

This newsletter is organized to align the updates with Strategies from the ***Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*** (Integrated Plan). The [Integrated Plan](#) is available on the Office of AIDS' (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final.pdf.

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Staff Highlight:

OA is pleased to announce John Keasling has received the University of California San Francisco School of Medicine SPOT Award, in recognition of his contributions to OA and the California Department of Public Health (CDPH).

John's work is well-known and sought after within CDPH and encompasses a broad range of products, from scientific posters to brochures, infographics, educational posters, in addition to the newly designed, OA Voice Newsletter. As the only graphic designer/health educator employed by OA, John's work is highly prized and has had a tremendous impact on the overall look of OA's public-facing documents. He designed the OA logo, OA's highly visible statewide *Getting to*

Zero integrated plan, and multiple HIV prevention education campaigns. His many successes include designing the logos for the Office of Refugee Health, the Center for Infectious Diseases, and the Office of Binational Border Health, designing and managing OA's condom distribution program, designing and managing OA's brochure clearinghouse, and, over his twenty-year career at OA, providing the themes and artwork for countless conferences, meetings and convenings.

John's artistic abilities alone would make him a standout on any team, however, his deep knowledge of health education principles, his willingness to share that knowledge with his teammates and local health departments and his ability to take on new, diverse projects make him a standout member of the OA team.

Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization

PrEP Assistance Program (PrEP-AP):

As of June 25, there are 181 PrEP-AP enrollment sites covering 98 clinics that currently make up the PrEP-AP Provider Network. As of June 25, there are 2,068 clients enrolled in the PrEP-AP.

A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.



Strategy F: Improve Overall Quality of HIV-Related Care

Medical Monitoring Project (MMP):

MMP is an enhanced surveillance activity that annually collects comprehensive data on 500 randomly selected people living with HIV/AIDS (PLWHA) in California. MMP is designed to gather information about the experiences and needs of PLWHA. Supported by the Centers for Disease Control and Prevention (CDC), MMP is conducted by 23 project areas across the country by state and local health departments.



Why is MMP Important?

MMP plays a distinctive role in assessing current key components of HIV Care by conducting a comprehensive health survey of PLWHA. The comprehensive survey is conducted by interviewing the participants, providing OA and CDC direct feedback about an array of wellness topics aimed at identifying accessibility, need, utilization and quality of care and services. Topics from the survey include stigma, adherence, healthcare coverage, alcohol and substance use, domestic violence, housing needs, food insecurity, among other wellness metrics.

MMP is unique in that it describes comprehensive clinical and behavioral information from persons carefully sampled to represent everyone with a reported HIV diagnosis in the United States. MMP and other surveillance programs are critical as federal coordination is needed to develop treatment and prevention cascades at state and local levels using standardized methodology and facilitate access to critical data to guide programs, services, policy and funding.

By collecting these data, locally and nationally representative behavioral and medical data from PLWHA, MMP will help answer the following questions:

- How many people with a reported HIV diagnosis are receiving adequate medical care for HIV?
- How easy is it to access medical care, prevention, and support services?
- What are the met and unmet service needs of people living with HIV?
- How is treatment affecting people living with HIV?

Where Does MMP Fit Into the Integrated Plan?

By conducting comprehensive interviews from a randomized sample of PLWHA, MMP estimates are designed to be representative of PLWHA. Information gathered from MMP may be used by prevention planning groups, policy leaders, health care providers, and PLWHA to highlight disparities in care and services. MMP aims to monitor and measure the collective efforts and outcomes of OA programs, services, initiatives and strategies which are aimed at getting California to zero new infections.

Who Is Part of the MMP Team?

We have a Principle Investigator- Dr. Marisa Ramos, a supervisor- Onika Chambers, an epidemiologist- Anna Flynn, two data managers Cassie Chavez and Hannah Johnson, and six core interviewers (Manny Rios, Frank Levels, Helen Hwang, Sophia Vourthis, Cassie Chavez, and Tony Gonzalez), and 1 part time interviewer (Ivan Mendoza-Manzo), who works in the AIDS Drug Assistance Program (ADAP).

If you are interested in learning more about MMP, please reach out to Onika Chambers at 916-449-5890.

More detailed information about the [Medical Monitoring Project](https://www.cdc.gov/hiv/statistics/systems/mmp/index.html) can be found at <https://www.cdc.gov/hiv/statistics/systems/mmp/index.html>.

Strategy H: Improve Integration of HIV Services with Sexually Transmitted Diseases (STD), Tuberculosis, Dental, and Other Services

FDA clears first diagnostic tests for extragenital testing for chlamydia and gonorrhea.

On May 23, 2019 the U.S. Food and Drug Administration (FDA) cleared for marketing two tests that can detect the presence of the bacteria Chlamydia trachomatis and Neisseria gonorrhoeae, which cause the sexually-transmitted infections, respectively, chlamydia and gonorrhea, through diagnostic testing of extragenital specimens. The Aptima Combo 2 Assay and the Xpert CT/NG are the first devices cleared for extragenital diagnostic testing of these infections via the throat and rectum. These tests were previously only cleared for testing urine, vaginal and endocervical samples. The FDA released the following press release, [FDA clears first diagnostic tests for extragenital testing for chlamydia and gonorrhea](https://www.fda.gov/news-events/press-announcements/fda-clears-first-diagnostic-tests-extragenital-testing-chlamydia-and-gonorrhea), found at <https://www.fda.gov/news-events/press-announcements/fda-clears-first-diagnostic-tests-extragenital-testing-chlamydia-and-gonorrhea>.

A joint [Dear Colleague Letter](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Extragenital_Screening_Dear_Colleague_Letter.pdf) (https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Extragenital_Screening_Dear_Colleague_Letter.pdf) encouraging

extragenital screening, was sent out from CDPH/OA and the STD Control Branch in February of this year. For more information, contact Jessica.Frasure-Williams@cdph.ca.gov.

Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP

ADAP's Insurance Assistance Programs:

As of June 25, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

The CDC released [new materials](https://www.cdc.gov/ssp) (<https://www.cdc.gov/ssp>) highlighting the efficacy of syringe services programs (SSPs) in addressing HIV, HCV, overdose and other issues that impact the health and wellness of people who inject drugs. The materials include [fact sheets](https://www.cdc.gov/ssp/docs/SSP-FactSheet.pdf) (<https://www.cdc.gov/ssp/docs/SSP-FactSheet.pdf>), an [infographic](https://www.cdc.gov/ssp/docs/Syringe-Services-Program-Infographic_508.pdf) (https://www.cdc.gov/ssp/docs/Syringe-Services-Program-Infographic_508.pdf), [frequently asked questions](https://www.cdc.gov/ssp/docs/SSP-FAQs.pdf) (<https://www.cdc.gov/ssp/docs/SSP-FAQs.pdf>) and a [Safety and Effectiveness Summary](https://www.cdc.gov/ssp/syringe-services-programs-summary.html) (<https://www.cdc.gov/ssp/syringe-services-programs-summary.html>).

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from May
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	539	+4%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	4,647	-0.5%
Medicare Part D Premium Payment (MDPP) Program	1,732	+0.8%
Total	6,918	+0.2%

[These materials are also posted on the OA website](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx) at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx.

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