Rhode Island HIV/STD Program and Surveillance Update

THE NEW ENGLAND HIV IMPLEMENTATION SCIENCE NETWORK
4TH ANNUAL SYMPOSIUM
“Putting Implementation Science into Practice”

Thursday, May 25, 2017 – 9am to 4pm

Mystic Connecticut

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Rhode Island 90 90 90 Targets

• 90% of people living with HIV infection with HIV know their HIV status (RI = 88%)
  • As measured by CDC estimates

• 90% of people living with HIV infection will be engaged in medical care (RI = 60%)
  • As measured by at least one medical visit per year

• 90% of people living with HIV infection will be virally suppressed (RI = 55%)
  • As measured by a HIV RNA viral load of < 200 copies/ml
Estimated Number of Persons Diagnosed and Living with HIV, Rhode Island, 2007-2016

Note: 2014-2016 estimates are based on “most recent known address”. Prior years based solely on when residence at diagnosed was Rhode Island and did not account for interstate migration. 2016 data are provisional and subject to change. Most recent CDC estimates indicate 88.8% of persons living with HIV in RI have been diagnosed so the true number living in RI may be greater than these estimates.
Newly-Diagnosed Cases of HIV
Rhode Island, 2007-2016

2016 data are provisional and subject to change
Newly-Diagnosed Cases of HIV, By Exposure Mode, Rhode Island, 2007 - 2016

Note: Female heterosexual case counts include all reports of heterosexual contact, even those without indication of high risk (sex with MSM, sex with IDU, etc.). Cases less than 5 are displayed as 0. No reported risk and MSM/IDU are not included as risk group could not be assigned.
Newly-Identified Cases of HIV by Race/Ethnicity
Rhode Island, 2010-2014
Rate of Newly-Identified Cases of HIV by Mode of Sexual Exposure for Males
Rhode Island, 2010-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases per 100,000</th>
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<tbody>
<tr>
<td>2010</td>
<td>212.43</td>
</tr>
<tr>
<td>2011</td>
<td>243.90</td>
</tr>
<tr>
<td>2012</td>
<td>149.49</td>
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<tr>
<td>2013</td>
<td>157.36</td>
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<td>2014</td>
<td>220.30</td>
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Gay, bisexual, and other men who have sex with men

Heterosexual Males
### STDs: Emerging Trends

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016 (provisional)</th>
<th>% Change</th>
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<tbody>
<tr>
<td><strong>Chlamydia</strong></td>
<td>4,575</td>
<td>4,936</td>
<td>+ 7.8%</td>
</tr>
<tr>
<td><strong>Gonorrhea</strong></td>
<td>580</td>
<td>716</td>
<td>+23.4%</td>
</tr>
<tr>
<td><strong>Infectious Syphilis</strong></td>
<td>115</td>
<td>153</td>
<td>+33%</td>
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HIV 90 90 90 Conceptual Framework

1. Reduce new HIV infections through education, needle exchange, condom distribution, and PrEP

2. Increase the yield of public health HIV case finding efforts through targeted community-based HIV rapid testing, RIDOH partner services, and STD Specialty Clinics

3. Increase HIV+ cases in case management, medical care and taking medication

Reduce HIV viral loads and disease transmission

Getting to ZERO
One person at a time.
RIDOH HIV Return to Care Program

Provider Referral

EHARS “red flag”

Partner Services/Named Previous Positive

HIV Medical Care

Non-medical Case Management Services
Research Questions

1. What factors are driving the rise in STD rates (i.e., increased screening, sexual behaviors, improved lab testing, adoption of PrEP, increased use of non-barrier contraception, etc.)?

2. How can partner services activities be enhanced in order to improve DIS outcomes for gay/bisexual men?

3. What is the comparative cost/yield of conducting “return to care” activities for the different referral “buckets”?