Real Talk about Real Time STD/HIV Data Matching & Service Integration: The Real Deal from a Local Health Jurisdiction

Gay L. Calhoun MPH
Director, STD Control and Prevention Unit
Alameda County Department of Public Health
Improve HIV Screening & Linkage to Care with STD Cases

ES/GC

HIV status
- Surveillance
- Provider
- Client report

Female/MSM

+ Linkage to Care
- Unknown (no test since STD)

Next Steps
- Linkage to testing
- Last visit
-Tx as Prevention
- RW, ADAP & HOPWA
- Partner Services
- Harm Reduction
- PrEP
Case Progression Version 1

STD Case Report

Confirm HIV test & care status

Assign to DIS

Linkage to Care - Date of first visit

Data Entry

Case Closed
Case Progression Version 2

**Confirmation** – Name, HIV Diagnosis Date; DOB; Sex
- STD Report → Reactor Desk/Triage = Case Status
- Confirm HIV Test – “Current” or “Most Recent”
- Confirm HIV Care Status - Last Test or Is there More?

**Linkage to Care** – Where the Data Really Counts
- Syphilis Case
- Out of Care - Re-Engagement Date of First Visit
- Newly Diagnosed – Date of First Visit

**Case Closed** – Says Who?
- Whose Case is This Anyway? What Case – Syphilis or HIV?
- Coordination to Reduce Duplication
- It’s Still All About the Data
Capture of HIV status, testing and care data
Takeaways 1

• Treat STD as a risk factor for HIV Infection
• Verify HIV status
  1. Surveillance data
  2. Provider
  3. Client
• Coordinate Investigation/Services among STD/HIV
• Use Early Syphilis infection as an opportunity for re-engagement with HIV care
Takeaways 2

• Treat STD as is a risk factor for HIV Infection

• Verify HIV status – **Know what to do once you get verification and who will do it. Be ready. Be prepared**

  1. Surveillance data – **Determine what is needed. SHARE it with NO encumbrances.**
  2. Provider – **STD and HIV services may not overlap; Share your contacts. Avoid duplication of effort.**
  3. Client – **Know how to broach the topic of HIV status.**
  4. Laboratory Report – **Devil in the details.**

• Coordinate Investigation/Services among STD/HIV/Epi

• Use Early Syphilis infection as an opportunity for re-engagement with or entry to HIV care.
Takeaways 3
The STD Fork in the Road

1. Coordinated *integration* of HIV and STD patient services at the Local level, State and Federal levels.
2. Better, quicker HIV data accessibility to facilitate client contact; reduce duplication of work;
3. STD staff taking on more HIV related case work – partner notification; linkage to care; PrEP referral and follow-up; initial HIV test verification; more intensive provider contact; etc.
4. Changes in patient interview techniques – getting what you need in the time you have to get it.
5. New staffing patterns and related funding needed to facilitate these changes.
Thank you!!

Gay L. Calhoun MPH
STD Control and Prevention Unit
Alameda County Public Health Department
1000 Broadway, Suite 310
Oakland, CA 94607
510-268-2396
gay.calhoun@acgov.org