

HIV in Nursing Facilities

Amanda Allmacher, DNP, RN, NP-C, AAHIVS
Program Director, MATEC Michigan

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WAYNE STATE
UNIVERSITY



HRSA Disclaimer

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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) Bureau of HIV/STI Programs and Viral Hepatitis Unit

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



Overview

- HIV 101
- HIV Epidemiology in Michigan
- HIV considerations for older adults residing in nursing facilities
- LGBTQ+ health considerations for older adults residing in nursing facilities
- Overview of MATEC Michigan services

HIV 101

The time is now.

Ending
the
HIV
Epidemic



About EHE



CDC's Role



EHE in Action



News & Updates

Explore CDC's Role in *Ending the HIV Epidemic in the U.S.*

As the U.S. continues to respond to COVID-19, increased investments in the *Ending the HIV Epidemic in the U.S.* (EHE) initiative are vital to regain momentum, advance innovation, and achieve health equity.

The EHE initiative is scaling up four science-based strategies that can end the epidemic: Diagnose, Treat, Prevent, and Respond. For maximum impact, CDC is continuing to invest in [communities most affected by HIV](#) — to help local HIV programs recover, rebuild, and begin to expand EHE strategies in the wake of COVID-19.

Outreach to deliver key prevention strategies, like pre-exposure prophylaxis (PrEP), will be expanded and strengthened in settings like STD clinics and syringe services programs, which are critical to reaching people at risk for HIV who may not otherwise have access



Diagnose



Treat



Prevent



Respond

HIV 101

- Human Immunodeficiency virus
- Enters immune system cells (known as T cells or CD4 cells)
- Immune system weakens over time
 - AIDS
 - Opportunistic infections
- HIV treatment in the form of antiretroviral therapy targets HIV at multiple stages of replication
- Undetectable = Untransmittable

THE JOURNEY TO UNDETECTABLE



HIV medicine can reduce the amount of HIV in your blood (called viral load) to a level so low that a test can't detect it. This is known as an "**undetectable viral load**," or "**undetectable**."

If you get an undetectable viral load and keep it, you have **effectively no risk** of transmitting HIV to an HIV-negative partner through sex.



If you have HIV, you should take medicine to treat HIV as soon as possible to:



Improve your overall health



Prevent transmitting HIV to other people



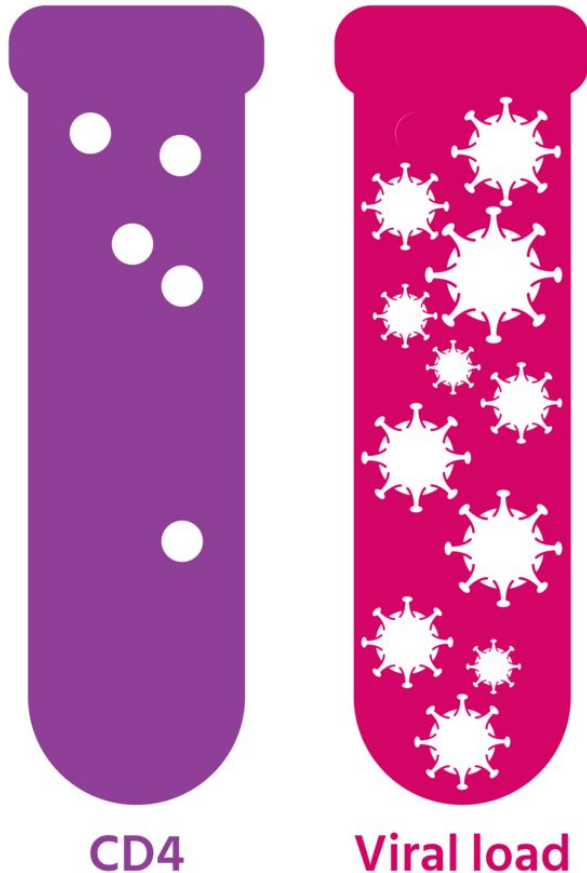
Once you start taking HIV medicine, you are on your journey to being undetectable.

By taking medicine daily, as prescribed, most people can get an undetectable viral load within **6 months**.



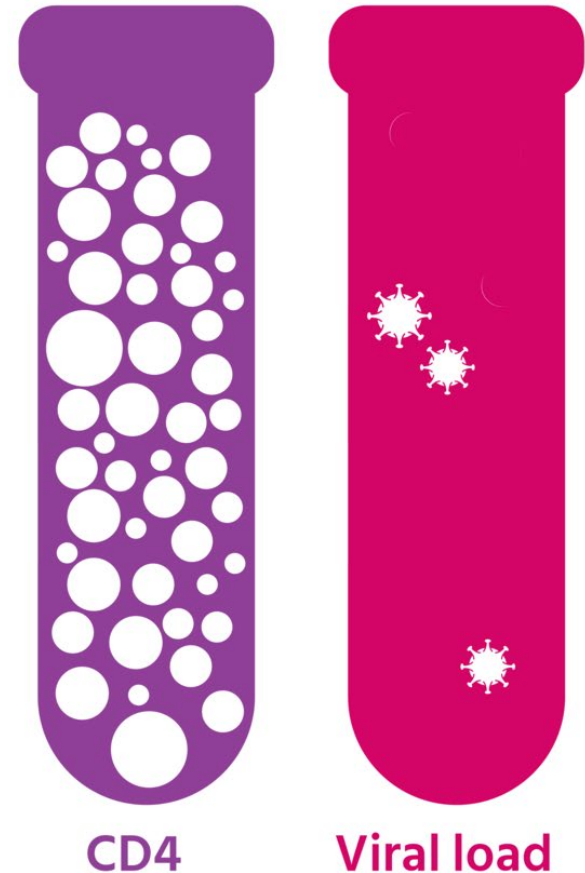
When the CD4 count is low, the viral load is usually high.

This situation is not good.

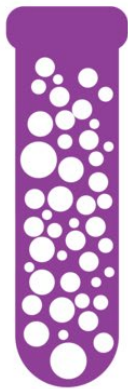


When the CD4 count is high, the viral load is usually low.

This is much better.



The result of treatment should be the **CD4 going up**, and the **viral load going right down**.



CD4



Viral load



A quick guide to test results

CD4 counts

- **Between 500 and 1200:** usual for people who don't have HIV
- **Below 200:** there is a higher risk of illnesses and infections

Your doctor may give your CD4 results as a percentage

- **Above 29%:** similar to a CD4 count of above 500
- **Below 14%:** similar to a CD4 count of below 200

Viral load

- **Between 100,000 and 1 million:** high
- **Below 10,000:** for people with HIV not on treatment, this is low
- **Below 50:** known as an 'undetectable' viral load. The aim of HIV treatment is to have an undetectable viral load.

For more information on this topic

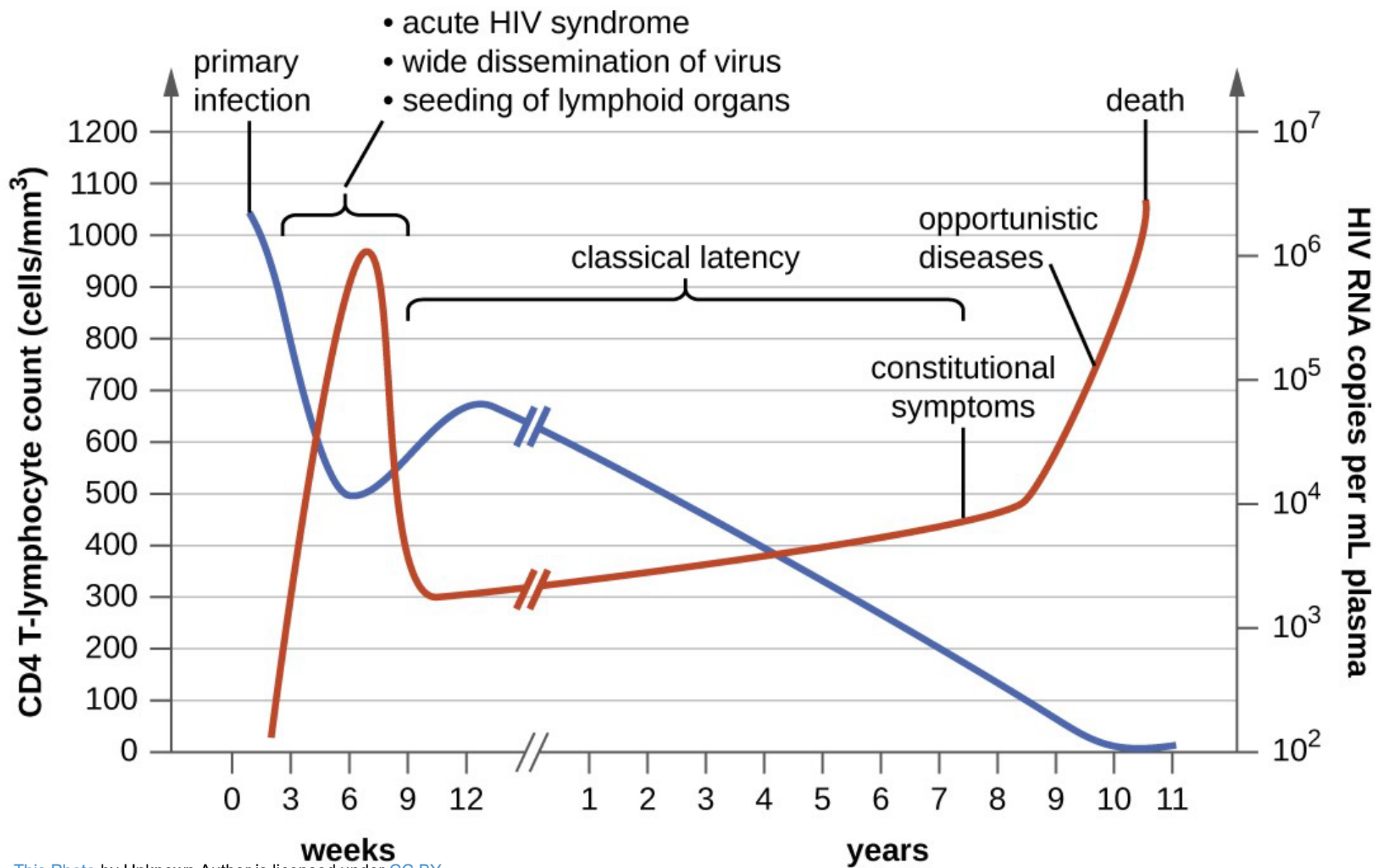
- Read our '**CD4 cell counts**' page.
- Read our '**Viral load**' page.
- Read our '**CD4, viral load & other tests**' booklet.

For more information about HIV

- Visit our website **www.aidsmap.com**
- Speak to an adviser at THT Direct **0808 802 1221**

For information in other languages

- Visit **www.aidsmap.com/languages**



HIV Transmission

HIV can be transmitted through exposure of mucous membrane or open wound to the following:

- Blood
- Breastmilk
- Semen
 - Pre-semen
- Rectal fluid
- Vaginal fluid

Examples include anal sex, vaginal sex, use of shared injection drug equipment, and perinatal transmission

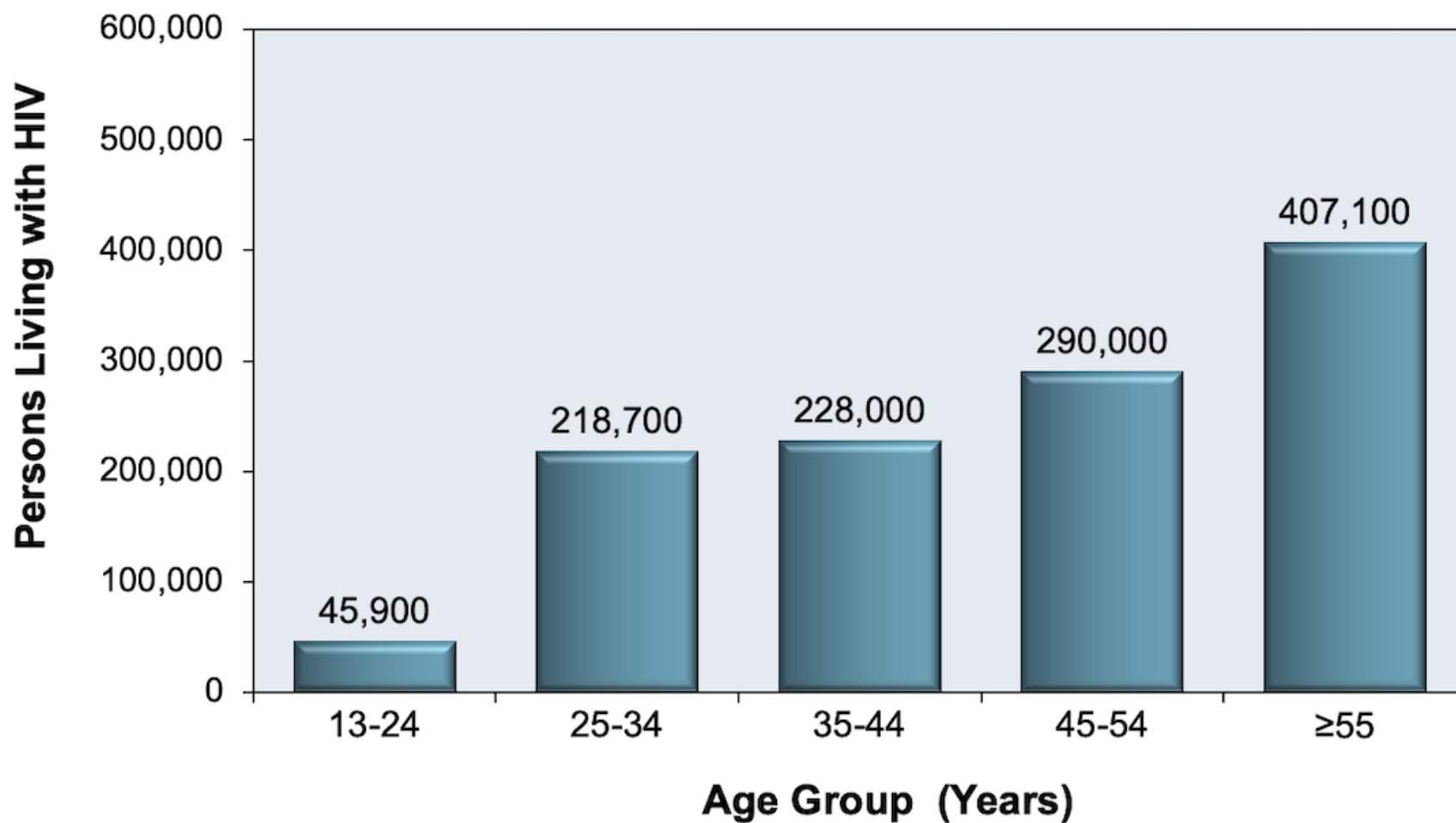
HIV is NOT transmitted through:

- Saliva
- Tears
- Urine
- Kissing
- Mosquitos
- Skin-to-skin contact
- Sharing food/water
- Toilet seats

Figure 6 - Persons with Diagnosed or Undiagnosed HIV, by Age Categories, United States 2019

This bar graph shows the breakdown by age categories (in years) for persons ≥ 13 years old with diagnosed or undiagnosed HIV in the United States in 2019.

Source: Centers for Disease Control and Prevention. Estimated HIV Incidence and Prevalence in the United States, 2015–2019. HIV Surveillance Supplemental Report. 2021;26(No. 1):1–81. Published May 2021.



- In 2019, adults who lived in census tracts with the highest level of poverty (i.e., lowest level of wealth; where 18% or more of the residents lived below the federal poverty level) accounted for
 - The highest HIV diagnosis rates or percentages (diagnoses)
 - The lowest percentages of adults linked to HIV medical care ≤ 1 month after receiving a diagnosis (linkage)
 - The lowest percentages of adults with suppressed viral load within 6 months of receiving an HIV diagnosis (viral suppression)

Social Determinants of Health among Adults with Diagnosed HIV Infection, 2019



Centers for Disease
Control and Prevention
National Center for HIV,
Viral Hepatitis, STD, and
TB Prevention

<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-27-2.pdf>

HIV & STIs in Michigan

[MDHHS](#) > [Keeping Michigan Healthy](#) > [Chronic Diseases](#) > [HIV/STI](#)

[MPV \(Monkeypox\) Information](#)

[Coronavirus \(COVID-19\) and People with HIV Information](#)



Find HIV & STI Testing and

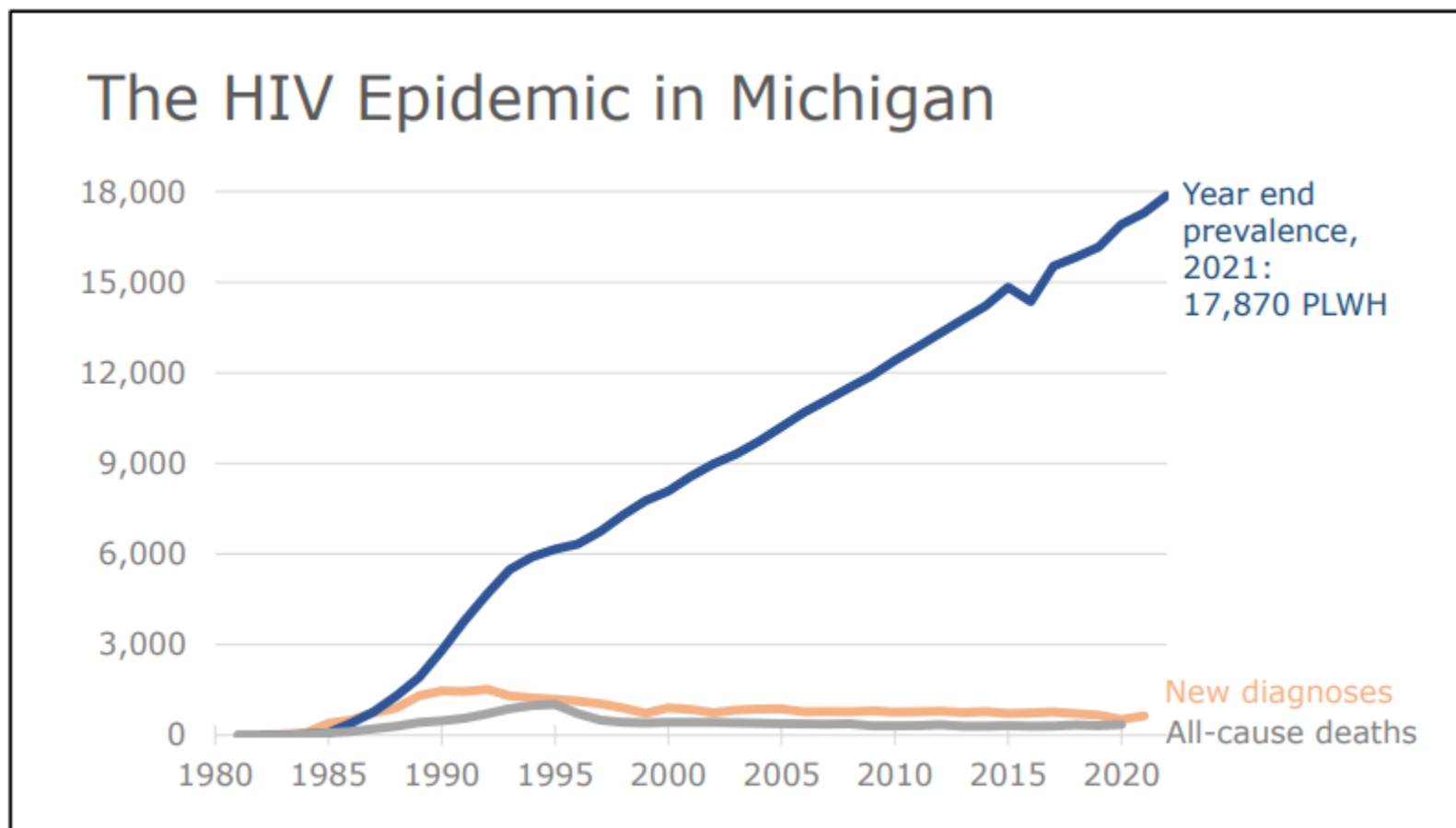


HIV & STIs 101



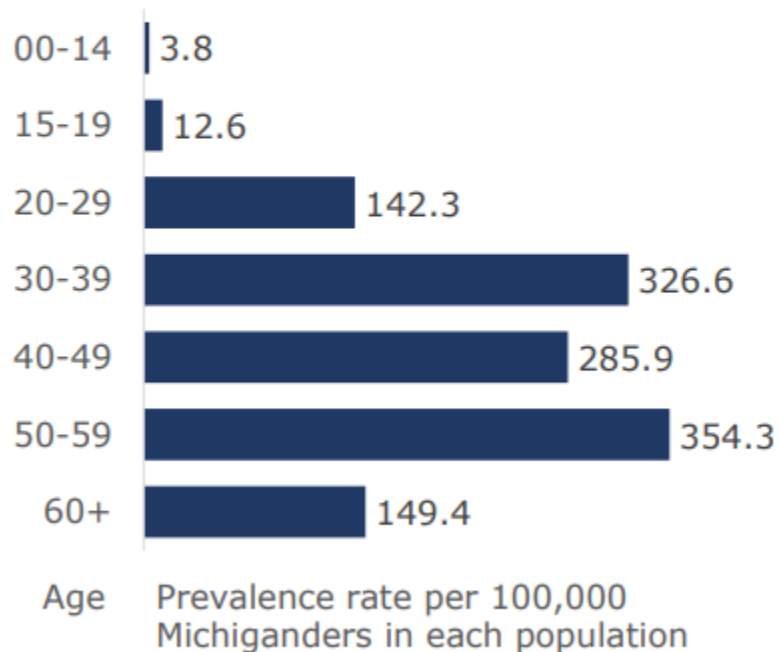
News & Announcements

MDHHS HIV Prevalence Report, 2021



MDHHS HIV Prevalence Report, 2021

Prevalence rates are highest for persons 30-59 years old...



HIV & Aging

HIV & Aging

- More than half of those with HIV in the US are over the age of 50
 - Half of those are over the age of 70
- Differences between those diagnosed earlier in epidemic and those diagnosed later in life
- Aging and entering places of care not familiar with HIV
- Quality of life, cardiovascular disease, brain health, inclusive spaces, social isolation, loss, grief

Primary Care in HIV

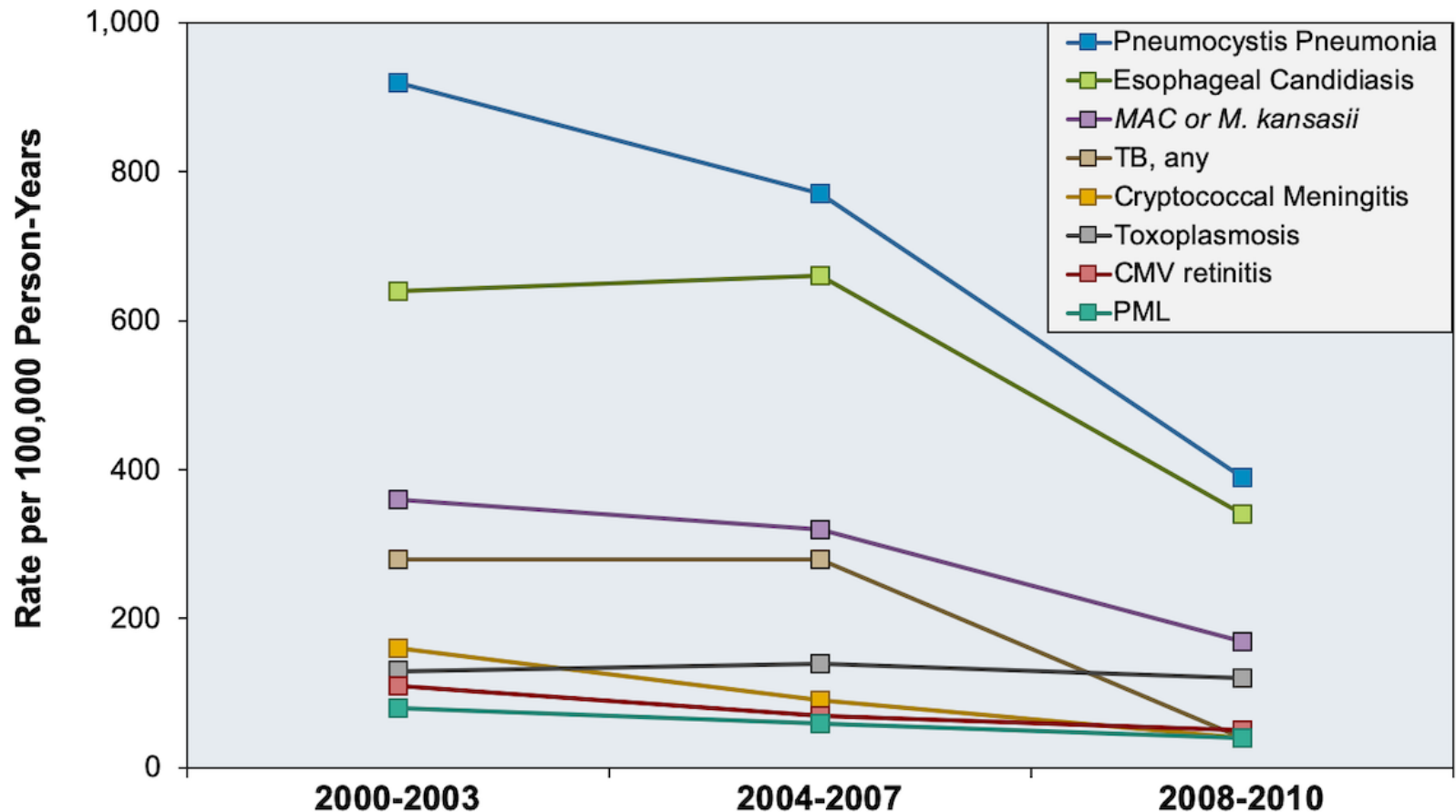
- History & Physical exam
- Baseline labs
- Opportunistic infection screening and prevention
- STI screening
- Immunizations
- Antiretroviral therapy
- Management of comorbid conditions
- Mental health
- Substance use

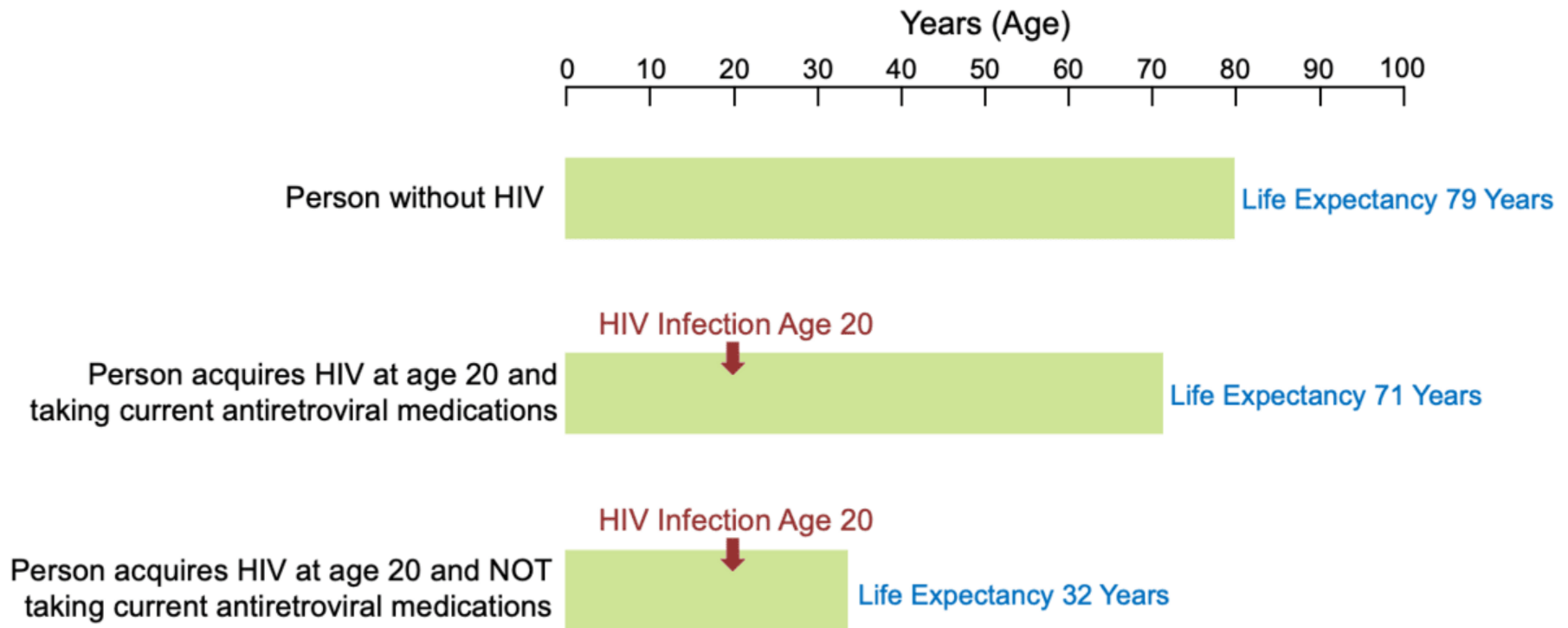
Opportunistic Infections

Figure 3 - AIDS-Defining Opportunistic Illnesses in United States and Canada, NA-ACCORD, 2000-2010

This graph shows AIDS-Defining Opportunistic Illnesses among participants in 16 cohorts in the North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD) during 2000-2010 in the United States and Canada. These data show opportunistic infections occurred at a relatively low rate and declined during the study time period.

Source: Buchacz K, Lau B, Jing Y, et al. Incidence of AIDS-Defining Opportunistic Infections in a Multicohort Analysis of HIV-infected Persons in the United States and Canada, 2000-2010. J Infect Dis. 2016;214:862-72.

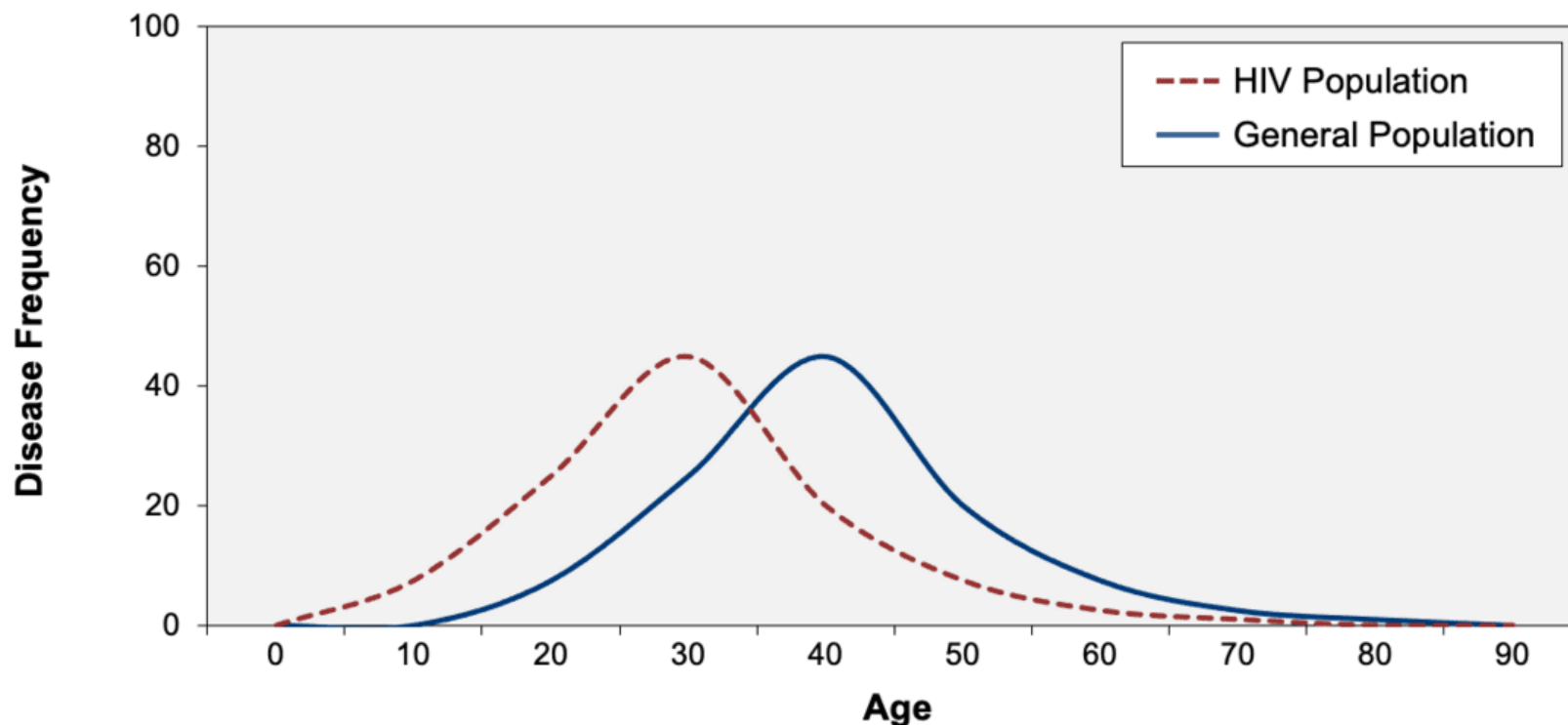




[Figure 1. Life Expectancy of Persons with HIV](#)

This illustration shows that young individuals with HIV can have a nearly normal life expectancy if they take current antiretroviral medications.

Source: Samji H, Cescon A, Hogg RS, et al. Closing the gap: increases in life expectancy among treated HIV-positive individuals in the United States and Canada. PLoS One. 2013;8:e81355.

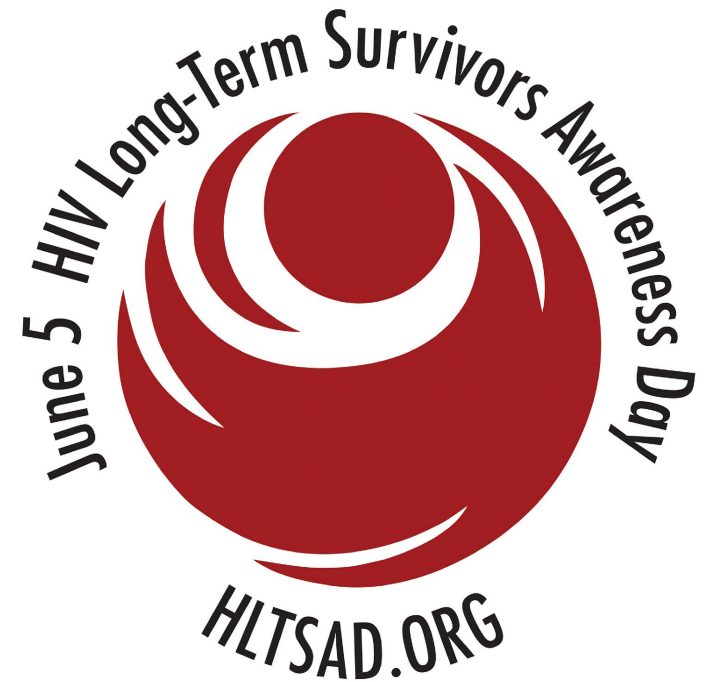


This conceptual graphic illustrates accelerated HIV aging, in which age-associated comorbidities occur at an earlier age in persons with HIV than in the general population, but these comorbidities occur at roughly the same frequency (or rate) in persons with HIV and in the general population. **Typical age-associated comorbidities include cardiovascular disease, cancer, diabetes, liver disease, frailty, and neurocognitive impairment.**

Source: image based on model from: Pathai S, Bajillan H, Landay AL, High KP. Is HIV a model of accelerated or accentuated aging? J Gerontol A Biol Sci Med Sci. 2014;69:833-42.

HIV Treatment Considerations in Older Adults

- May have decreased response to HIV treatment
 - Immune system recovery
- Drug interactions
- Polypharmacy
- Renal or hepatic impairment
- Age of initial diagnosis
 - History of HIV treatment



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Common Comorbid Conditions

- Cancer
 - Such as colorectal & lung cancer
 - Non-AIDS malignancies
- Cardiovascular disease
 - Myocardial infarction, hospitalization for coronary heart disease
- Diabetes mellitus
- Frailty
 - More likely to develop and more likely to develop at a younger age
- Neurocognitive disorders
 - Poorer overall cognitive performance
- Osteoporosis
 - Certain HIV medications
- Renal disease
 - Certain HIV medications

Inclusivity

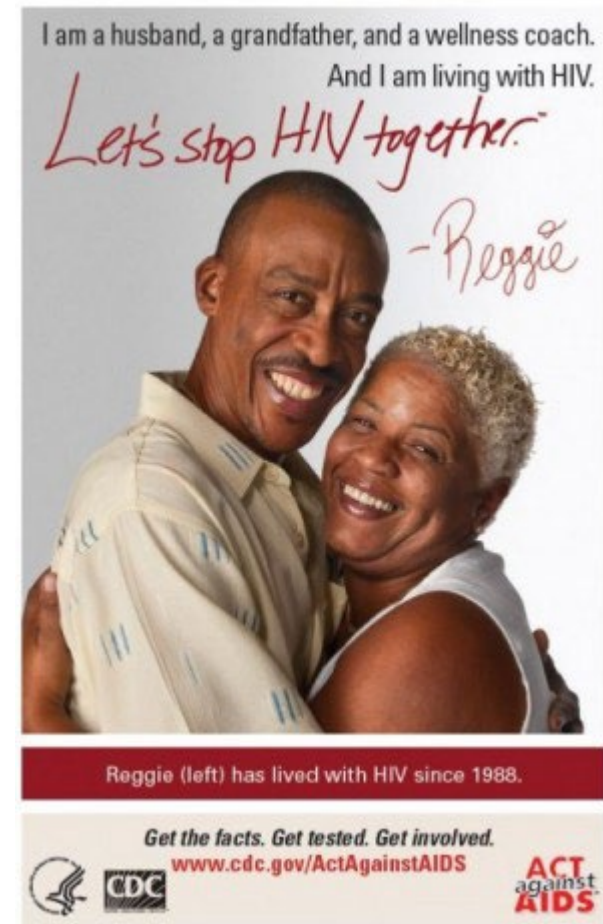
- More likely to face stigma
- Lack gender & identity-affirming treatment
- Fear of discrimination, harassment, neglect, and violence
- Social isolation
- Intersectionality
- Chosen family, advanced directives, SOGI data, pronouns
- Policies for staff and residents



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Learn More

MATEC Michigan

- Clinical Consultation
 - Clinical Preceptorship
 - Virtual and In-person trainings
 - Continuing education available
 - Technical assistance
 - Print clinical reference materials for providers
-
- To reach us for consultation or to schedule a training or clinical preceptorship:

Phone: 313-962-2000

Fax: 313-962-4444

Email: MATECMichigan@wayne.edu

Training calendar: www.matecmichigan.com



Additional Resources

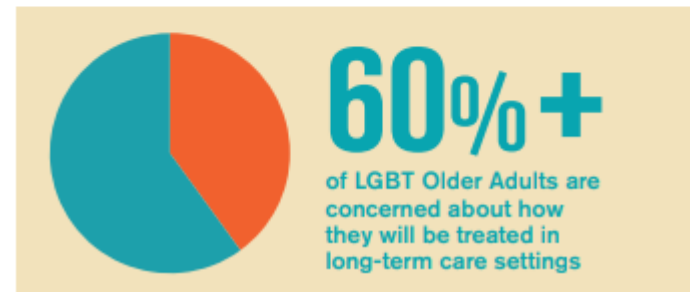
- National HIV Curriculum
 - www.Hiv.uw.edu
- SAGE: Advocacy & Services for LGBTQ+ Elders
- MiGen: Michigan LGBTQ Elder Network
- Association of Nurses in AIDS Care HIV & Aging Learning Modules
- American Academy of HIV Medicine National HIV & Aging Initiative

SAGE: Advocacy & Services for LGBTQ+ Elders

- Long-Term Care Equality Index (LEI)
- Social Isolation
- Stigma
- LGBTQ+ Inclusive spaces
- Cultural Competency

“WITHIN THE NEXT TWO WEEKS I WILL BE GOING INTO ASSISTED LIVING. DUE TO MY FINANCIAL SITUATION, I WILL HAVE TO SHARE A ROOM WITH ANOTHER MAN. THE THOUGHT OF GOING BACK INTO A CLOSET IS MAKING ME ILL. FRANKLY, I'M AFRAID OF TELLING ANYONE THAT I'M GAY.”

—Anonymous, 73 years old, Sylmar, CA



MiGen – Michigan LGBTQ Elder Network

- <https://migenconnect.org/>
- Training Center
 - Live, Virtual or in-person Instructor-led programs
 - Asynchronous training modules
 - Serving LGBTQ+ Older Adults
 - Inclusive Policies for LGBTQ+ Older Adults
 - Social Isolation Among LGBTQ+ Older Adults
 - LGBTQ+ Older Adults in Assisted Living and Long-Term Care Facilities
 - Faith and Religion: Navigating Faith-Based Challenges to Caregiving
 - HIV & Aging
 - Transgender and Non-Binary Health
 - Alzheimer's Disease and Related Dementia

HIV & AGING

LEARNING MODULES

ANAC developed these modules to educate RNs, APRNs, LPNs, CNAs and other healthcare providers working with aging PWH. The modules provide a standardized body of knowledge and aim to improve the quality of care for people living, aging and thriving with HIV.

The current modules available now are:

- HIV Foundations
- Brain Health, Cognition and Mental Health
- Chronic Co-Occurring Conditions
- Creating an Inclusive Space

More modules about Quality of Life and Cardiovascular Disease are coming soon.

VIEW THE MODULES

<https://www.nursesinaidscare.org/i4a/pages/index.cfm?pageid=4792>

Learning Modules

Overview of HIV and Aging

New in HIV and Aging

Resources

Scholars Program

Expert Advisory Committee

Antiretroviral
Medications >Course
Modules >Question
Bank >Tools &
Calculators >Clinical
Consultation >HIV
Resources >

National HIV Curriculum

The National HIV Curriculum is an AIDS Education and Training Center Program and led by the University of Washington.

[Contributors](#)[Site Overview](#)

Funded by
Health Resources and Services Administration (HRSA)

HIV Course Modules

Screening and Diagnosis

This module is for any health care provider who would like to establish core competence in testing for HIV, recognizing acute HIV infection, and linking persons diagnosed with HIV to medical care.

Overview / Quick Reference >

Rapidly access info about Screening and Diagnosis

Question Bank **2nd Edition** **CNE/CME**

Interactive board-review style questions with CE credit

Self-Study **2nd Edition** **CNE/CME**

Track your progress and receive CE credit

Basic HIV Primary Care

The Basic HIV Primary Care module is intended for any clinician who may interact with persons who have HIV infection in a clinical setting, with an emphasis on the primary care management issues related HIV.

Overview / Quick Reference >

Rapidly access info about Basic HIV Primary Care

Question Bank **2nd Edition** **CNE/CME**

Interactive board-review style questions with CE credit

Self-Study **2nd Edition** **CNE/CME**

Track your progress and receive CE credit

Antiretroviral Therapy

The Antiretroviral Therapy module is geared toward clinicians who provide antiretroviral therapy to persons with HIV, with an emphasis on initiating antiretroviral therapy and management of virologic failure.

Overview / Quick Reference >

Rapidly access info about Antiretroviral Therapy

Question Bank **2nd Edition** **CNE/CME**

Interactive board-review style questions with CE credit

Self-Study **2nd Edition** **CNE/CME**

Track your progress and receive CE credit

Co-Occurring Conditions

The Co-Occurring Conditions module addresses the

Overview / Quick Reference >

Rapidly access info about Co-Occurring Conditions

Question Bank **2nd Edition** **CNE/CME**

Interactive board-review style questions with CE credit

National HIV and Aging Initiative



14.25 CEUs



With the success of antiretroviral treatment of HIV, more people with HIV are living longer and advancing into older age. With this aging comes multiple comorbidities affected by HIV. The National HIV and Aging Initiative includes clinical treatment recommendations for the people aging with HIV, a growing bibliography of peer-reviewed journal articles, and opinion editorials related to HIV. This offering is a collaboration of the American Academy of HIV Medicine, ACRIA, and the American Geriatrics Society.



HIV and Aging Clinical Recommendations: Assessing Frailty and Functional Capacity of Older Adults with HIV



HIV and Aging Clinical Recommendations: Detection and Screening for HIV in Older Adults



HIV and Aging Clinical Recommendations: When to Initiate Antiretroviral Therapy in HIV and Aging



HIV and Aging Clinical Recommendations: Immunizations in HIV and Aging



HIV and Aging Clinical Recommendations: Preventing and Screening for Cardiovascular Disease in Older Adults with HIV

MATEC Resources

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>

AETC National Coordinating Resource Center

<https://aidsetc.org/>

Additional Trainings

<https://matec.info>