**Greater Baltimore HIV Health Services Planning Council**

***Planning Council Meeting***

***5:30 p.m. – 8:30 p.m.***

Questions to Presenters July 19, 2011

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**Maryland DHMH HIV Prevention and Treatment**

Presented by: Meena Abraham, MD, Assistant Director, Department of Health and Mental Hygiene

1. Providers report new cases of HIV to DHMH/state level services, but local health departments may not be receiving information on these new positive cases. How can sharing of information promote early entry into care? Is DHMH working on a shared information system?

Answer: Providers report new cases of HIV to the local health departments (LHDs) and to DHMH. Follow-up investigations on new cases are handled differently across the jurisdictions. Some follow-up is done by the LHDs and some is done by DHMH. The primary mechanism for LHDs to promote entry into care is through partner services and in a few jurisdictions, linkage to care outreach programs. Referrals to partner services are made directly within LHDs. For two high morbidity jurisdictions, Baltimore City and Anne Arundel County, data sharing agreements permit referrals from DHMH to the LHD for partner services and linkage to care. DHMH is working to implement new CDC minimum data security standards across the state that will permit additional LHDs to participate in data sharing.

2. In reference to page two of the presentation, given the fact that the impact of late testing, morbidity, cost of care, and lack of proven interventions, how have we (IDHEA) again failed to include aging adults, specifically women and men of color, (African American), as special populations? Clearly, there are no plans to focus on them- though they are represented in all the other groups except youth- their care is more expensive, provided later in the disease progression, they die more often (without research to know how much morbidity is related to HIV/AIDS or aging). What specific, measurable steps are being taken to address aging populations?

Answer: The Maryland HIV Prevention Community Planning Group (CPG) establishes the ranking of priority populations by considering local HIV/AIDS epidemiology and an established set of decision-making rules. The priority populations are based on risk behaviors. Within each risk population, the CPG has identified goals for reach to non-Hispanic Blacks to reflect the disproportionate impact of HIV among Blacks. The CPG has also identified special populations, for which cultural or linguistic factors may be barriers to being reached via programs targeted to risk populations. At this time the CPG has not identified aging adults as a special population.

IDEHA will be working with partners that implement prevention programs to use epi data to ensure that programs are targeted to reach those most at risk within the risk

populations. For example, in areas where there are a large number of infections or significant increases in new infections among aging adults, epi data would be used to target programs effectively to at-risk aging adults.

3. How will IDHEA ensure "Consumer/community" involvement in increased to reflect their participants with the targeted partners listed on page four?

Answer: IDEHA has a variety of methods to ensure input and involvement by consumers and others in the community. These include the Regional Advisory Committees, the HIV Prevention Community Planning Group, the MADAP advisory board, the MSM Response Team, the Transgender Response Team, and local commissions such as the Baltimore City Commission on HIV/AIDS and the Anne Arundel County HIV/AIDS Commission.

4. Will your organization consider providing or covering the cost of PrEP for HIV negative partners of HIV positive patients to reduce HIV transmission?

Answer: Under current guidelines, IDEHA's federal funding may not be used to cover the cost of PrEP medications and State general funds are not available for this purpose at this time. IDEHA will be exploring the development of guidelines for PrEP in Maryland.

5. How many new positives are under 30 and why is Part D funding not being increased to reflect the direction of new cases amongst youth, particularly young MSM?

Answer: Unfortunately, IDEHA has been level funded for Part D and D Youth by HRSA for many years, so there are no additional Part D dollars to distribute. Agencies focusing on youth, including youth MSM, can apply for the existing Part D and D Youth funds when they are up for bid in Baltimore City for SFY13. Agencies can also apply for Ryan White Part B funds in Baltimore to serve HIV positive youth.

6. How are state-led prevention plans addressing treatment-resisting gonorrhea?

Answer: **Please note:** these answers relate to actions by the Maryland Center for STI Prevention, and the Maryland State Laboratory Administration. Baltimore City Health Department is independently funded by the Centers for Disease Control to run its own Baltimore City Health Department STD Program, and does its own "Gonorrhea Response Planning". Example: Baltimore City Health Department does its own outreach to major providers about the importance of screening and correct treatment.

**The Maryland State Department of Health and Mental Hygiene is taking several actions to address gonorrhea and the concerns about antibiotic resistance statewide:**

**1. Outreach and education to health care providers to encourage screening/testing and use of correct treatment, by the Center for STI Prevention:**

a. Webinar about Drug-Resistant Gonorrhea, hosted by Maryland Dept of Health and Mental Hygiene, the CDC Region III STD-HIV Prevention Training Center, and the Mid Atlantic Public Health Center at Hopkins, April 2010, 700 participants statewide and in other states.

b. "Provider Alert" about Drug Resistant Gonorrhea -- distributed July 26 2011 to local health departments including Baltimore City and statewide major health care provider organizations such as MedChi late July 2011.

c. Medical Grand Rounds about gonorrhea screening and treatment: provided in Prince George's County Hospital April 2011.

**2. Adoption of an easier screening test at local health department STD clinics:**

a. Starting fall of 2010, county health departments can now use swab or urine based tests (NAATs - nucleic acid tests) for both chlamydia and gonorrhea. It is hoped that this easier-to-use test will increase acceptability of testing, and increase the range of who gets screened.

**Note:** Baltimore City Health department and the Baltimore City Public Health Laboratory had previously moved to adopt this test using their own federal and local fund sources.)

**3. State Laboratory Administration continues to offer antibiotic resistance and sensitivity testing on gonorrhea cultures.**

a. Very few public health laboratories continue to make culture tests available for gonorrhea, let alone resistance and sensitivity testing.

b. By performing resistance and sensitivity testing on gonorrhea cultures submitted from across Maryland State, the State Lab is able to monitor drug resistance. To date there have been minimal indicators of the kind of change which is starting to be apparent in some parts of the world.

c. Note: The Baltimore City Public Health lab also participates in a national gonorrhea resistance tracking effort, "Gonorrhea Isolate Surveillance Project", for which they receive additional funds from CDC.

**4. Partner services interviews for some gonorrhea cases**

a. Partner services statewide, including Baltimore City, are prioritized for HIV and syphilis first, with partner services then being provided for gonorrhea cases if DIS time is available. Maryland State Center for STI Prevention has provided additional guidance and technical support to county local health departments with highest gonorrhea rates to perform partner services with gonorrhea cases.

**5. EPT Expedited partner therapy**

a. Baltimore City Health Department is continuing its successful "pilot" of Expedited Partner Therapy, which allows health care providers at both BCHD STD clinics to provide medication packets for CT and Gonorrhea for City STD Clinic patients to take to their partners if the patient thinks that the partner will not seek medical services at the clinic or elsewhere.

b. Maryland Dept of Health and Mental Hygiene is investigating the possibility of making EPT available as a practice for use statewide in both public and private health care settings.

**6. Routine STI Screening as part of Routine HIV Care**

a. Center for STI Prevention staff have conducted several cross-trainings with HIV Care, and provided presentations at regional RAC meetings, to emphasize the importance of implementing routine STI screening as part of routine HIV care. This national standard from USPSTF (US Preventive Services Task Force) recommends at least annual screening for STIs, with increased frequency of 2 -3 times per year for high risk such as MSM with multiple partners.

**7. State Laboratory Administration seeking approval for NAATs test for alternate sites (oral, rectal)**

a. The Maryland State Laboratory Administration is seeking approval to use the NAATs test for pharyngeal and rectal samples, in addition to the previously approved cervical and urethral sites.

**8. Limitations for Statewide screening for gonorrhea**

a. Unfortunately, there have been several years of reductions of funds available from both state and federal sources so there are fewer tests available for use in local health department STD and family planning clinics.

b. Baltimore City Health department may not have had such a large reduction in total number of tests available for use at Baltimore City STD and Family Planning clinics.