

**HIV/AIDS**

**Surveillance Report**

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Prepared by

Ventura County Public Health

The HIV/AIDS Center

Office of HIV/AIDS Surveillance

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**Introduction**

The Center for Disease Control (CDC) in conjunction with the current National HIV/AIDS Strategy, Healthy People 2020 and the California State Office of AIDS provide us with the outline and strategy to combat the HIV/AIDS epidemic.

The strategy sets clear priorities and targets for HIV prevention and care in the United States, and calls on government agencies and their public and private partners to align efforts toward a common purpose.

The Goals over the next 5 years:

1) Lower the number of new infections by 25%

2) Increase from 79-90 percent the percentage of people living with HIV who know of their infection;

3) Reduce the HIV transmission rate, by 30 percent

4) Increase the percentage of newly diagnosed people linked to care within 3 months from 65 to 85

percent

5) Increase the proportion of HIV-diagnosed gay and bisexual men, African Americans, and Latinos

with undetectable viral load by 20 percent

**Ventura County Public Health Goals**

Our goals follow the National HIV/AIDS strategy: Updated to 2020, CDC pursues a High-Impact Prevention (HIP) approach to reducing new HIV infections. The CDC is currently working to expand the reach of multiple high impact prevention strategies, including:

* **HIV testing- making it simple, accessible and routine**

We have implemented the CDC’s Revised Recommendations for HIV Testing in Healthcare Settings (see attachment A for a summary). This is commonly referred to as Opt Out testing. The recommendations suggest Healthcare providers adopt a policy for routine HIV screening for patients 13-64 years and all pregnant women in healthcare settings. The patient must explicitly decline the test (Opt Out). This effort is to minimize the number of people who are HIV positive but unaware of their diagnosis.

* **HIV Care and Treatment**

Linkage to care is also a critical element to reducing HIV transmission and healthcare costs. In Ventura County, we attempt to be at every new HIV result disclosure with the patient and provider so that we may directly link them into HIV care and case management immediately. This has proven to be very successful in Ventura County and a model for other counties to follow.

* **Access to condoms**

All settings where people in need of HIV prevention can be reached.

* **PrEP availability and Uptake (Pre-exposure prophylaxis)**

Another powerful new prevention tool, extremely underutilized by physicians in high risk populations.

34% of primary health care providers recently reported not having heard of PrEP.

* **Risk Reduction Support**

It is critical to equip all individuals with the information needed to protect themselves and their partners.

**VENTURA COUNTY PUBLIC HEALTH**

**“THE CENTER”**

**What We Do**

We improve the lives of people with HIV/AIDS emotionally, socially and medically. The Center provides medical case management to HIV infected and affected people of Ventura County regardless of ability to pay, sexual orientation, documentation, ethnicity, gender, or religious convictions. We provide professional, confidential and culturally sensitive services in English and Spanish.

**We Are Unique**

Ventura County Public Health HIV/AIDS Service has created a unique and very effective way to get newly diagnosed patients directly into care. VCPH has been recognized by the State Office of AIDS and encouraged other counties to follow our lead.

We make every effort to be with the Healthcare Provider and the patient at the time of HIV diagnosis disclosure. We assist providers and remain with the patient to counsel them as long as necessary, provide emotional support, and provide direct linkage to an HIV specialist at that time. It is critical that the patient leave the provider’s office with a plan to move forward and know they have a support system already in place. This has been highly successful in getting patients into care within one day to one week and retaining them in care. This enhances their health outcome, reduces HIV transmission rates, creates an early opportunity for HIV viral suppression and reduces healthcare costs.

Direct client services including and not limited to:

* [Medical Case Management including benefits counseling, treatment adherence and support](http://www.vchca.org/public-health/hiv-aids-center/medical-case-management)
* [AIDS Drug Assistance Program (ADAP)](http://www.vchca.org/public-health/hiv-aids-center/aids-drug-assistance-program-(adap))
* [Partner Services (PS)](http://www.vchca.org/public-health/hiv-aids-center/pcrs)
* [Early Intervention Services (EIS)](http://www.vchca.org/public-health/hiv-aids-center/early-intervention-services)
* Office of AIDS Health Insurance Premium Payment Program (OA-HIPP)
* [Court Mandated HIV/AIDS Education](http://www.vchca.org/public-health/hiv-aids-center/court-ordered-aids-education)
* HIV/AIDS Alcohol and Substance Abuse Outreach
* HIV/AIDS Case Surveillance
* [HIV/AIDS-Related Reports and Presentations](http://www.vchca.org/public-health/hiv-aids-center/hiv-aids-reports-and-presentations)



CDC data still suggests an average of 50,000 new HIV infections per year.

**Summary 2016 HIV Cases**

* Total number of new HIV infections was 35
* 80% men having sex with men (MSM); 20% heterosexual transmission
* 34% were < 25 yrs. of age, 17% were between 26-35 years of age, 31% between 36-45 years, 17% were over 50.
* 60% were white; 34% Hispanic; 6% other
* Several cases were diagnosed in Los Angeles but live in Ventura County; cases were also diagnosed through the VCMC system, Planned Parenthood and Clinicas Del Camino Real

**Summary 2016 AIDS CASES**

* Total number of newly diagnosed AIDS cases was 10. **However, 15 more cases transitioned from HIV to AIDS in 2016.**
* All 10 were males with 90% men having sex with men, 10% heterosexual
* 30% were white; 50% Hispanic; 20% were Asian/ American Indian
* 100% were diagnosed simultaneously with HIV and AIDS = late diagnosis, higher medical costs, increased likelihood of HIV transmission and poorer health outcome.
* 11% were under the age of 25 yrs.; 50% between the ages of 35-45 yrs.; 40% were over 50 yrs. of age.

**EXPANDED HIV TESTING GRANT**

Per the CDC more than 1.1 million people are infected with HIV in the United States and one in six people or 15.8% are unaware of their diagnosis. The 2016 HIV/AIDS report from Ventura County Public Health states there are approximately 2,188 people diagnosed and living with HIV/AIDS in Ventura County, and following CDC estimates, likely 15.8%, or at least another 345 patients remain undiagnosed and thus unaware of their diagnosis. In Ventura County in 2016, 100 % of the people diagnosed with AIDS were diagnosed HIV and AIDS simultaneously. This remains higher than the national average.

In March 2015, Ventura County Public Health HIV/AIDS Program began participating in collaboration with PAETC (Pacific AIDS Education and Training Center) in the Expanded HIV Testing Program provided by the State Office of AIDS. Through the VCMC ED (Emergency Department) we began routine HIV screening in the Ventura and the Santa Paula campus. We will be working on St. John’s Regional Medical Center in 2017.

The 2016 EHT Grant results: There were a total of 40 positive HIV tests; 4 were newly diagnosed.

Eight patients were out of care and linked back into medical and case management services.

The four newly diagnosed patients (2 of the 4 were homeless) were contacted, given their results and linked to care immediately. Partner notifications were also performed.

* A total of nine cases were indeterminate. This means they were reactive for HIV 1/2 Ab Ag, however, their confirmatory test was not reactive. This could mean a person is actively seroconverting (a recent exposure has occurred) or it may be a false positive test. In this situation, a PCR HIV viral load test is needed confirm the results. All nine of these cases turned out to be negative for HIV. Patients were contacted with the results and HIV education and prevention were provided.

It is critical to identify undiagnosed HIV positive patients, get them into care, on HIV medications, and identify who also may be at high risk for HIV transmission. The EHT grant also provides us an opportunity to re-connect patients who may have dropped out of care and link them back in thereby reducing HIV transmission rates, potential hospitalizations, and follows the 2013 through 2020 National HIV Care Continuum Initiative.

**OUT OF COUNTY, STATE and COUNTRY CASES**

**(OOC/OOS)**

OOC cases are those patients who were diagnosed and reported in another county, state or country and are now living and receiving services for HIV/AIDS in Ventura County. We do not receive funds for these patients from State or Federal grants. However, we provide services for any HIV/AIDS diagnosed patient who is living in Ventura County. We are near Los Angeles which is has one of the largest populations of HIV/AIDS cases and we have excellent weather and medical care here in Ventura.

**In 2016:**

49% arrived with an AIDS diagnosis

18% were from Out of State

82% were from other counties in California

**Summary**

We continue to see newly diagnosed patients in Ventura County; many are younger males, predominantly white and Hispanic. The means of transmission is primarily men having sex with men. Many those were newly infected were connecting via apps on their phones or the internet. Easy access to sex and drug use with anonymous partners continues to be a challenge, however, the cities of San Francisco and Berkeley are attempting a pilot program with the internet sites on prevention and education messages. Through the EHT grant we have also been able to diagnosis new HIV patients and link to care those who were previously HIV positive but had fallen out of care.

The National goals for early detection and linkage to care has been our focus in Ventura County. We have been working hard to expand HIV testing, getting newly diagnosed patients into care as soon as possible and assisting patients to achieve and maintain viral suppression. There are currently six single tablet regimens currently available. This enhances patient compliance tremendously. This goal will continue to expand into 2017 and beyond. HIV and AIDS patients are living longer due early engagement in medical care, medication, case management assistance and early detection. Our case managers work with over 300 clients per year. These patients include the newly diagnosed and those who have been living and managing their HIV disease with case management assistance.

**Attachment A**

**CDC Revised HIV Testing in Healthcare Settings**

**The CDC recommendations suggest Healthcare providers adopt a policy for routine HIV screening for patients 13-64 yrs. and all pregnant women in all healthcare settings.**

**New Recommendations: HIV screening**

* For patients **ages 13-64 yrs. in all Healthcare setting**s after the patient is notified that testing will be performed. **The testing will be performed unless patient explicitly declines (Opt out screening).**
* HIV testing of people at high risk for HIV infection at least once per year.
* Screening should be incorporated into the general consent for medical care; **separate written consent is not required.**

**Why test?**

* Data suggests that targeted testing based on risk behavior fails to identify a substantial number of people infected with HIV.
* An estimated **one-fourth** of the approximately 1 million persons in this country who are living with HIV **do not know they are infected.**
* Earlier detection and earlier linkage to medical care will allow patients to receive more effective treatment resulting in better improved health and extended health. Currently, many only learn of their diagnosis after symptoms (65%).
* More people accept routine HIV testing if it is offered to everyone (without a risk assessment). This may help reduce the stigma attached.

**CDC standard for HIV testing: Eliza (HIV 1&2 AB)**

* Repeatedly reactive enzyme immune-assay **(HIV 1 & 2 AB)** followed by a confirmatory Western Blot or IFA remains the standard method for diagnosing HIV infection.
* HIV 1 RNA PCR QT viral load should not be used as a screening tool.
* Rapid HIV testing- 20 to 40-minute preliminary result; if positive, confirmatory blood draw required.

**NO Consent Required for Testing**

**California law has eliminated the requirement for separate, written consent for HIV testing.**

**H&S Code Section** **120990** requires a medical care provider, prior to ordering an HIV test, to:

• Inform the patient that an HIV test is planned;

• Provide information about the HIV test;

• Inform the patient that there are numerous treatment options available for a patient who

tests positive for HIV and that a person who tests negative for HIV should continue to be

routinely tested;

• Advise the patient that he or she has the right to decline the HIV test; and, if the patient

declines the HIV test, document that fact in the patient’s medical file.

**These bulleted requirements shall not apply when a person independently requests an HIV test from the provider.**

**Reimbursement**: Per the State Office of AIDS

* AB 1894- all private health insurance third party payers must reimburse for HIV testing regardless of primary Dx.
* Medi-Cal should reimburse for ICD-9-CM codes (V73.89 or V69.8)
* Family PACT will reimburse for routine HIV screening
* Medicare will reimburse for individual risk factors and if the patient requests an HIV test.

