

**Washoe County District Health Department
Community & Clinical Health Services
Sexual Health Program**

**2007
Sexual Health Report**



**For Further Information, Contact:
Jennifer Howell, MPH, CHES
Sexual Health Program Coordinator**

**1001 E. Ninth Street, Building B
Reno, NV 89512
(775) 328-3647**

**sexualhealth@washoecounty.us
www.washoecounty.us/health/cchs/index.php**

TABLE OF CONTENTS

I. SEXUAL HEALTH PROGRAM MISSION AND DESCRIPTION.....	1
HIV ACTIVITIES.....	1
STD ACTIVITIES	2
II. SURVEILLANCE REPORTING	3
HIV Infections Reported and Entered	3
Table 1 – HIV Infections (Not AIDS) Reported, January 1, 2007 – December 31, 2007 ...	3
AIDS Cases Reported and Entered	4
Table 2 – AIDS Cases Reported, January 1, 2007 – December 31, 2007.....	4
Out-of-Jurisdiction HIV Cases	5
Table 3 – HIV Infections Out-of-Jurisdiction, January 1, 2007 – December 31, 2007	5
Reported HIV Infection Sources	6
Table 4 – HIV Infection Reporting Sources, Jan. 1, 2007 – December 31, 2007.....	6
Source: HARS DatabaseSTD.....	6
STD.....	7
Table 5 – Chlamydia Infections Reported, January 1, 2007 –December 31, 2007	7
Table 6 – Gonorrhea Infections Reported, January 1, 2007 – December 31, 2007	7
Table 7 – Syphilis Infections Reported, January 1, 2007 – December 31, 2007	8
Table 8 – Male Primary and Secondary Syphilis Cases, January 1, 2007 – December 31, 2007.....	8
Disease Intervention Specialist Contact Tracing.....	9
HIV/AIDS	9
Table 9 – HIV/AIDS Contact Tracing, January 1, 2007 – December 31, 2007.....	9
STD.....	10
Chlamydia.....	10
Table 10 – Chlamydia Contact Tracing, January 1, 2007 – December 31, 2007.....	10
Gonorrhea	11
Table 11 – Gonorrhea Contact Tracing, January 1, 2007 – December 31, 2007	11
Syphilis.....	12
Table 12 – Syphilis Contact Tracing, January 1, 2007 – December 31, 2007	12

III.	COUNSELING AND TESTING	13
	HIV.....	13
	Table 13 – HIV Counseling and Testing Sites, January 1, 2007 – December 31, 2007	13
	STD.....	15
	Table 14 – Chlamydia Tests Provided by Select Venues, January 1, 2007 – December 31, 2007.....	15
	Table 15 – Gonorrhea Tests Provided by Select Venues, January 1, 2007 – December 31, 2007.....	16
	Infertility Prevention Project.....	16
	Table 16 – Infertility Prevention Project Performance Measures	17
IV.	HIV PROGRAM GOALS AND OBJECTIVES	19
	A. Counseling, Testing, and Referral Services (CTR).....	19
	B. Partner Counseling and Referral Services (PCRS).....	20
	C. Community Planning.....	21
	D. Evaluation.....	22
	E. Health Education and Risk Reduction (HE/RR).....	22
	F. Health Communications/Public Information (HC/PI).....	23
	G. Comprehensive Risk Counseling and Services (CRCS).....	24
	H. Fiscal Agent	24
V.	TECHNICAL ASSISTANCE TO COMMUNITY BASED ORGANIZATIONS.....	27
	Table 17 – Technical Assistance and Training Opportunities	27

The programs and activities reported on are supported by funding from: Nevada Hispanic Services through Grant Number SP13327 from the Substance Abuse and Mental Health Services Administration; the Nevada State Health Division through Grant Numbers U62/PS00138, H25/CCH904368-16, U62/CCU923483-04-1 from the Centers for Disease Control and Prevention; the Nevada Women’s Fund; and Washoe County General Fund.

The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of Nevada Hispanic Services, Nevada State Health Division, the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, or the Nevada Women’s Fund.

SEXUAL HEALTH PROGRAM

Mandates:

NRS: 201.205, 201.354, 201.356, 201.366, 201.358, 209.385, 389.065, 441A.120, 441A.125, 441A.130, 441A.150, 441A.160, 441A.170, 441A.180, 441A.220, 441A.230, 441A.240, 441A.250, 441A.260, 441A.270, 441A.280, 441A.290, 441A.300, 441A.310, 441A.320, 441A.330

I. SEXUAL HEALTH PROGRAM MISSION AND DESCRIPTION

To provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

The Sexual Health Program utilizes resources to promote positive outcomes associated with reproductive and sexual health including the prevention of HIV, sexually transmitted diseases (STDs), and unintended pregnancy across the lifespan. Outcomes are based on best practices in direct services and prevention activities that are data driven and client centered.

The Sexual Health Program carries the values of rights, respect, and responsibility.

The community has:

- The **RIGHT** to balanced, accurate, and realistic sexual health education and confidential, affordable sexual health services;
- The **RESPECT** of individual assets and experiences that are a part of the planning, implementation, and evaluation of sexual health programs and services; and
- The **RESPONSIBILITY** for individuals to make the link between sexuality and values and to protect their health as well as the health of others. The Sexual Health Program is responsible for providing individuals and the community the tools necessary to act responsibly, including information, services, and input into programs and services.

HIV ACTIVITIES

HIV activities are related to prevention, testing, and surveillance. These include:

- Collecting statistical data regarding HIV infections/AIDS cases and risk-related behaviors;
- Providing information, counseling, and referrals for individuals living with HIV infection;
- Providing HIV counseling and testing services in the community;
- Educating the community about risk reduction as it relates to HIV infection;
- Leading the Northern Nevada Outreach Team to coordinate counseling, testing, and prevention intervention in non-traditional venues;
- Providing leadership and technical assistance to community based organizations and agencies;

- Participating in HIV prevention community planning and care recommendations through participation in the Northern Nevada HIV/AIDS/STD Planning Council;
- Proceed in role as fiscal agent for federal HIV Prevention funds subgranted through the Nevada State Health Division;
- Evaluating HIV prevention programs within the community; and
- Partner notification, testing, and referrals to social and health-care services.

*Within this document, high-risk individuals are defined as those people who fall into one or more of the following categories: Men who have Sex with Men (MSM), sex partners of MSMs, Injecting Drug Users (IDUs), sex partners of IDUs, those who present with opportunistic infections, HIV positive contacts, sexual assault victims, pregnant women, those asking for an HIV test, and individuals presenting with a concurrent sexually transmitted disease.

STD ACTIVITIES

The STD Program conducts prevention, testing, and surveillance activities. These services include:

- Screening and testing for STDs including HIV;
- Hepatitis A and B vaccinations;
- Diagnosis and treatment;
- Information, counseling and referrals;
- Prevention education; and
- Participation in the Region IX Infertility Prevention Project.

II. SURVEILLANCE REPORTING

The Washoe County District Health Department (WCDHD) conducts HIV surveillance, seroprevalance monitoring, and other data management activities utilizing calendar weeks for the date of infection. Effective 2005, the definition of “HIV Infection” was modified to exclude those who are AIDS-diagnosed at the time of testing or within the same calendar year as the HIV diagnosis. Methods were changed in order to prevent duplicate reporting of the same case as both HIV and AIDS. The source for these data is the HIV/AIDS Reporting System (HARS) database.

HIV Infections Reported and Entered

Table 1 – HIV Infections (Not AIDS) Reported, January 1, 2007 – December 31, 2007

Gender	Reported HIV Cases (not yet AIDS)	New Cases in 2007 (HIV not yet AIDS)				Cumulative Cases
		January-June	July-December	Total	%	%
Gender	Male	13	10	23	79%	85%
	Female	5	1	6	21%	15%
	Total Adults	18	11	29	100%	100%
Race/Ethnicity	White	13	5	18	62%	74%
	Black	2	1	3	10%	12%
	Hispanic	1	4	5	17%	11%
	Asian	2	1	3	10%	0%
	American Indian/Alaskan Native	0	0	0	0%	1%
	Other/Not Identified	0	0	0	0%	1%
	Total	18	11	29	100%	100%
Exposure Categories	Men who have sex with men	8	8	16	55%	53%
	Injecting drug use	3	0	3	10%	11%
	Men who have sex with men/IDU	0	1	1	3%	9%
	Hemophilia/coagulation disorder	0	0	0	0%	0%
	Heterosexual contact	1	0	1	3%	8%
	Receipt of blood transfusion/products	0	0	0	0%	0%
	Other/Not Identified	6	1	7	24%	19%
	Adult/Adolescent Totals	18	10	28	97%	100%
	<i>Ped. cases (parent with/at risk for HIV infection)</i>	<i>0</i>	<i>1</i>	<i>1</i>	<i>3%</i>	<i>0%</i>
Total	18	11	29	100%	100%	
Ages	Ages 0-18	1	1	2	7%	1%
	Ages 19-24	1	2	3	10%	14%
	Ages 25-39	9	4	13	45%	59%
	Ages 40 and over	7	4	11	38%	26%
	Total	18	11	29	100%	100%

15 HIV infections are not accounted for in this graph, as they progressed to an AIDS diagnosis during 2007.

AIDS Cases Reported and Entered

Table 2 – AIDS Cases Reported, January 1, 2007 – December 31, 2007

Gender	Reported AIDS Cases	New Cases in 2007				Cumulative Cases
		January-June	July-December	Total	%	%
Male		11	10	21	68%	92%
Female		7	3	10	32%	8%
Total Adults		18	13	31	100%	100%
Race/Ethnicity	White	12	7	19	61%	77%
	Black	3	1	4	13%	8%
	Hispanic	1	3	4	13%	13%
	Asian/Pacific Islander	1	0	1	3%	1%
	American Indian/Alaskan Native	0	2	2	6%	1%
	Other/Not Identified	1	0	1	3%	0%
	Total	18	13	31	100%	100%
Exposure Categories	Men who have sex with men	7	6	13	42%	65%
	Injecting drug use	2	0	2	6%	9%
	Men who have sex with men/IDU	0	0	0	0%	7%
	Hemophilia/coagulation disorder	0	0	0	0%	0%
	Heterosexual contact	2	3	5	16%	5%
	Receipt of blood transfusion/products	0	0	0	0%	2%
	Other/Not Identified	7	4	11	35%	11%
	Adult/Adolescent Totals	18	13	31	100%	100%
	<i>Ped. cases (parent with/at risk for HIV infection)</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0%</i>	<i>0%</i>
	Total	18	13	31	100%	100%
Ages	Ages 0-18	1	0	1	3%	1%
	Ages 19-24	2	3	5	16%	4%
	Ages 25-39	6	5	11	35%	51%
	Ages 40 and over	9	5	14	45%	44%
	Total	18	13	31	100%	100%

Of the total AIDS cases for 2007, 15 were also new HIV infections during 2007 that are not accounted in total HIV cases for 2007.

Source: HARS Database

Out-of-Jurisdiction HIV Cases

Staff was involved in case surveillance of out-of-county and/or out-of-state HIV cases. When reviewed, these cases were determined to be previously reported in jurisdictions outside Washoe County. The following information resulted from their efforts:

Table 3 – HIV Infections Out-of-Jurisdiction, January 1, 2007 – December 31, 2007

Original Reporting Jurisdiction	January-June	July-December	Total 2007
Arizona	1		1
California	3	10	13
Colorado		3	3
Florida		2	2
Georgia		1	1
Idaho	1		1
Illinois		1	1
Louisiana		1	1
Massachusetts		1	1
Minnesota	1		1
Missouri	1		1
New Jersey		1	1
New Mexico	1		1
New York	1	3	4
Ohio	1		1
Oklahoma	1		1
Oregon	1		1
Texas		2	2
Washington	1	2	3
Total	13	15	40

Source: HARS Database

Reported HIV Infection Sources

The WCDHD reports all HIV seropositive and viral load test results with patient name and demographics to the State's HARS management staff. County and State HARS personnel work closely to insure proper and confidential record keeping. Table 4 represents the number of reported HIV infection sources in HARS for the period(s) listed.

Table 4 – HIV Infection Reporting Sources, Jan. 1, 2007 – December 31, 2007

<i>HIV Reporting Source</i>	<i>January-June</i>	<i>July-December</i>	<i>Total 2007</i>
Community Organizations	4	6	10
Community Health Clinics	2	0	2
Social Services Agencies	1	0	1
Hospitals	9	4	13
Detention Facilities, not WCDHD testing			
WCDHD - Onsite	3	1	4
WCDHD - Offsite	3	0	3
Blood/Blood Products Organizations	1	2	3
Private Medical Doctors	6	1	7
Insurance Companies	1	0	1
Total	30	14	44

Source: HARS Database

STD

STD staff report cases as lab and provider reports are received at the WCDHD. Tables 5-8 represent the number of infections reported and entered into STD*MIS after investigations are completed.

Table 5 – Chlamydia Infections Reported, January 1, 2007 –December 31, 2007

Gender	Reported Chlamydia Cases	New Cases in 2007			
		January-June	July-December	Total	%
Male		269	262	531	38%
Female		434	449	883	62%
Total		703	711	1414	100%
Race/Ethnicity	White	296	334	630	45%
	Black	99	86	185	13%
	Hispanic	240	200	440	31%
	Asian	46	35	81	6%
	American Indian/Alaskan Native	19	19	38	3%
	Other/Not Identified	3	37	40	3%
Total		703	711	1414	100%
Ages	Ages 0-19	243	255	498	35%
	Ages 20-24	252	251	503	36%
	Ages 25-39	190	187	377	27%
	Ages 40 and over	18	18	36	3%
	Total		703	711	1414

Source: STD*MIS Database

Table 6 – Gonorrhea Infections Reported, January 1, 2007 – December 31, 2007

Gender	Reported Gonorrhea Cases	New Cases in 2007			
		January-June	July-December	Total	%
Male		49	49	98	55%
Female		40	40	80	45%
Total		89	89	178	100%
Race/Ethnicity	White	36	48	84	47%
	Black	23	17	40	22%
	Hispanic	20	16	36	20%
	Asian	7	1	8	4%
	American Indian/Alaskan Native	3	2	5	3%
	Other/Not Identified	0	5	5	3%
Total		89	89	178	100%
Ages	Ages 0-19	21	21	42	24%
	Ages 20-24	27	34	61	34%
	Ages 25-39	28	24	52	29%
	Ages 40 and over	13	10	23	13%
	Total		89	89	178

Source: STD*MIS Database

Table 7 – Syphilis Infections Reported, January 1, 2007 – December 31, 2007

Gender	Reported Syphilis Cases	New Cases in 2007			
		January-June	July-December	Total	%
Male		4		4	100%
Female		0		0	0%
Total		4	0	4	100%
Race/Ethnicity	White	2		2	50%
	Black	1		1	25%
	Hispanic	0		0	0%
	Asian	1		1	25%
	American Indian/Alaskan Native	0		0	0%
	Other/Not Identified	0		0	0%
	Total	4	0	4	100%
Ages	Ages 0-19	0		0	0%
	Ages 20-24	1		1	25%
	Ages 25-39	2		2	50%
	Ages 40 and over	1		1	25%
	Total	4	0	4	100%

Source: STD*MIS Database

Table 8 – Male Primary and Secondary Syphilis Cases, January 1, 2007 – December 31, 2007

<i>Male Primary and Secondary Syphilis Cases</i>							
		<i>Information about Index Case</i>					
# of Cases	Cases with Partner Information*	Total # of HIV+	Total # of HIV-	Total # of HIV Status Unknown	HIV + & MSM	HIV – & MSM	HIV Status Unknown & MSM
4	3	3	1	0	3	1	0

Source: STD*MIS Database

Disease Intervention Specialist Contact Tracing

Positive contact investigations on HIV, AIDS, and reportable STD cases were made by staff or the reporting provider.

HIV/AIDS

Table 9 – HIV/AIDS Contact Tracing, January 1, 2007 – December 31, 2007

<i>Contacts Identified in 2007</i>	<i>Jan 1 thru June 30</i>	<i>Jul 1 thru Dec 31</i>	<i>Total</i>	<i>Cumulative %</i>
Negative Result Male	33	17	50	57%
Positive Result Male	8	3	11	13%
Not yet tested/investigation ongoing Male	2	3	5	6%
Male Contacts who are already HIV Positive	3	0	3	3%
Total Male	46	23	69	79%
Negative Result Female	7	8	15	17%
Positive Result Female	3		3	3%
Not yet tested/investigation ongoing Female	0		0	0%
Female Contacts who are already HIV Positive	0		0	0%
Total Female	10	8	18	21%
Total Contacts who refused Testing	0	0	0	0%
Total Contacts who were Positive	11	3	14	16%
Total Contacts	56	31	87	100%

Source: HARS Database, Client Charts

STD

Chlamydia

Table 10 – Chlamydia Contact Tracing, January 1, 2007 – December 31, 2007

Disposition	January – June	July - December	2007 Total	Percent
<i>Total Partners</i>	909	817	1726	
<i>Total Partners Initiated</i>	863	737	1600	92.7%
of total partners were able to have investigation initiated				
New Partners Examined				43.1%
of total partners initiated were new partners examined				
Preventive Epi Treatment	172	169	341	49.4%
Refused Preventive Treatment	0	0	0	0.0%
Infected - Treated	175	156	331	48.0%
Infected - Not Treated	0	0	0	0.0%
Not Infected	7	11	18	2.6%
<i>Total</i>	354	336	690	100.0%
New Partners – No Exam				35.9%
of total partners initiated who were not examined				
Insufficient Information to Begin Investigation	159	109	268	46.7%
Unable to Locate	25	15	40	7.0%
Located – Refused Examination	28	30	58	10.1%
Out of Jurisdiction	58	42	100	17.4%
Other	55	53	108	18.8%
<i>Total</i>	325	249	574	100.0%
Previous Treatment for this Infection (not counted as new partner)	184	152	336	21.0%
Contact Index*1.1 *Number of contacts per case				

Source: STD*MIS Database

Gonorrhea

Table 11 – Gonorrhea Contact Tracing, January 1, 2007 – December 31, 2007

Disposition	January – June	July - December	2007 Total	Percent
<i>Total Partners</i>	117	125	242	
<i>Total Partners Initiated</i>	128	109	237	97.9%
of total partners were able to have investigation initiated				
New Partners Examined				38.0%
of total partners initiated were new partners examined				
Preventive Epi Treatment	24	21	45	50.0%
Refused Preventive Treatment	0	0	0	0.0%
Infected - Treated	25	19	44	48.9%
Infected - Not Treated	0	0	0	0.0%
Not Infected	0	1	1	1.1%
<i>Total</i>	49	41	90	100.0%
New Partners – No Exam				41.4%
of total partners initiated who were not examined				
Insufficient Information to Begin Investigation	31	24	55	56.1%
Unable to Locate	3	3	6	6.1%
Located – Refused Examination	4	4	8	8.2%
Out of Jurisdiction	9	9	18	18.4%
Other	2	9	11	11.2%
<i>Total</i>	49	49	98	100.0%
Previous Treatment for this Infection (not counted as new partner)	19	19	38	16.0%
Contact Index*1.3				
*Number of contacts per case				

Source: STD*MIS Database

Syphilis

Table 12 – Syphilis Contact Tracing, January 1, 2007 – December 31, 2007

Disposition	January – June	July - December	2007 Total	Percent
<i>Total Partners</i>	6	3	9	
<i>Total Partners Initiated</i>	4	3	7	77.8%
of total partners were able to have investigation initiated				
New Partners Examined				57.1%
of total partners initiated were new partners examined				
Preventive Epi Treatment	1	0	1	25.0%
Refused Preventive Treatment	0	0	0	0.0%
Infected - Treated	1	0	1	25.0%
Infected - Not Treated	0	0	0	0.0%
Not Infected	0	2	2	50.0%
<i>Total</i>	2	2	4	100.0%
New Partners – No Exam				28.6%
of total partners initiated who were not examined				
Insufficient Information to Begin Investigation	1	1	2	100.0%
Unable to Locate		0	0	0.0%
Located – Refused Examination		0	0	0.0%
Out of Jurisdiction		0	0	0.0%
Other		0	0	0.0%
<i>Total</i>	1	1	2	100.0%
Previous Treatment for this Infection (not counted as new partner)	1	0	1	14.3%
Contact Index*0.6				
*Number of contacts per case				

Source: STD*MIS Database

III. COUNSELING AND TESTING

HIV

The Washoe County District Health Department (WCDHD) provides Counseling, Testing, and Referral (CTR) services, partner notification, and Comprehensive Risk Counseling Services (CRCS), formerly Prevention Case Management (PCM) to the Washoe County population. This includes interviewing new clients, pre and post-test counseling, and working with clients to ensure medical follow-up and treatment/prevention of secondary HIV infection. The WCDHD continues to conduct HIV testing and outreach both on-site and off-site.

From January 1, 2007 through December 31, 2007, 2,246 HIV antibody tests were reported to the WCDHD counseling and testing system. There were 17 positive results from testing in the reporting venues, which yields <1% positivity rate. The following represents activities from testing sites reported in the counseling and testing system for calendar year 2007.

Table 13 – HIV Counseling and Testing Sites, January 1, 2007 – December 31, 2007

<i>HIV Counseling and Testing Sites</i>	<i>January - June</i>	<i>July - December</i>	<i>Total Tests</i>
Community Organizations	32	22	54
Detention Facilities, not WCDHD testing		16	16
WCDHD - Onsite	579	585	1164
WCDHD - Offsite	552	660	1212
	1163	1283	2446

Source: CTS Database

STD

WCDHD provides STD testing through clinics and venues that include the STD clinic, family planning clinic, teen health clinic, adult detention facility, juvenile detention facility, and offsite testing where high-risk populations congregate. These tests are paid for through grant and local funding.

Table 14 – Chlamydia Tests Provided by Select Venues, January 1, 2007 – December 31, 2007

<i>Chlamydia</i>						
Provider Type	# of Chlamydia Tests		# of Positive Tests		Test Used	Screening Criteria
	Females	Males	Females	Males	Aptima Combo, Genprobe	Region IX IPP Guidelines
FP	1448	4	58	1		
STD	665	1107	137	279		
Jail			16			
	182	294		28		
Teen Health Mall	903	13	69	2		
Juvenile Detention	122	411	17	15		

Source: STD*MIS Database

Table 15 – Gonorrhea Tests Provided by Select Venues, January 1, 2007 – December 31, 2007

<i>Gonorrhea</i>						
Provider Type	# of Gonorrhea Tests		# of Positive Tests		Test Used	Screening Criteria
	Females	Males	Females	Males		
FP	1448	4	1	0	Aptima Combo, Genprobe	Region IX IPP Guidelines
STD	665	1107	31	33		
Jail	182	294	5	8		
Teen Health Mall	903	13	2	0		
Juvenile Detention	122	411	1	2		

Source: STD*MIS Database

Infertility Prevention Project

WCDHD participates in the Infertility Prevention Project (IPP) for Region IX. Screening guidelines established by the Region IX IPP provide standards for identifying and preventing STDs that may lead to infertility.

Table 16 – Infertility Prevention Project Performance Measures

IPP Performance Measure	Result(s)
Tests provided: Chlamydia Gonorrhea	5149 5149
Family Planning Clinic & Teen Health Mall: Women w/ positive Chlamydia treatment within 14 days of specimen collection	97% (123 cases treated out of 127 positive Chlamydia results)
Family Planning Clinic & Teen Health Mall: Women w/ positive Chlamydia treatment within 30 days of specimen collection	98% (125 cases treated out of 127 positive Chlamydia results)
Family Planning Clinic & Teen Health Mall: Women w/ positive gonorrhea tested treated within 14 days of specimen collection	100% (3 positive gonorrhea cases treated out of 3 positive gonorrhea cases)
Tests provided to high-risk women (≤ 25) and adolescents (15-19) Chlamydia Gonorrhea	3511 3511
Tests provided to high-risk female in juvenile detention Chlamydia Gonorrhea	122 122
Chart Audit Chlamydia Treatment, Screening, and Follow-Up 20 charts reviewed <ul style="list-style-type: none"> • 13 negative chlamydia results • 6 positive chlamydia results • 1 declined chlamydia testing 	<ul style="list-style-type: none"> • 7 performance measures reviewed • 7 performance measures compliant • 6 out of 7 measures compliant at 100%
Chart Audit Chlamydia Positive Client Review for Treatment and Follow-Up 20 charts reviewed	<ul style="list-style-type: none"> • 6 performance measures reviewed • 6 performance measures compliant • 5 out of 6 performance measures compliant at 100%

Source: STIS, Clinic Charts

IV. HIV PROGRAM GOALS AND OBJECTIVES

The Washoe County District Health Department (WCDHD) maintains the following Scope of Work for the 2007 calendar year as part of the Nevada Department of Health and Human Services, Health Division (NVHD)'s HIV Prevention Program. These activities and objectives also correspond to the HIV Prevention Program Performance Indicators developed by the Centers for Disease Control and Prevention (CDC):

A. Counseling, Testing, and Referral Services (CTR)

HIV Counseling, Testing, and Referral (CTR) refers to a collection of activities designed to increase a client's knowledge of his/her HIV serostatus, encourage and support risk reduction, and secure needed referrals for appropriate medical, prevention, and Partner Counseling and Referral Services (PCRS). CTR can be provided in a number of settings using a variety of methods. CTR services provided by the WCDHD address four basic requirements: 1) inform clients about HIV transmission routes, the HIV antibody testing process, and the meaning of a positive or negative test result, 2) provide client centered counseling around issues of recognizing one's risk for HIV infection, risk reduction, and the need for testing, 3) if appropriate, test clients using the best available method, and 4) address needs for additional services and provide suitable referrals to meet those needs (CDC's Procedural Guidance for Implementation of Counseling, Testing, and Referral, 2003).

Objectives

A.1: Subgrantee will provide 1,500 to 1,700 HIV tests to high-risk individuals in Washoe County.

This objective was met and exceeded for the funding cycle as 2,396 HIV tests were provided to the community by WCDHD clinics or funded agencies from January 1, 2007 through December 31, 2007. The objective of 1,700 tests was exceeded by 144%.

A.2: The percentage of newly identified, confirmed HIV-positive test results among all tests provided by the subgrantee will be 3% or less.

This objective was met for January 1, 2007 through December 31, 2007, as the percentage of newly identified, confirmed HIV-positive test results among all tests provided by WCDHD staff was less than 1%.

A.3: Subgrantee will return 95% of newly identified, confirmed HIV-positive test results to clients.

This objective was met and exceeded for January 1, 2007 through December 31, 2007, as 100% of newly identified, confirmed HIV-positive test results were returned to clients.

A.4: At least 70% of individuals who test for HIV will return to the subgrantee for results and post-test counseling.

This objective was not met for the reporting period, as 62% of individuals who tested for HIV returned to the WCDHD for results and post-test counseling. The Sexual Health Data workgroup at WCDHD continues to assess the cause for the decreased rate of clients receiving their results. It appears that off-site testing results are difficult to provide to clients. The workgroup is considering options to increase the number of results and post-test counseling provided to clients that will be implemented in the next year.

A.5: Subgrantee will report to the NVHD the number of newly diagnosed HIV infections within the 13-24 age group.

From January 1, 2007 through December 31, 2007, there were nine (9) newly diagnosed HIV infections within the 13-24 age group.

B. Partner Counseling and Referral Services (PCRS)

HIV Program staff will maintain the following Partner Counseling and Referral Services (PCRS) goals: 1) provide services to HIV-infected persons and their sex and needle-sharing partners so they can avoid infection or, if already infected, can prevent transmission to others and 2) help partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services. Through PCRS, HIV Program staff will inform persons of their exposure or possible exposure to HIV. Notified partners can choose whether to be tested, and, if not tested or if found to be uninfected, can receive counseling about practicing safer behaviors to avoid future exposure to HIV. If, however, they are found to be infected, they can seek early medical treatment and practice behaviors that help prevent transmission of HIV to others and reduce the risk of becoming infected with other STDs (CDC's HIV Partner Counseling and Referral Services Guidance, 2004).

Objectives

B.1: Subgrantee will provide an HIV test to 95% of contacts with unknown or negative serostatus after PCRS notification.

This objective was met and exceeded for January 1, 2007 through December 31, 2007, as 85 of 87 (98%) of the HIV contacts with unknown or negative serostatus were offered counseling and testing services.

B.2: Subgrantee will provide notification of a positive test result to 95% of contacts with a newly identified, confirmed HIV positive test.

This objective was met and exceeded for January 1, 2007 through December 31, 2007, as 14 contacts (100%) with a newly identified, confirmed HIV-positive test were provided notification of their test result.

B.3: Subgrantee will report to the NVHD the percent of contacts with a known, confirmed HIV-positive test among all contacts.

For January 1, 2007 through December 31, 2007, 14 out of 56 contacts (16%) had known, confirmed HIV-positive test results.

C. Community Planning

The WCDHD will perform community planning activities in accordance with the following goals: 1) increase meaningful community involvement in prevention planning, 2) improve the scientific basis of program decisions, and 3) target resources to those communities at highest risk for HIV transmission/acquisition (CDC's 2006-2008 HIV Prevention Community Planning Guidance).

Objectives

C.1: All (100%) of the subgrantee-funded HIV prevention interventions will correspond to priorities specified in the Comprehensive HIV Prevention Plan.

This objective was met for January 1, 2007 through December 31, 2007, as 100% of WCDHD-funded prevention interventions/other supporting activities corresponded to the following priorities as specified in the 2006-2008 Comprehensive HIV Prevention Plan:

Priority Primary Population

1. HIV Positive Individuals
2. Men Who Have Sex With Men (MSM)
3. Substance Abusers/Users

C.2: Biannually, subgrantee will report to the NVHD the number of CPG members representative of the priority populations listed in the Comprehensive HIV Prevention Plan.

This objective was completed in the third quarter of 2007 while assisting the NVHD with completion of the Interim Progress Report.

C.3: Subgrantee will provide ongoing support to the Northern Nevada HIV/AIDS/STD Planning Council, including coordination of meeting locations, minutes, and agendas.

This objective was met for January 1, 2007 through December 31, 2007, as staff provided support and completed all necessary duties related to the NNPC for meetings occurring during the funding period.

C.4: Subgrantee will participate in the statewide and regional community planning process as described by CDC.

This objective was met for January 1, 2007 through December 31, 2007, as staff participated and completed all necessary duties related to the statewide and regional community planning process occurring during the funding period.

D. Evaluation

CDC's Program Evaluation and Monitoring System (PEMS) is data collection software designed for health departments and community based organizations funded by the CDC to deliver HIV prevention services. PEMS will facilitate the collection, reporting, analysis, and interpretation of standardized data regarding HIV prevention service activities. The WCDHD will collect process monitoring data as required by PEMS and ensure CDC funded community based organizations collect the required data as well.

Objectives

D.1: Subgrantee will collect process-monitoring data on HIV prevention activities.

This objective was met for January 1, 2007 through December 31, 2007, as HIV Program staff continues to collect process-monitoring data.

D.2: All (100%) of the subgrantee-funded agencies implementing HIV prevention programs will collect process-monitoring data on HIV prevention activities.

This objective was met for January 1, 2007 through December 31, 2007, as 100% of WCDHD-funded agencies implementing HIV prevention programs collected process-monitoring data.

E. Health Education and Risk Reduction (HE/RR)

HIV Program staff conducted health education/risk reduction activities targeted to persons at increased risk of becoming infected with HIV or, if already infected, of transmitting the virus to others. The goal of health education and risk reduction programs is to reduce the risk of these events occurring. Activities are directed to persons whose behaviors or personal circumstances place them at risk. Street and community outreach, risk reduction counseling, prevention case management, and community-level intervention have been identified as successful health education and risk reduction activities (CDC's Guidelines for Health Education and Risk Reduction Activities, 1995).

Objectives

E.1: Subgrantee-funded agencies will ensure that 75% of individual level intervention (ILI) program participants complete the intended number of program sessions.

Nevada AIDS Foundation, (NAF) is the WCDHD-funded agency providing ILI in the form of Comprehensive Risk Counseling and Services (CRCS) (formerly Prevention Case Management or PCM) to HIV positive individuals. The NNPC, first quarter and mid-year progress reports from NAF have been received and reviewed by WCDHD staff. In addition, a site-visit was held in the fourth quarter of 2007. The year-end report for this program was received January 30, 2008.

During January 1, 2007 through December 31, 2007, NAF reported that out of the 33 participants in the CRCS program, 27 achieved their individual goals and objectives. Eighty-two percent (82%) of the participants successfully completed the program. All participants were offered at

least 21 sessions of CRCS; while individual needs of client interaction determine how many sessions each participant will require.

E.2: Subgrantee-funded agencies will ensure that 75% of group level intervention (GLI) program participants complete the intended number of program sessions.

Nevada Hispanic Services (NHS) is the WCDHD-funded agency providing GLI in the form of the VOCES program to Hispanic MSM and sexually active heterosexuals (SAH). The NNPC, first quarter and mid-year progress reports from NHS have been received and reviewed by WCDHD staff. In addition, a site-visit was held in the fourth quarter of 2007. The year-end report for this program was received January 30, 2008.

During January 1, 2007 through December 31, 2007, NHS reported that 391 participants received the intended number of sessions. The total number of participants was recorded at 405; therefore, 97% of participants completed the appropriate number of intervention sessions.

E.3: Subgrantee will provide programmatic support to the Northern Nevada Outreach Team, including coordination of meetings and special events, coordination of outreach activities, and provision of training materials and technical assistance.

This objective was met for January 1, 2007 through December 31, 2007, as NNOT meetings were held on a monthly basis during this time. Partner agency recruitment/retention, special event planning, community outreach/education, and training of NNOT members have been the focus. Community outreach and educational services, non-traditional venue HIV testing, and social marketing efforts have been expanded throughout the community by NNOT.

F. Health Communications/Public Information (HC/PI)

HIV Program staff conducts health communication/public information (HC/PI) activities targeted to persons at increased risk of becoming infected with HIV. HC/PI is the delivery of planned HIV/AIDS prevention messages through one or more channels to target audiences to build general support for safe behavior, support personal risk-reduction efforts, and/or inform persons at risk for infection how to obtain specific services.

Objectives

F.1: Subgrantee will provide HIV/STD prevention messages to 5,000 Washoe County community members through social marketing campaigns.

This objective was met for January 1, 2007 through December 31, 2007. To begin, 3,652 HIV/STD prevention messages reached community members via internet outreach. In addition, 24 print ads ran in the Reno News and Review (RNR) focusing on HIV/STD prevention and HIV testing opportunities. RNR reports their total weekly cumulative readership at 79,800; therefore, 24 print ads could have made 1,915,200 duplicate impressions during the reporting period.

F.2: Subgrantee will provide HIV/STD prevention messages to 1,000 Washoe County community members through presentations and exhibits.

This objective was met and exceeded for January 1, 2007 through December 31, 2007. In total, 3,880 Washoe County community members were reached through community presentations, exhibits, and special events.

F.3: Subgrantee will coordinate activities surrounding five HIV/STD-related special events in the Washoe County community.

This objective was met and exceeded for January 1, 2007 through December 31, 2007. In total, eight (8) HIV/STD-related special events were coordinated and conducted in the local Washoe County community. Activities included events surrounding National Condom Awareness Week, National STD Awareness Month, 2007 AIDS Candlelight Memorial, National HIV Testing Day, Gay Pride, Reno AIDS Walk, UNR's Healthy Sex Week, and World AIDS Day.

F.4: Subgrantee will coordinate six HIV/STD-related professional development opportunities for Washoe County community members.

This objective was met and exceeded for January 1, 2007 through December 31, 2007. Please refer to Table 17 for a listing of professional development and technical assistance opportunities that were made available.

G. Comprehensive Risk Counseling and Services (CRCS)

HIV Comprehensive Risk Counseling and Services (CRCS) (formerly Prevention Case Management or PCM) is a client-centered prevention activity, which assists HIV seropositive and seronegative persons in adopting risk-reduction behaviors. CRCS is intended for persons having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV transmission and acquisition. The WCDHD will provide components of CRCS as an intensive one-on-one prevention counseling and support. In addition, these activities will provide assistance in accessing needed medical, psychological, and social services that affect clients' health and ability to change HIV-related risk-taking behavior. The WCDHD will provide CRCS when an individual is diagnosed with HIV and a Disease Intervention Specialist will meet with the newly infected individual at the time the individual is notified of his/her positive status and then as needed. A formal, ongoing CRCS program is not implemented at this time.

Objectives

G.1: Subgrantee will ensure that 95% of confirmed HIV-positive clients complete one CRCS program session.

This objective was met for the January 1, 2007 through December 31, 2007, as 100% of newly identified, HIV-positive individuals received at least one CRCS session.

H. Fiscal Agent

The WCDHD will act as the fiscal agent/grantor of CDC HIV prevention funds and disburse funds to community-based organizations in Northern Nevada through a Request for Applications (RFA) process.

Objectives

H.1: Subgrantee will conduct all duties related to the fiscal agent role, including programmatic and fiscal monitoring, and technical assistance and training.

This objective was met for January 1, 2007 through December 31, 2007, as Sexual Health Program staff collaborated with the WCDHD Administrative Health Services staff to coordinate and implement all duties related to the role of fiscal agent for CDC HIV Prevention Services funds. During 2007, the following activities were conducted through this inter-divisional collaboration:

- Requests for Reimbursement were processed;
- Mid-year progress reports were received from the funded agencies and written responses were provided;
- Staff transition occurred (including orientation, training, and planning);
- Ongoing programmatic and fiscal technical assistance was provided to funded agencies, as requested;
- Development, approval, and release of Request for Applications (RFA) for 2008 through 2009 funding;
- Marketed the RFA to expanded media outlets to reach Northern Nevada organizations;
- Facilitation of Applicants' Workshop;
- Coordination and facilitation of technical and objective review processes of submitted proposals;
- Development, negotiation, and facilitation of contract process with selected agencies;
- Site-visits conducted at currently funded agencies; and
- Continued development of a written fiscal agent policy and procedure.

H.2: By December 31, 2007, subgrantee will coordinate one competitive Request for Applications (RFA) process for HIV Prevention Services funds, including application solicitation, technical and objective reviews, and subcontract negotiations.

This objective was met for January 1, 2007 through December 31, 2007, as Sexual Health Program staff have coordinated all activities related to the RFA for 2008-2009 funding of HIV Prevention Services. Execution of the subgrants occurred in January 2008.

I. Reporting

Objectives

I.1: Subgrantee will submit biannual Progress Reports to the NVHD that will include HIV surveillance data and technical assistance tracking; reports will be submitted 30 days following each six-month reporting period.

Per communication with the NVHD and WCDHD staff, the 2007 mid-year report was submitted in mid August. This was due to merging of HIV and STD reports into a Sexual Health report that decreases duplication of reporting and corresponds with the integration of the HIV and STD

programs into a comprehensive Sexual Health program at WCDHD. The annual report was submitted in by February 2008.

V. TECHNICAL ASSISTANCE TO COMMUNITY BASED ORGANIZATIONS

Table 17 – Technical Assistance and Training Opportunities

<i>January 1 – December 31, 2007</i>			
T/A and Training Offered	Provided By	Invitees	Attendees
3 rd Tuesdays, Ongoing, NNOT Meetings	Gerold Dermid	NNOT Members	NNOT Members
4 th Wednesdays, Ongoing, NNPC Meetings and committees	Jennifer Howell and NNPC Co-Chairs	NNPC Members	NNPC Members
Statewide Community Planning, Ongoing			Jennifer Howell, NNPC members, Southern Nevada CPG members, NVHD staff
Ongoing: January – March 2007, Hook-up Planning Committee Meetings	Kelli Seals	Coalition for Adolescent Sexual Health (CASH)	Coalition for Adolescent Sexual Health (CASH)
Ongoing: Weekly April – May 2007, 2007 AIDS Candlelight Memorial Planning Meetings	Gerold Dermid	NNOT Members and Community Members	NNOT Members and Community Members
January 11-12, 2007 Advanced Risk Reduction/Client Centered Counseling Training	California STD/HIV Training Center	WCDHD, SHP staff Community Members	WCDHD, SHP staff Community Members
January 24, 2007, Fiscal Agent Spreadsheets	Mary Anna Replogle	NAF and NHS Fiscal Staff	NAF and NHS Fiscal Staff
February 28, 2007 Rapid HIV Testing Training	Center for Health Training	WCDHD Family Planning and SH staff	WCDHD Family Planning and SH staff
February 23, 2007, Insight CTR Training	Nancy Kerns-Cummins, Todd Goatley	WCDHD Staff	WCDHD Staff
March 1, 2007 Strategic Solutions; HIV Care Needs Assessment logistics	Jennifer Howell Bill Mullen	Strategic Solutions staff	WCDHD and Strategic Solutions staff
March 26, 2007, SAMHSA Project Training: Hepatitis 101	Denise Stokich	NHS Staff	NHS Staff
April 11, 2007 Satellite broadcast - Occupation and Nonoccupational exposures to HIV, HBV, HCV	Jennifer Howell UNSOM, AETC	WCDHD staff Community Members	WCDHD staff Community Members
April 17, 2007, OraSure Training	Cory Sobrio	NNOT Members	NNOT Members
May 15, 2007, Client Centered Counseling Training Part One	Jennifer Howell	NNOT Members	NNOT Members
May 17, 2007, HIV and the MSM Community Satellite Broadcast	Gerold Dermid, Jennifer Howell, and AETC	WCDHD Staff and Community Providers	WCDHD Staff and Community Providers
May 31, 2007, Client Centered Counseling Training Part Two	Jennifer Howell	NNOT Members	NNOT Members
June 27, 2007, CTS/Bubble Sheet Training	Mary Anna Replogle	Jan Evans Staff	Jan Evans Staff
June 26 & 28, 2007, Syphilis and HIV Audioconference	Jennifer Howell King Pharmaceuticals	WCDHD Staff and Community Providers	WCDHD Staff and Community Providers
August 2, 2007, HIV and the African American Community Satellite Broadcast	Jennifer Howell, AETC	WCDHD Staff and Community Providers	WCDHD Staff and Community Providers
September 12, 2007, Client	Jennifer Howell, Gerold	WCDHD staff	WCDHD staff

<i>January 1 – December 31, 2007</i>			
<i>T/A and Training Offered</i>	<i>Provided By</i>	<i>Invitees</i>	<i>Attendees</i>
Sexual Practices: Addressing our own Discomfort	Dermid		
September 27, 2007; Unigold Rapid HIV Testing presentation	Unigold	Community Members WCDHD staff	Community Members WCDHD staff
October 3, 2007; Satellite Broadcast	AMC Jennifer Howell	Community Members WCDHD staff	Community Members WCDHD staff
November 8, 2007; CTR, Orasure Training	Jennifer Howell Cory Sobrio	WCDHD Tuberculosis Clinic	WCDHD Tuberculosis Clinic staff
November 15, 2007; HIV Prevention Satellite Broadcast - Hispanics/Latinos & Prevention	Jennifer Howell	Community Members WCDHD staff	Community Members WCDHD staff
December 4, 2007, Logged In: Sex and the Internet	Gerold Dermid, Chris Reynolds (SNHD), Teri-Lee Hedman (intern)	NNOT Members and Community Members	NNOT Members and Community Members
Internal, interdivisional Syphilis Workgroup	Jennifer Howell	WCDHD staff	WCDHD staff