
FIELD SERVICES HEALTH INFORMATICS & INTEGRATED SURVEILLANCE SYSTEMS HIV CARE SERVICES HIV PREVENTION SERVICES

DIVISION OF DISEASE

PREVENTION

HIV/AIDS SURVEILLANCE NEWCOMER HEALTH PHARMACY SERVICES TUBERCULOSIS CONTROL AND PREVENTION

PROGRAM SUMMARY

2008

TABLE OF CONTENTS

DIRECTOR'S MESSAGE	1
WEB SITE INFORMATION FOR 2008	2
FIELD SERVICES	3
<i>SEXUALLY TRANSMITTED DISEASE PREVENTION PROGRAM</i>	3
<i>CHLAMYDIA PREVENTION PROGRAM</i>	3
<i>HIV COUNSELING, TESTING, REFERRAL, AND PARTNER SERVICES</i>	4
<i>EXPANDED TESTING INITIATIVE</i>	5
<i>VIRAL HEPATITIS PREVENTION PROGRAM</i>	5
<i>TRAINING UNIT</i>	5
HEALTH INFORMATICS & INTEGRATED SURVEILLANCE SYSTEMS	6
<i>STD SURVEILLANCE NETWORK (SSUN)</i>	6
<i>HIV SURVEILLANCE CAPACITY BUILDING</i>	7
<i>EVALUATING INTEGRATION OF HIV/AIDS SURVEILLANCE DATA WITH A GEOGRAPHIC INFORMATION SYSTEM (GIS)</i>	7
<i>THE GONOCOCCAL ISOLATE SURVEILLANCE PROJECT (GISP)</i>	8
HIV CARE SERVICES	9
<i>HEALTH CARE PLANNING</i>	9
<i>AIDS DRUG ASSISTANCE PROGRAM (ADAP)</i>	9
<i>STATE PHARMACEUTICAL ASSISTANCE PROGRAM (SPAP)</i>	10
<i>HIV SERVICES</i>	10
<i>QUALITY MANAGEMENT</i>	11
<i>MINORITY AIDS INITIATIVE SERVICES</i>	11
<i>EARLY INTERVENTION SERVICES</i>	11
HIV PREVENTION SERVICES	12
<i>HEALTH EDUCATION/RISK REDUCTION</i>	12
<i>DDP HOTLINE & PUBLIC INFORMATION</i>	12
<i>CAPACITY BUILDING</i>	13
<i>COMMUNITY PLANNING</i>	13
<i>PROGRAM EVALUATION MONITORING SYSTEM</i>	14

TABLE OF CONTENTS

HIV/AIDS SURVEILLANCE	15
<i>CORE HIV/AIDS SURVEILLANCE</i>	15
<i>HIV INCIDENCE</i>	15
<i>THE MEDICAL MONITORING PROJECT</i>	16
NEWCOMER HEALTH	17
<i>2008 HIGHLIGHTS</i>	17
PHARMACY SERVICES	18
<i>2008 HIGHLIGHTS</i>	18
TUBERCULOSIS CONTROL AND PREVENTION	21
<i>CONSULTATION AND TECHNICAL ASSISTANCE</i>	21
<i>DISEASE SURVEILLANCE</i>	21
<i>EDUCATION AND TRAINING</i>	22
<i>COLLABORATION WITH THE DIVISION OF CONSOLIDATED LABORATORY SERVICES</i> <i>(DCLS)</i>	23
<i>HOMELESS INCENTIVE PROGRAM</i>	23

Director's Message

Kathryn Hafford, RN, MS

In 2008, the Division of Disease Prevention (DDP) continued to provide leadership and support to local health departments, medical providers and community-based organizations across the state, in the prevention, surveillance and treatment of HIV/AIDS, sexually transmitted diseases, and tuberculosis. The Newcomer Health Program assisted health departments in providing essential health services to refugees and immigrants, and the Central Pharmacy provided medications and vaccines to health departments statewide.

In this document, you will find Division highlights for 2008. Included are updates from each of the program areas that cover information regarding continuing efforts and new initiatives.

- Current tuberculosis guidelines and issues were recently addressed at the 6th Annual TB Nurses Retreat where several collaborative partners were present.
- Virginia PS07768 began year 2 of a three-year HIV Testing Initiative, “Expanded and Integrated Human Immunodeficiency Virus (HIV) Testing for Populations Disproportionately Affected by HIV, Primarily African Americans.”
- The Centers for Disease Control and Prevention (CDC) awarded Virginia continuation funding for the Gonococcal Isolate Surveillance Project (GISP) for the next five years, enabling it to be included in national gonorrhea resistance data.
- Several providers who used innovative strategies to find persons who know their HIV-positive status but are not currently receiving health care were funded through Part B Minority AIDS Initiative (MAI) in order to re-engage and retain them in care.

These are just a few examples of the Division's 2008 accomplishments. Please visit the Division's Web site at <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/>. Here, you will find more information on our programs, upcoming events and data and statistics.

Sincerely,

Kathryn Hafford, RN, MS

Web Site Information for 2008

The Division of Disease Prevention

<http://www.vdh.virginia.gov/Epidemiology/DiseasePrevention/>

2008 WEB Visit Counts	Month of Web Visit	Number of Visits	Average Visits per day
	January	16,652	537
	February	17,070	589
	March	23,027	743
	April	25,039	835
	May	25,204	813
	June	20,634	688
	July	17,532	566
	August	17,362	560
	September	17,919	597
	October	20,924	675
	November	19,132	638
December	16,347	527	
Total Web Visits	236,842		

Field Services

Theresa Henry, Director

Field Services is responsible for directing all aspects of confidential HIV and sexually transmitted disease (STD) counseling, testing, partner services, anonymous HIV testing, STD treatment, surveillance, case reporting, technical assistance/consultation, training and quality assurance for local health districts, including special programs for Chlamydia prevention, outbreak response, and viral hepatitis.

SEXUALLY TRANSMITTED DISEASE PREVENTION PROGRAM

- Chlamydia cases increased 27% compared to 2007. Virginia has experienced an increase in chlamydia cases every year since 1998.
- Early syphilis cases increased 23% from 2007. Fifty-three percent of the early syphilis cases are primary and secondary syphilis. This increase is in line with national trends and is partially attributed to increases in cases among gay men.
- Gonorrhea showed a 65% increase over 2007. This increase may be reflective of a procedural change to data handling of laboratory reports of GC and Chlamydia.

CHLAMYDIA PREVENTION PROGRAM

- In 2008, there were 93,974 clients screened for Chlamydia, using age-based criteria, in STD, family planning and prenatal clinics.
- DDP, in collaboration with Training 3, provided training for clinical staff on the current treatment of STDs, new CDC revised HIV testing recommendations, and the relationship of the Human Papillomavirus and its subsequent management.

OUTBREAK RESPONSE

- A Syphilis outbreak in Richmond and Chesterfield presented challenges to Virginia Epidemiology Response Team (VERT) resources. By years end, syphilis was beginning to decline in both areas.
- On December 12, 2008, DDP, Richmond City Health Department, and 11 community-based organizations (CBOs) collaborated to conduct a large outreach testing event for syphilis and HIV. Conceived and coordinated by the Fan Free Clinic, PUSH (Partners Unlocking Syphilis and HIV), testing was conducted at nine sites in the metro area. Sites were selected based on cluster analysis to reach the populations most at risk. In all, 138 persons were tested for HIV and 97 for syphilis. Six new HIV infections identified and referred for care.



Continued, Field Services

- VERT collaborated with CBOs and local health departments to conduct HIV and syphilis screening events throughout Virginia. Examples in 2008 included nightclubs in Norfolk and Richmond, and multiple community events using the VERT van which is custom built for phlebotomy and confidentiality. VERT staff also participated in activities for National HIV Testing Day in June.
- DDP funded two CBOs and one syphilis elimination coalition to provide ongoing prevention education to at-risk populations. These organizations provided street and community outreach and made over 1,500 contacts. They established rapport with the community, distributed condoms, literature and other prevention materials, and recruited high-risk persons into more intensive interventions.
- VERT staff were deployed in 2008 for the following reasons:
 - **Assistance** (personnel) was provided to Lynchburg, Crater, Chesterfield, Chickahominy, Henrico, Rappahannock, Western Tidewater, Norfolk, Portsmouth, Chesapeake, Virginia Beach, Eastern Shore, Peninsula, and Hampton health districts.
 - **Assessment** services, including rapid case finding or intensified case reviews in areas where surveillance early warning systems indicate that an outbreak might be imminent, were provided in Lynchburg, Richmond, and Danville.
 - **Outbreak** response services to rapidly intervene in a disease outbreak were provided in Lynchburg and Richmond.

HIV COUNSELING, TESTING, REFERRAL, AND PARTNER SERVICES

- ❖ Effective July 1, 2008, The General Assembly passed legislation that brings Virginia's HIV testing laws more in line with CDC's *2006 Revised Recommendations for HIV testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. The new law removed informed consent requirements but requires the provider inform the patient that the test is planned, provide information about the test and advise the patient that he/she has the right to decline testing. Testing must be conducted for all pregnant women unless the patient refuses. DDP conducted a webinar to explain Virginia HIV testing law changes to local health departments and community based organizations.
- In April, DDP implemented CDC's new counseling, testing, and referral scan form in all testing sites. This ensures collection of standard data variable across the U.S.
- Publicly funded sites conducted 62,577 HIV tests in 2008 and identified 259 new positives (0.42%). Of the new positives, 70% received their results. A total of 39,942 STD clinic patients tested for HIV in 2008 and 138 (0.35%) tested positive.
- Thirteen anonymous testing sites (ATS) provided services across Virginia in 2008. The ATS conducted 852 HIV tests and identified 14 (1.64%) new positives.

*Continued, Field Services*

- Partner services were offered to 1,064 newly reported HIV positive patients. Of the persons who agreed to partner services, 545 partners were identified and 224 were notified of their exposure.

EXPANDED TESTING INITIATIVE

- Several local health districts, including Chesapeake, Norfolk, Alexandria, Arlington, Richmond City, Roanoke and Lynchburg Health Departments began offering rapid HIV testing under the Expanded Testing Grant.
- Eastern Shore Rural Health began routinely testing all clients seen in their five community health centers in May.
- Minority Health Consortium began conducting rapid HIV testing in jails in October, averaging 250 tests per month.
- Virginia Commonwealth University began offering rapid HIV testing in emergency departments in December. VDH provided staffing assistance for this testing.

VIRAL HEPATITIS PREVENTION PROGRAM

- Hepatitis C virus (HCV) testing of STD clients who self-report a risk of intravenous drug use, sex with an HCV-positive person, blood transfusion, hemophilia, or HIV-positive status continued in the ongoing in Cumberland, Fairfax, Loudoun, Mount Rogers and Peninsula Health Districts. These districts also provided notification of those residents with an HCV-positive status along with educational materials and an opportunity for free hepatitis B virus (HBV) vaccine series
- The Program collaborated with the Division of Immunization to expand delivery of hepatitis B vaccination in STD clinics and offered statewide training/updates for all STD and immunization nurses via webinar technology and technical assistance.

TRAINING UNIT

- DDP trainers collaborated with the Region III STD/HIV Prevention Training Center and the Virginia HIV/AIDS Resource and Consultation Center to provide clinical training to public and private health care providers. Two STD clinical courses targeting nurses, nurse practitioners, physician assistants and physicians were offered.
- Trainers partnered with HIV Prevention to present “Social Network Strategies” trainings for CBOs. Other partnerships included STD/HIV presentations provided at the August 2008 “Cross Training for Collaborative Systems of Prevention, Treatment and Care” in Arlington, Virginia, and monthly STD updates for the Department of Corrections’ pre-release program for inmates.

Health Informatics & Integrated Surveillance Systems

Jeff Stover, Director

The mission of the Health Informatics & Integrated Surveillance Systems (HISS) unit is to improve program capacity through enhanced surveillance initiatives, data quality management, advances in public health informatics and epidemiologic research. Primary functions include epidemiologic/statistical analyses, data quality management and enhanced disease surveillance initiatives. Advancements in the use of information science and technology are employed to provide innovative and enhanced approaches to focal areas such as survey research, descriptive and analytic epidemiology, geospatial analysis and imaging informatics

- ❖ HISS was reorganized into two branches during 2008 to better meet the needs of internal and external customers: Data Administration, and Epidemiology Assessment & Evaluation. The Data Administration unit maintains oversight of data management including data quality, data integrity, data system maintenance and updates for CDC developed systems, management of ELR data/importation, scan technology and ongoing development of enhanced data visualization tools. The Epidemiology Assessment & Evaluation branch provides for statistical requests, epidemiologic reports, GIS and geocoding initiatives, data-related grant assistance and HIV incidence data management.
 - HISS staff has been actively involved in the Commonwealth of Virginia Business Intelligence Competency Center (BICC). The existing SAM application created and used for data analyses purposes within DDP is being recreated using the LogiXML business intelligence (BI) tool, as a pilot endeavor between HISS and the VITA Enterprise Applications Division.
 - Publications: Carrie Dolan, MPH, and Chris Delcher, MS. Monitoring Health Inequities and Planning in Virginia: Poverty, Human Immunodeficiency Virus, and Sexually Transmitted Infections. Sexually Transmitted Diseases, December 2008, Vol. 35, No. 12, p.981–984

STD SURVEILLANCE NETWORK (SSUN)

- ❖ This funding is used to obtain a more comprehensive picture of the STD population. The initial three-year project, which ended in September, 2008, focused on gonorrhea (NG). A new five-year project began in October 2008 and includes demographic and behavioral risk data collection via a self-administered instrument given to all STD clinic attendees in Chesterfield County, Henrico County and Richmond City. Additional activities include data collection and surveillance for genital warts within the participating



Continued, Health Informatics & Integrated Surveillance Systems

- ❖ STD clinics and enhanced NG surveillance targeting individuals diagnosed outside of the STD clinic public health department settings in Chesterfield County, Henrico County and Richmond.
 - HIISS staff conducted conference calls with the three local health department STD clinic staff to discuss/review SSuN related activities.
 - There were 17,124 SSuN data collection instruments completed from project inception in April 2006 through December 31, 2008. Of all patients' visits with a completed survey, 1,645 (~10%) had a diagnosis of NG and 428 (2.5%) were diagnosed with genital warts.
 - HIISS staff developed and conducted telephone surveys based on the enhanced surveillance questions asked in the STD clinics.
 - There were 135 interviews of NG positive patients (9% of the total 1,450 reported cases excluding STD clinics) through the end of 2008.

HIV SURVEILLANCE CAPACITY BUILDING

- ❖ The current full version of the Profile was disseminated on World AIDS Day, December 1, 2007.
 - The Epidemiology Profile Coordinator position was vacant for more than half of 2008, resulting in the absence of an Epidemiology Profile Update for 2008.

To view or download the 2007 Epidemiology Profile in its entirety, visit:

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Profile2007.htm>

EVALUATING INTEGRATION OF HIV/AIDS SURVEILLANCE DATA WITH A GEOGRAPHIC INFORMATION SYSTEM (GIS)

- ❖ This funding is used to demonstrate and evaluate methods for spatially linking existing HIV/AIDS surveillance data with other datasets to enhance epidemiologic capacity. The main goal of this project is to develop procedures and guidelines that allow the use of GIS in analyses while safeguarding security and confidentiality.
 - HRI staff worked with CDC, Washington State and Colorado to develop GIS questions that were distributed via CSTE to all HIV surveillance programs nationally. Data from the survey were analyzed by the three grantees and presented at the CSTE Annual Meeting in Denver, CO.
 - Virginia continued transfer of geocoded HIV/AIDS cases reports at the census tract level, based on the established Memorandum of Understanding with CDC.
 - HIISS staff has continued working with CDC and the other grantees on documentation guidance related to GIS initiatives. A "Road Map" to GIS Competency has been created for use by HIV surveillance programs nationally; this document is being included in the Policies and Procedures Manual currently being finalized by the CDC and three grantees.



For additional information, please visit the project website at:

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/GIS/index.htm>

THE GONOCOCCAL ISOLATE SURVEILLANCE PROJECT (GISP)

- ❖ GISP is a supplement of the Comprehensive STD Prevention Systems grant funded by CDC and was established in 1986 to monitor trends in antimicrobial susceptibilities of strains of NG in the United States, and to establish a rational basis for the selection of gonococcal therapies. Virginia became a GISP participant in May 2007.
 - The GISP Surveillance 2007 Supplement missed publication in 2008. It was distributed by CDC in March 2009. Richmond, VA is included in the report as Virginia's first GISP site.
 - HISS staff conducted an on-site presentation of GISP project data in August.
 - HISS staff conducted three on-site presentations of SSuN project data. Local health departments were provided with detail maps of STD morbidity to assist with resource allocation and intervention activities.
 - Based on protocol, urethral specimens were collected from the first 25 men with symptoms of urethral NG attending the STD clinic each month. Cultures were initiated on urethral specimens and shipped to DCLS.
 - DCLS followed established protocols for the incubation, examination & analysis of specimens to ensure a pure culture was obtained. NG isolates were shipped to the University of Alabama at Birmingham (UAB) and tested for susceptibility to penicillin, tetracycline, spectinomycin, ciprofloxacin, ceftriaxone, cefixime and azithromycin.
 - There were 125 NG isolates identified of which 22 (18%) were found to be resistant to ciprofloxacin from January to December 2008.

HIV Care Services

Diana Jordan, Director

HIV Care Services (HCS) is committed to meeting the current and emerging needs of those infected/affected by HIV/AIDS in Virginia through the coordinated delivery of quality care and support programs. In 2008, HCS expanded its staff and programming to provide a wider array of services throughout Virginia.

HEALTH CARE PLANNING

- In 2008, HCS completed the Statewide Coordinated Statement of Need (SCSN). This process included a statewide survey administered through consumer groups, health care providers and CBOs to assess the needs, gaps, and barriers to HIV-related services for people living with HIV/AIDS (PLWHA) throughout the state. Nearly 900 surveys were completed with 92% of respondents reporting that they were PLWHA. The findings of the SCSN were used, in conjunction with other data sources, to formulate the goals for the Statewide Comprehensive Plan (SCP) for HIV Services. The complete SCSN/SCP Document is available on the web.
- HCS also developed the SCP for HIV Services. The results of the SCSN, public hearings, and stakeholder feedback were used to formulate goals and objectives to address the needs, gaps, and barriers to HIV-related services for the next three years.
- HCS conducted focus groups to assess community and local health department response to the upcoming centralization of eligibility and enrollment (CEEP) for the AIDS Drug Assistance Program (ADAP). Feedback was used to inform the contracting process as well as the implementation of this statewide program.

AIDS DRUG ASSISTANCE PROGRAM (ADAP)

- ADAP provides access to medications for low-income PLWHA, and is supported through a combination of state and federal RW funding. In 2008, the formulary covered 104 medications and vaccines (see VA ADAP Formulary on the VDH website). In 2008, 3,488 (an 8% increase from 2007) clients received 57,270 (a 12% increase from 2007) prescriptions through ADAP.
- ADAP entered into an agreement with Monogram Biosciences Trofile to establish an assay access program for eligible ADAP clients that meet the exception criteria and need access to the entry inhibitor drug maraviroc (Selzentry).
- HCS solicited proposals for centralized eligibility determinations and enrollment for individuals who apply for Virginia ADAP. Until 2008, ADAP eligibility has been conducted primarily through more than local health departments. These sites also serve as ADAP medication distribution sites. Patient Services Incorporated (PSI),



Continued, HIV Care Services

who also manages the SPAP, was awarded this contract in October. PSI will phase in centralized eligibility gradually in health departments over the next year.

- The Seamless Transition Program (STP), collaborative agreement between VA ADAP, VA Department of Corrections (DOC), and local health departments, assists DOC staff in arranging continuity of care and medical homes for HIV positive offenders being released into the community. Offenders are provided with a 30-day supply of current anti-retroviral medications and ADAP supplies an additional month's worth of medications to allow time for transition and ADAP enrollment. STP assisted 101 (a 20% increase from 2006) newly released HIV-positive inmates with access to medications and primary care.
- In addition to coordinating medication access for eligible clients, VA ADAP also manages multiple direct service programs:
 - The Bridge Program offers intensive mental health (MH) services to HIV+ inmates leaving DOC facilities and (re)entering HIV care at the Medical College of Virginia Infectious Disease (ID) Clinic.
 - In October, six local health departments were awarded funds for an 18-month pilot project to determine best practices for increasing medication adherence among ADAP clients. Three different models are being evaluated. Each health district has identified different initiatives that are either client-based, tools to assist an individual to increase their personal compliance, or process-based improvements geared towards assisting client accessibility to ADAP services and evaluating the internal ADAP processing system.

STATE PHARMACEUTICAL ASSISTANCE PROGRAM (SPAP)

- ❖ Virginia's SPAP provides ADAP eligible clients with incomes between 135% and 300% of the federal poverty level with Medicare D financial assistance with prescription drugs. Medicare prescription legislation allows SPAPs to "wrap around" Medicare Part D benefit to fill gaps in coverage.
 - Since the inception of the SPAP, Patient Services Inc. (PSI) has placed 149 clients on premium assistance service and 137 clients on cost sharing assistance. Currently, PSI is assisting 130 premium clients and 122 co-payment clients. 2008 PSI data shows that the average monthly prescription co-payment per client is \$383.95 compared to \$1,300 for clients under ADAP. In 2008, the SPAP demonstrated a cost savings of at least \$879,408 to ADAP.

HIV SERVICES

- RW Part B funding provides regional consortia-based services administered through five lead agencies (one in each health region) as well as through direct contracts with providers across the state. These funds are utilized to provide health care and support services to over 4,000 PLWHA in Virginia.

***QUALITY MANAGEMENT***

- Revised Case Management Standards were implemented for all Ryan White Part B and Norfolk Part A Case Management providers. The new standards reflect the Health Resources and Services Administration's (HRSA) focus on positive health outcomes achieved through RW-funded services for PLWHA. Training was provided for Case Managers throughout the state. In addition, clinical consultation services were provided to agencies in need of extra support during the transition.
- HCS revised all VDH Ryan White Part B funded service Standards and Modules. The revised documents and tools will be used by all providers as well as by the state Peer Review Team to ensure that primary care and health-related support services adhere to the current US Public Health Service guidelines.

MINORITY AIDS INITIATIVE SERVICES

- Two minority CBOs, three local health departments, and one university-based research institution were funded through Part B Minority AIDS Initiative (MAI) to increase access among racial/ethnic minorities to the Virginia ADAP, primary medical care and related HIV services through innovative outreach and case-finding activities. These providers find persons who know their HIV-positive status but are not currently receiving health care, in order to re-engage and retain them in care.
- Two hundred two (202) individuals living with HIV/AIDS were reached and reconnected to care in FY 2008.

EARLY INTERVENTION SERVICES

- ❖ In 2008, state-funded early diagnosis and treatment services, including services to empower clients with knowledge, self-care and support skills were provided at three existing sites: Central Virginia Health District, located in Lynchburg, and the Fan Free and Arthur Ashe Clinics in Richmond.

VIRGINIA HIV/AIDS RESOURCE AND CONSULTATION CENTER (VHARCC)

- ❖ VHARCC received funding to educate health care providers in all aspects of HIV/AIDS, hepatitis and sexually transmitted diseases through consultation, education, and clinical training sessions. During 2008, the VHARCC provided a total of 187 programs to 3047 individuals

HIV Prevention Services

Elaine Martin, Director

HIV Prevention Services is responsible for establishing target population and intervention priorities, awarding and monitoring contracts for HIV prevention services and community-based HIV testing, provision of capacity building, technical assistance for community-based organizations (CBOs), conducting training on evidence-based prevention interventions, coordinating public information campaigns, managing the HIV, STD and Viral Hepatitis Hotline, developing educational materials, coordinating community planning for HIV prevention, and conducting program evaluation.

HEALTH EDUCATION/RISK REDUCTION

- HIV Prevention Services (HPS) managed 38 contracts with 19 organizations for the provision of HIV prevention services including Comprehensive Risk Counseling and Services (CRCS), HIV testing, individual, group and community-level interventions, street and community outreach, presentations, lectures and special events.
- CBOs conducted 8,572 HIV tests and identified 60 (.7%) new positives.
- *Data Summary:*

Intervention Type	Individuals Reached/ Contacts Made
HIV Testing	8,572
Basic Street Outreach	64,629
Intensive Outreach, Individual & Group Interventions	9,157
Comprehensive Risk Counseling and Services	210
Community Level, Health Communications, Social Marketing	7,124

DDP HOTLINE & PUBLIC INFORMATION

- ❖ The Division provides a nationwide toll-free HIV, STD, Viral Hepatitis Hotline staffed by counselors who use a client-centered, nonjudgmental approach in responding calls and internet inquires. The hotline operates Monday through Friday from 8:00 a.m. until 5:00 p.m. at 1-800-533-4148. Counselors provide information regarding state and national HIV and STD resources, including HIV counseling and testing referrals, STD screening, medical provider referral, ADAP, disease trends, as well

Continued, HIV Prevention Services

as morbidity and mortality data. In 2008, the hotline answered 5,002 calls, 102 internet inquires, and mailed more than 479,078 pamphlets and posters.

CAPACITY BUILDING

- In 2008, HPS offered multiple trainings in the Program Evaluation and Monitoring System (PEMS) and multiple trainings on completion of the new form to collect testing information, the HIV Counseling, Testing & Referral (HIV CTR) form. These trainings were held using multiple approaches including webinar, in-person, and phone to more than 100 attendees in total.
- Two Grant Writing workshops facilitated by VDH staff reached 38 persons from various CBOs.
- Twelve women attended the Diffusion of Effective Behavioral Interventions) DEBI training of facilitators for SISTA; an intervention for African American heterosexual women.
- Thirty-one individuals attended the Division's annual four-day Core Strategies for Street and Community Outreach training in July.
- The Division sponsored a Popular Opinion Leader DEBI training in January 2008 with 17 persons in attendance
- Thirteen persons attended the first-ever, Group Facilitation Skills for STD/HIV Prevention Interventions training which was facilitated by a CDC National Capacity Building Assistance Provider.
- Fourteen persons participated in a Safety Counts DEBI training
- Two Grant Writing workshops facilitated by VDH staff reached 38 persons from various CBOs.
- *OraQuick HIV Testing* training was provided 21 times for 169 people during 2008.
- In November, 2008 18 persons attended a Social Networking training facilitated by DDP staff.

COMMUNITY PLANNING

- HIV prevention and care planners worked collaboratively on projects throughout the year, including the Statewide Coordinated Statement of Need (SCSN) and Statewide Comprehensive HIV Care Plan. Prevention and HIV Care Services conducted joint public hearings in 2008.
- VDH Prevention and Care staff worked with the CPG to examine the benefits and drawbacks of integrating prevention and care planning. The CPG voted to fully integrate these efforts and spent the latter half of 2008 working plans to restructure and prepare for transition. Charter and bylaws were revised to reflect the integration of prevention and care planning bodies. The planning group membership

2008



Division of Disease Prevention

Program Summary

Continued, HIV Prevention Services

application has been revised to better identify skill sets and interest in prevention and/or care.

- It is anticipated that the first combined statewide prevention/care meeting will be held in May 2009.

PROGRAM EVALUATION MONITORING SYSTEM

- ❖ PEMS is the Centers for Disease Control and Prevention's (CDC) secure Internet browser-based software program consisting of standardized data variables for data entry, collecting, and reporting for HIV prevention programs. PEMS data collection and entry is a mandatory activity for all contractors and programs funded by VDH HIV prevention programs.
 - 2008 marked the fourth complete year Virginia's CBOs used PEMS. Under the six prevention grants, 19 contractors collected and entered data for 38 HIV prevention contracts.

HIV/AIDS Surveillance

Dena Bensen, Director

The Virginia HIV/AIDS Surveillance Program (VSP) functions as the central repository for reports of all adults and children diagnosed with or exposed to HIV/AIDS in Virginia. VSP encourages and supports the ongoing and systematic reporting of key HIV/AIDS data points from public and private providers and laboratories across the state.

The primary functions of Virginia's HIV/AIDS Surveillance Programs are:

- 1) Provide accurate epidemiologic data to monitor the incidence and prevalence of HIV infection and AIDS-related morbidity and mortality, and
- 2) Support the use these data trends for evidence-driven population based prevention and care programs for Virginians and public health planning and policy development for those Virginians infected and affected with HIV/AIDS.

The following HIV surveillance programs work together towards achieving the goals described above.

CORE HIV/AIDS SURVEILLANCE

- ❖ The VSP utilizes standardized CDC guidelines for collecting accurate, timely, high-quality data on individuals who are infected with HIV/AIDS and for infants perinatally exposed to HIV infection. In addition to gathering data critical to planning efforts and funding allocation, surveillance activities include evaluating the completeness of HIV/AIDS reporting in Virginia, investigating modes of transmission, and conducting follow-up investigations.
 - Representing cases from each of the five health-planning regions, 654 AIDS cases and 906 HIV cases were entered into the evaluation HIV/AIDS Reporting System (eHARS) database for 2008.

Disease Reporting Regulations for the Virginia Department of Health can be found at <http://www.vdh.virginia.gov/epiedmiology/Regulations.htm>.

HIV INCIDENCE

- ❖ In 2008, Virginia was one of 25 national jurisdictions with continued CDC funding for HIV Incidence Surveillance (HIS). The continuing goals were to estimate, at a population-based level, the number of Virginians at initial HIV diagnosis that were recently infected (defined as six months or less).



- In 2008, HIS released the 2006 National and Virginia HIV incidence estimate.
 - CDC estimates that 56,300 new HIV infections occurred in the United States in 2006. Based on this estimate, 52 out of every 100,000 people living in the US were newly infected with HIV.
 - The Virginia HIV estimate showed approximately 1,220 Virginians were newly infected with HIV in 2006. Based on this estimate, 19 of every 100,000 people living in Virginia were newly infected with HIV in 2006.
- The HIS program significantly increased private laboratory participation, a key program element.
 - As of December, approximately 99% of all new HIV positive samples diagnosed by serum western blot were routinely being submitted to the CDC-designated lab for incidence testing.
 - The Division of Consolidated Laboratory Services (DCLS), the state's public health lab, continued their program participation and support by shipping remnant specimens of all western blot positives to the Incidence lab in New York.
- HIS increased by 50% its completion of the Testing and Treatment History (TTH) form, a key component of the HIS program.
 - Approximately 70% of the TTH forms were completed by Health Counselors, 27% through chart reviews by the Incidence Epidemiology Consultant, and 3% from CBOs.

THE MEDICAL MONITORING PROJECT

- ❖ The Medical Monitoring Project (MMP), another CDC-funded supplemental HIV surveillance program, collects behavioral and clinical data from an annual probability sample of persons in HIV care in the U.S. Virginia is one of 23 national sites randomly selected to participate in MMP. The goal of MMP is to provide nationally representative estimates of clinical and behavioral outcomes among persons living with HIV infection. Clinical outcomes include quality of care, access to care, and use of HIV care and treatment. Behavioral outcomes include use of prevention services, medication adherence, and levels of on-going risk behaviors. To improve the quality and usefulness of data, MMP will continue to increase the representativeness of data compared to legacy systems; increase the relevance of data for use at the local level (e.g., for HIV care and prevention planning); and collect data from people through both interviews and medical record reviews.
 - At the end of June, 2008 the 2007 data collection cycle ended. A total of 165 interviews were conducted and 361 medical record chart abstractions were completed.
 - The 2008 data collection cycle began in December which included resubmission of the Facility Sample Frame to CDC for selection

Newcomer Health

Sidnee' M. Dallas, Director

The mission of the Newcomer Health Program (NHP) is to protect the public's health by empowering local health districts to provide thorough initial health assessments to all new refugees entering Virginia. The Department of Social Services, Office of Newcomer Services (ONS), administers federal Refugee Medical Assistance (RMA) funds in Virginia. ONS works through NHP to coordinate, facilitate, and monitor the provisions of initial health assessment services to newly arriving immigrants with a refugee or asylum status.

2008 HIGHLIGHTS

- Virginia's local health districts are encouraged to orient refugees to our health care system and provide referrals for follow-up of health problems identified during the comprehensive health assessment. Providing quick and appropriate treatment for health problems, such as TB disease and latent TB infection, ensure better health for the refugee, and protects the public's health.
- Virginia continued to experience a steady flow of refugee arrivals during the 2008 SFY (July 1, 2007-June 30, 2008), with 1,756 persons with refugee status entering the Commonwealth. Of these, 420 claimed Burma as their country of origin. Other countries of origin included: Iraq (332), Tanzania (155), Cuba (90), Iran (80), Ethiopia (71), Burundi (65), Afghanistan (57), Congo (48), and Somalia (42). The remaining 396 hailed from another 62 different countries.
- During the 2008 SFY, 21 local health districts provided initial health assessments to new refugees. These assessments were provided on average of 38 days from the time of arrival into the U.S.
- Health districts reported that 1,519 refugees received Level I (TB skin test, follow-up chest x-ray and treatment if warranted) of the initial health assessment, which is the minimum required by NHP. Of the 1,519 refugees screened, 1,447 are reported to have received Level II (evaluation of health history and immunization status) of the screening, 949 received Level III (examination of the heart and lungs & evaluation for anemia and/or sexually transmitted diseases) and 1,418 received Level IV (referrals for follow-up of health problems identified & case management)

Pharmacy Services

Craig Parrish, Director

The purpose of Pharmacy Services is to support the Department of Health in its public health mission by the provision of pharmaceuticals, vaccines and pharmaceutical services to other divisions within the Department of Health and to local health departments.

- ❖ Pharmacy Services is essentially a self supporting service by the addition of a small administrative overhead charge that is added to most pharmacy services, therefore pharmacy services receives neither state nor federal funding.

Pharmacy Services provides support services to the Department of Health in many and various ways. Pharmacy Services supports the Aids Drug Assistance Program by the purchasing of pharmaceuticals, storage and subsequent distribution of over 45,000 prescriptions annually to underserved HIV infected citizens of the commonwealth at a cost of approximately \$20,500,000.

Pharmacy Services supports the Division of Tuberculosis Control by the filling of prescriptions sent in statewide from local health departments for primarily underserved citizens of the commonwealth with tuberculosis. The support for Tuberculosis Control continues to be expanded by the creation of special funding projects that identify specific issues in tuberculosis management such as Tb resistance, rifampin utilization by migrant workers on the Eastern Shore, and a reserve cache of TB medications that can be used to provide an uninterrupted source of medications to patients displaced by a natural disaster until normal services can be restored. These are all important initiatives in the management of tuberculosis in the Commonwealth

2008 HIGHLIGHTS

- In 2008, Pharmacy Services provided support services to the Department of Health in many and various ways, including, but limited to the following:
 - Pharmacy Services support of the Emergency Preparedness and Response Program for Virginia expanded greatly in this past year. Pharmacy Services has been an integral part of the agencies H1N1 influenza response plan and is involved in both antiviral and H1N1 vaccine storage and distribution activities. Pharmacy Services continues to work with EP and R and with the NBHPP in the procurement of antivirals for pandemic influenza. In addition Pharmacy Services is working with EP and R in the development of an antiviral distribution plan to be able to efficiently distribute the state's antiviral cache to the citizens of the Commonwealth. The development of this plan involves the coordinating of a network of over 500 dispensing sites that are situated both geographically and demographically across the state. A

*Continued, Pharmacy Services*

- needs assessment and cost estimates has been completed for a software program that would be used by participating sites to track distribution of antivirals in order to provide utilization information that will be helpful in both managing the event and accounting for doses dispensed. In addition Pharmacy Services has worked with EP and R to solicit pharmacists and pharmacy technicians to work with the Medical Reserve Corp to expand the state's capability to react to a medical crisis. Job descriptions have also been developed for all distribution related positions associated with the dispensing of the Strategic National Stockpile. Pharmacy has also developed procedures to be used at emergency shelters to provide pharmaceutical services to those displaced by natural or manmade disasters.
- ❖ Pharmacy Services also supports the mission of the Department of Health by the dispensing of pharmaceutical products to over 130 local health department sites for the provision of mandated services.
 - Other means by which Pharmacy Services provided support to the Department of Health in 2008 were:
 - Purchasing, storage and distribution of Medroxyprogesterone Acetate as well as an assortment of oral contraceptives and alternative contraceptive products to local health departments for the Office of Family Health Services
 - The ordering, storage and distribution of over 75,000 doses of flu vaccine to local health departments in the fall in response to seasonal flu
 - The filling and dispensing of prescriptions for the Chesapeake Health Department in support of their medical clinic
 - Storage of pharmaceuticals for response to a bioterror event for the Richmond district of the United States Postal Service
 - Dispensing of prescriptions in support of the Care Connection for Children Project, Newborn Screening Project
 - The purchasing and shipping of MMRS (Major Metropolitan Response System) drugs to Northern Virginia to respond to a natural or manmade disaster through a collaborative agreement with the NVRC (Northern Virginia Regional Commission).
 - The purchasing and shipping of MMRS drugs to Arlington County in response to requests for assistance in procuring and distributing emergency response drugs.
 - Entering into an expanded arrangement with the Hemophilia Treatment Center to better serve those affected constituents.
 - On going discussions and plans to purchase emergency drugs for both the Richmond MMRS.

2008



Division of Disease Prevention

Program Summary

Continued, Pharmacy Services

- Developed and distributed a contractual agreement for both retail pharmacies and other health facilities to distribute the state's antiviral cache as a part of VDH's antiviral distribution network should the need arise.
- Received and arranged storage for 25% of Virginia's allocation of antivirals from the Strategic National Stockpile.
- Arranged the procurement, storage and distribution of 100,000 bottles of prenatal vitamins with folic acid as a part of the Commissioner's healthy women initiative.

Tuberculosis Control and Prevention

Dr. Margaret Tipple, Director

The purpose of the Tuberculosis Control and Prevention Program is to control, prevent and eventually eliminate tuberculosis (TB) from the Commonwealth of Virginia. The program does this through a variety of strategies aimed at detecting every case of TB that occurs in Virginia, assuring that every case is adequately and completely treated and preventing additional transmission of the disease in communities.

The TB Control and Prevention Program provide services to local health districts, health professionals in the private sector, laboratories and individuals impacted by TB in the Commonwealth.

CONSULTATION AND TECHNICAL ASSISTANCE

- The program provides consultation and technical support through case conferences with local districts; review and audits of records; clinical consultation and phone availability 24/7 to local health directors and other health department staff. The program also provides clinical consultation and phone availability to other physicians and health facilities throughout the Commonwealth. Consultation may include advice and assistance on diagnosis, treatment, case management, contact investigation, and discharge planning. The program develops policies and technical guidance to standardize care and case management. The program provided direct assistance to local health districts and health care facilities in the management of complex cases and contact investigations. In 2008, direct assistance was provided in the management of individual cases and contact investigations at work places, health care facilities, detention centers and schools throughout Virginia.

DISEASE SURVEILLANCE

- In 2008, 292 cases of TB were reported in Virginia, for a case rate of 3.8 per hundred thousand.
- Tuberculosis cases were found in all regions of the state, with 57.8% of the cases reported from the Northern Region.
- Cases among US-born persons remained steady in 2008 with 80 cases reported compared to 79 cases in 2007.

*Continued, Tuberculosis Control and Prevention*

- Cases among foreign-born persons decreased from 7.8% from 203 in 2007 to 212 in 2008.
- Two cases were reported with multi-drug resistant TB and 15.1% of culture positive cases had resistance to at least one first line drug.

The 2008 Tuberculosis Surveillance Report is located at:

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/Tuberculosis/Epidemiology/>

EDUCATION AND TRAINING

- Program staff collaborated with the Southeastern National TB Center (SNTC) to provide a TB Program Managers course for the nurse managers in the local health districts. This training, which took place July 15- 18, brought district management together to improve support for TB control activities and to increase program evaluation activities at the local level.
- A conference for TB Outreach Workers was held November 5-7 and attended by 25 outreach workers working in local health departments. Topics included: epidemiology update, pediatric TB, TB/HIV co-infection, sputum collection, case management, contact investigation, cultural competency issues and diabetes.
- Fifty (50) nurses from local health departments participated in the 6th Annual TB Nurse Retreat December 3-5. Partners from the SNTC, DDP Newcomer Health Program and Eastern Virginia Medical School participated. Training content covered current guidelines and issues in TB case management, including TB performance indicators update, program evaluation and nursing directives, rapid testing methodologies and new RVCT data surveillance variables.
- Program staff continued to offer a series of videoconference programs covering various TB case management issues for nurses and outreach workers in the local health districts. Sessions addressed the requirements for a newly reported TB case, follow-up and monitoring, contact investigations and additional case management activities and resources.
- A nurse consultant with the DDP-tb program provided twelve skin testing training courses across the state, reaching a total of 178 participants. These programs are offered in a variety of settings, including nursing homes, hospitals, and local health departments.
- Three individuals from Virginia attended the Comprehensive Training Program at the SNTC Center in Lantana, Florida. The attendees were one district health

2008
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Division of Disease Prevention Program Summary

Continued, Tuberculosis Control and Prevention

- director and two contract physicians who run chest clinics in high morbidity health districts.
- Case conferences were conducted throughout the state, by videoconference or in person, to allow for medical consultation and discussion between program staff and local health department staff about difficult TB cases.

COLLABORATION WITH THE DIVISION OF CONSOLIDATED LABORATORY SERVICES (DCLS)

- Virginia continues to participate in the national genotyping program in order to identify patterns of disease transmission and clustering of cases. Information obtained through the genotyping project is used to improve case and contact investigations.

HOMELESS INCENTIVE PROGRAM

- The goal of the homeless incentive program is to improve compliance and completion of therapy. Individuals are provided with housing and food assistance as needed and in compliance with eligibility requirements to ensure they comply with isolation restrictions and medication and treatment regimens.