



ILLINOIS HIV INTEGRATED PLANNING COUNCIL NEWSLETTER

Spring 2019

Volume 2, Issue 1

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 spring issue of the IHIPC Newsletter.

We encourage you to [visit our website](#) to learn more about the work of our HIV community planning group. The website is updated monthly with information useful to the IHIPC membership and to our HIV planning community partners, including the calendar of our 2019 IHIPC meetings and activities, meeting notices and agendas, schedule of committee meetings and minutes, and numerous other resource documents. We welcome you to participate in any of our IHIPC meetings and trainings, which are recorded and posted on the website so you may view them at your convenience.

Throughout the upcoming year, we will keep you informed on the tremendous work of the IHIPC, including plans to conduct regional community engagement meetings and needs assessment activities in 2019 that will help inform development of the State's next integrated plan for HIV prevention and care.

We are excited to take on this task and are looking forward to the upcoming year!

Janet Nuss, IHIPC Health Department Co-chair
and Mike Benner, IHIPC Community Co-chair

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CALENDAR OF UPCOMING EVENTS

June 27-28

IHIPC In-Person/Webinar Meeting

Community stakeholders can register for the meeting [here](#).

May and June HIV Awareness Days are featured on page 6 of the newsletter.

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:

May 29-30

ARTAS

Peoria, IL

June 11-12

Introduction to HIV Prevention

Peoria, IL

June 26-28

HIV Navigation Services and Motivational Interviewing

Belleville, IL

July 23-26

Risk-Based Testing

Elgin, 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](#)

We want to hear from you about your events and innovative HIV prevention and care practices! If you are interested in submitting an article to be published in the newsletter, please contact marleigh.andrews-conrad@illinois.gov.



IHIPC UPDATE

Thanks to everyone who participated in any of our IHIPC meetings and trainings in 2018. We appreciate your interest in and contributions to HIV planning in Illinois. Throughout the year, we were able to successfully engage hundreds of community stakeholders in HIV planning group activities in addition to our IHIPC members and the IDPH staff who provided programmatic and technical support to the IHIPC and its committees.

In the upcoming year, in partnership with IDPH, the IHIPC remains committed to assessing significant trends in HIV in Illinois, exploring ways to positively impact health disparities along the HIV prevention and care continuum, and examining the delivery of HIV care and prevention services to ensure that they are targeted to the communities and populations most disproportionately impacted by HIV. Through these activities, we will continue to update the Illinois Integrated HIV Prevention and Care Plan, as needed, and remain focused on our goal of Getting to Zero (GTZ) new infections in Illinois.

Input from the IHIPC membership, from community partners who represent the interests and the needs of people living with HIV (PLWH), and from communities that experience the majority of new infections is vital to our planning efforts. We know we must present members with data, statistics, and other information about the epidemic so they have the knowledge needed to help guide their recommendations and decision-making; however, discussion and input on other issues of relevance are equally important. With this in mind, the IHIPC will dedicate time at its planning meetings for meaningful group discussion and opportunities for community members to provide input on topics of importance to HIV planning.

The IHIPC is also looking forward to the series of eight regional community engagement meetings that will be conducted later this year. The Integrated Needs Assessment Workgroup has worked diligently to develop the protocol and discussion guide for the needs assessment activity that will be a major part of these meetings. These documents and instructions have been shared with the care and prevention lead agents in each region, who have set preliminary dates for their upcoming meetings and will soon proceed with further planning. We will share more information and provide a schedule of the regional meetings in our next newsletter.

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



GOV. PRITZKER TAKES EXECUTIVE ACTION TO END EPIDEMIC

This article contains excerpts from "Gov. Pritzker Takes Executive Action to Strengthen State's Commitment to Ending HIV Epidemic," published by the Office of the Governor on February 1, 2019. To view the full article and the corresponding executive order, click [here](#).

"While 1,375 people were newly diagnosed with HIV in 2017 alone and unacceptable health disparities in communities of color continue, over the past few years we've seen HIV prevention funding dry up, HIV testing rates go down, and HIV prevention and treatment agencies lay off staff," said Governor JB Pritzker. "Now is not the time to back down from this fight. Now is the time to double down. This executive order defines the state's commitment to the HIV epidemic and serves as a first step in ensuring the state is a good partner in this fight."



Surrounded by health care providers and HIV prevention advocates at the Winnebago County Health Department, Governor JB Pritzker took executive action strengthening the state's commitment to ending the HIV epidemic that has affected nearly 40,000 Illinois residents. With the executive order, the state will change course and take advantage of opportunities to improve treatment.

Committing to ending the HIV epidemic, Gov. Pritzker signed Executive Order 2019-08, which will:

- **Invest in Programs and Services to End the Epidemic:** The Governor's office is committed to investing in prevention measures, including HIV testing, Pre-Exposure Prophylaxis (PrEP), the African American HIV/AIDS Response Act, and other public health initiatives. Additionally, people living with HIV along with their healthcare providers will be invested and supported in achieving undetectable viral loads.
- **Monitor Viral Load Metrics:** With Medicaid providing health insurance for 23,748 Illinoisans living with HIV in fiscal year 2017, the state-run program is the largest payer for HIV care in IL and a vital partner in ending the HIV epidemic. IDPH and the Department of Healthcare and Family Services, in conjunction with the contracted Medicaid Managed Care Organizations (MMCOs), shall, within 90 days of the effective date of this Executive Order, deliver a report to the Governor containing a plan for the MMCOs to share data with the State in accordance with all laws and regulations governing health privacy, including a viral load metric, so that the State can monitor progress to ensure Illinoisans living with HIV have access to the healthcare they need to keep their viral loads at zero.

"With HIV affecting so many communities across the state, I'm glad that Gov. Pritzker is combating this epidemic head-on and ensuring Illinoisans living with HIV have access to the health care they depend on," said Rep. Maurice West (D-67th). "The governor is turning the page and writing a new future when it comes to ending the HIV epidemic once and for all."

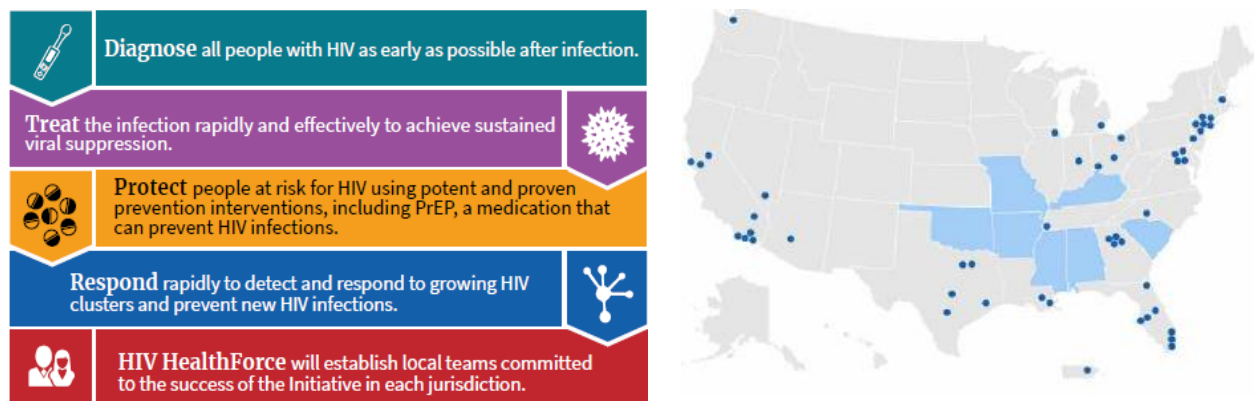


ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA

This article contains excerpts from “Ending the HIV Epidemic: A Plan for the United States”, published by the Journal of the American Medical Association (JAMA) on February 7, 2019. To view the full article, click [here](#). Images in the article are excerpts from [Ending the Epidemic: A Plan for America Factsheet](#): published by HHS.

In the State of the Union Address on February 5, 2019, President Donald J. Trump announced his administration’s goal to end the HIV epidemic (ETE) in the United States within 10 years. The US Department of Health and Human Services (HHS) has proposed a new initiative to address this ongoing public health crisis with the goals of first reducing numbers of new infections in the United States by 75% within 5 years, and then by 90% within 10 years. This initiative will leverage critical scientific advances in HIV prevention, diagnosis, treatment, and care by coordinating the highly successful programs, resources, and infrastructure of the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Indian Health Service (IHS). Goals will be achieved through the strategic pillars displayed in the infographic below.

The initial phase, coordinated by the HHS Office of the Assistant Secretary of Health, will focus on geographic and demographic hotspots as displayed in the map. Forty-eight highest burden counties (including Cook County), Washington DC, and San Juan, Puerto Rico (which together accounted for more than 50% of new HIV diagnoses during 2016 and 2017) are indicated by the dots on the map. Seven states with substantial rural burdens of HIV are indicated by the shaded areas.



Immediately following the Address, IDPH HIV Section Chief Eduardo Alvarado and fellow NASTAD Board members met in Washington DC to meet with Drs. Redfield (CDC), Cheever (HRSA), and Admiral Weahkee (IHS) to discuss the Federal ETE initiative, including discussion on how states like Illinois can prepare for this proposed influx of funds and how ongoing initiatives such as Getting to Zero Illinois can benefit from these additional federal resources to further support Viral Suppression and PrEP. Illinois has joined a small federal working group to ensure the federal ETE initiative promotes healthcare access, equity, and social justice.

This newsletter will publish updates for the ETE plan as they become available. Individuals can also subscribe to ETE Updates from HIV.gov by following [this link](#).



MAY AND JUNE NATIONAL HIV AWARENESS DAYS

There are several upcoming national HIV awareness days that are opportunities for individuals and agencies to recognize and serve communities affected by HIV. Each awareness day's website is included under its logo:

[HIV Vaccine Awareness Day](#)

May 18



<https://www.cdc.gov/hiv/library/awareness/vaccineday.html>

[HIV Long-Term Survivors Day](#)

June 5



<https://www.hiv.gov/events/awareness-days/hiv-long-term-survivors-day>

[National Asian and Pacific Islander HIV/AIDS Awareness Day](#)

May 19



<https://www.cdc.gov/hiv/library/awareness/napihaad.html>

[National HIV Testing Day](#)

June 27



<https://www.cdc.gov/hiv/library/awareness/testingday.html>



NATIONAL STD AWARENESS MONTH RECOGNIZED IN APRIL

April was Sexually Transmitted Disease (STD) Awareness Month, an annual observance to raise public awareness about the impact of STDs on the lives of Americans and the importance of STD prevention as well as STD screening and treatment. It was an opportunity to normalize routine STD testing and conversations about sexual health. To learn more about STD Awareness Month, please visit the CDC resource page: <https://npin.cdc.gov/STDawareness/AwarenessMonth.aspx>.

While it is an exciting time for Illinois as we launched our GTZ Plan, the rise in STDs must remain ever in the forefront of our prevention and care activities. This emphasis is seen within the GTZ goals and strategies.

Since HIV is an STD, we cannot forget that they are inextricably linked as we address the sexual health needs of our communities. The biological and behavioral factors that are driving the rise in STDs cannot be untethered from HIV. Highlighted at both the CDC STD meeting in August 2018 and the National Coalition of STD Directors meeting in November 2018 was the importance of comprehensive sexual health for all individuals and harmonization between HIV and STD programs.

Sexual health clinics play a role in this harmonization and offer some excellent opportunities for clients based on their needs, including HIV/STD testing, STD treatment and HIV antiretroviral therapy initiation, PrEP, Post-Exposure Prophylaxis (PEP), and education and partner services. Sexual health clinics offer these services in a status-neutral, stigma-free environment.

Each year during STD Awareness Month, the IDPH STD Section hosts lunchtime webinars covering current STD topics (see this year's topics in the image to the right). Links to the webinar recordings will be made available on the [STD Section Training Website](#). Please contact Lesli Choat or the STD Section at 217-782-2747 with questions.

STD AWARENESS MONTH 2019 WEBINAR OPPORTUNITIES

APRIL 3, 2019 12PM - 1PM CONTACT HOURS: 1

HIV Care Connect/HIV Lead Agents/Trauma Informed Care: Information and resources to help sexual health clients receive optimal care and services.

- Mike Maginn - Illinois Public Health Association (IPHA)

APRIL 10, 2019 12PM - 1PM CONTACT HOURS: 1

Taking a Comprehensive Sexual History: Sexual health is an important part of overall health and the sexual history is key to opening the conversation.

- Kristin Keglovitz Baker, PA-C, AAHIVS - Howard Brown Health Center

APRIL 24, 2019 12PM - 1PM CONTACT HOURS: 1

Motivational Interviewing for Sexual Health: Motivational Interviewing to enhance counseling and partner services in a sexual health clinic.

- Jamie Burns, ED.M., B.A. - Illinois Department of Public Health (IDPH)

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



TARGETING MSM OF COLOR THROUGH SOCIAL MEDIA

Open Door Health Center of Illinois has been using innovative strategies and ideas to promote HIV prevention services to young Black and Hispanic men who have sex with men (MSM) through social media. Rolando S., Social Media/ Outreach Coordinator at Open Door, shares “Lessons Learned” from their work on popular sites/ apps:

Instagram

To reach our target population (young MSM of color), we “follow” representatives of that community on Instagram, sharing targeted HIV campaigns and material that is unrelated to HIV but is popular with them. We post content on Instagram in both English and Spanish because having materials in Spanish increases access to our services for Spanish-speaking Latinos. Our posts acknowledge social justice issues that pertain to people of color, in hopes of letting them know that we are aware of issues they face and that we care about them holistically. We also acknowledge that MSM of color have other facets to their identities. This is important because some HIV campaigns forget that MSM of color often face issues and stresses besides HIV. Statistically, we have seen an increase in our young male followers on Instagram.



Facebook/ YouTube

Our hope is to create a sex-positive, intersectional, welcoming, and educational virtual space for young MSM of Color. To increase productivity when posting on a social media outlet, we post content relevant to our target population, and we have created a YouTube page that contains saved and organized videos. We have also created a closed Facebook Group, which helps reach our targeted population. Currently, the Facebook group has 13 members. We plan on asking members to participate in a future focus group.

Grindr

We use our Grindr profile to promote and offer testing and education on HIV. We've noticed that many Grindr users who had asked questions about sex and HIV eventually came in to the clinic to get tested. Any initial hesitation lies in their concerns about confidentiality and trust. To ease their hesitation, we offer our transparency and maintain a positive, professional, and non-judgmental tone. Patience is key. We try to place ourselves in their shoes and meet them where they are. As of now, we have found one HIV-positive MSM through Grindr.

Jack'd

Jack'd has a higher amount of young Black MSM than any other hook up app that we use. The challenge is that most of the users don't message us. We believe this has to do with stigma and lack of trust. Advertising on Jack'd could help establish trust by offering anonymity; however, advertising is very expensive. Perhaps hiring a Black MSM outreach worker would help us reach this population.

Submitted by Rolando S., Social Media/outreach coordinator, Open Door Health Center of Illinois



MEDICAL MONITORING PROJECT

The Medical Monitoring Project (MMP) is an HIV surveillance system designed to learn more about the experiences and needs of people who are living with HIV. Developed by CDC, MMP is being conducted by 23 state and local health departments throughout the United States, including the Illinois Department of Public Health. Information is collected from randomly-selected HIV-diagnosed individuals via a one-time interview and a review of their medical records. MMP can help answer the following questions:

- How many people living with HIV are receiving medical care for HIV?
- How easy is it to access medical care, prevention, and support services?
- What are the met and unmet needs of people living with HIV?
- How is treatment affecting people living with HIV?



Nearly 10,000 individuals are randomly selected nationally each year for participation in the project. 600 of those are sampled from Illinois, with 400 sampled from Chicago and 200 from Illinois outside of Chicago.

Trained MMP staff at the Illinois Department of Public Health work to recruit sampled individuals for participation each year. Individuals who agree to take part in the project are asked to complete a one-time, confidential interview via telephone with an MMP interviewer. After the interview, participants receive a \$50 Mastercard® as a token of appreciation for their time and effort.

Individuals who are HIV-positive and receive a phone call or a letter from the Illinois Department of Public Health stating that they have been randomly selected to take part in a health survey are strongly encouraged to participate. MMP provides an excellent opportunity for individuals living with HIV to share their experiences. The information collected can be used to guide policy and funding decisions aimed at increasing engagement in care and improving quality of care for people living with HIV throughout the United States. All information collected is kept confidential.

MMP has great potential to shape recommendations related to HIV care, treatment, prevention, and support services. Providers of HIV care are essential to the success of MMP. Sampled patients may have a reported HIV-related test result that suggests they have received care at a certain facility. MMP staff may contact that facility to confirm recent contact information for those patients, facilitate contact to sampled individuals, and/or provide access to the medical records of participating patients.



For more information about the Medical Monitoring Project (MMP), contact either Cheryl Ward, MMP Principal Investigator at the Illinois Department of Public Health, at (312) 814-4846, or Marti Merritt, MMP Project Coordinator at the Illinois Department of Public Health, at (312) 814-2023. More information may also be found on the CDC's website at <https://www.cdc.gov/hiv/statistics/systems/mmp/index.html>.

Submitted by Marti Merritt, Illinois Department of Public Health, MMP Project Coordinator



PrEP AND STDS: THE BROADER PICTURE

This article contains excerpts from “Stop Blaming PrEP for the Rise in STIs: The Picture is More Complex Than That,” published by The Body on December 7. To view the full article click [here](#).

The United Kingdom (UK) recently celebrated two landmark achievements in the ongoing fight against HIV. It is now the seventh country to reach the United Nations target of 90-90-90: that 90% of people living with HIV know their status, of whom 90% are on antiretroviral treatment, and of whom 90% are unable to transmit the virus to others.



Also, London became the first city in the world to achieve 95-95-95. These are remarkable achievements and are a testament to the tireless, collective work of doctors, activists, policymakers, and civil society organizations. Two likely contributors stand out: a scale-up in HIV testing, and rapid progress to treatment and PrEP.

The decrease in HIV transmissions in the UK has not been matched with a decrease in STDs. Instead, new diagnoses have risen year-after-year. The causal factors fueling this increase are complex, driven by social and political changes.

A recent article in *The Conversation* attempted to simplify this phenomenon and, in doing so, blamed the resurgence of syphilis on PrEP users, particularly those engaging in chemsex (the use of illicit drugs to enhance sexual pleasure, often in group settings). The logic goes that PrEP decreases HIV risk and because of that encourages sex without a condom, allowing for the spread of STDs. This narrative alone is misleading and damaging.

In London, where most new syphilis cases in the UK are found, six major clinics have been shut in the last 18 months, meaning that getting an appointment can be very difficult. Austerity has led to cuts in service funding, with local authority sexual health budgets shrinking by as much as 40%. Nearly half of all 16 to 25-year-olds do not use a condom with a new sexual partner, and one in ten have never used a condom at all. The results are unsurprising: rises in rates of chlamydia, gonorrhea, and syphilis.

PrEP, then, must not be cast as the single contributing factor in the syphilis crisis, nor MSM engaging in chemsex cast as being primarily responsible for transmission. Public health efforts must respect people's choices and, as best it can, provide a supportive environment.

When MSM seek out PrEP, it is a decision that should be supported. Lack of support increases stigma and discourages their engagement with health services, a major issue for the most vulnerable to HIV transmission, such as Black MSM. We must encourage PrEP use, accept that condom use may fall as a result, design supportive care, and be happy knowing that every averted HIV infection is a life-altering moment.

Submitted by John Creviston, Syphilis Prevention Coordinator, and Lesli Choat, STD Counseling and Testing Coordinator, IDPH STD Section



HIV/ SYPHILIS COINFECTION INCREASES RISK FOR OCULAR SYPHILIS

This article contains excerpts from “HIV, Syphilis Co-infection Increases Risk for Ocular Syphilis”, published by Healio on January 27, 2019. To view the full article, click [here](#).

Patients co-infected with HIV and syphilis are nearly twice as likely to experience symptoms of ocular syphilis compared with patients without HIV, according to a study in North Carolina.

Since 2014, syphilis cases in the United States have risen, and although the number of syphilis cases with ocular symptoms “remains small,” ocular syphilis reports are increasing as well, according to the study. Writing in *Sexually Transmitted Diseases*, Anna B. Cope, PhD, MPH, a CDC epidemiologist, and colleagues noted that, internationally, 30% of patients with ocular syphilis are co-infected with HIV, and that figure jumps to 50% in the United States.

“In our analysis, approximately 40% of all syphilis patients (early and latent) in North Carolina were also living with HIV,” Cope said. “According to the CDC, similar rates of co-infection are present nationally. Co-infection is particularly common among men who have sex with men.”

Cope and colleagues conducted a secondary analysis of all syphilis cases reported to the North Carolina Division of Public Health from 2014 to 2016. According to the study, there were 7,123 confirmed cases of syphilis, of which 39.9% were living with HIV, 1.5% had ocular syphilis and 0.8% were co-infected with HIV and ocular syphilis. Cope and colleagues reported that all co-infected patients were men and were more likely to be older.

The researchers found that ocular syphilis was more prevalent among patients with syphilis who were also co-infected with HIV compared with patients with a negative or unknown HIV status. The researchers also observed that patients with viral loads greater than 200 copies/mL and a CD4 count of 200 cells/mL or less had a higher prevalence of ocular syphilis compared with other patients with HIV. The researchers suggested that immunodeficiency related to HIV may increase the risk for ocular syphilis in co-infected patients.

“Among syphilis patients living with HIV, those diagnosed with ocular syphilis had lower CD4 cell counts than patients without ocular symptoms, which suggests that HIV-related immunodeficiency may contribute to the ocular manifestations of syphilis,” Cope said. “Furthermore, many patients with ocular syphilis were diagnosed with HIV and syphilis at the same time, suggesting this population is not receiving routine testing for either syphilis or HIV at earlier stages of their infection.”



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



IHIPC MEMBER SPOTLIGHT: TRISH PAESANI

Trish Paesani earned a Bachelor's degree in Social Work from Lewis University and put her passion for helping people to work with the AIDS Care Network (ACN) in Rockford, IL in November 1995. At the time, she was told her position may only be funded for 6 months, but she was compelled to work in the field after watching one of her college professors die from AIDS. Those six months turned into over 11 years.

During her time with ACN, she provided clients with supportive services, led support groups, helped to implement the Care Food Alliance, and participated in annual fundraisers, including the AIDS Walk and CareAffair, which drew support from the likes of George Clooney and Ellen DeGeneres. Billie Jean King and Elton John signed a poster that hangs in her office to this day.

While there was a lot of support and community engagement at the time, she also attended a lot of funerals as life-saving medication was not yet readily available.



When ACN closed on Friday, March 16, 2007, she went to work the next Monday with the Ryan White Program (now Northwest Illinois HIV Care Connect) at the Winnebago County Health Department and clients followed her. Her Ryan White Part B caseload currently includes clients from Boone, Stephenson, and Winnebago Counties. In 2010, she was certified in HIV prevention counseling and testing and she has provided countless sexual health presentations in the community.

Over the years she has seen big changes, including the transition from paper charts to computers, advances in anti-retroviral medication, PrEP, and availability of medical coverage, all of which have had a positive impact on client care and longevity.

She is currently serving a two-year term as an IHIPC voting member assigned to the Primary Prevention Committee.

Submitted by Tish Paesani and Mike Blaser, Winnebago County Health Department

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.

