HIV/STI Partner Services in Michigan

Katie Macomber

Director, Division of HIV/STI Programs

MDHHS

What is PS for HIV/STI?

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Partner Services Outcomes

The primary outcomes that are measured to assess the performance of PS are in **bold** below and reflect the program's goals and objectives, also described below.

The goal of Partner Services is to prevent new infections. We do that by:

- ✓ Linking persons with a new diagnosis (index patient) to treatment/services
- ✓ Interviewing index patients to identify their partners
- ✓ Locating, testing, treating, and educating partners of index patients
- ✓ Referring index patients and partners to prevention tools such as PrEP
- ✓ Reporting demographic, transmission risk, and transmission cluster data obtained from index patients, partners, and molecular surveillance (HIV only) to understand and respond to underlying transmission trends

Current Model

Current Models

HIV—PS is done by 15 funded LHDs, Central MI for the remainder of the State and some MDHHS DIS Detroit is different

Syphilis-all MDHHS DIS

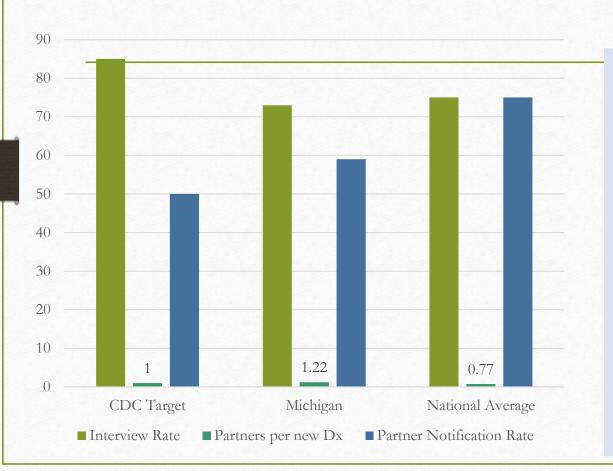
GC/CT-mostly local DIS—focused more on treatment verification than PS. Numbers far outweigh capacity



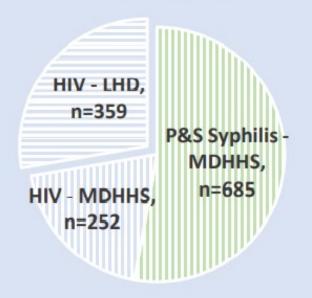
Funding

- HIV PS is funded as part of HIV Prevention CBPC Contract for the 15 high morbidity health departments-part of a broad contract
 - Central MI for multi county coverage
 - Detroit has a unique model
 - Contract includes testing, education and counseling, referrals, PS, outreach
- STI Funding goes to certain high-morbidity LHDs MOSTLY for clinical services, federal grants funds MDHHS DIS for syphilis

HIV PS Data



In 2019, 19 MDHHS DIS worked a total of 965 STI and HIV PS cases (49 cases/DIS/year), while 37 LDH staff worked a total of 447 HIV PS cases (10 cases/staff/year).



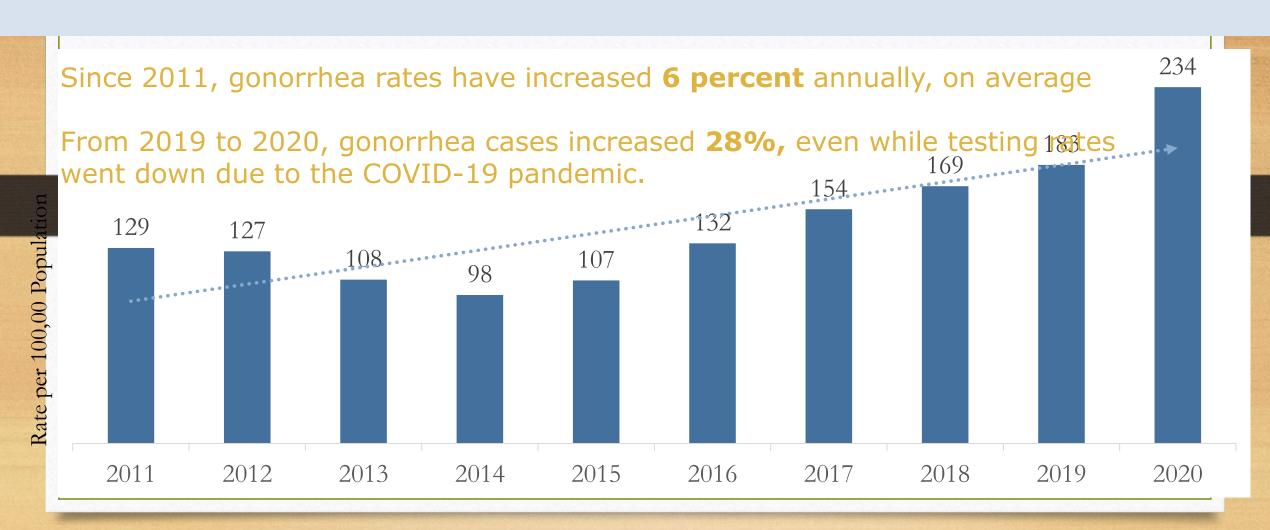
DIS Supplemental

- ARP routed to Michigan via the STD Prevention Grant
- For DIS work--\$5.6 million per year for 5 years
- We are funding for a variety of things:
 - GC DIS Team (flexible ability to help LHDs)
 - HCV DIS Team
 - TB DIS
 - CD DIS
 - Expanded HIV/STI DIS
 - Moms/Babies Unit
 - LHD Contracts
 - DIS Rebranding
 - Training and Workforce Assessment
 - Tech

Proposal

- Centralize HIV PS like Syphilis
- Pivot LHD HIV PS work (on average 34% of LHD contracts) to GC PS

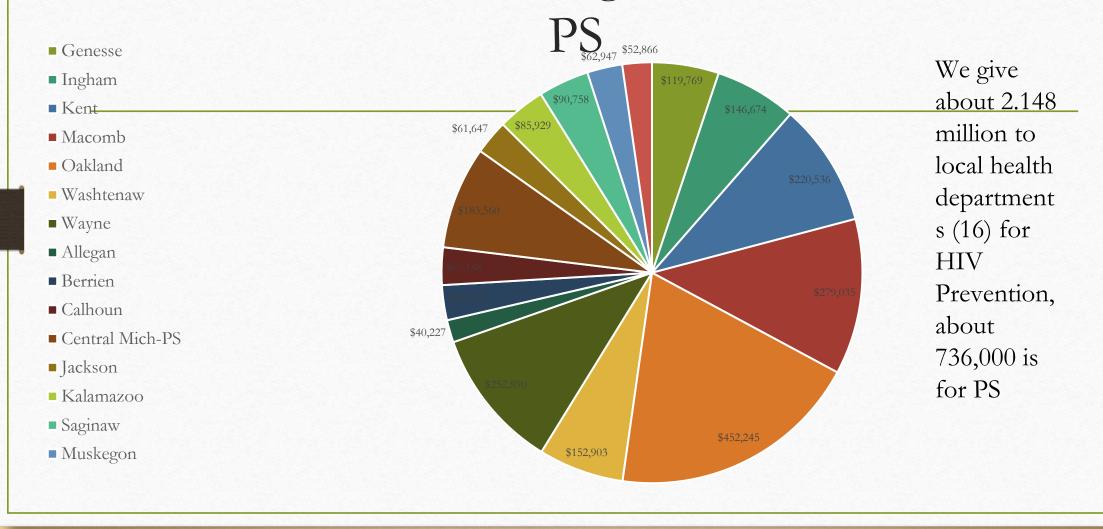
Gonorrhea – Trends over Time



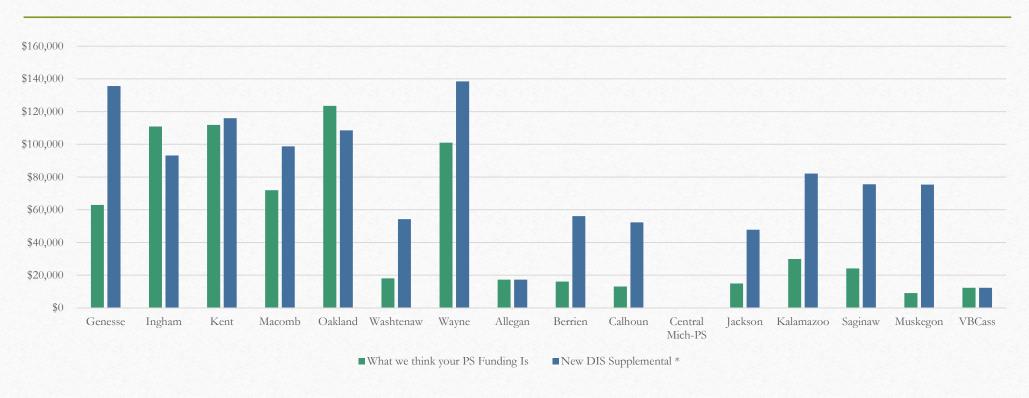
Growing Concern about Antibiotic-Resistant Gonorrhea

- Neisseria gonorrhoeae has repeatedly acquired resistance to each class of antibiotics used to treat it
 - penicillin, sulfonamides, tetracycline, fluoroquinolones
- CDC considers it a top antibiotic resistant threat
- Limited alternate treatment options are available
- A widespread outbreak of ceftriaxone-resistant gonorrhea could undermine control efforts, facilitate transmission, and lead to devastating complications
 - Pelvic inflammatory disease, infertility, facilitate HIV transmission

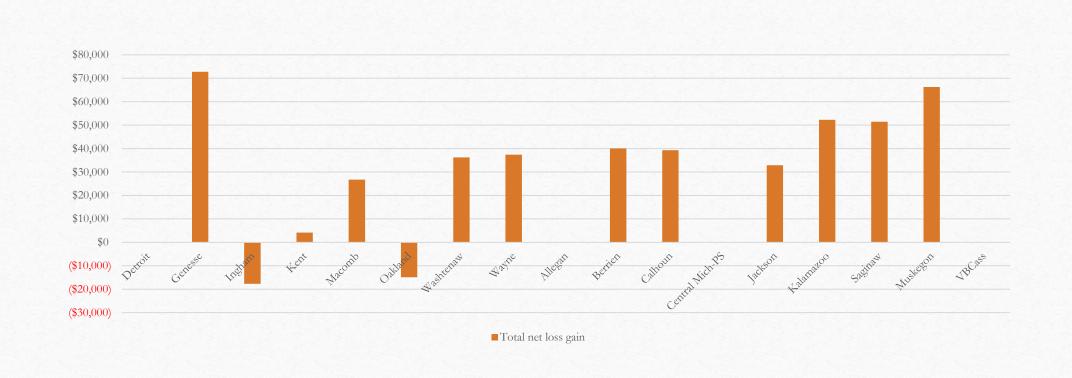
HIV Prevention Funding to LHD Funded for



LHD HIV Prevention Contracts that is PS Compared to new STI DIS Supplemental



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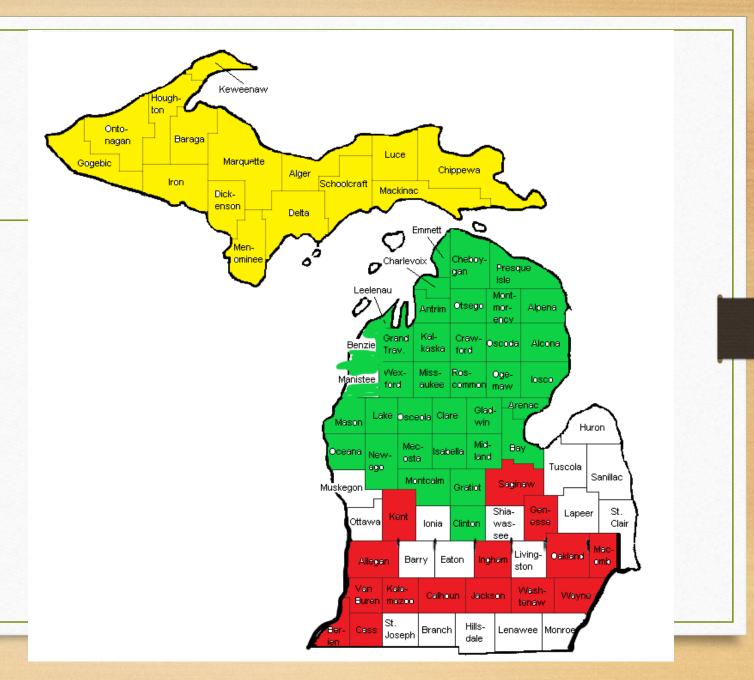


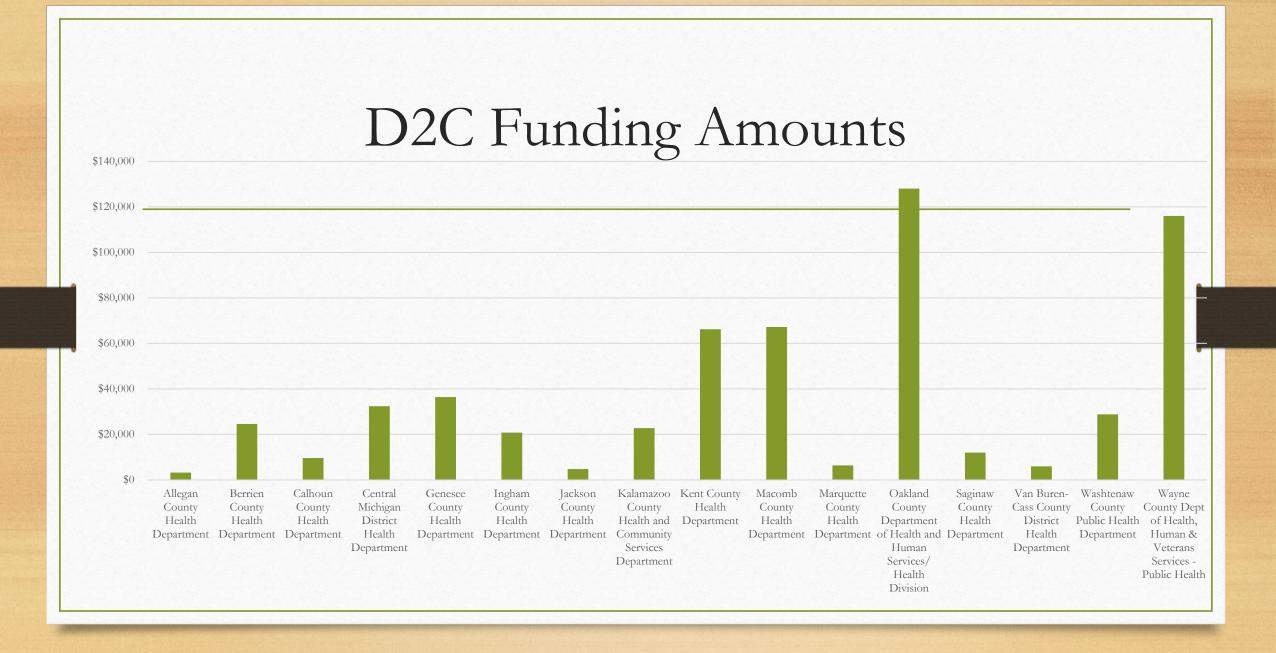
What about D2C?

- A reminder—a linkage project to find and re-engage PLWH into HIV care
- Funded to LHDs
- A fairly new project
- Data is in CareWare (CW)

Current Process

- We Fund 17 Jurisdiction to provide D2C Service throughout the State
 - Funding provides fractional FTE





D2C Outcomes

	Count*	%
Statewide Totals		(
Accepted linkage	76	11%
Deceased	36	5%
In care	124	18%
Institutionalized	4	1%
LDNE	19	3%
OJ	61	9%
Out of state	82	12%
Not Positive	10	1%
Refused services	50	7%
Unable to locate	174	25%
Other	47	7%
Total	683	100%
Total NIC **	2233	

- Required Data Entry in CW
- Largely a surveillance activity
- TBD Next Steps

Next Steps

- Are the percent of your FSRs that show funding for HIV PS accurate (on average 34%)
- Next FY process
- Can/will existing staff who have long history of HIV PS work want to, succeed at GC DIS work
- What training will we provide
- We still have to meet HIV grant objectives related to testing and outreach.
- Plus some new objectives related to GC

Thank you for your time

• Comments and thoughts?