Division of Disease Prevention

Program Summary
2004

VDH VIRGINIA DEPARTMENT OF HEALTH
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Division of HIV, STD, and Pharmacy Services

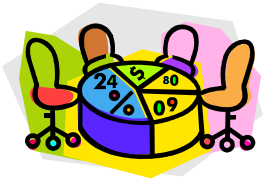


TABLE OF CONTENTS

Director's Message 4

Organizational Chart 5

Program Executive Summary Information 6

Web site Information 10

Section I: Community Services 11

Health Education, Training and Technical Assistance 12
Public Information 15
HIV/STD/Viral Hepatitis Hotline 17
Community Planning 18
African-American Faith Initiative 19
AIDS Services and Education Grants 20
AIDS Service Organization Grants 23
HIV Prevention Targeting High-Risk Youth and Adults Grants 25
Men Who Have Sex with Men HIV Prevention Grants 27
Minority AIDS Projects 29
OraSure Testing and Intensive Outreach Services 32
Primary Prevention for People Living with HIV/AIDS 34

Section II: Field Services 35

Anonymous HIV Counseling, Testing and Referral Services 36
Confidential HIV Prevention, Counseling, Testing and Referral Services 38
HIV/AIDS Surveillance Program 40
Sexually Transmitted Disease Program 44
Chlamydia Prevention Program 45
Viral Hepatitis Integration Project 47
Training Unit 48

Division of HIV, STD, and Pharmacy Services

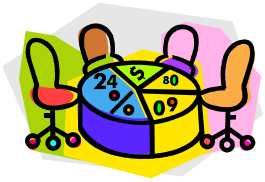


TABLE OF CONTENTS

Section III: Outbreak Response 50

Section IV: Health Care Services 53

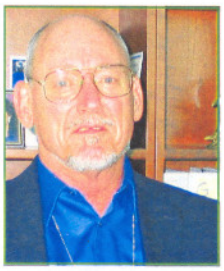
AIDS Drug Assistance Program 54
Early Intervention Centers 56
Ryan White Title II HIV Consortia 57
Virginia HIV/AIDS Resource and Consultation Centers 59

Section V: Health & Research Informatics 61

Capacity Building 63
Outcome Assessment through Systems of Integrated Surveillance 65

Section VI: Pharmacy Services 70

Acronym Directory 71



Casey W. Riley

Director's Message:

In 2004, the Division of Disease Prevention continued to provide leadership and support to local health departments, other medical providers and community-based organizations in the prevention, surveillance and treatment of HIV and sexually transmitted diseases. One of the most significant changes of 2004 was the addition of pharmacy services to the Division. Pharmacy services were provided for local health departments via drug and vaccine dispensing for individual patients, bulk drug distribution and drug information services.

In this document, you will find a concise review of the initiatives and goals for each of our program areas for 2004. As you will see, we continue to promote and protect the health of all Virginians and strive for excellence in all areas of HIV/STD education and prevention. Here are a few of our highlights:

The Virginia Epidemiology Response Team (VERT) continued to assist the Richmond City Public Health Department with combating chlamydia and gonorrhea. Four years ago, Richmond led the nation in chlamydia and gonorrhea infections. In 2004, VERT, along with the Health & Research Informatics Unit, conducted geospatial analysis of Richmond, using chlamydia and gonorrhea morbidity and drug and prostitution arrest information. The analysis directed VERT to focus areas. The team conducted door-to-door screenings and case management. Richmond continues to see decreases in both chlamydia and gonorrhea infections. This is an example of the numerous outreach and screening activities VERT has performed as a result of using detailed, geocoded morbidity maps. The staff conducted approximately 133 outreach screening events between May 2, 2002, and Oct. 19, 2004.

The Division's HIV/STD/Viral Hepatitis Hotline counselors answered 2,762 calls and mailed more than 807,488 pamphlets and posters, in 2004. As part of the Infertility Screening Project, 63,803 females were provided with gonorrhea screening, and 92,852 with chlamydia screening. In 2004, 3,410 Virginia HIV/AIDS patients were provided with medications through the AIDS Drug Assistance Program. Over 53,000 prescriptions were distributed to underserved HIV infected Virginians.

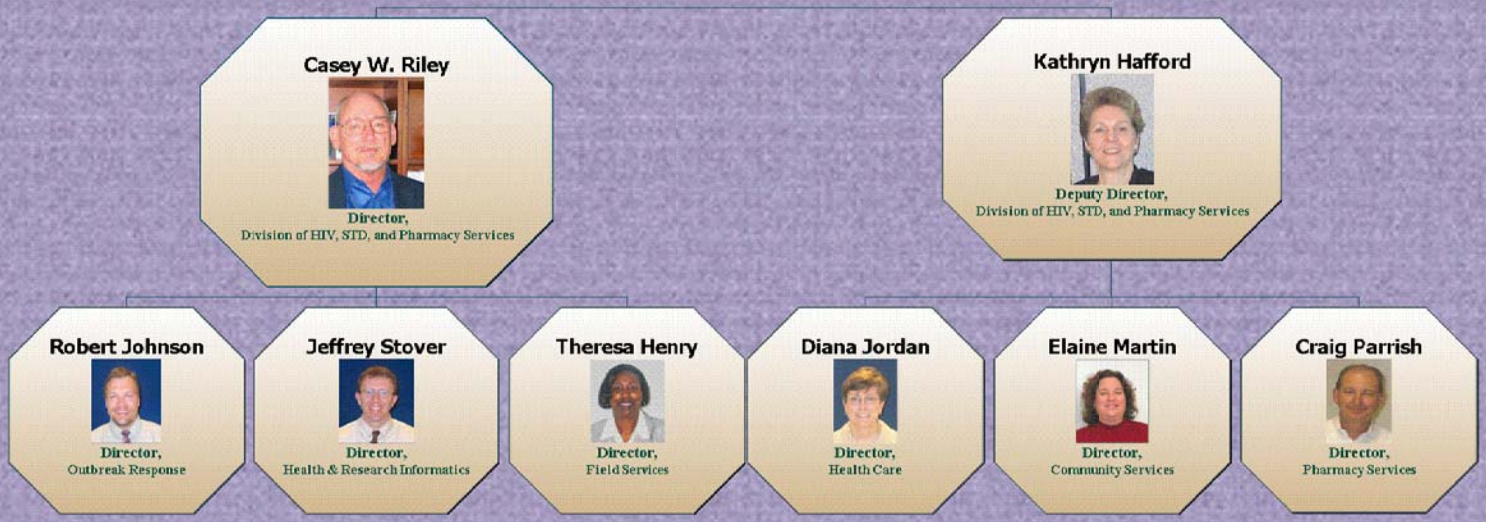
Please visit our Web site at www.vdh.virginia.gov/std to find out more information on the programs and services that are offered through our Division.

Sincerely,

Casey Riley

Casey W. Riley, Director

Division of HIV, STD, and Pharmacy Services



2004

Section I: Community Services

This unit is responsible for directing HIV and sexually transmitted disease prevention activities with community-based organizations for the provision of interventions with high-risk populations (see page 11).

Health Education, Training and Technical Assistance awards and monitors contracts for HIV prevention and facilitates HIV/STD training for prevention, health care, counseling and testing (see page 12).

Public Information responds to all media inquiries, coordinates Division promotions and offers technical assistance to AIDS service organizations. Results included 60 responses to media inquiries and the coordination of major events such as: National HIV Testing Day, National Latino AIDS Awareness Day and World AIDS Day (see page 15).

HIV/STD/VIRAL Hepatitis Hotline operates Monday through Friday from 8 a.m. to 5 p.m. Hotline counselors answered 2,762 calls and distributed more than 807,488 pamphlets (see page 17).

Community Planning involves Virginia communities and individuals affected by HIV in the development of a comprehensive HIV prevention plan (see page 18).

African-American Faith Initiative provides culturally sensitive and linguistically appropriate, faith-based HIV prevention services. The program provided services for 3,725 citizens (see page 19).

AIDS Services and Education Grants are funded to reduce the transmission of HIV infection in hard-to-reach populations. Contractors made 853 education contacts and 5,377 outreach contacts (see page 20).

AIDS Service Organization Grants provide education to the public and populations at highest risk for HIV. Support services are provided to persons affected by HIV/AIDS in each of the five health regions. There were 11,909 street outreach contacts; 7,815 information hotline calls; 1,818 session attendees; and 3,524 community health fairs/presentation participants (see page 23).

HIV Prevention Targeting High-Risk Youth and Adults Grants provide HIV prevention education for communities and populations at increased risk for HIV. This program reached more than 19,903 individuals (see page 25).

Men Who Have Sex with Men HIV Prevention Grants – There were 7,011 men reached through outreach, 1,196 through interventions and 1,972 through mass media (see page 27).

Minority AIDS Projects were established to reduce the transmission of HIV among people of color who have been disproportionately affected by the epidemic. In 2004, over 84,461 people were reached through its programs (see page 29).

OraSure Testing and Intensive Outreach Services provides HIV counseling and oral HIV testing to men who have sex with men and injection drug users through intensive outreach services. More than 5,046 oral tests were conducted (see page 32).

Primary Prevention for People Living with HIV/AIDS provides primary prevention services to HIV-infected clients at highest risk for transmitting the virus. The clients served in this program included 165 at the group level, 1,200 in mass media and 153 in prevention case management, with a total of 1,553 reached (see page 34).

Section II: Field Services

This unit is responsible for directing comprehensive STD/Viral Hepatitis prevention and control activities with local health districts to include: confidential HIV/AIDS/STD surveillance and all aspects of counseling, testing, referral and partner counseling and referral services (see page 35).

Anonymous HIV Counseling, Testing and Referral Services included 18 anonymous counseling and testing sites across Virginia and several satellite sites. 2,713 patients were tested for HIV. The positivity rate at ATS was approximately 1.8% (see page 36).

Confidential HIV Prevention, Counseling, Testing and Referral Services' goal is to reduce the risk of acquiring or transmitting the disease. In 2004, 79,185 HIV tests were conducted (see page 38).

Program Executive Summary Information

HIV/AIDS Surveillance Program encourages the ongoing and systematic collection of HIV/AIDS reporting from public and private laboratories across Virginia. From 1982 to 2004, 15,479 reports of AIDS were collected. From July 1989 to 2004, 16,183 cases of HIV were reported (see page 40).

Sexually Transmitted Disease Program controls and prevents the spread of syphilis, gonorrhea and chlamydia (see page 44).

Chlamydia Prevention Program controls and prevents chlamydia infections. In 2003, more than 95,000 clients were screened for chlamydia (see page 45).

Viral Hepatitis Integration Project ensures counseling, education and follow up on sex partners and household contacts of hepatitis B surface antigen (HBsAg) pregnant women. From January through December 2004, 32 HBsAg pregnant women received counseling, education and contact follow-up (see page 47).

Training Unit offers efficient and effective training to Division staff, district offices and service agencies (see page 48).

Section III: Outbreak Response

This unit is responsible for working with local health departments in the event of a disease outbreak (see page 50).

Section IV: Health Care Services

This unit manages the Ryan White C.A.R.E. Act Title II program and the AIDS Drug Assistance Program (see page 53).

AIDS Drug Assistance Program provides medications for the treatment of Virginians with HIV/AIDS who do not have insurance and are not eligible for Medicaid. In 2003, 3,410 patients were served (see page 54).

Early Intervention Centers offer low income, underinsured and uninsured persons infected with HIV access to medical care and treatment (see page 56).

Ryan White Title II HIV Consortia provides medical care and essential support services to individuals with HIV infection (see page 57).

Virginia HIV/AIDS Resource and Consultation Centers educates health care providers in all aspects of HIV/AIDS, hepatitis and sexually transmitted diseases through consultation, education and clinical training sessions (see page 59).

Section V: Health & Research Informatics

This unit focuses on epidemiologic surveillance, quality of care assessments and program performance (see page 61).

Capacity Building produces epidemiologic profiles and other reports that meet the needs of CDC and Health Resources and Services Administration programs, and provides for enhancements to surveillance program capacity (see page 63).

Outcome Assessment through Systems of Integrated Surveillance promotes integrated uses of state and local surveillance data to improve planning and evaluate public health programs directed at prevention of STDs, HIV and associated adverse reproductive outcomes (see page 65).

Section VI: Pharmacy Services

This unit supports the Virginia Department of Health through the provision of pharmaceuticals, vaccines and pharmaceutical services (see page 70).

Division of HIV, STD, and Pharmacy Services

Web site Information

Month	Visits per month	Visits per day
January	4,696	151
February	4,017	138
March	5,571	179
April	4,932	164
May	5,033	162
June	5,166	172
July	5,116	165
August	5,289	170
September	5,744	191
October	6,459	208
November	6,485	216
December	6,345	204
Total	64,853	

Average Web visits per month: 5,404
Average Web visits per day: 176

SECTION I: COMMUNITY SERVICES

Community Services directs HIV and sexually transmitted disease prevention activities including: contracting with community-based organizations (CBOs) for provision of interventions to high-risk populations; the HIV community planning process; public information including a toll-free hotline; program evaluation, and training, technical assistance and capacity building.

HEALTH EDUCATION, TRAINING & TECHNICAL ASSISTANCE

Purpose: To award and monitor contracts for HIV prevention; facilitate HIV/STD training for prevention, health care, counseling and testing and quality assurance; provide technical assistance and capacity building to community-based organizations (CBOs), health districts and other state agencies; conduct needs assessments; and develop educational materials.

CY 2004 Funding: $456,555

Health Education staff provided contract monitoring, site visits, technical assistance, capacity building and quality assurance for 46 HIV prevention contracts.

- HIV prevention contactors attended quarterly contactor meetings, which were comprised of technical assistance and/or capacity building trainings. In March, HIV prevention contactors received a daylong training entitled ***How to Build a Better Grant,*** presented by Division staff. In June, contractors received training on ***Outcome Measurement*** and the ***Use of Logic Models***.

- The annual four-day ***Cores Strategies for Street and Community Outreach*** course was held in July. Topics such as cultural diversity, personal values, brief motivational interviewing, behavioral theories, street outreach standards, outreach safety including universal precautions, addiction and substance abuse services, risk assessments, and utilizing adult learning theories to tailor HIV prevention messages and strategies for delivery were included. There were 56 participants rating the overall course above average.

- The Division sponsored its first three-day ***SISTA Project*** facilitator training in December. The *SISTA Project* is a five-session, CDC endorsed Diffusion of Effective Behavioral Intervention (DEBI) designed to reduce HIV sexual risk behaviors among sexually active, African American women. The sessions are gender and culturally relevant and include behavioral skills practice, group discussions, lectures, role play and take home exercises. Fifteen persons attended the training rating it 4.5 on a scale of one being poor and five being excellent.

- In collaboration with the VCU Non-profit Certificate Program, the Division held a two-day ***Board Development*** training for prevention contractors. The course included information on recruiting and managing boards, team work, roles and responsibilities of board members, legal and fiduciary functions of boards and more. Participants totaled 16 and the training was rated a 4.5 on a scale with one being poor and five being excellent.

- In collaboration with the National Education Association Health Information Network, the Virginia Department of Education (VDOE), the Center for Injury and Violence Prevention (CIVP), Office of Family Health Services (OFHS), the Division sponsored three two-day ***Can We* Talk** trainings targeting parents/guardians and persons who work with youth. This training was designed to assist adults to effectively communicate with youth about sex, sexuality, self-esteem, and peer pressure, and to promote healthy decision-making as it relates to HIV, sexually transmitted diseases, and teen pregnancy. Each training was rated very high, receiving overall scores of either five or 4.9 on a scale of one, being poor, to five, being excellent.

- Members of the Division, VDOE, CIVP, and OFHS continued to maximize the use of resources to increase understanding of the varying approaches to address youth sexual risk-taking behaviors. This collaboration continued to develop a viable interdisciplinary structure to address the prevention and reduction of youth sexual-risk behaviors through monthly networking and information sharing meetings. The group formally named themselves **CHATS** (Collaborative HIV/STD, Abstinence, Teen Pregnancy, and Sexual/Reproductive Health).

- With input from the CHATS Team, the VDOE was awarded a supplemental grant from the CDC to coordinate regional collaboration meetings that mirrored the state level's structure. The purpose of these regional collaboration meetings is to determine if there are gaps in services and to begin thinking of ways to address such gaps.

- Training in the use of **OraQuick** (rapid HIV testing) was conducted for CBOs and health districts participating in the piloting of this test to the community. The OraQuick training was a collaborative effort of DCLS, CDC and the Division.

- In collaboration with the Virginia Community Planning Committee, Transgender Taskforce and Virginia Commonwealth University Survey and Evaluation Research Laboratory (SERL), the Division of HIV, STD, and Pharmacy Services implemented its first ***Transgender Health Initiative Conference*** in January 2004. The conference provided information on health issues and concerns of the transgender population including access to health care, quality health care, and approaches to reaching the transgender community. There were 90 persons in attendance.

- During 2004, the Division partnered with the Department of Juvenile Justice (DJJ) in an effort to increase HIV prevention services provided to Virginia's incarcerated youth. As a result, a complete DJJ facilities list was added as an attachment to the High Risk Youth and Adult RFP released. The final outcome was positive as an increased number of CBOs submitted proposals that targeted DJJ facilities than had in the previous RFP cycle. VDH and DJJ also collaborated on a hepatitis vaccination program for incarcerated youth.

- Community Services staff and SERL conducted a series of trainings for prevention contractors on the CDC national standardized data collection system known as the ***Program Evaluation Monitoring System*** (PEMS). This system captures aggregate and client-level data. Technical assistance regarding the usage of the system was provided throughout the year.

- In 2004, the Division of HIV, STD, and Pharmacy Services, in collaboration with the Regional HIV/AIDS Resource and Consultation Centers, conducted two ***PCRS*** courses reaching 42 public and private health providers. In addition, 20 ***The Facts and Fundamentals*** courses were provided for a total of 220 public and private health care providers.

PUBLIC INFORMATION

Purpose: To respond to all media inquiries, coordinate promotions, offer technical assistance to community-based organizations and local health districts, design and implement statewide public information campaigns and serve as state liaison for CDC public information programs.

CY 2004 Funding: $113,500

Activities Summary:

- The Division issued six press releases in 2004:
    - National Black HIV/AIDS Awareness Day
    - Statewide Coordinated Statement of Need Meeting
    - Public Health Week
    - Third Annual National Day to Prevent Teen Pregnancy
    - National HIV Testing Day
    - National Latino AIDS Awareness Day

- The Division responded to 60 media inquiries during the year.

- The Public Relations Coordinator participated in a monthly one-hour radio show to discuss HIV and STDs in the Hampton Roads area, free of charge.

- HIV/STDs were selected as one of the five statewide focus areas highlighted for Public Health Week. A press release, statewide event listing and fact sheet were created to address disparities among racial/ethnic minorities in accessing HIV care and services and provide awareness of existing testing and treatment services.

- In May, the Division collaborated with the Office of Family Health Services in recognition of the Third Annual National Day to Prevent Teen Pregnancy. A press release discussed the formation of CHATS, the Collaborative HIV/STD, Abstinence, Teen Pregnancy Prevention, Sexual Health workgroup.

- The Division supported the activities of health districts and community-based organizations for National HIV Testing Day. A month-long comprehensive marketing campaign to promote HIV testing was implemented statewide. This campaign included television, radio and bus advertisements, movie previews and a variety of special events. Thirty-nine agencies participated with special testing or educational events. The Division budgeted $45,000 for the campaign but received more than $173,822 in advertising through donated and reduced costs from media sponsors. During the month of June, 5,166 people visited the Division's Web site and more than 7,400 people were tested for HIV. The hotline experienced a 100% increase in calls during the month.

- In October, the Division promoted National Latino AIDS Awareness Day through a press release, fact sheets in Spanish and English and posting of local heath district and community-based organization events on the Division's website. Six agencies conducted outreach and testing events.

- In December, the Division distributed a fact sheet for World AIDS Day and posted local events on the Web site. Incentive items were distributed to those agencies hosting events. Twenty agencies hosted educational presentations, public awareness events or testing. The focus of these events was "Women and Girls: Have you heard me today?" Inequality in health care, education, human rights across the world as well as exploitation and violence were emphasized. Hotline calls tripled during this week and were double the average number of calls in the week following World AIDS Day.

HIV/STD/VIRAL HEPATITIS HOTLINE

Purpose: The hotline provides statewide toll-free lines staffed by five counselors who use a client-centered, nonjudgmental approach in responding to a variety of calls. They answer questions and provide information on counseling and testing, support groups, crisis intervention, referrals for prescriptions, medical and legal services, hospice, home care resources and educational materials regarding STDs, viral hepatitis and HIV/AIDS.

CY 2004 Funding: $142,876

The hotline counselors provide crisis counseling, information on HIV, STDs and Viral Hepatitis and referrals for local, state and national resources including medical and support services, the AIDS Drug Assistance Program, test sites, etc. They disseminate surveillance information regarding disease trends, as well as morbidity and mortality data. The staff also serves as technical assistants to the Division's health education professionals, and takes an active role in public relations activities, evaluation, conference planning, literature development and research for the Division. The hotline operates Monday through Friday from 8 a.m. until 5 p.m., and is both voice and TDD accessible at (800) 533-4148.

Hotline Statistics

- Counselors answered 2,762 calls and responded to 628 literature requests.
- Thirty-two percent of callers requested test site information.
- Most callers obtained the hotline phone number from the phone book.
- Counselors answered 56 questions that were submitted by e-mail to the Division's Web site.
- Counselors received 103 calls (3.7 %) regarding viral hepatitis.
- Counselors mailed more than 807,488 pamphlets and posters.

COMMUNITY PLANNING

Purpose: To involve communities and individuals affected by HIV in the development of a comprehensive HIV prevention plan for Virginia.

CY 2004 Funding: $271,162

The mission of the **Virginia HIV Community Planning Committee**, in concert with the Virginia Department of Health, is to identify the most effective HIV prevention strategies for Virginia. This includes the development of a comprehensive HIV prevention plan and setting priorities for HIV/STD primary and secondary prevention services in collaboration with consumers and providers. The resulting plan is used to develop the annual HIV prevention cooperative agreement submitted to the U.S. Centers for Disease Control and Prevention (CDC) by VDH.

The Committee is required to operate under the principles of parity, inclusion and representation. In addition to ensuring that affected populations are engaged in the process (inclusion), members must be willing to identify and speak as members of the populations they represent (representation) and each member is to have an equal voice on the Committee (parity). A health department co-chair and a community co-chair lead the Committee. Community planning is a required component of the HIV Prevention Cooperative Agreement from the CDC.

Highlights:

Diversity: The Virginia CPG continued to represent a diverse number of communities. In 2004, 50% of its members were African American, 44% white, three percent Latino and three percent Asian. Urban metropolitan, urban non-metropolitan and rural areas were represented. Health, juvenile justice, social services, education, mental health and substance abuse services were represented as were community-based organizations, faith institutions, behavioral and social scientists, epidemiologists, outreach workers and research institutions. More than 40% of the members were men who have sex with men (one third were men of color), more than 15% had a history of injection drug use and 28% were people living with HIV. During 2004, six new members joined the Committee. VDH maintained three youth advisory committees to improve input from young people.

Transgender Taskforce: Following focus groups conducted in 2003, the Transgender Taskforce which includes the Survey and Evaluation Laboratory of Virginia Commonwealth University, Virginia Department of Health, members of the CPG and community members worked on the development of a Transgender Health Survey. In addition, a two-day Transgender Health Initiative training was conducted for HIV prevention and care providers.

Comprehensive Plan: The Comprehensive Plan was completed in 2003. A new plan will be developed by the end of 2008. 2004 CPG activities focused on the development of a new Epidemiology Profile to describe the HIV epidemic.

AFRICAN-AMERICAN FAITH INITIATIVE

Purpose: To provide culturally sensitive, faith-based HIV prevention programs to African-American communities.

CY 2004 Funding: $127,900

The African-American Faith Initiative program celebrated its sixth year of existence. Three faith-based institutions implemented an array of interventions for their congregations and surrounding communities including a federal women's correctional facility. Two faith-based models, ***Keeping It Real,*** which provides youth with information on sex and sexuality with a biblical perspective, and ***Breaking the Silence***, which targets adults with information on sex and sexuality so that they may be better prepared to have open dialogue with youth, were utilized. New, this year, was the addition of ***Becoming a Responsible Teen*** and ***Be Proud, Be Responsible*** curricula which are resources listed in CDC's Compendium of HIV Prevention Interventions with Evidence of Effectiveness. Via a continued partnership with a local university's school of theology, one of the contractors offered for the second year, a formal HIV/AIDS ministry course as an elective to 34 clergy persons enrolled in the school, a 48% increase in attendance. This course included 18 hours of class time, a 22-hour practicum with an AIDS service organization and provision of workshops in area churches.

The contractors established rapport with other faith communities, held clergy forums and encouraged the heads of those faith institutions to develop HIV/AIDS programs within their houses of worship. HIV conferences and youth retreats were also conducted.

Participants:

- **Basilica of St. Mary of the Immaculate Conception,** serving Norfolk.
- **Faith Community Baptist Church,** serving the east end and southside communities of Richmond.
- **The Way of the Cross Community Development Corporation,** serving Albemarle, Buckingham, Fluvanna and Louisa counties.

Data Summary of Education Programs

Total number of persons reached	**3,725**
Clergy/lay leaders reached	159
Community-level programs	1,198
Multiple session programs equivalent to five or more sessions	477
Twice monthly educational/support group for female inmates	245
Single presentations/health fairs	1,646

AIDS SERVICES AND EDUCATION GRANTS

Purpose: To reduce the transmission of HIV infection in hard-to-reach populations through innovative HIV prevention, education, support services and outreach initiatives. State funding for this program began in 1989.

The state funded AIDS Services and Education (ASE) HIV prevention grant operates on a fiscal year (July 1-June 30). During the first six months of 2004, six contractors received funding and provided an array of interventions for various high risk populations. In late spring, a new ASE RFP was issued. The Division funded three pilot projects. The targeted populations for this RFP were men who have sex with men (MSM) of color in rural areas, transgender persons, and people living with HIV/AIDS (PLWHA) receiving prevention services in primary care settings. Contractors were strongly urged to utilize interventions of proven effectiveness based on scientific theory, replication of programs from other areas or published research. Data provided are for ending and new funding, because the ASE contract year overlaps with the calendar year.

FY 2004 Funding: $200,000

Newly Funded Pilot Projects, July 2004:

- **Council of Community Services (CCS)** provided HIV/STD education to MSM of color in Roanoke and surrounding areas. MSM were reached through basic outreach, intensive outreach, internet outreach and social marketing. CCS utilized *Many Men, Many Voices*, a six-session, group level intervention.

- **Fan Free Clinic (FFC)** provided transgender individuals access to a specialized clinic designed to sensitively meet the needs of the transgender population. Clients were pre-screened, in a single session, by the therapeutic clinician to determine readiness for access to hormone therapy. Clients were provided with STD screens, HIV testing and hormone therapy prescriptions. FFC also provided HIV prevention services by adapting the *VOICES* program and producing a new video, featuring members of the Richmond transgender community, to accompany the program.

- **Virginia Commonwealth University- Peer Advocates Coalition of Central Virginia (VCU/PACOCV)** offered a program entitled "Coaching for Wellness." Participants developed a personal wellness plan focusing on health maintenance and coping with HIV, social support and decreased risk behavior. Individuals were reached through group and individual level interventions.

Six Other Agencies Completed The Funding Cycle, June 2004:

- **AIDS/HIV Services Group (ASG)** provided HIV prevention and risk reduction services to African-American women through multiple session modules using the four-part *Sister-to-Sister* curriculum. These sessions focus on the following topics: sexual negotiation skills; assertiveness training; communication skills; self-efficacy and control; risk-trigger management; peer support for change; HIV transmission knowledge and condom use. Women participants were recruited for the program through presentations at local churches.

- **AIDS Response Effort (ARE**) provided group level interventions targeting incarcerated adults and youth in local after-school programs. Incarcerated adults received information presented in two 1½-hour sessions covering HIV transmission, risk assessment, behavior modification, substance abuse, triggers and STDs. Youth were provided with education on HIV/AIDS, STDs, healthy living and healthy relationship choices.

- **Children's AIDS Network Designed for Interfaith Involvement (CANDII)** provided HIV awareness and education to HIV-negative African-American women and to women living with HIV/AIDS in the Hampton Roads area. CANDII conducted group sessions in order to increase knowledge of secondary prevention, risk reduction techniques and STD prevention. CANDII also provided individual and group education series to HIV-positive women. CANDII utilized *Partners in Prevention* from the Medical College of Wisconsin. Youth were provided HIV/AIDS and STD education series and sessions utilizing *Focus on Kids* Adolescent Prevention Curricula. CANDII also recruited and trained foster parents and volunteers working with infected individuals and their families. Volunteers were also trained to offer prevention education to at-risk populations.

- **Planned Parenthood of Southeastern Virginia (PPSEV**) conducted a series of single-session group level interventions targeting African-American women, men and youth in the communities of Petersburg, Surry and Hopewell. PPSEV collaborated with Tidewater AIDS Community Taskforce (TACT) to provide OraSure testing in disadvantaged neighborhoods in the Peninsula area. PPSEV also maintained a strong presence within the school systems, including Petersburg public schools.

- **PPSEV** worked with the Boys and Girls Club in Hopewell and Franklin, lower income housing areas in Portsmouth, Hopewell and Suffolk and Virginia State University. It also utilized the American Red Cross *Act Smart HIV/AIDS Program* and Planned Parenthood's *Street Wise to Sex Wise* curriculum.

- **Tidewater AIDS Community Taskforce (TACT)** conducted *Home Health Parties*, a group level intervention targeting African-American women designed to increase HIV/STD prevention knowledge, change attitudes, and reduce high-risk behavior. TACT conducted basic and intensive street outreach in Newport News/Hampton and identified drop-off sites to distribute condoms and bleach kits for IDUs in targeted communities and drop-off sites to advertise home health parties.

- **Virginia League for Planned Parenthood (VLPP)** provided a series of single-session group level activities on human sexuality-related information to alternative high school students and various community activity sites, such as the Metro Richmond Boys and Girls Clubs and City of Richmond Parks and Recreation sites. VLPP utilized the *Be Proud! Be Responsible!* curriculum to provide 41 fundamental information and training sessions regarding HIV/STD prevention to youth in the City of Richmond.

ASE Data Summary
Jan-June

Persons Reached in Series/Sessions	853
Health/Community Fairs	1,010
Basic Street Outreach Contacts	5,377
Presentations/Lectures	154

ASE Data Summary
July-Dec (under new RFP)

Persons Reached through Group Level Intervention	92
Transgender Clinic Contacts	35
Basic Street Outreach Contacts	49

AIDS SERVICE ORGANIZATION GRANTS

Purpose: To provide education to the public and populations at highest risk for HIV and support services to persons affected by HIV/AIDS in each of the five health regions. AIDS Service Organizations (ASOs) strive to reduce the spread of infection and assist those with HIV in securing services and improving their quality of life.

These contractors are required to provide educational programs and outreach to at least three priority populations identified through community planning. Some ASOs provide case management, secondary prevention and support services. Populations targeted include racial/ethnic minorities, men having sex with men (MSM), heterosexual women, injection drug users (IDU), inmates, youth and people living with HIV/AIDS. Populations of special interest include the homeless and mentally ill/mentally retarded. Rural populations are also a focus in some regions.

CY 2004 Funding: $646,500 (federal and state funds)

Participants:

- **AIDS/HIV Services Group**, located in Charlottesville, served as the lead agency for the northwest region, with AIDS Response Effort and Fredericksburg Area HIV/AIDS Support Services, Inc. as subcontractors. Together, these agencies served racial/ethnic minorities, MSM, youth and incarcerated populations. Services for these populations included basic street outreach, group level interventions, individual level interventions, health fairs and Internet outreach.

- **Council of Community Services**, located in the southwest region of Virginia, included West Piedmont AIDS Taskforce, New River Valley AIDS Coalition, COHORT and Appalachian Assistance Coalition. The target populations were African-Americans, heterosexuals, substance abusers and youth. Services provided by the group included group and individual level interventions, basic street outreach, facilitative street outreach, presentation/lectures and health fairs.

- **Fan Free Clinic**, located in Richmond, served the central part of Virginia through group and individual level interventions and presentation/lectures. The populations targeted included African-Americans, incarcerated individuals, IDUs, youth and MSM.

- **Positive Livin', Inc.** served as the lead agency for providing services to northern Virginia. In conjunction with K.I. Services, it targeted African-Americans and provided group level interventions for adults and youth, basic street outreach, intensive street outreach, prevention case management, counseling and testing.

- **Tidewater AIDS Community Taskforce (TACT)** served as the lead agency and it sub-contracted with Children's AIDS Network Designed for Interfaith Involvement, Peninsula AIDS Foundation, Urban League of Hampton Roads and Williamsburg AIDS Network to provide group level interventions, basic street outreach, presentations/lecture, counseling and testing. They targeted African-Americans, heterosexuals, incarcerated individuals, people living with HIV/AIDS (PLWHA), youth, IDUs, homeless and mentally ill.

Data Summary

Street Outreach Contacts	11,909	Information Hotline Calls	7,815
Persons Reached in Series/Sessions	1,818	Community Health Fairs/Presentations	3,524

HIV PREVENTION TARGETING HIGH-RISK YOUTH AND ADULTS

Purpose: To expand HIV prevention education for communities and populations at increased risk for HIV infection such as: out-of-school, homeless, throw away youth, sex workers, mentally ill/handicapped and incarcerated youth and adults.

CY 2004 Funding: $350,000

2004 Participants:

- **AIDS/HIV Services Group (ASG)** provided HIV prevention through presentations/lectures, the "Change Course" group level intervention and basic and intensive street/community outreach in Charlottesville. Targeted groups were high-risk racial/ethnic minority adults, including sex workers, substance abusers and their sex partners, African-American youth and residents of low income housing.

- **AIDS Response Effort (ARE)** provided HIV prevention education through group level interventions in Winchester. Targeted groups were youth offenders enrolled in alternative schools, adult substance abusers in residential treatment, incarcerated youth/adults and mentally impaired adults.

- **Council of Community Services (CCS)** provided HIV prevention education through presentations/lectures, group level interventions and basic and intensive street/community outreach in Roanoke. Targeted groups were homeless and substance abusing youth and adults.

- **Fan Free Clinic (FFC)** provided HIV prevention education in the Richmond area through two science-based interventions on the CDC's *Diffusion of Effective Behavioral Intervention list* - *Mpowerment*, a community level intervention and *Street Smart*, a group level intervention. Targeted groups were young men who have sex with men (MSM) and homeless or street youth.

- **Human Resources, Inc.** provided HIV/AIDS prevention education through presentations/lectures, group level interventions, and basic and intensive street/community outreach in Richmond. Targeted groups were high-risk African-American females, including sex workers, youth, IDUs and other substance abusers.

- **Northern Virginia AIDS Ministry (NOVAM)** provided education through the *Orion* prevention peer educator training which provides presentations/lectures, group level interventions (peer training)and basic and intensive street/community outreach. Targeted groups were high-risk youth including gay, lesbian, bisexual, transgender and questioning youth.

- **Planned Parenthood of Southeastern Virginia (PPSEV)** provided HIV prevention education through single and multi-session presentations/lectures to the southeastern Virginia/Hampton/Norfolk areas. Targeted groups were incarcerated youth and adults.

- **Tidewater AIDS Community Taskforce (TACT)** provided HIV prevention education through basic and intensive street outreach, and counseling and testing in Norfolk. Targeted groups were IDUs, non-injection drug users and transgender sex workers.

- **Virginia League for Planned Parenthood (VLPP)** provided HIV prevention and education through the comprehensive sexual health program *Becoming a Responsible Teen* (BART), which is a science-based intervention in the CDC's *Compendium of HIV Prevention Interventions with Evidence of Effectiveness.* Targeted groups were high-risk youth in group homes and detention facilities.

Data Summary	
Persons reached through group level interventions	564
Persons reached through intensive level interventions	222
Persons reached through presentation/lectures	2,710
Persons reached through street outreach	16,407
TOTAL PERSONS REACHED:	**19,903**

MEN WHO HAVE SEX WITH MEN (MSM) HIV PREVENTION GRANTS

Purpose: To provide innovative HIV prevention services to men who have sex with men (MSM) throughout Virginia. Targeted sub-populations include self-identifying gay or bisexual men, men on the "down low" who do not self-identify as being gay, MSM of color, young MSM (under age 25) and MSM who are HIV-infected and continue to engage in high-risk behaviors. This grant was in the third year of a four-year funding cycle.

FY 2004 Funding: $250,000

Participants:

- **AIDS/HIV Services Group** provided psychosocial meetings, group and individual level interventions, basic street outreach, counseling and testing, online risk assessments and education in Internet chat rooms, presentations and lectures in the Charlottesville area.

- **Council of Community Services** held group level interventions, intensive outreach, basic street outreach, counseling and testing, Internet outreach, staffed information tables at nightclubs, bars, bookstores and other venues in Roanoke frequented by the target population. Quarterly newsletters were distributed to disseminate risk reduction messages, including mailings to individuals isolated in rural areas.

- **Fan Free Clinic, Inc.** served the Richmond area by providing basic street outreach, intensive street outreach and prevention case management (PCM) services.

- **Minority Health Consortium, Inc.** provided services in the Richmond and Petersburg areas. They conducted basic and intensive street outreach and group level interventions.

- **Northern Virginia AIDS Ministry** provided prevention services and education to young MSM through basic street outreach and internet outreach. Internet outreach was conducted with the help of trained peer educators and staff. The Web-based intervention served as a medium to provide correct and up-to-date information, answer questions and facilitate interested persons into more intensive services that are provided through the *Orion* program.

- **Tidewater AIDS Community Taskforce's** *Project RAYN* offered prevention services to young MSM under 25-years-old. This program is modeled after the *Mpowerment* project. Services were offered through support groups, group and individual level interventions, counseling and testing, social events, Internet

outreach, and basic street outreach. The program also sponsored various social events to promote healthy lifestyles and social development for sexual-minority youth.

Data Summary

MSM reached through basic outreach	**6,970**
MSM reached through intensive outreach	**41**
MSM reached through group level intervention	**236**
MSM reached through community level intervention (health fairs/ presentation/lectures)	**960**
MSM reached through mass media	**1,972**
MSM reached through PCM	**13**

MINORITY AIDS PROJECTS (MAP)

Purpose: Recognizing that racial/ethnic minority populations, especially individuals of African descent, continue to be disproportionately affected by HIV/AIDS and represent more than 60% of new cases in Virginia annually, the Minority AIDS Project seeks to reduce the transmission of HIV among people of color who have been affected disproportionately by the epidemic by ensuring that culturally appropriate prevention education is provided. Racial/ethnic minorities are the number two priority population designated by the Virginia HIV Community Planning Committee (HCPC).

CY 2004 Funding: $765,000

The Division provided funding to support HIV prevention services for nine localities with the highest HIV/AIDS morbidity among communities of color: Alexandria, Arlington, Fairfax, Hampton/Newport News, Norfolk, Petersburg (Crater Health District), Portsmouth, Richmond and Virginia Beach. Nine community-based organizations received grant awards.

- **Ethiopian Community Development Council (ECDC)** provided HIV prevention to African newcomers (refugees and immigrants). The organization works cooperatively with the health departments in Alexandria, Arlington and Fairfax. ECDC utilizes the CDC approved DEBI intervention models, *Project RESPECT* for adults and the *Regional AIDS Prevention Project* for the youth. ECDC also hosted a weekly radio program entitled *Negarit Amharic* as public service, educating the community about the risks and incidence of HIV/AIDS.

- **K. I. Services, Inc. (K.I.S.)** provided HIV prevention, counseling and testing for the following target populations: MSMs, IDUs, PLWHA and the incarcerated in Alexandria, Arlington and Fairfax. K.I.S. collaborated with a number of other community organizations including Whitman Walker Clinic and Inova to co-sponsor such events as the 2004 World AIDS Day event and National Latino AIDS Awareness Day. K.I.S. utilized the Transtheoretical Behavioral Change Model during its outreach efforts.

- **Korean Community Services of Greater Washington (KCSC)** provided HIV prevention to Korean and Asian-Pacific immigrants in Fairfax. KCSC produced a booklet in Korean to educate the community about the risks, stigma and incidence of HIV/AIDS. KCSC published a newsletter which highlighted HIV related topics and resources. KCSC utilized the DEBI models *VOCES* and *Be Proud! Be Responsible!* during its outreach efforts.

- **Whitman Walker Clinic of Northern Virginia (WWC)** provided HIV prevention to Latino MSMs and IDUs in Arlington, Alexandria and Fairfax with the primary goals of increasing the number of persons who are aware of their HIV status and to actively link such individuals to harm reduction services, treatment

and care. WWC collaborated with K.I.S., KCSC, ECDC, NOVAM and Inova, taking the lead for events such as National Testing Day and National Latino AIDS Awareness Day. WWC utilized the Transtheoretical Behavioral Change Model during their outreach efforts.

- **Faith Community Baptist Church** provided HIV prevention to high-risk heterosexuals, PLWHA (females) and youth in Richmond focusing on housing projects. FCBC utilized the AIDS 101 presentation as an introduction to recruitment and to elicit discussion. FCBC utilized DEBI models *Social Skills Training for Women*, *Project RESPECT* for men and *Becoming a Responsible Teen (BART)* for youth.

- **Minority Health Consortium Inc. (MHC)** provided HIV prevention, counseling and testing, and education to IDUs, youth and high-risk heterosexuals. In the Crater Health District, **MHC** also provided HIV prevention to African American MSMs and sub-contracted with **Victory Christian United Church of Christ** to provide the SISTA group-level intervention to African-American women at risk in Petersburg. MHC utilized *Talking Drum* and the CDC approved DEBI intervention models: *Project RESPECT, VOICES/VOCES, Street Smart* and *SISTA* during their outreach efforts.

- **Hampton/Newport News Community Services Board** provided prevention, testing and counseling to high-risk heterosexuals (adult/youth) and PLWHA. The organization acquired a mobile outreach van this year to further enhance their outreach efforts. HNNCSB was active in sponsoring community-related events addressing HIV-related issues. Hampton Newport News utilized the DEBI intervention, *Safety Counts*.

- **International Black Women's Congress (IBWC)** provided HIV prevention to racial/ethnic minorities, high-risk heterosexuals, MSMs, youth, PLWHA and IDUs in Norfolk, Portsmouth and Virginia Beach. IBWC established collaborative relationships with Tidewater Community College's Women's Center, Salvation Army Peninsula Command, For K.I.D.S. Agency and Hick's Beauty Academy and presented programs and events at each site. In addition to working with the Norfolk Health Department, IBWC began working with the Northampton Health Department on the Eastern Shore to conduct outreach with the African-American and Latino communities and seasonal migrant workers. IBWC utilized DEBI models *VOICES/VOCES*, *SISTA*, *Many Men, Many Voices*, *Social Skills Training for Women*, *Community PROMISE*, *Healthy Relationship and BART* for youth. IBWC subcontracted with White and Parsons Consultants to provide prevention case management.

- **Tidewater AIDS Community Task Force (TACT)** provided HIV prevention, testing and counseling to MSM, transgenders of color and IDUs in the cities of Norfolk, Portsmouth and Virginia Beach. The program also sponsored various social events promoting healthy lifestyles and social development for sexual

minority youth, utilizing the DEBIs *Safety Counts* and *Popular Opinion Leader (POL).*

Data Summary

Number of people reached through presentations/lectures & media:	50,053
Number of people reached through basic street outreach:	34,261
Number of people reached through group-level outreach:	1,907
Number of people reached through individual-level interventions:	100
Number of people reached through intensive street outreach:	131
Number of people reached through preventive case management:	9
Total number of people reached:	86,461

ORASURE TESTING & INTENSIVE OUTREACH SERVICES

Purpose: Provide HIV counseling and oral HIV testing to men who have sex with men (MSM), injection drug users (IDUs), persons with a combined MSM/IDU risk and sex partners of these populations in non-traditional settings, through intensive outreach services.

The addition of pilot rapid testing among select OraSure grantees was a major event in 2004. Providers reported that the implementation of rapid testing proved to be successful as clients were afforded the opportunity to receive prevention and preliminary post test counseling in one session.

CY 2004 Funding: $432,443

2004 Participants:

- **AIDS Response Effort (ARE)** provided OraSure counseling, testing and referral services to MSM and IDUs in detention centers and correctional facilities in the Winchester area.

- **Council of Community Services (CCS**) provided OraSure counseling and testing services to MSM, IDUs and partners of IDUs through basic and intensive outreach in the Roanoke area.

- **Fan Free Clinic** provided counseling and OraSure testing to IDUs, their sexual partners and MSM of color in Richmond and Petersburg. Individuals were reached through targeted intensive community and street outreach. Fan Free Clinic was selected as a rapid test pilot site.

- **Hampton-Newport News Community Services Board (HNNCSB)** provided prevention counseling and oral testing to MSM, IDUs and sex partners of IDUs through basic and intensive street outreach.

- **Tidewater AIDS Community Taskforce (TACT)** provided HIV prevention counseling and OraSure testing to MSM, IDUs and their sexual partners in Portsmouth and surrounding areas. Individuals were reached through targeted intensive community and street outreach. TACT was selected as a rapid test pilot site.

- **Whitman-Walker** provided intensive outreach services, prevention counseling and oral HIV testing to Hispanic and African-American MSM and IDUs in northern Virginia. Whitman-Walker was selected as a rapid test pilot site.

ORASURE TESTING & INTENSIVE OUTREACH SERVICES continued

Data Summary

OraSure tests conducted	**2,693**	
Post test counseled	**1,793**	**67%**
Positive tests	**30**	**1%**
Positive post test counseled	**22**	**73%**
First time testers	**688**	**26%**
OraQuick tests conducted	**505**	
Post test counseled	**499**	**99%**
Positive tests	**12**	**2%**
Positive post test counseled	**8**	**67%**
First time testers	**112**	**22%**
Reached through intensive street outreach		**771**
Reached through basic street outreach		**75,473 (incl. duplicates)**

PRIMARY PREVENTION FOR PEOPLE LIVING WITH HIV/AIDS

Purpose: To provide primary prevention services to HIV-infected clients at highest risk for transmitting the virus.

CY 2004 Funding: $350,000

Participants:

- **AIDS/HIV Service Group** provided prevention case management services (PCM) to high-risk HIV-positive clients in the northwest region of Virginia.

- **Central Virginia Health District** provided PCM to high-risk HIV-positive clients in Lynchburg and its surrounding counties.

- **Council of Community Services** provided prevention education to high-risk HIV-positive individuals through PCM and group and individual level interventions in Roanoke and Martinsville. The *Positive View* newsletter provided PLWA and those affected by HIV with a local media outlet for information concerning HIV.

- **Eastern Virginia Medical School: The Center for Comprehensive Care of Immune Deficiency** provided PCM services to eligible clients selected from the primary medical care clinic. A five-series educational group, *Positively Living*, was conducted for all interested clients from the primary medical care clinic.

- **Urban League of Hampton Roads** provided individual and group level sessions, utilizing the *Partners in Prevention* curriculum to high-risk HIV-positive inmates in Hampton Roads Regional Jail. Inmates released from jail were transitioned into educational/support group sessions and PCM.

- **VCU HIV/AIDS Center** provided PCM services to high-risk HIV-positive clients of the Medical College of Virginia Hospital Infectious Disease Clinic in an effort to reduce risky behaviors and maintain healthy behaviors. Collaboration with the Richmond City Jail provided an opportunity to link former PCM clients who had been incarcerated back into care and PCM services.

Data Summary

Prevention case management	153
Individual level	35
Group level	165
Mass media	1200
Total	**1553**

SECTION II: FIELD SERVICES

Field Services is responsible for all aspects of confidential HIV/STD

counseling, testing, partner counseling, referral services, anonymous HIV testing, STD treatment, HIV/STD surveillance, case reporting, validation studies, technical assistance, consultation, training and quality assurance for local health districts, special programs for syphilis elimination, chlamydia prevention and viral hepatitis.

ANONYMOUS HIV COUNSELING, TESTING AND REFERRAL SERVICES

Purpose: To reduce the risk of acquiring or transmitting HIV through education, client-centered risk reduction, partner counseling, testing, referral to maintain the health of infected patients through early detection and referral and treatment of HIV infected individuals. Infected individuals are referred for prompt medical care in addition to preventive, psychosocial and other needed services.

Trained personnel assist persons who are HIV-positive by encouraging participation in Partner Counseling and Referral Services (PCRS) activities aimed at identifying their sex and/or needle sharing partners and referring them for counseling, testing and other services.

CY 2004 Funding: $375,000

There were 18 anonymous HIV counseling and testing sites (ATS) across Virginia and several satellite sites. These sites receive federal and state funds to provide free HIV client-centered prevention counseling and serological HIV testing services. The positivity rate for the ATS is 1.8%. This is higher than the state's overall positivity average of 0.7%.

Data Summary for Anonymous Testing Sites

Tested	Action	Test Results	Percentages
2,713	Positive	50	1.8%
	Positive excluding prev. positives	39	0.3%
	Counseled	29	58%
	1st time tested	1950	71.9%
	1st time/tested positive	8	1.4%
	Referred by infected partner/client	0	0.0%
	Referred by health dept./provider	1	0.0%

The number of clients being tested through the ATS continues to decline. This may be due to clients becoming more comfortable with being tested confidentially. In addition, OraSure outreach counseling and testing is being conducted. Anonymous testing remains an important component of the HIV program because it continues to serve a population that may not otherwise seek HIV counseling and testing.

Data Summary

Since July 1986, 83,441 patients have been tested for HIV through anonymous testing sites. Among those tested, 1,465 were infected with the virus.

Anonymous HIV Test Sites 2004 Statistics

Tested	Positive	Positives Excl. Prev. Pos.	Seropositivity Rate	Positive Counseled	Partners Tested	Partners Positive
2,713	50	39	1.8%	29	67	1

Seven-Year Overview of Anonymous Testing

Year	Number Tested	Positive	Serpositivity Rate	Partners Tested	Partners Positive
1998	5,811	52	0.90%	19	3
1999	4,449	64	1.40%	28	4
2000	3,893	59	1.50%	18	1
2001	3,556	64	1.80%	24	5
2002	3,001	41	1.30%	33	2
2003	2,633	43	1.60%	27	2
2004	2,713	50	1.84%	67	1

CONFIDENTIAL HIV PREVENTION, COUNSELING, TESTING AND REFERRAL SERVICES

Purpose: To reduce the risk of acquiring or transmitting disease, through education, client-centered risk-reduction prevention counseling, partner counseling and referral services (PCRS), maintaining the health of infected patients through early detection, referral and treatment of HIV infection. Infected individuals are referred for prompt medical care, preventive, psychosocial and other needed services to delay further progression of the disease and establish or maintain a high quality of life.

CY 2004 Funding: $1,854,943

Accomplishments in 2004:

- Trained health department personnel to assist persons who are HIV-positive by locating their sex and/or needle-sharing partners and referring them for counseling, testing and other services. Prevention services and referral for partners of newly-reported AIDS patients who are not hospitalized are also provided.

- The total number of HIV tests conducted in 2004 was 79,185 for serum, oral and rapid tests. The positivity rate for all positive tests was 0.7% (517), and 311 (60.2%) of those received their test results. Excluding person's that indicated previously testing positive for HIV, there was a positivity of 0.5% (367), and 233 (63.5%) of those received their test results.

- In 2004, the number of STD patients tested for HIV (34,675) increased by 19.2%. There were 9,144 STD clients tested for the first time. Of these, the number of newly identified HIV-infected patients was 42 (0.1%). Of the total 34,675 tested, there were 194 (0.6 %) that tested positive for HIV.

- In 2004, family planning (FP) clinics conducted 14,358 HIV tests, a 36.7% decrease from 2003. This decrease is mainly attributed to the discontinuation of routine HIV screening in FP clinics as of August 1, 2004. Of all the FP tests that were conducted, eight (0.1%) were positive and five (62.5%) of these were post-test counseled.

- While the positivity rate of STD clients decreased from 0.8 to 0.5, the number of HIV-positive clients identified through PCRS has increased from 12 to 14.

Data Summary

There have been 1,130,002 patients tested since 1986, of whom 9,179 were infected with HIV.

Cumulative HIV Statistics for All Clinics in 2004

Tested	Positive	Positives Excl. Prev. Pos.	Seropositivity	Positive Counseled	Partners Tested	Partners Positive
79,185	517	367	0.7%	311	2715	28

STD Patients Tested for HIV: Seven-Year Overview

	1998	1999	2000	2001	2002	2003	2004
Tested	32,734	34,609	33,061	33,357	28,737	29,079	34,675
Positive	296	308	279	259	165	237	194
Positive Counseled	109	122	115	140	97	135	118
Partners Tested	368	383	294	94	159	249	260
Partners Positive	13	14	18	7	6	8	9

Family Planning Clinical HIV Data: Seven-Year Overview

	1998	1999	2000	2001	2002	2003	2004
Tested	24,516	23,029	23,121	24,128	22,954	22,688	14,358
Positive	11	12	11	16	15	6	8
Seropositivity Rate	0	0	0	0	0	0	0

HIV/AIDS SURVEILLANCE PROGRAM

Purpose: To encourage the ongoing and systematic collection of HIV/AIDS reporting from public and private providers and laboratories across the state. Virginia's Surveillance Program (VSP) utilizes standardized U.S. Centers for Disease Control and Prevention (CDC) guidelines for collecting complete, timely and high-quality data about individuals infected with HIV/AIDS. The primary functions of VSP are 1) to provide accurate epidemiologic data to monitor the incidence and prevalence of HIV infection and AIDS-related morbidity and mortality, and 2) to use these data trends to assist in public health planning, education and treatment for those Virginians infected with HIV/AIDS.

CY 2004 Funding: $1,189,089

Activities: The Virginia HIV/AIDS Surveillance Program (VSP) functions as the central repository for all reports of people diagnosed with HIV and/or AIDS. The program conducts active and passive surveillance to track the spread of HIV and AIDS. Passive surveillance is a process whereby providers and laboratories submit reports to VDH. Active surveillance employs strategies intended to identify unreported cases and maintain routine and timely reporting.

Surveillance activities also include evaluating the completeness of HIV/AIDS reporting in Virginia, investigating modes of transmission, and conducting follow-up investigations on cases of epidemiologic importance. More than 75 active and passive reporting facilities were visited statewide in 2004. Numerous registry matches were also conducted with public and private programs and agencies to improve and supplement HIV/AIDS epidemiological data collected during routine reporting.

Surveillance data are essential in ensuring that Virginia receives federal health care dollars for HIV/AIDS. The data are ultimately used to target intervention activities, to evaluate the impact of those strategies, to plan for health care needs, and to allocate resources for prevention and treatment throughout Virginia. The VSP seeks to ensure national unduplicated reporting, thus better reflecting the HIV/AIDS epidemic in the United States.

The surveillance staff networks with medical providers to provide technical assistance about reporting guidelines and to answer various HIV/AIDS-related questions. One way this is routinely accomplished has been for surveillance staff to attend statewide hospital infection control meetings. To educate providers on reported data, the surveillance program also staffs information booths at HIV/AIDS-related conferences and trainings around the state.

The VSP also works closely with the CDC and the surveillance programs in neighboring states to improve the quality of surveillance data. As a result, the VSP partners closely

with neighboring state programs to facilitate timely and accurate communication of pertinent regional statistical information.

The VSP routinely is selected to participate in supplemental HIV/AIDS projects in cooperation with the CDC. In 2004, Virginia participated in several supplemental projects, including the HIV Incidence and Resistance and National HIV Behavioral Surveillance (NHBS) programs which are described below. In the fall of 2004, VSP received funding to implement a new program in 2005 called the Morbidity Monitoring Project (MMP). Also, VSP has continued to be funded to conduct HIV Capacity Building, which is described in the Health Research Informatics section.

HIV Incidence and Resistance Programs

Purpose: VDH is one of 34 jurisdictions funded by the CDC to implement HIV incidence and resistance testing. HIV incidence testing indicates, at a population-based level, how many people were infected within the last year. It provides a window into the epidemic at an earlier stage, thereby allowing public health officials to monitor the epidemic, allocate resources, and plan prevention programs. Resistance testing measures the prevalence and transmission of drug resistant virus and other atypical viruses. This testing provides useful information to both the client's physician for making treatment decisions as well as to researchers and public health authorities making treatment recommendations or developing new treatments.

CY 2004 Funding: $154,429

Activities: The Division initiated HIV incidence and resistance data collection with three health department pilot sites in June 2004. The overall goal is to expand the two programs statewide in the public sector by the end of 2005, and to expand incidence testing in the private sector in 2006. These activities will produce population-based level data on the demographics, geographic and risk group characteristics of those persons newly infected with HIV. As a result, the Division will be better able to target HIV prevention and education efforts in Virginia.

HIV Behavioral Surveillance

Purpose: The Division received funding in April 2004 to participate as one of 25 sites in the NHBS program. NHBS is a response to the CDC-led coalition that identified the need for a national HIV/AIDS prevention plan in 2001. Based on surveillance data, CDC has identified three behavioral groups that are at high-risk for becoming infected with HIV: men who have sex with men, injecting drug users and high-risk heterosexuals. The program is conducted in the Norfolk Metropolitan Statistical Area (MSA) and will be conducted over three 12-month cycles, most likely utilizing different sampling methodologies for each project cycle. The Division began its participation in the program by starting with the IDU cycle.

The Division, along with its research partner, Virginia Commonwealth University Survey and Evaluation Laboratory (VCU SERL), collaborated to develop the Virginia Risk Assessment Project (VA "*R.A.P.*"). VA "*R.A.P.*" is an anonymous interview project whose purpose is to collect information about behaviors that put people at risk for contracting HIV. Data will be collected through a computerized questionnaire and administered by specially trained VCU SERL staff. The questionnaire will ask participants about behavioral risks for HIV, HIV testing knowledge and exposure to and use of prevention services. The Division will use this information to improve HIV prevention and care programs in Virginia.

CY 2004 Funding: $255,183

Activities: The Virginia HIV Behavioral Surveillance team (VHBS) began activities for the IDU cycle in accordance with the CDC project protocol. The first phase of the IDU cycle began with formative research activities and team organization. In 2004, formative research activities included an extensive secondary data review to describe injection drug use and patterns in the Norfolk MSA, identification of drug use indicators, observation and ethnographic mapping, surveillance database review using de-identified data, and submission of the Secondary Data Review Report. Additional formative research activities will be conducted and completed in 2005.

During 2004, VHBS also selected staff and developed a work plan to implement the program. Weekly team meetings were held to shape VHBS development in accord with the CDC timeline and protocol. The VHBS team identified potential community-based partners and obtained data regarding IDUs in the Norfolk MSA from community planning groups and other state agencies. The VHBS included Division staff in this process as well.

HIV/AIDS Data Summary
Annual Statistics

AIDS patients reported from 1982-2004: **15,479**
HIV infections reported from July 1989-2004: **16,183**
*Reporting began in July 1989

	1989 – 1999	**2000**	**2001**	**2002**	**2003**	**2004**
AIDS	11,372	826	897	837	772	775
HIV*	11,792	780	956	979	797	879

SEXUALLY TRANSMITTED DISEASE PROGRAM

Purpose: To control and prevent the spread of syphilis, gonorrhea and chlamydia through risk reduction counseling, screening, surveillance and interviews with infected patients for partner counseling and referral; and to reduce the complications of these diseases through early detection, treatment and partner notification.

Patients in public health department clinics are counseled by health counselors and public health nurses on strategies to reduce the risk of infection or re-infection. The Division is an integrated program, so patients also receive counseling to initiate behavior changes that prevent the transmission or acquisition of HIV.

CY 2004 Funding: $2,011,249

Activities: Screening activities are designed to detect asymptomatic infection, prevent disease complications and expand testing efforts to reach at-risk individuals. Screening services are routinely provided in public health clinics and selective private health facilities. In 2004, as part of the Infertility Screening was provided to 63,803 females, of whom 1,026 were reported with positive test results. Chlamydia screening was provided to 92,852 persons, of whom 8,055 were reported with positive tests. In addition, laboratories reported 224 reactive (positive) blood tests for syphilis.

Figure 1 – Syphilis organism

Partner Counseling and Referral Services (PCRS) provides client-centered counseling to infected clients, identifies at-risk partners, expedites notification of individuals of their exposure or infection and provides clients with assistance in accessing medical care. PCRS activities are conducted statewide by health counselors and public health nursing staff.

Data Summary
Select STD Morbidity

	1996	1997	1998	1999	2000	2001	2002	2003	2004
Syphilis (Total Early)	798	615	379	364	266	235	165	156	224
Gonorrhea	9,292	8,731	9,215	9,300	10,166	11,081	10,462	9,062	8,565
Chlamydia	11,755	11,604	13,370	13,421	15,367	18,323	18,518	19,439	21,635

CHLAMYDIA PREVENTION PROGRAM

Purpose: To control and prevent chlamydia infections through collaborative efforts with family planning and laboratory partners.

CY 2004 Funding: **$717,082**

Activities: The Chlamydia Prevention Program conducts screening services in all STD, family planning and prenatal clinics utilizing age-based screening criteria. These criteria include screening for women in family planning clinics under the age of 30, women in STD clinics under 35 receiving a pelvic exam and all prenatal patients and male partners of infected women. In 2004, over 95,000 clients were screened for chlamydia. Future plans are to evaluate the validity of the screening criteria by analyzing positivity rates by age and clinic type.

The Division utilized the Becton Dickinson (BD) ProbeTec test technology. The use of this technology allows clinicians to simultaneously test for chlamydia and gonorrhea. In 2004, this test technology was expanded to all health districts. The expansion of this technology will enable the Division to identify more cases of chlamydia.

The following training opportunities were made available to providers and clinical staff:

- "Advances in Contraception" - March and April 2004. This workshop provided staff with the most up-to-date information on the latest methods including hormonal injectibles, Evra patch and the Nuvaring.

- "Working with Minors" - March and April 2004. This workshop provided clinical staff with information on the legal definitions of child abuse, molestation, sexual abuse, rape and incest. It assisted attendees with the application of communication strategies, discussed how to provide counseling to minors, and how to encourage family participation in the decision of minors to seek family planning services.

- "Introduction to Male Reproductive Health Care: Strategies for Successful Services" - November 2004. This course was designed to assist participants with identifying the health and psychosocial needs of young adult men. It explored ways to reduce barriers to care. Effective outreach and communication methods for reaching and working with African-American males were also explored. The workshop discussed ways to integrate male services and provide appropriate services that would successfully meet the needs of male patients.

- "Thin Prep: Cervical Cancer Screening" - December 2004. This workshop was designed for field staff to assist in the cervical cancer screening transition from the conventional Pap smear to Thin Prep liquid base Pap technology. The

epidemiology of cervical cancer and the association with Human Papillomavirus (HPV) were presented.

VIRAL HEPATITIS INTEGRATION PROJECT

Purpose: To collaborate with the Virginia Perinatal Hepatitis B Program to ensure counseling, education and follow up on sex partners and household contacts of hepatitis B surface antigen (HBsAg) pregnant women referred by private providers. Once identified, free testing and vaccine, if needed, is provided to the partners and household contacts of these women. Also, the Division has initiated a collaboration with the Department of Juvenile Justice (DJJ) to provide A and B vaccine to juvenile detainees.

CY 2004 Funding: $222,555

Activity Summary:

- January through December of 2004, 32 HBsAg pregnant women received counseling, education and contact follow-up.

- Thirty-eight contacts were identified. Twenty-one were sex partners and 17 were household contacts.

- June 2004, the Division signed a Letter of Understanding with DJJ to provide assistance and support in the prevention and control of viral hepatitis and its associated complications by providing resources to expand vaccine coverage.

- By December 2004, DJJ vaccinated 38 detainees with the hepatitis A vaccine and 87 detainees with the hepatitis B vaccine.

- December 2004, the Division hired a Hepatitis C Coordinator.

TRAINING UNIT

Purpose: To offer efficient and effective training to Division staff, district offices, and service agencies. These trainings are provided to support the goals of the Division. Training is conducted by the unit's trainers, CDC instructors, and other qualified staff. Programs are often designed by the unit to meet specific requests of health district staff and community-based organizations, or to address training needs recognized in program evaluations and assessment activities.

The Division utilized a formal evaluation process entitled "Program Assessment and Review", or PAAR, using CDC's *Framework for Program Evaluation in Public Health* as a model. PAARs are conducted in local health districts as a means of assessing STD/HIV program prevention efforts. They have proven to be an effective comprehensive evaluation tool, often resulting in targeted training for staff. In 2004, PAARs were conducted in the Roanoke, Western Tidewater, and Virginia Beach health districts.

CY 2004 Funding: $30,000

Activities: The training unit assists Division management with the orientation and instruction of new staff. Emphasis is placed on the preparation of new health counselors before they are allowed to conduct epidemiological activities. The unit communicates with the CDC to provide on-site training that is essential in health counselor development. Post course assessments provided by CDC are reviewed and utilized to provide continued training to the new health counselor. CDC is the sole provider of the Introduction to STD Intervention (ISTDI) training. In 2004, Virginia hosted this course in Richmond. This was a substantial cost savings of travel and accommodation expenses that would otherwise have been incurred by the Division.

The training unit provides trainings pertaining to new HIV testing technologies. In 2004, the unit conducted two OraSure trainings (Richmond and Winchester). These trainings were provided to service agencies that are contracted to provide this non-invasive HIV test. In addition, the training unit conducted HIV OraQuick training for eight pilot sites. This training was a collaborative effort between the Division, CDC and the state laboratory.

In 2004, the Division hosted the third STD Intensive training for health care providers. This training is a collaborative effort between the Division, Virginia Commonwealth University's HIV/AIDS Resource Center and the Region III STD/HIV Prevention Training Center in Baltimore. The Division hosted this four-day lecture/practicum training program as a cost savings measure for district health department staff, with registration fees waived and travel costs minimized for Virginia participants.

The training unit makes every effort to fulfill the training requests it receives. It continues to work closely with other units within the Division in providing quality programs, and to assist in the training initiatives of the district offices and community partners. The unit collaborates with each of the programs in the Division to develop and

oversee a training plan for each new employee. This plan is developed by the program and approved by the training unit before an employee is hired. The unit is working with Outbreak Response to develop and implement a certification process for the Virginia Epidemiology Response Team (VERT). This process will be implemented in 2005.

SECTION III: OUTBREAK RESPONSE

OUTBREAK RESPONSE

Purpose: The Virginia Epidemiology Response Team (VERT) was created by the Division to work with local health departments in the event of a disease outbreak.

CY 2004 Funding: $484,823

History: In 1999, syphilis was at an all time low in the United States. This presented an

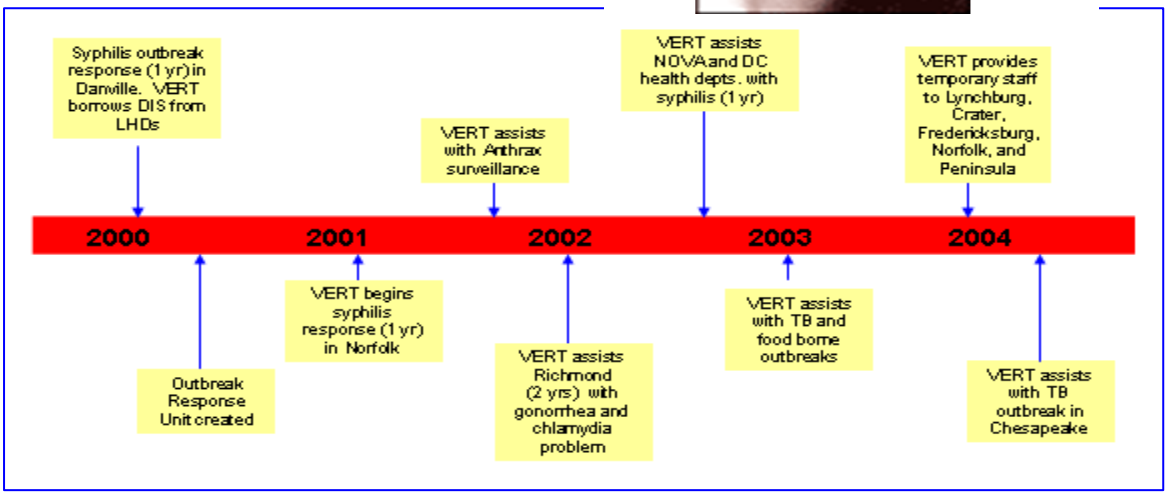


Figure 1 – Timeline of Key Activities involving VERT

LHD-Local Health Department
DIS-Disease Intervention Specialists
NOVA-Northern Virginia

opportunity to eliminate the disease in the U.S. without the use of vaccines, which are not available. Congress allocated funds to the Centers for Disease Control & Prevention (CDC) for this purpose. In turn, CDC allocated funds to address the problem in the 25 cities and counties that accounted for over half the syphilis in the U.S. Danville was one of the 25 sites and the Division received CDC funding to address the syphilis problem there.

With the new funds, the Division spent a year in Danville in 2000 working with the local health department and community partners to combat the problem. The Division borrowed Disease Intervention Specialists (DIS) from local health departments (LHD)

across the state to work in Danville. In 2001, Danville reported its last case of primary or secondary syphilis and there has not been one since. Danville was the only site of the original 25 high morbidity cities and counties in the U.S. to have actually eliminated syphilis.

Because it was a burden on the local health departments who loaned staff, the Division decided to create a central office unit for outbreak response. VERT has slowly grown since then and now consists of 12 employees, four of which are supervisory. In addition, the role of VERT has slowly evolved to being more than just an STD/HIV outbreak team, as they have participated in such emergencies as hospital surveillance for anthrax, assistance with tuberculosis and foodborne outbreaks, and providing coverage for the Emergency Operations Center during public health emergencies.

A certification process is being developed for VERT to ensure that their skills stay at the highest level. The process will be implemented in 2005 and is designed to address more than 50 different skill and knowledge qualities, exposing them to the information over and over again. The skills they must have mastery over are medical and epidemiological in nature and include such things as motivational skills, field investigation techniques, and phlebotomy practice. In addition, VERT staff will be required to obtain continuing educational units (CEU) to ensure they stay up to date in their evolving field.

Plan of Action: An outbreak Response plan has been developed which outlines how VERT will respond during an outbreak. It includes the modes of deployment which describe instances in which VERT could be deployed to help a local health department. It also describes how to create a plan of action which describes specifically how resources are to be used in a particular response.

VERT (Virginia Epidemiology Response Team) PLAN
Outbreak Response

MODE OF DEPLOYMENT

Outbreak	*A sudden extraordinary increase in early syphilis or any other unusual circumstance.*
In this instance, we would immediately contact the local HD to assess the situation and evaluate the need for VERT deployment or determine if local resources could be used. Deploy staff as necessary and develop plan on the fly. Disease priority for outbreak response will be dependent on the state's protocol and local need.	

Assessment	*Increased or persistence of cases 1) in more than one jurisdiction, or 2) in which anecdotal evidence suggest other possible causes for the increase.*
In this instance, we would conduct an investigation and may recommend the deployment of staff. An assessment team from VERT would conduct an investigation of the situation with guidance from management. A plan of action would be developed if resources are to be committed.	

Assistance	*There is no documented evidence of disease problem, but Local Health Department requests assistance.*
In this instance, the Consultant(s) assigned to the area would take the lead, ensure that an assessment occurs, and work with VERT to allocate resources if necessary.	

PLAN OF ACTION

Figure 2 - Modes of Deployment

When in outbreak mode, VERT will address the problem with the local health department with a multi-faceted approach. VERT will immediately deploy staff to begin the case management process and develop the plan of action afterwards. The plan of action describes how the response is to be handled and generally details the following five areas:

Rapid Outbreak Response

- Deploy VERT staff to work as case managers, rapidly finding and treating new cases and their partners.
- Conduct an epidemiologic, social and behavioral assessment to define the problem and target resources.

Enhance Health Promotions

- Implement and evaluate appropriate health promotion interventions, such as a community forum or media campaign.
- Ensure timely delivery of high quality, confidential and comprehensive client-centered partner services to patients, partners and other identified high risk individuals.

Enhance Surveillance

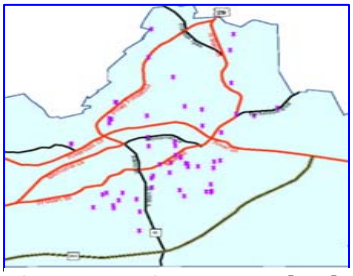


Figure 3 - Using GIS Technology

- Ensure complete, accurate, timely and confidential reporting of positive test results.
- Analyze data regularly, effectively and promptly.
- Develop and implement a framework for surveillance.

Expand Clinical and Laboratory Services

- Provide accessible and timely screening and treatment services in sites frequented by populations at risk.
- Ensure high quality preventive and care services.

Figure 4 – VERT prepares for community screening

Strengthen Community Involvement and Partnerships

- Acknowledge and respond to the effects of social factors (ie, racism, poverty) on the persistence of disease.
- Develop and maintain partnerships to increase the availability of and accessibility to preventive and care services through coalition building.

SECTION IV: HEALTH CARE SERVICES

Health Care Services manages the Ryan White C.A.R.E. Act Title II program, coordinates with Title I, III and IV recipients, manages the AIDS Drug Assistance Program (ADAP) and contracts for early intervention services and health care provider education.

AIDS DRUG ASSISTANCE PROGRAM

Purpose: To provide medications for the treatment of Virginians with HIV/AIDS who do not have insurance and are not eligible for Medicaid. Individuals must meet financial eligibility requirements established by the Department of Health.

CY 2004 Funding: $18,971,583

ADAP is supported through a combination of state and federal Ryan White funding. Patients access medications through local health departments. The formulary now covers 69 medications. In 2004, 3,410 patients were served. The ADAP assisted 84 newly released HIV-positive inmates to access medications and primary care through the Seamless Transition Program. The eligibility level was raised in December 2001 to 300% of the Federal Poverty Level and 333 % in Northern Virginia, enabling more people with HIV to access life-sustaining medications. Current income eligibility criteria remain at this level.

Data Summary

Demographics:

Gender	Male	Female	Unknown
%	70.6	29.2	0.1

Age	0-13	13-19	20-44	45>	Unknown
%	0.6	0.1	55.7	43.5	0

Race	African-American	White	Hispanic	Asian/Pacific Islander	American Indian / Aleutian/Native Alaskan Eskimo	Unknown
%	56.6	29.6	5.6	.03	0.5	6.8

Nucleoside Reverse Transcriptase Inhibitors

Combivir	zidovudine + lamivudine
Emtriva	emtricitabine
Epivir	lamivudine (3TC)
Epzicom	lamivudine + abacavir
Hivid	zalcitabine (ddC)
Retrovir	zidovudine (AZT, ZDV)
Trizivir	abacavir, lamivudine + zidovudine
Truvada	emtricitabine + tenofovir
Videx	didanosine (DDI)
Ziagen	abacavir
Zerit	stavudine (D4T)

Nucleotide Reverse Transcriptase Inhibitor

Viread	tenofovir

Non-nucleoside Reverse Transcriptase Inhibitors

Rescriptor	delavirdine (DVD)
Sustiva	efavirenz
Viramune	nevirapine (NVP)

Protease Inhibitors

Agenerase	amprenavir
Crixivan	indinavir (IDV)
Fortovase	saquinavir soft-gels
Invirase	saquinavir (SQV)
Kaletra	lopinavir + ritonavir

Protease Inhibitors

Lexiva	fosamprenavir
Norvir	ritonavir (RTV)
Reyataz	atazanavir
Viracept	nelfinavir (NFV)

Opportunistic Infection Protection/Treatment

Aerosolized pentamidine (AP)	
Bactrium/Septra	TMP/SMX
Biaxin	clarithromycin
Cytovene IV	ganciclovir (DPHG)
Cytovene (oral)	ganciclovir (DPHG)

Fusion Inhibitor FI

Fuzeon	enfuvirtide

Tuberculosis Drugs

Amikin	amikacin
Capastat	capreomycin
INH	isoniazid
Paser	para-aminosalcyclic acid
Pyridoxine	vitamin B6
PZA	pyrazinamide
Rifadin	rimactine (rifampin)
Seromycin	cycloserine
Trecator	ethionamide

Opportunistic Infection Protection/Treatment

Dapsone	dapsone
Deltasone	prednisone
Daraprim	pyrimethamine
Diflucan	fluconazole (PO)
Famvir	famciclovir
Foscavir IV	foscarnet
Levoquin	levofloxacin
Mepron	atovaquone
Myambutol	ethambutol
Mycobutin	rifabutin
Primaquine	
Sporanox	itraconazole
Sulfadiazine	sulfadiazine
Trimethroprim	trimethoprim
Valcyte	valganciclovir
Vistide	cidofovir
Zithromax	azithromycin
Zovirax	acyclovir (PO)

Adjuvant Therapy

Hydrea	hydroxyurea
Megace	megestrol acetate
Procrit	epoetin alfa
Wellcovorin	leucovorin

Hepatitis C Treatment

Peg – Intron	peginterferon –alfa 2b
Rebetol/Copegus	ribavirin
Pegasys	peg interferon –alfa-2a

Vaccines

Hepatitis A
Hepatitis B
Hepatitis A/B
Influenza
Pneumovax

EARLY INTERVENTION CENTERS

Purpose: To offer low income, underinsured and uninsured persons with HIV infection access to medical treatment and support services as soon as possible after a positive diagnosis. Research has proven there are potential benefits to early intervention. These include, but are not limited to, improved quality and length of life and a decrease in progression to AIDS. Early treatment and diagnosis will aid in the prevention of the spread of HIV/AIDS in the general population. 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.

CY 2004 Funding: $134,750

There are two state-funded early intervention centers in Virginia: the Central Virginia Health District Clinic, which is located in Lynchburg, and the Arthur Ashe Clinic, located in the City of Richmond at the Hayes E. Willis Health Center.

The Lynchburg Clinic operates with an annual budget of $20,000. Clients are initially seen at the Lynchburg Health Department for admission and referral to primary care services. The majority of the clients are seen by Medical Associates, a specialty infectious disease practice in Lynchburg. The Lynchburg Early Intervention Program includes HIV testing and counseling, education and prevention efforts in the community. During 2004, the clinic provided, on average, 300 HIV tests per quarter. They also provided medication assistance to about 40 clients each quarter. About 30 clients per month are seen by a social worker for assistance in accessing medical care or support services.

The Arthur Ashe Clinic in Richmond operates two half days per week under the direction of the Virginia Commonwealth University Health System with an annual budget of $114,750. Approximately 240 clients were served in 2004 by this program. The population continues to be primarily African-American males. Approximately 35% of the clients are women. Extensive case management, outreach, primary medical care including lab tests and support services are offered at the Arthur Ashe site. The clinic is located in South Richmond and offers services primarily to persons residing in that area. The clinic also participates in clinical trials offered by the Richmond AIDS Consortium.

RYAN WHITE TITLE II CONSORTIA

Purpose: To provide medical care and essential support services to individuals with HIV infection. Ryan White Title II funds are used to support five regional care consortia which assess client needs, identify service gaps and provide needed services. Each consortium has a lead agency which is responsible for the administration and coordination of consortium activities.

CY 2004 Funding: $5,489,900

The total award for Virginia included two programs other than the regional consortia: Emerging Communities in the Central Region and the Minority AIDS Initiative funds which are used to find and enroll clients in care.

During 2004, a total of 54 contracts were signed with providers to supply essential medical services to 3342 Ryan White Title II eligible clients in Virginia.

The current consortia and lead agencies are:

- **Central Virginia HIV Care Consortium:** Virginia Commonwealth University, Center for Public Policy, Survey and Evaluation Research Laboratory
- **Eastern Regional HIV Care Consortium:** Eastern Regional AIDS Resource and Consultation Center
- **Northwest HIV Care Consortium:** James Madison University, Institute for Innovation in Health and Human Services
- **Northern Virginia HIV Consortium:** Northern Virginia Regional Commission
- **Southwest/Piedmont HIV Care Consortium:** Council of Community Services
- **Four minority community-based organizations** (CBO) were funded to provide outreach and case-finding. These CBOs used innovative strategies to find persons who are HIV-positive and enroll them into care and support services.

Demographics of Patients Served

Sex

Male	Female
62.45%	36.68%

Age

=<19	20 - 49	>49	Unknown
4.64%	75.70%	19.66%	0

Race/Ethnicity (Clients may report >1 racial/ethnic category)

Caucasian	African-American	Hispanic	Asian/Pacific Islander	Native American	Other/ Unknown
33.95%	64.53%	7.51%	0.7%	0.59%	4.33%

Service Categories*

Medical Care	Dental Care	Mental Health	Case Mgmt.	Home Health	Transportation	Out-reach	Other Counsel	Housing Assistance	Medications	Treatment Adherence
44.72%	11.03%	6.05%	56.28%	0.69%	19.03%	8.71%	19.56%	0.33%	19.21%	5.28%

***Represents percentage of clients requesting specific services, and multiple services could have been provided to the same client.**

VIRGINIA HIV/AIDS RESOURCE AND CONSULTATION CENTER (VHARCC)

Purpose: To educate health care providers in all aspects of HIV/AIDS, hepatitis and sexually transmitted diseases through consultation, education and clinical training sessions.

CY 2004 Funding: $605,000

Activity Summary:

- During 2004, the VHARCC provided training to a wide variety of state and local agencies including correctional facility staff.

- Clinical training was offered by VHARCC in collaboration with the Pennsylvania Mid-Atlantic AIDS Education and Training Center. Physicians and nurses attending these programs were able to earn continuing education credit. Forty-one providers received this training.

- VHARCC has subcontracted with three regional providers to assist in the presentation of programs throughout the state. Negotiations are underway with a fourth potential subcontractor to ensure access to training programs in the northwest region of the state.

- Training health care providers to perform HIV Prevention Counseling remains a core function of VHARCC. This course utilizes the CDC HIV Prevention Counseling Curriculum. The course is currently offered in two components:

    - ***The Facts*** provides an overview of the spectrum of HIV disease, HIV antibody testing, legal issues, occupational exposure, risk reduction education techniques and reporting requirements in a one-day session. There were 324 attendees to this program.

    - ***The Fundamentals*** offers strategies for counseling patients before and after HIV testing. This component of the course is designed for a two-day session, but can be customized for the audience. There were 222 attendees to this program.

- The VHARCC has been instrumental in educating and updating community clinical providers on the most current revisions to the U.S./Public Health Service HIV Treatment Guidelines.

- Revised Case Management Standards were completed and VHARCC was charged with providing the training across the state. Five programs were offered to case managers with a total attendance of 119 participants.

- The Quality Improvement Coordinator has offered technical assistance to the center and providers as needed. This position has also served the role of contract monitor for the center.

Data Summary

- Total Community Training hours – 541.1
- Total Participants – 2982

SECTION V: HEALTH & RESEARCH INFORMATICS

Health & Research Informatics focuses on epidemiologic surveillance with an emphasis towards advancing communicable disease knowledge, quality of care assessments and program performance. 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, health economics and imaging informatics.

Overview: In April 2004, the Statistics & Data Management unit was reorganized to address changing business needs and newly emerging focal areas. This reorganization resulted in the creation of the **Health & Research Informatics (HRI)** work unit**.** HRI's purpose is to enhance epidemiologic and program capacity through the use of innovative methods and resources, including technical support through data management and advancements in information technology. This support is provided to each of the various programs which, collectively, make up the Division.

The HRI unit created two new positions, and reassigned duties of a third position, in order to adequately address impending issues and strategies. The new positions included an Analysis, Visualization and Reporting (AVR) Coordinator and a Quality Assessment Coordinator. The duties and responsibilities of an existing position were redesigned into a Data Manager position.

HRI produces data reports for print and web publication, including quarterly HIV/STD surveillance reports, Annual HIV/STD Statistics, and HIV/AIDS Epidemiologic Profiles. In September 2004, the *Epidemiology Profile: HIV and AIDS in Virginia* was published and is consistently one of the most downloaded documents on the Division's Web site.

Weekly, monthly and ad hoc reports are prepared for surveillance monitoring, program management and community planning. Many of these reports have been automated in order to speed availability and reduce human error. Data requests are handled on a daily basis and include charts, tables, graphs, maps and analysis of the incidence and prevalence of HIV/AIDS, STDs and HIV/AIDS unmet need estimations. HRI provides data in multiple formats, including direct presentation and Web-posting, for local health department staff, the media, health educators, health care providers, community-based organizations, legislators, various grant submitters, students and other agencies. In CY 2004, HRI staff completed over 300 ad hoc requests for various data compilations.

A wide variety of data products, drawn from many complex data systems, are generated for all of the Division's work units. HRI staff provides routine data compilations for inclusion in the Office of Epidemiology reports such as the *Virginia Epidemiology Bulletin* and *Reportable Disease Surveillance in Virginia*. HRI staff are also responsible for the Division's Web-presence.

HRI staff provides for the guidance of the Division's security and confidentiality procedures and ensures secure data file transfers to the Centers for Disease Control and Prevention (CDC). Data matches occur routinely between various Division data systems to ensure completeness of reporting processes. Also, various quality assurance checks are run routinely to ensure data quality of systems, as well as data collection and entry.

In order to provide timely data products, optimize data management and automate reporting for distribution, HRI has put much emphasis on enhancing analytic proficiency using Statistical Analysis Software (SAS) and data visualization through geographic information systems (GIS). HRI now employs staff proficient in both SAS and GIS. Internal training of HRI staff is ongoing to ensure all analytical staff are skilled in each of these applications. In late 2004, two HRI staff members, in conjunction with the VDH Emergency Preparedness and Response Program, taught two separate three-day, intensive courses called "The Fundamentals of SAS." This training was provided for district epidemiologists from local health districts throughout Virginia, as well as relevant central office staff.

CAPACITY BUILDING

Purpose: To produce epidemiologic profiles (Epi Profile) and other reports that meet the needs of CDC-supported HIV prevention planning and Health Resources and Services Administration-supported HIV health care programs, as well as to provide for enhancements to surveillance program capacity. The Epi Profile provides for HIV/AIDS data analyses, interpretation, and dissemination relevant to HIV/AIDS prevalence and population characteristics, demographic trends, as well as priority and special populations of interest. The report augments existing HIV/AIDS surveillance activities and provides an additional mechanism for resource planning and program evaluation in Virginia.

CY 2004 Funding: $72,709 (April – December)

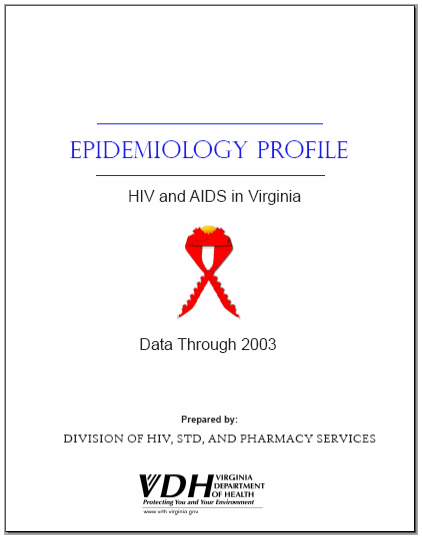
Activity Summary:

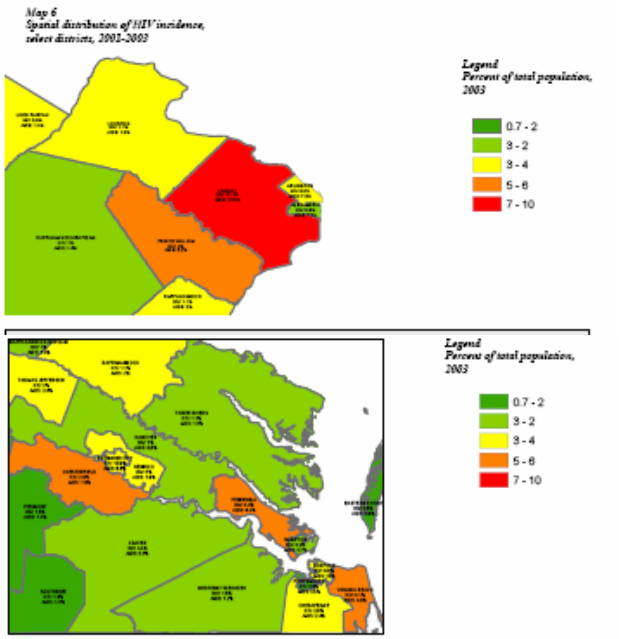
- Epi Profile completed in September 2004
- Epi Profile Coordinator became member of the HIV Community Planning Committee
- Epi Profile Coordinator provided training related to analysis software and a new custom surveillance monitoring system

A new Epidemiology Profile Coordinator (EPC) was hired in June 2004. The EPC was charged with designing a new Epi Profile unlike the format of the second version (data through 2000), as this version was largely a by-product of the initial Epi Profile written for the Division by the VCU Survey and Evaluation Research Laboratory. Shortly after being hired, the EPC was incorporated as a member of the Virginia HIV Community Planning Committee (HCPC) in order to ensure consistent statistical support and representation for HCPC meetings. The EPC organized a team of Division and other professionals, each with specialized knowledge of HIV/AIDS to assist with the development of the Epi Profile. While in development, the document was reviewed extensively by the HCPC to ensure that data was relevant to statewide planning needs and that statistical analyses would be widely understood. The *Epidemiology Profile: HIV and AIDS in Virginia* (data through 2003) was published in September 2004 and included several enhancements such as the use of maps to describe disease distribution (Figure 1), margin callouts, and clickable bookmarks (Web-version).

The EPC made several presentations of HIV/AIDS data to organizations such as the HCPC, the Northern Virginia HIV Consortium, and the Virginia Risk Assessment Project, which is part of the National HIV Behavioral Surveillance project. The EPC conducted technical trainings in the use of analytical software (SAS), as well as the Division's custom surveillance system created for assessing aberrant reporting trends. This system is known as Strategic Aberration Monitoring (SAM).

Figure 1. Excerpt from *Epidemiology Profile: HIV and AIDS in Virginia* illustrating use of maps to describe disease distribution.





OUTCOME ASSESSMENT THROUGH SYSTEMS OF INTEGRATED SURVEILLANCE (OASIS)

Purpose: To promote integrated uses of state and local surveillance data for purposes of improving planning and evaluation of public health programs directed at prevention of STDs, HIV and associated adverse reproductive outcomes.

CY 2004 Funding: $175,000

OASIS areas of emphasis include:

1) Enhanced epidemiologic surveillance, including behavioral aspects related to gonorrhea
2) Enhancing technological capacity for surveillance and data collection purposes
3) Enhancing geographic information systems (GIS) capabilities
4) Development of an information system for the detection of aberrant reporting trends

The OASIS project is essential to providing non-routine data elements which improve programs and enhance surveillance and disease prevention activities. Goals include collecting behavioral data to further define STD population characteristics, most notably gonorrhea, and using data to improve gonorrhea prevention planning and evaluation.

Activity Summary:

Behavioral Risk Assessment Survey

The survey of STD clinic attendees, implemented on January 15, 2003, was administered at the Richmond City Department of Public Health during the entire 2004 calendar year. Health & Research Informatics (HRI) staff administered the quantitative survey during STD clinic on Mondays, Wednesdays and Fridays. The survey collects data that is not routinely ascertained during normal reporting and/or interviewing processes. It includes questions that pertain to socioeconomic status, STD/HIV history, sexual practices and risk behaviors.

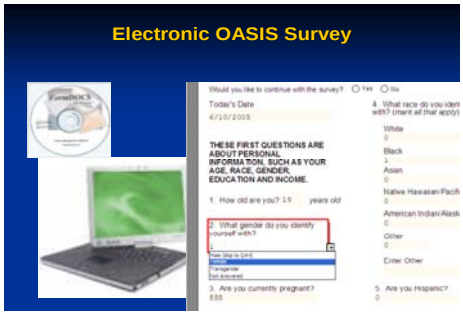
Collaboration with CDC and other OASIS project areas occurred through 2004 in order to incorporate new GC core data elements. Time trials were conducted to assess time requirements/constraints. Survey questions were modified to address issues and recommendations received during the initial pilot, as well as for feedback received from the VDH IRB. The revised survey was officially implemented on November 15, 2004, after successful pilot completion conducted from November 8 - 12, 2004.

Participants were provided an incentive valued at $10 for survey participation. Between January 15, 2003 and December 31, 2004, there were 513 STD clinic sessions with 7,504 total patients. Of the 6,022 patients solicited for participation, 5,536 completed the survey, indicating a response rate of 92%. Among the 5,536 participants, 1,390 (25.1%)

tested positive for at least one STD. Positivity by disease was as follows: gonorrhea, 712 (14.7%) of 4,838 tested; chlamydia, 669 (16%) of 4,178 tested; syphilis, 135 (2.6%) reactive RPR of 5,250 tested; and HIV, 29 (0.7%) of 4,187 tested.

The Division purchased a tablet PC, as well as FormDocs software, for the purpose of providing electronic data collection for the OASIS survey. Staff learned the use of both the Tablet PC and software, and subsequently designed the existing survey (see figure 2) in an electronic format. In early 2005, the Division will be implementing the use of the Tablet PC in an effort to enhance data collection procedures. This method of data collection will improve productivity and data quality by reducing the time requirements for transferring survey data into the Access database and replace the need for paper-based forms and traditional data entry. Data will be captured and organized electronically, enabling real time data to be accessed more efficiently. Prior to implementation, various mechanisms will be employed such as conducting time trials using mock surveys to evaluate readiness, ease of use and equipment reliability.

Figure 2: FormDocs software on Tablet PC



OASIS GIS Workgroup

HRI staff are leading a workgroup composed of individuals from various OASIS project areas to create confidentiality recommendations specific to the distribution and use of Geographic Information Systems (GIS) for STD purposes. This effort will involve exploring how GIS technology can be used effectively while ensuring confidentiality standards are maintained. Potential examples include the use of 1) prevalence/incidence rates, ranges, rate smoothing techniques/thematic maps, etc., as opposed to actual geocoded locations; 2) guidance recommendations for map recipients; and 3) data recipient agreement updates to include GIS technological advances.

Division staff also led the workgroup's development of a web-based survey to obtain baseline data from all STD programs related to GIS, geocoding and the use of confidentiality guidelines. The purpose of the survey is to gain a better understanding of GIS use in STD programs and the need and usefulness of confidentiality recommendations related to these activities. The survey was piloted on September 22, 2004, and found to take approximately seven to eight minutes to complete. The National Coalition of STD Directors (NCSD) distributed the voluntary survey by email to the STD Director of each project area on November 10, 2004. To encourage survey participation, two follow-up e-mails were sent on December 14 and 23, 2004.

Geocoding and Mapping

Geocoding, initiated in December 2002, continues to assist in surveillance tracking and accurate assignment of STD morbidity. This process is critical in Virginia because of its unique administrative organization into independent cities and counties. Geocoding allows the Division to report accurate city/county FIPS codes on a weekly basis by correcting cases assigned incorrectly to a particular city or county prior to the dissemination of weekly surveillance reports. This initiative resulted in 2,547 reassignments in CY 2003 and 2,645 reassignments in CY 2004. These reassignments continue to increase the accuracy of the Division's morbidity by approximately 10%.

GIS also assists in epidemiological investigations by enhancing disease tracking, providing spatial trend analysis and creating alternative means of data visualization. HRI provided geocoding, mapping (including large-format printing) and technical assistance service for many entities within VDH including other divisions within the Office of Epidemiology, Office of Health Policy and Planning, Office of Family Health Services, Cancer Registry and various local health departments.

In 2004, HRI staff began participating in the initial phases of establishing an Enterprise GIS program for VDH. When fully operational in 2005, this program will improve the Division's access to high-quality geospatial data, analysis and applications. HRI staff will work in conjunction with the GIS program to provide new secure, Web-based applications that will enable relevant staff to analyze, visualize and report geographic data without requiring technical expertise. HRI staff will also help provide statewide GIS training to the district and state level epidemiologists.

The Division is developing a Web-based initiative to enhance statewide surveillance for the detection of STD morbidity at the city/county level. This project, known as Strategic Aberration Monitoring (SAM, Figure 3), employs the use of GIS technology as well as existing data to more easily assess reporting timeliness and disease trends. Several software programs will be used in the development of two separate components of SAM (see figure 4).

The first component involves the automatic detection and mapping of "suspect," or target, localities (defined as deviants from their own historical trend) on a weekly basis. Relevant Division staff will then be able to easily review basic demographic variables and make preliminary assessments and decisions. As a result, the Division can use more historical data, identify potential trends in morbidity in a more statistically sound and visual manner, ensure timely responses to localities of concern and focus critical resources efficiently.

The second component provides access to non-identifiable data that is routinely analyzed for data requests, such as demographics and risks. The data is extracted from existing HIV and STD data systems and imported through Access and Dreamweaver into a Web-enabled system. Authorized Division staff will be able to obtain raw data regarding

selected variables, as well as graphical representations. All such data are easily importable into Excel for additional data manipulation. SAM is expected to be finalized and instituted within the Division's weekly surveillance monitoring procedures during early 2005.

Figure 3: Example of SAM Homepage.

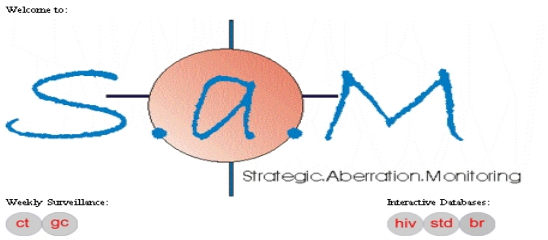
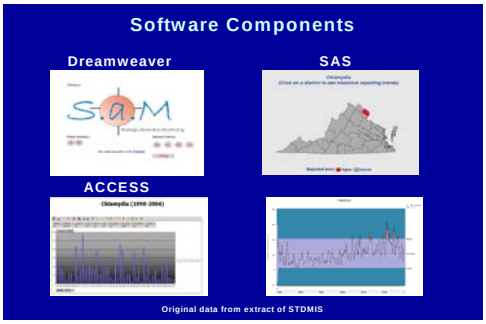


Figure 4: Software components of SAM.



Through the continued use of ArcGIS and SAS, statistical and spatially-localized approaches to epidemiological assessment are being implemented by the Division. As an example, the Division is now able to "publish" analytical maps through the use of an ArcGIS extension, ArcPublisher. These maps will help relevant program staff in the Division, and local public health department officials in the field, "interact" (e.g., zoom to localities of interest and only see data there) with geographic data in a dynamic way. This capability will provide critical information in ways that were previously restricted by "static" maps and should improve Division efficiency by enabling staff to individually pinpoint areas of interest. It will also assist service providers and community-based organizations throughout Virginia to identify possible "core" areas of STD transmission and issues surrounding access to care.

The Virginia Epidemiology Response Team (VERT) conducts numerous outreach and screening activities as a direct result of using detailed, geocoded morbidity maps. Based on information extrapolated from these maps, outreach screenings were planned within the high morbidity areas. With the assistance of geocoded maps, the Division's VERT staff conducted approximately 113 outreach screening events between May 2, 2002 and Oct. 19, 2004.

Reporting Timeliness

The Division continues to maintain a tracking system of STD and HIV reporting timeliness in order to improve weekly surveillance monitoring. Reimbursements were provided to local health departments from October 2002 to December 2004 to compensate for costs incurred in the mailing process and improve the number of mailings received. Based on statewide reporting procedures there are 31 health districts eligible for cost reimbursements. Each health department eligible for reimbursements were instructed to send an automated transaction voucher (ATV) or an invoice, depending on the locality, to the Division for processing. Between October 2002 and December 2004, $60,456.36 was made available to the health districts. Of this amount, a total of $50,295.98 was reimbursed, leaving $10,160.38 not disseminated due to the fact that the necessary paperwork was not submitted to the Division.

While periodic fluctuations have occurred, overall report timeliness has increased following the implementation of this initiative. The average number of mailings per month increased 18.2%, from 182.4 in 2002 to 215.6 in 2004 (Figure 5). The total number of mailings also increased 21%, when comparing the period from February-December 2004 to the same months in 2002. Although difficult to ascertain, the increase in report timeliness is likely a result of cost reimbursements. The largest decline in 2003 and 2004 was in December and January, respectively. The holiday season possibly contributed to the reductions in the number of mailings during these months. In an effort to increase the number of mailings for this time period, a reminder email for the previous quarter's reimbursements was sent to Health Directors on November 30, 2004 (Figure 6).

Figure 5: Average number of mailings/month.

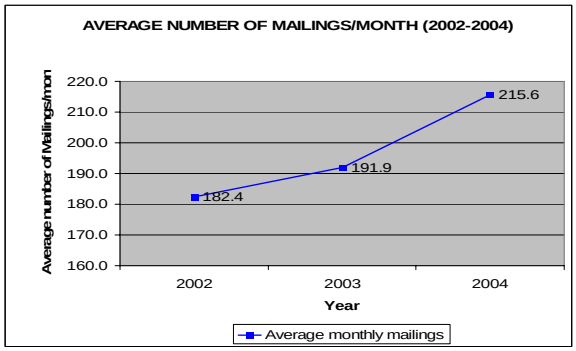
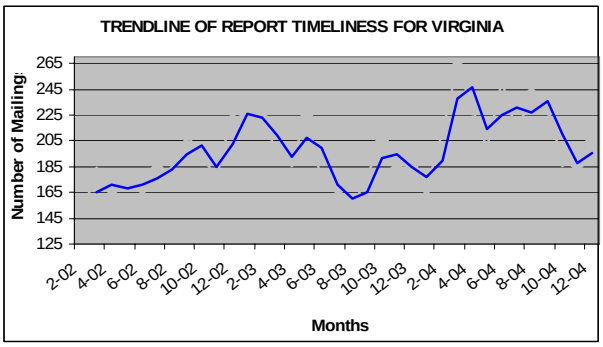


Figure 6: Trend of Report Timeliness for Virginia



SECTION VI: PHARMACY SERVICES

Purpose: To support the Virginia Department of Health in its public health mission by the provision of pharmaceuticals, vaccines and pharmaceutical services to other agencies within the Department and to local health departments.

CY 2004 Funding: Not Applicable

Pharmacy Services is essentially a self supporting service by the addition of a small up charge percentage that is added to most pharmacy services. Therefore, pharmacy services does not receive either state or federal funding.

Pharmacy Services provides support services to the Department of Health in various ways. Pharmacy Services supports the Aids Drug Assistance Program by the purchase, storage and subsequent distribution of over 53,000 prescriptions annually to underserved HIV infected citizens of the Commonwealth at a cost of approximately $18,000,000.

Support is provided to the Division of Immunization by the storage and distribution of over $4,000,000 in vaccines to local health departments through the Virginia Vaccines for Children Program.

Pharmacy Services supports the Division of Tuberculosis Control by filling prescriptions sent in statewide from local health departments for primarily underserved citizens of the Commonwealth with tuberculosis.

Pharmacy Services also supports the mission of the Department of Health by the provision of pharmaceutical products to over 130 local health department sites for the provision of mandated services.

Other means by which Pharmacy Services provides support to the Department of Health are:

- Purchasing, storage and distribution of vaccines, and pharmaceuticals for Emergency Preparedness and Response Programs
- Purchasing, storage and distribution of Medroxyprogesterone Acetate to local health departments for the Office of Family Health Services
- Negotiating on behalf of the Office of Family Services below contract pricing, custom lot run with extended dating, and storage requirements for folic acid to support a statewide grant to provide prenatal folic acid to all eligible patients for the prevention of neural birth defects
- 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

Acronym Directory

ADAP	AIDS Drug Assistance Program
ARE	AIDS Response Effort
ASE	AIDS Services and Education
ASG	AIDS/HIV Services Group
ASO	AIDS Service Organization
ATS	Anonymous Test Site
ATV	Automated Transaction Voucher
AVR	Analysis, Visualization and Reporting
CBO	Community-Based Organization
CCS	Council of Community Services
CDC	U.S. Centers for Disease Control and Prevention
CEU	Continuing Educational Unit
CHATS	Collaborative HIV/STD, Abstinence, Teen Pregnancy and Sexual/Reproductive Health
CIVP	Center for Injury and Violence Prevention
DCLS	Division of Consolidated Laboratory Services
DEBI	CDC Endorsed - Diffusion of Effective Behavioral Intervention
DIS	Disease Intervention Specialist
DJJ	Department of Juvenile Justice
FFC	Fan Free Clinic
FP	Family Planning
GIS	Geographic Information System

HCPC	HIV Community Planning Committee
HNNCSB	Hampton-Newport News Community Services Board
HPV	Human Papillomavirus
HRI	Health and Research Informatics Unit
IBWC	International Black Women's Congress
IDU	Injection Drug User
ISTDI	Introduction to STD Intervention
KCSC	Korean Community Services of Greater Washington
LHD	Local Health Department
MHC	Minority Health Consortium
MMP	Morbidity Monitoring Project
MSA	Metropolitan Statistical Area
MSM	Men who have Sex with Men
NHBS	National HIV Behavioral Surveillance
OFHS	Office of Family Health Services
PAAR	Program Assessment and Review
PACOCV	Peer Advocates Coalition of Central Virginia
PCM	Prevention Case Management
PCRS	Partner Counseling and Referral Services
PLWHA	People living with HIV/AIDS
PPSEV	Planned Parenthood of Southeastern Virginia
RFP	Request for Proposals
SAM	Strategic Aberration Monitoring

SAS	Statistical Analysis Software
SERL	Virginia Commonwealth University - Survey and Evaluation Research Laboratory
TACT	Tidewater AIDS Community Taskforce
VCU	Virginia Commonwealth University
VDH	Virginia Department of Health
VDOE	Virginia Department of Education
VERT	Virginia Epidemiology Response Team
VHARCC	Virginia HIV/AIDS Resource and Consultation Center
VLPP	Virginia League for Planned Parenthood
VSP	Virginia HIV/AIDS Surveillance Program
WWC	Whitman Walker Clinic of Northern Virginia

Virginia Department of Health
DIVISION OF DISEASE PREVENTION

For more information on programs and services offered through the Virginia Department of Health, please visit our Web site at:

WWW.VDH.VIRGINIA.GOV/STD

Our mailing address is: P.O. Box 2448, Richmond, VA 23218

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