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Cooperative HIV/AIDS Surveillance in South Carolina

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Division of Surveillance, Assessment and Evaluation

HIV and AIDS surveillance starts with you -- the provider. Providers, following the South Carolina Mandatory Reportable Conditions, report HIV/AIDS labs to the South Carolina Department of Health and Environmental Control (DHEC). These labs are then processed and potential new HIV/AIDS cases in South Carolina are initiated out to the Area Surveillance Coordinators (ASCs).

What is an ASC?

ASCs are staff charged with confirming new cases of HIV/AIDS in South Carolina. They do this by conducting chart reviews and discussing potential cases with medical staff and laboratories. There is one ASC for each region in South Carolina.

Who are the ASCs?

- Region 1 (Upstate):** Eric Jalonen
- Region 2 (Midlands):** Carolyn Gettys
- Region 3 (Pee Dee):** Laquawnia (Nia) Bryant
- Region 4 (Lowcountry):** Antoinette Ferguson

How will an ASC get in contact with you?

In most cases an ASC will contact the provider and let them determine the best contact person. This could be a medical staff member to answer questions, a representative from Health Information Services, or an administrative staff member. The ASCs and providers work together to determine the best method for access to information. This can be done via an in-person visit to review charts, remote access to charts, setting up a transfer through an e-delivery system, utilizing a Secure File Transport Portal or through phone conversations with a designated staff member. You are also able to complete the required documents and send them electronically to DHEC.

What can you do to make this process efficient?

- Speak ahead of time with staff to determine the best process for your organization/practice.
- Set-up a secure location for the ASC to review charts, whether in person or remote.
- Update your regional ASC on any contact changes.
- Let the ASC know of any agency required trainings, if needed.

Can we report new HIV/AIDS cases to ASC?

Yes, you can provide new case information to ASCs, but this DOES NOT replace the reporting requirements for mandatory conditions; labs still need to be reported to DHEC.

Are there preferred methods for ASCs to retrieve information?

ASCs are willing to work with any system of reporting that is best for you and your practice. The preferred method, however, would be remote access, or using an e-delivery or SFTP system. In our experience, these processes result in the least amount of interruption for the facility while providing the required information.

Please contact the DHEC STD/HIV Surveillance Coordinator at 803-605-2784 or email jaloneef@dhec.sc.gov with any questions.

South Carolina's FIMR/HIV Program Focuses on Improving HIV Prevention

Tina Skinner, MBA, BSN, RN, CIC
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South Carolina's Fetal and Infant Mortality/Morbidity Review for Human Immunodeficiency Virus (FIMR/HIV) Program aims to improve perinatal HIV prevention systems by reviewing cases of perinatal HIV exposure through collecting information from medical records and maternal interviews. These cases are then reviewed to recommend improvements and identify missed opportunities to perinatal and HIV care for women, infants, children, and families.

Steps in the FIMR/HIV Process

- Identify perinatal HIV or congenital syphilis cases for review by the case review team (CRT): Cases are selected for review, prioritizing cases with "signals" of potential gaps in services or systems issues.
- Perform medical record abstractions to gather pertinent data on each case.
- Conduct maternal interviews to provide additional insight.
- Present the case review to the clinical review team.
- Share clinical recommendations to the community action team (CAT).
- The Community Action Team (CAT) will define community perspectives on how best to create the desired change in the community.



Teams

What is a CRT?

The CRT is a diverse team of community members and healthcare providers that reviews cases of perinatal HIV exposures and provides recommendations to improve perinatal HIV prevention systems.

What is a CAT?

The CAT is a team of community advocates that reviews recommendations to create an action plan for change. Members are tasked with engaging the community and monitoring the progress of the action plan.

We are looking for members to join our teams!

For Women and Mothers

Contact us by phone at **803-898-1187** or email (fimrhiv@dhec.sc.gov) if you are interested in taking part in a maternal interview or joining a team.

For Healthcare Providers

Contact us by phone at **803-898-1187** or email (fimrhiv@dhec.sc.gov) for more information about becoming a member of the CRT and/or CAT, or to refer a case.

For more information, please visit [FIMR/HIV in South Carolina](#). Please contact FIMR/HIV Program for additional questions at **803-898-1187** or email fimrhiv@dhec.sc.gov.



A brief look at Latent Tuberculosis Infection (LTBI)

Amy Painter, BSN, RN
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Latent Tuberculosis Infection (LTBI) is the condition in which a person is infected with tuberculosis (TB) bacteria, but the bacteria are not active. People with LTBI usually have a positive TB skin test or positive TB blood test, but have no symptoms, and cannot spread the bacteria to others.

In many people, the TB bacteria remain inactive for a lifetime without causing disease. TB bacteria can become active if the body's immune system is unable to prevent the bacteria from growing. When the bacteria are active and multiplying, this is called TB disease. People with TB disease are sick and have symptoms. If the person has TB disease in the lungs or larynx, the bacteria can spread through the air when the person coughs, speaks, or sings. However, TB bacteria can attack any part of the body to cause disease.

TB disease is one of the world's leading infectious disease killers. Treating LTBI is an important step in reducing future case rates.

Providers need to consider who is at risk for LTBI when assessing a patient's medical history and before consideration of testing. Risks include recent contact to TB disease, individuals born in or who frequently travel to countries with high rates of TB, current or past residence in a congregate setting where TB is more

common (homeless shelters or jails and prisons), weakened immune system due to certain medications or underlying health conditions, or healthcare workers in a high-risk setting. Testing can be performed by a TB skin test or a TB blood test and should always be done in conjunction with a TB symptom review and risk assessment for adequate interpretation of results.

If a patient tests positive by either a TB skin test or TB blood test, it is important to obtain a chest X-ray to rule out active pulmonary TB. If a person has TB symptoms, a positive TB test, and/or a chest X-ray suggestive of active TB, it is urgently reportable to DHEC by phone within 24 hours as a TB suspect case. A person should be considered for treatment of LTBI if they have a positive TB test, have no symptoms of active TB disease, and have a chest X-ray that does not indicate active TB.

While some providers desire to treat their patients for LTBI, DHEC remains a referral source and/or a consultation source for providers. A provider can contact their local health department (scdhec.gov/about-dhec/contact-us) and ask to speak to a TB nurse, or they can call the state TB office at 803-898-0558.



UNDETECTABLE = UNTRANSMITTABLE

A person living with HIV who is on treatment and has an undetectable viral load cannot sexually transmit HIV.

What is U=U? Why is it important?

Elizabeth McLendon, MA
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Division of STD/HIV & Viral Hepatitis

If you work in or have recently visited DHEC's Mills Jarrett Building in Columbia, you have seen the prominent U=U display in the vestibule of the main entrance. This display represents what Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases and the Chief Medical Advisor to the President, describes as "the foundation for being able to end the [HIV] epidemic."

Maria Mejia, International HIV Activist, asserts, "U=U sets us free."

The World Health Organization (WHO), states, "With U=U, HIV treatment has transformed the HIV prevention landscape."

In short, with all the work being performed by DHEC's Division of STD, HIV and Viral Hepatitis and implemented in the field by equally dedicated workers at every DHEC clinic in South Carolina and partners throughout the community, we are determined to meet our goal of ending the HIV epidemic by 2030.



Joe and Donna Larsen have been happily married since June 25, 2017, Donna was diagnosed with HIV on November 11, 2000. Her HIV is undetectable. Joe is HIV negative. They are both proud advocates for HIV and U=U.

To accomplish this, we are encouraging people to know their HIV status by getting tested and then entering care, if their test is positive.

Through our programs, Data to Care and Ryan White Outreach, we have mobilized both DHEC staff and partner personnel throughout South Carolina to reach people known to be living with HIV, who either never entered care or dropped out of care. Each DHEC Health Region has a dedicated Data to Care staff person performing this much-needed service. There are also two statewide-Data to Care DHEC staff, one of whom serves the pediatric population and the other serves the Hispanic community.

Through Data to Care and Ryan White Outreach, we have reduced the number of people Not In Care (NIC) from 6,000 to approximately 4,500.

People living with HIV who are in care have the possibility of achieving an undetectable viral load. The result of a person's viral load being undetectable means that people living with HIV cannot pass on the virus to others sexually and they can have a relatively ordinary life with a normal lifespan.

This extraordinary U=U display also represents the partnership between DHEC and the community. It was designed by Midlands area artist Brandon McIver under the direction of DHEC's Community Advocate for Ending the Epidemics SC, and funded by AIDS Healthcare Foundation, a global nonprofit that donated the money to HIV Ministry of the Episcopal Diocese of Upper South Carolina, which in turn paid the designer and a local theater's technical director, both of whom built one display each. A second display is in Charleston being used by Sexual Health Awareness, (STD) Prevention, and Education (SHAPE) of Tri-County.

For more information, please visit:

- preventionaccess.org
- scdhec.gov/EndingtheEpidemicsSC
- hiv.gov/federal-response/ending-the-hiv-epidemic/overview
- cdc.gov/endhiv/index.html



South Carolina Health Alert Network (SCHAN)

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DHEC's Bureau of Communicable Disease Prevention and Control uses the ReadyOp notification system to distribute health alerts and advisories from the Centers for Disease Control and Prevention (CDC) and DHEC. This distribution method is also known as the South Carolina Health Alert Network (SCHAN). The health alerts and advisories notify healthcare providers of guidance, clusters, outbreaks, and other events of public health significance.

The notifications are sent by email to organization-defined points of contact who then forward the message to appropriate recipients within their organization.

If you are a public health professional interested in receiving health alerts from SCHAN via email, you may sign up by completing a [South Carolina Health Alert Network Registration Form](#). Once your registration form is processed, your contact information will be added to the ReadyOp system.

Have you previously registered for SCHAN, but are no longer receiving health alerts? Your contact information may not be current, which could delay rapid alerts and notifications. If you would like to update your contact information, you may also complete a [South Carolina Health Alert Network Registration Form](#).

If you missed any of the previously distributed health alerts, you may visit the SCHAN webpage on the DHEC website at scdhec.gov/HAN.

Please contact the DHEC Health Alert Network Coordinator at **803-898-0431** or email SCHAN@dhec.sc.gov with any questions about SCHAN.

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