

This newsletter is organized to align the updates with Strategies from the ***Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*** (Integrated Plan). The [Integrated Plan](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf) is available on the Office of AIDS' (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf.

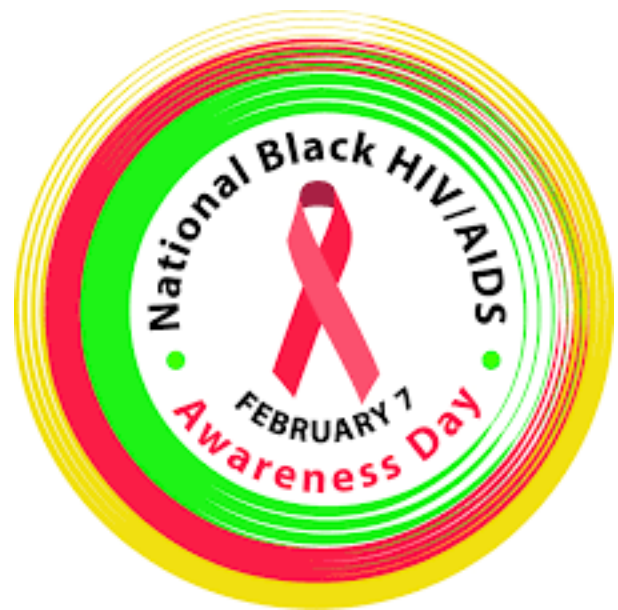
In This Issue:

- Strategy A
- Strategy B
- Strategy D
- Strategy G
- Strategy J
- Strategy K
- Strategy M
- Strategy N

HIV Awareness:

OA is observing **National Black HIV/AIDS Awareness Day** (NBHAAD). NBHAAD is celebrated annually on February 7th, to increase awareness, support those living with HIV, and highlight the work being done to reduce HIV in Black/African American communities. The theme this year is "We're in This Together," meant to emphasize we all play a role in ending HIV. Together we can do our part to promote access to HIV education, testing, prevention and lifesaving treatment for those living with HIV or at risk. OA extends its appreciation and gratitude to California organizations providing Black/African Americans HIV education, testing, prevention and care. Their commitment is empowering the Black/African American communities to come together and enrich the health of communities throughout California.

Black/African American communities are significantly impacted by physical and structural determinants of health to include racism, homophobia, transphobia, access to housing and mass incarceration, to name a few. These factors contribute to the impact of increased HIV diagnosis, lack of access to critical information, and low uptake of preventative and lifesaving measures such as Pre-exposure prophylaxis (PrEP) and Post-exposure prophylaxis (PEP), HIV treatment, and re-engagement and retention to care.



According to CDPH HIV Surveillance data, in 2018, Black/African Americans made up approximately 6% of California's population, yet they accounted for 17% of living HIV cases and 18% of new HIV diagnoses. A [factsheet demonstrating the breakdown of demographics and health outcomes](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Black-AfricanAmerican_FactSheet2018_ADA.pdf) is located at https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Black-AfricanAmerican_FactSheet2018_ADA.pdf.

As a part of the National Ending the HIV Epidemic (EHE) initiative, CDC has launched [Let's Stop HIV Together](https://www.cdc.gov/stophivtogether/index.html), a campaign aimed to empower communities, partners, and healthcare providers nationwide. It can be found at <https://www.cdc.gov/stophivtogether/index.html>.

General Office Updates:

COVID-19:

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Racial Justice and Health Equity:

The Racial Health Equity (RHE) Workgroup is emerging from the holiday season for another year of examining health disparities and determining what is needed to achieve racial justice within OA and among the people we serve. The first bi-monthly all-staff RHE meeting will discuss the National HIV Strategy (NHAS), specifically NHAS GOAL 3: Reduce HIV-Related Disparities and Health Inequities.

USPSTF Values & Action Statement on Systemic Racism in Preventive Care:

The U.S. Preventive Services Task Force (USPSTF) published an editorial titled, “The USPSTF Values Statement and Actions to Address Systemic Racism Through Clinical Preventive Services,” in the *Journal of the American Medical Association (JAMA)*. Authored by members of the Task Force, this editorial affirms that, while clinical preventive services improve health and wellbeing, systemic racism in the healthcare system prevents many Black, Indigenous, and Hispanic/Latino people from fully benefitting from these services. The editorial also advances a roadmap designed to address systemic racism and help eliminate health inequities.

To [read the full statement](https://jamanetwork.com/journals/jama/fullarticle/2775793), please go to the *JAMA* website at <https://jamanetwork.com/journals/jama/fullarticle/2775793>.

HIV/STD/HCV Integration:

As the lead state department in the COVID-19 response, CDPH has re-directed hundreds of staff to this effort. Because of this, the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention are postponed indefinitely. Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Ending the Epidemics:

OA will provide information on the innovative interventions selected by each one of the six EHE counties. These interventions are based on significant community input and will be described in the Integrated plan strategies they impact. In this issue, we will highlight San Diego County. Over the next several months, all six county plans will be described.

Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization

With Ending the Epidemics funding, San Diego County will be developing a mobile PrEP Program, selecting “PrEP Champions” including Latinx and Black Gay/MSM, Transgender people to support outreach and education connected with mobile PrEP clinics. The mobile clinics will provide PrEP medical evaluation, PrEP prescriptions, ongoing PrEP medical care, and linkage to benefits navigators as needed.

PrEP-AP:

As of February 2, 2021, there are 204 PrEP-AP enrollment sites covering 156 clinics that currently make up the PrEP-AP Provider network. A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

Data on active PrEP-AP clients can be found in the two tables below.

Strategy B: Increase and Improve HIV Testing

An HIV home-testing distribution demonstration project continues through Building Healthy Online Communities (BHOC) in the six California Consortium Phase I Ending the HIV Epidemic in America counties. The program, TakeMeHome, is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit. In the first 4 months, between September 1 and December 31, 2020, 842 tests were distributed, including 171 tests distributed in December. Of those ordering a test in

December, 38% reported never before receiving an HIV test, 62% were 18 to 29 years of age. Of those reporting ethnicity, 40% were Latinx, and 60.3% of those reporting sexual history indicated 3 or more partners in the past 12 months. To date, 119 recipients have filled out an anonymous follow up survey, with 98% indicating that they would recommend TakeMeHome HIV test kits to a friend.

San Diego's Ending the HIV Epidemic in America plan includes providing Routine HIV Testing Implementation Grants for community health centers and other non-profit health care providers. Increasing the number of medical sites that conduct routine HIV testing will help identify those who are living with HIV but unaware of their infection.

Active PrEP-AP Clients by Age and Insurance Coverage:										
Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	199	4%	---	---	---	---	114	3%	313	7%
25 - 34	1,295	29%	2	0%	1	0%	824	18%	2,122	47%
35 - 44	831	18%	---	---	4	0%	421	9%	1,255	28%
45 - 64	392	9%	---	---	22	0%	248	5%	662	15%
65+	15	0%	---	---	129	3%	18	0%	162	4%
TOTAL	2,732	61%	2	0%	156	3%	1,625	36%	4,514	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:																		
Current Age	Latinx		White		Black or African American		Asian		American Indian or Alaskan Native		Native Hawaiian/Pacific Islander		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	137	3%	86	2%	34	1%	34	1%	---	---	4	0%	5	0%	13	0%	313	7%
25 - 34	962	21%	647	14%	154	3%	225	5%	3	0%	5	0%	31	1%	95	2%	2,122	47%
35 - 44	641	14%	376	8%	77	2%	83	2%	1	0%	4	0%	10	0%	63	1%	1,255	28%
45 - 64	293	6%	259	6%	43	1%	45	1%	2	0%	1	0%	2	0%	17	0%	662	15%
65+	21	0%	131	3%	5	0%	4	0%	---	---	---	---	1	0%	---	---	162	4%
TOTAL	2,054	46%	1,499	33%	313	7%	391	9%	6	0%	14	0%	49	1%	188	4%	4,514	100%

Both PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 1/31/2021 at 12:00:47 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

Strategy D: Improve Linkage to Care

A new mobile application and resource guide is being developed in San Diego County to increase knowledge among persons living with or vulnerable to HIV. These innovative interventions will provide availability and accessibility of HIV testing, services, ART and PrEP resources, and varied support services. Ending the Epidemic funding will be used to develop and maintain current information and resources.

Strategy G: Improve Availability of HIV Care

Benefits Navigation will expand in San Diego using Ending the Epidemic funding. Benefits Counselors will assist clients enroll in Medi-Cal, Covered California, ADAP, PrEP-AP, CalFresh, pharmaceutical patient assistance programs and other needs as identified. This also addresses **Strategies A, H, J and O**.

In addition, they will establish HIV drop-in clinics and provide alternative clinic hours (evenings and weekends) for those who have not been successfully engaged in conventional medical scheduled appointments. As a reminder, Strategy H is to Improve Integration of HIV Services with Sexually Transmitted Disease (STD), Tuberculosis, Dental, and Other Services;

and Strategy O is to Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California.

Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP

ADAP's Insurance Assistance Programs:

As of February 2, 2021, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

The CDPH Office of Viral Hepatitis Prevention (OVHP) has released the *California Fatal Opioid Overdose and HIV or Hepatitis C Virus (HCV) Vulnerability Assessment*. The report summarizes an analysis conducted by the OVHP and OA to identify California counties at highest risk of a rapid increase in fatal opioid overdoses and HIV or HCV infections related to injection drug use. CDPH found some counties were at greater risk than others, but that all counties—urban, suburban, and rural—were affected and would benefit from expanding preventive services, including medication for opiate use disorder, naloxone distribution, syringe services,

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from December
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	588	-2.97%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,397	+0.82%
Medicare Part D Premium Payment (MDPP) Program	1,995	+1.32%
Total	8,980	+0.67%

and HIV/HCV testing and linkages to care. See the CDPH website to learn more about your county and find [tools to address these epidemics](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/ViralHepatitisData.aspx) at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/ViralHepatitisData.aspx>.

The U.S. Department of Health and Human Services (HHS) has released the third HIV National Strategic Plan (HIV National Strategic Plan for the United States: A Roadmap to End the HIV Epidemic (2021-2025) covering 2021-2025, and continues to identify people who inject drugs as one of the disproportionately affected populations. The HIV Plan supports the scale-up of syringe services programs in the United States as a safe, effective, and cost-saving intervention to reduce the transmission of HIV, viral hepatitis, and other infections. Nationally, an increase in the use of fentanyl and other injected substances is linked to an 11% increase in HIV diagnoses among people who inject drugs from 2016 to 2018 and threatens the substantial decline of HIV incidence among people who inject drugs over the past 10 years.

San Diego County is developing wrap-around services for people who inject drugs, providing comprehensive HIV, HCV and STD testing, status-neutral health care navigation to PrEP or ART, and linkage to substance use disorder treatment and mental health resources as wanted. This is one of their strategies within their Ending the HIV Epidemic in America plan. And on January 26, the San Diego Board of Supervisors voted to end a 23-year ban on funding syringe services and directed their chief administrative officer to present a comprehensive harm reduction plan to prevent infectious disease transmission and overdose within 90 days.

Strategy M: Improve Usability of Collected Data

As part of their federal Ending the HIV Epidemic plan, San Diego is going to improve its Surveillance Program to increase data entry

for real time data analysis, and to monitor for possible HIV clusters in order to provide prompt response. They will also develop molecular epidemiology.

Strategy N: Enhance Collaborations and Community Involvement

One Ending the Epidemic strategy San Diego is implementing is increased community forums, education and outreach, and leadership and mentorship training. In addition, additional support will be provided to the San Diego HIV Planning group to enhance HIV surveillance, prevention and care planning and evaluation.

OA Budget and Legislative Updates

Changes to State Syringe Access Laws:

[Assembly Bill \(AB\) 2077](#) (Ting, Statutes of 2020) went into effect January 1, 2021 and made several changes to state law related to syringe possession and distribution. Most importantly, the bill removed all conditions on possession of syringes for personal use, and extended authorization of physicians and pharmacists to furnish syringes without a prescription until January 1, 2026. California law now states that:

- It is lawful to possess syringes for personal use in California. Syringes possessed for personal use are not defined as “drug paraphernalia” pursuant to state law.
- There is no limit on the number of syringes someone may possess for personal use, no age limit for possession, and it is lawful to possess syringes obtained from any source.
- Syringes may be furnished without a prescription by staff and volunteers of SSPs, pharmacists, and physicians.

For [questions regarding this issue of *The OA Voice*](#), please send an e-mail to angelique.skinner@cdph.ca.gov.