

Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) Elimination Plan Stakeholder Meeting

September 13, 2023



Community Engagement and State Planning Process

- 191 responses to Comprehensive Needs Assessment Survey
- 13 focus groups with 87 participants, including people living with HIV and those co-infected with HCV
- Two focus groups with a total of 10 infection preventionists
- 53 responses to the Provider Prevention and Care Survey
- 34 subcommittee meetings spanning 10 weeks
- 86 individual stakeholders contributed time and expertise to develop the plan
- 214 partners engaged in the planning process from June through October 2022
- 57% of partners had engagement levels assessed as leading and supporting which shows stakeholders' participation and commitment to the development and implementation of the Plan

HIV and HCV Elimination Plan Development



- Comprehensive Needs Assessment Survey
- Focus Groups
- Provider Prevention and Care Survey
- Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis
 - SWOT analysis examined information gathered from the surveys, focus groups, the HIV Resource Inventory Compiler, mind maps, and epidemiologic (epi) profile.
 - SWOT analysis grids were completed for each pillar and informed the strategic plan.

Overview of Strategic Plan

The Plan has 13 key performance indicators (KPIs) across four pillars

The four pillars are Prevent, Diagnose, Treat, and Respond; each pillar includes three goals

Each goal includes objectives and corresponding strategies

Each strategy includes activities, key audiences, responsible entity(ies), time frames, partners/resources, and process measures

National HIV/AIDS Strategy (NHAS) Pillars



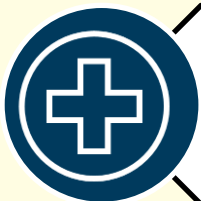
Prevent: To help prevent new HIV and HCV infections.

Primary focus is on increasing access to and utilization of PrEP therapy, increasing the number of SSPs offering mobile services, and expanding understanding of proven prevention approaches.



Diagnose: To reduce late-stage HIV diagnosis and increase the number of people newly diagnosed in contact with Partner Services (HIV) or local health department staff (HCV).

Primary focus is on increasing access to HIV and HCV testing, improving the number of healthcare providers who know how to correctly diagnose HIV and HCV, and increasing public understanding of screening and testing.



Treat: To increase the number of people living with HIV who are virally suppressed and the number of people with HCV who are cured.

Primary focus is on increasing healthcare provider and public awareness of HIV and HCV therapies, improving access to care to improve outcomes and reduce health disparities, and increasing the number of people engaged and retained in care.



Respond: To respond quickly to potential outbreaks.

Primary focus is on strengthening state, regional, and local capacity to respond, enhancing organizational and system capacity for data collection, analysis, outbreak detection, data dissemination and evaluation, and educating the public and stakeholders about outbreak response.

KPIs for HIV Prevention and Care



Number of persons newly diagnosed with HIV in a 12-month calendar year.

- **Goal:** Reduce the number of new infections by 10% in a 12-month calendar year
- **Baseline:** 136 new infections (2020)



Percent of persons newly diagnosed with HIV who are prescribed ART in the 12 months of their diagnosis.

- **Goal:** 75%
- **Baseline:** 64% (2020)



Percent of persons newly diagnosed with HIV interviewed by Partner Services.

- **Goal:** 80%
- **Baseline:** 69% (2020)



Percent of persons newly diagnosed with HIV who had an HIV care event within 30 days of their diagnosis.

- **Goal:** 80%
- **Baseline:** 71% (2020)



Number of persons newly diagnosed with HIV who are Stage 3 (AIDS) at the time of diagnosis.

- **Goal:** Reduce the number of Stage 3 new infections by 10% in a 12-month calendar year
- **Baseline:** 22 Stage 3 new infections (2020)



Percent of persons living with HIV who receive HIV care in the calendar year.

- **Goal:** Increase the percentage of persons who receive HIV care by 10% in a 12-month calendar year.
- **Baseline:** 72% (2020)



Percent of persons living with HIV who are virally suppressed (viral load test result <200 copies/mL) at the most recent viral load test in a 12-month calendar year.

- **Goal:** Increase the percentage of persons who are virally suppressed by 10% in a 12-month calendar year
- **Baseline:** 62% (2019)



Number of persons who inject drugs who are retained in care (e.g., two or more visits at least 3 months apart in the calendar year).

- **Goal:** 70%
- **Baseline:** 48% (2019)

KPIs for HCV Prevention and Care



Number of persons newly diagnosed with acute HCV in a 12-month calendar year.

- **Goal:** Reduce the number of new infections by 10% in a 12-month calendar year
- **Baseline:** 137 new infections (2020)



Number of persons who inject drugs newly diagnosed with acute HCV in a 12-month calendar year.

- **Goal:** Reduce the number of new infections by 10% in a 12-month calendar year
- **Baseline:** 46 new infections (2020)



Percent of persons newly diagnosed with acute HCV with an investigation completed and education provided by local health department staff.

- **Goal:** 90%
- **Baseline:** 46% (2020)



Increase proportion of people who have cleared HCV infection.

- **Goal:** *To be determined*
- **Baseline:** *To be determined*



Reduce rate of HCV-related deaths.

- **Goal:** Reduce the rate of HCV-related deaths by 25%
- **Baseline:** 1.0 per 100,000 (2020)

Prevent Goals



Mission: Prevent new HIV and HCV transmission by using proven interventions

Goals

Increase access to and utilization of HIV pre-exposure prophylaxis (PrEP) therapy

Increase access to and utilization of syringe services programs (SSPs)

Increase understanding of proven HIV and HCV prevention approaches



Goal 1: Increase access to and utilization of HIV PrEP therapy

- Objective 1.1: Integrate PrEP therapy into clinical workflow
- Objective 1.2: Increase the number of providers trained in and prescribing PrEP
- Objective 1.3: Increase community awareness of PrEP availability and utilization



Goal 2: Increase access to and utilization of syringe services programs

- Objective 2.1: Increase the number of SSPs
- Objective 2.2: Increase the number of SSPs offering mobile services



Goal 3: Increase understanding of proven HIV and HCV prevention approaches

- Objective 3.1: Increase the number of healthcare providers who receive education on proven HIV and HCV prevention best practices
- Objective 3.2: Increase the number of community-based organizations (CBOs) and faith-based organizations (FBOs) who receive training on proven HIV and HCV prevention best practices
- Objective 3.3: Increase outreach to high-risk populations on proven HIV and HCV prevention best practices
- Objective 3.4: Increase understanding of proven HIV and HCV prevention best practices among youth

Diagnose Goals



Mission: Diagnose all people with HIV and HCV as early as possible

Goals

Increase access to HIV and HCV testing

Increase the number of healthcare providers who know how to correctly diagnose HIV and HCV

Increase public understanding of HIV and HCV screening recommendations and diagnostic testing



Goal 1: Increase access to HIV and HCV testing

- Objective 1.1: Increase HIV and HCV testing in nontraditional settings
- Objective 1.2: Increase access to rapid and self-testing for HIV and HCV
- Objective 1.3: Increase the number of providers offering routine universal opt-out HIV and HCV screening with reflex testing according to federal public health recommendations



Goal 2: Increase the number of healthcare providers who know how to correctly diagnose HIV and HCV

- Objective 2.1: Ensure that healthcare profession students and trainees are educated about routine, universal, and opt-out screening recommendations and diagnosis for HIV and HCV
- Objective 2.2: Increase the number of practicing clinicians who are knowledgeable about screening for HIV and HCV and diagnostic testing



Goal 3: Increase public understanding of HIV and HCV screening recommendations and diagnostic testing

- Objective 3.1: Implement an educational campaign about HIV and HCV screening recommendations and the need for diagnostic testing
- Objective 3.2: Improve West Virginia policymakers' understanding of HIV and HCV screening recommendations and the need for diagnostic testing

Treat Goals



Mission: Treat all people with HIV and HCV rapidly and effectively

Goals

Increase healthcare provider and public awareness of HIV (goal: viral suppression) and HCV (goal: cure) therapies

Increase access to care to improve outcomes for all people living with HIV and/or HCV and reduce health disparities

Increase the number of persons with HIV and/or HCV who are engaged and retained in care and virally suppressed (HIV) and cured (HCV)



Goal 1: Increase healthcare provider and public awareness of HIV (goal: viral suppression) and HCV (goal: cure) therapies

- Objective 1.1: Increase the exposure of healthcare students and trainees to clinical management of HIV and HCV
- Objective 1.2: Increase the number of primary care providers (PCPs) and addiction treatment clinicians who are knowledgeable and comfortable treating HIV and HCV
- Objective 1.3: Increase public understanding about HIV and HCV treatment regimens and their success



Goal 2: Increase access to care to improve outcomes for all people living with HIV and/or HCV and reduce health disparities

- Objective 2.1: Increase the number of PCPs providing integrated care for substance use disorders, HIV, and HCV at Federally Qualified Health Centers (FQHCs), free clinics, and hospital-based primary care clinics
- Objective 2.2: Expand the number of nontraditional settings, such as addiction treatment programs and SSPs, that offer curative treatment for HCV and have a collaborative arrangement for HIV



Goal 3: Increase the number of persons with HIV and/or HCV who are engaged and retained in care and virally suppressed (HIV) and cured (HCV)

- Objective 3.1: Increase the number of persons living with HIV who are linked to care within one month of diagnosis
- Objective 3.2: Increase the number of persons living with HIV who are engaged and retained in care
- Objective 3.3: Increase the number of persons with HCV who are cured

Respond Goals



Mission: Respond quickly to potential outbreaks to get needed prevention and treatment services to people who need them.

Goals

Identify, assess, and strengthen statewide, regional, and local capacity to respond to potential, emerging, and existing outbreaks

Identify and strengthen organizational and system-level capacity for data collection, analysis, outbreak detection, data dissemination, and evaluation

Educate the public and stakeholders on HIV and HCV outbreak response



Goal 1: Identify, assess, and strengthen statewide, regional, and local capacity to respond to potential, emerging, and existing outbreaks

- Objective 1.1: Assess local health department outbreak/cluster response capacity
- Objective 1.2: Increase the number of local/regional jurisdictions with outbreak response plans addressing HIV and viral hepatitis coinfections
- Objective 1.3: Enhance capacity to implement and adapt the outbreak/cluster response plan



Goal 2: Identify and strengthen organizational and system-level capacity for data collection, analysis, outbreak detection, data dissemination, and evaluation

- Objective 2.1: Increase State capacity to process, evaluate, and summarize surveillance data
- Objective 2.2: Increase the accessibility of HIV and HCV indicator data to partners and the general public to support an early warning system



Goal 3: Educate the public and stakeholders on HIV and HCV outbreak response

- Objective 3.1: Increase public awareness of outbreak/cluster response

Overview of Monitoring Plan

The subcommittees used during Plan development will transition into task forces for each pillar that will meet quarterly during Plan implementation and monitoring.

Process measures for strategies and activities will be monitored quarterly for progress.

KPIs, Plan content, and epidemiologic data will be reviewed annually, which will determine the need for Plan adjustments.

The Bureau for Public Health (BPH) will develop and utilize a tracking tool to measure stakeholder engagement levels and quarterly progress on the process measures.

BPH will identify refreshed and new data annually and analyze data on the KPIs.

Next Agenda Topics

1	Break
2	State of the State of HIV and Hepatitis Support Services
3	Ryan White Program Updates
4	Break
5	Partner Updates
6	BPH Elimination Plan Implementation Activities Update
7	Priorities and Open Forum
8	Meeting Close

Contact

Suzanne Wilson

Director – Division of STD, HIV, Hepatitis and Tuberculosis
West Virginia Department of Health and Human Resources
Bureau for Public Health

Phone: (304) 558-2195

Email: Suzanne.m.wilson@wv.gov