End HIV/STI Oregon Statewide Planning Group (OSPG) Meeting Notes

August 16, 2023, 1:00 - 4:00 p.m.

HIV/STI Surveillance and Prevention Updates

Disease Investigation Specialist Workforce Update

During COVID, Congress allocated more than $1 billion via the American Rescue Plan Act to strengthen the public health and disease intervention specialist (DIS) workforce. In 2021, funding became available to supplement to Oregon's CDC STD prevention grant. OHA distributed funds to 26 rural & frontier counties for DIS staffing (approximately 23 full-time equivalent positions) and related activities. Funds were also used to support one OHA position to coordinate statewide DIS training.

In June 2023, as a result of federal debt ceiling negotiations, Oregon and other jurisdictions were notified that the final two years of grant funds (Years 4 and 5) were no longer available. OHA's HIV/STD/TB Section had expected to distribute approximately $5 million to LPHAs over those two years. States are permitted to use any unspent DIS Workforce funds through January 2024, and OHA will apply for a grant extension through June 2024. This is devastating news for the DIS workforce and for the public given the rising rates of STIs.

Discussion

- Q: Which counties are affected?
    - A: Currently, 26 counties in the balance of the state (e.g., rural counties) are receiving funding. Prior to this funding, these counties had no funding for DIS services—which may once again be the case in 2024.

HIV Investigative Guidelines

OHA's HIV investigative guidelines have been updated. Staging information was removed since this information was unnecessary. New content includes 1) person centered language, 2) information about the importance of rapid ART and viral suppression (U=U), 3) cluster management guidance, and 4) expanded information about confirmatory testing options.

Discussion

- Q: Who is the audience for these guidelines?
    - A: OHA's HIV investigative guidelines provide step-by-step instructions for local public health authorities (LPHAs) to respond to a new HIV diagnosis.
- Q: Are the updated guidelines available on the OHA website?
    - A: The updated guidelines have not been posted online yet. LPHAs are reviewing them now. If you'd like to review them, please email Lea Bush.

Medical Monitoring Project (MMP)

A few months ago, the administration and management of the MMP grant shifted from Program Design and Evaluation Services (PDES) to OHA's HIV/STD/TB Section (HST), under the HIV Surveillance Program.

Doxycycline Post-Exposure Prophylaxis (DoxyPEP)

DoxyPEP is the practice of taking a 200-mg dose (usually two 100-mg pills) of doxycycline ideally within 24 (but no later than 72) hours after sex to prevent bacterial sexually transmitted infections, including gonorrhea, chlamydia, and syphilis.

How effective is doxyPEP? A study of cisgender MSM and transgender women living with HIV and of cisgender MSM and transgender women on PrEP found that doxyPEP reduced the risk of:

- chlamydia by 88% for HIV-negative people and by 77% for PLWH;
- syphilis by 87% for HIV-negative people and by 74% for PLWH; and
- gonorrhea by 55% for HIV-negative people and by 57% for PLWH.

The majority (86%) of participants said they took doxyPEP always or often within 72 hours after condomless sex. DoxyPEP may be most effective in people with a prior STI.

OHA's doxyPEP recommendations for clinicians include:

- Inform cisgender men, transgender women, and nonbinary people assigned male at birth who have sex with people with a penis and have had one or more bacterial STIs in the prior year about doxyPEP.
- Discuss the effects of doxyPEP on the acquisition of bacterial STI and the potential benefits and risks of doxyPEP.
- Then, prescribe doxyPEP using shared clinical decision-making with patients.
- Consider prioritizing patients who have had syphilis in the prior year, have had two or more STIs in the prior year, or who are contacts to sexual partners with early syphilis in the prior year.
- Counsel patients that doxyPEP may be particularly useful when they have sex outside of their usual sexual networks while traveling or attending events, when having sex with new or anonymous partners, participating in sex parties, engaging in group sex, going to bathhouses or sex clubs, and/or trading sex.

DoxyPEP may be effective for all people who have oral and anal sex with people with a penis regardless of gender identity and sex assigned at birth and providers should use shared clinical decision-making to help a patient decide if doxyPEP is right for them. DoxyPEP should be part of comprehensive sexual healthcare including HIV pre- and post-exposure prophylaxis (PrEP and PEP), condoms, routine HIV/STI testing, HIV treatment for people living with HIV (U = U), expedited partner therapy (EPT) for chlamydia and gonorrhea, overdose prevention and harm reduction services for people who use drugs, and vaccinations against HPV, hepatitis A and B, meningitis, and mpox. Currently, there is insufficient evidence to recommend doxyPEP to people who primarily have vaginal sex.

Risks of doxyPEP include:

- Side effects
- Drug interactions
- Doxycycline should not be used in pregnancy (but can be used during breast/chestfeeding)
- Antibiotic resistance
- Changes in skin, gut, and oral microbiomes

Discussion

- Q: What does the Health Evidence Review Commission (HERC) think about doxyPEP?
    - A: We don't know yet. Dr. Menza will ask this week.
- Q: Do you know when CDC will release doxyPEP guidelines?
    - A: We do not know.
- Q: Will doxyPEP help us avoid use of other STI treatments (e.g., Bicillin)?
    - A: Possibly.
- Will doxyPEP be an out-of-pocket cost or is it covered by insurance?
    - A: For the most part, we have seen doxyPEP covered by insurance.
- Q: What diagnosis code do you use?
    - A: ICD-10 code Z20.2, which is included in OHA's guidance.
- Q: How long was the study?
    - A: The study lasted a year. It was stopped early because data revealed the intervention was highly effective.
- Q: How long has doxyPEP been in practice?
    - A: Months. San Francisco and Seattle were early adopters.
- Q: Where can folks get doxyPEP?
    - A: Provider education about doxyPEP is ongoing. AETC has been training providers in the Part B area. STI and HIV clinic providers may be some of the first folks to start prescribing doxyPEP.
- Q: Does doxyPEP have to be prescribed?
    - A: Yes
- Q: How much doxyPEP is being prescribed?
    - A: Many clinicals prescribe between 15-30 doses per month with 2-3 refills. However, prescriptions may be tailored based on the patient's behaviors.

Addressing HIV and STIs in Indian Country

The Northwest Portland Area Indian Health Board (the board) is working to address HIV and STIs in Oregon and across the county. The board works with 43 federally recognized tribes/tribal confederations.

HIV incidence is higher among American Indian/Alaska Native (AI/AN) people than non-AI/AN people in Oregon (15.4 diagnoses vs. 11.8 diagnoses per 100,000 people from 2011-2020) and has increased in recent years. Primary and secondary syphilis incidence is higher among AI/AN people in Oregon, as well (22.8 vs. 9.9 diagnoses per 100,000 people from 2015-2021).

The Indigenous HIV/AIDS Syndemic Strategy addresses HIV, STIs, and viral hepatitis.

The board's current projects

Comprehensive facility assessments involve efforts to:

- Train providers to support care and treatment;
- Assess clinic capacity to provide STI/HIV/HCV clinical care, surveillance, and partner services;
- Provide site specific recommendations for syphilis (and other STIs) control and prevention; and
- Share aggregate findings to support guidance for other clinics locally/nationally.

Indigi-IWTK was modeled after the Johns Hopkins University School of Medicine's I Want the Kit (IWTK) program. The free test kit includes chlamydia, gonorrhea, and trichomoniasis tests. Participants must be at least 14 years of age to request a test kit via mail. Indigi-IWTK is currently available in 12 states and is in the process of expanding to 6 additional states, including Oregon. Collaborating partners include Johns Hopkins School of Medicine, Johns Hopkins Center for Indigenous Health, Northwest Portland Area Indian Health Board, Southern Plains Tribal Health Board, and Indian Health Service.

Other sexual health campaigns include:

- A general syphilis campaign to promote testing and public awareness
- A congenital syphilis campaign to prevent transmission to babies during pregnancy
- Sexual health education pocketbooks with information about HIV, syphilis, chlamydia, gonorrhea, PEP, PrEP, safer sex, drug use, and more. The board has distributed thousands of pocketbooks to organizations across the country.

Organizations that serve large numbers of indigenous people are welcome to request materials.

Campaigns in the works will address:

- HIV and PrEP

- Native health resources
- Family care plans
- Adult sexual health texting service

Other existing campaigns include:
- We R Native
- Healthy Native Youth
- Indian Country ECHO
- Paths (Re)membered Project

Discussion
- Q: Are you getting buy-in from the tribes?
    - A: Yes, our work is guided by the tribes. We seek input from and test our materials with community members. Most of our tribal partners have been excited to work with us as we are a tribal entity.

End HIV/STI Oregon 5-Year Communications Strategy

Coates Kokes is a strategic communications, branding, and advertising firm in Portland that has been working with OHA programs for more than a decade.

New five-year communications strategy

Coates Kokes developed a new strategy for the End HIV Oregon brand. This strategy is not just for OHA, but for community partners as well. The strategy helps unify and coordinate HIV messaging and connect people with resources to stay healthy.

The End HIV Oregon brand includes overarching & targeted resources. Organizations can use overarching resources at any time with any audience in mind, as well as targeted campaign resources. The new website and resources utilize photos of Oregonians. The campaign seeks to build a status-neutral messaging framework; Resources are available to help prevent transmission regardless of HIV status.

New overarching creative elements include:
- The End HIV Oregon website
- Brand guidelines/style guide
- New photo library
- Ambassador kits
- Social media
- Media campaigns

Overarching resources convey the following themes:
- Build community
- Reduce stigma

- Address misinformation
- Convey a sense of hope

Targeted resources convey the following themes:
- Empower communities to demand better health outcomes
- Break the cycle of stigma
- Information is power
- Community partners are trusted organizations

End HIV Oregon brand guidelines/style guide

Coates Kokes provided brand/style guidelines so that OHA and its partners can maintain a consistent look when utilizing End HIV Oregon messages and materials.

Launch of new End HIV Oregon website

The End HIV Oregon website now has a softer color palette and a new platform to ensure content is accessible and easy to use across devices and browsers. The website includes new information designed to connect users with resources (e.g., PrEP, condoms, testing, syringe services programs) and new photos of Oregonians. In the future, additional photos will be added featuring people with visible disabilities.

The website includes 1) a rural Oregon page, and 2) a partner support page for organizations to access logos, infographics, social media graphics, and more. Social media content is available in both English and Spanish.

Discussion:
- It is important that the website can pass a screen reader and that the photos have descriptive tags.

Public comment

A representative of Simplicheck (working with Scope Lab) asked whether Oregon could offer HIV and STI tests via vending machines. OHA will follow up via email.