

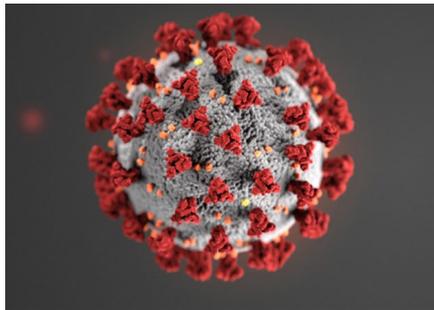


Safe Sense

CDC issues COVID-19 guidelines for people living with HIV

The world as we know it has changed. We are now living in the shadow of COVID-19 or what is commonly known as the “coronavirus.” This virus is especially dangerous for toddlers, the elderly, people with asthmas, diabetes, or who have compromised immune systems.

This makes COVID-19 especially risky to those who have HIV and have not begun treatment or are just beginning treatment with a low CD-4 count. As the CDC states on their website, “The best way to prevent getting sick is to avoid exposure to the virus.”



Since the beginning of this pandemic there has been great concern for persons living with HIV (PLWH), though currently the CDC does not have specific information about the risk of the virus in people with HIV. The CDC suggests, “People with HIV should take everyday preventive actions to help prevent the spread of COVID-19. People with HIV should also continue to maintain a healthy lifestyle.”

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HIV/STD Update

A quarterly publication of the West Virginia Division of STD and HIV

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Office of Epidemiology and Prevention Services

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Bill Crouch, Cabinet Secretary
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and State Health Officer

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The website information goes on to say, "If you have HIV and are taking your HIV medicine, it is important to continue your treatment and follow the advice of your healthcare provider. This is the best way to keep your immune system healthy."

In a recent email sent to partner organizations, the CDC issued the following advice to people living with HIV about how to protect themselves from COVID-19:

- Have at least a 30-day supply of HIV medicine available.
- Avoid close contact with people who are sick.
- Practice good hand washing.
- Avoid large crowds and gatherings.
- Avoid non-essential travel.
- Follow recommendations made by local public health officials.
- Establish a clinical care plan to better communicate with healthcare providers online or by phone.

Although there is currently no cure or vaccine for COVID-19, the best advice for those living with HIV is that they should follow the same precautions as others who are considered high-risk. You can find more information about the coronavirus and HIV on the CDC website [COVID-19: What people with HIV should know](#).

We can get through this together if we support each other. And one day we will look back and take pride in how we worked together to protect each other. Our strengths always shine in the face of adversity. 



An overview of the Ryan White Part B Program

The Ryan White Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) Program is a federally funded program that provides HIV-related services for individuals who lack sufficient healthcare coverage or financial resources for coping with HIV disease. As the payer of last resort, the program fills gaps in care not met by other payers to assist HIV-infected individuals in obtaining medical care, antiretroviral medication, and support services with the overarching goal of achieving viral suppression.

The Ryan White HIV/AIDS program was named for a courageous young man named Ryan White who was diagnosed with AIDS following a blood transfusion in 1984 when he was 13 years old. Given just six months to live, he fought AIDS-related discrimination within his Indiana community when he tried to return to school. Along with his mother, Jeanne White Ginder, Ryan rallied for his right to attend school and became the face of public education regarding his disease. Surprising doctors, he lived five years longer than expected and died one month before his high school graduation and only months before Congress passed legislation bearing his name, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act.

The Ryan White CARE Act of 1990 was established to help cities, states, and local organizations provide services to persons living with HIV. This legislation was reauthorized in 1996, 2000, 2006, and 2009 and is now known as the Ryan White Treatment Extension of Act of 2009. Federal funds are awarded to agencies located throughout the country, which deliver care to eligible individuals affected by HIV/AIDS. A smaller but equally critical portion funds technical assistance, clinical training, and research on innovative models of care.

Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 provides grants to states and

*(See **Ryan White**, continued on page 3)*

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territories for HIV core and support services. Core services available in West Virginia (WV) include the AIDS Drug Assistance Program (ADAP), mental health services, outpatient substance abuse treatment, oral healthcare, health insurance to provide medications, early intervention services, and medical case management, including treatment-adherence services. Support services are linked to medical outcomes and include medical transportation, housing, emergency financial assistance, food bank/home delivered meals, linguistic and legal services, outreach, and referral for healthcare and other services.

The WV Ryan White Part B Program contracts with the AIDS Task Force of the Upper Ohio Valley to administer medical case management and access to direct services for eligible clients. Part B Medical

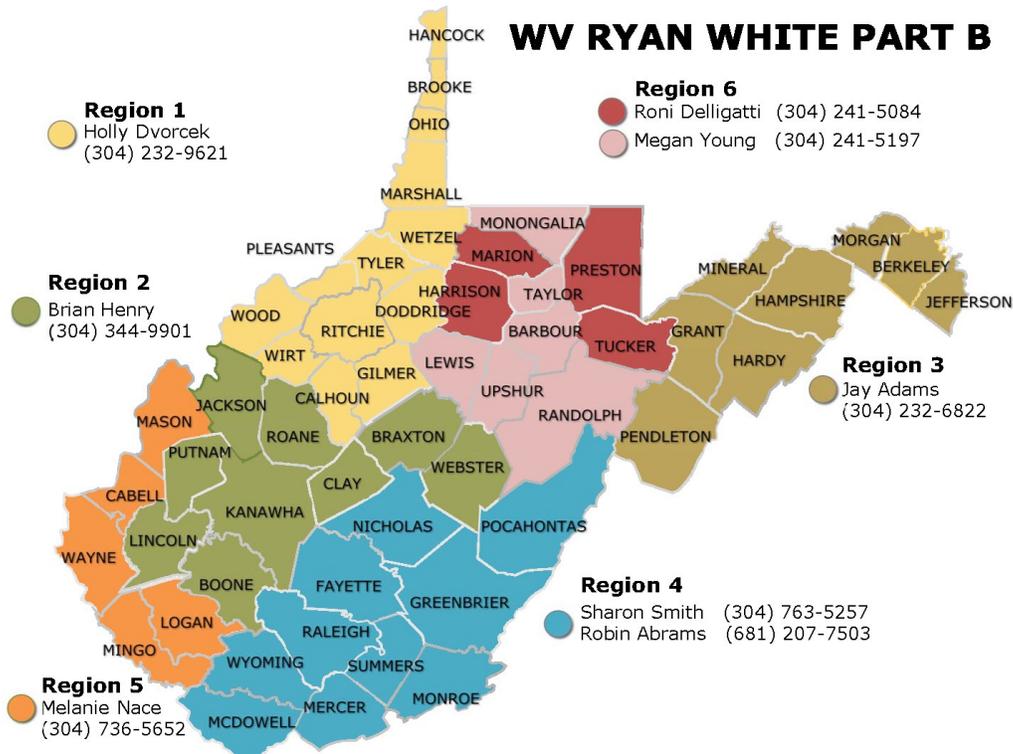
Case Managers, located across the State, provide medical case management, referrals, education, advocacy and act as access points for HIV core/support services and referrals to Housing Opportunities for Persons with AIDS (HOPWA) programs across the State.

In order to qualify for WV Ryan White Part B services, participants must be:

- A West Virginia resident
- Certified in writing to be HIV infected
- Have a current family income less than 400% of the current Federal Poverty Level

ADAP participants must have a family income of less than 500% of the current Modified Adjusted Gross Income.

For additional information regarding the WV Ryan White Part B Program, please visit the website at <https://oeps.wv.gov/rwp/Pages/default.aspx>. ☒



Ryan White Program an invaluable resource for newly released inmates

The Ryan White Program is a major source of care for recently released inmates. This population often lacks health insurance (including Medicaid) and if maintained on Highly Active Antiviral Therapy (HAART) throughout incarceration, released inmates are often too healthy to qualify for HIV-related disability. In addition to providing direct support for ambulatory medical care services, Ryan White funds may support the cost of medications through the AIDS Drug Assistance Programs (ADAP) and other services such as medical case management, mental health, outpatient substance abuse treatment, oral health, housing and other ancillary care services.

Most inmates are released without insurance and rely on Medicaid and other governmental programs that are funded for their specific needs. They are linked to care from the correctional institution to obtain their treatment and medications.

Within the Ryan White Program, medical case managers are linked to inmates based on the location of the facility they are released from. The medical case manager identifies the status of employment before the inmate is released from incarceration in order to ensure eligibility for ADAP. If individuals are successfully linked to care and maintained on treatment, this strategy can contribute to efforts to reduce community viral load which will have demonstrable impacts on HIV incidence. ☒

Harm reduction . . . EVERY day

In light of the cluster of HIV cases in West Virginia, it could be asked, what can be done to reduce the risk of contracting and reducing the spread of this disease? This is where Harm Reduction Programs come into play. Harm reduction is the concept that as people, we engage

in behavior that contains some level of risk in our lives, but we should attempt to minimize those risks. As an example, most people get in their cars to drive to work, or school, or run errands. Driving carries an inherent risk to it, so we buckle up. When we drive our children



around, we put them in car seats. These things are harm reduction measures. Most people can relate to putting sunscreen on their children before going out to play at the lake, the pool or at the beach. We do this because we know that long term exposure to the sun can cause skin cancer and sunburns, a risk we take

engaging in a pleasurable activity. Thus, we lather up with sunscreen in order to mitigate that risk so the potential harm from our day in the sun is reduced.

So, while the risk of contracting HIV might be low for most Americans, this is not universally true for all people. Some people engage in higher risk activities, and for those people, harm reduction measures are promoted. These measures don't just protect the individual either. By reducing their personal risk, they reduce the overall burden of disease in their communities, this means that less money needs to be spent on fighting and treating these diseases. By promoting harm reduction, we keep each other safe, and make the smart choice to save money by preventing rather than reacting to the disease. Like the old saying goes, "an ounce of prevention is worth a pound of cure." Support local harm reduction efforts every day! ☒



The Division of STD and HIV provides resources and information

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Public Health (BPH), Office of Epidemiology and Prevention Services (OEPS), Division of STD and HIV (DSH) provides at no cost to local health departments (LHDs) free STD medications, condoms and lubricant to have available for indigent patients. DSH also offers free STD, HIV and Hepatitis educational pamphlets. These are available at no charge to LHDs, as well as community organizations. Order

forms are available online at www.oeps.wv.gov/std, under Local Health Department, click on Order form or by calling DSH during regular business hours at (304) 558-2195.

For more information on STDs or HIV, call the DSH hotline at 1-800-642-8244 from 9:00 am until 4:00 pm, Monday through Friday, to speak to a trained professional about HIV/AIDS and other STDs in West Virginia, how to protect yourself, how to be tested, and how to get treatment.

Please visit the OEPS/DSH website at www.oeps.wv.gov/aboutus, under Quick Links, click on Div. of STDs and HIV to get more information on specific services that are available in your area. ☒

Sexual Health: What do you know about syphilis?

Syphilis is transmitted through direct contact with infectious skin rashes or lesions during sex. Untreated syphilis infection is divided into distinct stages.

The first stage (called primary syphilis) involves the appearance of a painless sore on the genitals, rectum, or mouth. Also known as a chancre ("SHANK-er"), it may last 3 to 6 weeks but will eventually heal regardless of treatment.

In the secondary stage of syphilis, symptoms may include a skin rash, fever, and swollen lymph nodes which will also go away without treatment. Both primary and secondary symptoms may be mild and may not even be noticed, but during these first two stages the person can infect others through sex.

After secondary stage symptoms go away, the infected person enters the latent (hidden) stage of syphilis, when there are no visible signs or symptoms of syphilis. Latent syphilis can last for years.

If left untreated, a stage called tertiary syphilis

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(Vintage anti-syphilis poster)

(Syphilis, continued from page 5)

can appear 10–30 years after infection was first acquired, and it can be fatal. Tertiary syphilis can affect multiple organ systems, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints.

While syphilis can be treated and cured, neurologic or organ damage that may occur is not reversible. Even when someone is cured of syphilis, subsequent antibody testing will always have a positive result and reinfection can occur through sexual activity.

Congenital syphilis can be particularly tragic. This occurs when a pregnant woman has untreated syphilis, and the infection is transmitted to her unborn baby. Stillbirth, death soon after birth, developmental disabilities and/or physical deformities may occur with congenital syphilis. Proper medical treatment of the mother more than 30 days prior to birth dramatically decreases the passing of syphilis to an unborn child. While newborns diagnosed with congenital syphilis can be treated and cured, any damage caused during

gestation is irreversible.

New syphilis cases are on the rise in West Virginia. If you are sexually active, there are safe practices you can adopt to minimize your exposure.

- Know your status. Regular testing every 3 to 6 months and each time you have a new sexual partner is recommended.
- Be careful with alcohol and drug use which may lead to more risky choices and behaviors.
- Minimize your number of sex partners to decrease your chances of exposure.
- Practice monogamy. You and your partner can be tested to make sure you are free of syphilis. Be aware that you may expose your primary partner to an STD if you choose to have sex with someone outside of your monogamous relationship.
- Communicate with new sexual partners. Be candid about any STDs you may have and encourage your partner to discuss his or her sexual health history as well.

Sexual health is a part of your well-being and should not be taken for granted. 

Increase in new HIV diagnoses in people who inject drugs

In January 2018, DHHR's Bureau for Public Health (BPH) HIV surveillance staff began to monitor an increase of HIV cases among persons who injected drugs (PWID) in Cabell County. By October 2019, BPH identified increases among HIV diagnoses in PWID throughout West Virginia and shifted to a statewide surveillance, response, and reporting plan. Monitoring statewide cases and reporting county level data has allowed counties and communities to better understand their vulnerability and risk and determine proper public health action.

From January 1, 2018 through May 1, 2020, 151 cases of HIV in PWID were identified in West

Virginia. Cabell County, where the cluster was first identified, made up 87 of those cases. 19 out of 55 counties had at least 1 confirmed HIV case among PWID. Of the 151 persons with newly diagnosed HIV in West Virginia from January 1, 2018 to May 1, 2020, 58% were male, 38% were 20-29 years old, 92% were white, non-Hispanic, and 98% self-identified as PWID. Additional key factors included 68% reported homelessness or unstable housing, 59% shared injection equipment, 23% reported exchanging sex for money or drugs, and 32% had a history of incarceration. Co-infections included 82% with Hepatitis C, 13% with Hepatitis A, and 21% infected with other STDs. Thirteen percent were considered Stage 3 (AIDS). Sixty-eight percent received HIV care ≤ 30 days after diagnosis and 26% received care ≥ 30 days after diagnosis. Ever virally suppressed was achieved by 54% and 48% had most

*(See **Outbreak**, continued on page 7)*

(Outbreak, continued from page 6)

recent viral load suppressed. Forty-four percent were molecularly linked, using 0.5% genetic distance threshold, including 2% who were not PWID.

The outbreak has brought awareness to the vulnerability and the needs of West Virginia and fostered ingenuities to remove barriers to care and increase HIV testing and prevention. Some communities have since taken their own initiatives

to implement HIV task forces and care coordination teams to expand healthcare delivery and wrap-around services for those persons living with HIV in their communities. BPH continues to work with strategic and community partners and the CDC to improve and expand services to better reach PWID.

For updated data and resources regarding reporting, testing, treatment, and prevention of HIV, please visit www.hivawarewv.org. 

COVID-19

Find federal HIV
resources on COVID-19:
HIV.gov/coronavirus

WORLD AIDS DAY
1 DECEMBER

Safe Sense graphic layout by Chuck Anziulewicz. Please call (304) 356-4062 for information about this publication and its content.