

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.

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Office Highlight:

June 5th is the **40th Anniversary** of the national public health surveillance system identification of five cases of rare illnesses among gay men, initiating awareness of what became the HIV/AIDS pandemic. Forty years later there are still new HIV infections, and more than 1.2 million people in the United States, including 137,785 in California, are living with HIV. Nationally, one out of seven have HIV infection but are unaware—testing is still vital. HIV medication suppresses the virus to undetectable levels, and those who are undetectable cannot transmit the virus to others. Virally suppression maintains optimal health but only 56 percent of people living with HIV (PLWH) in the United States are currently virally suppressed—access to ongoing health care and medication is still vital. Gay men and men who have sexual contact with men have always led the U.S. epidemic, and currently young gay men 13 to 24 years of age are infected more than any other group—removing stigma and homophobia is still vital. The transformation from a largely fatal disease to a chronic infection that can be managed by medication was due to the scientists and researchers, healthcare professionals, and most importantly by those living with and who died from HIV and AIDS, together they achieved the ability to sustain health and thrive with HIV.

June 5th is also recognized as **HIV Long-term Survivors Day**, with admiration of those who



have been living with HIV for decades, many from before HIV medications achieved the effectiveness and simplicity compared to the days of severe side-effects and challenging medication regimes requiring many medications taken throughout the day and night. They not only survived the virus, but the discrimination, loss of family and friends due to fear and ignorance, and the grief of losing their lovers and peers. HIV Long-term Survivors also include those who remained HIV negative throughout the epidemic but were present with those living with HIV, fighting for healthcare provided with dignity and respect.

Ways you can recognize the 40th anniversary and HIV Long-Term Survivors day includes taking an HIV test if you never had or if it has been awhile since your last test. Talk with long-term survivors and listen to their stories. Help people you know who are living with HIV but are not virally suppressed to stay in HIV medical care, encourage them to take HIV medications as prescribed, and celebrate when they achieve viral suppression, are undetectable AND untransmittable. Remind people, especially the young gay men who are currently being infected at the greatest rate, that HIV is preventable, especially by using Pre-Exposure Prophylaxis (PrEP), medication that prevents HIV infection. At the 50th anniversary, may we add to these achievements: no new HIV infections. It's viable, if we all work together.

HIV Awareness:

OA is recognizing and celebrating **Pride Month**. Gay pride or LGBTQ+ pride commemorates the LGBTQ+ movement against discrimination and violence toward lesbian, gay, bisexual, transgender and queer (LGBTQ+) people, remembering the beginning of the movement with the Stonewall Riots in 1969. Various events are held during this month to promote self-affirmation, dignity, equal rights, and the increased visibility as a social group. Pride builds community and celebrates sexual and gender diversity. Pride counters the shame and social stigma still present throughout the world, and Pride celebrations strengthens the LGBTQ+ rights movements globally.

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.

Collaborating with syringe services programs (SSPs) for vaccine distribution is one way to

increase access to COVID-19 vaccines among people who use drugs and others underserved by traditional healthcare systems. The National Association released *COVID-19 Vaccine: Guidance for Syringe Services Programs, Health Departments, and People Who Use Drugs*. This resource provides [strategies and considerations for potential collaboration between SSPs and health departments in COVID-19 vaccine distribution](https://www.nastad.org/resource/covid-19-vaccine-guidance-syringe-services-programs-health-departments-and-people-who-use-0) and can be found at <https://www.nastad.org/resource/covid-19-vaccine-guidance-syringe-services-programs-health-departments-and-people-who-use-0>.

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 OA Racial and Health Equity workgroup gathered in May to review progress of annual goals and deliverables. A review of microaggressions was discussed including strategies to address and eliminate microaggressive language.

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 (EtHE) 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 **Alameda County**. All six county plans have been described over the last months, starting in

February. Several of the interventions will impact multiple Integrated Plan strategies.

The California Consortium Ending the HIV Epidemic Plan will be accessible on the Office of AIDS website once the ADA adaptation has been complete. If you want a non-ADA accessible version sent to you, please request that from ETE@cdph.ca.gov. [Four-page summaries of each county plan are now accessible](#) on the OA website at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_div_EtE.aspx.

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

Alameda County’s plan for Ending the HIV Epidemic includes initiating Same-Day PrEP, which appreciates the longer time and more referrals between deciding one wants PrEP and actually having the medication, the more likely people will give up and not get the medication. Same-Day PrEP will be focused to Black/African American and Latinx Gay and other men who have sex with men (MSM), young gay/MSM of color, the transgender community, sexual and drug using partners of people living with HIV, and women at high risk of HIV exposure.

In addition, Alameda County is enhancing its use of surveillance data to reach newly identified people living with HIV to link to HIV care and medication, as well as to reach Gay/ MSM diagnosed with syphilis or STDs to link to PrEP.

The enhanced surveillance work will also support expansion of partner services (Strategy C, Improved Linkage to Care (Strategy D), and Improved Retention in Care (Strategy E).

PrEP-Assistance Program (AP):

As of June 1, 2021, there are 192 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](#) 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 table below and at the top of page four.

Strategy B: Increase and Improve HIV Testing

The Ending the HIV Epidemic five-year plan in Alameda will increase HIV testing through self-collection HIV and STD screening, additional focused testing for gay/MSM, especially men of color, and expanding routine opt-out testing to additional clinical settings.

Two agencies, AIDS Healthcare Foundation and Sutter East Bay Hospitals (East Bay AIDS Center), were granted funding to increase focused testing among Black/African American and Latinx Gay/MSM, including emphasis

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	272	6%	---	---	---	---	93	2%	365	8%
25 - 34	1,290	29%	---	---	1	0%	627	14%	1,918	42%
35 - 44	945	21%	---	---	4	0%	335	7%	1,284	28%
45 - 64	536	12%	1	0%	23	1%	213	5%	773	17%
65+	26	1%	---	---	136	3%	11	0%	173	4%
TOTAL	3,069	68%	1	0%	164	4%	1,279	28%	4,513	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	172	4%	104	2%	33	1%	34	1%	---	---	3	0%	4	0%	15	0%	365	8%
25 - 34	942	21%	537	12%	126	3%	202	4%	6	0%	4	0%	19	0%	82	2%	1,918	42%
35 - 44	787	17%	285	6%	69	2%	84	2%	2	0%	1	0%	6	0%	50	1%	1,284	28%
45 - 64	461	10%	226	5%	28	1%	39	1%	2	0%	2	0%	2	0%	13	0%	773	17%
65+	35	1%	132	3%	2	0%	3	0%	---	---	---	---	1	0%	---	---	173	4%
TOTAL	2,397	53%	1,284	28%	258	6%	362	8%	10	0%	10	0%	32	1%	160	4%	4,513	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: 5/31/2021 at 12:00:41 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

on young gay/MSM. In addition, Bay Area Community Health was awarded funding to conduct routine opt-out testing with the transgender community. An innovative approach is including job readiness assistance to the transgender community as an incentive to knowing their HIV status.

OA's 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 8 months, between September 1, 2020 and April 30, 2021, 1390 tests were distributed, including 142 tests distributed in April. Of those ordering a test in April, 46.5% reported never before receiving an HIV test, 68.3% were 18 to 29 years of age. Of those reporting ethnicity, 42.5% were Hispanic/Latinx, and 57.0% of those reporting sexual history indicated 3 or more partners in the past 12 months. To date, 205 recipients have filled out an anonymous follow up survey, with 93.7% indicating that they would recommend TakeMeHome HIV test kits to a friend.

Strategy H: Improve Integration of HIV Services with Sexually Transmitted Disease (STD), Tuberculosis, Dental, and Other Services

Alameda County will increase STI screening through the BHOC free HIV and STI screening program. Individuals can go on-line and order self-collection kits that will include HIV testing, testing for oral and anal chlamydia, gonorrhea and syphilis, as well as creatinine if using PrEP, Hepatitis C screening if indicated, and pregnancy testing to ensure women who are pregnant get treatment if infected with syphilis to avoid transmission to the baby.

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

ADAP's Insurance Assistance Programs:

As of June 1, 2021, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart found at the top page five.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from April
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	593	-2.30%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,658	+0.25%
Medicare Part D Premium Payment (MDPP) Program	2,051	+0.58%
Total	9,302	+0.16%

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

This month, CDC launched a [new drug overdose website in Spanish](https://www.cdc.gov/drugoverdose/spanish/index.html?ACSTrackingID=USCDC_1026-DM58289&ACSTrackingLabel=May%202021%20Drug%20Overdose%20Updates%20%28Revised%29&deliveryName=USCDC_1026-DM58289). The new website, found at https://www.cdc.gov/drugoverdose/spanish/index.html?ACSTrackingID=USCDC_1026-DM58289&ACSTrackingLabel=May%202021%20Drug%20Overdose%20Updates%20%28Revised%29&deliveryName=USCDC_1026-DM58289, includes fact sheets and informational materials to increase awareness of the overdose crisis and provide resources to prevent overdose and death. Please share this resource far and wide to increase access to much needed overdose education for Spanish-speaking communities.

Registration is open for the [10th Annual National Native Harm Reduction Summit](https://web.cvent.com/event/2c21f3df-5e76-4805-a462-7cb06982d63a/summary?emci=68c8deee-75ba-eb11-a7ad-501ac57b8fa7&emdi=486da9ed-a4bc-eb11-a7ad-501ac57b8fa7&ceid=9301331), and can be found at <https://web.cvent.com/event/2c21f3df-5e76-4805-a462-7cb06982d63a/summary?emci=68c8deee-75ba-eb11-a7ad-501ac57b8fa7&emdi=486da9ed-a4bc-eb11-a7ad-501ac57b8fa7&ceid=9301331>. The virtual conference will highlight the intersection of racial equity, health equity, and social justice, as they relate to hepatitis C, HIV, and drug use in Tribal, urban Indian, and rural communities. Tribal and allied health care and behavioral health care providers, social services providers, community allies and public health officials are encouraged

to attend. Please share widely with service providers working directly or indirectly with native communities.

The National Harm Reduction Coalition will host a [free virtual harm reduction convening for people from Monterey, San Benito, San Luis Obispo and Santa Barbara counties](https://secure.everyaction.com/e2j1GgbOp02gvbu-el_pgQ2). The multi-day sessions include a training on harm reduction basics and a facilitated discussion to identify strategies to reduce HIV, hepatitis C and overdose. The event is open to services providers and community members. Registration information can be found at https://secure.everyaction.com/e2j1GgbOp02gvbu-el_pgQ2.

Strategy N: Enhance Collaborations and Community Involvement

California Planning Group (CPG):

The California Planning Group (CPG) and OA hosted a four-day virtual CPG meeting on May 7, 10, 14, and 17. The first day was open to CPG members only, as we hosted our third CPG Leadership Academy, which focused on skills and capacity building for our CPG members. The meeting was comprised of four separate Zoom sessions (three hours each day, 1:00 – 4:00 pm). There was a 10-minute public-comment period on May 10, 14, and 17. The May 10 meeting featured a community presentation by Dr. Kristopher Lyon, MD titled “Routine Opt-Out

Testing in Kern County”, and May 17 featured an OA presentation on “COVID-19 and HIV Update” by Dr. Phillip Peters, MD. CPG members elected two new Community Co-Chairs, Natalie Sanchez (1 year) and Robyn Learned (2 years)! OA extends our appreciation and thank you to outgoing co-chairs, Edd Cockrell, Evelyn Alvarez, and Jax Kelly, for your leadership, service, and passionate commitment and dedication to community and CPG, especially during this challenging time of COVID-19. Congratulations to newly elected HIV & Aging Committee Co-Chair Keith Sellons! Thank you to outgoing

committee co-chair Michael Weiss for your leadership and commitment. The meeting was productive and engaging and OA would like to thank the members of the public who attended. [Meeting recordings can be accessed on the OACPG webpage](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx) at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx.

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