

# WELCOME

## Addiction Medicine ECHO Clinic



The session will begin promptly at 12 pm.



Please mute the audio on your device.



Sessions take place Thursday on the 2<sup>nd</sup> and 4<sup>th</sup> week of the month.



Please connect your camera.

Need technical assistance? Call [907.729.2622](tel:907.729.2622) or text your phone number into the chat.



ALASKA NATIVE  
MEDICAL CENTER



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CONSORTIUM



Foundation for  
Opioid Response Efforts

# Recording

We will record the **didactic portion** of every session. After the session, the didactic portion of this clinic will be available on the ANTHC Addiction Medicine ECHO page.

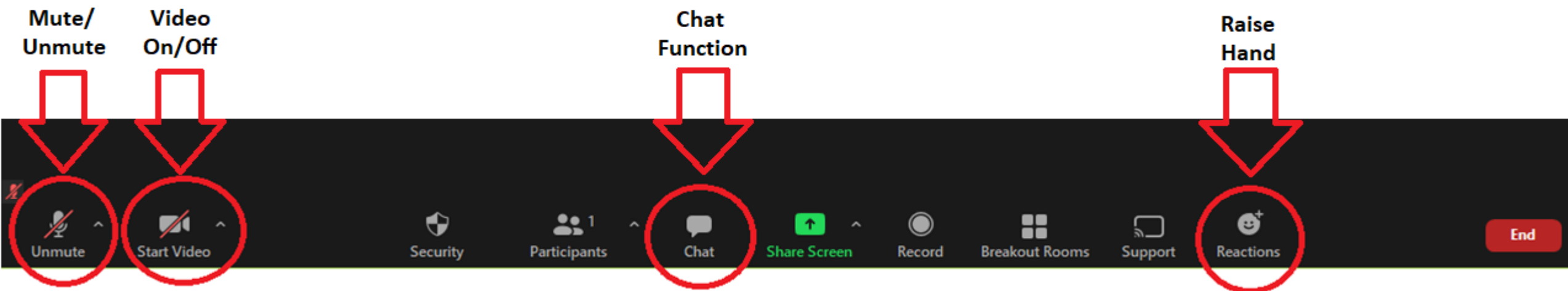
**By participating in this clinic you are consenting to be recorded.**

If you do not wish to be recorded, please email [behavioralhealth@anthc.org](mailto:behavioralhealth@anthc.org) at least one week prior to the ECHO Clinic you plan to attend.

# Some Helpful Tips

- ▶ Please mute microphone when not speaking
- ▶ Use chat function
- ▶ Position webcam effectively
- ▶ Test both audio & video

**Need technical assistance?** Use the chat function or call 907-317-5209



# ANTHC Clinical ECHO Series

## Approved Provider Statements:



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 25 contact hours, including 12 total pharmacotherapeutics contact hours, commensurate with participation.

## Financial Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Approved for 1 CHAP CE

## Conflict of Interest Disclosures:

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## Requirements for Successful Completion:

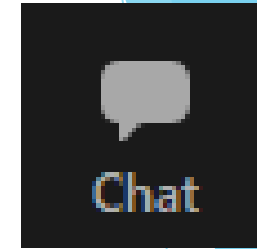
To receive CE credit be sure you are included in attendance record as directed by the facilitator/session moderator, and complete the course evaluation or post session survey via this link: <https://forms.gle/QhwCeGTf4zLNwpBX7>


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


# Introductions


## Addiction Medicine ECHO

- Please introduce yourself in the chat :
  - Name
  - Location
  - Profession/Credentials
  - *Note:* The chat will be saved as our attendance record for continuing education credits.



 Chat

To: Everyone 



Name, Location, Credentials: Jane Doe, MD, ANTHC|

# HIV 101

## ANTHC Addiction Medicine ECHO

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Alaska Native Tribal Health Consortium

Alaska AETC

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907-729-2907

*This presentation is intended for educational use only, and does not in any way constitute medical consultation or advice related to any specific patient.*



# Acknowledgment

The Mountain West AIDS Education and Training (MWAETC) program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,803,298 with 0% financed with non-governmental sources.

The content in this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



# Disclosures

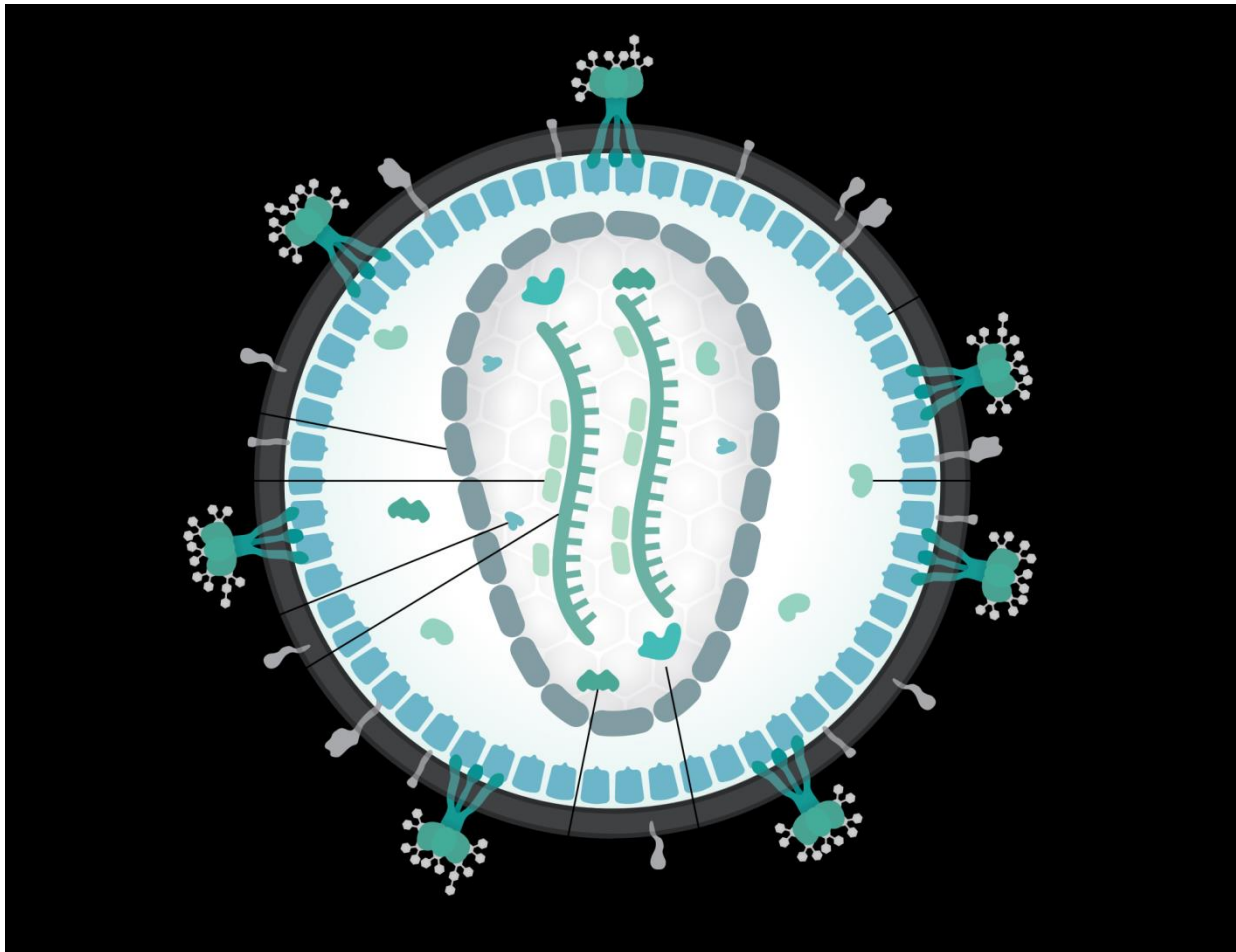
- I have no conflicts of interest to disclose



# Objectives

- 1. Participants will understand the risk of HIV transmission with substance use
- 2. Participants will recognize strategies to prevent HIV with patients experiencing substance use disorders
- 3. Participants will gain knowledge of HIV testing, care, and treatment options

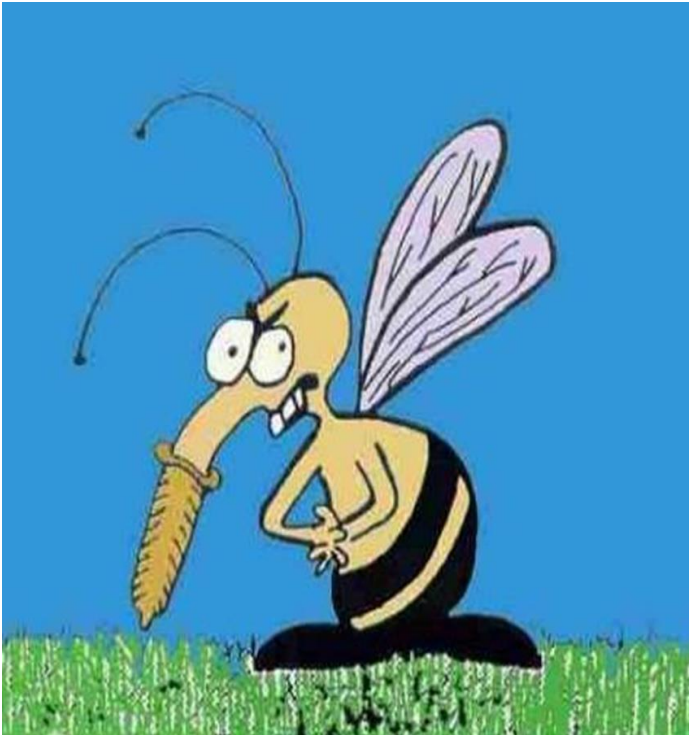
# Human Immunodeficiency VIRUS



# HIV Transmission Risk

High risk for HIV infection	Some risk for HIV infection	Low risk for HIV infection
Condomless receptive or penetrative Sex (anal or vaginal)	Condomless oral sex	Oral sex with condom
Being born to an HIV+ mom not on meds (25%)	Protected receptive or penetrative sex (anal or vaginal)	Deep kissing (French kissing)
Sharing an IV needle or other works		Being born to HIV+ mom on meds (virally suppressed)
Being breast fed from a HIV+ mom not on meds (12%)		Touching blood from another person (with intact skin)
<b>Being infected with other STI (gonorrhea, chlamydia, etc)</b>		Blood transfusion after 1985

# Can mosquitos transmit HIV? **NO**



## **No Evidence of HIV Transmission from:**

- Hugging
- Kissing
- Sitting on Toilet Seat
- Living in Same House
- Sharing cooking or eating utensils
- **Mosquitos**

# Standard Precautions

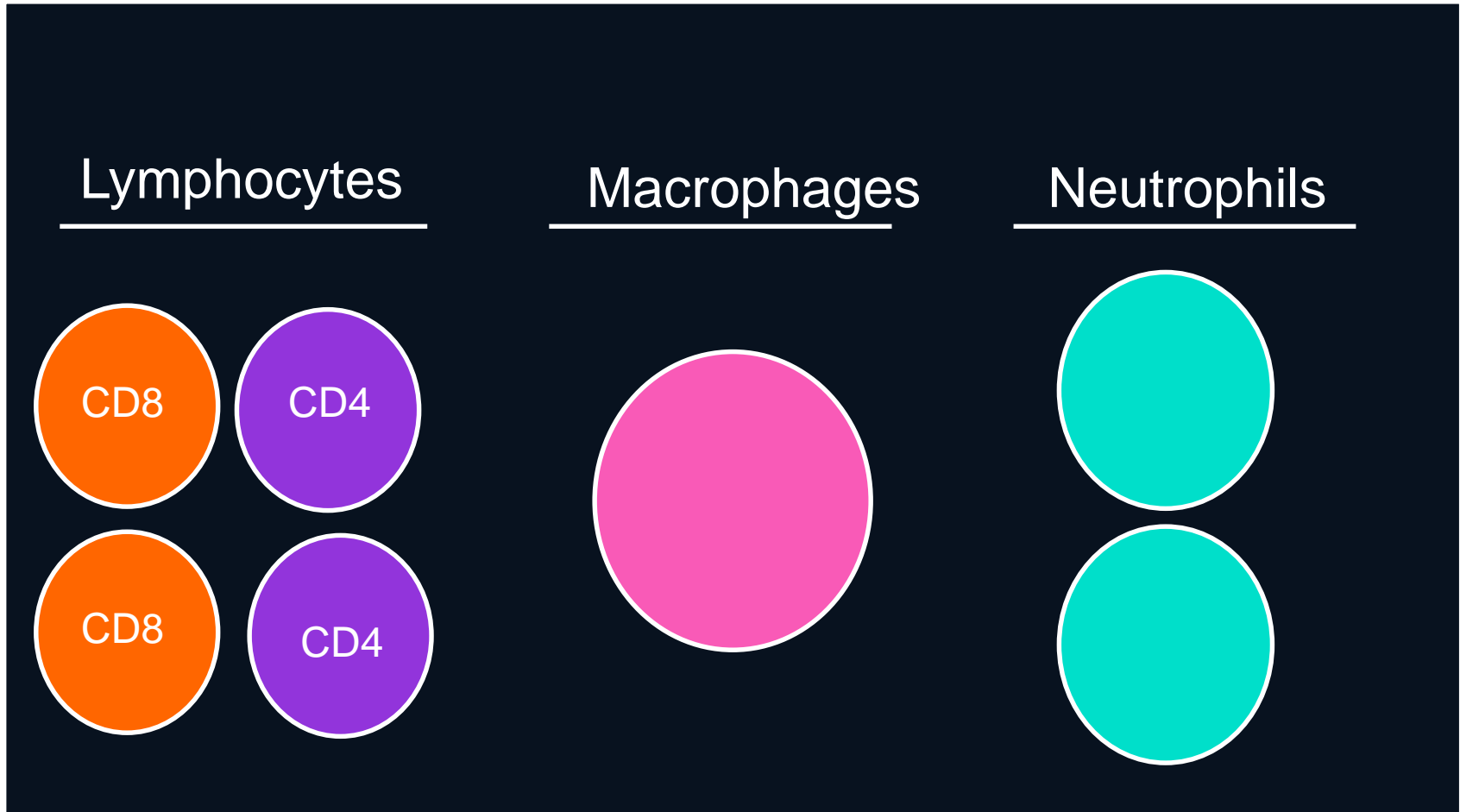
- Use standard precautions with all patients
- Use common sense
- Wear gloves

## **When there is high risk of body fluid exposure, eg trauma**

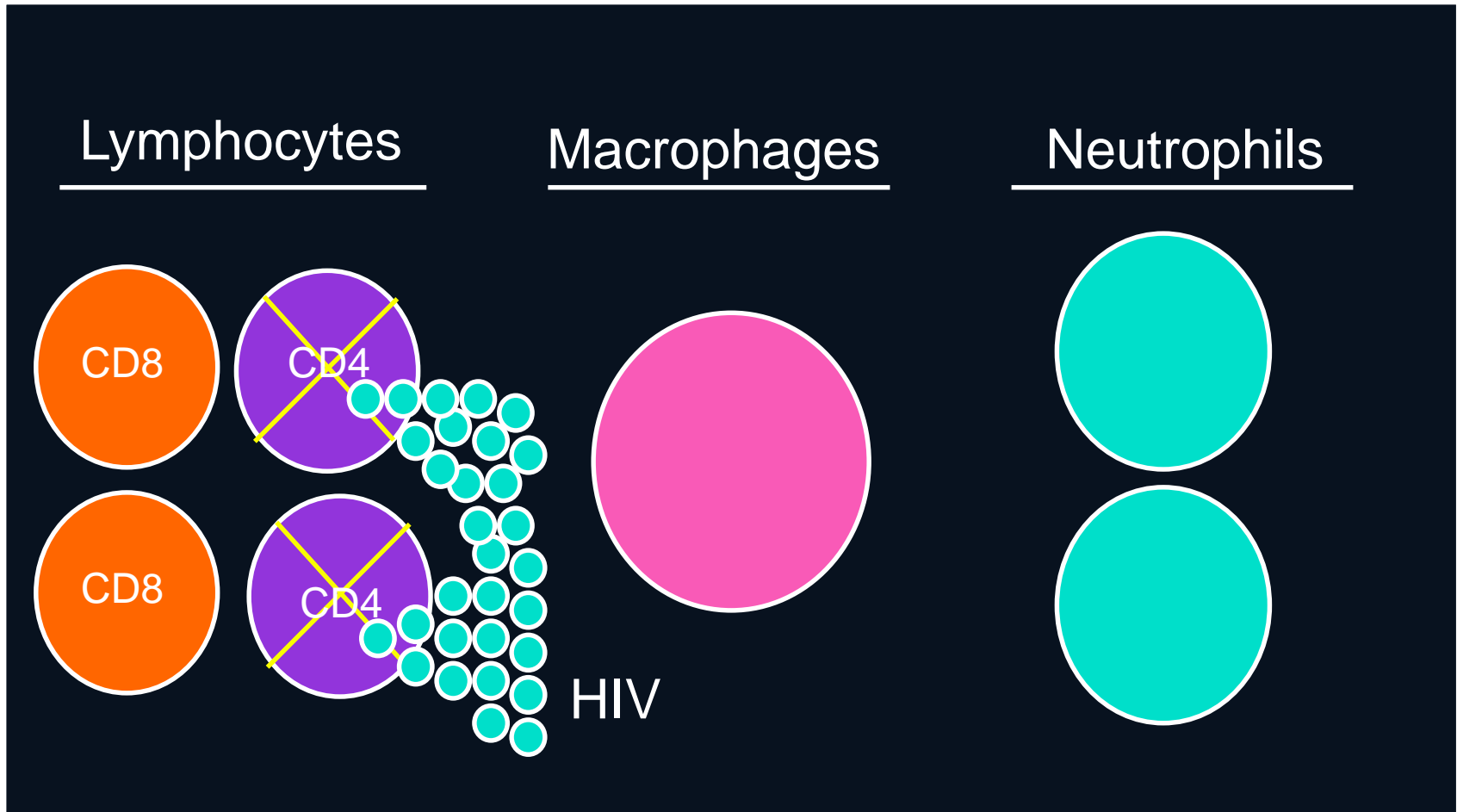
- Wear a mask
- Wear a gown
- Wear a face shield



# The Immune System: White Blood Cells

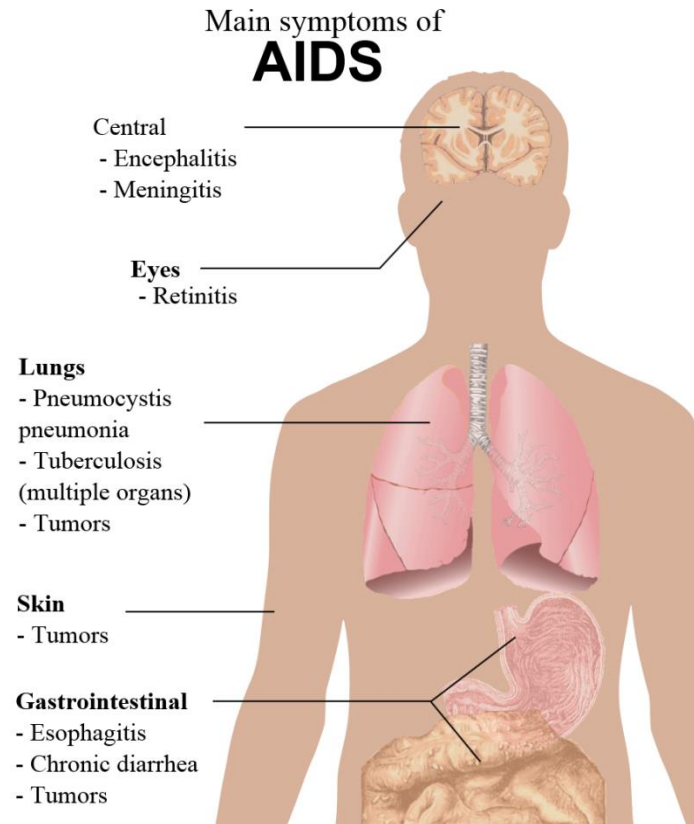


# HIV: Attacking the Immune System

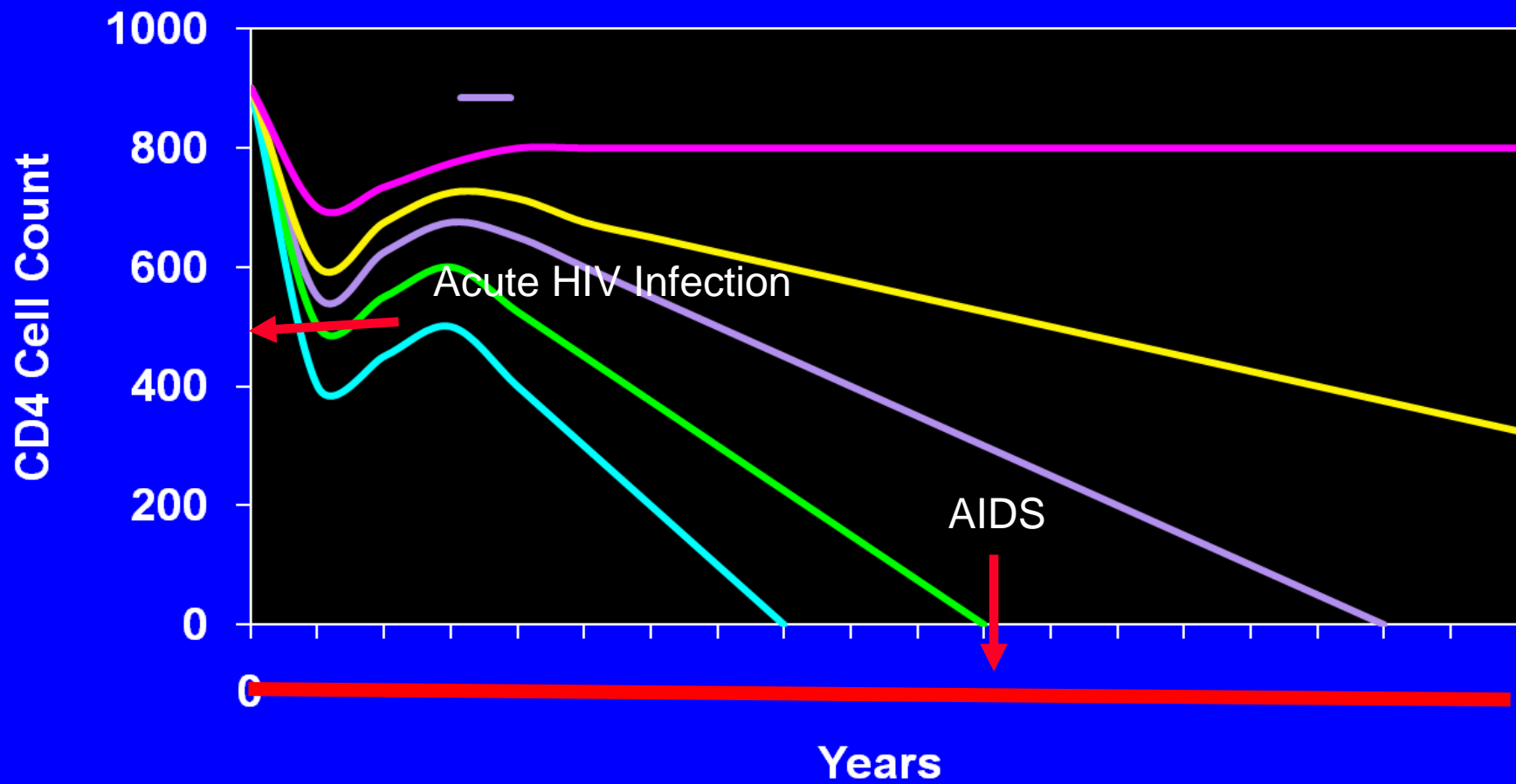


# What is AIDS ?

## Acquired Immune Deficiency Syndrome

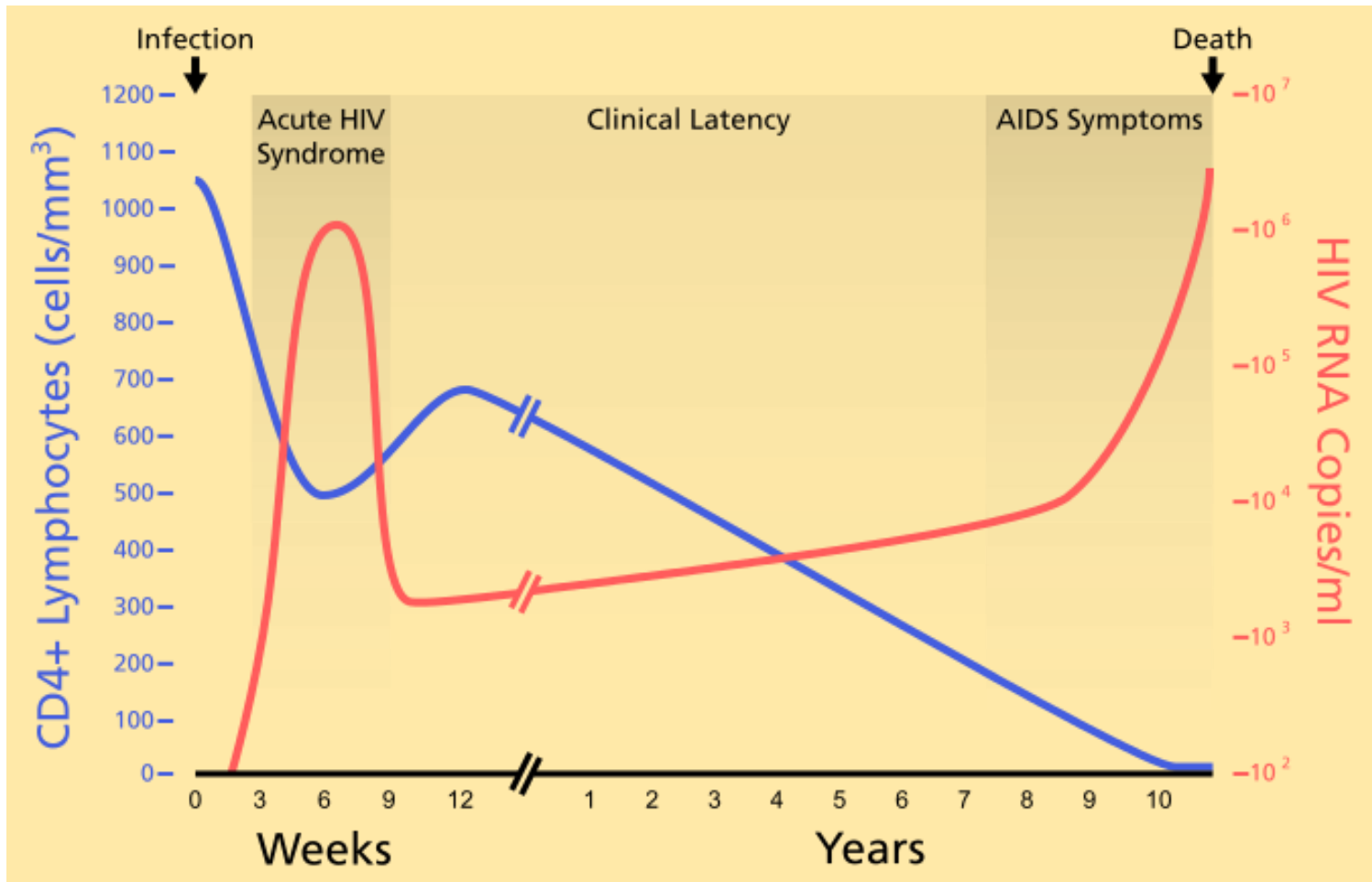






Year 1

# Natural History of HIV Infection



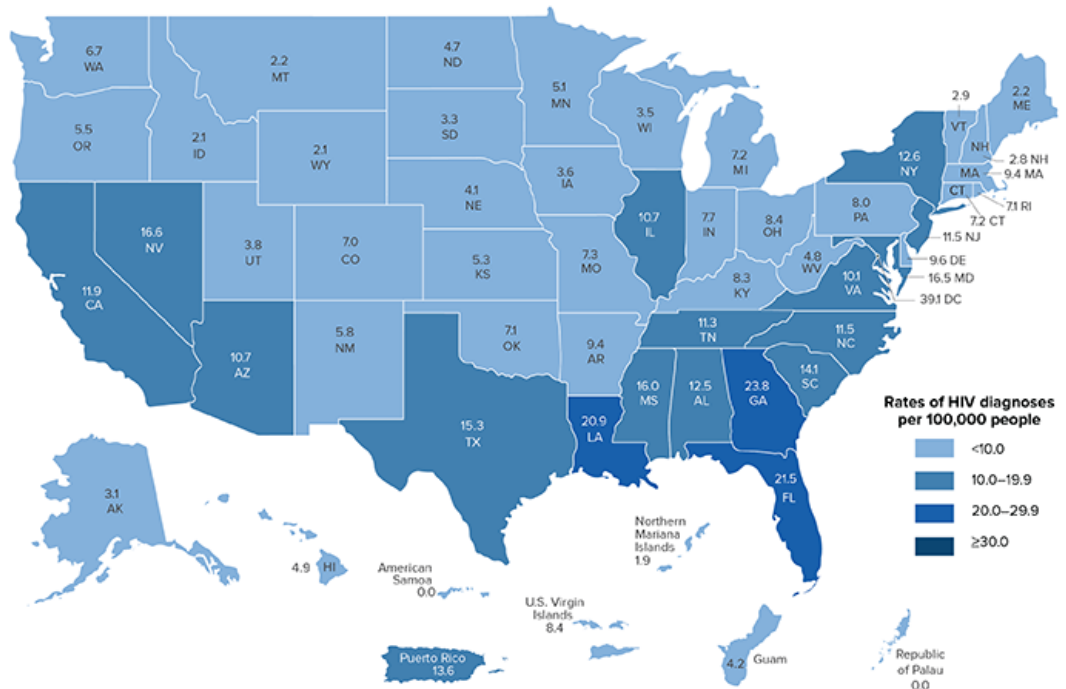
Graph of HIV levels and decline in T cells during progression of HIV/AIDS.

[https://en.wikipedia.org/wiki/Portal:Viruses/Selected\\_article#/media/File:HIV-timecourse\\_simple.svg](https://en.wikipedia.org/wiki/Portal:Viruses/Selected_article#/media/File:HIV-timecourse_simple.svg)

# 1.2 million PLWH in US 2019

## Rates of New HIV Diagnoses in the US and Dependent Areas, 2018

The highest rates of  
new HIV diagnoses were  
mainly in the South.



Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018. *HIV Surveillance Report* 2020;31.

# HIV and Substance Use

## PWID With HIV in the 50 States and District of Columbia, 2018



At the end of 2018, an estimated **1.2 MILLION PEOPLE** had HIV. Of those, 186,500 were among people with HIV attributed to injection drug use.\*

**9 in 10**  
PWID knew they had the virus.

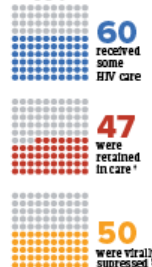


It is important for PWID to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many years and have effectively no risk of transmitting HIV to their sex partners.

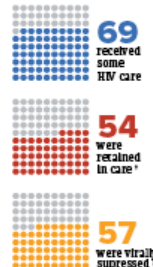
Keeping an undetectable viral load also likely reduces the risk of transmitting HIV through shared needles, syringes, or other drug injection equipment, though we don't know by how much.

Compared to all people with HIV, male PWID have lower viral suppression rates, female PWID have about the same viral suppression rates, and gay and bisexual male PWID have higher viral suppression rates. More work is needed to increase these rates.

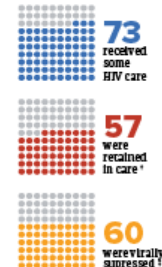
For every 100 male PWID with HIV:  
(not including gay and bisexual men)



For every 100 female PWID with HIV:



For every 100 gay and bisexual male PWID with HIV:



For comparison, for every **100 people overall** with HIV, **65 received some care**, **50 were retained in care**, and **56 were virally suppressed**.

\* Includes infections attributed to male-to-male sexual contact and injection drug use (men who reported both risk factors).

<sup>†</sup> Had 2 viral load or CD4 tests at least 3 months apart in a year.

<sup>‡</sup> Based on most recent viral load test.

Source: CDC. Estimated HIV incidence and prevalence in the United States 2014–2018. *HIV Surveillance Supplemental Report* 2020;25(1).

Source: CDC. Selected national HIV prevention and care outcomes (slides).

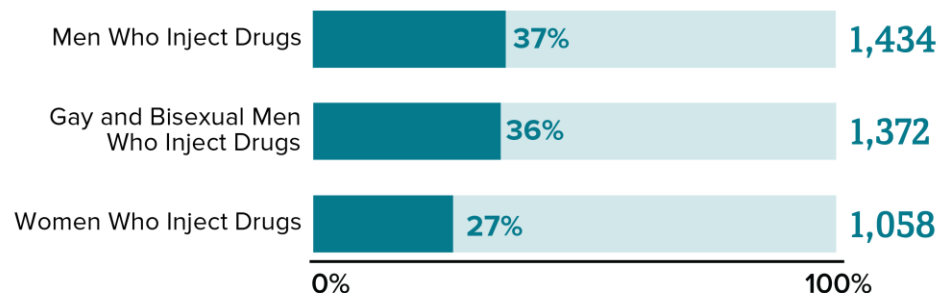
# HIV and Substance Use

- Sharing syringes/needles and/or drug injection equipment is a risk for HIV transmission
  - Sharing is more common with younger populations
- 53% of PWID reported using Syringe Service Programs
- Medication Assisted Treatment can reduce HIV risk
- 55% of PWID were tested for HIV in the past 12 months

# HIV and Substance Use

## New HIV Diagnoses Among People Who Inject Drugs in the US and Dependent Areas by Sex, 2018\*

Among people who inject drugs, most new HIV diagnoses were among men.



\* Based on sex assigned at birth and includes transgender people.

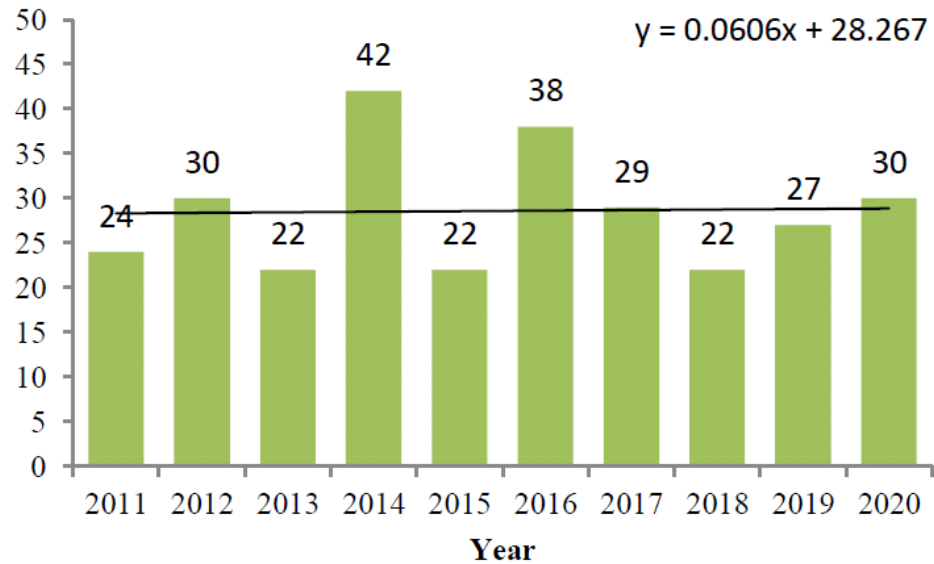
Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). *HIV Surveillance Report* 2020;31.

# State of AK HIV Surveillance 2020

## **Highlights Newly Diagnosed HIV Cases 2020 (n=30)**

- 3 (10%) were diagnosed with AIDS at the time of initial diagnosis
- 1 (3%) is known to have died
- 25 (83%) were male
- 15 (50%) were men who have sex with men (MSM); 4 (13%) were MSM/IDU; 3 (10%) were heterosexual; and 3 (10%) were IDU
- 13 (43%) were Alaska Native/American Indian; 9 (30%) were White; 4 (13%) were Hispanic
- 17 (57%) were 34 years old or younger at diagnosis
- 17 (57%) were residing in Anchorage/Mat-Su at the time of diagnosis; 6 (20%) were residing in the Southwest

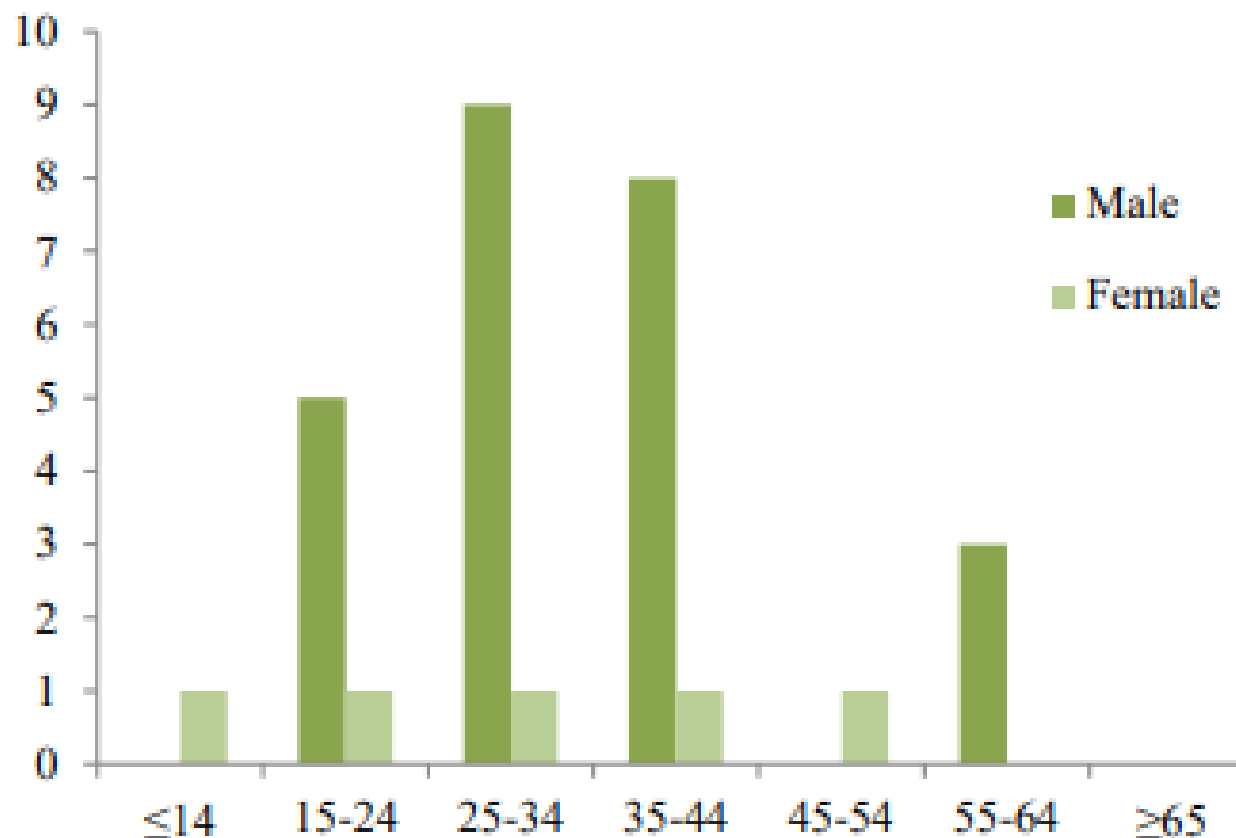
Figure 6. Reported Cases of HIV Newly Diagnosed in Alaska by Year — 2011–2020





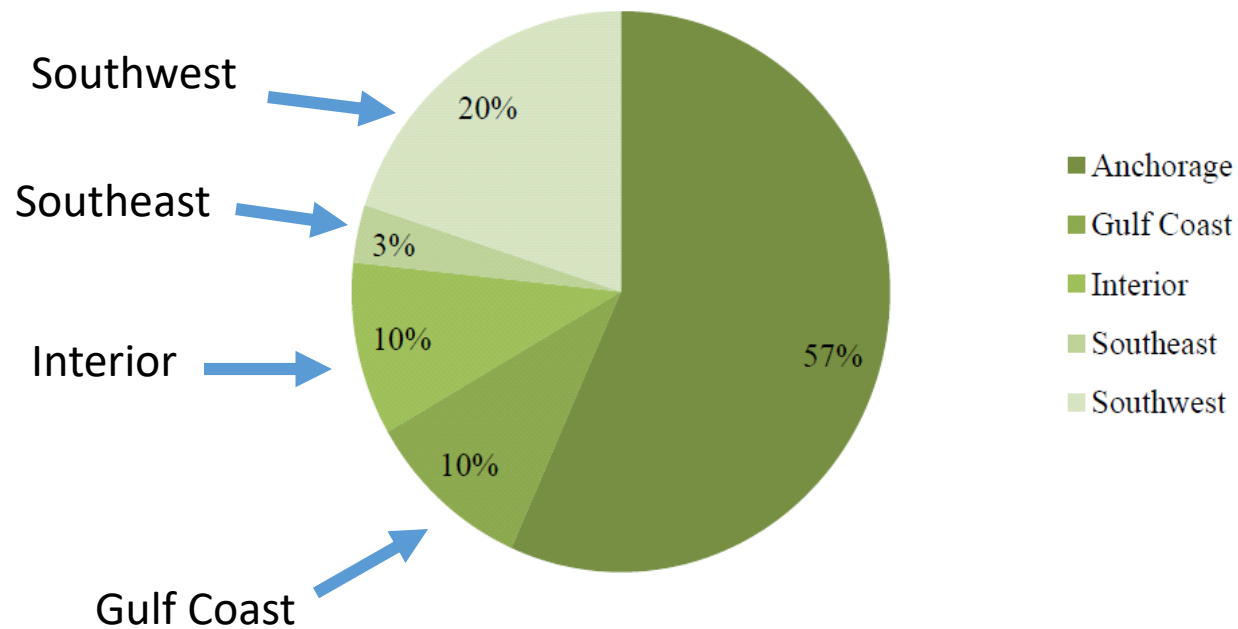
# New HIV Diagnoses in Alaska 2020 by Age

Figure 7. Reported Cases of HIV Newly Diagnosed in Alaska by Age at Diagnosis and Gender at Birth, 2020

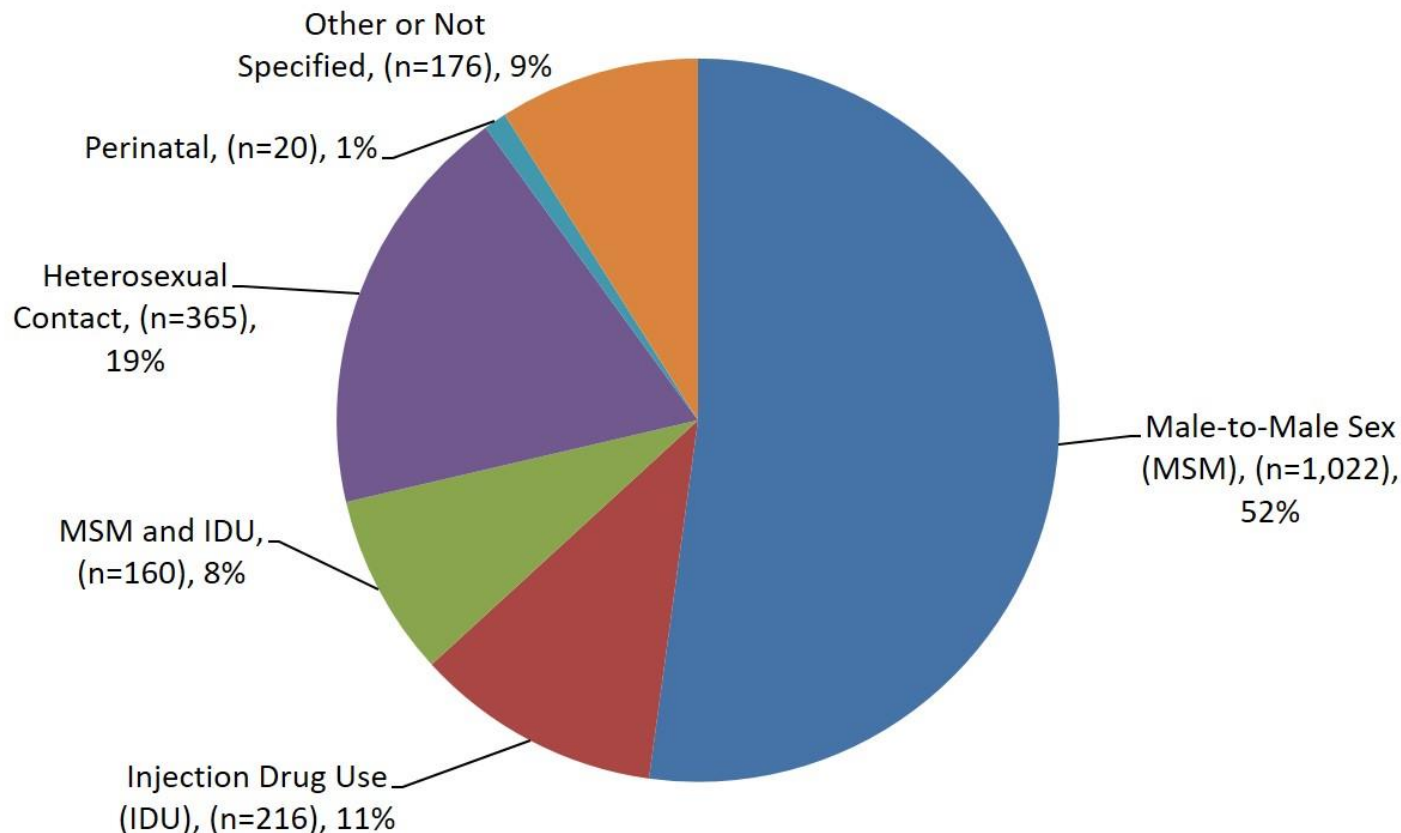


# New Diagnoses of HIV in Alaska 2020

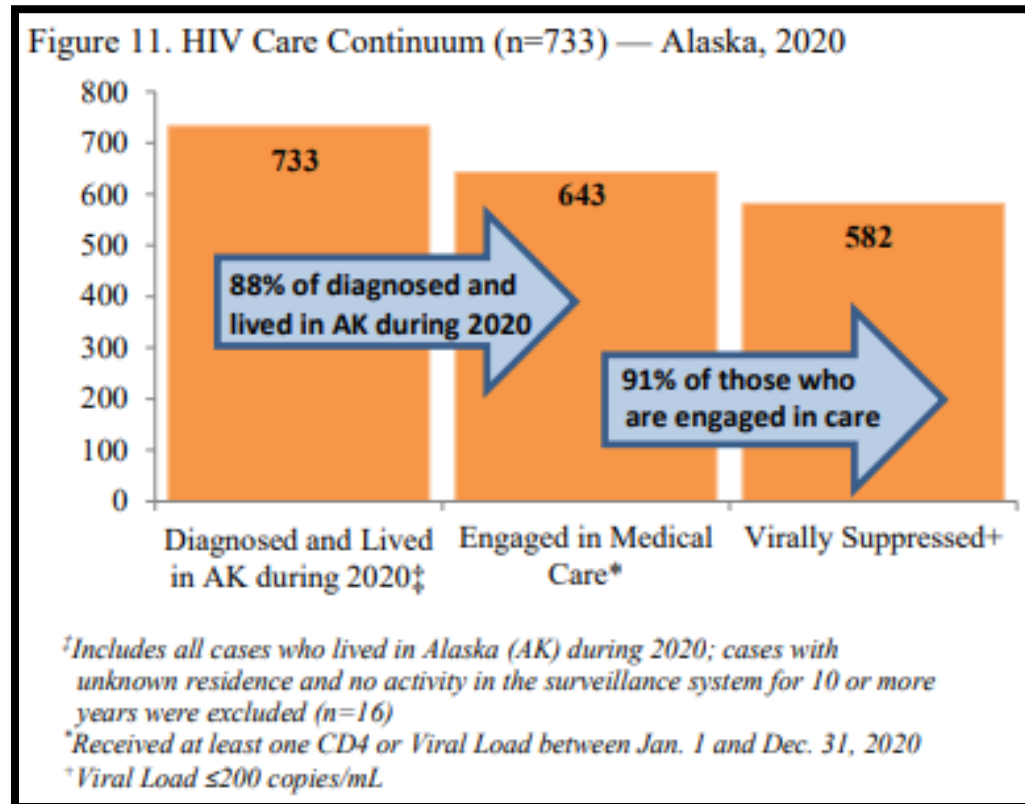
Figure 10. Reported Cases of HIV Newly Diagnosed in Alaska by Residence at Diagnosis, 2020



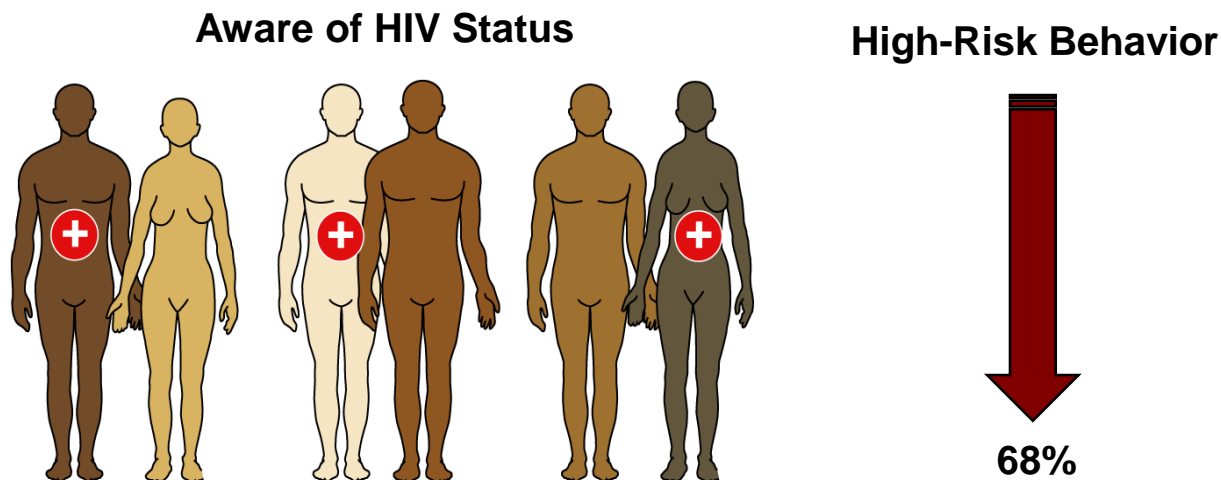
# Reported Cases of HIV by Transmission, Category 1982–2019 (N=1,959)



# State of Alaska Care Continuum 2020



# High-Risk Behavior and Knowledge of HIV Status



## Study Background

- Meta-analysis of 11 studies performed in US
- Evaluated unprotected anal or vaginal intercourse

# Why Do We Care About Finding HIV?

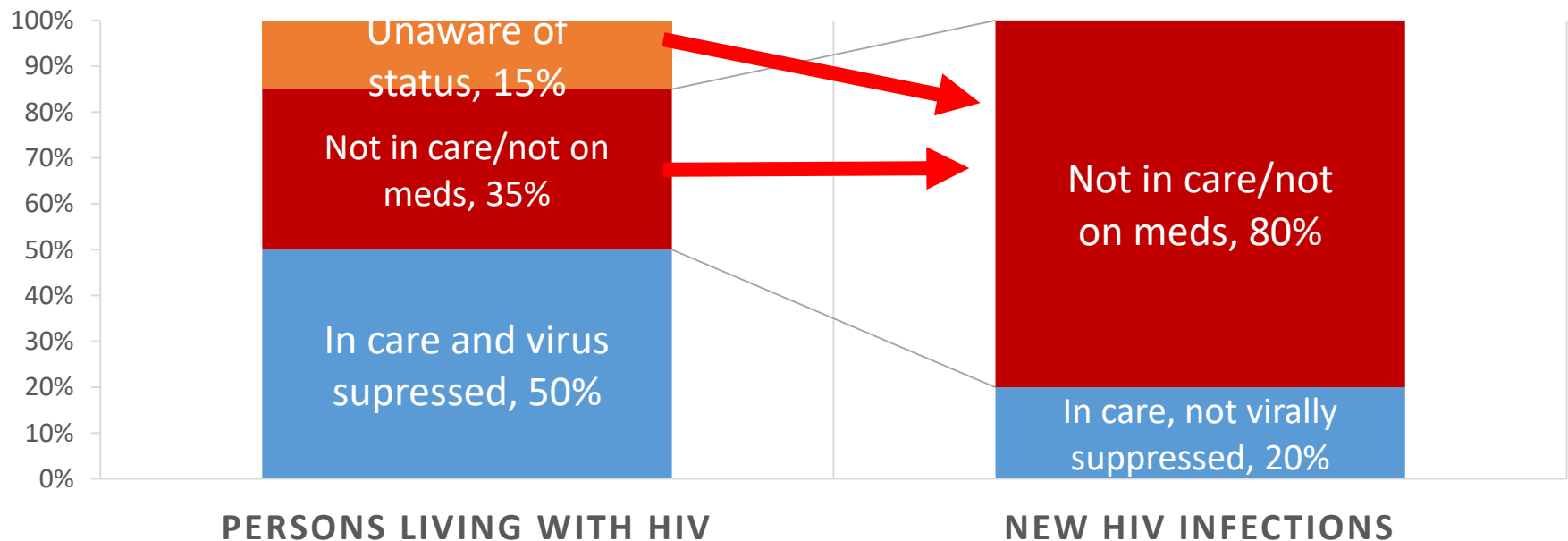
- Alaska is a low prevalence state, why bother with the recommended universal testing?
  - Low prevalence is not NO prevalence
  - Most people dx with HIV have had multiple missed opportunities for dx in health care setting.
- 10-50% HIV transmissions occur early in infection prior to diagnosis\*
- Potentially multiple new transmissions averted\*\*
- Cost of care of late diagnosis substantial- twice as much in first year after late dx and 50% higher in subsequent years

\* Journal of Clinical Microbiology June 2012 Vol 50 #6

\*\* National Institute for Health and Care Excellence, UK

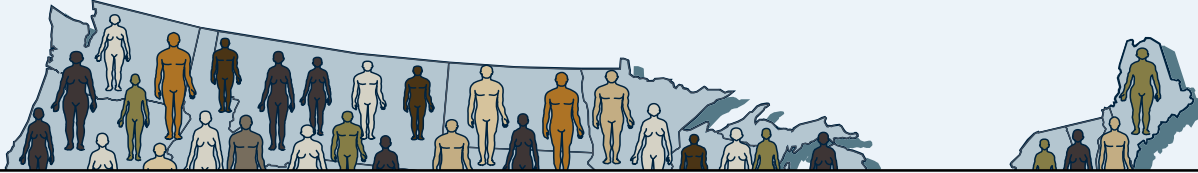
# PLWHIV not in care transmit most of new infections

■ In care and virus suppressed ■ Not in care/not on meds ■ Unaware of status

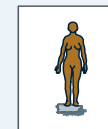
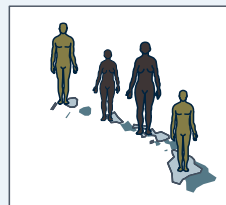
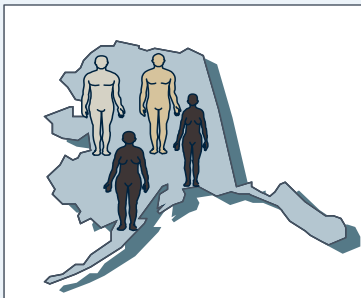


# The CDC RECOMMENDS Routine Screening for HIV Infection:

**All Patients aged 13-64 in all health care settings**



- Voluntary testing
- Permission from patient required
- Written consent not required in Alaska





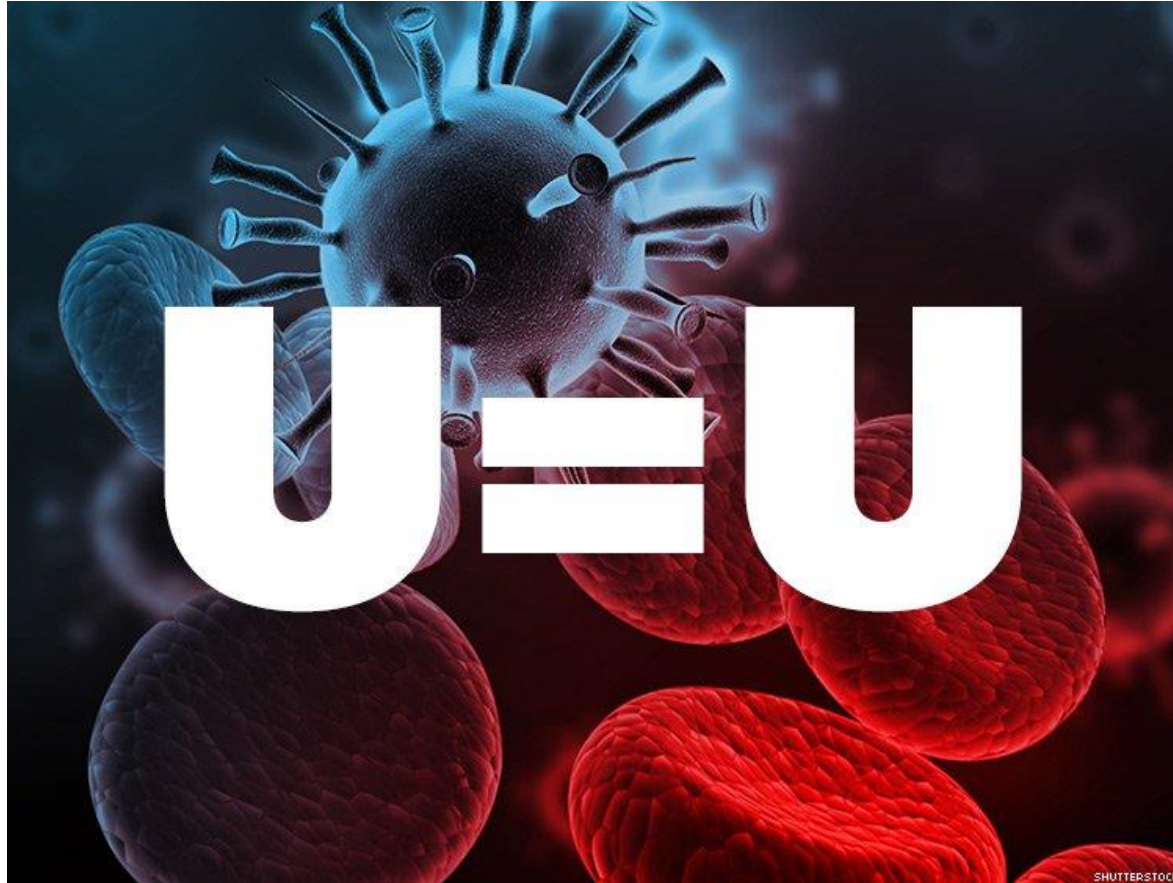
# What is the treatment?



or



CDC Campaign-  
Undetectable = Untransmissible



# How do we stop the spread?



# Post-Exposure Prophylaxis (PEP)

- The use of therapeutic agents to prevent infection following exposure to a pathogen
- Types of exposures include percutaneous (needlestick), splash, bite, sexual
- Start PEP asap (within hours) and continue for 4 weeks
  - Must be started within 72 hrs of exposure risk

## What is PrEP?

- A prevention strategy in which a **high-risk** individual takes a medication **regularly** (along with continued behavioral **risk-reduction** strategies) to prevent HIV infection
  - -Medication first became available in 2012
  - -United States PrEP guidelines first published in 2014
  - -U.S. Preventative Task Force classified PrEP as a grade A recommendation in June 2019

# What can you do?





# Alaska Resources

- ❖ **State of Alaska, Dept. of Health and Social Services,  
Division of Public Health, Section of Epidemiology  
(907) 269-8000**
- ❖ **Alaskan AIDS Assistance Association  
(907) 263-2050**
- ❖ **Early Intervention Services (ANTHC)  
(907)729-2907  
888-855-8006, #2**

# **HIV/AIDS Clinic**

**Anchorage Neighborhood Health Center**

**4951 Business Park Blvd, Anchorage AK 99503**

**907-743-7200 | [anhc.org](http://anhc.org) | facebook**





**1057 W. Fireweed Lane, Ste. 102**

**Anchorage, AK 99503**

**(corner of Fireweed & Spenard - old United Way building)**

**(907) 263-2050**

**1-800-478-AIDS**

# MOUNTAIN WEST AIDS EDUCATION AND TRAINING CENTER



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Alaska AETC  
labesh@anthc.org  
907-729-2907

## Thank you!



# References

- Graph of HIV levels and decline in T cells during progression of HIV/AIDS. [https://en.wikipedia.org/wiki/Portal:Viruses/Selected\\_article#/media/File:HIV\\_timecourse\\_simple.svg](https://en.wikipedia.org/wiki/Portal:Viruses/Selected_article#/media/File:HIV_timecourse_simple.svg)
- CDC. Diagnosis of HIV infection in the United States and dependent areas, 2018. HIV Surveillance Report 2020; 31. <http://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html>
- PWID with HIV in the 50 states and District of Columbia, 2018. CDC. <https://www.cdc.gov/hiv/group/hividu.html>
- New HIV diagnoses among people who inject drugs in the US and dependent areas by sex, 2018. CDC. <https://www.cdc.gov/hiv/images/group/idu/infographics/cdc-hiv-idu-new-diagnoses-sex-infographic-4993x2631.png>
- 2020 State of Alaska, Section of Epidemiology, HIV Surveillance Report-1982-2020. <https://dhss.alaska.gov/dph/Epi/hivstd>
- State of Alaska, Section of Epidemiology, HIV Surveillance Report-1982-2020. <https://dhss.alaska.gov/dph/Epi/hivstd>
- State of Alaska, Care Continuum, 2020. <https://dhss.alaska.gov/dph/Epi/hivstd/Documents/HIV%20Surveillance%20Report%20-%20Alaska%201982-2020.pdf>
- Marks G et al. Journal Acquir Immune Def Syndr. 2005;9:446-53.
- Journal of Clinical Microbiology June 2012 Vol 50 #6
- National Institute for Health and Care Excellence, UK
- CDC. MMWR 2006;55(no. RR-14):1-17

# Case Presentation

Project ECHO's goal is to protect patient privacy

- ▶ To help Project ECHO accomplish that goal, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.
- ▶ **References:** For a complete list of protected information under HIPAA, please visit [www.hipaa.com](http://www.hipaa.com)

Thank you for joining us today.  
We appreciate your participation and hope  
to see you at the **NEXT ECHO Session:**  
**May 12, 2022 from 12pm -1 PM**

You will be receiving a follow up survey that we hope you will complete to help us improve. If you are requesting continuing education credits, you will be required to complete the survey to receive your CMEs.

