

HIV/STD/HEPATITIS PREVENTION & CARE UNIT



Quarterly Newsletter

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HIV/STD/Hepatitis Prevention and Care Unit Newsletter

Monkeypox and Syphilis Continue to Cause Health Complications for Many North Carolinians

By Jacquelyn Clymore
HIV/STI/Hepatitis Director

Monkeypox is a usually rare disease caused by an orthopox virus typically found in West and Central Africa. As such, most cases in the US prior to 2022 have been travel associated. A previous outbreak in 2003 associated with pet rodents resulted in local transmission in the US. This virus was first discovered in the 1950s when it caused a pox like illness in research monkeys, hence the name “monkeypox”.

Monkeypox was first reported in North Carolina in June of 2022; there are now over 400 cases diagnosed. The great majority are among men, nearly all of whom identify as being men who have sex with men (MSM).



**Remember, anyone
can get or pass on
monkeypox.**





Monkeypox and Syphilis Continue to Cause Health Complications for Many North Carolinians

By Jacquelyn Clymore
HIV/STI/Hepatitis Director

Monkeypox was first reported in North Carolina in June of 2022; there are now over 400 cases diagnosed. The great majority are among men, nearly all of whom identify as being men who have sex with men (MSM). While rarely fatal, monkeypox can be very painful and is transmitted primarily by direct, often skin-to-skin, contact with the lesions/sores, infected body fluids (e.g., saliva or respiratory secretions), or by sharing contaminated items (e.g., linens, towels, or clothes). The incubation period can be as long as 21 days, but people typically develop symptoms between 7-14 days after exposure. Although not always, many people will develop a flu-like illness including fever, chills, headache, general fatigue, and swollen lymph nodes before or after the rash starts. A person with monkeypox is considered infectious from the start of any symptoms, whether that be the flu-like illness or the rash, until all lesions have healed, the scabs have fallen off and new skin has formed underneath.

There is a safe and effective vaccine available for the prevention of infection and severe illness due to monkeypox. Vaccines are increasingly available free of charge throughout the state. Eligibility and locations, as well as communication toolkits and further information in English and Spanish, can be found on the state website:

[Monkeypox | NCDHHS](#)

We strongly encourage anyone eligible for the vaccine to seek one. ANYONE can get monkeypox and it is critical not to stigmatize any group, but this virus does continue to disproportionately affect MSM and people of color.

Lastly, don't miss the opportunity to screen for sexually transmitted infections (STIs) like syphilis, gonorrhea, chlamydia, and HIV in individuals being evaluated for monkeypox infection. A high proportion of individuals diagnosed with monkeypox were found to be co-infected with a STI and more than 50% were living with HIV. Syphilis, including congenital syphilis continues to rise and we must do all we can to diagnose every case.



Everyone can do their part to control the spread of monkeypox:

LEARN the facts. **LOOK** for a rash. **LOCATE** testing or vaccine near you.

*We are in this together:
Learn. Look. Locate.*

Learn More: ncdhhs.gov/monkeypox





"TakeMeHome"

**NASTAD/BHOC
In-Home
HIV Testing Program**

Prevention Program Efforts

"TakeMeHome": In-home HIV Testing Program

NASTAD/BHOC In-Home HIV Testing Program in North Carolina Program Outcomes November 2012-April 2022

By Marti Eisenberg, Integrated Targeted Testing Services Coordinator

By Meghan Furnari, HIV/STD/HCV Prevention Epidemiologist

Background

The Division of Public Health's Communicable Disease Branch has partnered with the National Alliance of State & Territorial AIDS Directors (NASTAD) and Building Healthy Online Communities to provide the state with a new strategy for providing services to people who are unaware of their HIV status. The "TakeMeHome" Program actively reaches MSM, who use dating apps and live in any North Carolina ZIP code, by offering confidential HIV testing, education, and linkage to care services at no cost to those who are at higher risk for HIV acquisition and have structural barriers to clinical testing.

Who participated in "TakeMeHome"?

- 864 people ordered OraQuick in-home HIV test kits through the "TakeMeHome" Program; 1,036 test kits were ordered. Clients were initially offered the choice of ordering one or two test kits, but this policy was changed after the first month to only allow one test kit per order.
- 67% of individuals who ordered test kits were 18-35 years old.
- 77% reported their current gender identity as male. 15% reported their current gender identity as female.
- Of the individuals that reported race on the pre-test survey (n=636), 53% of clients reported their race as White and 36% as Black or African American.

"TakeMeHome"

NASTAD/BHOC

In-Home

HIV Testing Program
in North Carolina



"TakeMeHome": In-home HIV Testing Program

- Of the individuals that reported ethnicity on the pre-test survey (n=702), 12% reported their ethnicity as Hispanic or Latino.
- Client level data matching to Enhanced HIV/AIDS Reporting System (EHARS) revealed 26 individuals who participated in the "TakeMeHome" Program had been previously diagnosed with HIV, and all had already been diagnosed with HIV prior to ordering a "TakeMeHome" test kit.

How were test kits ordered?

- Test kit requests were initiated from 25 apps/referring websites.
- The greatest number of successful referrals from viewed ads were from Grindr (60%).

Post-Test Survey Highlights

- 88 of 864 individuals who ordered tests completed the post-test survey (10%).
 - 67% heard about "TakeMeHome" through a dating app or website.
 - 67% were men who have sex with men.
 - 55% had more than one sexual partner in the past year.
- Of the 85 clients who reported previous HIV testing information, 22% reported never having been tested for HIV.
- Clients reported choosing to participate in "TakeMeHome" because it was free, convenient, and they preferred testing in the privacy of their own home.
- 100% said they would recommend "TakeMeHome" to a friend.
- All individuals that reported successful usage of the HIV rapid test kit reported a negative test result (n=62).

Analyzing the Data

The Prevention Program is analyzing data from the "TakeMeHome" Program to ensure that the program is reaching individuals at risk for HIV across North Carolina. We have determined that 26 individuals who participated in the program had been previously diagnosed with HIV prior to ordering a "TakeMeHome" test kit. We are continuing to analyze the data to determine if these 26 individuals have been linked to care. We will use all findings from our analysis to improve program performance.

Ryan White Part B and HMAP Federal Fiscal Year 2022 vs. 2021 Funding

**By Lola Houston Hager
CAREWare Supervisor/Ryan White Program Specialist**

Outlined below is the North Carolina Federal Fiscal Year (FFY) 2022 funding compared to our 2021 funding year. While it may appear that we took close to a \$1 million cut, that may not necessarily be the case. What has occurred is that we have no FFY 2021 carryover to carry forward to 2022. That means that we expended all of our FFY 2021 Ryan White Part B and HMAP funding during the April 2021 to March 2022 funding period. We also received less federal funding in the Minority AIDS Initiative (MAI) funding category and the Part B Supplemental Award. For some years now, the Part B Supplemental Award has been earmarked for HMAP. FFY 2022 is year one of our five-year Part B/HMAP award and we can assume that the next 4 years of funding in that category will remain flat funded. We will update the community with the Part B/HMAP funding information at this same time next year.

Ryan White Part B Funding Summary FFYs '21 - '22

| | '21 - '22 | '22 - '23 | Difference |
|-----------------------------|-----------------|-----------------|------------------|
| Formula (Part B) | \$11,467,918.00 | \$12,099,812.00 | \$631,894.00 |
| ADAP (HMAP) | \$22,842,200.00 | \$22,959,091.00 | \$116,891.00 |
| MAI | \$350,727.00 | \$336,411.00 | \$(14,316.00) |
| EC | \$303,719.00 | \$306,769.00 | \$3,050.00 |
| Part B Awards Totals (X07) | \$34,964,564.00 | \$35,702,083.00 | \$737,519.00 |
| Carryover | \$1,088,833.00 | \$-0 | \$(1,088,833.00) |
| ADAP Emergency Relief (X09) | \$5,524,365.00 | \$5,811,053.00 | \$286,688.00 |
| Part B Supplemental (X08) | \$2,212,664.00 | \$1,975,547.00 | \$(237,117.00) |
| HMAP Funding Totals | \$31,668,062.00 | \$30,745,691 | \$(922,371.00) |

Data to Action Program Efforts

The Regional Quality Council

By Caressa Harding, Data to Action Program Manager

By Esther Ross, Data to Action Vulnerable Populations Coordinator

The North Carolina Regional Quality Council (RQC) was established in 2009 to provide a forum for Ryan White (RW) programs to work together on mutually agreed upon goals and objectives to improve the quality of care and services for individuals living with HIV throughout the state.

The specific goals of the RQC are listed below:

- (1) Improve the quality of HIV care and prevention in the state of North Carolina
- (2) Enhance the capacity for sustained quality improvement by strengthening quality management infrastructure of RW funded and other HIV care providers
- (3) Increase understanding and competency to achieve performance measurement goals and the application of quality improvement strategies at the provider and agency level
- (4) Promote collaboration among all HIV prevention and care agencies and share experiences and best practices
- (5) Tackle cross-cutting issues through implementation of state-wide HIV care and prevention quality improvement projects
- (6) Assist RW grantees in meeting legislative and programmatic quality management requirements

Quality Management

Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. All improvement requires change, but not every change leads to an improvement.

The RQC provides peer learning opportunities to Ryan White and Prevention grantees to foster comprehensive quality management programs in their facilities. Quality is directly linked to an organization's service delivery approach or underlying systems of care. A successful quality program always incorporates the following four key principles:

- (1) QI looks at the entire organization's delivery system for care,
- (2) Focus on patients,
- (3) Focus on being part of the team, and
- (4) Focus on use of the data.

Data to Action Program Efforts

The Regional Quality Council

Membership

The NC Division of Public Health Communicable Disease Branch, HIV Care Program supports the RQC. The RW Program Quality Management (QM) Coordinator guides the RQC in collaboration with a selected co-chair representative from the community or an HIV care or prevention agency.

Attendance is open to any HIV prevention and care service provider (including housing services, AETC, DIS, etc.) in the state. Each Regional Network of Care and Prevention (RNCP) will identify at least one point person to represent their region at each meeting. Consumer involvement is highly encouraged and at least 2 consumers should attend the RQC meetings.

The RQC is comprised of several groups:

- (1) Planning group,
- (2) Data workgroup,
- (3) QI Project work group, and
- (4) Consumer work group

If interested in learning more about the RQC or to become a member, please contact Caressa Harding at (919) 755-3146 or email caressa.harding@dhhs.nc.gov

Consumer Involvement

The RQC strives to seamlessly incorporate the active participation of consumers in all RQC activities. One way to become part of the change you want to see in the Prevention (including HIV, PrEP, STIs) & Care Services provided in North Carolina is to join the North Carolina Regional Quality Council Consumer Workgroup (CWG). The goal of the RQC CWG is to work with statewide leadership and community stakeholders to identify best practices, share resources and improve the quality of services provided to receivers of Prevention and Care services in North Carolina. To improve health equity, our objective is to give people who receive Care and Prevention services in North Carolina a voice to recommend improvements in quality of services. The RQC's members are provided with the skills and education needed to assess these services:

- Connections with the community through listening sessions, focus groups and informational interviews.
- Collaboration with community partners to ensure the inclusion of all voices in the community
- Gathering and reviewing data on the quality of services and supports for people receiving Ryan White Prevention & Care Services in North Carolina.
- Tracking and monitoring different systems that impact quality of life
- Creating and sharing of resources from different perspectives/audiences
- Attending conferences and trainings to learn new ways of improving quality of services

Data to Action Program Efforts

The Regional Quality Council

Join the Consumer Work Group

The RQC Consumer Work Group assists with and coordinates activities to improve patient care, health outcomes, and patient satisfaction, while determining progress and recommending improvements by working in partnership with service providers. RQC Consumer Workgroup members help identify gaps in services, and barriers experienced by receivers of prevention and care services within their respective counties.

Serving on the Regional Quality Council Consumer Work Group will ensure the quality of care patients receive is the quality of care people need and want. Your voice will help to improve the health outcomes for all North Carolinians who receive Ryan White Prevention & Care services. All that is needed is your willingness to be of service. No experience needed. If interested contact Esther Ross at 919-755-3131 or by email at esther.ross@dhhs.nc.gov. Looking forward to serving with you!

Social Media Toolkits

By Luke Keeler

Data to Action Communications and Social Media Coordinator

Looking for content to promote HIV prevention, testing, and treatment on your organizations or personal social media accounts? Visit the [NC Let's Stop HIV Together Campaign website](#) where you can download multiple graphics from the newly added [HIV Treatment Works Toolkit](#) or the [Start Talking Stop HIV Toolkit](#) that contains ready to go messages for posting on Facebook, Instagram or Twitter. Let's Stop HIV Together aims to empower communities, partners, and healthcare providers to reduce HIV stigma and promote prevention, testing, and treatment among all people in North Carolina and the United States.





Viral Hepatitis Program Efforts

Upcoming Trainings and Program Updates

By Anthony Hannah, CHAMP Coordinator
By Kayla Ellis, Hepatitis C Bridge Counselor

October 2022

- Monday October 17, 2022 – Phlebotomy Refresher Training. If interested, please send an email to Kayla Ellis (kayla.ellis@dhhs.nc.gov).
- Tuesday, October 18, 2022 – The Viral Hepatitis team and regional based Hepatitis C Bridge Counselors will be meeting together to discuss how to engage referrals during the linkage to care process and provide technical assistance for those who need it.

November 2022

- Thursday, November 3, 2022 – NCMS Drug Use and HCV Treatment webinar. If interested, please send an email to Anthony Hannah (anthony.hannah@dhhs.nc.gov).

January 2023

- January 29, 2023 – CHAMP Bootcamp Training will be held virtually. If you know of any providers who are interested in treating for Hepatitis C, please send an email to Anthony Hannah (anthony.hannah@dhhs.nc.gov).

Program Updates

- On Wednesday, September 28, 2022, we hosted the Viral Hepatitis Taskforce Meeting in Raleigh, NC. During the taskforce meeting, we discussed the state plan updates such as highlighting programs that addressed the goals of the taskforce. We had presentations regarding the Settlement Funds Update, Hepatitis C testing, and the VFC and 317 Funding.
- We have recently hired two additional Hepatitis C Bridge Counselors. Michelle Beckwith, Granville-Vance Health department will cover Region 7 and Juanita Winter, Albemarle Regional Health Services, will cover Region 9.
- The Hepatitis Program Manager, Christie Caputo, has resigned from state employment. Her position will be posted in the near future.

HIV Medication Assistance Program (HMAP) Update

The Open Enrollment period of the federal Affordable Care Act (ACA) Marketplace begins on November 1. The HMAP sub-program known as PCAP (Premium and Co-Payment Assistance Program) is excited to announce that this year the process for clients to enroll in the Marketplace insurance coverage, and in PCAP to pay monthly premiums and medication co-pays, has been greatly simplified by contracting with the North Carolina Navigator Consortium. The NC Navigators are hiring and training a specialized group of PCAP-focused staff. These navigators will work exclusively with the HMAP's PCAP clients to choose the best insurance coverage, enroll, manage any subsidies, and then communicate all of that information to the HMAP staff. Case managers and clients will no longer need to submit enrollment paperwork to HMAP's PCAP staff. This should facilitate a smoother enrollment process and a better experience with the Open Enrollment process.

PCAP will only accept enrollment from the NC Navigators; all clients must use this process. Clients may enroll themselves with the NC Navigators or their case managers may do so on their behalf.

As a reminder, all PCAP enrollees must first certify their eligibility for the HMAP program overall, prior to seeking insurance coverage with the NC Navigators.

More information will be coming out in the near future and several informational webinars will be provided by HMAP and NC Navigator staff.



Upcoming Unit Events/Meetings/Deadlines

State PrEP Advisory Committee (SPAC) Meetings

November 9

1:00 pm - 3:00 pm

HIV Prevention & Care Providers Meetings

November 4

9:30 am – 1:30 pm Microsoft TEAMS (subject to change)

Cultural Humility Trainings

November 4

12:00-1:30 pm

Regional Quality Council (RQC) Meetings

October 28

9:30 am – 11:30 am Zoom (subject to change)

HIV Prevention and Care Advisory Committee (HPCAC) Meetings

November 18

9:30 am – 12:30 pm



HIV/STD Awareness Days

There are multiple days throughout the year designated to promote awareness about and acknowledge the diverse populations living with HIV and AIDS. Awareness days are powerful focal points to rally around and make a difference. There are several Awareness days that we want to bring attention to and they can be found on the [HIV/STD Awareness Days webpage](#). Review some of the awareness days and share some of the graphics on your social media channels to spread awareness and knowledge about HIV in your community!

