ILLINOIS HIV INTEGRATED PLANNING COUNCIL NEWSLETTER

Summer 2019 Volume 2, Issue 2

FROM THE CO-CHAIRS

Hello, everyone.

On behalf of the Illinois Department of Public Health (IDPH) and the Illinois HIV Integrated Planning Council (IHIPC), we hope you enjoy this summer issue of the IHIPC Newsletter.

The IHIPC is also looking forward to the series of eight regional community engagement meetings to be conducted in July-October of this year. (The full schedule of meetings is included in the Calendar of Upcoming Events on page 2.) The IHIPC Needs Assessment Workgroup has worked diligently to develop the draft protocol and discussion guide for the needs assessment activity that will be a major part of these meetings. Each meeting will also include an overview of that region's HIV epidemic and HIV Care Continuum. These meetings will be a great opportunity to inform our community partners about the current state of HIV and available resources in the regions and to engage them in helping to identify statewide strategies to meet our Getting to Zero outcomes – zero new HIV infections and zero people living with HIV not on antiretroviral medication. We hope to see many of you at one of these meetings!

Submitted by Janet Nuss, HIV Community Planning Administrator, IHIPC Coordinator/Co-chair, IDPH

IN THIS ISSUE:

From the Co-chairs

Calendar of Events

Snippets of Information

IHIPC Update

A Place at the Table: HIV Planning and Decision Making

Trauma-Informed HIV Prevention and Care

Trauma-Informed Approach Infographic

LHD Capacities for HIV, HCV, and Opioid Overdose in Rural Illinois

Quality of Life Grant

2019 Illinois Reentry Conference

Extra-Genital STI Testing

Antibiotic Resistant Gonorrhea Tabletop

nPEP and Sexual Assault

IHIPC Member Spotlight

CALENDAR OF UPCOMING EVENTS

HIV Community Engagement Meetings
July 24 – Region 7 (Wheaton): Completed
August 22- Region 3 (Springfield): Completed
August 28-Region 4 (Collinsville): Completed
September 4- Region 8 (Park Forest)
September 17 -Region 5 (Carbondale)
October 8- Region 1 (Rockford)
October 15- Region 2 (Peoria)
November 14-Region 6 (Champaign)

September 18
National HIV/AIDS and Aging Awareness Day

September 27
National Gay Men's HIV/AIDS Awareness Day

October 21-22
IHIPC October Meetings
Springfield, IL

HIV SECTION TRAINING CALENDAR

Please contact Jamie Burns (jamie.burns@illinois.gov) if you represent an IDPH-funded agency and are interested in attending any of the following trainings:

September 4
Surveillance Based Services
Springfield, IL

September 10-13
Risk-Based Testing
Peoria, IL

SNIPPETS OF INFORMATION

Find all IHIPC documents, meeting schedules, and meeting registration links/recordings at http://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hpg.

We have published video tutorials for navigating the IHIPC website and Webex ™. View each video at the links below to learn more:

- IHIPC Website Tutorial
- Webex ™ / Registration Tutorial

The Getting to Zero Illinois Plan was released in May 2019! Read it here in English or Spanish .

IHIPC UPDATE

Thanks to all voting and non-voting IHIPC members, IDPH HIV Section staff, and other community stakeholders who have participated in our IHIPC meetings this year. Engagement of key stakeholders from diverse communities throughout the state is critical to the IHIPC's ability to thoroughly assess and have meaningful discussion on issues important to HIV care and prevention planning in Illinois.

Through your participation in our meetings so far this year, the planning group has been informed and provided input on the following topics:

- Efforts to prevent and respond to the Hepatitis A outbreak in Illinois,
- Update on the Illinois HIV and sexually transmitted infections (STI) epidemics,
- 2019 IHIPC needs assessment plans,
- Illinois Getting to Zero (GTZ) Plan,
- Analyses of disparities along the HIV Care Continuum,
- Review of IDPH 2019 HIV care grant workplan, funding, and service priorities,
- HIV housing updates, and
- Innovative models and challenges in providing HIV peer support services.

The planning group has a lot of exciting initiatives planned for the rest of 2019. At its June in-person workshop meeting, the group advanced the work of its Health Disparities Project which has been jointly led by the Integrated Planning Program and the IHIPC Health Disparities Workgroup. In step 4 of the project, breakout groups were formed to thoroughly review and discuss the root causes of several health disparities along the HIV Care Continuum that had previously been identified. Through group dialogue and feedback, tangible strategies and activities that the IHIPC and IDPH HIV Programs might undertake to address the disparities were identified and recommended for implementation, with the ultimate outcome of advancing HIV health equity in Illinois. More information about the outcomes of the June meeting will be highlighted in the next newsletter.

The IHIPC Co-chairs and the Integrated Planning Program are also in the process of bringing a series of Undoing Racism Workshops to downstate Illinois, which are taking place August-September 2019. All IDPH HIV Section staff and regional care and prevention lead agents are required to participate in the training. All IDPH directly-funded HIV care and prevention grantee agencies and community representatives and a selection of Ryan White Part B case managers, care-funded providers, and peer navigators are strongly encouraged to participate. Through dialogue, reflection, role-playing, and presentations, the workshops are designed to challenge participants to examine the societal systems and structures of power and privilege that hinder social and health equity and to analyze the impact of these systems in the local and regional communities they over-serve and under-serve. The process explores how people, programs, and organizations can work together to develop leadership and accountability to the mission and values of racial equity and anti-racist principles in both the communities and the institutions they serve and will assist them to develop and implement initiatives and programs established to help make a difference.

A PLACE AT THE TABLE IN HIV PLANNING

This article has been adapted from "A Place at the Table: Having a Voice in HIV Planning and Decision Making," published by The Well Project on January 14, 2019. To view the full article, click here.

For many years, people living with HIV and people who are members of communities that are most impacted by HIV have been involved in community planning efforts to ensure that the voices of the community are heard when decisions about HIV services or policies are being made. Today, input from people in the HIV community remains a vital component of HIV planning as it provides invaluable perspectives about the community's health and other related topics of concern.

There are many benefits of becoming involved in HIV planning efforts. These include, but are not limited to:

- Meeting other people who belong to the HIV community and/or are interested in HIV advocacy
- Getting a better idea of how HIV prevention and care services are delivered to people who need them
- Contributing ideas and experiences to ultimately make HIV and other related services better for the people that they serve

Community involvement is an important way of helping HIV groups serve the community. Being on a planning council can be very rewarding. It allows individuals to voice their opinions and stand up for what they feel is important to them and their community. However, it is also an important responsibility to take on the role of representing the HIV community in one of these capacities. If you are interested in becoming more involved in HIV planning efforts, the following tips may help:

- Remember that you and your health come first.
- Think about what you would like to accomplish before joining a group.
- Avoid taking on too many projects and limit yourself to only those you think you can see through.
- Find people to work with who understand the issues and will support you in your efforts.
- Try not to let disagreements become personal. Conflict is often a necessary part of any kind of advocacy. Try to stay focused on the issue and remember that all people involved are there for the betterment of the HIV community.
- Think before you speak. It can be scary to speak up, especially the first time. Assess how you might feel beforehand so that you are prepared.
- Be careful not to let advocacy become an opportunity to give yourself power over other people.
- Respect the privacy and opinions of other group members.
- Recognize that you have a voice and ideas to add to the work that has gone before. Your experiences are valid and are important in the planning process.

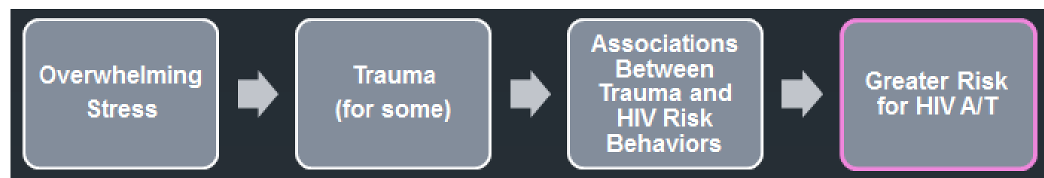
The IHIPC desires to bring all voices of the HIV community to the table in its community planning efforts. All community members are invited to attend meetings and are encouraged to actively provide input by participating in discussions. Additionally, each IHIPC meeting has time alloted for Public Comment, which provides community members an opportunity to speak about HIV-related topics and issues.

If you have any questions about becoming more involved in IHIPC processes, please feel free to reach out to Janet Nuss (janet.nuss@illinois.gov) or Marleigh Andrews-Conrad (marleigh.andrews-conrad@illinois.gov).

MAKING THE CASE FOR TRAUMA-INFORMED HIV PROVIDERS AND ORGANIZATIONS

Beginning with the seminal Adverse Childhood Experiences (ACEs) study by Kaiser-Permanente and the Centers for Disease Control and Prevention (CDC), research outlining and describing the negative consequences associated with ACEs and the broader category of trauma (psychological) has proliferated. Many experts now know and agree that trauma, especially at a young age, is a serious public health epidemic. The emerging standard to address trauma is the trauma-informed approach (also known as trauma-informed care).

The need for individuals and organizations to become trauma-informed is imperative. HIV prevention and care providers and organizations must take action to adopt this essential paradigm. Moreover, the Getting to Zero Illinois (GTZ-IL) Plan has demonstrated the importance of trauma-informed HIV prevention and care by integrating it as a guiding principle in the GTZ-IL plan.



Research has associated trauma, specifically ACEs, with a range of risk behaviors which can increase the likelihood of HIV transmission and acquisition. Moreover, populations such as Black and Hispanic men who have sex with men (MSM), which are most impacted by HIV, are also disproportionately impacted by ACEs. Finally, unaddressed trauma in individuals living with HIV can impact their retention in care and adherence to medication regimens which, in turn, impact prevention outcomes as well (i.e. HIV treatment as prevention).

Available Resources

To begin addressing the intersectionality of HIV and trauma, individuals and organizations must educate themselves about trauma and the trauma-informed approach. The Substance Abuse and Mental Health Services Administration (SAMHSA) has an excellent Treatment Improvement Protocol (TIP) 57 book which has extensive amounts of information on the aforementioned topics.

Additionally, HIV prevention and care providers and allies have to continue the push to help individuals living with HIV and providers treating these populations become aware of the resources available to them. These resources include PrEP 4 Illinois and the HIV Care Connect Network. Providers also need to be mindful that trauma can impact how likely a person is to seek these resources and utilize them.

Questions

If you have any questions about the HIV Care Connect Network or about trauma and becoming trauma-informed, please feel free to outreach to Jeffery Erdman, Illinois Public Health Association, at jerdman@ipha.com.

Submitted by Nick Brady, HIV Care Connect Associate, Illinois Public Health Association

TRAUMA-INFORMED APPROACH INFOGRAPHIC

Understanding the Trauma-Informed Approach

Defining Trauma

What is Trauma?

Trauma is the short and long-term adverse ***EFFECTS*** on an individual's functioning and mental, physical, social, emotional, and/or spiritual well-being resulting from an ***EVENT*** (or series of events or circumstances) an individual has ***EXPERIENCED*** as physically and/or emotionally harmful or life threatening (the 3 Es of trauma).

Events which can Lead to Trauma

- **Abuse:** including witnessing and/or experiencing emotional, sexual, physical, and/or institutional abuse.
- **Loss:** including death, abandonment, neglect, and/or separation as a child.
- **Terror:** from natural disasters, accidents, terrorism, war, violence, etc.
- **Chronic stressors:** such as poverty, racism, invasive medical procedures, injury, disease, household dysfunction, etc.

A Trauma-Informed Organization:

1. **Realizes** the widespread impact of trauma and understands potential paths for recovery.
2. **Recognizes** signs and symptoms in clients, families, staff, others involved with the organization.
3. **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices.
4. **Resists** the re-traumatization of clients and staff.

What's Next?

When an organization and the individuals therein carefully study the **SIX PRINCIPLES** fundamental to a trauma-informed approach and actively seek to integrate them into daily practice, a transformation into a trauma-informed organization can begin. The approach requires a continual commitment and must be practiced every day to the benefit of those the organization serves.

Illinois Public Health Association
500 W Monroe, Suite 1E,
Springfield, IL 62704
(217) 522-5687
[illegible]

Source
Adapted from "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach." Available at [illegible]. Accessed April 2018.

This Trauma-Informed Approach infographic has been created and provided by the Illinois Public Health Association. To access a PDF version of the infographic, please contact Jeffery Erdman at jerdman@ipha.com.

STUDY SUMMARY: LHD SERVICE CAPACITY FOR HIV, HEPATITIS C, AND OPIOID OVERDOSE IN RURAL ILLINOIS

This article is a brief summary of the paper "Identifying Areas with Disproportionate Local Health Department Services Relative to Opioid Overdose, HIV, and Hepatitis C Diagnosis Rates: A Study of Rural Illinois," published by the International Journal of Environmental Research and Public Health in March 2019. To view the full article, click here.

Rural populations in the United States have been disproportionately affected by opioid use disorder (OUD) and related infectious diseases such as HIV and Hepatitis C (as illustrated by the 2015 HIV Scott County, Indiana outbreak and recent HIV outbreaks in Kentucky and West Virginia). Increasing the availability of prevention and intervention services in rural communities is critical to minimizing OUD-associated negative health outcomes, and local health departments (LHDs) in rural counties can play a key role. However, LHDs may have limited epidemiological capacity and insufficient resources to identify high-risk areas and provide comprehensive services. To help LHDs target their resources, a needs assessment framework was developed to identify rural counties where LHD services are low compared to the burden of OUD-related outcomes.

In 2018, Illinois LHD administrators were surveyed to assess which OUD-related services (including HIV testing, PrEP clinics, and syringe services) their LHD provided. The survey response rate for rural Illinois county LHDs was 63.9%. While most responding LHDs offered HIV testing (69.8%), few provided PrEP services (13.2%), syringe exchange (5.7%), or syringe disposal (15.1%).

IDPH surveillance data were analyzed to determine rates of HIV, Hepatitis C, and opioid-related overdose diagnoses by county. Two different geospatial approaches were used to identify the relationship between LHD service ability and disease burden; one looked at crude rates (Figure 1, Map A) and the other approach used a statistical method that accounts for outliers (Figure 1, Map B). Rural counties with low LHD provision of HIV services relative to HIV diagnosis rates were concentrated in the southernmost portion of the state (Figure 1).

Similar maps were developed for OUD treatment services/opioid overdose rates and Hepatitis C services and diagnosis rates. Counties of highest discordance were not consistent across all disease categories, indicating that jurisdictions can prioritize interventions to address the specific needs in their communities. This approach can be utilized by other states and by LHDs to quickly assess community-level OUD-related needs and help prioritize LHD resource allocation.

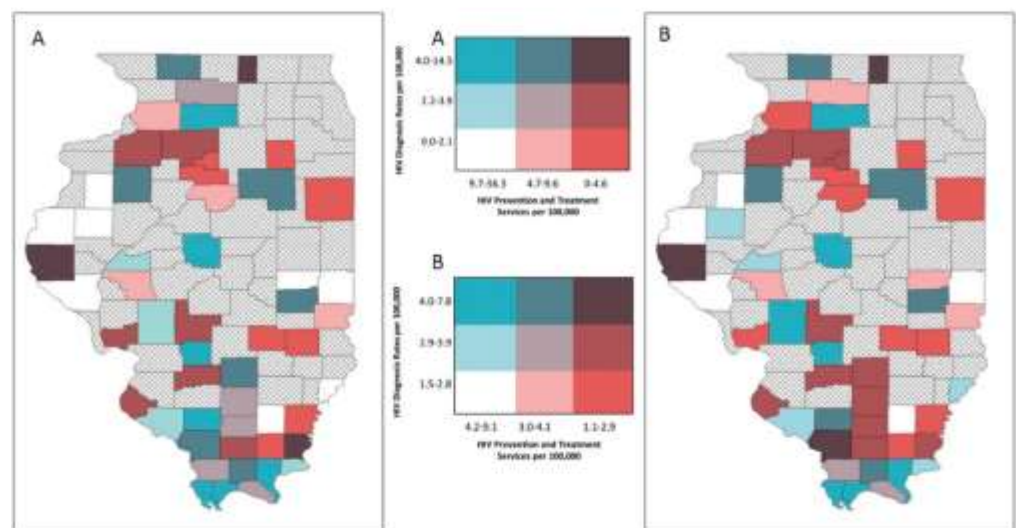


Figure 1. Bivariate choropleth maps of local health department services and disease burden, respondent rural counties, Illinois: HIV prevention and treatment services and HIV diagnosis rates; (A) crude rates (B) empirical Bayes estimated rates.

Submitted by Colleen McLuckie and Livia Navon, Illinois Department of Public Health

RED RIBBON CASH LOTTERY: QUALITY OF LIFE GRANTS

Jeanita Moore(right) and Kimberly Cleveland (left) presented Phoenix Center's Executive Director, Jonna Cooley (middle), with a Red Ribbon Cash lottery certificate at a site visit.

Have you visited your local grocery, gas station, or convenience store lately and noticed a kiosk filled with instant scratch-off lottery tickets? Did you know that one of those instant scratch-off games can save lives? Since 2008, the Illinois Lottery's Red Ribbon Cash instant ticket has raised more than $8 million to help fight HIV/AIDS in Illinois. One hundred percent of proceeds are dedicated to HIV/AIDS education and prevention through grants administered by IDPH and the Quality of Life Board.

Quality of Life (QOL) grants are targeted to serve at-risk populations in proportion to the distribution of recent reported HIV Disease cases in Illinois, stratified by risk, race, and ethnicity as reported to IDPH HIV Surveillance. For State Fiscal Year 2019 to date, 8 HIV positive individuals have been diagnosed and linked to medical care through QOL-funded grant programs. The following are program highlights from each QOL Grantee:

- ***Asian Human Services:*** Grace Geremias's work under the QOL grant was highlighted in the VOICES of NASTAD campaign for Asian and Pacific Islander HIV/AIDS Awareness Day.

- ***Bethany Place:*** Continues to be the largest non-profit, community-based AIDS Service Organization in the Metro East area of St. Louis and services a twelve-county area in Southern Illinois.
- ***Brothers Health Collective:*** Developed Passport to PrEP: a linkage, patient navigation, and medication adherence program for MSM of color and heterosexuals who are in sero-discordant relationships or at high risk for HIV.
- ***Center on Halsted (COH):*** HIV and HCV testing were launched at the Gateway Foundation in the Austin Community Area in January. Expansion at this outreach site has allowed COH to test and offer linkage to care at the Gateway Foundation every Wednesday morning.
- ***Lake County Health Department (LCHD):*** Staff is continuing to refer all high-risk patients testing for HIV, especially young MSM of color, for PrEP. The LCHD currently has 4^{+} providers prescribing/ offering PrEP services and has plans to include more providers in this network.
- ***McLean County Health Department:*** Hired an additional nurse to increase STI and HIV testing and linkage to treatment.
- ***Men and Women in Prison Ministries:*** Enhanced collaboration with Sankofa Cultural Arts & Business Center to offer HIV and HCV testing in addition to ID restoration for individuals newly released from correctional facilities.
- ***Phoenix Center:*** Hosted the 9th Annual Springfield Pridefest in downtown Springfield. Approximately 20,000 people, including numerous elected officials, participated in Pridefest activities.
- ***Puerto Rican Cultural Center:*** Collaboration with Chicago House has led to an increase in Mpowerment group participation and HIV/STI screenings.
- ***Sisters Helping Each Other:*** Hired peer educator dedicated to using social media to recruit high-risk MSM of color for testing.
- ***Writers, Planners, Trainers Inc.:*** Purchased a mobile van to enhance HIV testing efforts in high-risk communities.

To learn more about Red Ribbon Cash tickets, please visit the Illinois Lottery's Red Ribbon website.

Submitted by Jeanita Moore, QOL Grant Monitor, Illinois Department of Public Health

2019 ILLINOIS REENTRY CONFERENCE: IN THESE SHOES

Public Health Institute of Metropolitan Chicago (PHIMC) hosted its semiannual "Illinois Reentry Conference: In These Shoes" at University of Illinois at Springfield's Public Affairs Center on March 12-13, 2019. The conference attracted 100 participants and featured speakers, panels, workshops, and networking opportunities for individuals and organizations committed to serving populations impacted by incarceration and the justice system throughout Illinois. The goal of the conference was to bring together multi-sector stakeholders to build skill sets around social justice, equitable health outcomes, practicing empathy, and providing resources for current and formerly incarcerated populations. The conference was part of PHIMC's Community Reentry Project (CRP), now in its 20th year, funded by Illinois Department of Public Health (IDPH). PHIMC welcomed partners from Illinois Department of Corrections (IDOC), Caring Ambassadors Inc., Department of Juvenile Justice, National Alliance on Mental Illness Chicago, IDPH, and Adler University, among others. Local State Rep. Sue Scherer joined the event in support of the Community Reentry Project's "life-saving work."

The first day opened with a plenary on the importance of reentry services in Illinois, led by Gladyse C. Taylor, Assistant Director of IDOC. Conference activities continued with special presentations from Adler University and about PHIMC's Protecting Our Patients (POP) Campaign. The POP Campaign mobilizes healthcare teams to address stigmas that impact client health outcomes. Launched initially in the HIV/AIDS community, POP for Reentry highlights diverse stories that mobilize service providers to create affirming environments where clients feel comfortable accessing services and discussing their personal health needs. PHIMC led participants through interactive exercises that explored the impact of stigma on health outcomes for those most marginalized by healthcare and community-based services, particularly among the formerly incarcerated community. Elena Quintana, Executive Director of Adler University's Institute on Public Safety and Social Justice, invited attendees to participate in a Social Exclusion Simulation, an interactive exercise for participants to experience the barriers that formerly incarcerated people face upon reentry to society. Together, these two sessions created a robust opportunity for conference participants to truly walk in the shoes of individuals who are formerly incarcerated.

On the second day, PHIMC presented the 2019 Community Champion Award to Gladyse C. Taylor, Assistant Director of IDOC, and Marcus King, Advisor of Civic Engagement, Office of the Comptroller Susana Mendoza, for their exemplary service and dedication to the reentry community. Session topics included Getting to Zero Illinois, linkage to treatment and elimination of Hepatitis C, innovative approaches to reentry services, dispelling myths about incarceration, and youth mental health and the juvenile justice system. The conference was featured on the local NBC news and highlighted PHIMC's collective work to improve health outcomes as well as to support transitions from incarceration to community.

Overall, this conference demonstrated why clients served by Community Reentry Project have lower recidivism rates, higher health outcomes, and smoother transitions home because of the services PHIMC and its partners provide. The PowerPoint presentations from the conference are available for viewing online.

The next Illinois Reentry Conference will be held in Chicago, Illinois in October 2019 and then in Springfield, Illinois in March 2020. For details on these and other events—including ongoing celebrations marking CRP's 20th anniversary, please visit www.phimc.org or contact Rashonda Johnson, Reentry Manager at rashonda.johnson@phimc.org.

Submitted by Rashonda Johnson, Public Health Institute of Metropolitan Chicago, Reentry Manager

THE IMPORTANCE OF EXTRA-GENITAL STI SCREENING

This article contains summaries of studies that emphasize the importance of extra-genital screening for sexual transmitted infections (STIs). To learn more about each study, please click on its title.

Extragenital Gonorrhea and Chlamydia Among Men and Women According to Type of Sexual Exposure

Background: Current guidelines recommend screening for extragenital gonorrhea (GC) and chlamydia (CT) only among men having sex with men (MSM). The prevalence of extragenital GC/CT infections in women and in men having sex with women (MSW) are less studied. This study sought to determine the prevalence of extragenital GC and CT among all persons attending a sexually transmitted diseases clinic who engaged in extragenital sexual activity.

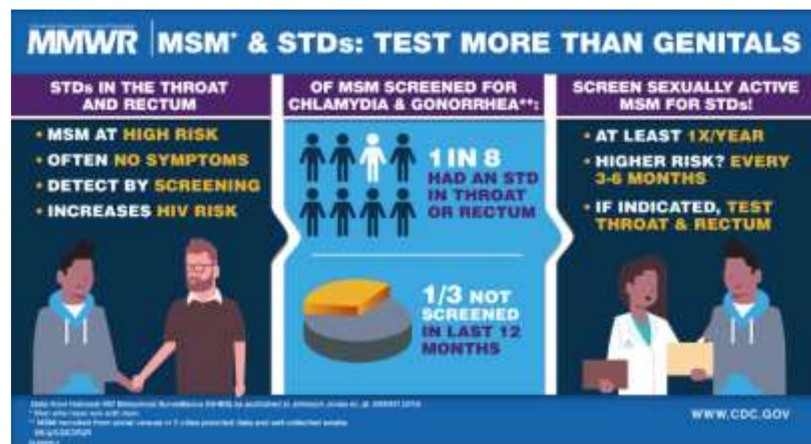
Results: Among the study's population:

- Pharyngeal GC was found in 3.1% of MSW:
  - These cases represented 35% of the GC infections in MSW.
  - 36% of MSW with pharyngeal GC tested negative at their urogenital site.
  - Pharyngeal GC in MSW prevalence was higher among those with younger age or a higher number of sex partners.
- Pharyngeal GC, rectal GC, and rectal CT rates were 8.5%, 15.0%, and 16.5%, respectively, among MSM; and
  - 3.8%, 4.8%, and 11.8% among women having sex with men (WSM), respectively.

Extragenital Chlamydia and Gonorrhea Among Community Venue -Attending MSM

Background: MSM are disproportionately affected by STIs and HIV. Most MSM STI prevalence data are from STI and HIV clinic attendees.

Results: Among community venue–attending MSM in five cities in 2017, approximately one in eight had an extragenital chlamydial or gonococcal infection. Rectal GC prevalence was higher among MSM living with HIV than in those who were HIV-negative.



Rectal Chlamydia trachomatis and Neisseria gonorrhoeae Infections Among Women Reporting Anal Intercourse

Objective: To examine the prevalence and treatment of rectal CT and GC infections among women reporting receptive anal intercourse, and to estimate the proportion of missed infections if women were tested at the genital site only.

Results: Overall, 7.4% of women in the study reported receptive anal intercourse. Among women tested at both anatomic sites, the proportion of missed CT infections would have been 20.5%, and for GC infections, 18.0%.

Conclusion: Genital testing alone can potentially miss approximately one fifth of CT and GC infections in women reporting receptive anal intercourse. Missed rectal infections may result in ongoing transmission to other sexual partners and reinfection.

Submitted by Lesli Choat, Illinois Department of Public Health, STD Counseling and Testing Coordinator

ANTIBIOTIC-RESISTANT GONORRHEA TABLETOP EXERCISE SUMMARY

Gonorrhea is a sexually transmitted disease (STD) caused by the *Neisseria gonorrhoeae* bacterium. Gonorrhea is the second most commonly reported notifiable disease in the United States; and the number of new gonorrhea infections in Illinois, as well as the U.S., has increased in recent years. In Illinois, gonorrhea infections are increasing among all sexes, ages, and races. Males, those aged 15-29 years, and blacks account for the highest number of infections. In 2018, there were 25,422 gonorrhea infections reported in Illinois. This is a seven percent increase in gonorrhea cases since 2017 and a 59% increase in cases since 2014.

Along with the increase in infections, gonorrhea continues to show antibiotic resistance. The current recommended treatment from the Centers for Disease Control and Prevention's (CDC) STD Treatment Guidelines for gonorrhea is concurrent dual therapy with ceftriaxone and azithromycin. Dual therapy is recommended to ensure the infection is cured and to prevent further gonorrhea resistance. Currently ceftriaxone is one of the last antibiotics to which gonorrhea is susceptible. Because of this, it is imperative to monitor gonorrhea infections for ceftriaxone resistance. Other countries have reported gonorrhea infections that were resistant to ceftriaxone, but to date, no cases have been documented in the United States.

Due to increasing morbidity and the increasing threat of antibiotic-resistant gonorrhea cases, having procedures in place for the identification of possible gonorrhea treatment failures and the collection and shipment of specimens for antibiotic susceptibility testing (AST) are important to the IDPH STD Section. Under the STD Section's previous CDC grant, an enhanced surveillance procedure to identify possible gonorrhea treatment failure cases was developed. This procedure identifies patients with two gonorrhea cases in the last 60 days that were treated with the recommended dual therapy. A one-page interview record, assessing behavior risks, is printed out for each patient and sent to the Local Health Department (LHD) where the patient resides. If re-infection is ruled out and antibiotic resistance is suspected, the procedure moves to collection of a specimen for AST.

Due to the STD Section's establishment of this procedure, CDC asked the STD Section to participate in an Antibiotic-Resistant Gonorrhea Tabletop Exercise. The STD Section requested local participation from Champaign-Urbana Public Health District (CUPHD). Planning teams from CDC, IDPH, and CUPHD met monthly from December 2018 to May 2019 to coordinate this exercise. Both IDPH and CUPHD developed antibiotic-resistant gonorrhea outbreak response plans to test during this exercise.

The exercise was successfully completed on May 8, 2019 at CUPHD. There were over 30 participants that included CUPHD staff and their community partners, IDPH staff from multiple IDPH divisions, and CDC staff. Both the CUPHD and IDPH groups worked through a complex scenario and responded to questions in three different modules with discussion after each module. Both IDPH and CUPHD identified areas in their plans that need refined to be better prepared for a possible antibiotic-resistant gonorrhea case or outbreak.

From this exercise and a similar exercise conducted in another state, CDC plans to create a tabletop exercise toolkit on antibiotic-resistant gonorrhea for all states to use. At IDPH, our next steps are to revise the antibiotic-resistant gonorrhea outbreak response plan with the input from the tabletop exercise and work with IDPH Division of Labs to enhance a procedure for the collection and shipment of specimens for AST. After revisions have been made to the plan, the STD Section intends to share the plan with our LHDs and partners.

Submitted by Margie Smith, Surveillance and Evaluation Coordinator, IDPH STD Section

SEXUAL ASSAULT: NPEP IS AN URGENT HEALTH NEED

This article contains excerpts from "Sexual Assault: PEP is an Urgent Health Need," published by the AIDS Education and Training Center Program: National Coordinating Resources Center on October 17, 2018. To view the full article, click here.

When a patient presents in an emergency department, urgent care, or clinic with a chief complaint of sexual assault within the last 24 hours, the challenge is recognizing that, along with safety and criminal justice concerns, this patient has emergent health needs. One of these is that the patient may have been exposed to HIV. Non-occupational post-exposure prophylaxis (nPEP) needs to be initiated *as soon as possible* after known or potential HIV exposure, but throughout the country, there are barriers to this treatment.

The use of Sexual Assault Nurse Examiners (SANEs) to provide specialty care to patients who have experienced sexual assault, is considered best practice, though not available in all hospitals or communities. SANEs often initiate the process of providing nPEP post-sexual assault and subsequently, lead the development of multi-department, collaborative nPEP policies. However, in communities where SANE services are not available, policies often do not exist and the patient may not have this evaluation and treatment provided at all.

Collaboration is key when developing any policy for nPEP. In addition to emergency physicians, SANE and/or emergency nursing representatives, and pharmacy representatives, policies should work to involve other departments with additional multidisiplinary expertise. These include the laboratory to ensure that HIV testing is available to victims of sexual assault 24 hours a day; infectious disease specialists or primary care providers familiar with nPEP for follow-up/referrals; social work and victim advocacy programs for support; and institutional financial and legal departments to include their input and early buy-in into policies.

One of the first hurdles in policy development is educating the clinicians about the need for nPEP among patients experiencing sexual assault, as well as the urgency for providing the medication to patients as soon as possible. The AETC Non-Occupational Post-exposure Prophylaxis Toolkit provides guidance regarding laboratory and screening testing pre-nPEP, patient education, and standardized order sets of recommended nPEP medications. The HIV/STI Post-Sexual Exposure Prophylaxis: Policy and Procedure Template provides a framework for healthcare facilities to use for creating comprehensive nPEP policies and procedures. Pharmaceutical patient assistance programs for covering the cost of the medications are another resource highlighted in the Toolkit.

It is common for individuals who have experienced sexual assault to have delayed presentation for care, often hours or days later. If they present within the 72-hour time frame for nPEP, a risk assessment needs to be quickly obtained, along with a trauma-informed explanation to the patient regarding their risk of acquiring HIV and offering nPEP. The patient should be advised of and understand the 28-day medication regimen, required laboratory tests, and follow-up medical care referrals, as well as medication costs and payment options. The National Pediatric SAFE Protocol and National SAFE Protocol: Adolescent/Adult offer guidance to clinicians regarding HIV testing and patient education for nPEP. It is imperative that every patient who has experienced sexual assault or abuse be assessed for exposure risk and provided with nPEP as appropriate.

For further information on the Toolkit, available resources, and considerations for nPEP after sexual assault, a free webinar is available: Post-Exposure Prophylaxis to HIV: Make it Simple.

USPSTF RECOMMENDATION FOR PREP

This article contains excerpts from "NASTAD Applauds USPSTF Recommendation for PrEP; Action Required to Fully Implement," published by NASTAD on June 11, 2019. To view the full article, click here.

On June 11, , the United States Preventive Services Task Force (USPSTF) finalized its recommendation for pre-exposure prophylaxis (PrEP), giving PrEP a grade A. The recommendation – the highest grade that a service can receive – comes after a year long review of clinical evidence and an extensive public comment period. The recommendation advises that clinicians offer PrEP (the medication as well as necessary lab and clinic visits) to all individuals indicated for PrEP based on Centers for Disease Control and Prevention (CDC) guidelines. Affordable Care Act (ACA) provisions require most private insurance plans and Medicaid expansion programs to cover all USPSTF A and B rated services with no cost sharing.

"The USPSTF recommendation affirms what the evidence has shown about PrEP for years: PrEP is a highly effective HIV prevention tool that should be significantly scaled up in this country" noted the National Alliance of State and Territorial AIDS Directors's (NASTAD) Acting Executive Director Terrance Moore. "Because high cost sharing has been a barrier to PrEP, the recommendation's mandate that most private insurance plans cover PrEP without deductibles or copays means that far more individuals will have affordable access to PrEP through commercial insurance. Given the disparities in PrEP access, particularly among young, gay Black and Latino men and transgender women, we are hopeful that this recommendation will spur additional action and commitment to increasing access to PrEP for these populations."

Full implementation of the coverage and cost sharing provisions is not required for most plans until January 2021. In the meantime, public and private payers will need guidance from federal and state regulators to ensure implementation is in compliance with the recommendation and CDC clinical guidelines. The requirement that PrEP be covered without cost sharing will also take enormous pressure off of Gilead Science's Advancing Access Co-pay Assistance Program, opening up new opportunities for partnership and support from Gilead in line with the Administration's plan to end new HIV infections by 2030.

"We will not end the HIV epidemic without significant increases in the number of people vulnerable to the infection using PrEP. Today's announcement by the USPSTF is an important step in the right direction, and we must continue to address stigma and other systemic barriers that have fueled the relatively low number of individuals currently accessing PrEP in this country," Moore concluded.

The final recommendation can be read here.

IHIPC MEMBER PROFILE: CHERI HOOTS

Cheri Hoots began her career in public health approximately 25 years ago working as a Staff Nurse for the Springfield Department of Public Health, where she worked in the Women, Infants, and Children (WIC) Clinic, Immunizations Clinic, Lead Screening Clinic, Well Child Clinic, and STD Clinic. While there, Cheri was able to first realize the impact of HIV/AIDS on clients and their families in the Springfield community. She then moved on in her career to work for the Springfield Urban League, Inc.: a local non-profit organization whose mission is to empower African Americans, other emerging ethnic groups, and those who struggle to secure economic self-reliance, parity, power, and civil rights. For 17 years, Cheri served in numerous positions at the League including Maternal Child Health Trainer, Director of Training, and Director of Workforce & Community Empowerment.

In 2012, Cheri began working as the Assistant Chronic Disease Division Chief at the Illinois Department of Public Health (IDPH): Office of Health Promotion. She provided planning and direction for statewide chronic disease prevention and control programs including Diabetes; Comprehensive Cancer Control; Cardiovascular Health; Asthma, Disability, and Health; Obesity; and Physical Activity and Nutrition.

In 2017, Cheri left IDPH to pursue a career with the Illinois Primary Health Care Association (IPHCA). Cheri first served as the Senior Vice President of Health Center & Clinical Operations and then was promoted to Chief Operating Officer in 2019. Established in 1982, IPHCA is a non-profit trade association of community health centers (CHCs) that operate nearly 380 sites in the Illinois, Iowa, and Missouri, which collectively serve 1.4 million patients annually. IPHCA positions its members to be the providers of choice within the communities they serve through advocacy, education, and technical assistance, with emphasis on the high quality, accessible, and integrated health center model of care.

IPHCA worked with the Primary Care Development Corporation between 2014-2019 to disseminate numerous High Impact Prevention Strategies in Healthcare briefs on an annual basis to member organizations in Illinois and Missouri. The goal of this education was to help expand and improve the delivery of HIV prevention services in the clinical setting within health centers.

Cheri serves as a voting member on the Illinois HIV Integrated Planning Council (IHIPC) and is a member of its Membership Committee. Cheri oversees the clinical and quality improvement programs at IPHCA and convenes the Clinical Support Committee, where Federally Qualified Health Center (FQHC) members are responsible for recommending clinical performance outcomes, recruitment, and retention activities as well as patient-centered medical home development activities.

Cheri holds a Bachelor of Science in Nursing from Southern Illinois University at Edwardsville.

Submitted by Cheri Hoots, Chief Operating Officer, Illinois Primary Health Care Association

Interested in having your HIV planning news shared with the IHIPC membership and community stakeholders? Feel free to send your submissions for the newsletter to marleigh.andrews-conrad@illinois.gov.