Louisiana Commission on HIV/AIDS and Hepatitis C
October 11, 2019
9:00 am- 11:00 am
State Capitol
Committee Room 5
Baton Rouge, LA

Commission Members Present:

Alleen King-Carter, Anthony Basco, Meta Smith Davis, Tavell Kindall, Tanya Brown, Baylor Boyd, Tamachia McCaa, Fran Lawless, Angie Brown, Norma Porter, DeAnn Gruber, Tamara Boutte, Mitchell Handrich, Marcus Bachhuber, Alexander Billioux, Jacqueline Porter, Stephanie Taylor, Kierra Dotson, Andrea LaPlante, Rebecca DeLaSalle (on behalf of Frank Opelka)

I. Call to Order

Dr. Alexander Billioux called the commission meeting to order.

II. Roll Call

Dr. Billioux took a roll call of all present commission members and their designees

III. Welcome and Introductions

Dr. Billioux then welcomed everyone, and after introductions by each Commission member, a brief summary on HIV/HCV in Louisiana was provided.

IV. Purpose and Overview of the Commission/State Ethics Review

Dr. Billioux stated the commission's purpose and mission statement. Haylee Williams presented a code of ethics review and reminded all members they must complete the state Ethics training if not already done so.

V. HIV and HCV Epidemiology Update

Jessica Fridge provided an HIV/HCV epidemiology update.

Dr. Billioux took questions following the conclusion of the HIV portion of the epidemiology update.

Ms. Fridge then continued with an HCV epidemiological update.

Mitchell Handrich asked Ms. Fridge what criteria are used to classify people as chronically infected with HCV.

Ms. Fridge: If people are confirmed RNA positive after an initial antibody positive result for HCV, they are considered chronic unless symptoms are present in which case they are considered to be acutely infected.

[Updated information post meeting provided by Jessica Fridge: The 9,202 Chronic HCV cases reported in 2018 include all cases that met criteria to be reported to CDC as either a Confirmed or Probable case.

Criteria are outlined below.
Confirmed:
1. Does NOT meet Acute clinical criteria
2. Positive HCV confirmatory test after a positive antibody test
3. No documented seroconversion within 12 months

Probable:
1. Does NOT meet Acute clinical criteria
2. Positive HCV antibody test followed by either a negative HCV confirmatory test or the lack of receipt of a HCV confirmatory test

3. No documented seroconversion within 12 months

Of the 9,202 cases, 73% (n=6,706) were Confirmed and 27% (n=2,496) were Probable. There were 333 cases classified as Probable that had a negative RNA test reported and are considered cleared. The remaining 2,163 Probable cases did not have a confirmatory lab reported and current infection status is unknown for those cases.

Please visit: https://louisianahealthhub.org/sexual-health-and-stds/hepatitis/hep-c/
for access to additional HCV data and information.]

Alleen King-Carter asked if it would be possible to generate a graphical representation to highlight the impacts of simply starting HCV treatment vs starting and remaining on treatment (and getting cured) as they correlate to long term health outcomes. Ms. Fridge responded that, just like HIV, there is a HCV continuum of care and because Medicaid provides treatment for HCV the STD/HIV/HCV program has access to that information. However, while the ultimate goal is to study and include that data, this process has begun.

Kierra Dotson: What are some of the problems surrounding HCV screening?

Jessica Fridge: The problem is that baby boomers are provided HCV screening at least once in their lifetimes, and there is no standard for everyone else. The fact that there is no standard for anyone else is especially troublesome since there is now an increasing number of young people with HCV. Once the screening practices change, the numbers will hopefully change with it. Today's presentation, however, is more about the baseline for where LA is in regards to HCV and where we could/should go from there. Main objective right now is to find those who are living with HCV and connect them to the cure.

Dr. Stephanie Taylor: Ms. Fridge mentioned about finding cases and treating people and so we shouldn't stress at the beginning because this will be a progressive process. Also, the number that we have of people who are infected may not necessarily be reflective of the true burden and so getting people screened should be a priority. Maybe the labeling on the graphs should change to reflect that.

Mrs. Fridge: Yes, this is a problem. Especially with typically asymptomatic STDs like chlamydia.

VI. Review of bylaws and reviewing/Voting Procedures

Dr. Billioux: Officers, meetings, and required quorom for the Comission may be reviewed and updated. Article 7 calls for 33% representation to achieve quorum.

Dr. Billioux then opened the floor for any comments or questions from the Commission members.

Mr. Basco clarified that article 7 is speaking in regard to the governor appointed members only, not the commission as a whole.

Mr. Handrich felt that the name of the commission, which includes "AIDS" needed to only mention HIV and Hepatitis C. Removing AIDS from the name out could help reduce any stigma associated with it.

Dr. Billioux: It's the statutory name established for the Commission so it may not be possible to change. However, we can explore this.

Tamara Boutte: In relation to "commission should review all state regulations," we should include federal regulations as well since that's related as well

Dr. Billioux: Yes. Especially since "Ending the Epidemic" is a national initiative

Mr. Basco: the "hospitals" portion of "Louisiana Department of Health and Hospitals" should be removed since, officially, that's no longer a part of it.

VII. Officer Nominations & Voting (Chair/Vice-Chair)

Dr. Billioux initiated nominations for chairperson and vice chairperson for the commission. These positions are to be nominated and selected annually.

Anthony Basco: It was my understanding that we could discuss whether or not we wanted to maintain the previous officer structure before voting. I think generally it's an ok structure but want to make clear to everyone that it is changeable.

No one voiced concern over Chair and Vice-Chair officer structure, and nominations continued.

The following individuals were nominated for Chair: Angie Brown (accepted), Tavell Kindall (declined), Alexander Billioux (declined), Alleen King Carter (accepted), DeAnn Gruber (accepted)

Dr. Taylor moved that nominations be closed with three nominees chosen. The motion was seconded.

Dr. Taylor nominated Dr. Kindall for Vice-Chair, who accepted.

Dr. Gruber asked that the position for Chair be voted on first, so that if someone isn't chosen, then that person can have the option to be nominated for Vice-Chair.

Following the voting period, Dr. Gruber was announced as Commission Chair.

Dr. Billioux opened nominations for Vice-Chair. There was a unanimous decision to allow the other two nominees for Chair be the nominees for Vice-Chair.

Alleen King Carter moved that nominations be closed and this was seconded by Dr. Billioux.

Following the voting period, Angie Brown was announced as Vice-Chair for the Commission

VIII. Commission Priority Setting

Dr. Billioux: We can now take suggestions from commission members on what should be prioritized moving forward.

Dr. Tavell Kindall: There's still a lot of confusion about testing and more specifically opt-out testing so I think moving forward there should be some form of formal standardized testing process in some capacity for individuals to be identified everywhere that patients can access care

Alleen King-Carter: Article 2 states that recommendations can be made to the Office of the Governor. Since the CDC signed off on U=U, then we can do a statewide campaign for U=U and present the proposal to the governor to get a soundbite of him supporting it

Fran Lawless: We had a meeting with the Secretary of Health around U=U and strengthening the opt-out testing language. Strengthening it would really help us, and we can combine it with HCV testing. We can convince providers that opt-out testing is really the only chance we have at eliminating the viral burden in the population

Dr. Alex Billioux: This is also a good opportunity to reduce the stigma. Re-iterate the idea that everyone should be getting tested. Period.

Norma Porter: In regards to electronic reporting, the commission can look at [improving] testing algorithms broadly.

Fran Lawless: We should focus on true de-criminalization because what we currently have isn't true de-criminalization.

Angie Brown: For opt-out testing in the ER at Our Lady of the Lake, they follow-up with people who leave without knowing their statuses. We should also have something in place for strengthening linkage to care, not just focusing on the screening itself. Follow up is just as, if not more, important.

Anthony Basco echoed the sentiment surrounding criminalization. Not just around non-disclosure laws but also around accessing syringe services around Louisiana. Also involving consumers, people living with HIV, HepC, etc., when coming up with policies in order to strengthen/foster trust. Changing rules without getting feedback from the communities impacted by these rules has caused a lot of distrust.

Mitchell Handrich: Include education within communities for identifying people who are actually at risk. Focus is so centered on the MSM community but there is a spectrum now. Also, it's very stigmatizing to focus on just one community. Let's focus on education and the fact that once you're undetectable, your life goes on. Giving concrete examples too would be very helpful. Ex: examples of specific women who have healthy babies despite their HIV positive status.

Alleen King-Carter: Reiterated the de-criminalization piece. We should partner with specific organizations to get educators and policies aligned. Also, the Department of Health could provide information on destigmatizing language, especially with clinic names. So, for example, not using names like "viral disease clinic." Changing the language is important to encourage people to go and get tested and remain in care.

Angie Brown brought up linkage to care once more. At Department of Corrections, people don't receive education about HIV care resources upon re-entry.

Education on insurance is very important because a lot of people don't fully understand it or the fact that they can have access to it

Dr. Stephanie Taylor: In regards to ERs and patients leaving before getting results, increasing support and capacity for rapid testing could alleviate that. People who can actually perform rapid tests are important since results can be obtained within 20-30 minutes.

Kierra Dodson: We should identify patients who are at risk and increase education and training around PrEP to encourage and increase PrEP usage.

Fran Lawless: Comprehensive sex education in school settings should be emphasized, but also to clinicians, communities, and so on. This is also important for reducing the stigma surrounding HCV and HIV

Alleen King-Carter: Testing should be provided in correctional centers. If people know their status, it will make it easier to transition them into care upon re-entry.

IX. Other Business

a. Announcements

None.

b. Public Comments

Sam Burgess wanted to inform the committee of activities centered around engaging community based organizations throughout Louisiana for the Ending the Epidemic (EtE) initiatives. The plans for the cities of New Orleans and Baton Rouge will hopefully be drafted by the end of the calendar year. The EtE plans will be available for the public to comment on but the commission actively participating and providing feedback would be especially invaluable.

Dorian-Gray Alexander addressed the commission on the U=U campaign. He emphasized the importance of involving people living with HIV in conversations aimed at ending the HIV epidemic. He continued on to state that people living with HIV carry all the burden to get tested, get care, and remain in care. There should be an effort to increase universal access to all persons living with HIV and to make efforts to get to same day ART as soon as possible. This would make it more attainable to become undetectable and thus un-transmittable.

Mr. Alexander then commented on the HIV criminalization law. He felt that while it was great that the law was included on the commission agenda of pertinent things to address and try to improve, the conversation around this topic is generally sub-par and underemphasized. He felt moved to share the story of a woman he had recently met who was in a two-year battle after a spurned ex decided to retaliate, using her HIV status as ammunition. It has become very much a "he said, she said" situation even though she is positive that she had disclosed her HIV status to her partner at the beginning of their relationship.

Mr. Alexander then moved on to his final point regarding HIV molecular surveillance and the 2019 sanitary code change, which requires that all HIV test results to be sent to the state including those that are negative. He felt that this new requirement would most negatively impact people who want to get tested but are now afraid that negative test results will get sent to the state. Clarifications around not only the change in the code but also how that data will be used need to be made in order to

increase transparency for those who are weary of the new regulation. Whether or not law enforcement officers would have access to this information should be particularly emphasized.

c. Next Meeting Date

Dr. Billioux projected that the next meeting date will probably fall in early December. A notice will be sent to all Commission members when the date is firm.

X. Adjournment

BYLAWS OF THE
LOUISIANA COMMISSION ON HIV, AIDS and
HEPATITIS C EDUCATION, PREVENTION, and TREATMENT

ARTICLE I: NAME

The name of the organization is the Louisiana Commission on HIV, AIDS and Hepatitis C Education, Prevention, and Treatment as established by Louisiana R.S. 40:2018.1.

ARTICLE II: PURPOSE/MISSION

The Commission shall serve as an advisory body to the Governor and the Department of Health on HIV, AIDS and Hepatitis C related matters. The Commission shall serve as a coordinating forum on HIV, AIDS and Hepatitis C and related matters between and among state agencies, local government, and other non-governmental groups. The Commission shall research and review all federal and state regulations, guidelines, policies, and procedures relative to prevention and treatment of HIV, AIDS and Hepatitis C and make recommendations to the Governor, the Secretary of the Department of Health, and the Legislature.

ARTICLE III: MEMBERSHIP

The following twenty (20) members **shall be appointed by the Governor** and serve at his/her pleasure:

1. Two (2) persons living with the human immunodeficiency virus, referred to hereafter in this Section as "HIV", at least one of whom represents a racial or ethnic minority group.
2. Two (2) persons living with hepatitis C, one of whom is also living with HIV and at least one of whom represents a racial or ethnic minority group.
3. One (1) representative from a community-based provider organization which provides services to persons living with HIV, and which represents a racial or ethnic minority group.
4. One (1) medically qualified representative from a medical provider or community-based provider organization which provides services to persons living with hepatitis C or HIV, and which represents a racial or ethnic minority group.
5. One (1) representative from the Louisiana Primary Care Association.
6. One (1) representative from the statewide HIV Community Planning Group.
7. One (1) nurse representative from the Louisiana State Nurses Association who serves patients with HIV or hepatitis C.
8. One (1) social worker representative from the Louisiana Chapter of the National Association of Social Workers.
9. Four (4) Ryan White HIV/AIDS Treatment Modernization Act grantees consisting of one Part A grantee, one Part B grantee, one Part C grantee, and one Part D grantee
10. Two (2) representatives from the faith-based community.
11. Three (3) representatives from the Louisiana Department of Health who have knowledge of policies related to HIV, AIDS, and hepatitis C and who work in the office of public health, office of behavioral health, and bureau of health services financing, respectively.
12. One (1) representative from the office of the governor.

The following thirteen (13) Members shall serve without an appointment by the Governor, by virtue of their positions:

1. The state superintendent of education or designee.
2. The secretary of the Department of Public Safety and Corrections or designee.
3. The commissioner of insurance or designee.
4. The chancellor of the Louisiana State University Health Sciences Center at New Orleans or designee.
5. The chancellor of the Louisiana State University Health Sciences Center at Shreveport or designee.
6. The dean of the Tulane University School of Medicine or designee.
7. The dean of the School of Pharmacy of the University of Louisiana at Monroe or designee.
8. The dean of the College of Pharmacy of Xavier University of Louisiana or designee.
9. The president of the Louisiana Psychological Association or designee.
10. The president of the Louisiana State Medical Society or designee.
11. The president of the Louisiana Hospital Association or designee.
12. Two members shall be appointed as follows:
13. One member of the Senate appointed by the president of the Senate.
14. One member of the House of Representatives appointed by the speaker of the House of Representatives.

The governor shall strive for diversity in geography, race, sex, and educational background in appointing members to the commission.

ARTICLE IV: OFFICERS

The Chairman and Vice-Chairman of the Commission shall be elected annually by the members and shall serve without salary. The Chairman shall report directly to the Governor.

The role of the Chairman shall be to convene meetings, set agenda in conjunction with the HIV Program Office, and appoint chair and membership of committees.

The Vice-Chairman shall serve as the Interim Chairman should the Chairman be unavailable or unable to serve.

ARTICLE V: MEETINGS

The Commission shall meet at least quarterly according to a schedule established by the Commission. Meetings shall also be held on the call of the Chairman or at the request of at least five (5) members of the Commission. All meetings shall be held in the State of Louisiana.

Notice of meetings shall be in writing and shall set forth the date, time, place and agenda. The meeting notices shall be emailed or mailed by the HIV/STD/Hepatitis Program Office at least 14 days prior to regularly scheduled meetings. Notices of special meetings shall be given within at least 72 hours.

ARTICLE VI: STAFFING

The HIV/STD/Hepatitis Program of the Office of Public Health, Department of Health shall provide staff support for the Commission. This support shall include research and review of state regulations, guidelines, policies and procedures relative to prevention and treatment of HIV and Hepatitis C, mailings, and taking of the minutes of all meetings.

ARTICLE VII: QUORUM/VOTING

A Quorum of the Commission shall consist of thirty-three percent (33%) of the members that are duly appointed by the Governor or the appropriate appointing organization. The presence of a Quorum shall be required for the Commission to transact business and the Commission shall take no official action unless a quorum is present.

Each Commission Member shall have one vote. Unless otherwise specified, actions taken by the Commission shall be decided by a majority vote of Commission Members present.

Commission Members may designate (as may be necessary) representatives at meetings by providing a written proxy. These representatives shall function as Commission Members in the determination of whether a quorum has been met and these representatives shall vote as Commission Members.

ARTICLE VIII: CONFLICT OF INTEREST

Membership on the Commission shall not preclude any organization from contracting with the State of Louisiana for appropriate services. Membership shall also not impede the advocacy activities of organizations represented on the Commission. In matters where the Commission may be making recommendations related to funding, members whose organizations may be affected shall excuse themselves from voting. Commission members must adhere to state ethics law and complete the state ethics training.

ARTICLE IX: TRAVEL

The Commission Members shall be compensated for travel as approved by the Chairman in connection with the meetings of the Commission and official Commission business. Reimbursement for travel expenses shall be in accordance with the travel regulations of the division of administration.

ARTICLE X: STANDING AND/OR SPECIAL COMMITTEES

The Commission shall designate one or more Standing and/or Special Committees; each committee shall consist of two or more Commission Members.

A Special Committee shall have, and shall exercise, such powers as may be designated by the Commission. A special committee shall limit its activities to the accomplishment of the tasks for which it is specifically designated and shall have no power to act except as specifically conferred by action of the Commission. Upon completion of the task for which it is designated, such special committees shall be dissolved. Special committee members shall be appointed by the Chairman of the Commission.

The Chairman, with the approval of the Commission, may, from time to time, appoint persons other than Commission Members who have special knowledge and expertise for which the committee or task force is created to serve on committees. All committees shall have a Commission Member as Chair.

ARTICLE XI: AMENDMENTS TO THE BYLAWS

Amendments to the Bylaws shall be made by a majority vote of a Quorum of the Commission, upon thirty days written notice to the members on record.

ARTICLE XII: RULES OF ORDER

Robert's Rules of Order, as revised from time to time, shall be the parliamentary authority for all matters of procedure of this Commission not otherwise covered by state law or these Bylaws.

ARTICLE XIII: TERMINATION

The commission shall terminate on September 1, 2022 unless extended by the Louisiana Legislature.

ADOPTED BY THE COMMISSION: _____
Date

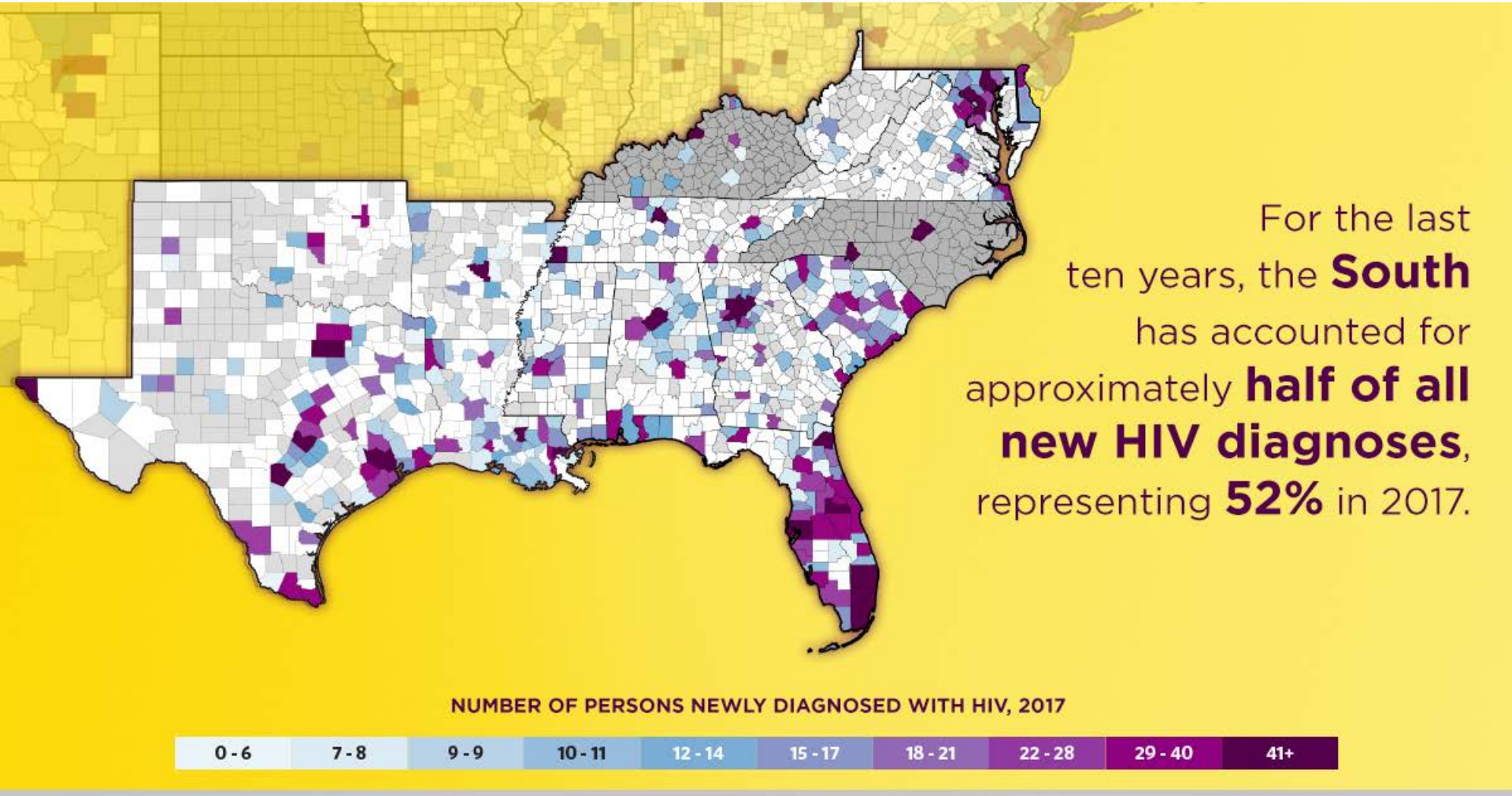
_____
Chairman

HIV and HCV Update

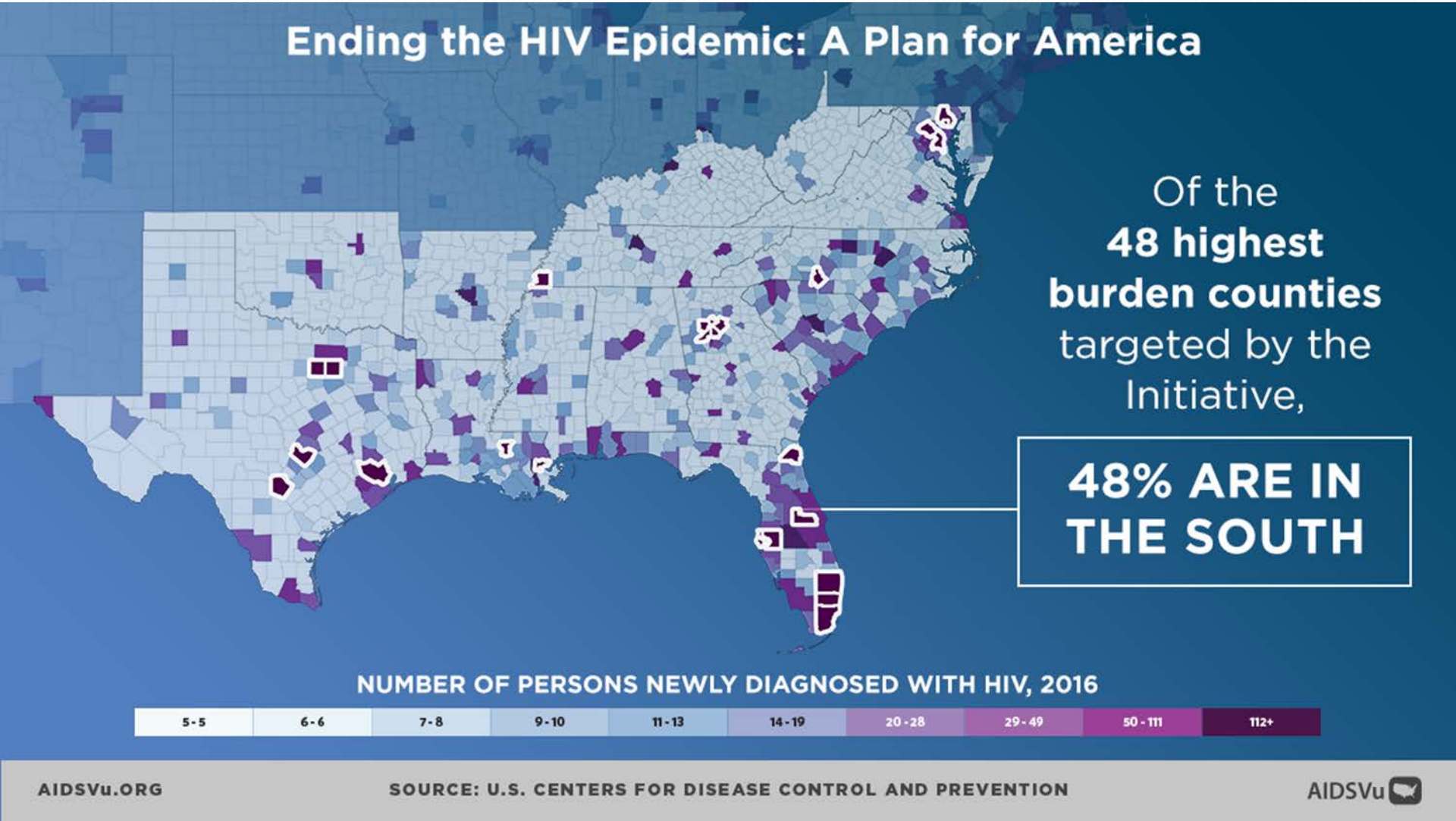
Getting Familiar with the Facts

Jessica Fridge, MSPH
STD/HIV/Hepatitis Surveillance Manager
STD/HIV/Hepatitis Program (SHHP)
LDH, Office of Public Health

HIV in the South



Ending the HIV Epidemic: A Plan For America



Louisiana STI and HIV Diagnoses

2017 vs 2018

	2017 Diagnoses	2018 Diagnoses	% Change
P&S Syphilis	679	669	-1.5%
Congenital Syphilis	59	46	-22.0%
Gonorrhea	12,014	12,043	0.2%
Chlamydia	34,749	36,293	4.4%
HIV	1,019	983	-3.5%
Stage 3 HIV (AIDS)	504	418	-17.1%

2017 HIV/AIDS National Rankings, Louisiana

All rankings from the CDC are based on state diagnosis rates (per 100,000 population)

- **4th** HIV Diagnosis Rate
  - 22.1 per 100,000
  - 1,033 diagnoses
  - Louisiana's HIV rate and number of HIV diagnoses decreased from 2016 to 2017.
  - District of Columbia ranked 1st , Georgia ranked 2nd , and Florida ranked 3rd

- 3rd AIDS Diagnosis Rate
  - 10.8 per 100,000
  - 506 diagnoses
  - Louisiana's AIDS rate and number of AIDS diagnoses decreased from 2016 to 2017
  - District of Columbia ranked 1st and Georgia ranked 2nd

2017 HIV/AIDS Metro Area Rankings, Louisiana

Nationally Ranked Metropolitan Areas (>500,000 persons)

Baton Rouge:

4th HIV Diagnosis Rate

- 31.4 per 100,000 *217 diagnoses

2nd AIDS Diagnosis Rate

- 15.3 per 100,000 *128 diagnoses

New Orleans:

5th HIV Diagnosis Rate

- 31.1 per 100,000 *333 diagnoses

6th AIDS Diagnosis Rate

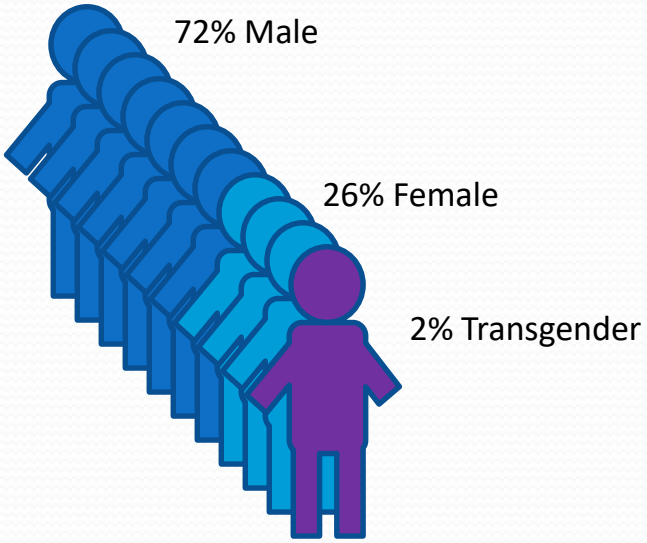
- 12.5 per 100,000 *160 diagnoses

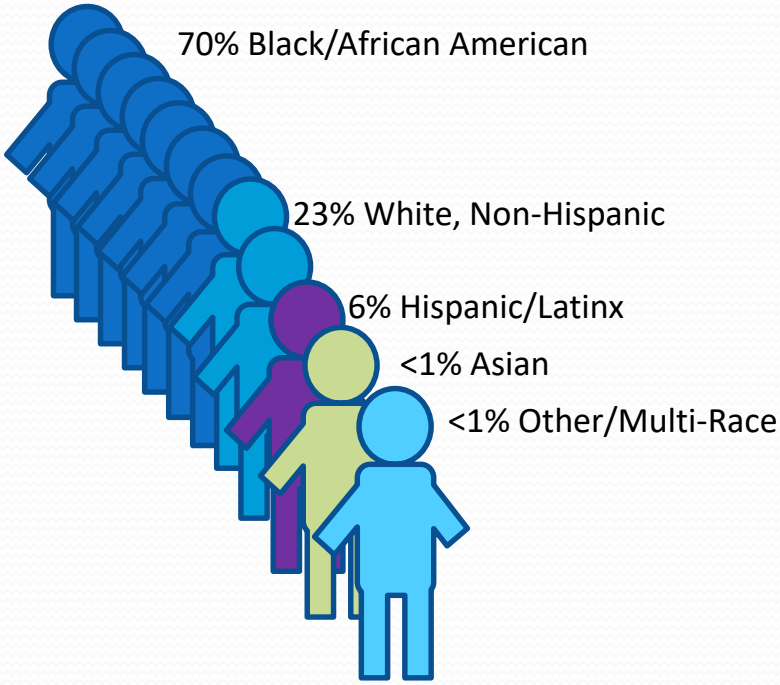
STD National Rankings, 2018

Louisiana ranks: (in rates per 100,000 population)

- 2nd Chlamydia (774.8 per 100,00)
  - Increase in number of cases, ranking remained 2nd
- 5th Gonorrhea (257.1 per 100,000)
  - Case count remained stable, ranking declined from 3rd
- 7th Primary and Secondary Syphilis (14.3 per 100,000)
  - Small decrease in cases, ranking declined from 3rd
- 3rd Congenital Syphilis (72.8 per 100,000 live births)
  - Large decline in cases, ranking declined from 1st, first time since 2011

Who is being newly diagnosed with HIV?

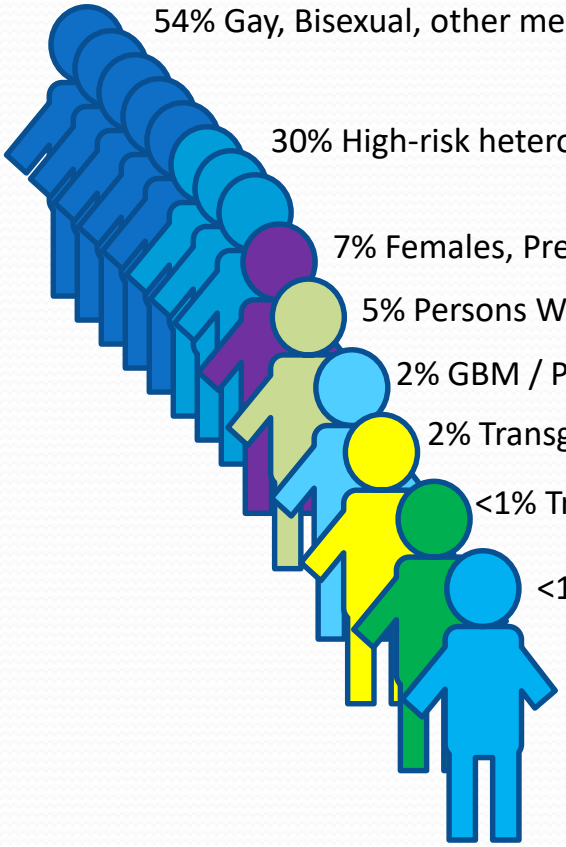




In 2018, 983 persons were newly diagnosed with HIV while residing in Louisiana.

Lowest number since 2005/2006, and before that since 1988

Who is being newly diagnosed with HIV?



54% Gay, Bisexual, other men who have sex with men (GBM)

30% High-risk heterosexuals

7% Females, Presumed Heterosexuals

5% Persons Who Inject Drugs (PWID)

2% GBM / PWID

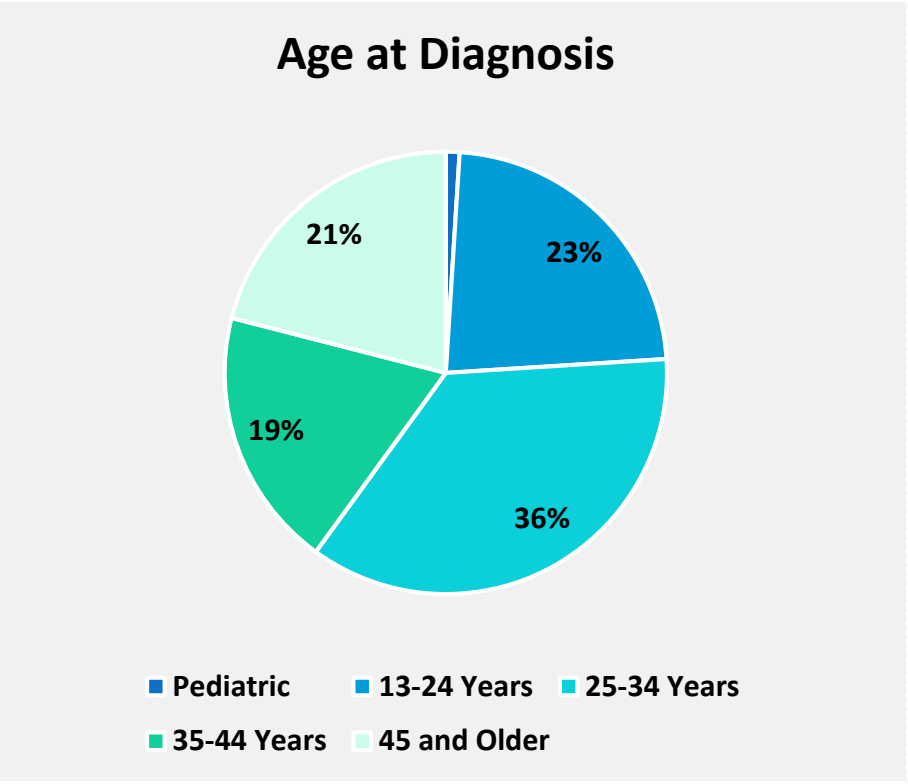
2% Transgender Women who have sex with men

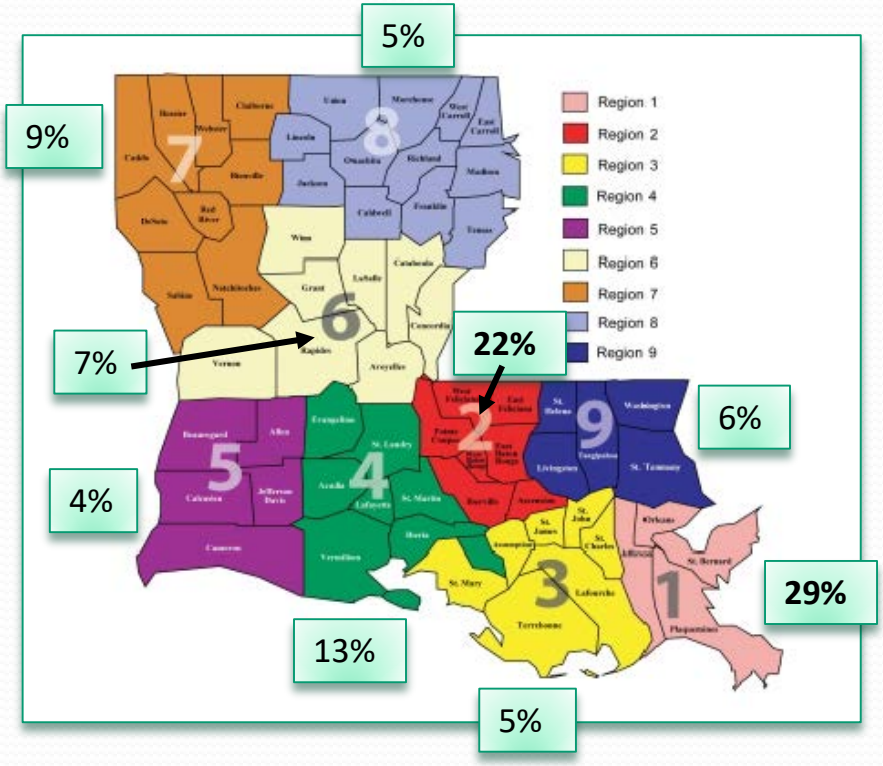
<1% Transgender women who have sex with men and inject drugs

<1% Mother to Child Transmission/Perinatal

A total of 22% of persons newly diagnosed in 2018 were reported without any transmission information or sex of sex partner information.

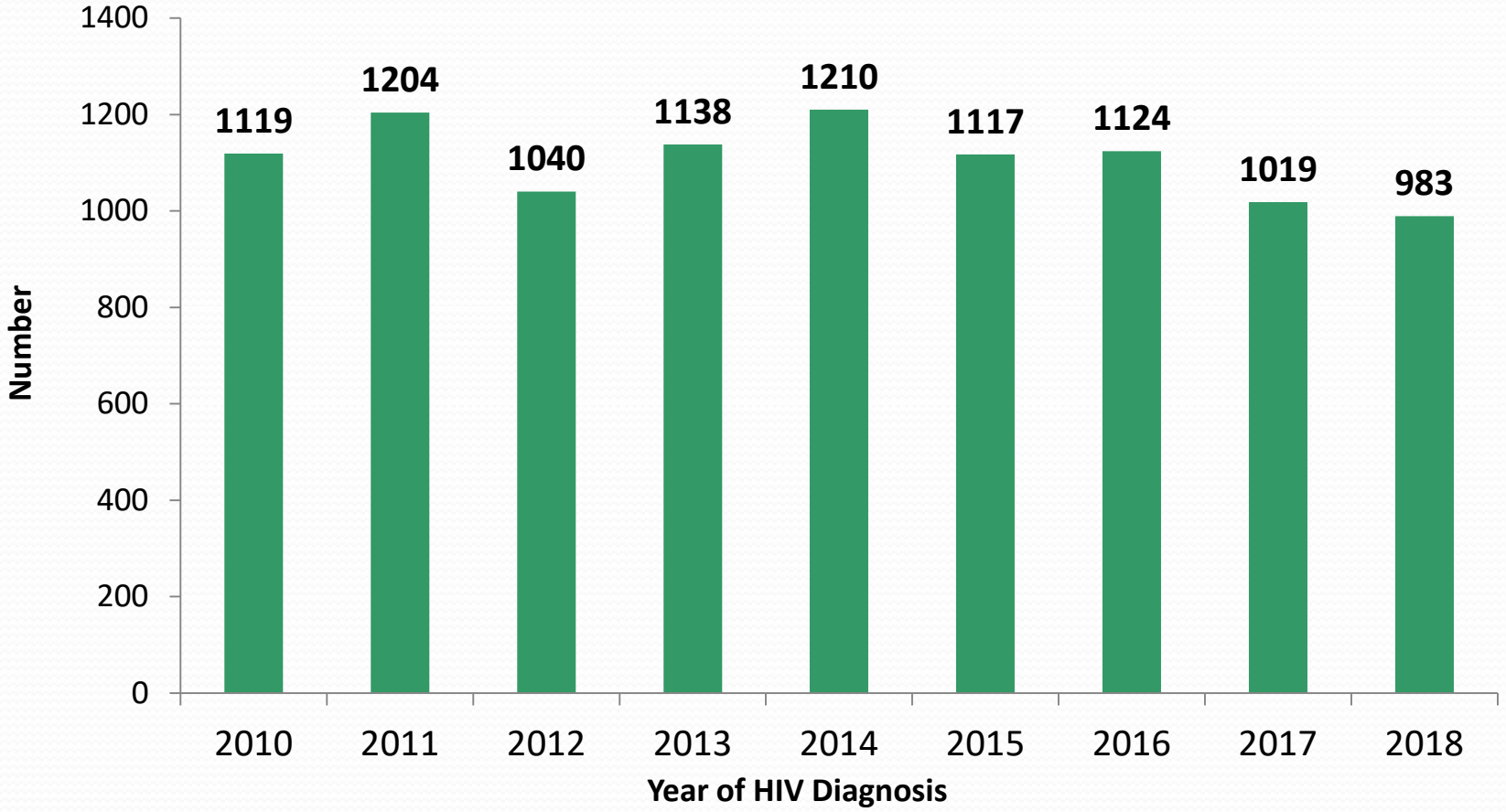
Who is being newly diagnosed with HIV?





Persons Diagnosed with HIV

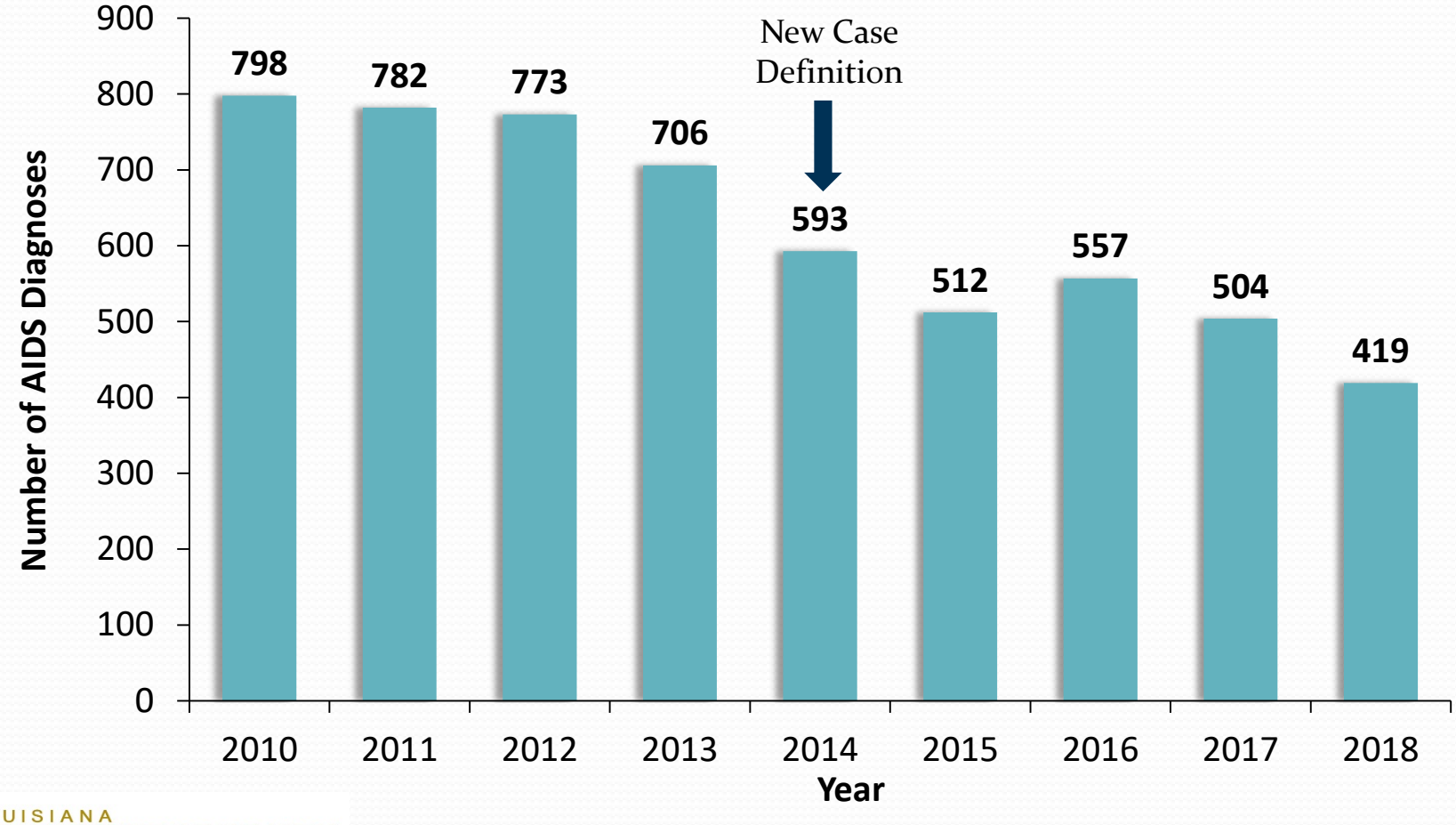
Louisiana, 2010-2018



LOUISIANA DEPARTMENT OF HEALTH
Public Health

Persons Diagnosed with AIDS

Louisiana, 2010-2018



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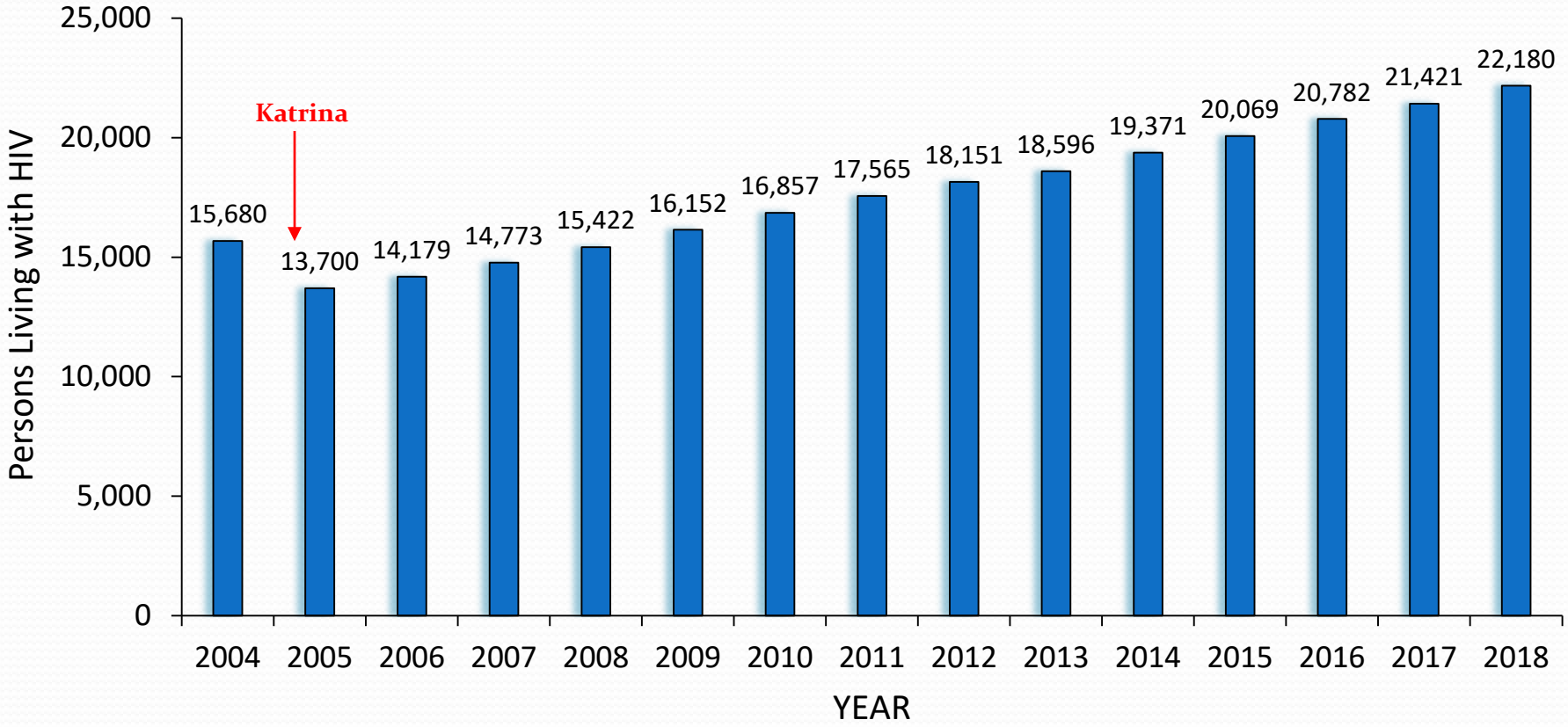
Public Health

Persons Living with HIV

Louisiana, 2004 - 2018



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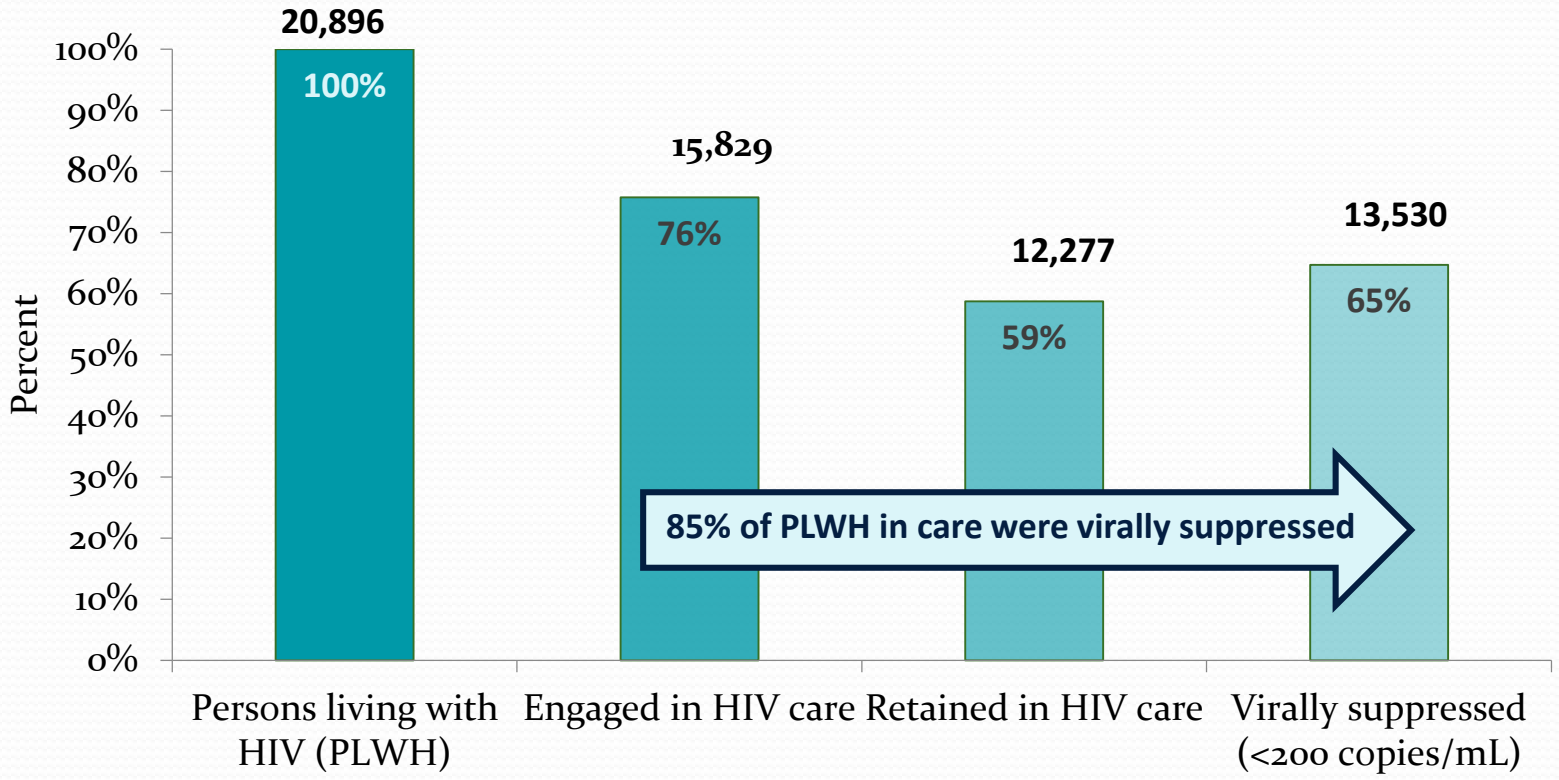
HIV Care Continuum Louisiana, 2018



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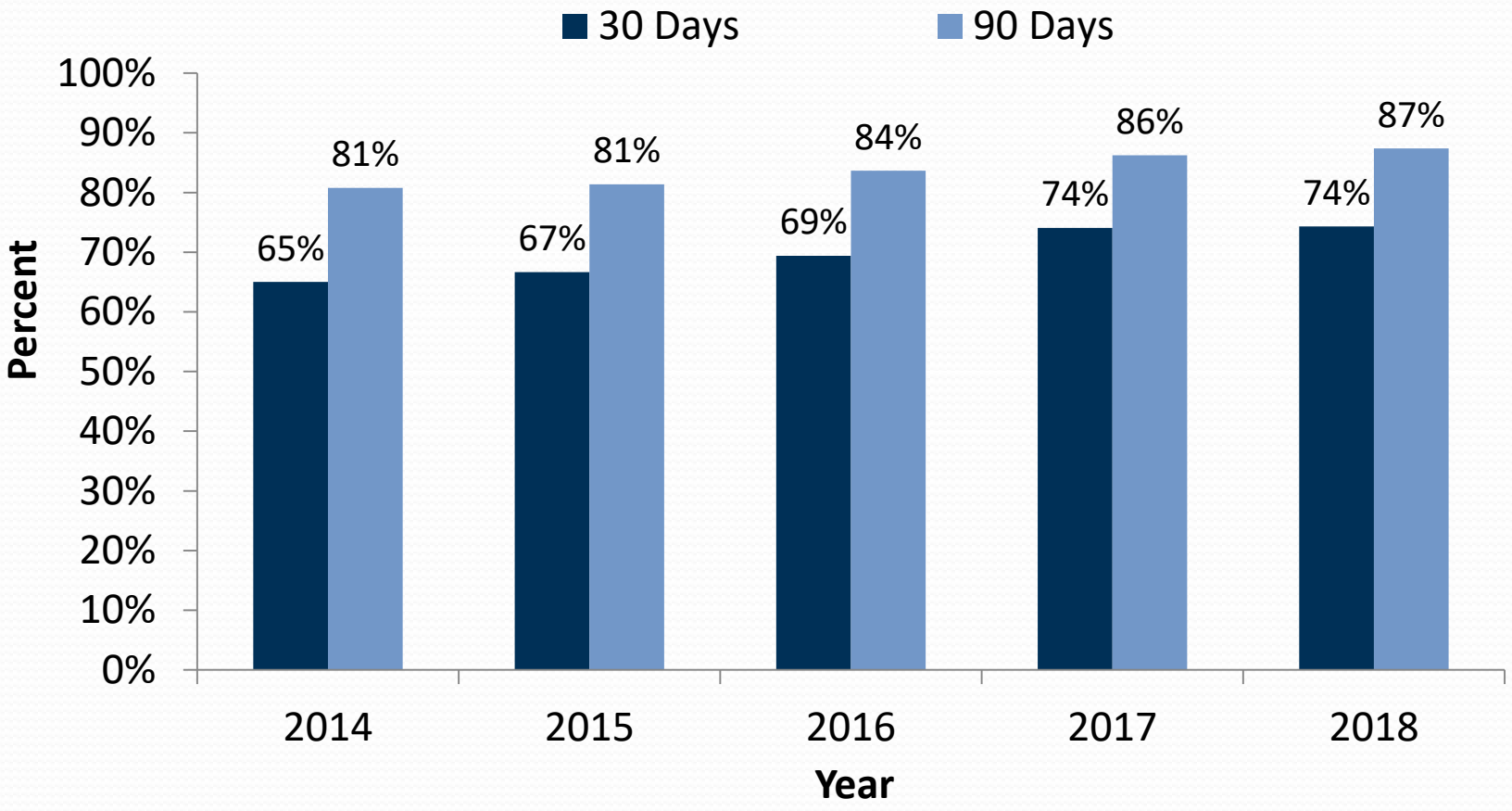
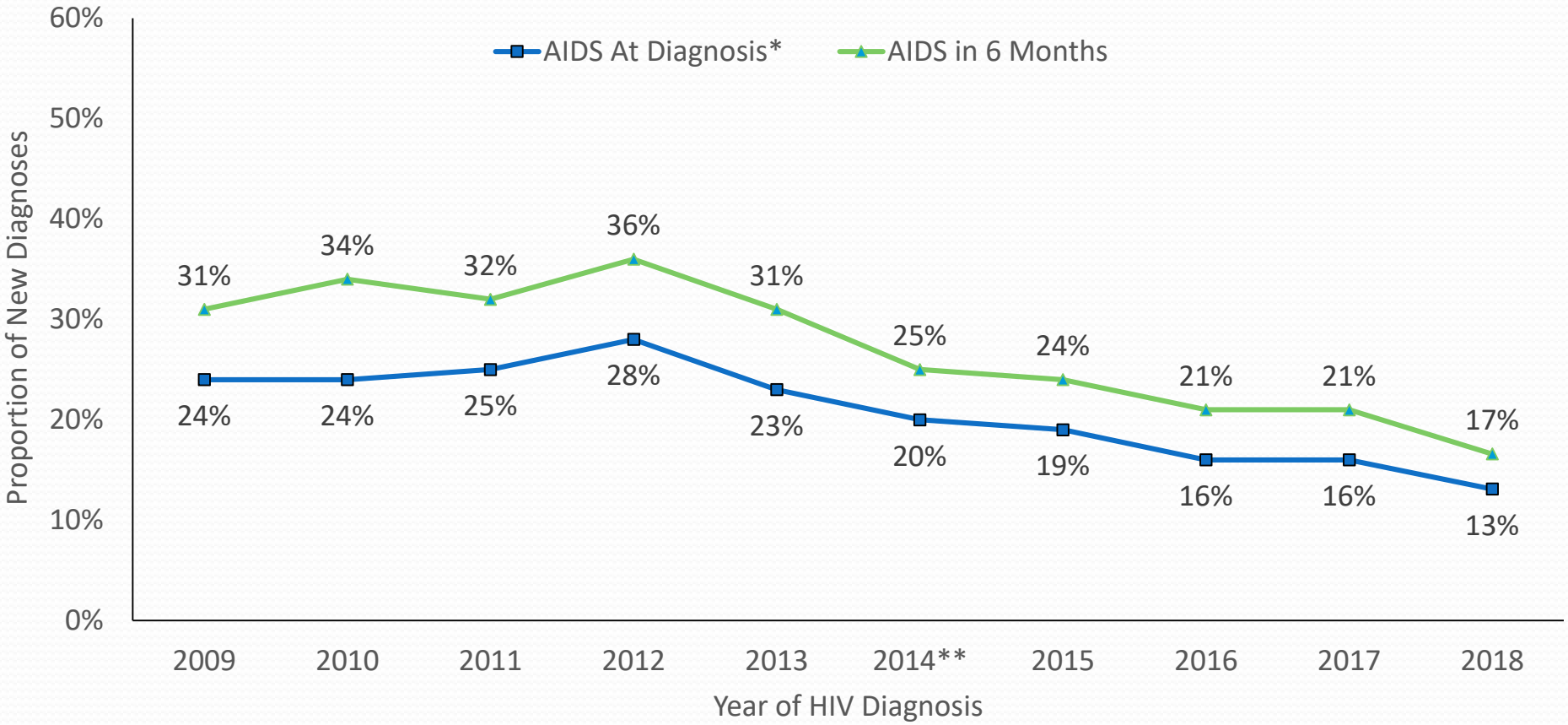
Linkage to HIV Medical Care in 30 and 90 Days Louisiana, 2014-2018



LOUISIANA DEPARTMENT OF HEALTH
Public Health

Percentage of Late Testers Among New HIV Diagnoses, Louisiana, 2009-2018

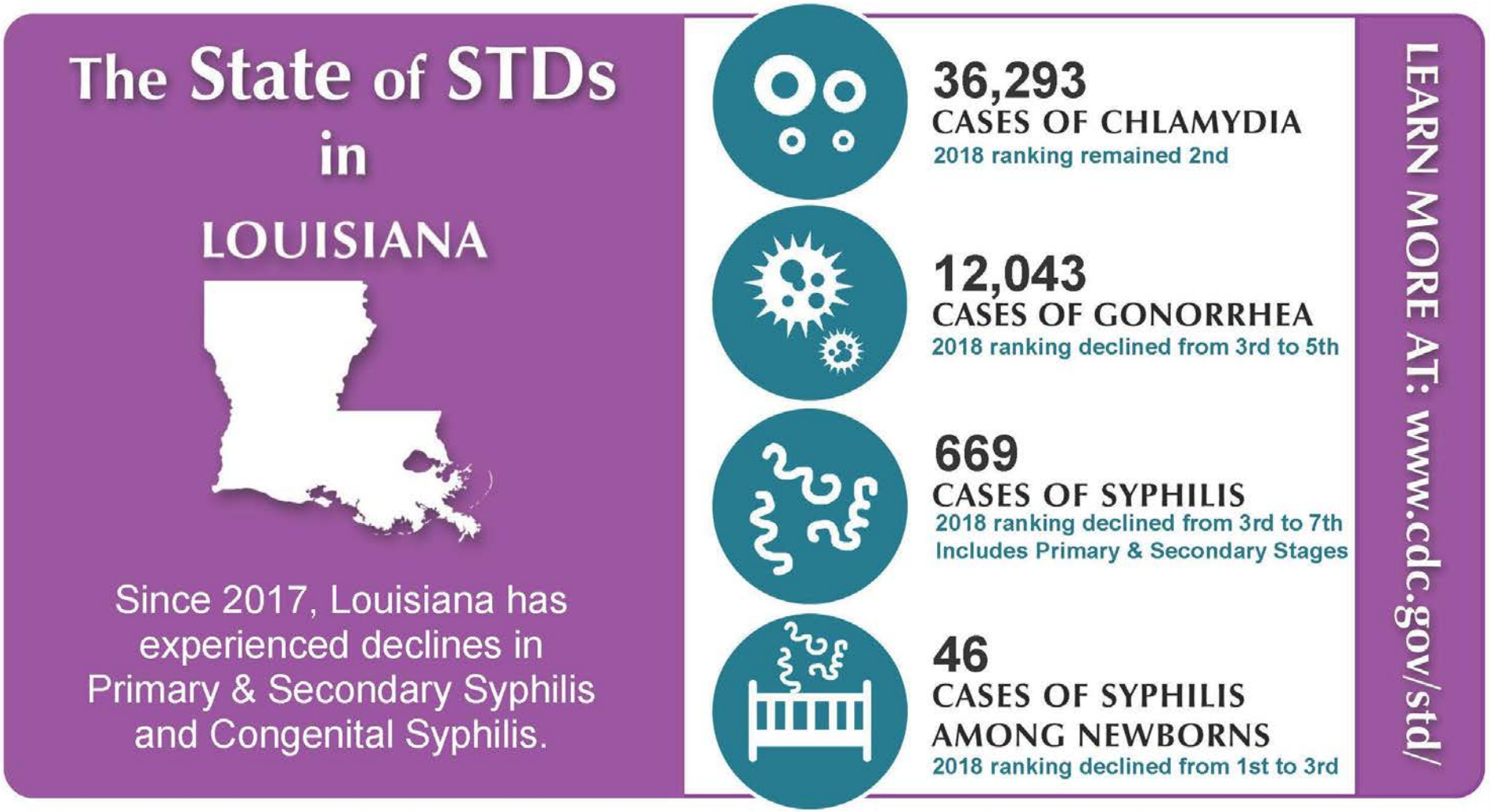


* AIDS Diagnosis within 30 days of HIV Diagnosis

** In 2014, a new case definition for the surveillance definition of AIDS was established that no longer acknowledged a CD4 percent below 14% as AIDS defining if the CD4 count was 200 or greater.

LOUISIANA DEPARTMENT OF HEALTH
Public Health

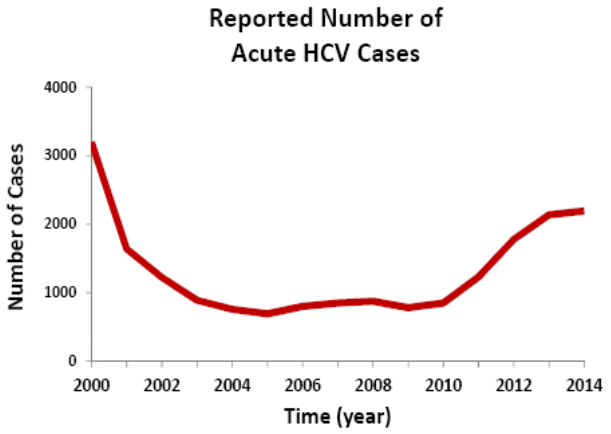
Need to Continue to Wrap STIs into our HIV Work

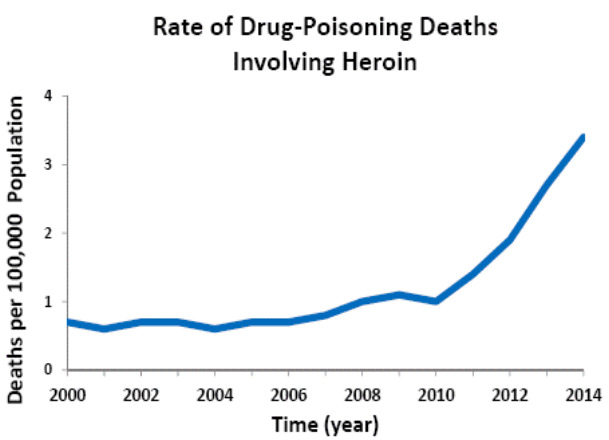


Hepatitis C (HCV) in Louisiana

HCV On the Rise Across the Nation

US Trends for Acute HCV Cases (2000–2014) And Heroin-Related Deaths



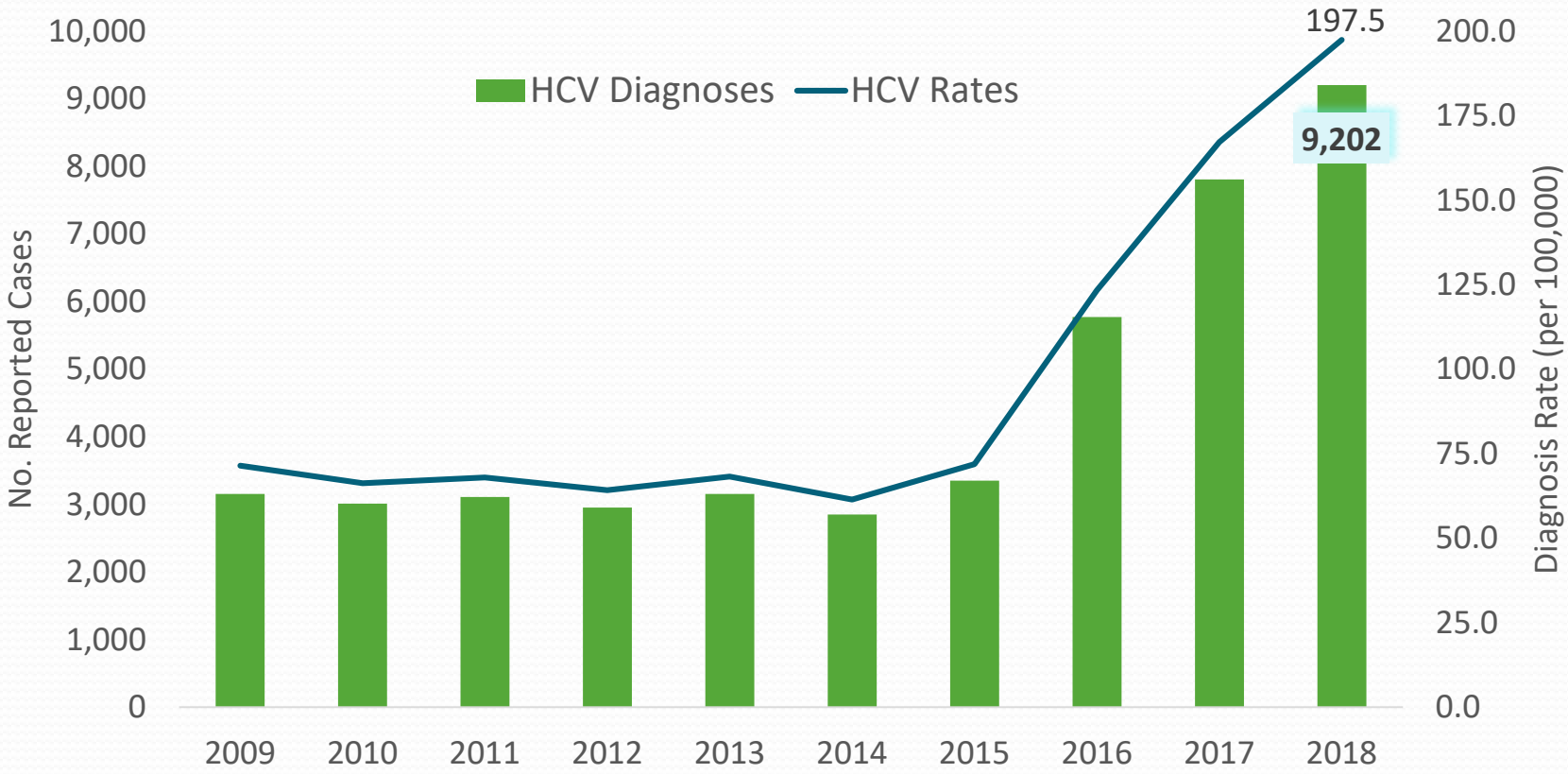


People who inject drugs (PWIDs) account for ≈ 75% of new HCV infections

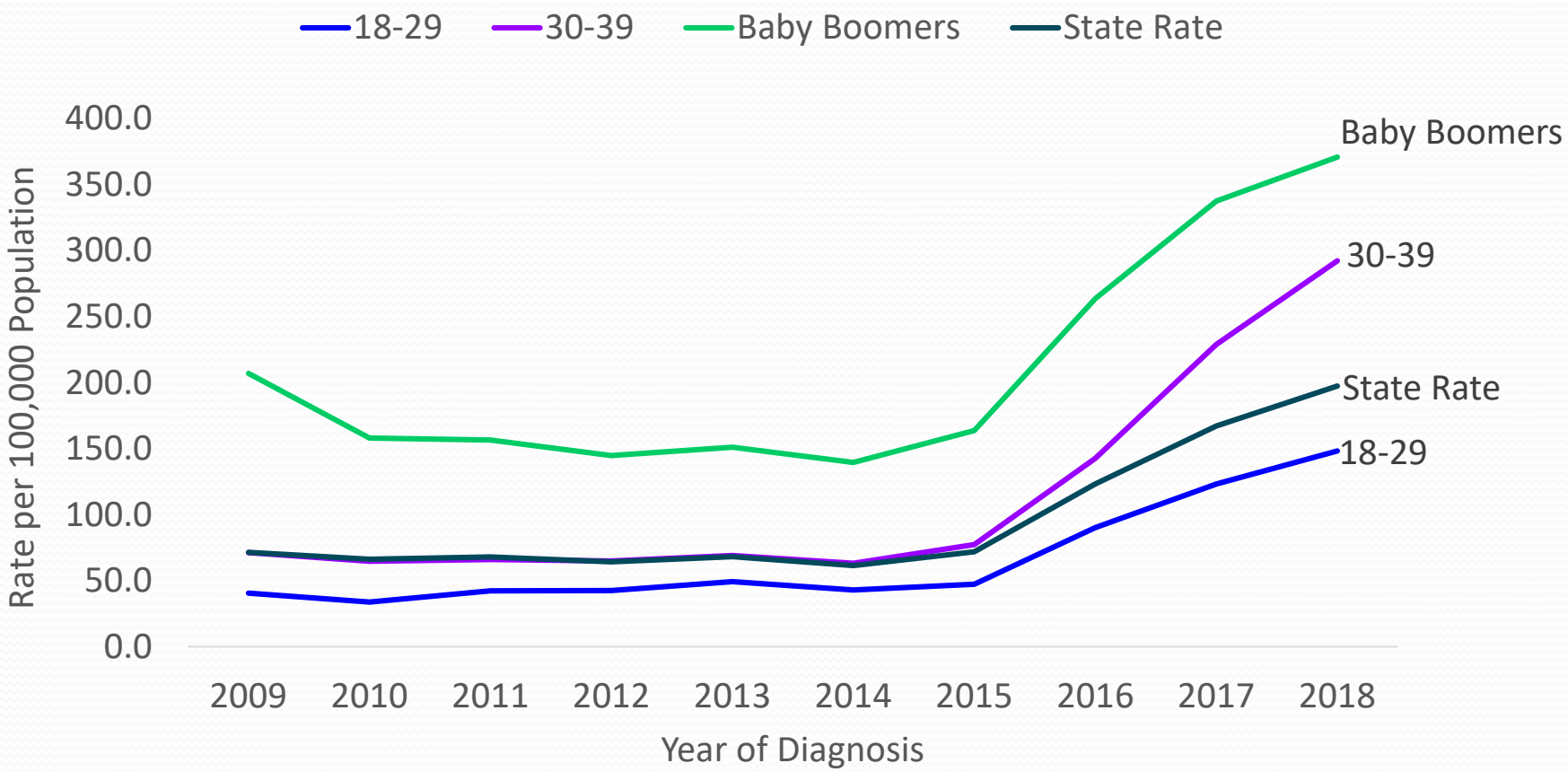
NCHS. National Vital Statistics System: Mortality. www.cdc.gov/nchs. Accessed 6/29/17; CDC. Surveillance for Viral Hepatitis – US, 2014. www.cdc.gov. Accessed 6/29/17.

LOUISIANA DEPARTMENT OF HEALTH

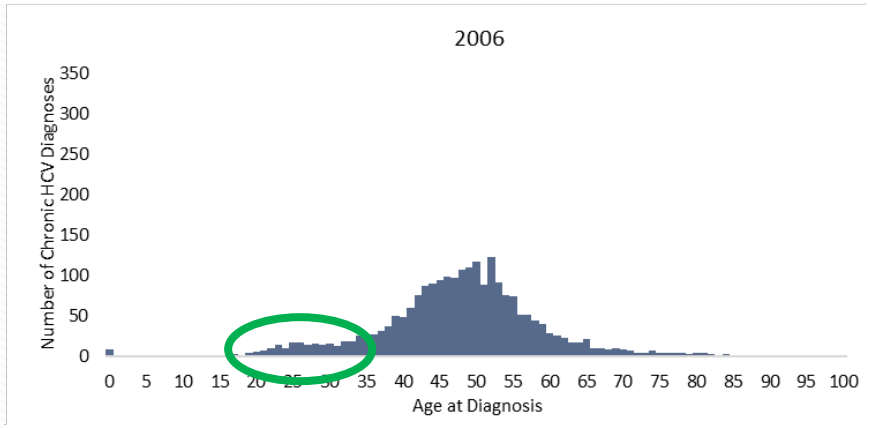
Hepatitis C Diagnoses Louisiana, 2009-2018

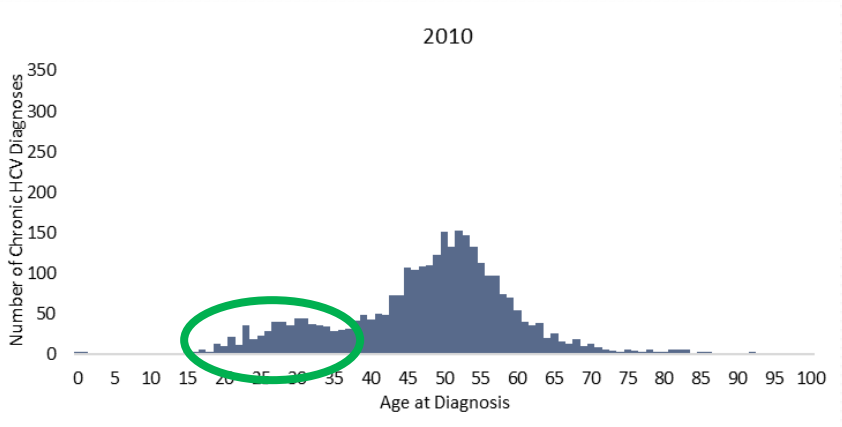


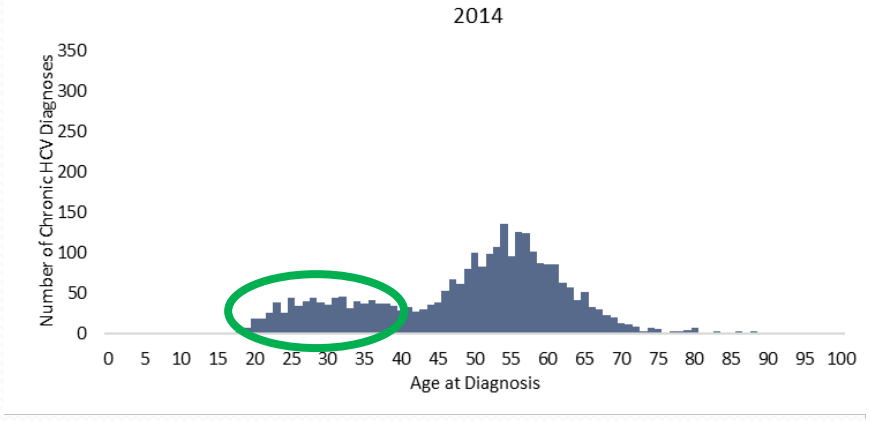
HCV Rate by Selected Age Groups & Birth Cohort Louisiana, 2009-2018

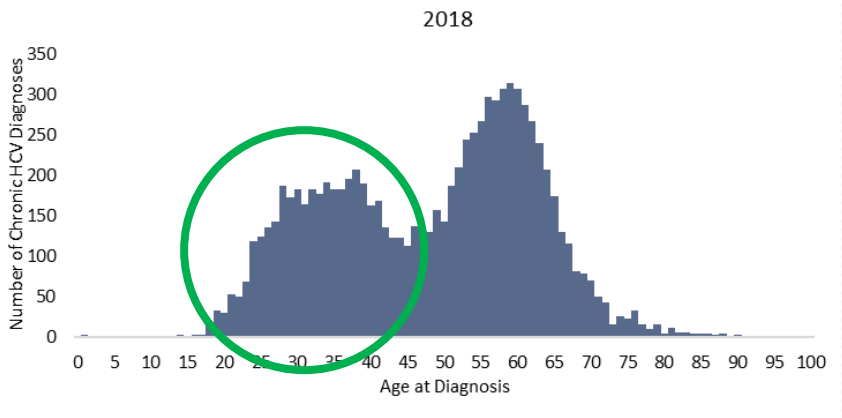


Age of Persons Diagnosed with HCV Louisiana; 2006, 2010, 2014, 2018

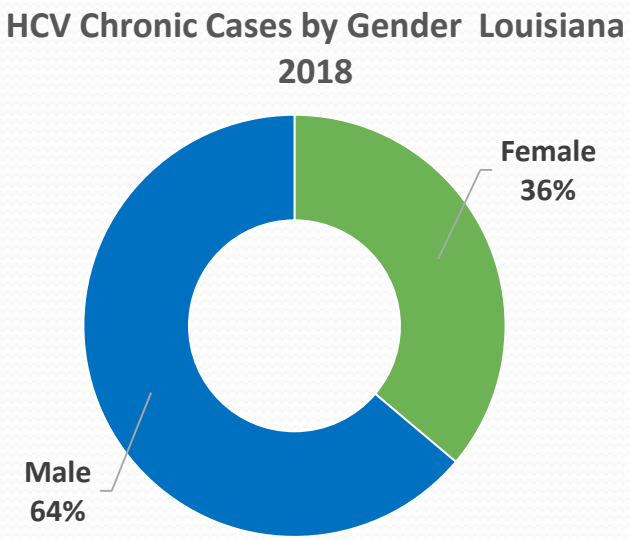


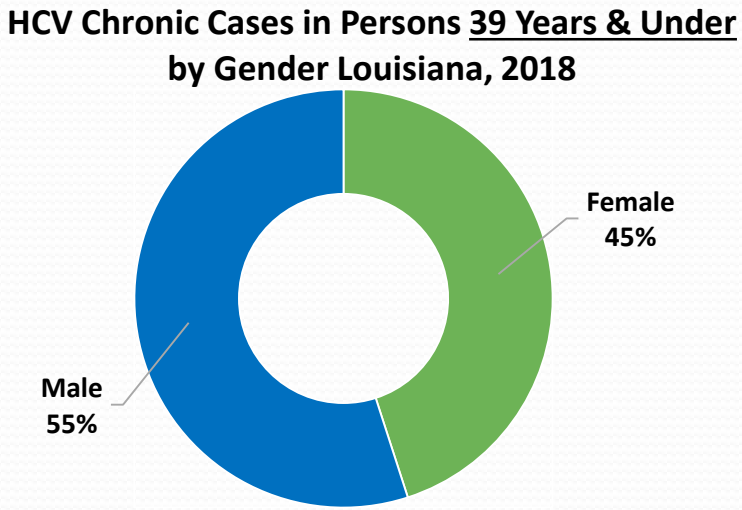


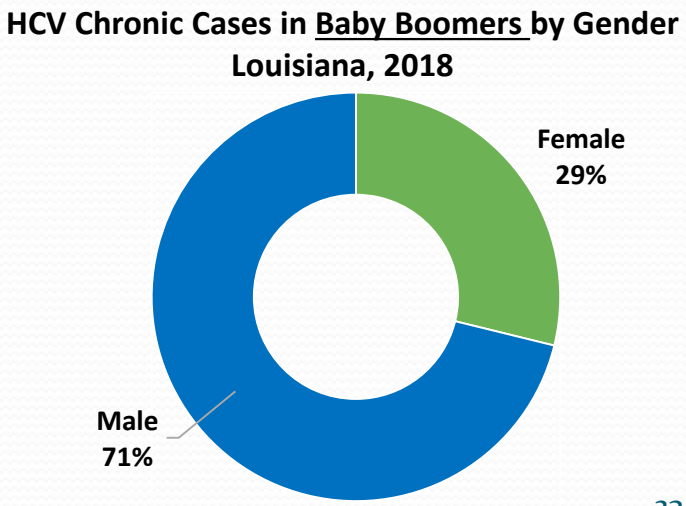




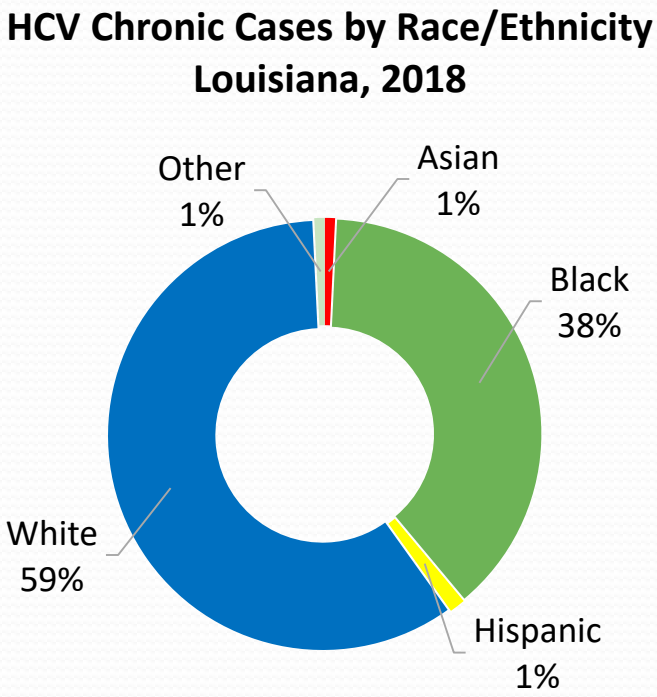
Gender of Persons Diagnosed with HCV, 2018

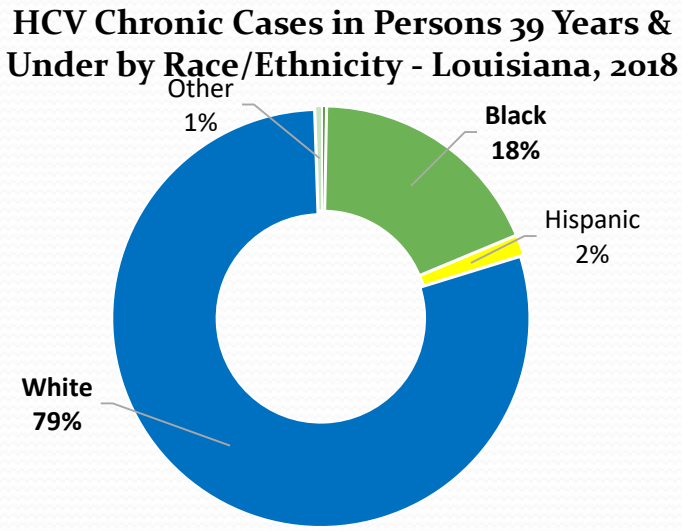


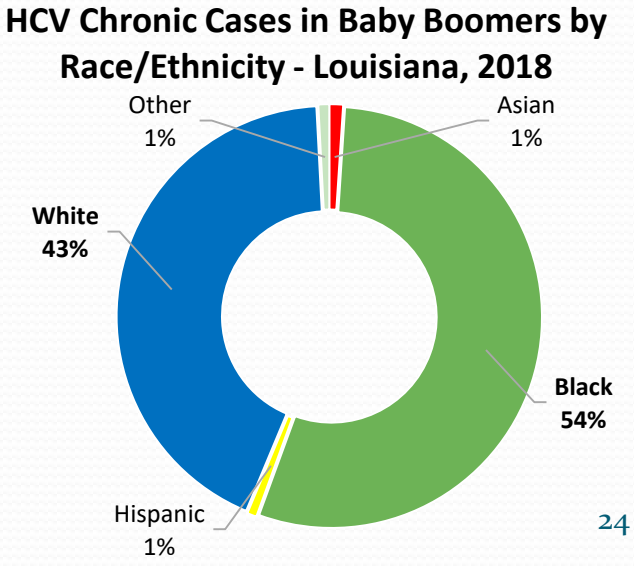




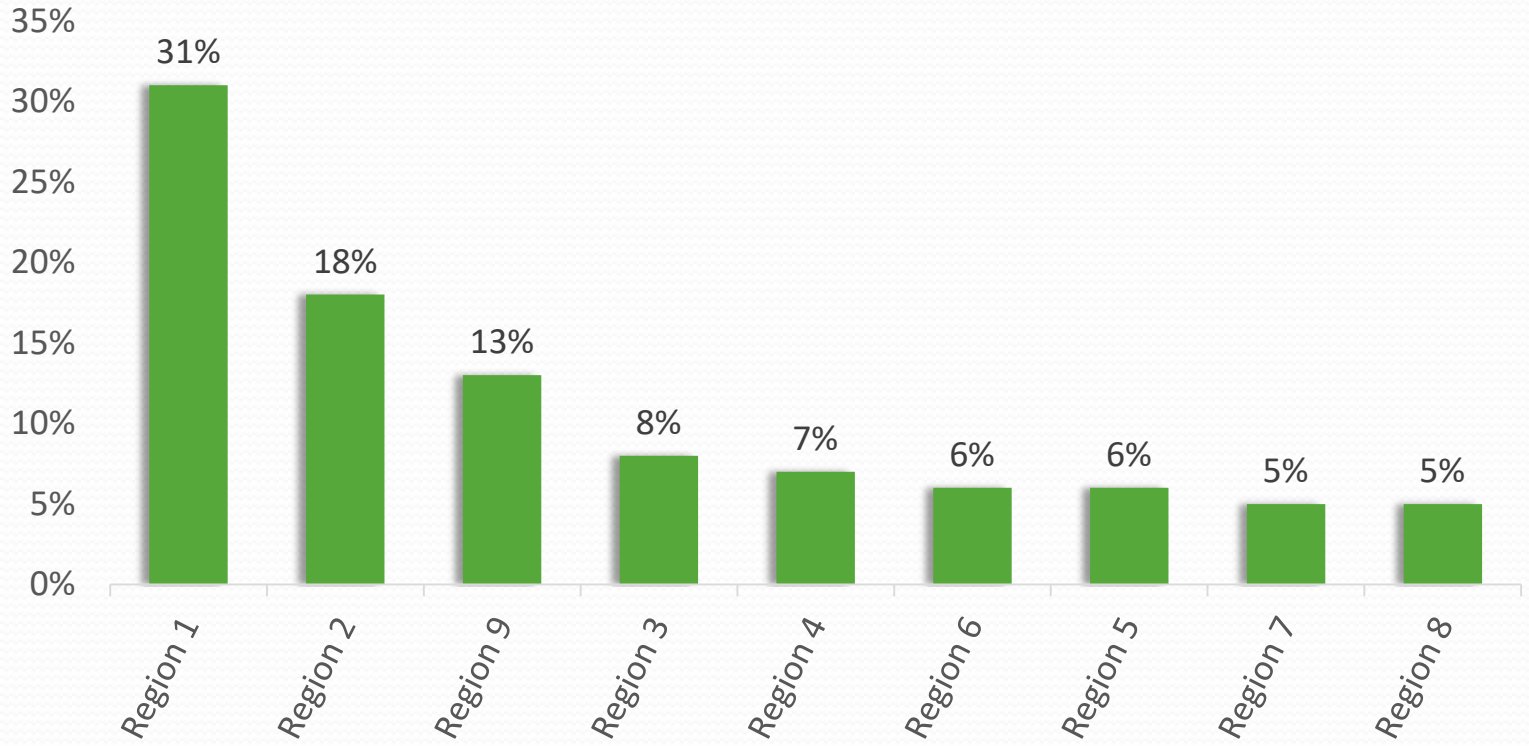
Race/Ethnicity of Persons Diagnosed with HCV, 2018



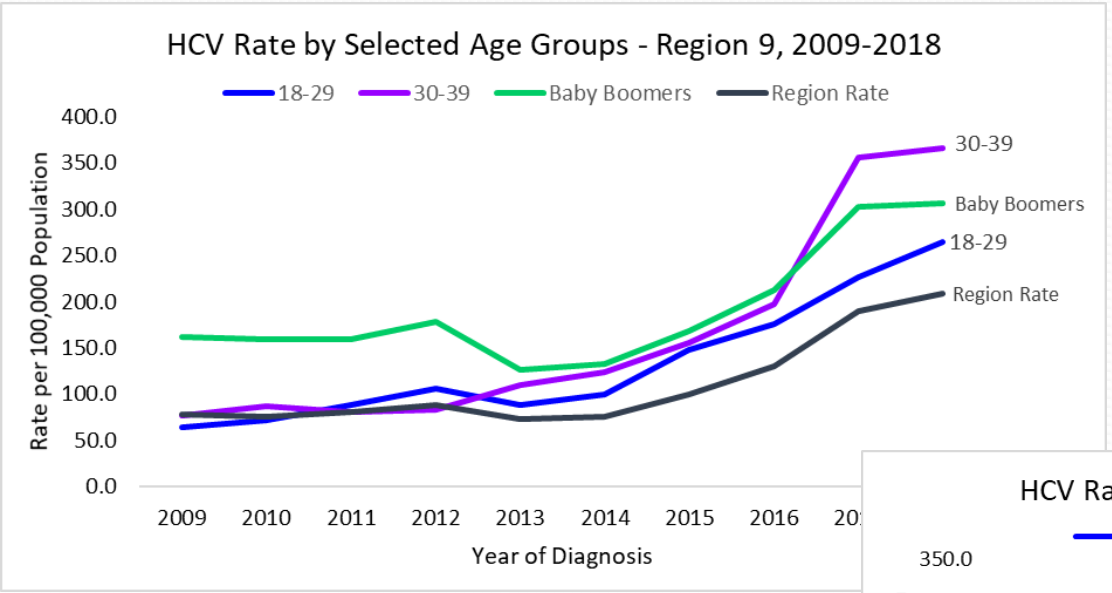


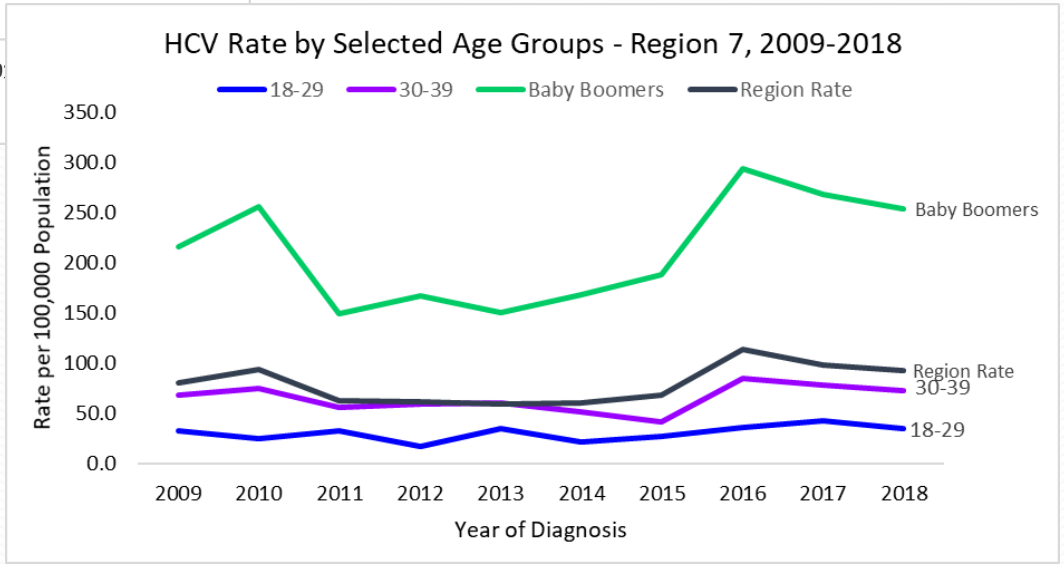


Diagnoses of HCV by Region Louisiana, 2018

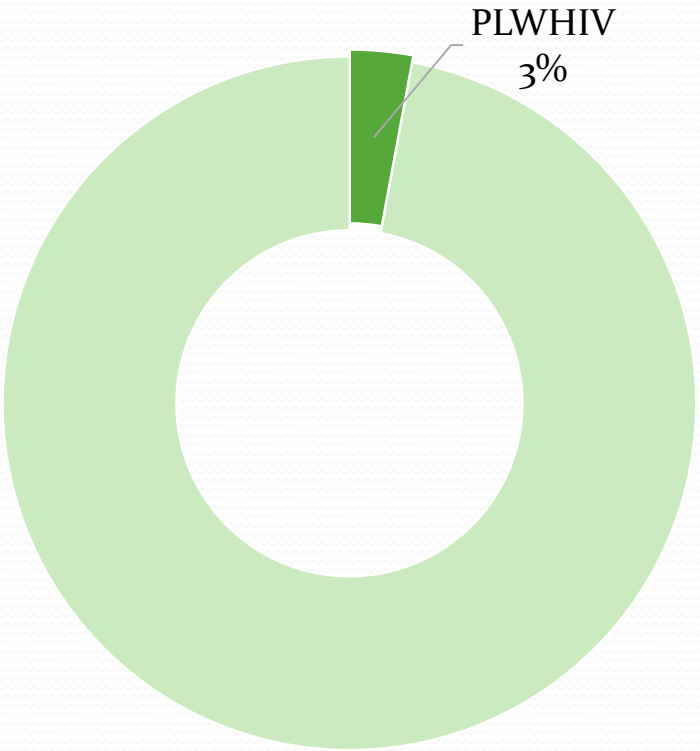


Regional Differences in Regional Priority Populations





HCV Chronic Cases by HIV Status Louisiana, 2018



Thank You!

For more information:

- Louisiana Health Hub Website: https://louisianahealthhub.org/

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  - 504.568.5566