

Expanding HIV and STI Testing in Non-Traditional Settings

Prevention and Outreach to Women at Elevated Risk for HIV and Syphilis aka POWER Project

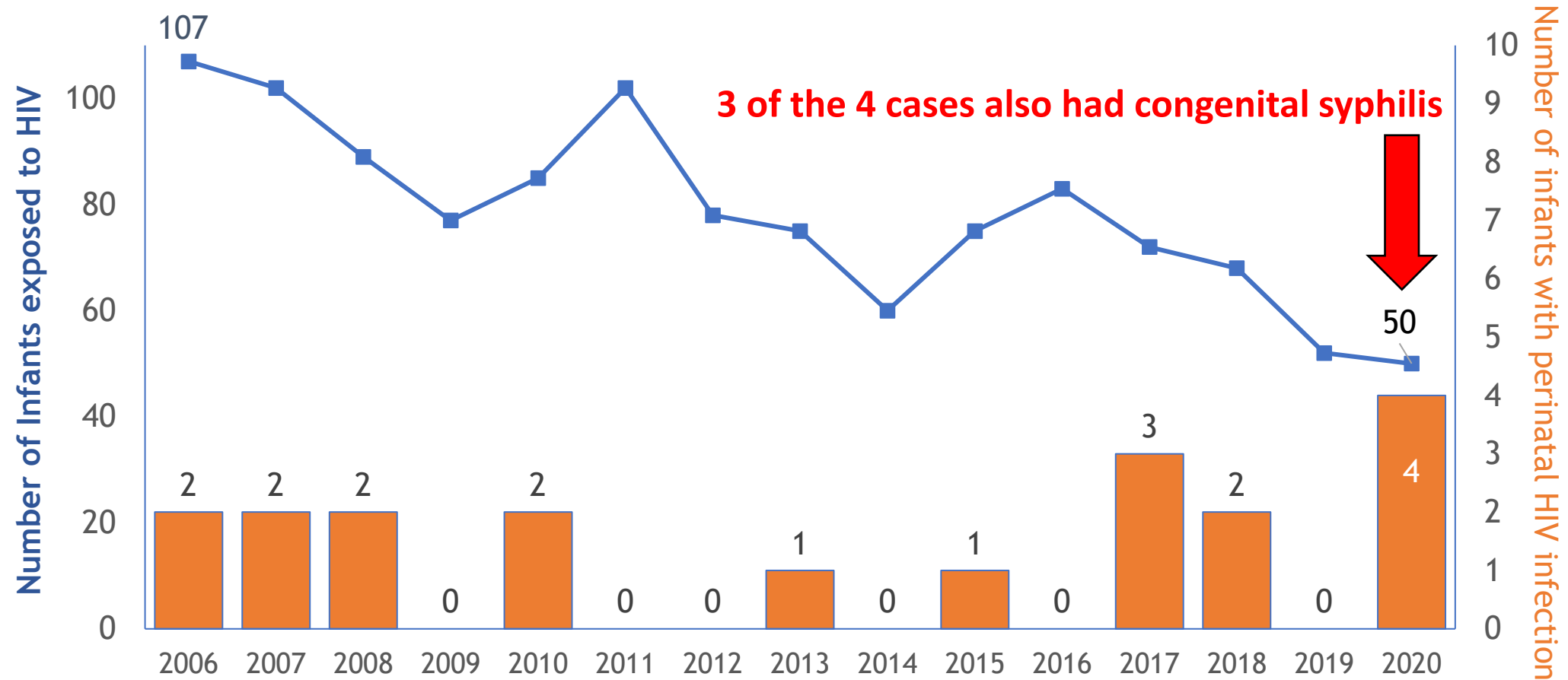


Division of HIV and STD Programs

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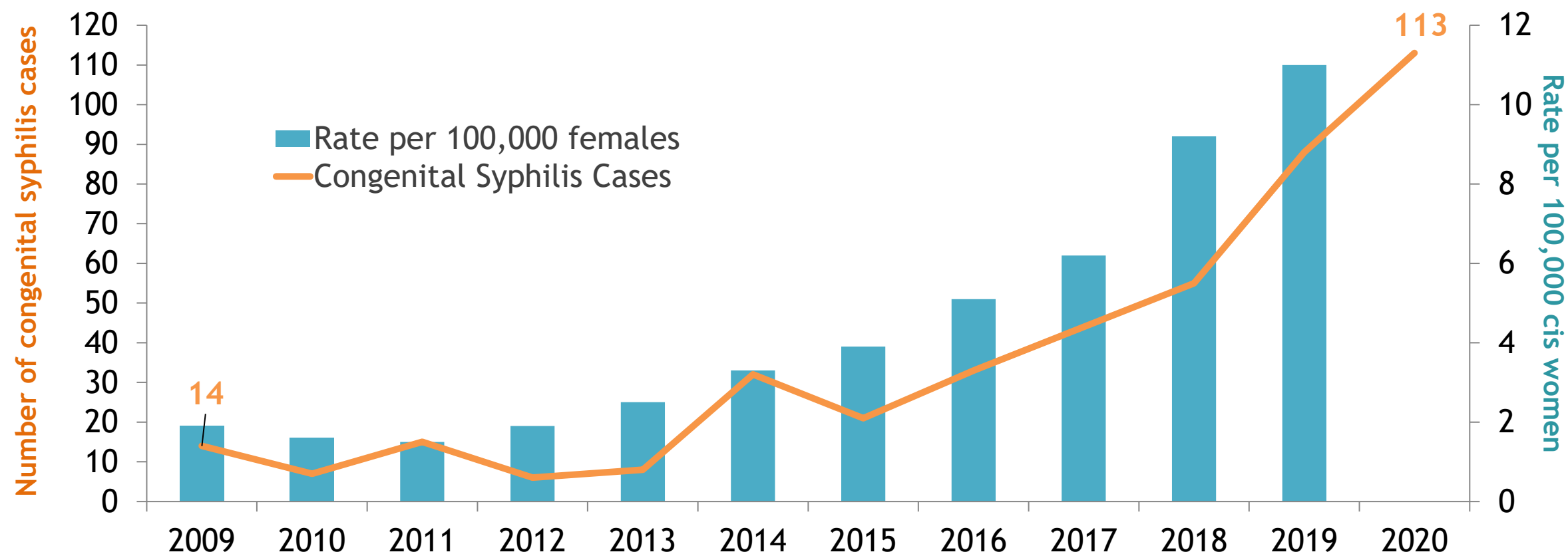


Trends in Perinatal HIV, 2006 to 2020¹



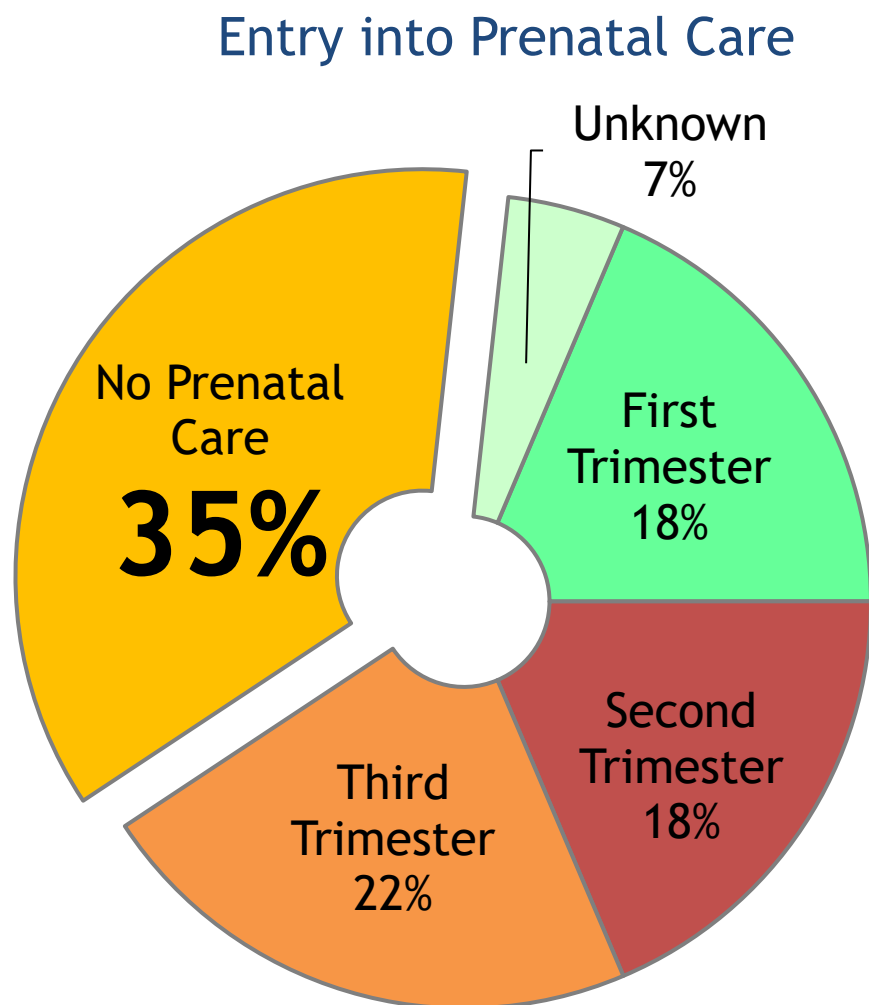
¹The number of infants with perinatal HIV infection (Red bars) includes perinatal transmissions that occurred in LAC for a given birth year. The number of HIV-exposed infants was derived from 7 pediatric HIV-specialty sites which serve over 90% of HIV-positive pregnant women who seek care in Los Angeles County and is an underestimate of the total number of HIV-exposed infants in the County. Data for 2019 and 2020 are provisional due to reporting delay.

Early syphilis in cisgender women and newborns, Los Angeles County, 2009-2019¹



¹ Data as of 03/14/2021. Early syphilis includes all cases staged as primary, secondary, or early non-primary non-secondary (previously early latent); cases from Long Beach and Pasadena are excluded. 2018, 2019, and 2020 data are provisional due to reporting delay

Maternal Characteristics of 88 Congenital Syphilis Cases, Los Angeles County, 2019



36% had a history of incarceration

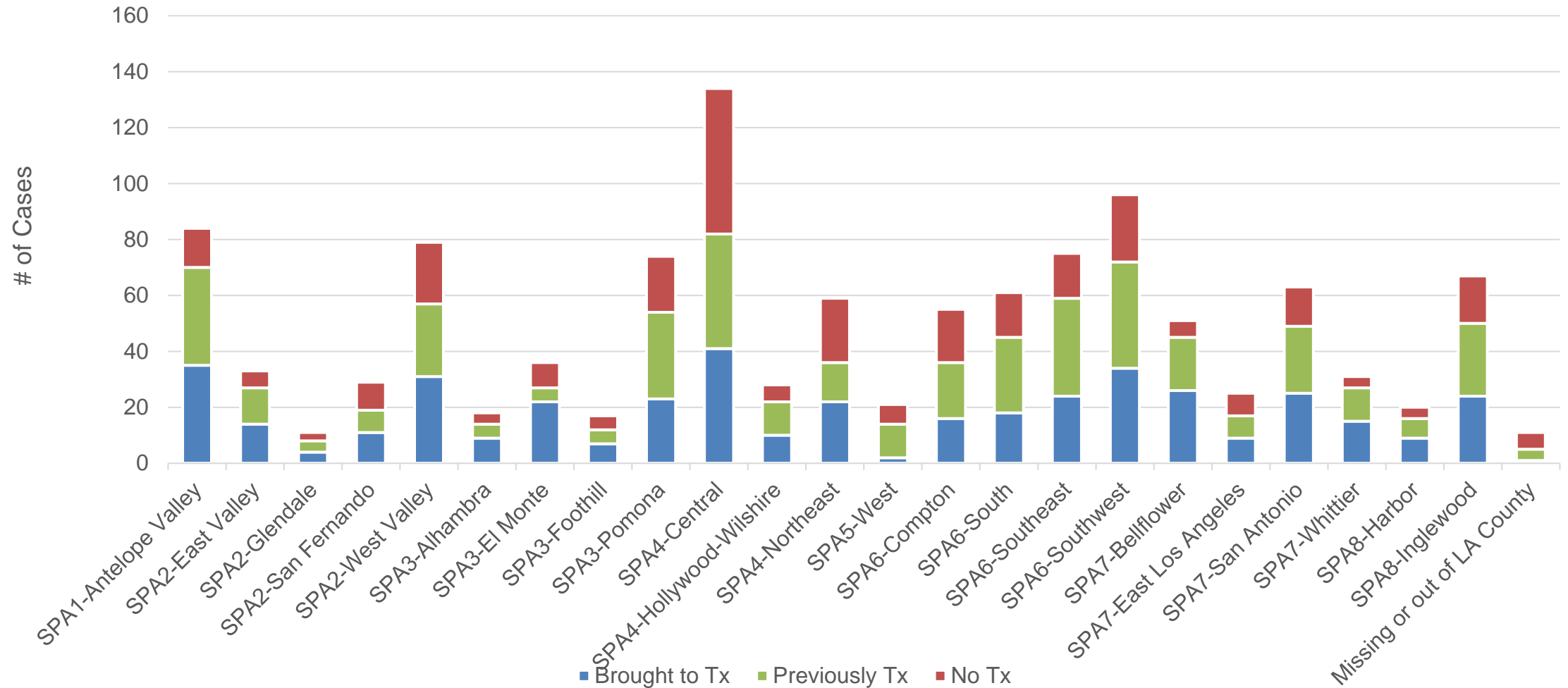
40% had unstable housing

68% had a substance use disorder

49% were using meth or a drug combination with meth

80% of deliveries resulted in DCFS/Foster Care Referral

Female Syphilis Cases by SPA, Health District and Treatment Status, Los Angeles County, January – December 2020¹ N=1,219



¹ Data as of 01/02/2022. Data exclude Long Beach and Pasadena. Treatment data are based on disposition. Syphilis among females of childbearing age (ages 15-44) including all cases staged as primary, secondary, early non-primary non-secondary (previously early latent) and unknown duration/late (previously late latent).

Source: LAC DPH Division of HIV and STD Programs

The Spark-Non-Traditional Testing & Treatment

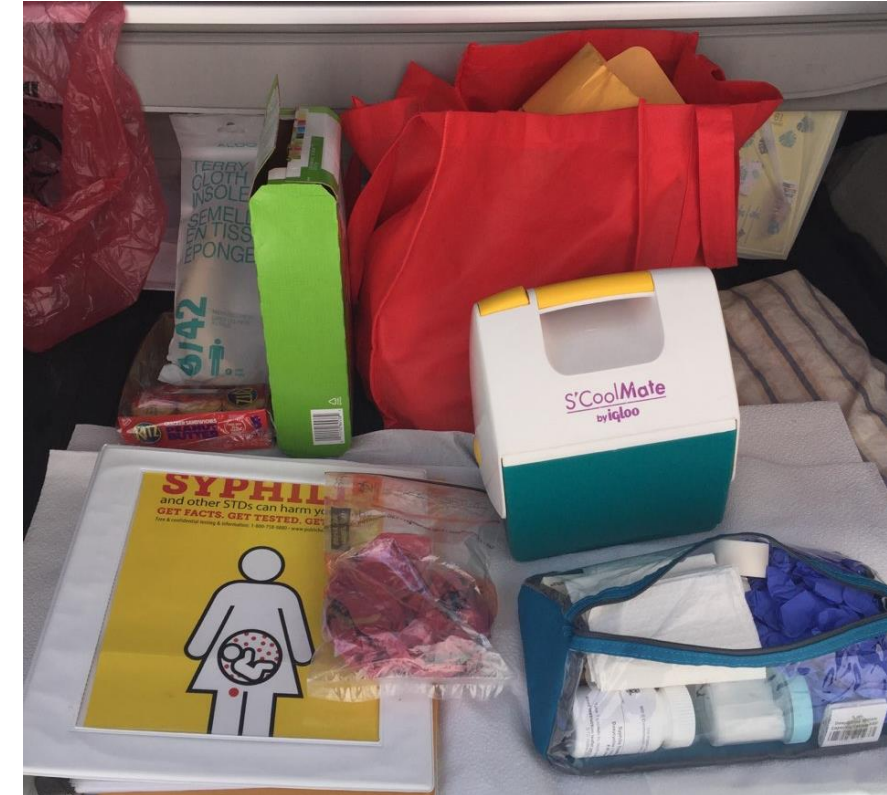
- Data and field experience demonstrating increasing number of pregnant women/CBA cis women with syphilis are persons experiencing homelessness (PEH), receiving no prenatal care
- In May 2019 DHSP was invited to join a LAHSA (Los Angeles Homeless Service Authority) Wellness Event in SPA 2 (San Fernando Valley)
- DHSP partners with LAHSA to perform monthly wellness/health checks in homeless encampments in target area.

DHSP Develops an Approach For PEH Outreaches

- MD/RN team develop field-delivered testing & treatment plan
 - Trep-Sure Testing
 - Venipuncture
 - Hepatitis A & B Vaccinations
 - Offer STI Preventive and Treatment
 - Transport to a County clinic or hospital for additional services as needed
- To Prepare:
 - Trained & signed off to perform Trep Sure testing in field
 - Reviewed procedures, policies and protocols
 - Created special FDT Record
 - Gathered supplies:
 - Educational materials, consents, testing equipment and medications into backpacks
 - Chairs, snacks/drinks, and privacy screens into trunk of a car
- LAHSA assisted to gain access to camps and acceptance with services offered

DHSP PEH Outreach Efforts (Regency Theater/Lankershim & Pacoima Fwy Underpass)

- Visited 3 encampments
- Outcomes:
 - Encountered 4 CBA cis women, 1 pregnant person
 - 3 Refused any service, 2 agreed to RST
 - 1 +RST → refused venipuncture, was able to give 2 BICs, lost to follow up for the 3rd
 - 1 pregnant person (3rd trimester) initially declined services → Accepted LAHSA outreach worker service, taken to OB appointment, engaged in MAMAS program at County medical center
- Challenges noted:
 - RST difficult due to callousness on fingers
 - Traditional venipuncture difficult due to no vein access/collapsed veins/dehydration
 - Weather conditions → strong Santa Ana winds making testing difficult



CS HIV POWER Project

- Objective: Identify non-traditional sites for syphilis and HIV testing among cisgender women of reproductive age with SUD and/or mental illness
 - Assess for feasibility, acceptability, prevalence, and sustainability
- Key Informant Interviews
 - Inpatient and Outpatient Substance Use Treatment Facilities,
 - Inpatient and Outpatient Mental Health Treatment Facilities
 - Syringe Service Programs
 - Supportive Housing Sites
 - Homeless Services Providers
 - Street Teams



“Our vision is the healing and restoration of homeless and underserved communities.”



Syphilis Health Check™ Trinity Biotech; Alere Determine™ HIV-1/2 Ag/Ab Combo, OraQuick® HCV Rapid Antibody Test

<https://www.lachc.com/>



“Through various mediums, including art, music, film & public health, our group aims to be socially active and to empower houseless communities around the world.”



Harm Reduction: Aim to break down client vs provider lines that define public service

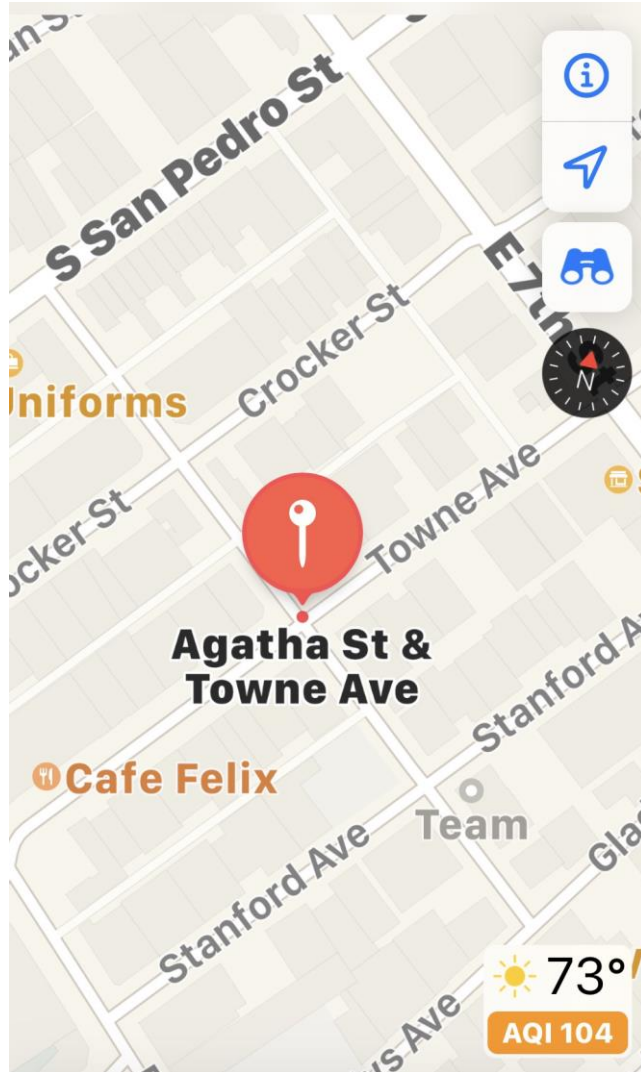
Street Based Sex Workers: Committed to empowering sex workers with resources, public health access and education



Homeless Advocacy: Intersectional relating to racial justice, public health funding, rights of sex workers and drug users, LGBTQ rights, street sweeps, housing and defunding of police

<https://www.thesidewalkproject.org/>

Sexual Health and Wellness Event December 2nd, 9am to 1pm



Services Offered

DHSP

- HIV, STI, and pregnancy testing
- STI treatment and linkage to HIV care
- Distribution of condoms, lube, hygiene kits, incentives, food and beverages

LACHC

- Urgent care services (e.g. wound care, BP checks)
- Medi-Cal enrollment and linkage to full-scope medical services and housing assistance

SIDEWALK PROJECT

- Event promotion
- Client accompaniment
- Harm reduction and overdose prevention services (e.g., naloxone distribution, syringe exchange)

LA COMMUNITY ACTION NETWORK

- Holistic Womb Education

HOUSING FOR HEALTH

- Event support
- Incentives

Clients Served on 12/2/21

- 22 individuals tested on 12/2/21
 - 11 cisgender men, 10 cisgender women and 1 transgender woman
 - 15 were >50 years old
 - 16 identified as Black, 4 as White, 2 as Latinx and 1 declined to state
 - 18 reported being unhoused
- 5 people treated at the event → symptomatic or history untreated infxn
- 16 individuals signed up but did not receive testing. Reasons for not testing included:
 - long wait times/loss of interest
 - competing personal priorities
 - discomfort with testing protocols

DHSP Data from Dec 2nd event (n=22 11 cis men, 10 cis women, 1 trans woman)

	Number of Tests Performed	Number of Positive Results	Test Positivity (%)	Number Treated	Number of New Diagnosis Identified	Comments
Syphilis	21	9	43%	6	5 (24%)	3 of 9 cases serofast/previously tx
HIV	19	1	.05%	1	0	Patient linked to HIV care the following week
GC-Throat	19	3	16%	3	3	Cefixime given as tx. 1 EPT given to partner and 1 PDPT provided
GC-Vaginal	3	1	33%	1	1	
GC-Rectal	0	0	0	0	0	No rectal swabs collected
GC-Urine	17	4	24%	2	4	Unable to locate 2 individuals. 1 PDPT taken.
CT-Vaginal	3	0	0	0	0	
CT-Rectal	0	0	0	0	0	No rectal swabs collected
CT-Urine	17	2	12%	0	2	Unable to locate or treat
Total	99	20		13	16	

Follow Up Treatment

- 3 consecutive Wednesdays
 - 1 doctor, 2 nurses (lead and trainee), 1 coordinator
 - SUV-hatch back for med administration with screens for privacy
 - Incentives: Water, snacks, \$50 gift cards for completing the three-shot series
 - Coordination with Sidewalk Project and H4H who assisted with finding clients
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- Treatment given 12/8: 3 Bicillin injections, 5 Cefixime, 1 EPT for GC. 2 PDPT for GC
 - Treatment given 12/15: 3 Bicillin injections
 - Treatment given 12/22: 1 Bicillin injection



Challenges

- Managing a “waiting room” environment is difficult on the street
- Date and timing of the event
 - Early morning start time when people are still sleeping
 - Date coincided with the distribution of GR and paychecks →sex workers tend to be more busy on these days
- Reported penicillin allergies means some clients have to receive Doxy →adherence challenges
- Local business owners and neighborhood oversight agency were not notified of the event
- To collect GC/CT samples, port-o-potties deployed →challenges to patient flow, safety due to crossing street

Successes

- Community partnerships
 - Enhanced trust and credibility
 - Assisted with finding clients
 - Allowed for expanded services offered
- DIS case history checks allowed for initiating treatment on testing day and allowed for possible intervention for clients who didn't get testing
- Incentives and food successful for engagement in services

Lessons learned

- Community partnerships are key!
- Choose a time and date when most clients will be available
- More pre-work needed on patient flow and site selection/layout
- Notify local businesses and stakeholders in advance of event
- Consider a FAST TRACK or other mechanism to ensure access for high priority clients

THANK YOU!

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- Dr. Rebecca Cohen Rcohen@ph.lacounty.gov
- Melissa Papp-Green mpapp-green@ph.lacounty.gov
- Syphilis in Woman Action Toolkit: <http://publichealth.lacounty.gov/dhsp/SyphilisInWomen-ActionKit.htm>