

Ending the HIV Epidemic (EHE)

Georgia Department of Public Health

GPACC Meeting / Michelle L. Allen / June 9, 2020

The efforts will focus on four key strategies that together can end the HIV epidemic in the U.S.: **Diagnose, Treat, Prevent, and Respond.**



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



DeKalb County EHE Pilot

Pilot ends June 30, 2020 for HIV and September 15, 2020 for STD

Implementation NOFO Purpose and Funding

The purpose of this NOFO is to implement comprehensive HIV programs, that complement programs, such as the Ryan White program and other HHS programs, designed to support ending the HIV epidemic in America by leveraging powerful data, tools and resources to reduce new HIV infections by 75% in 5 years. Georgia applied for Component A and Component C (Submitted to CDC May 01, 2020)

EHE Health Department Jurisdiction	Funding Range	
	Floor	Ceiling
Alabama	\$ 2,309,854	\$ 2,552,996
Arizona	\$ 2,116,351	\$ 2,339,125
Arkansas	\$ 1,916,257	\$ 2,117,968
Baltimore City	\$ 2,129,655	\$ 2,353,830
California	\$ 7,991,950	\$ 8,833,208
Chicago	\$ 2,541,124	\$ 2,808,611
Florida	\$ 10,071,439	\$ 11,131,590
Georgia	\$ 5,581,686	\$ 6,169,232
Houston	\$ 2,501,753	\$ 2,765,095

Funding Guidance

70% of total must go to local HDs

- **State is actually giving about 81%**

25% must go to community organizations

10% may be spent on STI-related activities (PrEP)

Ending the Epidemic

How will we work towards EHE?

By launching efforts that uniquely target HIV-negative persons, such as behaviors that minimize risk, pre-exposure prophylaxis (PrEP), non-occupational post-exposure prophylaxis (nPEP), and comprehensive **syringe service programs (SSPs)**, are critical supplements to effective treatment.

Community partners are uniquely positioned to complement and extend the reach of HIV prevention efforts implemented by state and local health departments. Thus, it is critical that health departments consider the most productive means for reaching out and engaging the community and other partners.

Component A

- Increased routine opt-out HIV screenings in healthcare and other institutional settings
- Increased local availability of and accessibility to HIV testing services
- Increased HIV screening and re-screening among persons at elevated risk for HIV
- Increased knowledge of HIV status
- Reduced new HIV diagnoses

Component C

- Increased rapid linkage to care for individuals newly diagnosed with HIV infection at STD specialty clinic
- Increased identification of virally unsuppressed people in STD specialty clinics
- Increased re-engagement to care for persons living with HIV infection who are not virally suppressed
- Increased screening for PrEP/nPEP indication in STD specialty clinics
- Increased PrEP-eligible individuals in STD specialty clinics who are offered and initiate PrEP, if indicated



Georgia Syringe Service Programs Updates



GA Syringe Service Program Status Report

- 2019 legislation for the Georgia SSP will be implemented and regulated by DPH
- DPH Coordinator will be established as the statewide point of contact for providers, the public and agencies
- DPH will be responsible for:
 - **Overseeing applications, policies and procedures for SSP registration**
 - **Inspecting of facilities before permits are granted**
 - **Responding to complaints of consumers, agencies and local government**
 - **Maintaining an electronic database regarding operations and consumers of registered SSPs**
 - **Developing & implementing quality managed jointly with County BOHs**
 - **Educating the community of SSP services availability with County BOHs**



Pillar 4 – Response: SSP

- Develop comprehensive plan for injection drug- related outbreaks
- Continuation of committee work in response to cluster outbreaks to develop policy, plan, and obtain on-going input
- Continue community engagement
- Increase timeliness of eHARS HIV cases risk ascertainment with focus on drug injection history

Next Steps

- Planning grant - Obtaining community input through the development of Community Advisory Boards
- Implementation grant - Uptake on prevention activities throughout the 4 EHE metro counties
- Close Out DeKalb Pilot
- Syringe Services Program

Questions



Contact Information

Georgia Department of Public Health

Michelle L. Allen, Director

Infectious Diseases Section

2 Peachtree Street 12th Floor

Atlanta, GA 30303

Phone (404) 463-2579

Cell (404) 567-0539

Fax (770) 344-3144

Michelle.Allen@dph.ga.gov

**“We are stronger
when we march
forward together.”**

**- Rev. Dr. Martin
Luther King, Jr.**