



ILLINOIS HIV PLANNING GROUP ILHPG NEWSLETTER

Newsletter 15

Fall 2016



UPDATES FROM THE CO-CHAIRS

CALENDAR OF EVENTS

September 7th: Ryan White Part B Advisory Group Webinar, 10am-12:30pm

September 15th-18th: United States Conference on AIDS, Hollywood, Florida

October 25th:

- ILHPG Business Meeting, Springfield Crowne Plaza Hotel, 8 am-9:15am
- ILHPG/RW Integrated Meeting, Springfield Crowne Plaza, 9:30am-12pm

October 25th-October 27th: Illinois HIV/STD Conference, Springfield Crowne Plaza Hotel

Please visit www.ilhpg.org/webinar for more information on upcoming LHPG/Integrated webinars.



Hello, everyone!

On behalf of the Illinois Department of Public Health HIV Community Planning Program and the Illinois HIV Planning Group (ILHPG), we sincerely hope you enjoy this Fall 2016 issue of our newsletter. The newsletter is intended to keep you updated on past and current activities and future plans of the ILHPG and the Integrated Planning Group and keep you informed on current issues and topics relevant to HIV prevention, care, and treatment in Illinois.

We are all very excited for IDPH's 25th annual HIV/STD Conference this fall. It will take place October 26-27 at the Crowne Plaza in Springfield, IL with pre-conference seminars the afternoon before, on October 25.

The ILHPG and the Integrated Planning Group are taking advantage of the conference by scheduling and conducting face-to-face meetings of the groups that will be held the morning of Tuesday, October 25, prior to the pre-conference. There will be a short business meeting of the ILHPG from 8-9:15 am, followed by a meeting of the full Integrated Planning Group from 9:30 am-12 pm. More details will be forthcoming. We are certainly excited to see everyone again, to meet our new members face-to-face, and to use this meeting to continue our HIV planning efforts and strategize for the future. Please see page three of this newsletter for more details of what to expect at the meeting.

My intern, Marleigh Voigtmann, or myself, will be contacting you all shortly about your plans and arrangements to attend the conference and meetings. Until then, please enjoy this newsletter. We will see you in October!

**Submitted by Janet Nuss, ILHPG Coordinator and Co-chair,
Illinois Department of Public Health**

INTEGRATED PLANNING GROUP

UPDATE

Submitted by Janet Nuss, ILHPG Coordinator, ILHPG Co-chair, Integrated Planning Steering Committee Co-chair, Illinois Department of Public Health

Since last year, IDPH has been compiling, presenting, and gathering input from the Integrated Planning Group (IPG) to incorporate into the development of Illinois' first Integrated Plan for HIV Prevention and Care. We are very close to completion of the plan!

In 2015, the focus was primarily on compiling and reviewing input into our statewide needs assessment; identifying gaps, barriers, and challenges; and developing and prioritizing action items to address those challenges.

In 2016, the focus has been on reviewing the state's updated STD and HIV epidemiologic profile and HIV Continuum of Care cascade. We have collectively updated the prioritized populations for HIV prevention services, defined the highest risk populations, and discussed/proposed changes to the guidance for approved HIV prevention services and interventions for 2017. We have completed a comprehensive assessment of 2016 HIV prevention, care, and treatment resources and service delivery in Illinois. We also presented a regional HIV prevention gap analysis and proposal for 2017 regional funding allocation, based on recommendations from the ad hoc Funding Allocation Workgroup.

In addition, an "Integrated Plan Documents" folder <http://www.ilhpg.org/integratedplandocs> & associated sub-folders have been created on the ILHPG website and draft documents have been posted in this location for review and comment by the Integrated Planning Group members and the community.

At the Integrated Planning Group meeting, August 18, we reviewed the final draft of the Integrated Plan and related appendices and conducted the annual concurrence process in which planning group members voted on their concurrence with the Integrated Plan.

This has been a long but worthwhile process that could not have been accomplished without our community partners. The Integrated Plan is the end-product of several years of partnership between IDPH and the Illinois HIV Prevention Group, the Ryan White Part B Advisory Group, and our many, many HIV stakeholders and community representatives, all working toward the goal of an integrated response to the epidemic.



INTEGRATED PLANNING

STEERING COMMITTEE UPDATE

Submitted by Janet Nuss and Jeffrey Maras, IDPH HIV Section, Integrated Planning Steering Committee Co-chairs

At its July Integrated Planning Steering Committee meeting, the group discussed future plans for the committee. The Co-chairs relayed to members that the IDPH HIV Section has received informal approval on having two face-to-face planning meetings in 2017. Those will likely be meetings of our Integrated Planning Group, because we will have a formal Integrated HIV Prevention and Care Plan that will need to be monitored, reviewed, and updated, as needed.

One of the objectives of this steering committee is to help evaluate the hybrid integrated group process that the HIV Section has employed since 2015 and help determine if the section should move forward with forming a fully integrated group. Should that be the decision, a steering committee would still be needed to help guide the process and plans for establishing the integrated group, including developing bylaws and procedures, determining the composition of its members, and implementing a recruitment/selection process.

The current steering committee members have recommended that there be a new selection process for the future steering committee should the committee need to continue its work. The members on the committee have all volunteered their time and hope other members representing the HIV community will step up to the challenge and take on that responsibility.

The steering committee is planning on using the October 25 Integrated Planning Group meeting, the only integrated planning face-to-face meeting this year, as an opportunity to evaluate the 2015-2016 planning process collectively, discuss proposals for the next two years, and assess the group's thoughts about moving forward in 2017 with preparing for a fully integrated group. After the October meeting, we can move forward with restructuring the steering committee, as needed, and selecting new members that can continue the work of the committee.

The Co-chairs of the Integrated Planning Group would like to express their sincere thanks and acknowledge 2015-2016 Integrated Planning Steering Committee members for all the time and effort they contributed to the work of the committee over the last year and a half. This committee truly helped guide development of an integrated HIV planning process and work on development of Illinois' first Integrated Plan for HIV Prevention and Care. Below are the members:

Marcy Ashby (Region 3)
Valerie Johansen (Region 7)
Tobi-Velicia Johnson (Region 8)
Susan Rehrig (Region 4)
Steven St. Julian (Region 5)
Joe Trotter (Region 6)
Chris Wade (Region 2)
Saul Zepeda (Regions 8 & 9)



IDPH ADAP HIV/HEPATITIS CO-INFECTED PILOT PROJECT

People living with HIV infection are often affected by viral hepatitis. These individuals can be co-infected with HBV (Hepatitis B Virus) or HCV (Hepatitis C Virus), which could lead to long-term illness and death. Viral hepatitis progression is faster in co-infected individuals and causes more liver-related health problems than people not infected with HIV.

The IDPH-ADAP Program has created a pilot project to help provide very expensive Hepatitis C medicines for co-infected individuals. There are eligibility requirements that have to be met for an HIV/Hepatitis C co-infected individual to be placed in this pilot program. The application process can be found at <http://iladap.providecm.net>

Eligibility to the HIV/Hepatitis C program is as follows:

- Participant must be currently enrolled in the HIV MAP (Medication Assistance Program) and eligible for MAP assistance for the full duration of treatment. Application process to apply to the MAP Program can be done at <http://iladap.providecm.net>.
- Participant must have Fibrosis Stage 2 (F2) and above.
- Participant must have been denied medication coverage by their insurance plan (if they have insurance) – documentation is required.
- The client's medical provider must attest they have reviewed the Manufacturers' Prescribing Guidelines for possible drug interactions and contraindications associated with prescription of these medications in conjunction with the client's current HIV regimen.

Lab documentation requirements are as follows:

- Baseline HCV RNA
- HCV Genotype
- For Zepatier: If Genotype 1a- Need baseline NS5A resistance test and documentation

Applicants must show lab results for which one/s of the following are checked on the application :

- Fibroscan Score (>7,1)
- Fibrotest
- Liver Biopsy showing F2 and above

This HIV/Hepatitis C co-infected pilot project has been slotted to have 100 individuals at any given time in the program. Currently there are 17 individuals utilizing the HIV/Hepatitis C co-infected program. This project provides the following possible medicines : Harvoni, Viekira Pak, Ribavirin, Sovaldi and Zepatier. These prescriptions can be provided for 12, 16, or 24 week periods according to what the individual's physician prescribes. IDPH will be utilizing this project as a means to determine the ability to administer these high cost medicines while being a payer of last resort. This pilot project is being used to mitigate the transmission and morbidity associated with HCV individuals co-infected with HIV/AIDS.

**Submitted by Bob Whitmore, ADAP/ CHIC Formulary Specialist, Illinois
Department of Public Health**

AMA URGES GREATER PHYSICIAN EDUCATION ON PrEP

This article was posted on the American Medical Association website on June 15, 2016. The original article can be viewed at <http://www.ama-assn.org/ama/pub/news/news/2016/2016-06-15-physician-education-hiv-prep.page>

Submitted by Janet Nuss, ILHPG Coordinator and Co-chair, Illinois Department of Public Health

The American Medical Association (AMA) adopted new policies today recognizing the need for improved education of physicians on the effective use of pre-exposure prophylaxis (PrEP) to prevent HIV acquisition in high-risk individuals. Tenofovir/emtricitabine (also known as PrEP) is a once-a-day prevention option for HIV-negative men and women that reduces the risk of sexual HIV acquisition. Although the FDA approved PrEP in July 2012, a 2015 survey by the Centers for Disease Control and Prevention (CDC) found that 34 percent of primary care doctors and nurses had never heard of PrEP.

"With more than 1.2 million people in the United States living with substantial risk of HIV infection but fewer than five percent of them taking PrEP, there is significant ground to gain in stemming the incidence of HIV," said AMA Board Member Jesse M. Ehrenfeld, M.D. "Educating physicians about the effective use of PrEP and encouraging insurers to cover the costs associated with its administration will make the transmission of HIV rarer and our nation healthier."

The 2014 guidelines from the U.S. Public Health Service recommended PrEP as prevention in high-risk individuals, and cautioned that high medication adherence is critical to PrEP efficacy. Meanwhile, the average price of tenofovir/emtricitabine in the United States is \$1,539.90 for 30 tablets.

Accordingly, the AMA also adopted two additional policies related to PrEP: First, that the AMA will advocate that all insurers be required to cover the costs associated with the administration of PrEP; and that the AMA work with government officials to study the feasibility of providing PrEP free of charge to high-risk individuals.

The new policies adopted today build on years of AMA efforts to bolster education and training to combat HIV/AIDS and to increase multi-layer collaboration to increase public awareness.



CDC UPDATE: GAY & BISEXUAL TEEN MALES AND RISK OF HIV INFECTION

This article was posted on the CDC website on July 20, 2016. Excerpts are included here. The original article can be viewed at <http://www.cdc.gov/nchhstp/newsroom/2016/international-aids-conference-press-release.html>

Submitted by Marleigh Voigtman, HIV Community Planning Intern, Illinois Department of Public Health

Gay and Bisexual Males No More Likely than Heterosexual Teen Males to Engage in Several Sexual Risk Behaviors; Still at Substantially Higher Risk of HIV Infection

New CDC data presented at the International AIDS Conference in Durban, South Africa, suggest there are no significant differences in several HIV-related risk behaviors among U.S. male students in ninth through 12th grades who identify as heterosexual, gay, or bisexual.

The analysis is the first nationally representative look at HIV-related risk behaviors among heterosexual, gay, and bisexual male high school students. Roughly the same proportion of gay and bisexual male students and heterosexual male students reported that they:

- Had ever had sexual intercourse (51 percent of gay/bisexual and 41 percent of heterosexual).
- Were currently sexually active (35 percent of gay/bisexual and 30 percent of heterosexual).
- Had had sexual intercourse with four or more partners (15 percent of gay/bisexual and 11 percent of heterosexual).
- Had used a condom the last time they had sex (48 percent of sexually active gay/bisexual and 58 percent of sexually active heterosexual).



Despite similar levels of these behaviors, young gay and bisexual males remain at substantially higher risk for HIV infection than heterosexual males, largely because of substantially higher HIV prevalence among their male sexual partners. HIV diagnosis rates are 57 times higher among men who have sex with men (MSM) than among heterosexual men. The higher level of HIV in a sexual network dramatically increases the risk of HIV exposure with every sexual encounter.

Gay and Bisexual Teens at Higher Risker of Injection Drug Use

While other data indicate that most HIV infections among MSM are sexually acquired, this analysis also found disproportionately high levels of injection drug use, as well as high rates of other types of drug use, among gay and bisexual male students. This compounds their risk for HIV infection.

About 10 percent of gay and bisexual male students reported having ever injected drugs, compared with less than 2 percent of heterosexual male students. In addition to injection drug

(Continued on page 7)

CDC UPDATE: GAY & BISEXUAL TEEN MALES AND RISK OF HIV INFECTION

(Continued from page 6)

use, which can directly transmit HIV, CDC also found gay and bisexual male students are significantly more likely than heterosexual male students to have ever used a number of drugs that may contribute to increased sexual risk behavior, even if not injected, including:

- Heroin: eight times more likely (14 percent of gay/bisexual and 2 percent of heterosexual).
- Methamphetamines: six times more likely (15 percent of gay/bisexual and 2 percent of heterosexual).
- Cocaine: three times more likely (18 percent of gay/bisexual and 5 percent of heterosexual).
- And prescription drugs without a doctor's prescription: two times more likely (30 percent of gay/bisexual and 17 percent of heterosexual).

“Sexual risk behaviors and substance use among gay and bisexual youth may be influenced by a number of complex and interrelated factors – not only education and peer norms, but also social factors like stigma, discrimination, and lack of family or social support,” says Laura Kann, Ph.D., chief of the School-Based Surveillance Branch within CDC's Division of Adolescent and School Health. “Although these new national data do not address why these behaviors occur, they are an important first step toward better understanding the level of risks that exist among these young males and developing solutions to address them in homes, schools, and communities.”

Analysis Underscores the Need for Multiple Prevention Strategies

CDC's new data point to the need for additional research and multiple strategies to address both sexual and drug-related risks for HIV infection among adolescent and young adult gay and bisexual males. These include:

- Continued access to HIV testing to reduce the number of undiagnosed infections.
- Education about and access to the full range of effective HIV risk reduction and prevention strategies.
- Increased linkages to and retention in HIV treatment for MSM living with HIV to reduce their viral load and risk of transmission to sexual and injection drug partners.
- School-centered HIV prevention.
- Family and community support.

The new data presented at the International AIDS Conference will be published later this year as part of a broader report on a wide range of health risk behaviors among gay, lesbian, and bisexual students. In 2015, a question to ascertain sexual identity and a question to ascertain sex of sexual contacts was added to the [National Youth Risk Behavior Survey \(YRBS\)](http://www.cdc.gov/healthyyouth/data/yrbs/index.htm) (<http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>) questionnaire, allowing for the first time an examination of the prevalence of risk behaviors among gay, lesbian, and bisexual students nationwide. The analysis presented at the International AIDS Conference is based on a subset of data that examine HIV-related risk behaviors among gay and bisexual male students.

PHOENIX CENTER'S JONNA COOLEY EARNS DIRECTOR OF THE YEAR AWARD

On Tuesday, June 21, 2016, Jonna Cooley, Director of the Phoenix Center, was presented the Greater Springfield Chamber of Commerce Not-for-Profit Business Director of the Year Award. It comes as no surprise as Jonna has used her 30 years of experience in public service to help people obtain basic needs and support for self-improvement and self-sufficiency. Jonna currently serves as the Director of the Phoenix Center where her talents and creativity lend greatly to the agency's success. With a paint brush in one hand and a megaphone in the other, she digs into projects with astounding leadership and enthusiasm. It's truly amazing what the Phoenix Center can accomplish with three staff members, two part-time group leaders, and numerous volunteers.

In 2006, Jonna took the lead of the Phoenix Center at a time when the center was in jeopardy of closing amid a turbulent shift in management. She played a key role in fixing the Center's finances. Several years of persistence and hard work transformed the Phoenix Center into a pillar of hope for the many they serve. Once known only as a drop-in gay youth and LGBT support center, the Phoenix Center now offers a multitude of services and activities such as a transgender support group, a transgender support group for parents of transgender children, Springfield Harm Reduction Initiative and Needle Exchange (SHaRI Project), Naloxone training and distribution, supportive transitional housing for homeless men and women who are HIV+, HIV+ support groups, HIV and HCV counseling and testing, and LGBT youth groups. The Phoenix Center also conducts activities and fundraising events which are some of the most creative approaches to bringing our community together for common causes. The most familiar events are: Springfield's Annual PrideFest; Chix with Stix (all women golf outing); Club LaCage (drag show); Phoenix Center Trivia Nite; Out and About Dinner Group; and the Annual Fall GAYla Dinner.

Community outreach and education is another endeavor Jonna provides through the Phoenix Center. She recently developed training on "Understanding Transgender" which has been presented to educators, social workers, counselors, administrators, social service agency staff, medical providers, and those simply wanting to know/do more. Training opportunities also include LGBT cultural diversity; HIV/AIDS education; and Needle Exchange Services and Injection Drug Use. Currently she is providing an "Educational Series: On Being". The first was "On Being Transgender", the second was "On Being HIV+", the third was in August – "On Being an Injection Drug User", and in November will be "On Being LGBT".

Jonna has a Master's in Counseling and a PhD in Psychology. Jonna and her partner Lisa have been together 16 years and live in Springfield with their 24 year old daughter, Erin, who is in graduate school at UIS. Jonna's favorite quote: "You must be the change you wish to see in the world." – Gandhi



**Submitted by Joan Stevens Thome, Region 3
HIV Prevention Lead Agent, Sangamon County Health Department**

ORLANDO VIGIL AT PHOENIX CENTER

On June 15, 2016 the Phoenix Center held “A Memorial for Orlando”. This event was organized to bring together Central Illinois’ LGBT Community and our friends and allies to pay tribute to those lost and injured in Orlando’s Pulse nightclub, early Sunday morning, the 12th of June 2016. This tragedy left the LGBTQ community in a state of sadness and disbelief. Calls and messages started pouring in to the Phoenix Center asking what could be done and what were we going to do locally to support the Pulse community. I met with Ryan Bandy, owner of Club Station House, Pastor Martin Woulfe, and Rabbi Mike Datz. From this meeting the memorial was organized.



The memorial was at 6 p.m. on a very hot day. Red Cross came and passed out water to those in attendance. The City of Springfield made the arrangements to have the road blocked off so that those in attendance could spill into the street. We didn’t know what to expect, but the people started arriving and they just kept coming – an estimated 300 attended the event.

The evening went as follows:

Welcome: Jonna J Cooley PhD, Executive Director – Phoenix Center

Remarks: Martin Woulfe, Pastor – Abraham Lincoln Unitarian Universalist Church
 Bruce Rauner – Governor of IL
 Ryan Bandy, Owner – Club Station House (also read letter from Rodney Davis)
 Bonnie Drew – Springfield Deputy Mayor

Song : “I Know Where I’ve Been”, sung by Tiffany Mathis

Remarks: Letter from Sen. Dick Durbin – read by Cameron Joost
 Mike Datz, Rabbi – Temple B’rith Shalom
 Driss El Akrich – Islamic Society of Greater Springfield
 Letter from Sen. Andy Manar – read by MT Vann

Remembering Those Lost – Name of those who died in this tragedy read by:

Nick Bond , Juan Huerta, Cindy Martsch, Gray Alexander , Roy Pyers

Song “God Bless America”, led by Carla Sloan (all sing)

It was an amazing event and, I believe, it gave people who attended an outlet for their grief. The following weekend Ryan Bandy’s bars Club Station House and Win, Lose, or Draught had fundraisers to send money to the victims and their families. They raised over \$6,000.

Submitted by Jonna Cooley, PhD, Executive Director– Phoenix Center

UPDATES FROM THE IDPH STD PROGRAM

Gonorrhea Resistance

Gonorrhea is the second most commonly reported notifiable disease in the United States; 350,062 gonorrhea cases were reported in 2014. Sexually transmitted infections caused by *Neisseria gonorrhoeae* are a cause of pelvic inflammatory disease in women, which can lead to serious reproductive complications including tubal infertility, ectopic pregnancy, and chronic pelvic pain.

Prevention of sequelae and of transmission to sexual partners relies largely on prompt detection and effective antimicrobial treatment. However, gonorrhea treatment has been compromised by the evolution of antimicrobial resistance to each recommended antibiotic agent.

Dual therapy with ceftriaxone (an injectable cephalosporin) and azithromycin (an oral macrolide) is the recommended gonorrhea treatment in the United States. The recent increase in reduced azithromycin susceptibility (Azi-RS) prevalence, just five years after cephalosporin minimum inhibitory concentration (MICs) began to increase among isolates collected in Gonococcal Isolate Surveillance Project (GISP), highlights the potential for development of resistance to the only currently recommended antimicrobial agents. The increase in Azi-RS prevalence was greatest in the Midwest but occurred in all geographic regions. Concern is growing about potential for cephalosporin resistance.

Since its inception in 1986, GISP has monitored *N. gonorrhoeae* antimicrobial susceptibility. Data from GISP have advanced knowledge about gonococcal resistance, influenced policy and prevention decisions, and repeatedly provided evidence on which to base national treatment recommendations. In 2014, data from GISP demonstrated increases in prevalence of Azi-RS and to a lesser degree, of reduced cefixime susceptibility (Cfx-RS). It is unclear whether these increases mark the beginning of trends, but emergence of cephalosporin and azithromycin resistance would complicate gonorrhea treatment substantially.

The IDPH STD Program sent a memo to physicians, health care providers, and local health departments on the concerning rise in antimicrobial resistance gonorrhea on July 15, 2016 in response to CDC's MMWR report. Always remember dual and concurrent therapy for gonorrhea cases is the CDC recommendation.



Antibiotic-Resistant Gonorrhea:
Working together, we can stop it

 Gonorrhea is developing resistance to the antibiotics used to treat it. The public health and medical communities must work together to stop antibiotic-resistant gonorrhea.

 **Centers for Disease Control and Prevention**

- Monitors for emerging resistance
- Develops safe and effective treatment guidelines
- Supports the development of new drugs and tests

(Continued on page 11)

UPDATES FROM THE IDPH STD PROGRAM

(Continued from page 10)

For more information on antibiotic-resistant Gonorrhea, please visit the following links:

CDC 2015 STD Treatment Guidelines: <https://www.cdc.gov/std/tg2015/tg-2015-print.pdf>

CDC 2015 STD Treatment Guidelines Wall Chart: <https://www.cdc.gov/std/tg2015/2015-wall-chart.pdf>

Antibiotic Resistant Gonorrhea Infographics: <http://www.cdc.gov/std/products/infographics.htm> and <http://www.cdc.gov/globalhealth/infographics/antibiotic-resistance-global-threat.htm>

Join us in the fight to **stop antibiotic-resistant gonorrhea.**

Learn more at www.cdc.gov/std/gonorrhea/arg



Centers for Disease
Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

Top Counties Project

The IDPH STD Program determined that for 2015, 10 counties (comprised of 11 local health department jurisdictions) had more than 300 reported cases of gonorrhea and made up 72% of all reported gonorrhea in downstate Illinois. The STD program created demographic reports, treating site reports, treatment adequacy reports, and geo-coded maps for case locations for each of these jurisdictions. STD program staff contacted these LHD jurisdictions to discuss current morbidity trends; events/processes that may have facilitated the high morbidity and/or increase in morbidity; and barriers and issues encountered. Some of these LHDs also had a significant increase in syphilis from 2014 to 2015. Jurisdictions wishing to discuss syphilis increases had a similar discussion during the call.

New Morbidity Report Form: June 14, 2016

The STD Program has updated the IDPH Sexually Transmitted Disease (STD) Morbidity Report Form (MRF; Form #26063) for reporting of chlamydia, gonorrhea, syphilis, and chancroid by healthcare providers. The updated form now has a place for syphilis symptoms to be reported in order to help local health departments properly stage a syphilis case. The form is also in a fillable PDF format with space at the bottom of the form for you to add your health department contact information prior to sending the updated MRF to your providers. To access the updated form, please contact Lesli Choat at lesli.choat@illinois.gov. Once received, please share this new updated form with your providers, discard any previous versions of the morbidity report form, and **begin using this report form immediately.**

**Submitted by Lesli Choat, MT (ASCP), STD Counseling and Testing Coordinator,
Viral Hepatitis Prevention Coordinator, Illinois Department of Public Health**

NASTAD ANNOUNCES NEW BOARD OF DIRECTORS

By Meico Whitlock

This article was posted on the National Alliance of State and Territorial AIDS Director's (NASTAD) website on May 31, 2016. Excerpts are included here. The original article can be viewed at <https://www.nastad.org/blog/nastad-announces-new-board-directors>.

Eduardo Alvarado, IDPH HIV Section Chief, is mentioned in the article as he recently joined the NASTAD Board of Directors. Congratulations, Eduardo!

Submitted by Janet Nuss, ILHPG Coordinator and Co-chair, Illinois Department of Public Health

In May, NASTAD, a non-profit association that represents public health officials who administer HIV and hepatitis programs, announced its 2016-2017 Board of Directors. NASTAD is governed by a 20 member, elected Board charged with making policy and program decisions on behalf of the full membership.

The 2016-2017 Board of Directors includes:

Officers:

- DeAnn Gruber, Louisiana, Chair
- Shanell McGoy, Tennessee, Chair-Elect
- Jacquelyn Clymore, North Carolina, Vice-Chair
- Melanie Mattson, Colorado, Secretary-Treasurer
- Andrew Gans, New Mexico, Immediate Past-Chair (ex-officio)

Board Members:

- Susan Jones, Alaska
- John Saper, Arizona
- Karen Mark, California
- Michael Kharfen, District of Columbia
- William Lyons, Georgia
- Peter Whiticar, Hawaii
- Aimee Shipman, Idaho
- ***Eduardo Alvarado, Illinois***
- Randy Mayer, Iowa

Board Members (cont.):

- Jeffrey Hitt, Maryland
- Dawn Fukuda, Massachusetts
- Jan Fox, Oklahoma
- Shelley Lucas, Texas
- Diana Jordan, Virginia
- Jim Vergeront, Wisconsin

Executive Director:

- Murray C Penner (ex-officio)

NASTAD's leadership change comes after a year of transition, during which NASTAD's mission and vision were updated to reflect NASTAD's evolving role in ending the HIV and hepatitis epidemics.

"I could not be more excited and invigorated to work with our new Board of Directors. They bring an unprecedented level of experience and passion to NASTAD at a moment in time when advances in science, public health, and community practice have converged to make eliminating new HIV and hepatitis infections a reality. I am deeply honored that I have the opportunity to work even more closely with such a talented and dedicated group over the next year," noted NASTAD Executive Director Murray Penner.

DASA ANNOUNCES CHANGES FOR CURRENT HIV EIS PROVIDERS

This article was issued as a SMART ALERT from the Illinois Department of Human Services—Division of Alcoholism and Substance Abuse in May 2016. The original SMART ALERT can be viewed at <http://www.dhs.state.il.us/page.aspx?item=42567>.

Starting October 1, 2016 (Federal Fiscal Year 2017), DASA will no longer set aside 5 percent of the Block Grant for HIV Early Intervention Services (EIS). The purpose of this Smart Alert is to provide some basic information about the impact of these changes to current HIV EIS providers. In State Fiscal Year 2017, current HIV EIS providers will receive three month (July 1 through September 30, 2016) contracts.

Section 1924 of the Public Health Service (PHS) Act defines “designated State” as any State whose AIDS case rate is 10 or more such cases per 100,000 individuals as reported to and confirmed by the Director of Centers for Disease Control and Prevention (CDC). Based on data from CDC, the State of Illinois’ AIDS case rates dropped from 10.1 to 9.3 cases per 100,000 individuals in 2010 (the year which Federal Fiscal Year 2016 determinations are made), below the designated State threshold.

When the State of Illinois was informed of the 2011 change in policy, the choice was made to maintain its designation status and set aside 5 percent of the Block Grant for HIV early intervention services at that time. With the Affordable Care Act working to make health care more affordable, accessible, and high quality for the people of Illinois and Medicaid managed care for over 65 percent of those enrolled in Medicaid, there is evidence that HIV counseling and testing is a covered service for an increasingly large percentage of the population and a large number of those receiving substance abuse treatment services.

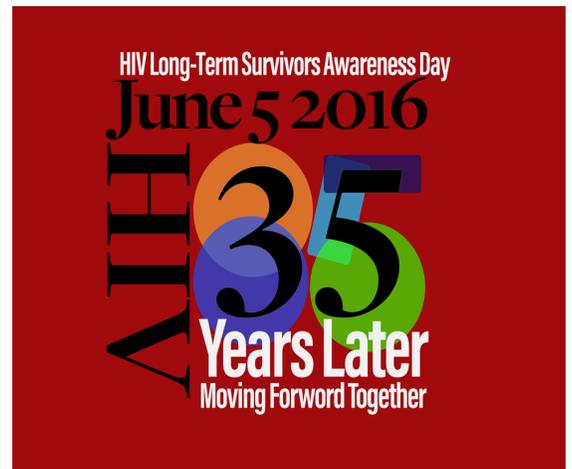
Illinois Medicaid HIV Testing Policies :

- **Women:** HIV testing is covered as a family planning - related Reproductive Health Service for all women enrolled in Medicaid. HIV testing is also covered for women enrolled in the Illinois Healthy Women Program. Illinois law mandates that all pregnant women be counseled and offered an HIV test to prevent mother-to-child transmission. If the mother’s HIV status is not known at the time of birth, the mother will be offered a rapid HIV test. If she declines, the infant must be tested for HIV as soon as possible after birth. Medicaid will pay for such testing.
- **Children:** Under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, Medicaid-eligible children under the age of 21 are covered for HIV testing. This includes routine testing for Medicaid-eligible children at state-specified intervals as part of the child’s well-child exam, and otherwise medically necessary HIV testing. Routine HIV testing for such children is covered by states under the preventive or screening benefit in Section 1905(a)(13) of the Social Security Act, and otherwise medically necessary HIV testing is covered under the benefit for laboratory services in Section 1905(a)(3) of the Act.
- **Men:** Medicaid-eligible adults are covered for medically necessary HIV testing through the mandatory laboratory benefit under Section 1905(a)(3) of the Social Security Act.
<http://www.hfs.illinois.gov/html/062712n2.html>.

Current HIV Early Intervention Service (EIS) providers will receive three month (July 1 through September 30, 2016) contracts in State Fiscal Year 2017. DASA will no longer set aside 5 percent of the Block Grant for HIV Early Intervention Services.

HIV LONG-TERM SURVIVORS AWARENESS DAY: JUNE 5

Since 2014, June 5th has been nationally recognized as HIV Long-Term Survivors Awareness Day (HLTSAD). It is a day to recognize people living with HIV who received their diagnosis before the introduction of Highly Active Antiretroviral Therapy (HAART) in 1996 and to bring attention to the unique and difficult issues these survivors face. The date June 5th was specifically chosen as HLTSAD as it commemorates when the CDC announced that a mysterious disease, later to be understood as HIV/AIDS, was killing young gay men across the nation. 2016 was the 35th anniversary of the announcement.



The problems that long-term HIV survivors face are multifaceted in nature. The combination of trauma and stress experienced by survivors can be referred to as AIDS Survivor Syndrome. Individuals who suffer from AIDS Survivor Syndrome report severe loss and mourning of friends and community members during the beginning of the HIV/AIDS epidemic, persistent fear and/or expectation of death before the introduction of HAART, and survivor's guilt. These experiences and feelings have led to depression, anxiety, and post-traumatic stress disorder in some individuals. In a new age of life-saving HIV medication, some survivors also report feeling forgotten as their traumatic experiences of loss, mourning, and fear associated with HIV/AIDS no longer exist in the same capacity as they did at the beginning of the HIV/AIDS epidemic.

This year, the non-profit organization Let's Kick ASS (an acronym for AIDS Survivor Syndrome) chose the theme of "Moving Forward Together" to commemorate HLTSAD. Their goal on HLTSAD and throughout the rest of the year is to raise visibility of long-term HIV survivors and to bring more awareness and attention to HIV and Aging. Let's Kick ASS and its nationwide supporters hope that this recognition will allow long term HIV-survivors and older adults living with HIV to have access to physical and mental health services that are essential for healthy aging. As this unique population continues to see the advances in the development of life saving HIV medication and other HIV services, it is their hope and the hope of their supporters that they will continue to be leaders in the fight against HIV while honoring those who did not survive the HIV/AIDS epidemic.

To learn more about Let's Kick ASS and AIDS Survivor Syndrome, please visit <http://letskickass.org/>.

Sources:

Let's Kick ASS (2016). *AIDS Survivor Syndrome*. Retrieved from <http://letskickass.org/aids-survivor-syndrome/>
Let's Kick ASS (2016). *HIV Long-Term Survivors Awareness Day*. Retrieved from <http://hltsad.org/>

Submitted by Marleigh Voigtmann, HIV Community Planning Intern, Illinois Department of Public Health

NATIONAL HIV TESTING DAY: JUNE 27

Each year on June 27, various providers and agencies recognize National HIV Testing Day: a day in which all people are encouraged to learn the facts about HIV, get tested, and to create awareness about HIV and routine testing in their communities. This year, many agencies across the nation and in Illinois offered free testing and other educational and social events in order to engage the communities that they serve.

Messages associated with National HIV Testing Day about increasing HIV awareness and working to normalize HIV testing are an important tool in preventing further HIV infections. The CDC estimates that nearly 90% of new infections could be prevented through regular testing and early diagnosis and treatment of HIV-positive individuals (CDC, 2016). Nationally, nearly one in eight people do not know their HIV status, but some populations are estimated to have higher rates of undiagnosed HIV (CDC, 2016). In 2011, it was estimated that over 50% HIV-infected youth (age 13-24) did not know their HIV status, which was the greatest percentage among all age groups (IDPH, 2016). It was also estimated Blacks and Hispanics had higher rates of undiagnosed HIV disease (both at 15%) than Whites (11.9%) (IDPH, 2016). Among risk and transmission categories, heterosexual males and MSM had the highest estimated rates of undiagnosed HIV disease at 19.1% and 16%, respectively (IDPH, 2016).

In Illinois, the 2013 Behavioral Risk Factor Surveillance Survey results shed light on trends in HIV testing. Only 33.5% of participants in the survey reported ever having an HIV test. This rate, however, changed among populations. Approximately 50% of people aged 25-44 reported ever having an HIV test, while rates for people aged 55 and older were fewer than 20%. Additionally, respondents who identified as Black were almost twice as likely as Whites to report ever having an HIV test (59.8% vs 26.6%), and 42.5% of Hispanics reported having an HIV test. People living in urban areas reported more HIV testing: over 50% of people in Chicago reported having an HIV test, compared to only 22.5% of people living in rural counties. (IDPH, 2016)

Keeping this data in mind in planning and prevention activities, providers and advocates can do their part to serve and spread awareness among the populations most in need of HIV education and testing on National HIV Testing Day and every day. With more HIV prevention tools available than ever before and with life-saving advancements in HIV medication, HIV testing can become a gateway to better health and protection from HIV for all people.

For more information on National HIV Testing Day, please visit: <http://www.cdc.gov/Features/HIVtesting/index.html>

For more information on Illinois HIV testing rates, please see IDPH's Undiagnosed HIV Disease Fact Sheet: <http://dph.illinois.gov/sites/default/files/publications/OHP-HIV-factsheet-Undiagnosed-012916.pdf>

Sources:

CDC (2016). *National HIV Testing Day*. Retrieved from <http://www.cdc.gov/Features/HIVtesting/index.html>

IDPH (2016). *Undiagnosed HIV Disease*. Retrieved from <http://dph.illinois.gov/sites/default/files/publications/OHP-HIV-factsheet-Undiagnosed-012916.pdf>

Submitted by Marleigh Voigtmann, HIV Community Planning Intern, Illinois Department of Public Health

IDPH 25TH ANNUAL HIV/STD CONFERENCE

Keynote Presentation

High Impact HIV Prevention

Murray Penner, NASTAD;
Dave Kern, CDPH;
David Munar, Howard Brown Health



Plenary Sessions

Trauma Informed Care and Corrections

David Ley

#AsktheHIVDOC

Dr. Demetre Daskalakis, Dr. David Malebranche, Dr. Leandro Mena

STD Updates

Peter Leone, University of Maryland

Conference topics:

• Making PrEP Work • Transgender Healthcare • Creating an Inclusive Environment with Safe Zone • Making Reproductive Justice a Reality for PLWHIV • HEPCCATT: A Novel and Comprehensive Approach to Hepatitis C Care • Drug User Health Across the Continuum • Creating and Sustaining a Youth Advisory Group for HIV Planning • PeopleStyles at Work • Sustaining Your Organization through Third Party Billing

Red Ribbon Awards Nominations

The 25th Annual Illinois HIV/STD Conference Planning Committee is asking for your help in recognizing those individuals and organizations who provide outstanding HIV/STD advocacy, prevention, education, and care services to the citizens of Illinois. Please take a moment to nominate individuals or organizations for their ongoing efforts and dedication. Watch the Conference website for more information: <https://ipha.com/event/details/33/illinois-25th-annual-silver-edition-hiv-std-conference>

Exhibit Hall

For exhibitor information, please contact Krissy Roseberry at the Illinois Public Health Association at 217-522-5687, or kroseberry@ipha.com. The exhibits will be available from noon to 5 p.m. on Tuesday, October 25 and 8 a.m. to 5 p.m., Wednesday, October 26. **For information on Exhibits, visit the conference website.**

Night at the Movies

“Pride”

Showing Wednesday, October 26, 2016, at 6:30 p.m.

This film is inspired by an extraordinary true story. It's the summer of 1984, Margaret Thatcher is in power and the National Union of Mineworkers is on strike, prompting a London-based group of gay and lesbian activists to raise money to support the strikers' families. Initially rebuffed by the Union, the group identifies a tiny mining village in Wales and sets off to make their donation in person. As the strike drags on, the two groups discover that standing together makes for the strongest union of all.

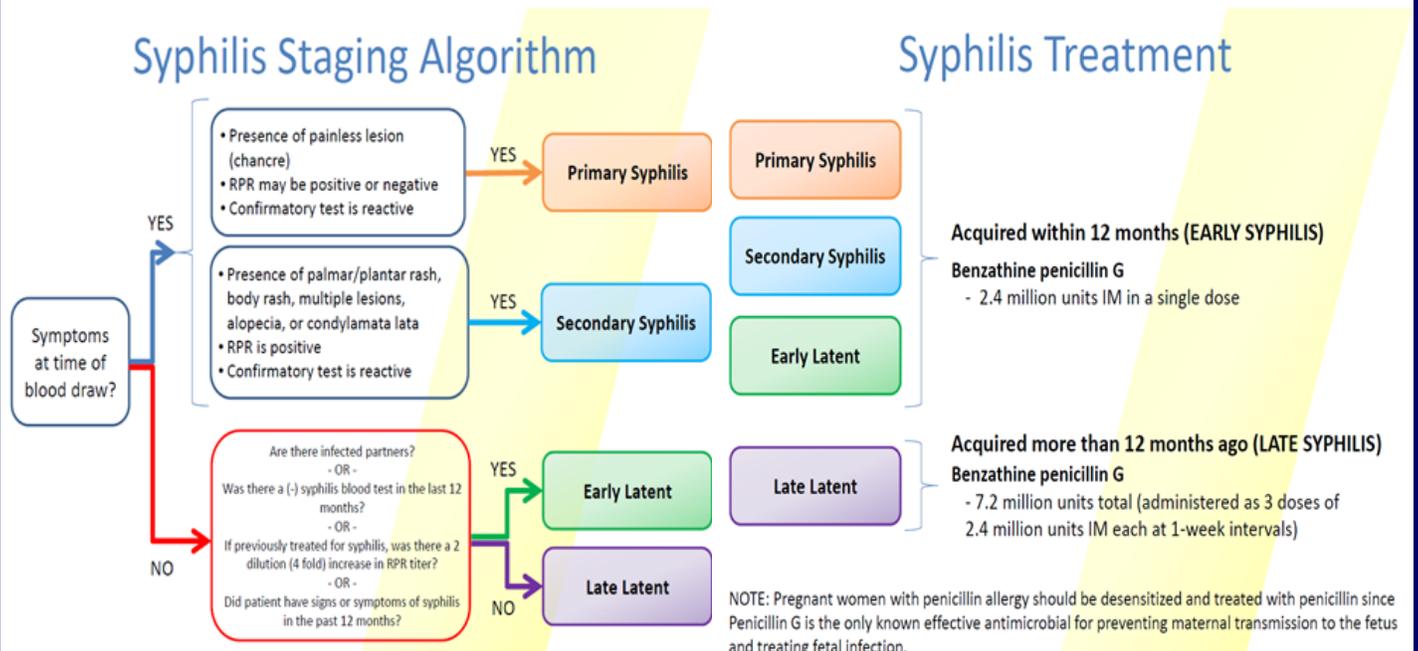
Submitted by Karen Pendergrass, HIV Section Training Administrator, Illinois Department of Public Health

NEW SYPHILIS TRAINING AVAILABLE



The IDPH STD Program has posted a recorded training module on the proper ways of staging syphilis and interpreting syphilis laboratory test results. As we all know, it is imperative to stage a syphilis case properly because the syphilis stage determines the required treatment regimen for the client. The module covers details of syphilis serological laboratory testing/interpretation, syphilis staging, syphilis treatment, and multiple case histories as examples.

You may access the module directly at <https://idph.adobeconnect.com/syphilis-lab-staging/> or visit the STD Program’s SharePoint page for other training webinars at <https://dph.partner.illinois.gov/communities/std/Pages/STD-Training-Webinars.aspx>. Please visit the STD staff page at the directory on the left side of the training page for contact information about STD staff members.



PDFs of the Syphilis Staging Algorithm and the Syphilis Treatment fact sheets above are available by request. Please contact Lesli Choat at lesli.choat@illinois.gov if interested.

Submitted by Lesli Choat, MT (ASCP), STD Counseling and Testing Coordinator, Viral Hepatitis Prevention Coordinator, Illinois Department of Public Health

MEMBER PROFILE: CYNTHIA TUCKER

Cynthia Tucker has worked in the HIV/AIDS service sector for more than 20 years. Her projects are critical to the community and successful, in part, because she is a natural connector who creates genuine rapport with people, motivating and inspiring them.

Cynthia has led several innovative HIV prevention programs at the AIDS Foundation of Chicago (AFC) that are changing the story of this disease from one of despair to one of hope. Currently, she is collaborating with the Chicago Department of Public Health, Planned Parenthood of Illinois, Chicago Public Schools and an array of clinical and non-clinical partners to increase awareness and testing among minority young women. Project Elevate targets young cisgender and transgender women of color ages 13-24. The program features community engagement, a condom app, social marketing, and STI testing, treatment, and care. Cynthia also has played a leadership role in other programs, such as the MSM Testing Initiative (MTI) and HIV testing in Family Community Resource Centers, which have led to greater linkage to care among communities served and have helped decrease stigma associated with the disease by making testing a routine part of life.



Currently, Cynthia is launching a capacity building and technical assistance program that partners directly with HIV providers to build capacity and infrastructure. Strategies of the program include a learning circle for executive directors to create organizational strategies, increase leadership development, and organizational sustainability. The program also offers training and development including conferences, webinars and a public health boot camp. This year, conference themes and topics have included Black Lives Matter, Working with Transgender Populations, HIV and Violence, Stigma, and Hepatitis C. An additional component of Cynthia's work is providing micro grants to support board development, fundraising planning, and leadership development.

Prior to joining AFC in 2005, Cynthia was the Director of Prevention at the Chicago Women's AIDS Project (CWAP) for eight years. At CWAP, she created new ways for engaging African-American communities and implemented programs that were responsive to the HIV/AIDS epidemic. CWAP is well known for working with vulnerable women and for advancing advocacy on women's issues, and Cynthia embodied the values behind that mission.

In addition to being a voting member on the ILHPG, Cynthia is a member of several community planning or training groups: the Chicago-Area HIV Integrated Services Council (CAHISC); the IL HIV Prevention Planning Group; and the Black Treatment Advocates Network (BTAN). She is also on several advisory boards: the Domestic Violence HIV/AIDS National Advisory Group; Hardship, Health, and Renewal, a study about economic survival strategies among women living with HIV; and Behavioral & Social Science Volunteers, which reviews program materials for cultural relevancy and appropriateness. She is also a current board member of the Urban Coalition for HIV/AIDS Prevention Services.

Cynthia has a master's degree in curriculum and instruction and a B.S. in nutrition. She is currently working on her doctorate in public health with an emphasis on community education.

Submitted by Cynthia Tucker, Vice President of Prevention and Community Partnerships, AIDS Foundation of Chicago