

Baltimore City Health Department

Funded Categories

Category 1: PrEP (Preexposure Prophylaxis)

Category 2: Data to Care

Background

It is estimated that 39% of gay, bisexual, same-gender loving, men who have sex with men (GBSGLM) in Baltimore are living with HIV. Additional data for GBSGLM suggest heightened risk for ongoing transmission and STI co-infection. In Baltimore City, 56% of HIV-infected GBSGLM have viral loads greater than 1500 c/mL, with young GBSGLM most likely to have very high viral loads (>50,000 c/mL). NHBS data indicate that over one-third (35%) of HIV-positive GBSGLM in Baltimore are undiagnosed. Additionally, in Baltimore, 55% of GBSGLM with early syphilis, 86% of those with repeat syphilis, and 52% with gonorrhea are HIV co-infected.

Overview of Baltimore's Project PrIDE Plan

The Baltimore City Health Department (BCHD) proposes to implement and evaluate: Category 1: a community-based PrEP program to reduce acquisition of HIV and Category 2: a data-to-care program to find and engage persons living with HIV, who are not engaged in care, especially gay, bisexual, same-gender loving, men who have sex with men (GBSGLM) and transgender persons, to improve health and reduce HIV transmission. Both categories have a long-term outcome of reducing the number of new HIV infections among GBSGLM and transgender persons. To achieve the program outcomes, the Baltimore City Health Department plans on leveraging its existing community and academic partnerships. They will conduct many of the program activities in collaboration with various partners, including local community-based organizations, Johns Hopkins AIDS Education & Training Centers, HIV planning committees, and the Maryland Department of Health.

Programmatic Activities

Category 1: The Baltimore City Health Department will use five main strategies to increase implementation and scale-up of PrEP services targeted to GBSGLM and transgender persons. The five strategies are: 1) capitalizing on and expanding existing HIV prevention and care infrastructure to develop policies and procedures to expand access and uptake of PrEP services; 2) facilitating expansion of PrEP services in healthcare settings; 3) facilitating the expansion of PrEP referrals in non-healthcare settings; 4) engaging and mobilizing the GBSGLM and transgender communities; and 5) expanding current social marketing campaigns to promote and educate the community about PrEP to GBSGLM and transgender persons.

BCHD plans to create a PrEP collaborative and convene a Community Advisory Board; use a unique, comprehensive 7-stage training curriculum to train HIV providers to implement PrEP; implement PrEP services in the BCHD STD/HIV clinics; and support clinics that already offer PrEP services; use mobile outreach services, partner services, and a respondent-driven social networking approach to expand BCHD's HIV/STD Prevention Program to include PrEP referrals; use HIV, STI and Hepatitis C surveillance data to help identify GBSGLM, transgender and other persons who may benefit from PrEP; convene Town Hall meetings for GBSGLM and transgender communities and engage in targeted peer education and outreach; and expand BCHD's current social marketing campaigns to promote and educate the GBSGLM and transgender communities about PrEP.

Category 2: Baltimore City Health Department will use four main strategies to enhance their current linkage-to-care programs using surveillance data to identify HIV-infected persons who are not engaged-in-care. The four strategies are: 1) build partnerships among community partners, HIV-care providers and others through creating a data-to-care collaboration group, receiving input from a Community Advisory Board, and by developing standardized recommendation, policies and protocols for Data to Care implementation; 2) expand the participation of clinics and other healthcare settings in data-to-care services by training HIV service providers on Data to Care; 3) identify HIV-infected persons who are not virally suppressed, or have ongoing risk behavior and are not engaged in care through conducting outreach in high transmission venues and neighborhoods and through surveillance data; 4) enhance data-to-care activities through integration with STI, surveillance data and referrals by administering partner services to all persons with very high viral loads, developing confidential lists of persons not in care, and integrating BCHD's Hepatitis C Linkage-to-care program with the HIV Linkage-to-care Program.

PROGRAM POINT(S) OF CONTACT

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