County of Los Angeles-Department of Public Health Office of AIDS Programs and Policy

HIV Testing Landscape: Los Angeles County





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Los Angeles County HIV Testing Summit St. Anne's Maternity Home January 22, 2010





Overview

- Introduction
- Los Angeles Epidemic
- Office of AIDS Programs and Policy (OAPP) HIV Testing Principles & Objectives
- HIV Testing Efforts in Los Angeles
- HIV Testing Data
- Social Marketing
- Conclusions





County of Los Angeles

Square Miles: 4,086 Population¹: 10.3 Million

Latino/a 47%
White 28.9%
Asian/Pl 12.6%
African-American 9.0%
Native American 0.3%

Proportion of California Population²: 29%

Proportion of California AIDS Cases³: 36%

Proportion of U.S. AIDS Cases³: 5%

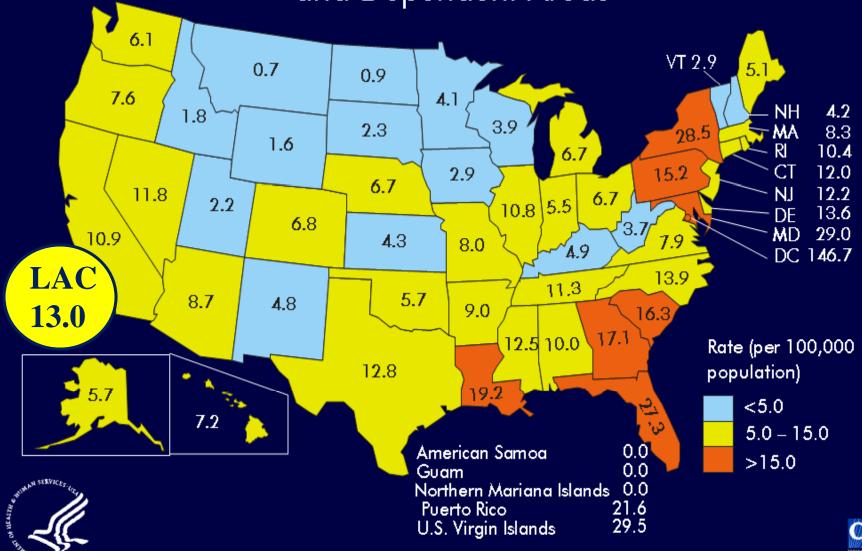
Living with HIV/AIDS³: 60,000 (Estimated)

¹United Way, Los Angeles (2008) ²U.S. Department of Commerce (2008)

³Los Angeles County HIV Epidemiology Program (2008)



AIDS Rates, Reported in 2006—United States and Dependent Areas



Impact of HIV on LA County

- LAC second only to NYC among US metropolitan areas in cumulative number of reported AIDS cases
- Only 4 states (CA, TX, NY, FL) have more reported AIDS cases than LAC
- 36% of all California reported AIDS cases are from LAC





HIV Prevalence and Incidence US and Local Statistics

HIV Prevalence Estimates:

- US: 1,106,400 persons living with HIV¹
- LAC: **61,700** persons living with HIV²

HIV Incidence Estimates:

- US: 56,300 persons newly infected.³
 - 27% Female and 73% Male
- LAC: **3,138** persons newly infected. ²
 - 16% Female and 84% Male

¹CDC. HIV Prevalence Estimates—United States, 2006. MMWR 2008

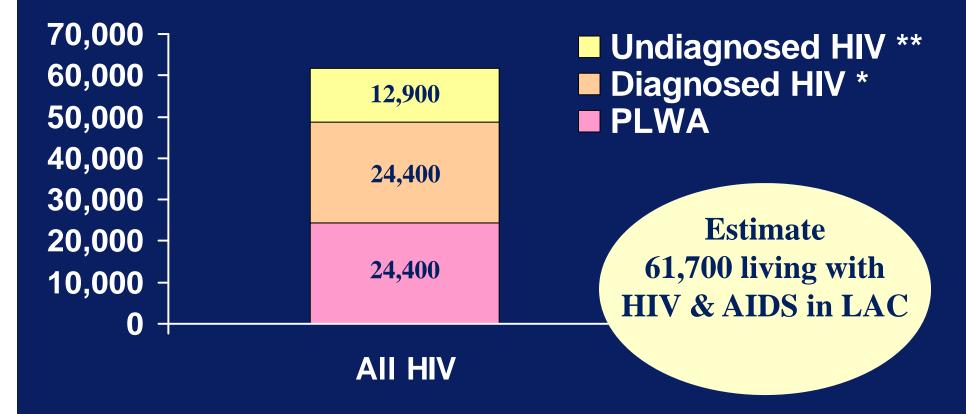
²HIV Epidemiology Program, LAC/DPH, 2007.

³Hall HI, et.al. *JAMA* 2008.





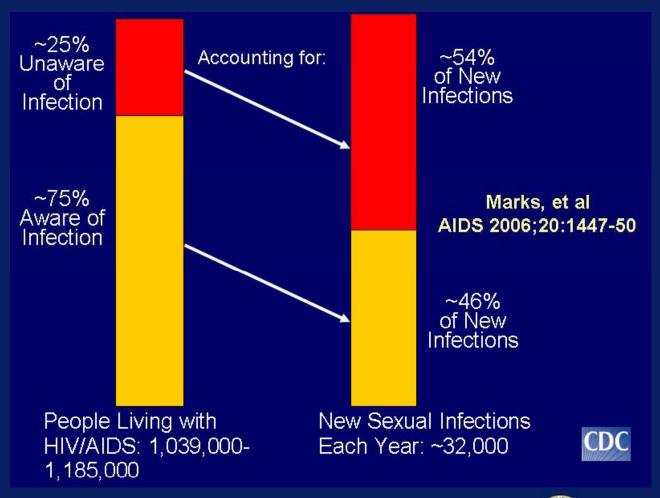
Estimated Number of Persons Living with HIV or AIDS in LAC as of July 2009







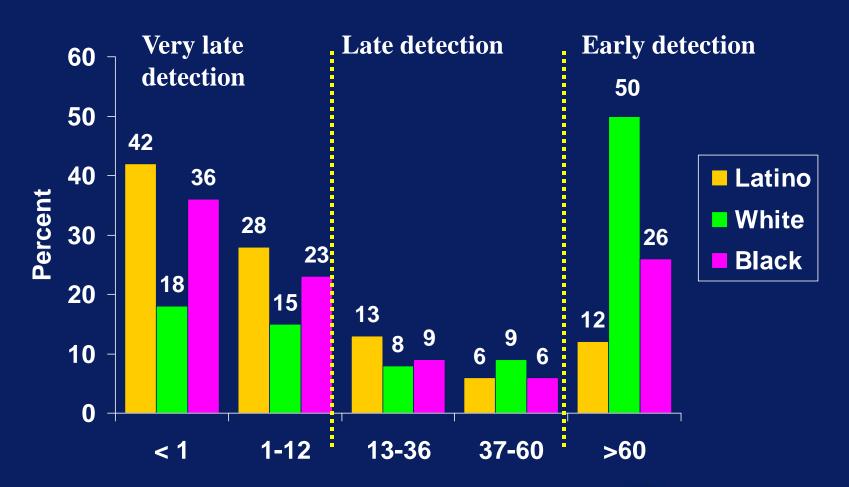
Awareness of Serostatus Among People with HIV and Estimates of Transmission







Time Between First Learned of HIV+ Status and AIDS Diagnosis







OAPP HIV Testing Principles

- HIV testing is part of a comprehensive prevention strategy
- Ongoing need for multiple HIV testing modalities
- Data and evidence should guide response
 - Number of tests versus positivity rate must be considered
 - Geo-mapping is an important tool and resource
- Focus on diagnosing those with undiagnosed HIV infection given transmission data





OAPP's HIV Testing Objectives

- Diagnose more persons with HIV each year than the estimated number who become infected
- Diagnose 10% of the estimated 12,900 undiagnosed HIV infection in Los Angeles
- Test over 70,000 people annually
- Achieve a 2% HIV-positivity rate in OAPPfunded testing sites
- Ensure 100% linkage into care for newly diagnosed persons





HIV Testing Efforts

- Department of Public Health (DPH) Direct HIV Testing Services
 - Office of AIDS Programs and Policy (OAPP)
 - STD Program
 - Public Health Centers (STD, HIV, TB testing)
 - HIV Epidemiology

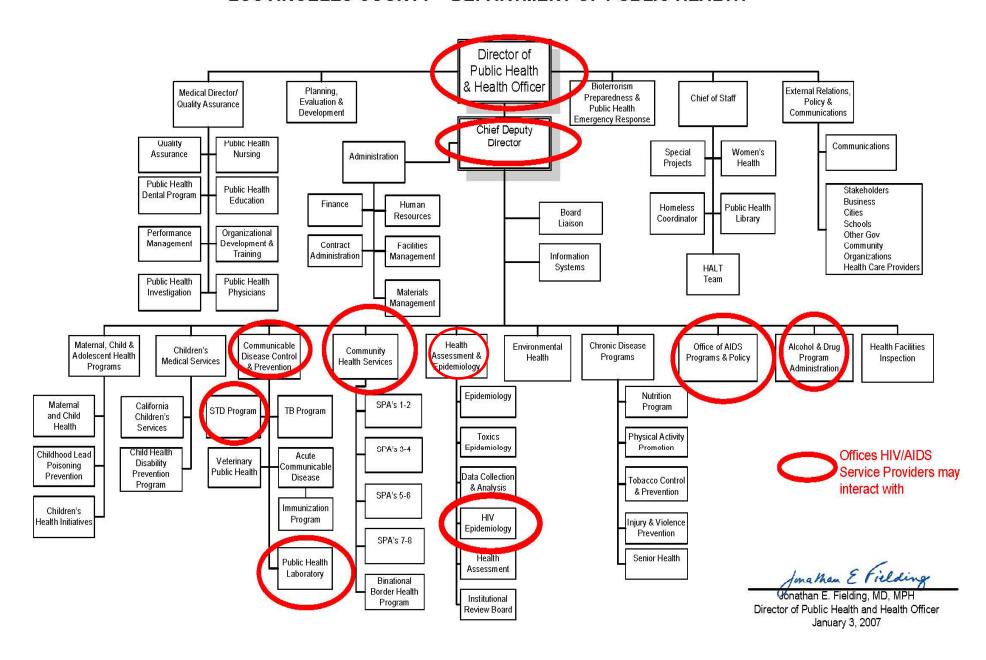


- Department of Health Services
- Other Health Departments Long Beach and Pasadena
- Private Sector





LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH



HIV Testing Efforts: OAPP Supported Testing

- OAPP Direct HIV Testing Services
 - Court Testing
 - Substance Abuse Clinics
 - Jails
 - Homeless Shelters
 - Research Projects(e.g., Social Network Testing)



HIV Testing Efforts: OAPP Supported Testing

- CBO and Clinics via OAPP support
 - HIV Testing Models/Categories
 - 1. Storefront Testing
 - 2. Mobile Testing Unit HIV Testing
 - 3. Multiple Morbidity Mobile Testing Unit
 - 4. Social Networks Testing
 - 5. Routine Testing in Clinics
 - Medical Outpatient Partner Testing
 - Research Projects





HIV Testing Efforts: Other DPH Supported Testing

- Public Health Centers Services
 - •13 Public Health Clinics (HIV, STD, TB)



- STD Program (STDP) Direct HIV Testing
 - ■Jails K6-G (STDP)
 - Research Projects (STDP)
 - Select Mobile Testing (STDP)







HIV Testing Efforts: DHS and Other Supported Testing

- Department of Health Services
 - Public Hospitals, Clinics, Public/Private Partnerships
- Other Health Departments
 - City of Long Beach
 - City of Pasadena



Other CBOs and Private Sector





HIV Testing Data - Estimates

Agency	# of HIV Tests	HIV-positive Tests	HIV Positivity Rate
DPH- OAPP (2008 data)	36,436	498	1.37%
DPH-Public Health Clinics (2007 data)	25,044	200	0.80%
City of Pasadena (2009)	1,384	28	2.03%
TOTAL	62,864	726	1.15%

... Do not have overall LA County HIV Test Number



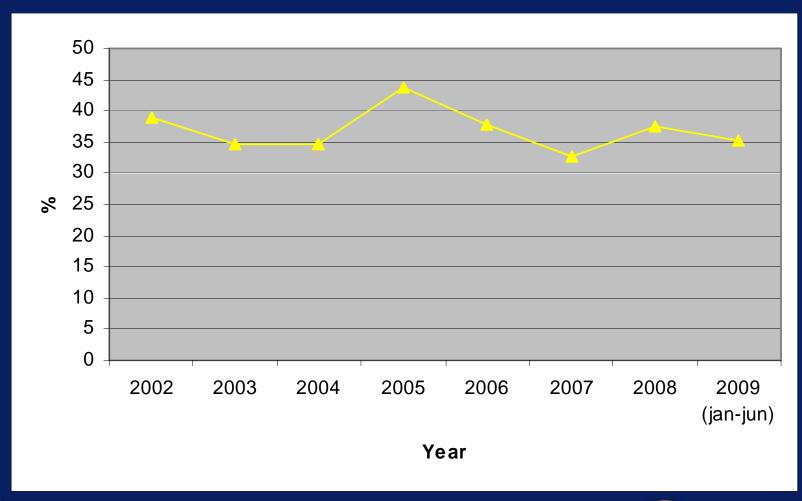
HIV Testing Data

- 2005 Los Angeles County Health Survey
 - Percent of Adults who Reported Being Tested for HIV in the Past 2 Years = 31%
 - Estimates that nearly 1 out of every 3 adults 18 years or older reported being tested for HIV during the past 2 years. (Participants were asked not to count HIV tests that were done as part of a blood donation.)
 - N= 8,648 adults 18 yrs or older





Estimated proportion of new HIV diagnoses from publicly funded sites, LAC, 2002-2009







Estimated proportion of new HIV diagnoses from publicly funded sites, LAC, 2002-2009

- Estimated 35-45% of new HIV diagnoses are from publicly funded sites
- Conversely, 55-65% of new HIV diagnoses are from privately funded sites





OAPP HIV Testing Data





HCT Data from OAPP-funded Sites, 2008

Characteristic	All T	ests	Rapid H	IIV Test	Conventi Te	
	N	%	n	%	n	%
Number of HIV Tests	36,332		26,124	71.9%	10,208	28.1%
Test Election						
Confidential	29,702	81.8%	20,246	77.5%	9,456	92.6%
Anonymous	6,630	18.2%	5,878	22.5%	752	7.37%
Positive	595	1.64%	468	1.79%	127	1.24%
New Positives ¹	482	1.33%	389	1.49%	93	0.91%
Previously Positive	113	0.31%	79	0.30%	34	0.33%
Disclosure of Test Results						
All Tests ²	32,363	89.1%	24,420	93.5%	7,943	77.8%

¹ New Positives refer to individuals who self-report never having a prior positive HIV test result.





² Received a disclosure of a negative, preliminary positive, or confirmed positive result.

New Positives and Positivity Rate at OAPPfunded HCT Sites, 2008

Characteristic	N	New Positives ¹ (n)	New Positivity Rate (%)
Number of HIV Tests	36,332	482	1.33%
Homeless	3,650	51	1.40%
Target Populations ²			
HIV Positive Individuals ³	595	482	
Youth (12-24 years)	9,448	89	0.94%
Men	24,337	437	1.80%
Gay men	9,209	313	3.40%
Non- gay identified men who have sex with men ⁴	3,965	56	1.41%
Women	11,773	34	0.29%
Transgender Individuals	221	11	5.00%
People who Share Needles/Works	2,151	25	1.16%

¹The number of new positives that received a disclosure of a preliminary positive rapid test result or a conventional new positive result. New Positives refer to individuals who self-report never having a prior positive HIV test result.





² Target populations as identified in Table 4.6 in the Los Angeles County Department of Public Health HIV Prevention Plan 2009-2013 http://publichealth.lacounty.gov/aids/PreventionPlan.htm.

³ Includes newly identified positive individual and individuals who previously tested positive.

⁴ Includes males who self-identified as bisexual or heterosexual and males who responded

[&]quot;didn't know/refused" and reported having sex with men.

New Positives and Positivity Rate at OAPPfunded HCT Sites, Jan-Jun 2009

Characteristic	N	New Positives ¹ (n)	New Positivity Rate (%)
Number of HIV Tests	18,207	210	1.15%
Homeless	2,319	35	1.51%
Target Populations ²			
HIV Positive Individuals ³	251	210	
Youth (12-24 years)	4,861	38	0.78%
Men	12,758	182	1.43%
Gay men	4,242	135	3.18%
Non- gay identified men who have sex with men⁴	2,026	26	1.28%
Women	5,318	16	0.30%
Transgender Individuals	130	12	9.23%

¹The number of new positives that received a disclosure of a preliminary positive rapid test result or a conventional new positive result. New Positives refer to individuals who self-report never having a prior positive HIV test result.





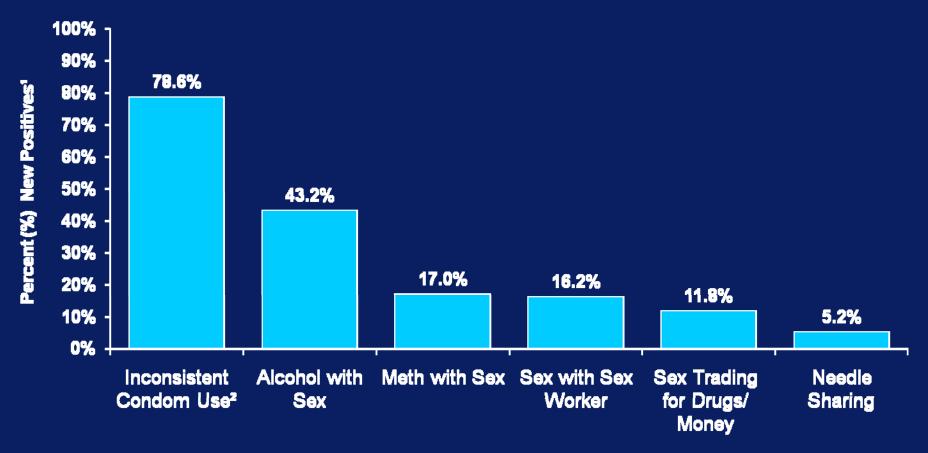
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⁴ Includes males who self-identified as bisexual or heterosexual and males who responded

[&]quot;didn't know/refused" and reported having sex with men.

New Positives Identified at OAPP-funded HCT Sites by HIV Risk Behavior, 2008



High Risk Behavior*





^{*} High risk behaviors are not mutually exclusive. Individuals may have engaged in more than one high risk behavior.

¹ New Positives refer to individuals who self-report never having a prior positive HIV test result.

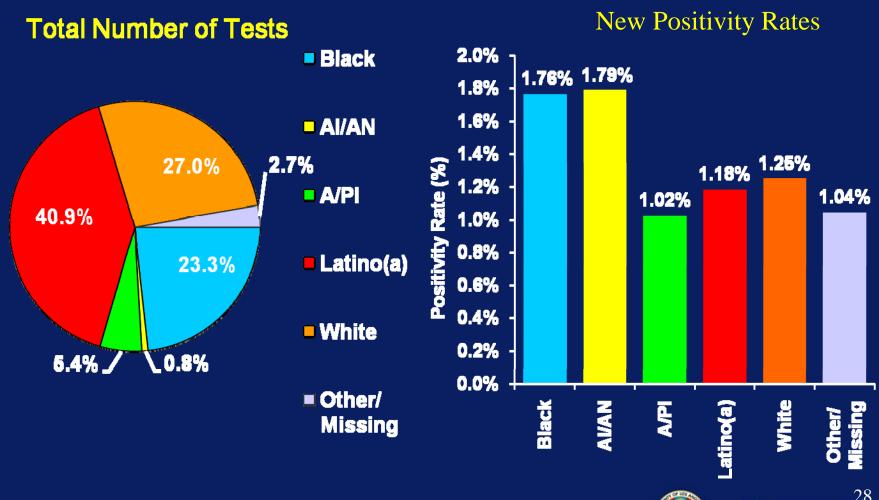
² Inconsistent condom use includes never or sometimes using condoms.

New Positivity Rates and Number of HIV Tests Performed at OAPP- funded HCT Sites by Year



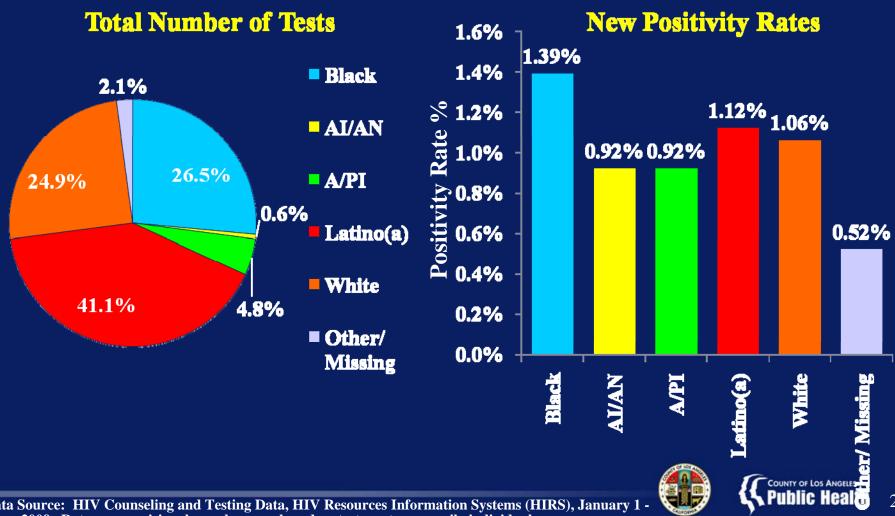
HIV Tests by Race/Ethnicity, 2008

(N=36,332)



HIV Tests by Race/Ethnicity, Jan-Jun 2009

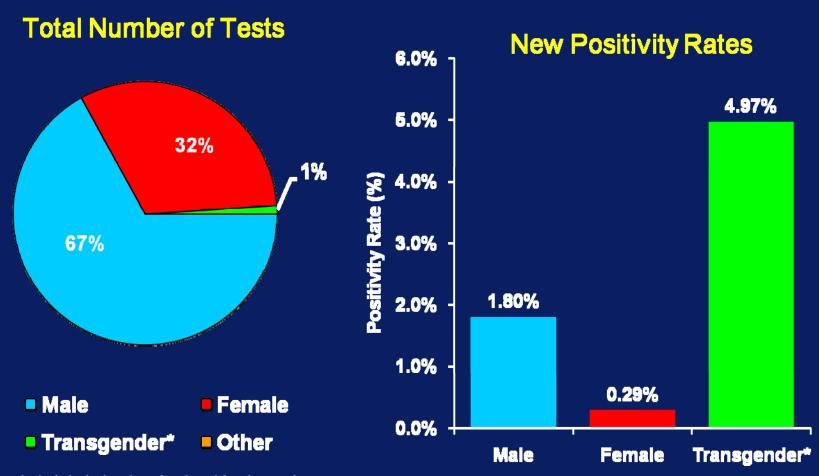
(N=18,207)



Data Source: HIV Counseling and Testing Data, HIV Resources Information Systems (HIRS), January 1 -June, 2009. Data are provisional, numbers are based on tests, not necessarily individuals.

HIV Tests by Gender, 2008

(N=36,332)



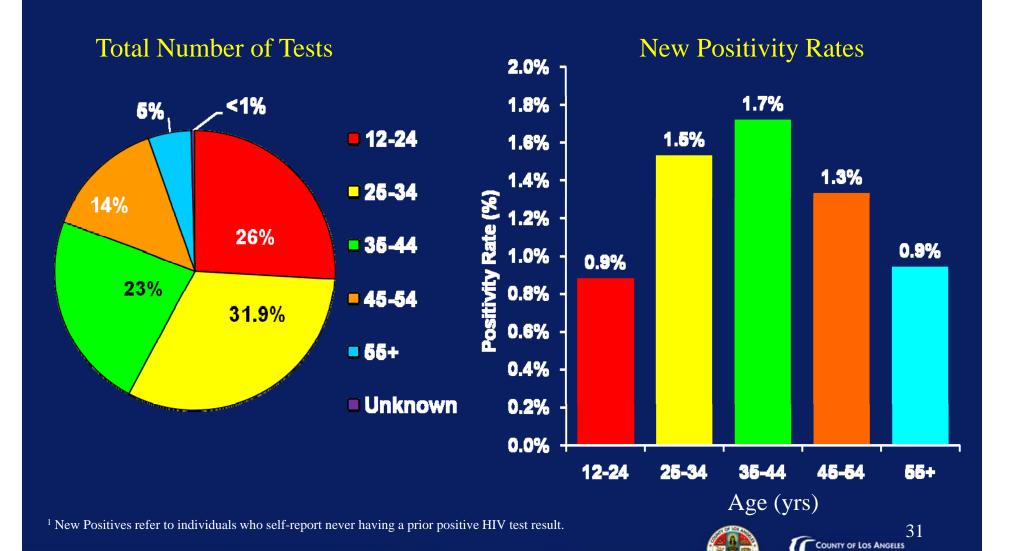
 $[\]boldsymbol{*}$ Transgender includes both male-to-female and female-to-male.





¹ New Positives refer to individuals who self-report never having a prior positive HIV test result.

Total Number of Tests by Age Group, 2008 (N=36,332)



Public Health

How do we decide what testing models to support and where?





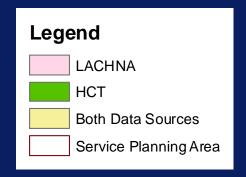
HIV Counseling and Testing Data, by Modality, 2008

Model	# Tests	# Positives	HIV Pos Rate
Storefront/Combo	19,002	340	1.79%
MTU	5,998	130	2.17%
Multiple Morbidity	2,462	32	1.30%
PCRS with Testing	1,638	9	0.55%
Medical Outpatient	194	11	5.64%
Jails	1,844	3	0.16%
Jails-07768	390	3	0.77%
DREX	1,340	12	0.90%
Court	971	22	2.27%
Other ²	2,493	33	1.32%
PCRS-STD Program	333	58	17.4%
Comm. Sex Venues	1,771	45	2.54%
STD Clinics ³	25,044	200	0.80%
Total	63,480	898	1.41%



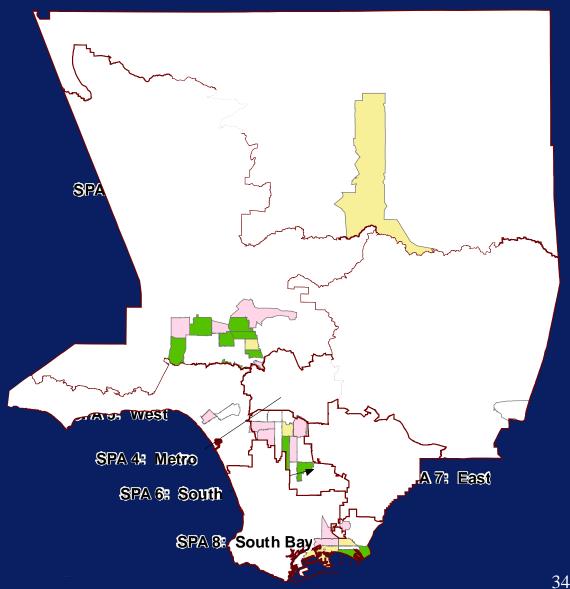


High-risk Zip Codes*, 2008



*Defined by 4 risk factors:

- 1. HIV-positive test result reported
- 2. Inconsistent condom use
- 3. Methamphetamine, crack, cocaine, or heroin drug use
- 4. Sharing injection paraphernalia







Source: HCT Data FY2006-07, Los Angeles Coordinated HIV Needs Assessment, 2007, Planning & Research Division

OAPP Supported Testing Models (Review)

HIV Testing Models/Categories

Storefront Testing
 16 programs

2. Mobile HIV Testing Units (MTU) 6 programs

3. Multiple Morbidity MTU 3 programs

4. Social Networks Testing 2 programs

5. Routine Testing in Clinics 6 programs

Court and Jails Testing
 1 program

Partner Services





Social Marketing





Social Marketing

 Promoting HIV and Service Awareness is a Core Component of Public Health

Launched New Campaign in July 2009

 Reduced Scope of Campaign and Awareness Activities due to Funding Reductions





HIV Testing Marketing Strategy

- 1) Create a symbol/logo/brand
- 2) Initially target people of color (both men and women), but also work with a general audience
- 3) Motivate people to get tested.





Journey to the "Erase Doubt" Campaign

- Research
 - Review HIV/STD campaigns from all over the world
 - Ads show messages around safer sex, condom use, testing, drug use, etc.
 - Testing themes were actually the smallest number of ads we found













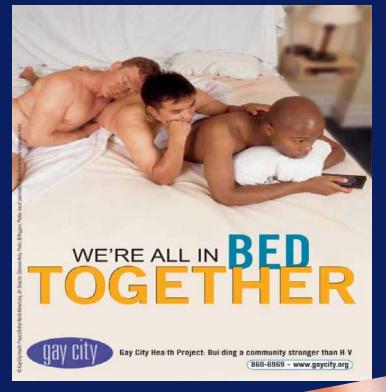
International Ads

















Testing





Argentina – "Be Careful"











We never talk about it, but I want to support him



Soul Food is a free program where brothers are supporting each other ◆ Be There ◆ Be Heard ◆ Be a Volunteer ◆ Get involved Call 212 367-1353 or 212 807-6855 (hotline) ◆E-mail askgmhc@gmhc.org

Come for a free HIV test... because knowing your HIV status matters.







Focus Groups- Pre Creative

- We tested some of these ads and ad themes (eg. fear based; have fun, but be safe; get tested) with focus groups
 - African-American and Latino gay men
 - Women of color
 - Latino gay men (Spanish-language)

Results

- Simple visuals
- Know your audience
- Do not patronize
- Reduce stigma, generate awareness, increase testing over time
- Need to Create Doubt





Second Round of Focus Groups

- We tested the new creative with:
 - African-American and Latino gay males
 - African-American women
 - Latinas (Spanish-language)
 - Latino gay men (Spanish-language)
- Findings
 - Red Ribbon "Erase Doubt" as logo worked well
 - Combination of campaigns with Virus
 - Make statistics stand out
 - "Relationship" and virus imaging resonated





Our Symbol







"Erase Doubt" Campaign





Erase Doubt.org



PR Strategy-Online

- Erasedoubt.org
- Twitter.com/EraseDoubt
- Facebook.com/EraseDoubt
- YouTubecom/EraseDoubt









PR Strategy-Community

- "Test Fests"
- Big Rubber HIV Balls
- Release Images to CBOs to adapt and localize campaign
 - Creative Kit
 - Brand Usage Guide





















Watts, 2009
"Test Fest 2009"
Social Marketing Launch



















PR Strategy-Community

Next "Test Fest"

Salazar Park
East Los Angeles
Saturday, March 20, 2010







PR Strategy-General

2nd Tier

Outdoor

Radio

TV







Summary/Conclusions

- Variety of HIV Testing Modalities Key
 - Respond to mixed or "pockets" of epidemics
 - Targeted Testing Effective
- Geo-Mapping and using Evidence/Data is Critical
- Routine Testing
 - Patience and Persistence
 - Learn from Lessons
 - Normalizes Testing
 - Work with Providers to Accept
 - "Tipping" Point Concept





Summary/Conclusions

- Linkage to Care Improvements Critical
 - HIV Counselor Role
 - Co-locating Testing and Care Services
 - Documentation
 - NIH and CDC Collaboration: Strategic Multisite Identification Linkage and Engagement in Care of Youth with Undiagnosed HIV Infection (SMILE in Caring for Youth)
- Partner Services Focus
- Review Data and Studies to Inform, Improve, and Enhance Services
 - Rapid Testing Algorithm
 - "Test and Treat"
 - Post Exposure Prophylaxis (PEP) or PrEP
 - Social Network Testing



Summary/Conclusions

- Support our Partners
 - Capacity Building
 - Quality Assurance and Monitoring
 - Evaluation
 - Workforce Skill
- Collaborate, Collaborate
 - Asset Mapping
 - HIV Testing Summits
 - Sharing Data





Acknowledgements

Mike Janson Jacqueline Rurangirwa True Pawluk





For Additional Information

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Requirements to Perform CLIA-Waived Rapid HIV testing





What is CLIA?

 Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver

CLIA of 1988

Established quality standards for laboratory testing to ensure the accuracy, reliability, and timeliness of patient test results. CLIA requires that any facility examining human specimens for diagnosis, prevention, treatment of a disease or for assessment of health must register with the federal Centers for Medicare & Medicaid Services (CMS) and obtain CLIA certification.





- Waived tests must use unprocessed specimens (whole blood or oral fluid), be easy to use, and have little risk of an incorrect result.
- Any agency that is performing waived rapid HIV tests is considered a clinical laboratory.
- Non-clinical testing sites that plan to offer waived rapid HIV tests must either apply for their own CLIA Certificate of Waiver or establish an agreement to work under the CLIA Certificate of an existing laboratory.





- FDA requires that any facility planning to perform waived rapid HIV tests must have a quality assurance plan.
- All sites that order rapid HIV tests must certify to the manufacturer that they agree to comply with specific requirements and restrictions that the FDA has established for rapid HIV tests.
- Many states have additional regulations that apply to laboratory testing, and some require separate applications to the state agency.





- California Office of AIDS (OA) issued Guidance for Agencies interested in conducting rapid HIV Testing
 - 1. OA funded
 - HIV Counseling and Testing Programs
 - OAPP funded HIV testing agencies covered under "OA funded" providers
 - 2. Non-OA funded
 - Clinics, hospitals, etc. (everyone else)





- Must secure Clinical Laboratory Improvement Amendments Waiver (federal)
- Must register with State Lab Field Services
 - \$100 Registration certificate
 - \$25 per additional site





- Personnel Qualifications
 - Counselors in good-standing with the Office of AIDS/OAPP
 - Other health care personnel qualified to conduct CLIA-waived testing under BPC 1206.5;
 - Business Professions Code Section 1206.5- such as a physician, physician's assistant, nurse, medical assistant, or other health care personnel providing direct patient care.
 - Successfully completed OA/OAPP approved training
 - Qualified to conduct necessary sample collection (e.g., phlebotomy, finger stick, oral swab)
- Quality Assurance Procedures





- NOT a part of a OA-funded counseling and testing program
- Requirements are Administered through Laboratory Field Services Branch (LFS) of CA DPH, not the Office of AIDS



- CLIA
 - Must obtain a CLIA certificate of waiver or higher
- California Laboratory License or Registration and Approval to Perform HIV Tests
 - Approval to Perform HIV Test: No longer need special approval
 - Must obtain a California clinical laboratory license or registration
 - Proficiency Testing has been modified





Personnel Qualifications

- Personnel conducting the test must be qualified to conduct CLIA-waived tests under Business Professions Code Section 1206.5, such as a physician, physician's assistant, nurse, medical assistant, or other health care personnel providing direct patient care.
- There are no legal training requirements for operating the test kit by the manufacturer or through the Centers for Disease Control & Prevention (CDC).
- Qualified to conduct necessary sample collection (e.g., phlebotomy, finger stick)

- Quality Assurance Procedures
 - Agencies must conduct the test in accordance with the manufacturer's current package insert.
 - Agencies must also comply with all relevant Occupational Safety and Health Administration standards.





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Kama Brockman, State Office of AIDS





Centers for Disease Control and Prevention (CDC) Guidelines

- Guided by the <u>California State Office of AIDS HIV Counseling</u> and <u>Testing Guidelines</u>: <u>Policies and Recommendations 1997</u> and <u>Rapid HIV Testing Supplement</u>
- Guided by the Centers for Disease Control and Prevention's (CDC) <u>2001 Revised Guidelines for HIV Counseling, Testing, and Referral</u>
- Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings in 2006
- Centers for Disease Control and Prevention, <u>HIV Testing</u> <u>Implementation Guidance for Correctional Settings</u>,2008:1-38.