

# Alaska Infectious Disease ECHO



ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM



NPAIHB

*Indian Leadership for Indian Health*

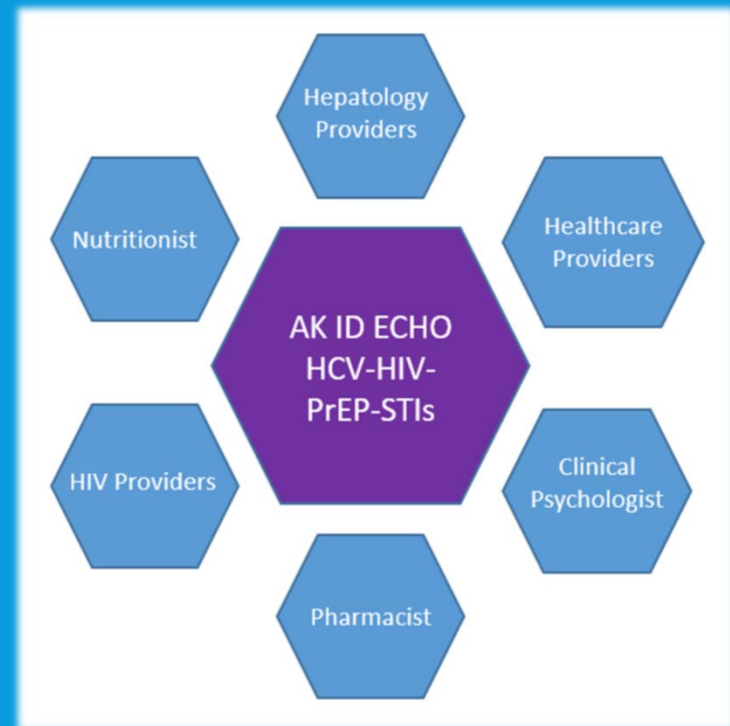
## HCV-HIV-PrEP-STIs

## WHAT WE DO

- We are accepting case presentations and questions pertaining to:
  - HCV
  - HIV
  - PrEP and Preventative Strategies
  - STIs
- Provide Expert Panelists
- Didactic Presentations pertaining to ECHO topics
- Provide CE/CME including pharmacotherapy credits

# CONSULTANT TEAM

- Youssef Barbour, MD Hepatologist
- Leah Besh, PA-C HIV/Hepatology Provider
- Terri Bramel, PA-C HIV/STI Provider
- Rod Gordon, R.Ph. AAHIVP Pharmacist
- Lucia Neander, PhD Clinical Psychologist
- Jacob Gray, MD Infectious Disease Provider
- Annette Hewitt, ANP Hepatology Provider
- Brian McMahon, MD Hepatologist
- Lisa Rea, RN HIV/STI Case Manager
- Lisa Townshend, ANP Hepatology Provider



# Welcome to Alaska Infectious Diseases

## ECHO – HCV, HIV, PrEP, STIs

### Approved Provider Statements:

Alaska Native Tribal Health Consortium (ANTHC) is accredited by the Washington State Medical Association to provide continuing medical education for physicians.

ANTHC is approved as a provider of nursing continuing professional development by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

 The Alaska Pharmacists Association (AKPhA) in cooperation with ANTHC is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

### Contact Hours:

ANTHC designates this live activity for a maximum 12 *AMA PRA Category 1 Credit(s)*™ for the entire series. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ANTHC designates this activity as meeting the criteria for one nursing contact hour credit for each hour of participation up to a maximum 12 hour(s), including 3 total pharmacotherapeutics (Rx) contact hours for the entire series.

To receive CPE credit, participants must complete an Evaluation/Attendance Form for each session attended. You will be required to enter your NABP e-profile ID number, & birthdate (mm/dd). CPE credit will be posted to the online CPE Monitor system within 60 days after completion of each activity. No credit will be reported to CPE Monitor for CEs that do not have a completed evaluation. There is no charge to process CPE credit for ANTHC employees and AKPhA members, but a fee may apply to participants not affiliated with either organization.

### Conflict of Interest Disclosures:

Youssef Barbour, MD & Lisa Townshend-Bulson, APRN / faculty for this educational event, are primary investigators in an ANTHC sponsored hepatitis C study funded in part by Gilead Sciences. All of the relevant financial relationships listed have been mitigated.

### Requirements for Successful Completion:

To receive CE credit please make sure you have actively engaged in the entire activity, your attendance is recorded by the facilitator, and complete the course evaluation form found here: <https://forms.gle/18t4EgvN2WdnM4P77>.



For more information contact  
[jfielder@anthc.org](mailto:jfielder@anthc.org) or (907) 729-1387



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# HIV IN ALASKA 101

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Department of Health and Social Services

Division of Public Health, Section of Epidemiology

HIV/STD Program

April 13, 2021



# State of Alaska Section of Epidemiology HIV/STD Program

- Located in Anchorage but operate statewide



# State of Alaska Section of Epidemiology HIV/STD Program

- 14 total staff
- Susan Jones, HIV/STD Program Manager
  - Sarah Brewster, HIV Surveillance Coordinator
  - Lisa Davis, HIV Care Coordinator
  - Jessica Harvill, HIV Prevention Coordinator
  - Kayli Helvie, HIV Linkage to Care Coordinator
  - Nathan Wormington, STD Program Coordinator
  - Team DIS: Cacelia, Derek, Mahalet, Taylor, and TJ
  - Admin Support: Claire, Hesper, and Sara





# Conditions Reportable to Public Health

*No health department, state or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.*

*-Public Health Reports, 1946*

- Confirmed or suspected cases of the following STDs are reportable to the SOE:
  - chlamydia (*Chlamydia trachomatis*)
  - gonorrhea (*Neisseria gonorrhoeae*)
  - syphilis (*Treponema pallidum*)
  - chancroid (*Haemophilus ducreyi*)
  - human immunodeficiency virus (HIV) infection
  - acquired immunodeficiency syndrome (AIDS)
- New pregnancy in a woman known to be infected with HIV or syphilis is also reportable





# Reporting by Healthcare Providers

- Healthcare providers are required to report confirmed or suspected cases of reportable STDs to the SOE within 2 working days
- HIPAA allows health care providers, health care facilities, and health plans to disclose protected health information to public health authorities [45 CFR § 164.512(b)]
- Alaska Regulation 7 AAC 27.005. *Reporting by health care providers* requires that a health care provider who first diagnoses or suspects a diagnosis of a reportable disease or condition to report to public health



# Reporting by Healthcare Providers

- Healthcare providers must report reportable diseases or conditions, even if the laboratory will also report
- For chlamydia, gonorrhea and syphilis disease reports, including applicable treatment information is an essential part of the reporting process

*“Physicians and other health-care providers play a critical role in preventing and treating STDs.”*

-2015 Sexually Transmitted  
Diseases Treatment Guidelines



# How to Report

- Fax a completed HIV/STD Disease Report Form, <http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmSTD.pdf>, to (907) 561-4239
- Call (907) 269-8000 during business hours, 8am-5pm Mon-Fri

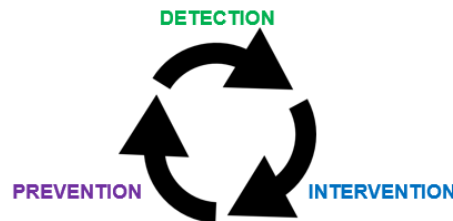
## Accurate and timely reporting results in two primary public health responses:

1. Disease Intervention and Partner Services
2. Publication of surveillance data, which feeds broader prevention responses



# DIS and Partner Services

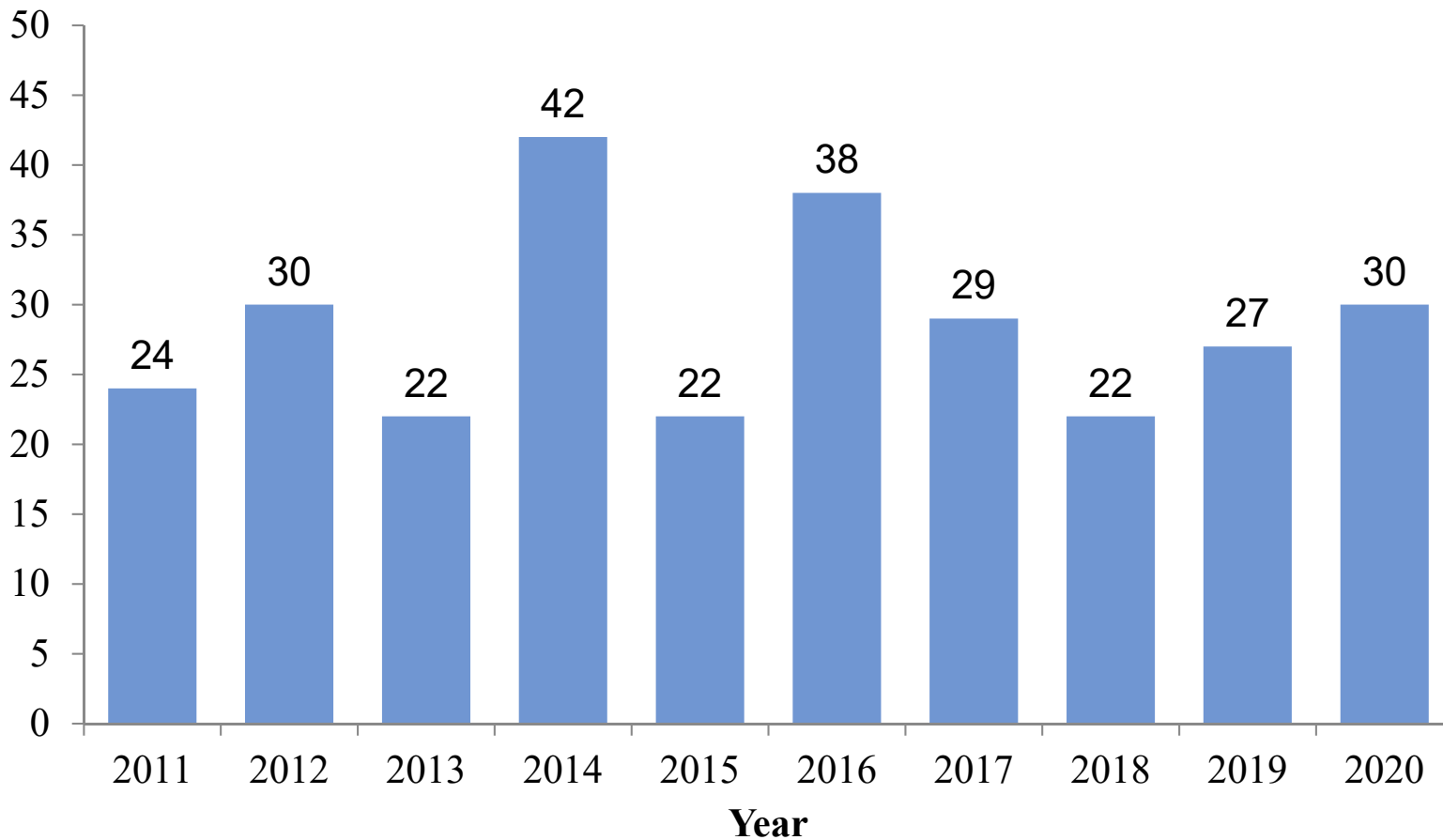
- Disease Intervention Specialists (DIS) work to interrupt disease transmission
  - Expertise in communication, contact tracing, interviewing, counseling, case analysis, and provider and community engagement
  - Critical part of the public health infrastructure and in building the link to health care
  - Feeds prevention efforts
- Partner Services include partner notification, prevention counseling, and referral to other services
  - Partner Notification – a process through which infected persons are interviewed to elicit information about their partners, who can then be confidentially notified of their possible exposure or potential risk



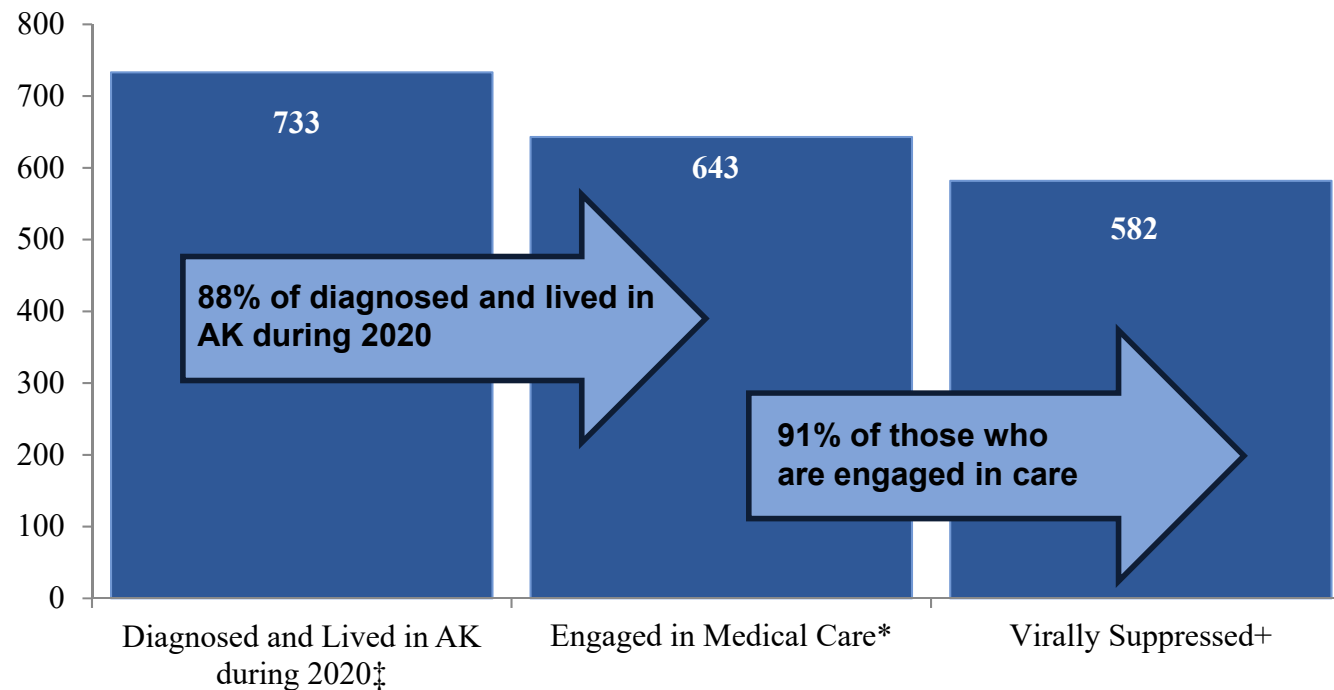
# Reported Cases of HIV Newly Diagnosed in Alaska, 2020 (n=30) [Preliminary]

- 3 (10%) were also diagnosed with AIDS at the time of initial diagnosis
- 25 (83%) were male
- 15 (50%) were men who have sex with men (MSM); 4 (13%) were MSM/IDU; 3 (10%) were heterosexual; 3 (10%) were IDU
- 13 (43%) were Alaska Native/American Indian; 9 (30%) were White; 4 (13%) were Hispanic
- 17 (57%) were living in Anchorage/Mat-Su at the time of diagnosis; 6 (20%) were living in the Southwest

Figure. Reported Cases of HIV Newly Diagnosed in Alaska by Year – 2011-2020 [Preliminary]



# Figure. HIV Care Continuum (n=733) – Alaska, 2020 [Preliminary]



‡Includes all cases who lived in Alaska (AK) during 2020; cases with unknown residence and no activity in the surveillance system for 10 or more years were excluded (n=16)

\*Received at least one CD4 or Viral Load between Jan. 1 and Dec. 31, 2020

+Viral Load  $\leq 200$  copies/mL



# HIV Screening Recommendations

- CDC: Individuals 13 - 64 should be tested for HIV at least once as part of routine health care
- Patients with risk factors should be tested more frequently, at least annually
- Risk factors in Alaska include:
  - Known risk factors (MSM, injection drug use, high risk heterosexuals)
  - Multiple sexual partners between testing events
  - History of substance misuse/abuse
  - History of recent or recurrent incarceration
  - History of recurrent STD
  - Reported sex with travel



# Additional Screening Recommendations for MSM

- CDC recently released additional screening guidance specific for gay, bisexual, and other men who have sex with men (MSM)
  - Asymptomatic sexually active MSM should be screened at least annually
  - Individual MSM at increased risk should be screened more frequently (e.g. every 3 or 6 months)

***Don't forget:*** All patients at increased risk for HIV should be assessed for pre-exposure prophylaxis (PrEP) eligibility

# Free HIV Screening Services in AK

- The State HIV/STD Program uses Federal HIV Prevention funds to support Alaska HIV Prevention Grantees in offering free, rapid HIV testing
  - **Alaska Native Tribal Health Consortium (ANTHC)** – Statewide, mail-out rapid HIV self-test kits, <https://www.iknowmine.org/product/hiv-self-test-kit/>
  - **Alaskan AIDS Assistance Association (Four A's)** – Anchorage, Mat-Su, Juneau, HIV rapid tests and rapid HIV self-test kits, <https://www.alaskanaims.org/prevention/hiv-testing>
  - **Anchorage Health Department (AHD)** – Anchorage, HIV rapid tests at outreach, <https://www.anchoragepublichealth.com/>
  - **Interior AIDS Association (IAA)** – Fairbanks, HIV rapid tests and rapid HIV self-test kits, <https://www.interioraids.org/what-we-do/hiv-prevention/>



# HIV Screening Recommendations

Questions about HIV Screening may be sent to:

Jessica Harvill, MPH (she/her)

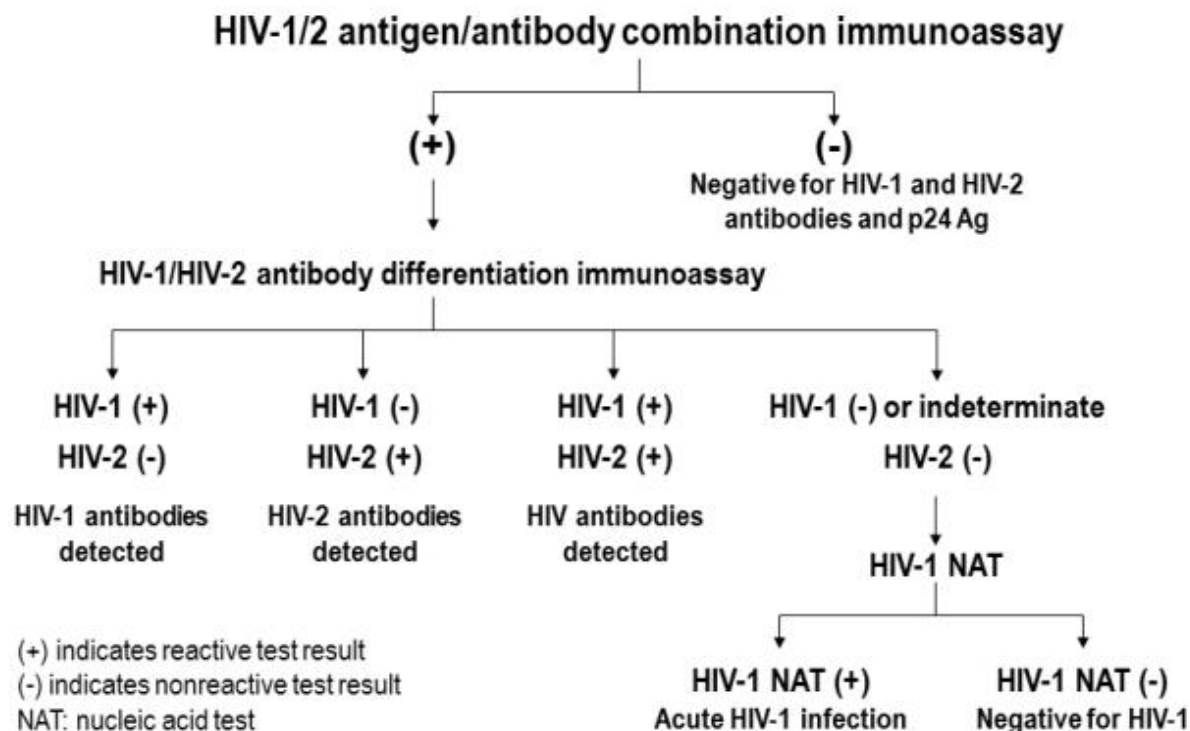
HIV Prevention Coordinator

Telephone: (907) 269-5221

[jessica.harvill@alaska.gov](mailto:jessica.harvill@alaska.gov)

# Diagnosing HIV Infection

- In 2014, CDC updated its recommended laboratory HIV testing algorithm for serum or plasma specimens



# HIV Testing Algorithm

**Step 1: Screening Test –**  
Very sensitive, looks for both  
antigen and antibody

## HIV-1/2 antigen/antibody combination immunoassay

(+)

(-)

Negative for HIV-1 and HIV-2  
antibodies and p24 Ag

**Step 2: Confirmatory  
Test – Looks for HIV  
Antibodies**

## HIV-1/HIV-2 antibody differentiation immunoassay

HIV-1 (+)

HIV-1 (-)

HIV-1 (+)

HIV-1 (-) or indeterminate

HIV-2 (-)

HIV-2 (+)

HIV-2 (+)

HIV-2 (-)

HIV-1 antibodies  
detected

HIV-2 antibodies  
detected

HIV antibodies  
detected

HIV-1 NAT

**Step 3: Tiebreaker –**  
Looks for acute  
infection

HIV-1 NAT (+)

HIV-1 NAT (-)

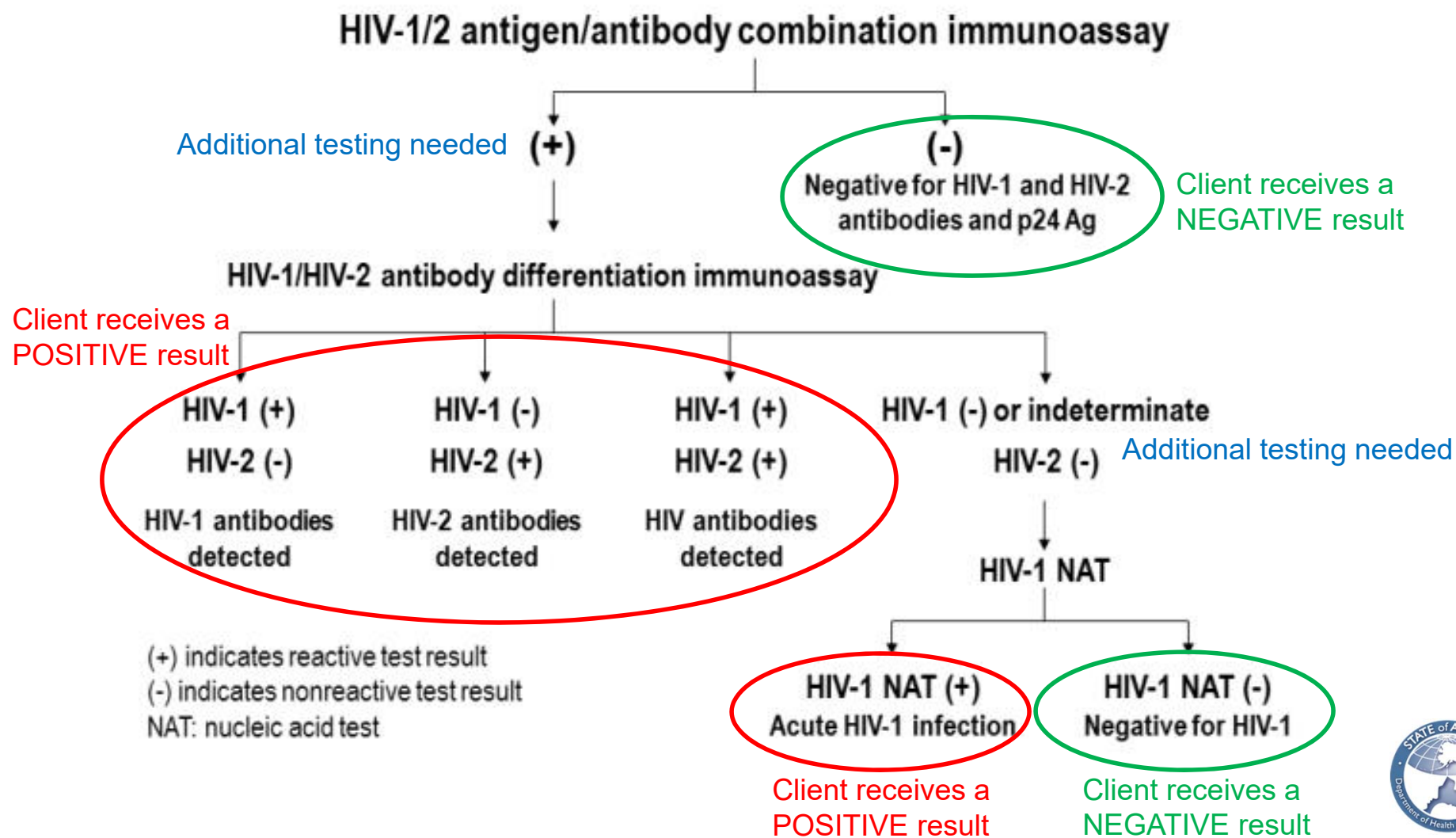
Acute HIV-1 infection

Negative for HIV-1

(+) indicates reactive test result  
(-) indicates nonreactive test result  
NAT: nucleic acid test



# Interpreting the HIV Testing Algorithm





# Interpreting the HIV Testing Algorithm

## Step 1: Screening Test

INFECTIOUS DISEASES			
HIV 1/2 Ag/Ab Combo	Reactive	AB	Non Reactive
Reactive HIV-1/2 Ag/Ab Combo screening samples will reflex to the differentiating confirmatory test.			

## Step 2: Confirmatory Test – Often pending in initial lab report

HIV-1 Confirmatory	in-lab
HIV-2 Confirmatory	in-lab
Confirmatory HIV Comment	in-lab

## Step 2: Confirmatory Test

HIV-1 Confirmatory	Positive	C
HIV-2 Confirmatory	Negative	
Confirmatory HIV Comment	HIV-1 Positive	C

Final Interpretation: Client receives a POSITIVE result

# Interpreting the HIV Testing Algorithm

	Test/Observation	Result	Method
	Human Immunodeficiency Virus		
<b>Step 1: Screening Test</b>	HIV Ag/Ab Combo	REACTIVE	Multiplex Immunoassay
<b>Step 2: Confirmatory Test</b>	HIV Confirmatory Testing	HIV NEGATIVE	GEENIUS
<b>Step 3: Tiebreaker</b>	HIV-1 RNA Result	NOT DETECTED	PCR

Final Interpretation: Client receives a **NEGATIVE** result

# Interpreting the HIV Testing Algorithm

	Test/Observation	Result
Step 1: Screening Test	HIV Ag/Ab Combo	REACTIVE
	HIV Called to:	See comments
	[REDACTED]	
Step 2: Confirmatory Test	HIV Confirmatory Testing	HIV-1 POSITIVE

Final Interpretation: Client receives a POSITIVE result

# HIV Testing Algorithm

Questions about the HIV Testing Algorithm may be sent to:

Sarah Brewster, MSW, MPH (she/her)

HIV Surveillance Coordinator

Telephone: (907) 269-8057

[Sarah.brewster@alaska.gov](mailto:Sarah.brewster@alaska.gov)

# HIV Linkage to Care

- Alaska's Linkage to Care (L2C) program is a free service that works to connect persons living with HIV to medical care and other supportive services
- Any person currently residing in Alaska who meets any one of the criteria outlined below is eligible to receive L2C services:
  - Newly diagnosed with HIV in Alaska
  - Previously diagnosed with HIV and out of HIV medical care
    - Not received a CD4 or viral load test in the preceding 12 months
    - Not attending a HIV care appointment with healthcare provider in the preceding 12 months
  - Previously diagnosed with HIV and new to Alaska
  - Previously diagnosed with HIV and pregnant



# HIV Linkage to Care

- Support may include:
  - Assistance in identifying and connecting with medical providers
  - Assistance in accessing HIV care and treatment
  - Support in connecting with social service organizations
  - Support in connecting with long-term medical case management services
- Other Services:
  - Healthy Women and Babies (HWAB) Program



# HIV Linkage to Care

Linkage to Care referrals may be sent to:

Kayli Helvie, MSW (she/her)  
Linkage to Care Coordinator  
Telephone: (907) 269-3404  
[kayli.helvie@alaska.gov](mailto:kayli.helvie@alaska.gov)



# Ryan White HIV/AIDS Part B Program

-Federal funding to assist low-income individuals living with HIV/AIDS

## Core Medical Services

### **\*Medical case management**

- Outpatient health services
- AIDS Drug Assistance Program treatments
- Oral health care
- Health insurance premiums
- Medical nutrition therapy
- Mental health services
- Substance abuse outpatient treatment
- Home health care
- Hospice services

## Support Services

- Non-medical case management
- Food bank/home-delivered meals
- Housing services
- Medical transportation services
- Emergency financial assistance
- Linguistic services
- Psychosocial support services
- Other professional services
- Health education/risk reduction
- Substance abuse residential treatment
- Respite care
- Rehabilitation services



# AIDS Drug Assistance Program (ADAP)

## Purpose

- Provides access to HIV/AIDS medications for low-income individuals, uninsured or underinsured individuals



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## ADAP eligibility requirements:

1. HIV positive status
2. Alaska resident
3. Income  $\leq$  to 400% of Federal Poverty Level for Alaska
4. ARV prescription from an Alaska provider
5. Be enrolled in case management services through Four A's or IAA

# Alaska's Ryan White Sub-recipients

- Alaskan AIDS Assistance Association
  - Anchorage and Juneau, phone: (907) 263-2050
  - Medical case management and other RW services
  - ADAP: Eligibility and Enrollment
- Interior AIDS Association
  - Fairbanks, phone: (907) 328-4002
  - Medical Case Management and other RW services
- Bernie's Pharmacy
  - ADAP Pharmacy Services

## Patient Navigator services (& RW Part C clinical services)

- Alaska Native Tribal Health
- Anchorage Neighborhood Health Center



# HIV Care

Questions about HIV Care programs may be sent to:

Lisa Davis, MPH (she/her)

HIV Care Coordinator

Telephone: (907) 269-8058

[lisa.davis@alaska.gov](mailto:lisa.davis@alaska.gov)

# Questions?

- HIV/STD Program Main Line: (907) 269-8000
- HIV/STD Program website:  
<http://dhss.alaska.gov/dph/Epi/hivstd/Pages/default.aspx>

Susan Jones, RN, MN (she/her)

HIV/STD Program Manager

(907) 269-8061

[susan.jones@alaska.gov](mailto:susan.jones@alaska.gov)



# TENTATIVE SCHEDULE AT A GLANCE

- May 11th: STI Epidemiology, Screening, Treating: Syphilis
- June 8th: STI Epidemiology, Screening, Treating, Expedited Partner Therapy: Chlamydia/Gonorrhea
- July 13th: How to take an accurate sexual history
- August 10th: PEP-Post Exposure Prophylaxis
- September 14th: STI prevention programs, initiatives, harm reduction resources
- October 12th: Trauma Informed Care
- November 9th: Stigma with patient perspective
- December 14th: HCV Epidemiology, Alaska Elimination Plan

# ADDITIONAL LEARNING OPPORTUNITIES

- ANTHC Liver Disease ECHO
  - The 3<sup>rd</sup> Thursday of every month from 12:00-1:00PM Alaska Standard Time
  - 1CE/CME offered per session
  - [anthc.org/project-echo/alaska-liver-disease-echo](http://anthc.org/project-echo/alaska-liver-disease-echo)
- ANTHC LiverConnect
  - Second Tuesday of every month 8:00-9:00AM Alaska Standard Time
  - Didactic topics on liver related disease with 1CE/CME offered
  - [anthc.org/what-we-do/clinical-and-research-services/hep/liverconnect/](http://anthc.org/what-we-do/clinical-and-research-services/hep/liverconnect/)





# AK ID ECHO: HCV-HIV-PrEP-STIs

## Team Contacts

- Leah Besh PA-C Program Director
  - [labesh@anthc.org](mailto:labesh@anthc.org)
- Jeni Williamson Program Coordinator
  - [jjwilliamson@anthc.org](mailto:jjwilliamson@anthc.org)
- Lisa Rea RN Case Manager
  - [Idrea@anthc.org](mailto:Idrea@anthc.org)
- ANTHC Liver Disease and Hepatitis Program: 907-729-1560
- ANTHC Early Intervention Services/HIV Program: 907-729-2907
- Northwest Portland Area Indian Health Board
  - David Stephens: Director Indian Country ECHO [dstephens@npaihb.org](mailto:dstephens@npaihb.org)
  - Jessica Leston: Clinical Programs Director [jleston@npaihb.org](mailto:jleston@npaihb.org)



THANK YOU!

