

Louisiana Commission on HIV/AIDS and Hepatitis C
December 10, 2019
9:00 am – 11:00 am
State Capitol, Committee Room 5
Baton Rouge, LA

Commission Members Present:

Andrea LaPlante, Anthony Basco, Chaquetta Johnson (present on behalf of Alex Billioux), Davondra Brown (present on behalf of Marcus Bachhuber), DeAnn Gruber, Fran Lawless, Jaqueline Porter, John Morrison, Mitchell Handrich, Norma Porter, Stephanie Taylor, Tamachia McCaa, Tamara Boutte, Tanya Brown, and Tavell Kindall

Commission Members Absent:

Alleen King-Carter, Angie Brown, Baylor Boyd, Bruce Parker, Damian Bellon, Dustin Miller, Frank, Opelka, H. Glenn Anderson Jr., Jennifer Singh, John White, Kierra Dotson, Lee Hamm, Lee Stevens, Meta Smith-Davis, Nick Harris, and Paul Salles

I. Call to Order

Dr. DeAnn Gruber called the Commission meeting to order.

II. Roll Call

Dr. Gruber took a roll call of Commission members and their designees

III. Old Business: October Minutes

Commission members reviewed the minutes from the October 11th meeting. Tanya Brown stated that her name was assigned to two comments that were actually made by Angie Brown.

Dr. Taylor moved that the minutes be accepted with the changes. Fran Lawless seconded. The motion passed.

IV. Old Business: Bylaws

The updated Bylaws were disseminated. Anthony Basco asked if the revised/updated Bylaws were sent at least 30 days prior to today to ensure that members had time to review. Julie Fitch stated that the updated Bylaws were sent via email on October 30th.

Chaquetta moved that the updated Bylaws be accepted. Tamachia McCaa seconded. The motion passed.

V. New Business: Ending the Epidemic Presentation

Dr. Gruber presented on the Ending the HIV Epidemic initiative including programmatic activities, statewide and local funding and collaborating partners. Fran Lawless indicated that

the City of New Orleans applied for additional Ryan White funds and some of these funds would be to support centralized linkage to care.

Following the presentation, Dr. Taylor congratulated all on the strides being made in the state of Louisiana. Dr. Taylor had questions regarding the incentive program for PLWH, Health Models and plans for when the funds may run out. Dr. Gruber explained that there is not a time restriction on individuals' enrollment in the program and as of yet, that the maximum annual amount per client is \$550 and most receive approximately \$300/year. The original funds were from a demonstration project and SHHP is able to support this work with other CDC funding.

Tamara Boutte asked where the Community Health Workers in Baton Rouge were housed. Dr. Gruber explained that the CHWs team is housed at the East Baton Rouge Parish Health Unit along with the Linkage to Care staff and Disease Intervention Specialists. They are more often than not actually in the community visiting various neighborhoods. Anthony Basco stated that the CHWs frequently visit his agency, Care South, and agreed that they are certainly out in the communities.

Fran Lawless stated that New Orleans requested that HRSA Ryan White EHE funds be used to train Peers as Community Health Workers. Dr. Gruber stated that CHWs are an asset as they are connected to the communities that are being impacted.

Norma Porter asked if other clinics or organizations can apply for funding since it appears that these various funding amounts are large. Dr. Gruber explained that current federal funds are targeted to New Orleans and Baton Rouge, but SHHP is strategizing to allocate other funding to other regions in the state.

Anthony Basco asked if Dr. Gruber could speak to the "large areas" mentioned. Dr. Gruber explained that these particular CDC funds go directly to East Baton Rouge Parish and Orleans Parish. Fran Lawless continued the discussion by adding that HRSA has not yet set boundaries other than the requirement that PLWH are to be served. When they are awarded the funding, they can speak more to the strategies. If people in outlying parishes need attention, this may require us to reach beyond parish boundaries.

New Business: Testing Update Presentation

Debbie Wendell presented on testing data and related updates. Following her presentation, Tavell Kindall asked if there was more information on testing at colleges, or if the data on Hospitals/Emergency Departments could be detailed regarding specific site within the hospital. Debbie explained that for confidentiality reasons, there is no release of college-specific information. Regarding Hospitals/Emergency Departments, the vast majority of the data reported came from emergency departments.

Fran asked if reporting on the negative test results related to sanitary code change were anonymous. Debbie stated that no they are not anonymous. Names are required for linkage to care. Fran expressed that name based reporting for negatives is a disincentive to testing. Dr. Taylor commented that receiving negative tests with names are valuable for staging syphilis.

She also asked why so many previous positives are found in correctional settings. Debbie stated that is the nature of testing and people may not feel comfortable disclosing their status when they are tested upon intake. She explained the importance of confirmatory testing and follow up with a CD4 count.

Mitch Handrich asked if the funding for ER testing is inclusive of pharmaceutical funding support. Anthony James answered yes, we partner with Gilead to support emergency department testing. They generally cover staffing and OPH covers reagents or other testing supplies. Anthony Basco stated that there is a close partnership Gilead.

Norma Porter asked if Urgent Care Centers were involved in opt-out testing and Anthony James stated that there have been attempts to engage urgent care facilities, however many urgent care facilities are partners with or affiliated with larger systems and may want to focus on other sites, such primary care facilities.

Norma Porter stated that a select group of patients aren't in large systems such as truck drivers or the transient population.

VI. Agenda Setting for February Meeting

Dr. Gruber asked for next agenda topics. The consensus was: U=U, Louisiana HCV Elimination Strategy including efforts at Department of Corrections, and progress on EHE funding and implementation in Baton Rouge and New Orleans

Dr. Gruber added that the Hepatitis C treatment subscription model began on 07/15/2019 and as of 11/22/2019, 2,290 clients were treated. She also mentioned that the Health Department is partnering with Walmart to offer free Hepatitis screenings. This pilot program will offer free screenings in 10 Walmart pharmacies from 12/11 to 02/01.

VII. Public Comment

Brandi Bowen provided comments. She specifically asked that this Commission make housing stability a focus area to discuss and address. She explained that although the Ryan White program is a resource, it is not enough to address the widespread lack of housing, particularly among PLWH. She provided the Commission with the New Orleans Change Coalition HIV/AIDS Housing Analysis as justification for this request. She highlighted that at any given moment, there are approximately 300 individuals homeless and living with HIV in New Orleans. Her call to action is for leaders to take ownership in improving housing service systems, re-evaluate related policies, and prioritize the immediate housing needs for PLWH.

The next Commission meeting will occur place in February 2020, exact date TBD.

Tavell Kindall moved that the meeting be adjourned. Anthony Basco seconded.



Ending the HIV Epidemic in Louisiana: Overview of Resources and Activities

DeAnn Gruber, Director, Bureau of Infectious Diseases, LDH OPH

Louisiana Commission on HIV/AIDS and Hepatitis C Education,
Prevention, and Treatment

December 10, 2019

STI/HIV Epi Overview

HIV Across the Nation

- ▶ From 2013 to 2018, the HIV diagnosis rate has declined from 12.5 per 100,000 to 11.4 per 100,000 (39,539 new diagnoses to 37,377 new diagnoses)
 - Decreased or remained stable in all age groups except for an increase among 25-29 year olds
 - Decreased or remained stable among all race/ethnicity groups except for an increase among American Indian/Alaska Natives and Asians
 - Decreased among men and women, men account for 81% of new diagnoses
 - Decreased or remained stable among all transmission categories; 69% of all diagnoses among gay and bisexual men who have sex with men

Louisiana STI and HIV Diagnoses 2017 vs 2018

	2017 Diagnoses	Ranking	2018 Diagnoses	Ranking	% Change
P&S Syphilis	679	3 rd	669	7 th	-1.5% ↓
Cong Syphilis	57	1 st	43	3 rd	-24.6% ↓
Gonorrhea	12,014	3 rd	12,043	5 th	0.2% ↑
Chlamydia	34,749	2 nd	36,293	2 nd	4.4% ↑

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Gonorrhea	12,014	3 rd	12,043	5 th	0.2% ↑
Chlamydia	34,749	2 nd	36,293	2 nd	4.4% ↑
HIV	1,016	4 th	979	4 th	-3.7% ↓
AIDS	504	3 rd	419	4 th	-16.9% ↓

Louisiana STI and HIV Diagnoses and Rankings Based on Case Rates 2017 vs 2018

	2017 Diagnoses	Ranking	2018 Diagnoses	Ranking
New Orleans				
HIV	344	4 th	313	6 th
AIDS	160	6 th	164	5 th
Baton Rouge				
HIV	224	4 th	229	4 th
AIDS	128	2 nd	78	10 th

Louisiana STI and HIV Diagnoses and Rankings Based on Case Rates 2017 vs 2018

	2017 Diagnoses	Ranking	2018 Diagnoses	Ranking
New Orleans				
HIV	344	4 th	313	6 th
AIDS	160	6 th	164	5 th
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HIV	224	4 th	229	4 th
AIDS	128	2 nd	78	10 th

Ending the HIV Epidemic (EHE) in Louisiana

Ending the HIV Epidemic: A Plan for America

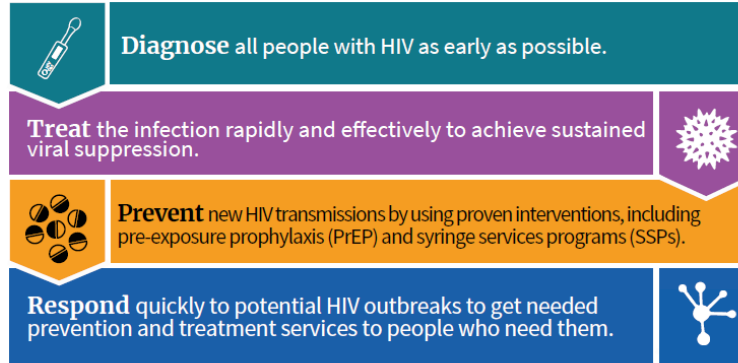
HHS is proposing a once-in-a-generation opportunity to eliminate new HIV infections in our nation. The multi-year program will infuse 48 counties, Washington, D.C., San Juan, Puerto Rico, as well as 7 states that have a substantial rural HIV burden with the additional expertise, technology, and resources needed to end the HIV epidemic in the United States. Our four strategies – diagnose, treat, protect, and respond – will be implemented across the entire U.S. within 10 years.

GOAL:

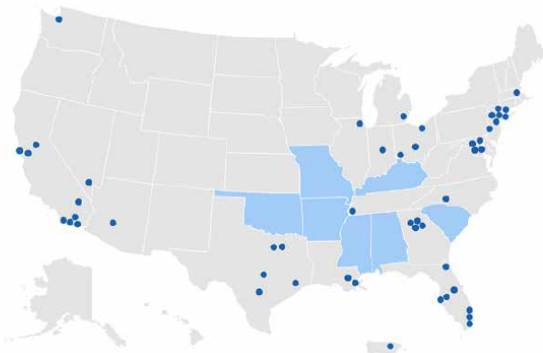
75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:



The Initiative will target our resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.



Geographical Selection:

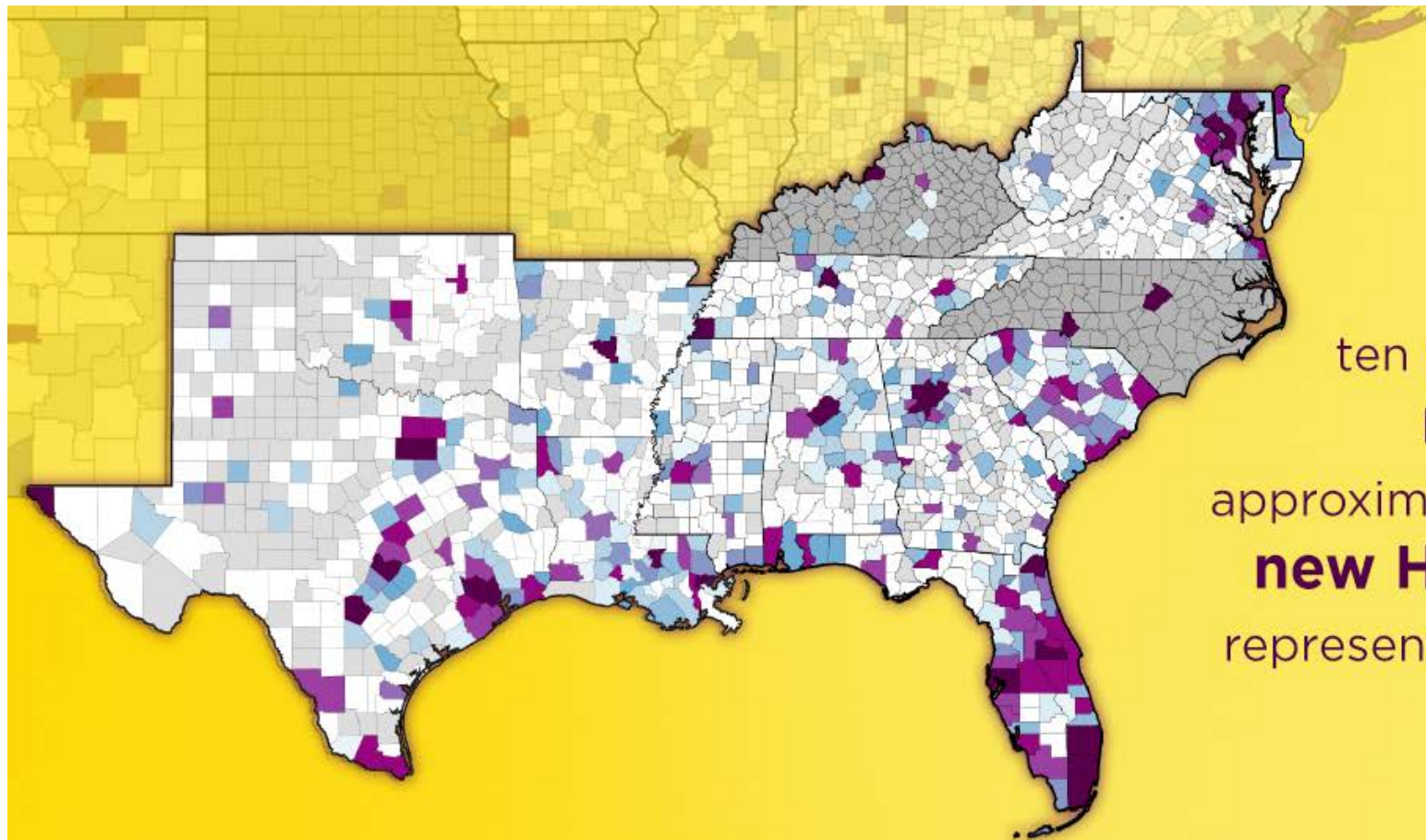
Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

Ending
the
HIV
Epidemic

www.HIV.gov

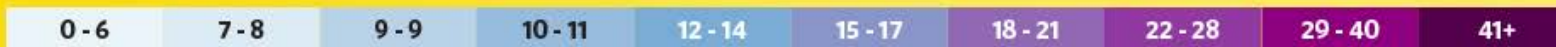
*2016-2017 data

HIV in the South

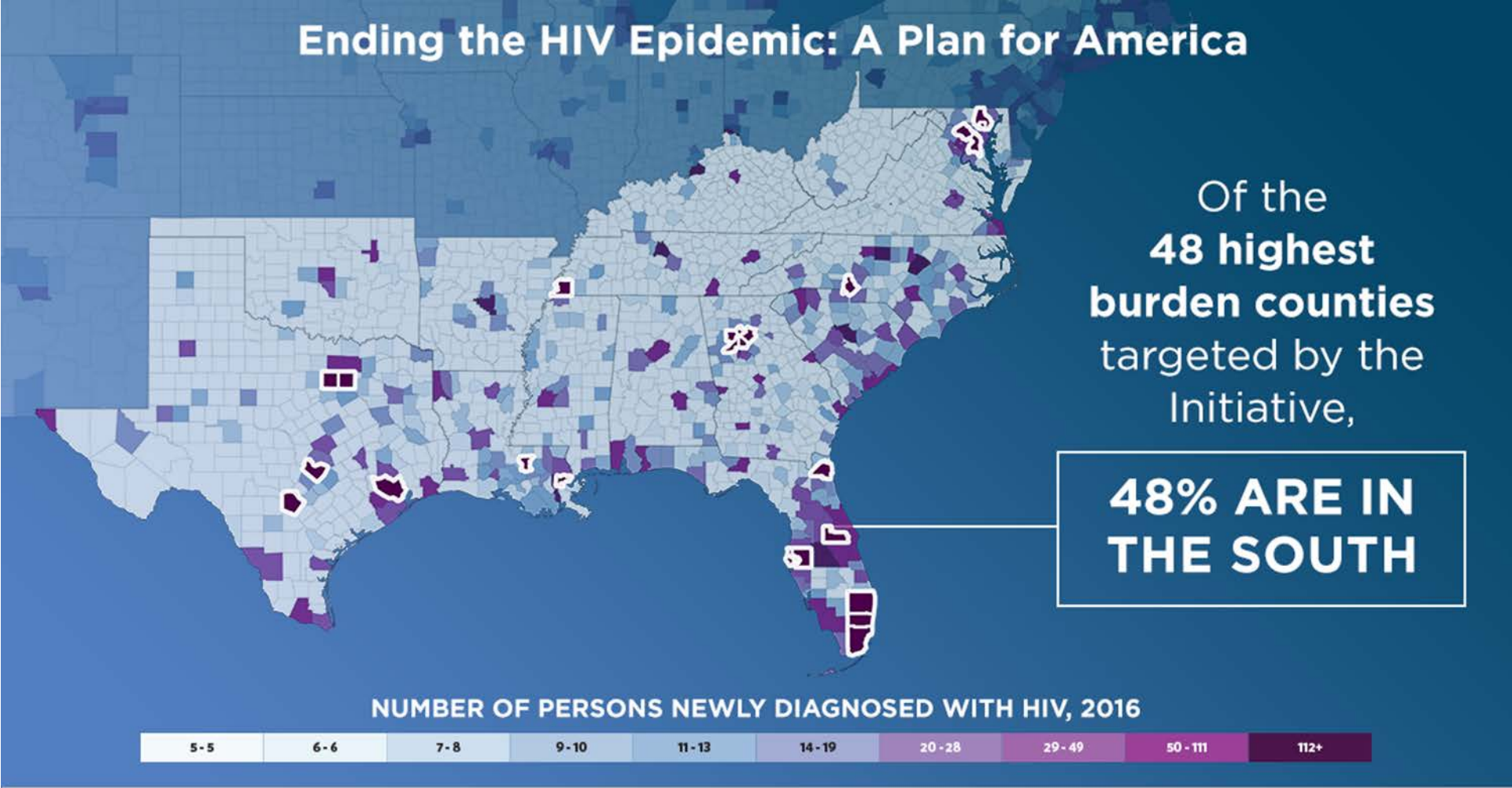


For the last ten years, the **South** has accounted for approximately **half of all new HIV diagnoses**, representing **52%** in 2017.

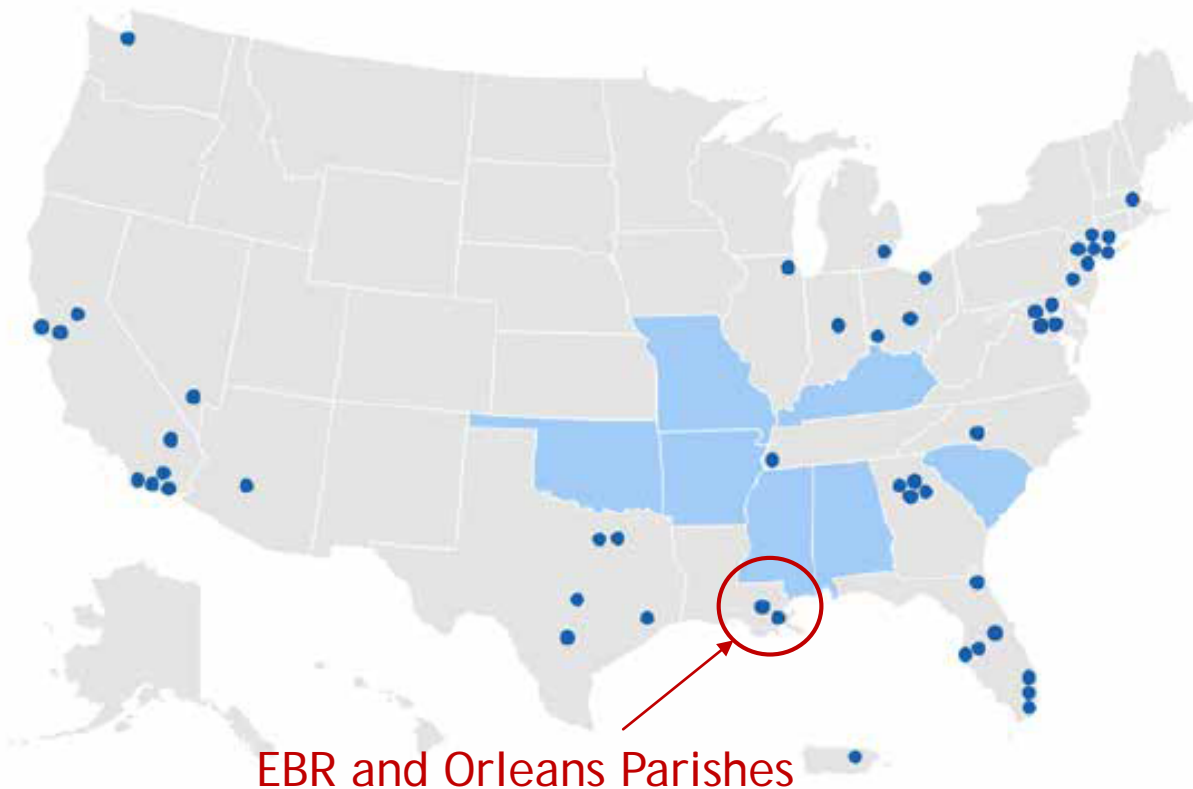
NUMBER OF PERSONS NEWLY DIAGNOSED WITH HIV, 2017



Ending the HIV Epidemic: A Plan For America



The Initiative will target our resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.



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Ending
the
HIV
Epidemic

www.HIV.gov

*2016-2017 data

Ending the HIV Epidemic Resources

- ▶ \$1.5 million from CDC Division of HIV/AIDS Prevention
 - E Baton Rouge Parish
 - July 1, 2019 – December 31, 2019
- ▶ \$500,000 from CDC Division of STD Prevention
 - E Baton Rouge Parish
 - September 16, 2019 – December 31, 2019
- ▶ \$375,000 from CDC Division of HIV/AIDS Prevention
 - Planning Grant for EBR and Orleans Parish
 - October 1, 2019 – September 30, 2020
- ▶ HRSA HIV/AIDS Bureau (Ryan White) – applications submitted
 - City of New Orleans
 - City of Baton Rouge

Ending the HIV Epidemic

*CDC Division of HIV/AIDS Prevention Resources Awarded
to LDH/OPH: E. Baton Rouge*

East Baton Rouge Approach – Diagnose

- Expanded testing capacity at five community-based organizations (CBO)
 - Baton Rouge AIDS Society (BRASS)
 - Baton Rouge Black Alcoholism Council (Metro Health)
 - Capital Area Re-entry Program (CARP)
 - Family Service of Greater Baton Rouge (FSGBR)
 - HIV/AIDS Alliance for Region Two (HAART/Open Health)
- Expanded Routine Screenings at Our Lady of Lake Medical Center
- Expanded Routine Screenings at Ochsner Baton Rouge Medical Center
- Expanded Screenings at East Baton Rouge Parish Prison and Department of Corrections

East Baton Rouge Approach – Treat

- Expanded Health Models to include Care South
- Employed a Rapid Start Navigator to expedite linkage to HIV medical care and treatment

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East Baton Rouge Approach – Prevent

- Expanded TelePrEP to include an additional TelePrEP Navigator
- Expanded the capacity of Capital Area Re-entry Program's Syringe Services Program

East Baton Rouge Approach – Social Marketing and HIV Workforce

- Developed a robust social marketing campaign focused on Ending the HIV Epidemic
- Employed a team of Community Health Workers to conduct engagement and recruitment activities
- Employed an Ending the HIV Epidemic (EHE) Coordinator to support EBR's EHE Task Force

Ending the HIV Epidemic

CDC DSTDP Resources Awarded to LDH/OPH:

E. Baton Rouge

- Supporting stand-alone Sexually Transmitted Infection Clinic at Open Health Community Clinic

Ending the HIV Epidemic

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E. Baton Rouge

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Ending the HIV Epidemic

CDC Resources Awarded to LDH/OPH for EHE Planning: Orleans and E. Baton Rouge Parishes

- Engage with local prevention and care integrated planning bodies
- Prepare current epidemiological profile
- Prepare a brief situational analysis for jurisdiction
- Engage with local community partners
- Reach concurrence on an EHE plan with local HIV planning groups
- Engage with local HIV service provider partners
- Prepare a final/revised Ending the HIV Epidemic plan for jurisdiction

HRSA Ryan White Resources to City of Baton Rouge for EHE

- Five-year grant, \$2 million per year
- Will increase funding contracted to current providers
 - CrescentCare
 - Volunteers of America
 - Our Lady of the Lake
 - Care South
 - Open Health
 - Family Services of Greater Baton Rouge
- Services for up to 1500 Persons Living with HIV (PLWH)
 - Expand housing services
 - Residential substance use treatment
 - Linkage and Retention Activities
 - Extend clinic services to weekends and after hours
 - Marketing and social media
 - Vocational Employment Services
 - Support Services for Trans people of color

Ending the HIV Epidemic- Orleans Parish



Supported activities

- ▶ **Fast Track Cities** (global project recently adopted locally): Ambitious measurable goals -- 90-90-90.
- ▶ **Test and Treat/Rapid Start:** Within 72 hours all newly diagnosed individuals should attend an HIV medical care appointment during which they should be given their first month's supply of Anti-Retroviral therapy.
- ▶ **Hand in Hand:** Volunteer PLWH project to connect people out of care into HIV care.
- ▶ **PLWH Stigma Index Project:** Project focused on reducing HIV-related stigma and discrimination.
- ▶ Effective 3/1/16, **Part A** increased the income eligibility to **\$62,450 FPL**. Part A now allows PLWH to self-refer or self-navigate to most service categories without first requiring a case manager referral.
- ▶ **U=U** or **Undetectable = Untransmittable:** now the accepted science as validated by the Centers for Disease Control and Prevention.





proposed EHE Focus areas

- ▶ Routine opt-out HIV screenings in emergency room settings and community-based venues
- ▶ Enhanced coordinated and centralized linkage
- ▶ Enhanced access to seamless provision of ART
- ▶ Essential support services, i.e. Housing, Housing Case Management, Transportation
- ▶ Targeted Marketing Campaign and U=U promotion to reduce stigma



FAST-TRACK
CITIES





Secured

- ▶ Ryan White Part A Grant
- ▶ SPNS HRSA Capacity Building Grant for HIV Elimination
 - \$100,000
- ▶ CDC Planning EHE Grant

Application Submitted

- Ending the HIV Epidemic: A Plan for America—Ryan White HIV/AIDS Program Parts A and B
 - \$750,000 - \$4 million
- ANEA Community Leadership Development for Ending the HIV Epidemic
- Ending the HIV Epidemic—Primary Care HIV Prevention Supplemental Funding



Current Resources

▶ *Partner Organizations*

- HOPWA, UNITY of Greater New Orleans, Housing Authorities of New Orleans (HANO), FQHCs, Ryan White Part A-funded health centers, Medicaid, local advisory boards

▶ *Planning and Engagement Coordinators*

- Created to develop EHE Strategies focused on community engagement

▶ *GANTT Chart (see right)*

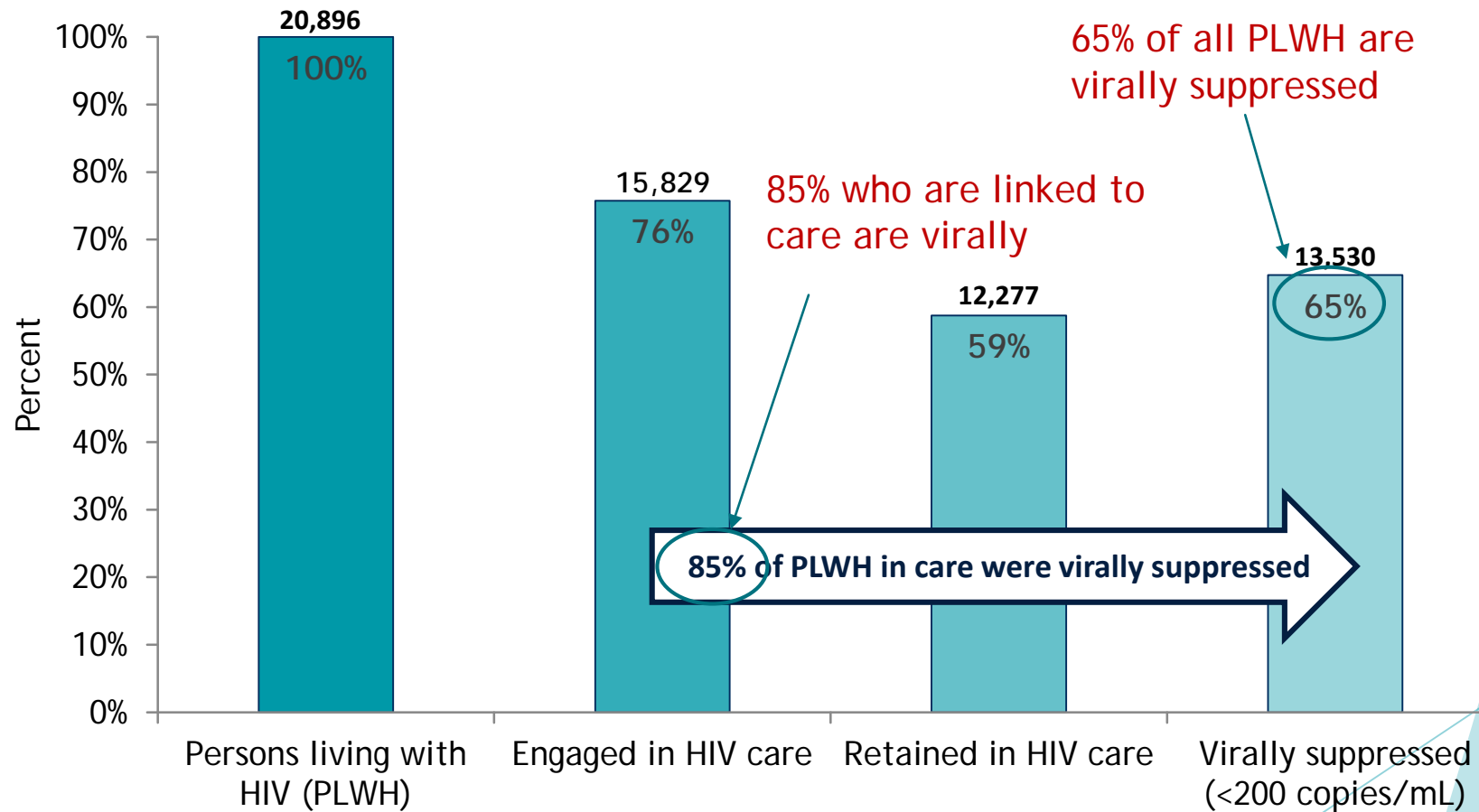
- Beginning October 2019
- Outlines Fast Track Cities Planning Initiative in New Orleans

FTC Planning Activities	Complete	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.
Staffing													
Hire Coordinator													
Train Coordinator													
FTC Steering Committee													
Establish Membership													
Hold Routine Meetings													
FTC Workgroups													
Establish Workgroups													
Hold Routine Workgroup Meetings													
Workgroups Submit Draft Proposals to FTC SC													
FTC SC Provides Feedback to Workgroups													
Plan Development													
Draft Plan Submitted to FTC SC													
FTC SC Provides Feedback on Draft Plan													
Draft Plan is Presented in Community Forums/Town Halls													
FTC SC and Community Feedback are Incorporated into the Plan													
Final Draft of the Plan is Submitted to FTC SC and NORAPC for Approval													
Plan is Finalized and Adopted by the Planning Council, FTC SC, and the City of New Orleans													
Implementation of FTC Plan Activities													

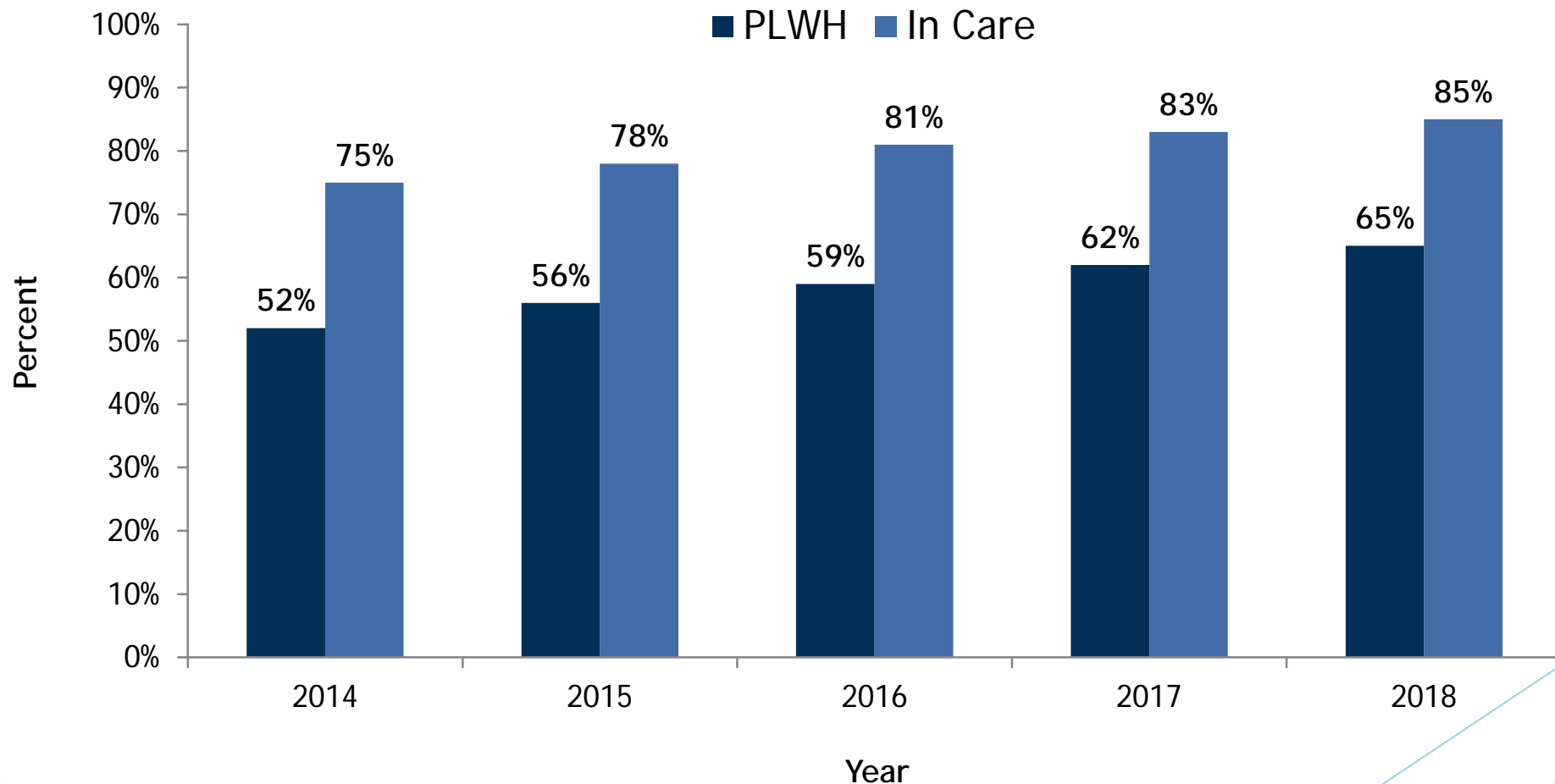
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HIV Care Continuum Louisiana, 2018

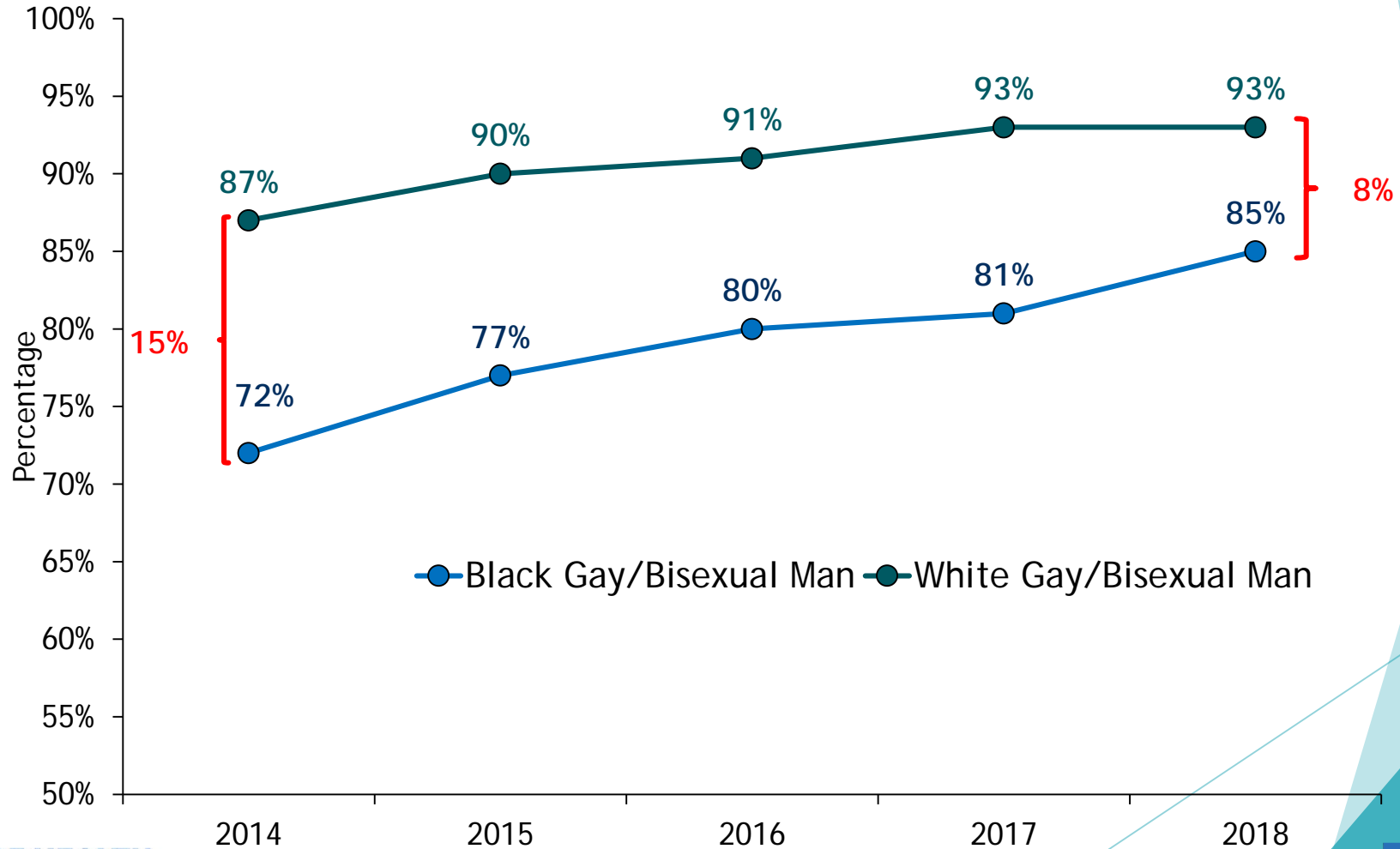


Percent Virally Suppressed among PLWH and Persons in Care Louisiana, 2014-2018



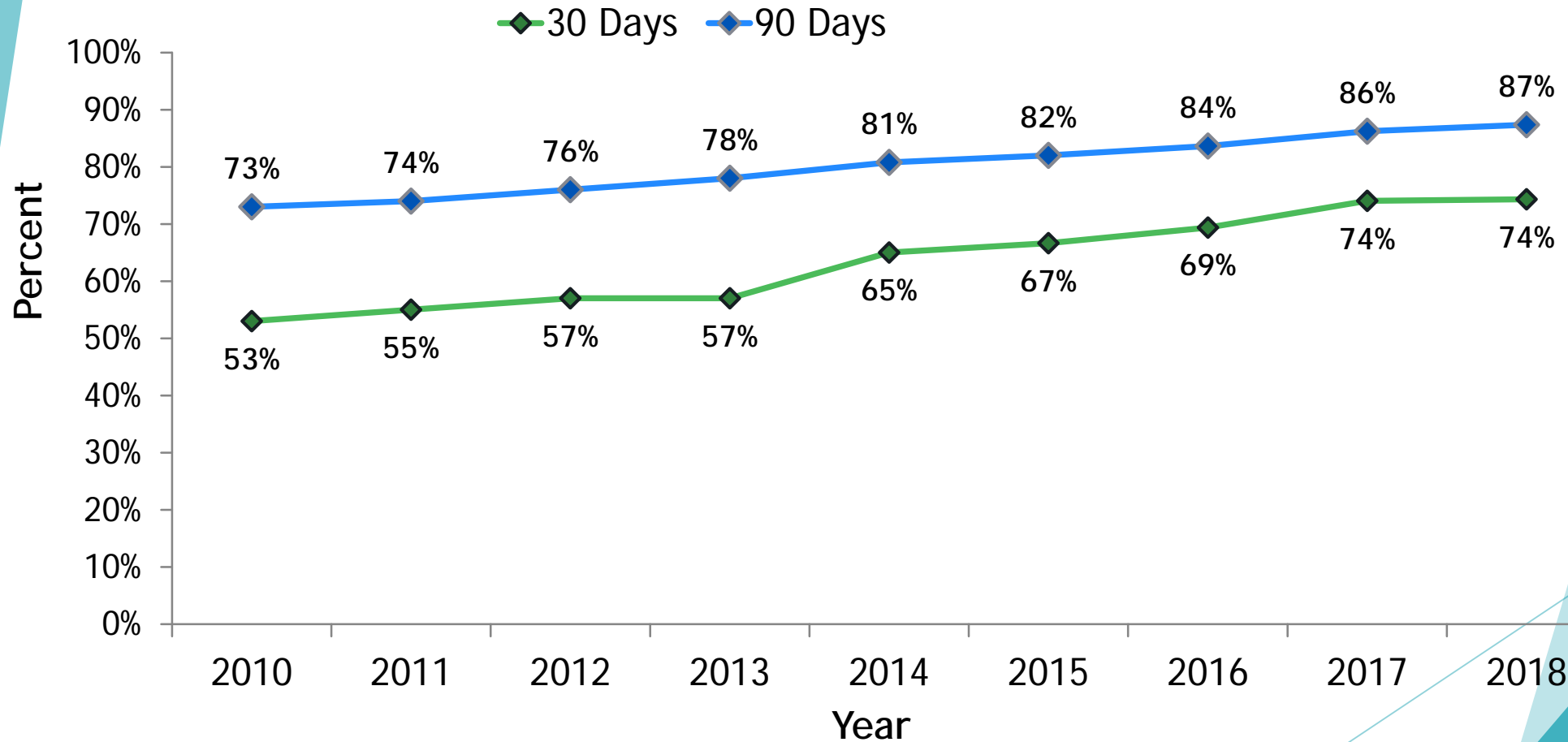
Viral Suppression among Gay/Bisexual Men Living with HIV and in Medical Care

Louisiana, 2014-2018



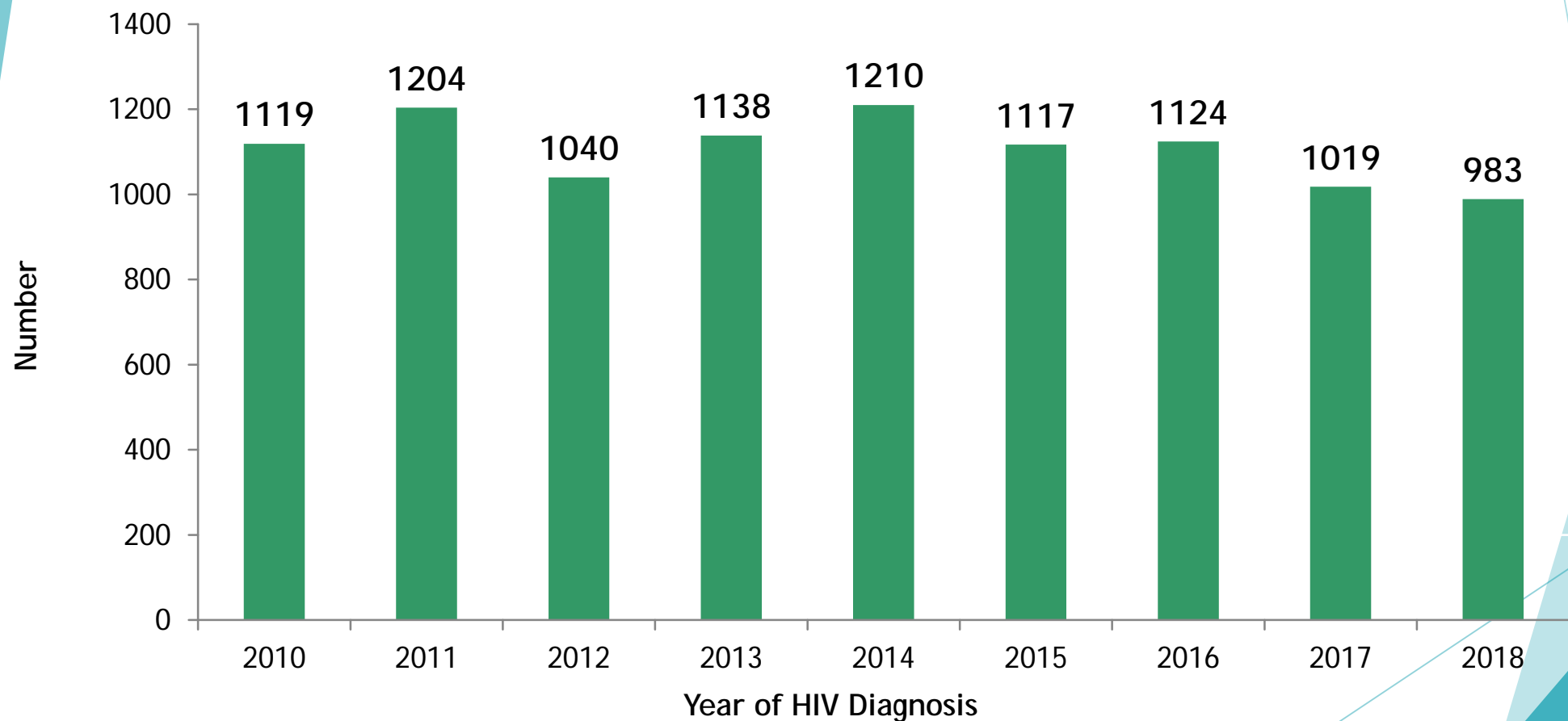
Linkage to HIV Medical Care in 30 and 90 Days

Louisiana, 2010-2018

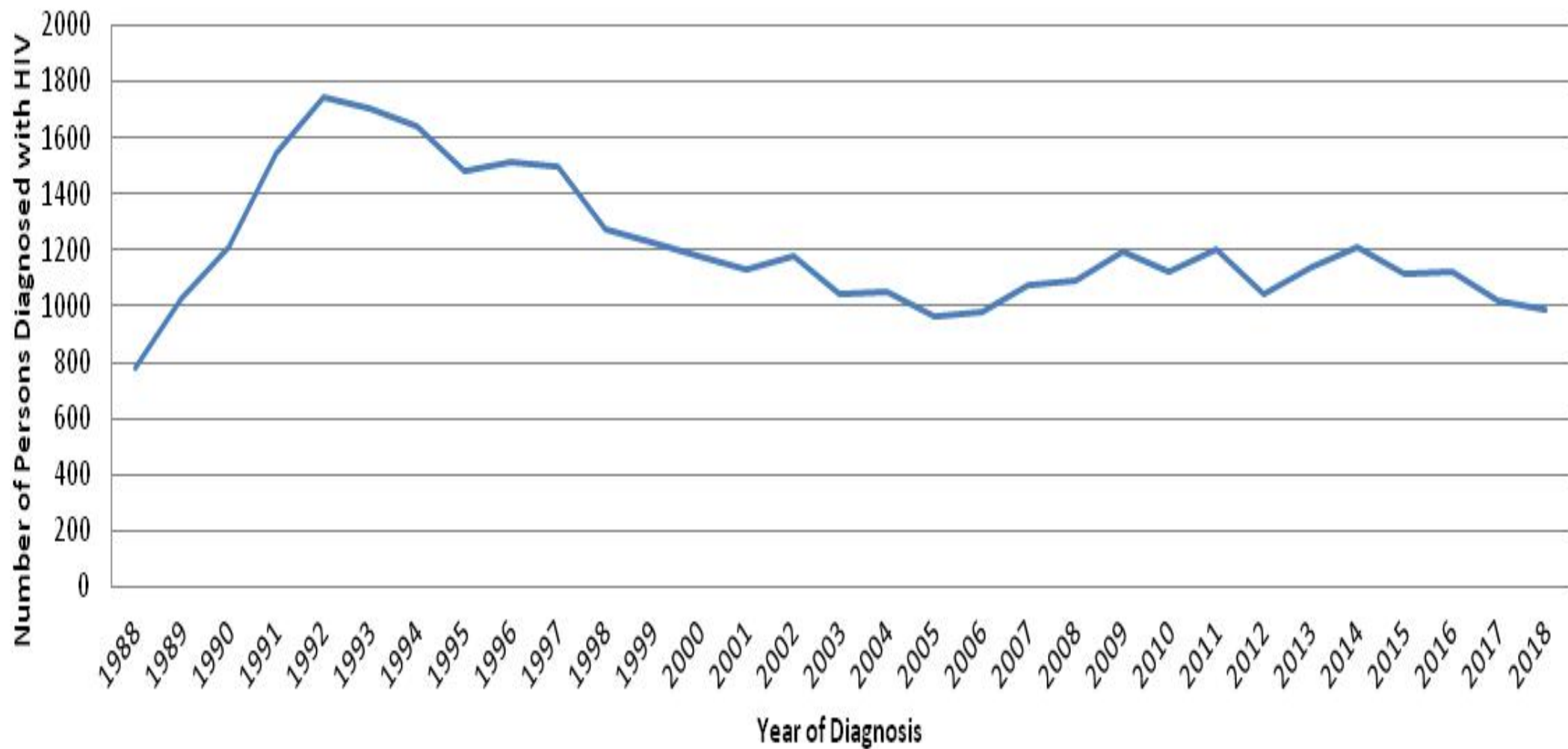


Persons Diagnosed with HIV

Louisiana, 2010-2018

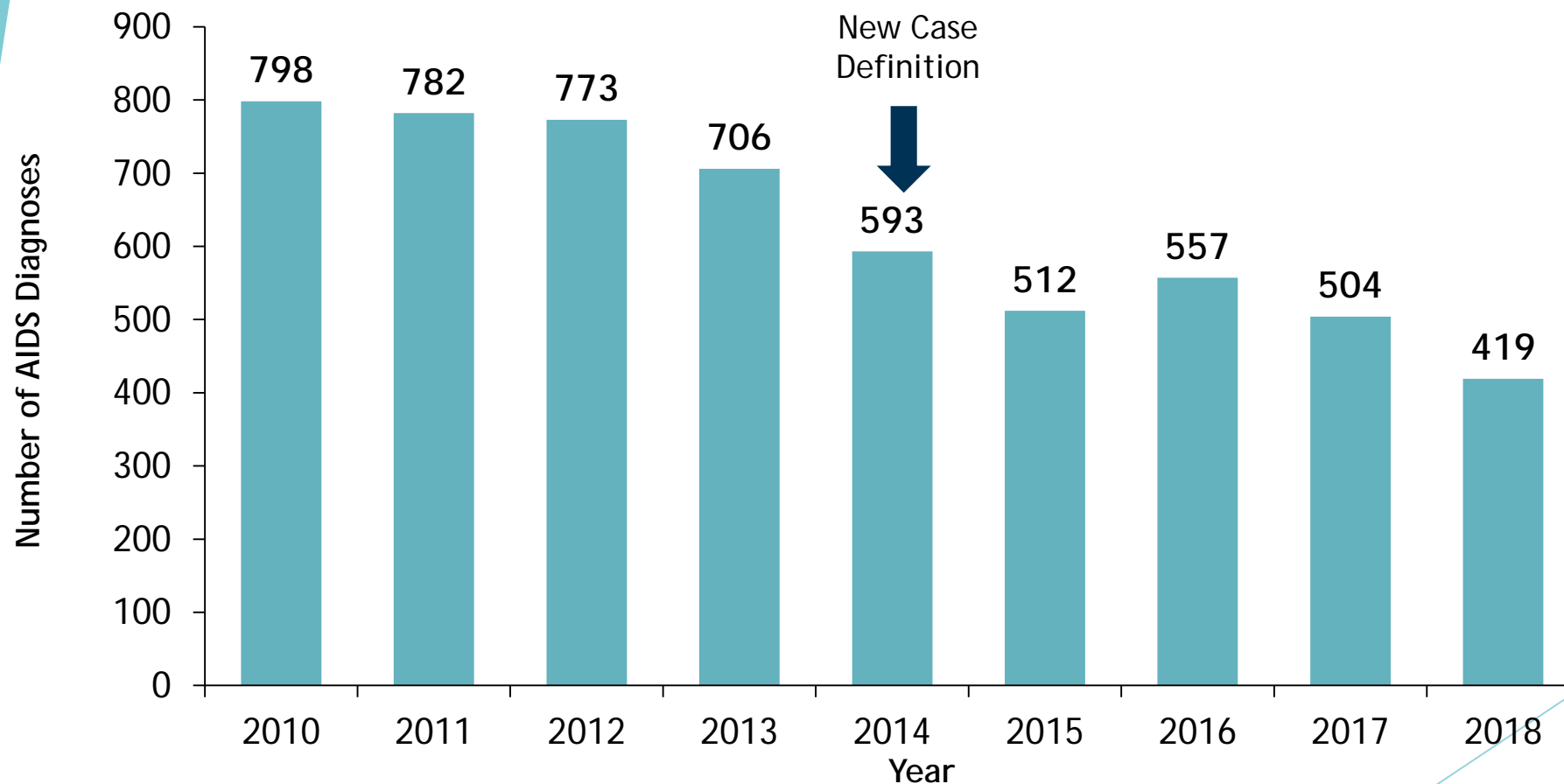


Persons Diagnosed with HIV, Louisiana, 1988-2019

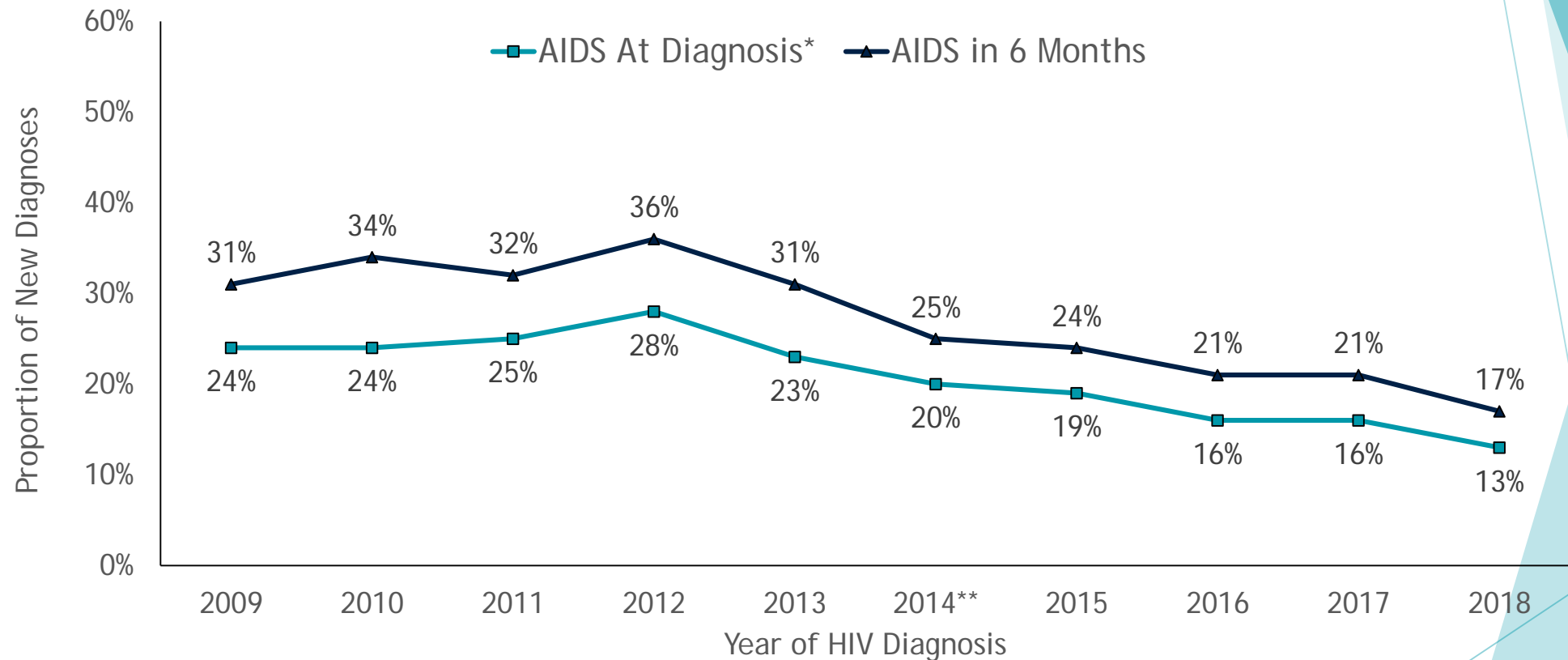


Persons Diagnosed with AIDS

Louisiana, 2010-2018



Percentage of Late Testers Among New HIV Diagnoses, Louisiana, 2009-2018



* AIDS Diagnosis within 30 days of HIV Diagnosis

** In 2014, a new case definition for the surveillance definition of AIDS was established that no longer acknowledged a CD4 percent below 14% as AIDS defining if the CD4 count was 200 or greater.

HIV/HCV Testing Update

Debbie Wendell, PhD, MPH
STD/HIV/Hepatitis Program
LDH, Office of Public Health



Importance of HIV Testing

- In the US, 15% of people living with HIV are unaware of their status*
- 38% of new HIV infections are transmitted by people who are living with undiagnosed HIV*
- 50% of people diagnosed with HIV had the virus at least 3 years before diagnosis**
- 70% of people at high risk for HIV saw a healthcare provider during the past year and were not tested**



* *Vital Signs: Status of Human Immunodeficiency Virus Testing, Viral Suppression, and HIV Preexposure Prophylaxis — United States, 2013–2018.* MMWR Morb Mortal Wkly Rep 2019;68:1117–1123. <http://dx.doi.org/10.15585/mmwr.mm6848e1>

** <https://www.cdc.gov/vitalsigns/pdf/2017-12-vitalsigns.pdf>

HIV Testing Models

Non-healthcare/Non-clinical

- Community-based organizations (CBOs) and outreach sites
- Easy to access and useful for people who might not be willing or able to access medical services regularly
- Typically provide same-day rapid HIV testing and may offer other prevention services
- May also do outreach and recruitment to get high-risk populations tested

Healthcare/Clinical

- Conducted as part of a routine medical or emergency department visit
- Written consent and prevention counseling not required
- May offer rapid or lab-based 4th generation testing

HIV Testing Models

Opt-In

- Clients are asked if they want to get an HIV test
- They often are asked for written consent

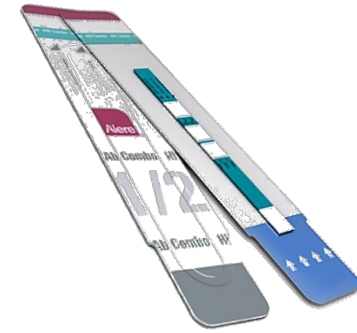
Opt-Out

- Clients are told an HIV test will be conducted unless they decline the test
- Does not require written consent

- Opt-out testing results in higher testing rates
- In 2006, CDC recommended HIV screening for all patients age 13-64
 - Annual (or more frequent) HIV screening for persons at increased risk

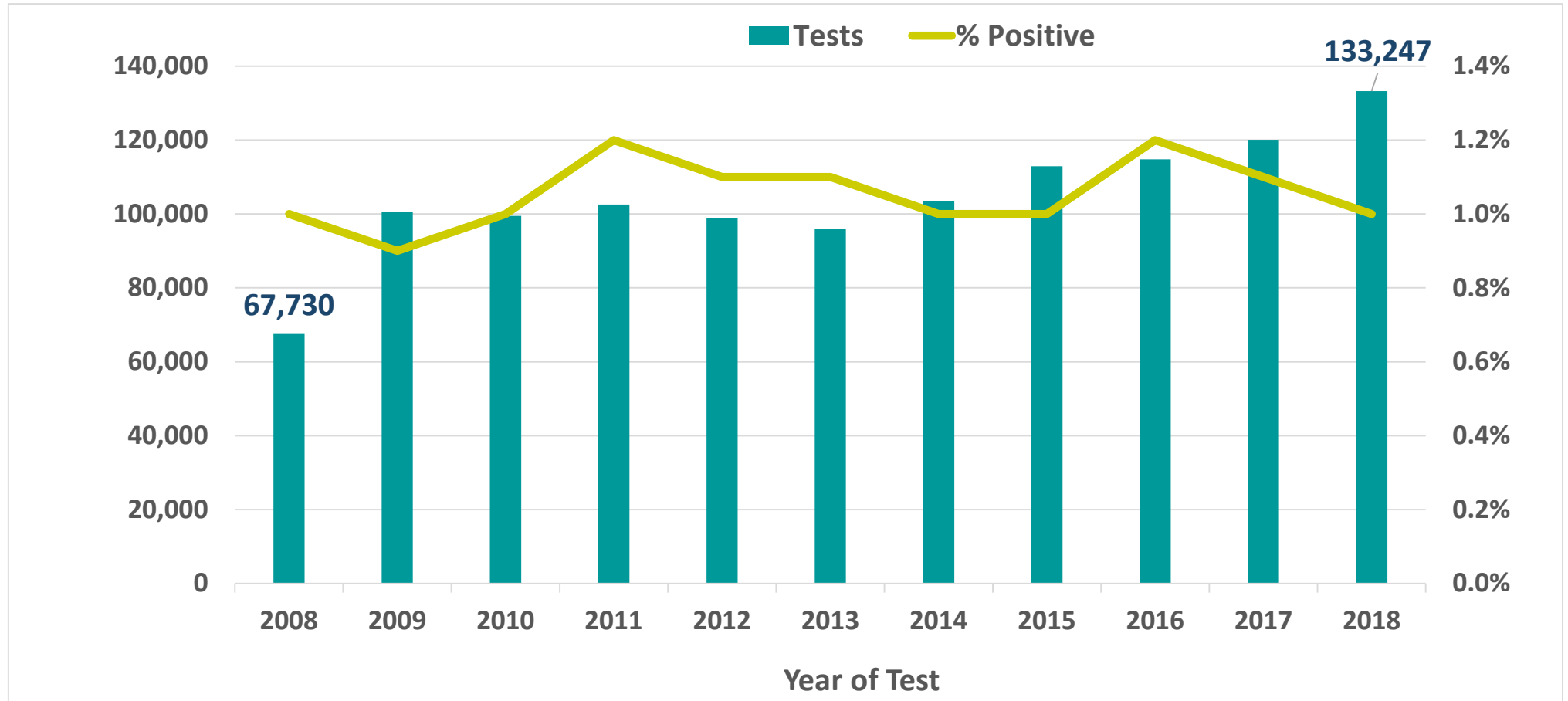
Types of HIV Tests

- Rapid
 - Testing performed at point of care
 - Finger stick or oral fluid
 - Results available quickly (between 1-20 minutes)
 - Determine, Insti, Sure Check, OraQuick (oral fluid)
- Lab-based 4th Generation
 - Better able to identify acute infections
 - Requires a blood draw/lab personnel
 - Results not immediately available



Publicly-funded HIV Tests and Percent Positive

Louisiana, 2008-2018

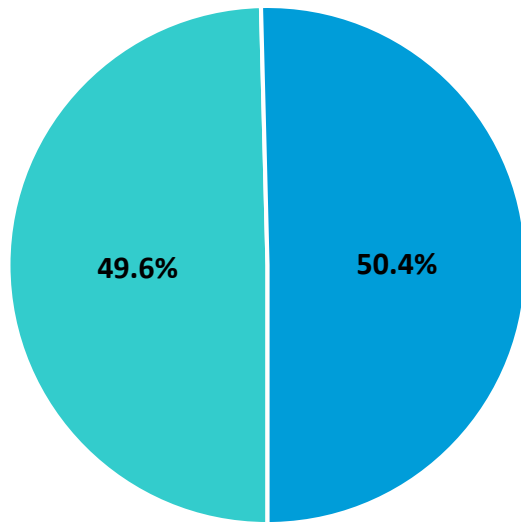


HIV Testing in Louisiana

- Over 1,000 testing sites
 - 14 funded CBOs ; 64 parish health units
 - Emergency departments: UMCNO, Our Lady of the Lake, Ochsner – BR
 - 8 Department of Corrections facilities: at intake/release
 - Implemented population-based opt-out screening in September 2019
 - Parish jails: East Baton Rouge, Jefferson, Lafayette, Orleans
 - Community health centers, Walgreens, substance use treatment centers, universities/high schools, etc.
- CBOs offer rapid-rapid testing protocol with linkage to HIV medical care
 - All funded CBOs also offer rapid syphilis and HCV testing
 - Anonymous testing is available

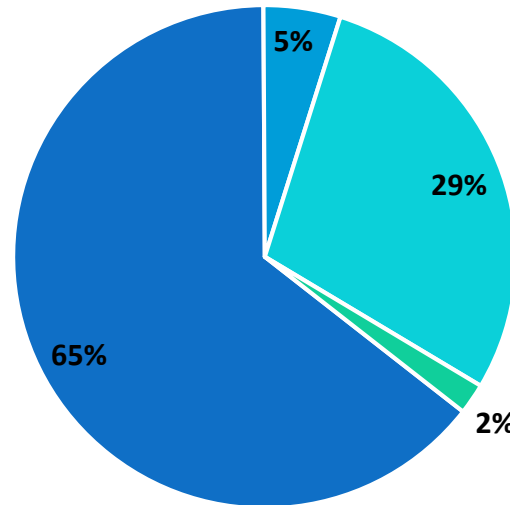
HIV Tests - Client Demographics Louisiana 2018

Birth Sex



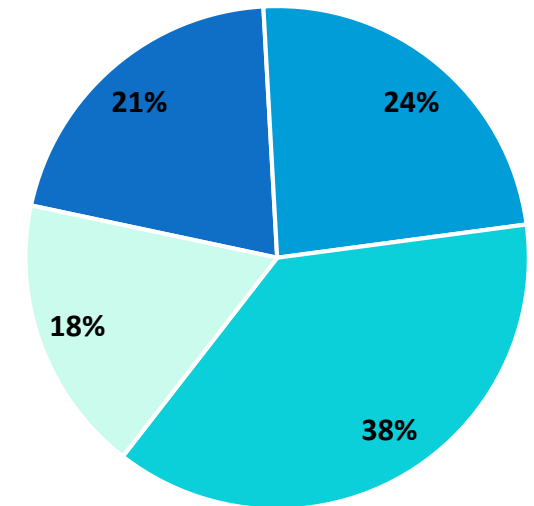
■ Female ■ Male

Race/Ethnicity



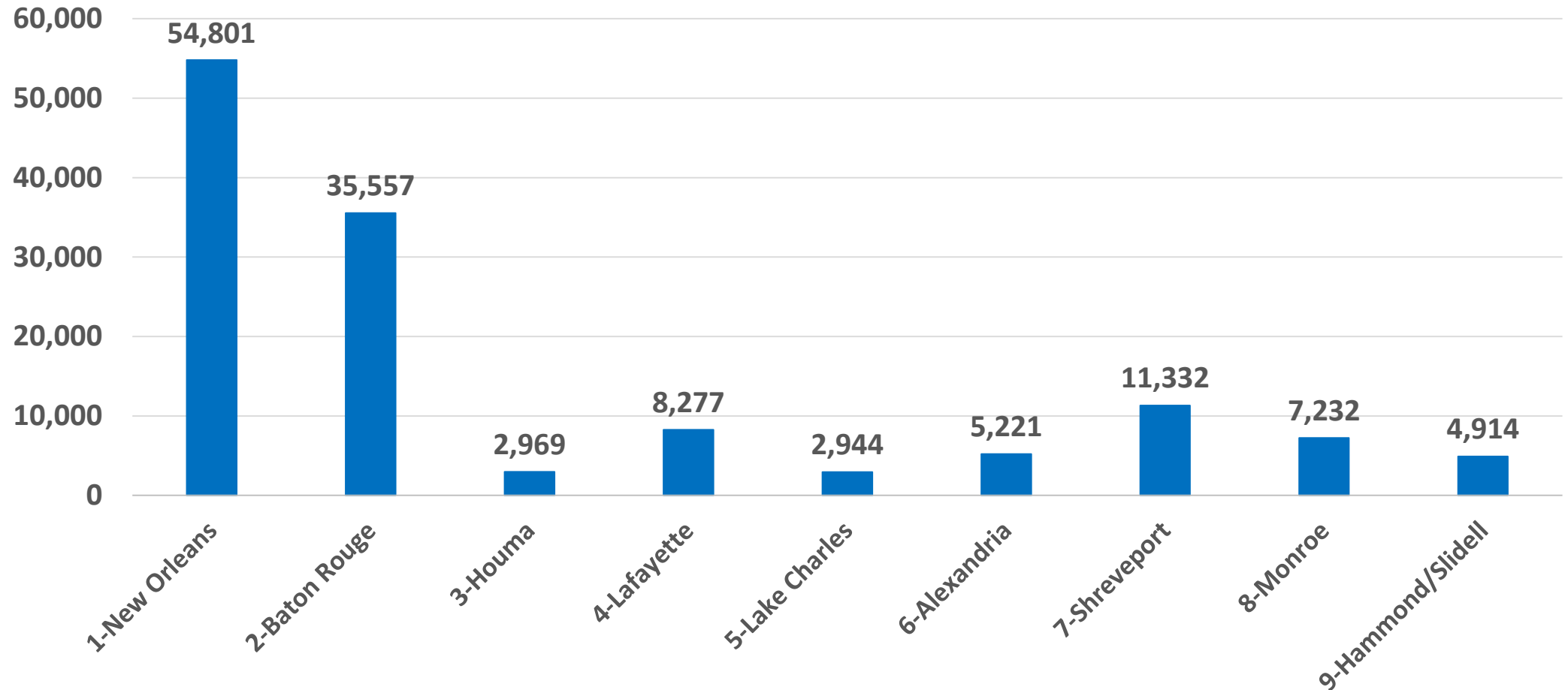
■ Black ■ Latinx/Hispanic
■ White ■ Other

Age at Diagnosis



■ 13-24 Years ■ 25-34 Years
■ 35-44 Years ■ 45 and Older

HIV Tests - Region of Site Louisiana 2018



HIV Tests and Positives by Site Type Louisiana, 2018

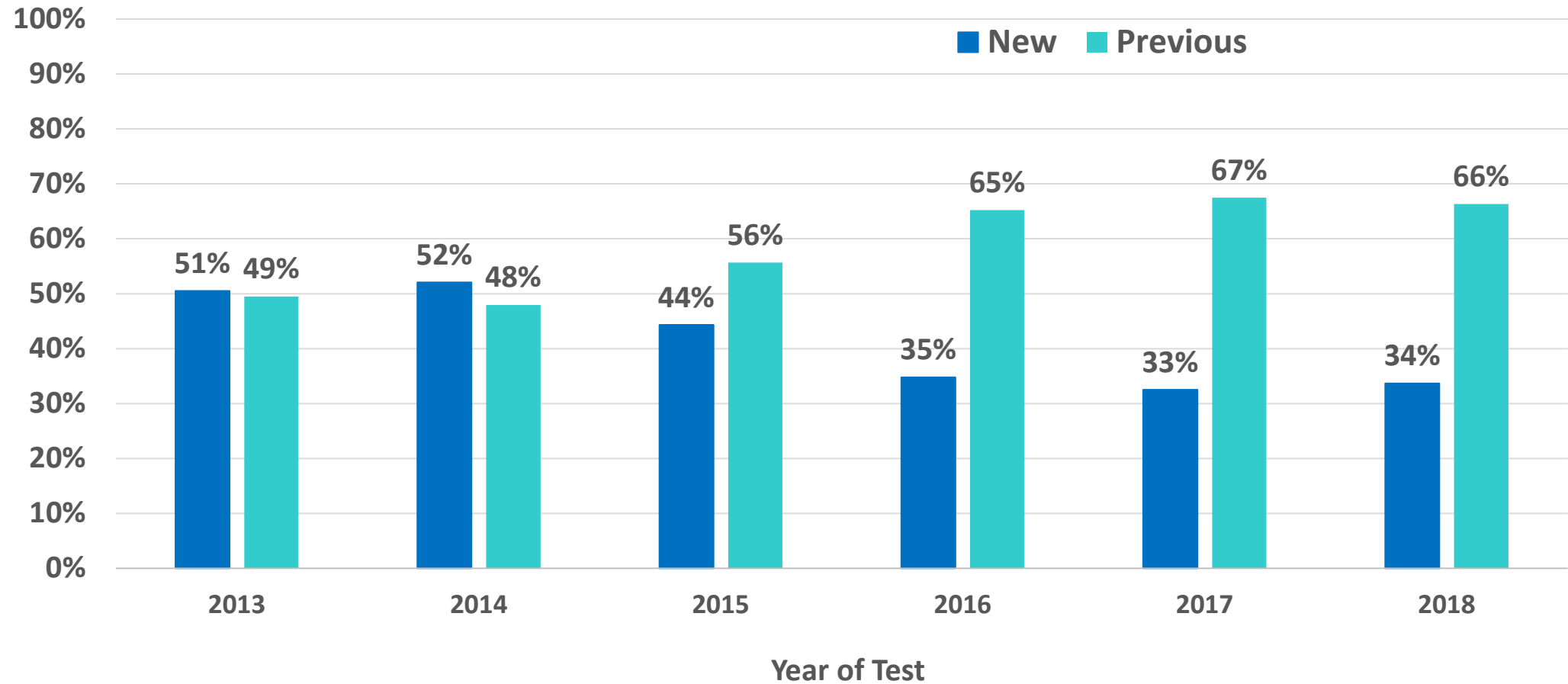
Site Type	No. (%) of Total Tests	No. (%) of Total Positives	% Positive (New and Prev)
Hospital/Emergency Dept.	46,334 (35%)	419 (32%)	0.9%
Parish Health Unit	32,373 (24%)	108 (8%)	0.3%
CBO	20,268 (15%)	220 (17%)	1.1%
Correctional Facility	18,768 (14%)	479 (37%)	2.6%
Community Health Center	9,998 (8%)	65 (5%)	0.7%
College/High School	3,444 (3%)	8 (1%)	0.2%
Substance Use Treatment	2,062 (2%)	5 (<1%)	0.2%
<i>TOTAL</i>	<i>133,247</i>	<i>1,304</i>	<i>1.0%</i>

Newly Diagnosed Positives by Site Type Louisiana, 2018

Site Type	No. (%) of Total Tests	No. of Newly Diagnosed Positives	% Positive (New)	% of Total Positives which were New
Hospital/Emergency Dept.	46,334 (35%)	152	0.3%	36%
Parish Health Unit	32,373 (24%)	78	0.2%	72%
CBO	20,268 (15%)	125	0.6%	57%
Correctional Facility	18,768 (14%)	41	0.2%	9%
Community Health Center	9,998 (8%)	32	0.3%	49%
College/High School	3,444 (3%)	8	0.2%	100%
Substance Use Treatment	2,062 (2%)	3	0.1%	60%
<i>TOTAL</i>	<i>133,247</i>	<i>439</i>	<i>0.3%</i>	<i>34%</i>

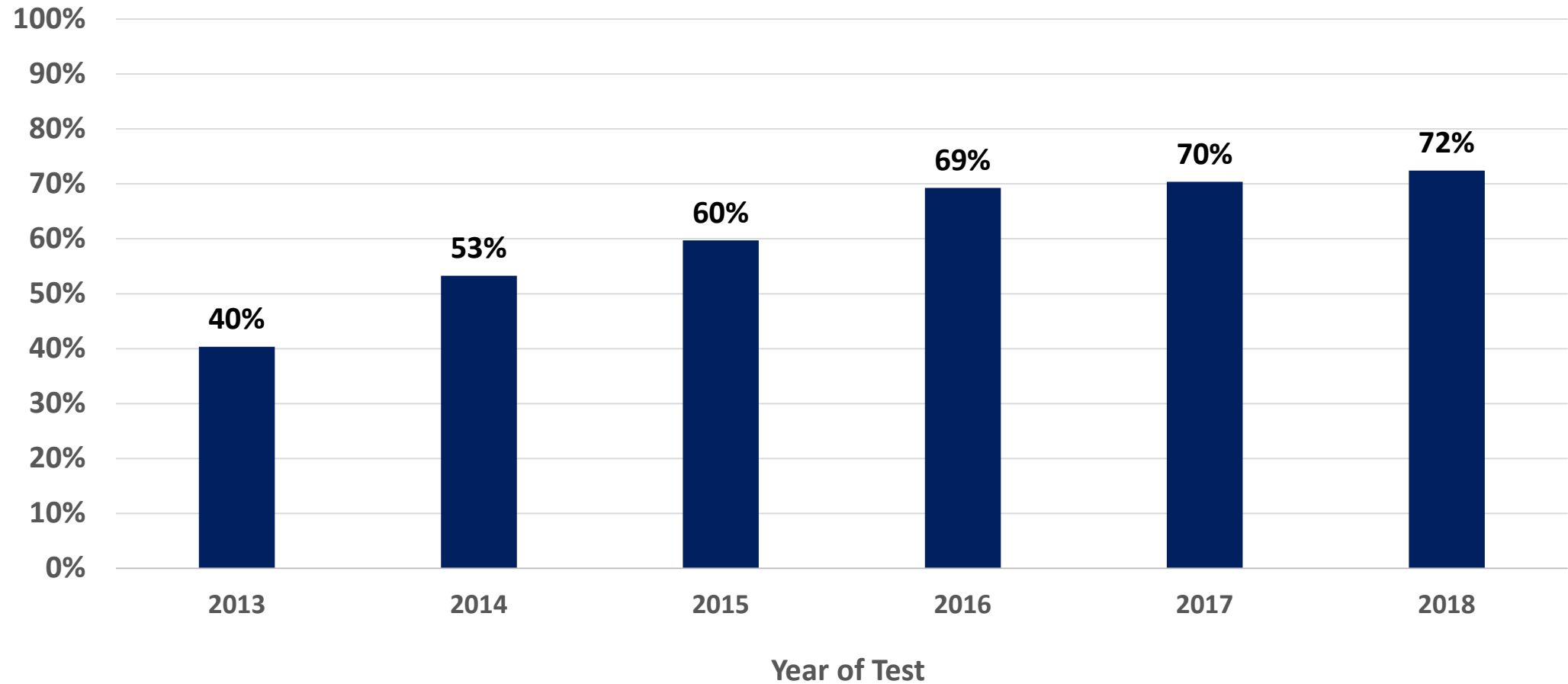
New vs. Previous Diagnoses

Louisiana, 2013-2018



Linkage to Care within 30 Days

Louisiana, 2013-2018





Hepatitis C Testing

Hepatitis C (HCV) Testing

- Test Types

- Rapid HCV test: OraQuick finger stick test performed at point of care
- Lab-based HCV Antibody test
- HCV RNA Quantitative test
- HCV RNA Qualitative test

- Who should be tested for HCV?*

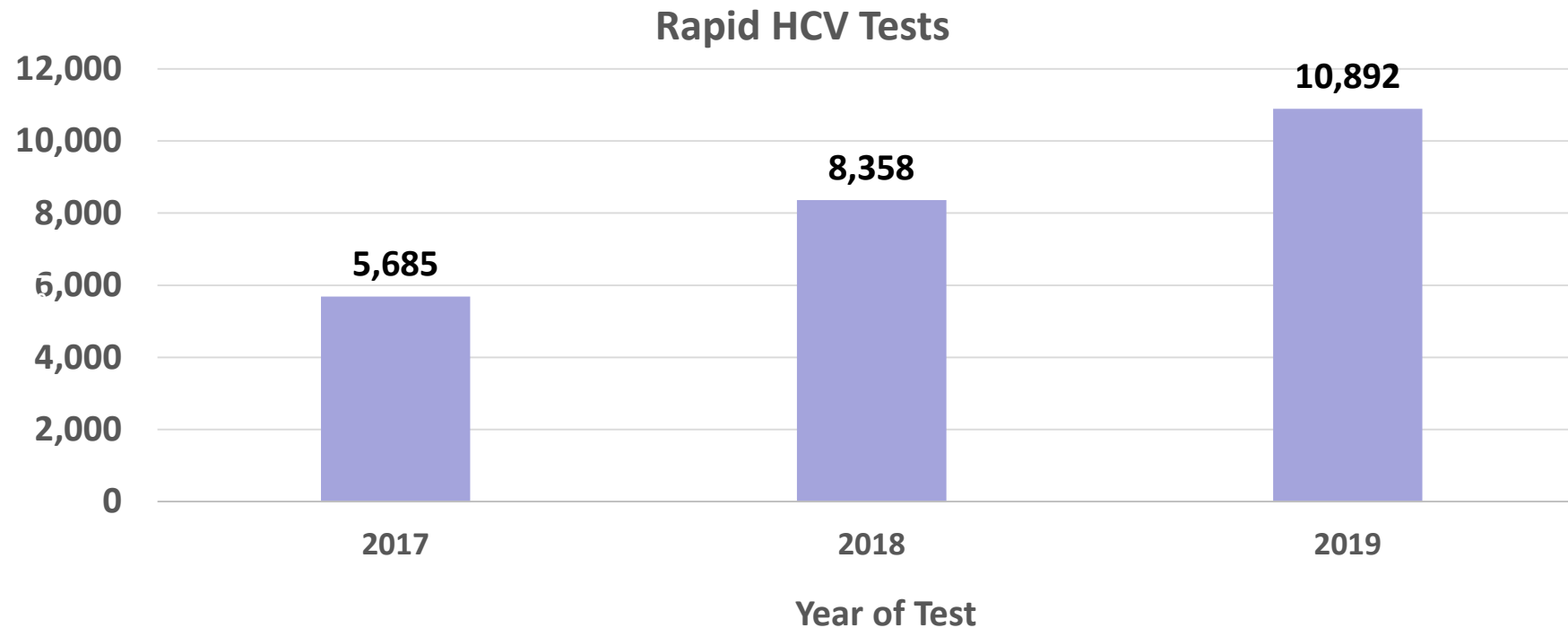
- Anyone born between 1945-1965
- People who have injected drugs
- People living with HIV
- Children born to HCV positive mothers
- Anyone with known exposure to HCV
- Anyone who received blood transfusion/organ transplants before 1992
- Recipients of clotting factor concentrates made before 1987
- Patients who received long-term hemodialysis treatment
- Patients with signs/symptoms

* www.cdc.gov/hepatitis/hcv/guidelinesc.htm



HCV Testing at CBOs in Louisiana

- Several CBOs began rapid HCV testing in 2017
- In July 2019, all SHHP-funded CBOs implemented rapid HCV testing



HCV Testing at CBOs

Louisiana, 2017-2019

		No. of HCV Tests	No. of HCV Rapid Positives	% Positive
Year of Test	2017	5,685	649	11%
	2018	8,358	602	7%
	2019	10,892	538	5%
Sex at Birth	Female	10,102	566	6%
	Male	14,651	1,214	8%

HCV Testing at CBOs

Louisiana, 2017-2019

		No. of HCV Tests	No. of HCV Rapid Positives	% Positive
Race/ Ethnicity	Black	15,900	607	4%
	Latinx/Hispanic	1,098	65	6%
	White	6,809	1,025	15%
	Other/multi-race	1,104	91	8%
Age Group	13-29	10,150	360	4%
	30-39	6,805	627	9%
	40+	7,920	789	10%

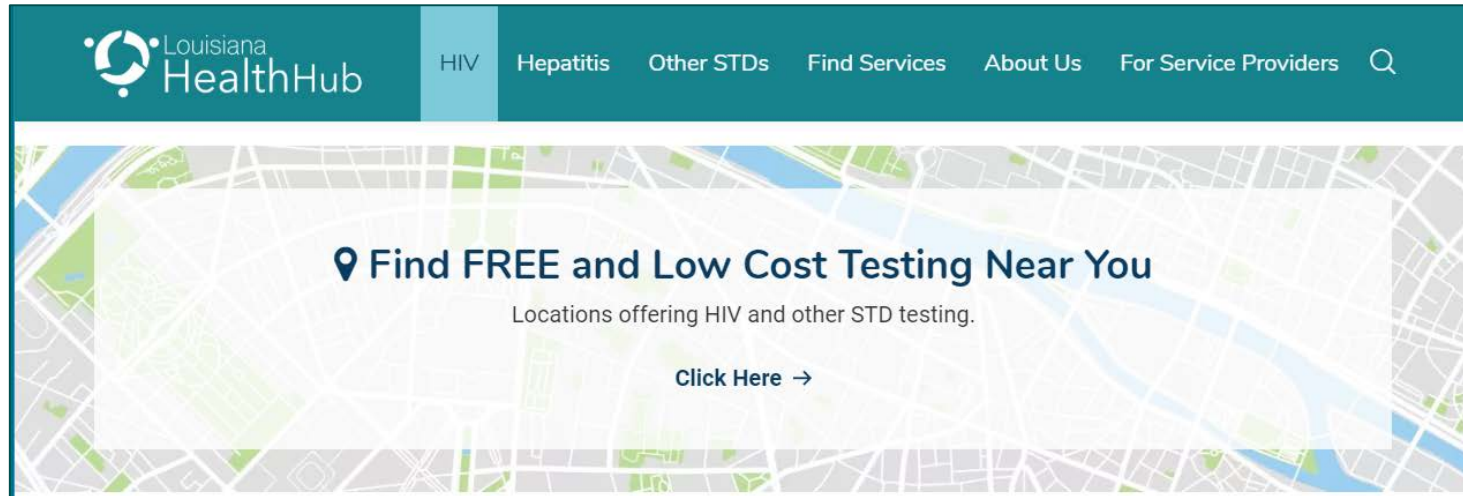


SUMMARY/FUTURE DIRECTIONS

Future Directions

- Expand routine screening in healthcare settings
 - Primary care clinics (not just emergency departments)
 - Federally Qualified Health Centers (FQHCs)
- Calculate/monitor HIV/HCV screening rates
 - In May 2019, Louisiana Sanitary Code was updated to require reporting of all HIV, HCV, and Syphilis negative test results
 - With reporting of all test results (including negative results), SHHP will be able to monitor statewide screening rates

Where to get more information? Where to find an HIV or HCV Test site?



www.louisianahealthhub.org

Questions?

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