



# Getting to Zero Mecklenburg

## Update on the Community Plan to Reduce New Cases of HIV in Mecklenburg County

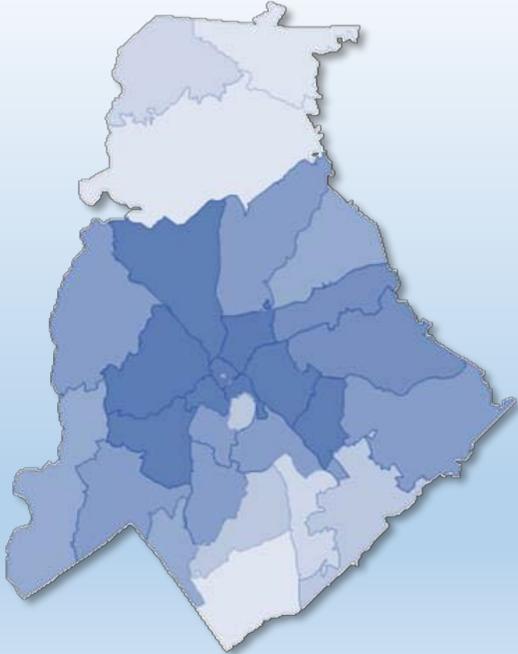
Gibbie Harris  
Health Director  
Mecklenburg County Public Health  
December 2018



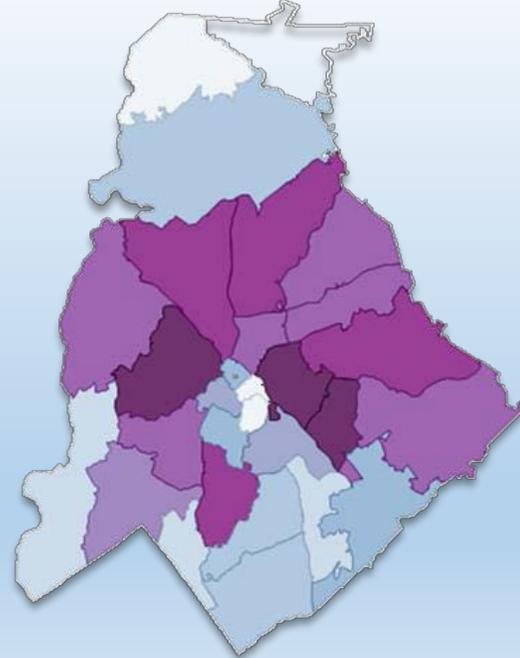
# Snapshot of HIV in Mecklenburg



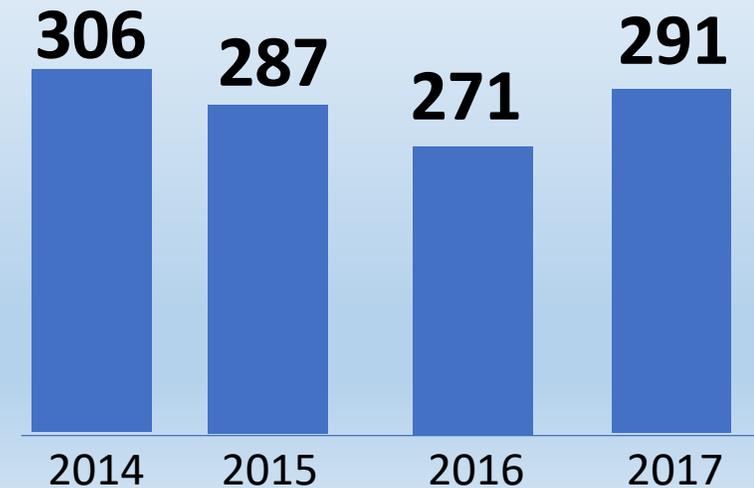
2016 HIV Prevalence Rates



2012- 2017 Newly Diagnosed HIV Infections



Number of Newly Diagnosed HIV Infections  
by Year of Diagnosis  
(based on County of 1<sup>st</sup> Diagnosis)



More than **6,630**  
people in Mecklenburg  
are living with HIV

**291**  
people were newly  
diagnosed in 2017



Strategy	Why Important	Objectives
Education and Testing	<ul style="list-style-type: none"> <li>• Persons with unknown HIV positive status account for substantial proportion of new infections.</li> <li>• Early detection and connection to treatment results in preventing new infections.</li> </ul>	<ol style="list-style-type: none"> <li>1. Community-wide media campaigns</li> <li>2. Make HIV testing a standard of care</li> <li>3. Provide current, accurate HIV prevention information to schools and colleges</li> <li>4. Educate medical community on recommendations for testing, PrEP</li> <li>5. Expand testing in non-traditional locations and times</li> </ol>
Pre-Exposure Prophylaxis (PrEP) Strategy	<ul style="list-style-type: none"> <li>• PrEP prevents infection</li> <li>• PrEP is under-utilized in County.</li> <li>• <b>Increasing PrEP is keystone of plan.</b></li> </ul>	<ol style="list-style-type: none"> <li>1. Sustaining and expand pilot PrEP project</li> <li>2. Support collaborative of PrEP providers</li> <li>3. Education to increase utilization of PrEP</li> <li>4. Enhance social support services to increase PrEP compliance</li> </ol>
Treatment as Prevention (TasP) Strategy	<ul style="list-style-type: none"> <li>• Treatment saves lives; reduces costs</li> <li>• Viral suppression eliminates transmission.</li> <li>• “Test and Treat” is effective</li> </ul>	<ol style="list-style-type: none"> <li>1. Maintain community input in planning process</li> <li>2. Encourage integrated HIV care</li> <li>3. Expand patient navigation services</li> <li>4. Increase linkages to care</li> <li>5. Needs assessment to identify gaps in services</li> <li>6. Address social determinants of health</li> <li>7. Establish data sharing agreements among partners</li> </ol>

# Strategic Priorities – Year 1

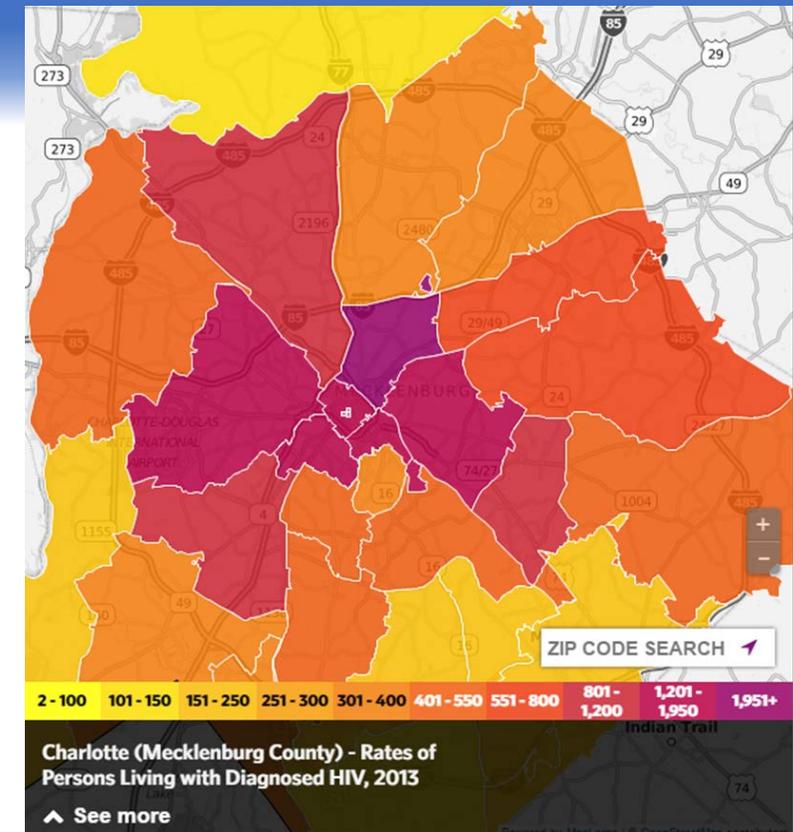
## Year One Implementation Activities

- Needs Assessment
- **Media Campaign**
  - **Funding support from NC DPH for PrEP**
- **Project Manager – HIV Plan**
  - **Repurposed internal position**
- **Continuation of PrEP Pilot Program**
  - **\$249k each year for 2 years**
  - **PrEP Coordinator for TGA – NC DPH funding**
- DIS/Health Investigator Position

# PrEP Pilot

## Participating clinics

- Contracts signed and pilot initiated:
  - Eastowne Family Physicians – 3/13/18
  - Amity Group Foundation – 3/29/18
  - C. W. Williams – 4/6/18
  - Quality Comprehensive Health Care – 5/17/18
  - Rosedale Medical – 8/30/18
  - Charlotte Community Health – Pending



# Status of Clinics and Patients

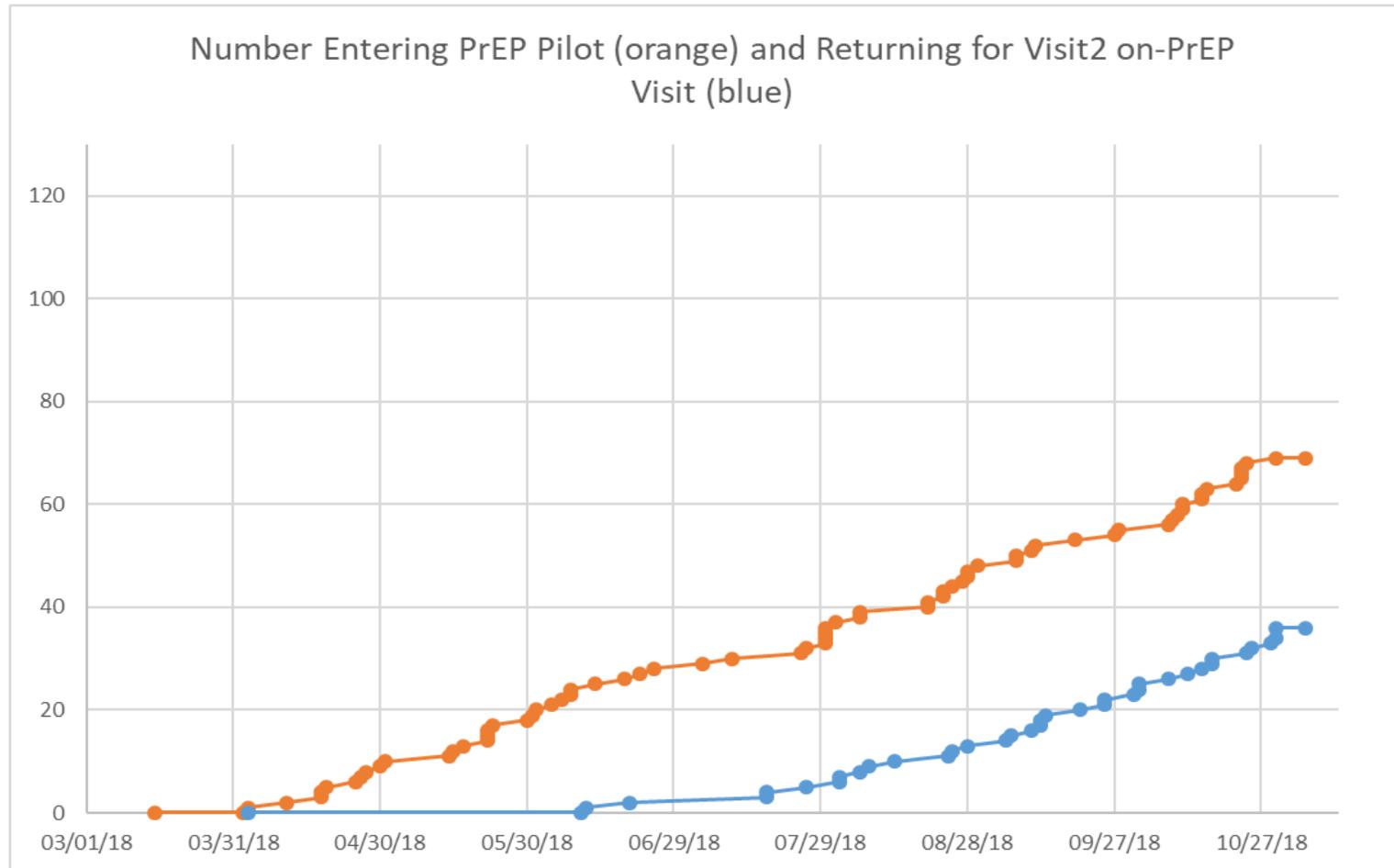
## MCPH PrEP Pilot Program: October 2018

NAME OF SITE	DATES INITIATED	# PATIENTS ENTERING SCREENING	PATIENTS REACHED V2 OR LATER	DISCONTINUED FROM PILOT
Eastowne Family Physicians	3/13/18	13	5	2
Amity Group Foundation (Ballantyne)	3/29/18	25	22	
C.W. Williams	4/6/18	7	2	2
Quality Comprehensive Health Care	5/17/18	7	2	
Charlotte Community Health	Contract pending			
Rosedale Medical	8/8/2018	16	4	
<b>TOTAL</b>	<b>5/6</b>	<b>68</b>	<b>35</b>	<b>4*</b>

\* 2 patients discontinued before starting PrEP; 1 patient stopped due to adverse event; 1 patient was lost to follow-up



# CUMULATIVE PATIENT ENROLLMENT AND NUMBER OF RETURN VISIT PATIENT



# Gender\* and Race/Ethnicity of Patients Who Started Screening

RACE/ETHNICITY	MALE*	FEMALE*	TOTAL
Black/Afr-Amer <sup>1</sup>	27 (39.1%)	5 (7.2%)	32 (46.4%)
White (not Hisp/Lat) <sup>1</sup>	15 (21.7%)	2 (2.9%)	17 (24.6%)
Hispanic/Latino <sup>3</sup>	17 (24.6%)	2 (2.9%)	19 (27.5%)
Black-and Hisp/Lat <sup>3</sup>	0	0	0
Asian	1 (1.4%)	0	1 (1.4%)
Amer Indian	0	0	0
Pacific Islander	0	0	0
Other	0	0	0
Unk/Not Reported	0	0	0
<b>TOTAL</b>	<b>Male (N)= 60 (87.0%)<sup>2</sup></b>	<b>Female (N)= 9 (13.0%)<sup>2</sup></b>	<b>Total = 69 (100%)<sup>2</sup></b>

\* Gender reported at birth; 1. Not reporting Hispanic/Latino ethnicity; 2. Percent of all persons who started screening; 3. Reported Hispanic or Latino ethnicity



# Data Related to Age of Patients

VARIABLE	NUMBER
Median age of patients: years (low, high)	29 (18, 53)
Mean age of patient: years (standard deviation)	31.2 (8.4)



# Background

<b>FACTOR</b>	
<b>US Born</b>	<b>51 (73.9%)</b>
<b>Employed</b>	<b>38 (55.1%)</b>
<b>No High school education</b>	<b>8 (11.6%)</b>
<b>High School education</b>	<b>23 (33.3%)</b>
<b>Post High school</b>	<b>34 (49.3%)</b>



# Reasons to Consider PrEP

FACTOR	MAY RESPOND TO MORE THAN 1 FACTOR
MSM	52 (75.4%)
Sexual relations with HIV-positive sexual partner	21 (30.4%)
Multiple sex partners	23 (33.3%)
Inconsistent condom use	32 (46.4%)
Commercial sex work	3 (4.3%)
In high-prevalence area or network	2 (2.9%)
Injected non-prescription drugs	0
Shared injection equipment	0
HIV-positive injecting partner	0
Bacterial STI	4 (5.8%)
Other	2 (2.9%)



# Sexually Transmitted Illness – Cumulative Number of Events Experienced/Reported to Date

FACTOR	INFECTION PRESENT AT V0/69	INFECTION PRESENT AT V2/35	TOTAL N
Syphilis	6 (8.7%)	1 (2.9%)	7
Gonorrhea	3 (4.3%)	0	3
Chlamydia	3 (4.3%)	3 (8.6%)	6
Other STIs	0	0	0



# Questions?

