How COVID-19 has Impacted HIV Work in Tennessee and Planning Ahead

Meredith Brantley, HIV Program Director
Tennessee Department of Health

PACHA Full Council Meeting November 17, 2021
Memphis/Shelby County consists of one county: Shelby.

West consists of 19 counties: Lake, Obion, Weakley, Henry, Dyer, Gibson, Carroll, Benton, Lauderdale, Crockett, Tipton, Haywood, Fayette, Hardeman, Henderson, Decatur, Chester, McNairy, and Hardin.

Jackson/Madison county consists of one county: Madison.

South Central consists of 12 counties: Perry, Hickman, Lewis, Maury, Marshall, Bedford, Coffee, Wayne, Lawrence, Giles, Lincoln, and Moore.

Mid-Cumberland consists of 12 counties: Stewart, Montgomery, Robertson, Sumner, Trousdale, Houston, Humphreys, Dickson, Cheatham, Williamson, Rutherford, and Wilson.

Nashville/Davidson County consists of 1 county: Davidson

Upper Cumberland consists of 14 counties: Macon, Clay, Pickett, Overton, Jackson, Overton, Fentress, Putnam, DeKalb, White, Cumberland, Cannon, Warren, and Van Buren.

Southeast consists of 10 counties: Franklin, Grundy, Marion, Sequatchie, Bledsoe, Rhea, Meigs, McMinn, Bradley, and Polk.

Chattanooga/Hamilton County consists of 1 county: Hamilton.

East consists of 15 counties: Scott, Campbell, Claiborne, Union, Grainger, Hamblen, Morgan, Anderson, Roane, Loudon, Monroe, Blount, Jefferson, Sevier, and Cocke.

Knoxville/Knox County consists of 1 county: Knox.

Northeast consists of 7 counties: Hancock, Hawkins, Greene, Washington, Unicoi, Carter, and Johnson.

Blountville/Sullivan county consists of 1 county: Sullivan.
Overview of HIV Epidemic in Tennessee, pre-COVID-19

Persons newly diagnosed with HIV, 2015–2019

- 2015: 745
- 2016: 719
- 2017: 725
- 2018: 757
- 2019: 776

Rate of persons newly diagnosed with HIV per 100,000 by county, Tennessee, 2019

HIV in TN is concentrated in metropolitan areas, with growing vulnerability in rural communities.

Progress has stalled, new diagnoses are rising slightly.
Impact of COVID-19 on HIV Programs in Tennessee

Our public health workforce was suddenly responsible for:

• Contributing directly to the COVID-19 response while...
  
  • Sustaining core HIV surveillance, prevention, and care activities;
  • Providing coverage for field colleagues pulled into the response; AND
  • Developing new ways of delivering prevention and care services
Impact of COVID-19 on HIV Services in Tennessee

Many starts and stops from spring 2020 through fall 2021, resulting in limited access to core prevention, care, and related services

- HIV testing (clinical and non-clinical)
- Linkage to Ryan White and related care services
- PrEP navigation and related clinical services
- Syringe services
- Partner services
- Evidence based peer support programs
- Training/capacity building
- Community engagement & EHE planning
Impact of COVID-19 on HIV Services in Tennessee

HIV testing by TDH-funded community-based organizations declined during 2020 (positivity rates remained on target)

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>2021*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical (jails, EDs)</td>
<td>49,419</td>
<td>17,540</td>
<td>19,970</td>
</tr>
<tr>
<td></td>
<td>(0.7%)</td>
<td>(0.4%)</td>
<td>(0.4%)</td>
</tr>
<tr>
<td>Non-clinical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7,199</td>
<td>4,632</td>
<td>3,369</td>
</tr>
<tr>
<td></td>
<td>(1.1%)</td>
<td>(1.1%)</td>
<td>(1.9%)</td>
</tr>
</tbody>
</table>

*through September 2021
Impact of COVID-19 on HIV Services in Tennessee

New Ryan White client enrollment stalled during grant year (GY) 2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number of RW Part B Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>GY2015</td>
<td>5,663</td>
</tr>
<tr>
<td>GY2016</td>
<td>6,177</td>
</tr>
<tr>
<td>GY2017</td>
<td>6,682</td>
</tr>
<tr>
<td>GY2018</td>
<td>7,426</td>
</tr>
<tr>
<td>GY2019</td>
<td>8,264</td>
</tr>
<tr>
<td>GY2020</td>
<td>8,437</td>
</tr>
</tbody>
</table>
Impact of COVID-19 on HIV Services in Tennessee

Despite closures and operational changes, syringe services expanded reach

<table>
<thead>
<tr>
<th></th>
<th>TDH funded SSPs</th>
<th>Participant visits</th>
<th>Syringes distributed</th>
<th>Syringes returned</th>
<th>Naloxone kits distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>4</td>
<td>30,620</td>
<td>1,222,510</td>
<td>1,052,956</td>
<td>28,506</td>
</tr>
<tr>
<td>2020</td>
<td>5</td>
<td>41,261</td>
<td>1,912,735</td>
<td>1,194,884</td>
<td>71,513</td>
</tr>
<tr>
<td>2021</td>
<td>7</td>
<td>41,525</td>
<td>2,046,844</td>
<td>1,608,798</td>
<td>44,491</td>
</tr>
</tbody>
</table>

Note: data reflect TDH-funded agencies only; 2021 through Sept w/underestimate for 2 newly funded sites (reporting delays)
Drug Overdoses during COVID-19 in Tennessee

**Nonfatal Opioid Overdose**

From March-June of 2020, TN saw a **33% increase** in nonfatal opioid overdoses compared to March-June of 2019.

Among ages 18-44, nonfatal overdoses increased roughly **40%**.

Tennessee is divided into **13 public health regions**.

All 13 regions have seen **above average** nonfatal opioid overdose counts during COVID-19, and 11 have seen **remarkably elevated** counts.

How Tennessee Pivoted HIV Services, March 2020 to present

- Offered home HIV tests through CBO partnership and TakeMeHome HIV testing pilot
- Introduced flexibilities to facilitate linkage to care, re-engagement, and Ryan White services
- Funded new syringe services programs and offered statewide virtual harm reduction training courses
- Supported agencies to offer tele-PrEP navigation and clinical services
- Tailored evidence-based peer support programs and training for partner organizations to virtual environments
- Engaged End the HIV Epidemic Shelby County planning community via chalk talks and virtual capacity building workshops
Bring together community partners across health conditions has resulted in meaningful change. During March 2020–present:

• Signed on 360+ community partners representing over 190 organizations
• Released language equity guidance document; trained 200+ individuals
• Cross-trained 20+ Regional Overdose Prevention Specialists on PrEP
• Streamlined community-based HIV/HCV testing partner application; onboarded 5 new agencies

www.endthesyndemictn.org
Looking ahead

- Acknowledge and address personal and workplace trauma and burnout
- Engage with service providers (leadership + front-line) and consumers, inclusive of housing, education, justice, etc.
- Embrace flexibility, efficiency, creativity (and continue in virtual spaces where possible)
- Collaborate and integrate across HIV, STI, VH, and SUD programs