HIV Screening in the Indian Health Service: saving lives through early diagnosis

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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

Proportion surviving

Months after AIDS diagnosis

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

1999-2012

Year | Cases
--- | ---
1999 | 10
2000 | 15
2001 | 16
2002 | 15
2003 | 24
2004 | 23
2005 | 19
2006 | 22
2007 | 16
2008 | 20
2009 | 40
2010 | 35
2011 | 39
2012 | 47
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.

- CA
- POR
- NAS
- AK
- OK
- BEM
- BIL
- GP
- PHX
- ABQ
- NAV
- TUC

0% 10% 20% 30% 40% 50% 60%
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
Clinical Reminder Impact,
POR Area Clinic

Two bar graphs showing the impact of EHR reminders on screening coverage rates for Chlamydia and HIV.

- **Chlamydia Screening Coverage Rate**
  - Pre-EHR Reminder: 10%
  - Post-EHR Reminder: 50%

- **HIV Screening Coverage Rate**
  - Pre-EHR Reminder: 10%
  - Post-EHR Reminder: 30%
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
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.
Source: CDC HIV and AIDS in the US 4/2019

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 offered
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

• **HIV Outreach Patient Empowerment**
  
  – 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

HIV Myths
Prefilled medi-planners
Pill box patient outcome

Pill Box Use and Patient Viral Load from Oct 2013 - Dec 2014

- Patient 1
- Patient 2
- Patient 3
- Patient 4
HIV Summary

- Universal testing saves lives
- Early Diagnosis →
  - Early Entry into care →
    - Early Treatment →
      - Decreased Transmission
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