HIV/STDs in Kansas

Human Immunodeficiency Virus and Sexually Transmitted Diseases

Healthy Kansans 2010

Steering Committee Meeting

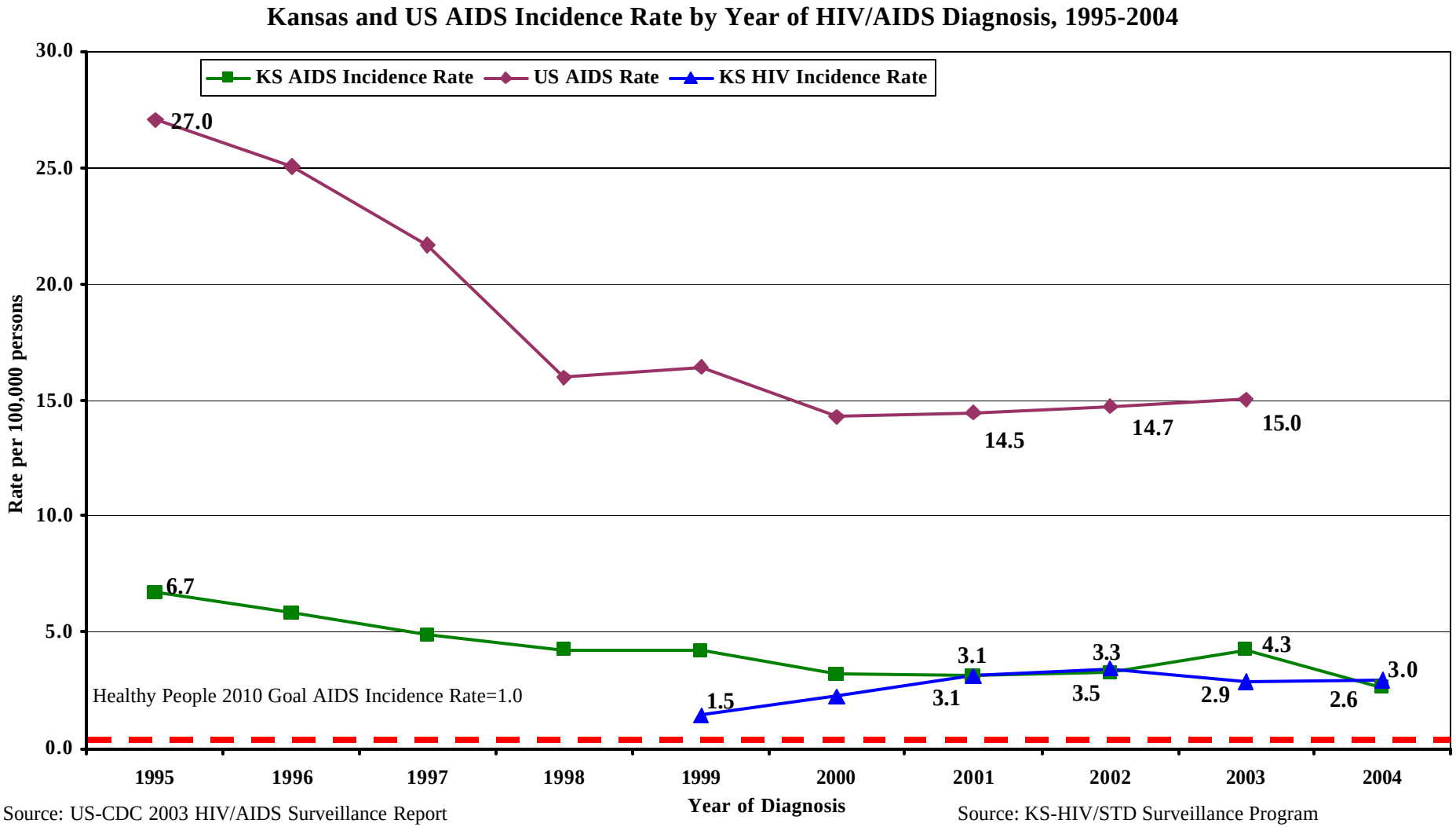
April 1, 2005

Description of the Problem

- The AIDS objective is limited in what it can portray. Incident cases reported by year for AIDS do not reflect what is happening relative to HIV disease. On average it takes 10 years from the time of HIV infection to progress to a clinical AIDS diagnosis.
- HIV incident cases can illustrate more as they represent cases more toward the “front end” of the epidemic, but presently only 35 states report by name and the remaining states have only recently started unique identifier based systems which are problematic relative to the reporting of accurate and unduplicated data.
- Kansas began confidential HIV reporting in July 1999 and it has facilitated program activities greatly. Kansas data are generally unstable due to small numbers, but certain trends seen in higher incident areas are beginning to show themselves in Kansas.
- From the standpoint of overall incidence, Kansas is *not seeing any particular increases or decreases relative to national trend data.*
- Unless otherwise indicated, data for HIV/AIDS is from the Kansas 2004 HIV/STD Epidemiologic Profile.

Healthy People Objective 13.1 & 13.5

Reduce AIDS and HIV Among Adults/Adolescents



Source: US-CDC 2003 HIV/AIDS Surveillance Report

Source: KS-HIV/STD Surveillance Program

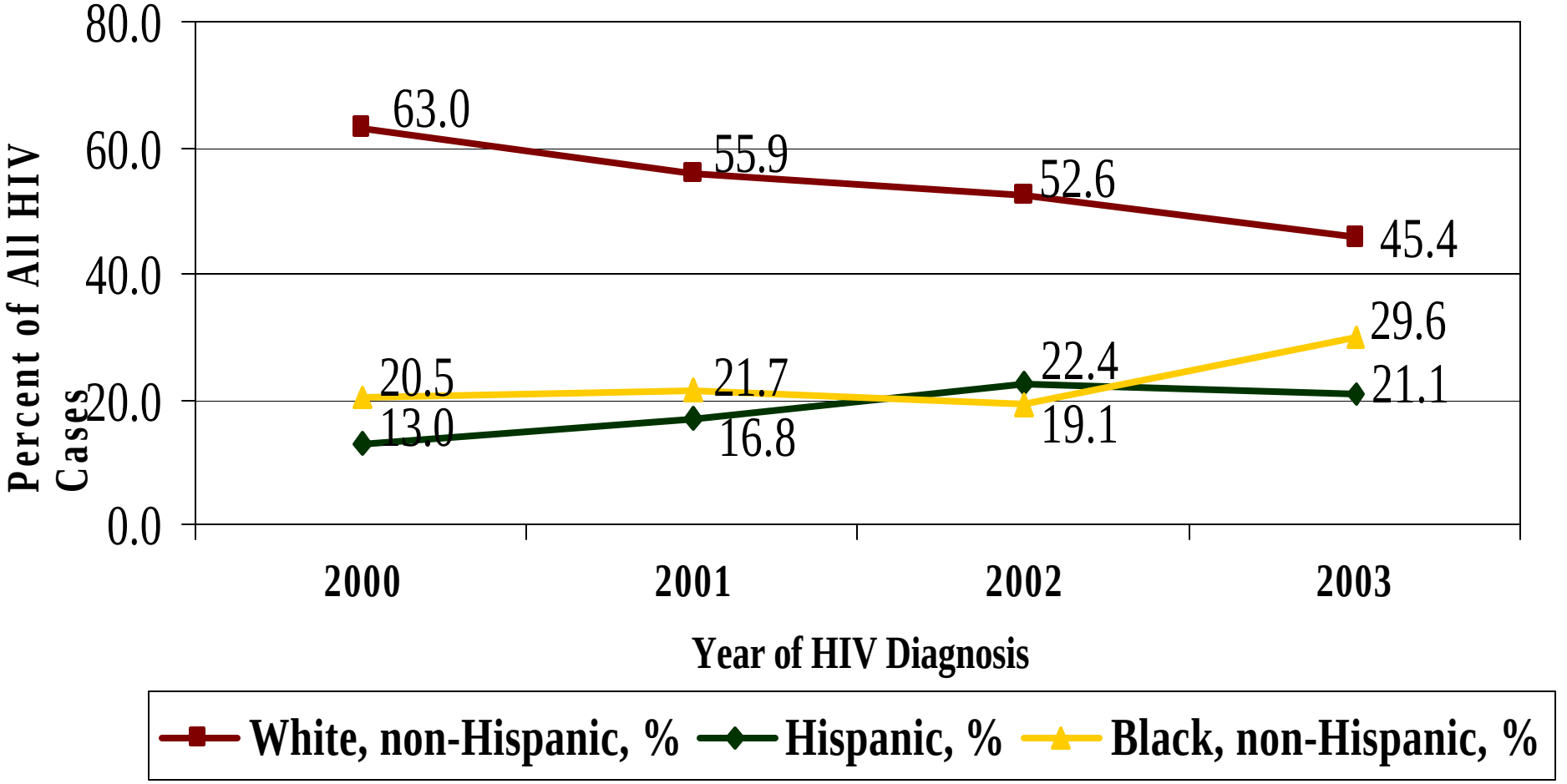
Description of the Problem

- ***Kansas is seeing indications of an increase in the proportion of new cases reported among females and minorities. This reflects national trends.***
- In 2003, despite remaining the minority in AIDS cases, for the first time females diagnosed with AIDS increased above 25% of the total cases diagnosed with 30 new cases among females. This primarily reflects a decline in cases reported in males not a proportional increase in females.
- During the last four years, despite a downward trend in the number of cases diagnosed among non-Hispanic Whites, there have been an increasing number of HIV cases diagnosed among non-Hispanic Blacks and Hispanics (Figure 5). While historically, non-Hispanic Blacks in Kansas have been disproportionately affected by HIV/AIDS, the Hispanic population has recently emerged as another major population of concern.
- Minority groups compose 37.9% of all persons living in Kansas with HIV infection and 54.6% of all newly diagnosed HIV infections in 2003 in Kansas. Hispanics and African Americans are the leading contributors to this minority population accounting for 21.1% and 29.6% of all newly diagnosed HIV infections respectively.

Healthy People Objective 13.1 (subpart)

-Race/Ethnicity

*Figure 5. Kansas Major Race/Ethnicity Categories by Percent of All Cases Diagnosed by Year of HIV Diagnosis, 2000-2003



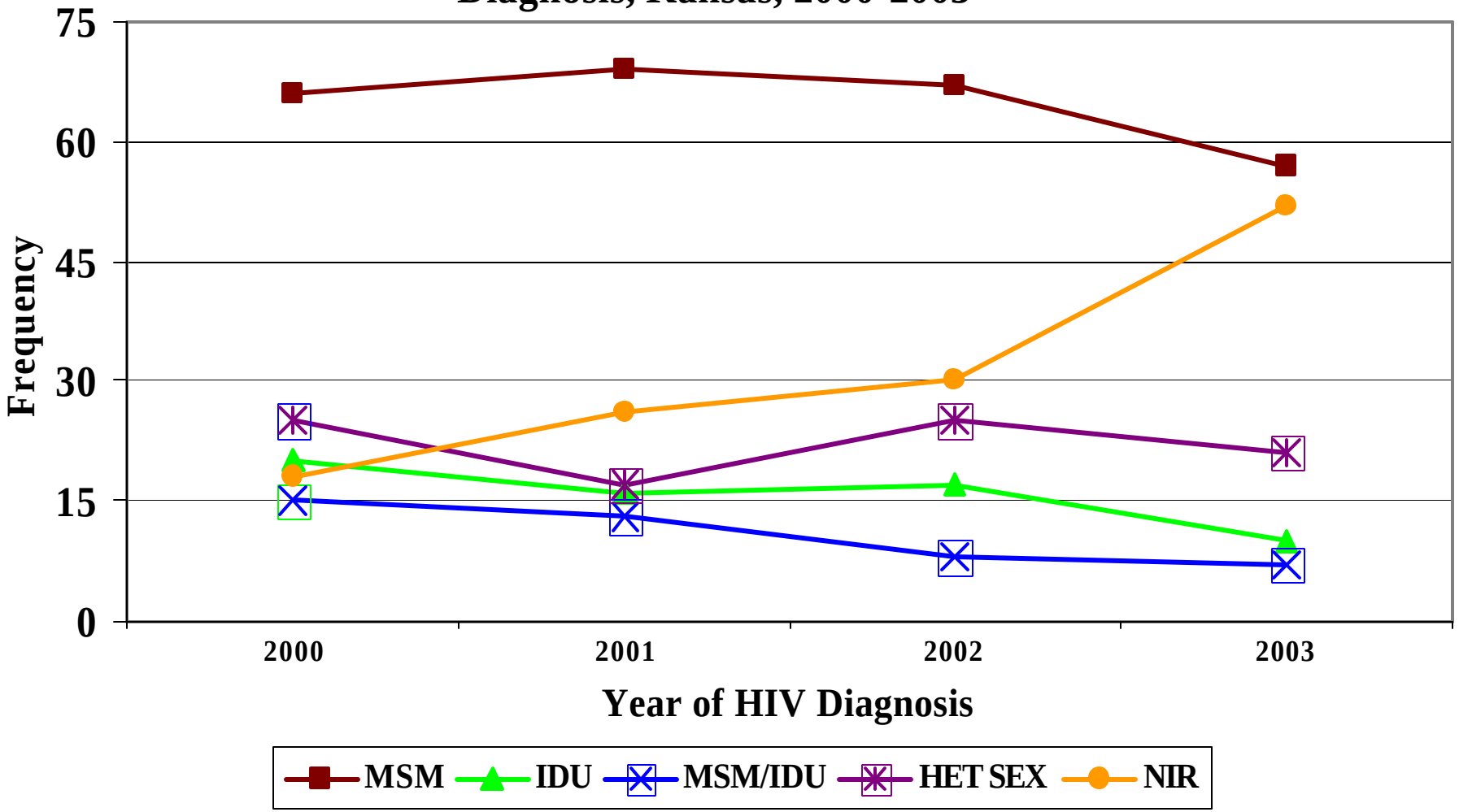
Description of the Problem

- The most notable change in the trends in exposure categories is the increase among those classified as NIR (No Identifiable risk).
- A portion of this increase could be due to the increase in new diagnoses among women (44.2% of new NIR). Fifty-six percent of the newly diagnosed cases among women were classified as NIR.
- A large percentage of NIR cases will not ever be reclassified due to current exposure category definitions. At this time there is no category for those whose sexual exposure is heterosexual, but are not originally from the United States. Those newly diagnosed in 2003 that designate another country as their country of origin are responsible for 38.5% of the cases categorized above as NIR***. Additionally, 36.5% of those categorized as NIR in 2003 can be further described as persons whose only risk is described as heterosexual sex.***
- Throughout the surveillance of HIV/AIDS in Kansas most HIV transmission has occurred among MSM (men who have sex with men); however, the proportion of cases attributed to male-to-male sexual activity has been declining slightly (Figure 8).

Healthy People Objective 13.2-13.5

-HIV Modes of Transmission

Figure 8. HIV Disease by Mode of Transmission and Year of HIV Diagnosis, Kansas, 2000-2003



Description of the Problem

Reduce Sexually Transmitted Diseases

- The rate of new *Chlamydia trachomatis* infections has been increasing both nationally and locally in Kansas over the last three years. However, the true number of cases of chlamydia is underestimated due to multiple factors including clinical diagnosis/treatment and the high number of asymptomatic cases. New testin
- The rate of new gonorrhea infections in Kansas has been declining slightly over the last four years. The national rate has also been declining in this time period.
- The ambitious target of reducing the rate of new gonorrhea infections to 19.0 per 100,000 persons set in 1997 appears to be unattainable by both the state and the nation. The current rate for the nation is 116.2 per 100,000 persons and the Kansas rate is 97.5 per 100,000 persons.
- Attaining this goal would require a reduction in both the national and Kansas rate by more than 80%.

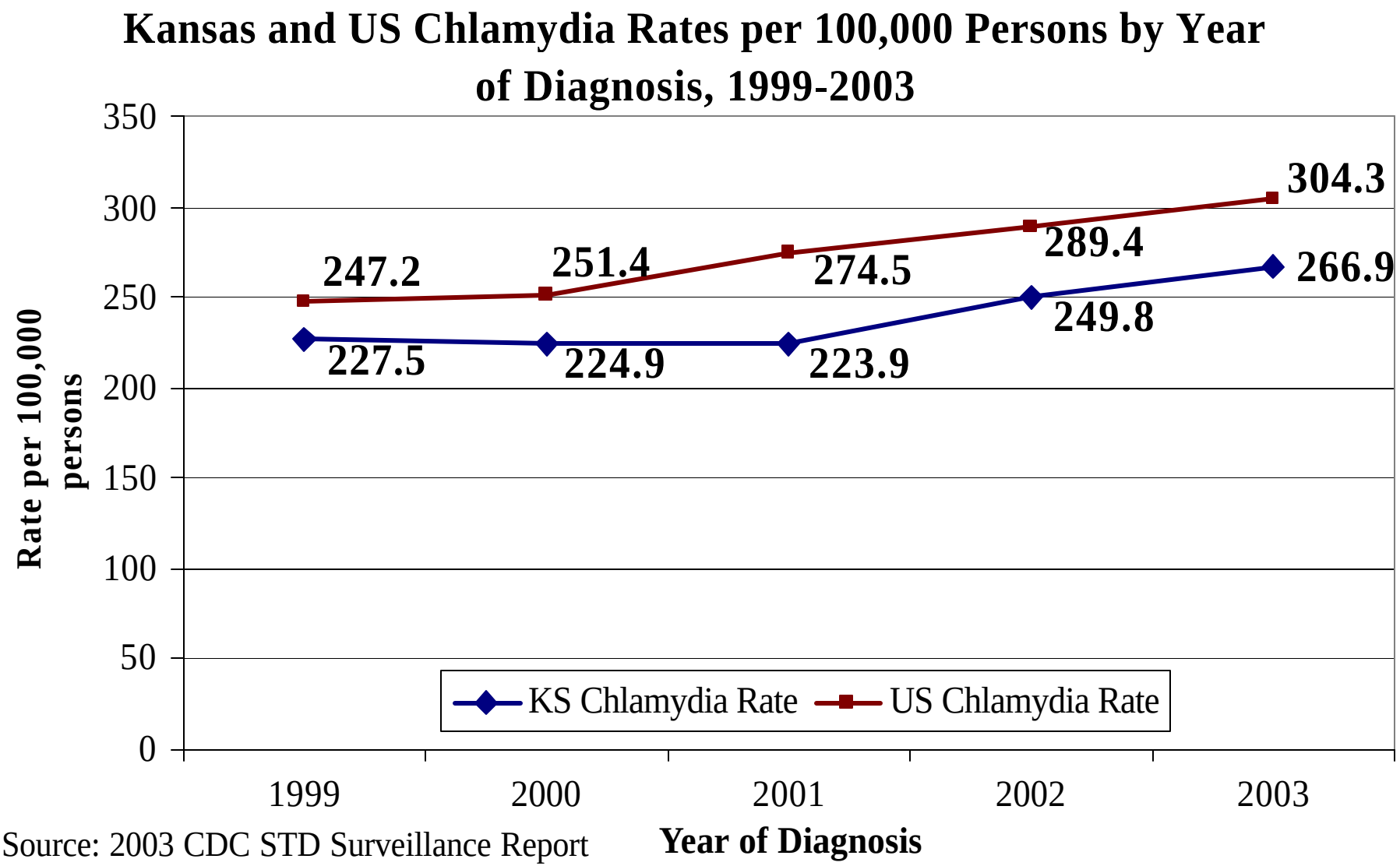
Description of the Problem

Reduce Sexually Transmitted Diseases

- The rate of newly diagnosed Early Syphilis cases in Kansas is consistently unstable due to the small number of new cases. For the last three years the rate of newly diagnosed syphilis cases in the nation and in Kansas has increased slightly.
- For the last five years Kansas has remained close to the national Healthy People Goal of 0.2 cases per 100,000 persons.
- ***One emerging concern regarding syphilis in Kansas is the emergence of syphilis among MSM.*** Historically the disease has been predominantly among the heterosexual and IDU populations, but more recently newly diagnosed cases among MSM have emerged throughout the country including Kansas.
- Additionally of concern is the proportion of these cases that are co-infected with HIV and syphilis. Last year in Kansas 5 of the 12 newly diagnosed cases of syphilis among MSM were also HIV positive. The last previous single case was in 1999.

Healthy People Objective 25.1

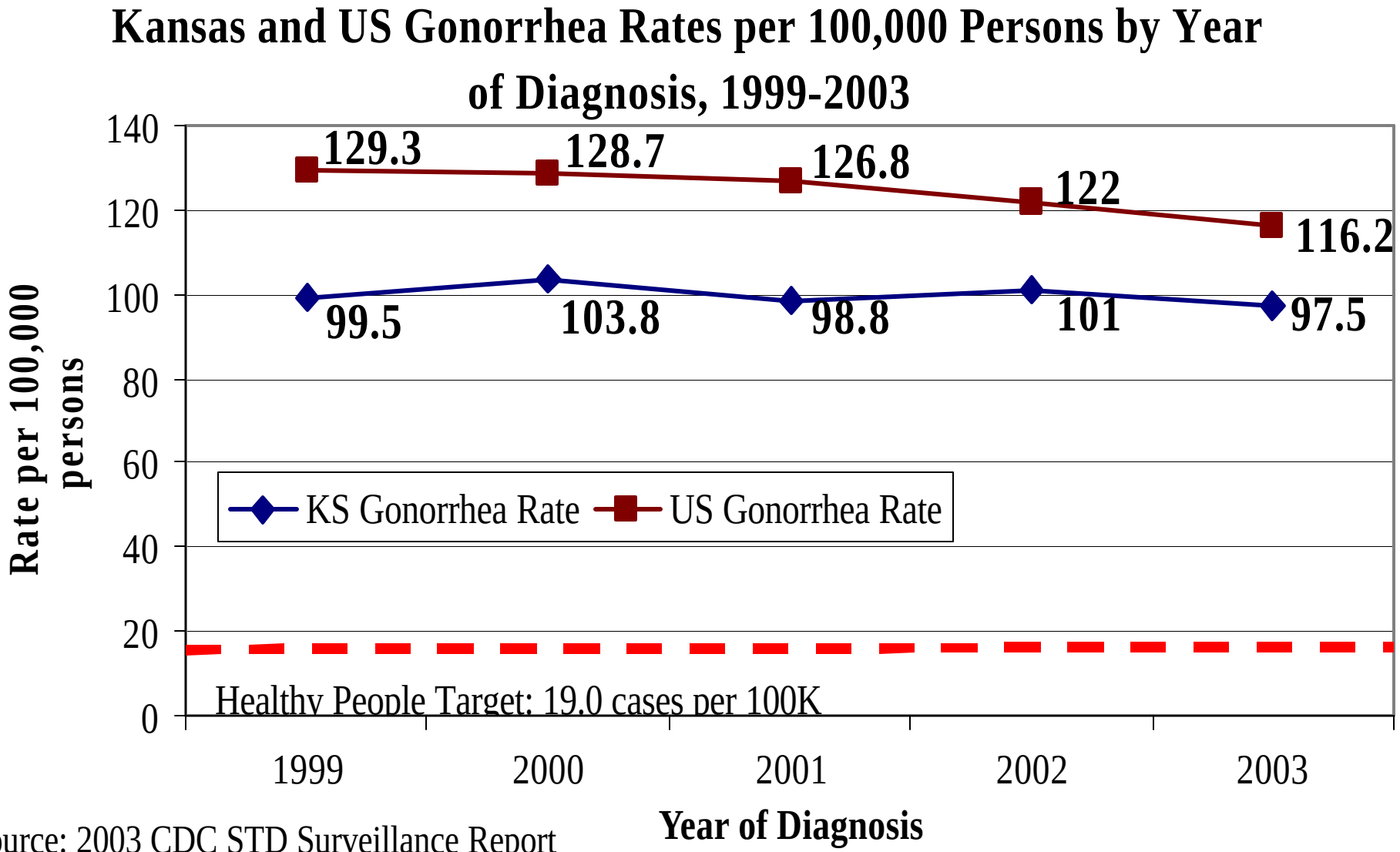
-Reduce C*hlamydia trachomatis* Infections



Source: 2003 CDC STD Surveillance Report

Healthy People Objective 25.2

-Reduce Gonorrhea Infections

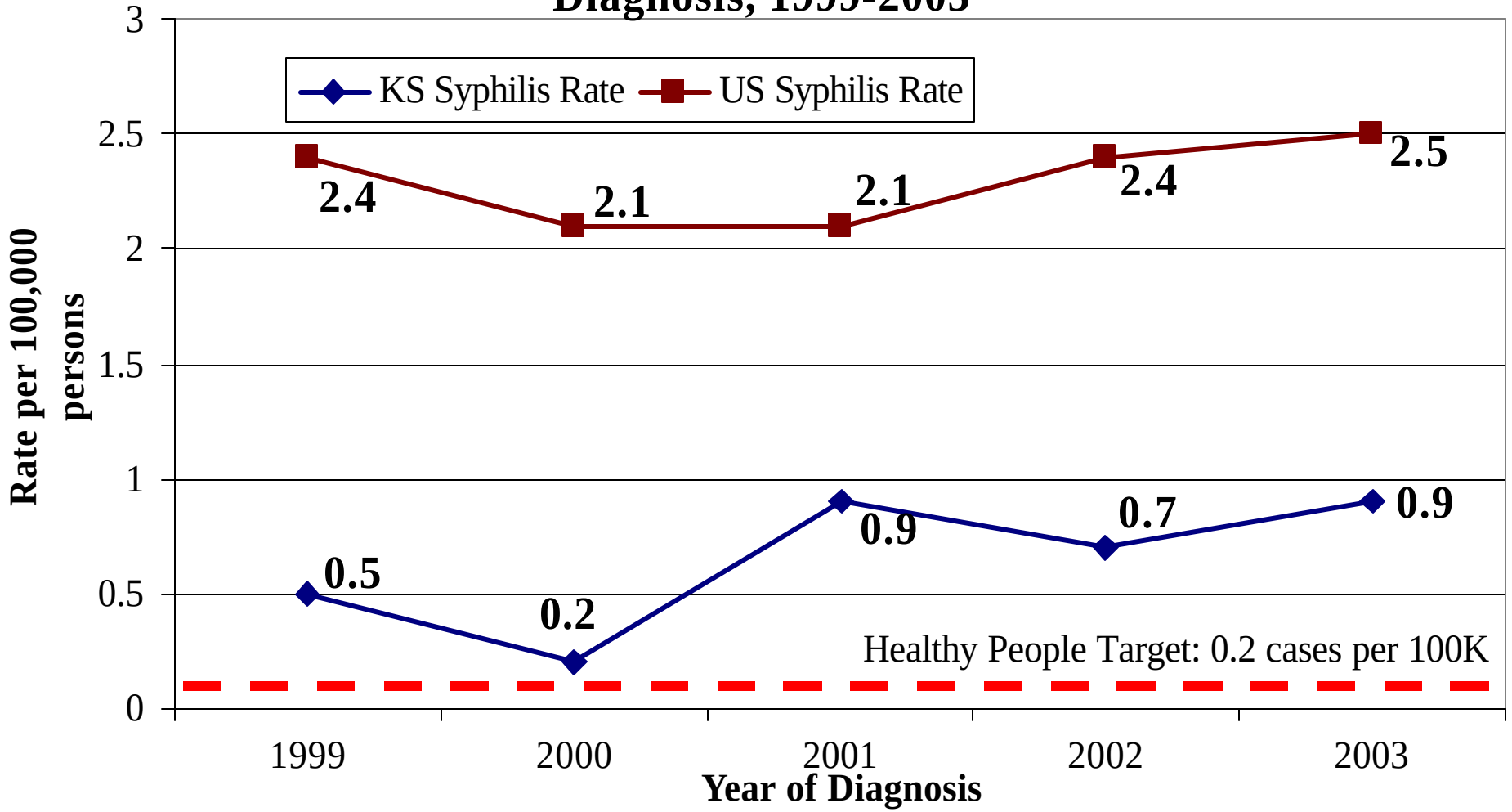


Source: 2003 CDC STD Surveillance Report

Healthy People Objective 25.3

-Eliminate Primary & Secondary Syphilis

Kansas and US Syphilis Rates per 100,000 Persons by Year of Diagnosis, 1999-2003

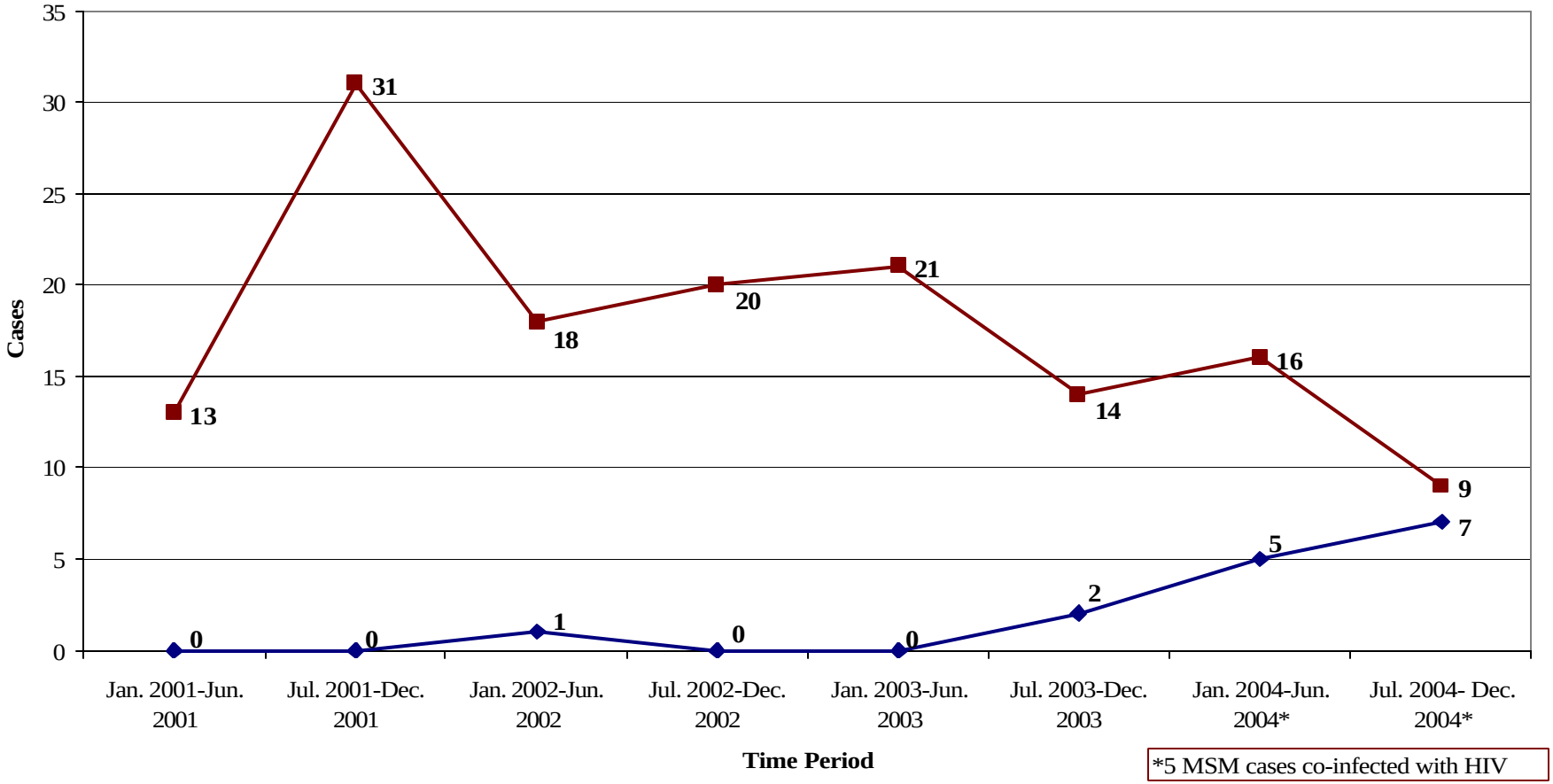


Source: 2003 CDC STD Surveillance Report

Healthy People Objective 25.3

-Eliminate Primary & Secondary Syphilis

Kansas Early Syphilis by Sexual Behavior Regardless of Injection Drug Use, 2001-2004



Source – HIV/STD Surveillance

Centers for Disease Control and Prevention (CDC)
Advancing HIV Prevention: The Four Strategies (2000 – 2005)

- **Incorporate HIV testing as a routine part of care in traditional medical settings.** CDC will issue recommendations strongly encouraging all health care providers to include HIV testing, when indicated, as part of routine medical care, like other routine medical tests.
- **Implement new models for diagnosing HIV infections outside medical settings.** Some persons infected with HIV do not have access to traditional medical settings. CDC will create new program models to increase HIV testing in high-prevalence, non-medical settings
- **Prevent new infections by working with people diagnosed with HIV and their partners.** CDC will promote preventive and treatment services within and outside traditional medical settings
- **Further decrease mother-to-child HIV transmission.** Treatment of pregnant women and their infants can substantially reduce the number of babies born with HIV infection. Such interventions are most effective when the HIV status of the pregnant woman is known as early as possible in pregnancy –and if not known—when the baby can be tested at the time of birth

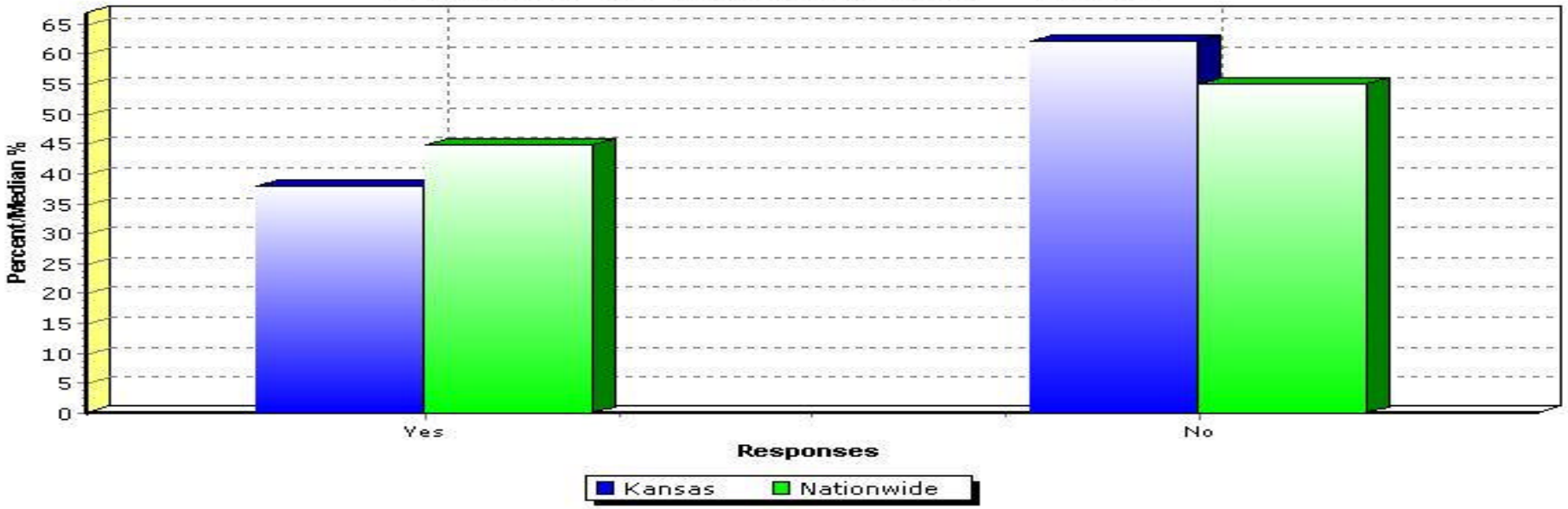
How Are We Addressing This Issue in Kansas Now?

- Kansas has developed a ***continuum of prevention and care services*** ranging from outreach prevention targeting the most at risk populations all the way to Ryan White Title II CARE services providing treatment, case management and primary care services to HIV infected Kansans. All prevention interventions are based upon behavioral science founded approaches.
- The primary funded programs are CDC HIV Prevention including outreach prevention and counseling and testing, CDC HIV/AIDS Surveillance, STD Prevention, including infertility prevention (Chlamydia testing) and STD treatment and disease intervention and Health Resources Services Administration (HRSA) Ryan White Title II providing the AIDS Drug Assistance Program (ADAP) and clinical care and case management services.
- Three programs that cross cut the issues and most directly impact responsible sexual behaviors are the ***HIV Counseling and Testing System (CTS), Partner Counseling and Referral Services (PCRS)*** **and** ***Targeted HIV Prevention*****.**

How Are We Addressing This Issue in Kansas Now? HIV Counseling and Testing

- HIV CTS cross cuts all program components as blood testing is offered in local health departments while oral and rapid testing are oriented toward outreach prevention, disease intervention and Ryan White Case Management to targeted at risk populations. The use of new testing technologies allows the program to take testing to populations at risk as opposed to passively waiting for those populations to come to the testing. This Prevention Linked Testing (PLT) program has proved effective.
- The HIV/STD program began strongly encouraging at risk individuals to get tested in the late 1990's with targeted messages to the public at large and in program specific activities. The following two slides from the national Behavioral Risk Factor Surveillance System (BRFSS) indicate that as of 2000, Kansans historically have tested for HIV less than the rest of the U.S. But testing within the last year, reflecting more recent testing behaviors, indicates that Kansans have tested at higher rates than the rest of the country.

Excluding Blood Donations, Been Tested for HIV Kansas vs Nationwide - 1998



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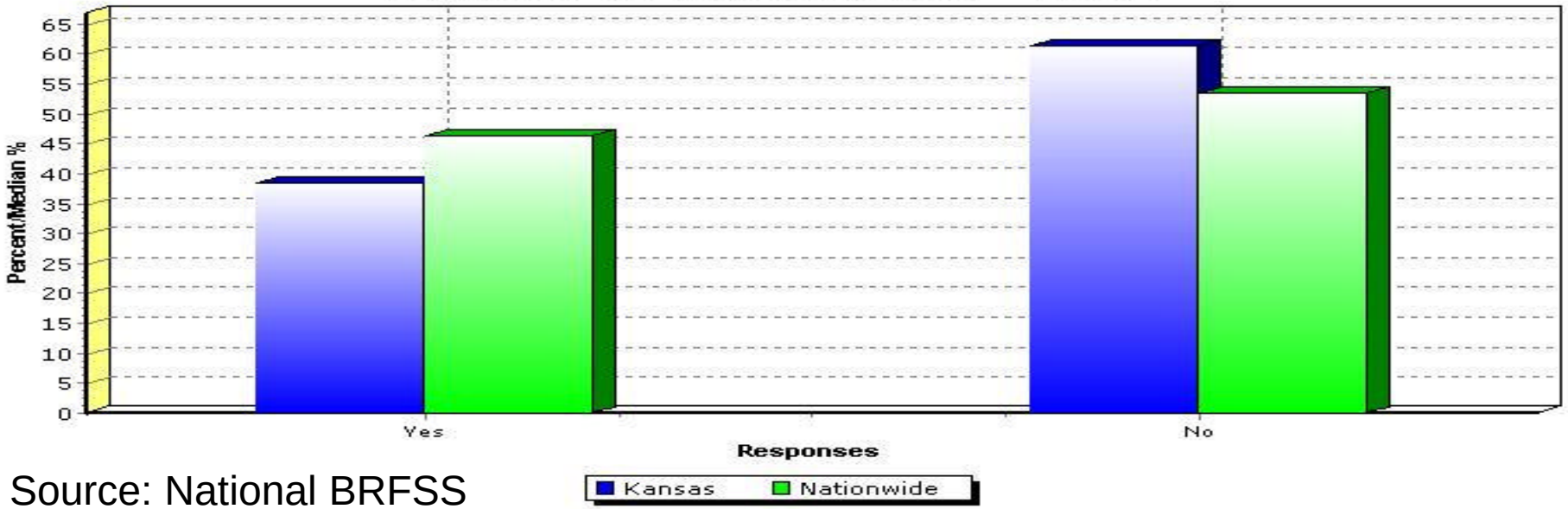
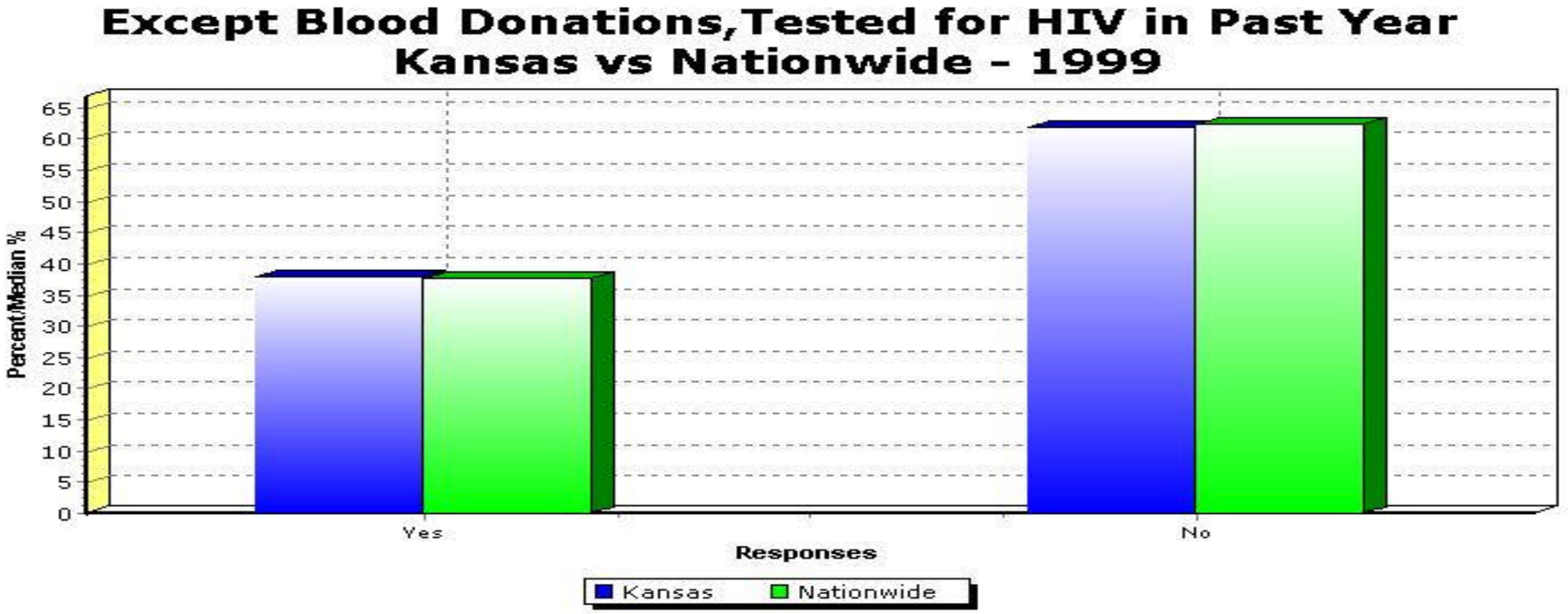
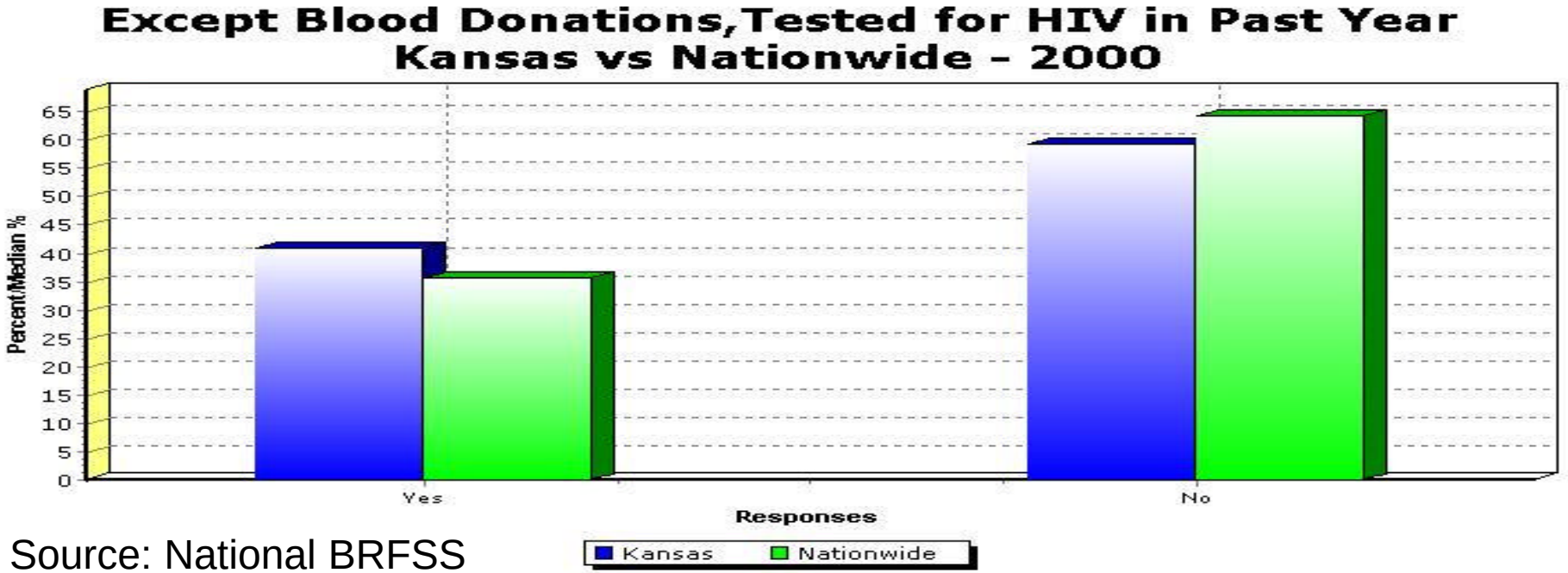


Source: National BRFSS





Source: National BRFSS

How Are We Addressing This Issue in Kansas Now? HIV Counseling and Testing

- Since 2000 and with the introduction of new testing technologies Kansas CTS, using the new alternative technologies has seen substantially higher positivity rates for newly diagnosed individuals than the traditional health department based testing. The following are results compiled from 1999 through 2004.
- Approximately 1/3 OraSure positives were partners to Ryan White clients associated with PLT.

Test Type	Positivity Rate		Tests	
Blood testing	**.26%**	**(30.5)**	**11,723**	**- (mean) 99-04**
OraSure (oral test)	**.84%**	**(26)**	**2854**	**- Total 00-04**
***OraQuick (rapid)**	**1.70%**	**(18)**	**1,053**	**- Total 06/04 – 12/04**
Alternative Tech (all)	**1.00%**	**(10.4)**	**1,038**	**- (mean) 00–04)**

- This program activity is based upon a behavioral science based approach called HIV Prevention Counseling (HPC).
- In line with the national objectives, Kansas has implemented effective HIV Counseling and Testing Systems.

- *Source (Preliminary web-based reporting data)
- Primary Source - Kansas HIV counseling and testing system data (KDEL)

How Are We Addressing This Issue in Kansas Now? Partner Counseling and Referral Services (PCRS)

- PCRS ties HIV and STD disease intervention together. Disease Intervention Specialists (DIS) assigned by regions perform partner interviews for HIV, Syphilis, Gonorrhea and Chlamydia.
- Relative to Syphilis, their actions have stopped outbreaks of disease and are directly attributable to the low rates of this disease in Kansas.
- These DIS literally knock on doors and inform individuals of their possible exposure to disease. They test in the field for syphilis and HIV and refer people into clinics for treatment.
- The following slide illustrates the impact of this intervention relative to prevention. Using behavior change oriented approaches including HPC, they interact with hundreds of people per year and the positivity rate for DIS testing of partners is consistently above 25%. This compares with other counseling and testing positivity rates averaging at or below 1%.

HIV Partner Counseling and Referral Services (PCRS)

HIV INDICATORS	2002	2003	2004	2003/2004 Change
1. Number of new HIV+ reports referred to the program for PCRS	115	127	145	+14% (18)
2. Number of new HIV+ persons interviewed for PCRS	91	75 (59%)	95 (66%)	+27 (20)
3. Number of partners (sex, needle sharing or both) elicited from interview period	**186**	**174**	**288**	+66% (114)
4. Number of partners initiated from interview period	47	72	85	+18% (13)
5. Number of partners tested	26	46 (64%)	44 (52%)	-4 (2)
6. Number of new HIV+ identified	9/26 **(34.6%)**	15/46 **(32.6%)**	12/44 **(27.2%)**	-20% (3)
7. Number of HIV negative individuals identified	17	31	31	--

How Are We Addressing This Issue in Kansas Now? Targeted HIV Prevention Interventions

- The largest proportion of CDC HIV Prevention Funding is contracted to Community Based Organizations (CBO's) to provide behavioral science based interventions targeting the most at risk populations in the state based upon the epidemiologic profile of HIV in Kansas and in conjunction with the statewide plan.
- CDC has established a compendium of interventions called Diffusion of Effective Behavioral Interventions (DEBI's). These represent the standard for future prevention interventions for the U.S.
- Per CDC guidance and community planning concurrence, Kansas has dedicated 25% of "contractual" funding toward HIV Positive individuals in conjunction with the national strategy. This includes Prevention Linked Testing

What Are Kansas' 3 Biggest Assets for Improving This Health Issue?

- Established community based infrastructure comprised of over 120 funded and unfunded contracts to deliver services. State priorities established through ongoing dynamic community planning processes.
- Highly trained and motivated staff providing quality program technical assistance, oversight and program coordination around integrated and linked program activities.
- Increasingly viable intervention level process and outcome monitoring of effectiveness within and across program components using web-based CDC Program Evaluation and Monitoring System (PEMS) level data monitoring.
  - First longitudinal behavior change data obtained March 30, 2005 (see notes).
  - Behavioral Risk Assessment Tool (Brat) in place July 1, 2004.

What Are Barriers or Liabilities That Are Limiting Progress in Kansas?

- Increasingly reduced funding

  - documented federal and state losses to programs of $257,300 since 2003 (federal $119,953/state $137,347) -
- Overstressed infrastructures resulting from reduced funding, increasing accountability and unfunded mandates at federal level.

  Systems running in the "redline"
- Inconsistent ever shifting federal guidance and inadequate technical assistance. Communication problems within and among federal agencies are self evident.
- Inability to fully implement part of CDC strategic plan revolving around "Further decreasing mother-to-child HIV transmission."
- The first three represent the most important issues of concern. The systems are creaking under the pressure.

Recommendations

- Increase Funding for HIV/STD Prevention
- Increase public awareness of the issue as a real public health threat requiring their participation.
- Establish fully integrated and linked data systems oriented toward effective outcome monitoring founded on quality improvement based principles.

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State HIV/STD Epidemiologic Profile
http://www.kdhe.state.ks.us/hiv-std/download/epi_profile2004.pdf