

Alaska ID ECHO: HCV-HIV-PrEP-STIs



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



NPAIHB

Indian Leadership for Indian Health

July 12, 2022

This program is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided from the HHS Secretary's Minority HIV/AIDS Fund.

Welcome to Alaska Infectious Disease ECHO: HCV, HIV, PrEP, STIs

Approved Provider Statements:



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Contact Hours:

ANMC designates this activity for a maximum of 12 contact hours, including 3 total pharmacotherapeutics contact hours, commensurate with participation.

Financial 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 or (907) 729-1387



ALASKA NATIVE
MEDICAL CENTER



WELCOME

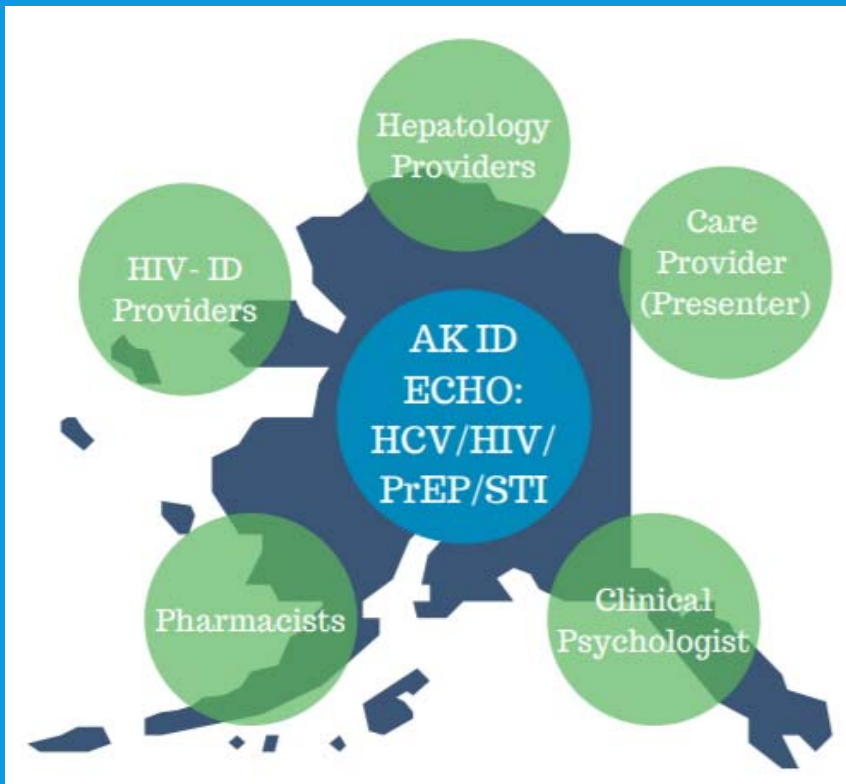
- Where are you joining from today?
- The recording of the didactic presentation will be available at, www.anthc.org/ak-id-echo with the presentation slides.
- Questions will be saved until the end of the didactic presentation. Feel free to put your questions in the chat for the Q&A.

Thank you for participating!



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AK ID ECHO: 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
- 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

REPORTING REQUIREMENTS FOR PROVIDERS IN ALASKA AND THE PUBLIC HEALTH RESPONSE FROM HIV/STD

Nathan Wormington
STD Program Coordinator/DIS 2
Department of Health
Section of Epidemiology
HIV/STD Program



Training Information & Objectives

Audience: Healthcare providers, non-clinical staff at health care facilities, laboratory staff

Length: approx. 20-30 minutes

Training Objectives: Upon completion of this training, viewers will:

1. Understand state statutes and regulations around reporting of communicable diseases, particularly sexually transmitted diseases (STDs) and human immunodeficiency virus (HIV)
2. Appropriately report required infectious diseases to the Alaska Section of Epidemiology (SOE), including treatment information, pregnancy status, and demographics
3. Understand the public health response generated by reported conditions



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

Reportable conditions include:

- ☐ Birth defects
- ☐ Blood lead $\geq 10 \mu\text{g/dl}$
- ☐ Cancer
- ☐ Certain infectious diseases
- ☐ Disease due to occupational exposure
- ☐ Firearm injuries

<https://health.alaska.gov/dph/Epi/Pages/pubs/conditions/default.aspx>



Reportable Sexually Transmitted Diseases

- 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 as rapidly as possible, but no later than 2 working days after the condition is first diagnosed/suspected
- 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)] without the need for a Release of Information (ROI)
- 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 signs and symptoms, demographics, pregnancy status, and 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

Healthcare providers can report to SOE by completing an HIV/STD Disease Report Form, available online at:

<http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmSTD.pdf>

The completed form can be sent via confidential fax (preferred) to:

(907) 561-4239

Cases can also be reported by phone (if necessary) during business hours by calling the below number and requesting to speak to someone in HIV/STD Surveillance:

(907)269-8000

Or as a last resort by mail to:

Section of Epidemiology

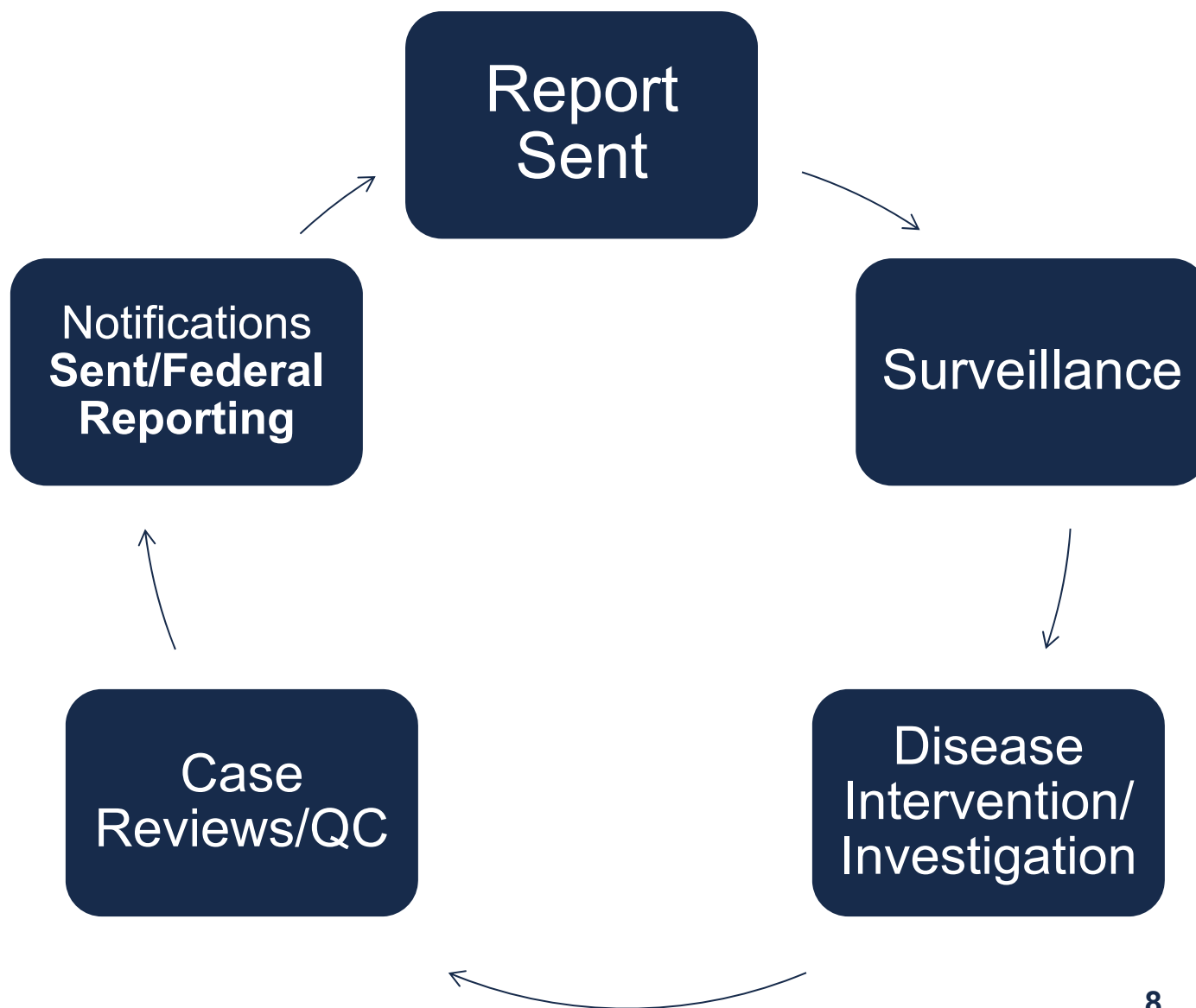
Attn: HIV/STD Program

3601 C St, Suite 540

Anchorage, AK 99503



So, I Submitted My Report, What Now?



Questions?

For additional information or general questions regarding reporting, please contact:

Section of Epidemiology main line at (907)269-8000

For case specific questions or general STI questions, please contact our Disease Intervention Specialists (DIS):	
Mahelet Amare (907)269-8055	Sarah Brewster (907)269-8057
TJ Hernandez (907)269-8081	Cacelia McBeth (907)269-8003
Derek Monroe (907)269-8059	Ade Elisha Regional DIS: Juneau Public Health Center
Cindy Williams Regional DIS: Kenai Public Health Center	Sonny Fabiano Regional DIS: Southcentral Foundation



Thank you!

Nathan Wormington
STD Program Coordinator/DIS 2
SOA, DOH, SOE, HIV/STD
nathan.wormington@alaska.gov
(907)269-8087



What questions do you have?

Please share questions in the chat or unmute yourself.



The following nine slides were referenced during the patient case review.

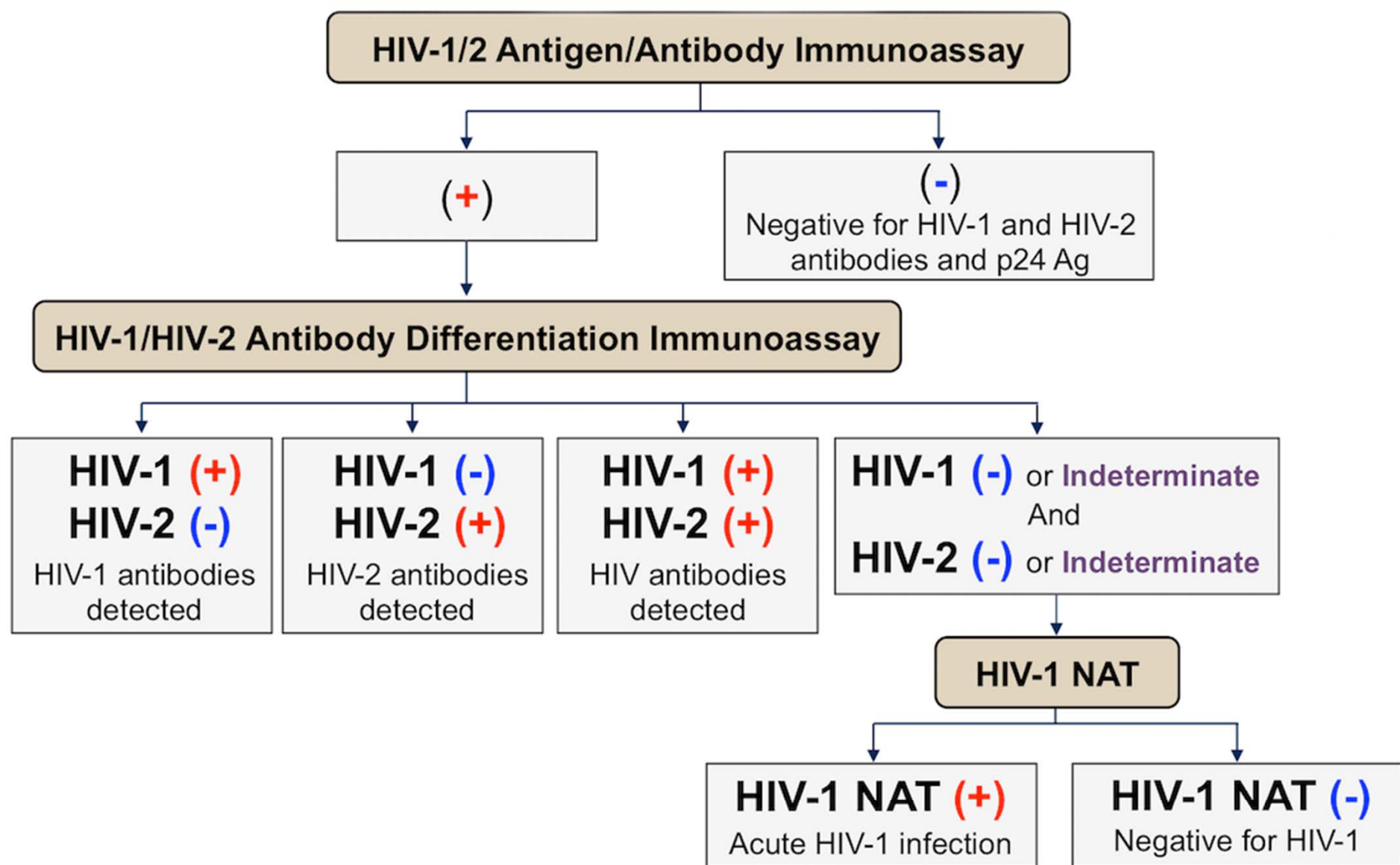


Figure 10 - CDC and APHL Recommended Laboratory Testing for the Diagnosis of HIV Infection

This graphic shows the HIV testing algorithm as recommended in 2014 and 2018 by the Centers for Disease Control and Prevention (CDC) and Association of Public Health Laboratories (APHL).

Centers for Disease Control and Prevention and Association of Public Health Laboratories. Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations. Published June 27, 2014.

Centers for Disease Control and Prevention and Association of Public Health Laboratories. 2018 Quick reference guide: Recommended laboratory HIV testing algorithm for serum or plasma specimens. Published January 27, 2018.

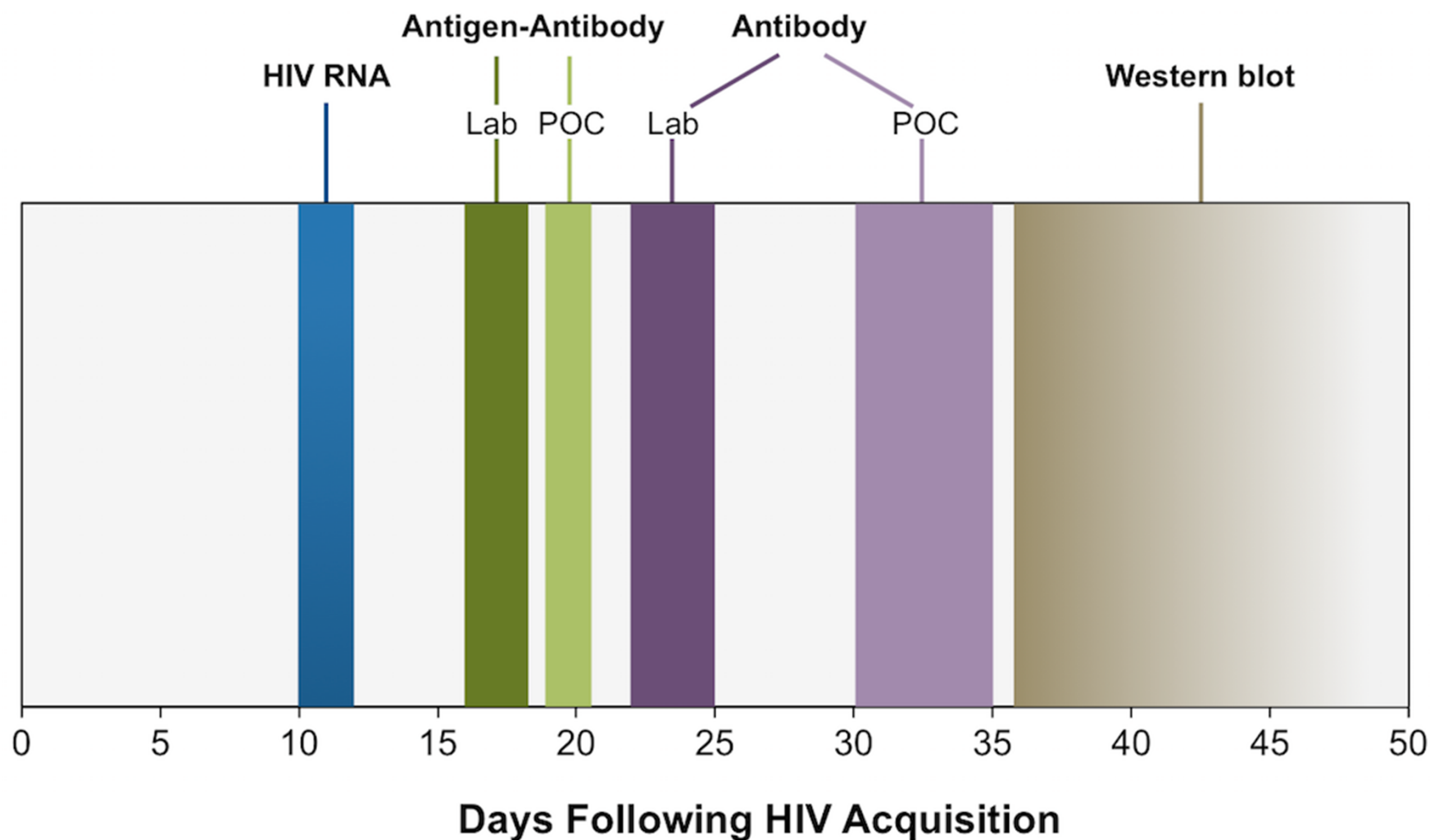


Figure 2 - Timing of Positivity for HIV Diagnostic Tests

This graphic shows estimates for the mean number of days for HIV diagnostic tests to become positive after acquisition of HIV.

Abbreviation: POC = point-of-care

Source: modified from Centers for Disease Control and Prevention and Association of Public Health Laboratories. Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations. Published June 27, 2014.

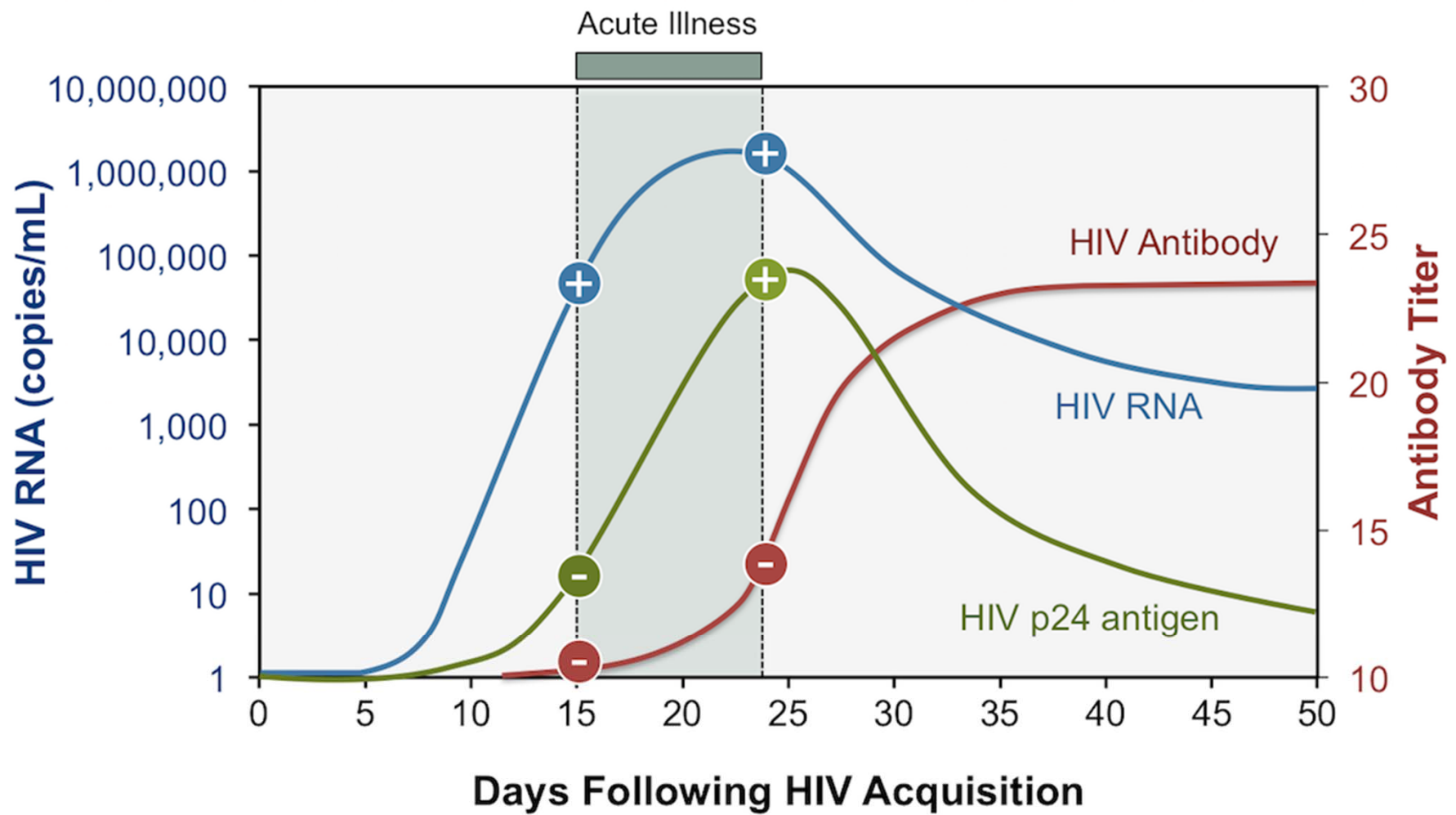
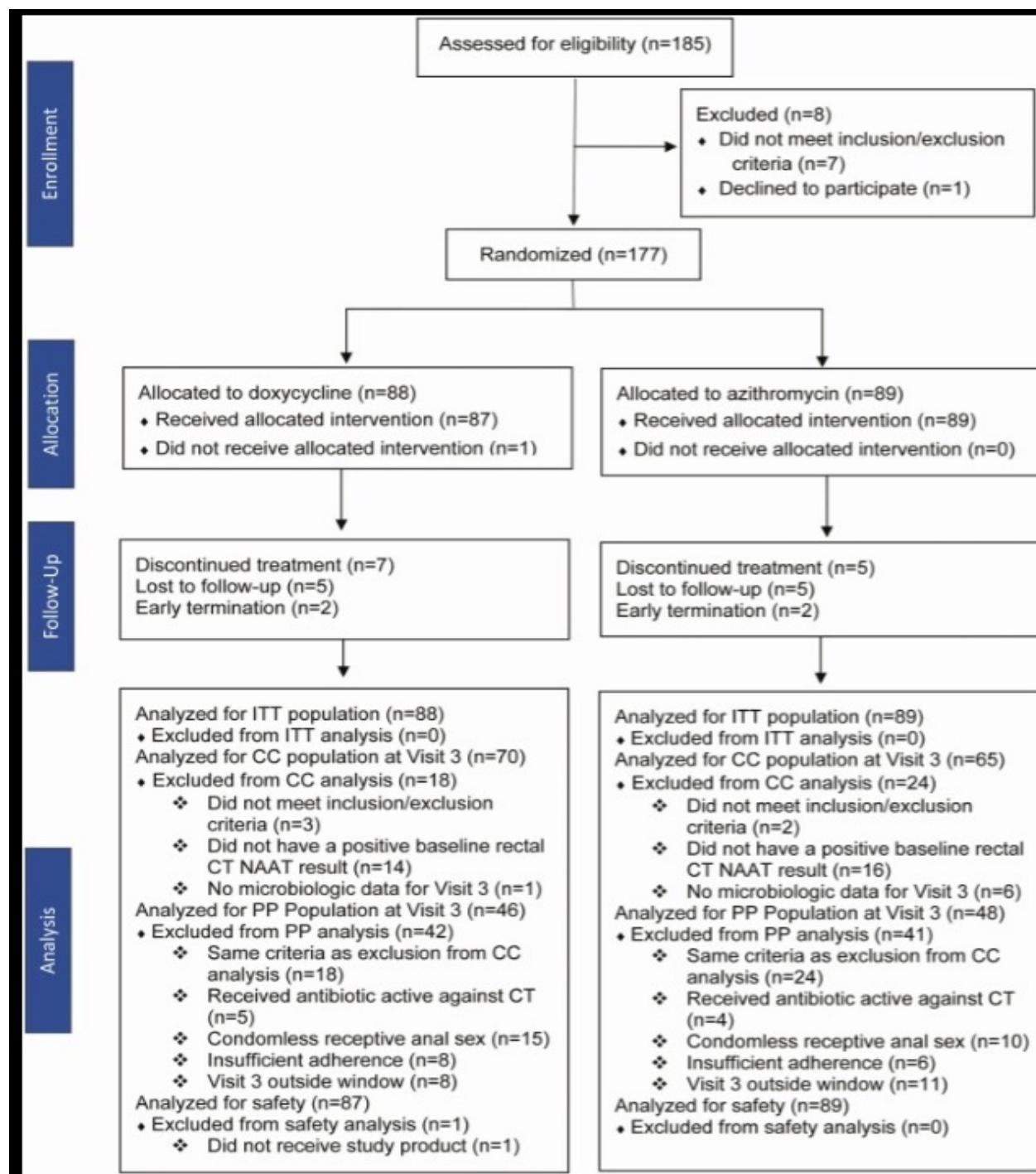


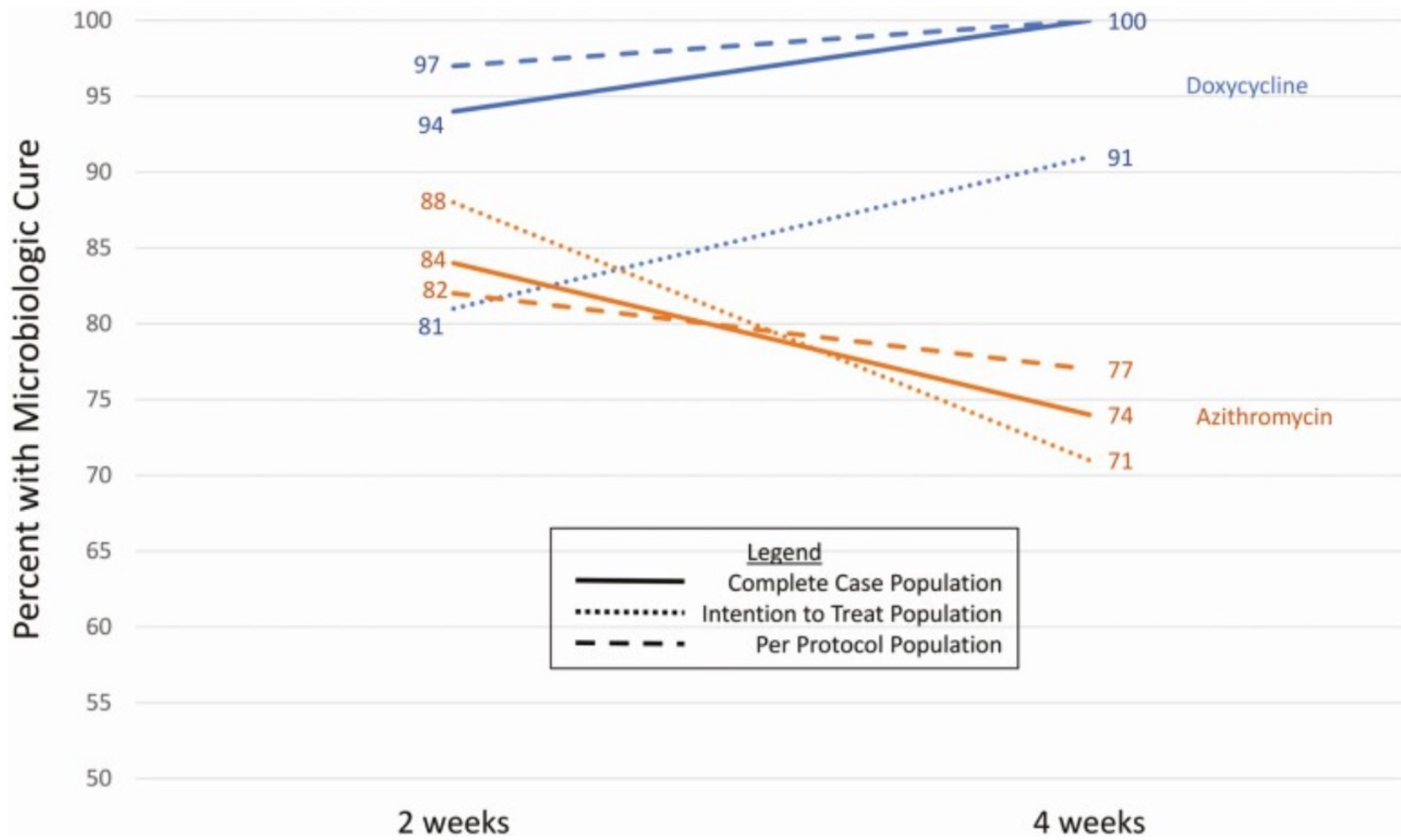
Figure 15 - Diagnostic Test Performance in Persons with Acute HIV

With acute HIV, the typical pattern is a positive HIV RNA, positive HIV p24 antigen, and negative anti-HIV antibodies. Note that with very early acute HIV, the p24 antigen test may be negative.

Illustration: David H. Spach, MD

Dombrowski JC, Wierzbicki MR, Newman LM, Powell JA, Miller A, Dithmer D, Soge OO, Mayer KH. *Doxycycline Versus Azithromycin for the Treatment of Rectal Chlamydia in Men Who Have Sex With Men: A Randomized Controlled Trial*. Clin Infect Dis. 2021 Sep 7;73(5):824-831. doi: 10.1093/cid/ciab153. PMID: 33606009; PMCID: PMC8571563.





Study Design: Rectal Treatment Study

- **Background:** Multicenter, randomized, double-blind study in Australia comparing azithromycin to doxycycline in men with asymptomatic rectal chlamydial infection.
- **Inclusion Criteria (n = 625)**
 - Males age ≥ 16 years
 - Report sex with males in prior 12 months
 - Positive screening rectal chlamydial NAAT
 - Excluded if rectal symptoms present
- **Regimens (Oral)**
 - Azithromycin: 1 gram single dose
 - Doxycycline: 100 mg twice daily x 7 days
- **Outcomes**
 - Microbiologic cure by NAAT at 4 weeks

Azithromycin (oral)
1 gram single dose
(n = 311)

Doxycycline (oral)
100 mg bid x 7 days
(n = 314)

Figure 10 (Image Series) - Azithromycin versus Doxycycline in Asymptomatic Rectal Chlamydial Infections in Men who have Sex with Men
A. Study Design-

Source: Lau A, Kong FYS, Fairley CK, et al. Azithromycin or doxycycline for asymptomatic rectal *Chlamydia trachomatis*. N Engl J Med. 2021;384:2418-27.

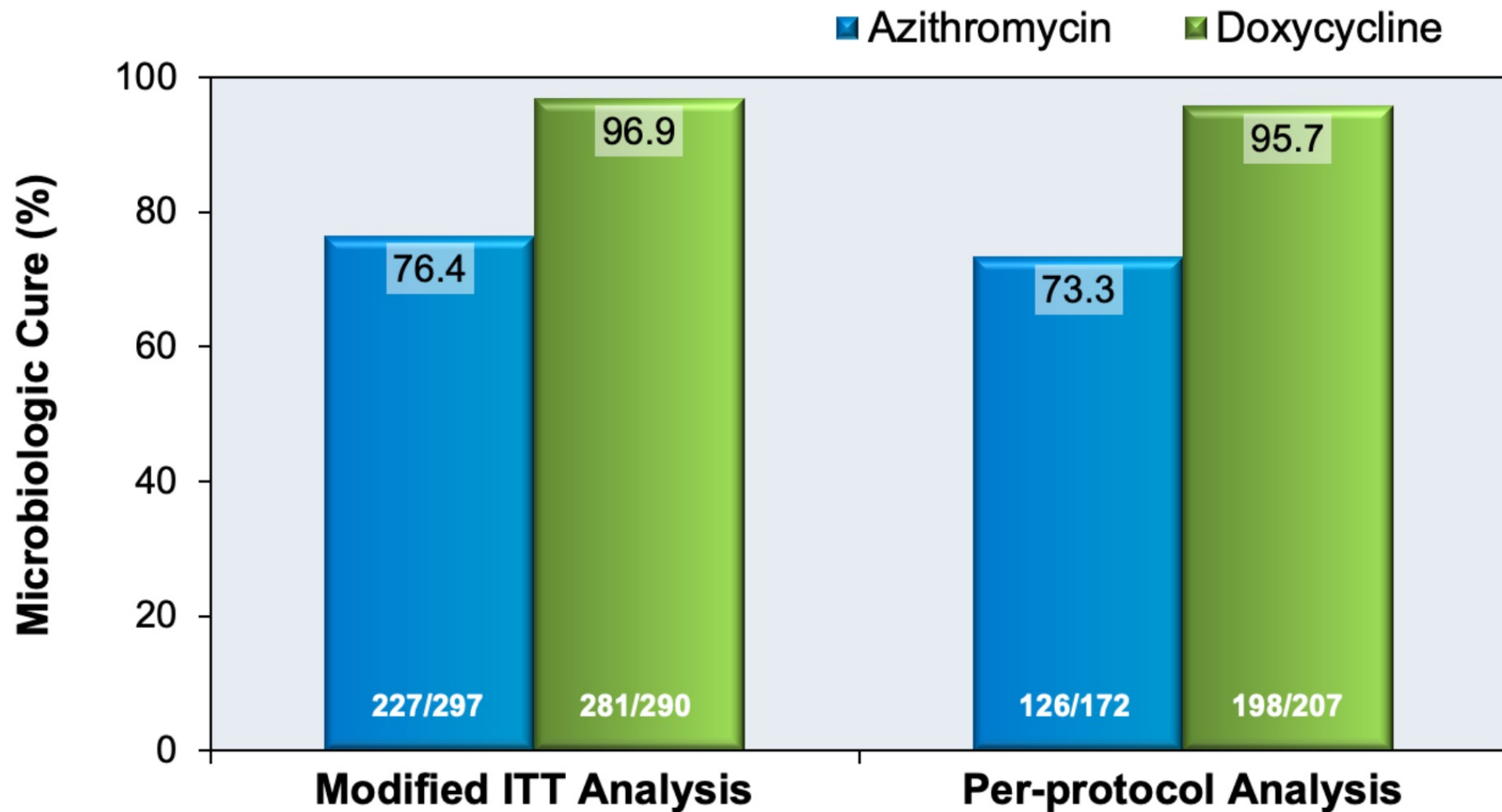


Figure 10 (Image Series) - Azithromycin versus Doxycycline in Asymptomatic Rectal Chlamydial Infections in Men who have Sex with Men

B. Results: Microbiologic Cure at 4 Weeks

Abbreviations: ITT = intent-to-treat

Source: Lau A, Kong FYS, Fairley CK, et al. Azithromycin or doxycycline for asymptomatic rectal *Chlamydia trachomatis*. N Engl J Med. 2021;384:2418-27.

10A

10B

Study Design: FEMCure

- **Background:** Multicenter, observational study comparing azithromycin to doxycycline in women with uncomplicated rectal and vaginal chlamydial infection.
- **Inclusion Criteria (n = 416 analyzed)**
 - Rectal and vaginal (n = 319)
 - Vaginal only (n = 75)
 - Rectal only (n = 22)
- **Regimens**
 - Doxycycline for rectal CT+
 - Azithromycin for vaginal CT+, rectal (-), and rectal untested
- **Outcomes**
 - Microbiologic cure by NAAT at 4 weeks

Azithromycin (oral)
1 gram single dose

Doxycycline (oral)
100 mg bid x 7 days

Figure 11 (Image Series) - Azithromycin versus Doxycycline in Uncomplicated Rectal and Vaginal Chlamydial Infections in Women (FEMCure)
A. Study Design-

Source: Dukers-Muijters NHTM, Wolffs PFG, De Vries H, et al. Treatment effectiveness of azithromycin and doxycycline in uncomplicated rectal and vaginal *Chlamydia trachomatis* infections in women: a multicenter observational study (FemCure). Clin Infect Dis. 2019;69:1946-54.

11A

11B

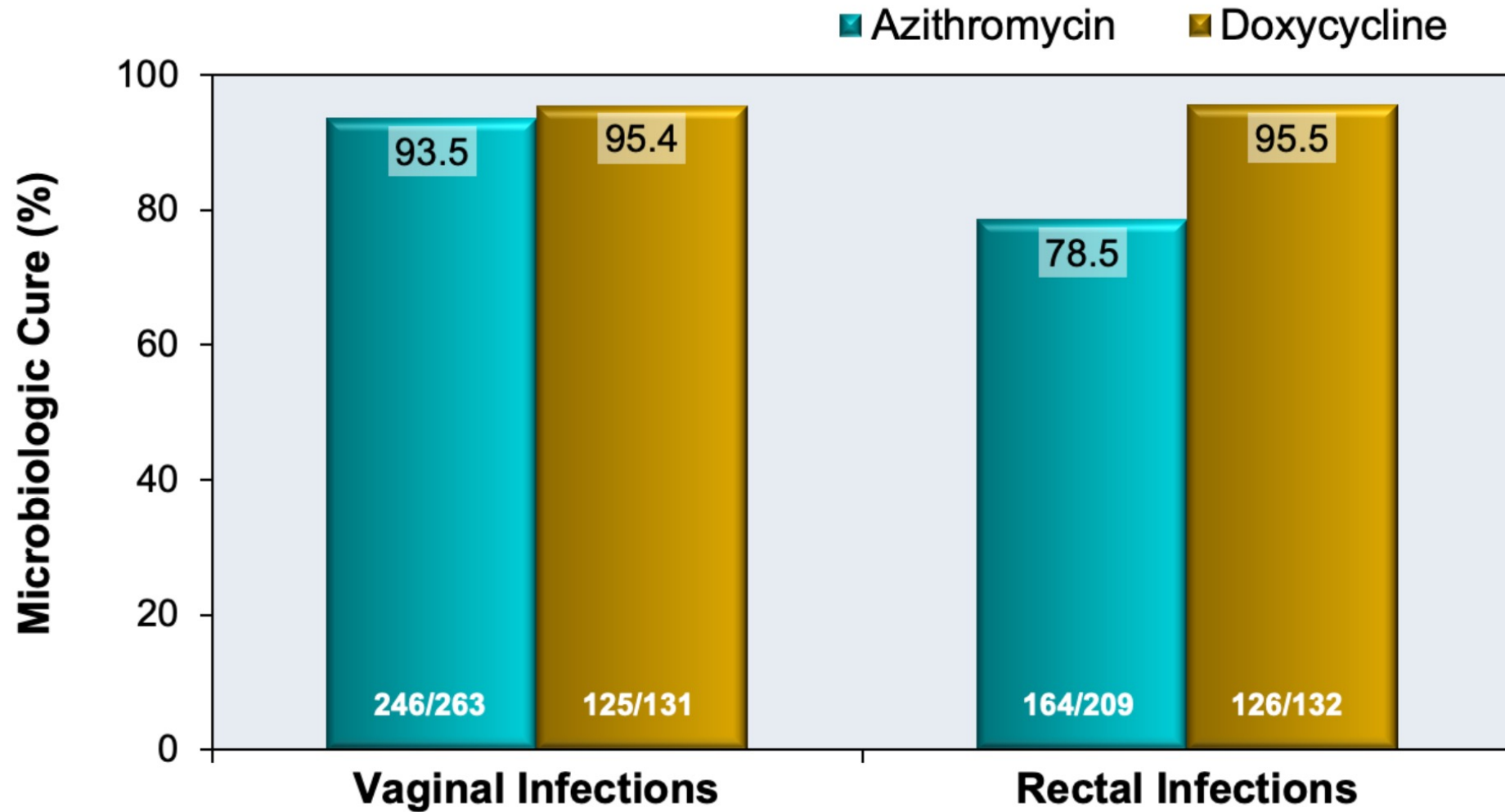


Figure 11 (Image Series) - Azithromycin versus Doxycycline in Uncomplicated Rectal and Vaginal Chlamydial Infections in Women (FEMCure)

B. Results: Microbiologic Cure at 4 Weeks

Abbreviations: CT+ = *Chlamydia trachomatis*-positive

Source: Dukers-Muijrers NHTM, Wolffs PFG, De Vries H, et al. Treatment effectiveness of azithromycin and doxycycline in uncomplicated rectal and vaginal *Chlamydia trachomatis* infections in women: a multicenter observational study (FemCure). Clin Infect Dis. 2019;69:1946-54.

11A

11B

AK ID ECHO DIDACTIC TOPICS FOR 2022

- August 9: HCV Reinfection vs Treatment Failure
- September 13: Hepatitis B Screening and Lab Interpretation
- October 11: Drug Interaction Considerations with Gender Affirming Hormone Therapy
- November 8: STI EPI Update
- December 13: HIV Update



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ADDITIONAL LEARNING OPPORTUNITIES

Alaska Liver Disease ECHO

- Third Thursday of every month from 12:00-1:00 PM
- July 21: PBC/Overlap

www.anthc.org/project-echo/alaska-liver-disease-echo

LiverConnect

- Second Tuesday of every month 8:00-9:00 AM
- August 9: Management of Complications of Cirrhosis

www.anthc.org/hep/liverconnect



ADDITIONAL LEARNING OPPORTUNITIES

Addiction Medicine ECHO

- Second and fourth Thursday of every month from 12:00-1:00 PM
- July 14: Building a Therapeutic Relationship

www.anthc.org/project-echo/addiction-medicine-echo

Indian Country ECHO Programs

- Harm Reduction, Infectious Disease, and more!

www.indiancountryecho.org/teleecho-programs



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AK ID ECHO Contacts

ANTHC Staff

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- Jennifer Williamson, Program Coordinator:
907-729-4596 or jjwilliamson@anthc.org
- Lisa Rea RN, Case Manager: ldrea@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
- Jessica Leston: Clinical Programs Director: jleston@npaihb.org



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