019 (<https://www.youtube.com/watch?v=te9krUIWIAE>)
2. Syringe Service Programs – [Perspectives on the Role of Policy, Funding, and Partnerships](https://www.youtube.com/watch?v=JU3dUCPaxNg) – September, 2019 (<https://www.youtube.com/watch?v=JU3dUCPaxNg>)
3. Syringe Service Programs: [The Essential Roles of Non-Governmental and Community-Based Organizations](https://www.youtube.com/watch?v=WyDMeYn5sgI) – January, 2020 (<https://www.youtube.com/watch?v=WyDMeYn5sgI>)

Public Comment is currently open for a new SSP application from the Yuba Sutter Harm Reduction & Community Outreach (YSHRCO) located in Yuba and Sutter counties. The program aims to increase access to sterile syringes, disposal and information about resources available for

people who use drugs. The program will be run by YSHRCO volunteers. Additional information on the program and instructions for submitting [public comment](#) can be found on OA's website at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secapp.aspx.

Public comment has closed and a final decision is due by March 3, 2020, on an SSP application by the Harm Reduction Coalition of Santa Cruz County. Information on the final decision will be posted on OA's website.

Strategy N: Enhance Collaborations and Community Involvement

YOUR VOICE COUNTS. Tell us what is needed to decrease new infections and increase the number of people using ART or PrEP. Send [your ideas](mailto:ETE@cdph.ca.gov) to ETE@cdph.ca.gov. All e-mails are confidential and names will be deleted.

For [questions regarding this report](#), please send an email to angelique.skinner@cdph.ca.gov.