HIV AND EMERGENCY DISASTER MANAGEMENT

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HOWARD UNIVERSITY HIV-HCV
CARIBBEAN CLINICIANS
COMMUNITY OF PRACTICE
(HU-CCCoP)

CME Disclosures:
Planning Committee And Speaker

Speaker: The following speaker has nothing to disclose in relation to this activity: Dr. Goulda A. Downer.

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Planning Committee: The following committee members have nothing to disclose in relation to this activity:

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Denise Bailey, M.ED

Speaker: The speaker, Dr. Goulda A. Downer's disclosure statement is included in the presentation.

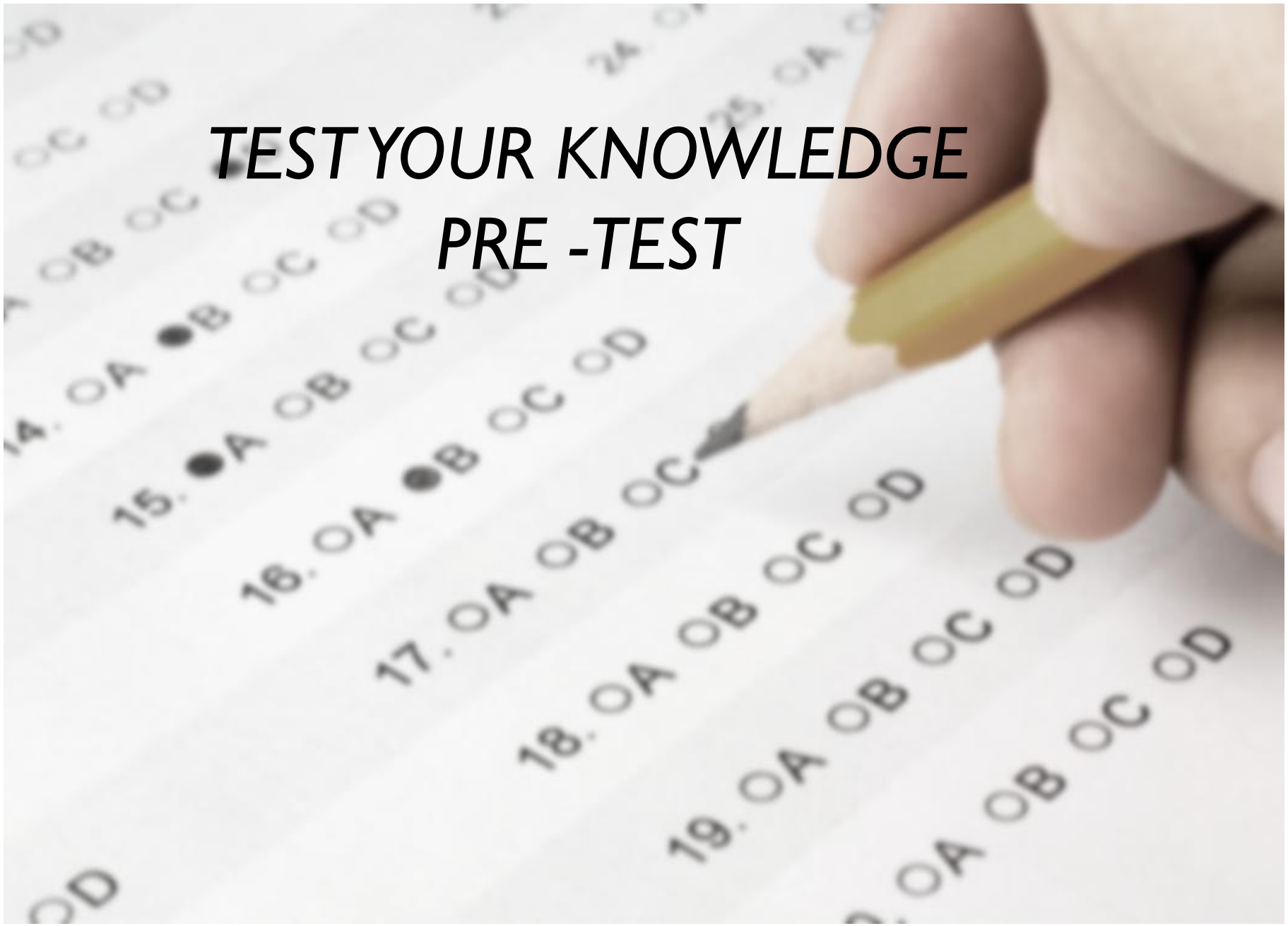
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- **Intended Audience:** Health service providers: Physicians, Physician Assistants, Nurse Practitioners, Pharmacists, Dentists, Nurses, Social Workers, Case Managers and other Clinical Personnel.
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TEST YOUR KNOWLEDGE
PRE -TEST

Test Your Knowledge
Question #1

According to 2020 UNAIDS data, the percentage of people in the Caribbean region with HIV who have suppressed viral loads is:

A. 50% and which is below the global average of 88%
B. 60% and which is below the global average of 88%
C. 70% and which is below the global average of 88%
D. 80% and which is below the global average of 88%

Test Your Knowledge
Question #2

In an emergency, should a patient run out of HIV medications, the patient should be encouraged to stop taking all of the HIV medication until he or she is able to get refills:

A. True

B. False

Test Your Knowledge
Question #3

Based on prevailing expertise, which of the following is the most effective step in disaster continuity of care?

A. Pre-disaster planning

B. Post-disaster planning

C. Planning during a disaster

D. All of the above

Test Your Knowledge
Question #4

Emergencies and disasters both present situations that demand immediate action.

A. One can prepare for emergencies but not disasters
B. One can prepare for disasters but not emergencies
C. One can neither prepare for emergencies nor disasters
D. None are correct

OUTLINE

HIV and Emergency Disaster Management

I. HIV In The Caribbean

II. Emergency/Disaster
   a. Globally
   b. Caribbean

III. Why Focus on HIV needs in emergency disaster situations

LEARNING OBJECTIVES

At the conclusion of this presentation participants will be able to:

1) Discuss HIV epidemiology within the Caribbean region.
2) Discuss the impact of weather and climate-related disasters in the Caribbean over the past decade.
3) Identify strategies to support patients with HIV to protect themselves against secondary infections.
4) Describe effective techniques to help patients with HIV mitigate disaster-related comorbidities.

I.
HIV IN THE CARIBBEAN

HIV IN THE CARIBBEAN

In 2020:

- Overall Caribbean adult HIV prevalence was 1.1%. (Global 0.7%)
- Approximately 330,000 people with HIV
- 13, 000 new infections - 18% decrease between 2010 -2017. (*Global 32%)*
- Estimated 1 in 4 people - HIV+ but unaware
- About 77% knew their status (*Global – 81%)*
- About 77% -with HIV received some HIV care (*Global on treatment 82%)*.
- About 80% on antiretroviral therapy - virally suppressed. (Global average 88%)
- 1/3 HIV infections were among young people ages 15 – 24

1. www.avert.org/professionals/hiv-around-world/latin-america/overview
2. data.unaids.org/pub/globalreport/2006/200605-fs_caribbean_en.pdf
3. pancap.org/pancap-documents/hiv-and-aids-in-the-caribbean-2/

HIV IN THE CARIBBEAN

In 2020:

76% of new infections in LAC were among members of key population communities and their sexual partners. (*global 62%)*

This includes:

- 26% among men who have sex with men *(Global 23%)*
- 6% among sex workers *(Global 8%)*
- 5% among transgender people *(Global 2% transgender women)*
- 3% among people who use *(inject)* drugs *(Global 10%)*

1. www.avert.org/professionals/hiv-around-world/latin-america/overview
2. data.unaids.org/pub/globalreport/2006/200605-fs_caribbean_en.pdf
3. pancap.org/pancap-documents/hiv-and-aids-in-the-caribbean-2/

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HIV IN THE CARIBBEAN

In 2020:

Some countries achieved elements of the 90–90–90 targets.

- Barbados has reached the target for testing.
- Guyana has exceeded it with 94% of PWH diagnosed.
- Haiti - 98% of diagnosed people on treatment.
- Suriname along with Trinidad & Tobago have achieved viral suppression among at least 90% of PWH who are on treatment.
- MTC HIV transmission reduced by nearly half since 2010

1. www.avert.org/professionals/hiv-around-world/latin-america/overview
2. data.unaids.org/pub/globalreport/2006/200605-fs_caribbean_en.pdf
3. pancap.org/pancap-documents/hiv-and-aids-in-the-caribbean-2/

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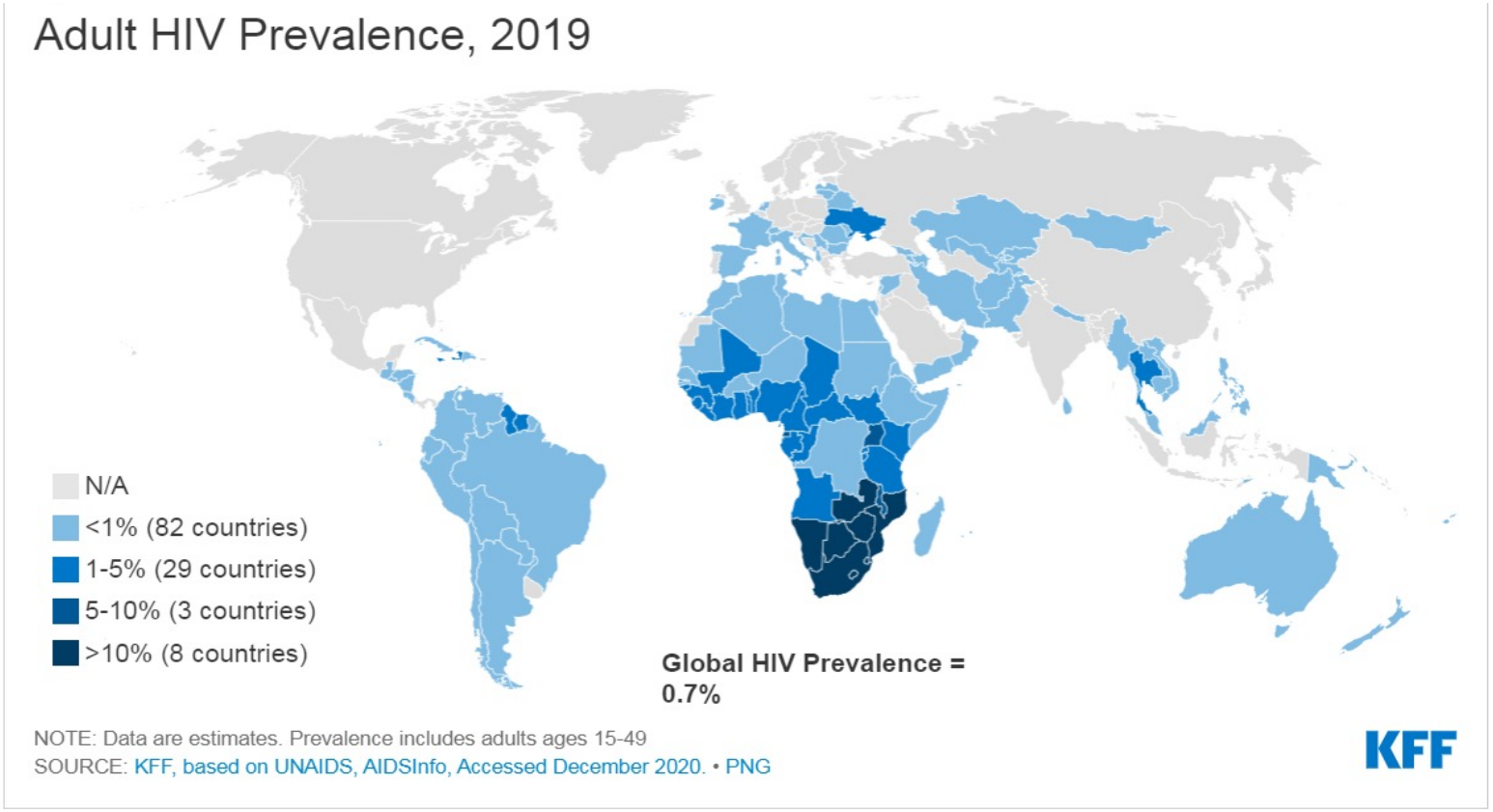
HIV IN THE CARIBBEAN

In 2020

- Deaths due to AIDS decreased by 37% since 2010. (Global 39%)
- Antiretroviral treatment coverage for the region was:
  - 63%–71% for women
  - 56% for men

1. www.avert.org/professionals/hiv-around-world/latin-america/overview
2. data.unaids.org/pub/globalreport/2006/200605-fs_caribbean_en.pdf
3. pancap.org/pancap-documents/hiv-and-aids-in-the-caribbean-2/

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The Global HIV/AIDS Epidemic. (2021). Retrieved 28 February 2022, from https://www.kff.org/global-health-policy/fact-sheet/the-global-hivaids-epidemic/

Countries With The Highest Rates Of HIV/AIDS

Rank	Country	Rate of HIV/AIDS Prevalence
1	Swaziland	27.20%
2	Lesotho	25.00%
3	Botswana	21.90%
4	South Africa	18.90%
5	Namibia	13.80%
6	Zimbabwe	13.50%
7	Zambia	12.40%
8	Mozambique	12.30%
17	Bahamas, The	3.30%
24	USA	2.40%
25	Haiti	2.10%
28	Belize	1.80%
31	Jamaica	1.70%
33	Guyana	1.60%
36	Suriname	1.40%
37	Barbados	1.30%
40	Trinidad and Tobago	1.20%
46	Dominican Republic	1.00%

https://www.worldatlas.com/articles/countries-with-the-highest-rates-of-hiv-aids.html#:~:text=Countries%20With%20the%20Highest%20Rates%20of%20HIV%2FAIDs%20,%20%206.50%25%20%2046%20more%20rows%20 (2019)

Table 1: Snapshot of Global Epidemic Today, by Region				
Region	**% of Adults Living with HIV (Adult Prevalence)**	**# of People Living with HIV (% of Global Total)**	**# of People Newly Infected with HIV**	**# of AIDS-Related Deaths**
Global, Total	**0.7%**	**38.0 million (100%)**	**1.7 million**	**690,000**
Eastern and Southern Africa	6.7%	20.7 million (54%)	730,000	300,000
Western and Central Africa	1.4%	4.9 million (13%)	240,000	140,000
Asia and the Pacific	0.2%	5.8 million (15%)	300,000	160,000
Western and Central Europe and North America	0.2%	2.2 million (6%)	65,000	12,000
Latin America	0.4%	2.1 million (6%)	120,000	37,000
Eastern Europe and Central Asia	0.9%	1.7 million (4%)	170,000	35,000
The Caribbean	1.1%	330,000 (<1%)	13,000	6,900
Middle East and North Africa	<0.1%	240,000 (<1%)	20,000	8,000

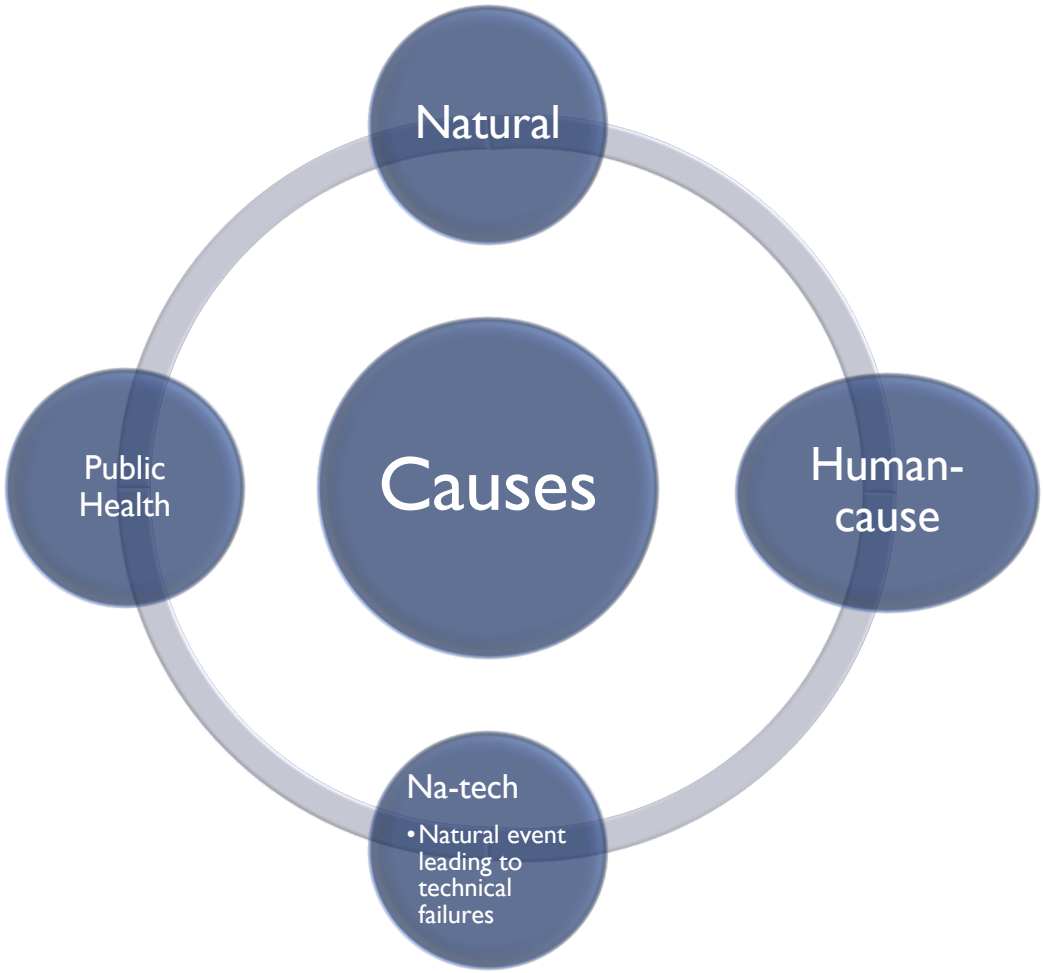
NOTES: Reflects 2019 data.
SOURCES: UNAIDS. *AIDSinfo* website; accessed July 2020. UNAIDS. *Core Epidemiology Slides*; July 2020.

The Global HIV/AIDS Epidemic. (2021). Retrieved 28 February 2022, from https://www.kff.org/global-health-policy/fact-sheet/the-global-hivaids-epidemic/

II.
EMERGENCY/DISASTER Worldwide

- **Emergencies** are sudden, unexpected and urgent, occurrences or occasions that requires immediate action to avoid harm or further damage
- **Disasters** are devastating and unforeseen disruptions to the functioning of a community such that it exceeds the ability of the affected community or society to cope using its own resources.

CHARACTERISTICS OF DISASTERS: CAUSE



NATURAL DISASTERS



tornado



volcano



earthquake



tsunami



drought



avalanche



dust storm



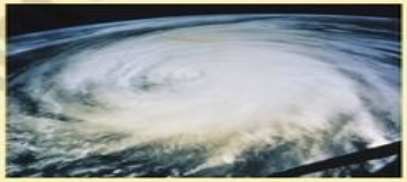
forest fire



thunderstorm



snowstorm



hurricane



windstorm



hailstorm



flood



sandstorm



sinkhole

www.eslforums.com


1720
PLAGUE
1820
CHOLERA
1920
SPANISH FLU
PC:@astronomy_passengers
2020
CORONAVIRUS
IT SEEMS THAT HISTORY REPEATS
ITSELF EVERY 100 YEARS


WMO Climate Risks, Extreme Events and Related Impacts
ESTIMATED 821 MILLION UNDERNOURISHED PARTLY DUE TO DROUGHT (SOURCE: FAO)
+35 MILLION PEOPLE AFFECTED BY FLOODS (SOURCE: CRED/UNISDR)
+2 MILLION PEOPLE DISPLACED BY WEATHER & CLIMATE-LINKED DISASTERS (SOURCE: IOM)
OCEAN ACIDIFICATION IS ONGOING (SOURCE: UNESCO-IOC)
DECREASE IN GLOBAL OCEAN OXYGEN CONTINUES
CLIMATE CHANGE THREATENS PEATLAND ECOSYSTEMS (SOURCE: UN ENVIRONMENT)
OUT OF 883,000 INTERNAL DISPLACEMENTS, 32% ARE LINKED TO FLOODS AND 29% TO DROUGHTS (SOURCE: UNHCR)
+1600 DEATHS ASSOCIATED WITH HEATWAVES AND WILDFIRES
https://public.wmo.int/

EMERGENCY - DISASTER

CARIBBEAN

- In the last 20 years, one out of every four disasters in the world happened in Latin America and the Caribbean
- This generated > 289,000 deaths
- This affected >276 million people
- Estimated loss > 1.2 trillion dollars

PAHO, Washington, DC Oct 13,2021






afs


LAMITE
RIE
ERIE
PHARMACEUTICAL
HEALTH FOOD STORE
COSMETICS
LATOUCHE
LIBRAIRIE
PAPETERIE



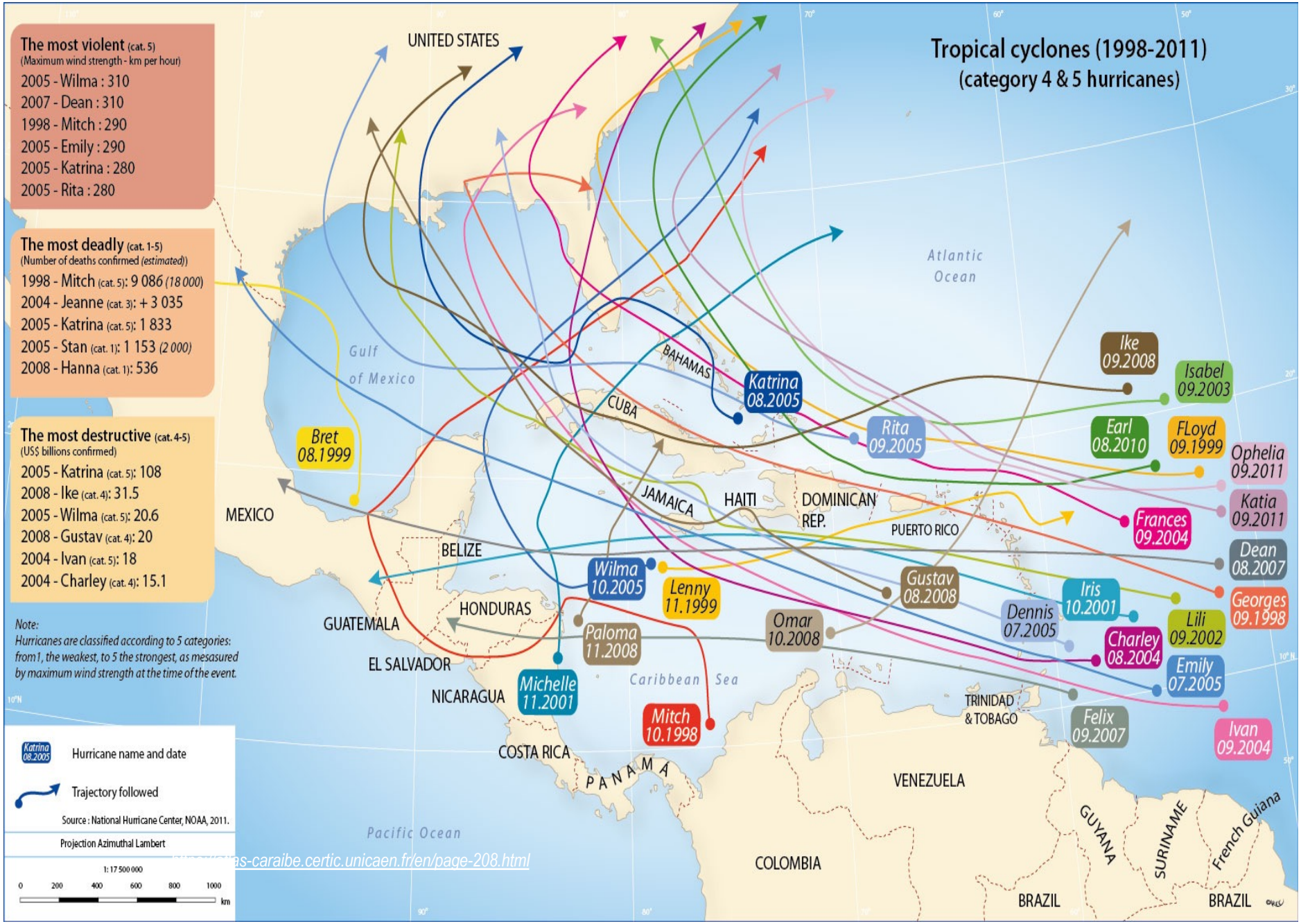


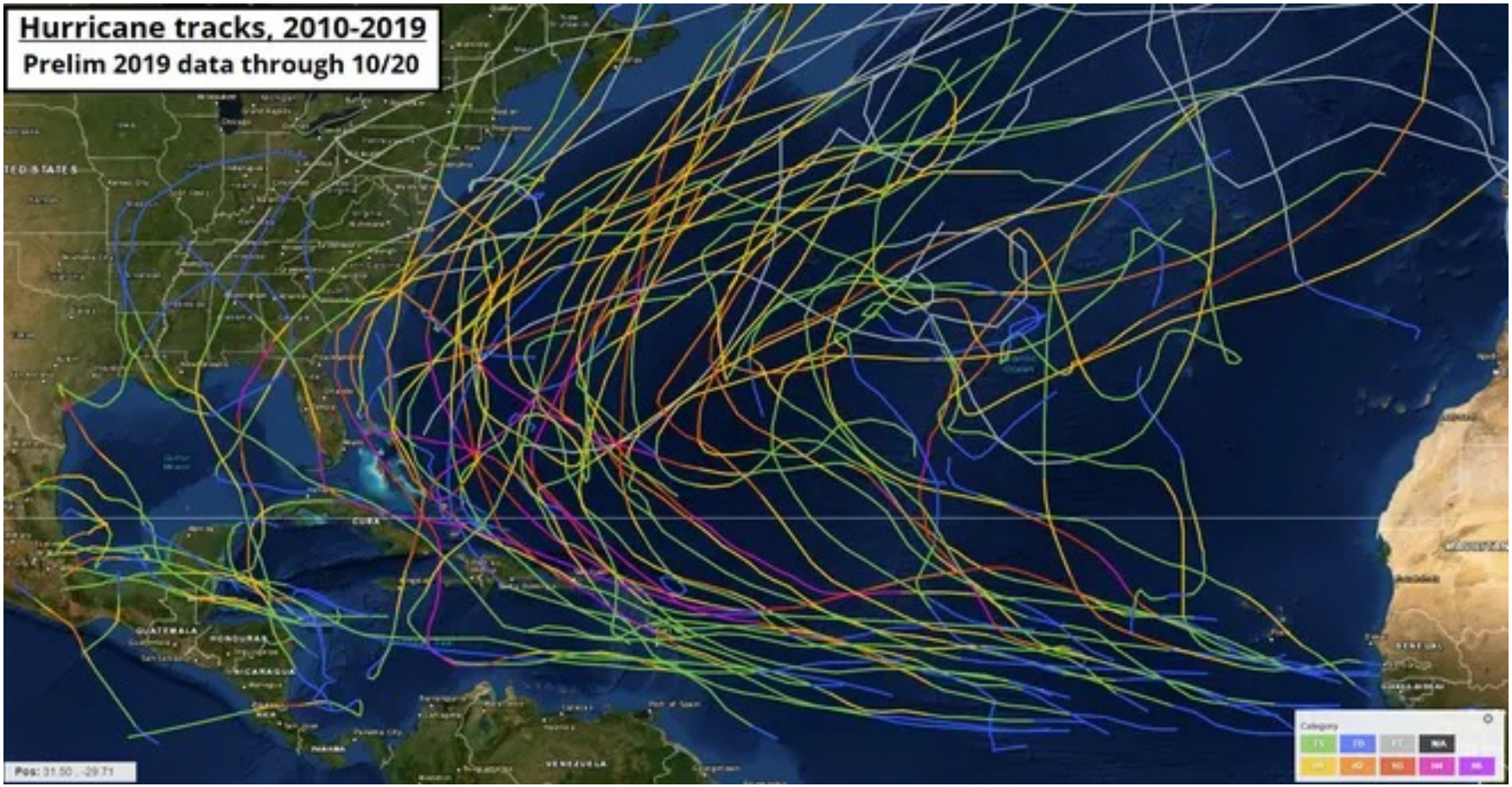




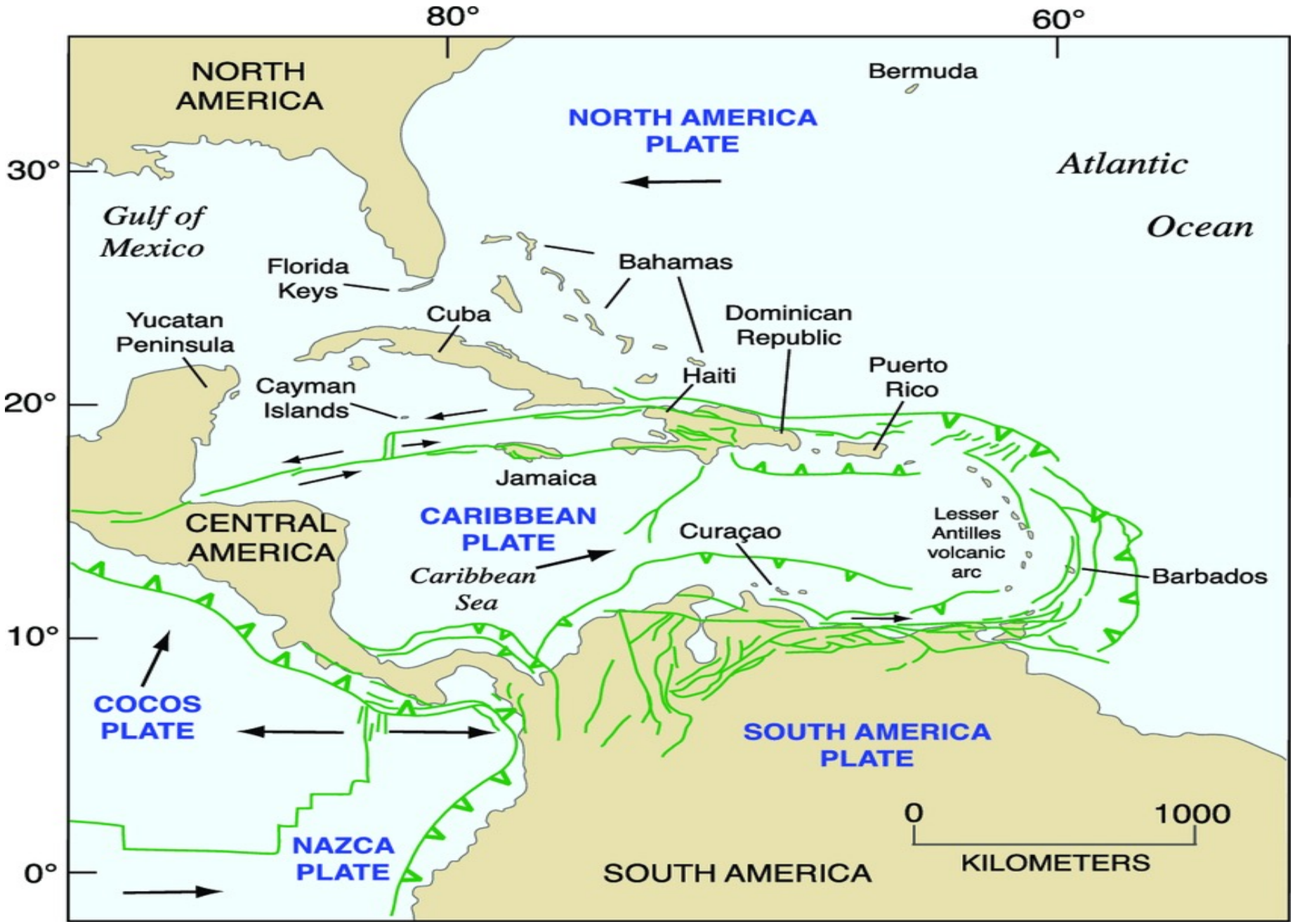





Tropical cyclones (1998-2011)
(category 4 & 5 hurricanes)
The most violent (cat. 5)
(Maximum wind strength - km per hour)
2005 - Wilma : 310
2007 - Dean : 310
1998 - Mitch : 290
2005 - Emily : 290
2005 - Katrina : 280
2005 - Rita : 280
The most deadly (cat. 1-5)
(Number of deaths confirmed (estimated))
1998 - Mitch (cat. 5): 9 086 (18 000)
2004 - Jeanne (cat. 3): + 3 035
2005 - Katrina (cat. 5): 1 833
2005 - Stan (cat. 1): 1 153 (2 000)
2008 - Hanna (cat. 1): 536
The most destructive (cat. 4-5)
(US$ billions confirmed)
2005 - Katrina (cat. 5): 108
2008 - Ike (cat. 4): 31.5
2005 - Wilma (cat. 5): 20.6
2008 - Gustav (cat. 4): 20
2004 - Ivan (cat. 5): 18
2004 - Charley (cat. 4): 15.1
Note:
Hurricanes are classified according to 5 categories: from 1, the weakest, to 5 the strongest, as mesasured by maximum wind strength at the time of the event.
Katrina 08.2005
Hurricane name and date
Trajectory followed
Source : National Hurricane Center, NOAA, 2011.
Projection Azimuthal Lambert
1: 17 500 000
0 200 400 600 800 1000 km
UNITED STATES
Atlantic Ocean
Gulf of Mexico
BAHAMAS
CUBA
JAMAICA
HAITI
DOMINICAN REP.
PUERTO RICO
MEXICO
BELIZE
GUATEMALA
HONDURAS
EL SALVADOR
NICARAGUA
COSTA RICA
PANAMA
Caribbean Sea
Pacific Ocean
VENEZUELA
COLOMBIA
TRINIDAD & TOBAGO
GUYANA
SURINAME
French Guiana
BRAZIL
BRAZIL
Bret 08.1999
Katrina 08.2005
Rita 09.2005
Wilma 10.2005
Lenny 11.1999
Paloma 11.2008
Michelle 11.2001
Mitch 10.1998
Ike 09.2008
Isabel 09.2003
Earl 08.2010
FLoyd 09.1999
Ophelia 09.2011
Katia 09.2011
Frances 09.2004
Dean 08.2007
Georges 09.1998
Gustav 08.2008
Iris 10.2001
Dennis 07.2005
Lili 09.2002
Omar 10.2008
Charley 08.2004
Emily 07.2005
Felix 09.2007
Ivan 09.2004



hhttps://www.tallahassee.com/story/news/2019/11/30/roller-coaster-hurricane-decade-comes-close-weathertiger/4301732002/ttps://atlas-caraibe.certic.unicaen.fr/en/page-208.html


80°
60°
30°
20°
10°
0°
NORTH AMERICA
Bermuda
NORTH AMERICA PLATE
Atlantic Ocean
Gulf of Mexico
Florida Keys
Bahamas
Cuba
Yucatan Peninsula
Dominican Republic
Haiti
Puerto Rico
Cayman Islands
Jamaica
CENTRAL AMERICA
CARIBBEAN PLATE
Caribbean Sea
Curaçao
Lesser Antilles volcanic arc
Barbados
COCOS PLATE
SOUTH AMERICA PLATE
NAZCA PLATE
SOUTH AMERICA
0
1000
KILOMETERS

CARIBBEAN:
COSTLIEST NATURAL DISASTERS 2000-2020

Highest hurricane-related economic losses in the Caribbean since 2000.

- **Hurricane Sandy (October 2012)** ranked second - economic impact estimated at **$68.4 billion** U.S. dollars - Cuba, Haiti, the Bahamas, Jamaica, the Dominican Republic, and Puerto Rico (United States, Canada).
- **Hurricane Michael (2016) $16 billion**. which mostly affected Cuba and the U.S.
- **Hurricane Maria (September 2017) -** affected Puerto Rico, the U.S. Virgin Islands, Dominica, Guadeloupe, the Dominican Republic, Martinique, and Haiti - **$68.6 billion** U.S. dollars.
- **Hurricane Dorian** (***August 2019***) - **$5.6 billion**
- **Hurricane Isaias** (**August 2020**) - **$5.4 billion.**

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THE AFTERMATH OF HURRICANE DORIAN

The Bahamas was the country most severely affected by Hurricane Dorian, which hit in late August 2019, lasting until September 9.

This storm, a category 5 hurricane, was labeled the worst cyclone and natural disaster to ever occur in the Bahamas.

That year, this island nation received the highest extreme climate risk score in the whole Latin American and Caribbean region.

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DISASTER'S IMPACT: RISK FACTORS

Vulnerable populations - groups that may have more intense needs before, during, and after a disaster, include:

- Children
- The elderly (particularly the frail elderly)
- People with chronic or life-threatening illnesses
- People with serious mental illness
- People with physical disabilities
- People with substance dependency
- People living in poverty

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III.
WHY FOCUS ON HIV NEEDS IN EMERGENCY/DISASTER SITUATIONS

STUDY: *Do individuals living with HIV know how to access resources in order to safeguard their health in the event of a statewide emergency or disaster situation?*

METHODOLOGY

A cross-sectional survey – 9 questions (3 were part of a case scenario)

Self-administered to a convenience sample of 65 volunteers

WAD >200 in attendance

Case scenario - prolonged disaster

- without medication & food
- access to housing & transportation

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FINDINGS

- 42% of the participants identified as male
- 50% as female
- 8% identified as transgender
- 63% reported living below the poverty rate ($13, 590)
- 100% HIV+5 years
- 80% currently did not have food for 3 days
- 82% currently did not have an emergency supply kit *(CDC – 48%)*

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CASE SCENARIO

The city is blanketed by almost 15 inches of snow which then freezes over as temperature drops and ice storms take over for three consecutive days. The temperature remains below 5 degrees Fahrenheit (-15 degrees Celsius) and all local, state, and federal governments are closed for a total of 6 days. The rolling power outage began on day two of the snowstorm and continued for six more days.

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1. Rank order the importance of having specific items available on hand during an emergency:

- Housing
- Food
- Transportation
- Medicine

QUERRY

FINDINGS

Rank order the importance of having specific items available on hand during an emergency:

- Medication (45%)
- Followed by food (30%)
- Housing (15%)
- Transportation (10%)

2. ***Which of the following is an emergency for you?***
(Check all that apply)

- Not able to get HIV medications for a week
- Lack food for a week
- Unable to find housing for a week
- No access to transportation (*public or private*) for a week

QUERRY

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FINDINGS

Which of the following is an emergency for you? Check all that apply:

Not able to get HIV medications for a week (89%)

Lack food for a week (83%)

Unable to find housing for a week (75%)

No access to transportation (*public or private*) for a week (56%)

3. You are required to eat before taking your medication but have run out of food during the second day of the storm. What would you do? (Choose one)

- Take medication without food
- Not take the medication at all
- Not sure
- Go to a neighbor to ask for food

QUERRY

FINDINGS

SCENARIO I: ***You are required to eat before taking your medication but have run out of food during the second day of the storm. What would you do?***

Take medication without food - 35%

Not take the medication at all - 28%

Not sure - 23%

Go to a neighbor to ask for food - 14%

4. You forgot to fill your prescription and have run out of medication during the third day of the storm. What would you do? (Choose one)

- Call the Department of Health
- Call a friend
- Do nothing
- Call the doctor/care provider
- Go to the drug store

QUERRY

FINDINGS

SCENARIO II: ***You forgot to fill your prescription and have run out of medication during the third day of the storm. What would you do?***

- Call the Department of Health - 41%
- Call a friend - 23%
- Do nothing -18%
- Call the doctor/care provider - 10%
- Go to the drug store - 8%

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FINDINGS - OVERALL

- Might not be prepared for emergencies
- Increased risk for health vulnerability
- Do not know where to access the assistance needed to prevent health complications
- More planning and education are needed to safeguard the wellbeing of this cohort
  - Future prevention, intervention, practices, and research as the nation moves to address the goal of "Ending HIV by 2030"

The results of this pilot study show that this sample of PWH in the face of emergencies are at risk of becoming further medically compromised

There is an urgency to identify and implement institutional and public policies around vulnerable communities and emergency situations

An increase in whole community awareness needs to be raised and opportunities to strengthen community emergency disaster resiliency improved.

LESSONS LEARNED

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LESSONS LEARNED

- Pharmacies, drug stores, academic institutions, religious organizations - untapped community resources.
- More needs to done at the local government level to educate vulnerable communities and address the social and structural determinants of emergency related community resilience.
- Linking local HIV service programs with pre- and post-disaster efforts is a major factor in the stabilization of HIV prevalence in this city.

LESSONS LEARNED

- There is an urgent need to incorporate the HIV response into the overall emergency response. This includes pre- and post-disaster planning as well as during a disaster.
- If not addressed, the impacts of HIV will persist and expand beyond the crisis event itself.
- And that alone can influence the outcome of rehabilitation and recovery.

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WHOLE COMMUNITY PREPAREDNESS:
HIV NEEDS IN EMERGENCY/DISASTER SITUATIONS

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PLAN WITH YOUR PATIENTS

- What help is likely to be needed during a disaster?
- Who can provide that help?
- What resources are available and where to access them?
- Work to ensure that everyone in need, has equal access to emergency services.
- Be attentive to all segments of the community; employ qualified interpreter services.
- Discuss the dangers of fire, severe weather, earthquakes and other emergencies that might occur in the community.
- Determine what is needed for each type of emergency.
- Learn the community's response and evacuation plans (CEDEMA Resources).

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ENCOURAGE PATIENTS TO:

THE SIX (6) M's

- Make a plan
- Medication (s)
- Medical History
- Meals
- Money
- Mementos & Memorabilia







MAKE A PLAN

Encourage Patients to take:

- All medical and insurance cards
- Picture identification and any important legal papers
- Medical equipment and supplies (dentures, glucometers & strips, nebulizers, and crutches)
- Personal hygiene items
- Condoms

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MEDICATIONS

- All medications in their original bottles (with labels attached)
- A backup list of all current medications and their dosages
- The name of the clinic along with the name and phone number
- If meds need to be refrigerated have a small ice chest and cold packs available
- Get copies of all prescriptions
- Take a photo on the cell phone

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MEALS









EMERGENCY PREPARATION: ASSEMBLE A DISASTER SUPPLIES KIT

"GO BAG" – In Waterproof folders or Ziploc bags

- ✓ Emergency Agency contact information(family, friend, community, etc.)
- ✓ Extra set of keys for house vehicle, office, etc.
- ✓ Credit/Debit cards
  Cash (ATM may not work) Passport/ ID copies
- ✓ Bottled water, non-perishable food/snack, can opener
- ✓ Flashlight & other non-open flame light source
- ✓ Portable Radio
- ✓ Mobile phone & extra batteries
- ✓ Medications for 2 weeks with list of dosages & Prescription slips
- ✓ Doctor/health provider's name & phone number
  First Aid kit
- ✓ Sturdy comfortable shoes & rainwear
- ✓ Regional Map
- ✓ Contact & Meeting Place for your Household

HIV EMERGENCY PREPAREDNESS:

- Preparedness is a culture that should be embraced by everyone regardless of the condition of their health.
- Preparedness means doing what is necessary before an emergency or disaster occurs.
- Efforts to prevent new HIV transmission and support for those already affected is a disaster response that should be ramped up.

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WHERE TO GET HELP

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Panama brings in new law granting nature the ‘right to exist.”

The legislative text defines nature as “a unique, indivisible and self-regulating community of living beings, elements and ecosystems interrelated to each other that sustains, contains and reproduces all beings.”

COMMUNITY OF PRACTICE

- The Caribbean Disaster Emergency Management Agency (CDEMA).
- What is the disaster hotline for your island state?
- Where can patients (families) go to receive mental health services?
- What have you done (will do) to help your patients (community) prepare for, respond to, help mitigate disaster/emergency situations?

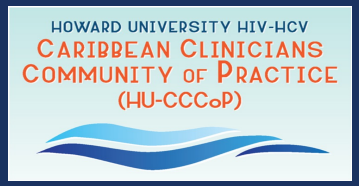
THE BOTTOM LINE

An infectious disease threat anywhere can become a disaster everywhere!

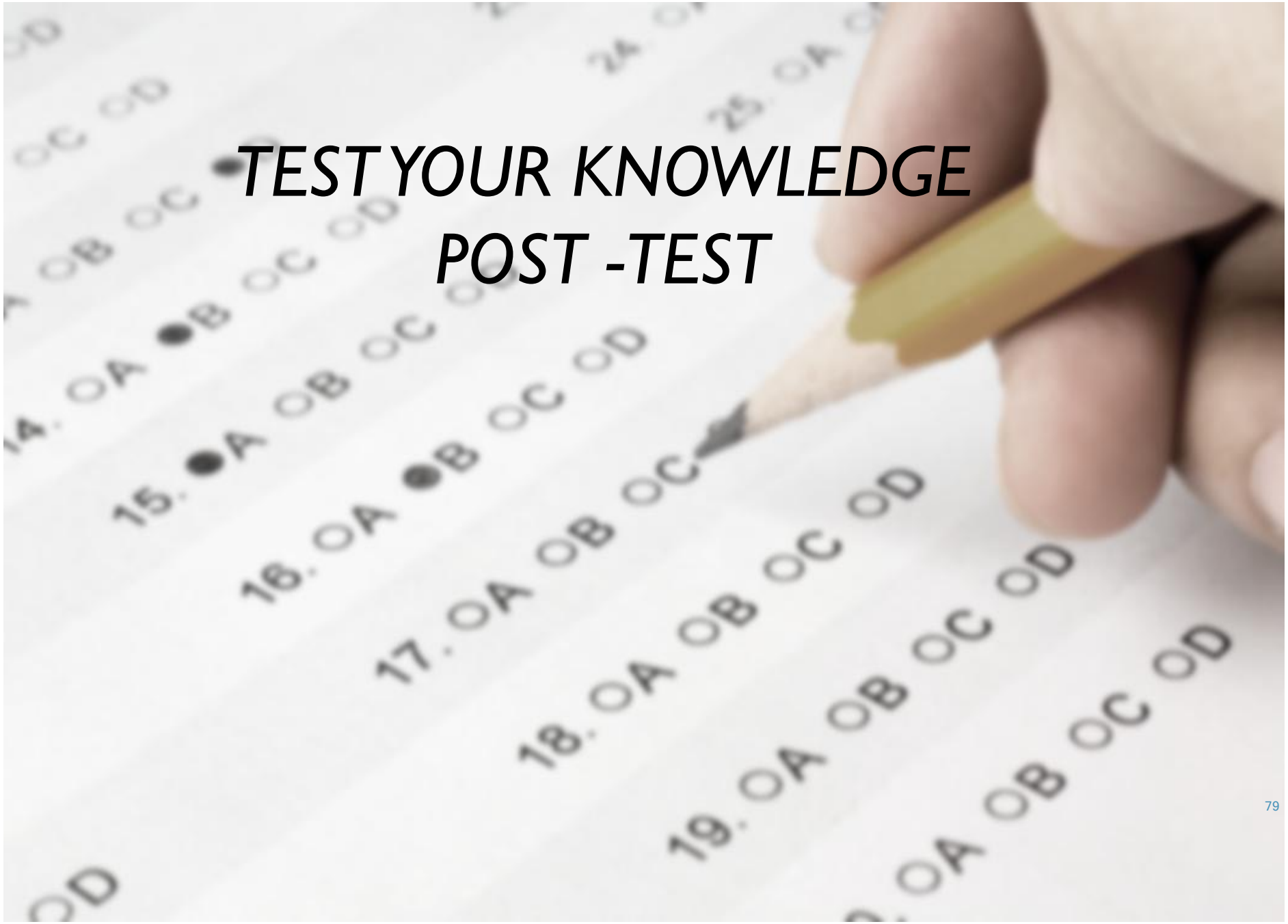
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QUESTION & ANSWER SESSION




Thank You


TEST YOUR KNOWLEDGE
POST -TEST

Test Your Knowledge
Question #5

According to 2020 UNAIDS data, the percentage of people in the Caribbean region with HIV who have suppressed viral loads is:

A. 50% and which is below the global average of 88%
B. 60% and which is below the global average of 88%
C. 70% and which is below the global average of 88%
D. 80% and which is below the global average of 88%

Test Your Knowledge
Question #6

In an emergency, should a patient run out of HIV medications, the patient should be encouraged to stop taking all of the HIV medication until he or she is able to get refills:

A. True

B. False

Test Your Knowledge
Question #7

Based on prevailing expertise, which of the following is the most effective step in disaster continuity of care?

A. Pre-disaster planning

B. Post-disaster planning

C. Planning during a disaster

D. All of the above

Test Your Knowledge
Question #8

Emergencies and disasters both present situations that demand immediate action.

A. One can prepare for emergencies but not disasters
B. One can prepare for disasters but not emergencies
C. One can neither prepare for emergencies nor disasters
D. None are correct

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