



SAN MATEO COUNTY HEALTH
**PUBLIC HEALTH,
POLICY & PLANNING**

San Mateo County STI/HIV Program

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SMC STI/HIV Program

Fully integrated STI and HIV program

STI and HIV prevention staff were officially merged in 2022, even though have been doing same integrated work since 2009. All are Communicable Disease Investigators are HIV and HCV certified test counselors and conduct case investigation for all STIs, MPOX and HCV (except acute HCV case)

GC/CT and Syphilis Surveillance
(Triage of lab reports attempt to confirm HIV & PrEP status and case assignment)

HIV Surveillance
(Incoming labs reports, ACRF review, initial case investigation, case assignment)

HIV Linkage to Care & Partner Services for Newly Diagnosed HIV

MPOX Case Investigation

Case Investigation & Partner Services
(Confirm HIV status - referral to LTC CDI or PrEP Navigator)

Provider Outreach and Education
(Provider Detailing - STI/HIV screening recommendations & PrEP Navigation Services)

STD Clinic coverage
(Counseling & Conducting Rapid HIV/HCV tests)

Hep C Screening and Linkage to Care
(Corrections)
HCV Case Investigation and Linkage to Care

Re-engagement To HIV Care
(Out of care for 6 mths)

Outreach and Testing on Demand Mobile Van in Community
(HIV/HCV rapid testing, GC/CT, Syphilis)

PrEP Navigation

Data Collection and Data Quality Assurance

Funding

- San Mateo is part of the San Francisco EMA for Ryan White Part A. Also receive RW Part B and Minority AIDS Initiative from CDPH-OA.
- We receive HIV Surveillance funding, HIV Prevention grant, STD Core funding, Enhanced DIS funding, HCV funding from CDPH-OA and STD Branch.
 - One CDI is specifically funded under Early Intervention Services Part A and MAI to perform Linkage to Care and Retention in Care activities. This CDI is also the primary assigned CDI for all HIV/STI co-infection investigations.
 - All CDIs obtain HIV and PrEP status in all their case investigations and counseling sessions.
 - All GC rectal and pharyngeal positive cases who are HIV negative will be contacted by PrEP navigator to link to PrEP services.
 - One CDI is specifically tasked with creating PrEP resources to private and County systems of care.
- Weekly data is pulled from all San Mateo Medical Center clinics regarding PrEP patients so PrEP CDI is aware of current patients within the County health system.

Workflow: HIV Surveillance CDI receives notification of positive HIV test or out of care

*Provider reports HIV positive result via phone 650-573-2609
or by traceable mail*

CDPH OA will also notify the county of residence of the newly HIV positive case via eHARS database

*SMC Public Health Lab notifies HIV Surveillance via phone and hard copy of HIV lab result
(County clinics, county medical center and county ED)*

CDPH OA enters Viral Load and CD4 LEDI database. HIV Surveillance must actively search for these results. Generally, it takes 3-4 days after the lab is resulted to be entered into LEDI database.

HIV Surveillance CDI conducts initial investigation

Follows up with ordering provider to ensure complete and timely submission of Adult Case Report Form (ACRF), review medical notes for any missing information and submits form to CDPH Office of AIDS (CDPH OA).

*Notifies Linkage to Care CDI of individual and assigns case
(CalREDIE HFII incident will be created)*

**The HIV morbidity is reported by the county where the diagnosing facility is i.e. SF resident tests positive in SMC jail. SMC Jail provider must complete the ACRF and submit to SMC HIV Surveillance who will report to CDPH OA.*

Linkage to Care CDI confirms individual linked to provider and accesses care

*Follows up with care provider
If individual is OOJ, LTC CDI will notify the county of residence.*

*Attempts to reach individual (Call & Field Visits)
If disclosure has not happened, the LTC CDI will disclose i.e. ED visit.
Linked to care = appt scheduled and viral load test done and resulted*

Identifying Interventions (Patient/Program Level): The ability to identify an intervention is based on a thorough case investigation from initial report, assignment, pre-case analysis, attempt to contact, interview and partners services to linkage or re-engagement to care.

Case investigation is affected by (3) elements

Elements can be impacted by:

Policy

Standards

Business rules

Communication

Staff performance & training

1. TIMELINESS

Initiation of investigation must be immediately after diagnosis or date of collection.

2. ACCURATE & COMPLETE INFORMATION

Information collected must be accurate and as complete as possible.

3. AWARENESS OF PATIENT CONTEXT

Each step must collect information to provide patient context (social, economic and environment) prior to interview.

Role of the CDI: CDIs have expertise in conducting case investigation interviews and obtaining patient context

**Patient context includes the patient's emotional state, relationship and partner dynamics, accessibility to services and ability to seek services and maintain adherence. The provider, medical records and other patient records can provide critical patient context information.*

Confidential

Client centered counseling

Culturally sensitive

Nonjudgmental

Motivational interviewing

Disease specific education

Assessment skills

Collect standardized risk and critical information

Partner/contact elicitation

Core Components of Interview

Tools utilized to identify new HIV case, Out of Care, Suspect Cluster & Case(s) in Priority/Special Populations/Risk Category

Linelist generated by
CDPH
*(Quarterly DUA report,
Alerts & data cleaning)*

County Internal
Provider Notification

HIV Viral Load Testing
Reports

Provider Notification &
Reporting

Team Huddles
(bi-monthly)

CaREDIE HFII
HIV Case Investigation
& Case Reviews

Example of use of tool : CDPH OA Alert (DUA)

Suspect IDU Cluster (10 cases with IDU risk noted in a year vs 1-2 cases per year)

- Reviewed CDPH Line list data points and conducted quality assurance on all data
 - Line list includes county of residence, provider of diagnosis and care, risk factors (IDU, MMSC)
- Reviewed all medical records, LTC and PS interview for HIV/STI to confirm data and obtain more patient context
- Created line list with additional data points including:
 - Report of partner HIV positive, MSMW, Sex with transfemale
 - Substance use type; correctional facility involvement
 - PrEP Hx, Neg HIV test history
 - STI history;
 - STI and LTC interview outcomes and barriers/challenges identified; Partner services outcomes (any STI/HIV)
 - Medical records review
 - Other medical care involvement; Report employment/housing instability or other life situations impacting access to information and care

Outcome of review and cleaning of data

- Only (1) of reported confirmed IDU and SMC resident
- No IDU risk cluster identified
- Identified missed opportunities for intervention
 - Example:
 - Routine testing not done on a female of child-bearing age who had a chronic condition (diabetes) and had extensive medical care involvement at a county facility
 - No PrEP offered or referral made to PrEP navigation to male reporting male sexual contact
 - No HIV or syphilis testing offered or done for individuals reported meth use and correctional involvement

Possible system interventions

- Provider Detailing with emphasis on:
 - Screening recommendations including HIV and syphilis for females of child bearing age
 - PrEP general information and PrEP navigation services of the program
 - SMC high morbidity for syphilis and screening recommendations for syphilis and HIV
- Case reviews and quality assurance protocols for ACRF and CalREDIE HFII
- SMC epi to generate line list more frequently to assist program do QA and data cleaning
- Correctional screening opportunities
 - Jail medical unit
 - Program testing unit: offer HIV and HCV testing sessions

Huddles facilitate communication

Purpose:

- Maintain situational awareness of current case status and caseload levels
- Provide guidance and utilize team members' expertise and knowledge to assist team members in furthering case investigations
- Identify any epi trends/links, new barriers/challenges, system issues
- Provide 'real case' training opportunity for new CDI staff
- Highlight "bright spots" identified by any staff member to share positive experience or successful case investigation outcomes

Facilitator: Utilize the open case excel list or generate CalREDIE list using "jurisdictional review" option

Priority 1 -

- Female of child bearing age
- Syphilis under 24 yo
- Untreated
- Cases that are open +14 days (early syphilis) and +21 days (Unk duration/Late)
- **HIV: Newly diagnosed HIV among priority populations or other case determined by LTC CDI/Supervisor**

- Barriers Identified
- Additional challenges
- System issues i.e. delay in appts schedule, provider follow-up/missed opportunities
- Staff suggestions/Next steps:

Thank you!

Our Program Staff

Dr. Vivian Levy - STD Controller

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Anna Branzuela -Community Program Supervisor

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- Sharon Jones - Senior Communicable Disease Investigator (CDI)
- Wes Yuen, Senior CDI
- Peter Mack - Medical Office Specialist (MOS)

Communicable Disease Investigators (CDI)

- Ana Martinez, CDI - HIV Linkage to Care
- Roberto Gonzales, CDI - PrEP Navigation
- Bryan Lee, CDI - Surveillance
- Losie Baker, CDI - Community Outreach Activities
- Marco Vergara, CDI - Surveillance
- Munya Mahiya, CDI – Community Outreach Activities
- Sergio Grajeda, CDI – Community Outreach Activities



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