**HIV/AIDS Community Advisory Group Meeting Minutes**
March 28, 2017 · 10 am – 2 pm
Vermont Tech Enterprise Center, Randolph VT

**Attendees:** Mike Bensel, Pride Center of Vermont; Laura Byrne, H2RC; Dan Chase; Pat Gocklin, DHMC; Jonathan Heins; Peter Jacobsen, VT CARES; Michelle O'Donnell, PWA Coalition; Zpora Perry, CCC; Karen Peterson, APSV; Paul Redden III; Donna Pratt, Twin States; Amy Tatko, PWA Coalition
**Remote Attendees:** Tom Aloisi, Agency of Education
**Vermont Department of Health:** Roy Belcher, Daniel Daltry, Erin Larose
**Caracal Consulting:** Alex Potter

Meeting opened at 10:07 am. Thank you to everyone for your flexibility on the start and end time today.

## I. CD4 REPORTING - PRESENTATION & DISCUSSION

**A. Current State of CD4 Reporting:** Roy presented on the current state of CD4 reporting, included under Reportable Laboratory Findings under the *Reportable and Communicable Diseases Rule 5.6.1* findings which include:

1. CD4+ T-lymphocyte counts of less than 200 cells/uL
2. CD4+ percentage of less than 14%
3. HIV viral load measurement (including non-detectable results)

Additionally, Roy shared a letter that was sent from the CDC to the VDH health commissioner recommending that complete CD4 reporting be put in place and requesting an update if Vermont will work to ensure that this happens.

**B. Advantages to Full Reporting:** Roy discussed the advantages of full CD4 reporting, including the ability to correctly stage HIV infection, and the new HIV Surveillance Staging which could have an impact on addressing stigma as it is not a model based on once having an AIDS diagnosis, always having an AIDS diagnosis. The new model recognizes the benefits of medication and how individuals CD4's can be increased if adherent to meds and viral load suppressed.

1. The CDC is utilizing CD4 counts to be able to track better the progression of HIV and to be able to help jurisdictions to determine their percentage of cases that are living with HIV and do not know their status. This is being captured by tracking the CD4 counts at time of HIV diagnosis. With Vermont one of only six states that does not require all CD4 reporting, this affects Vermont's eligibility to participate in new projects at the national level.
2. It is important that rural jurisdiction participate in these projects – it has long been a concern that rural areas have not been well represented in CDC research and programming, resulting in programming that is not well-suited to Vermont.
3. The forthcoming FOA, picking up where PS12-1201 left off from the last five years, *combines* Surveillance *with* Prevention funding. This **could** affect Vermont's ability to *apply for funding* should the state not report CD4 counts. Without complete CD4 reporting in place, funding could be in jeopardy, similar to the political climate when names-based reporting of HIV was being advanced.

**C. <u>Impact on Vermont</u>:** CDC's increased demands for and use of CD4 results matches recent developments in technology in Vermont including the following.

1. Advances in technology – already discussed and approved at CAG – such as full networking of computers, and the eHARS.
2. New filters are now available that will greatly enhance the ability to filter labs as much as possible to limit those received to the ones related to people living with HIV.
3. The directly preceding issue (I.C.2.) **was one of the largest concerns our own VDH and Vermont providers had previously** about CD4 reporting – as it presented a large body of data that would be of limited usefulness, given the lack of filtering.
4. ***The new technological abilities address this concern well.***

**D. <u>VT HIV Needs Assessment Input:</u>** Alex conducted a review of the Vermont Needs Assessment results to determine if consumers demonstrated significant concerns regarding this type of increased reporting. While no direct questions regarding CD4s or the reporting of lab results to the CDC were in the Needs Assessment, what can be inferred from the Needs Assessment follows.

1. Consumers expressed high level of comfort with their medical care and Vermont medical practitioners and facilities, and spoke of this comfort level increasing over time.
2. Consumers expressed a high level of confidence and appreciation for the Vermont Department of Health, including increased comfort levels over time.
3. In open-ended questioning, no consumers expressed direct concerns regarding information reported to CDC regarding HIV labs and further demonstrated general understanding of the use of data in HIV care and prevention.

**E. <u>CAG DISCUSSION</u>:** General discussion was held and Roy stated that he would keep CAG updated as the issue continues to develop. Consumers living with HIV directly stated they do not have a concern about complete CD4 being reported.

**F. <u>Next Steps</u>:** The HSH program plans to meet with Comprehensive Care Clinic and seek approval for full CD4 reporting. If VDH has support from Comprehensive Care Clinic, now having the support of CAG, this change can happen at any point during the year. As it is a regulation, it does not need to occur during legislative session.

**G. <u>2016 HIV Annual Report</u>:** Roy stated he would circulate to the CAG the draft version of the 2016 Annual Report.

## II. NASTAD STATEMENT DISCUSSION

**A. <u>NASTAD Viral Load Transmission Statement</u>:** Discussion was held on the NASTAD statement issued in February and circulated to members with the agenda:

- *"NASTAD joins public health experts and leaders in affirming that there is now conclusive scientific evidence that a person living with HIV who is on antiretroviral therapy (ART) and is durably virally suppressed (defined as having a consistent viral load of less than <200 copies/ml) does not sexually transmit HIV."*

**B. <u>Goals of Statement</u>:** Two primary goals of the announcement and ongoing efforts to raise the profile of this information are the reduction of HIV-related

stigma that may prevent individuals from accessing treatment, and to encourage participation in and adherence to ART overall.

- *"The new evidence will help ameliorate decades of HIV-related stigma and discrimination by confirming that treatment is a powerful preventive intervention."*
- *"The added preventive benefit of treatment encourages people living with HIV to initiate and adhere to a successful ART regimen, closely monitor their viral load, and stay in regular medical care."*

## III. HIV ADVOCACY DAY: MARCH 21, 2017

**A. Tone of Day:** Those attending characterized the day as "low key" this year. There was agreement by those attending that it is still very important to maintain. Question – scheduling a different day might be better? There is no ability to choose a day – Advocacy Days are assigned. Anyone having ideas for Advocacy Day 2018, **please talk to Peter**.

**B. Budget/Policy:** In terms of policy and budget, advocates met with success this year, it was just a bit low energy. Currently budget seems to be on track.

**C. Stigma Bills:** Did not go anywhere.

**D. HepC [and HIV] Treatment in Corrections:** Still questions of payment for Hepatitis C treatment in Corrections. This raised discussion of HIV treatment concerns in the Corrections system.

1. Daniel mentioned the notification that was distributed to members that Medicaid overall has now lowered their HCV treatment threshold score to 2 or over, and waived their sobriety requirement.
2. This is a good step for Vermont but there may be more to do, especially regarding facilities.
3. There is uncertainty regarding whether or not a Corrections facility is in fact already providing treatment for HCV, but Donna stated that this is not current policy with the contracted providers.
4. Daniel commented on studies looking at long-term versus immediate costs of HCV treatment, but Donna mentioned that these studies do not always work to advocate in Corrections, as Corrections is only responsible for the care of a given individual for the certain amount of time they are in custody. This can change the ratio of cost savings considerably.
5. Donna and Jonathan both spoke to ongoing concerns around medical treatment for those **living with HIV** in the Corrections system, and that it would be good for CAG to take a public stance on this issue and advocate around it. Two areas of concern:
    a. Entering Corrections – need advocacy to ensure individuals do not lose access to their medications when they enter the system. Currently people may miss doses for long- or short-term periods, or their medications may be switched out for cheaper medication.
    b. Long-term health care needs for long term prisoners.
    c. Donna added that on the positive side, some individuals actually get much better medical care when incarcerated than they have ever had outside.
6. Daniel stated that when the HSH Department sits down to meet with Corrections, they would like to be able to represent that this is a significant concern for the HIV

Community Advisory Group.

7. Jonathan inquired if transmission data is collected in Corrections. Daniel stated that there has been confusion about "opt in" and "opt out" testing, and while it is stated that Corrections has "opt out," in practice they are functioning as "opt in" testing.

**E. H108 (Safer Injection Sites):** Peter mentioned H108 regarding safer injecting sites appears to have died in committee. It is tracked in the House for this session, but is unlikely to pass over to get to a chance at a full vote. 2018 would be the next opportunity. Daniel expressed he could expand on this in today's VDH Report as well [below].

## IV. VDH REPORT

**A. HOPWA Vouchers:** Erin reported that the opportunity for up to 10 federal HOPWA vouchers have become available.

**B. Safer Injection Sites:** Concerning H108 and Safer Injection Sites, Daniel discussed that a study is going to be commissioned in Burlington. Under Jackie Corbally, Opioid Policy Coordinator, they will explore the impact of a safe injection site in Chittenden County. While the H108 may be dead in the house, the topic is still being actively explored in Burlington. Seattle will soon open, if not already, a safer injection site and there is word that "unofficially" it's happening in Boston. Ithaca, NY, is also looking at the possibility.

***C.* Dr. Chen's Harm Reduction Goodbye!** Dr. Harry Chen spent his second to last day as Health Commissioner testifying in Montpelier. Daniel was asked to participate. Dr. Chen wanted to go out of this position on a note of Harm Reduction promotion. He wanted to highlight the ten greatest achievements due to Harm Reduction in the US. Daniel presented on syringe exchange and HIV prevention at large, in particular condom availability in schools and targeted condom distribution programs. *Once again, thank you to Dr. Chen for his service to Vermont, right up to his final days in office!*

**D. Condoms in Schools:** Between a joint effort of AOE and VDH a letter was issued about access to condoms in schools. People often say that in that case, "VDH can pay for them." In fact, this is fine with VDH – it can supply condoms easily. The fact that 84% of chlamydia cases in Vermont occur under age 24 speaks to the need.

**E. CDC Update:** Daniel will be traveling to Atlanta at the end of April to a CDC national meeting as a requirement for the closeout for the current iteration of funds for HIV Prevention, PS 12-1201. The last session will be "The Future of HIV." It is uncertain at this time exactly how much about future funding and FOAs will be announced. Daniel has been asked to present.

**F. STD Trends:** Daniel reported that among Vermont men who had a site-specific test for gonorrhea, fully 97% of the cases would have been missed

had they just had the urine test. The message of this is clear – if an individual is having receptive anal or oral sex with an ejaculating penis, they need to get site-specific testing. In another Literature Review, 25% of anally receptive cis-gender female cases would have been missed without site-specific screening.

**G. Testing Guidelines:** The department has been working around the clock updating testing guidelines. A year ago the CDC changed theirs and they still have not offered any training or technical assistance on what it should look like for states, but Vermont is pushing ahead. Hopefully in May, there will be a presentation on the guidelines for CAG. Jonathan Radigan may attend.

**H. HIV Training Suite:** The state will be holding a training suite for HIV testing, and hoping to kick off the end of May or beginning of June. Daniel asked if folks are seeing any trends currently. Most reported they are seeing about the same as usual. Karen noted that as the Windham County Syringe Exchange continues to gain additional members, there is an expectation that testing numbers will rise.

**I. Available HCV Test Kits:** There are a number of HCV test kits that are set to expire early next year, if any organizations have thoughts on how to push more HCV testing to get full use of these supplies.

**J. Syphilis Trends:** Peter inquired about current findings.

1. There were **40** infectious cases in **2016, 6** in **2015,** and thus far greater than **9** cases in **2017**. Vermont typically averages 3 cases a year.
2. In addition, Daniel noted there has been an increase in heterosexual syphilis and that has not been seen in 15 years.
3. Nationally we are at an all-time high, with syphilis up by 35%. Chlamydia is up 6% and gonorrhea is up 15%. There were greater than 500 congenital syphilis cases, which can result in death, indicating we must ensure screening for pregnant women.
4. Ocular syphilis, which has historically happened late in infection, has been happening with primary and secondary syphilis. Eight cases on the West Coast were recorded as causing ocular syphilis right out of the gate. There were 18/19 cases in NC at the same time. Vermont has been monitoring this, and was impacted.
5. There is a national shortage on bicillin, the medication used to treat syphilis. Vermont has had to do two emergency drop ships, in which Pfizer releases bicillin from its national stockpile.
6. Notably, 54% or greater of individuals contracting syphilis will contract HIV. HIV is not as common among Vermont syphilis cases as it is nationally. In addition, gonorrhea increases the chance of contracting HIV by 2 to 5%, and one in ten individuals diagnosed with rectal gonorrhea will contract HIV within one year. There were greater than 400 cases of gonorrhea in NH last year, and this tends to indicate trends to be seen in VT. More than 50% of NH cases were men, but NH does not record sexual orientation.

**K. Combination Therapy Coverage:** Zpora asked about having heard that some of the newer combination pills may not be covered going forward? Daniel stated he has no news as such, and that if there is any movement on that

topic CAG will be informed immediately.

## V. CAG HOUSE KEEPING

**A. <u>Review of Minutes</u>:** Peter made a motion that minutes of the January 17 meeting be accepted as presented; Laura seconded. Motion passed with one abstention.

**B. <u>Community Announcements</u>:**

1. Donna announced that the **Twin States' Women's Retreat** will be held June 1 – 4.
2. Donna also noted that she had heard that there were rumors about Twin States being in financial problems or closing. She clarified that while there was an issue with federal filing not occurring before she came on, that has been taken care of and Twin States is in good shape. If there are concerns, please refer them to Donna.
3. Much interest and concern was expressed among CAG members about what is going to happen with the Affordable Care Act and the new administration. Daniel spoke to what is known.
    a. The American Health Care Act did not go to a vote. Daniel was in DC last week with NCSD and there is just no other confirmed news.
    b. All offices are currently operating with all systems go, continuing on with all grants, programs, etc. that are in place.
    c. While conversations are ongoing and there is a possibility something else may be happening within the next 8 months, the lag time will still be two years before any changes "hit the road" and are introduced to the public.
    d. NCSD and NASTAD both have individuals <u>exclusively</u> looking at these issues and closely watching the movements on the Hill. Between the two organizations they have paid lobbyists who work to keep track and understand all the nuances of the health care proposals, and how agencies will be impacted by suggested changes.
    e. There is now a policy arm to both entities that did not exist before and there is increased vigor. A Public Policy Committee has formed for NCSD. Daniel will keep CAG up to date both at and between meetings, if movements occur.
4. Peter reported they are on the home stretch for their medical trial, but are still looking for HIV+ individuals.
5. Peter also reported that the CARES Mobile Testing Van should be hitting the road in three to four weeks!

Meeting ended 12:41 pm.

Respectfully submitted,
Alexander B. Potter