

# HIV, STDs and Unintended Pregnancy

## What Are We Doing in NC to address these?

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# Overview

- Where do people receive care for HIV/STDS/family planning
- State initiatives to reduce:
  - HIV
  - STDs: Chlamydia , Syphilis, HSV, HBV and HAV
  - Unwanted pregnancies

# Where can Women and Men get tested for HIV and STDs in NC?

- Health departments (STD clinics, family planning clinics)
- Primary care settings
- During prenatal care
- Non-traditional testing sites
- +/- Emergency Departments

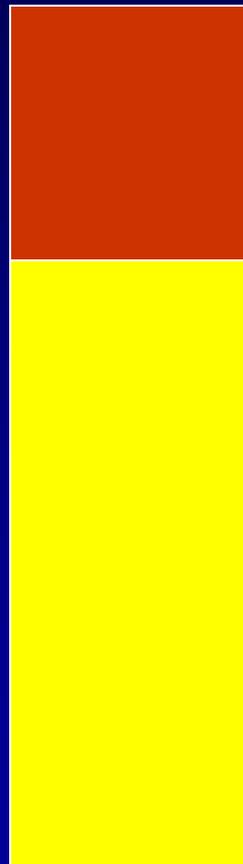
# North Carolina HIV

- ~32,000 living with HIV
- ~ 18,000 aware of HIV infection
- ~12,000-13,000 in care
- ~30-40% unaware of HIV status

# Awareness of Serostatus Among People with HIV and Estimates of Transmission

~25%  
unaware  
of infection

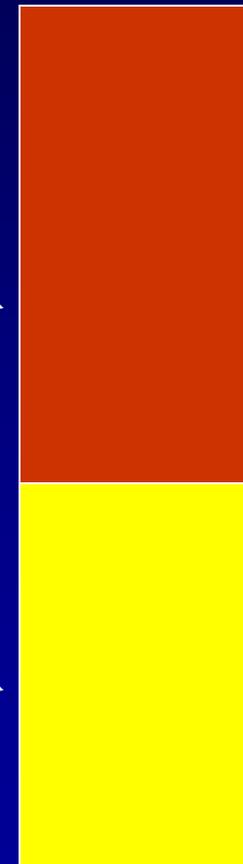
~75%  
aware  
of infection



PLWHA

~55% of  
new infections

~45% of  
new infections



New infections each year

# NC Striving to Meet CDC Recommendations in Health Care Settings

- HIV screening is recommended in all health care settings, after notifying the patient that testing will be done unless the patient declines (**opt-out screening**)
- **Persons at high risk** for HIV infection should be screened for HIV at least **annually**
- **Separate written consent for HIV testing is not required** - General consent for medical care is sufficient to encompass consent for HIV testing
- **Prevention counseling need not be conducted in conjunction with HIV testing**

# Changes to NC Administrative Code

## Nov. 1, 2007

- Opt-out HIV screening in medical settings and for prenatal and STD visits
- Pretest counseling not required
- Post-test counseling required only for positives
- HIV tests at first prenatal visit and 3<sup>rd</sup> trimester
- Mandatory HIV test at labor and delivery for all women for whom HIV status is unknown and in infant if test not obtained from mother

# Changes to NC Administrative Code

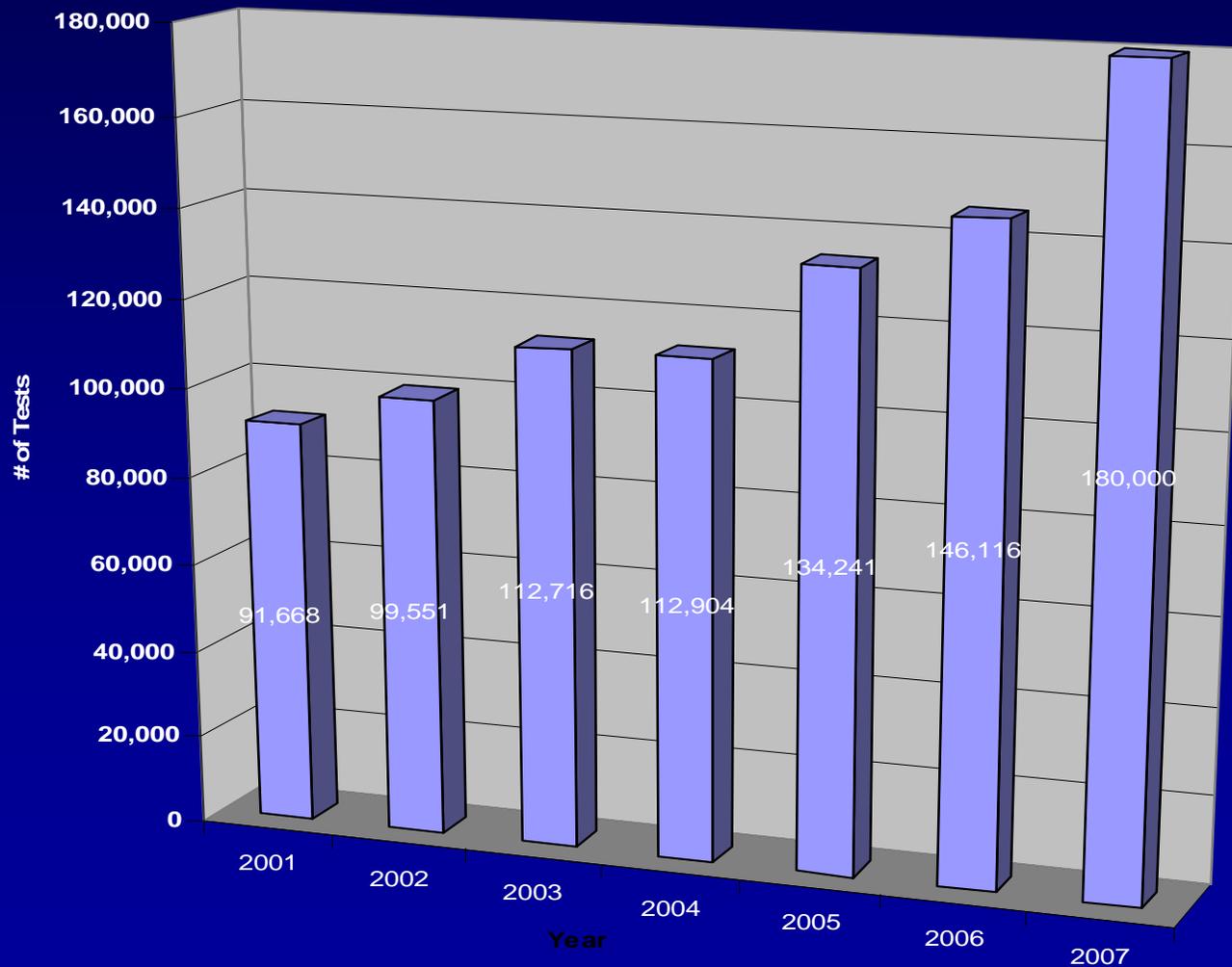
## Nov. 1, 2007

- Providers and Laboratories to report HIV/AIDS from 7 days to 24 hrs
- HIV testing can be a part of a panel of tests without a standalone written consent just for HIV testing as long as the consent for testing specifies that HIV testing is included.

## **Indirect (but compelling) Evidence for Effect in Averting Vertical Transmission**

- In 1<sup>st</sup> 2 years, 5 acute HIV cases were pregnant women
  - 4% of all HIV cases at Prenatal/OB testing sites
- All pregnant, acutely HIV infected women received urgent counseling and Antiretroviral Therapy. 5/5 infants have been delivered uninfected.
- During this same period, 3 of the 6 infants born HIV infected in NC were born to mothers who were tested and found to be HIV antibody negative early in pregnancy.

# Increase in HIV Antibody Screens: State Lab 2001-2007



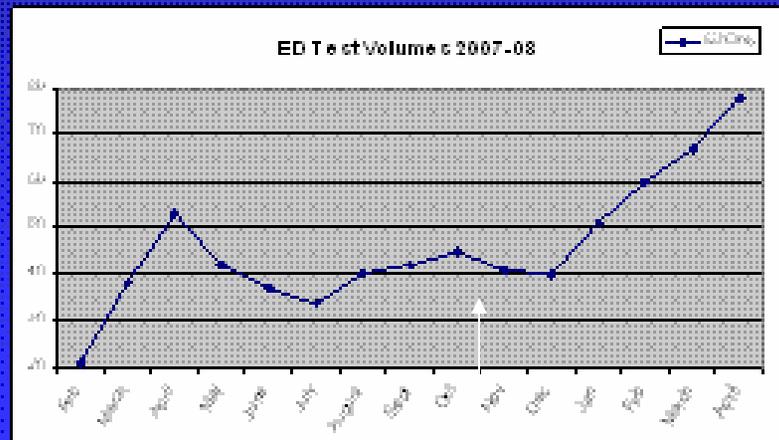
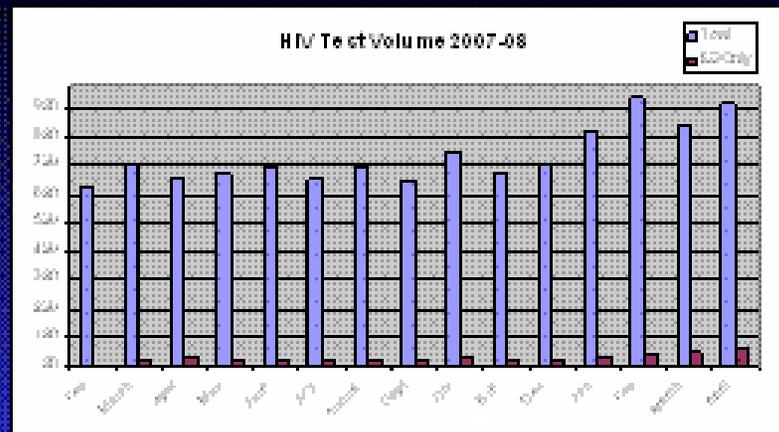
# HIV Testing at UNC: Post Rule Change

## HIV Testing

HIV Test Volumes increasing with new CDC recommendations.

UNCH discontinued HIV consent form requirement in January 2008.

HIV testing on patients seen in the ED showing an increase.



# Get Real Get Tested Campaign 06-07

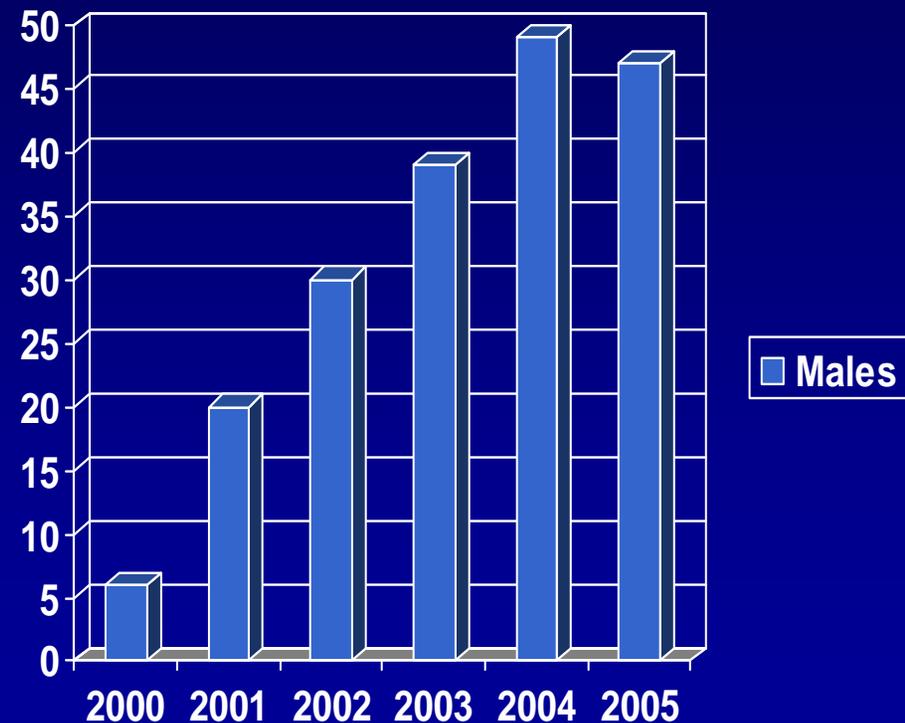
- **The targeted campaign consisted of door to door community testing as well as testing at stationary sites. Some of the sites include Wal-Mart.**
- **HIV testing increased by 18% in NC (increase of 25,939 tests) in 2006-2007**
- **Targeted campaign conducted in 11 locales (door to door community testing and testing at stationary sites e.g. Wal-Mart)**
- **2007: 7,422 rapid HIV tests administered at non-traditional testing sites (NTS); 71 people + for HIV**

# **Get Real Get Tested 2006-07, (cont.)**

- **2,248 people were tested during the 2006-2007 Get Real, Get Tested events**
  - 27 people + for HIV-1 antibody**
  - 23 people + for syphilis**
- **In 2007- approximately 5,000 hits on the GRGT web site**
- **In 2007, Get Real, Get Tested commercials reached over three million viewers.**

# Youth at Risk for HIV

- College outbreak detected on NC campuses starting in mid-2002
- Almost all cases were African American MSM or MSM/W



[www.stylenc.org](http://www.stylenc.org)

**style**

**HIV in our community**

**Preventing HIV & STD's**

**style's services**

**Other resources**

**UPCOMING EVENTS**

**CONTACT / APPOINTMENTS**

**style** A triangle HIV prevention  
and treatment program

**STRENGTH THROUGH YOUTH  
LIVIN' EMPOWERED**

Strength Through Youth Livin' Empowered is a health program for college age Black/African American men. Our goal is to support you in living a healthy life. We want you to feel good about the sexual choices you make and stay free of HIV and other sexually transmitted diseases. For men who have HIV, we offer medical treatment and support.

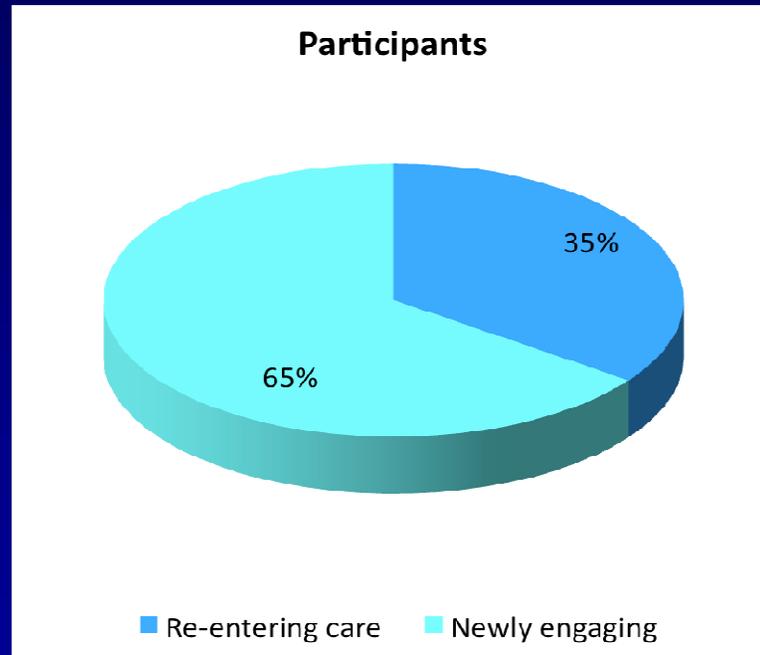


# STYLE Overview

- Clinical care for HIV+ Young MSM of color
  - ◆ Focus on linking to care and retention in care
- Support and Client Services (AAS-C)
  - ◆ 2 weekly support groups for HIV+ Black Men
- Rapid HIV Counseling and Testing
  - (Venue based/College Tour)
- Outreach and education in the community
  - ◆ HIV 101/HIV in the Black Community
  - ◆ Health Fairs
  - ◆ Healthcare provider training on LGBTQ issues
  - ◆ LGBTQ Resource Guide
  - ◆ Latino Task Force and Testing Initiative



# How They Got Here

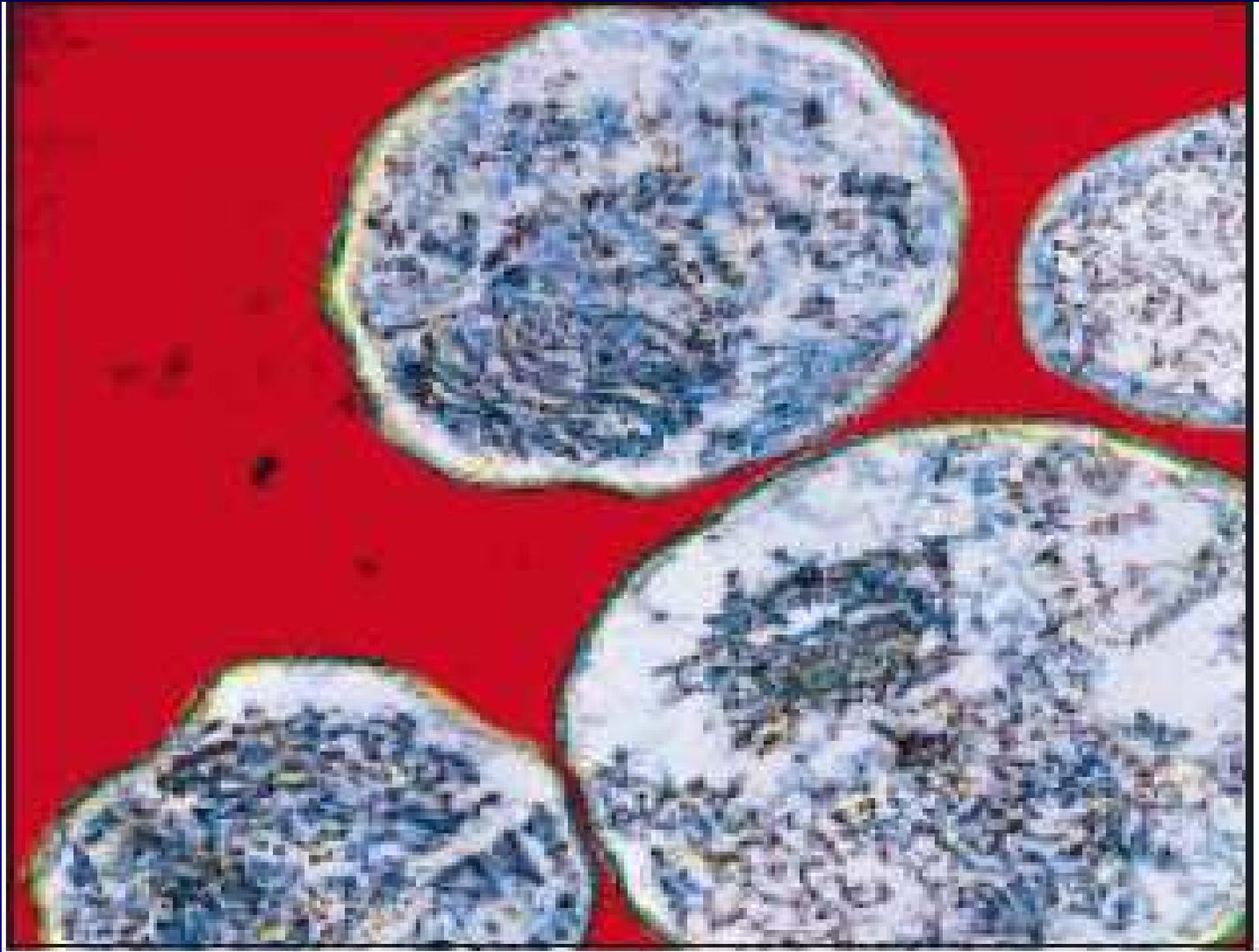


# Re-entry Into Care

- Length out of care: Most clients had been out of care for about 2 years
- Newly engaged: 76% of the participants were seen within 3 months of their first positive test



# Chlamydia



# Chlamydia (Ct) Complications

- Upper Genital Tract Infection
  - PID in women
  - Epididymitis and prostatitis in men
- Complications from Upper Genital Tract Infection
  - Infertility
  - Ectopic pregnancy
- Other Complications
  - Increased risk for HIV transmission/acquisition

# Objective of Chlamydia Screening Programs in NC

- Focus on women and linked to infertility protection
- Understanding that women acquire infection from men
- Understanding that risk of Chlamydia increases risk of HIV
- Addressing that re-infection rate is high for untreated partners

# New CDC Recommendations for Men: Requires New Resources

- Males should be screened for Chlamydia if they:
  - Attend STD clinics
  - Attend Job Corps
  - Are entering jail and are <30 years of age
- Males with infection should be re-screened at 3 months after treatment
- Partner services should be offered to partners of males with Ct

# Federal or State Funding for Male Chlamydia Screening

ZERO

NONE

ZIP

# NC College Chlamydia Awareness Campaign 2007

School	# of Specimens	# Tested	Positive Ct (%)	Positive GC (%)
A	69	66	5 (7.5%)	0
B	30	30	3 (10%)	2(6.7%)
C	122	122	25 (20.5%)	0
D	177	177	28 (15.8%)	8 (4.8%)
E	150	149	15 (10.1%)	2 (1.3%)
F	122	120	15 (12.5%)	2 (1.7%)
G	670	664	91 (13.7%)	14 (2.1%)

Ct: Chlamydia. GC: Gonorrhea

# Gender and race/ethnicity of college screen

% positive Ct by Gender:

Males- 10.8% ( 27/250)

Females- 15.2% (64/420)

Distribution of positives by Race/Ethnicity

B- 94.5%

W- 3.3%

AI- 0%

Other- 2%

# Screening Males for Ct

## North Carolina STD Clinics

### Request for Funding

DHHS screen all asymptomatic men < 30 years

~ 50,000 men seen annually

~33,000 are < 30 years of age

~20,000 will meet proposed North Carolina screening criteria (asymptomatic men who are not contacts to GC/CT)

Request for funding 2009-10: \$414,330

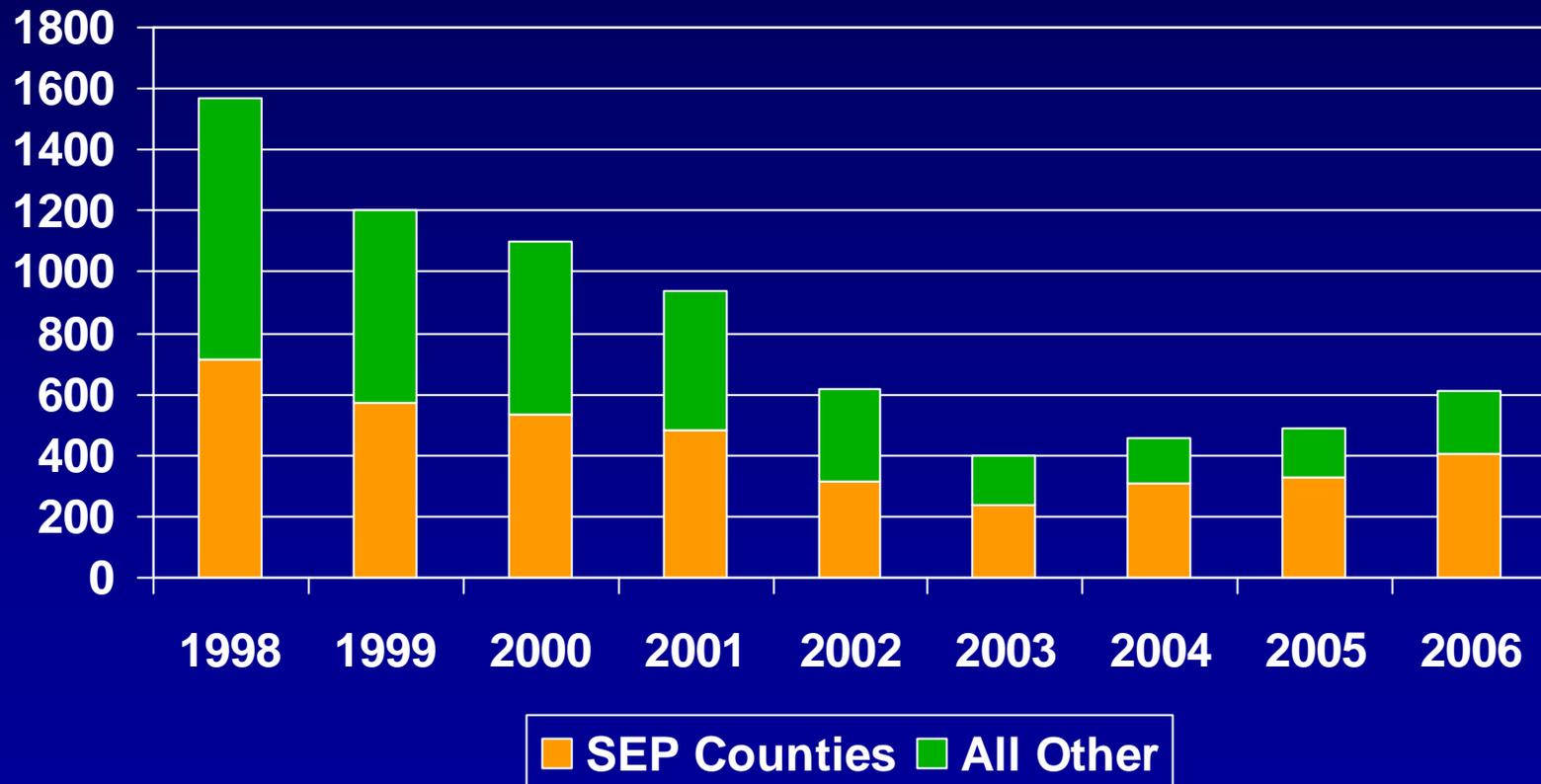
# Syphilis Elimination Effort

- Initiated in 1999
- Goal: respond to longstanding health disparities and historically low levels of infection to reduce syphilis below levels compatible with ongoing domestic transmission
- Additional funding to state and local health departments in syphilis high morbidity areas
- Partnering with local organizations
- Two-pronged epidemic
  - Southeastern U.S., heterosexual African Americans
  - Men who have sex with men (MSM)

# CDC National Plan to Eliminate Syphilis

- 1998 – CDC identified 28 US Counties that reported over 50% of ALL P&S Syphilis Cases in US
- 5 of these Counties were in NC (Forsyth, Guilford, Mecklenburg, Robeson, Wake)
- Durham added to SEP effort by State of NC
- All 6 Targeted for “Elimination”
  - US P&S cases <1000 *and* 90% US Counties reporting no new cases by 2005
  - Not reached (in 2004 US P&S cases n=7,980)

## NC Reported Early Syphilis (PSEL) Cases



# Syphilis Elimination

- The budget has been cut by over 80%
- Total federal support ~\$150,000
- The state has maintained and expanded syphilis screening through HIV testing initiatives in 23 county jails.

# NC State Law and STD Services

**"All local health departments will offer HIV and STD services at no cost to the client regardless of county of residence"**

Exceptions include:

- a) asymptomatic clients who request screening for non-reportable STDs (e.g. herpes serology, Hep C)
- b) clients who receive follow-up treatment of warts after the diagnosis is established
- c) clients who request testing not offered by the state.

Clients may be billed for testing and screening according to local billing policy. Examples: those asymptomatic males who request and are willing to pay for a chlamydia test can be billed for the chlamydia test, patients can be offered HSV serologic screening for cost, etc.

# **Genital Herpes – Free Suppressive Therapy**

**STD clinics offer newly diagnosed Genital Herpes 4 months of free suppressive therapy**

**Daily suppressive therapy will:**

- Control disease ( reduce frequency of outbreaks)**
- Reduce risk of transmission**

# VPH Can Be Transmitted Sexually

- Sexual transmission of HAV
  - ~15% of HAV infections are attributable to personal contact with an infected individual (ie, household, heterosexual, or MSM)<sup>2</sup>
- Sexual transmission of HBV
  - 56% of newly acquired HBV infections can be attributed to sexual contact (10% from sex with an HBV-infected individual, 14% from MSM, 32% from >1 sex partner)<sup>2</sup>
  - Affects heterosexuals, homosexuals and bisexuals<sup>2</sup>
  - Sexual contact with an infected individual is one of the most important routes of HBV transmission in the United States<sup>3</sup>

MSM = men who have sex with men.

Vaccine-preventable hepatitis (VPH) includes hepatitis A (HAV) and hepatitis B (HBV). Hepatitis C (HCV) is not vaccine preventable.

1. CDC. *Tracking the Hidden Epidemics: Trends in STDs in the United States*. 2000; 2. CDC. *MMWR*. 2007;56(SS-3):1-24; 3. CDC. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. 10th ed. 2007.

# VPH and Vaccination in Persons With STDs

- VPH can be transmitted sexually
- Despite recommendations, many high-risk individuals do not get vaccinated against VPH<sup>1</sup>
- Vaccination is one of the most effective means of preventing sexual transmission of HAV and HBV<sup>2</sup>
- North Carolina STD and FP clinics provides free HAV/HBV vaccination for individuals  $\leq 19$  yrs

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1. CDC. *MMWR*. 2006;55:509-511; 2. CDC. *MMWR*. 2006;55(RR-11):1-94.

# Addressing Unintended Pregnancy Through Family Planning

- Family Planning Services
  - 504,160 women in need of publicly funded services
    - Income below 250% FPL ~ 70%
    - Sexually active teenagers ~ 30%
  - 138,076 women served by Health Dept clinics (2007)
    - Only **38%** of need served in 2007
    - Averted estimated 33,000 pregnancies

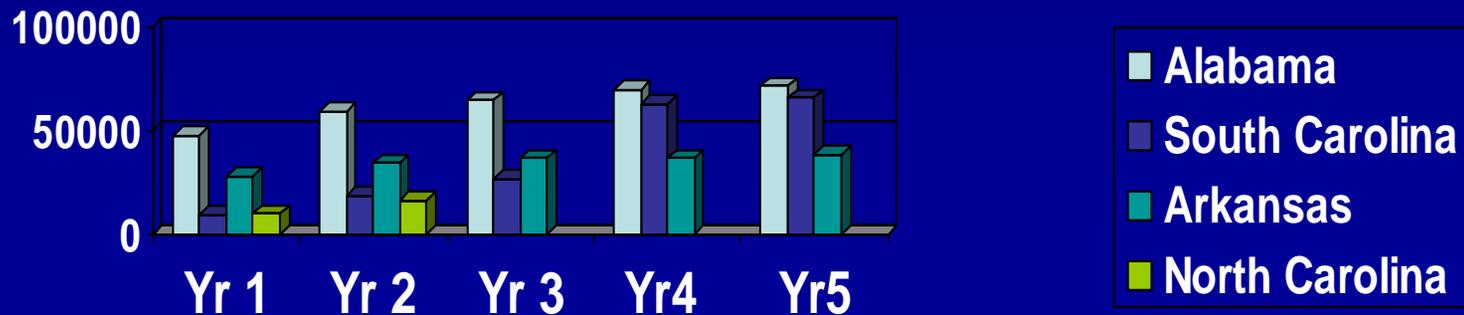
# Family Planning Waiver Works

- 1115 Medicaid Family Planning Waiver: “Be Smart” (Yr 2 Interim Evaluation)
  - Provides family planning services to women (ages 19-55) and men (ages 19-60) with incomes at or below 185% of the federal poverty guidelines
  - 41,520 females and 7,873 males enrolled or continuing
  - 15,955 females and 130 males participated
  - Average costs per participant for was approximately \$267
  - Estimated averted births range of 1,435 – 1,652.
  - Estimated net savings to NC = \$14.3-17.1 million

# Family Planning Waiver: Challenges

- 1115 Medicaid Family Planning Waiver
  - Challenge to implement
    - Helping physicians/patients understand limited services covered
    - Getting patients to go through enrollment process
    - Getting all FDA approved methods approved by CMS (i.e. Implanon)
  - Great opportunity for NC to reduce unintended pregnancies
    - Need strong, ongoing commitment from DHHS(DMA, DSS, DPH)

FPW Participants by State & Year



# Nurse Family Partnership Reduces Repeat Unintended Pregnancy

- The Nurse Family Partnership
  - An evidence-based home visiting program for first time low-income mothers
  - Positive outcomes in prevention of child maltreatment, improved child and maternal health, **delayed second pregnancies**, increased school readiness, decreased juvenile delinquency, and increased family economic self-sufficiency

# Nurse Family Partnership

- \$5.70 return for the higher-risk population
- \$2.88 return for the entire population served
  - Note: the estimate does not include cost savings attributable to reductions in subsequent pregnancies or preterm births
- Currently in Guilford and will expand to Cleveland, Mecklenburg, Robeson, Rutherford-Polk-McDowell, and Wake counties
- Collaboratively funded by The Duke Endowment, the Kate B. Reynolds Charitable Trust, and the DPH with support from others

# NC Adolescent Prevention Programs

- 30 Local projects implement best practice models to prevent teen pregnancies
  - Teen Outreach Program (TOP) is one model used
  - TOP -based upon the principles of youth development, to provide teens with needed supports and opportunities to prepare for successful adulthood
  - TOP participants have lower rates of course failure in school, school suspension, pregnancy and dropout

# Conclusions

- North Carolina has a number of evidence-based programs that are effective in:
  - Screening for HIV, reducing transmission and getting people into care
  - Identifying and treating people with Chlamydia
  - Reducing unintended pregnancies
- However, more is needed to reach at-risk populations