



UTAH DEPARTMENT OF  
**HEALTH**

# HIV PREVENTION PROGRAM MANUAL

Prevention, Treatment and Care Program  
Bureau of Epidemiology  
Division of Disease Control and Prevention  
Utah Department of Health

**2018**

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## Preface

### *Overview of HIV in Utah*

The Centers for Disease Control and Prevention (CDC) categorizes Utah as a low-HIV morbidity state (<3,999 persons living with HIV infection)<sup>1</sup>. In 2015, a total of 120 new infections were reported, accounting for a rate of 4.0 cases per 100,000 population.<sup>2</sup> These new infections contributed to an overall prevalence of 2,934, in 2015.<sup>2</sup> The majority of these newly diagnosed HIV infections resided within the Wasatch Front (Weber, Davis, Salt Lake, and Utah counties), accounting for 85% of HIV incidence in the state.<sup>2</sup>

Newly diagnosed and reported cases of HIV infection are assessed for risk factors to determine potential ways that the individual acquired HIV. These risk factors are separated into six identified risk categories: men who have sex with men (MSM), high-risk heterosexual contact, injection-drug use (IDU), men who have sex with men and inject drugs (MSM/IDU), mother-to-child transmission, and cases who received a transfusion or plasma product; as well as one no identified risk (NIR) category<sup>2</sup>. In 2015, among newly diagnosed men, 58.3% of males were categorized as MSM, 13.9% as NIR, 13.9% as high-risk heterosexual, 11.1% as MSM/IDU, and 2.8% as IDU. Among females, 66.7% were categorized as high-risk heterosexual, 16.7% as IDU, and 16.7% as NIR<sup>2</sup>. In regard to HIV risk factors, over the past 10 years, MSM has been the highest reported transmission risk category in Utah, as well as across the United States<sup>2,3</sup>.

In regards to race/ethnicity, in 2015, 59.2% (71 cases) of new HIV diagnoses reported in Utah were among white, non-Hispanic individuals followed by Hispanics at 25.8% (31 cases)<sup>2</sup>. Among men, 59.3% (64 cases) of new HIV cases were reported as white, non-Hispanic; followed by Hispanic at 28.7% (31 cases); Asian, non-Hispanic at 5.6% (6 cases); black, non-Hispanic at 4.6% (5 cases); and American Indian/Alaskan Native (AI/AN) at 1.9%<sup>2</sup>. Compared with men, a higher percentage of cases were reported in black, non-Hispanic women (33%, 4 cases) and Asian, non-Hispanic women (8.3%, 1 case)<sup>2</sup>. White, non-Hispanic women were fairly proportionate to the men at 58.3% (7 cases)<sup>2</sup>. Only 29 Hispanic women have been diagnosed with HIV in Utah in the last 10 years; no Hispanic women were diagnosed with HIV in 2015<sup>2</sup>.

1. Stein R, XU S, Marano M, Williams W, Cheng Q, Eke A, Moore A, Wang G. HIV Testing, Linkage to HIV Medical Care, and Interviews for Partner Services Among Women – 61 Health Department Jurisdictions, United States, Puerto Rico, and the U.S. Virgin Islands, 2015. 2017; 66(41), 1100-1104. [https://www.cdc.gov/mmwr/volumes/66/wr/mm6641a2.htm?s\\_cid=mm6641a2\\_e](https://www.cdc.gov/mmwr/volumes/66/wr/mm6641a2.htm?s_cid=mm6641a2_e).
2. Prevention, Treatment and Care Program, Bureau of Epidemiology, Utah Department of Health. HIV Integrated Epidemiological Profile. 2017, 1-44. [http://health.utah.gov/epi/diseases/hiv/aids/surveillance/hiv\\_2015\\_report.pdf](http://health.utah.gov/epi/diseases/hiv/aids/surveillance/hiv_2015_report.pdf).
3. Centers for Disease Control and Prevention. HIV Among Gay and Bisexual Men. <https://www.cdc.gov/hiv/group/msm/index.html>. Updated September 27, 2017.

## HIV Prevention in Utah

### *Funding*

The Prevention, Treatment and Care Program (PTCP) at the Utah Department of Health (UDOH) is an integrated program composed of five programs: HIV Prevention, STD Prevention, Ryan White Part B, Refugee Health, and TB Control. Currently, the Program has a total budget of roughly \$15 million per

year. Federal funds account for 61% of the Program's total budget with pharmaceutical rebates accounting for 34%, state funds for 3%, county funds for 1% and 1% in other funding.

Of this \$15 million, HIV prevention and surveillance accounts for \$1,151,670.00, which is composed solely of federal funds and is granted in five-year funding cycles. In contrast to many states, it is important to note that the UDOH HIV Prevention Program does not receive any state funding. Limited funding presents challenges in providing clients with the most beneficial and competent services and maintaining standards put in place by the CDC.

In 2017, the CDC integrated HIV Prevention and HIV Surveillance programs across the nation with the release of a new five year funding opportunity, PS18-1802. While the PTCP has had an integrated program since 2015, the funding announcement is the first formal integration of programs by federal partners. The new five year grant, implemented beginning in 2018, highlights 11 strategies for integrated HIV Prevention and Surveillance programs to achieve. These 11 strategies, and how the PTCP plans to achieve them, are outlined below.

- **Strategy 1-** Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response
- **Strategy 2-** Identify persons with HIV infection and uninfected persons at risk for HIV infection
- **Strategy 3-** Develop, maintain, and implement plan to respond to HIV transmission clusters and outbreaks
- **Strategy 4-** Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection
- **Strategy 5-** Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection
- **Strategy 6-** Conduct perinatal HIV prevention and surveillance activities
- **Strategy 7-** Conduct community-level HIV prevention activities
- **Strategy 8-** Develop partnerships to conduct integrated HIV prevention and care planning
- **Strategy 9-** Implement structural strategies to support and facilitate HIV surveillance and prevention
- **Strategy 10-** Conduct data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities
- **Strategy 11-** Build capacity for conducting effective HIV program activities, epidemiologic science, and geocoding

### *Strategies and Objectives*

In accordance with CDC, the purpose of the PTCP HIV Prevention Program is to implement a comprehensive program that prevents new HIV infections as well as achieves viral suppression among persons living with HIV, within the state. The PTCP aims to do this by increasing individual's knowledge of their HIV status, preventing new infections among HIV-negative persons, and reducing transmission from persons living with HIV. Priority activities include HIV testing; linkage to, re-engagement in, and

retention in care and support achieving viral suppression; pre-exposure prophylaxis (PrEP) related activities; syringe services programming; community-level HIV prevention activities; and HIV disease investigations.

### *Priority Populations*

The PTCP has identified priority populations utilizing epidemiologic data to support prevention efforts. Based on this data, the PTCP HIV Prevention Program prioritizes individuals who fall into the following categories: MSM, MSM/IDU, and IDU. Additionally, disproportionate rates of HIV infection among Hispanic/Latino and Black/African American individuals provide support in prioritizing these communities as well. All PTCP funded HIV prevention activities aim to tailor services to these priority populations, ensuring that each priority populations needs are met through culturally competent and relevant services. These themes are consistent throughout all PTCP provided HIV prevention trainings.

### *Utah HIV Planning Group (UHPG)*

HIV Planning Groups (HPG) are a CDC mandated activity aimed at allowing local HIV prevention and treatment programs, service providers, stakeholders, and community members the opportunity to partner with UDOH to address how the jurisdiction can collaborate to accomplish the activities set forth in the CDC's collaborative agreement for health departments, PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments, and the Health Resources and Services Administration' (HRSA) grant, HIV Care Grant Program - Part B States/Territories Formula and AIDS Drug Assistance Program Formula and ADAP Supplemental Awards.

*Purpose:* To inform the development or update of the UDOH's Integrated HIV Prevention and Care Plan, otherwise known as the Utah HIV/AIDS Strategy (UHAS) that will contribute to the reduction of new HIV infections and the ongoing treatment of people with HIV in the jurisdiction.

*Objective:* The objective of the planning committee is to accomplish the following steps as described in the UHAS:

1. Assess the present and future extent, distribution, and impact of HIV/AIDS in defined populations in Utah's community.
2. Assess existing community resources for HIV prevention, treatment and care to determine the community's capability to respond to the epidemic.
  - a. These resources should include fiscal, personnel, and program resources, support from public (Federal, state, county, municipal), private, and volunteer sources. This assessment should identify all HIV prevention programs and activities according to defined high risk populations.
3. Identify unmet HIV prevention, treatment and care needs within previously defined populations.

4. Define the potential impact of strategies and interventions to prevent new HIV infections in defined populations.
5. Prioritize HIV prevention, treatment and care needs by defined high risk populations and by specific strategies and interventions.
6. Develop an Integrated HIV Prevention and Care Plan consistent with the Federal Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, for calendar years 2017-2021.
7. Evaluate the effectiveness of the planning process.

### *Integrated Plan*

Utah’s Integrated HIV Prevention and Care Plan is a collaborative effort between the PTCP and UHPG. The Plan reflects the discussion and prioritization of the UHPG regarding HIV prevention and treatment strategies, resources, needs, and gaps for HIV prevention and treatment services throughout the state.

Currently, the PTCP supports CDC’s Program Collaboration and Service Integration (PCSI) initiative and is an integrative program that incorporates HIV Prevention, HIV Surveillance, Ryan White Part B, Refugee Health, TB Control, STD Prevention, and Viral Hepatitis. It is important to note that this integration follows the Integrated HIV Prevention and Care Plan guidance, making planning and integrated implementation of Utah’s Integrated HIV Prevention and Care Plan seamless.

Data sources for the integrated plan include:

- 2016 Utah Ryan White Part B HIV Treatment and Care Service Priorities and Resource Allocations;
- 2016 Utah Epidemiological Profile of HIV/AIDS;
- 2016 Prevention, Treatment and Care Program Partner Agency Needs Assessment
- 2015 Utah Biannual HIV Needs Assessment Report;
- 2014 Utah Biannual HIV Needs Assessment Report;
- 2013 Utah Biannual HIV Needs Assessment Report;
- 2012 Utah Statewide Coordinated Statement of Need Report.

Below is an overview of the integrated plan.

<b>National HIV Strategy</b>	<b>Utah HIV/AIDS Strategy Goal</b>	<b>Objectives</b>	<b>Strategy</b>
Coordinated Response: Reduce New HIV Infections	Increase number of individuals who are aware of their serostatus in the state of Utah	By June 30, 2018 describe HIV testing occurring throughout Utah (establish baseline)  By December 31, 2018 complete a needs assessment to understand at-risk population and testing barriers	(1) Promote HIV testing among high-risk populations using culturally sensitive and sex-positive messaging while reducing stigma  (2) Evaluate where HIV testing is currently

		<p>By December 31, 2019 contract with 2 additional/non-traditional community partners (rural/urban) to increase testing</p> <p>By December 31, 2020 publish a report on Utah's HIV testing gaps and promote HIV testing through collaboration and CME provided by AETC</p> <p>Increase number of individuals that know their HIV status by 10% by December 31, 2021</p>	<p>occurring throughout the state in order to increase capacity among providers who are not currently providing HIV testing</p> <p>(3) Promote HIV screening among private providers, health plans, Medicaid while reducing stigma</p>
Coordinated Response: Reduce New HIV Infections	Reduce new HIV infections in the state of Utah	<p>By December 31, 2017 establish Utah's baseline of those linked to care within 30 days</p> <p>By March 15, 2018, establish and share a PTCP re-engagement to care protocol</p> <p>Publish report describing Utah's linkage to care data and rates, and description of those not in care by December 31, 2019</p> <p>By December 31, 2020, contract with one additional medical provider or health system to provide HIV care</p> <p>Increase the number of newly diagnosed individuals who are linked to care within 30 days by 10% by December 31, 2021</p>	<p>(1) Improve Utah's linkage to care capacity</p> <p>(2) Improve Utah's linkage to care process, including improving linkage to care reporting and monitoring</p> <p>(3) Involve new and additional private sector providers in linkage to care process</p>
Coordinated Response: Reduce New HIV Infections	Reduce new HIV infections in the state of Utah	<p>Establish a multiagency PrEP subcommittee by December 31, 2017</p> <p>Conduct a needs assessment among medical providers regarding PrEP practices by December 31, 2018</p> <p>Provide five PrEP educational presentations/ CME By December 31, 2019</p> <p>Publish Utah's PrEP provider directory by January 1, 2020</p>	<p>(1) Establish and increase Utah's PrEP capacity</p> <p>(2) Increase access to PrEP among high-risk populations throughout Utah</p> <p>(3) Promote PrEP statewide; reduce stigma</p>

		Increase PrEP utilization statewide by 10% by December 31, 2021.	
Coordinated Response: Increase Access to Care & Improve Health Outcomes for PLWH	Enhance linkage to prevention and care services	<p>By December 31, 2017, describe Utah's out of care population and create Utah's Not in Care (NIC) list</p> <p>By March 15, 2018, establish and share a PTCP re-engagement to care protocol</p> <p>By December 31, 2019 implement a revised HIV case management model</p> <p>Publish report describing Utah's linkage to care data and rates, and description of those not in care by December 31, 2020</p> <p>By December 31, 2021, 90% of individuals who are diagnosed with HIV are retained in care</p>	<p>(1) Implement a statewide linkage to care and re-engagement strategy and ; support a Linkage to Care Coordinator</p> <p>(2) Implement a statewide HIV peer navigator system</p> <p>(3) Improve HIV case management</p>
Coordinated Response: Increase Access to Care & Improve Health Outcomes for PLWH	Assess affordability and comprehensiveness of care	<p>Annually identify and communicate health plans to Ryan White Part B clients by December 31, 2017</p> <p>Conduct a needs assessment among PLWH by December 31, 2018</p> <p>Identify two new providers in rural and/or southern Utah to provide HIV treatment and care by December 31, 2019</p> <p>Engage new/additional health plan/care provider by December 31, 2020</p> <p>Increase the number of PLWH who have adequate health insurance by 10% by December 31, 2021.</p>	<p>(1) Conduct a comprehensive care services assessment including understanding enrollment barriers, number of uninsured individuals, employer substandard insurance, and other indicators of care</p> <p>(2) Implement a Data to Care Strategy specific to Utah</p> <p>(3) Establish new collaborations and engage new/additional health plans and care providers</p>
Coordinated Response: Reduce HIV-Related Disparities and	Identify what HIV-related disparities and health inequities exist in Utah for PLWH	<p>Recruit needs assessment intern by December 31, 2017</p> <p>Conduct needs assessment by December 31, 2018</p>	<p>(1) Conduct a needs assessment (PLWH Health Profile)</p> <p>(2) Create and distribute a</p>

Health Inequities		<p>By December 31, 2019 communicate health disparities to division leadership and present findings at one professional conference</p> <p>Contract with Office of Health Disparities by December 31, 2020</p> <p>Identify, describe, and respond to health disparities and health inequities experienced by PLWH in Utah by December 31, 2021.</p>	<p>PLWH health disparities report</p> <p>(3) Based on needs assessment findings, identify and implement strategies that will address health disparities</p>
Coordinated Response: Reduce HIV-Related Disparities and Health Inequities	Increase individuals diagnosed with HIV who are virally suppressed	<p>Assess barriers to retaining care by December 31, 2018</p> <p>Implement adherence monitoring/counseling services December 31, 2018</p> <p>Implement peer navigation program by December 31, 2019</p> <p>Implement a statewide HIV media campaign by December 31, 2020</p> <p>Increase Utah's overall community viral load suppression to 80% by December 31, 2021.</p>	<p>(1) Increase PLWH who participate in case management</p> <p>(2) Increase capacity to provide adherence monitoring/counseling services</p> <p>(3) Ensure surveillance data quality and data analysis; improve use of data</p>

## Funded HIV Prevention Services

### Targeted Testing

Targeted HIV Testing refers to the service of offering rapid HIV tests, based on risk of acquiring HIV, free of cost to the client. In particular, these services are targeted towards priority populations, as identified above, who may benefit from the services the most. The PTCP currently funds 12 of 13 local health jurisdictions, and three community based organization to provide Targeted Testing services. Targeted Testing is offered in both outreach and fixed-site settings.

All agencies funded by UDOH to conduct Targeted Testing are required to use Determine Alere antigen/antibody tests. The test allows for the earlier detection of potential HIV infections due to the

technologies ability to detect HIV antigens which appear before antibodies; decreasing the period a rapid HIV test can detect HIV from 3-6 months, down to 2-4 weeks.

The goal of Targeted Testing is to increase individuals' awareness of their HIV status and to ensure linkage to care. Targeted Testing services are one tactic in achieving Strategy 2 of PS18-1802, as highlighted in the section above.

A major aspect of Targeted Testing includes risk reduction counseling. The PTCP provides HIV prevention counseling training to all contractors. The curriculum is developed in accordance with CDC counseling and testing guidelines and is continually updated to meet the needs of contractors and the communities that we serve. The PTCP hosts the two day training on a quarterly basis which is open for all community partners to attend.

### *Local Health Department (LHD) Services*

Utah's public health system is a decentralized system, meaning there is a local health jurisdiction that serves the communities of several surrounding counties. This applies to HIV prevention as each local health department has a staff of Disease Investigators, often Public Health Nurses, that are responsible for conducting HIV investigations and providing supportive services in their region. Cases within the state prison are the responsibility of the Utah Department of Health to investigate as these clients lie within the state jurisdiction.

The PTCP provides funding for 12 of the 13 local health jurisdictions in Utah to conduct HIV Prevention activities. These funds go to support Disease Investigators who provide Partner Services\*, disease investigation, as well as rapid and conventional HIV testing within the jurisdiction. Disease investigators also work directly with clients and providers within the community to provide HIV-related technical assistance.

UDOH and local health departments collaborate in numerous ways, practically in regards to HIV investigations. The PTCP provides HIV-related technical assistance and support to all local health departments, and community partners.

\*Additional information on Partner Services below

### *Syringe Services Programs (SSP)*

During the 2016 legislative session, Utah passed House Bill 308, legalizing syringe exchange in Utah. Specifically, the law states that agencies in Utah "may operate a syringe exchange program in the state to prevent the transmission of disease and reduce morbidity and mortality among individuals who inject drugs and those individuals' contracts."

SSPs, also referred to as syringe exchange programs (SEPs), needle exchange programs (NEPs) and needle-syringe programs (NSPs) are community-based programs that provide education and access to sterile needles and syringes, free of cost, and facilitate safe disposal of used needles and syringes.

SSPs reduce syringe sharing and serve as a bridge to other health services including HIV and HCV diagnosis and treatment and medication-assisted treatment for substance use disorder. Persons who inject drugs can substantially reduce their risk of getting and transmitting HIV, viral hepatitis and other blood borne infections by using a sterile needle and syringe for every injection. SSPs also offer prevention materials (e.g., alcohol swabs, vials of sterile water, condoms) and services, such as education on safer injection practices and wound care; overdose prevention; referral to substance use disorder treatment programs including medication-assisted treatment; and counseling and testing for HIV and hepatitis C. SSPs also provide linkage to critical services and programs, such as HIV care, treatment, pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP) services; hepatitis C treatment, hepatitis A and B vaccinations; screening for other sexually transmitted diseases and tuberculosis; partner services; prevention of mother-to-child HIV transmission; and other medical, social, and mental health services.

With the purpose of promoting HIV identification, in the 2017-2018 fiscal year, the PTCP allocated Early Intervention Services (EIS) funds to support programs conducting syringe exchange activities including active syringe exchanges, syringe disposal, as well as rapid HIV and HCV testing. A. The purpose of Early Intervention Services (EIS) is to support and enhance the identification of HIV-infection, expand outreach, and provide referrals throughout Utah, with particular focus on vulnerable communities. EIS provides services to individuals across the HIV Continuum of Care, from individuals at risk for HIV, individuals unaware of their HIV status, to those living with HIV. Activities should be comprehensive and include wrap around services.

SSP priority populations include; injection drug users who are living with HIV, injection drug users living or receiving services in rural counties of Utah, all other injection drug users and people at risk for HIV.

### *Health Education Risk Reduction (HERR)*

HERR is a prevention activity funded by the Ryan White Part B Program focused on reducing the further transmission of HIV. In accordance with HRSA, EIS services must include the following for components<sup>1</sup>:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected
  - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
  - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

In conjunction with CDC HIV prevention guidance, the PTCP has focused HERR efforts on general HIV/STD education, and PrEP education and navigation. All agencies funded to provide Targeted Testing and syringe services are required to provide HERR for clients. HERR is most often implemented during prevention counseling sessions (as outlined above) and is tailored to the needs of the client.

1. Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds, Policy Clarification Notice (PCN) #16-02, [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

## *PrEP*

### *Free PrEP Clinic*

Through the University of Utah School of Medicine, Drs. Susanna Keeshin and Adam Spivak opened the country's second free PrEP clinic. The goal of the clinic is to provide high risk, uninsured individuals, who could not otherwise afford PrEP services, with PrEP medication, laboratory cost assistance, and navigation services. The clinic is currently open two Saturday mornings per month, with the current capacity to see about 16 patients during each clinic.

PrEP being one of the most direct means of HIV prevention, the PTCP has provided the Free PrEP Clinic with funding specifically to provide HIV and STD testing, as well as navigation services.

### *UHPG PrEP Subcommittee*

After being identified as a priority need by the Utah HIV Planning Group (UHPG), a PrEP subcommittee was created. The subcommittee is composed of local health departments, community-based organizations, and community partners. The purpose of the PrEP Subcommittee is to unify PrEP resources and activities within the state, in addition to identifying and prioritizing PrEP initiatives throughout the state. The group is also responsible for creating a PrEP strategic plan for the state (below) and for executing and coordinating the activities identified.

### *Utah PrEP Strategic Plan*

The below strategies and activities to achieve those strategies were created by the UHPG PrEP Subcommittee. The strategies and activities represent a living document that is constantly updated to meet the needs of the community.

#### Strategies

- Establish and increase Utah's prep capacity (support navigation, increase providers, increase patient awareness)
- Increase access to prep among high-risk populations throughout Utah
- Promote PrEP statewide and reduce PrEP stigma (increase community awareness)
- Increase PrEP adherence and retention for existing PrEP patients
- Establish PrEP data collection and utilization

#### Activities

- Conduct PrEP provider assessment
- Provide PrEP provider education
- Have a PrEP social media present (PrEP Talk)
- Increase partner organization PrEP capacity

- Describe and promote patient assistance programs
- Create a referral system to providers who prescribe PrEP
- Make existing PrEP provider lists easily accessible to the community
- Identify new providers willing to prescribe PrEP

## Partner Services

### *Goals and Objectives*

Partner Services is a public health activity outlined in Utah Administrative Code under the Communicable Disease Rule. Rule R386-702-15: Special measures for the Control of HIV/AIDS (found under '*Resources*', below). The purpose of Partner Services is to ensure that HIV-positive individuals are receiving the care that they need, in addition to notifying others of potential exposure to HIV, both components are conducted with the intention of preventing the further transmission of HIV.

### *Activities*

#### *Diagnosis/initial interview*

All individuals newly diagnosed with HIV are contacted by the local health department from the jurisdiction that they reside in. In accordance with the Communicable Disease Rule, the purpose of this interview is to notify the individual of their positive test results, link them to medical care and other supportive services, as well as to collect partner information. Partner information is collected to identify individuals who may have potentially been exposed to HIV in order to provide them with HIV testing services.

#### *Linkage to Care*

In regards to partner services, linkage to care refers to linkage to HIV medical care. This typically occurs within 30 days of when an individual tests positive for HIV. The primary referral facility for HIV care is the University of Utah Infectious Disease Clinic, also referred to as Clinic 1A. Clinic 1A remains the major HIV care provider in the state; however, there are individual providers across healthcare networks that provide HIV care as well. Case managers at both UAF and Clinic 1A assist individuals in accessing these providers as they can sometimes be difficult to locate. In addition to HIV care, Clinic 1A also provides extensive case management services for HIV-positive clients and PrEP services for HIV-negative clients. If a client does not engage in care within six months of diagnosis, they are then eligible for re-engagement to care services.

#### *Re-engagement to Care*

Re-engagement to care (RTC) has a similar purpose to linkage to care services. However, re-engagement to care activities focus on re-engaging HIV-positive individuals who have either fallen out of

care or who never initiated HIV care. Individuals are deemed as having fallen out of care if they have not received and an HIV viral load of CD4 count in the last 12 months.

Salt Lake County Health Department is currently contracted by the PTCP to conduct RTC activities. The intervention is intended to be a 12 month protocol where a client's barriers to initiating and retaining in care are assessed at 3 month intervals. The goal of RTC staff is to identify and address these barriers. The PTCP has created and maintains an RTC program manual, which serves as the basis of the intervention for clients across the state.

### *Additional Partner Services Functions*

Partner Services also serves as an entry point for PrEP and post-exposure prophylaxis (PEP) education for clients. Typically, HIV and STD disease investigation staff overlaps, allowing for collaboration between public health efforts. Many clients being seen for STD investigations may be ideal candidates for these HIV prevention interventions. Disease investigation staff is trained to provide education, referral, navigation, and linkage to these crucial HIV prevention tools.

### *Confidentiality*

The PTCP adheres to the strict privacy and confidentiality requirements set in place by both the Utah Department of Health and the Centers for Disease Control and Prevention (CDC). All client information is handled with the strictest confidentiality and is only discussed and shared on a need to know basis with relevant staff, providers, and other public health agencies. Partner notification, conducted during the initial interview, is done on a strictly anonymous basis and no information, including the name and gender, of the original client is released to the partner.

## **Resources**

### **UDOH Resources**

#### *HIV Integrated Epidemiological Profile*

([http://health.utah.gov/epi/diseases/hivaids/surveillance/hiv\\_2015\\_report.pdf](http://health.utah.gov/epi/diseases/hivaids/surveillance/hiv_2015_report.pdf))

#### *HIV Disease Plan*

<http://health.utah.gov/epi/diseases/hivaids/plan.pdf>

#### *SSP*

<http://health.utah.gov/epi/prevention/>

#### *Ryan White Part B*

<http://health.utah.gov/epi/treatment/>

## Additional Resources

### *National HIV Statistics*

CDC: HIV Surveillance Report

<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf>

CDC: HIV Basic Statistics

<https://www.cdc.gov/hiv/basics/statistics.html>

### *National SSP*

Vital Signs: Trends in HIV Diagnoses, Risk Behaviors, and Prevention Among Persons Who Inject Drugs — United States / December 2, 2016

[https://www.cdc.gov/mmwr/volumes/65/wr/mm6547e1.htm?s\\_cid=mm6547e1\\_w](https://www.cdc.gov/mmwr/volumes/65/wr/mm6547e1.htm?s_cid=mm6547e1_w)

HIV and the Opioid Epidemic: 5 Key Points

[https://www.kff.org/hiv/aids/issue-brief/hiv-and-the-opioid-epidemic-5-key-points/?utm\\_campaign=KFF-2018-The-Latest&utm\\_source=hs\\_email&utm\\_medium=email&utm\\_content=61714447&hsenc=p2ANqtz-kJbm5PYIq-caTNVGKTXtiVnGGIBcaQHaw2yaZT9WkgOS0uyC5WaQ2UhXmPmtIXqGlsMLvyT776NeqB0-RX0HSb5cyRQ&hsmi=61714447](https://www.kff.org/hiv/aids/issue-brief/hiv-and-the-opioid-epidemic-5-key-points/?utm_campaign=KFF-2018-The-Latest&utm_source=hs_email&utm_medium=email&utm_content=61714447&hsenc=p2ANqtz-kJbm5PYIq-caTNVGKTXtiVnGGIBcaQHaw2yaZT9WkgOS0uyC5WaQ2UhXmPmtIXqGlsMLvyT776NeqB0-RX0HSb5cyRQ&hsmi=61714447)

amfAR: Public Safety, Law Enforcement, and Syringe Exchange

[http://www.amfar.org/uploadedFiles/\\_amfarorg/Articles/On\\_The\\_Hill/2013/fact%20sheet%20Syringe%20Exchange%20031413.pdf](http://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2013/fact%20sheet%20Syringe%20Exchange%20031413.pdf)

CDC: Syringe Services Programs

<https://www.cdc.gov/hiv/risk/ssps.html>

CDC: Injection Drug Use and HIV Risk

<https://www.cdc.gov/hiv/risk/idu.html>

CDC Fact Sheet: HIV and Injection Drugs 101, March 2018

<https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-injection-drug-use.pdf>

CDC Fact Sheet: Reducing Harms from Injection Drug Use & Opioid Use Disorder with Syringe Services Programs, August 2017

<https://www.cdc.gov/hiv/pdf/risk/cdchiv-fs-syringe-services.pdf>

### *PrEP*

<http://whatisprep.org/>

CDC: PrEP Basics

<https://www.cdc.gov/hiv/basics/prep.html>

### *Care*

University of Utah Clinic 1A

<https://healthcare.utah.edu/infectiousdiseases/ryan-white-program.php>