

ENDING HIV: OREGON'S STRATEGY



WE ENVISION AN OREGON WHERE NEW HIV INFECTIONS CAN BE ELIMINATED AND WHERE ALL PEOPLE LIVING WITH HIV HAVE ACCESS TO HIGH-QUALITY CARE, FREE FROM STIGMA AND DISCRIMINATION.

Oregon's strategy to end new HIV infections builds on decades of work by community members. Strong foundational programs like prevention education, syringe exchange, condom distribution, and quality care and treatment have kept us at a steady, low level of new transmissions—but we now have new tools that can help us eliminate new HIV transmissions.

This End HIV Oregon Strategy introduces baseline measures, goals and activities, and explains how we will measure progress and report back to the community. We can only end new HIV infections by working together to ensure access to prevention and care services for all Oregonians, and to end stigma and discrimination.

It can happen. The time is now.

KEY COMPONENTS OF THE END HIV OREGON STRATEGY

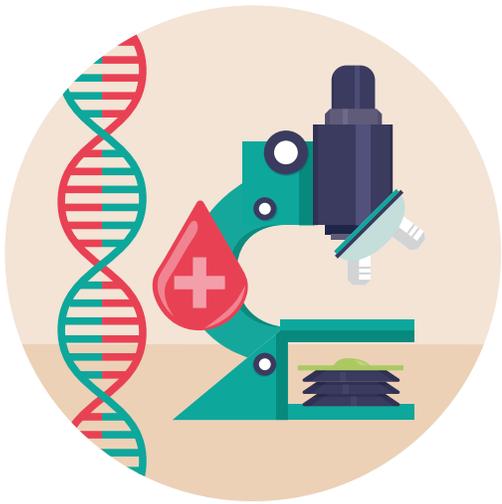
Oregon's plan for ending new HIV infections includes 3 key points:

**TESTING IS EASY.
PREVENTION WORKS.
TREATMENT SAVES LIVES.**

EndHIVOregon.org



is an Oregon Health Authority and community initiative.



1. TESTING IS EASY.

Everyone has an HIV status, and Oregonians need to know theirs. Confidential testing is available throughout Oregon or people can be tested as a part of routine medical care. Many health insurance plans cover HIV testing.

However, too few Oregonians get tested. Currently, we know that only 35% of adult Oregonians have ever been tested for HIV.¹

Testing is a crucial component of ending new HIV infections. Studies show that when people are newly diagnosed with HIV, they reduce their risk behaviors² and access treatment.³ Both greatly reduce the chance of spreading HIV to others. Treating HIV early can reduce transmission by up to 96%.⁴

The goal is that all adults be tested for HIV at least once. People at high risk should be tested yearly, if not more often.^{5,6} The Oregon Reminders service can help by providing free, customized HIV testing reminders by text or email.

We estimate that about 1,100 Oregonians are infected with HIV, but don't know it. If most or all of these people were tested for HIV and entered into HIV medical care, we could prevent 150 new infections over the next three years alone.

WHAT WE PLAN TO DO IN YEAR ONE:

We will increase the proportion of Oregonians who test for HIV by taking the following steps:

- Implement Early Intervention Services (EIS) statewide. Testing will be a key component of our new EIS intervention, which will increase statewide capacity to link newly diagnosed people to HIV medical care, get their partners tested quickly, and treat other sexually transmitted diseases and viral hepatitis. State and local health departments and community-based agencies are key partners in these efforts.
- Increase collaboration between public health systems, Coordinated Care Organizations, private health systems, and partners like the Oregon AIDS Education & Training Center to steadily increase testing in health care settings.
- Implement innovation grants to encourage strategies to promote culturally-competent testing to communities facing HIV-related disparities and/or barriers accessing testing.





2. PREVENTION WORKS.

Foundational prevention programs like syringe exchange, prevention education, and condom distribution have helped Oregon maintain low levels of new infections for a decade. We need to maintain and expand these core programs—especially in relation to infections like syphilis, gonorrhea, and viral hepatitis, which can co-occur with HIV. We also need to accelerate the use of new tools, like pre-exposure prophylaxis (PrEP), a daily pill to prevent infection.

People at high risk of HIV infection should consider PrEP. When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92%.⁷

We currently do not know how many health care providers in Oregon are prescribing PrEP, how many individuals are taking it, or how many people need help accessing it. Some of the highest priority groups in need of PrEP include partners of HIV positive people, men who have sex with men (MSM), and people who inject drugs (PWID).

Syphilis or gonorrhea infection is an indicator that someone may be at high risk of HIV infection, and could, therefore, benefit from PrEP. Oregon's rate of syphilis infection has increased dramatically over the past 8 years; about two-thirds of syphilis cases are diagnosed among MSM.⁸

We estimate that if 1,000 Oregonians at the highest risk of HIV infection started taking PrEP, we could prevent about 8 new HIV infections each year.

WHAT WE PLAN TO DO IN YEAR ONE:

We will maintain foundational prevention programs and initiate new activities specific to PrEP, including:

- Develop new capacity to deliver PrEP outreach and service navigation to those who need it, including MSM and partners of people living with HIV. Year One priority groups for PrEP access include (1) HIV negative partners of HIV case management clients and (2) MSM who are HIV negative, but test positive for syphilis.
- Complete an assessment of health care provider capacity to provide PrEP and partner with the Oregon AIDS Education and Training Center to address any gaps.
- Partner with community-based agencies to conduct consumer education & service navigation with individuals who could most benefit from PrEP.





3. TREATMENT SAVES LIVES.

With early testing and treatment, people who are HIV-infected are leading long, healthy lives.⁹ Effective HIV treatment can reduce transmission by up to 96%.¹⁰

But not all Oregonians are benefiting equally from HIV medical care and treatments. Specifically, too few HIV positive people are achieving viral suppression. This means that HIV treatment has been effective in reducing the amount of HIV in a person's blood to levels that are undetectable by lab testing. We know that only 68% of people who are diagnosed with HIV in Oregon are virally suppressed, and some groups of people are not as likely to achieve viral suppression as others. This is a crucial area of focus if we are to end new HIV infections.

WHAT WE PLAN TO DO IN YEAR ONE:

Oregon plans to support treatment-as-prevention by continuing to deliver programs that support access to and retention in HIV medical care, and by implementing the following new activities:

- Develop enhanced case management and patient navigation services statewide for people who experience significant barriers to medication adherence and are not virally suppressed.
- Increase housing subsidies and support for people living with HIV who are homeless.
- Develop peer support programs to support long-term medication adherence and to address treatment fatigue.
- Ensure all prevention and care services are trauma-informed through capacity building and training.

An HIV diagnosis may be overwhelming news, and newly infected people may need support getting linked to care quickly. Oregon's HIV care system already does a good job, with 85% of people being linked to care with 3 months of diagnosis. But we can do better and need to reduce the time between diagnosis and entry into medical care to no more than one month. Currently, 69% of individuals newly diagnosed with HIV are linked to medical care within one month.

Engaging people in medical care is the first step, but HIV is a chronic condition and requires a lifetime of regular health care visits, lab testing, and taking daily HIV medications. Some people need additional support, in order to stay engaged in medical care long term.

Oregon's HIV care system includes several foundational programs that support HIV medical care and treatment-as-prevention. These include health insurance and access to medications through the CAREAssist Program, HIV case management, housing support, and other supportive services. The Oregon Reminders system helps people with medication adherence.¹¹

We estimate that if all Oregonians who know they are HIV infected were virally suppressed, we could prevent over two-thirds of new HIV infections.



What It Will Take to Get There:

Efforts to increase viral suppression among HIV positive people are likely to prevent the largest proportion of new HIV infections. These treatment-as-prevention efforts, in conjunction with increasing HIV testing to identify new cases, getting Oregonians at high risk of infection on PrEP, and maintaining foundational prevention and care programs are all necessary steps we must take in order to end new HIV infections in Oregon.

How Oregon's End HIV Strategy Was Created:

Community members from across Oregon came together to identify the issues that most need to be addressed if we are to collectively end HIV infection in Oregon. Oregon's Integrated HIV/VH/STD Planning Group (IPG) includes people living with HIV (PLWH) and at risk of HIV infection, as well as people representing alcohol and drug prevention and treatment, community-based agencies, corrections, health care, higher education, and hospice, among others. PLWH comprise about 40% of the current IPG membership. About half of the IPG membership are from the Portland metropolitan area and half come from a broad representation of our large and diverse state.

Plans to Measure Progress & Report to the Community:

Ending new HIV transmissions in Oregon will not be easy, but we are committed to moving steadily towards our vision, and measuring our progress so that we can ensure success. We will track our progress on key measures related to our three key components—HIV testing, prevention, and treatment—and will issue a report card on those measures each year on World AIDS Day, December 1st. Throughout the year, Oregon's IPG will review progress on activities and outputs and recommend corrective actions, as needed.

For More Information:

See our End HIV Oregon website for more information at EndHIVOregon.org

References:

¹ Oregon Behavioral Risk Factor Surveillance System (BRFSS). 2014. Available at: <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/brfssresults/Pages/brfsqu14.aspx#hiv>

² Marks G, Crepaz N, Senterfitt JW, Janssen RS. Meta-analysis of high-risk sexual behavior in persons aware and unaware they are infected with HIV in the United States: Implications for HIV prevention programs. *J Acquir Immune Defic Syndr*. 2005;39:446–453.

³ Gardner EM, McLees MP, Steiner JF, et al. The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection. *Clin Infect Dis*. 2011 Mar 15;52(6):793-800.

⁴ Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med* 2011;365:493-505.

⁵ Centers for Disease Control & Prevention. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. *MMWR* 2006; 55 (RR14, 1-17).

⁶ Chou R, Selph S, Dana T, et al. Screening for HIV: Systematic Review to Update the U.S. Preventive Services Task Force Recommendation [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2012 Nov. (Evidence Syntheses, No. 95.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK114872/>

⁷ See CDC's website at <http://www.cdc.gov/hiv/research/biomedicalresearch/prep/index.html> for links to results of multiple clinical trials showing PrEP efficacy.

⁸ See the Oregon Health Authority web site for more information about syphilis. <https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/STD/Pages/index.aspx>

⁹ Nakagawa F, et al. Projected life expectancy of people with HIV according to timing of diagnosis. *AIDS* 2012; 26(3):335-43.

¹⁰ Gardner EM, McLees MP, Steiner JF, et al. The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection. *Clin Infect Dis*. 2011 Mar 15;52(6):793-800.

¹¹ See the Oregon Health Authority web site for more information about HIV care and treatment resources. <https://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/HIVCareTreatment/Pages/index.aspx>



The following represent our current status and first-year goals towards ending new HIV infections in Oregon. For more information, visit EndHIVOregon.org.



1. HIV TESTING.

Testing is easy, but too few Oregonians know their HIV status.

Baseline: Only 35% of adult Oregonians have ever been tested for HIV.

1st Year Goal: More than 50% of adult Oregonians will report having had HIV testing.



2. PREVENTING NEW INFECTIONS.

Prevention works. In 2017, we will continue delivering foundational prevention programs, and begin widely using new tools like pre-exposure prophylaxis (PrEP).

Baseline: Unknown: We do not currently know how many people are on PrEP.

1st Year Goal: 100 new medical providers across Oregon will be added to the national PrEP Provider Directory, expanding the availability of PrEP across Oregon.

1st Year Goal: 85% of HIV-negative partners of people in HIV case management and HIV negative MSM diagnosed with syphilis will be offered information on PrEP and referred to PrEP navigation services.



3. HIV TREATMENT AS PREVENTION.

HIV treatment saves lives. HIV+ people who are linked to medical care and achieve viral suppression are living long, healthy lives without infecting others.

Baseline: 68% of people receiving HIV treatment are virally suppressed.

Baseline: 69% of people who test positive for HIV are linked to medical care within 1 month.

1st Year Goal: Raise both to 80%.