HIV Screening in the Indian Health Service:

saving lives through early diagnosis

Jonathan V Iralu, MD, FACP, AAHIVS
Indian Health Service
Chief Clinical Consultant
for Infectious Diseases

Disclosure

- The presenter has no financial relationship to this program.

Case Presentation

- A 40 year-old man presents to the Urgent Care Clinic in March with fever, diarrhea, rash and headache. Physical exam is notable for low grade fever and tachycardia. He is felt to have a viral syndrome and is discharged home after IV hydration. He is eventually seen 4 times for the same syndrome and receives the same diagnosis and treatment at every visit.

Case Presentation

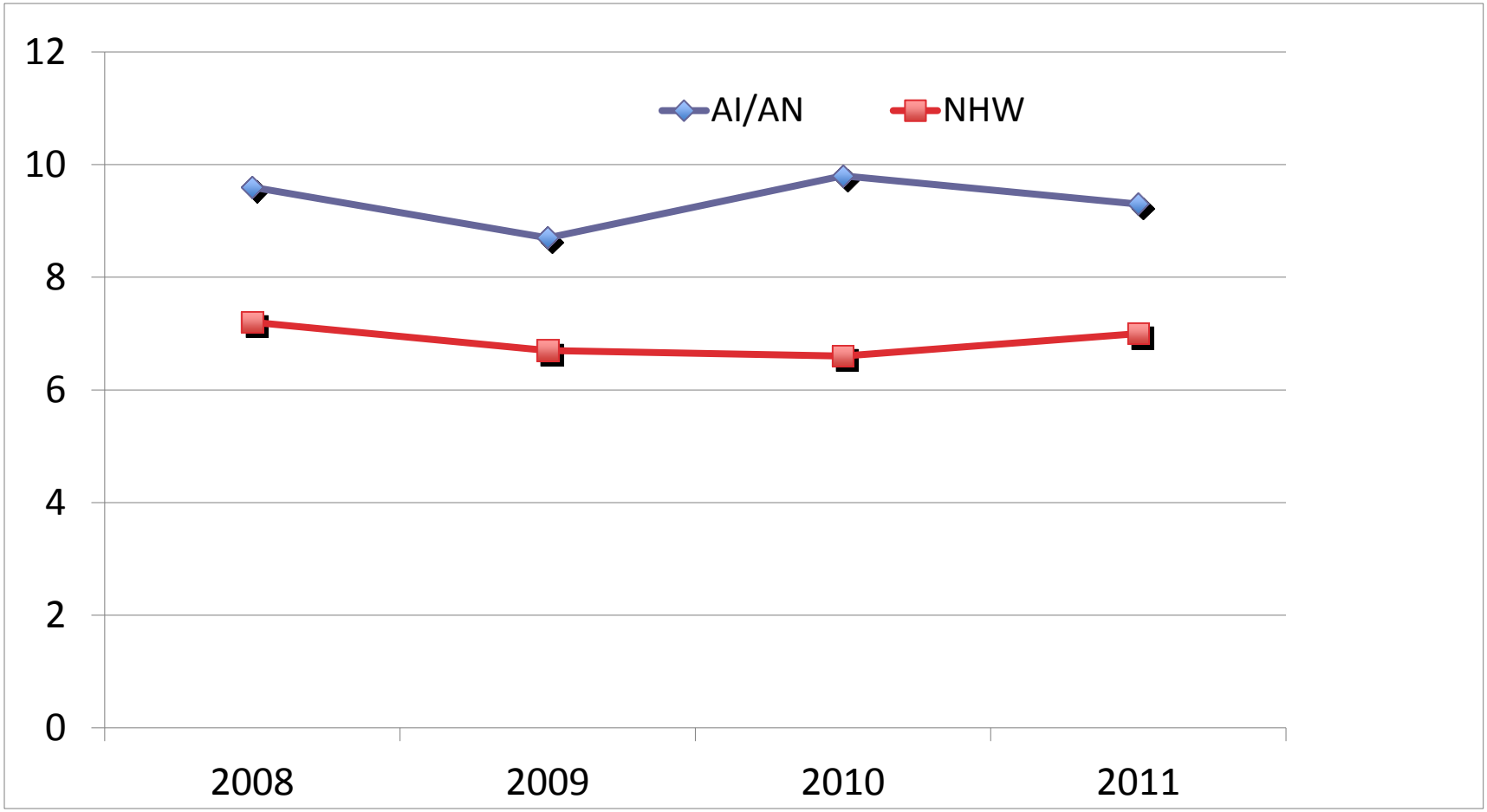
- On the fourth visit, the UCC physician notes thrush and a diffuse macular rash. She calls the HIV Program for a rapid HIV test. The rapid test is positive. An HIV serology at one of the earlier visits shows a positive EIA and negative western blot.

Case Presentation

- What is the diagnosis?

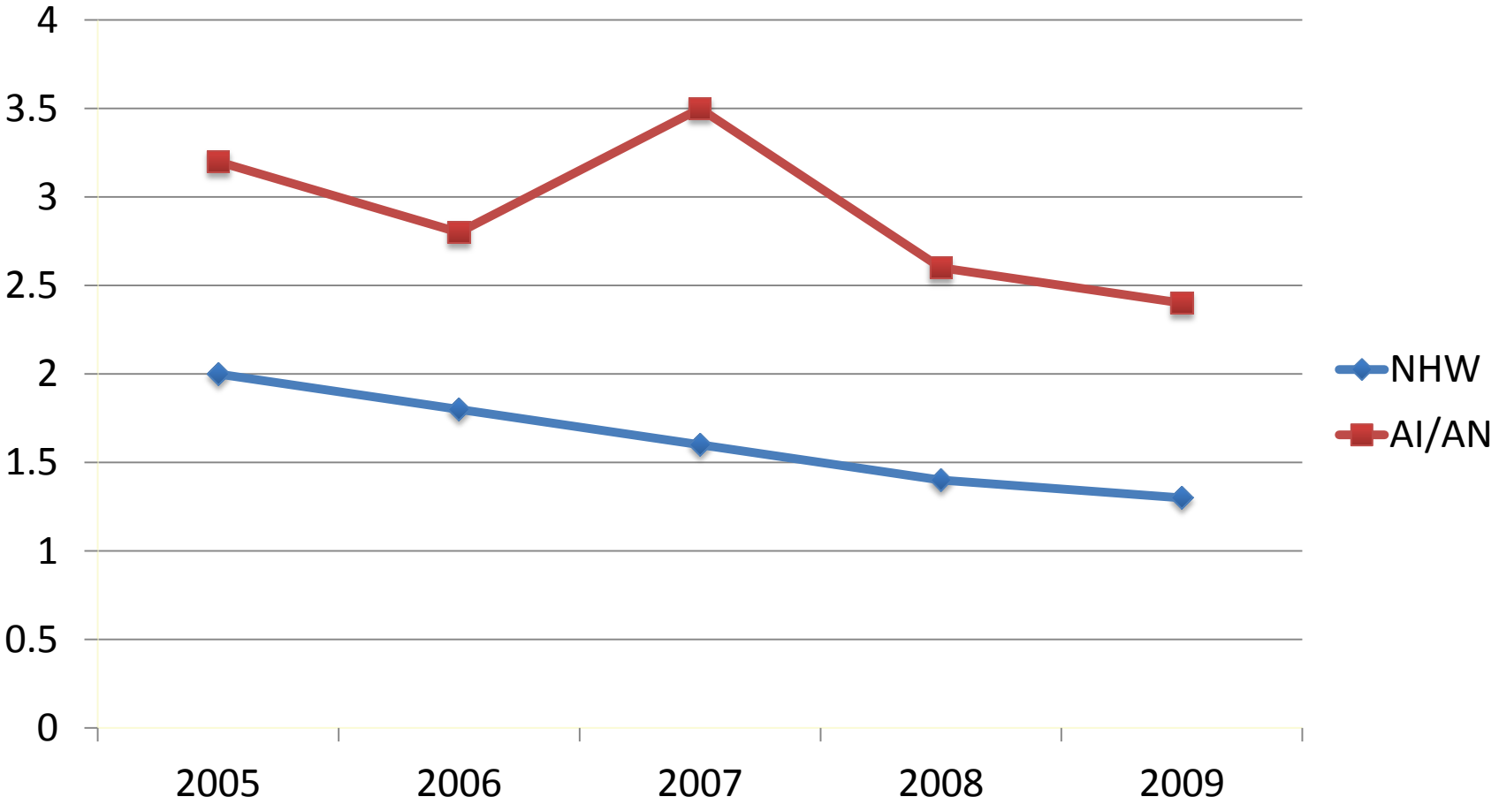
- Why did it take us 4 visits to make this diagnosis?

New cases of HIV, rates per 100,000 2008-2011

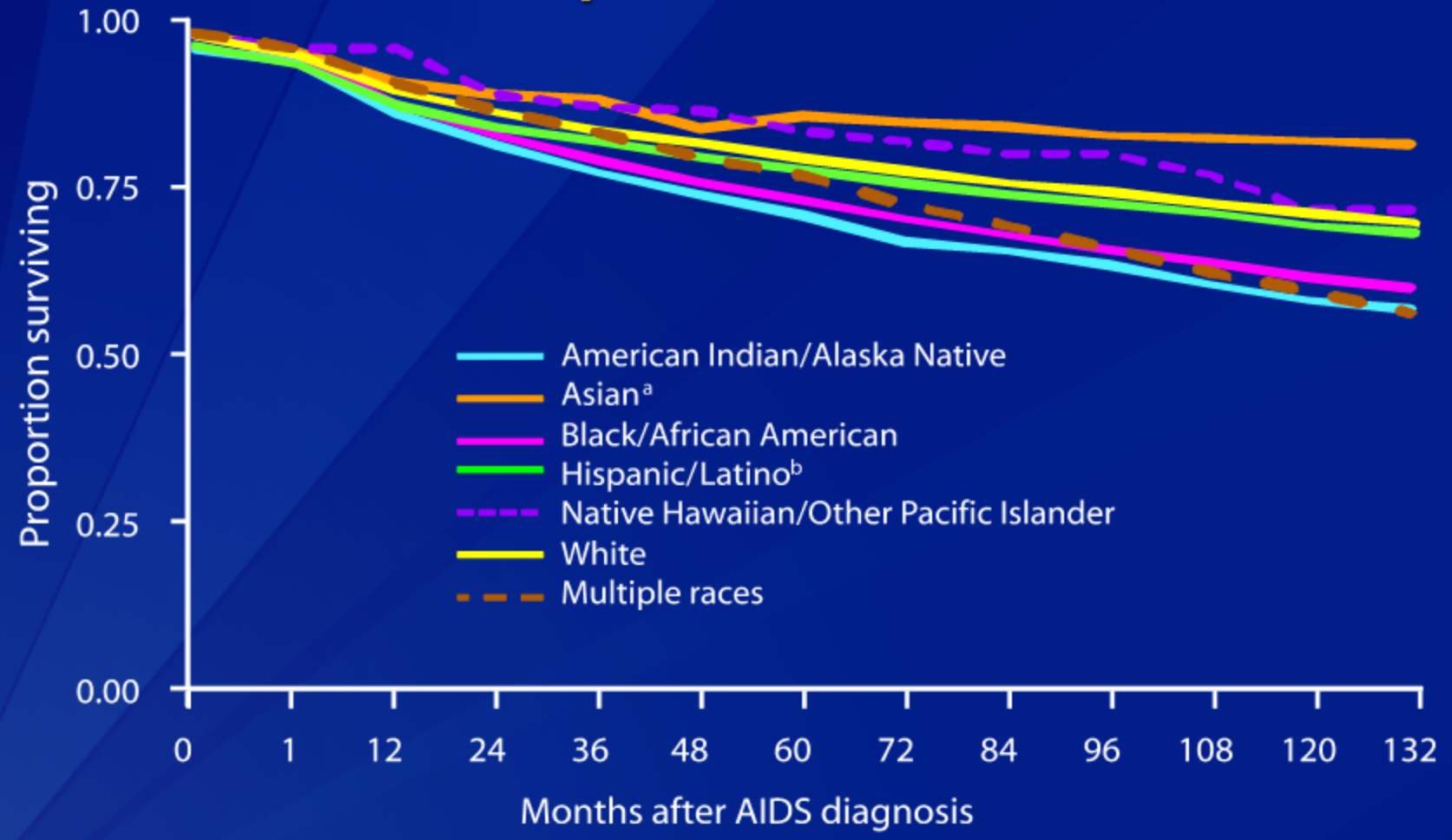


Mortality from HIV/AIDS, 2005-2009

Non Hispanic Whites (NHW) and AI/AN, rates per 100,000



Survival after an AIDS Diagnosis during 1998–2005, by Months Survived and Race/Ethnicity— United States and Dependent Areas

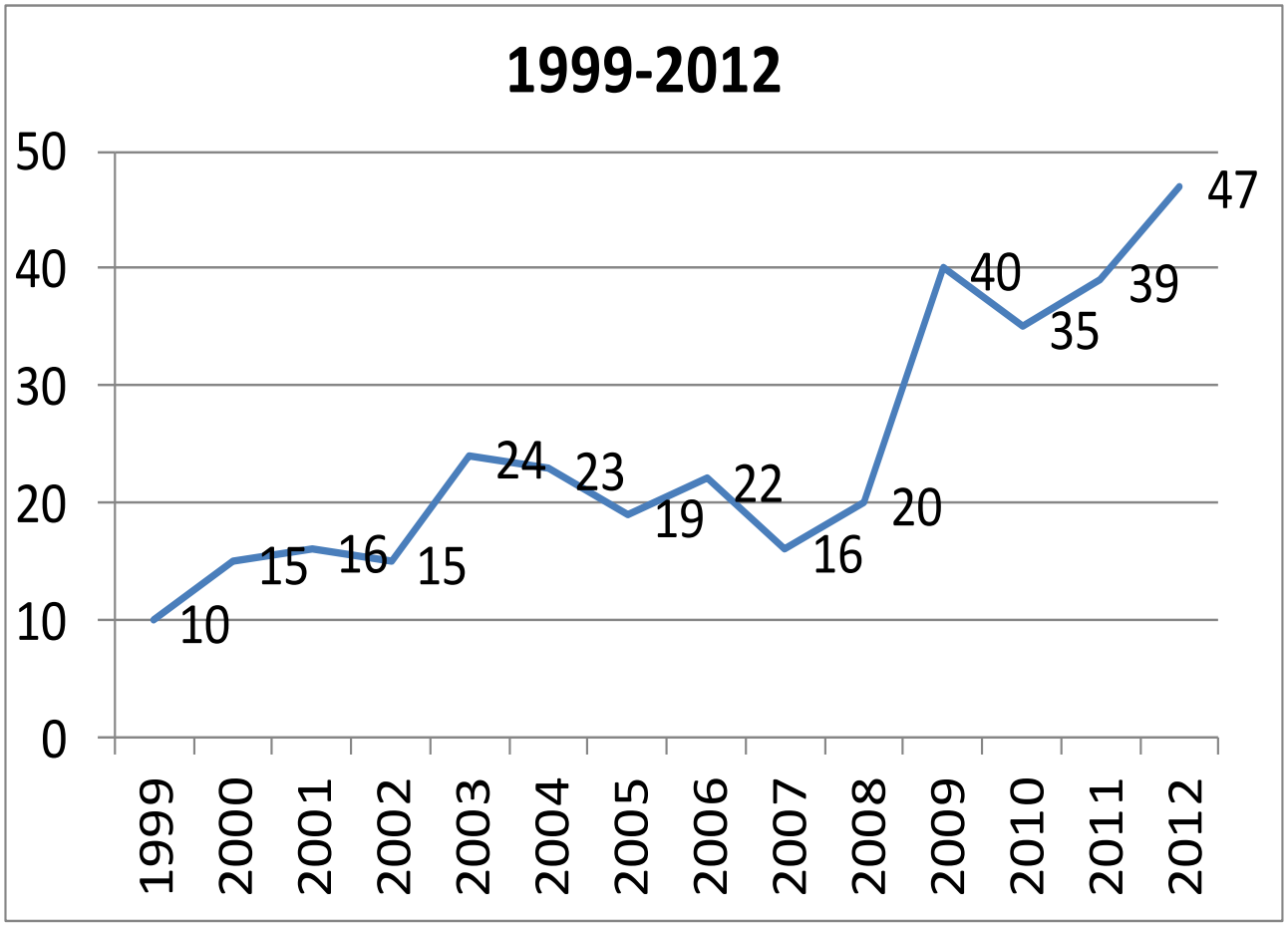


Note. Data exclude persons whose month of diagnosis or month of death is unknown.
[a] Includes Asian/Pacific Islander legacy cases.
[b] Hispanics/Latinos can be of any race.

NAIHS HIV History

- First case on Navajo diagnosed in 1987
- First patients lived only a few days.
- Maternal-Child transmission was seen early on

NAIHS New HIV Cases



Our old HIV Screening Goals:

- Screen every pregnant woman
- Screen every STD patient
- Screen all alcoholics
- Screen every admission to the hospital

National Screening Guidance

- *CDC* 2006
  - Screen **all** Americans **age 13-64**
- *American College of Physicians* 2008
  - Screen **all** Americans **age 13 and above**
- *American Academy of Pediatrics* 2011
  - Screen **age 16-18** if prevalence > 0. 1%
- *US Preventative Service Task force* 2012
  - Screen **all** Americans age **15-65**

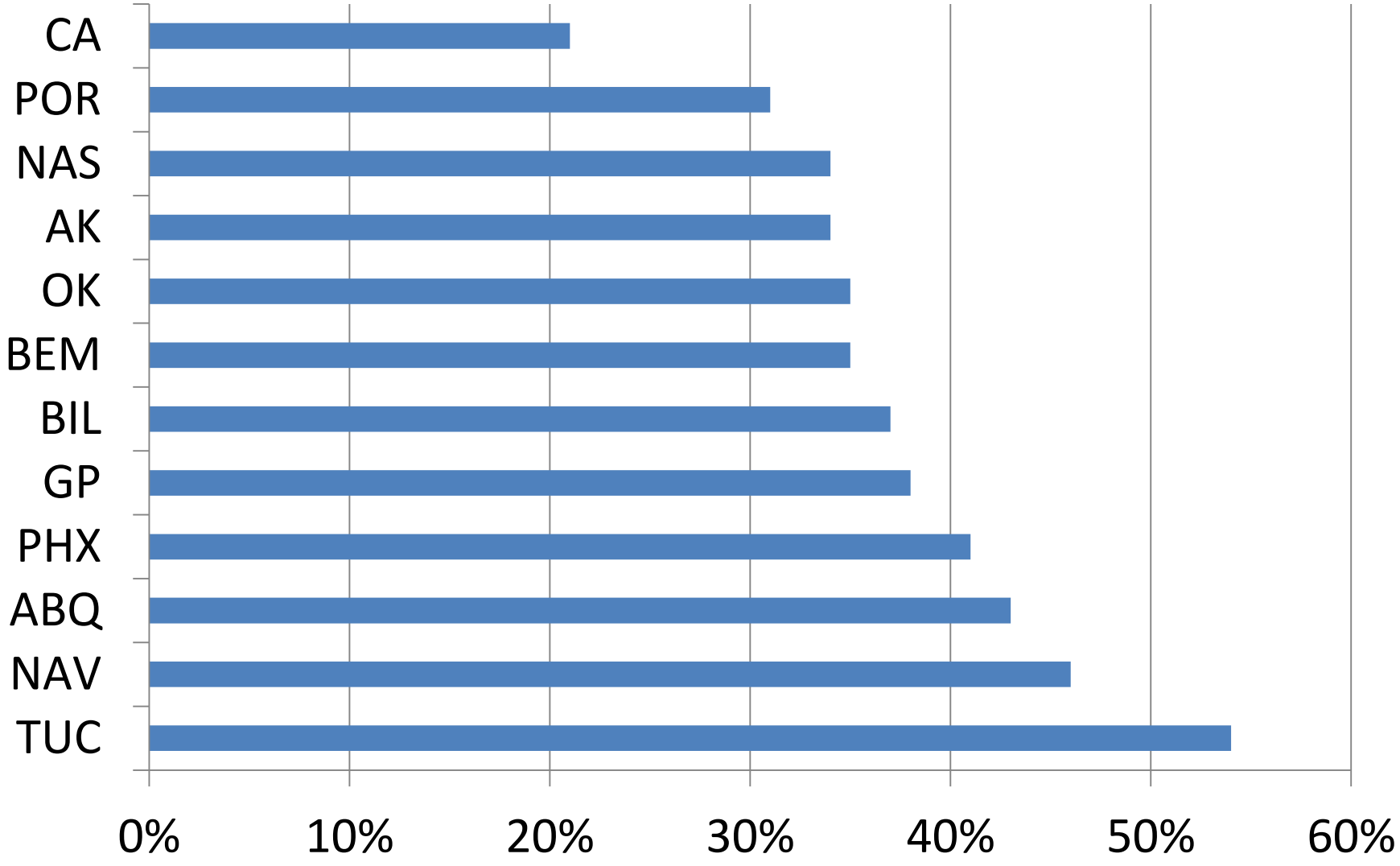
Our New Goal for the IHS

- **Offer HIV screening to every American Indian and Alaskan Native patient at least once in their life.**

How are we doing in the IHS?

- Prenatal Screening
  - 89%, excellent outcome, IHS SUs well above goals
- Universal screening
  - Pretty good, but there is room to improve

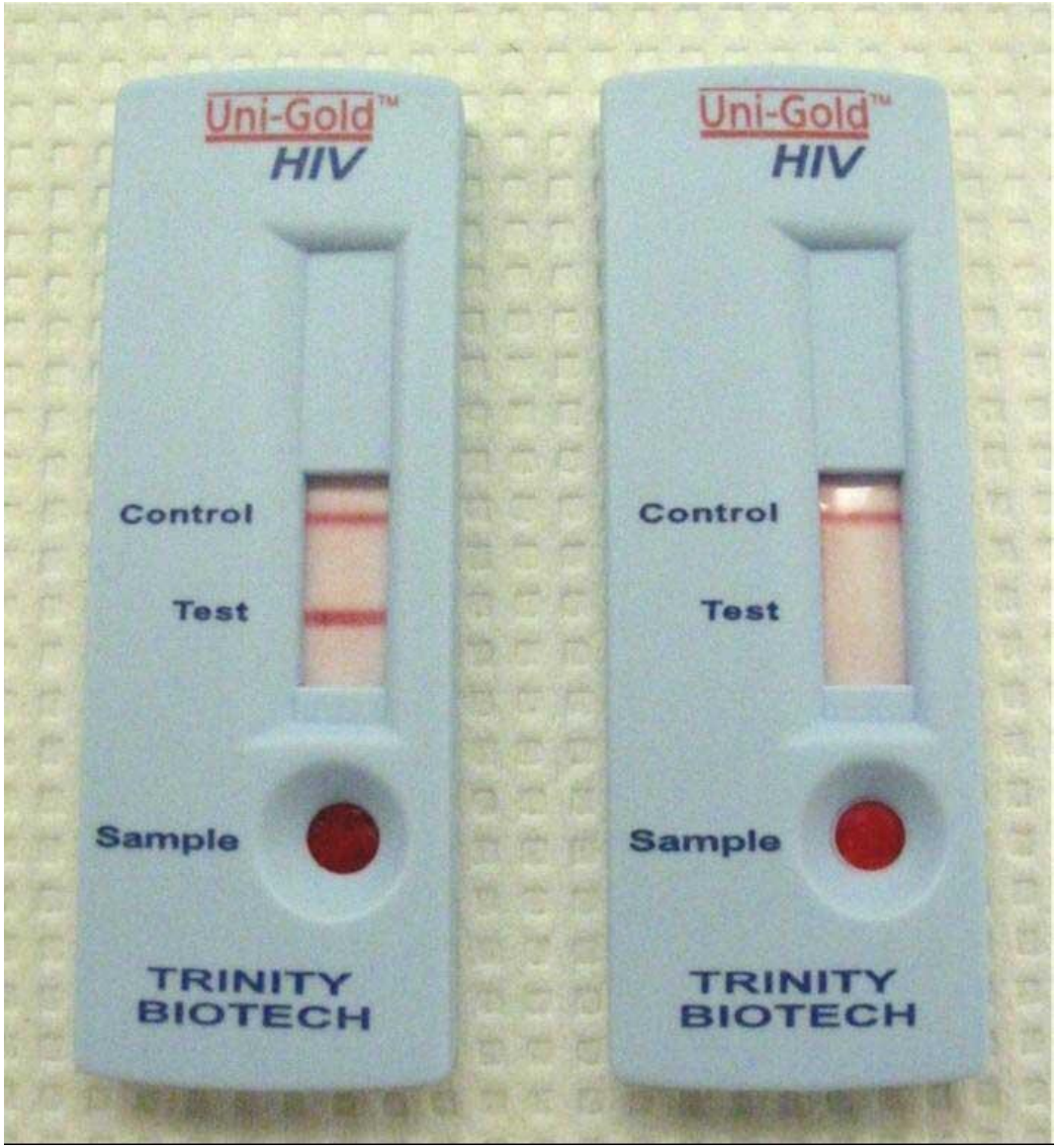
HIV Ever Screened, 13-64 y.o.



How to enhance screening

- Nurse and Pharmacy driven screening programs
  - We screen every admission to the hospital
  - Rapid testing available 24/7 in ED, Urgent Care, L & D

- Primary Care Screening by providers
  - It is simple to Activate EHR reminders
  - Decide now to provide excellent quality of care


Uni-Gold™
HIV
Control
Test
Sample
TRINITY
BIOTECH
Uni-Gold™
HIV
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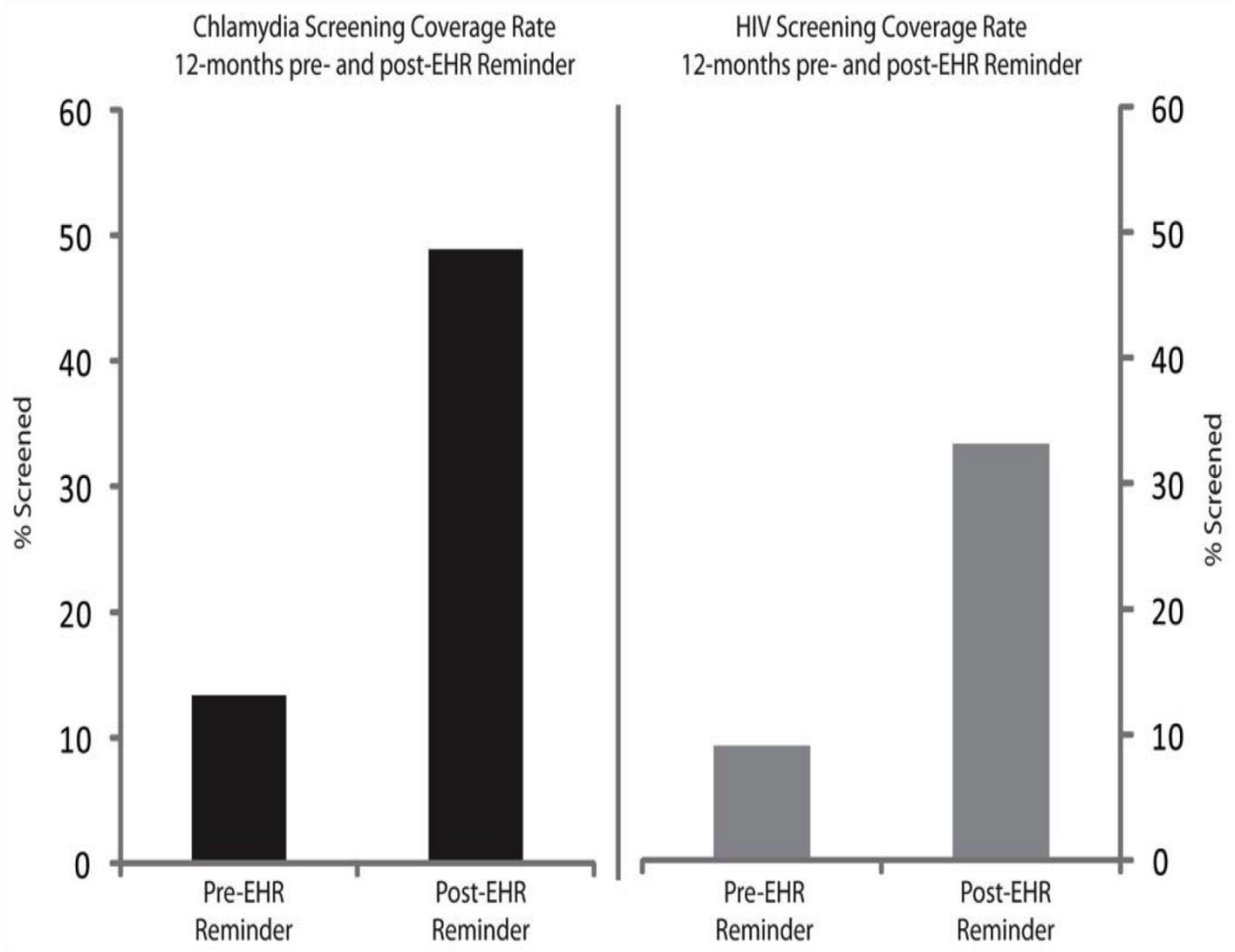
BIOTECH

Clinical Reminder Impact,

POR Area Clinic



Community Awareness

- NAIHS HIV Program Awareness campaign
  - **Movie Theater Ads**
  - **Radio station PSAs (Local NPR station)**
  - **Billboard Ads**
  - **Newspaper Ads**
  - **Digital social media campaign**
    - **Internet social networking sites**
    - **Smart phone GPS sex apps**

FOR MORE INFO PLEASE VISIT:
WWW.NAVAJOAIDSNETWORK.ORG
I KNOW MY STRENGTH
I KNOW MY BODY
I KNOW MY STATUS
THE RATE OF HIV INFECTION AMONG AMERICAN INDIAN/ALASKA NATIVE FEMALES WAS NEARLY TWICE THE RATE OF WHITE FEMALES.
HIV
GET TESTED

What are we going to do with all the new HIV diagnoses?

- Train IHS staff across the country in basic HIV care

- Create local multidisciplinary teams to care for the HIV positive person

Training Providers/Nurses/Pharmacists/Techs

- American Academy of HIV Medicine
- AIDS Education Training Center
- Mini-Residency
- ACRN certification for nurses
- PACT training from Partners in Health/NAIHS
- IHS HIV Project ECHO telemedicine conference

IHS HIV Project ECHO

- Monthly telemedicine conference
  - Sponsored by University of NM
  - Uses video conferencing with ZOOM software
  - Twenty minute didactic talk re HIV care
  - Participants present 2-3 active cases
    - HIV experts discuss the case and offer management advice
    - Totally HIPAA adherent
    - Sessions recorded
    - CME offerred

Project
ECHO
ECHO Whale
PCA Espanola
Baton Rouge
Pecos Valley MC
DOH Las Cruces
SBRT-First Choice South Vc
Memorial HDX7000
LAS VEGAS ECFH

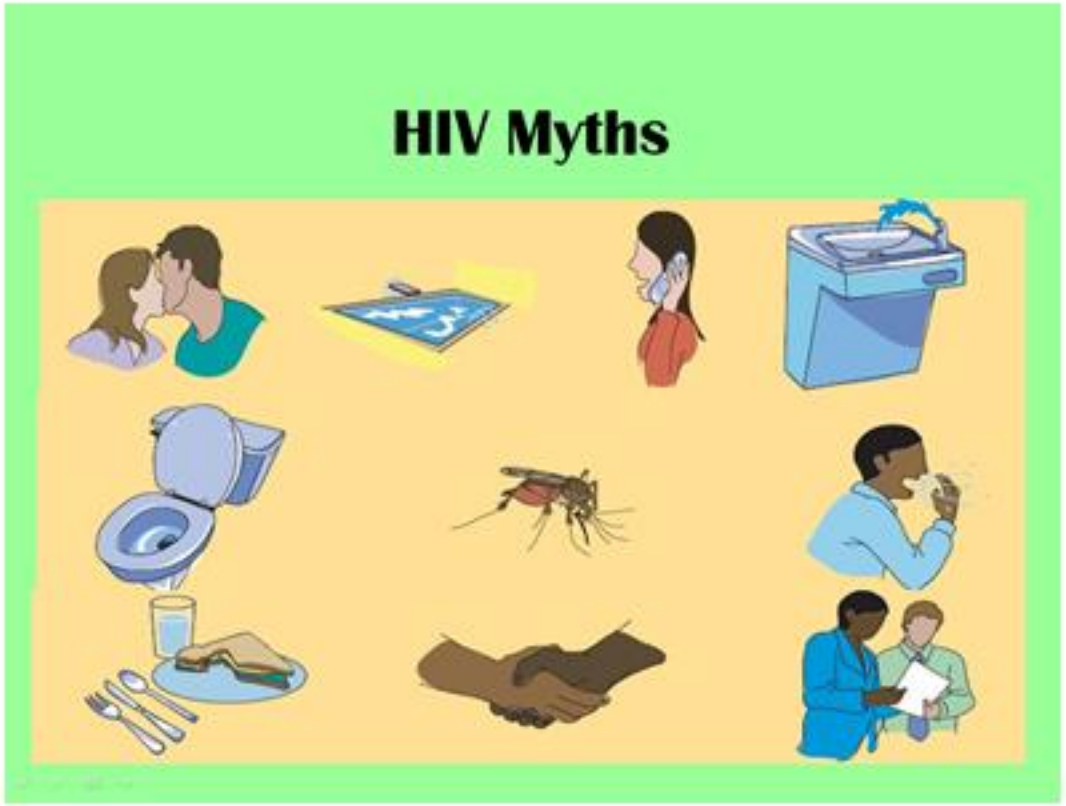
HIV Multidisciplinary team

- Physician or Mid-level Provider
- HIV Nurse Case Manager $
- HIV Pharmacists
- Mental Health
- Nutritionist
- Traditional Healers/Medicine Men
- Health Technician for home visits $

NAIHS Project HOPE

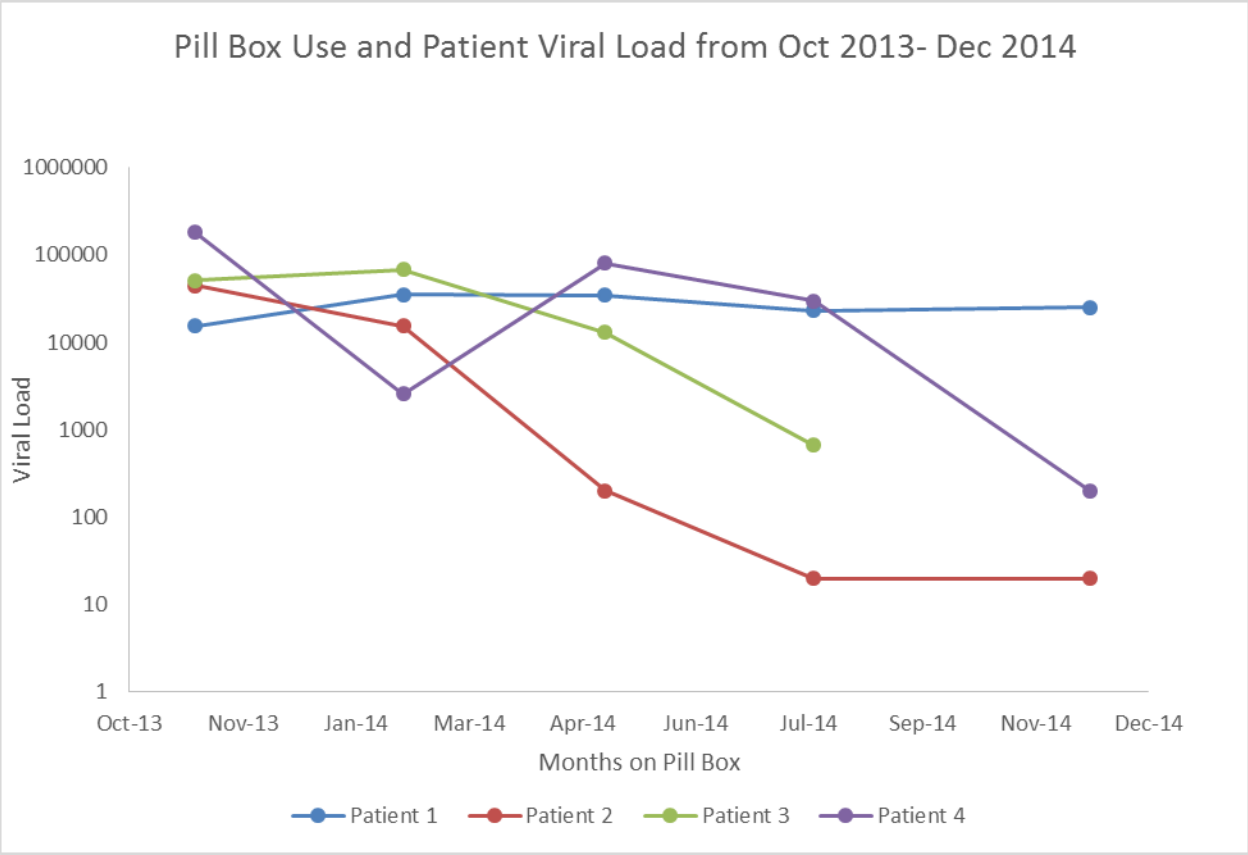
- **H**IV **O**utreach **P**atient **E**mpowerment
  - Four Navajo speaking health technicians
  - Navajo language home teaching curriculum
  - Stratification
    - High risk (alcohol or VL >20)→ Pill boxes, frequent visits
    - Moderate risk (other psychosocial problems)→ Monthly visit
    - Low risk (graduated from Moderate risk)→ Periodic hello!

HIV 101 Flip Chart

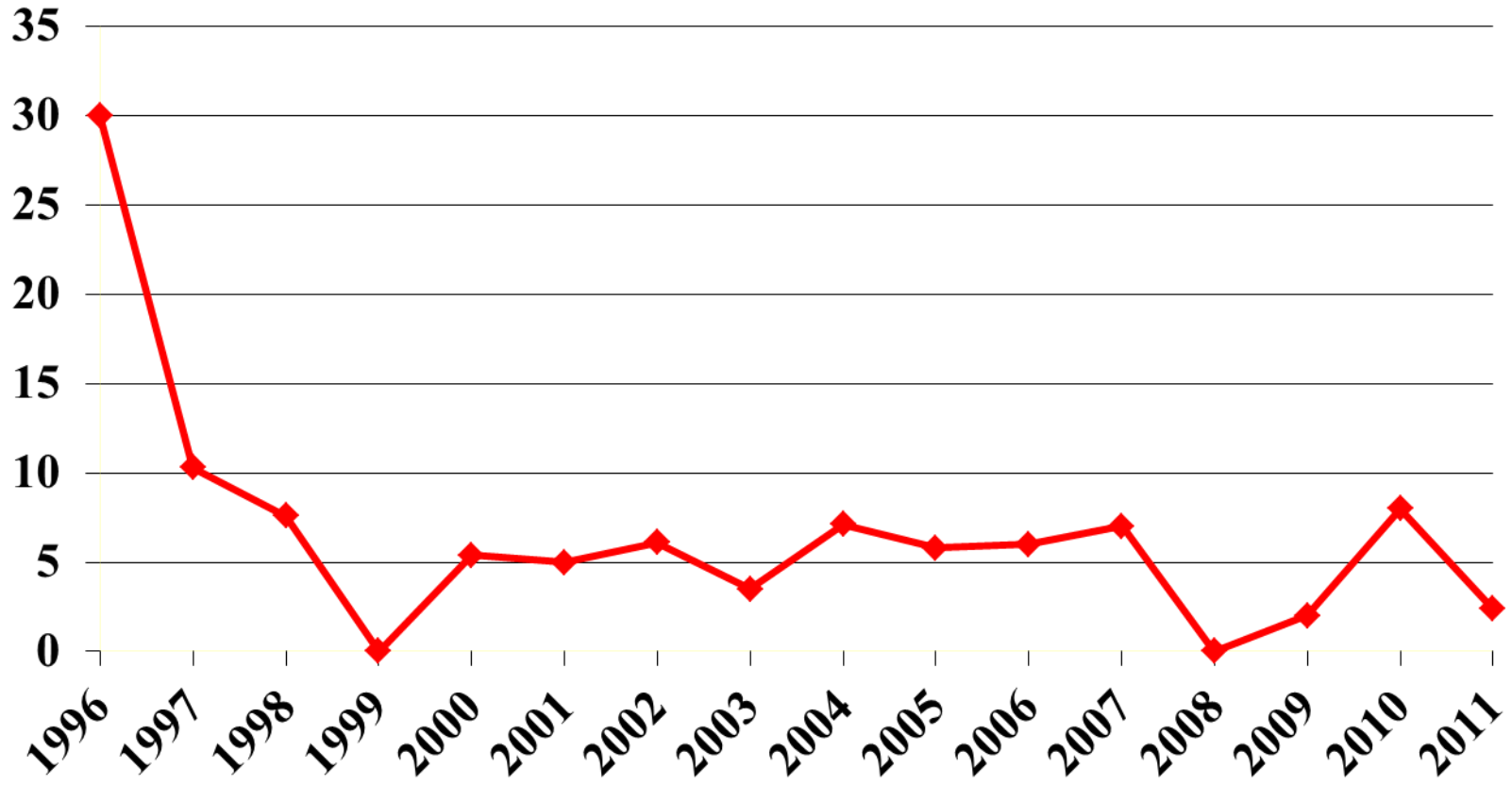


Prefilled medi-planners

Pill box patient outcome



Navajo Area Indian Health Service
HIV Deaths/100 Patient Years



HIV Summary

- Universal testing saves lives
- Early Diagnosis →

  Early Entry into care→

  Early Treatment→

  Decreased Transmission

For Support on this Measure:

- HQ
  Lisa C. Neel, MPH
  Program Coordinator, National IHS HIV Program
  Lisa.Neel@ihs.gov

  AK, POR, BIL, GP
  Jessica Leston
  HIV/STI/HCV Clinical Programs Manager
  Jessica.Leston@ihs.gov

  CA, AZ, PHX, NAV, BEM, NAS, OK
  Brigg Reilley
  National IHS HIV Program Epidemiologist
  Brigg.Reilley@ihs.gov

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