



# Synchronizing Statewide HIV and Viral Hepatitis Testing Programs in Virginia

Presenters:

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# CONFLICT OF INTEREST DISCLOSURES

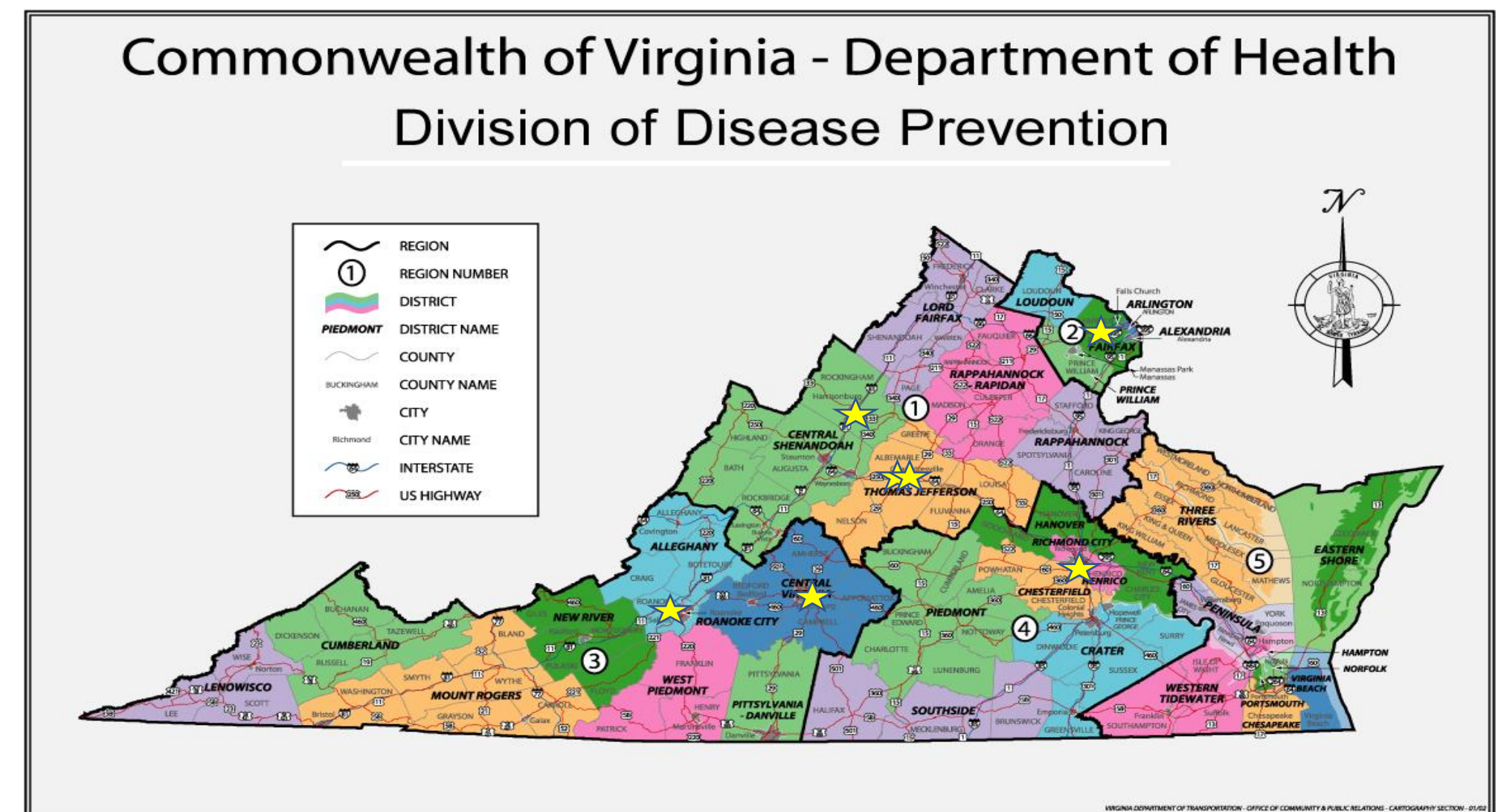
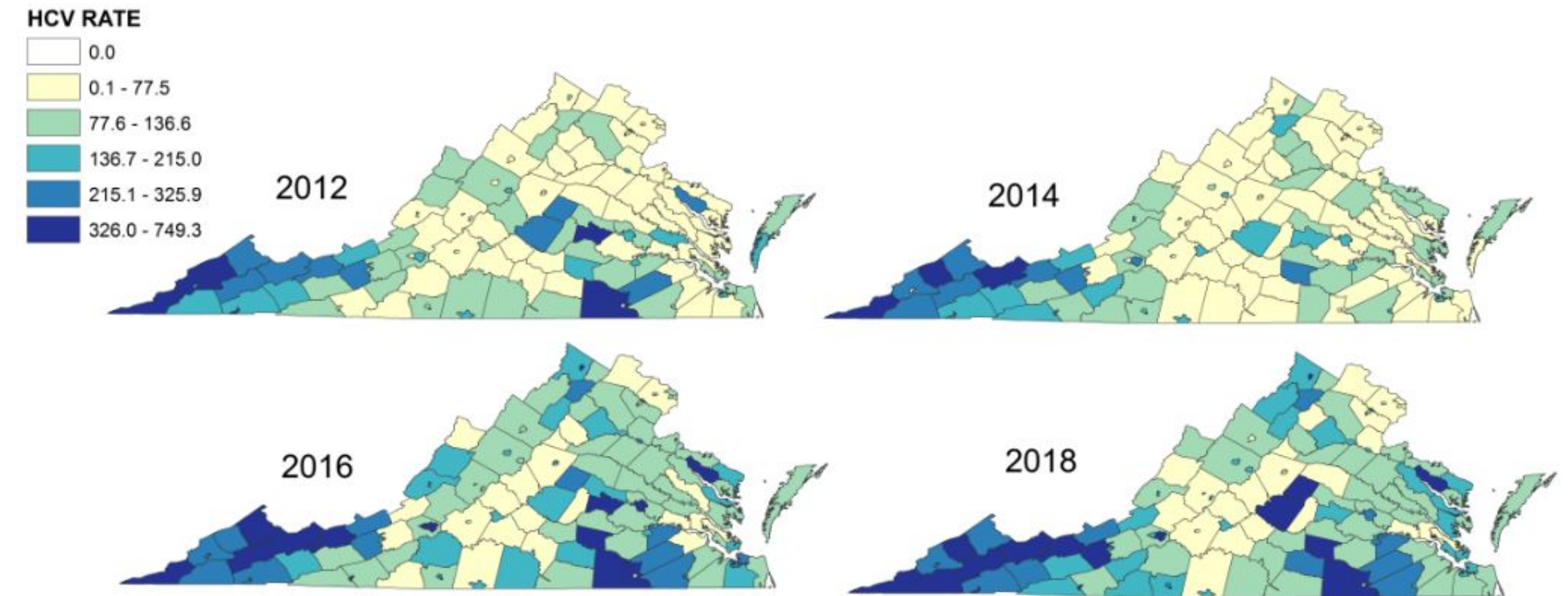


**Bryan Collins, MFA: No disclosures**  
**Nicole Barron, MS: No disclosures**

# Background



- **Federal backdrop**
  - PS12-1201 (HIV)
  - PS13-1303 (Viral Hepatitis)
- **Organization of state programs**
  - HIV and Hepatitis siloed within DDP
- **Increasing HCV prevalence statewide**
- **Testing landscape**



# Why Integrate HIV and Hepatitis Programming?



- **Overarching goals**
  - Identify infected individuals
  - Link those infected to care
- **Transmission routes**
- **Relationships with service providers**
- **Monitoring Requirements**
  - Training
  - Quality assurance
  - Documentation

# Steps to Syncing HIV/Hepatitis Programs



## Structural Changes

- **New CDC FOAs support integrated programming**
  - PS18-1802 (HIV): Some funds can be used to support HCV programming
  - PS17-1702 (Hepatitis): Focus on increased testing (particularly within FQHCs) to make persons living with viral hepatitis aware of their status.
- **Restructuring DDP**
  - HIV and Hepatitis Prevention work unit
  - Merging HIV testing and Hepatitis testing teams
- **Contractual Alignment**
  - Reduced overall number of agreements requiring monitoring
  - Built mechanism for staff collaboration.

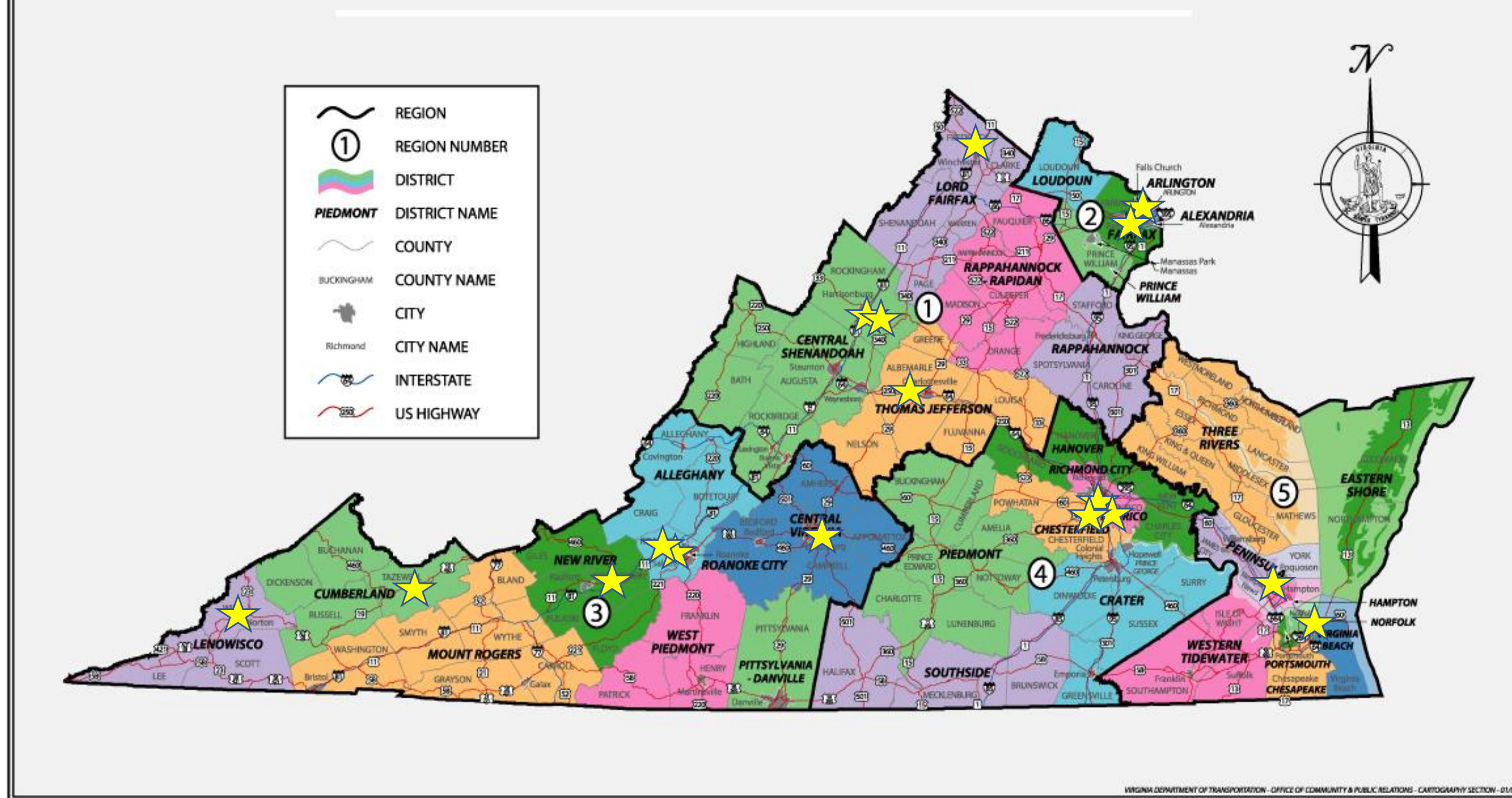
# Syncing HIV/HCV Programs (cont'd)



## Programmatic Changes

- **Testing Expansion**
  - Rapid HCV
    - Increased resources and cost-sharing across grant programs allowed DDP to support 11 additional rapid testing programs
  - Conventional HCV
    - HCV was incorporated into the Local Health Department's routine HIV/STD billing matrix
    - HIV Grant Funds able to support some of the lab costs

## Commonwealth of Virginia - Department of Health Division of Disease Prevention

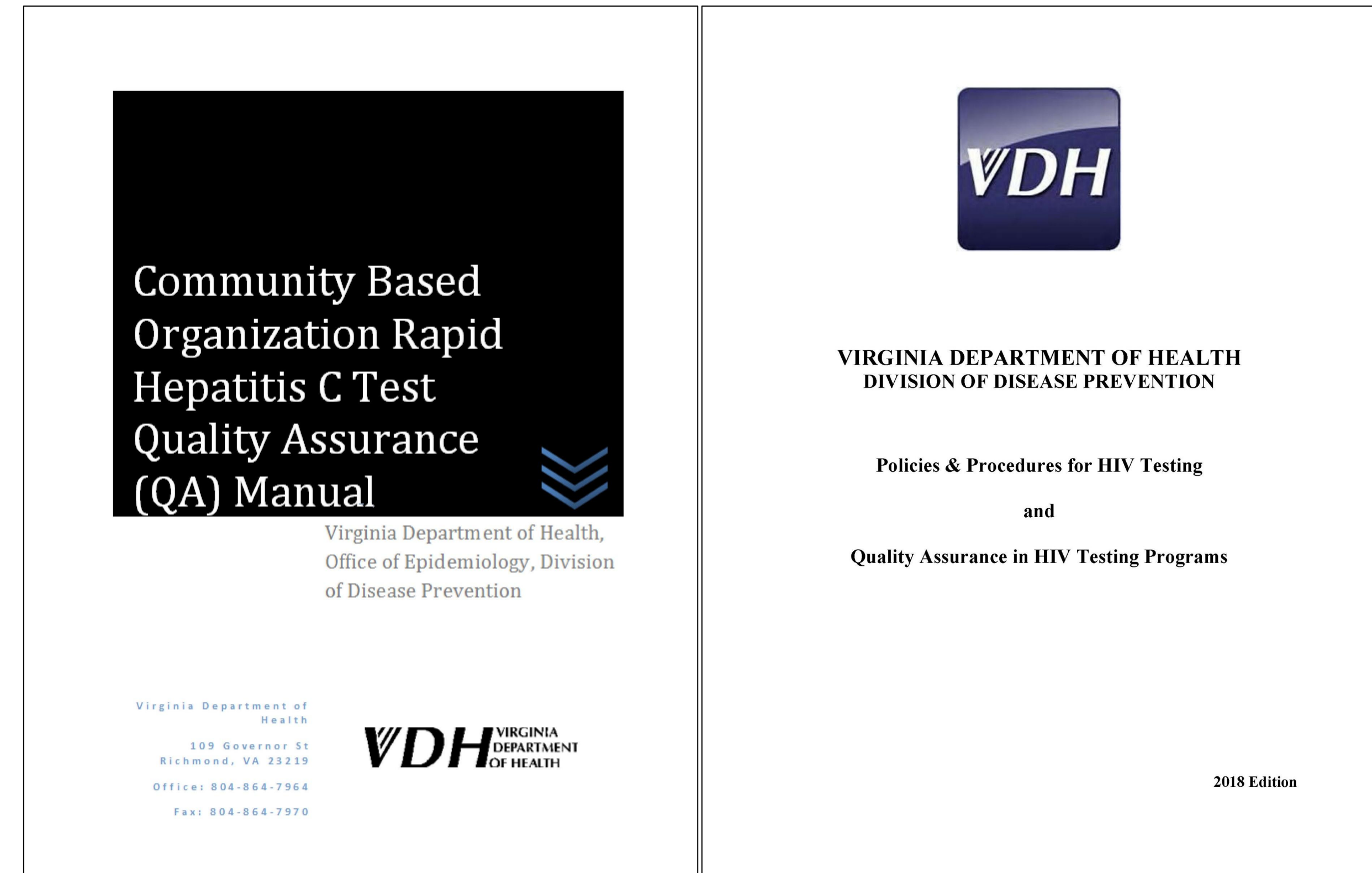


# Syncing HIV/HCV Programs (cont'd)



## Monitoring Changes

- **Joint Monitoring**
  - Site visits
  - Relationship management
- **HCV Quality Assurance (QA) Manual**
- **Data Collection/Reporting**
  - Variables collected
  - Submission method



# Barriers/Lessons Learned



- **Hepatitis Prevention vs. Hepatitis Surveillance**
  - Data not aligned between prevention and surveillance
  - Unwieldy bureaucratic processes for realignment
- **Budget and funding restrictions**
  - HCV continues to be underfunded despite improvements
    - Phlebotomy at CBOs
  - Who does HCV navigation?
- **Regional Variation**
  - High disease burden  $\neq$  buy-in
  - What happens when there's no one to provide treatment?
    - Telemedicine treatment pilot



# Thank you!



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