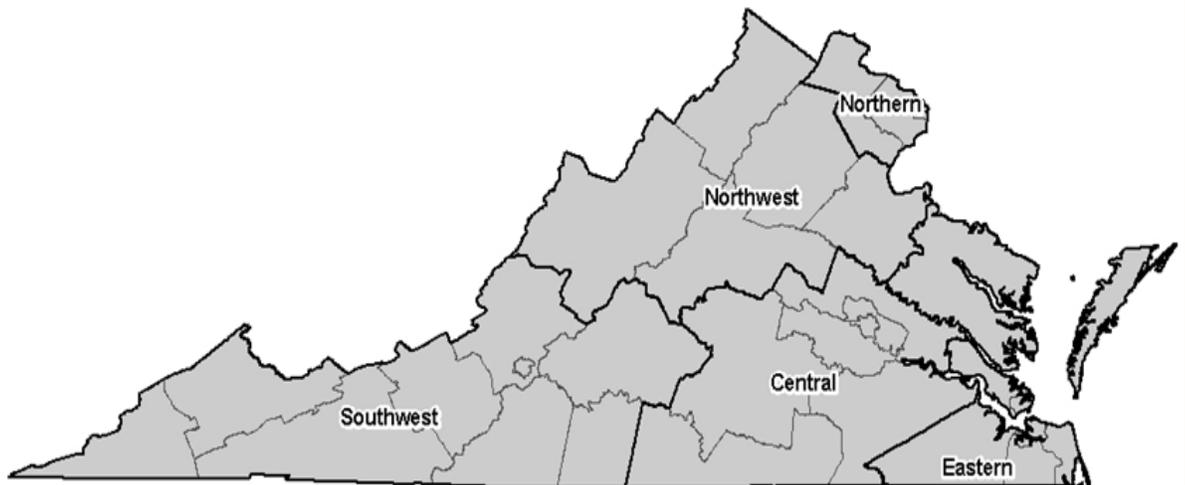


# DIVISION OF DISEASE PREVENTION



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# Director's Message

Kathryn Hafford, RN, MS

For many people 2009 was a difficult year as the economy continued to be weak. We saw the demand for HIV medications under the AIDS Drug Assistance Program (ADAP) increase steadily, with an important factor being the loss of medical insurance by individuals who no longer had jobs. Working in conjunction with local health departments, medical providers and community-based organizations, the Division of Disease Prevention (DDP) continued to provide leadership and support 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 2009. Included are updates from each of the program areas that cover information regarding continuing efforts and new initiatives.

- The HIV Community Planning Group (CPG) was officially integrated to become both a prevention and care planning body.
- Through the Expanded Testing Initiative, DDP extended HIV testing to eight clinical and three non-clinical settings.
- Richmond, VA was included in the Center for Disease Control and Prevention's (CDC) Gonococcal Isolate Surveillance Project (GISP) Surveillance Supplement report as Virginia's first GISP site.
- The TB program established agreements with two major medical providers for clinical consultation and put the final pieces of the Telemedicine Project in place that will enable collaborative consultations via easy to access secure web conferencing systems.

These are just a few examples of the Division's 2009 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 2009

The Division of Disease Prevention

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

2009 WEB Visit Counts	Month of Web Visit	Number of Visits	Average Visits per day
	January	16,404	529
	February	19,308	666
	March	20,182	651
	April	19,801	660
	May	20,855	673
	June	22,920	764
	July	22,555	728
	August	21,869	705
	September	73,199	2,440
	October	229,102	7,390
	November	183,766	6,126
December	77,889	2,513	
<b>Total Web Visits</b>		<b>727,850</b>	

*\*The total number of web hits for 2009 significantly increased from the 236,842 of 2008 (3 times as many in 2009). Notably the main increase was seen during the later quarter of the year, September through December, during which there was a large H1N1 flu shot campaign. The Division has also implemented social networking strategies such as advertisements on Facebook where once a user clicks a Division advertisement they are instantly redirected to the Division's informational webpage.*

## 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 (CT) prevention, outbreak response, and viral hepatitis.

### ***STD SURVEILLANCE***

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- In June 2009, Field Services hired an STD Surveillance Supervisor to manage the Central Registry Unit, evaluate disease intervention activities, and analyze statewide STD trends impacting service delivery.
- DDP implemented a laboratory visitation program in September 2009 to validate surveillance data and encourage timely and complete compliance with the *Virginia Regulations for Disease Reporting and Control*.
- Young Black Men who have Sex with Men (YBMSM) are at ever-increasing risk for contracting syphilis. From 2007 to 2009, the risk of total early syphilis (TES) infection among 20 to 29 year olds relative to that of 30 to 39 year olds has steadily risen from 1.16 to 1.84 to 2.57. The incidence rate among 15 to 19 year olds also surpassed that of 30 to 39 year olds in 2009 (1.13) in a persistent upward trend. In 2009, the incidence rate of TES among men was over 7 times that of women, and incidence among African-Americans was nearly 10 times that of whites.

### ***CHLAMYDIA PREVENTION PROGRAM***

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- This program consists of outreach and education activities, screening and treatment for CT and partner services. In 2009, there were 30,920 reported cases of CT compared to 31,197 reported cases in 2007; which represents a 0.9% decrease.
- The Program, 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.

### ***EXPANDED TESTING INITIATIVE***

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- DDP expanded clinical setting HIV testing to eight sites: Inova Alexandria Hospital, Sentara Norfolk General Hospital, University of Virginia Medical Center, Hampton University Health Center, Hampton Roads Ecumenical Lodgings and Provisions Free

*Continued, Field Services*

Clinic, Lackey Free Clinic, Western Tidewater Free Clinic, and Peninsula Institute for Community Health.

- DDP expanded non-clinical setting HIV testing to three sites: Hampton/Newport News Community Services Board, Western Tidewater Community Services Board and Lynchburg Courtland Center Community Services Board.

***TRAINING UNIT***

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- 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 presented.
- Trainers collaborated with HIV Prevention to present the mandatory “Sexual Diversity” training to staff and select contractors. The DDP trainer conducted STD in-services for the inmates enrolled in the Department of Corrections’ pre-release program at James River Correctional Center, and for patients at the Rehabilitation Center for the Blind and Visually Impaired. Rapid HIV test training was provided in conjunction with the Expanded HIV Testing Initiative.

***OUTBREAK RESPONSE***

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- Syphilis outbreaks in Henrico and Chesterfield presented a major challenge to available Virginia Epidemiology Response Team (VERT) resources. By years end, syphilis was beginning to decline in both areas.
- VERT assisted in the Partners Unlocking Syphilis and HIV (PUSH) event on July 7 in Richmond along with 11 community organizations and Richmond City Health Department. Syphilis and HIV testing occurred at 11 venues throughout the city, from noon to 2 am. During PUSH, 255 persons were tested for HIV, with three confirmed positives, and 237 persons were tested for syphilis, with two new cases identified.
- VERT collaborated with CBOs and local health departments throughout Virginia to conduct HIV and syphilis screening at nightclubs (Norfolk and Richmond), community events, and activities for National HIV Testing Day.
- DDP began the process of redirecting community funding to three CBOs for prevention education and testing of at-risk populations. These CBOs are expected to provide for 18 outreach and testing events each year. VERT and/or local health department staff will assist in these events.
- VERT was deployed to: Alleghany, Central Virginia, Chesterfield, Chickahominy, Danville, Henrico, Loudon, Norfolk, Prince William, Rappahannock and Richmond;

*Continued, Field Services*

provided year round coverage for: Chesapeake, Hampton, Henrico, Peninsula, Portsmouth, Virginia Beach and Western Tidewater.

***HIV COUNSELING, TESTING, REFERRAL AND PARTNER SERVICES***

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- The Counseling, Testing Referral (CTR) HIV Test Form webinar update, a refresher for providers on common errors and the completion of the CTR form, was conducted in September 2009.
- State funding for nine local health department anonymous testing sites (ATS) was eliminated on December 31, 2009. ATS across Virginia provided counseling and testing services to 675 persons and identified 5 (0.74%) new positives.
- Publicly funded confidential sites conducted 70,277 HIV tests in 2009 and identified 226 new positives (0.32% positivity rate). Of the 226 positive individuals, 207 (92%) received their results and counseling. A total of 40,929 STD clinic patients tested for HIV in 2009 and 138 (0.34%) tested positive.
- Partner Services were offered to 739 of 1,011 (73.1%) of newly reported HIV positive patients. For persons who received partner services, 609 partners were identified and 229 (37.6%) were notified of their exposure. Of the 609 partners named, 162 (26.6%) were previously positive, and 218 (35.8%) were not notified due to various reasons.

***VIRAL HEPATITIS PREVENTION PROGRAM***

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- The Viral Hepatitis Program continues to offer hepatitis C (HCV) testing and notification, trainings, technical assistance, and respond to individual inquires about health and hepatitis.
- Salient features in 2009 of the HCV program in Central Shenandoah, Cumberland, Fairfax, Loudoun, Mount Rogers, Norfolk, and Peninsula Health Districts include: HCV EIA exposure testing of 609 Virginia residents with 13% positivity, HCV PCR confirmatory testing of 73 Virginia residents with 65% positivity, notification of 1,150 Virginia residents of their HCV-positive status and vaccination of 215 Virginia residents for hepatitis A (HAV) and/or hepatitis B (HBV).
- Collaborated with the Division of Immunization to offer over 3,000 doses of HBV vaccine to high-risk STD clients.
- Designed and offered a three-day CDC Viral Hepatitis program in Atlanta to adult and perinatal viral hepatitis prevention coordinators and 12 viral hepatitis trainings to various professional groups, including health district staff.

## 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 is composed of two branches, Data Administration, and Epidemiology Assessment & Evaluation, to best meet the needs of internal and external customers. 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). A collaborative pilot project between HISS and the Commonwealth's Enterprise Applications Division (EAD) has been undertaken to develop a low-cost analysis, visualization and reporting (AVR) tool, known as Strategic Monitoring, Assessment and Response to Epidemiology (smartEPI). This new tool is being created and built upon the concepts of a custom-built HISS application called SAM (Strategic Aberration Monitoring) used for data analyses purposes within DDP. Development of smartEPI was presented at the 2009 BICC Summit.
  - Publications: Jeff Stover, Oana Vasiliu, Jennifer Bisette, and LaShonda Johnson as well as former HISS staff Carrie Dolan, Chris Delcher, and Khalid Kheirallah authored/co-authored 7 peer-reviewed articles in the Surveillance of STDs supplemental issue of Public Health Reports.

To view the articles visit,

<http://www.publichealthreports.org/archives/issuecontents.cfm?Volume=124&Issue=8>

***STD SURVEILLANCE NETWORK (SSUN)***

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- ❖ 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 (SSuN cycle 2) began in October 2008 and includes the collection of demographic and behavioral risk data via a self-administered instrument given to all STD clinic attendees in Chesterfield County, Henrico County and Richmond City. Additional activities include surveillance for genital warts within the participating STD clinics and enhanced NG population-level surveillance targeting a random sample of NG diagnosed individuals. Selected individuals are contacted via phone and interviewed by HISS staff to obtain demographic and behavioral risk data similar to that collected in the STD clinics.
  - HISS staff modified STD clinic and NG population-level data collection tools and began development of a new data system to collect and manage the revised SSuN cycle 2 data elements.
  - There were 6,798 SSuN interviews collected in the STD clinics from January 1 through December 31, 2009. Of these interviewed patients, 343 (5.0%) had a diagnosis of NG, 1,001 (14.7%) were diagnosed with CT, and 135 (2.0%) were co-infected with both NG and CT.
  - There were 14 phone interviews of NG positive patients (out of 1,461 reported cases) conducted through the end of 2009. This is fewer than in 2008 due to staffing issues and modification of data collection instrument for the capture of revised SSuN data elements.

***HIV SURVEILLANCE CAPACITY BUILDING***

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- A series of four HIV Epidemiology Profile Updates were disseminated in 2009 depicting the scope of the epidemic in Virginia and the epidemic among Hispanics/Latinos, Black Communities and women.

To view or download the 2009 Epidemiology Profile Updates visit,  
[http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/data/Profile\\_2009\\_updates.htm](http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/data/Profile_2009_updates.htm)

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

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- ❖ This funding was 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 was to develop procedures and guidelines that allow the use of GIS in analyses while safeguarding security and confidentiality.
  - Virginia continued transfer of geocoded HIV/AIDS cases reports at the census tract level, based on the established Memorandum of Understanding with CDC.

2009



## Division of Disease Prevention Program Summary

### *Continued, Health Informatics & Integrated Surveillance Systems*

- HISS 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 which was finalized by the CDC and the three grantees in 2009.

*\*Funding for this project ended in September 2009, however a new funding opportunity announcement is expected in 2010 as part of the HIV surveillance grant.*

### ***THE GONOCOCCAL ISOLATE SURVEILLANCE PROJECT (GISP)***

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- ❖ 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.
  - In March 2009, the 2008 GISP Surveillance Supplement was distributed by CDC. Richmond, VA was included in the report as Virginia’s first GISP site.
  - Based on protocol, Richmond City attempted to collect urethral specimens 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.
  - In 2009, the Richmond City Health Department STD clinic submitted 73 specimens to DCLS, of which 31 were NG positive (32 were NG negative and 10 were non-viable). Of the 31 specimens sent to UAB for susceptibility testing, 16% were resistant to ciprofloxacin.
  - In early 2010, Chesterfield and Henrico plan to join Richmond City in becoming sites participating in GISP. Monthly conference calls will be initiated with all three participating STD clinic sites and DCLS to discuss GISP protocols and developments.

## 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 2009, HCS continued to provide a wide array of services throughout Virginia.

### ***HEALTH CARE PLANNING***

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- In May of 2009, the HIV Community Planning Group (CPG) was officially integrated to become both a prevention and care planning body. New members were brought on board to balance out representation for both prevention and care. Regional “snapshots” were created and presented as a way of providing members an overview of regional program activities in several aspects of HIV within the Division (HIV Care and Prevention services as well as surveillance). The integrated CPG has provided valuable input to HCS service planning.
- Public hearings were held in Roanoke, Fredericksburg and Lynchburg in late October and early November. A total of 58 community stakeholders and consumers attended 4 separate sessions facilitated by HCS and HIV Prevention staff. In two of the sessions, new partnership possibilities were identified for HIV testing in the Northwest and mental health and dental services in the Southwest with local community health centers.

### ***AIDS DRUG ASSISTANCE PROGRAM (ADAP)***

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- As of January 12, 2009, the ADAP Federal Poverty Level (FPL) eligibility was increased to 400% FPL. Previously, Virginia’s ADAP income requirement was at 300% of FPL; for Northern Virginia, the requirement was slightly higher at 333%. This increase was for ADAP only, not all Ryan White (RW) Part B services.
- The medication formulary covered 99 medications and 7 vaccines. VA ADAP filled at least one prescription for 3,807 clients. This represents a total of 62,392 filled prescriptions for the year. The value of dispensed medications totaled \$27,093,551.
- ADAP renewed an agreement with Monogram Biosciences to maintain a Trofile assay access program for clients who need access to the drug maraviroc (Selzentry). Utilization increased from one assay ordered in 2008 to five ordered through ADAP in 2009.
- Centralized ADAP eligibility was launched in six health districts.

*Continued, HIV Care Services*

- The Seamless Transition Program (STP) is an on-going agreement with VA Department of Corrections (DOC). The STP assists DOC staff in arranging continuity of care and medical homes for HIV positive individuals being released into the community. ADAP staff received discharge planning information on 113 HIV positive offenders in 2009.
- The Bridge Program offers intensive mental health services to HIV positive individuals released from DOC facilities and re-entering HIV primary medical care at the Medical College of Virginia Infectious Disease Clinic. The Bridge Program served 29 individuals in 2009.

For additional information on the ADAP program, please visit the following sites:

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

Trofile: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/ADAP/support.htm>

Centralized Eligibility:

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/ADAP/centralizedadapeligibility.htm>

***STATE PHARMACEUTICAL ASSISTANCE PROGRAM (SPAP)***

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- ❖ SPAP provides co-payment and premium assistance to ADAP eligible clients with incomes between 135% and 300% of the FPL and have Medicare D prescription drug coverage at a \$3:1 cost savings. SPAP provided financial coverage to 137 clients during 2009.

***HIV SERVICES***

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- 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. During 2009, HCS took steps to transition service coordination from the Central Consortium lead agency to direct contracts with six medical sites in the Central region. All HIV services funds provide health care and support services to over 3,500 PLWHA in Virginia.
- Supporting Healthier Outcomes for Women (SHOW) - SHOW was initiated in September 2009 to establish and strengthen a network of HIV service providers supported by Patient Navigators (PN), utilizing Motivational Interviewing to engage, retain and support HIV + women in care. The program is specifically focused on HIV-positive African American women in the Lynchburg/Danville areas of Virginia.

***QUALITY MANAGEMENT***

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- The Quality Management (QM) Program promoted continuous improvement in our programs by meeting the RW HIV/AIDS Treatment Extension Act of 2009 requirements: 1) measuring how well HIV health services meet Public Health Service

*Continued, HIV Care Services*

(PHS) Guidelines, and 2) developing strategies for improving access to quality HIV health services.

- HCS staff participated as part of an Eastern region team participating in the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) sponsored by the Health Resources and Services Administration (HRSA). This collaborative is a breakthrough effort to improve the quality of health care by integrating evidence-based clinical pharmacy services into the care and management of patients with chronic diseases.
- The HRSA HIV/AIDS Bureau (HAB) has sponsored the Quality Management Cross-Part Collaborative to strengthen statewide collaboration across Ryan White HIV/AIDS Program Parts (Parts A, B, C, D, and F) and to share best practices across the country.

***MINORITY AIDS INITIATIVE SERVICES***

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- Two minority Community Based Organizations and three local health departments were funded through Part B Minority AIDS Initiative (MAI) funding to increase access to the Virginia ADAP, primary medical care and related HIV services for racial and ethnic minorities through outreach and case-finding activities. These providers used innovative strategies to 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. Those individuals who are newly diagnosed are also facilitated into care and assisted with navigation through the healthcare system. One hundred forty two (142) individuals living with HIV/AIDS were reached and reconnected or introduced to care in FY2009.

***EARLY INTERVENTION SERVICES***

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- Early diagnosis and treatment improves health and prevent the spread of HIV/AIDS. Additional support services are provided to empower clients with knowledge, self-care and support skills to reach their maximum level of functioning and well-being. In 2009, state-funded services were provided at three existing sites: Central Virginia Health District, located in Lynchburg, and the Fan Free and Arthur Ashe Clinics in Richmond.

## 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 41 contracts with 17 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.
- The *Sisters Promoting H.O.P.E.* initiative was launched in 2009. This project was born out of staff's attendance at the NASTAD regional forum on Black Women and HIV/AIDS held in New Orleans. Its mission is to educate, to support, and to empower Black women in Virginia to protect themselves from HIV and other STDs; and address any other related issues that will enhance their capacity to make healthy sexual decisions.
- DDP developed and printed an English and Spanish fotonovela, *The Promise*, which targets Latino communities. This was a joint venture between HIV Prevention and HIV Care Services. The fotonovela encouraged HIV testing and treatment and addressed both HIV stigma and homophobia.
- CBOs conducted 8,282 HIV tests and identified 50 (.6%) new positives. Including the expanded testing initiative, CBOs tested 12,573 persons and there were 55 (.4%) positives.
- *Data Summary:*

Intervention Type	Individuals Reached/ Contacts Made
HIV Testing	8,282
Basic Street Outreach	65,614
Intensive Outreach, Individual & Group Interventions	13,090
Comprehensive Risk Counseling and Services	228
Community Level, Health Communications, Social Marketing	4,693

***DDP HOTLINE & PUBLIC INFORMATION***

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- ❖ The Division provides a nationwide toll-free Disease Prevention 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, STD, viral hepatitis, and TB resources, including HIV counseling and testing referrals, STD screening, medical provider referral, ADAP, disease trends, as well as morbidity and mortality data. In 2009, the hotline answered 6,130 calls, 117 internet inquires, and mailed more than 197,567 pamphlets and posters.

***CAPACITY BUILDING***

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- Twenty-four persons participated in a faith-based HIV conference entitled “*We’ve Come this Far by Faith*” held in January.
- Twenty-eight individuals attended the Division's annual four-day *Core Strategies for Street and Community Outreach* training in July.
- The Division sponsored a *D-Up: Defend Yourself training of facilitators*, a DEBI targeting African American men who have sex with men, August 31 – September 3 with 14 persons in attendance.
- The *Community Promise (Booster)*, a DEBI training was offered to ten participants in August.
- In September 2009, twenty women attended the Diffusion of Effective Behavioral Interventions (DEBI) *training of facilitators for SISTA*; an intervention for African American heterosexual women.
- HPS offered in-person, hands-on, trainings in the Program Evaluation and Monitoring System (PEMS) for 29 participants.
- Sixty-eight participants were trained through a series of seven *OraQuick* and *Clearview HIV Testing* trainings provided for CBOs and expanded testing partners in 2009.

***COMMUNITY PLANNING***

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- HIV Prevention and Care Planners successfully integrated prevention and care planning with the CPG. The first integrated meeting was held in May 2009. Ten new members joined the committee and orientation to the new community planning process was provided for all members.
- VDH Prevention and Care staff collaborated to ensure that services continued in Northern Virginia during the closure of the Whitman Walker Clinic. The CPG was utilized to inform and educate the members/agencies as to what actions were being taken during this process.

**2009**



## **Division of Disease Prevention**

### **Program Summary**

#### *Continued, HIV Prevention Services*

- CPG voted to add four new CDC approved interventions to the menu of interventions in the Comprehensive Plan.
- The CPG began offering regional “snapshots” in October 2009 to provide members with a comprehensive view of activities going on in the five regions of the state.

#### ***PROGRAM EVALUATION MONITORING SYSTEM***

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- ❖ PEMS is the CDC’s 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.
  - 2009 marked the fifth complete year Virginia’s CBOs used PEMS. Under the six prevention grants, 17 contractors collected and entered data for 41 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 from public and private providers and laboratories across the state.

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

- 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 of these data trends for targeting prevention efforts, planning for health care needs, resource allocation, and public health planning and policy development for Virginians infected with HIV/AIDS.

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

### ***CORE HIV/AIDS SURVEILLANCE***

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- ❖ VSP utilizes standardized CDC guidelines for collecting accurate, timely and high-quality data on individuals 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, 1,266 HIV and 640 AIDS cases were entered into the enhanced HIV/AIDS Reporting System (eHARS) database for 2009.

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

Notably, the CDC's 2008 HIV Surveillance Report has adopted the terminology "HIV Infection," which focuses on the full course of HIV infection rather than concentration on later stages of the disease. A patient transitions from HIV to AIDS when their CD4 count or CD4 percent drops below 200 or 14% or they have one of the 26 AIDS defining opportunistic infections.

***HIV INCIDENCE***

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- ❖ HIV Incidence Surveillance (HIS) is a supplemental HIV surveillance program administered by the VSP, and Virginia is one of 25 national sites funded for HIV incidence surveillance. HIS represents the CDC’s efforts to obtain a more accurate picture and trend of those who are newly infected with HIV each year.
  - In an effort to improve the incidence surveillance system, VSP with assistance from HISS, developed its own completeness report. This tool assists the HIS program in assessing key data collection points and improving processes with the goal of improving overall data collection and quality.
  - In collaboration with other programs, HIS benefited from the automation of electronic laboratory report transmissions from the public health lab – the Division of Consolidated Laboratory Services – resulting in both increased program efficiency and effectiveness.

***THE MEDICAL MONITORING PROJECT***

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- ❖ The Medical Monitoring Project (MMP) is a supplement to HIV case surveillance and collects behavioral and clinical data from an annual sample of persons in care for HIV disease in the United States. 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. This information is collected using a structured questionnaire for face-to-face interviews and abstracting medical records of sampled patients.
  - By the end of the 2008 data collection cycle in May 2009, MMP made over 1,200 patient recruitment calls to sampled patients receiving HIV care. A total of 83 interviews were conducted and 363 medical record chart abstractions were completed.
  - Virginia MMP continues to utilize a Community Advisory Board (CAB), whose members represent different regions of the state and demographically diverse characteristics. The CAB members advise program staff about MMP operational considerations and facilitate program awareness and participation.

## 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.

### *2009 HIGHLIGHTS*

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- 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 2009 SFY (July 1, 2008-June 30, 2009), with 2,036 persons with refugee status entering the Commonwealth. Of these, 615 claimed Iraq as their country of origin. Other countries of origin included: Bhutan (303), Afghanistan (143), Burma (118), Myanmar (99), Ethiopia (93), Iran (84), Nepal (84), Thailand (65), and Cuba (62). The remaining 370 hailed from another 48 different countries.
- During the 2009 SFY, 17 local health districts provided initial health assessments to new refugees. These assessments were provided on average of 40 days from the time of arrival into the U.S.
- Health districts reported that 1,861 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 1,861 refugees screened, 1,743 are reported to have received Level II (evaluation of health history and immunization status) of the screening, 1,042 received Level III (examination of the heart and lungs & evaluation for anemia and/or sexually transmitted diseases) and 1,762 received Level IV (referrals for follow-up of health problems identified & case management).

## Tuberculosis Control and Prevention

Jane Moore, RN, MHA, 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 TB program provides comprehensive services to support providers in the management of TB cases, which results in improved adherence to therapy and reduced exposure in the community. Services include providing direct assistance to local health districts and health care facilities in the management of complex cases and contact investigations. In addition, TB program staff helps standardize TB care and case management through development of policies and technical guidance.

TB program staff offer consultation and technical support that improve the coordination of care, increase completion of therapy, and reduce TB transmission. Staff participates in case conferences with local districts, review and audit records, offer clinical consultation, and provides 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 services may include advice and assistance on diagnosis, treatment, case management, contact investigation, and discharge planning.

- In 2009, the TB program enhanced its medical consultation services through partnerships with the Eastern Virginia Medical School and the University of Virginia. A physician from each of these facilities works with the state TB Control program and local health districts providing expert clinical consultation in the management of tuberculosis cases throughout the Commonwealth.
- 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.

***DISEASE SURVEILLANCE***

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- In 2009, 273 cases of TB were reported in Virginia, for a case rate of 3.5 per hundred thousand. This represented a decrease of 6.5% from 2008.
- Tuberculosis cases were found in all regions of the state, with 57.8% of the cases reported from the Northern Region.
- Foreign-born cases declined from 212 cases in 2008 to 190 in 2009.
- Looking at incidence among racial/ethnic groups, Asian-Pacific Islanders had the most TB cases, about 40% of the total. African American TB cases represented about 1/3 of the total cases.
- Cases among US-born whites decreased from 37 cases in 2008 to 25 in 2009, while cases among US-born African Americans increased from 37 in 2008 to 48 in 2009.
- Three cases were reported with multi-drug resistant TB in 2009 and 14.2% of culture positive cases were resistant to one or more anti-tuberculosis medications.

The 2009 Tuberculosis Surveillance Report is located at:

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

***EDUCATION AND TRAINING***

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- Fifty (50) nurses from local health departments increased their knowledge about TB case management issues and program evaluation through participation in the 6<sup>th</sup> Annual TB Nurse Retreat December 3-5. TB program staff provided this training in partnership with the SNTC, DDP Newcomer Health Program and Eastern Virginia Medical School. Training content covered current guidelines and issues in TB case management, an update on TB performance indicators, 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. These programs help ensure consistency in TB case management throughout the state. Sessions addressed the requirements for a newly reported TB case, follow-up and monitoring, contact investigations and additional case management activities and resources. An average of 25 sites participate on each videoconference.
- A nurse consultant with the DDP-tb program provided skin testing training courses across the state, reaching over 300 participants. Evaluations show that participants gain knowledge and improve skills in TB skin testing, and increase their knowledge of general TB issues and management of TB cases. The programs are offered in a variety of settings, including nursing homes, hospitals, and local health departments.

*Continued, Tuberculosis Control and Prevention*

- Individuals from Virginia attended the Comprehensive Training Program at the SNTC Center in Lantana, Florida. The attendees included district health directors, nurse practitioners and contract physicians who run chest clinics in high morbidity health districts.
- World TB Day was recognized with a statewide Polycom program, during which TB program staff shared the most current epidemiology in the state and Virginia. For the first time, nurses and outreach workers from local health districts presented cases of interest.

***COLLABORATION WITH THE DIVISION OF CONSOLIDATED LABORATORY SERVICES (DCLS)***

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- In 2009, routine use of nucleic acid amplification testing of all smear-positive respiratory samples was implemented by DCLS. Results from this test along with clinical and radiological information allow for better initial treatment decisions and provide focus for initial contact investigation efforts.
- 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***

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- 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. During 2009, there were 158 approved requests for HIP assistance. This figure represents 65 individual patients who were assisted with housing and/or food after being diagnosed with suspected or confirmed TB.

***TELEMEDICINE PROJECT***

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- The goal of telemedicine project is to provide expert clinical consultation for difficult to manage tuberculosis cases throughout the Commonwealth. During 2009, the TB Program put the final pieces into place that will allow face-to-face consultation between expert clinicians, clinicians throughout the state and clients through easy to access secure web conferencing systems.