



VIRTUAL  
2020 NATIONAL  
RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT

*AIDS Education and Training Centers:  
A Critical Network for  
Ending the HIV Epidemic*

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Founding Director, HRSA AETC National Clinician Consultation Center



## **COVID-19 and HIV**

### **Telemedicine**

**Reach those out of care**

**Improve retention rates**

**Patient satisfaction**

**Concern about digital divide**

### **Expansion of medication refills**

**90 day fills**

**Home delivery**

### **Self-testing**

**HIV and STIs**

## **COVID-19 and HIV**

### **Education and training**

**Educational modalities: impact of virtual vs. face-to-face**

**Generally non-interactive**

**Convenience, archived, other factors**

### **Resources**

**Increase use of internet resources**



## **Diagnose, Treat, Prevent, & Respond: AETC Program Tools to Help End the HIV Epidemic**

*John Nelson - AETC National Coordinating Resource Center (NCRC)*

## **An Eastern Corridor Community of Practice to Meet the Challenges of Ending the HIV Epidemic**

*Linda Frank - MidAtlantic AETC*

## **Programs to End the Epidemic in the South: *END Academy* and *QuizTime***

*Clare Bolds - Southeast AETC*

## **Incorporating *PrEP ECHO* as a Tool to End the HIV Epidemic in Southern US**

*Tracy Jungwirth - South Central AETC*

## **Telephone Consultation as the Foundation for the Pillars of HIV Prevention, Care and Response**

*Carolyn Chu - National Clinician Consultation Center (NCCC)*



# AETC National Coordinating Resource Center (NCRC): National EHE Tools

John Nelson, PhD, CPNP, Program Director

# What Are We Doing?



- The AETC NCRC is coordinating a working group of the national/regional AETCs to identify EHE intervention successes and challenges across the United States and its territories
- Successes will be promoted nationally by the AETC NCRC
- Healthcare providing team challenges identified by the group will be addressed by identifying or developing resources to assist in *diagnosing, treating, preventing, and responding* to HIV

# Resource Availability



- The AETC NCRC maintains a website ([aidsetc.org](http://aidsetc.org)) of AETC Program resources
- Some resources are also in hard copy form and may be ordered (without charge or mailing fee) from the AETC NCRC ([aidsetc.org/community/order](http://aidsetc.org/community/order))
- Mobile device app with key EHE resources, NCCC warmline, and regional AETCs directory access (coming soon!)

# Diagnose Example

- Direct linkage to the AETC National HIV Curriculum

The screenshot shows the National HIV Curriculum website interface. At the top, there is a navigation bar with icons and labels for 'Antiretroviral Medications', 'Course Modules', 'Question Bank', 'Clinical Challenges', 'Tools & Calculators', 'Clinical Consultation', and 'HIV Resources'. A search icon is also present. The main content area is titled 'Section 1. Screening and Diagnosis' and features a large heading 'Screening and Diagnosis Overview'. Below this heading, there are four columns of information:

Section Core Competency	Target Audience	Editor	Free CE <b>CNE/CME</b>
Apply Evidence-Based Recommendations to Provide HIV Screening, Diagnosis, and Linkage to Care	This module is for any health care provider who would like to establish core competence in testing for HIV, recognizing acute HIV infection, and linking persons diagnosed with HIV to medical care.	David H. Spach, MD	Available in the <b>Screening and Diagnosis Self-Study Module</b> >



# Treat Example



## Immediate ART: Quick Guide for Clinicians

Starting antiretroviral therapy (ART) immediately after HIV diagnosis is recommended by HHS guidelines.

Immediate ART can improve retention in care and result in earlier HIV viral suppression.



### Immediate ART is appropriate for:

- Individuals with a confirmed positive HIV test result (i.e., HIV Ag, Ab, and/or HIV viral load)
- Persons with suspected acute HIV infection, with or without confirmed HIV diagnosis (HIV Ag or Ab test results may be negative)

### Immediate ART is not appropriate for:

- Persons with certain untreated opportunistic infections (OIs) - e.g., cryptococcal or TB meningitis: start treatment for the OI before starting ART (consult with experts)

### Compressed HIV Intake

- Review of HIV test results
- Targeted health history
- HIV risk behaviors
- Date of last negative HIV test
- Use of PrEP or PEP
- Counseling, support
- HIV education (including ART benefits, possible adverse effects, adherence, preventing transmission)
- Targeted physical exam
- Benefits counseling, insurance enrollment or optimization

### Baseline Labs

- Repeat HIV testing (if indicated)
- HIV RNA (viral load)
- CD4 cell count
- HIV genotype
- HLA-B\*5701
- CBC/differential
- Complete metabolic panel (kidney and liver tests, glucose)
- RPR
- Hepatitis serologies (HAV IgG, HBsAb, HBsAg, HbCAb, HCV IgG)
- Pregnancy test (if appropriate)

### Offer ART

- If patient agrees and there are no contraindications, prescribe 30-day supply, give starter pack if available
- If patient declines immediate ART, follow up within 1-2 weeks, re-offer ART, continue HIV education

### Follow Up

Schedule a follow-up visit for 1-2 weeks, then at least monthly until well established in care

January 2020

### Consult with Experts

Free, phone-based assistance for clinicians is available from experts on HIV management, including help with interpreting HIV test results and decisions about immediate ART.

#### AETC National Clinician Consultation Center

- Monday-Friday 9 AM to 8 PM ET
- (800) 933-3413



### Immediate ART Resources

- Full Clinician Guide: [aidsetc.org/resource/immediate-art](http://aidsetc.org/resource/immediate-art)
- Based on resources from the San Francisco Getting to Zero RAPID program [www.gettingtozerosf.org](http://www.gettingtozerosf.org)

### Recommended Regimens

These can be modified based on results of baseline labs:

- Dolutegravir (Tivicay) 50 mg once a day + TAF/FTC (Descovy), or TDF/FTC (Truvada), 1 once daily
- Bictegravir/TAF/FTC (Biktarvy), 1 once daily
- Darunavir/cobicistat/TAF/FTC (Symtuza), 1 once daily

For persons taking PrEP or PEP at or since the time of HIV infection:

- Consider an enhanced regimen (boosted PI + integrase inhibitor + TAF/FTC or TDF/FTC); seek consultation

For persons who are pregnant or trying to conceive:

- Dolutegravir (Tivicay) 50 mg once daily + TDF/FTC (Truvada) or TDF/3TC, 1 once daily
- Raltegravir 400 mg BID + TDF/FTC (Truvada) or TDF/3TC 1 once daily

Notes: Some ARVs are not recommended during pregnancy. Also, dolutegravir use at time of conception is associated with a small increase in risk of fetal neural tube defect. Discuss with patients as appropriate.

Abbreviations: 3TC: lamivudine; FTC: emtricitabine; PI: protease inhibitor; TAF: tenofovir alafenamide; TDF: tenofovir disoproxil fumarate



# Prevent Example 1



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## TREATMENT

### ADOLESCENTS AND ADULTS (≥13 YEARS):

**Sexually transmitted GC/CT and trichomonas infections:** all meds administered on site by provider<sup>1</sup> - azithromycin 1 gram PO x 1 & ceftriaxone 250 mg IM x 1 & (if risk of vaginitis) metronidazole 2 grams PO x 1.

**HIV prophylaxis:** TDF/FTC 300/200 mg (Truvada<sup>®</sup>) + dolutegravir 50 mg (Tivicay<sup>®</sup>) – 1 tab each PO daily x 28 days. If within the first trimester of pregnancy (post-LMP or by ultrasound dating) OR may become pregnant within the next 28 days, prescribe TDF/FTC 300/200mg (Truvada<sup>®</sup>) 1 tab PO daily + raltegravir 400mg (Isentress<sup>®</sup>) 1 tab PO twice a day x 28 days.<sup>12</sup> Administer first dose on site as soon as possible after rapid HIV negative status obtained<sup>1</sup> or non-rapid HIV test sent. TDF/FTC (Truvada<sup>®</sup>) should not be used for those with estimated CrCl less than 60 mL/min; an alternative regimen must be used in those circumstances.

**Emergency contraception:** for persons at risk of pregnancy with a negative pregnancy test. If prescribed dolutegravir, counsel on need for pregnancy prevention while on nPEP.

**Administer 1 dose of hepatitis B vaccine (without hepatitis B immune globulin) to persons not previously vaccinated or incompletely vaccinated.** If the exposure source is available for testing & is HbsAg positive, unvaccinated nPEP patients should receive both hepatitis B vaccine & hepatitis B immune globulin during the initial evaluation. Follow-up dose(s) should be administered as per vaccine package insert. Previously vaccinated exposed persons who did not receive postvaccination testing should receive a single vaccine booster dose.

**For those 9-45 years inclusively,** offer first HPV vaccination dose if not adequately vaccinated previously.<sup>2</sup>



### BASELINE TESTS TO CONSIDER FOR PERSONS BEING SEEN FOR NONOCCUPATIONAL POST-EXPOSURE PROPHYLAXIS (nPEP):

**Gonorrhea & chlamydia (GC/CT)** - swabs of all sites of sexual contact including oropharyngeal, rectal, and genital; urine testing may be considered in place of genital testing

**Rapid HIV Ag/Ab testing**<sup>3,4</sup>

**Urine pregnancy test** for persons at risk of pregnancy

**Routine bloodwork in assessing renal & liver function** (serum creatinine, ALT, AST; estimated creatinine clearance)

**Syphilis Serology:** RPR

**Hepatitis B virus surface antigen (HbsAg)** for those with known or probable prior HBV infection<sup>5</sup>

### IF RAPID HIV TESTING RESULT IS "NEGATIVE" (NON-REACTIVE)<sup>6</sup>, OFFER nPEP AND:

**For persons at risk of pregnancy with a negative pregnancy test,** offer emergency contraception.

**For all post-sexual exposures** (oral, vaginal, rectal exposures), offer on-site treatment for GC/CT & trichomonas (when risk of vaginitis).

### INITIAL TREATMENT, PATIENT EDUCATION/ COUNSELING & FOLLOW-UP VISITS:

**Follow-up must be scheduled at 72 hours & 4 weeks after initiating nPEP**

**Possible drug side effects:** nausea, GI upset, headache, myalgias

**Possible drug interactions:** antibiotics, calcium, iron supplements

**Stress adherence importance** to nPEP regimen for 28 days without interruption

**PrEP** initiation immediately after finishing 28-day nPEP prescription for those with ongoing risk

**Syphilis serology** at 4-6 weeks

**HIV Ag/Ab testing** at 6 weeks & 3 months after initial non-reactive test

**HBV & HCV serology testing** at 6 months after initial non-reactive test

### FOR PEDIATRIC, DECREASED RENAL FUNCTION OR OTHER INSTRUCTIONS:

► Clinician Consultation Center PEPIline at (888)448-4911 for assistance <http://nccc.ucsf.edu/>

► CDC's 2016 nonoccupational PEP guidelines, Tables 5-6: <https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>

► International Association of Forensic Nurses National Pediatric Protocol of Kidsta.org

#### Footnotes:

<sup>1</sup> For post sexual assault patients, the need for STI testing should be considered.

<sup>2</sup> Preferably a rapid 4th generation (Ag/Ab) test should be done, but if not available, non-rapid HIV testing should be done. If non-rapid testing is done, START nPEP immediately & arrange follow-up in 12 days for HIV results.

<sup>3</sup> If the HIV test is reactive/positive, the person should NOT be given nPEP, but be provided supportive counseling & connected to an HIV primary care or specialty care (ID) provider immediately (before being discharged).

<sup>4</sup> Ceftriaxone is the recommended treatment for GC & should not be substituted with another antibiotic unless there are clear contraindications for its use. <sup>5</sup> Contraindicated, refer to CDC 2015 STD Treatment Guidelines for alternative. <https://www.cdc.gov/std/2015/guidelines.htm>

<sup>6</sup> All persons offered nPEP should be prescribed a 28-day course of a 3-drug ARV regimen.

<sup>7</sup> Post-exposure prophylaxis (PEP): contact the Clinician Consultation Center at 1-888-448-7737 for clinician-to-clinician advice.

<sup>8</sup> Additional information on the use of dolutegravir in pregnancy can be found at: <https://www.hivatisa.com/pdfs/companion/clinical/clinical-trials/clinical-trials/Informational/Informational/Truvada-Pr-PEP.pdf>

<sup>9</sup> Exposed use of Biorad: <https://www.fda.gov/news-events/newsroom/press-announcements/uwna22715.htm>

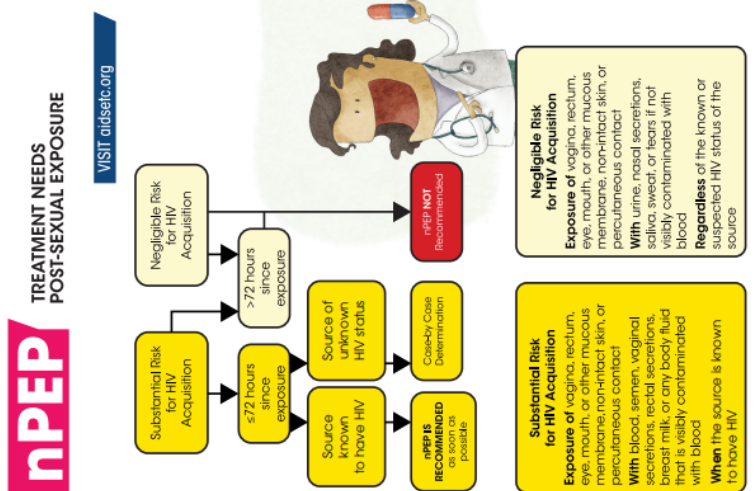
<sup>10</sup> Severe acute exacerbations of HBV have been reported in HBV-infected people who have discontinued Truvada<sup>®</sup>. [http://www.gilead.com/~/media/PDFs/US/Truvada/Truvada\\_pi.pdf](http://www.gilead.com/~/media/PDFs/US/Truvada/Truvada_pi.pdf)

Contact us at [info@aidsetc.org](mailto:info@aidsetc.org) for more resources, questions or feedback.



# nPEP

## POST-SEXUAL EXPOSURE



### Additional Information

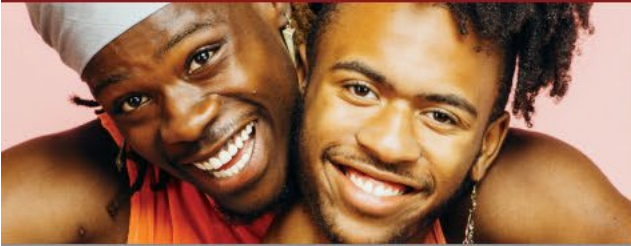
- Health care providers should evaluate persons rapidly for nPEP when care is sought <72 hours after an exposure that presents a substantial risk for HIV acquisition. **The decision to recommend nPEP should not be influenced by the geographic location of the assault/exposure.**
- nPEP is not recommended when care is sought >72 hours after exposure. If >72 hours after exposure, consult with an expert or contact the Clinician Consultation Center PEPIline.
- Regimens are available for children, and persons with decreased renal function.
- A case-by-case determination about nPEP is recommended when the HIV infection status of the source of the body fluids is unknown and the reported exposure presents a substantial risk for transmission if the source did have HIV infection.
- Follow-up for people receiving nPEP is important and should be provided by or in consultation with a clinician experienced in managing nPEP. Providers who do not have access to a clinician experienced in providing nPEP follow-up should make linkages with community providers with this experience or contact the Clinician Consultation Center PEPIline at (888)448-4911 for assistance <http://nccc.ucsf.edu/>.



# Prevent Example 2

## Prescribing Pre-Exposure Prophylaxis (PrEP) for HIV Prevention

### A Guide for Medical Providers



#### PrEP INDICATIONS

Pre-Exposure Prophylaxis (PrEP) with daily tenofovir disoproxil fumarate-emtricitabine is recommended as one HIV prevention option for men who have sex with men (MSM), injection drug users (IDU), and heterosexual men and women at substantial risk of acquiring HIV infection.

**Consider offering PrEP to HIV-negative adults and adolescents who weigh at least 35 kilograms (77 lbs) AND in the last six months had one or more of the following:**

- Any sex partner with HIV or HIV risk-factors (IDU or MSM)
- Condomless vaginal or anal sex with a partner of unknown HIV status who is known to be at substantial risk of HIV infection
- A bacterial sexually transmitted infection (gonorrhea/chlamydia/syphilis)
- Injected drugs and shared needles/equipment
- Used non-occupational post-exposure prophylaxis (nPEP)
- Survival/transactional sex
- Been in a drug treatment program
- Interest in trying to conceive with a partner who is HIV-positive

*Research studies suggest that men or transgender people engaging in receptive anal sex benefit the most from PrEP*

#### CONTRAINDICATIONS

- HIV-positive
  - Estimated creatinine clearance (eCrCl) < 60 ml/min
  - Possible HIV exposure within the past 72 hours (offer nPEP, then consider PrEP)
- Clinician Consultation Center**  
**PEPline: 888.448.4911 or**  
<http://nccc.ucsf.edu/clinician-consultation>

#### WHAT TO PRESCRIBE

Truvada® (tenofovir disoproxil fumarate-emtricitabine)  
 300 mg/200 mg) 1 tab  
 PO daily, #30, 2 refills for a total 90-day supply



#### CAUTION

- Hepatitis B (HBV) infection (can flare when stopping the medications used for PrEP; check HBsAb/Ag prior to initiation of PrEP)
- Concomitant illness (i.e., diabetes mellitus or hypertension) that increases risk for kidney disease; consider more frequent creatinine monitoring
- Acute flu-like illness; defer PrEP and retest in 4 weeks or evaluate for acute HIV infection, including HIV RNA PCR, before initiation
- Pregnancy or breastfeeding; discuss risks/benefits
- Osteoporosis
- Minor adolescents

October 2019

#### COUNSELING TOPICS

- Importance of daily adherence—link dosing to daily routine
- STI and HIV prevention, i.e. condom use/risk reduction
- Safer injection drug use practices
- Need for regular follow-up visits and lab tests
- Reproductive goals/contraception
- Symptoms of acute HIV infection
- Risks of stopping and/or restarting PrEP—need to notify provider
- Insurance/medication assistance
- Refill policies and procedures

- If planning to stop PrEP, continue PrEP for 28 days after last potential HIV exposure
- PrEP does not prevent gonorrhea, chlamydia, syphilis, genital warts, herpes, or hepatitis A, B, C viruses
- PrEP does not prevent pregnancy
- If potential high-risk HIV exposure has occurred within the past 72 hours, use of nPEP is recommended for 28 days and start of PrEP on day 29 if still HIV Ab/Ag negative.

#### SIDE EFFECTS

- 10% of patients experience nausea or headache; these usually resolve within 1 month
- Small risk of renal dysfunction; typically reversible if PrEP stopped
- PrEP associated with 1% loss of bone mineral density; no increased risk of fractures

#### EFFICACY—KEY MESSAGES

- When taken daily with excellent adherence, PrEP is highly effective for preventing HIV, over 90%
- Maximum drug levels are reached in rectal tissues after 7 days and in blood and vaginal tissues after 20 days

#### LAB SCREENING AND VISITS

- **Initial visit:** HIV test (ideally 4th generation HIV Ag/Ab), creatinine, gonorrhea/chlamydia (include throat, rectum, and genital/urine screening in MSM), syphilis, HBsAb/Ag, HCV Ab, pregnancy test
- **Week 1:** Call, check if prescription filled, assess adherence and side effects
- **Month 1 (optional):** Consider HIV test (ideally 4th generation HIV Ag/Ab), assess adherence and side effects
- **At least every 3 months:** HIV test (ideally 4th generation HIV Ag/Ab), pregnancy test, assess adherence, evaluate the need to continue PrEP, provide 3-month refill
- **At least every 6 months:** Gonorrhea/chlamydia (throat, rectum, and genital/urine screening) and syphilis (more frequently depending on risk)
- **Renal function:** Creatinine at baseline, at 3 months, and at least every 6 months, more frequent if diabetes, hypertension or other renal risk factors

- **At every visit:** Provide risk reduction counseling and assess for signs/symptoms of acute HIV infection
- **Provide vaccination** for HAV, HBV, HPV as recommended

#### PrEP-RELATED BILLING CODES

- **ICD-10 code:** Z20.6 (Contact with and suspected exposure to HIV)
- For more billing codes, see link to USPHS/CDC/HHS PrEP Guidelines listed to the right

#### RESOURCES

- **USPHS/CDC/HHS PrEP Guidelines:** <http://aidsinfo.nih.gov/guidelines>
- **Clinician Consultation Center**  
**PrEPline:** 855.448.7737 or <http://nccc.ucsf.edu/clinician-consultation>
- **PrEP Calculator for MSM risk assessment:** <https://ictweb.johnshopkins.edu/ict/utility/prep.cfm>

#### MEDICATION ASSISTANCE PROGRAMS

- **Gilead Financial Support:** <https://start.truvada.com/paying-for-truvada>
- **Patient Access Network:** [www.panapply.org](http://www.panapply.org)
- **Patient Advocate Foundation Co-Pay Relief:** <https://www.copays.org>

#### REGIONAL CONTACTS

**To learn more about the AIDS Education & Training Center (AETC) Program and to request training, capacity building, or technical assistance in your region, visit [aidsctc.org](http://aidsctc.org)**

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U11OH028686 (AIDS Education and Training Centers National Coordinating Resource Center) awarded to the Francis Xavier Bagnoud Center, Rutgers University School of Nursing. No percentage of this project was financed with non-governmental sources. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

Adapted from: Cascade AIDS Project and Mountain West AETC - Oregon Program. Prescribing Pre-Exposure Prophylaxis (PrEP) for HIV Prevention: A Guide for Medical Providers. February 2019.



# Respond Example



Training Consultation

## HIV Epidemic Rapid Response Toolkit

Publish date: *June 10, 2019*

AETC source: [AETC National Coordinating Resource Center](#)

In response to newly identified, community-based HIV epidemics, the AETC NCRC has pulled together the following AETC Program and U.S. Centers for Disease Control and Prevention resources for public health workers and clinical providers:

- [Implementing HIV Testing in Nonclinical Settings](#)
- [Prescribing PrEP for HIV Prevention: A Guide for Medical Providers](#)
- [Non-Occupational Post-Exposure Prophylaxis \(nPEP\) Toolkit](#)
- [Immediate ART Initiation: Guide for Clinicians](#)

These resources can be used at the point-of-care, as self-study guides or as reference tools for training.



# THANK YOU!

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# MidAtlantic AETC: Eastern Corridor EHE Initiative 2020 Ryan White Conference

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# ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA AND THE ROLE OF THE MIDATLANTIC AETC

A Plan for America is a nationwide initiative by the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Health Resources and Services Administration (HRSA) that involves four “pillars” for intervention: Diagnose, Treat, Prevent, and Respond working with state and local health departments, HRSA, CDC, and others



## Diagnose      Treat      Prevent      Respond



Diagnose HIV as early as possible

Treat HIV quickly/effectively

Prevent new HIV infections

Respond to clusters of new cases

Link to HIV Testing

Linkage to HIV Treatment

Link to PrEP and Behavioral Health Services

Workforce Development Outbreak Response

- Provide training and clinical consultation on how to integrate routine HIV testing into primary care
- Train health care teams on HIV testing
- Consult on clinic workflow and staffing to facilitate more HIV testing
- Convene discussions to reduce HIV stigma to improve engagement in care
- Train on HIV testing for women and pregnant women
- Provide technical assistance on HIV testing technology and laboratory issues
- Train on approaches to “rapid treatment” once a person is identified with HIV infection
- Provide technical assistance on confidentiality, testing laws and regulations

- Provide training on changing clinical guidelines through training, webinars, and consultation
- Translate latest clinical findings and best practices for implementation in practice, including models of interprofessional practice
- Educate providers on treatment of substance misuse/use and psychiatric disorders that impact retention in HIV care
- Educate providers on HIV care for special populations, such as, pregnant women, perinatal transmission
- Provide preceptorships for clinicians for intensive learning on clinical management of HIV and co-morbidities
- Link clinicians to HIV treatment consultation services at AETC National Clinician Consultation Center (NCCC) and clinical experts at regional MidAtlantic AETC sites
- Facilitate systems change for more responsive care for persons with HIV

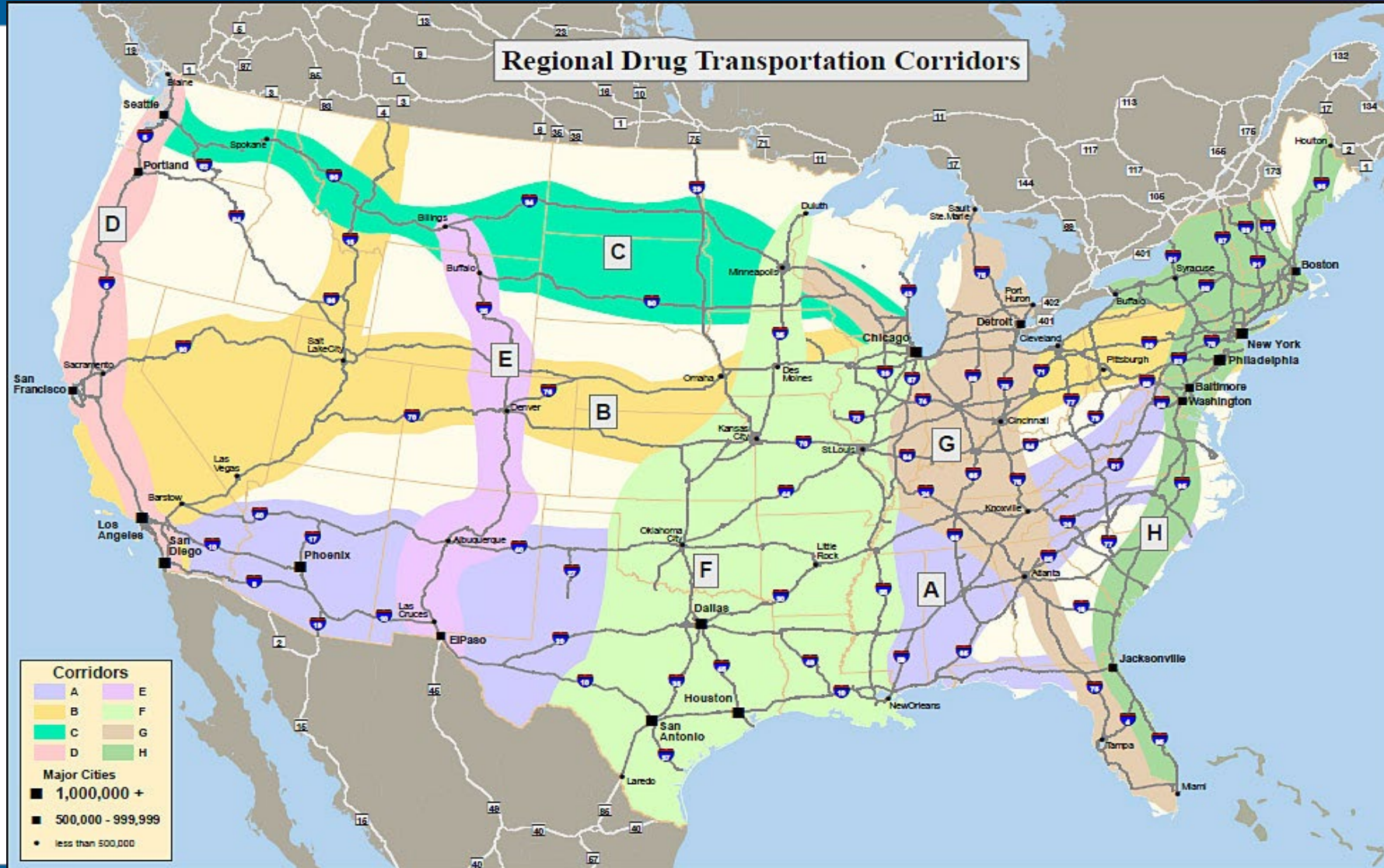
- Educate clinicians and teams on post-exposure prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP)
- Provide ongoing PrEP and PEP consultation for novice and new PrEP providers
- Develop and diffuse innovative models for providing PrEP and PEP in a range of settings, including innovative funding methods
- Provide training on protocols and best practices to increase HIV, hepatitis, and STI screening for improved clinical monitoring
- Train clinicians and teams on treatment approaches to substance use prevention and treatment, including harm reduction strategies
- Educate clinicians on the research finding that “undetectable equals untransmittable” (U=U)
- Link clinicians to the PrEP and PEP warmlines and consultation at the AETC National Clinician Consultation Center (NCCC)

- Provide prompt and targeted response for training and consultation in areas and regions to address local and regional shifts in HIV, Hepatitis, and substance use epidemiology
- Conduct outreach to clinical sites, hospitals, and FQHCs in CDC and HRSA targeted areas to increase testing, treatment, and other services
- Engage community leadership as well as state and local health departments to prevent individual and cluster outbreaks of HIV cases through targeted training and dissemination of proven behavioral and biomedical prevention approaches
- Develop tailored approaches through provider, clinic, community, and system interventions to improve health system capacity to prevent and respond to outbreaks

# Philadelphia-Baltimore-DC Corridor



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# MidAtlantic AETC ETE Targeted Initiative: Eastern Corridor



Regional Partner	Corridor Focus	EMA Focus	Region wide
<b>Baltimore</b> University of Maryland	<ul style="list-style-type: none"> <li>On-Line distance-based preceptorships.</li> <li>AIDS Certified Registered Nurse (ACRN) course delivered via online and in-person learning.</li> </ul>	<ul style="list-style-type: none"> <li>Focus on two FQHCs</li> <li>Baltimore City Health Department</li> </ul>	<ul style="list-style-type: none"> <li>Regional dissemination of innovative models</li> </ul>
Johns Hopkins University	<ul style="list-style-type: none"> <li>Preceptorships for pharmacists and clinicians</li> <li>Develop related communities of practice</li> </ul>	<ul style="list-style-type: none"> <li>Uptake of PrEP with Pharmacy-Based Nurse Practitioner (NP)</li> <li>Supported PrEP Telemedicine Programs</li> </ul>	<ul style="list-style-type: none"> <li>Regional dissemination of innovative models</li> </ul>
<b>Philadelphia</b> Health Federation/Drexel	<ul style="list-style-type: none"> <li>HCV/HIV Co-infection treatment training expansion</li> <li>Develop related communities of practice</li> </ul>	<ul style="list-style-type: none"> <li>Trauma Informed Care focused training and TA, coaching to FQHCs and CBOs</li> </ul>	<ul style="list-style-type: none"> <li>Regional dissemination of innovative models</li> </ul>
<b>Washington, DC</b> Howard University	<ul style="list-style-type: none"> <li>Develop training and offer TA to improve delivery of culturally intelligent care for minorities</li> </ul>	<ul style="list-style-type: none"> <li>Focus on 4 CHC service minorities in DC</li> </ul>	<ul style="list-style-type: none"> <li>Regional dissemination of innovative models</li> </ul>
<b>Regionwide</b> University of Pittsburgh	<ul style="list-style-type: none"> <li>Access to Learner Education &amp; Practice Portal (LEAPP)</li> <li>Collaborating and networking with other federal training centers</li> </ul>	<ul style="list-style-type: none"> <li>Access to Learner Education &amp; Practice Portal (LEAPP)</li> </ul>	<ul style="list-style-type: none"> <li>Accessing training/TA</li> <li>Tracking performance</li> <li>Develop Measures</li> <li>Document outcomes</li> <li>Quality management</li> <li>National dissemination of innovative models</li> </ul>



# Learners' Education and Practice Portal (LEAPP) © University of Pittsburgh



The screenshot shows the LEAPP login page. At the top left is the University of Pittsburgh logo and name. To the right, it says 'GRADUATE SCHOOL OF PUBLIC HEALTH DEPARTMENT OF INFECTIOUS DISEASES & MICROBIOLOGY' with links for 'PITT HOME' and 'FIND PEOPLE'. Below this is a navigation bar with 'New user? Sign up here | Login'. The main header features the Pennsylvania/MidAtlantic AIDS Education and Training Center & Telehealth AETC Appalachian Project logo and name, along with the TAAP logo. A menu bar includes 'Home', 'Training Events', 'Sites & Regions', 'Services & Information', 'Contact', and 'TAAP'. The central content area has a login form with the heading 'Please enter your email and password.' It includes 'Email\*' and 'Password\*' input fields, a 'Login' button, and links for 'Not a member? Sign up here.' and 'Forgot your password? Click here.'. The footer contains copyright information for 2014 and funding details from the U.S. Department of Health and Human Services.

*Currently more than 35,000 health professionals registered on LEAPP*



# Wednesday Webinar Series: June and July

## Ending the HIV Epidemic:

### Boot Camp for Community Health Centers

**Series Description:** The Pennsylvania Association of Community Health Centers, the West Virginia Primary Care Association, and the MidAtlantic AIDS Education and Training Center have created this six-part webinar series for Community Health Centers who have an integral role in Ending the HIV Epidemic. Participants will hear from fellow Community Health Centers and clinic leaders for a strategy-gathering information exchange to learn more about HIV Routine Testing, Implementation of Routine Testing, Importance of Pre-Exposure Prophylaxis (PrEP), and how to access funding for PrEP. The webinars will be an hour in length and will include Q&A as well as audience interaction via polling.

#### **Vital Role of Community Health Centers in Ending the HIV Epidemic**

**Wednesday, June 3, 2020 12:00pm – 1:00pm ET**

**This archived webinar will be soon be available for viewing.**

For more information, please visit: <https://www.maaetc.org/p/chcmonth>

#### **HIV Routine Testing: Why It Is Important**

**Wednesday, June 10, 2020 12:00pm – 1:00pm ET**

**This archived webinar will be soon be available for viewing.**

For more information, please visit: <https://www.maaetc.org/p/chcmonth>

#### **Implementation of Routine HIV Testing in Your Community Health Center**

**Wednesday, June 17, 2020 12:00pm – 1:00pm ET**

DETAILS & REGISTRATION: <https://www.maaetc.org/events/view/15136>

#### **Importance of PrEP in Primary Care: Rural Clinic Perspective**

**Wednesday, June 24, 2020 12:00pm – 1:00pm ET**

DETAILS & REGISTRATION: <https://www.maaetc.org/events/view/15320>

#### **Importance of PrEP in Primary Care: Urban Clinic Perspective**

**Wednesday, July 8, 2020 12:00pm – 1:00pm ET**

DETAILS & REGISTRATION: <https://www.maaetc.org/events/view/15321>

#### **Accessing Pre-Exposure Prophylaxis (PrEP): Billing and Coding**

**Wednesday, July 15, 2020 12:00pm – 1:00pm ET**

DETAILS & REGISTRATION: <https://www.maaetc.org/events/view/15322>



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CONFERENCE ON  
HIV CARE & TREATMENT**



# COVID-19 and HIV Virtual Webinar Series

Please join us for a webinar series provided by the  
[MidAtlantic AIDS Education and Training Center](#)

**Series Description:** The COVID-19 pandemic has disrupted healthcare systems across the United States. Individuals and organizations alike are forced to continuously adapt to the ever-changing nature of the pandemic, which creates more questions than answers. This series will provide updates and discussions on lessons learned from the HIV Epidemic, mental and behavioral, differential diagnoses, future planning, substance use and harm reduction, and more.

## **Session 1: [Lessons Learned from the HIV Epidemic & Application to COVID-19](#)**

**Thursday, May 28, 2020, 2:00pm-3:00pm**

**This archived webinar will be soon be available for viewing.**

For more information, please visit: <https://www.maaetc.org/p/covid19webinars>

## **Session 2: [Behavioral and Mental Health During COVID-19](#)**

**Thursday, June 18, 2020, 2:00pm – 3:00pm**

DETAILS & REGISTRATION: <https://www.maaetc.org/events/view/15473>

## **Session 3: [Making a Differential Diagnosis between COVID-19 and HIV](#)**

**Thursday, June 25, 2020 2:00pm – 3:00pm**

DETAILS & REGISTRATION: <https://www.maaetc.org/events/view/15475>

## **Session 4: [What's Next: Forecasting the Industry Trajectory of Healthcare Systems in the Era of COVID-19](#)**

**Thursday, July 2, 2020 2:00pm – 3:00pm**

DETAILS & REGISTRATION: <https://www.maaetc.org/events/view/15476>

## **Session 5: [Substance Use and Harm Reduction during COVID-19](#)**

**Thursday, July 16, 2020 2:00pm – 3:00pm**

DETAILS & REGISTRATION: <https://www.maaetc.org/events/view/15478>

## **Session 6: [Telehealth and Pre-Exposure Prophylaxis \(PrEP\) during COVID-19](#)**

**Thursday, July 23, 2020 2:00pm – 3:00pm**

DETAILS & REGISTRATION: <https://www.maaetc.org/events/view/15477>

## **Session 7: [Roadmap for COVID-19 Vaccine Development: Drive Safely](#)**

**Thursday, July 30, 2020 2:00pm – 3:00pm**

DETAILS & REGISTRATION: <https://www.maaetc.org/events/view/15540>



# Contact Information



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Professor, Community and Health Systems, School of Nursing

Principal Investigator, MidAtlantic AIDS Education & Training Center

130 DeSoto Street, Room 2120 Public Health

Pittsburgh, PA 15213

Email: [frankie@pitt.edu](mailto:frankie@pitt.edu)

Phone: 412-624-9118

Web: [www.maaetc.org](http://www.maaetc.org); [www.pitt.edu](http://www.pitt.edu)



# END HIV Academy and QuizTime: Ending the Epidemic during a Pandemic

Clare Bolds, Southeast AETC Program Manager

# END HIV Academy: The Need

- Preceptorships are critical to HIV workforce development
- Need for a consistent curriculum for all learners
- Limitations of traditional preceptorships:
  - Geography/unaffiliated learners get low priority
  - Clinic capacity
  - Currently – social distancing policies

Health professional schools are  
NOT adapting to the new reality.



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

# END HIV Academy

## The Solution:

Develop virtual preceptorship opportunities to support both current students and practicing providers regardless of location.

The Southeast AIDS Education and Training Center **End-the-HIV-Epidemic Academy**





## GOAL:

To enhance provider knowledge, behavior, and skills regarding HIV and enable action to prevent, diagnose, link to care, and treat people at risk for or with HIV in the Southeast.

## AUDIENCE:

Healthcare trainees or active professionals with interest in or current practice in communities with at-risk populations or who serve people with HIV.

- 6-month program
- Asynchronous virtual learning opportunities weekly (i.e., modules, recorded didactics, readings, etc.)
- Prior AETC programs, modules, as well as AAHIVM objectives/tasks to be utilized for planning
- Monthly synchronous virtual preceptorship focused on clinical cases pertinent to topical matter reviewed over the course of the month
- Monthly self-assessment and program evaluation “check-in” to provide data regarding current knowledge and practice patterns

# END HIV Academy: Benefits

- ✓ Strong mentorship regardless of location
- ✓ Community of practice with other learners passionate about HIV
- ✓ May be completed alongside traditional health professional schooling
- ✓ Preparation for AAHIVM (if desired)
- ✓ Pandemic-friendly learning environment!



# QuizTime: The Need

## Innovation to meet the moment

### The problem:

TDH needs to quickly and effectively disseminate information about new opioid prescribing requirements

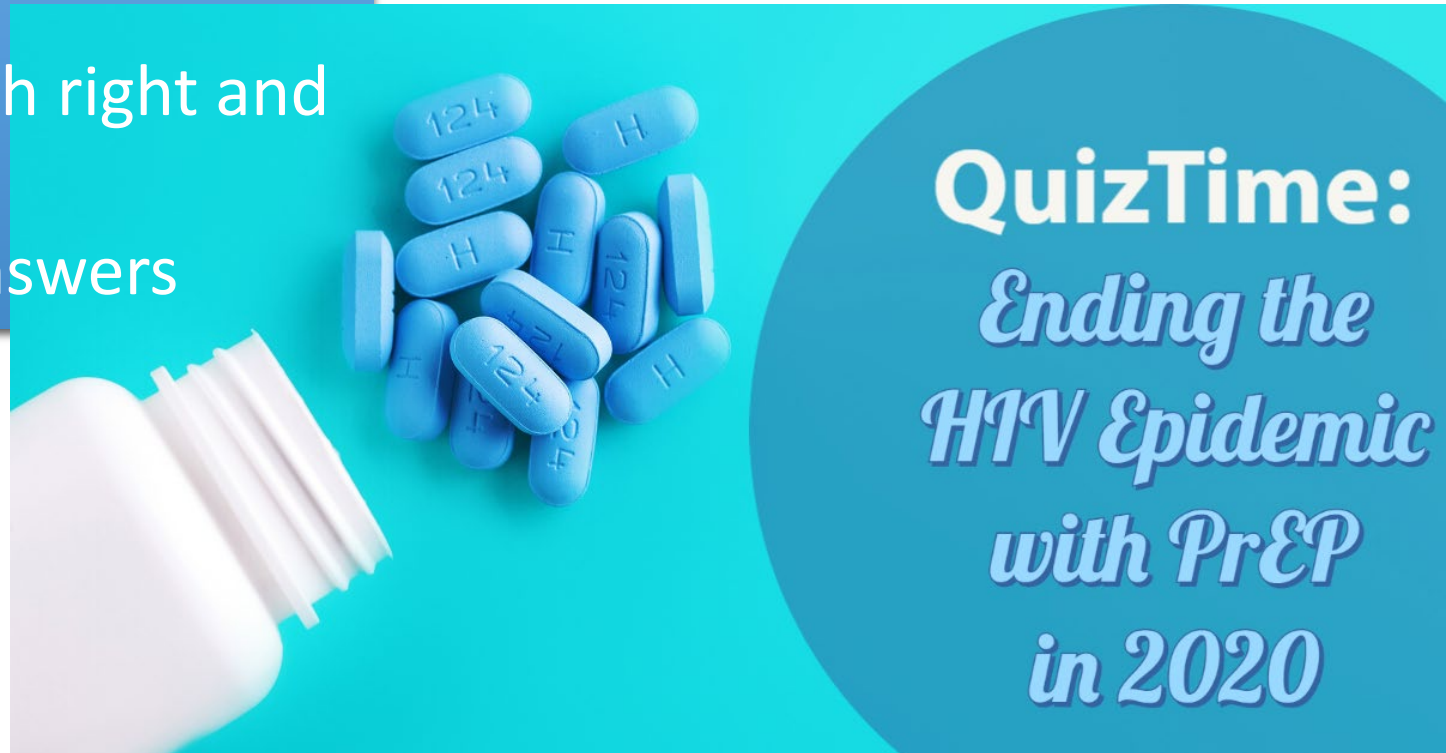
### The solution:

Text-based, asynchronous learning tool



# QuizTime: The Modality

- 1 quiz question per day
- 48 hours to reply – open book
- Delivery via email or SMS
- Immediate feedback about both right and wrong answers
- Opportunity to re-try wrong answers



# QuizTime: The Benefits



- ✓ Minimal time investment
- ✓ CME
- ✓ Broad accessibility (hello physical distancing!)
- ✓ Reinforcement of lessons

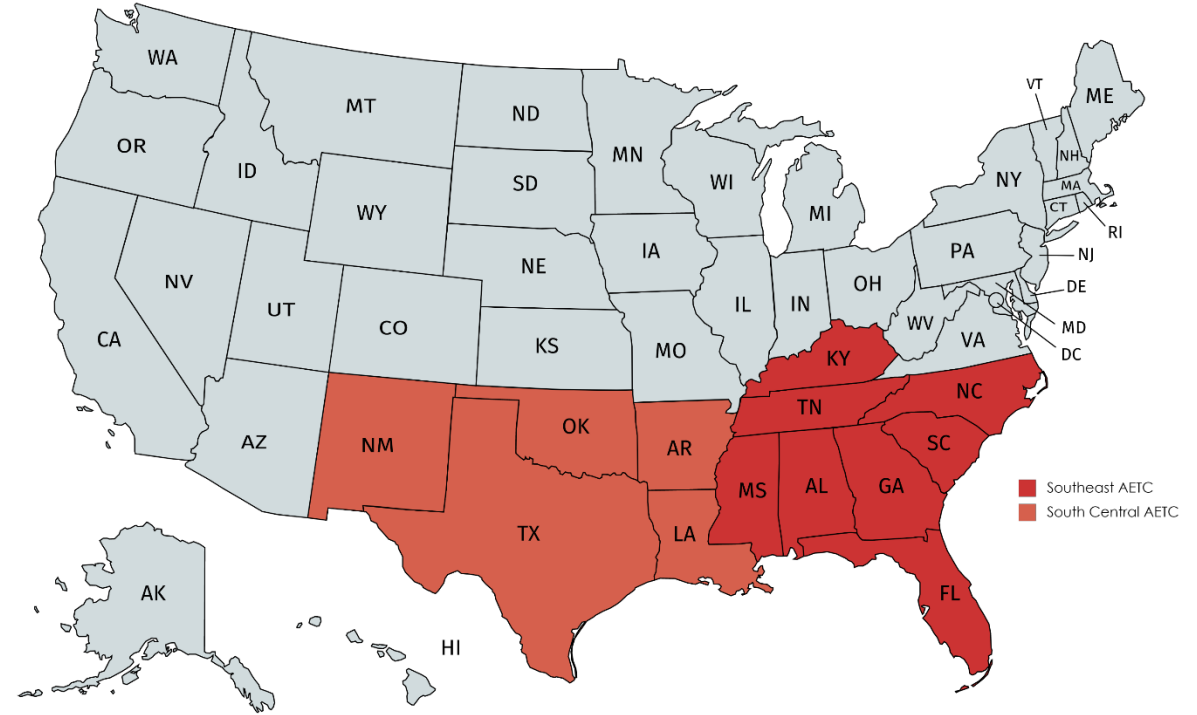
# QuizTime: Provider Feedback

“Through my many, many years of CME activities, this has been the best for presenting useful information in daily, digestible quantity. Being able to pick what time it is delivered was great too.”

“I like QuizTime because you get a full explanation of the question in a clear concise manner.”

“No better way to challenge learning than with this format.”

# QuizTime: Southern Collab



Created with mapchar.net





# Incorporating *PrEP ECHO* as a Tool to End the HIV Epidemic in the Southern U.S.

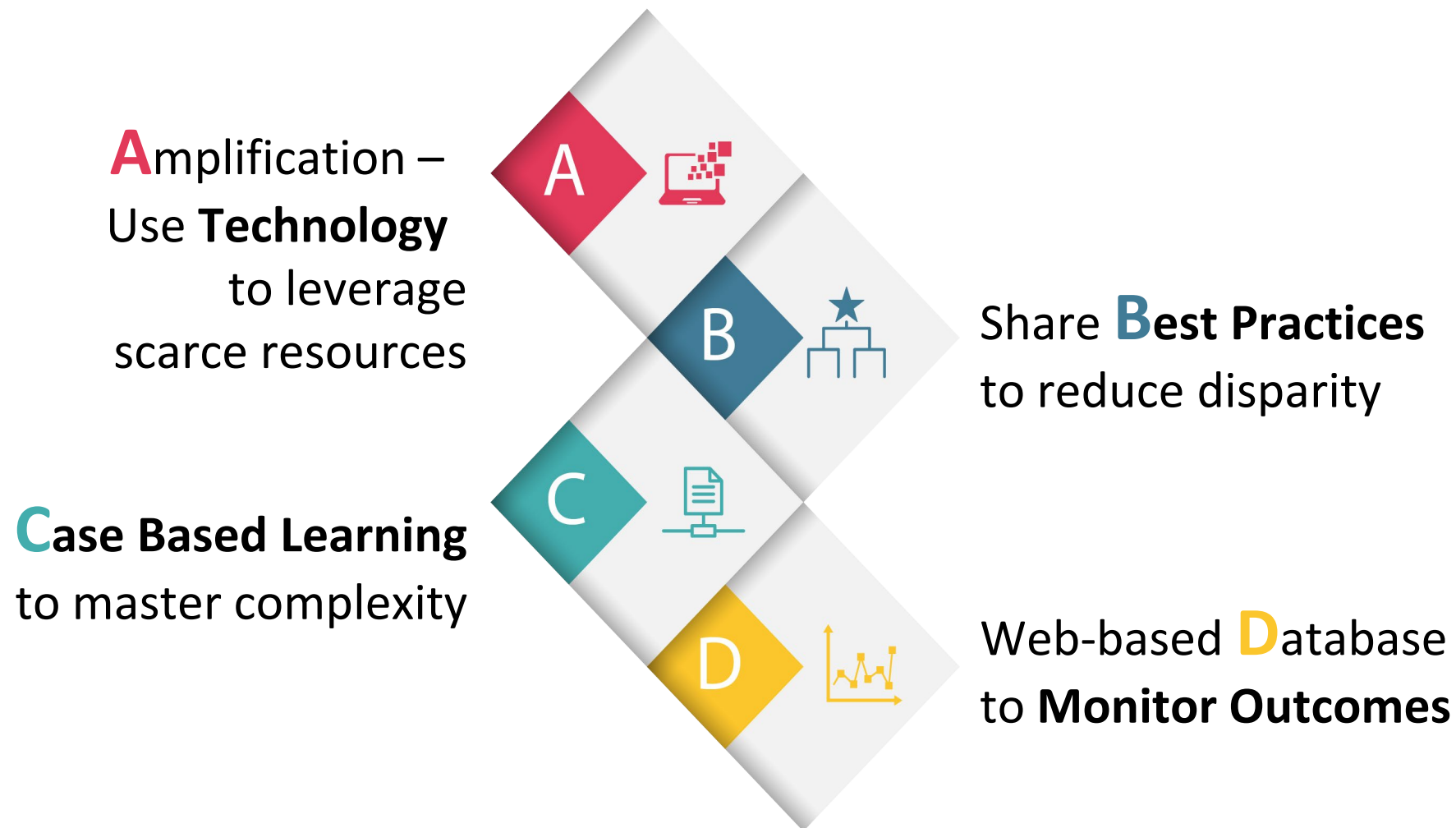
Tracy Jungwirth, South Central AETC Program Director

# Healthcare System Problem: Limited Access

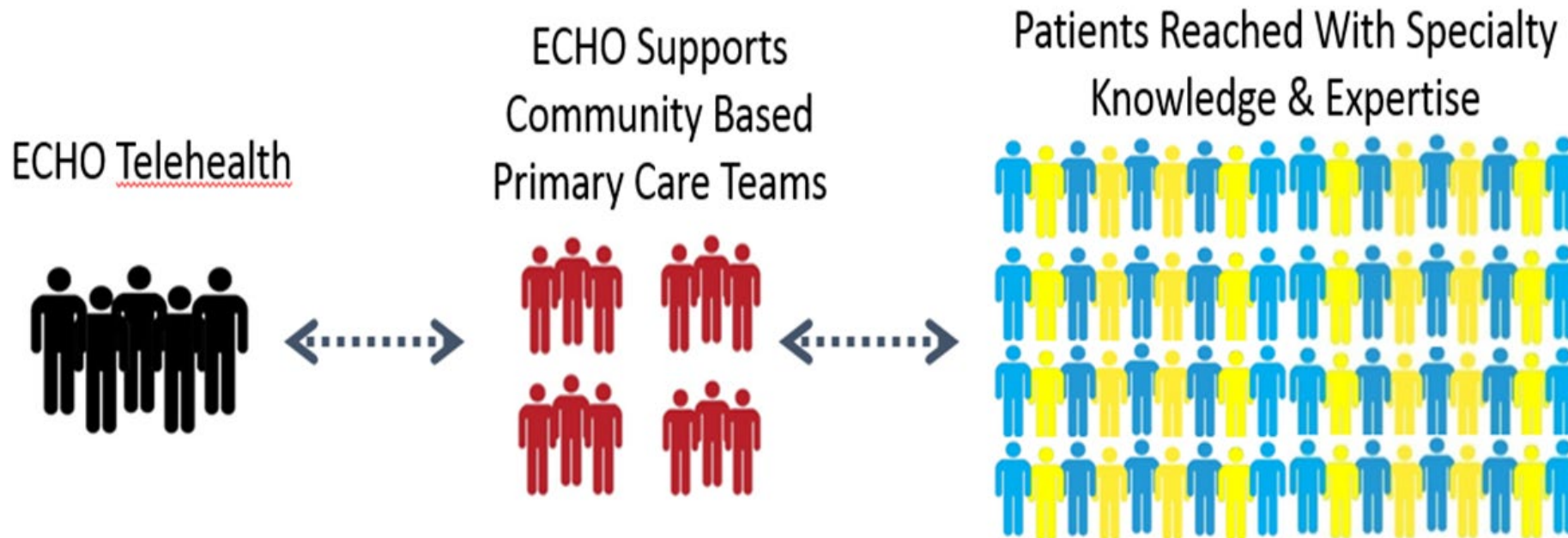


- Many patients lack access to high quality healthcare at the right place at the right time
- Shortage of health care teams knowledgeable about HIV prevention & treatment
- Patients often have complex needs best managed by inter-professional teams
- Primary care providers & patients have limited access to specialty consultation

# The ECHO Model™



# ECHO Model™ vs Telemedicine

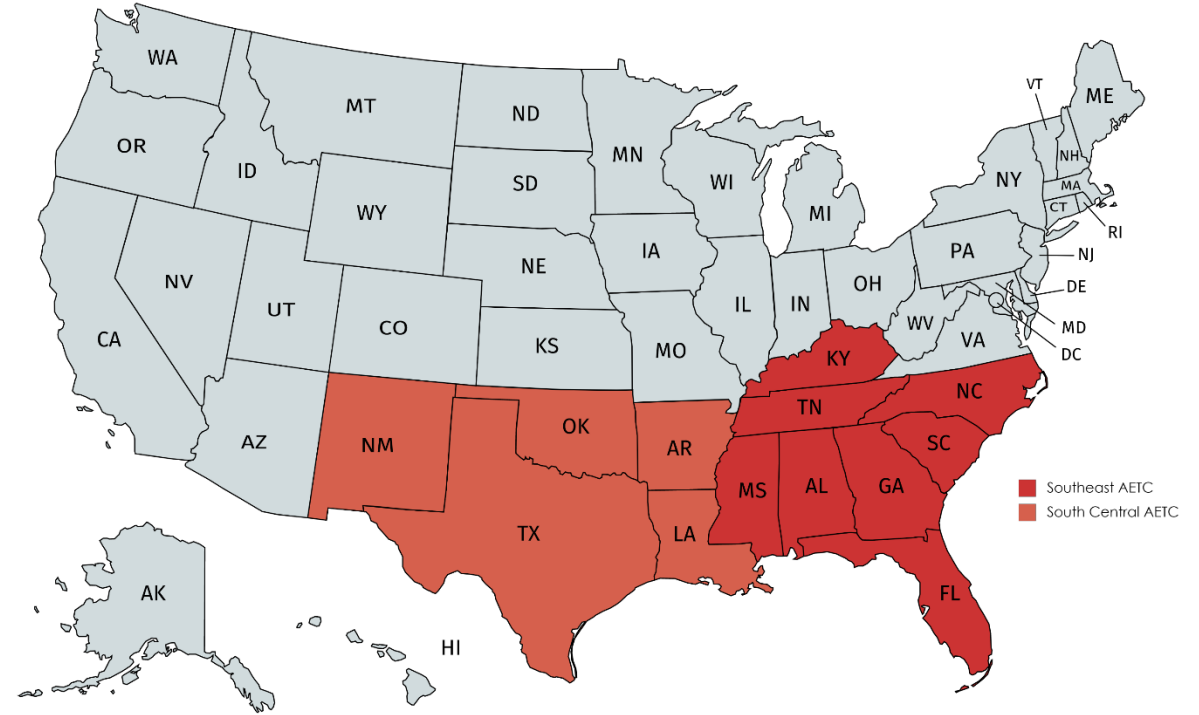


# Why does the ECHO Model™ work?



- **Uses technology** to leverage scarce resources
- Creates a **virtual peer-to-peer network** for rapid dissemination of knowledge and support
- Promotes **sharing best practices**
- Employs **case-based learning**
- Allows **monitoring of outcomes**
- Creates **regional care champions**

# QuizTime: Southern Collab



Created with mapchar.net

# PrEP ECHO sessions



- Monthly PrEP ECHO sessions
- No cost CME, Pharmacy CE, Nursing CEU
- Expansion of PrEP training
  - 3 regular sessions now, 2 additional planned
- Inclusion of CHWs, CHRs and Promotores de Salud
- Advantage of distance learning experience
- Collaboration with Southeast AETC to increase access throughout the South
  - PrEP ECHO and PrEP Quiz Time offered to all health care teams in both regions

Thank you!





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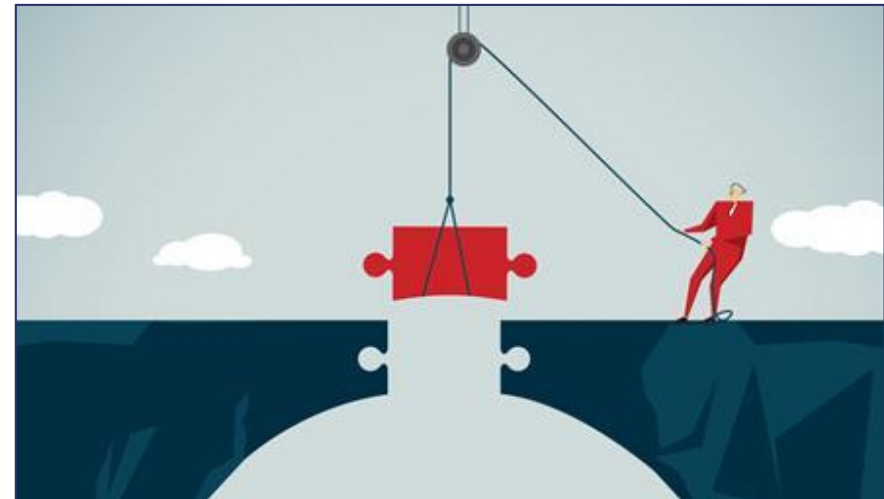
# Improving access to care & health outcomes via teleconsultation-based provider capacity-building

National Clinician Consultation Center

Carolyn Chu, MD, MSc, AAHIVS, FAAFP | Clinical Director

# Why a “Warmline”?

Provider support/capacity-building is a cornerstone for improving treatment access & health outcomes



## KEY DRIVERS OF HIV WORKFORCE SHORTAGES

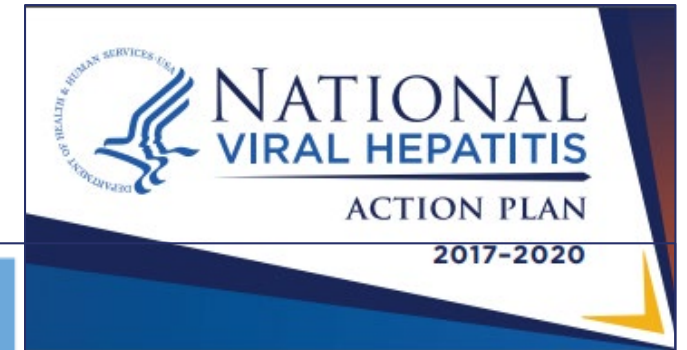
### ***Financial Disincentives***

The high cost of medical education coupled with relatively low pay discourages students from entering the primary care workforce, especially among individuals

### ***Insufficient Exposure to HIV During Medical Education***

### ***Reluctance to Work With HIV Patients***

### ***Geographic Factors***



### **Challenges in Addressing Viral Hepatitis**

The Action Plan also seeks to address a number of challenges that must be confronted as we work to improve our national response including:

- Limited data
- Low provider awareness and low public awareness and perceived risk
- Limited public health and health system response
- The perceived high costs of treatment and the large numbers of people chronically infected
- Stigma and discrimination
- Opioid epidemic

# Looking at the glass half-full...

*"This service is amazing & so very helpful. I have used it several times & always come away feeling informed & ready to provide the best care to my patients."*


*"The person I spoke to was so nice, supportive, & well-informed. I was nervous that my question was dumb or something I should've known, but she didn't make me feel like that at all. It was a great experience."*

*thankful for this resource! Timely, helpful, & clear guidance from experienced experts – so easy to access & great response time!"*

*"I view this group as a lifeline when I have questions – it's a fabulous resource for busy providers!"*

*"The consultant I spoke with saved my day. The care & concern I received was astounding, the consultant went above & beyond to help me & my patient."*

# “Low-threshold” support: our guiding principle

- Same-day entry
  - Harm-reduction approach
  - Flexibility
  - Wide availability
- 
- Same-day support, individualized discussions
  - Practical strategies & respect for callers
  - “Options, not answers” (agility to assist providers with differing resources & experiences, & from diverse practice contexts)
  - Readily-accessible, multi-professional subject matter expertise

# Who operates the national HIV Warmline?

- Dept of Family & Community Medicine at SFGH | UCSF
- Founded in 1990s: one of the first free, nationally accessible provider-facing resources to address questions regarding HIV at the point of care
- Any clinician is welcome to call!



# Multi-professional teams



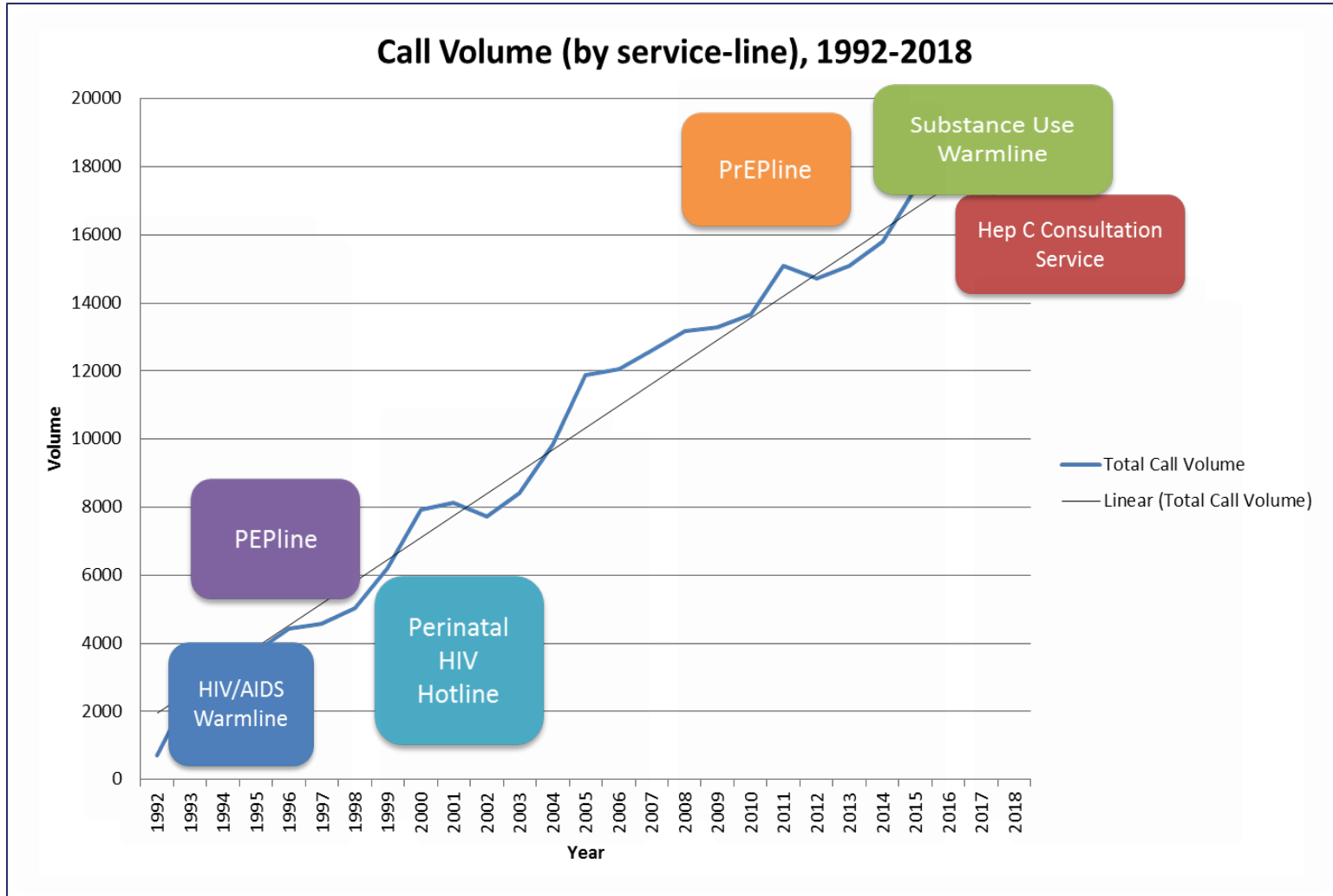
# Our experience



- All consultants have strong primary care background & commitment to supporting increased access to person-centered care
  - *Clinical depth across multiple domains: HIV, viral hepatitis, substance use, behavioral health*
- Very familiar with Ryan White-supported clinical practices & programs, safety net health centers, local health departments, correctional settings, tribal health providers
- Dedicated administrative program staff who help ensure smooth operations, support strong consultant training programs, ensure data integrity for reports & quality improvement activities



# Evolving, intersecting epidemics



# How can providers access our services?



- **Dial** any of our toll-free numbers
- Hours of operation: Mon-Fri, 9am-8pm EST | 6am-5pm PST
- *Perinatal HIV Hotline is 24/7; PEPLINE available weekends*

-- **OR** --

We ask callers for their basic demographic & practice information for internal record-keeping purposes (all calls confidential; no PHI obtained)



- **Submit** cases/inquiries online: [nccc.ucsf.edu](https://nccc.ucsf.edu)

## HIV/AIDS Management



We provide peer-to-peer advice on HIV/AIDS Management

Expert advice on preventing and treating HIV, from initiating treatment to managing advanced disease.

- We consult on all topics pertaining to treatment and prevention
- Advice from national experts in HIV/AIDS care
- Peer-to-peer advice for all treatment experience and complexity levels

### Submit a Case for Consultation

Send an NCCC clinician your case online.

SUBMIT

### Call for a Phone Consultation

(800) 933-3413

Monday – Friday, 9 a.m. – 5 p.m. EST

CALL

We consult on HIV management topics including

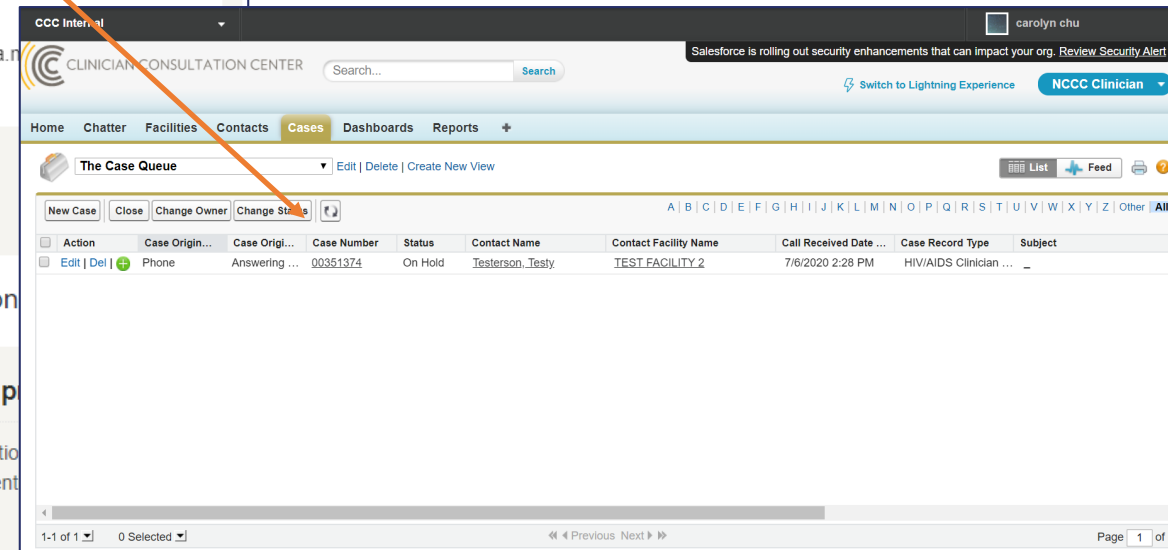
- Antiretroviral decisions
- New drugs and diagnostic techniques
- Drug interactions and toxicity
- Adherence
- Co-infection management
- Initiating HIV care
- Primary care of persons with AIDS
- Pediatric HIV care

Related Information

### Get testing and p...

Do you need information to guide you in implementing your practice?

> Find testing FAQs, recommendations,



CCC Internal | carolyn.chu

CLINICIAN CONSULTATION CENTER | Search... | Search

Switch to Lightning Experience | NCCC Clinician

Home | Chatter | Facilities | Contacts | Cases | Dashboards | Reports

The Case Queue | Edit | Delete | Create New View

New Case | Close | Change Owner | Change Status

Action	Case Origin...	Case Origin...	Case Number	Status	Contact Name	Contact Facility Name	Call Received Date ...	Case Record Type	Subject
Edit   Del   +	Phone	Answering ...	00351374	On Hold	Testerson_Testy	TEST FACILITY 2	7/6/2020 2:28 PM	HIV/AIDS Clinician ...	

1-1 of 1 | 0 Selected | Page 1 of 1

# Callers don't need to...

- Sign-up with the NCCC in advance
- Clear out clinic/patient schedules
- Memorize a patient's chart/medical history
- Limit inquiries to complex clinical scenarios or patient/case-specific questions (*general questions are welcome!*)
- Download special app or utilize proprietary technology/IT equipment



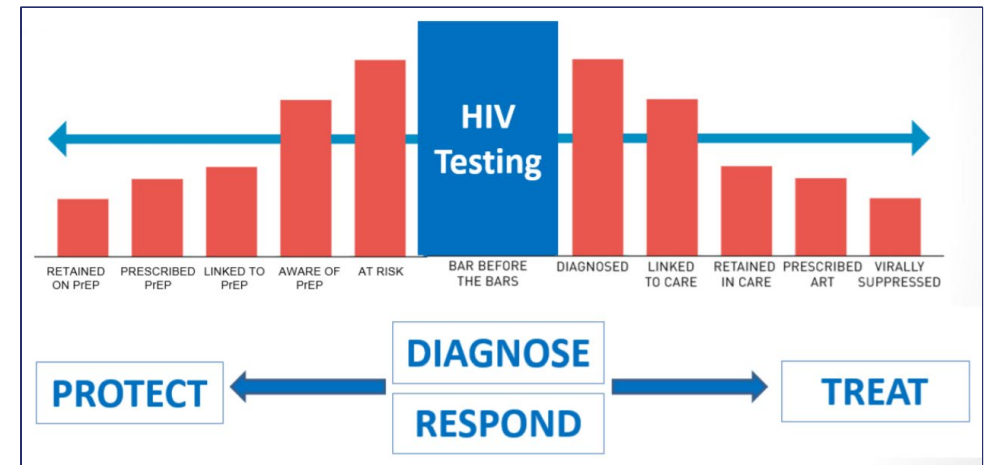
## What To Expect

- 1 Professional compassionate consultants  
Evidence-informed, practical
- 2 guidance
- 3 Individualized support to develop tailored treatment plans
- 4 We are happy to email follow-up references, resources\*

# Common consultation topics: HIV



- **Lab test interpretation, ART decision making** (new diagnoses, rapid ART initiation, managing treatment-experienced patients with multi-class resistance)
- **Perinatal HIV management** (including new diagnoses on labor & delivery), **HIV-exposed infant care**
- **Drug interactions, comorbidity evaluation & management** (including diagnosis & treatment of opportunistic infections)
- **HIV pre- & post-exposure prophylaxis** evaluation, management



# Common consultation topics: HCV

- **Initial treatment, retreatment, reinfection** (therapy options, timing/duration, monitoring, follow-up)
- **Liver disease staging** (non-invasive approaches, discordant testing results)
- **Medication interaction** assessment, management
- **Missed doses** (how to avoid, how to manage) & **laboratory monitoring** before/during/after HCV treatment
- **HBV, HIV coinfection, perinatal HCV** (delivery considerations, breastfeeding)



# Common consultation topics: SUD

- **Assessment & treatment** of opioid, alcohol, & other substance use disorders (including withdrawal management)
- **When & how to initiate medications**
- **Toxicology testing** (when to use, how to interpret, what to do with results)
- **Approaches** to adjust opioid-based pain regimens to reduce risk of misuse & harms
- **Special circumstances** (pregnancy, chronic kidney/liver disease, co-morbid pain, co-morbid psychiatric disorders, correctional health— pre- & post-release)

Analyte Name	Result	Cut-off	Unit
AMPHETAMINES	Negative	500	ng/mL
BARBITURATES	Negative	200	ng/mL
BENZODIAZEPINES	POSITIVE	75	ng/mL
Trazolam	POSITIVE	50	ng/mL
Trazolam, Quant		>2,500	ng/mL
Nortriptylin	POSITIVE	50	ng/mL
Nortriptylin, Quant		>2,500	ng/mL
Oxycodone	POSITIVE	50	ng/mL
Oxycodone, Quant		>2,500	ng/mL
BUPRENORPHINE/METABOLITE	Negative	5	ng/mL
CANNABINOIDS	Negative	20	ng/mL
CARBOPROXOL/METABOLITE	Negative	100	ng/mL
COCAINEMETABOLITES	Negative	150	ng/mL
FENTANYL	Negative	2	ng/mL
METHADONEMETABOLITE	Negative	100	ng/mL
OPATES	Negative	50	ng/mL
OXYCODONEMETABOLITE	Negative	50	ng/mL
PROPOXYPHENEMETABOLITE	Negative	300	ng/mL
ALCOHOLS	Negative	0.02	% (v/v)
TRAMADOL/METABOLITE	Negative	200	ng/mL
ACETAMINOPHEN	Negative	10	µg/mL
CREATININE	Normal	5	mg/dL
Creatinine, Quant		65	ng/dL
pH	Normal		
GENERAL URIDANTS	Negative	200	µg/mL

The presence of nortriptylin, trazolam, and oxycodone in the urine should be recognized as the "lockdown" pattern of recent illicit use.

# Things we cannot do



- Provide direct assistance with patient referrals (except perinatal HIV)  
→ *happy to share provider locator resources*
- Offer medico-legal counsel → *may be able to share information on best practices, other references*
- Speak with/advise patients → NCCC does not offer direct “consultant to patient” services: our consultants do not evaluate, diagnose, or treat callers’ patients // no access to patient records
- Limited availability for formal individual/group trainings → *happy to share information on local educational opportunities/resources*

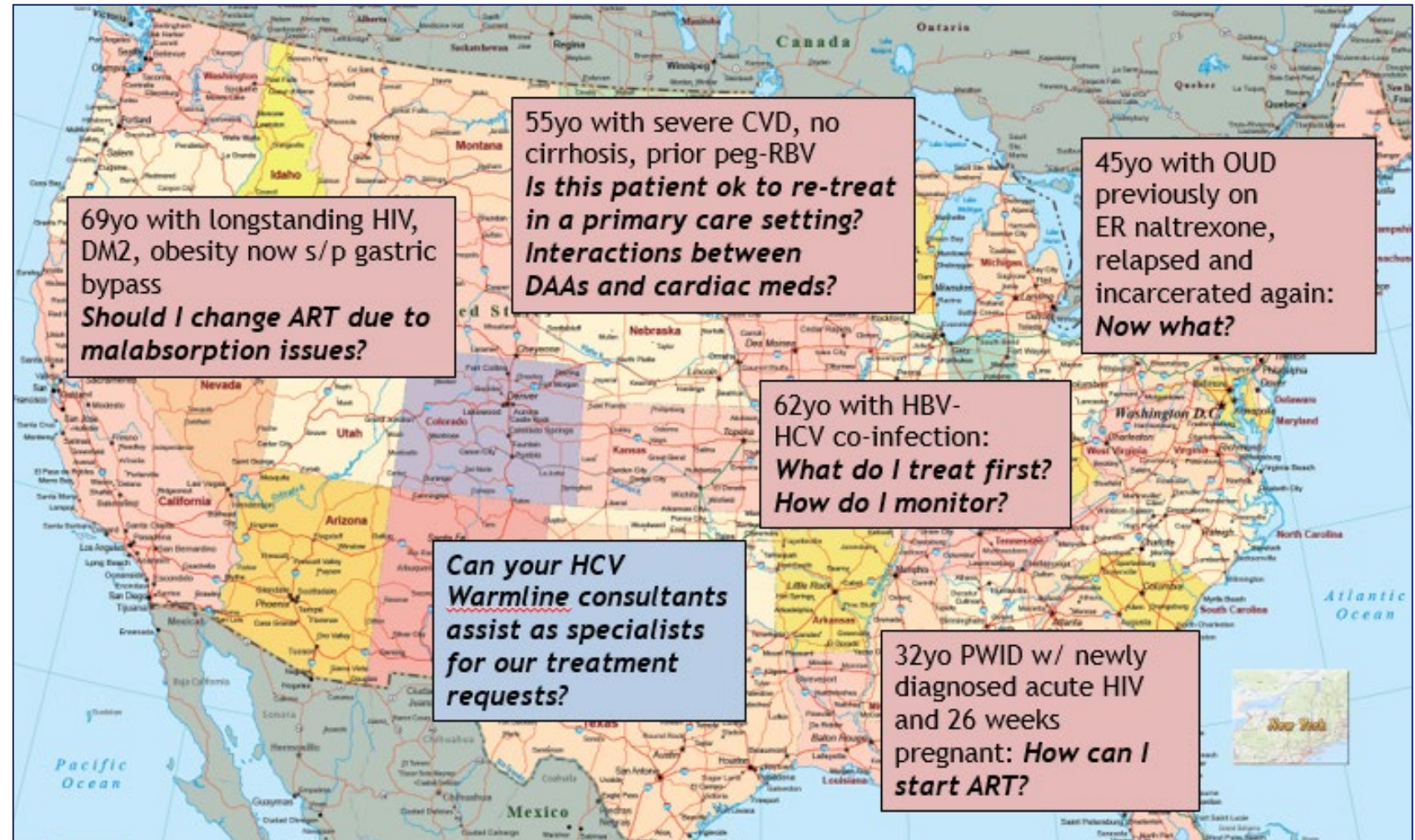


# New directions: 2020 and beyond



- Since early spring, the NCCC has conducted regular internal meetings to review caller inquiries/concerns with regard to COVID & HIV, HCV, SUD management
  - NCCC consultation database quickly modified to capture these discussions in more structured manner
- Starting this summer/fall, we plan to deploy telephony & other features to improve technology infrastructure & capabilities
- Focused support for “Ending the HIV Epidemic” jurisdictions

# Example use case scenarios



# Guidelines/guidance development, center protocols



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U.S. Department of Health and Human Services | Contact Us | En Es

**AIDSinfo** | OFFERING INFORMATION ON HIV/AIDS TREATMENT, PREVENTION, AND RESEARCH | Search AIDSinfo

Home | Guidelines | **Understanding HIV/AIDS** | Drugs | Clinical Trials | Research

**Recommendations for the Women with HIV Infection Transmission in the United States**

**\*BAR CODE\***

T-PO0001

**Intrapartum Physician Orders for HIVE Patients Only**  
Family Birth Center

NAME \_\_\_\_\_  
DOB \_\_\_\_\_  
MRN \_\_\_\_\_  
PCP \_\_\_\_\_  
Patient ID/Addressograph \_\_\_\_\_

Adverse Drug Events (including allergies): \_\_\_\_\_  
Non-Drug Allergies: \_\_\_\_\_  
Patient weight: \_\_\_\_\_ kg

**GENERAL Orders**

Alert HIVE clinical staff of admission (email: [monica.hahn@ucsf.edu](mailto:monica.hahn@ucsf.edu), phone: 415-813-1873 M-F 8a-5p)  
 If HIVE clinical staff is unavailable and there are urgent clinical questions, call the National Perinatal HIV Hotline 1-888-448-8765, available 24/7.  
 Weigh patient x 1

**ANTIRETROVIRAL Orders**

**Zidovudine (AZT), IV:**  
Loading dose: 2 mg/kg/hour = \_\_\_\_\_ mg over one (1) hour  
Maintenance dose: 1 mg/kg/hour = \_\_\_\_\_ mg per hour until cord clamped

**Patient should continue PO antiretrovirals with sips, even if NPO**

**Indication for antiretroviral medications:**  Maternal prophylaxis (PrEP or PEP)  Maternal treatment

Atazanavir 400 mg PO once daily **AND** Ritonavir 100 mg PO once daily  
 Atripla (efavirenz 600 mg/ emtricitabine 200 mg/ tenofovir 300 mg) 1 tab PO at bedtime  
 Complera (emtricitabine 200 mg/rilpivirine 200 mg/tenofovir 300 mg) 1 tab PO once daily  
 Darunavir 600 mg PO BID **AND** Ritonavir 100 mg PO BID  
 Darunavir 800 mg PO once daily **AND** Ritonavir 100 mg PO once daily  
 Descovy (emtricitabine 200 mg/tenofovir alafenamide 25 mg) 1 tab PO once daily  
 Dolutegravir 50 mg PO once daily  
 Epzicom (abacavir 600 mg/lamivudine 300 mg) 1 tab PO once daily  
 Evotaz (atazanavir 300 mg/cobicistat 150 mg) 1 tab PO once daily with food  
 Genvoya (elvitegravir 150 mg/cobicistat 150 mg/emtricitabine 200 mg/tenofovir alafenamide 10 mg) 1 tab PO daily with food  
 Odefsey (emtricitabine 200 mg/ rilpivirine 25 mg/tenofovir alafenamide 25 mg) 1 tab PO once daily w/ a meal  
 Prezcobix (darunavir 800 mg/cobicistat 150 mg) 1 tab PO daily with food  
 Raltegravir 400 mg PO BID  
 Stribild (emtricitabine 200 mg/ tenofovir 300 mg/ elvitegravir 150 mg/ cobicistat 150 mg) 1 tab PO once daily with a meal  
 Triumeq (abacavir 600 mg/dolutegravir 50 mg/lamivudine 300 mg) 1 tab PO once daily  
 Truvada (emtricitabine 200 mg/ tenofovir 300 mg) 1 tab PO once daily

**LAB Orders**

HIV viral load  
 HIV Genotype. Page PHAST team 8a-5p M-F to facilitate ordering this test: 415-443-3892

**ADDITIONAL Orders**

Please see Admission Orders

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Provider: \_\_\_\_\_ / Signature \_\_\_\_\_ / Title \_\_\_\_\_ CHN ID# \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ UC: \_\_\_\_\_ / Signature \_\_\_\_\_ / INV# \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ RN: \_\_\_\_\_ / Signature \_\_\_\_\_ / INV# \_\_\_\_\_

Page 1 of 1



## COVID-19: Special Considerations for People Living with HIV

Version: April 17, 2020

This document on COVID-19 considerations for people living with HIV (PLWH) is intended as a resource for clinicians and public health officials. The information is based on best practices in areas that have been heavily impacted by COVID-19 and will be updated as new information and data become available. **This information is not intended to supersede existing clinical practice guidelines, nor should it be construed as a care directive.** For HIV treatment, refer to the HHS [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV](#) and the HHS HIV/AIDS Guidelines Panels [Interim Guidance for COVID-19 and Persons with HIV](#). Email [HIVMA](mailto:hivma) with suggestions or questions and visit the [IDSA COVID-19 Resource Center](#) for additional resources.

### Patients with HIV Hospitalized with COVID-19

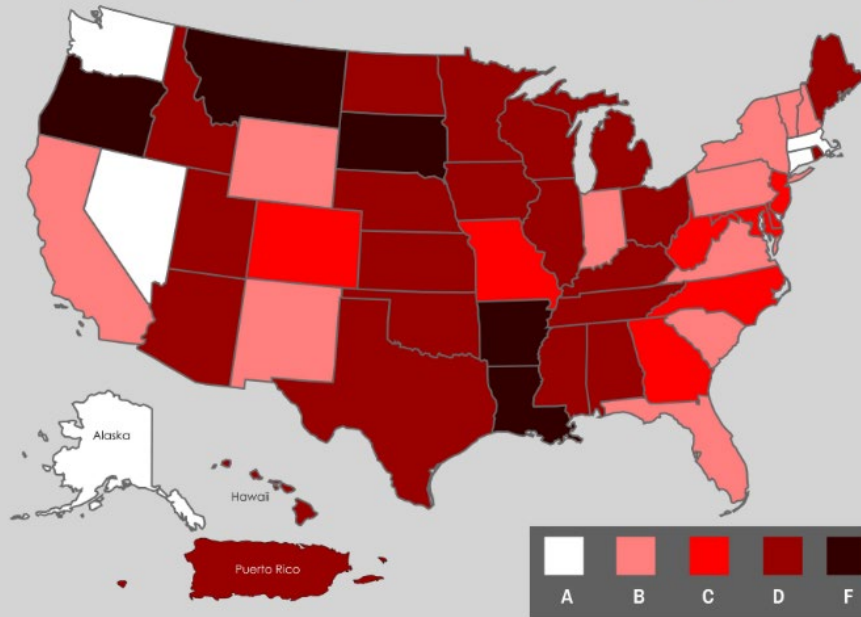
- PLWH on treatment have a normal life expectancy. Therefore, **HIV status should not be a factor in medical decision-making regarding the triaging of potentially lifesaving interventions or enrollment into clinical trials.** Since HIV is eminently treatable, whether HIV is currently controlled or not should also not be factor in triaging clinical care interventions for COVID-19.
- Care and treatment for COVID-19 in PLWH should follow the same protocols advised for patients without HIV. See IDSA [Guidelines on the Treatment and Management of Patients with COVID-19](#).
- As noted in the [HHS Interim Guidance for COVID-19 and Persons with HIV](#), there are no data indicating that PLWH will get sicker than people without HIV or will have worse outcomes. However, >50% of PLWH in the U.S. are older than 50, and many have comorbid conditions such as cardiovascular disease, hypertension and diabetes that confer risk for more severe illness and death.
- Until more data are available **heightened awareness for severe disease should be considered for persons with HIV**, particularly those with CD4+ T cells <200/mm<sup>3</sup> or viral loads > 5000/ml (see [Interim Guidance](#)).
- **Consultation with an HIV or infectious diseases (ID) specialist is strongly recommended for people with HIV who are hospitalized for the treatment of COVID-19.**
- If HIV or ID expertise is not available locally, the national [Clinician Consultation Center](#) maintains an HIV management [warmline](#) Monday to Friday from 9 am ET to 8 pm ET. HIV treatment consultation is available by leaving a voicemail message at **(800) 933-3413** or submitting a [case online](#) (**registration required**). The service responds to voicemail messages as soon as possible with the average response time being 30 to 60 minutes during their business hours. Cases submitted online are responded to within one business day.
- For pregnant women with HIV, the [Perinatal HIV/AIDS Hotline](#) -- **(888) 448-8765** provides 24 hour/7 day week consultation services.
- ~~Antiretroviral therapy should be continued during hospitalization without interruption and changes in therapy are generally not recommended.~~
- For patients who have not initiated antiretroviral therapy or have been off therapy for > 2 weeks prior to hospitalization, consult with an HIV or ID specialist about a safe plan for initiating antiretroviral therapy.

# Help address HCV specialist restrictions?

## Hepatitis C: State of Medicaid Access

A report by the National Viral Hepatitis Roundtable (NVHR) and the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) finds that most Medicaid programs are restricting access to a cure for hepatitis C, which kills more Americans each year than all other infectious diseases combined. More than half of Medicaid programs received a "D" or an "F" for severely restricting access to hepatitis C treatment.

See how your state matches up...



NATIONAL CLINICIAN  
CONSULTATION CENTER

Translating science into care

Dear [Redacted]

Thank you for the case you submitted on our HCV Consultation web portal. Attached please find a letter of support for treating your patient who was recently diagnosed with HCV reinfection.

It was a pleasure speaking with you and feel free to reach out again (844.437.4636) if you have further questions or concerns.

Sincerely,  
Cristina Gruta, PharmD  
Senior HIV/HCV Consultant  
<http://nccc.ucsf.edu/>

NCCC provides evidence-based guidance to clinicians caring for people exposed to or infected with HIV and other bloodborne pathogens. NCCC consultations are based on information provided by the user without the benefit of a direct evaluation/examination of the patient, and as such, do not constitute medical advice, are intended to only be used as a guide, and are not to serve as a substitute for medical judgment. Healthcare professionals should exercise sound clinical judgment and individualize patient care based upon the patient's condition.

# Easy integration into local capacity-building initiatives

**CA BRIDGE** TREATMENT STARTS HERE

### Starting Buprenorphine Immediately after Reversal of Opioid Overdose with Naloxone

Based on Herring, A. A., Schultz, C. W., Yang, E., & Greenwald, M. (2019). Rapid induction onto sublingual buprenorphine after opioid overdose and successful linkage to treatment for opioid use disorder. *The American journal of emergency medicine.*


Heroin or Fentanyl\* overdose reversed with naloxone  
\*or other short-acting opioid

**Are any patient exclusion criteria present?**

- Benzodiazepine, other sedative or intoxicant suspected
- Altered mental status, depressed level of consciousness, or delirium
- Unable to comprehend potential risks and benefits for any reason
- Severe medical illness such as sepsis, respiratory distress, organ failure present or suspected
- Report of methadone use
- Not a candidate for buprenorphine maintenance treatment for any reason

**AETC HIV LEARNING NETWORK**  
A TELEHEALTH PROGRAM OF THE PACIFIC AETC

### Bridging the connection between primary care providers and HIV experts



excessive sedation or withdrawal (typically 2-4 hours)  
OK to administer additional doses of Bup up to 32mg  
Engage, use motivational interviewing, and link to ongoing care

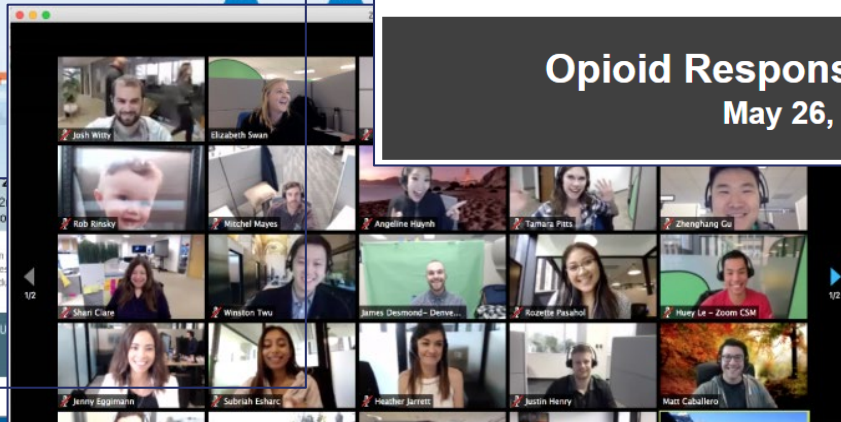
The CA Bridge Program disseminates resources developed by an interdisciplinary team based on current best practices. These resources are not a substitute for clinical judgment or medical advice. Adherence to the guidance in these resources is not guaranteed. Providers are responsible for assessing the care and needs of individual patients and applying the most recent evidence-based research.

**PROVIDER RESOURCES** California Substance Use Treatment Center  
CA Only (24/7)  
1-844-326-2626



The Pacific AIDS Education and Training Center (PAETC) is part of a network of AIDS education and training centers. In response to the opioid crisis, the PAETC provides opioid and HIV-related training and assistance to providers throughout California, Arizona, Nevada, and other Pacific Jurisdictions of the United States. To learn more about our services, please visit [www.paetc.org](http://www.paetc.org).

## Opioid Response Newsletter May 26, 2020



### Speak to an Addiction Expert

Have a case that you'd like to speak with an addiction expert about? Our colleagues at the [National Clinician's Consultation Center](#) run a peer-to-peer consultation hotline from physicians, clinical pharmacists, and nurses with special expertise in substance use evaluation and management. For more information about the [Substance Use Hotline](#) click [here](#).

### About the Opioid Response Network

The Pacific AIDS Education and Training Center collaborates with the Opioid Response Network.

[Opioid Response Network \(ORN\)](#)



# Questions?

Thank you!

[Carolyn.Chu@ucsf.edu](mailto:Carolyn.Chu@ucsf.edu)

# Help spread the word!

To learn more, please visit [nccc.ucsf.edu](http://nccc.ucsf.edu)

**Substance Use Warmline** 855-300-3595  
Substance use evaluation and management

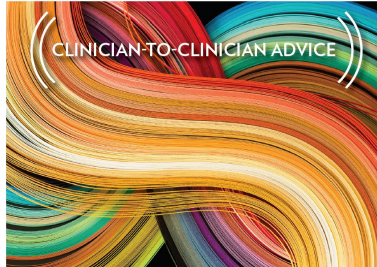
**Perinatal HIV Hotline** 888-448-8765  
Pregnant women with HIV or at-risk for HIV & their infants

**HIV/AIDS Warmline** 800-933-3413  
HIV testing, ARV decisions, complications, and co-morbidities

**PrEPline** 855-HIV-PrEP  
Pre-exposure prophylaxis for persons at risk for HIV

**Hepatitis C Warmline** 844-HEP-INFO  
844-437-4636  
HCV testing, staging, monitoring, treatment


**PEPline** 888-448-4911  
Occupational & non-occupational exposure management




CLINICIAN-TO-CLINICIAN ADVICE

- HIV/AIDS MANAGEMENT
- PERINATAL HIV
- HEPATITIS C MANAGEMENT
- PREP, PRE-EXPOSURE PROPHYLAXIS
- PEP, POST-EXPOSURE PROPHYLAXIS
- SUBSTANCE USE MANAGEMENT

[www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)



NATIONAL CLINICIAN CONSULTATION CENTER  
Translating science into care




The National Clinician Consultation Center's team of expert physicians, nurses, and clinical pharmacists support healthcare providers in delivering high-quality care to patients of all ages. Our free and confidential services are for all experience levels.

We answer your questions on:

<b>HIV/AIDS Management</b> (800) 933-3413	<b>Perinatal HIV</b> (888) 448-8765
<b>PEP: Post-Exposure Prophylaxis</b> (888) 448-4911	<b>PrEP: Pre-Exposure Prophylaxis</b> (855) 448-7737
<b>Hepatitis C Management</b> (844) 437-4636	<b>Substance Use Management</b> (855) 300-3595

Online consultation services: [nccc.ucsf.edu](http://nccc.ucsf.edu)



NATIONAL CLINICIAN CONSULTATION CENTER  
Translating science into care

The NCCC, a part of the AIDS Education and Training Centers, is located at the University of California, San Francisco/Zuckerberg San Francisco General Hospital and is funded by the Health Resources and Services Administration and the Centers for Disease Control and Prevention.