



Department of  
**Public Health**

CITY OF PHILADELPHIA

# Goals for our city and strategies for our future: Ending the HIV Epidemic in Philadelphia

AIDS Education Month  
Virtual Prevention Summit  
June 1, 2020





# OVERVIEW

What we'll present today

An update on the "Ending the Epidemic" federal initiative

Future Forward: where we are towards ending the HIV epidemic in Philadelphia

An update on the Health Department response to current HIV outbreak

A review of the DExIS Project

Preparing the HIV workforce to End The Epidemic in Philadelphia



# Covid-19 and HIV



Effects on mental health  
and short/ long-term  
emotional stress



A unique challenge for  
service delivery... and a  
chance to see racism as a  
public health emergency



A crisis that is both a  
challenge and opportunity  
to champion changes in  
our system

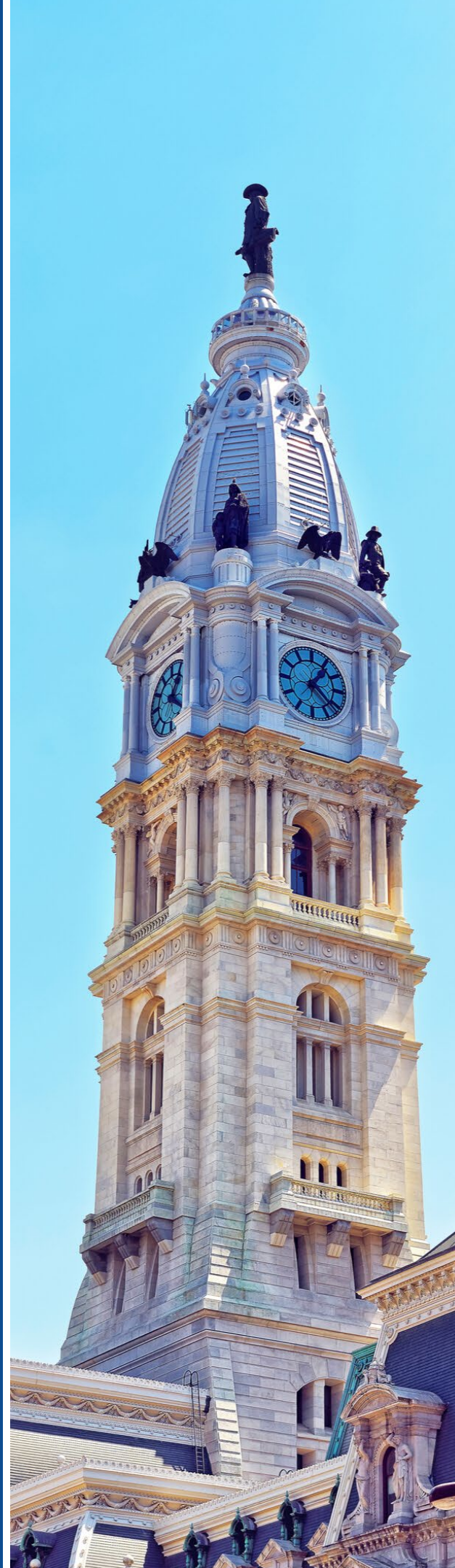


# Do We Want to Go Back To Normal?

- What is normal?
- Tremendous disparities between populations
- Funding considerations based on program preferences not data
- HIV related work that is disconnected from social determinates
- The truth is things have been abnormal for a long while... we have just learned to live with it or even worse.. ignore the challenges.



What would  
happen if we  
dreamed  
**Bigger?**



- Reach for what is within our grasp (TaSP, PrEP, Better Access)
- Re-imagined our communities and our work
- Focused on what we have the power to improve
- Addressed our organizational differences and championed what we have in common
- Replicated what works



# ENDING THE HIV EPIDEMIC IN PHILADELPHIA

Federal Initiative To Reduce New HIV Diagnoses By 90% In 10 Years

- **DIAGNOSE**

Diagnose all the people with living with HIV as early as possible

- **TREAT**

Treat people with HIV rapidly and effectively to reach viral suppression

- **PREVENT**

Prevent new HIV transmission by using proven interventions, including PrEP, nPEP, and SSPs

- **RESPOND**

Respond quickly to HIV outbreaks to get needed prevention and treatment services to people who need them



# Our Partners

WE CAN'T ACCOMPLISH THESE GOALS ALONE

- PDPH Division of Disease Control
- HIV Integrated Planning Council
- Office of HIV Planning
- Public Health and Service providers
- CDC Directly Funded Cooperative Agreement Recipients
- Federally Qualified Health Centers (FQHCs)
- Community Based Organizations
- The School District of Philadelphia
- Academic Partners
- Penn CFAR





# What Is An Epidemic?

*ep·i·dem·ic*

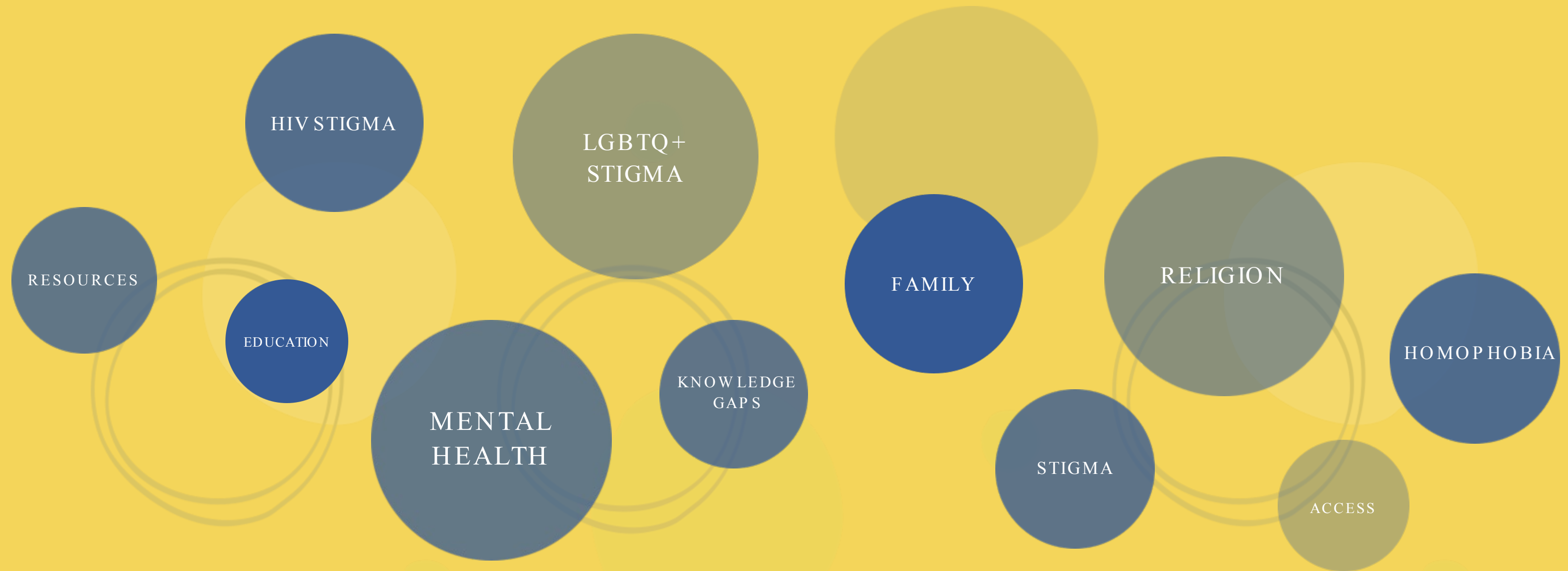
*/,epə'demik/*

noun: **epidemic**; plural:  
**epidemics**





# SOCIAL CONTEXT



...We must consider the full social  
context



# SOCIAL CONTEXT



POVERTY



MEDICAL  
MISTRUST



RACISM



MISTRUST OF LAW  
ENFORCEMENT



HOUSING



INCARCERATION

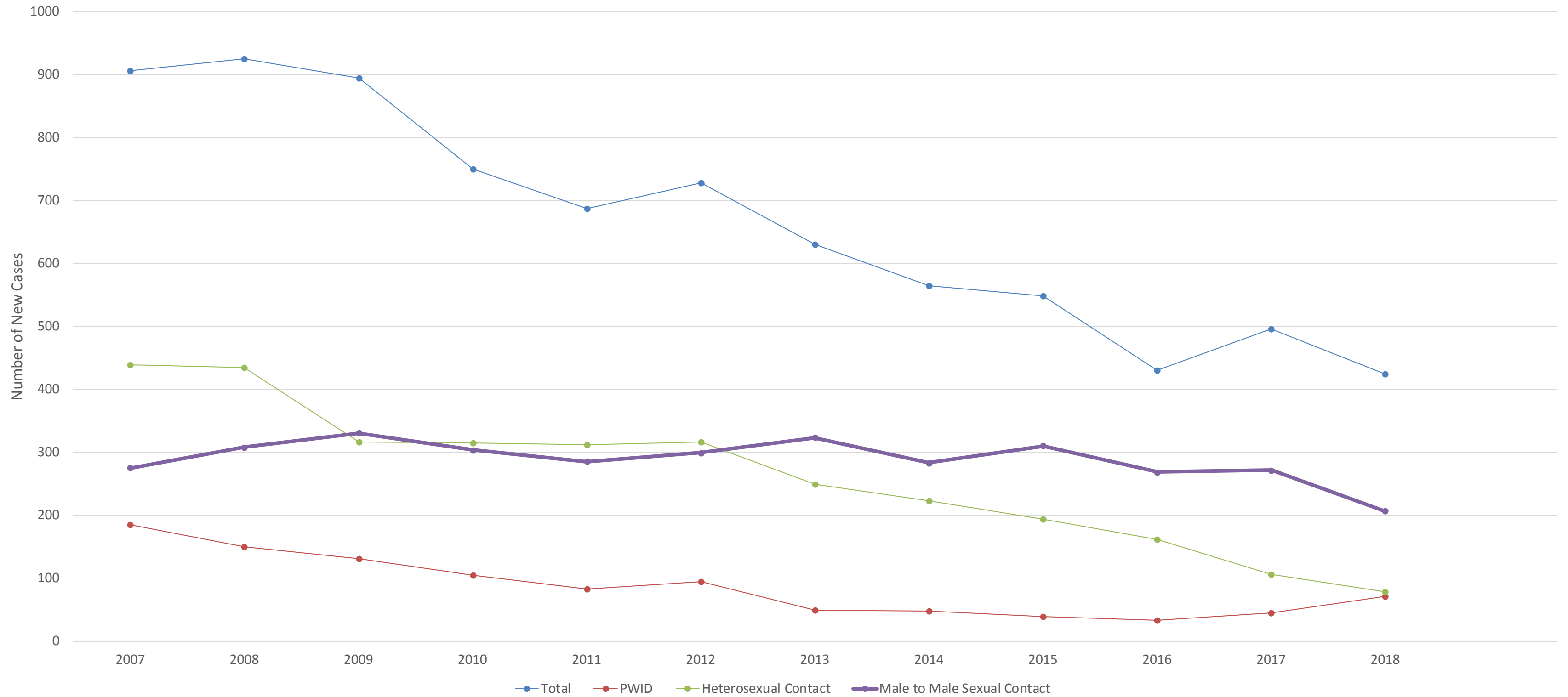




# Pillar 1: Diagnose



New HIV Diagnoses by Transmission Category 2007-2018



In 2018...

A notable decline of 36% in new HIV Diagnoses among Black men who have sex with men (MSM)

There were 71 newly diagnosed cases of HIV among people who inject drugs including MSM who inject drugs

Out of all new diagnoses in 2018, 1 in 4 youth ages 13-24

A photograph of a man with short dark hair and a beard, wearing a white t-shirt, sitting in front of a brick wall. A semi-transparent blue rectangle is overlaid on the right side of the image, containing white text. In the background, a window with a clock and some items on a shelf are visible.

## Breaking Down 2018 HIV Diagnosis




In 2018...

Over 1,202 Men who have sex with men living with HIV (14%) are estimated to be unaware of their HIV status

More than half of youth ages 13-24 living with HIV are unaware of their status

Based on national data it is estimated that approximately 17% of transgender individuals are unaware of their HIV status (based on national data)

PDPH estimates that 2,019 people living with HIV are unaware of their HIV status. These individuals accounted for 40% of new infections in 2018



People Unaware  
They are Living  
with HIV

HIV Testing and Medical Care Data Among Select Philadelphia Populations, National HIV Behavioral Surveillance (NHBS), 2017-2020						
NHBS population (number of Philadelphia respondents, and year)	Percent HIV tested in past 2 years (among HIV- or unknown)	Percent HIV tested in past 12 months (among HIV- or unknown)	Percent HIV tested in past 3 months (among HIV- or unknown)	Percent with medical care visit past 12 months	Percent offered HIV test among persons with a medical visit in the past 12 months	Percent PrEP discussion among persons with a medical visit in the past 12 months
Men who have sex with men (n=575 in 2017)	93.8%	77.2%	32.0%	83.0%	60.0%	38.9%
People who inject drugs (n=621 in 2018)	88.7%	68.8%	28.5%	82.0%	61.8%	12.5%
Transgender women (Prelim=174)	85.1%	71.3%	36.8%	93.7%	72.7%	57.0%



# Diagnose Strategies

## BIO-SOCIAL SCREENING

Increase access to HIV testing through bio-social screening in medical settings



## COMMUNITY BASED

Increase access to HIV testing through community-based programs



## KEY POPULATIONS

Increase the frequency of HIV testing among key populations



## STATUS-NEUTRAL LINK

Implement a status-neutral approach that includes linkage to HIV medical care or PrEP







# Pillar 2: Treatment



# Im p r o v i n g q u a l i t y a n d l e n g t h o f l i f e t h r o u g h H I V T r e a t m e n t

Philadelphia: % of HIV Transmissions by Care Status		
Care Status	Proportion of all PLWH	% of HIV transmissions
In care and virally suppressed	6 in 10	0%
In care and not suppressed	1 in 10	25%
Not in care	2 in 10	35%

U n d e t e c t a b l e   i s  
U n t r a n s m i t t a b l e   U=U

- 87% of people living with HIV in care are virally suppressed
- Nearly 1 in 2 people living with HIV are not in care
- 2 in 5 people living with HIV are not virally suppressed
- Free, high quality care is available in Philadelphia b u t is not engaging all people

# Disparities in Viral Load Suppression



Transgender persons and youth (13-24) have the highest portion of unsuppressed viral loads



Black and Latino gay and bisexual men and other men who have sex with men are more likely to be unsuppressed than their white counterparts



Overall, 1 in 4 people living with HIV are not virally suppressed



Barriers may differ across communities and populations, but there are significant barriers to care engagement for all people living with HIV



# What are barriers to HIV care in Philadelphia?

Most Frequently Reported Barrier Categories - By Respondent (N=293)	
Barrier Category	% of Respondents
Provider Barrier	70%
Patient Rights/Education	69%
Supportive Services/SES	33%
Behavioral Health	21%

- Systems of HIV care create unneeded barriers
- Accessibility and harm -reduction centered care needs to be improved
- PLWH need to know their rights, how to exercise them and what to do if they are violated
- A need for non-medical/ supportive services- food, housing, employment

# Structural Strategies to Improve HIV Care



Build on the Existing  
system of HIV Care

Increase capacity for  
immediate ART

Increase capacity to  
engage and re-engage  
people in HIV care

Develop NEW low  
threshold, treatment  
first model clinics

Develop "one size fits one"  
data-driven provider  
initiated approaches

Use a online dashboard  
to share data with  
communities

Promote increased  
collaboration and  
coordination across sites



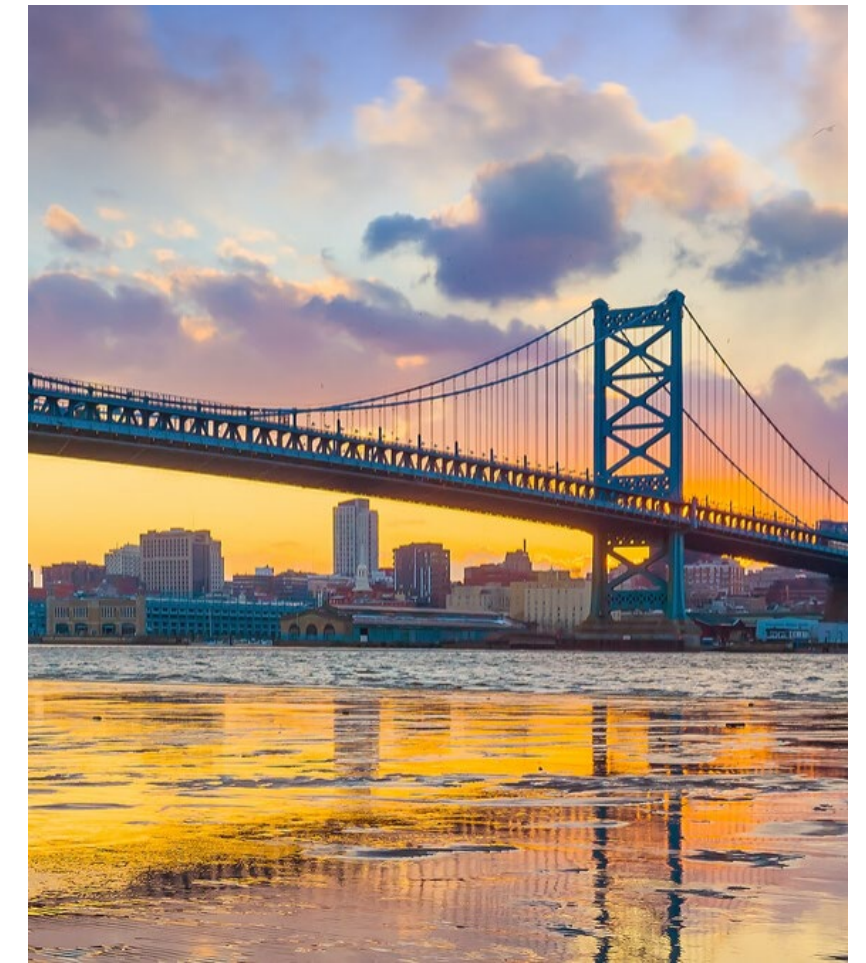
# Support for People Thriving with HIV



Develop tools and rights-based educational materials to close knowledge and information gaps and empower people living with HIV



Address emerging issues, an increasing digital divide with increased telehealth



Maintain and expand access to supportive services





# Pillar 3: Prevent



Nearly 14,000 people in Philadelphia who are HIV negative have an indication for PrEP

In 2018, at least 2,790 individuals are on PrEP- 21% of all people with an indication- leaving a gap in PrEP coverage for 10,323 individuals

To impact community-level HIV transmission, 50% of persons with a PrEP indications- nearly 7,000 people- need to have PrEP coverage



# Pre-Exposure Prophylaxis

# Building Frameworks For Increased Access

Expand access to PrEP with new models

Increased support for PrEP-related costs

Develop a networks of PEP providers and partners

Continue to provide technical assistance to medical providers

Engage peers and new community partners to promote PrEP

Evaluate programs to assess capacity and uptake



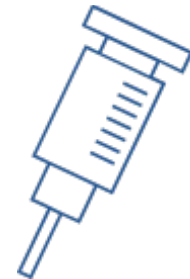
# Syringe Exchange and Harm Reduction



1 in 2 people who inject drugs (PWID) overdosed in the last 12 months



1 in 3 PWID tried but were unable to obtain Medication Assisted Treatment for opioid use treatment



More than 1 in 4 PWID used a syringe after someone else used it



Nearly 1 in 2 WWID and 1 in 5 MWID report receiving sex for drugs or money and nearly



# Meeting People where they are

Increase Access to Low Threshold Services

Expand capacity for SSPs to distribute and collect syringes and supplies

Use public health data to expand local partnerships and establish new organizations providing SSP services



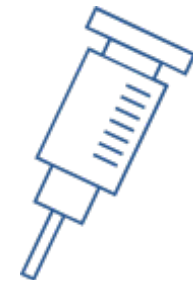




## PERINATAL (VERTICAL) TRANSMISSION

No vertical transmission  
of HIV identified in 2016,  
2017, 2018, 2019\*

## Community-based HIV Prevention Services



In 2018, Philadelphia's SSP provided services to 14,000 unique exchangers and dispensed 3.3 million syringes



PDPH Distributes over one million condoms annually



Health promotion activities including PhillyKeepOnLoving.com



Transgender community mobilization activities





## Pillar 4: Respond



# Responding to HIV Outbreaks



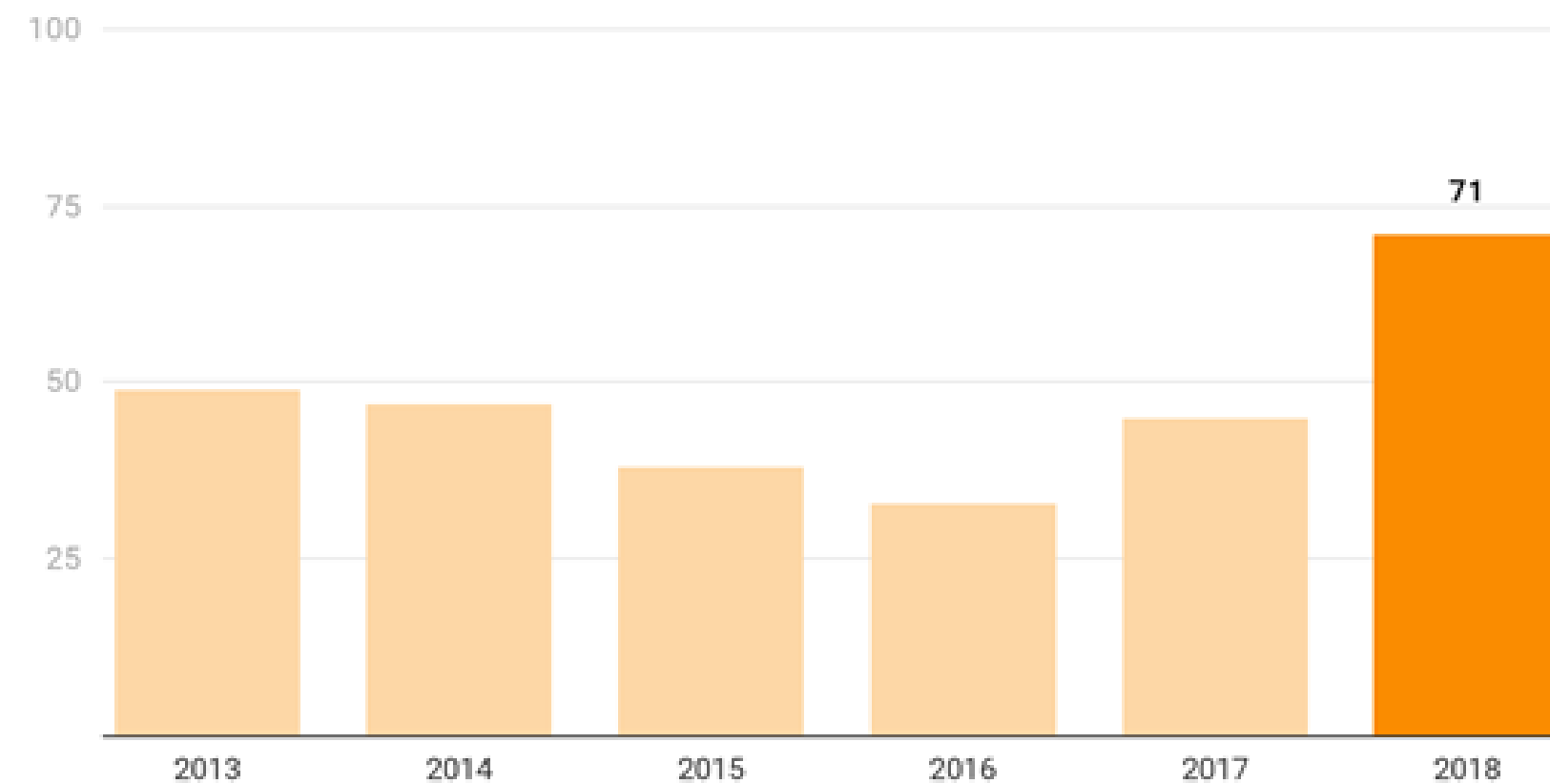
## P u b l i c   H e a l t h   D a t a

Information to detect and investigate active HIV transmission clusters and potential outbreaks



# Increases Among People Who Inject Drugs

**Number of Newly Diagnosed Cases of HIV among all PWID, 2013-2018**



Created with Datawrapper

In September 2018, PDPH identified an increase in the number of newly diagnosed cases of HIV among people who inject drugs (PWID)



By October 2018, PDPH declared an outbreak of HIV among PWID in Philadelphia. This resulted in a coordinated city response effort which included several public health divisions, community-based partners, and collaborations with key stakeholders.

# Timeline of Response Activities

2018

Observed increases in cases  
Declared HIV outbreak  
Notified Community



2019

Increased HIV Testing  
Enhanced partner services  
Increased outbreak staff capacity  
AACO Double funding  
for syringe exchange



2020

Ongoing data analysis  
Public health publications  
Reassessing and Improving  
public health responses







## Identify

Identify those populations where HIV is spreading rapidly in real time



## Assess Gaps

Assess gaps in our current prevention and care system that need to be addressed in order to better serve those at highest risk of HIV infection and persons living with HIV



## Direct Funds

Direct funds to new and innovative prevention efforts to avert ongoing HIV transmission

# Responding to HIV Outbreaks





# Pillar 4: Respond



# Responding to HIV Outbreaks

## The DEXIS Project

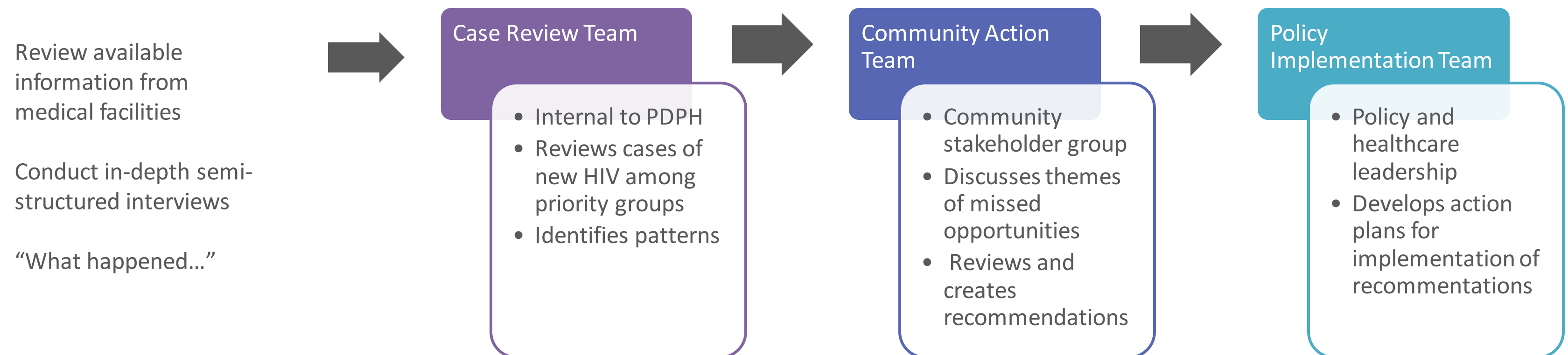
(Demonstrating Expanded Interventional Surveillance)

A CDC funded demonstration project to identify missed opportunities to prevent HIV in Philadelphia's healthcare system

Core Principles of DEXIS:

- All new HIV infections are sentinel events
- New HIV infections are the result of gaps/ failures in our healthcare system
- Integrate public health data and individual experiences to develop and implement policy and program changes
- Engage community stakeholders and policy makers in the process

# Public Health Data + Individual Experiences = System Changes





# Key themes to date

People with newly diagnosed HIV are engaged in healthcare. HIV testing is not always being offered at key junctures

Relationships with healthcare providers matter; people often experience being dismissed or judged in healthcare interactions

PrEP does not always feel relevant to people who may be able to benefit from its protection

We need to address HIV stigma in our EHE efforts



### **Prep Follow Up**

Issue provider guidance for routine follow-up with clients after initiation. Gather clients centered strategies for managing side effects.



### **Address Harmful Provider Language**

Create a work group to assess language used to identify individuals as “high risk”



### **Advocacy to Extend Coverage**

Draft a sign-on letter to request the federal Ready, Set, PrEP program to extend coverage to young people on a parent’s insurance, with the inclusion of medical visits and lab costs.

Recommendations  
To Date





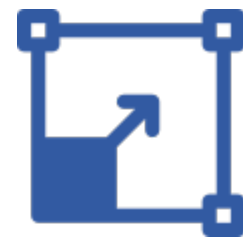
Where do we go from here?



# HIV Workforce Development



Review the current infrastructure to identify gaps and assess service quality



Scale up evidence-based interventions to increase sexual risk assessments, and various laboratory testing

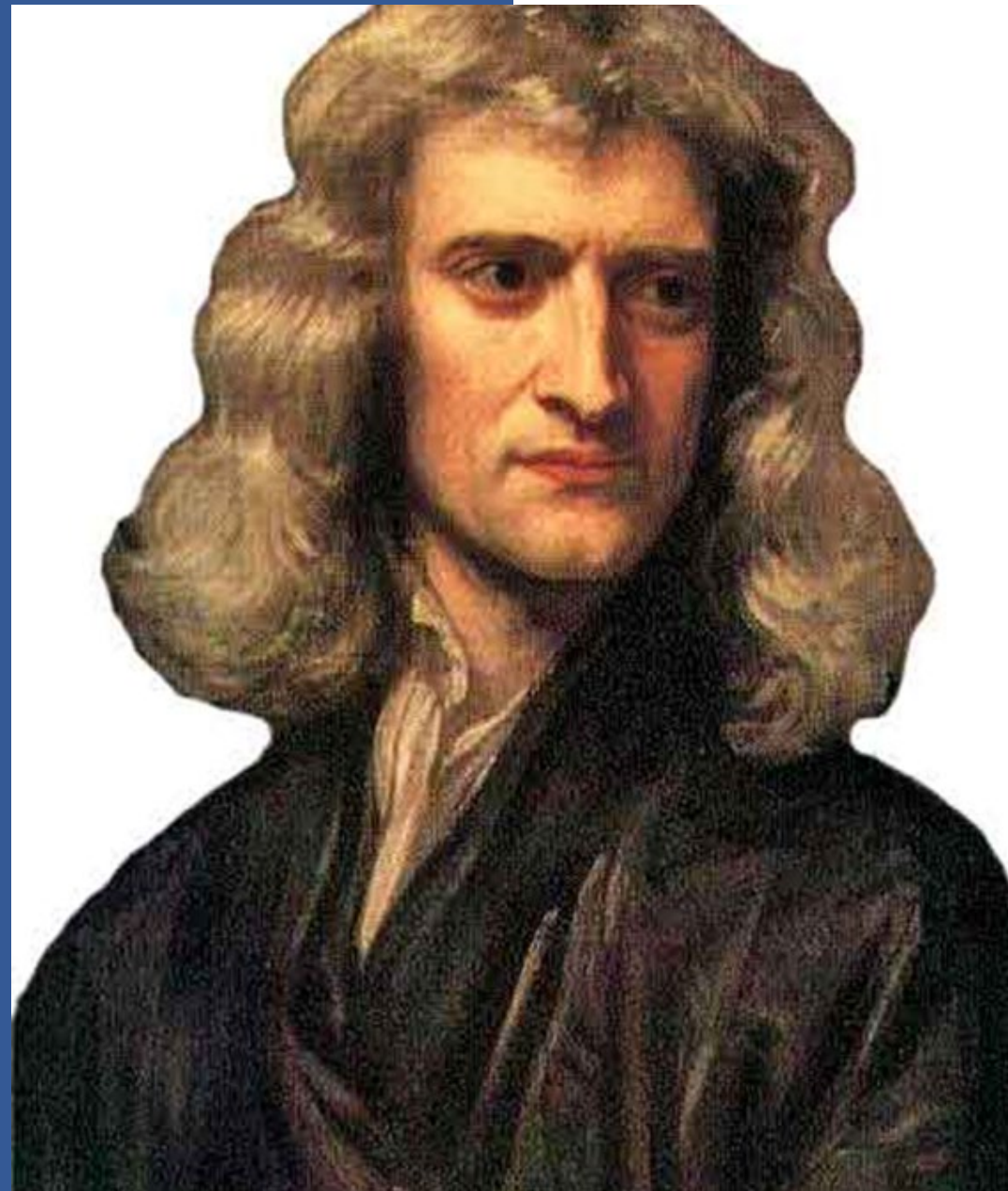


Expand the capacity to offer PrEP, nPEP and accompanying laboratory functions for follow up



Development of partnerships with other community HIV clinical providers, PDPH operational divisions, and community-based organizations





# An Object At Rest... Stays At Rest

"Everything continues in a state of rest unless it is  
compelled to change by forces impressed upon it."  
Isaac Newton, First Law of Motion

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Radical Authentic Service



We Do  
Language...





## GIVE INPUT INTO THE PROPOSED PLAN

The EHE/HIPC survey

Is there a strategy that is  
missing?

Is there a partner that needs  
to be included?



A photograph of a smiling man with a grey beard and short hair, wearing a light-colored button-down shirt. He is waving his right hand towards the camera. The background is a blurred indoor setting with windows. The image has a light blue overlay.

Community Engagement

[www.EHE.HIVPhilly.org](http://www.EHE.HIVPhilly.org)



A photograph of two men, likely construction workers, smiling at the camera. The man on the left is wearing a camouflage hard hat and a grey work jacket. The man on the right is wearing a dark grey baseball cap and a dark grey work jacket. They are standing in front of a light-colored, textured wall. A dark blue horizontal band is overlaid across the middle of the image, containing the text "Thanks for Joining Us!" in white.

Thanks for Joining Us!