

HIV/STD/HEPATITIS PREVENTION & CARE UNIT

Quarterly Newsletter

Commemoration of World AIDS Day 35

"REMEMBER AND COMMIT"

Each year since 1988, December 1 has been designated as World AIDS Day and was the first-ever global health day. WAD is an international day dedicated to raising awareness about the HIV/ AIDS pandemic, educating people about HIV testing, care, and prevention, recognizing and supporting those living with HIV, and remembering lives lost to the disease.

This year's theme was Remember and Commit. Over the past 35 years, much progress has been made. However, it's important that we do not become complacent in the fight. It is essential that we work together and continue to fight stigma and use an equity lens to address the comprehensive needs of individuals, families, and communities hit hardest by HIV. Together we can because ALL of us have something to contribute.

We would like to recognize and thank the many organizations around the state that held WAD events.

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December 1



Collaboration between HIV Prevention and Care Service Providers in Region 10 illuminated the federal government's theme for World AIDS Day 2023 “Remember and Commit.” Community organizing on the Pitt County Courthouse steps was a way others could gather to remember and renew their commitment that the fight is not over despite the advancements in new once-a-day or once-a-month medication regimens extending and normalizing the lives of people living with HIV. The fight continues as solutions are needed to address the social determinants of health (housing, behavioral health, substance use) that this population experiences more than others due to a lack of affordable, reliable, and dependable resources to support and address their needs.



*PHOTO USED WITH PERMISSION

WCHS HIV/STD COMMUNITY PROGRAM



On December 1, the Wake County Human Services’ HIV/STD program held an elegant event with food and wonderful fellowship. In true fashion, folks represented by dressing in their Red! The event was centered by the WAD Theme “Remember and Commit.” with an informative workshop, seminar, and panel about HIV and other wellness topics. The evening also provided entertainment with local artists singing and vogue dancing.



*PHOTOS USED WITH PERMISSION

The complete list of events can be found here: [WAD webpage](#).

“THANK YOU, to all of you working so hard, and especially to those of you living with HIV who keep working to keep us on track and doing what you know needs to be done. We see you!”

-Jacquelyn Clymore, HIV/STD/Viral Hepatitis Director

Medicaid Expansion + HMAP

Medicaid Expansion began on December 1, 2023! This was a tremendous achievement thanks to efforts of many people across the state, providing medical coverage to over half a million people in our state. With expansion, over 5,000 people currently served by HIV Medication Assistance Program (HMAP) will become eligible for Medicaid.

Medicaid expansion means medical coverage for more than HIV medications and other services, and much more than HIV related care. Medicaid covers doctor visits, yearly check-ups, emergency care, medications, mental health services, dental care and more at little or no cost. Any medical providers who have not yet enrolled as a Medicaid provider should register with Medicaid right away, using this link, so that clients they currently serve will be able to continue to see the same provider:

<https://medicaid.ncdhhs.gov/providers/provider-enrollment>.

Ask your provider if they've registered with Medicaid!



With expansion, over 5,000 people currently served by HMAP will become eligible for Medicaid!



There is one group of individuals, currently served by HMAP, who were automatically enrolled in expanded Medicaid. Most people who were enrolled in the Medicaid Family Planning Program are part of this group. HMAP staff have identified about 1,000 current clients who are also enrolled in Medicaid Family Planning and who have full Medicaid starting on December 1, 2023. HMAP staff are reaching out to case managers and clients about this, and Medicaid is sending a letter to those clients.

There will not be an automatic transition from HMAP to Medicaid for any other clients. Instead, enrolling in Medicaid requires individuals to take action and apply. This can be done online through ePASS. This fact sheet, [What is ePASS](#), includes step-by-step instructions on how to set up an ePASS account and how to apply for Medicaid online. An added benefit of using ePass is that individuals can log in and update their information with Medicaid when needed. Individuals can also complete a paper application and mail, fax, email or bring it to a local Department of Social Services (DSS) Office or they can call their local DSS office.



Individuals who successfully enroll in Medicaid are required to act to disenroll from other coverage/assistance that they may have signed up for prior to expansion. This does mean that HMAP clients who enroll in Medicaid must disenroll from HMAP. If enrolled in a qualified health insurance plan on the federal marketplace, individuals must take action to terminate that coverage immediately or they could face **tax implications later** in the year.

The HMAP program will not immediately terminate any HMAP client's enrollment now that our Medicaid has expanded, unless there is documentation that the client has been successfully enrolled in Medicaid. Likewise in 2024, HMAP will not terminate any client's enrollment before their current HMAP coverage ends, unless there is documentation that the client has successfully enrolled in Medicaid.

However, starting in 2024, all HMAP applicants who appear to be eligible for expanded Medicaid **will be required to apply for Medicaid** before an eligibility determination for HMAP will be approved. Beginning January 15, 2024, HMAP staff are sharing lists of HMAP clients who appear to be eligible for Medicaid with case managers so they can assist clients with applying for Medicaid before their HMAP coverage ends.



For any clients/case managers who are working with the Navigator Consortium, the Navigators will help to determine if a client is eligible for Medicaid, and they will be offered enrollment in Medicaid. Since the federal Ryan White program that funds HMAP does require that people enroll in Medicaid if they are eligible, we will be focusing directly on that throughout 2024, trying to avoid interruption of clients' care or medications so there will be no automatic disenrolling in HMAP.

This is all complicated and we understand there are many questions. We will continue to send memos and answer everything that we can. But let's finish on a great piece of news:

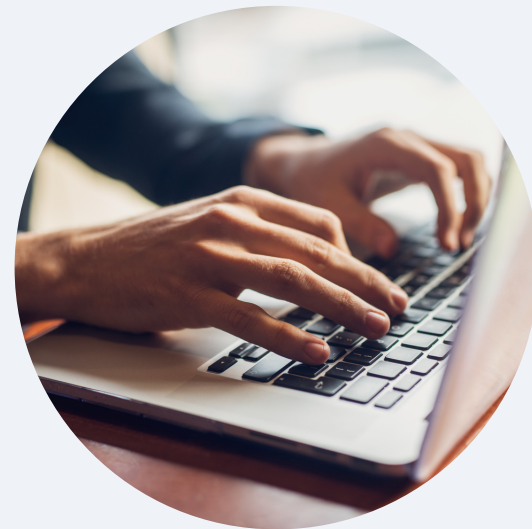
PEOPLE LIVING WITH HIV WHO ARE ON MEDICAID (NOW OR IN THE FUTURE) WILL NO LONGER PAY A \$4 COPAYMENT FOR THEIR ARV PRESCRIPTIONS; THOSE MEDICATIONS WILL BE FREE! THAT IS A BIG WIN FOR THE HIV COMMUNITY!

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AN UPDATE ON REEDS



The Ryan White Enrollment and Eligibility Determination System (REEDS) is in development and on track to roll out in the fall of 2024. This web-based system will replace the current paper/email/fax process of applying for HMAP and will alleviate the need for case managers to complete a Ryan White application in their offices to keep on file while they await a site visit from HIV Care staff. Instead, case managers will apply on their clients' behalf through the REEDS portal and eligibility will be confirmed by state staff within a few days, assuming all required information is provided. (If something is omitted, the system will determine that quickly.) This should greatly simplify both the time and the complexity of confirming that clients can receive services.



We have engaged a small group of experienced case managers to help in the current phase of designing REEDS, and more will be involved when we move to the user acceptance testing phase with our vendor, GroupWare Technologies. There is a LOT of work being done on REEDS, with the goal of making applications a far simpler and more streamlined process for everyone. Many other states have moved to similar systems, and we have been using their experience to build our plans. There will be much more to come on this later in 2024.

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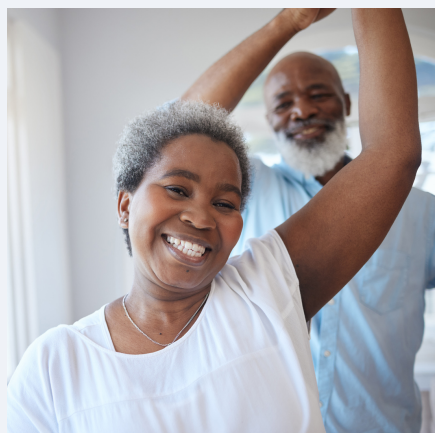
HIV CARE PROGRAM

BY PATRICK CHURCH,
HIV CARE PROGRAM MANAGER

The North Carolina HIV Care Program funds 10 Regional Networks of Care to provide requisite and optional Ryan White Part B funded services. We anticipate the impact of Medicaid expansion on clients served by the Ryan White Part B Program to be beneficial as for those determined eligible, Medicaid coverage will allow for a more robust level of medical care as it affords funding for non-HIV related services.

Clients who are currently served by the Ryan White Part B Program and enroll in Medicaid will remain eligible for any needed Ryan White services offered by the HIV Care Program and funded through their regional Care Network that are not covered by Medicaid.

Clients who are currently served by the Ryan White Part B Program and enroll in Medicaid will remain eligible for Medical Case Management services, since Medicaid does not offer this service. The focus of Medical Case Management services will continue to ensure that clients remain in care and virally suppressed. Please note, however, clients will not be able to be enrolled in BOTH Medicaid HIV Case Management and Ryan White Part B funded Medical Case Management.



“ ... FOR THOSE DETERMINED ELIGIBLE, MEDICAID COVERAGE WILL ALLOW FOR A MORE ROBUST LEVEL OF MEDICAL CARE AS IT AFFORDS FUNDING FOR NON-HIV RELATED SERVICES.

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By Erika Samoff MPH PhD,
HIV/STD/Hepatitis B and C
Lead Epidemiologist

SURVEILLANCE PROGRAM

“HIV Numbers Update, an Important Story to Tell”.

North Carolina’s End the Epidemic plan is supported by data sharing (find annual measures [here](#)). What these measures currently tell us is that our efforts to end HIV have plateaued.

After a dip in new diagnoses in 2020 caused by the pandemic shutdown, HIV new diagnosis rates have returned to pre-pandemic levels, and have been roughly level since 2016. The population with the highest HIV new diagnosis rates has been stable over this period: men make up the majority (79%), rates are highest for people ages 20-34, and rates are highest among African Americans, followed by people identifying with multiple race groups and people of Hispanic/LatinX ethnicity. The group with the highest rate of new HIV is young men of color who report having sex with men (see our [HIV Equity factsheet](#) and our other [factsheets](#)).

Ideally, people living with HIV will be rapidly diagnosed and will have rapid access to care. In 2022, 74% of people who were newly diagnosed with HIV were linked to care within one month, and 92% attended a care appointment within 6 months. Of those newly diagnosed in 2022, 71% were virally suppressed as of June 2023. Overall, 67% of people living with HIV in North Carolina are virally suppressed (HIV slides can be found on our [factsheet page](#)).

Lower viral suppression can indicate barriers to accessing care (see our [continuum of care slides](#)). Populations with lower viral suppression in NC in 2022 included:

American Indian/Alaska Native people, Hispanic/LatinX people, people who inject drugs, and African American men reporting sex with women only. Men reporting sex with men were the category with the highest viral suppression (70%). During the pandemic, viral suppression did not decrease, meaning that people living with HIV worked with their families, social networks, and clinicians to continue to receive meds even during the shutdown – a real success.

As most new diagnoses of HIV occur among younger people, 69% of new diagnoses among women occurred in those ages 15-44. Transmission of HIV during pregnancy is preventable and is generally rare, and our goal is that no babies be born with HIV; this goal was achieved in 2021. In 2022 there were two babies born with HIV in North Carolina.



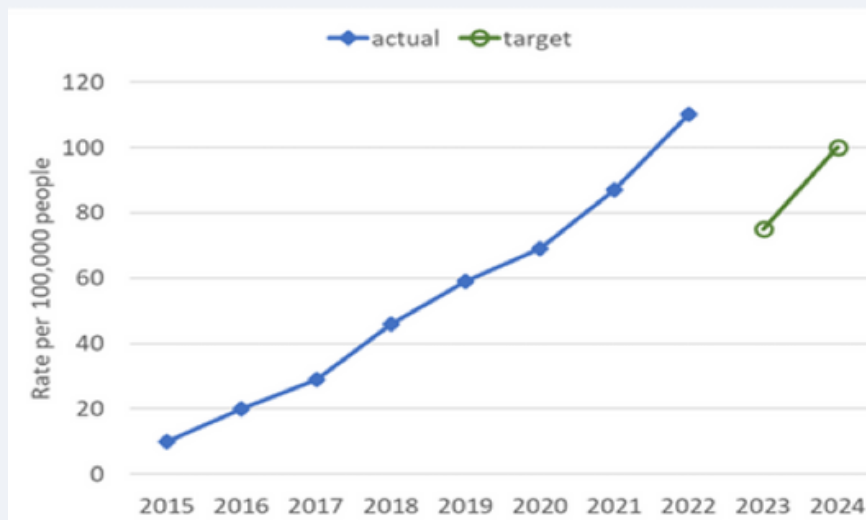
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People living with HIV have some frequently occurring coinfections: in 2022, 38% of men with syphilis in the past year were also living with HIV; 53% of men with mpox were also living with HIV, and 9% of men with gonorrhea were also living with HIV, suggesting that HIV care providers can be a valuable source of STI and mpox testing, care and vaccination. Syphilis is rapidly increasing among women and in babies: please be aware of the importance of syphilis testing, including 3 times during pregnancy for pregnant women. More information is available [here](#).

While many of our measures are plateaued, one bright light is the increase in people on PrEP (Figure 1, also shown in the annual [End the Epidemic slides](#)). **Our number of people on PrEP in North Carolina has steadily increased and is surpassing our End the Epidemic Goal.** A big thank you to everyone working to increase access to PrEP!



People on PrEP per 100,000 NC Residents



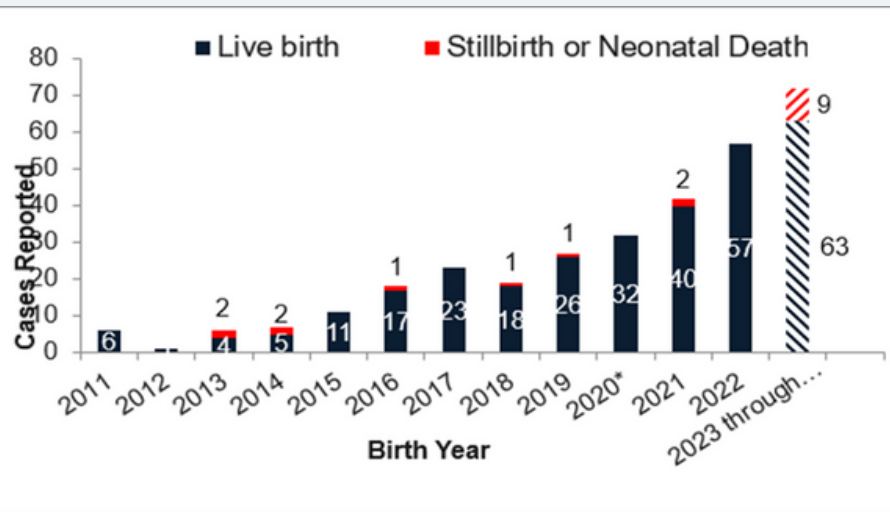
“OUR NUMBER OF PEOPLE ON PREP IN NORTH CAROLINA HAS STEADILY INCREASED AND IS SURPASSING OUR END THE EPIDEMIC GOAL. A BIG THANK YOU TO EVERYONE WORKING TO INCREASE ACCESS TO PREP!”

North Carolina is working to improve data sharing with community members. Data on HIV is available in [fact sheets](#), tables ([annual](#) and [quarterly](#)) and in our searchable dashboard. We welcome thoughts about how to share data effectively – please share your thoughts with caressa.harding@dhhs.nc.gov.

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SYPHILIS UPDATE

By: Vicki Mobley, MD MPH,
Medical Director, HIV/STI,
Director, Field Services Unit



Reported Congenital Syphilis Cases, NC 2011-2023 (2023 is Preliminary Data)

Failure to identify and appropriately treat infection in newborns represents a missed opportunity to prevent devastating health outcomes associated with congenital syphilis such as blindness, deafness, deformities of the bone and teeth, stillbirths, and neonatal deaths. Already in 2023, we have experienced 9 congenital syphilis related stillbirths and neonatal deaths. To reverse this concerning trend, healthcare providers across all specialties should:

- Increase syphilis screening of all sexually active people (15-44 years of age) in counties with high rates of syphilis in women of reproductive age.
- **Adhere** to NC's requirements for syphilis screening during pregnancy, which includes at the first prenatal visit, 28-30 weeks gestation, and delivery. Because a large percentage of mothers of infants with congenital syphilis have little or no prenatal care, it is important that non-prenatal healthcare encounters, such as urgent care or emergency room visits, are also utilized to provide syphilis screening.
- **Advise** your patients to notify all sex partners of their exposure to prevent re-infection. People can anonymously notify sex partners using [TellYourPartner.org](https://www.tellyourpartner.org).

For more information on preventing congenital syphilis, please visit the [NC DHHS Congenital Syphilis Provider Resource webpage](#).

Congenital Syphilis continues to rise in North Carolina. In 2023, congenital syphilis cases were 7 times higher than in 2012, from one case in 2012 to at least 72 cases in 2023. Congenital syphilis is entirely preventable through early detection and appropriate treatment of maternal infection.



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MPOX UPDATE

MPOX IS ON THE RISE AGAIN IN NC

We are seeing an increase in mpox diagnoses in North Carolina once again, with 16 cases since November, primarily clustered in the Charlotte area. Of particular concern, 53% of all diagnosed cases in our state are among people who are living with HIV (PLWH).

We have worked hard to address mpox using the lessons learned in the COVID pandemic, to view this syndemically with HIV, syphilis and other STIs, and to be fully engaged with the communities affected. Local health departments are reaching out, providing vaccination and even vaccination events; community-based organizations in Charlotte and Raleigh are providing detailed education and outreach in partnership with the state and local health departments. Pictured here are Kandice, Noah, Kevin (from Wake County), Akil and Langston, all Division of Public Health staff members who are working to address mpox with our affected communities.



*PHOTOS USED WITH PERMISSION

Clearly, people living with HIV are an important population to reach with mpox education and vaccination, so we are reaching out to ask your help in talking to the clients you serve. Some PLWH who are being diagnosed with mpox are not in care or virally suppressed. We will work to reach out to those clients to link them to care and ask that you reach out to any clients you have who have not been seen recently who may fit the demographic for those currently being diagnosed with mpox. We also recommend increasing social media and other communication efforts to share mpox vaccine opportunities (clinic times/walk-ins/evening clinics/wellness events, etc.).



You can find lots of useful information and tools here:

- Information about mpox and assistance with communication can be found here: [Mpox Communications Toolkit | NCDHHS](#)
- Demographics of those diagnosed with mpox in North Carolina can be found here: <https://www.ncdhhs.gov/mpox>
- Mpox pocket guides are available in English and Spanish languages and may be requested by emailing Noah.Riley@dhhs.nc.gov.

On left: Kevin J. Harrell, MPH, CHES, Preventive Health Director, Wake County Health and Human Services
On right: Akil James T. Campbell, MPH, MBA, CPM, Policy and Communications Coordinator and Mpox CoAg Program Manager, NC DHHS, DPH, Communicable Disease Branch

DATA TO ACTION PROGRAM

By Caressa Harding,
Data to Action Manager

I have some great news to share! It's with pleasure that I announce and welcome Amber Esters, our newest member of the Data to Action team. Amber joined us on January 8th as our Social Media and Communications Coordinator, replacing Luke Keeler.

Amber comes to us with 10 years' experience in marketing and communication, working with all aspects of technology. She has specific experience in social media and created several social marketing campaigns as an employee for academic institutions and community organizations. She also has experience with designing and running blogs. Her past experiences also involved working with HIV care, prevention, and Housing Opportunities for People Living with HIV/AIDS (HOPWA) and addressing needs and working with underserved and vulnerable populations.

Amber will be responsible for designing and curating social media messaging and HIV/STD/Hepatitis Unit website updating for commemorative weeks and managing public relations and external communication. She is also here to help our Regional Networks do this work.

We're excited to have Amber come on board. Please join us in welcoming her to the team. Her email address is amber.esters@dhhs.nc.gov.



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ADDRESSING STIGMA IN ENDING THE EPIDEMIC

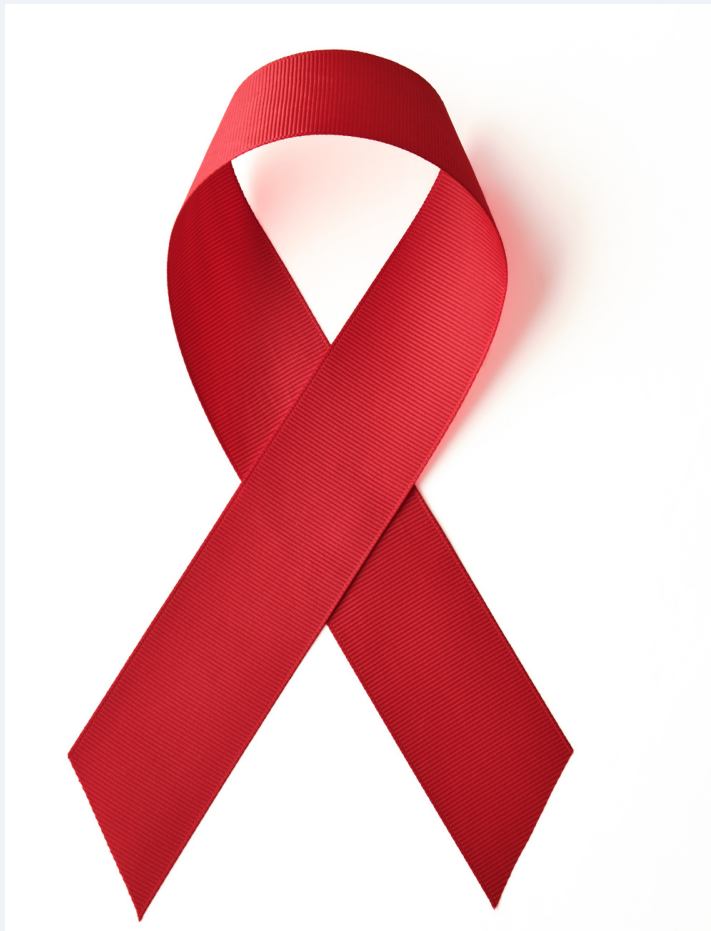
ETE PLAN INITIATIVE

We are excited to announce that the CDB Stigma Reduction Toolkit will be launched in the coming months. The toolkit will provide additional resources on how to implement stigma reduction activities in your clinics, organizations, and community settings. We welcome your feedback. If you are interested in serving as a reviewer and providing feedback on the toolkit, please email Caressa Harding, caressa.harding@dhhs.nc.gov.



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 graphics on your social media platforms and website.

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Upcoming Events | Meetings | Deadlines

State PrEP Advisory Committee (SPAC) Meetings

JULY 12 | SEPTEMBER 13 | NOVEMBER 8

1:00 PM – 3:00 PM

HIV PREVENTION & CARE PROVIDERS MEETINGS

AUGUST 4 · NOVEMBER 3

9:30 AM – 1:30 PM

PM MICROSOFT TEAMS (SUBJECT TO
CHANGE)

CULTURAL HUMILITY TRAININGS

AUGUST 4 | NOVEMBER 3

12:00 PM -1:30 PM

REGIONAL QUALITY COUNCIL (RQC) MEETINGS

JULY 14 | OCTOBER 13

9:30 AM – 11:30 AM

ZOOM (SUBJECT TO CHANGE)

HIV PREVENTION AND CARE ADVISORY COMMITTEE

(HPCAC) MEETINGS

AUGUST 18 | NOVEMBER 17

9:30 AM – 12:30 PM