

# Integrated HIV Surveillance and Prevention Programs for Health Departments



Elaine Martin  
VDH Division of Disease  
Prevention  
Sept 2017

# CDC-RFA-PS18-1802

- New five year grant cycle
- Replaces 12-1201
- First integration of Prevention and Surveillance grants

# GOALS

- Increase individual knowledge of HIV status
- Prevent new HIV infection among HIV negative persons
- Reduce transmission among PLWH
- Strengthen interventional surveillance to enhance response capacity and intensive data to care activities to support sustained viral suppression

# Priority Activities

- HIV testing
- Linkage to, re-engagement and retention in care and support for achieving viral suppression
- PrEP-related activities
- Community-level HIV prevention
- HIV transmission cluster investigations
- Outbreak response efforts

# Core Strategies and Activities

1. Systematically collect, analyze, interpret and disseminate HIV data
2. Identify persons with HIV and uninfected persons at risk for HIV
3. Respond to HIV transmission clusters and outbreaks

# Core Strategies and Activities

4. Comprehensive Prevention Services for PLWH
5. Comprehensive Prevention Services for HIV negative persons at risk for HIV
6. Perinatal Prevention and Surveillance
7. Community-level HIV Prevention

# Operational and Foundational Activities

8. Integrated Care and Prevention planning
9. Structural strategies
10. Data driven planning, monitoring & evaluation
11. Build capacity for program activities, epidemiologic science and geo-coding

# What's Different from 12-1201?

- No specific positivity targets
  - But must show percentage of clients tested who are at risk for HIV
- 75/25 split
  - Prevention for negatives, PrEP, Syringe Services and Community Level interventions now in the 75%
- No separate funding stream for Expanded HIV testing

# What's Different from 12-1201?

- More robust focus on evaluation. New Evaluation and Performance Measurement Plan (EPMP)
- Outcomes are focused on referral to PrEP and HIV medical care and not intervention-based

# Demonstration Projects

- Competitive—up to 20 awards ranging from \$50,000 to \$2,000,000
- Innovative prevention or surveillance activities
- DDP applying for a prescription monitoring program to identify clients in need of adherence or other support.

# What We Can't Do....

- Pay for PrEP labs, clinician visits or medication
- Pay for any clinical care or anti-retrovirals
- Purchase Naloxone
- Purchase needles, syringes or cookers
- Research
- Lobbying
- Construction

# What We Can Do

- Use up to 5% of award to support STD and Viral Hepatitis testing
- Support personnel and operating costs for syringe services.

# Funding

- Between 2011 and 2017 CDC HIV prevention funding for Virginia increased by \$1,356,535 or 22%
- New funding allocations are based on 2014 living HIV cases by last known address (previously address at diagnosis)

# Funding Allocations for 2018

	Current Funding	2018 Floor	2018 Ceiling	Variance
Prevention	\$ 7,507,485	\$6,677,904	\$7,380,841	-\$829,581 to -\$126,644
Surveillance	\$ 1,353,792	\$ 1,188,520	\$1,313,628	-\$162,272 to -\$40,164
Total	\$ 8,861,277	\$7,866,424	\$8,694,469	-\$956,225 to -\$166,808

The cut to HIV Prevention ranges from 1.7% to 11%.

# What Does All This Mean?

- Priority evaluation measures will look at linkage to care and linkage to PrEP
- Less emphasis on outcomes for behavioral interventions
- Greater use of Surveillance data to identify persons in need of linkage services, adherence support or partner services follow up

# What Happens to Expanded Testing?

- Clinical sites currently funded through MOAs will continue to receive support through 18-1802
- Non-clinical (CBO) sites should apply for funding through the upcoming non-clinical testing RFP.

- “Viral Suppression is the central tenet of these national HIV prevention efforts and is associated with improved health outcomes and longer lifespans for persons living with HIV and greatly reduces the likelihood of transmitting HIV to others.”