Scaling Up HIV Screening in Houston

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Forum for Collaborative Research
Municipal Scale Up of HIV Testing Roundtable Discussion
May 18, 2010
About Harris County

- 3.7 million residents
- Most populous county in Texas
- Third most populous county in the US
- Spanning approximately 1,700 square miles
About Houston

- Approximately 2 million residents
- Fourth most populous city in the US
- Spanning more than 600 square miles
18,404 individuals known living with HIV
Additional 3,500 to 4,500 individuals living with undiagnosed HIV infection
1 in 93 Houstonians living with HIV
1 in 46 African Americans living with HIV
1 in 17 MSM living with HIV
124% increase in new HIV diagnoses among YMSM between 2001 and 2008
Houston ranks 7th in the nation among cumulative AIDS cases
HIV Epidemiology Snapshot (cont.)

• African-Americans comprise 54% of all newly reported infections within the Houston metro area.

• 76% of all Gonorrhea and Chlamydia infections in Houston are among 15-24 year olds.

• 75% of the 751 adolescents (ages 13-19) with reportable HIV infection in Houston/Harris County are black.
Late to Care

1 in 3 Texans with HIV received a late diagnosis of their infection.
Percentage of persons with late HIV diagnosis within 1, 3, & 12 months in Houston/Harris County, Texas: 2000 to 2007

[Bar chart showing percentages of late HIV diagnoses by gender, race, and within different time frames: Within 1 month, Within 3 months, and Within 12 months.]
Why Scale Up?

• Reducing incidence of late and concurrent diagnosis
  - More costly
  - More complex to treat
  - Diminishes positives outcomes; increases the risk of death from AIDS by two-thirds

• Knowledge of disease status is profoundly important, and can help prevent new cases

• Risk-based testing continues to be important, but new action must be taken to make testing more available.

• Stigma remains an important barrier; routine testing may help overcome it.

• We have a successful track record of positive outcomes from routine screening; STD clinics, perinatal
The Test Texas HIV Coalition is dedicated to encouraging the implementation of routine opt-out HIV testing in medical settings across the state and to help address barriers to that process.

Vision:
“Texas, a state where people know their HIV status free of stigma and with access to care.”

Purpose/Mission:
“To build the capacity of Texas health care providers to make HIV testing routine.”
Coalition Members

- Center for Health Training
- Dallas County Health & Human Services
- Heartland TB Center
- Houston Department of Health and Human Services
- Texas Department of State Health Services
- Texas Christian University
- Parkland Health & Hospital System TX/OK AIDS Education & Training Center (AETC)
- UT Southwestern Medical Center at Dallas
LAWS, RULES, AND REGS

- Texas Health and Safety Code
- Chapter 81: Communicable Diseases
  - Subchapter A: General Provisions
    - Sec. 81.105. INFORMED CONSENT.
      (a) Except as otherwise provided by law, a person may not perform a test designed to identify HIV or its antigen or antibody without first obtaining the informed consent of the person to be tested.
      (b) Consent need not be written if there is documentation in the medical record that the test has been explained and the consent has been obtained.
Sec. 81.106. GENERAL CONSENT.

a. A person who has signed a general consent form for the performance of medical tests or procedures is not required to also sign or be presented with a specific consent form relating to medical tests or procedures to determine HIV infection, antibodies to HIV, or infection with any other probable causative agent of AIDS that will be performed on the person during the time in which the general consent form is in effect.

b. Except as otherwise provided by this chapter, the result of a test or procedure to determine HIV infection, antibodies to HIV, or infection with any probable causative agent of AIDS performed under the authorization of a general consent form in accordance with this section may be used only for diagnostic or other purposes directly related to medical treatment.
HIV, SYPHILIS, AND HEPATITIS B SEROLOGIC TESTING IN PREGNANT WOMEN

• Health and Safety Code, §81.090
• Texas Administrative Code, RULE §97.135
• OPT-OUT: verbally notify the woman that an HIV test will be performed if the patient does not object and note on the medical records that verbal notification was given and printed materials were distributed (required).
• Test is confidential, not anonymous. If woman objects, must be referred to anonymous test site.
De-Linking Counseling and Testing

• In certain situations, it may be appropriate and beneficial to de-link HIV counseling from HIV testing, i.e. not require counseling prior to administering an HIV test.

• HDHHS makes this distinction using the CTR interventions: 1) Targeted HIV Screening and 2) Protocol-Based Counseling (PBC).

• Targeted HIV Screening can be done without a counseling session while PBC requires counseling and may or may not include an HIV test.
HDHHS CTR Interventions

1. Protocol Based Counseling
2. Mass HIV Screening
3. Targeted HIV Testing
   a. Community Based Organizations
   b. Mobile Clinics
4. Routine HIV Screening
   a. STD Clinics
   b. Hospitals
   c. Federally Qualified Health Centers

For more information regarding Protocol-Based Counseling in Texas, including Quality Assurance Standards, go to:
http://www.dshs.state.tx.us/hivstd/training/pctools.shtm
### HDHHS Supported HIV Testing - 2009

<table>
<thead>
<tr>
<th>Venue</th>
<th># of Tests</th>
<th># Positive</th>
<th>Pos Rate</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBOs</td>
<td>5,335</td>
<td>121</td>
<td>2.27%</td>
<td>1.08M</td>
</tr>
<tr>
<td>Hospitals/ FQHCs</td>
<td>65,787</td>
<td>1095</td>
<td>1.66%</td>
<td>1.03M</td>
</tr>
<tr>
<td>HDHHS STD Clinics</td>
<td>16,380</td>
<td>317</td>
<td>1.94%</td>
<td>*830K</td>
</tr>
<tr>
<td>Mass Screening*</td>
<td>14,471</td>
<td>86</td>
<td>0.6%</td>
<td>*350K</td>
</tr>
<tr>
<td>HDHHS Mobile Clinics</td>
<td>1,165</td>
<td>25</td>
<td>2.15%</td>
<td>20K</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>88,667</strong></td>
<td><strong>1,558</strong></td>
<td><strong>1.76%</strong></td>
<td><strong>3.31M</strong></td>
</tr>
</tbody>
</table>
Components of Targeted CTR
(HDHHS Standards of Care, 2006)

1. Risk Assessment
2. Prevention Counseling (Initial) Session
3. HIV Test (Syphilis test also required)
4. Disclosure Counseling (Follow Up) Session
5. Post-Disclosure Counseling Session (Optional)
6. Partner Elicitation
7. Utilizing Social Networks (Optional)*
8. Linked Referrals
# Targeted CTR Matrix

<table>
<thead>
<tr>
<th>CTR INTERVENTIONS</th>
<th>HIV TESTING TECHNOLOGIES</th>
<th>Conventional HIV Testing</th>
<th>Rapid HIV Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Targeted HIV Screening</strong></td>
<td></td>
<td><strong>Appropriate Settings Include:</strong></td>
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</tr>
<tr>
<td></td>
<td>• Clinic-Based</td>
<td>• Community-Based</td>
<td>• Outreach</td>
</tr>
<tr>
<td></td>
<td>• Community-Based</td>
<td>• Outreach</td>
<td>• Mass Testing Day</td>
</tr>
<tr>
<td><strong>Protocol-Based Counseling</strong></td>
<td></td>
<td><strong>Appropriate Settings Include:</strong></td>
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<td>• Community-Based</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Routine Screening Efforts

- **HCHD – BTGH**
  - 24/7 testing in the Emergency Department
  - Driven by nursing staff
  - Only those receiving phlebotomy for other reasons

- **HCHD – LBJ**
  - 24/7 testing in the Emergency Department
  - Driven by nursing staff
  - Only those receiving phlebotomy for other reasons

- **Legacy 215**
  - Driven by clinicians – HIV and Syphilis

- **Legacy at Lyons**
  - Driven by clinicians – HIV and Syphilis

- **Memorial-Hermann**
  - 24/7 testing in the Emergency Department
  - Driven by nursing staff
  - Will do phlebotomy just for this screening test
Routine Screening Technology

- This project uses conventional HIV venipuncture testing rather than rapid HIV testing technology. However, the hospitals are able to deliver a “rapid result” without a rapid test.
  - To make as routine as possible and implementing as few changes to process as possible
  - Increased batching of EIA and WB at hospital locations (every hour/hour ½)
  - Realistic sustainability

- The use of rapid testing was piloted in Memorial Hermann
  - They opted for conventional testing after the pilot due to stat laboratory constraints
Routine Screening Technology

Harris County Hospital District

ADVIA® Centaur™ Random Access HIV 1/O/2 Enhanced (EHIV)

Harris County Hospital District Memorial Hermann-TMC

Ortho VITROS ECi/ECiQ
### Actual YTD Year Two Testing

<table>
<thead>
<tr>
<th>Agency</th>
<th>Tests</th>
<th>New (+)s</th>
<th>Pre (+)s</th>
<th>+ Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>HC HD-BTG H</td>
<td>28,656</td>
<td>178</td>
<td>346</td>
<td>1.83%</td>
</tr>
<tr>
<td>HC HD-LBJ</td>
<td>7,283</td>
<td>65</td>
<td>84</td>
<td>2.05%</td>
</tr>
<tr>
<td>Legacy 215</td>
<td>1,446</td>
<td>66</td>
<td>17</td>
<td>5.74%</td>
</tr>
<tr>
<td>Legacy Lyons</td>
<td>1,072</td>
<td>57</td>
<td>9</td>
<td>6.16%</td>
</tr>
<tr>
<td>Mem-Her - TMC</td>
<td>13,227</td>
<td>112</td>
<td>214</td>
<td>2.46%</td>
</tr>
<tr>
<td>Mem-Her - SW</td>
<td>614</td>
<td>11</td>
<td>2</td>
<td>2.12%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>52,298</td>
<td>489</td>
<td>672</td>
<td>2.22%</td>
</tr>
</tbody>
</table>

Realizing a 3.92% opt-out rate.
History of Hip Hop for HIV

• In 2007, 7,500 participants ages 15-30 tested for HIV, received their results and a concert ticket:
  - Testing occurred over a 2 month period
  - 18 Official locations around Houston and Comer to Comer in known high prevalence zip codes
  - Involved 10 local AIDS Service Organizations, KBXX 97.9 The BOX, Houston Department of Health and Human Services, and Former State Rep. Boris L. Miles
  - Total positivity rate was 0.5%; No surveys or evaluations completed

• In 2008, 2,700 tested between the ages of 15-35.
  - Testing occurred over a 45 day period
  - Involved 18 Community Partners, Corporate Sponsors, KBXX 97.9 THE BOX, Houston Department of Health and Human Services
  - Total Positivity rate was 0.5%, Surveys completed on a portion (1,400/2,700) of participants on National HIV/AIDS Awareness Day
- Houston Health Department
- Community Based Organizations
- Laboratory Supplies Venues
- Skilled Staff Volunteers
- Artists Radio Promotions
- Free Supplies Money
- Sponsors
- Radio One KBXX -97.9
2009 Results

• **14,471** tested for HIV...in 19 DAYS
  - 86 HIV positives (0.6%)
• 3,466 received syphilis testing, treatment, and comprehensive education
  - 45 syphilis positives
• 821 received Chlamydia, and Gonorrhea testing
  - 172 Chlamydia positives
  - 79 Gonorrhea positives
  - 1 19yr.old Female positive Syp., Chl, & Gon.

**Public health cost per test = $22.00**
Ensuring Follow-Up and Linkage to Care

- **HDHHS Disease Intervention Specialists (DIS):**
  - These DIS are responsible for ensuring the delivery of test results and for follow-up and investigation of positive results.

- **RW Service Linkage Staff -** These staff are supported through Part A; also responsible for linkage to primary care services.
  - Includes HCHD In-Reach Staff
Two Methods to Receive Partner Services

• HIV/STD CTR by HDHHS-funded CBOs
  – CBO counselors conduct partner elicitation only
  – Partners called into ICCR for partner notification by HDHHS DIS
    • In Texas, only HD staff or medical provider can conduct partner notification

• All other HIV/STD reports received through HIV/STD surveillance interviewed by HDHHS
  – Public and Private Providers (Opt-Out)
Public Health Follow Up Outcomes 2009

- HDHHS DIS for all providers (public and private)
  - Assigned for Partner Services/PCRS 1057
  - Interviewed 855
  - Percent Interviewed 81%
  - Percent Linked to Care 80%
Community Involvement

• Advocacy for favorable laws and statutes
• Feb. 2009 - Community “Think Tank”
• HHPC PG 2010-2015 Comprehensive Plan prioritization
• Engagement with RWPC
• Community Task Forces Specialization
  – Trained, skilled volunteers
Sustainability

• Scaling up HIV screening opportunities can be cost effective
  - No need to utilize rapid test devices in order to deliver a “rapid result”

• Sustainability will depend upon streamlined systems, appropriate technology use for the setting, and changes to staffing plans or operating orders.

• Buy-in should be elicited from all levels of community/institution infrastructure

• Scale of the Response

• Making tough choices about directing available resources

• Integrating new biomedical tools into existing prevention and treatment programs
  - PrEP & PEP
  - Intensified HIV testing, combined with early treatment
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