

# Rhode Island HIV/STD Program and Surveillance Update



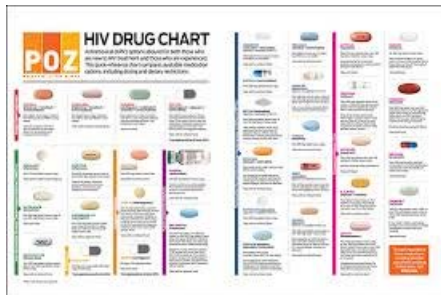
THE NEW ENGLAND HIV IMPLEMENTATION SCIENCE NETWORK  
4<sup>TH</sup> ANNUAL SYMPOSIUM  
*"Putting Implementation Science into Practice"*

Thursday, May 25, 2017 – 9am to 4pm

Mystic Connecticut

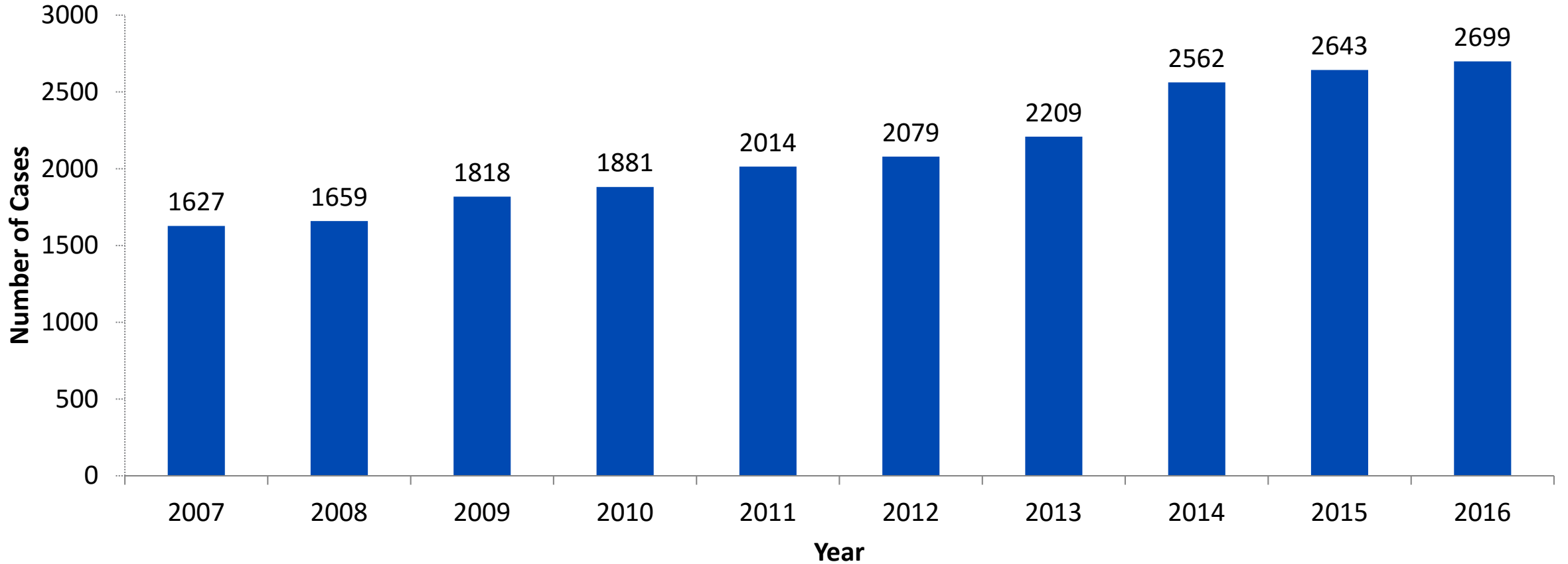
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Division Chief  
Division of HIV, Hepatitis, STD, and TB Epidemiology  
Rhode Island Department of Health

# 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*

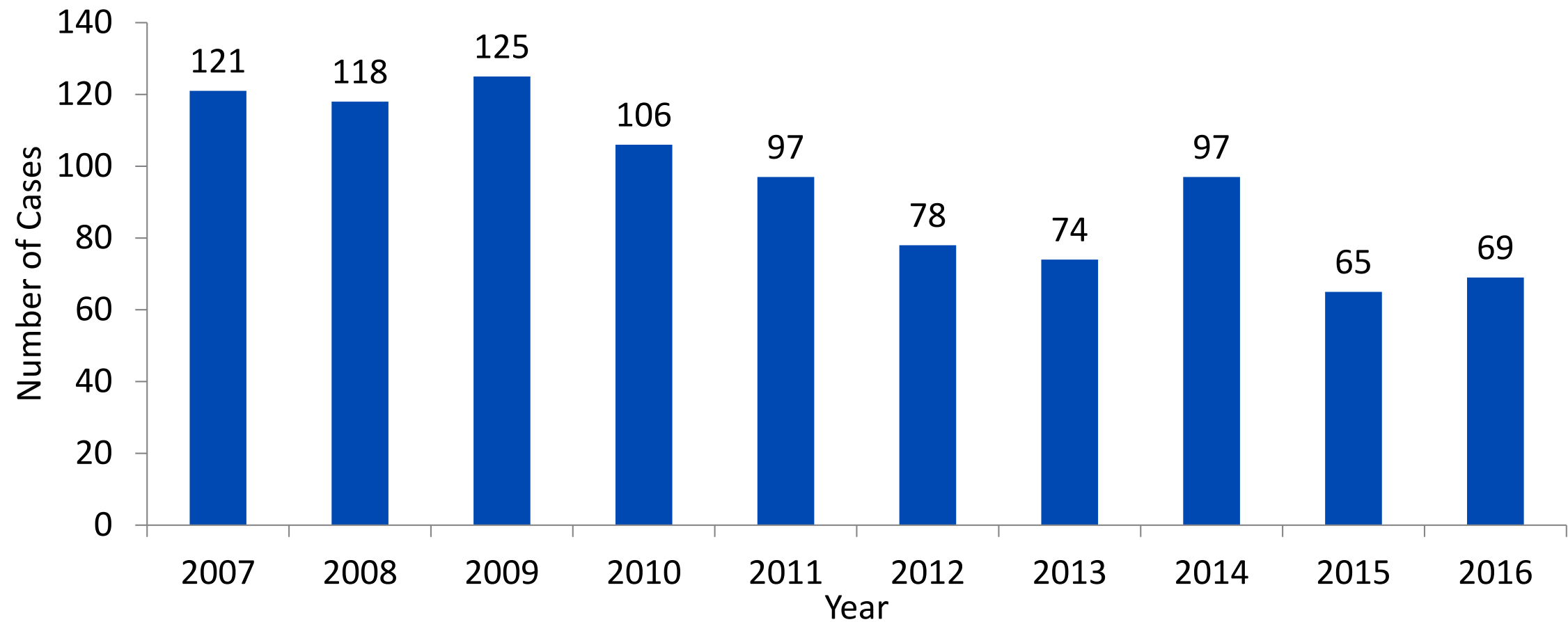
# Estimated Number of Persons Diagnosed and Living with HIV, Rhode Island, 2007-2016



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.

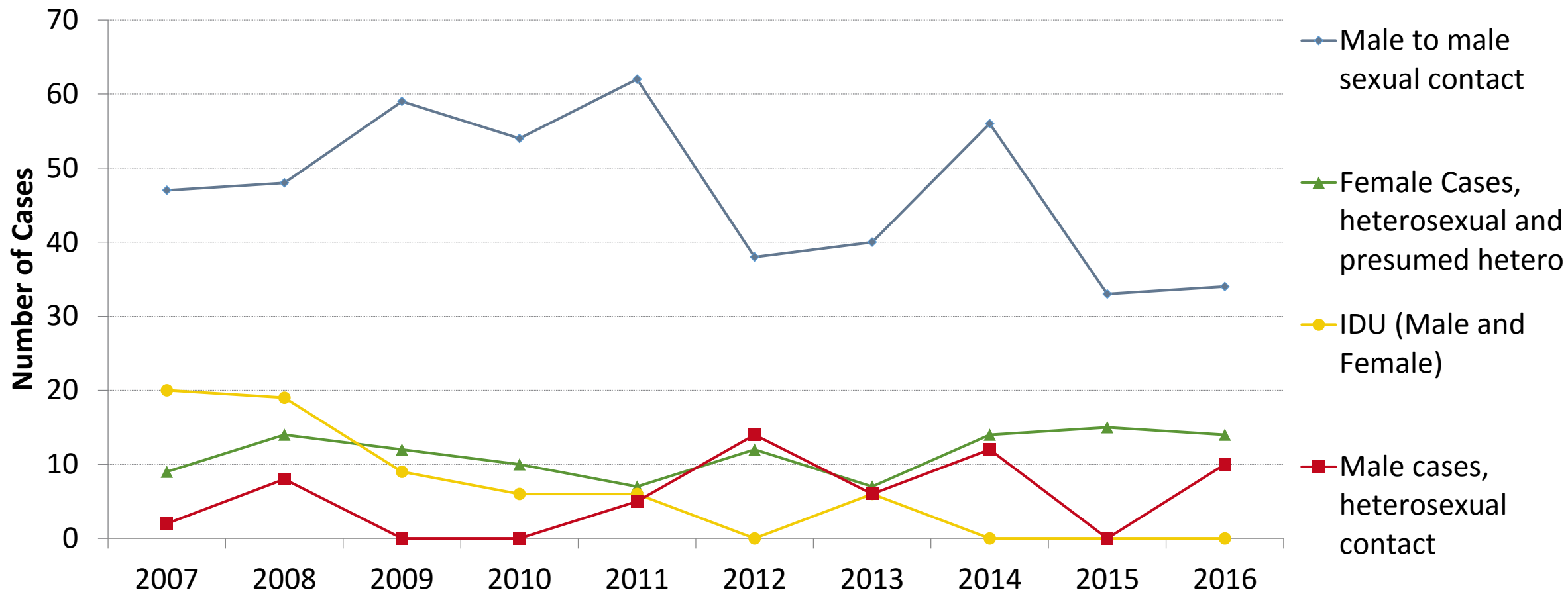
Most recent CDC estimates indicate 88.8% of persons living with HIV in RI have been diagnosed so the true number living in RI may be greater than these estimates.

# Newly-Diagnosed Cases of HIV Rhode Island, 2007-2016



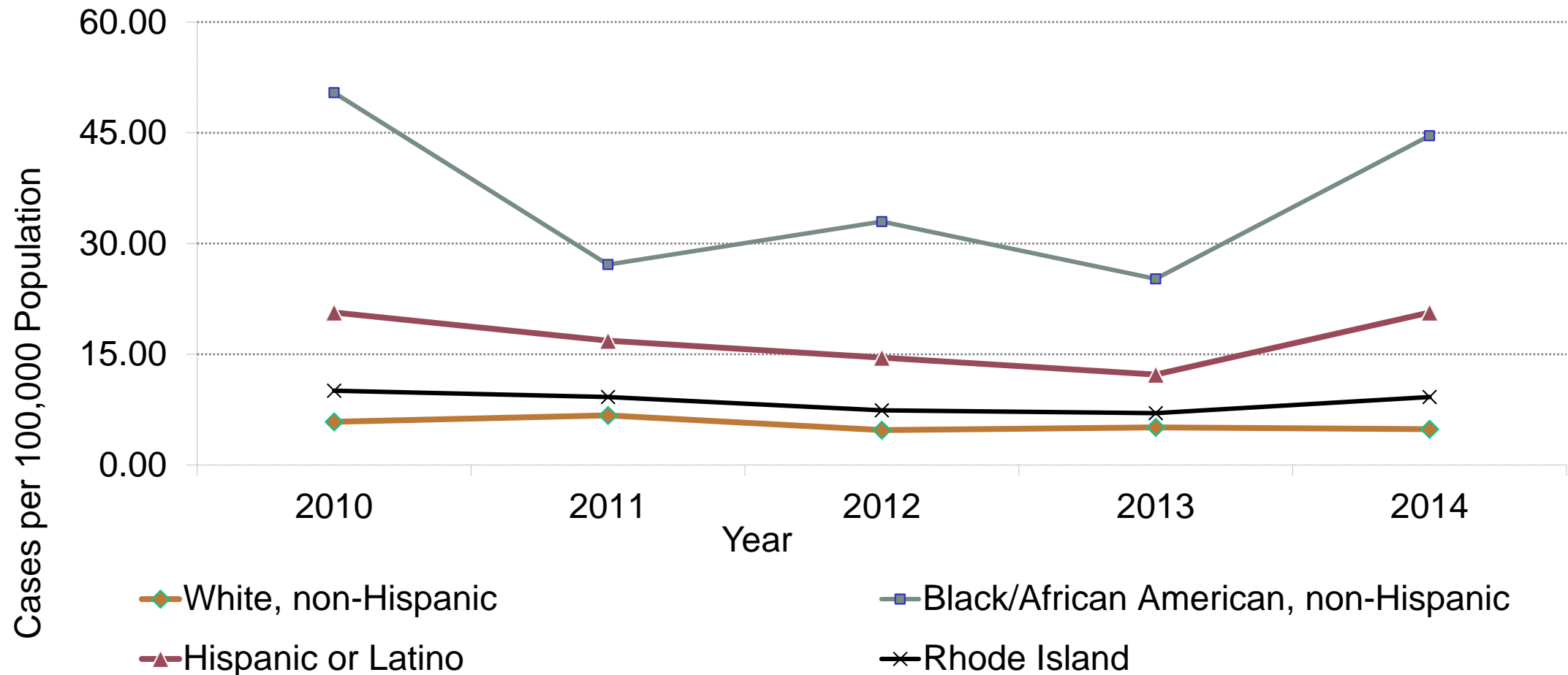
2016 data are provisional and subject to change

# Newly-Diagnosed Cases of HIV, By Exposure Mode, Rhode Island, 2007 - 2016

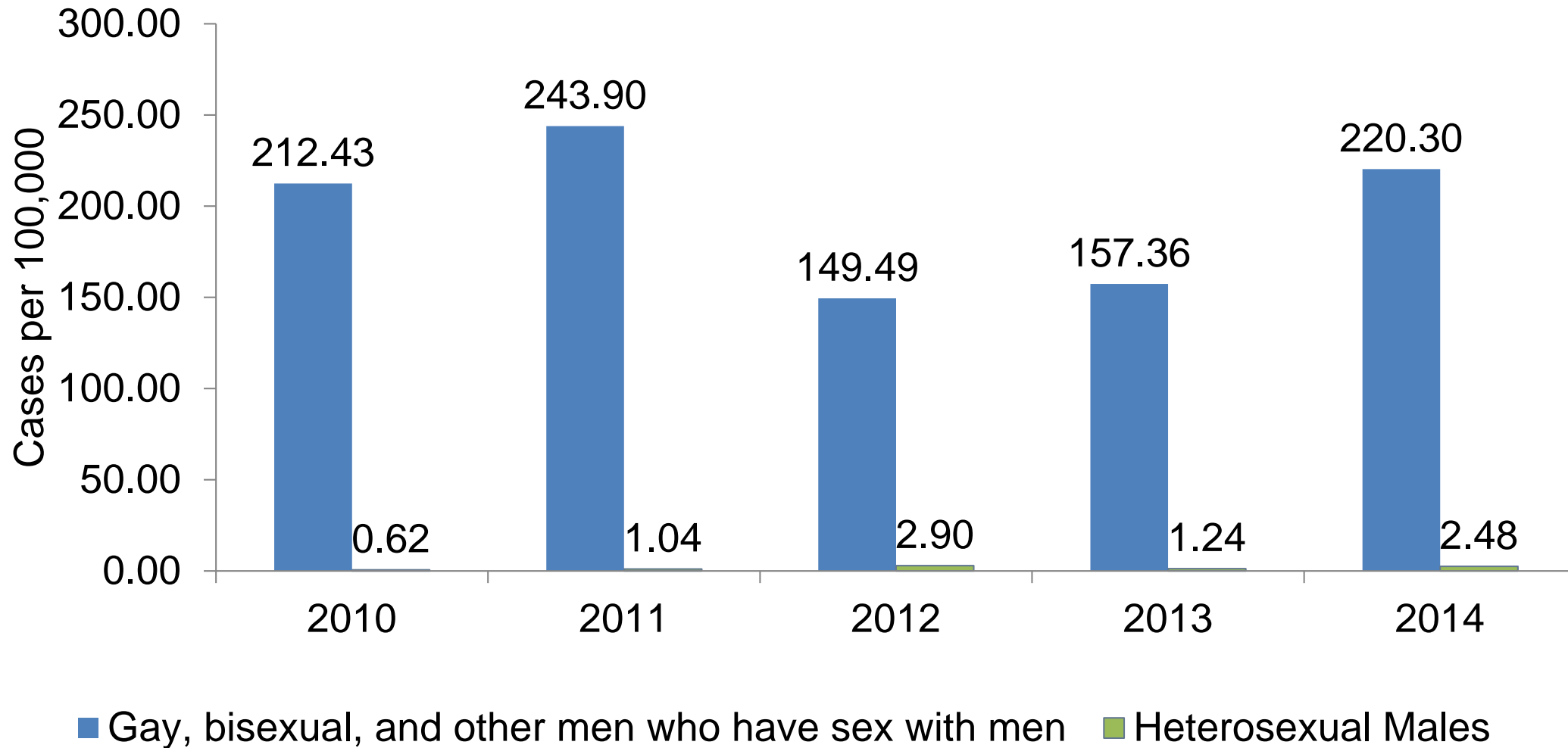


Note: Female heterosexual case counts include all reports of heterosexual contact, even those without indication of high risk (sex with MSM, sex with IDU, etc.). Cases less than 5 are displayed as 0. No reported risk and MSM/IDU are not included as risk group could not be assigned.

# 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



# STDs: Emerging Trends



	2015	2016 (provisional)	% Change
<b>Chlamydia</b>	4,575	4,936	+ 7.8%
<b>Gonorrhea</b>	580	716	+23.4%
<b>Infectious Syphilis</b>	115	153	+33%



# 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



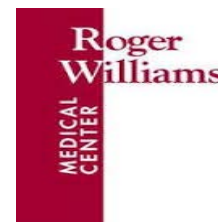
3. Increase HIV+ cases in case management, medical care and taking medication



Reduce HIV viral loads and disease transmission



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GETTING TO  
**ZERO**  
ONE PERSON  
AT A TIME.

# RIDOH HIV Return to Care Program

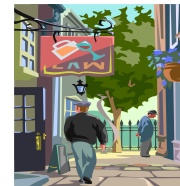


## EHARS "red flag"

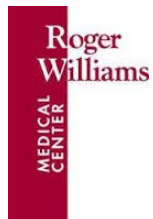
### Provider Referral



### Partner Services/Named Previous Positive



### HIV Medical Care



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### Non-medical Case Management Services



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# 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”?