Ending HIV in Minnesota
Presenter Information

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Introductions

• Name
• Pronouns
• In what ways do you work with clients at-risk or living with HIV?
  – Medical Health Providers?
  – Mental Health Providers?
  – Chemical Health Providers?
  – Social Service Providers?
  – Other?
Course Overview

• Epidemiology Overview
• Minnesota Continuum of HIV Care
• HIV Treatment and Prevention – Current Strategies
• HIV and the Affordable Care Act
• National HIV/AIDS Strategy
• Minnesota Advocacy
• Questions and References
Language Notes

• Language trends and limitations in sectors
• HIV language is connected to risk behaviors including:
  – Gay, bisexual, queer men and other men who have sex with men and trans individuals who have sex with men
    • MSM
  – Individuals who use syringes to inject substances (medications, non-prescribed drugs, hormones, etc)
    • IDU (Injection Drug Users)
  – Heterosexual identified individuals who exchange sex for drugs, shelter or money, have high numbers of sexual partners, have a sexual partner who is HIV+ or has a sexual partner who engages in risks described above
    • HRH (High-Risk Heterosexuals)
HIV Epidemiology
National Perspective

• The Center for Disease Control estimates 1.2 million people in the U.S. are living with HIV
  – 1 in 8 (12.8%) of those people are unaware of their infection → ½ of new HIV infections annually

• In 2015 39,513 were newly diagnosed with HIV in the U.S.
  – This is a decline from previous years and suggests a true decline in new infections

• Over 658,500 people with AIDS have died in the U.S. since the epidemic began
New Diagnoses Demographics – US 2015

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2015. HIV Surveillance Report 2016;27. Subpopulations representing 2% or less of HIV diagnoses are not reflected in this chart. Abbreviation: MSM, men who have sex with men.
HIV in Minnesota - Fast Facts

• There were 294 new cases of HIV in 2015

• In the last decade, new infections have averaged 300 annually

• As of December 31, 2015, 8,215 persons are assumed alive and living in Minnesota with HIV/AIDS
### HIV Diagnoses* by Mode of Exposure and Year, 2005 - 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>MSM</th>
<th>IDU</th>
<th>MSM/IDU</th>
<th>Heterosexual</th>
<th>Unspecified</th>
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<tr>
<td>2015</td>
<td>205</td>
<td>100</td>
<td>150</td>
<td>250</td>
<td>100</td>
</tr>
</tbody>
</table>

**Legend:**
- MSM = Men who have sex with men
- IDU = Injecting drug use
- MSM/IDU = Heterosexual contact
- Heterosexual = Heterosexual contact
- Unspecified = No mode of exposure ascertained

*HIV or AIDS at first diagnosis
Unspecified = No mode of exposure ascertained
HIV Diagnoses* in Minnesota by Residence at Diagnosis, 2015

Total Number = 294

- Greater MN: 13%
- Minneapolis: 32%
- Suburban: 45%
- St. Paul: 10%

Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (except Minneapolis), Ramsey (except St. Paul), Scott, and Washington counties. Greater MN = All other Minnesota counties, outside the seven-county metro area.

* HIV or AIDS at first diagnosis
City of Minneapolis – 3,072
City of St. Paul – 1,079
Suburban\# – 2,735
Greater Minnesota – 1,285

Total number = 8,215
(44 people missing residence information)

\# 7-county metro area, excluding the cities of Minneapolis and St. Paul

HIV/AIDS in Minnesota: Annual Review
Persons Living with HIV/AIDS in Minnesota by Gender, 2015

- Males: 6,250 (76%)
- Females: 1,965 (24%)
HIV Diagnoses* in Year 2015 and General Population in Minnesota by Race/Ethnicity

HIV Diagnoses
(n = 294)

Population†
(n = 5,303,925)

* HIV or AIDS at first diagnosis
† Population estimates based on 2010 U.S. Census data.
HIV Continuum of Care
Introduction

• This slide set describes the continuum of HIV care in Minnesota.

• The slides rely on data from HIV/AIDS cases diagnosed through 2012 and alive at year end 2013 and reported to the Minnesota Department of Health (MDH) HIV/AIDS Surveillance System.
Definitions

• Persons living with Diagnosed HIV/AIDS (PLWH)
  – Defined as persons diagnosed with HIV infection (regardless of stage at diagnosis) through year-end 2013, who were alive at year-end 2014.

• Linkage to Care
  – Calculated as the percentage of persons linked to care within 3 months after initial HIV diagnosis during 2013. Linkage to care is based on the number of persons diagnosed during 2013 and is therefore shown in a different color than the other bars with a different denominator.

• Retention in Care
  – Calculated as the percentage of persons who had ≥1 CD4 or viral load test results during 2014 among those diagnosed with HIV through year-end 2013 and alive at year end 2014.

• Viral Suppression
  – Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) at most recent test during 2014, among those diagnosed with HIV through year-end 2013 and alive at year end 2014.
Percentage of persons diagnosed with HIV engaged in selected stages of the continuum of care – Minnesota

87% of diagnosed in 2013

- **Persons living with diagnosed HIV (PLWH)**: 7,628
- **Linkage to Care**: 261/299 (88% of retained)
- **Retention in care**: 5,514/7,628 (72% of PLWH)
- **Viral Suppression**: 4,826/7,628 (63% of PLWH)

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*a Defined as persons diagnosed with HIV infection (regardless of stage at diagnosis) through year-end 2013, who were alive at year-end 2014.

*b Calculated as the percentage of persons linked to care within 90 days after initial HIV diagnosis during 2013. Linkage to care is based on the number of persons diagnosed during 2013 and is therefore shown in a different color than the other bars with a different denominator.

*c Calculated as the percentage of persons who had ≥1 CD4 or viral load test results during 2014 among those diagnosed with HIV through year-end 2013 and alive at year end 2014.

*d Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) at most recent test during 2014, among those diagnosed with HIV through year-end 2013 and alive at year end 2014.

† Calculated as number of persons who had suppressed VL (≤200 copies/mL) at most recent test during 2014, among those who were retained in care during 2014.
Percentage of persons diagnosed with HIV engaged in selected stages of the continuum of care, by race – Minnesota

- Hispanic: 100% PLWH, 85% Linkage to care, 77% Retention in care, 63% Viral suppression
- White: 100% PLWH, 85% Linkage to care, 70% Retention in care, 56% Viral suppression
- African-American: 100% PLWH, 87% Linkage to care, 67% Retention in care, 55% Viral suppression
- African-born: 100% PLWH, 95% Linkage to care, 68% Retention in care, 57% Viral suppression
- American Indian: 100% PLWH, 100% Linkage to care, 67% Retention in care, 67% Viral suppression
- Asian/Pacific Islander: 100% PLWH, 100% Linkage to care, 74% Retention in care, 67% Viral suppression
- Multiple: 100% PLWH, 83% Linkage to care, 67% Retention in care, 69% Viral suppression

*Persons with multiple races
^ Strata have a n<=5
Percentage of persons diagnosed with HIV engaged in selected stages of the continuum of care, by age* – Minnesota

*Current age is used to calculate PLWH, retention in care and viral suppression. Age at HIV diagnosis is used for linkage to care.
Conclusions

• Over **8,000** people living with HIV in Minnesota → only **63%** virally suppressed

• **87%** of people diagnosed with HIV in 2013 were linked to care

• Linkage to care **decreased**, while viral suppression **increased** from 2013 to 2014

• **Significant health disparities** in treatment cascade
HIV Treatment and Prevention – Current Strategies
Treatment and Prevention Trends

• Systemic separation of prevention and treatment is being reduced
• Focus on bio-medical interventions is increasing
• Focus on behavioral interventions is decreasing
• Continued focus on communities with disproportionate HIV impacts
Post-Exposure Prophylaxis (PEP)

- **Within 72** hours of known exposure to HIV
  - Not for repeated exposures to HIV
- Generally **2-3** antiretroviral medications taken for 28 days
- Works by preventing HIV from replicating and spreading
- Initially developed for occupational exposure for health care providers
  - Reduced HIV infection from workplace exposures by **79%**
- In 400 cases of possible sexual exposure to HIV, **no new HIV infections**
Pre-Exposure Prophylaxis (PrEP)

- **Once daily pill** to prevent HIV acquisition among people with high risk sexual behaviors
  - MSM
  - IDU
  - HRH

- Treatment management includes visits to a medical provider (approx. every three months) for:
  - HIV testing
  - Sexually transmitted infections (STI) testing
  - Kidney function tests (not for everybody)
  - Bone mineral density tests (not for everybody)
Pre-Exposure Prophylaxis (PrEP)

• Several clinical trials have examined the efficacy of Truvada as PrEP (ex. iPrEx, Partner’s PrEP, etc.)

• Truvada appears to lower one’s risk of acquiring HIV by at least 90% in those who adhere
PrEP Barriers

• Lack of primary care clinicians trained to manage PrEP
  • Assumptions about patient risk
• Initial focus on MSM communities only
• Connection to ongoing primary care provider
  • “Sick” care VS “Health” care
• Cost and Insurance Access
• Adherence
PrEP Navigation

- Community and clinic based social service staff who address:
  - Insurance access and funding
    - MNSURE Navigator
    - Drug co-pay assistance
  - Clinic referral
  - Logistical barriers (transportation, appointment management)
  - Adherence Support
Treatment as Prevention (TasP)

- Medication works by reducing HIV replication and plasma concentrations
- Less virus in body fluids = improved health and long-term health outcomes
- Less virus in body fluids = lower likelihood of transmitting HIV
- Especially effective with early initiation of antiretroviral therapy
Undetectable = Untransmittable?

- AIDS Experts from the U.S., Australia, Denmark and Switzerland in consensus:
  - “negligible risk” of HIV transmission once a person has an undetectable viral load for 6 months and beyond

- PARTNER Study
  - ZERO transmissions from a positive partner with an undetectable viral load
  - 45,000 instances of unprotected anal or vaginal sex

- HPTN 052
  - 1,763 sero-discordant couples
  - ZERO transmissions from a positive partner when virus was stably suppressed
Treatment Barriers

• Experience of stigma from providers
• Lack of access to quality providers
• Medication adherence threshold is very high
  – Particular struggle for youth
• Chemical Health Issues
• Mental Health Issues
• “Sick” care VS “Health” Care
Treatment Barriers

• Insurance access and financial concerns
• Poverty and structural inequalities
  – Basic needs crises limit ability to focus on medical care
• Logistical Barriers
Overcoming Treatment Barriers

- Wrap-around social services can be key
- Clinic and Community based options
- Culturally sensitive
- Ryan White HIV/AIDS Program
  - Core Medical Services
  - Support Services
- Case Management/Care Coordination
Ryan White Support Services

- Case Management
- Benefits/Insurance Counseling
- Emergency Financial Assistance
- Food Access
- Housing
- Transportation
- Education and Support
- Chemical Health
- Information and Referral
HIV and the Affordable Care Act
Impact of the Affordable Care Act

• Coverage guaranteed regardless of pre-existing condition
• Ban on premium rate setting based on HIV status
• End of annual/lifetime caps on coverage
• Expansion of Medicaid Eligibility
• More affordable state marketplaces
• Tax credit for state marketplaces
• Lowered prescription drug costs for Medicare recipients
• Essential health benefits coverage
• Expansion of coverage for preventive services like HIV testing
ACA Fast Facts

• 96% of people diagnosed with HIV in care would likely be eligible for free or subsidized coverage
• Amounts to 70,000 uninsured people living with HIV!
• 26 states have or will expand Medicaid
• 26,560 people could now get coverage under Medicaid expansion in these states
• In states not expanding Medicaid, 20,350 HIV+ people would have qualified
  – Almost half in Texas and Florida alone
National HIV/AIDS Strategy
National HIV/AIDS Strategy

- Five-year plan that details principles, priorities, and actions to guide our collective national response to the HIV epidemic
National HIV/AIDS Strategy 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.”
National HIV/AIDS Strategy Goals

1. Reduce New Infections
2. Increase Access to Care and Improve Health Outcomes for People Living with HIV
3. Reduce HIV-Related Health Disparities and Health Inequities
4. Achieve a More Coordinated National Response to the HIV Epidemic
National HIV/AIDS Strategy

INDICATORS OF PROGRESS

Working together on these critical steps, we aim to meet the following targets by 2020:

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least <strong>85 percent</strong>.</td>
</tr>
<tr>
<td>5</td>
<td>Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least <strong>90 percent</strong>.</td>
</tr>
<tr>
<td>6</td>
<td>Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least <strong>80 percent</strong>.</td>
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</tbody>
</table>
National HIV/AIDS Strategy

• Linkage to Care

INDICATOR 4

Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.

National HIV/AIDS Strategy

Percentage of persons diagnosed with HIV engaged in selected stages of the continuum of care – Minnesota

- 100% of persons living with diagnosed HIV (PLWH)\textsuperscript{a}
- 87% of diagnosed in 2013
- \( \frac{261}{299} \) of linkage to care\textsuperscript{b}
- 72% of PLWH
- \( \frac{5,514}{7,628} \) of retention in care\textsuperscript{c}
- 63% of PLWH
- 88% of retained\textsuperscript{d}

\textsuperscript{a} Defined as persons diagnosed with HIV infection (regardless of stage at diagnosis) through year-end 2013, who were alive at year-end 2014.
\textsuperscript{b} Calculated as the percentage of persons linked to care within 90 days after initial HIV diagnosis during 2013. Linkage to care is based on the number of persons diagnosed during 2013 and is therefore shown in a different color than the other bars with a different denominator.
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\textsuperscript{d} Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) at most recent test during 2014, among those diagnosed with HIV through year-end 2013 and alive at year end 2014.

\textsuperscript{+} Calculated as number of persons who had suppressed VL (≤200 copies/mL) at most recent test during 2014, among those who were retained in care during 2014.
National HIV/AIDS Strategy

Linkage to Care

Linkage to Care by time it took to link to care, Minnesota 2013-2014

- 30 days: 74% (2013), 79% (2014)
- 60 days: 83% (2013), 84% (2014)
- 90 days: 87% (2013), 87% (2014)
- Ever: 95% (2013), 92% (2014)
National HIV/AIDS Strategy

Linkage to Care

Linkage to Care within 30 days, Minnesota 2013-2014

Link 18 more people to meet 2020 goal
National HIV/AIDS Strategy

• Retention in Care

INDICATOR 5. Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent.

Retention in Care

Percentage of persons diagnosed with HIV engaged in selected stages of the continuum of care-Minnesota

- PLWH: 100%
- Linkage to Care: 87%
- Retention in Care: 63%

Engage an additional 1,350 people in HIV care
National HIV/AIDS Strategy

• Viral Suppression

[Image]

INDICATOR 6 Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent.

National HIV/AIDS Strategy

Viral Suppression

Percentage of persons diagnosed with HIV engaged in selected stages of the continuum of care-Minnesota

- PLWH: 100%
- Linkage to Care: 87%
- Retention in Care: 90%
- Viral Suppression: 80%

An additional 1,276 people virally suppressed
Minnesota Advocacy
MN Plan To End AIDS Legislation

- SF847 (Dibble/Franke)
- Directs MDH to
  - develop a strategic plan to achieve the goals of the National HIV/AIDS Strategy
  - Reduce New HIV Infections by 75%
  - Deliver a report to the legislature by January 2018
QUESTIONS?
References

References

• HPTN 052 Study - https://hptn.org/research/studies/33
• PARTNER Study overview- http://i-base.info/htb/30108
• Undetectable = untransmittable, commentary- http://www.thebody.com/content/79049/five-reasons-hiv-undetectable-must-equal-untransmi.html