

HIV 101

MATEC Michigan

Program Date



WAYNE STATE
UNIVERSITY

matec
MIDWEST AIDS TRAINING + EDUCATION CENTER



MATEC Statement on Equity and Inclusion

MATEC has a strong commitment to fair, respectful and unbiased representation of humankind. We strive to be anti-racist, gender affirming and honor all people in an authentic way. This is our goal in all of our work, including this presentation.

Our commitment to you is that we take this stance seriously and invite you to do the same. We ask that if you find something offensive, off-putting, or inaccurate to please let us know.

We continue to grow and evolve and welcome you on our journey.



Land Acknowledgement

Wayne State University rests on Waawiyaataanong, also referred to as Detroit, the ancestral and contemporary homeland of the Three Fires Confederacy. These sovereign lands were granted by the Ojibwe, Odawa, Potawatomi, and Wyandot nations, in 1807, through the Treaty of Detroit. Wayne State University affirms Indigenous sovereignty and honors all tribes with a connection to Detroit. With our Native neighbors, WSU can advance educational equity and promote a better future for the earth and all people.

HRSA Disclaimer

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,960,892.00 with 0 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

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MDHHS Disclaimer

Funding for the AIDS Research and Education Center in the School of Medicine at Wayne State University is provided in part by Michigan Department of Health and Human Services (MDHHS) Division of Communicable Diseases.

MATEC Michigan

The Michigan site of the Midwest AIDS Education and Training Center (MATEC) is located in Detroit at Wayne State University School of Medicine, Division of Infectious Diseases.

MATEC Michigan's mission is to increase the number of health care professionals who provide excellent quality HIV care and prevention services to our state's underserved and vulnerable populations.



Disclosure

No one with the ability to control content of this activity has a relevant financial relationship to disclose with an ineligible company.

Program Evaluation

Upon program completion, you will be asked to complete a short evaluation.

All responses are carefully read and are crucial for continued program improvement.

Thank you for joining us today

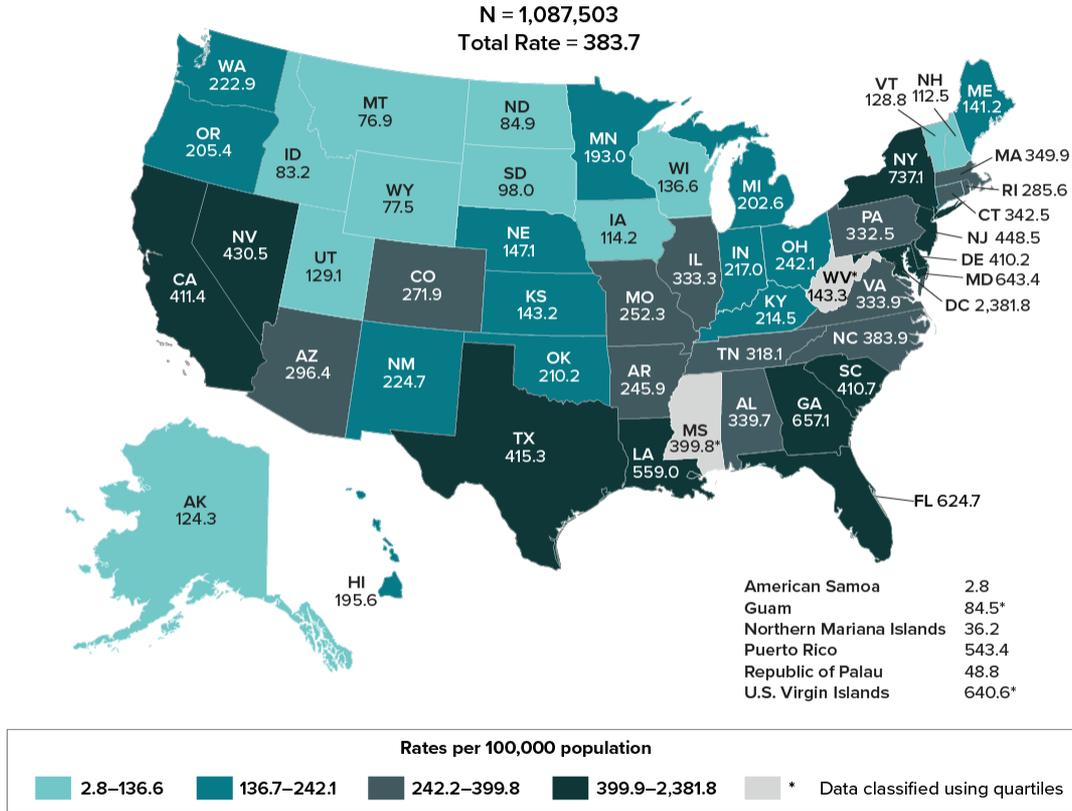
Learning Objectives

- Understand the basics of HIV including history, transmission, testing, and treatment
- Become familiar with myriad services available to support people with HIV through Ryan White Part A - Services

Epidemiology of HIV in the US and Michigan

FIGURE 10

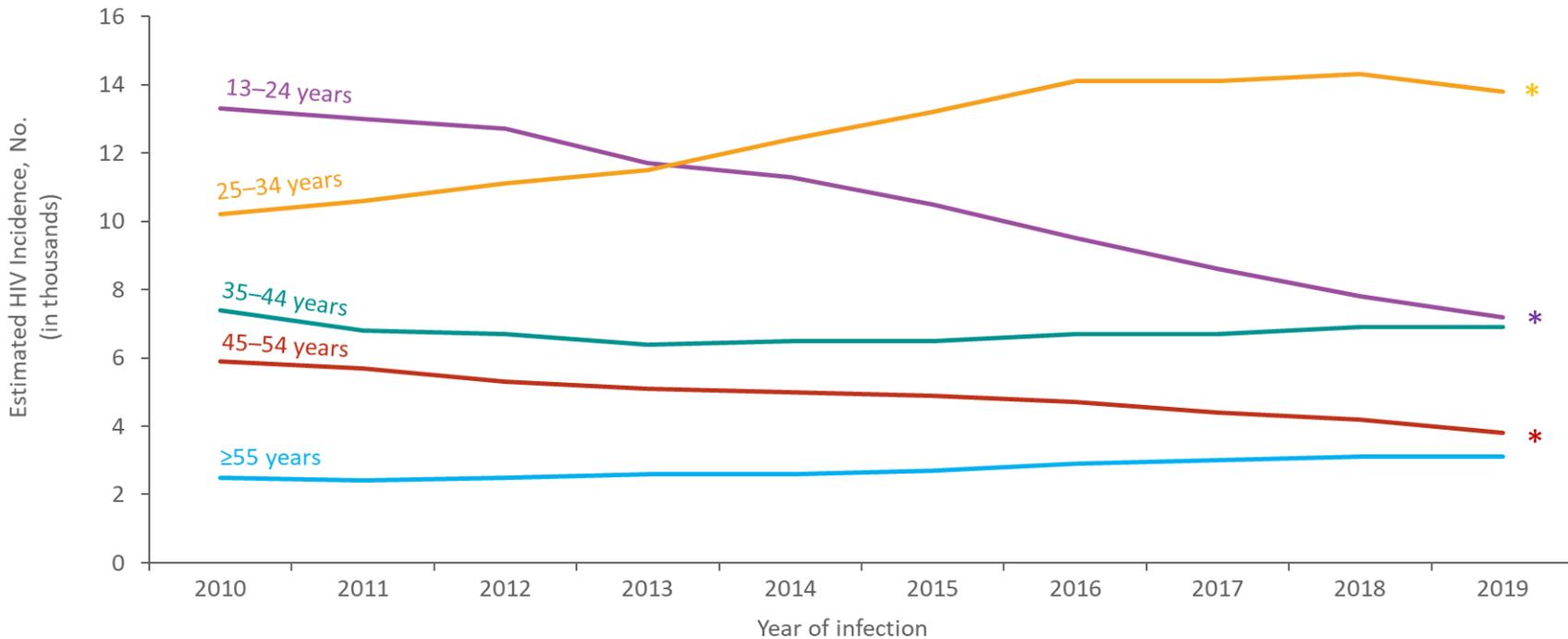
Rates of persons aged ≥13 years living with diagnosed HIV infection, year-end 2021—United States and 6 dependent areas



Note. Data for the year 2021 are preliminary and based on deaths reported to CDC as of December 2022. Data are based on address of residence as of December 2021 (i.e., most recent known address). Asterisk (*) indicates incomplete ascertainment of deaths.



Estimated HIV Incidence among Persons Aged ≥13 Years, by Age 2010–2019—United States

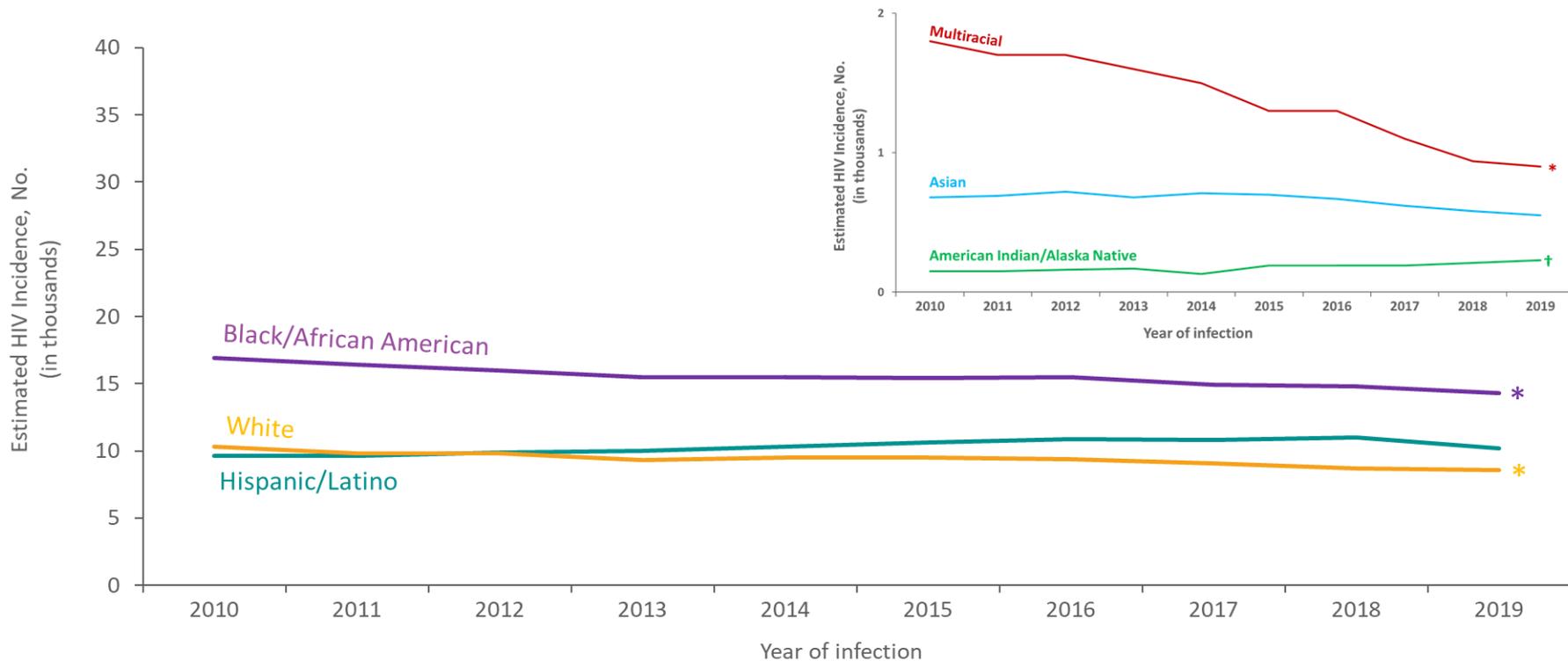


Note. Estimates were derived from a CD4 depletion model using HIV surveillance data.

* Difference from the 2010 estimate was deemed statistically significant ($P < .05$).



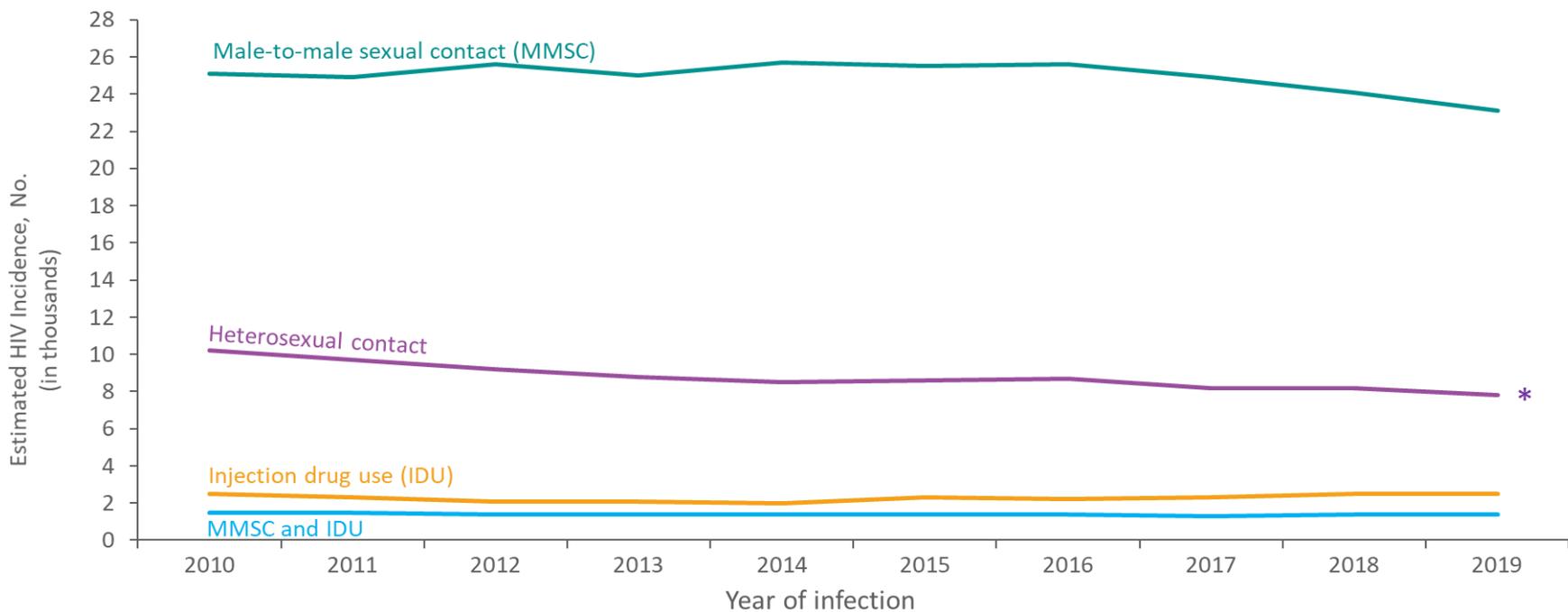
Estimated HIV Incidence among Persons Aged ≥13 Years, by Race/Ethnicity 2010–2019—United States



Note. Estimates were derived from a CD4 depletion model using HIV surveillance data. Hispanic/Latino persons can be of any race.
* Difference from the 2010 estimate was deemed statistically significant ($P < .05$).
† Estimates should be used with caution; relative standard errors are 30%–50%.



Estimated HIV Incidence among Persons Aged ≥13 Years, by Transmission Category 2010–2019—United States



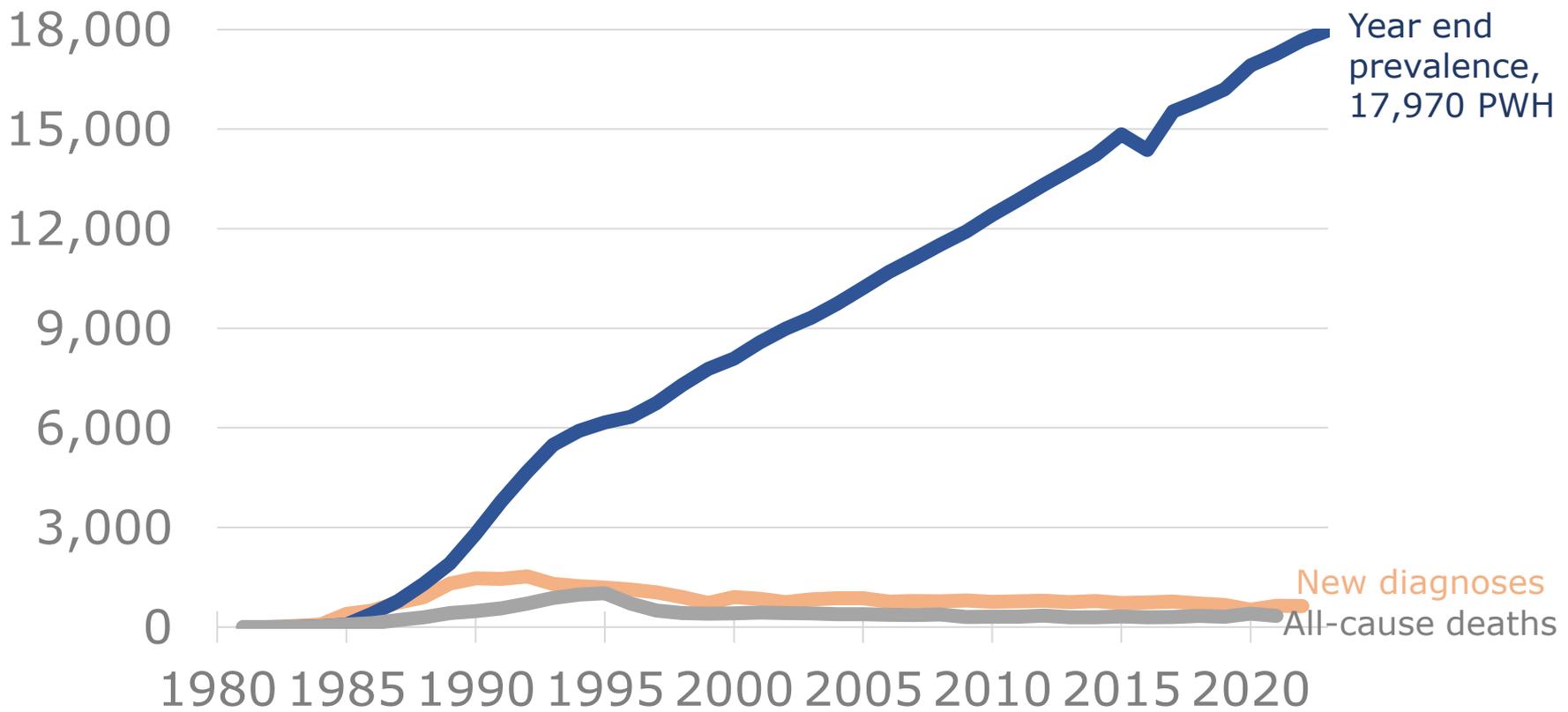
Note. Estimates were derived from a CD4 depletion model using HIV surveillance data. Data have been statistically adjusted to account for missing transmission category. Heterosexual contact is with a person known to have, or with a risk factor for, HIV infection.
* Difference from the 2010 estimate was deemed statistically significant (P < .05).



Last Reviewed: May 31, 2023 Source: [Division of HIV Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention](#)

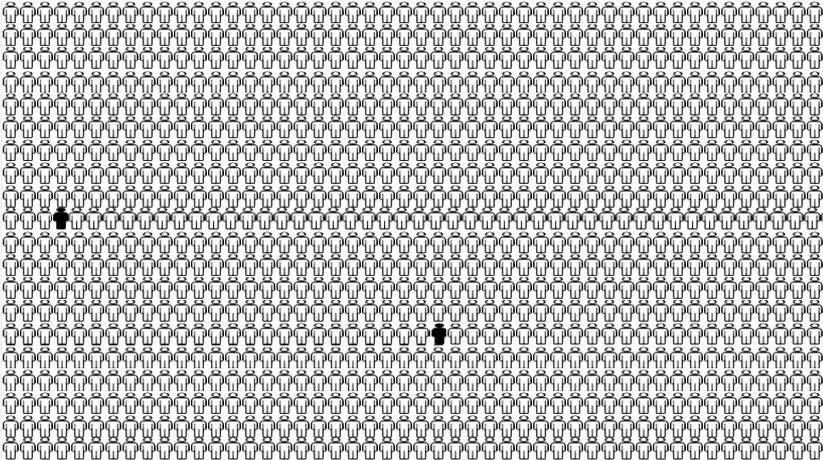


The HIV Epidemic in Michigan



What does this look like at a population level?

1,000 people in Michigan



 Living with HIV

 HIV negative

HIV Basics

What is HIV?

H = Human

This disease is passed from humans who are infected

I = Immunodeficiency

Refers to the breakdown in the body's defense system

V = Virus

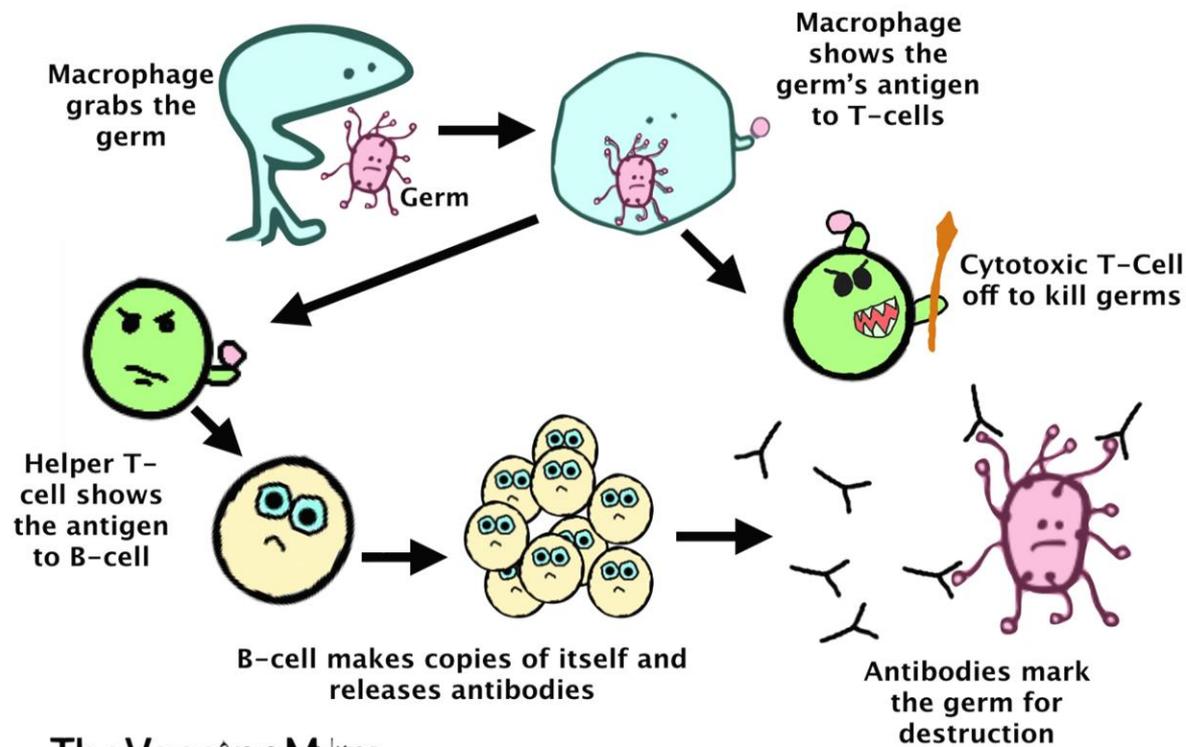
A sub-microscopic infectious agent

Introduction to the Immune System

- Macrophage cells
 - The “guard on patrol”
- T-cells (CD4 cells)
 - Generals of the army
- B Cells
 - Choose the right weapon
 - Creates antibodies
- Antibody
 - Proteins that fight off invaders

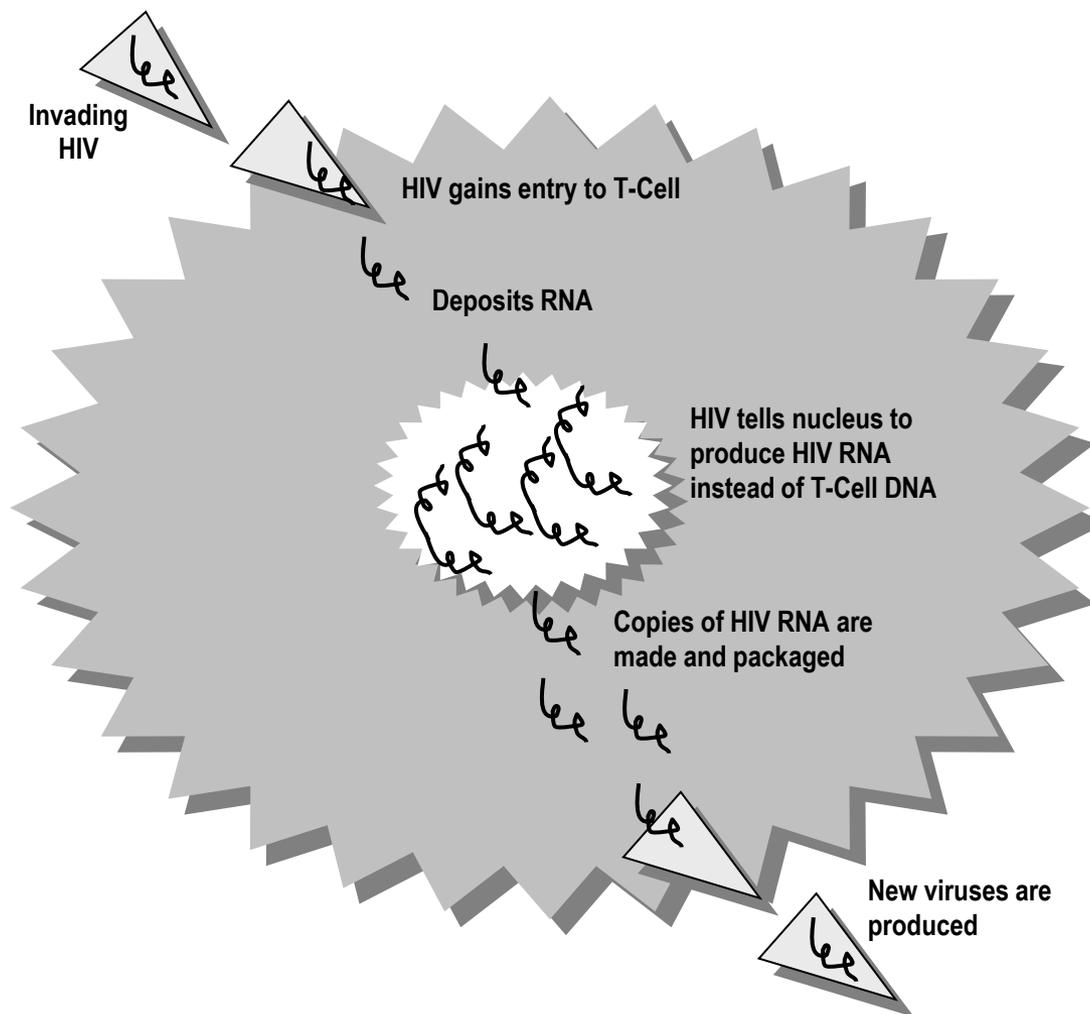
Introduction to the Immune System

Adaptive Immune System (in a nutshell)



TheVaccineMx

HIV inside the cell

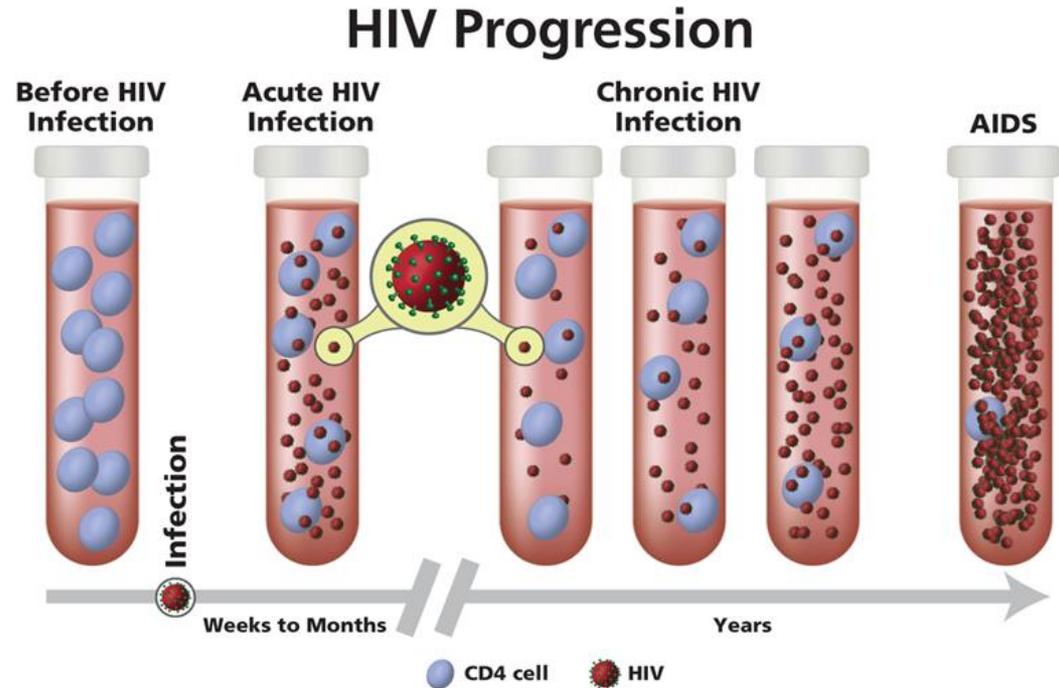


Characteristics of the HIV virus

- Infects certain cells of the immune system
- Causes chronic disease that is manageable with medication, but cannot be cured
- Immune system response is ineffective over time
- Mutates quickly and often
- Long, uncertain period with no symptoms

Stages of HIV

- Stage 0
- Stage 1: Acute HIV infection
- Stage 2: Chronic HIV Infection or Clinical Latency
- Stage 3: AIDS

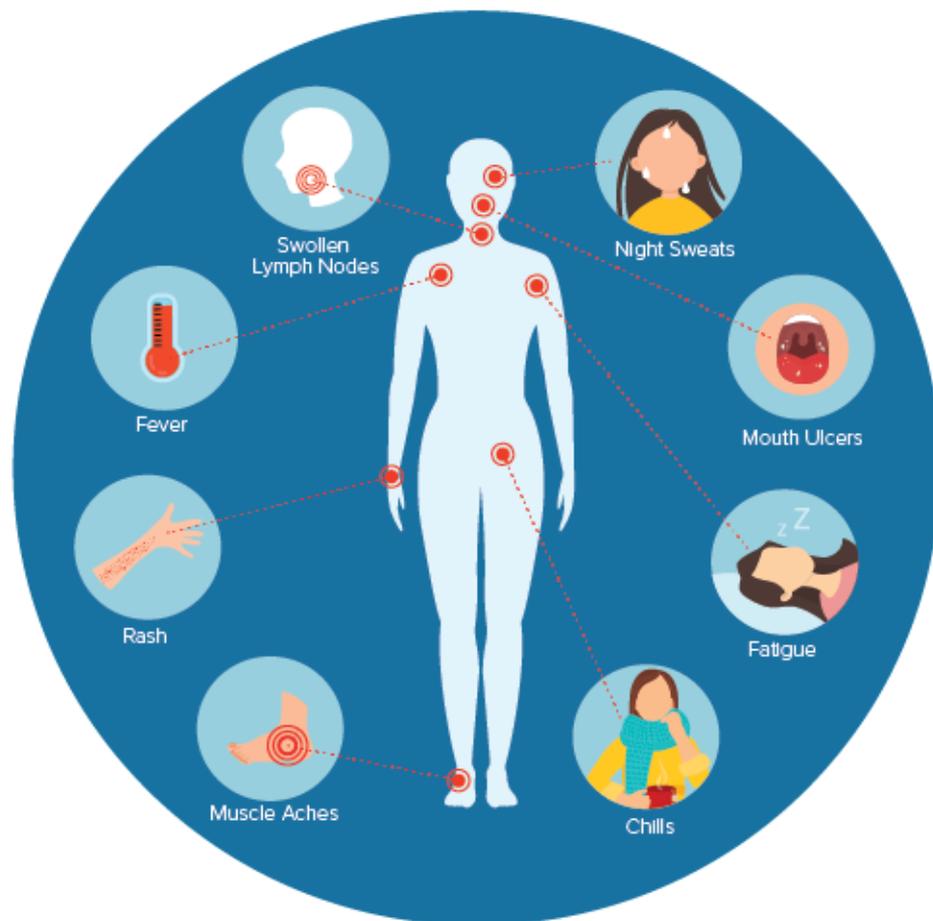


Stage 0

- If a client received a negative HIV test within 6 months of the first HIV infection diagnosis, the stage is 0, and remains 0 until 6 months after diagnosis.

Stage 1: Acute HIV

- Some people may experience symptoms during early infection with HIV
 - Occurs 2-4 weeks after infection
 - Flu-like symptoms
- Everyone will not experience symptoms



Stage 2: Chronic HIV or Clinical Latency

- The virus continues to multiply at low levels.
- Longest stage of HIV. Most people will experience no symptoms for 5-10 years (or longer).
- Late in this stage people may begin to experience symptoms as their immune system weakens.
- Signs and symptoms
 - Weight loss
 - Diarrhea
 - Neurological symptoms
 - Respiratory problems

Stage 3: Late Stage HIV

- Acquired Immunodeficiency Syndrome
- CDC definition of AIDS
 - Evidence of HIV infection **AND**
 - A CD4 count below 200 **OR** a diagnosis of one of the 27 AIDS defining conditions

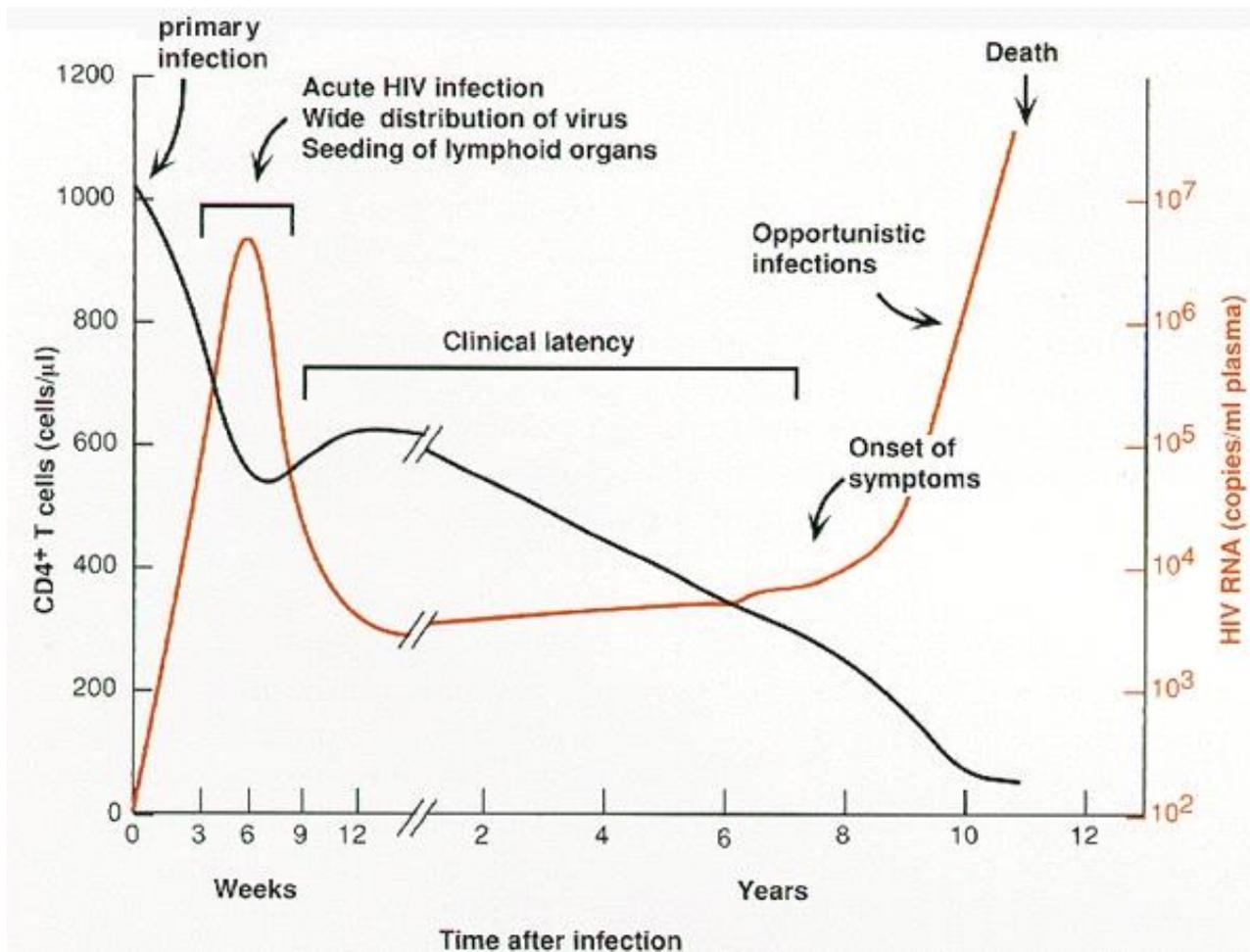
27 AIDS Defining Conditions

- Examples include
 - KS: Kaposi' Sarcoma
 - PJP: Pneumocystis jiroveci pneumonia
 - Toxo: Toxoplasmosis
 - Thrush: esophageal candidiasis
 - TB: Tuberculosis
 - CMV: Cytomegalovirus
 - HIV encephalopathy: AIDS related dementia
 - Invasive Cervical Cancer

Stage 3: AIDS Signs/Symptoms

- Weight loss
- Fever or night sweats
- Extreme and unexplained fatigue
- Swollen lymph nodes in the armpits, groin, or neck
- Diarrhea that lasts for more than a week
- Sores in the mouth, anus, or genitals
- Pneumonia
- Red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelid

Stages of HIV Disease



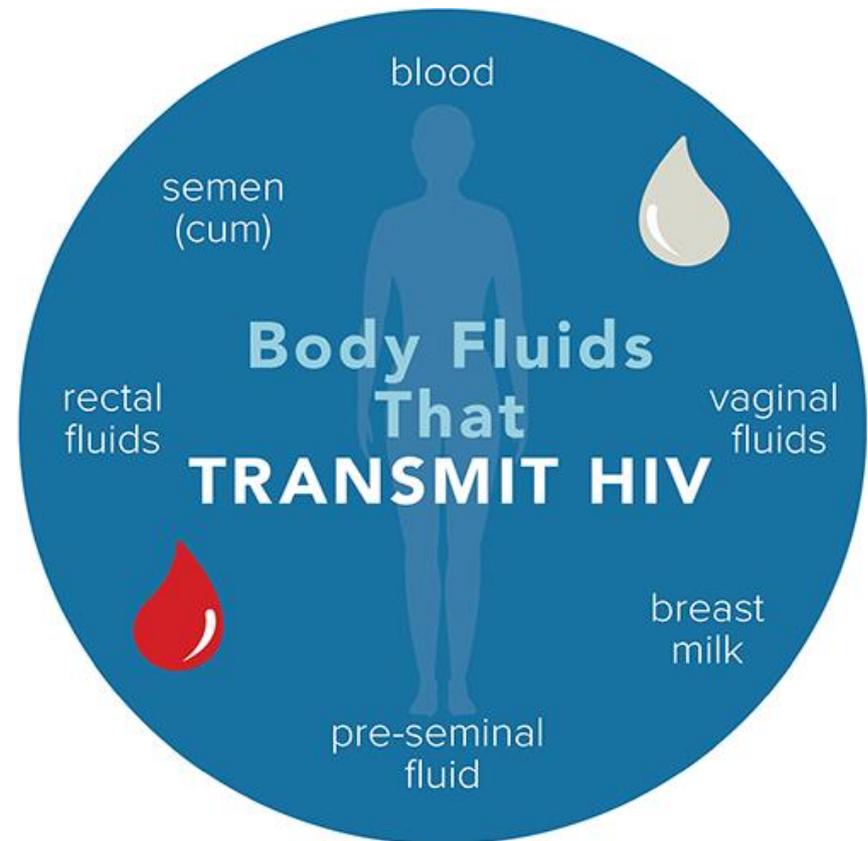
Transmission

Ways HIV Can Be Transmitted

- HIV transmission is preventable
- How is HIV passed from one person to another?
 - Vaginal Sex
 - Anal Sex
 - Perinatally
 - Use of shared drug injection equipment

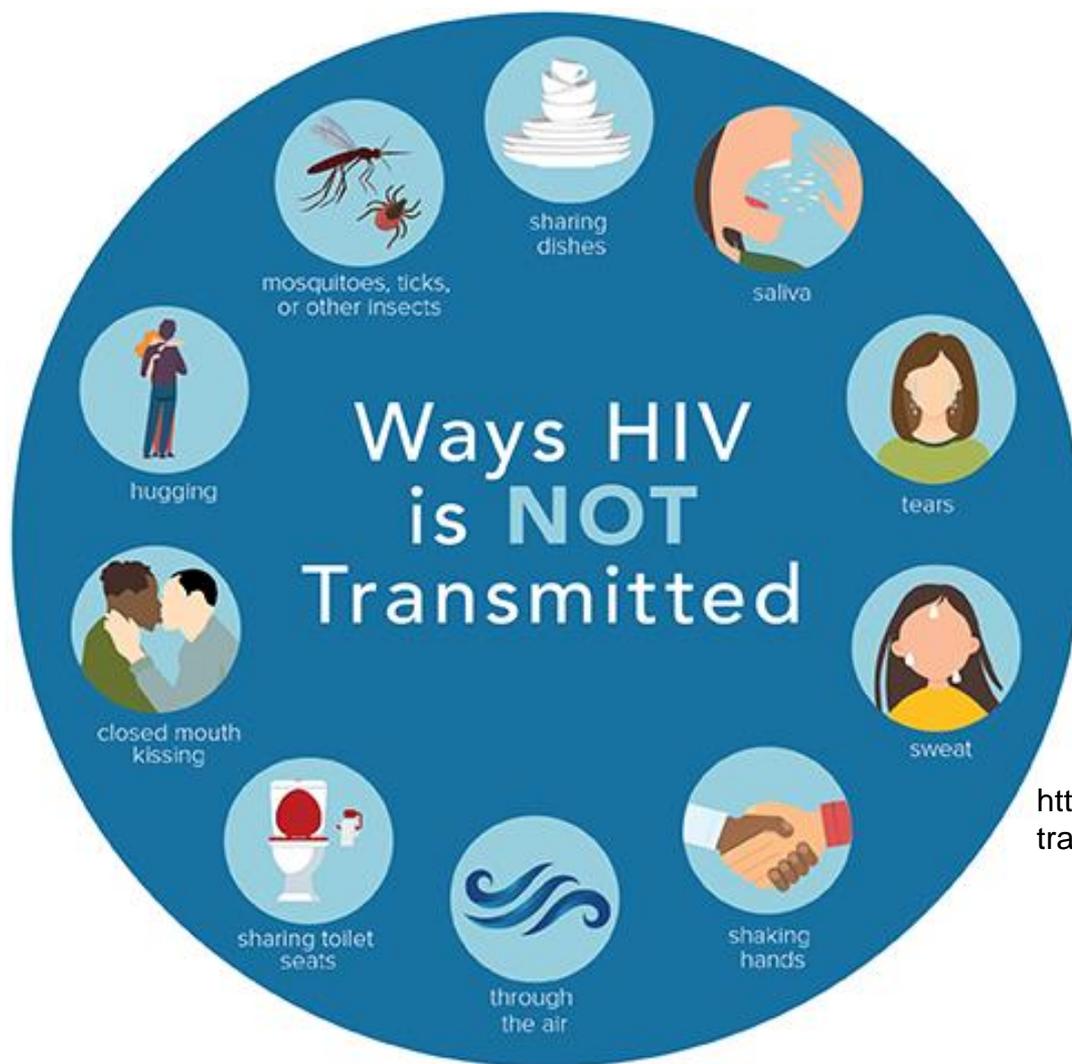
Bodily Fluids That Transmit HIV

- Blood
- Semen
- Pre-seminal fluid
- Rectal fluids
- Vaginal fluids
- Breast milk



<https://www.cdc.gov/hiv/basics/hiv-transmission/body-fluids.html>

How well does HIV Survive Outside the Body?



<https://www.cdc.gov/hiv/basics/hiv-transmission/not-transmitted.html>

Increased Risk of Transmission

- The higher a person's viral load, the more likely that person is to transmit
- Alcohol and drug use
- Increased risk of other sexually transmitted infections

Reducing Risk of Transmission

- Regular HIV and STI testing
- PrEP
- PEP
- Condoms

HIV Testing

Why is Testing Important

- The goal of HIV testing:
 - Early identification for early intervention
 - Counseling and education for behavior change

CDC Guidance for HIV Testing

Summary:

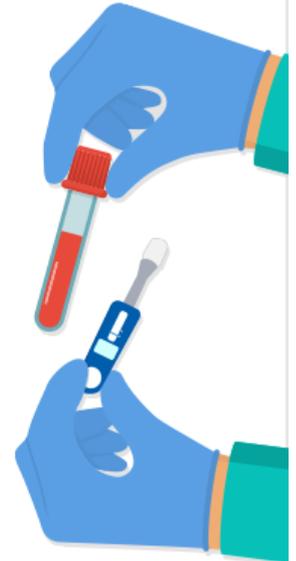
- At least once
- More frequently for those at increased risk

GET TESTED FOR HIV...

CDC recommends that **everyone** between the ages of 13 and 64 get tested **at least once** as part of routine care.

People with certain risk factors should get tested at least once a year.

Find an HIV testing site near you:
[Locator.HIV.gov](https://locator.hiv.gov)



HIV
gov

Types of Testing

- Anonymous
 - Client tested with number (no identifying information is collected)
- Confidential
 - Client tested with name and other identifying information

Antibody/Antigen Specimen Collection Methods

- Traditional Blood Draw
 - Approved for HIV-1 and HIV-2
 - Clinic use only
 - Professional collection

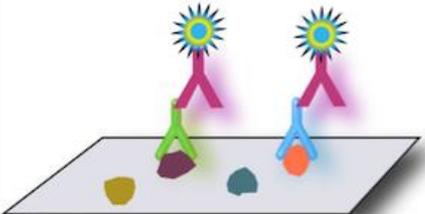
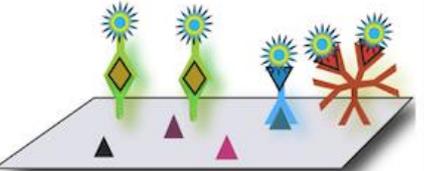
Antibody/Antigen Specimen Collection Methods

- Dried blood spot
 - Clinic collection (finger prick)
 - Used primarily by health departments and agencies in high morbidity areas
- Home collection kit
 - ELISA and WB approved
 - HIV-1, not HIV-2
 - Hepatitis C (HCV) home collection kit is also available

Antibody/Antigen Specimen Collection Methods

- Oral
- OraSure (collection of oral mucosal transudate-OMT)
- ELISA and WB approved for HIV-1 not HIV2
- Testing using OraSure is as accurate as blood collection

4th Gen. Antigen-Antibody Test is Preferred

IgG-Sensitive		IgM-Sensitive		Antigen-Antibody	
First Generation	Second Generation	Third Generation	Fourth Generation		
					
Uses crude viral lysate Detects IgG antibodies	Uses recombinant HIV antigens or peptides Detects IgG antibodies	Uses "Sandwich" EIA Detects IgM and IgG antibodies	Detects HIV IgG and IgM antibodies and p24 antigen		

Testing Strategy

#1 Initial Testing

- Laboratory-based HIV-1/2 antigen-antibody (AG/Ab) immunoassay that can detect antibodies to HIV-1, antibodies to HIV-2, and HIV-1 p24 antigen
- A person with a negative initial HIV-1/2 antigen-antibody immunoassay is considered not infected with HIV, **as long as a very recent (withing 4 weeks) exposure to HIV has not occurred**

Testing Strategy

#2 Differentiation Assay

- **A second HIV test is needed to confirm the initial test and to differentiate whether the infection is caused by HIV-1, HIV-2, or both**
- This is often a reflexive test (labs will automatically run differentiation assay if preliminary positive on HIV Ag/Ab screening test)

Point of Care (POC) or Rapid Testing

There are 7 FDA-approved, rapid, point-of-care tests that the CDC identifies as suitable.

Scenarios where POC is more frequently performed:

- **ER encounters** where it is unlikely that individual tested will return for the results
- At hospitals for **women in labor** who had no HIV testing performed during their pregnancy (or results are unavailable)
- **Occupational blood exposure** for HIV where results are needed to determine whether to offer postexposure prophylaxis (PEP) to a health care worker

Meaning of Test results

- Reactive (positive)
 - Individual is infected with HIV
- Non-reactive (negative)
 - Not infected with HIV **OR** it's too soon to be detected on a test (window period)

Example Result View: Lab-based Test

Ag/Ab Screening

Reflexes to →

Differentiation Ab Diagnostic – Confirmation of HIV status

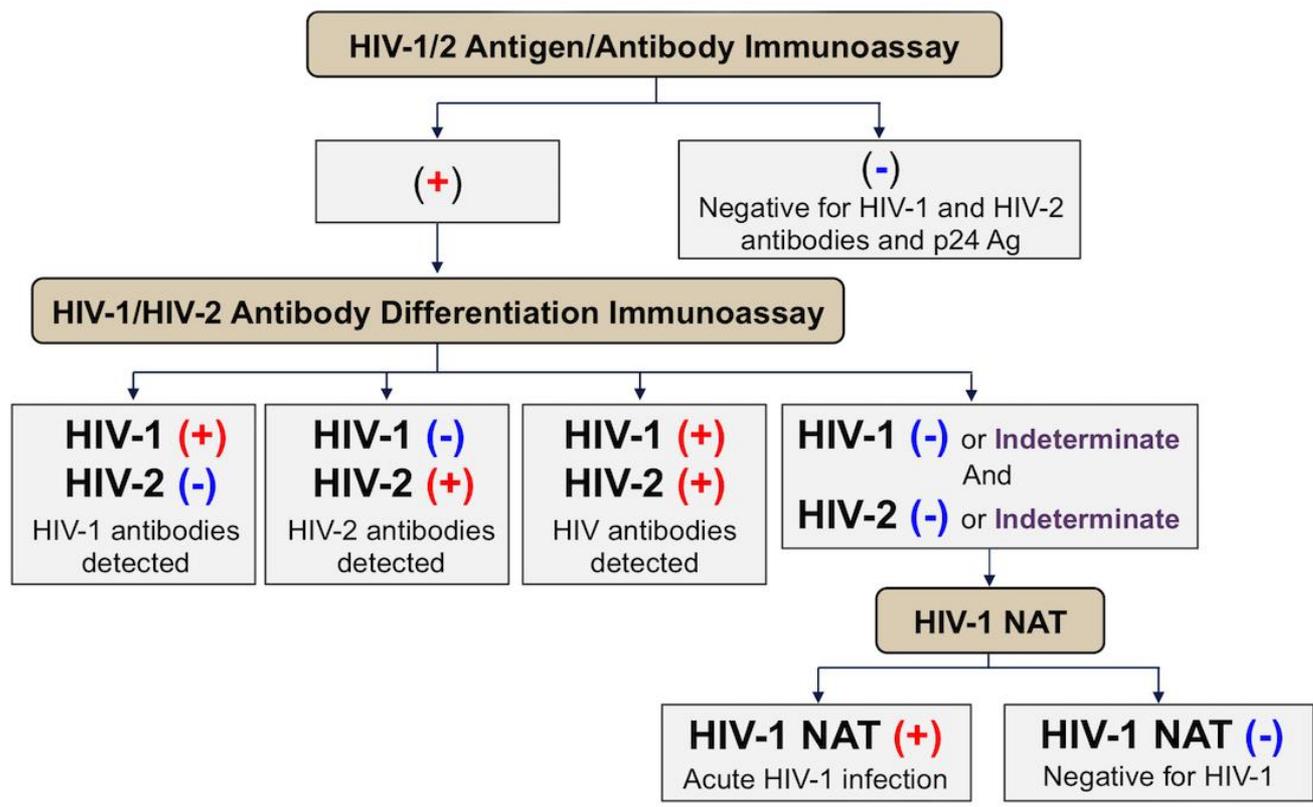
HIV 1/2 antigen/antibody, fourth generation w/rfl	
	05-09-2019
HIV AG/AB	repeatedly reactive

HIV 1/2 antibody differentiation	
	05-09-2019
HIV 1 antibody	positive
HIV 2 antibody	negative

Meaning of Test Results

- False Negative
 - (-) test when the person has HIV
 - A false-negative HIV antibody (or antigen-antibody) test most often occurs with
 - Acute HIV
 - Laboratory error
- False Positive
 - (+) test when the person does not have HIV
 - May occur due to cross reactivity
 - Pregnancy
 - Autoimmune disorders
 - Recent influenza vaccine
 - Receipt of gamma globulin
 - Prior blood transfusions
 - Recent incident viral infection
 - Collagen vascular diseases
 - HTLV-1/2 infection
 - Laboratory errors

CDC Laboratory Testing for the Diagnosis of HIV



HIV Treatment

Broad Categories of Treatment

- Highly active antiretroviral therapy (HAART)
 - The combination of antiretroviral therapy (ART)
- Opportunistic Infection Treatments
- Vaccines
- Complementary and Alternative

HIV Drug Classes

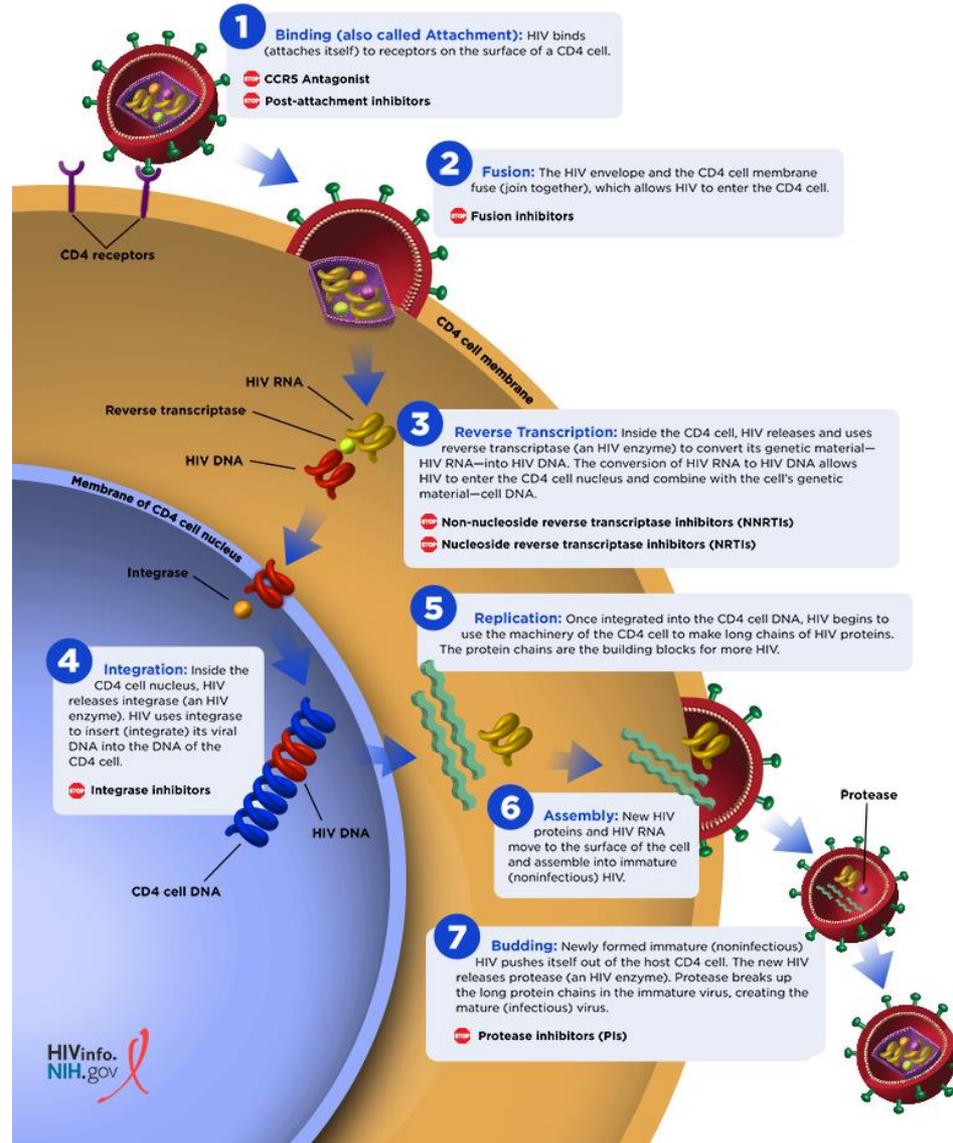
- Non-nucleoside reverse transcriptase inhibitors (NNRTIs)
- Nucleoside reverse transcriptase inhibitors (NRTIs)
- Protease inhibitors (PIs)
- Fusion inhibitors
- CCR5 antagonists
- Integrase strand transfer inhibitors (INSTIs)
- Post-attachment inhibitors

Highly Active Antiretroviral Therapy (HAART)

- Interrupts HIV replication:
 - Medications target different points
 - Undetectable viral load is the goal
- Successful treatment depends on:
 - Adherence
 - Lack of viral resistance
 - No treatment failure

The HIV Life Cycle

HIV medicines in seven drug classes stop (🛑) HIV at different stages in the HIV life cycle.



Post-Exposure Prophylaxis (PEP)

- 28 days of antiretroviral medication taken after an exposure to HIV
- Must be started up to 72 hours after potential exposure
- Covered by most private insurance plans and Medicaid

Pre-Exposure Prophylaxis (PrEP)

- First available on the market in 2012
- Medication taken by those who are not infected with HIV
- Reduces risk of acquiring HIV from sex or injection drug use when used correctly
 - Reduces risk by 99% when taken as prescribed
 - 74% for those who inject drugs

Treatment for Opportunistic Infections

- Preventive
 - Medications used to prevent the onset of opportunistic infections or prevent return
- Anti-infective
 - Used to treat opportunistic infections when prevention has failed or not available

Immune-Based Therapies

- Still in experimental stages
- Aims to strengthen the immune system to keep HIV in check
- Helps control HIV and opportunistic infections

Supporting People With HIV:
Ryan White Part A - Services

Who Was Ryan White?

Ryan White was 13 when he was diagnosed with AIDS after a blood transfusion in December 1984. Living in Kokomo, Indiana, doctors gave him six months to live.



When Ryan tried to return to school, he faced AIDS-related discrimination in his Indiana community. Along with his mother Jeanne White Ginder, he rallied for his right to attend school. He gained national attention and became the face of public education about the disease.

Surprising his doctors, Ryan lived five years longer than expected. He died in April 1990, one month before his high school graduation.

Congress passed the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in August 1990.



Ryan White HIV/AIDS Program (RWHAP)

- Helps low-income persons with HIV receive medical care, medications, and essential support services to help them stay in care
- More than 50% of persons diagnosed with HIV receive RWHAP services each year
- Viral suppression rates of persons with HIV receiving RWHAP services exceeds the national viral suppression average

- Part A: Eligible Metropolitan Areas and Transitional Grant Areas
 - Medical & support services to cities and counties most severely affected
- Part B: All 50 states and US territories
 - Improve quality of and access to HIV healthcare. Provide medications through Drug Assistance Program
- Part C: Local community-based groups
 - Outpatient ambulatory services and support
- Part D: Local community-based organizations
 - Medical care for low-income women, infants, children, and youth with HIV
- Part F: AETCs, Dental Programs, Minority AIDS Initiative
 - Training & technical assistance, develop innovative models of HIV care, provide oral health to people with HIV, improve access to care and improve health outcomes for minorities

Available RWHAP Part A Services Within the Detroit EMA

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>



Detroit Eligible Metropolitan Area (EMA)

- City of Detroit
- Lapeer
- Macomb
- Monroe
- Oakland
- St. Clair
- Wayne



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- Outpatient Ambulatory Health Services
- Early Intervention Services
- Health Insurance Premium & Cost Sharing Assistance
- Home and Community-Based Services
- Mental Health Services
- Medical Nutrition Therapy
- Medical Case Management
- Non-medical Case Management
- Emergency Financial Assistance
- Food Bank
- Housing Services
- Other Professional Services
 - Legal services, income tax filing support
- Medical Transportation
- Psychosocial Support Services

Service Providers

- Community Health Awareness Group
- Corktown Health/Health Emergency Lifeline Programs
- Deaf Community Advocacy Network
- Henry Ford Health System
- Matrix Human Services
- Oakland Integrated Healthcare Network
- UNIFIED-HIV Health and Beyond
- Wayne County Neighborhood Legal Services
- Wayne State University – Adult HIV Program
- Wayne State University – Horizons Project
- Wayne State University – Sinai Grace Hospital
- Wellness AIDS Services

Outpatient Ambulatory Health Services

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed health care provider in an outpatient medical setting.

Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Early Intervention Services

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be infected with HIV
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

Health Insurance Premium & Cost Sharing Assistance

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance.

Home and Community-based Health Services

Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider.

Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Mental Health Services

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Medical Nutrition Therapy

MNT includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services

Medical Case Management

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Non-Medical Case Management

Non-Medical Case Management Services (NMCM) includes the provision of a range of client centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services.

NMCM Services include all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

Non-Medical Case Management Services (NMCM) may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as:

- Medicaid
- Children's Health Insurance Program
- Medicare Part D
- State Pharmacy Assistance Programs
- Pharmaceutical Manufacturer's Patient Assistance Programs
- Department of Labor or Education-funded services
- Other state or local health care and supportive services, or private health care coverage plans.

Emergency Financial Assistance

Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including:

- Utilities
- Housing
- Food (including groceries and food vouchers)
- Transportation
- Medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance
- Another HRSA RWHAP-allowable cost needed to improve health outcomes.

Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program

Food Bank

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Housing Services

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care.

Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing.

Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Other Professional Services

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PWH and involving legal matters related to or arising from their HIV disease, including:
 - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
 - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
- Preparation of:
 - Health care power of attorney
 - Durable powers of attorney
 - Living wills

Other Professional Services, Continued

- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
 - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits

Who Provides the Service?

Wayne County Neighborhood Legal Services

Medical Transportation Services

Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Psychosocial Support Services

Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PWH to address behavioral and physical health concerns.

Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respice support (HRSA RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian
- Pastoral care/counseling services

What RW Part A Cannot Assist With?

- Clothing
- Employment and Employment-Readiness Services
- Funeral and Burial Expenses
- Property Taxes
- Pre-Exposure Prophylaxis (PrEP)
- Non-occupational Post-Exposure Prophylaxis (nPEP)
- International travel
- Materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Local Resources

Detroit-area Resources



- Corktown Health



- UNIFIED HIV Health & Beyond



- W'SUP
 - Wayne State University Prevention Team



HIV Legislation

Legislation

- HIV Reporting Requirements
 - Laboratories and Health Care Providers must report HIV cases to the local health department
 - Physicians must report cases of AIDS to the local health department

- Confidentiality of HIV/AIDS Information
 - HIV-related information is confidential and cannot be released unless the patient authorizes disclosure, or a statutory exception applies

Legislation

- Mandatory Counseling and Informed Consent
 - Clients must be provided counseling appropriate to testing, both BEFORE and AFTER an HIV test is administered.
 - All clients must give verbal permission stating that they want to be tested for HIV (with exceptions)

- Informed Consent for a minor
 - Minors (13 years and older) may be tested for HIV and other STIs without parental consent

Legislation

- Partner Services (PS)
 - PS will contact individuals to confidentially inform them of possible HIV exposure on behalf of people with HIV and connect them to testing and other resources
 - People with HIV may be counseled to notify their own partner(s); to seek assistance from their physician; or to seek assistance from a local health department. A combination of these approaches may also be used

Legislation

- Duty to Warn
 - If a patient tests positive (reactive) for HIV,
 - The health facility must provide post-HIV test counseling to the patient and referrals to expedite HIV treatment and services
 - The testing facility must report the HIV positive (reactive) test results to MDHHS within 24 hours of results

Legislation

- Perinatal Requirement
 - Physicians are required to test pregnant women for HIV or an antibody to HIV, hepatitis B, and sexually transmitted infections, unless the woman refuses consent, or the physician determines the tests are medically inadvisable.
 - Testing required at time of initial prenatal screening and examination
 - Sometimes tested a second time during the 3rd trimester, but not required.

Federal Americans with Disabilities Act (ADA)

- Makes discrimination against people with HIV/AIDS illegal for:
 - Employment
 - Public services
 - Public accommodation
- Also protects
 - Caregivers, family, friends and associates of someone with HIV

Questions

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MATEC Resources

- National Clinician Consultation Center
<http://nccc.ucsf.edu/>
 - HIV Management
 - Perinatal HIV
 - HIV PrEP
 - HIV PEP line
 - HCV Management
 - Substance Use Management
- AETC National HIV Curriculum
<https://aidsetc.org/nhc>
- AETC National HIV-HCV Curriculum
<https://aidsetc.org/hivhcv>
- Hepatitis C Online
<https://www.hepatitisc.uw.edu>
[u](#)
- AETC National Coordinating Resource Center
<https://aidsetc.org/>
- Additional Trainings <https://matec.info>