CSTE/HealthHIV Learning Series for Prevention-Surveillance Integration

HIV Clusters
September 17, 2019
Agenda

• Orientation to On24
• Check-in
• Michigan’s Integration of HIV Surveillance and Prevention Programs
  • Mary-Grace Brandt, PhD MPH
  • Q&A and discussion
• HIV Cluster Response Planning – An exercise
• Closing
Michigan’s Integration of HIV Surveillance and Prevention Programs

Mary-Grace Brandt, PhD MPH
Acting Division Director-HIV and STD Programs
Michigan Department of Health and Human Services
Working Across the Divide

Division of HIV/STD Programs

Surveillance/Epidemiology

Separated by Organization, Location, Policy and IT Infrastructure
Why Integrate?

- Funding – PS18-1802
- Administration change calling for Data Driven Initiatives
- Common sense
The Plan

• Michigan Public Health Institute (MPHI) Listening Sessions
  • Needs Assessment leads to 2 main solutions
Meet Jamie!

- Organize, facilitate, track, follow-up
- Increase communication across division
- Connect staff with resources
- Identify areas for process improvement
- Ensure deliverables are met
• Listen and Observe
• Staff Buy-in
• Documenting Processes
• Seek Out Information
The IT Solution to Increase Communication and Collaboration...

Knowledge of Workflows and Identification of Strengths and Weaknesses

Streamline Processes

SharePoint
Success!

SHiNe

SHARED HIV NETWORKS

WHAT IS SHiNe?

SHiNe EMPOWERS the community to prevent HIV transmission and SUPPORT individuals living with HIV. By PARTNERING with the health department, COMMUNITY members can make an IMPACT.

THE SPARK
A group of individuals living with similar HIV viral characteristics.

THE LIGHT
Indians living with unknown HIV viral characteristics (includes those who are unaware of their status).

THE GLOW
Individuals in the same social circles as THE SPARK or THE LIGHT.
Molecular HIV Surveillance (MHS) in Michigan – technical guidance

Background

The HIV genotype (characterization of HIV nucleotide sequence) is an important laboratory test that the American Medical Association (AMA), World Health Organization (WHO), and IAS (International AIDS Society) recommends be run promptly on all individuals newly diagnosed with HIV infection. This establishes a baseline assessment of HIV strain prior to the initiation of anti-retrovirals. Baseline HIV genotypes are covered by Medicaid, Medicare, Ryan White and private insurance.

HIV genotype testing for the purpose of variant, atypical and drug resistant strain monitoring by the Department of Health and Human Services (MDHHS) was funded by the Centers for Disease Control and Prevention (CDC) in Michigan starting in 2005. MDHHS collected remnant serum from HIV across the state and genotyping was performed by the CDC. Over time, this was a collection of electronic sequence data from private and commercial laboratories and genotyping specimens from Michigan residents. In 2010, funding from CDC ceased, and MDHHS self-funded remnant specimens but MDHHS stopped tracking the genotyping.

MDHHS also was able to work with health department laboratories in 2012, variant, atypical and drug resistant strains were included in the list of HIV genotypes as the highest percentage of cases had drug resistance.

MDHHS developed four overarching goals to improve the surveillance of HIV genotypes. The four goals are:

- Better understand HIV transmission patterns
- Improve genetic diversity (variant and atypical strains)
- Identify clusters and potential outbreaks

Clusters linked with Surveillance Data

Legend:
- Red = High
- Blue = MSM
- Green = HLT
- Orange = Unknown
- Border = Border
- Brown = Black
- Peach = White
- Navy = Hispanic
- Yellow = Multi
- Diagnosed = HIV
- Sex with HIV

SECURE HIV-TRACE
Cluster Output

- Number and percent of cases diagnosed in the past 12 months, past 12-24 months, past 24-36 months
- Percent virally suppressed in the most recent 12 months
- Percent with AIDS at diagnosis or within six months of diagnosis
- Percent of various transmission categories (e.g., MSM, IDU)
- Percent of various age groups (e.g., 13-19, 20-29)
- Percent of various race/ethnicities (e.g., Hispanic/Latino, Black/African American)
- Number of new diagnoses (by calendar year) during the most recent three years
What Does this Mean for HIV Programs in Michigan?

It’s Another Tool in the Toolbox to Target Prevention
Community Involvement

• Multiple presentations of SHiNe across Michigan
  • Over 30 venues that included: MHAC, SEMHAC, Ryan White funded agencies, ACCESS, and LHDs
• Day long SHiNe seminar
  • Invited members of the community: LHD, PS, CBOs
  • Full re-imagining of MHS
• The group created:
  • Scripts, new name and goals
  • New ideas vetted by members
  • No documentation or interventions were approved without community feedback
SHiNe Documentation Process

1st draft
State SHiNe team -> Community review group
Edits
State SHiNe team -> Community review group
2nd Draft
State SHiNe team
Edits
State SHiNe team

Documentation for field staff
MDHHS SHiNe Brochure

**WHAT IS SHiNe?**

SHiNe EMPOWERS the community to prevent HIV transmission and SUPPORT individuals living with HIV. By PARTNERING with the health department, COMMUNITY members can make an IMPACT.

**OTHER PARTNERSHIPS**

Medicaid Housing Project (MHP)

The goal of the MHP is to provide a diverse understanding of the Housing needs of people living with HIV/AIDS in the U.S. The MHP makes grants to non-profit organizations in Medicaid funding areas.

**Partner Session (PS)**

Are you affected by stigma or actually diagnosed with HIV as a caregiver, peer, or partner? The SHiNe MHP funding goals already identified with PS: health department staff contact community leaders, work with partners, and identify and develop social and working relationships with communities.

**SHiNe Network**

Do you have an idea for how to help people living with HIV/AIDS in your local area? A team of people will meet to discuss ideas and develop plans for projects that can be implemented in communities.

Lisa K. Zuniga

Lisa K. Zuniga is a program officer for the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health (NIH). NIDA is the lead agency of the Federal HIV/AIDS program.

For more information regarding SHiNe or other statewide activities, please visit: www.michigan.gov/health

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**PREVENTING HIV BY EMPOWERING THE COMMUNITY.**

**WHY SHiNe?**

SHiNe has three goals:

- **Reduce the spread of HIV**
- **Ensure people living with HIV receive proper care**
- **Provide an opportunity to reach out and help transmission in specific communities.**

**THE SPARK**

Individuals living with similar HIV viral characteristics risk are unaware of their status.

**THE LIGHT**

Individuals living with unknown HIV viral characteristics risk are unaware of their status.

**THE GLOW**

Individuals living in the same social order as THE SPARK or THE LIGHT.

**What are the roles of each group?**

Without community help, the health department is in the dark. We know when HIV is spreading quickly, but we don’t have enough information to efficiently find new cases. Our best way to stop the spread is to reach out to the SHiNe network and work with them. The SHiNe network will help to identify people who may benefit from services and are at risk. The network will help to connect people with services and support. After receiving needed services, these two groups will dig in the dirt and follow the virus to see how many people are at risk.

**What can I do right now?**

Get the word out about SHiNe. Share the message and the facility in the greatest capacity. Work to empower the community to prevent HIV transmissions and support individuals living with HIV. Get tested for HIV testing and prevention.

**For more information, contact:**

Lisa K. Zuniga, MHP Program Officer, NIDA/NIH, lisa.zuniga@nih.gov or call 1-800-995-2642.
MDHHS SHiNe One Sheet

- What is a Shared HIV Network?
- What is a transmission group?
- What is the greater risk network?
- Why SHiNe?
- What do SHiNe activities look like?
DIS Trainings

- 3 experienced state DIS chosen as dedicated SHiNe DIS
  - Controlling SHiNe's messaging
- Training seminar provided by SHiNe Epidemiologist
  - CDC documentation
  - Locally created presentations
  - Q&A session
  - Secure-Trace explanation
THANK YOU!!!!!
Questions?

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HIV CLUSTERS: A SHORT REVIEW

Juliana Grant, MD MPH
CLUSTER VERSUS OUTBREAK

• Cluster
  • Higher than expected disease incidence in time/space
  • Group of people with disease who are connected
  • HIV transmission cluster (CDC): Group of HIV infected persons who are connected by HIV transmission

• Outbreak: Increase in the number of people with a disease above what is normally expected

• Epidemic: Increase in the number of people with a disease above what is normally expected
CLUSTER VERSUS OUTBREAK

• HIV transmission cluster (CDC): Group of HIV infected persons who are connected by HIV transmission

• Outbreak: A lot more of them, more than expected
WHY DEVELOP A PLAN?

• Ending the epidemic
  • As any disease declines, response to new cases needs to change (e.g., smallpox)
  • As HIV declines, need coordinated and targeted efforts to intervene with highest risk
• Cluster and outbreak response planning represents that shift
  • Must be coordinated among all partners (surveillance, prevention, care, government, CBOs, healthcare, etc.)
CLUSTER/OUTBREAK RESPONSE PLAN

• Per CDC: “A written plan for establishing and maintaining local capacity for cluster and outbreak detection and response.”

• Juliana’s working definition: A document that tells everyone what they’re supposed to do and when.
RESPONSE PLAN COMPONENTS

• CDC’s *Cluster and Outbreak Detection and Response Plan Template* (Appendix I of “Detecting and responding to HIV Transmission Clusters: A Guide for Health Departments)

• Template not designed to create a usable document (who does what when)
Exercise 1

• Within your health department, have each person share what their role or functions would be during a cluster or outbreak response.
  • Possible roles (see next slide)
  • Share response verbally or in chat box (include your name and jurisdiction)
<table>
<thead>
<tr>
<th>Functions during cluster response</th>
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<th>Functions during cluster response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster detection</td>
<td>Re-engagement</td>
<td>IT Media</td>
</tr>
<tr>
<td>• Collecting the data</td>
<td>Patient navigation</td>
<td>Media</td>
</tr>
<tr>
<td>• Running the analyses</td>
<td>Partner services</td>
<td>Emergency response</td>
</tr>
<tr>
<td>• Prioritize clusters for f/u</td>
<td>Treatment and medication services (HIV, HCV, STI)</td>
<td>Management</td>
</tr>
<tr>
<td>Cluster response</td>
<td>Case management</td>
<td>Liaisons to community and government partners (e.g., corrections)</td>
</tr>
<tr>
<td>• Deciding when to do what</td>
<td>Social services, including housing</td>
<td>Data security and confidentiality oversight</td>
</tr>
<tr>
<td>• (Re) Interviewing patients</td>
<td>Data collection</td>
<td>Syringe services</td>
</tr>
<tr>
<td>• Testing patients (HIV, HCV, STI)</td>
<td>Data management</td>
<td>Homeless outreach</td>
</tr>
<tr>
<td>• Linkage to care</td>
<td>Data analysis</td>
<td>Opioid services</td>
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<tr>
<td>• Linkage to PrEP</td>
<td>Legal council</td>
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<td></td>
<td>Admin/finance tracking</td>
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CSTE
Exercise 2

• Thinking about the list of roles/functions that are involved in cluster response, who do you think should participate in developing a cluster response plan?
  • Okay to differentiate between must-have on the team and nice-to-have
  • Write up list and prepare to share it
Possible cluster response planning group roles

- HIV surveillance/data management
- HIV prevention/partner services/DIS
- Ryan White/HIV care and treatment
- STI and/or hepatitis program
- Homeless services program
- Injection drug use services/program
- Correctional liaisons
• How confident are you that your health department has the people needed to develop a useful cluster response plan?
  • Very confident
  • Somewhat confident
  • Not very confident
  • Not at all confident
Exercise 3: Who do you call?

- Group discussion: Where can you find the expertise to fill these roles even if you don’t have people in your health department?
  - Put suggestions in group chat or share verbally.
Resources

- HIV surveillance/data management
  - CDC, other infectious disease programs (TB), other health departments (HD)

- HIV prevention/partner services/DIS
  - CBOs that provide prevention services, other HDs

- Ryan White/HIV care and treatment
  - CBOs/ASOs that provide care and treatment, other HDs

- STI and/or hepatitis programs

- Homeless services programs
  - CBOs, HOPWA providers/Ryan White providers

- Injection drug use services/programs
  - Academic and healthcare resources, syringe services programs

- Correctional liaisons
Thank you!

Evaluation:
https://cste.co1.qualtrics.com/jfe/form/SV_elMrN9rQwgM83yd