

Alaska ID ECHO: HCV-HIV-PrEP-STIs



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



NPAIHB

Indian Leadership for Indian Health

December 13, 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.

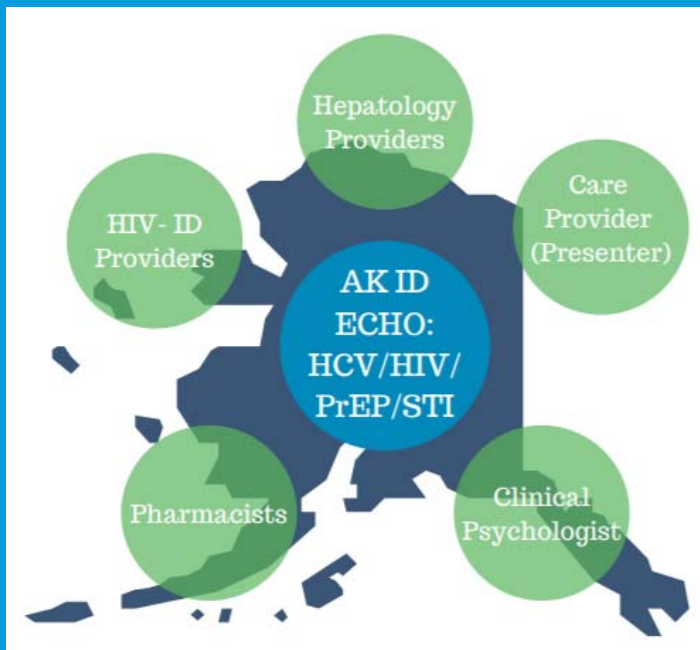
WELCOME

- 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.
- Please share where you're joining from in the chat!

Thank you for participating!



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

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

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 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



Mountain West AIDS Education and Training Center

HIV Update

Infectious Disease ECHO
December 13, 2022

Leah Besh, PA-C
Early Intervention Services/HIV Program
Alaska Native Tribal Health Consortium

labesh@anthc.org
(907) 729-2907



PUTTING OURSELVES TO THE TEST

Achieving Equity to End HIV

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



I have no conflicts of interest to disclose



Acknowledgment

This 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 \$3,098,654 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.



ANTHC Early Intervention Services

Clinicians

Leah Besh, PA-C, HIV Clinical Specialist labesh@anthc.org

Jacob Gray, MD

Clifford Schneider, MD

Timothy Thomas, MD

Patient RN Care Managers

Lisa Rea, RN Idrea@anthc.org

Thor Brendtro, RN SCF tbrendtro@SouthcentralFoundation.com

Case management assistant

Linda Hogins, CMA- lhogins@anthc.org

Minnie Chavez, Assistant Case Manager

What Do We Do?

Clinical Care

ANTHC

Field Clinics

Collaboration/ Co-management

Intensive Case Management and Outreach

Alaska AETC (AIDS Education and Training Center)

HIV prevention outreach

Iknowmine and iwantthekit

Objectives

- Improve upon HIV screening by following current HIV screening recommendations.
- Understand how to interpret HIV labs and lab cascade.
- Understand importance of rapid antiviral therapy start following diagnosis of HIV and what to start.
- Be comfortable with U=U campaign.
- Be aware of new antiviral medications for managing HIV and PrEP.
- Gain knowledge of HIV related resources.

Poll

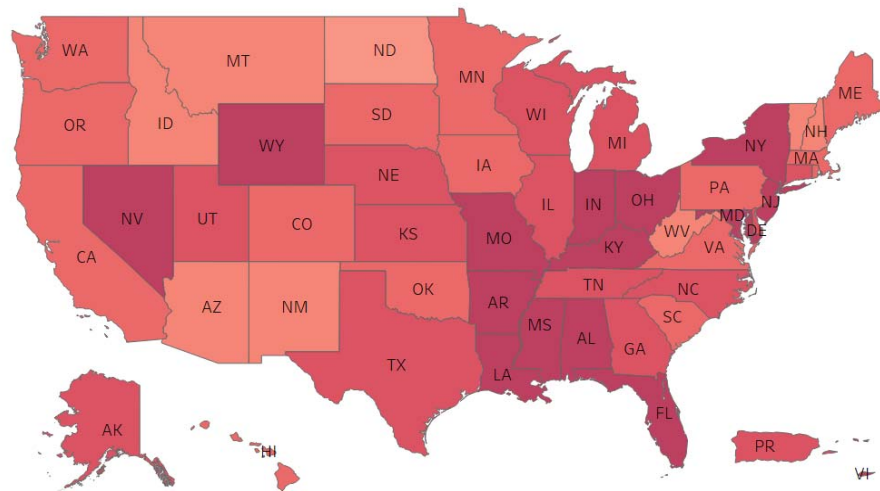
- A 34yo male is seen for STI testing. His HIV Ag/Ab screen, syphilis screens are negative. His urine aptima is positive for gonorrhea. His rectal and pharyngeal aptimas are negative. When should he next follow-up for a HIV screen?
- 1. Only recommended once in your life
- 2. Annually
- 3. At least annually, more frequently per risk
- 4. at least annually, more frequently after risk discussion. Also review harm reduction strategies.

HIV Epidemiology



Slides throughout this presentation were borrowed with permission from MWAETC educators and SOA DHHS

Viral Suppression among RWHAP Clients, by State, 2010 and 2020—United States and 2 Territories^a



IN 2010

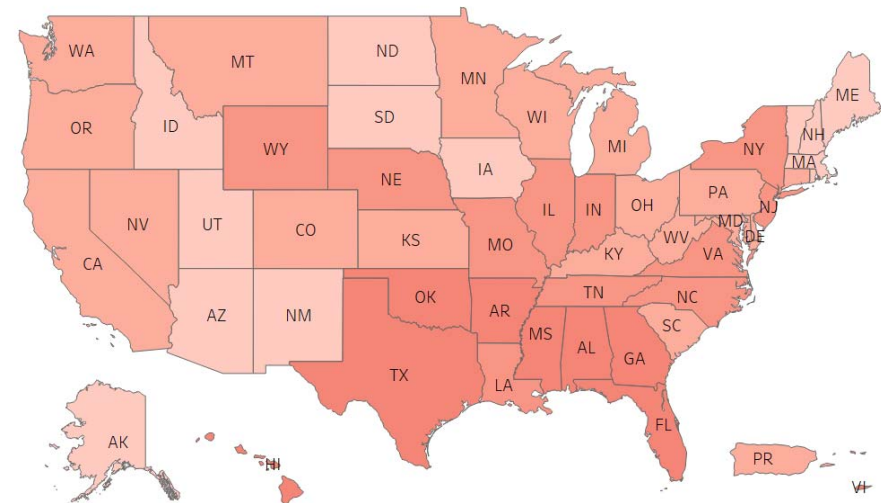
69.5%
VIRALLY SUPPRESSED

Viral Suppression (%)

- 52.9-66.9
- 70.0-72.9
- 73.0-79.9
- 80.0-87.9
- 88.0-89.9
- 90.0-92.9
- 93.0-98.8

IN 2020

89.4%
VIRALLY SUPPRESSED

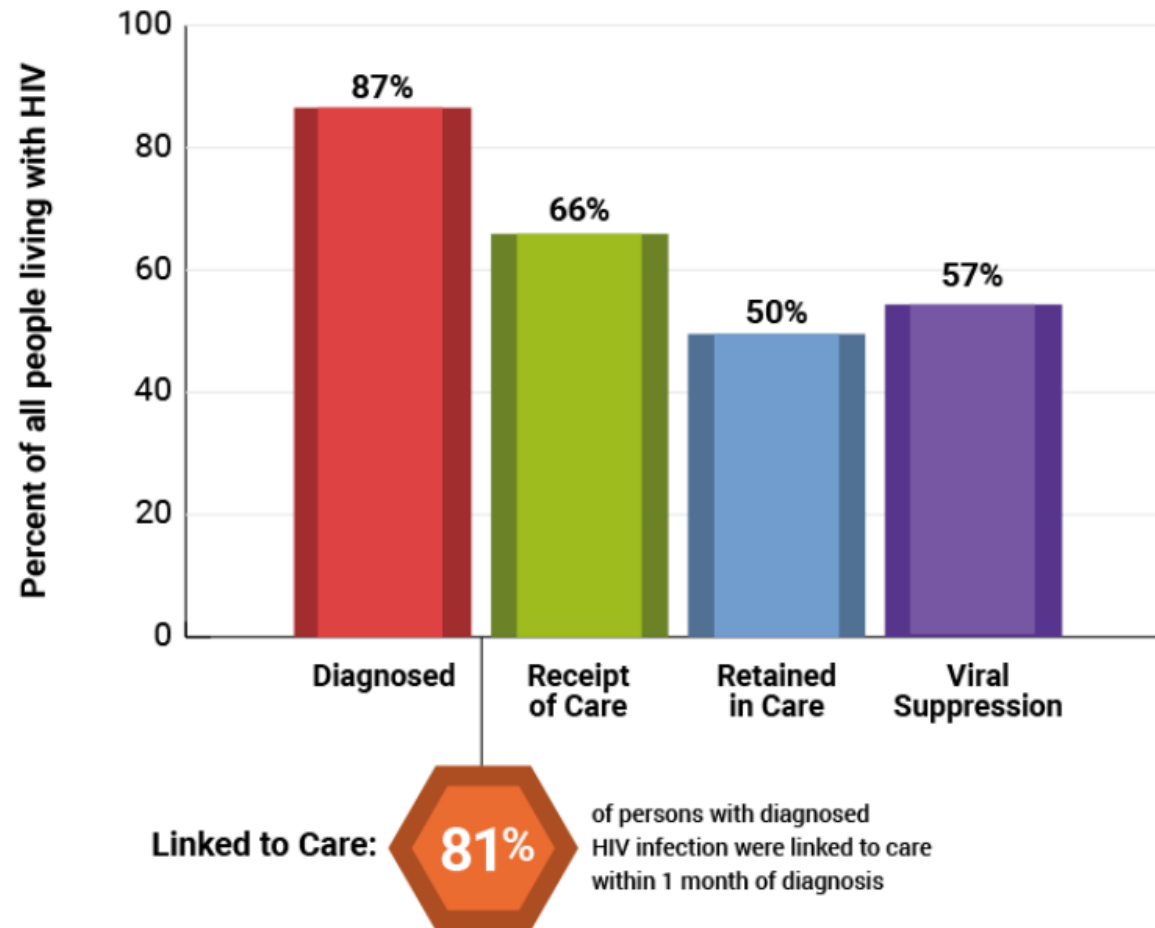


Viral suppression: ≥1 OAHs visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

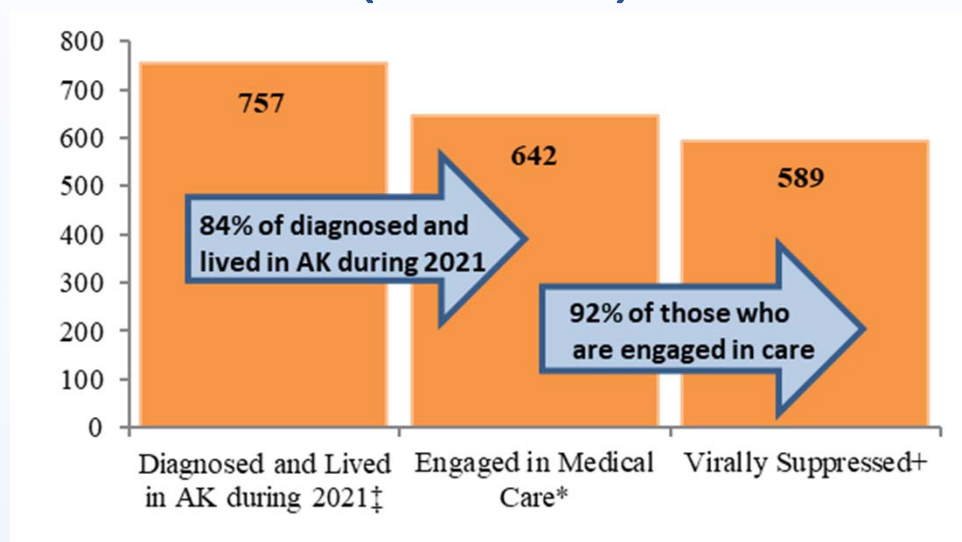
^a Puerto Rico and the U.S. Virgin Islands.



Prevalence-based HIV Care Continuum, U.S. and 6 Dependent Areas, 2019



HIV CARE CONTINUUM - AK, 2021[‡] (N = 757)



[‡]Includes all persons with HIV who lived in Alaska (AK) during 2021; 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, 2021

+Viral Load ≤ 200 copies/mL

[‡]Data should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV care-related services.



Four Pillars of Ending the HIV Epidemic in the U.S. (EHE)

75%
reduction
in new
HIV
diagnoses
in 5 years
and a
90%
reduction
in 10
years.



Diagnose

All people with HIV as early as possible.



Treat

People with HIV rapidly and effectively to reach sustained viral suppression.



Prevent

New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

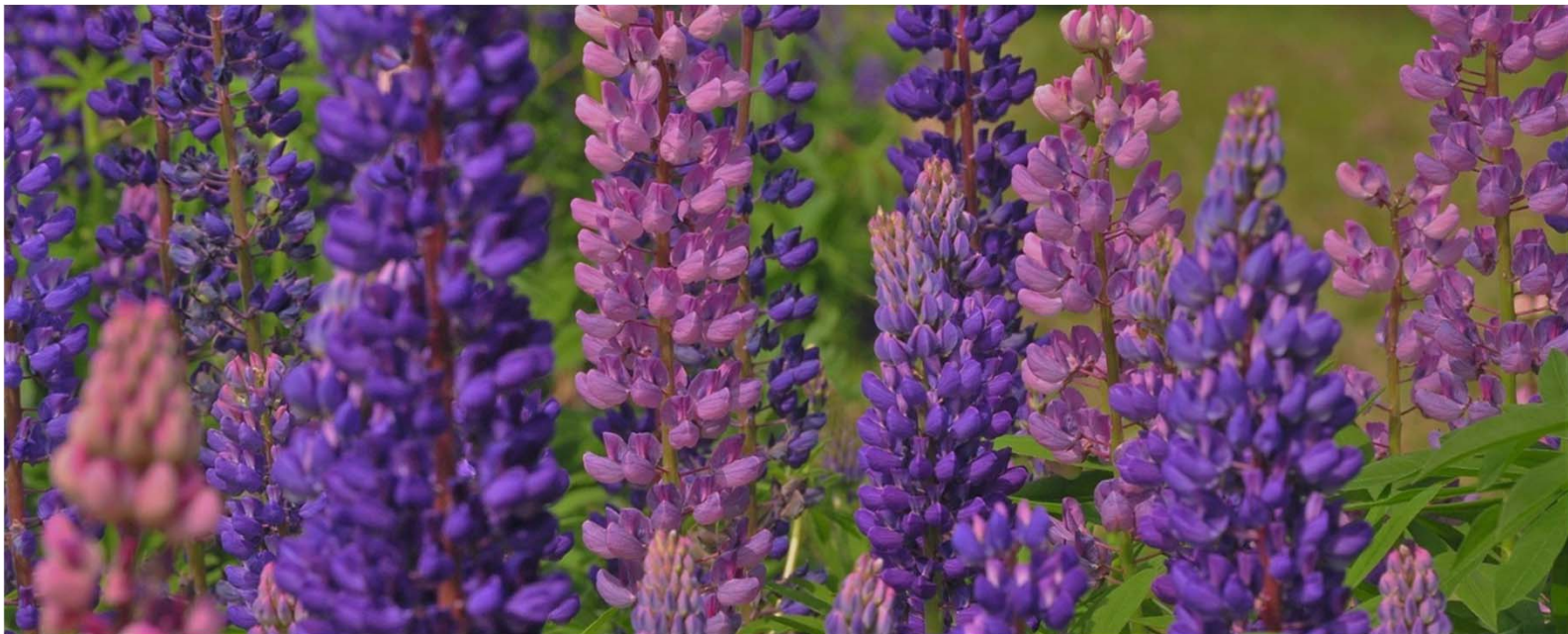


Respond

Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



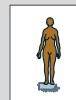
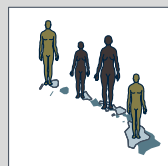
HIV Screening



Routine Screening for HIV Infection



- Voluntary testing
- Permission from patient required
- Written consent not required in Alaska
- Prevention counseling not required in conjunction with screening



Source: CDC. MMWR 2006;55(no. RR-14):1-17.

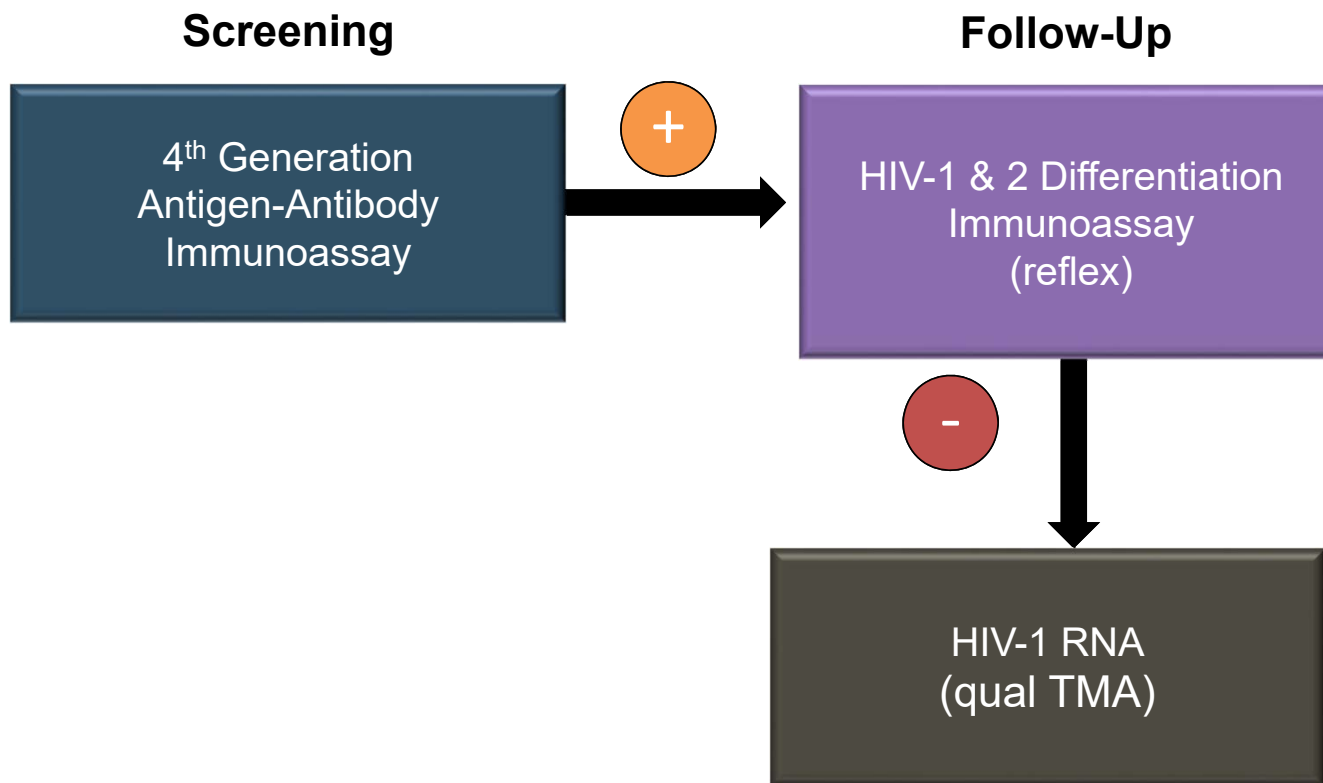
The Centers for Disease Control and Prevention (CDC) recommends everyone between the ages of 13 and 64 get tested for HIV at least once.

- ♦ People at ongoing risk should get tested more often. If you were HIV negative the last time you were tested, the test was more than 1 year ago, and you can answer yes to any of the following questions, then you should get an HIV test as soon as possible:
 - Are you a man who has had sex with another man?
 - Have you had sex—anal or vaginal—with a partner who has HIV?
 - Have you had more than one sex partner since your last HIV test?
 - Have you injected drugs and shared needles, syringes, or other drug injection equipment (for example, cookers) with others?
 - Have you exchanged sex for drugs or money?
 - Have you been diagnosed with or treated for another sexually transmitted disease?
 - Have you been diagnosed with or treated for hepatitis or tuberculosis?
 - Have you had sex with someone who could answer yes to any of the above questions or someone whose sexual history you don't know?
- You should be tested at least once a year if you keep doing any of these things. Sexually active gay and bisexual men may benefit from more frequent testing (for example, every 3 to 6 months).
- ♦ If you're pregnant, talk to your health care provider about getting tested for HIV and other ways to protect you and your baby from getting HIV.

HIV Lab Interpretation



Approach to HIV Screening and Diagnostic Testing



Slides courtesy of David Spach, NWAETC



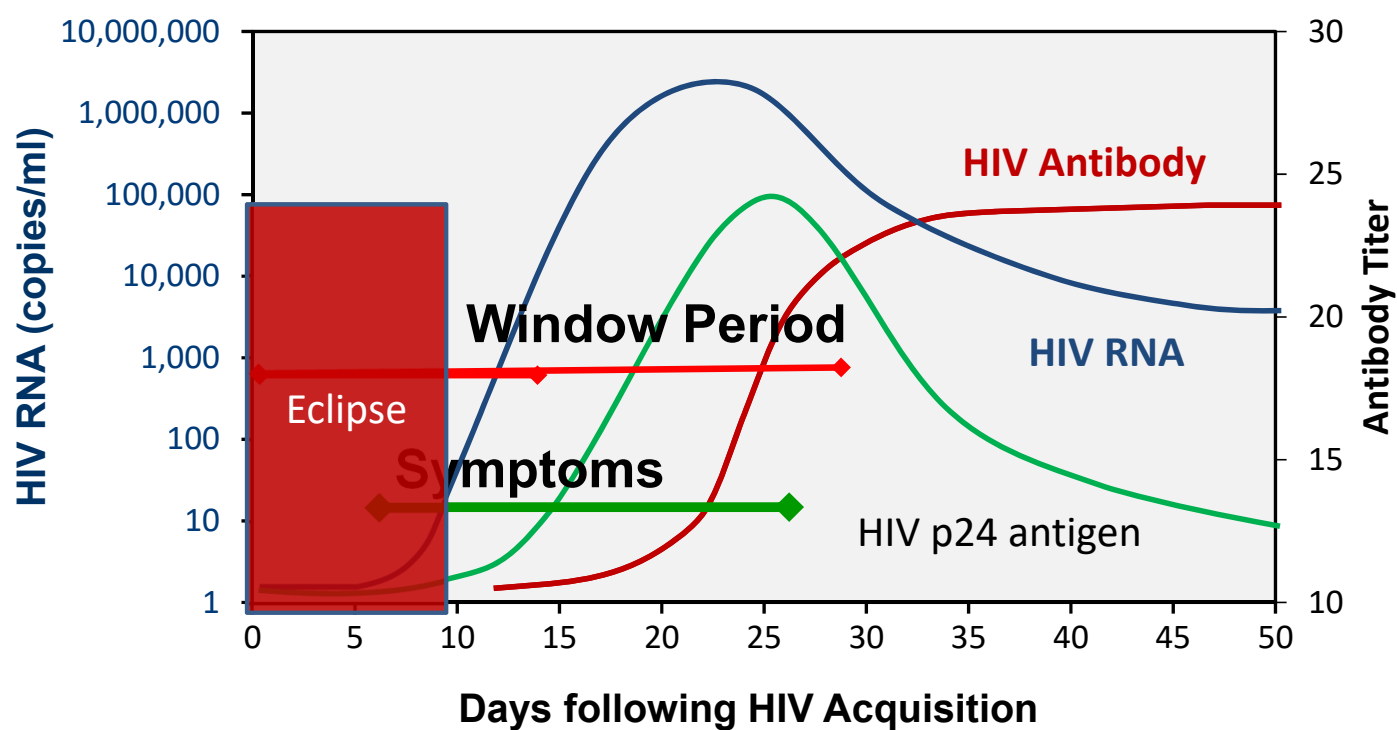
HIV Self-Test Kit

- Launched:
December 1, 2020
- Follow up
 - Early Intervention Services (EIS) staff check-in - 10 business days
 - Linkage to care



IKNOWMINE.ORG

Laboratory Diagnosis of Early HIV Infection



HIV Prevention



PrEP is One Piece of the HIV Prevention Puzzle



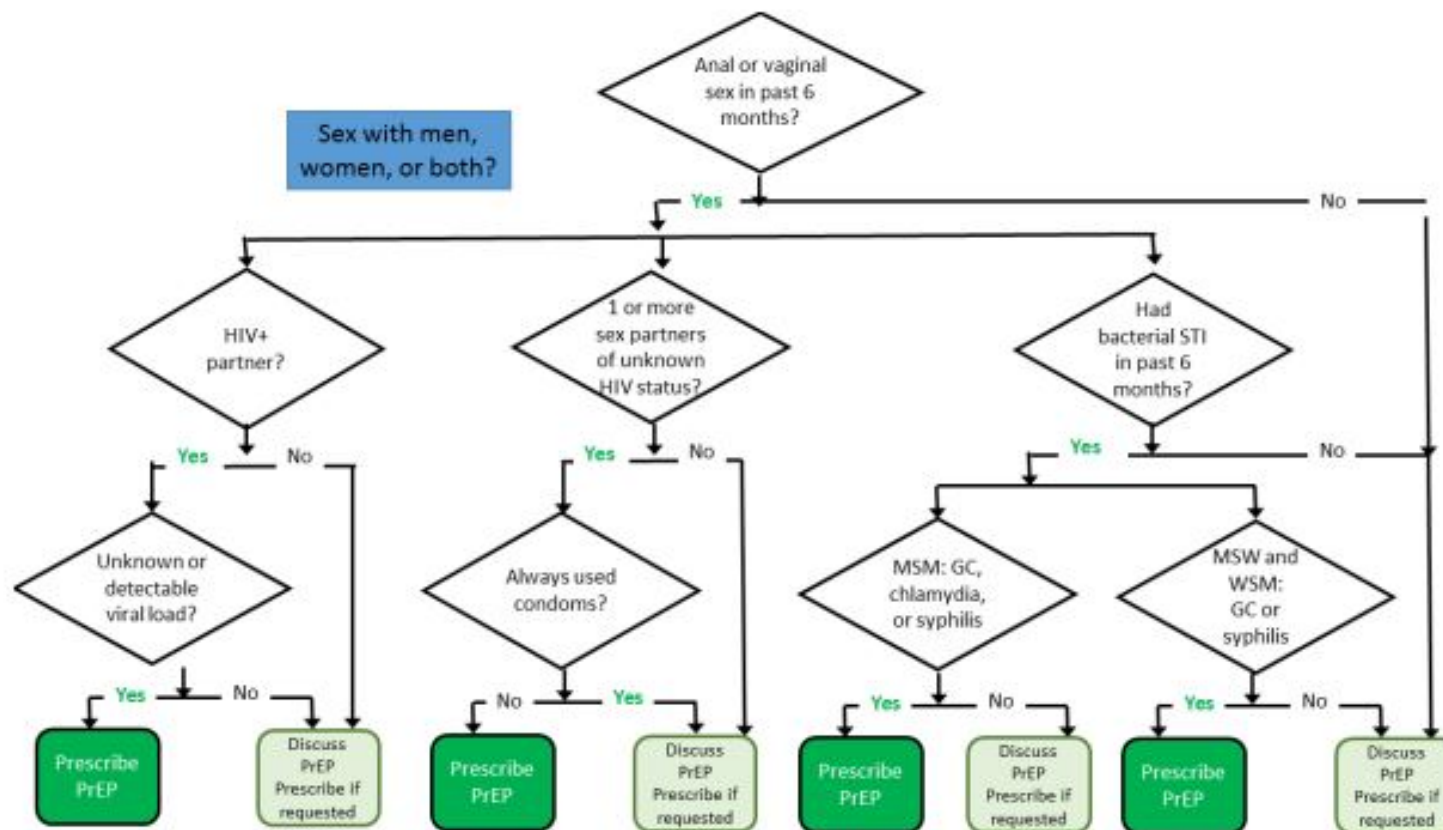
What is PrEP?

- 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 Services Task Force classified PrEP as a grade A recommendation in June 2019
 - Insurance coverage improved
 - First injectable Medication approved January 2022
 - <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>

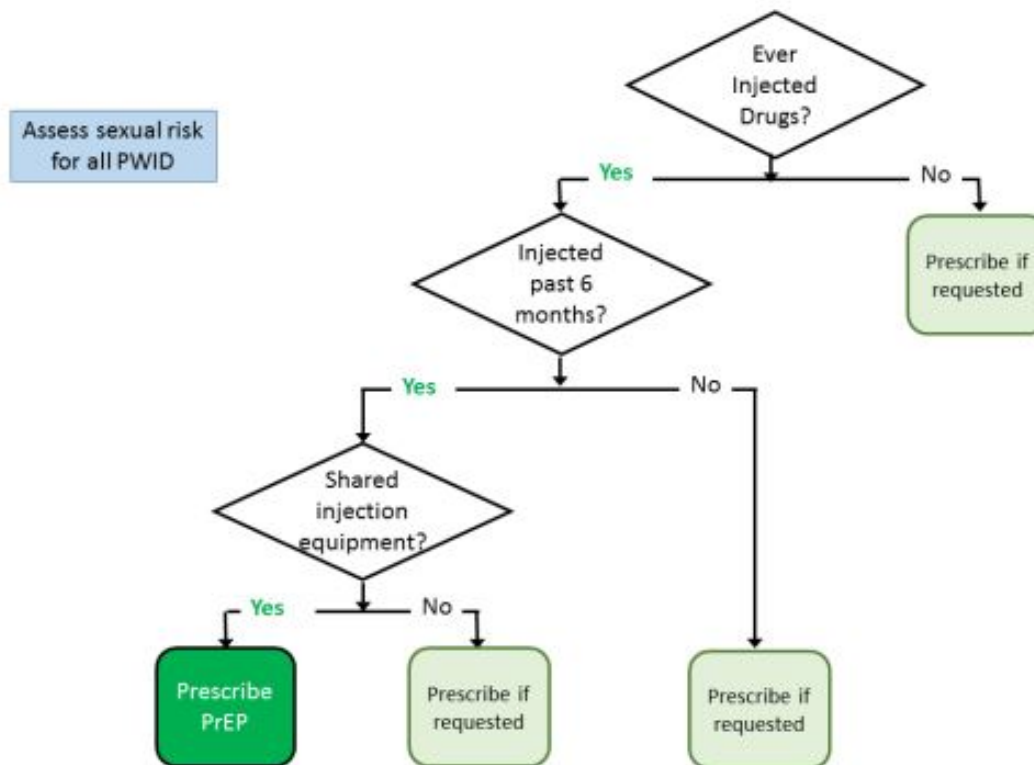
PrEP Medications

- **Tenofovir DF-emtricitabine:** TDF/FTC (Truvada) approved for HIV PrEP by the FDA in July 2012
- **Tenofovir AF-emtricitabine:** TAF/FTC (Descovy) approved for HIV PrEP by FDA October 3, 2019
 - Approved for males and transgender women
 - Not approved for women or on-demand dosing
- Added benefits: some protection against HSV and HBV
- **Long acting Cabotegravir Injection:** CAB (Apretude)
 - Every other month injection (after loading dose)

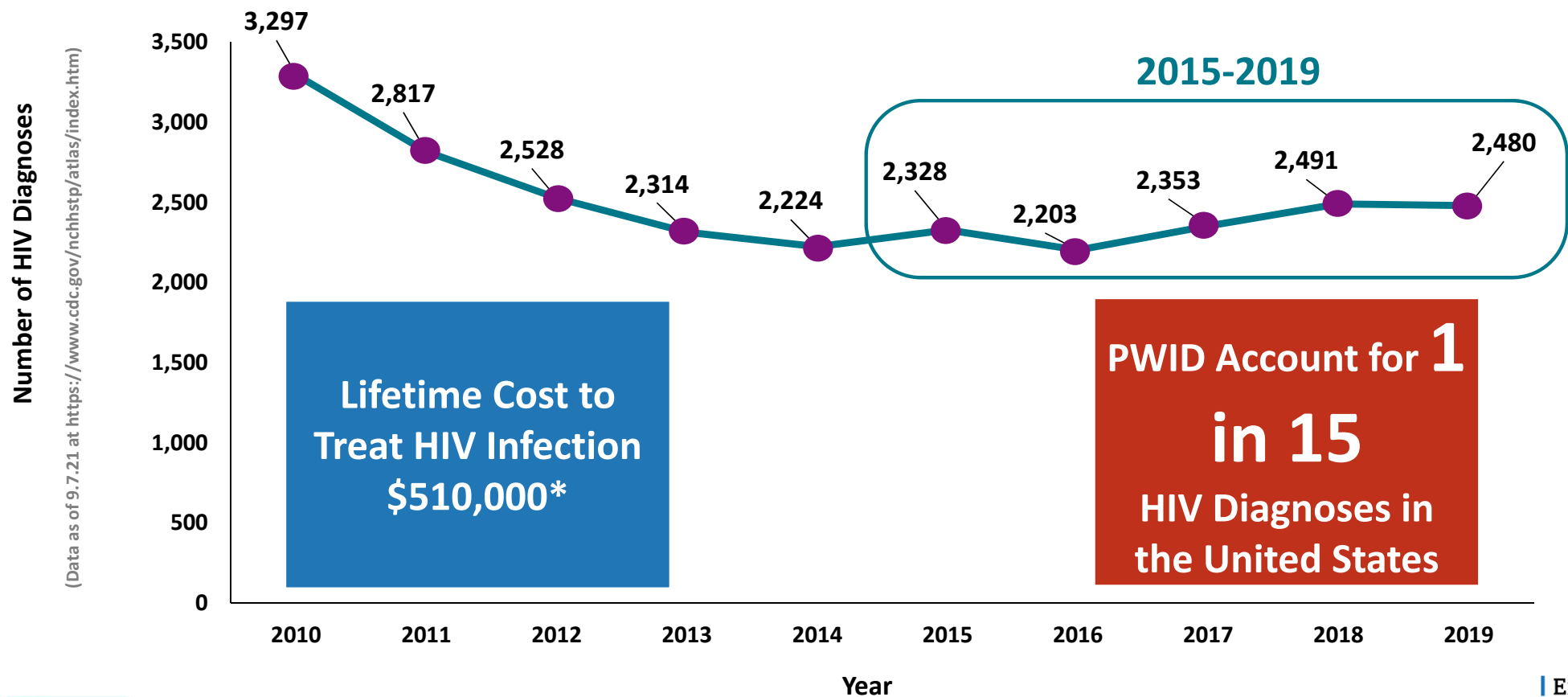
Assessing PrEP indication: Sex Risk



Assessing PrEP Indication: IDU



Historic Decline in U.S. of HIV Diagnoses in PWID has Stalled



* Bingham A, Shrestha RK, Khurana N, Jacobson E, Farnham PG. Estimated Lifetime HIV-related Medical Costs in the United States. Sex Transm Dis. 2021 Jan 23. doi: 10.1097/OLQ.0000000000001366. Online ahead of print. adjusted to 2020 dollars.

Ending
the
HIV
Epidemic

HIV Treatment



Rapid ART Start

- Rapid start of ART (antiretroviral therapy): Starting ART as soon as patient is willing after HIV diagnosis, goal within 1 week.
 - has showed better engagement and retention in care
 - Overtime decreased inflammation within the body, linked to decreased CVD
 - Regimens available that can be started prior to all lab results returning
 - Avoid regimens containing abacavir
 - Should cover HBV unless aware of immune status
 - Patient must be willing, ready and able without contraindications
- Obtain recommended labs at first visit and start ART—do not wait for labs to return to start ART, can modify regimen if needed when resistance results and other labs result.

<https://aidsetc.org/resource/rapid-immediate-art-initiation-restart-guide-clinicians>

Rapid ART

Starting antiretroviral therapy (ART) immediately after HIV diagnosis is recommended by U.S. federal guidelines. Immediate ART (aka Rapid ART) can result in earlier HIV viral suppression, improved retention in care, and reduced HIV transmission.



INDICATIONS

Immediate ART is appropriate for:

- Individuals with a confirmed HIV diagnosis (i.e., HIV Ag, Ab, and/or HIV RNA viral load)
- Persons with suspected acute HIV infection, with or without confirmed HIV diagnosis (HIV Ag or Ab test results may be negative or indeterminate at the time of evaluation)

Immediate ART is not appropriate for:

- Persons with certain untreated opportunistic infections (OI)—e.g., cryptococcal or TB meningitis; begin OI treatment before starting ART (consult with experts)

COMPRESSED HIV INTAKE

- Review of HIV test results
- Targeted health history
- HIV risk behaviors
- Date of last negative HIV test
- Use of PrEP or PEP
- Psychoemotional counseling, support
- HIV education (including ART benefits, possible adverse effects, adherence, preventing transmission)
- Targeted physical exam
- Benefits counseling, insurance enrollment or optimization

Baseline Labs

- Repeat HIV testing (if indicated)
- HIV RNA (quantitative viral load)
- CD4 cell count
- HIV genotype, including integrase
- HLA-B*57:01
- CBC/differential
- Complete metabolic panel (kidney & liver tests, glucose)
- STI testing: syphilis test (RPR, VDRL, or treponemal), chlamydia and gonorrhea NAAT tests (urine, pharynx, rectum as indicated by sites of exposure)
- TB screening test (e.g., Quantiferon)
- Hepatitis serologies (HAV IgG, HBsAb, HBsAg, HBeAb, HCV IgG)
- Pregnancy test (if appropriate)

Offer ART

- If patient agrees and there are no contraindications, prescribe 30-day supply, give starter pack if available
- If patient declines immediate ART, follow up within 1-2 weeks, re-offer ART, continue HIV education

RECOMMENDED REGIMENS

These can be modified based on results of baseline labs.

- Dolutegravir (Tivicay) 50 mg once daily + TAF/FTC (Descovy) or TDF/FTC (Truvada), or TDF/3TC 1 once daily
- Bictegravir/TAF/FTC (Biktarvy) 1 once daily
- Darunavir/cobicistat/TAF/FTC (Symtuza) 1 once daily

If taking PrEP or PEP at or since the time of HIV infection:

- Consider an enhanced regimen: boosted PI + integrase inhibitor + TAF/FTC (Descovy), TDF/FTC (Truvada), or TDF/3TC; seek consultation
- If on injectable cabotegravir PrEP, consider boosted PI + TAF/FTC (Descovy), TDF/FTC (Truvada), or TDF/3TC

If pregnant or trying to conceive (some antiretrovirals are not recommended during pregnancy):

- Dolutegravir (Tivicay), 50 mg once daily + TAF/FTC (Descovy), TDF/FTC (Truvada), or TDF/3TC, 1 once daily
- Raltegravir (Isentress) 400 mg BID + TAF/FTC (Descovy), TDF/FTC (Truvada) or TDF/3TC, 1 once daily

Abbreviations: 3TC: lamivudine; FTC: emtricitabine; PI: protease inhibitor; TAF: tenofovir alafenamide; TDF: tenofovir disoproxil fumarate; BID: twice daily

FOLLOW UP

Schedule a follow-up visit for 1-2 weeks, then at least monthly until well established in care

RESOURCES / REFERENCES

- AETC National Clinician Consultation Center Monday–Friday 9 AM to 8 PM ET / 800-933-3413
- See full **Rapid ART** guide at <https://aidsetc.org/rapid-art>
- Based on: Getting to Zero San Francisco. **Rapid ART: Immediate ART initiation at HIV diagnosis and re-engagement in care** at: www.gettingtozero.org

AIDS Education and Training Center Program, February 2022, AIDSETC.org

HHS Antiretroviral Therapy Guidelines: 2019

When to Start ART

Antiretroviral Therapy is Recommended for:	
All persons living with HIV, regardless of CD4 count, to reduce morbidity and mortality	AI
All persons living with HIV to prevent transmission	AI
On a case-by-case basis, ART may be deferred because of clinical and/or psychosocial factors, but therapy should be initiated as soon as possible.	
Conditions that increase the urgency of ART: pregnancy; opportunistic infection; CD4 count <200; HIV-associated dementia, malignancy, or nephropathy; HBV/HCV; acute HIV	

Goal of ART: viral suppression=HIV RNA <200, preferable undetectable or below limit of quantification

Source: HHS Antiretroviral Therapy Guidelines. 2019. aidsinfo.nih.gov

HHS Recommended Initial Regimens for Most People with HIV

For People Who Do Not Have a History of Using CAB-LA PrEP

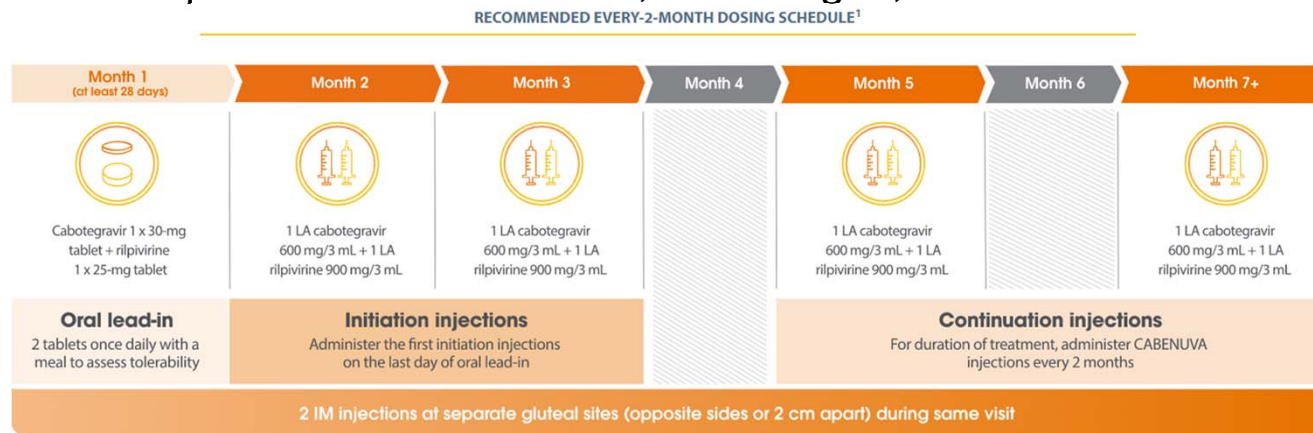
INSTI + 2 NRTIs	Abbreviation
Bictegravir-tenofovir alafenamide-emtricitabine	BIC-TAF-FTC
Dolutegravir-abacavir-lamivudine (only if HLA-B*5701 negative and no HBV)	DTG-ABC-3TC
Dolutegravir + tenofovir alafenamide-emtricitabine	DTG + TAF-FTC
Dolutegravir + [tenofovir DF-emtricitabine or tenofovir DF-lamivudine]	DTG + [TDF-FTC or TDF-3TC]
INSTI + 1 NRTI	Abbreviation
Dolutegravir-lamivudine (except: HIV RNA >500,000 copies/mL, HBV, no genotype)	DTG-3TC

HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Updated Sept. 21, 2022.
(<http://www.clinicalinfo.hiv.gov>)



Injectable Antivretoviral Therapy

- IM cabotegravir/rilpivirine (Cabenuva) approved January 2021 for monthly dosing, February 2022 for every two month dosing*
 - Must already be virally suppressed
 - Logistics of receiving injections, clinic visits
 - 2 separate injections, first pair is loading dose
 - 30 day oral lead in optional, must get from manufacturer
 - Coordination required for missed doses, oral bridges, discontinuation



<https://cabenuvahcp.com/dosing/every-2-month>

Slide 35

TLJ7

Fix v typo in title to Antiretroviral or Anti-retroviral?

Townshend-Bulson, Lisa J, 11/7/2022

Recommended Frequency of Viral Load (VL) and CD4 Monitoring

Clinical Scenario	VL Monitoring
After initiating ART	Within 4 to 8 weeks, then every 4 to 8 weeks until suppressed
During first 2 years of ART	Every 3 months
After 2 years of ART (assuming suppressed)	Can extend to every 6 months
After modifying ART	4 to 8 weeks after modification
Change in clinic status (HIV symptoms, corticosteroids, chemo)	Every 3 months

Recommended Frequency of Viral Load (VL) and CD4 Monitoring

Clinical Scenario	CD4 Monitoring
After initiating ART	3 months after initiation
During first 2 years of ART	Every 3 months if <300 cells/mm ³ Every 6 months if ≥ 300 cells/mm ³
After 2 years of ART (assuming VL suppressed)	Every 6 months if <300 cells/mm ³ Every 12 months if 300-500 cells/mm ³ Optional if >500 cells/mm ³
After modifying ART due to virologic failure	Every 3 to 6 months
Change in clinical status	Check, repeat as clinically indicated

HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Updated Sept. 21, 2022.
(<http://www.clinicalinfo.hiv.gov>)



Virologic Response Definitions

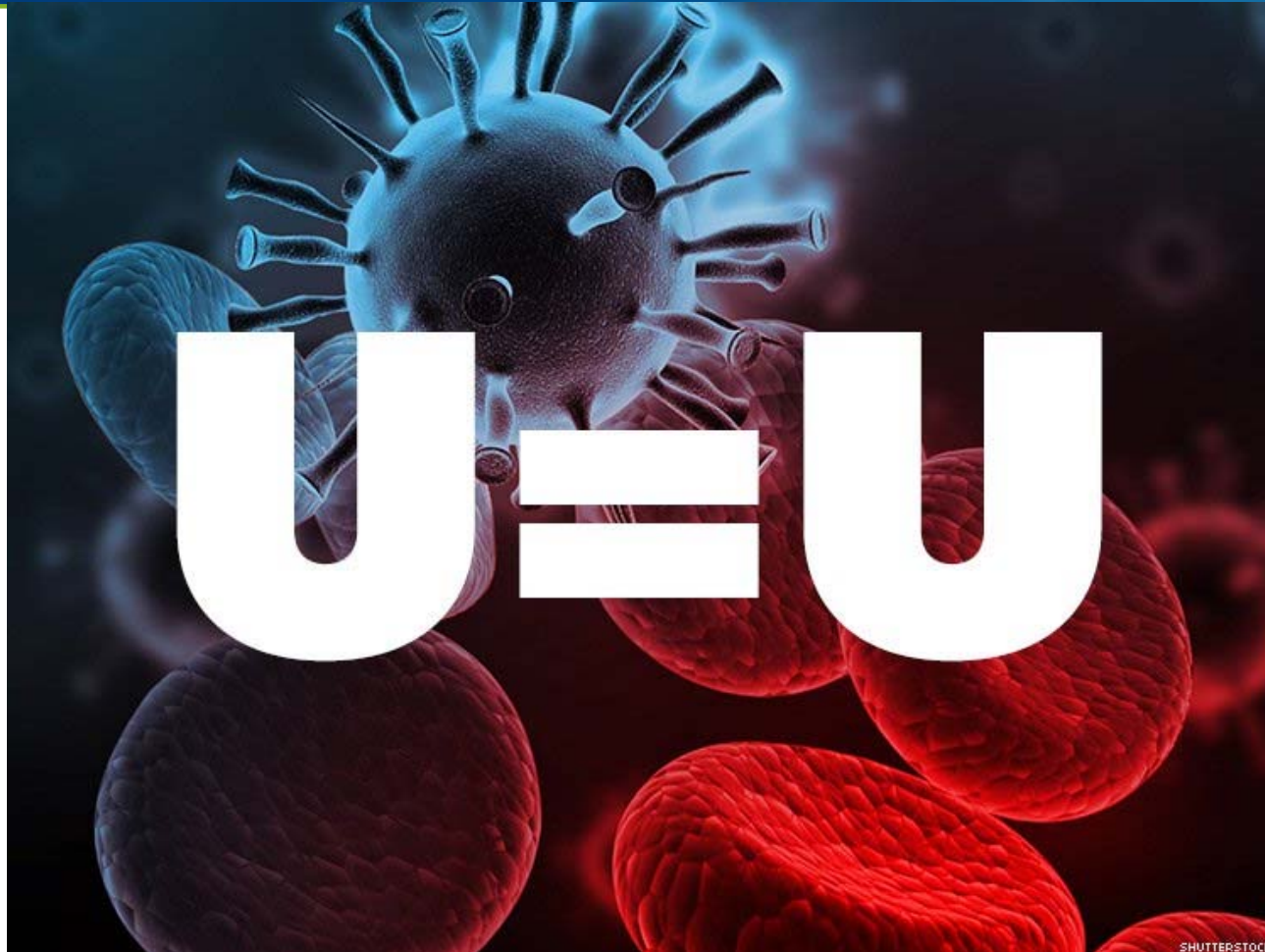
Optimal viral suppression:
HIV RNA below lower limit of detection (e.g., <20 copies/mL)

Viral blip:
after viral suppression, isolated detectable HIV RNA level, followed by a return to virologic suppression

Low-level viremia:
persistent HIV RNA level quantifiable below 200 copies/mL

Virologic failure:
inability to achieve or maintain suppression to HIV RNA <200 copies/mL

CDC Campaign
Undetectable = Untransmissible



Vaccinations for HIV Infected Persons

- No contraindication to COVID 19 vaccine
- Hepatitis A, B vaccinations
- Influenza Vaccination annually, live attenuated intranasal contraindicated
- Tdap with Td booster every 10 yrs
- HPV approved by FDA in men and women to age 45 –(3 doses - 0, 1-2, 6 months)
- Meningoccal (MenACWY) every 5 years (MenB should not be given >23yrs of age)
- PCV20 (if you have it)* NEW
- Shingrix recommended >age 18 * NEW
- MMR can receive if CD4>200

What is next for HIV care

- Active studies going using mRNA technology for HIV and HCV vaccines
- Expect perinatal guidelines to change stance on HIV positive mothers breastfeeding
- Expect guidance in DHHS HIV guidelines for anal cancer screening-following the results of the ANCHOR study.

Resources

National HIV Curriculum Overview

INTRODUCING THE AETC National HIV Curriculum

FREE Online CME/CNE Training for Physicians, PAs, and Nurses



Visit aidsetc.org/nhc

- Six modules on HIV diagnosis, care, and treatment
- For novice to expert clinicians, faculty and students
- Clinical screening tools and calculators
- 400+ interactive board-review questions
- Modular learning in any order with progress tracker
- Easy to use antiretroviral medications guide and references
- Challenges and Controversies - national experts' opinions

 **HRSA**
Ryan White & Global HIV/AIDS Programs

 **AETC** AIDS Education & Training Center Program
National Coordinating Resource Center

 National HIV Curriculum

MW AETC ECHO Mission



What: free case consultations and clinical updates via videoconference for community HIV providers

How: weekly 1-hour sessions via interactive video that include a 15-minute “HIV Update” then 45 minutes of case consultation/discussion

Why: community-based clinicians are often best situated to provide local HIV care; ECHO offers support and mentorship, creates a network of physicians who help each other, and does so in a cost-conscious way

<http://depts.washington.edu/nwaetc/echo/>

Medical Director: Brian Wood (bwood2@uw.edu)





Serving Alaskans living
with HIV/AIDS

1057 W Fireweed Ln,
Suite 103
Anchorage AK 99503

(907)263-2055

Fax: (907)263-2051

SOA HIV/STD PROGRAM CONTACT INFO

- HIV Surveillance Coordinator
 - Sarah Brewster, MSW, MPH
907-269-8057
- HIV Prevention Coordinator
 - Taylor Holsinger, MPH
907-269-5221
- STD Program Coordinator
 - Nathan Wormington
907-269-8087



World AIDS Day 2022

**ANTHC Early Intervention
Services/HIV Program**
(907)729-2907



PUTTING OURSELVES TO THE TEST
Achieving Equity to End HIV

For more information: <https://www.hiv.gov/events/awareness-days/world-aids-day>



AK ID ECHO - 2023

Upcoming didactic topics

- Mpox Update, January 10
- Hepatitis EPI in AK, February 14
- HCV Treatment in Non-Traditional Settings, March 14
- PrEP
- Expedited Partner Therapy
- TB

What topics would you like to learn about during upcoming sessions?



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

ADDITIONAL LEARNING OPPORTUNITIES

Alaska Liver Disease ECHO

- Third Thursday of every month from 12:00-1:00 PM
- December 15: HCC Surveillance – Are We Doing Enough?
- www.anthc.org/project-echo/alaska-liver-disease-echo

LiverConnect

- Second Tuesday of every month 8:00-9:00 AM
 - 2023 sessions to be announced
- www.anthc.org/hep/liverconnect



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ADDITIONAL LEARNING OPPORTUNITIES

Addiction Medicine ECHO

- 2023 sessions to be announced
- www.anthc.org/project-echo/addiction-medicine-echo
- Questions: Email behavioralhealth@anthc.org

Indian Country ECHO Programs

- Harm Reduction, Infectious Disease, and more!
www.indiancountryecho.org/teleecho-programs



ALASKA NATIVE
TRIBAL HEALTH
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Free resources available at iknowmine.org/shop

The screenshot shows the iknowmine.org website. The header is green with a search bar and navigation links: Get Condoms, Find a Clinic, Get Tested, Read Our Newsletter, Get Data, Find a Curriculum, Donate Now, and SIGN IN OR REGISTER. Below the header is a dark blue banner with the iknowmine.org logo and the tagline "Truthful, Accurate Information for You(th)". To the right of the logo are buttons for "order resources & supplies" and "get answers". Below the banner is a row of icons representing different topics: SEXUAL HEALTH, LGBTQ2S+, MY BODY, MY MIND, MY SPIRIT, MY RELATIONSHIPS, and ALCOHOL, TOBACCO & OTHER DRUGS. The main content area features a large image of two people sitting on a bench in a forest, with the text "I know mine Do you know yours?" and "Sexually transmitted infections (STIs) are pretty common, and Alaska has some of the highest rates of transmission in the nation. However, safer-sex practices, like regular STI testing, can help stop the spread and inform lifestyle decisions." Below this text are two buttons: "LEARN MORE" and "ORDER A SELF-TEST KIT". On the right side of the main content area is a vertical red button that says "ASK NURSE LISA".

Sexual Health & Wellness



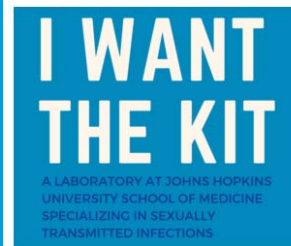
CONDOMS FOR INDIVIDUALS



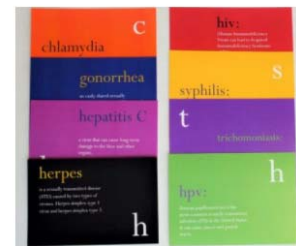
CONDOMS FOR ORGANIZATIONS



HIV SELF-TEST KIT



STI SELF-TEST KIT



STI CARDS



SEXUAL HEALTH PRINTED MATERIALS



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



AK ID ECHO Contacts

ANTHC Staff

- Leah Besh PA-C, Program Director: labesh@anthc.org
- Jennifer Williamson, Program Coordinator:
jjwilliamson@anthc.org or 907-729-4596
- 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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Indian Leadership for Indian Health

Thank you!

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