

Overview of HIV in California

Laying a Foundation for Getting to Zero: California's Integrated Surveillance, Prevention, and Care Plan

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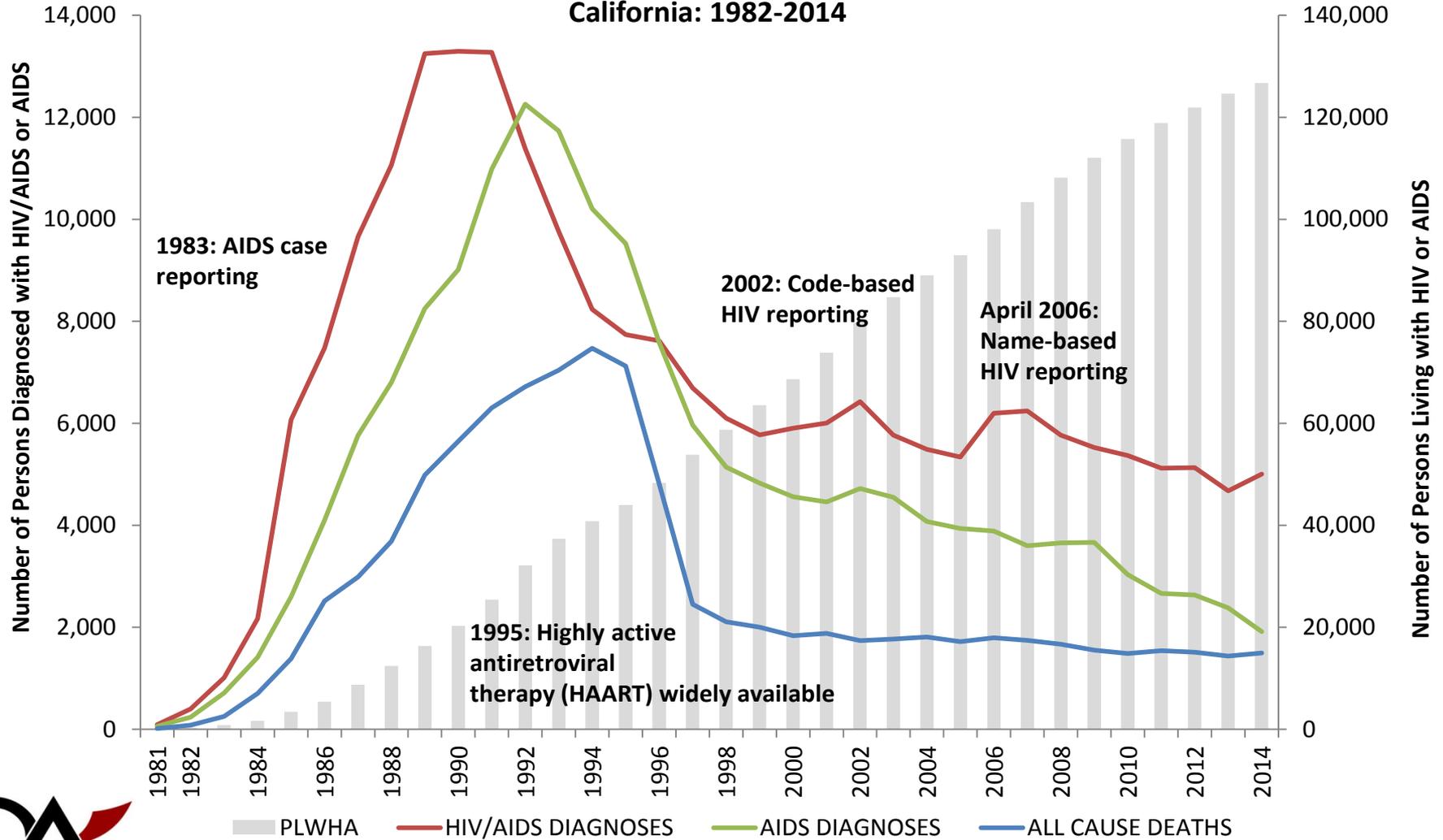


Office of AIDS (OA) California Dept of Public Health (CDPH)

- Lead responsibility for coordinating state programs, services, and activities relating to HIV/AIDS
 - HIV prevention
 - HIV care
 - HIV treatment: ADAP and OA-HIPP
 - HIV/AIDS surveillance, research, and program evaluation

The Big Picture

HIV/AIDS Diagnoses, AIDS Diagnoses, Deaths, and Persons Living with HIV or AIDS in California: 1982-2014

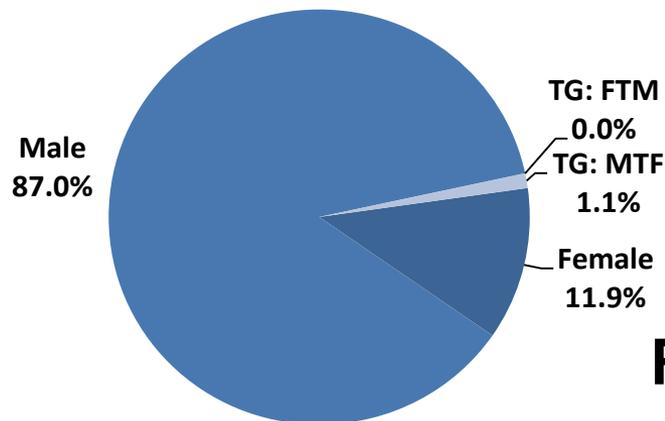


Source: HIV/AIDS Surveillance, eHARS data as of Dec 31, 2015

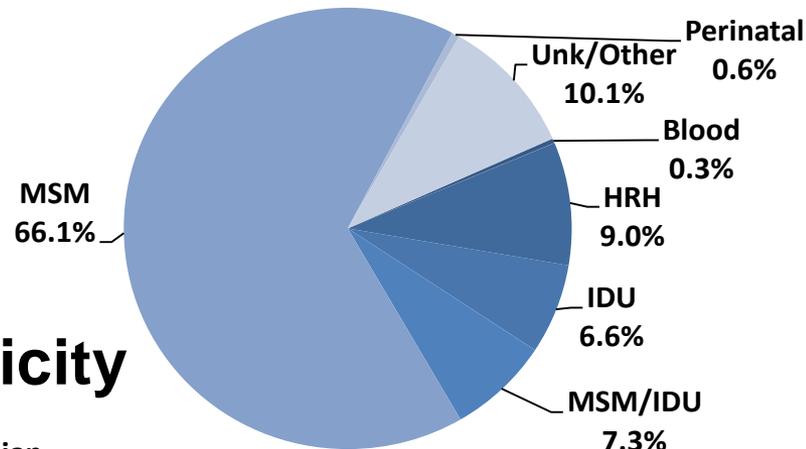


Demographic Characteristics of Persons Living with HIV/AIDS: California, 2014

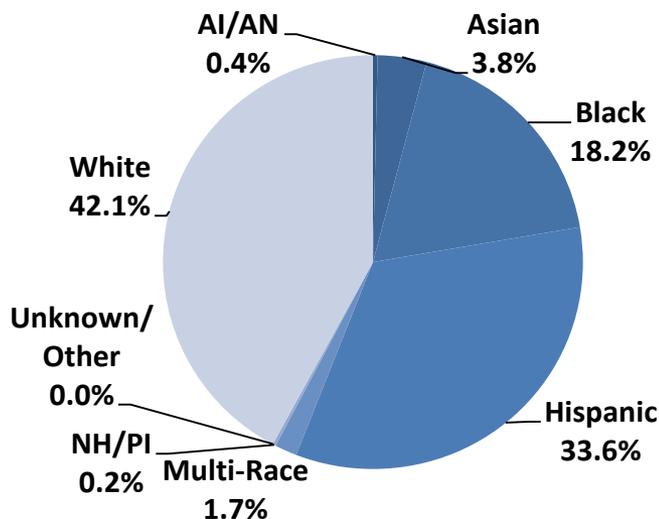
Gender



Risk Category

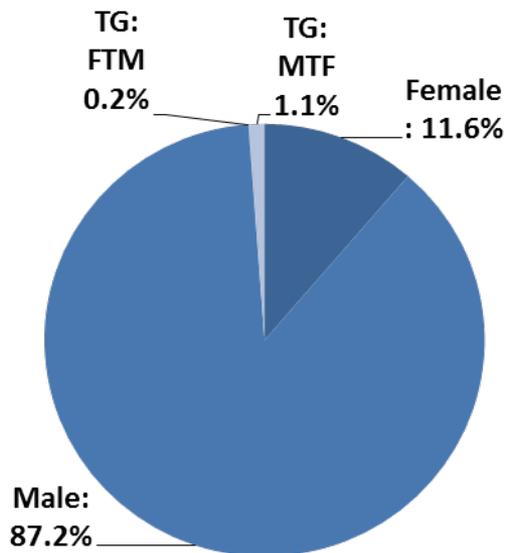


Race/Ethnicity

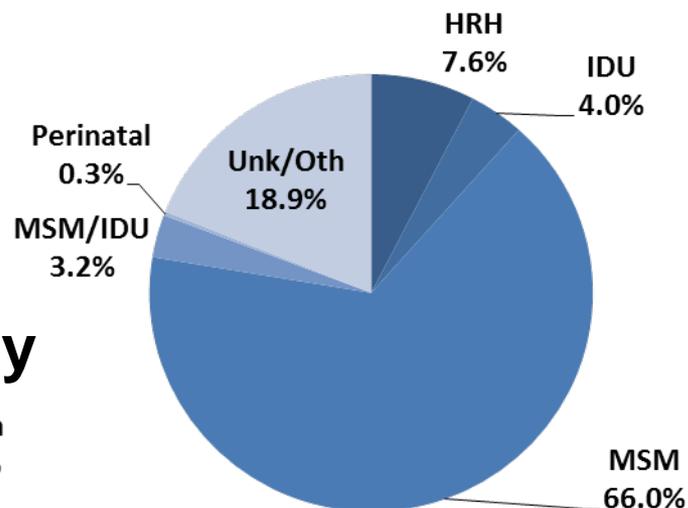


Demographic Characteristics of Persons Newly Diagnosed with HIV/AIDS, California, 2014

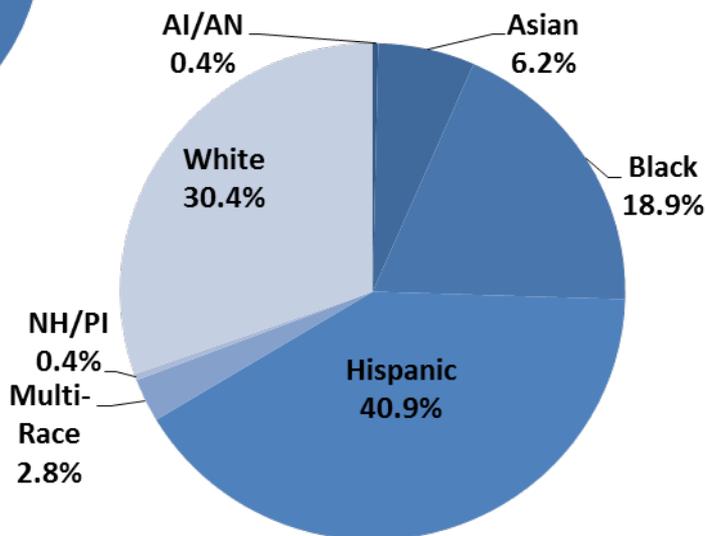
Gender



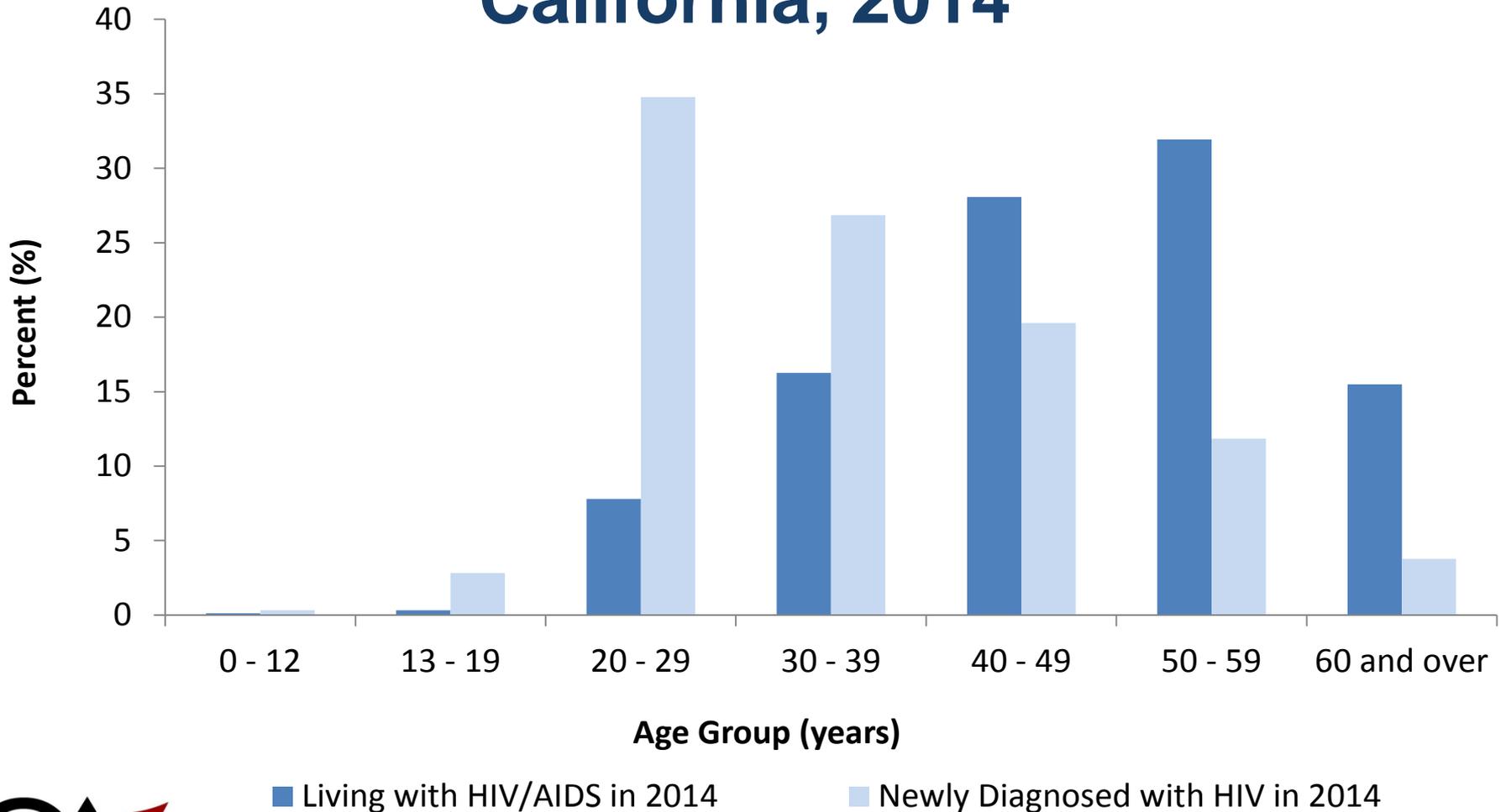
Risk Category



Race/Ethnicity



Age Distribution of Newly Diagnosed HIV Infection and Living HIV/AIDS Cases: California, 2014



States with the Highest Number of Diagnosed PLWH – 2013

State	Number of diagnosed PLWH*	Percent of all diagnosed PLWH in U.S.
New York	130,691	14.0%
California	119,845	12.9%
Florida	101,452	10.9%
Texas	73,959	7.9%
Georgia	42,067	4.5%
Total (all U.S.)	931,526	100%



* Centers for Disease Control and Prevention. *HIV Surveillance Report, 2014*; vol. 26. <http://www.cdc.gov/hiv/library/reports/surveillance/>. Published November 2015. Accessed 03/11/2016.

States with the Highest Number of New HIV Diagnoses – 2014

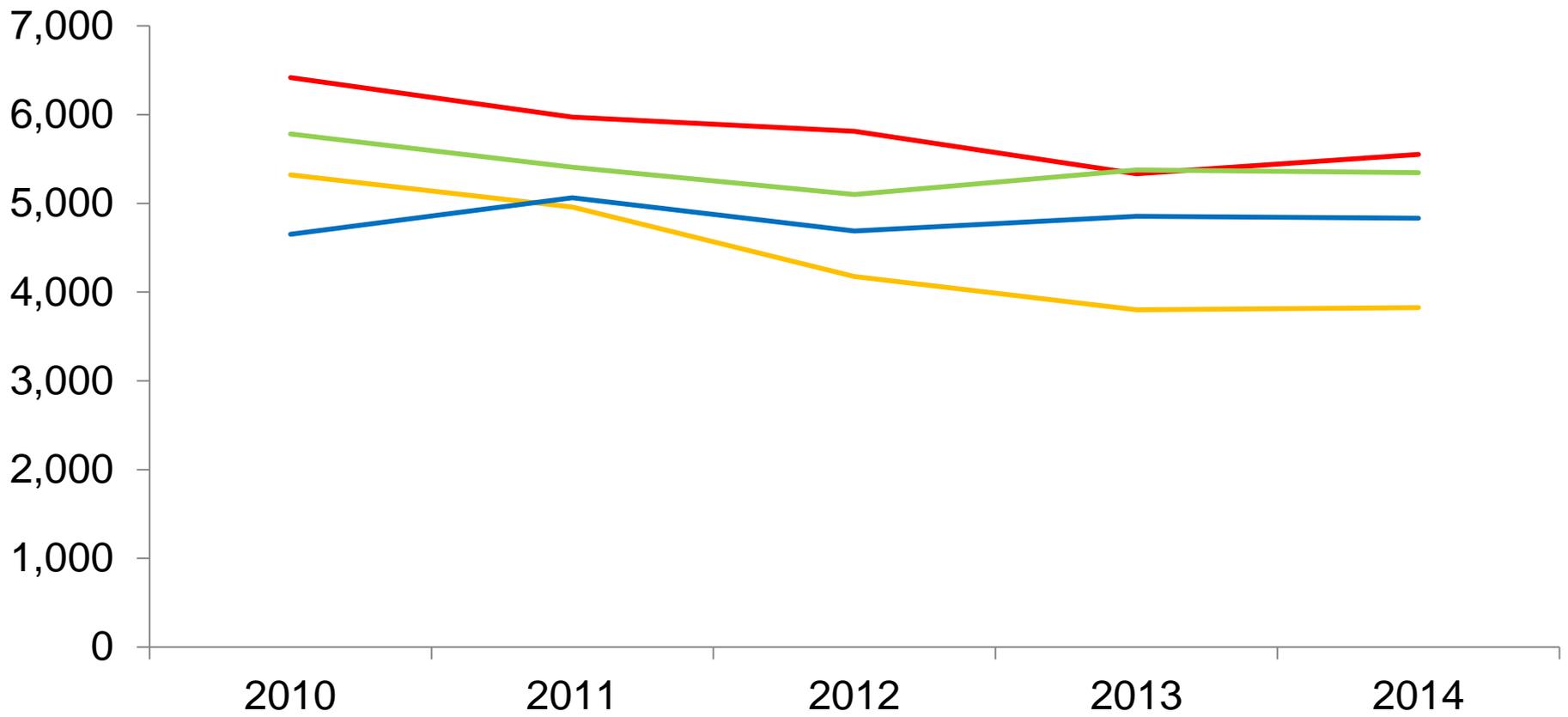
State	Number of new HIV diagnoses*	Percent of all new HIV diagnoses in U.S.
California	5,551	12.6%
Florida	5,347	12.1%
Texas	4,833	11.0%
New York	3,825	8.7%
Georgia	2,253	5.1%
Total (all U.S.)	44,073	100%



* Centers for Disease Control and Prevention. *HIV Surveillance Report, 2014*; vol. 26. <http://www.cdc.gov/hiv/library/reports/surveillance/>. Published November 2015. Accessed 03/11/2016.

California in Context: Number of New Diagnoses

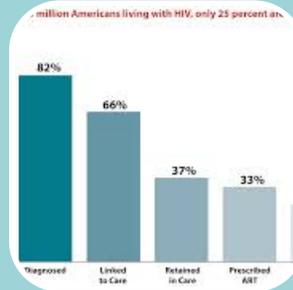
— California — New York — Florida — Texas



Office of AIDS Guiding Documents



National HIV/AIDS
Strategy (NHAS)



President's HIV
Care Continuum
Initiative



California's
Integrated HIV
Surveillance,
Prevention, and
Care Plan





National HIV/AIDS Strategy

- Released July 2010 by President Obama with measurable outcomes to achieve by 2015
- Updated in July 2015 with updated outcomes to achieve by 2020
- Same vision and 4 goals
- Updated with key developments since 2010

Vision

The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.



CDPH Office of AIDS Goals Aligned with National HIV/AIDS Strategy

- **Goal 1:** Prevent new HIV infections
- **Goal 2:** Increase access to care and improve health outcomes for PLWHA
- **Goal 3:** Reduce HIV/AIDS-related health disparities
- **Goal 4:** Achieve a coordinated response to the HIV epidemic

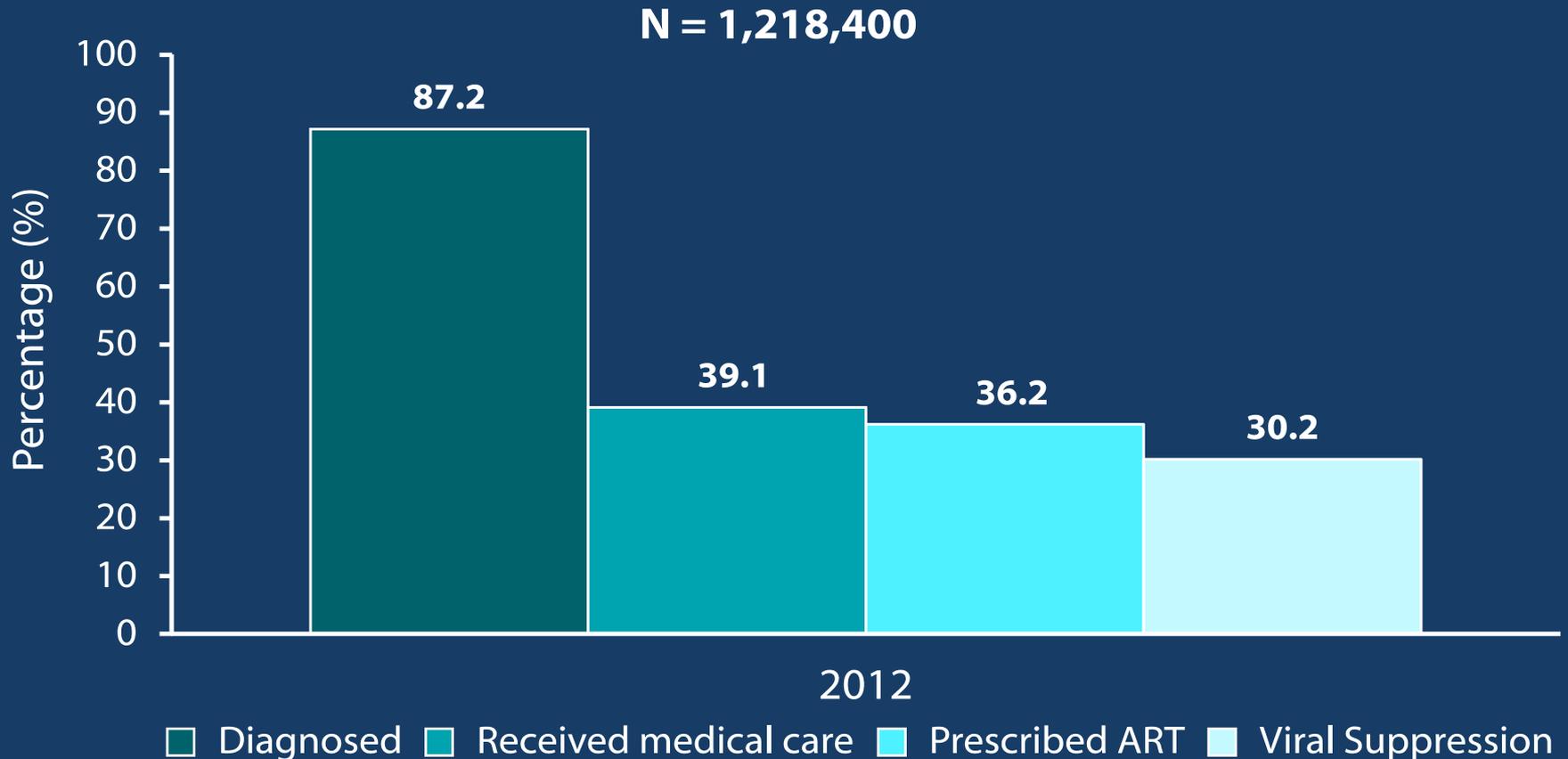
Developments since 2010

- Implementation of the Affordable Care Act
 - Expanded access to preventive services such as HIV testing without a co-pay or deductible
 - Eliminated discrimination against PLWH because of HIV status; PLWH now able to purchase insurance
 - Increased access to comprehensive health coverage through Medi-Cal Expansion and Covered California
- HIV Prevention Trials Network (HPTN) 052 and START (Strategic Timing of Antiretroviral Therapy) trials
 - Early HIV treatment reduces the risk of onward transmission by 96% while simultaneously improving health outcomes

Developments since 2010

- FDA approval of HIV Pre-Exposure Prophylaxis (PrEP)
 - One pill a day of emtricitabine/tenofovir (Truvada®) taken consistently reduces risk of HIV acquisition by over 90%
- Adoption of new HIV testing technologies that enhance the ability to diagnose HIV soon after infection
 - Broaden window of opportunity for effective interventions during acute infection, when HIV most likely to be transmitted to others

United States Continuum of HIV Care — 2012

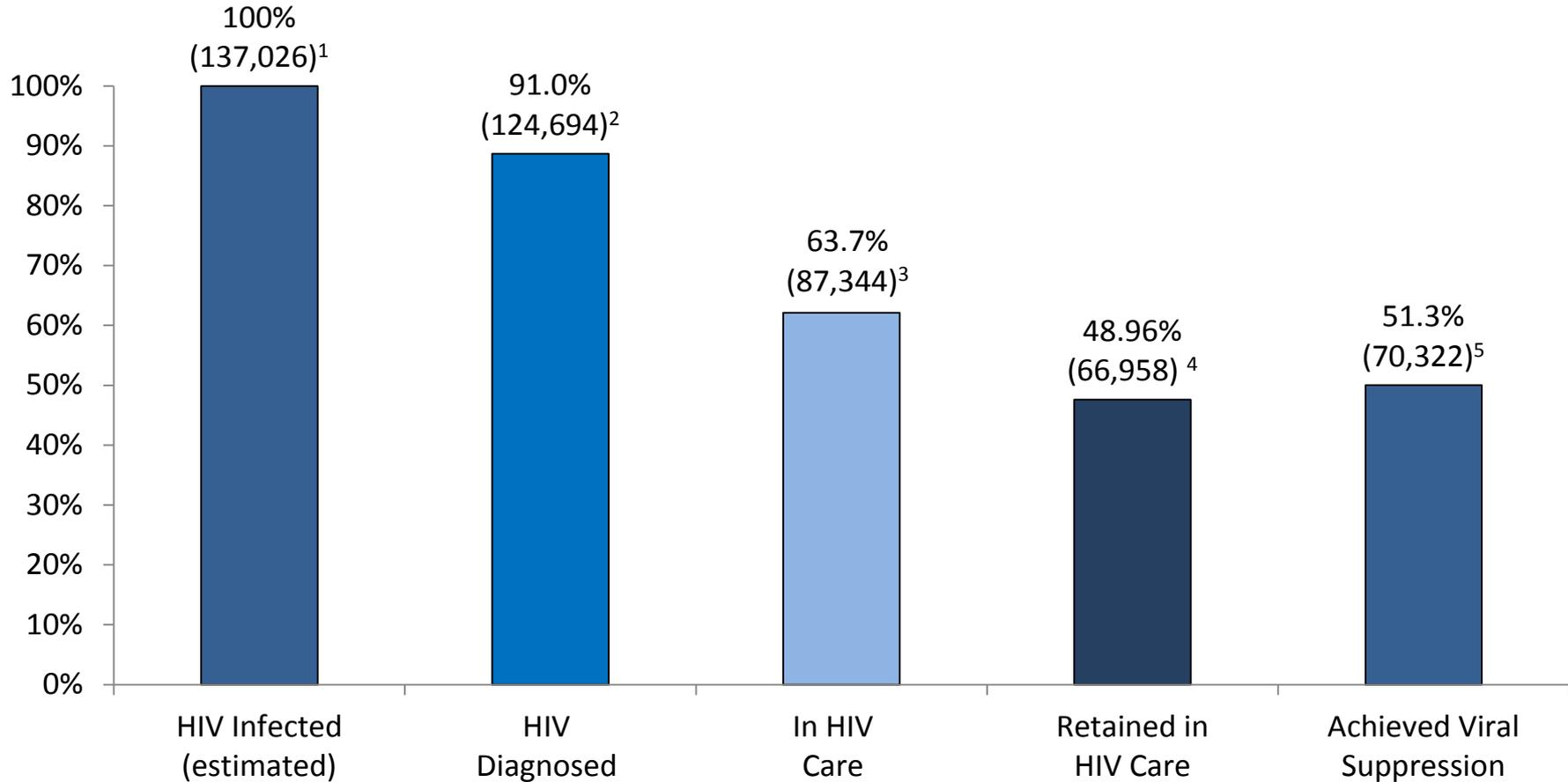


National HIV Surveillance System: Estimated number of persons aged ≥ 13 years living with diagnosed or undiagnosed HIV infection (prevalence) in the United States at the end of 2012. The estimated number of persons with diagnosed HIV infection was calculated as part of the overall prevalence estimate.

Medical Monitoring Project: Estimated number of persons aged ≥ 18 years who received HIV medical care during January to April of 2012, were prescribed ART, or whose most recent VL in the previous year was undetectable or < 200 copies/mL—United States and Puerto Rico.

California's Continuum of HIV Care – 2014

Percent of all persons living with HIV



¹ Estimated based on 124,694 living HIV diagnosed in eHARS during 2014 ÷ 0.910 (9.0% undiagnosed infection in 2013 in California)

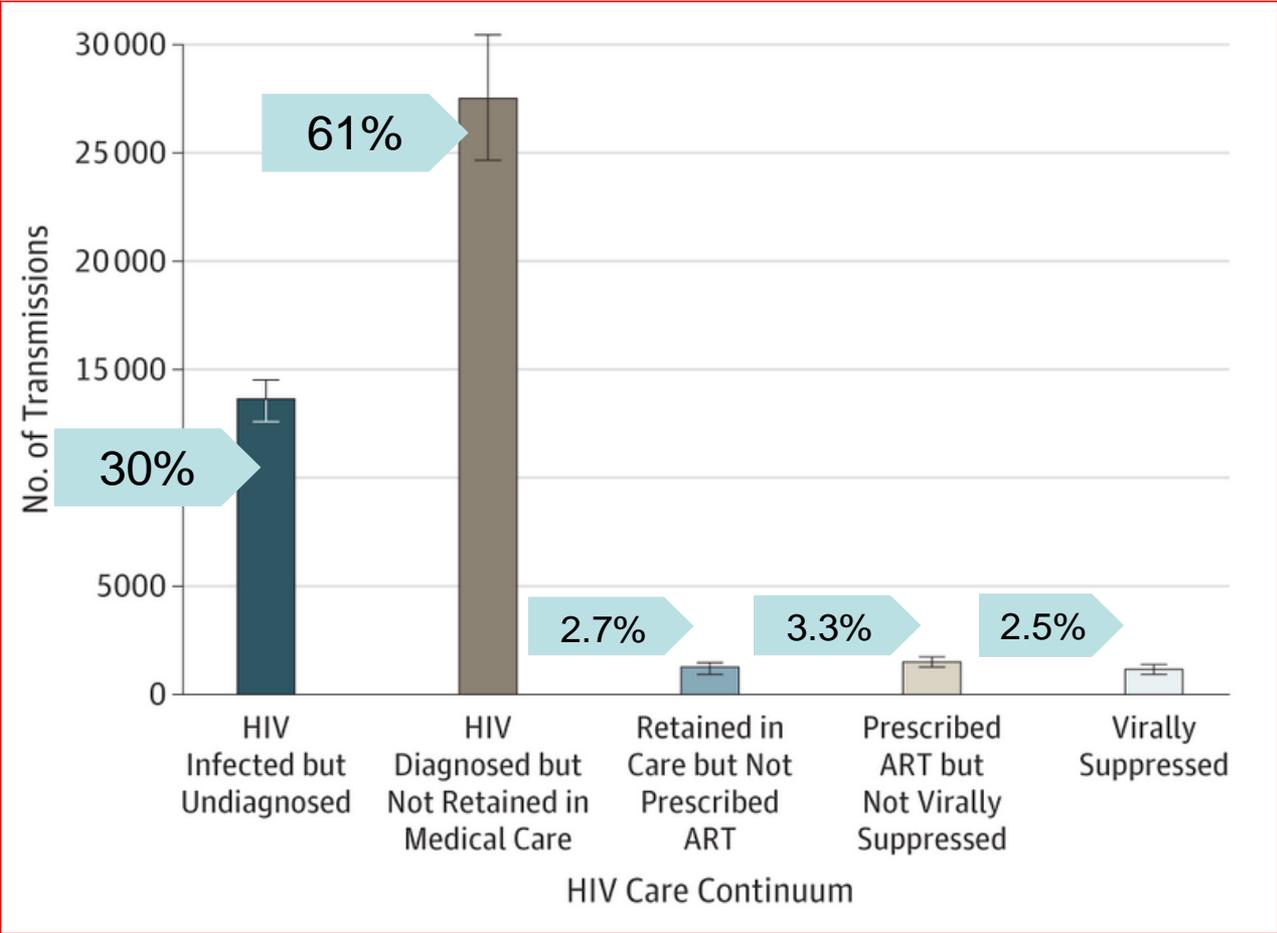
² eHARS data as of 12/31/2015 for persons diagnosed with HIV and living as of 12/31/2014.

³ Persons with at least one care visit during 2014 in eHARS as of 12/31/2015.

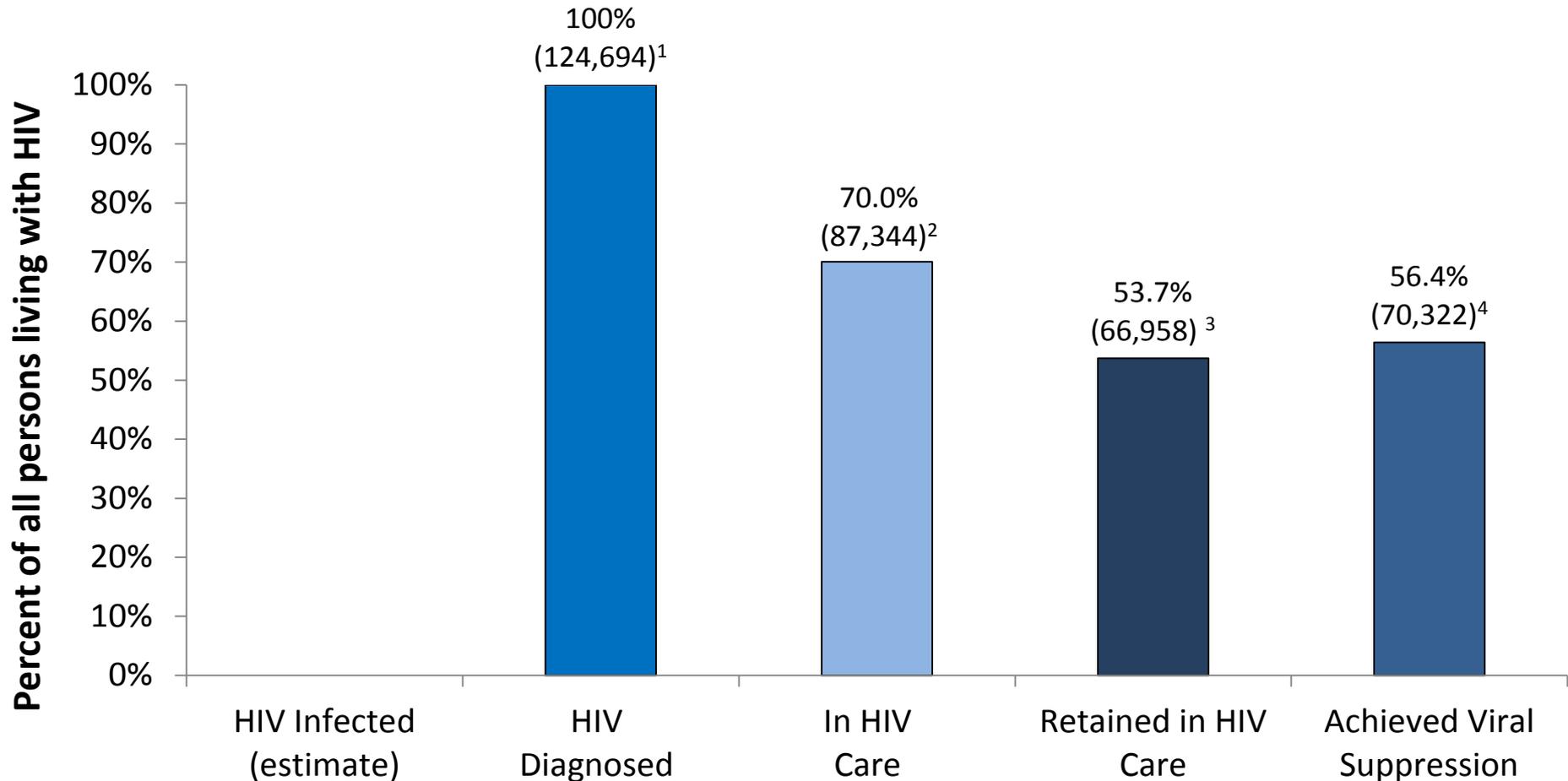
⁴ Persons with at least 2 or more care visits 3 months apart during 2014 in eHARS as of 12/31/2015.

⁵ Persons with most recent viral load test results ≤ 200 copies /mL during 2014 in eHARS as of 12/31/2015.

Estimated Transmission of HIV at Each Step of the Care Continuum



California's Continuum of HIV Care – 2014



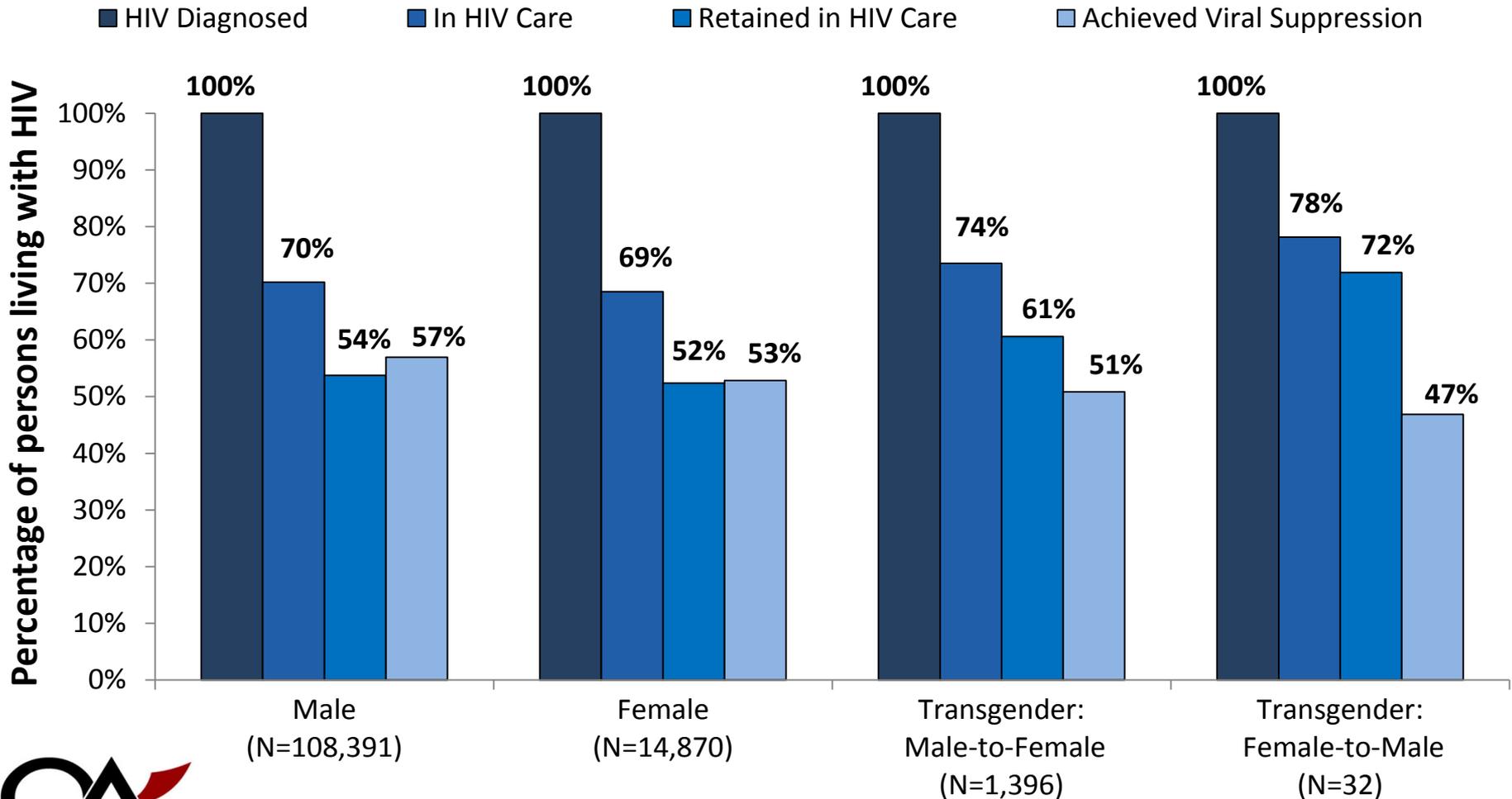
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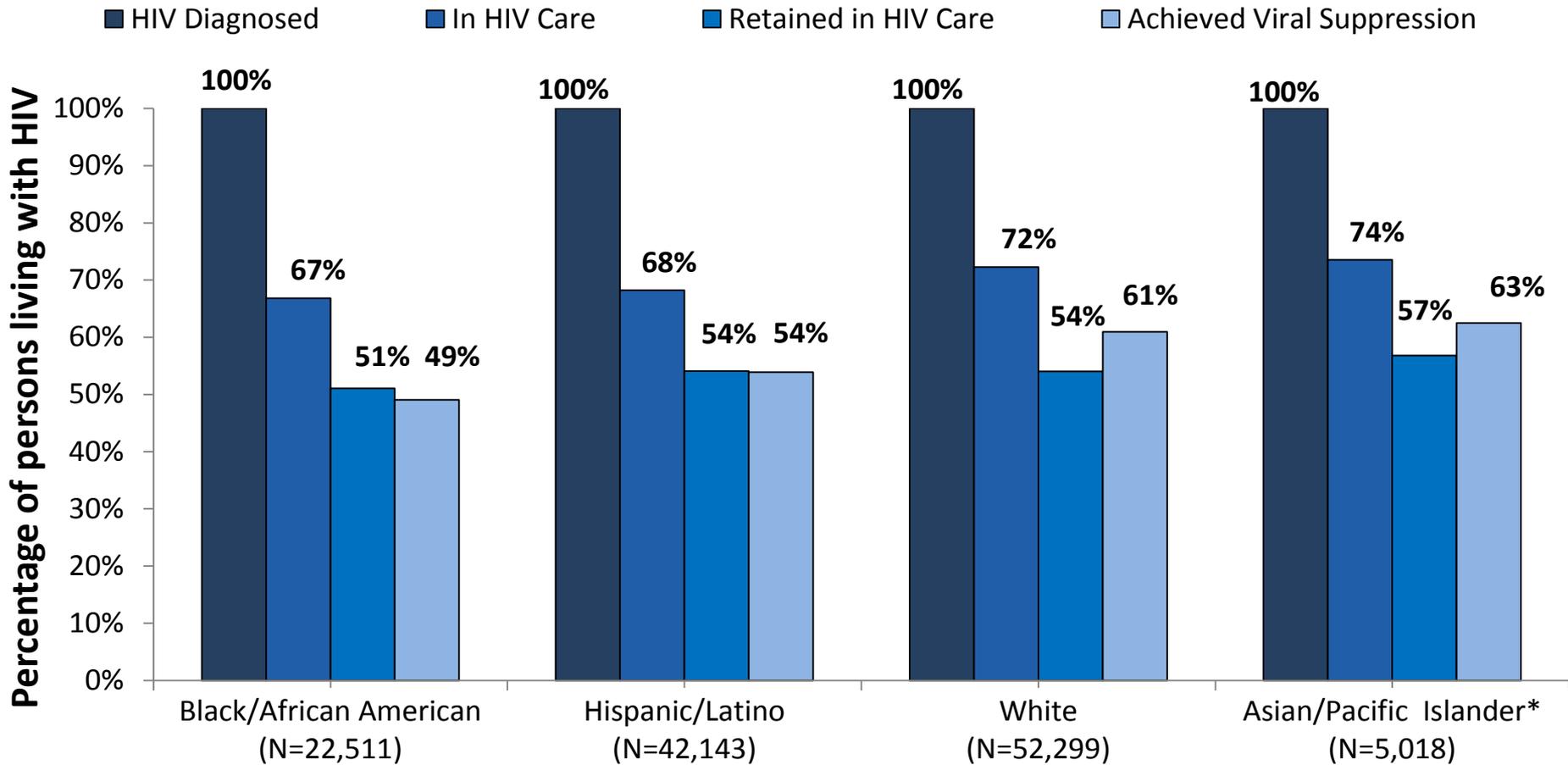
³ Persons with at least 2 or more care visits 3 months apart during 2014 in eHARS as of 12/31/2015.

⁴ Persons with most recent viral load test results ≤ 200 copies /mL during 2014 in eHARS as of 12/31/2015.

Continuum of HIV Care by Gender — California, 2014



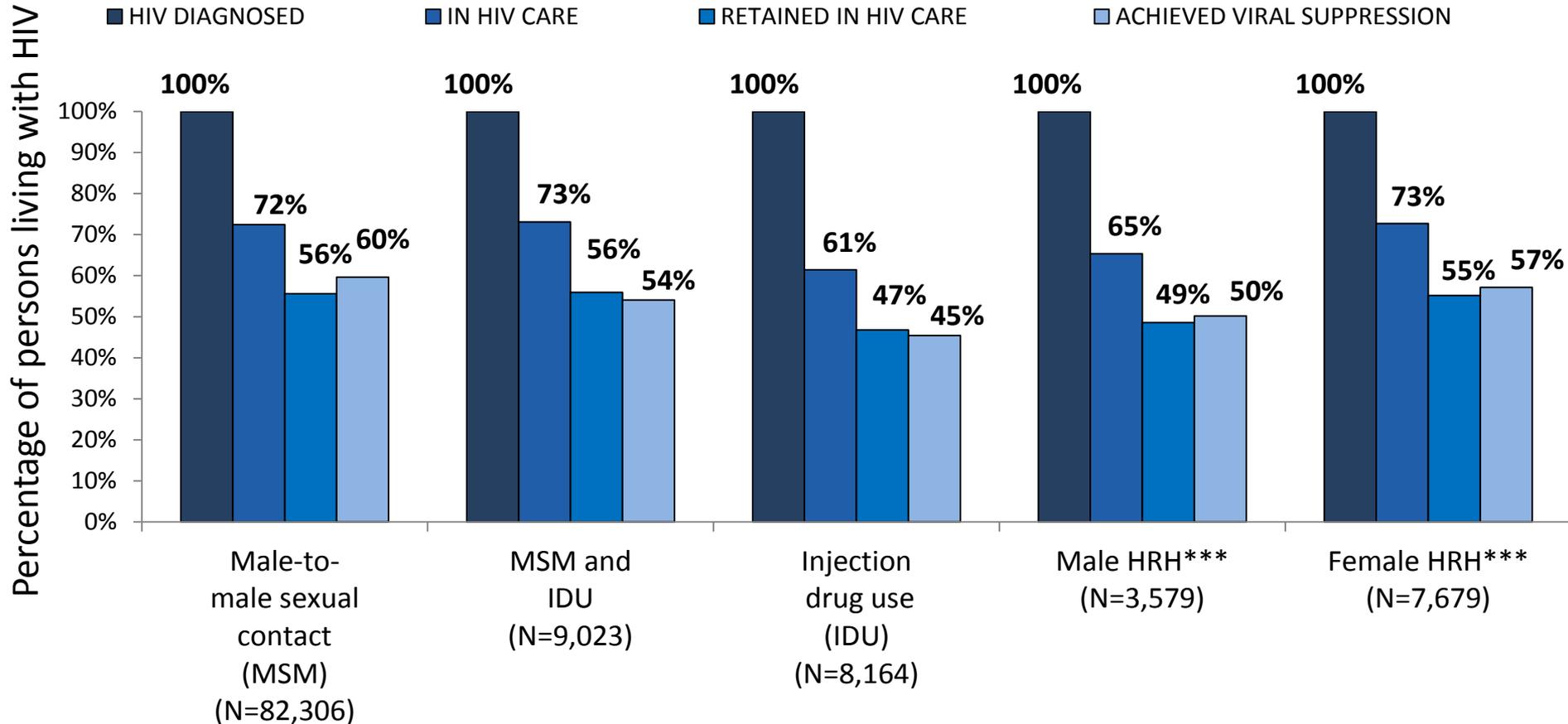
Continuum of HIV Care by Race/Ethnicity — California, 2014



Numbers in parentheses are the total number of diagnosed persons living with HIV in the specified category.

*Race/Ethnicity was collected using Asian/Native Hawaiian/Pacific Islander as a single category until 2003; therefore living cases are aggregated as Asian/Pacific Islanders above because the pre-2003 cases cannot be disaggregated.

Continuum of HIV Care by Risk Group — California, 2014



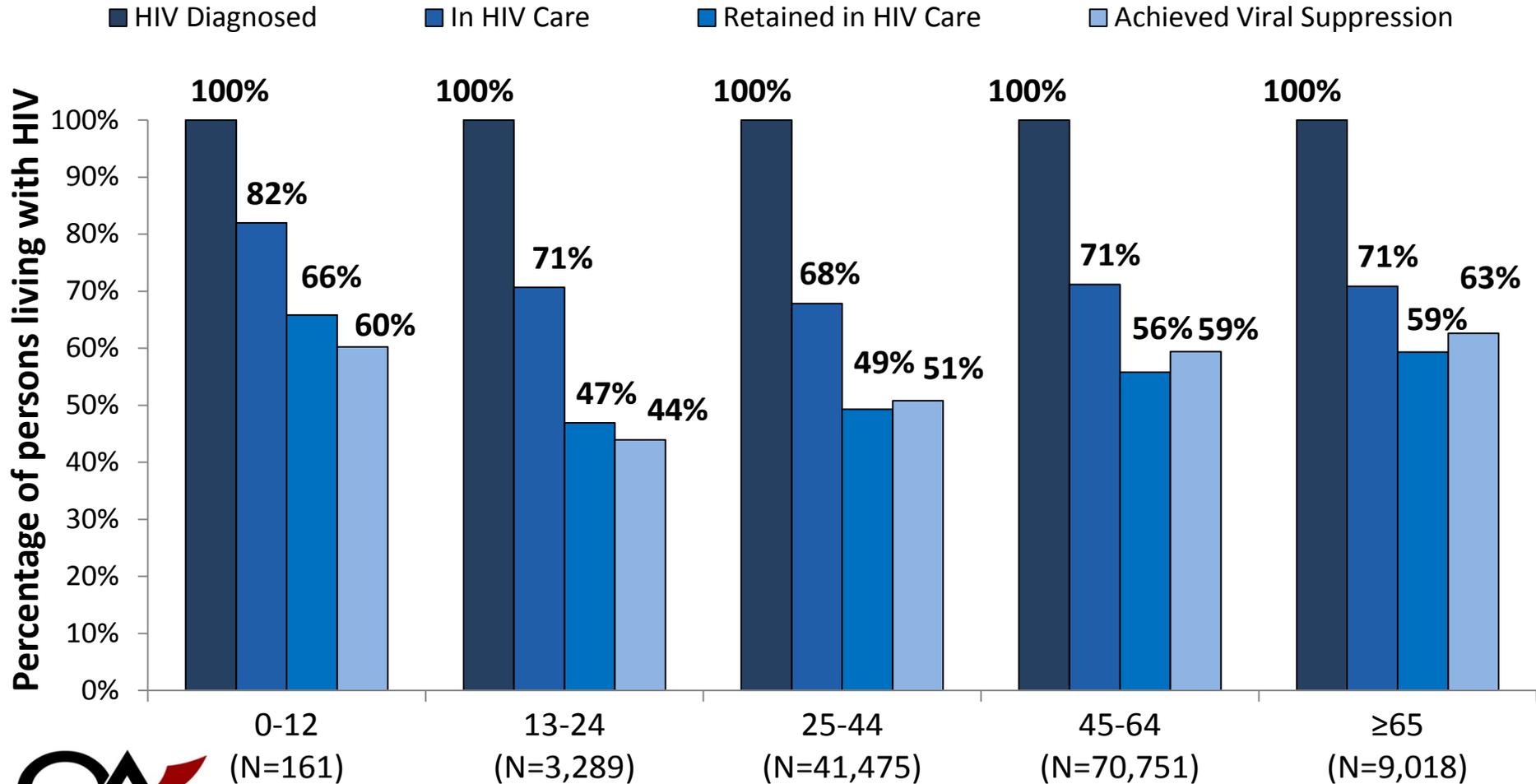
Note: Numbers in parentheses are the total number of diagnosed persons living with HIV in specified category.

*MSM: Men who have sex with men.

**IDU Injection drug use.

***High-risk heterosexual contact- heterosexual contact with a person known to have, or be at high risk for HIV infection.

Continuum of HIV Care by Age Group — California, 2014



Numbers in parentheses are the total number of diagnosed persons living with HIV in the specified category.

California's HIV Prevention, Care, and Treatment Strategy

1. Diagnose the undiagnosed — HIV testing

Targeted Testing

- Focus on clients at highest risk for HIV
- Transgender, MSM, IDU, HIV+ sex partner, sex workers

Expanded Testing

- Universal HIV testing in medical settings, as recommended by USPHS guidelines
- Access to clients who may not know they are at risk

Benefits of Targeting Testing

To find 1 newly-identified confirmed positive:

Risk Level	<i>Includes:</i>	No. of Tests Necessary
High	Transgender MSM/IDU MSM IDU HIV+ Sex Partner Sex Worker	57
Moderate	IDU Partner MSM Partner Sex Worker Partner Syphilis/Gonorrhea Diagnosis Stimulant User	395
Low	Everyone else*	582

California's HIV Prevention, Care, and Treatment Strategy

2. Link high-risk HIV **negative** persons to cost-effective HIV prevention services
 - HIV Pre-Exposure Prophylaxis (PrEP) + Condoms
 - Emtricitabine/tenofovir (Truvada®) 1 tablet taken daily to prevent HIV infection
 - Over 90% effective when taken consistently
 - Public health role: PrEP Navigation
 - Clean syringes for injection drug users
 - CDPH Syringe Exchange Certification Program
 - CDPH Syringe Exchange Supplies Bank
 - Purchase of syringes in pharmacies without a prescription

California's HIV Prevention, Care, and Treatment Strategy

3. Link HIV **infected** persons to care and partner services
4. Support retention and re-engagement in care
 - Outreach, case management, housing, transportation, treatment adherence, substance abuse and mental health services
5. Support comprehensive access to life-saving HIV medical care and treatment
 - AIDS Drug Assistance Program (ADAP)
 - Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program
 - Coordination with DHCS (Medi-Cal), Covered California, and other payers

ADAP Medication Program

- Provides life-saving medications to approximately 30,000 low-income Californians
 - Full medication cost for uninsured clients
 - Medication co-pays and deductibles for insured clients
- Network of approximately 658 enrollment workers, 186 enrollment sites, and 4,000 pharmacies
- Receives rebates from the drug manufacturers to offset costs

ADAP Insurance Premium Payment

Programs help clients purchase or retain their private insurance and prevent ADAP from paying the full cost of their medications.

- Cost-effective: Encourage full-medication-pay ADAP clients to enroll in health insurance
- Medicare Part D
- Office of AIDS – Health Insurance Premium Payment (OA-HIPP)
- Payment of medical out of pocket costs

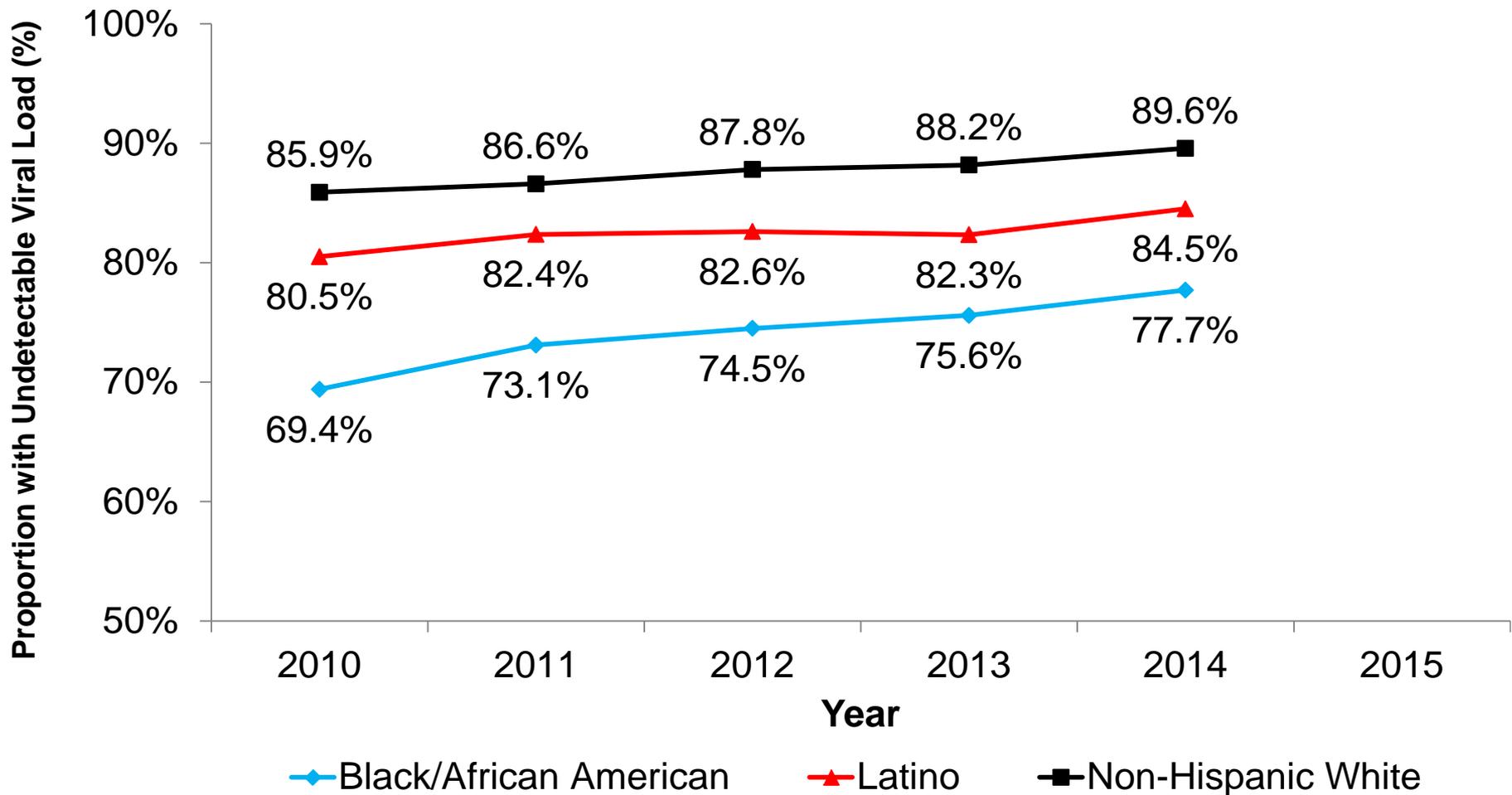
California's HIV Prevention, Care, and Treatment Strategy

- Reduce viral load for individual and community, resulting in less HIV transmission
- For each HIV infection prevented, \$338K in lifetime treatment costs averted

Reduce HIV/AIDS-Related Health Disparities

- Disproportionate disease burden on men who have sex with men, African Americans, Hispanics, and other disadvantaged populations
 - Overwhelming majority of both PLHA (73%) and new diagnoses (68%) continue to be among MSM in California
 - Rate of persons newly diagnosed with HIV infection in 2014 was about 4 times greater among Blacks than Whites in California (38.4 versus 9.8 per 100,000, respectively)
 - Hispanics/Latinos constitute the largest racial/ethnic group newly diagnosed with HIV infection in California in 2014 (2,199 Hispanics, 1,468 Whites, 849 Blacks)

Viral Suppression by Race/Ethnicity



Achieve a Coordinated Response to the HIV Epidemic in California

- Engage with all stakeholders to ensure that the medical and prevention needs of persons living with and at risk for HIV are met, regardless of income or payer source
 - Legislature
 - Federal funders
 - County health departments
 - Payers (DHCS, Covered California/private health plans)
 - Medical and non-medical providers
 - Advocates
 - State and local HIV planning groups
 - Persons living with HIV

Achieve a Coordinated Response to the HIV Epidemic in California

- Use surveillance and program evaluation data to ensure that every dollar invested in HIV prevention, care, and treatment maximizes the desired outcomes of
 - preventing new infections
 - improving health outcomes
 - reducing health disparities

Getting to Zero: Why Now?

- Scientific tools now exist
- Modeling studies show that we can end the epidemic by diagnosing HIV rapidly after infection by testing and then rapidly getting infected people on treatment and virally suppressed
- Modeling also shows that increasing the proportion of at-risk negative persons on PrEP further improves the rate of prevention of new infections
- Actual data from California and elsewhere suggest that we are already seeing declines in new infections from increasing the proportion of the HIV-infected population which is virally suppressed

Acknowledgments

- Office of AIDS Surveillance, Prevention, Care, ADAP, and Support staff
- County AIDS Directors and county surveillance, prevention, care, and ADAP staff
- HIV providers, advocates, and stakeholders
- State and local HIV planning groups
- Persons living with HIV/AIDS