Guidelines on Care for Residents Displaced from Disaster Areas who are HIV-Infected

CDR Jill Shugart, MSPH, REHS

Emergency Preparedness and Response Office
National Institute for Occupational Safety and Health (NIOSH)
Centers for Disease Control and Prevention (CDC)

The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention



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Goulda A. Downer, PhD, RD, LN, CNS – Principal Investigator/Project Director

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CME Disclosures:
Planning Committee and Speaker

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

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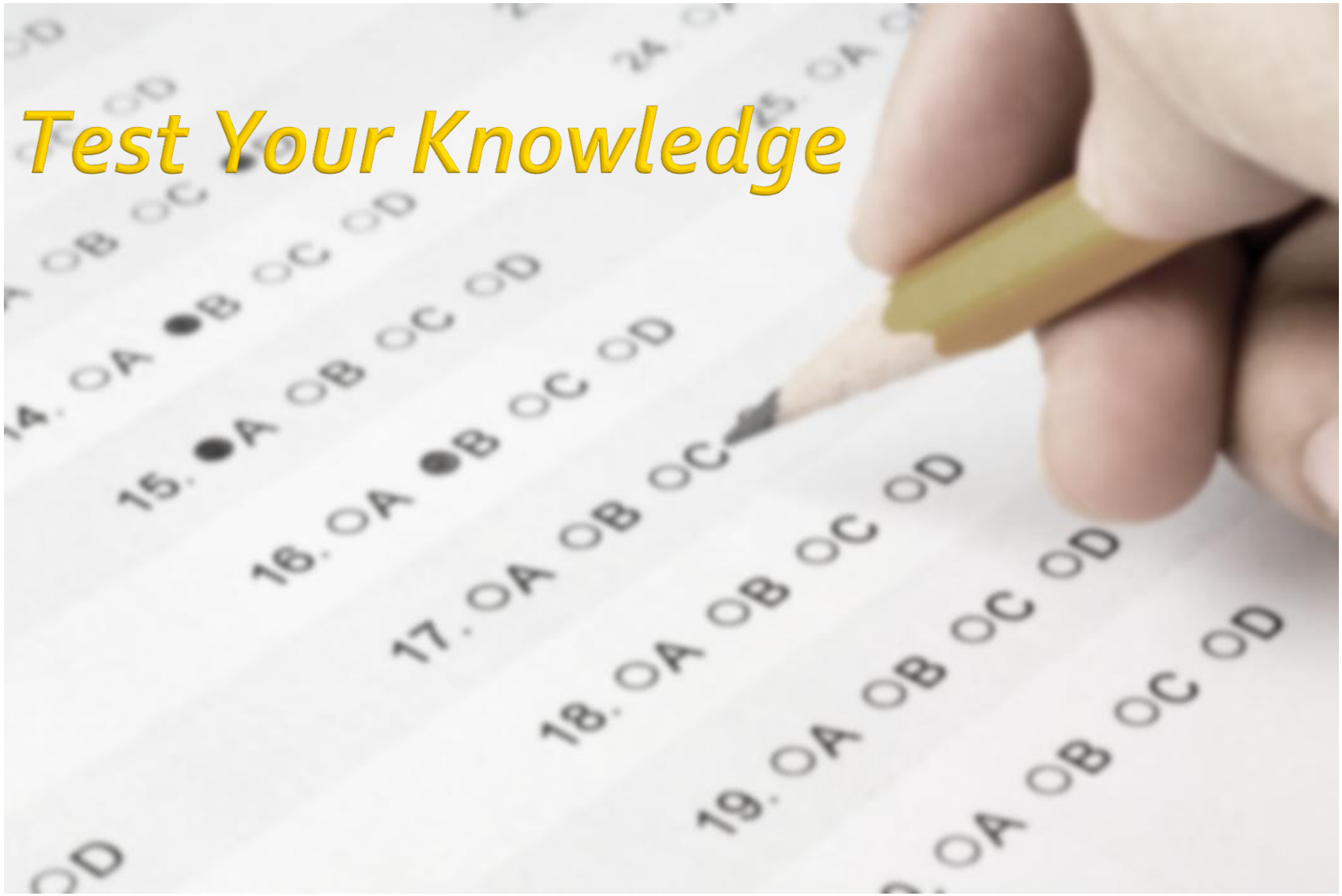
Howard University CME Accreditation Requirements for Internet Viewers

Intended Audience: Low volume clinicians (i.e. those with fewer than 25 patients in their case load who are HIV positive): Physicians, Physician Assistants, Nurse Practitioners, Pharmacists, Dentists, Nurses, Social Workers, Case Managers and other Clinical Personnel.

Webinar Requirements: A computer, phone, etc., with Internet accessibility and a telephone line.

- Your presence on the call must be acknowledged at the start of each session. Please log in for the session then **announce your name loudly and clearly at the beginning of the session.**
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Test Your Knowledge

Test Your Knowledge
Question #1

All but one of the following is considered a class of disaster?

A. Natural disasters
B. Chemical emergencies
C. Nuclear blast
D. Bioterrorism

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Test Your Knowledge
Question #2

Current medications including which of the following should be documented as part of the initial assessment during Care for Residents with HIV who are Displaced from Disaster Areas:

A. Investigational medication
B. Medications for treatment/prevention of OIs
C. None of the above
D. All of the above

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Test Your Knowledge
Question #3

What information should be in a disaster plan for patients with HIV/AIDS? ***Choose only one answer***

A. The nearest local food service center
B. The best phone number to reach the clinic during an emergency
C. An alternate care site location
D. B and C

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Test Your Knowledge
Question #4

What does ICS stand for?

A. Incident command system
B. Incident command structure
C. Incident central structure
D. None of the above

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Objectives

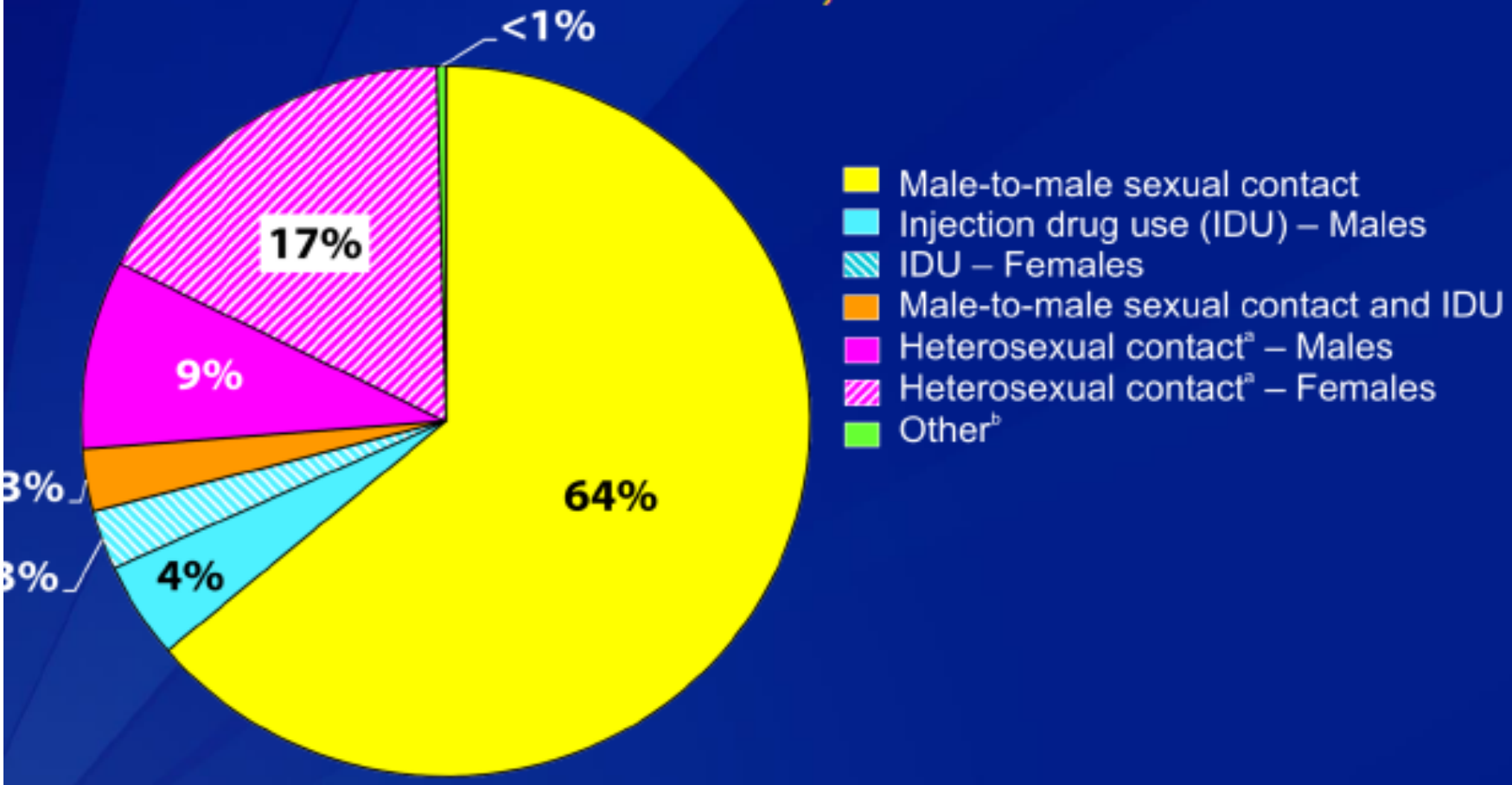
Upon completion of this webinar, participating providers will have the enhanced ability to:

- Define a disaster and provide examples
- Understand why patients with HIV/AIDS are at-risk during a disaster
- Describe how states respond to a disaster at the local, state, and federal level
- List key actions or steps to prepare patients with HIV/AIDS in a disaster plan
- Describe what resources are available to plan for disasters

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Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2012—United States and 6 Dependent Areas

N = 48,651

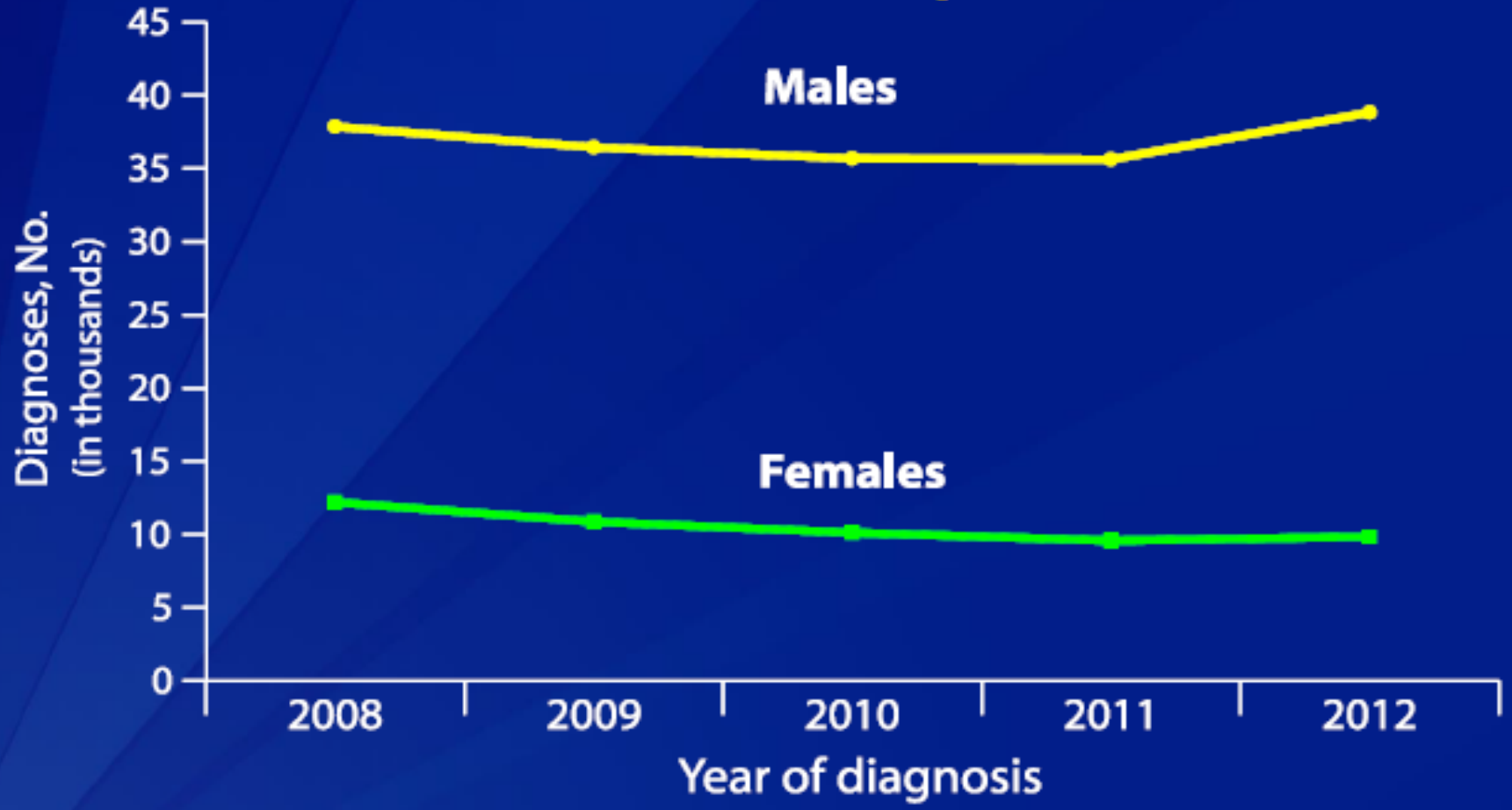


Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting.

[a] Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

[b] Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.

Diagnoses of HIV Infection among Adults and Adolescents, by Sex, 2008–2012— United States and 6 Dependent Areas



Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

CDC

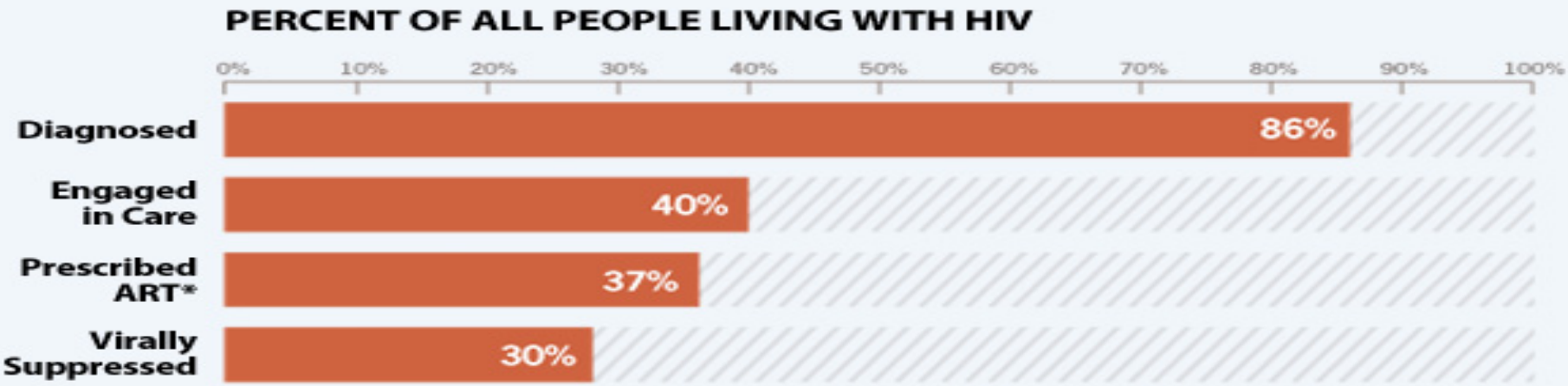
Estimated Adults Living with Diagnosed HIV, year-end 2010 Ranked by Rates

State/Territory	Cases	Rate per 100,000
1. District of Columbia	**14,359**	**2,704.3**
2. New York	132,523	810.0
3. Virgin Islands	589	667/1
4. Maryland	**30,558**	**632.9**
5. Florida	94,897	592.7
6. Puerto Rico	18,129	584.3
7. New Jersey	35,860	488.2
8. Louisiana	16,892	451.7
9. Georgia	33,920	428.8
10. Delaware	**2,968**	**394.1**

* CDC. Surveillance Report, 2011. Volume 23.

HIV Care Continuum

There is an urgent need to reach more people with testing and make sure people living with HIV receive prompt, ongoing care and treatment.



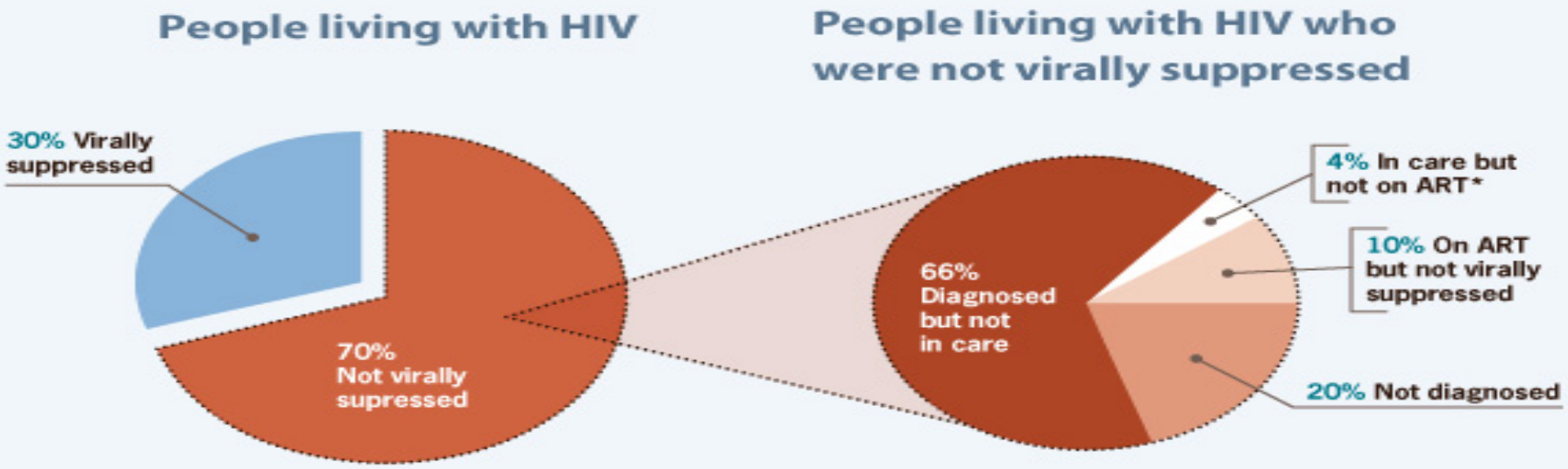
*Antiretroviral therapy

SOURCE: CDC National HIV Surveillance System and Medical Monitoring Project, 2011.

CDC Vitalsigns™

www.cdc.gov/vitalsigns/HIV-AIDS-medical-care

Achieving Viral Suppression: More People with HIV Need to be in Medical Care



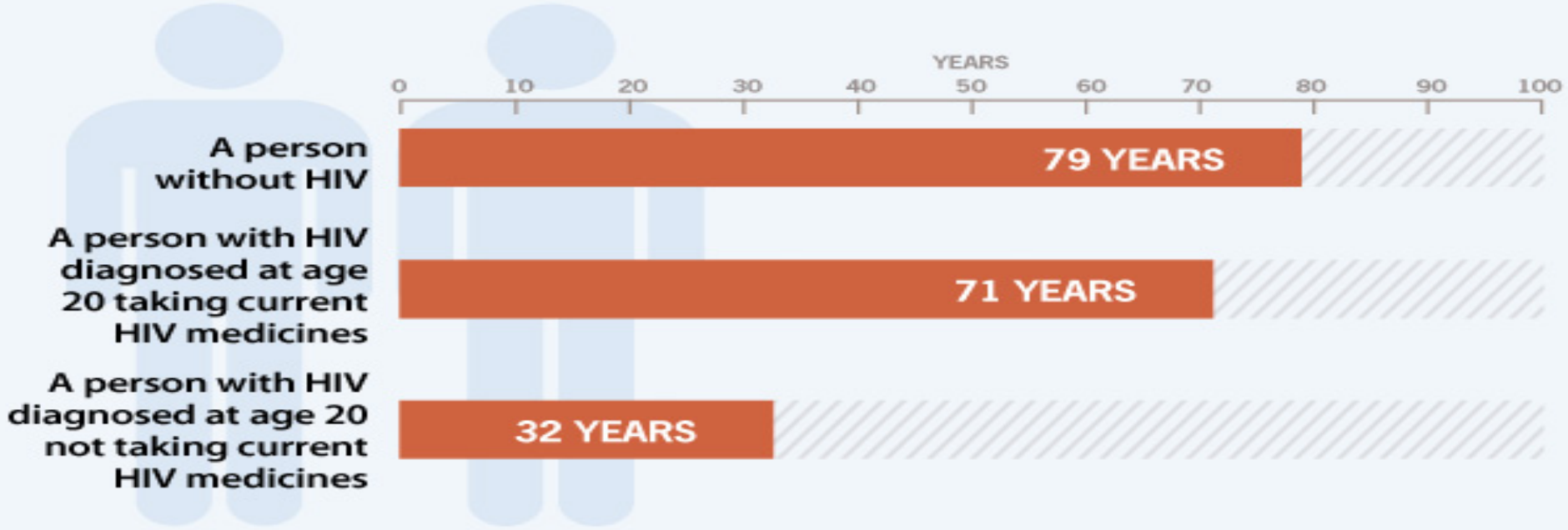
*Antiretroviral therapy

SOURCE: CDC National HIV Surveillance System and Medical Monitoring Project, 2011.

CDC Vitalsigns™

www.cdc.gov/vitalsigns/HIV-AIDS-medical-care

HIV Medicines Help People with HIV Live Longer (Average years of life)



SOURCE: National Vital Statistics Reports, 2012; PLoS One, 2013; and Journal of the American Medical Association, 1993.

CDC Vitalsigns™

www.cdc.gov/vitalsigns/HIV-AIDS-medical-care

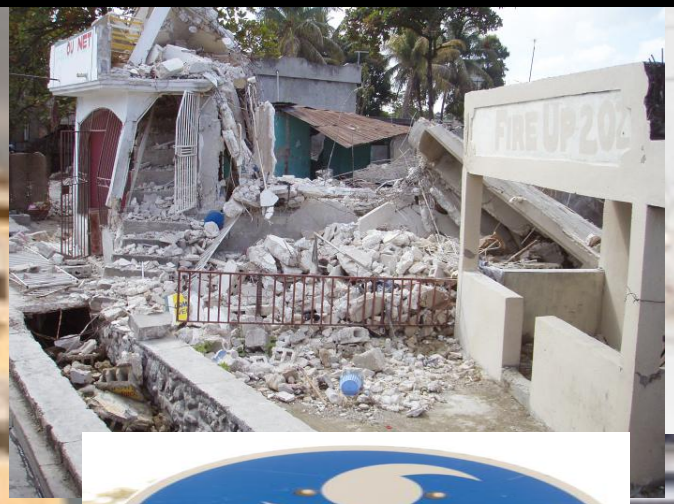
What is a Disaster?

- A sudden event, such as an accident or a natural catastrophe, that causes great damage or loss of life

-Oxford Dictionary

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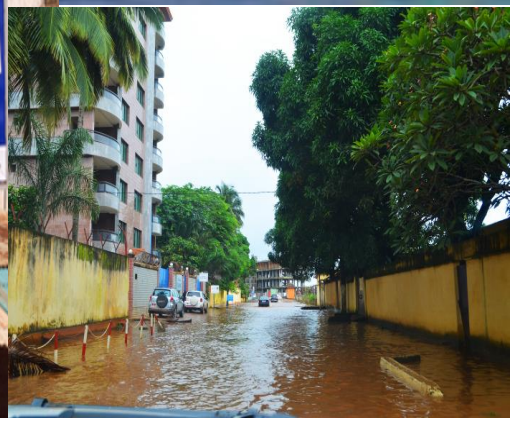


Jocelyn Augustino









Types of Disasters

- Natural disasters may be divided into three categories:
  - ***meteorological disasters*** - such as hurricanes, hailstorms, tornadoes, typhoons, snowstorms, droughts, cold spells, and heat waves;
  - ***topological catastrophes*** - such as earthquakes, avalanches, landslides, and floods; and,
  - ***biological disasters*** - including insect swarms and disease epidemics

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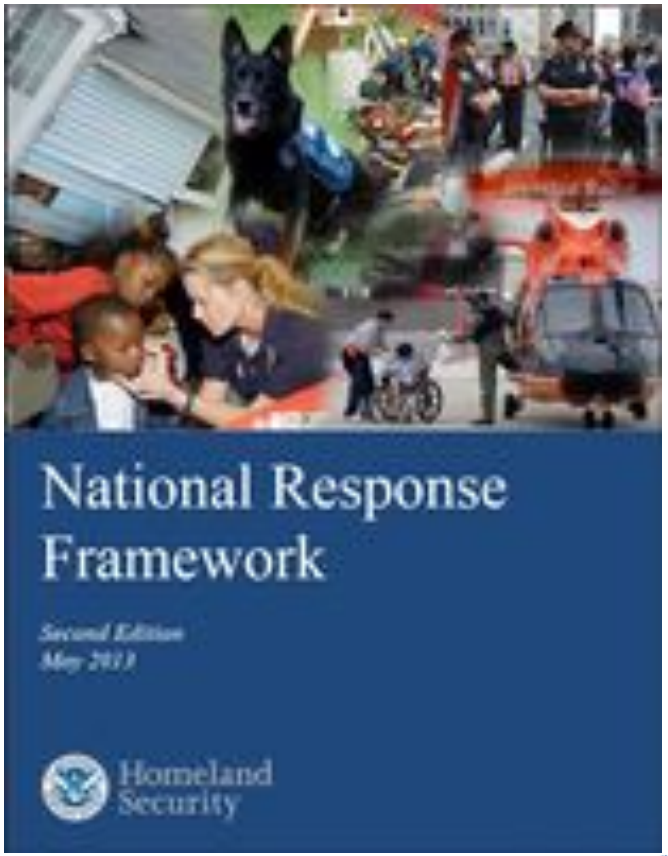
Types of Disasters

- **Chemical emergencies**
  - Nerve agents, chlorine
- **Bioterrorism**
  - Anthrax, plague, smallpox
- **Radiation emergencies**
  - Dirty bomb, nuclear blasts

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National Response Framework

- How the Nation responds to emergencies
- Scalable, flexible, adaptable concepts built from the National Incident Management System (NIMS)
- Used by whole community



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All Disasters are Local

Local

- Utilize resources
- Public works/Law Enforcement/NGOs

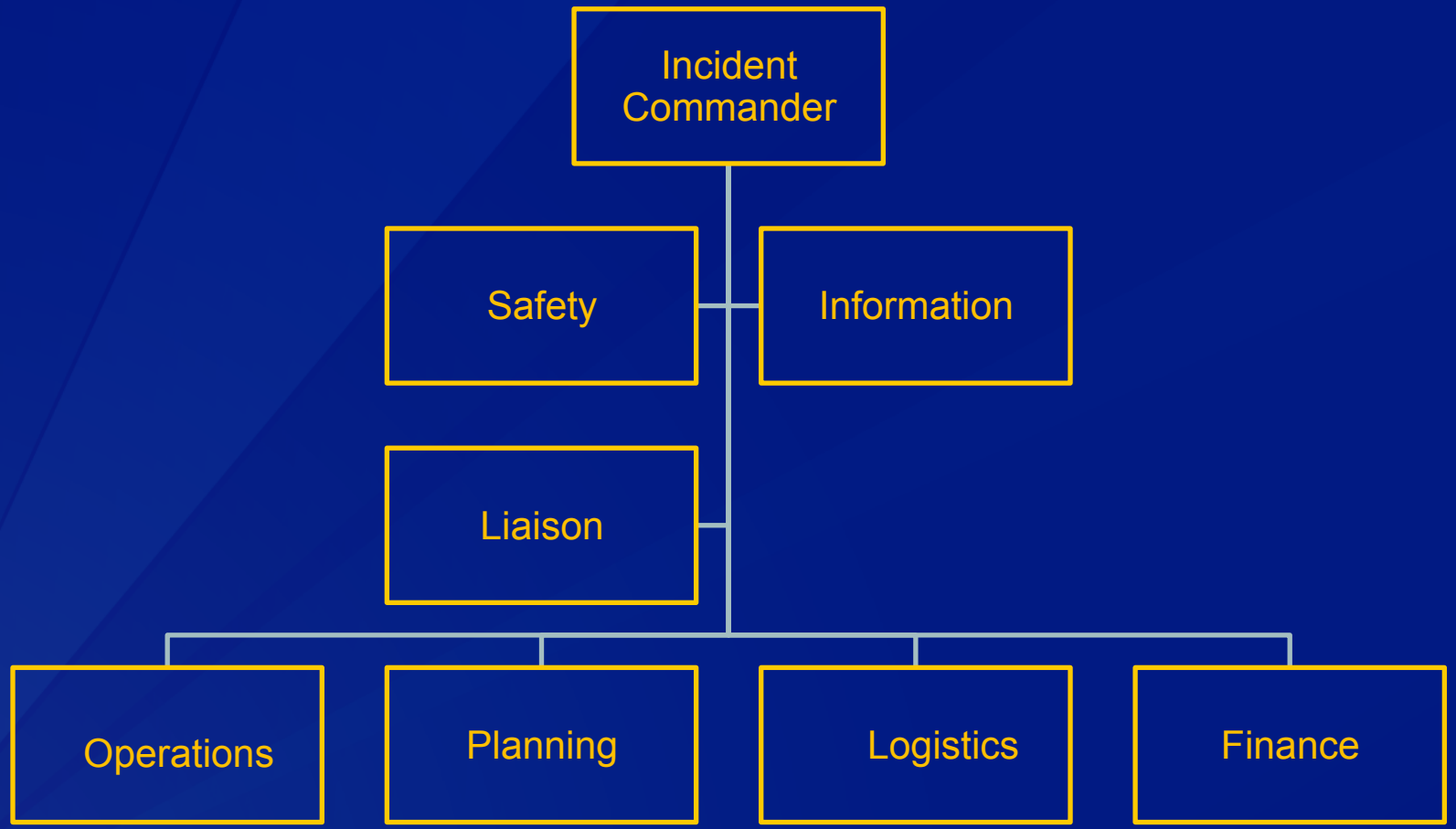
State

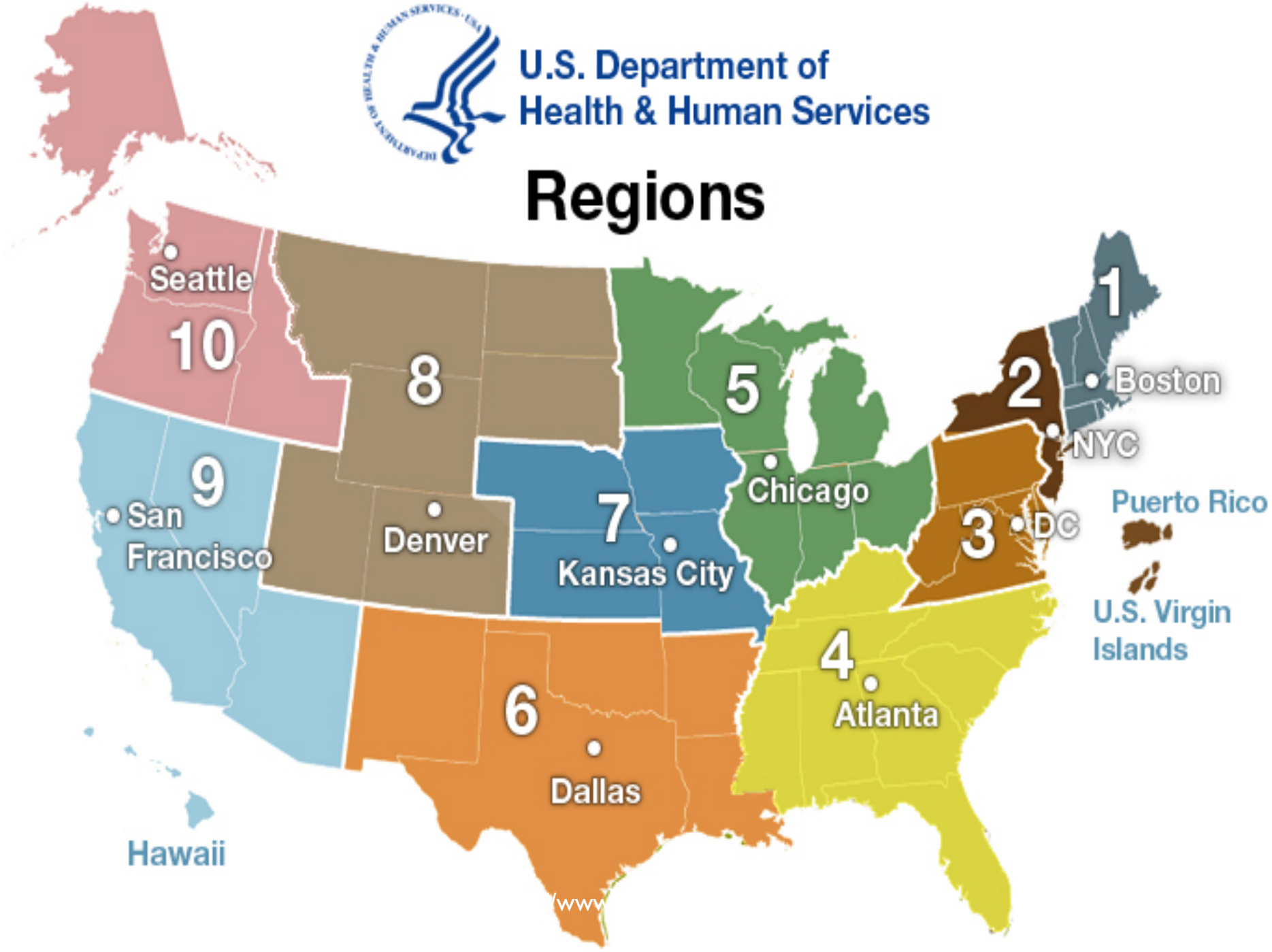
- Assist local resources
- State to State Assistance (EMAC)

Federal

- Event exceeds local/state resources
- Stafford Act / Non-Stafford Act

Incident Command System (ICS)




U.S. Department of
Health & Human Services
Regions
Seattle
10
8
5
1
2
Boston
NYC
9
San
Francisco
Denver
7
Kansas City
Chicago
3
DC
Puerto Rico
U.S. Virgin
Islands
4
Atlanta
6
Dallas
Hawaii

15 Emergency Support Functions

1. Transportation
2. Communication
3. Public Works & Engineering
4. Firefighting
5. Emergency Management
6. Mass Care, Emergency Assistance, Temporary Housing & Human Services
7. Logistics
8. Public Health & Medical Services
9. Search & Rescue
10. Oil & Hazardous
11. Materials Response
12. Agriculture & Natural Resources
13. Energy
14. Public Safety & Security Recovery (NDRF)
15. External Affairs

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ESF-8 Functions

- Assessment of public health medical needs
- Health Surveillance
- Medical care personnel
- Health/medical/veterinary equipment & supplies
- Patient evacuation
- Patient care
- Safety & Security of drugs, biologics, & medical devices
- Blood & Blood products
- Food Safety & Security
- Agriculture Safety & Security
- All hazard public health & medical consultation tech assist & support
- Behavioral health care
- PH & Medical info.
- Vector control
- Potable water/wastewater & solid waste disposal
- Mass fatality management
- Veterinary medical support

Adaptation to Clinical Practice

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Adaptation to Practice:
INITIAL ASSESSMENT

1. **Assess the patient's general health and need for immediate medical intervention. Acute illnesses should be diagnosed and attended to promptly**

2. **Obtain the following information from the patient:**
   a. Name, location, phone number, pager number, and e-mail address of the primary HIV care provider/clinic and research staff (if the patient is participating in a research study such as a clinical trial)

   b. The name, location, and phone number of the pharmacy where the patient obtained medications

   c. Pertinent past medical history (including history of opportunistic infections [OIs] or malignancies and other medical conditions such as hypertension, diabetes mellitus)

   d. Latest known CD_4 cell count/percentage and viral load and approximate date when they were obtained

http://aidsinfo.nih.gov/guidelines

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Adaptation to Practice:
INITIAL ASSESSMENT

e. Current medications including:

i. Antiretroviral drugs (most recent/current drugs and drugs used in the past, if available)

ii. Any investigational medication (if the patient is participating in a clinical trial, obtain information about the clinical trial site and contact information, if available)

iii. Medications for **treatment** of OIs

iv. Medications for **prevention** of OIs

v. Other medications

http://aidsinfo.nih.gov/guidelines

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Adaptation to Practice: INITIAL ASSESSMENT

f. History of drug allergy and type of reactions—especially ask if there is any history of serious reactions to antiretroviral

g. Medications or drugs used for treatment or prevention of OIs, such as trimethoprim-sulfamethoxazole. Patients who have had positive history of intolerance to antiretroviral medications and other medications

h. Vaccination history (may be obtainable from local/regional/state registries)

http://aidsinfo.nih.gov/guidelines

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Adaptation to Practice:
GENERAL MEDICATION MANAGEMENT STRATEGIES

There is no need to start antiretroviral therapy immediately in those HIV-infected patients who were not receiving antiretroviral medications before the disaster. In these patients, initiation of therapy can be delayed until a more thorough assessment can be made; if necessary, patients should be referred to a local HIV specialist for further medical care

http://aidsinfo.nih.gov/guidelines

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Adaptation to Practice: GENERAL MEDICATION MANAGEMENT STRATEGIES

Antiretroviral Therapy Management

- All antiretroviral drugs should be restarted at the same time. If the patient was receiving nevirapine (Viramune) as part of a regimen and has not taken nevirapine for more than 7 days, it should be restarted with a 2-week "lead-in" period, giving half the daily dose once daily for 14 days and then standard twice-daily dosing

- In general, the patient should be on a combination regimen consisting of a total of at least three different antiretroviral drugs

- Note that some antiretroviral drugs are available in fixed-dose formulations where two or more drugs are combined into one pill (e.g., Atripla® = efavirenz + emtricitabine + tenofovir; Combivir® = zidovudine + lamivudine; Complera® = rilpivirine + tenofovir + emtricitabine; Epzicom® = abacavir + lamivudine; and Truvada® = emtricitabine + tenofovir)

http://aidsinfo.nih.gov/guidelines

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Adaptation to Practice: GENERAL MEDICATION MANAGEMENT STRATEGIES

Antiretroviral Therapy Management Cont'd

- Pediatric patients may be taking liquid formulations, some of which may need to be refrigerated
- Special attention should be paid to appropriate weight- or surface area-based dosing for pediatric patients
- If patients cannot recall drug dosages or cannot recall their regimens, consult an HIV care specialist or consultation service for recommendations or contact the pharmacy where they most recently obtained their medications

http://aidsinfo.nih.gov/guidelines

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Adaptation to Practice:
Prophylaxis for Opportunistic Infections

- OI prophylaxis that had been interrupted should be continued as soon as possible

- *For more detailed information and recommendations regarding prevention and treatment of OIs in adult and pediatric patients, please refer to the guidelines at* [*http://aidsinfo.nih.gov/guidelines/*](http://aidsinfo.nih.gov/guidelines/)

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Case Study Discussion

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Case Study

- On August 29, 2005 a Category 5 Hurricane hit New Orleans, LA
- Approximately 80% of the city was under water due to failed levees
- 1 million people forced to evacuate immediately
- Approximately 13,000 persons in LA with HIV/AIDs and 8,000 were displaced

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Question

What actions or steps would you want to have in your emergency plans to address these issues?

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CONSIDER…….

What is your operating capacity?

What type of patients do you have?

Do you have an alternate care site?

Can you contact your staff and your patients after hours?

Would your patients know what to do?

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Case Study (Continued)

- Uninsured and insured patients with HIV/AIDS were seen by various care providers pre-hurricane
- Displaced patients scattered throughout the state
- NOLA was closed until early October (2 months later)
- No safe water, phone service, 911 service, reliable electricity or gas service

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Question

What systems should have been in place to address these issues?

What type of planning or requirements are needed to open an alternate care site?

What resources are needed to operate a clinic effectively with limited conditions?

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CONSIDER…….

What partnerships do you have in place?

With whom have you exercised?

Do you know who to call for utilities?

Is security an issue?

Do you handle insured vs. uninsured patients differently?

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Case Study (Continued)

- In March 2006, only limited lab work was available
- Uninsured patients still unable to receive certain medical services in NOLA
- Screening for TB and STDs were not available in NOLA
- Decrease in 20 hospitals
- Limited assistance for transportation vouchers (taxi, bus, gas)

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Question

How could care providers assist their patients in obtaining lab work and prescriptions?

What guidance could care providers give their patients who need to seek additional care?

What strategies should be implemented to prevent HIPAA violations?

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CONSIDER…….

What labs and pharmacies would you use?

Where would you refer your patients for more serious infections or emergencies?

Could you preserve your patients records?

Can you protect their privacy?

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Conclusion

- Patients with HIV/AIDS have specific medical and pharmacological needs
- All emergencies are local
- Planning ahead can save lives

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Resources

- Centers for Disease Control and Prevention (CDC)
  - www.cdc.gov/hiv
  - http://emergency.cdc.gov
- National Institute of Occupational Health & Safety
  - http://www.cdc.gov/niosh/emres/
- Federal Emergency Management Agency (FEMA)
  - www.fema.gov
  - http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf
- Medical Reserve Corps (MRC)
  - www.mrc.gov
- American Red Cross
  - www.redcross.org

- Louise C. Ivers, "Strengthening the Health System while investing in Haiti", Am J Public Health. 2011 June; 101(6): 970–971. doi: 10.2105/AJPH.2010.300108
- Health Resources and Services Administration (HRSA)
  - http://hab.hrsa.gov/livinghistory/issues/Cultural-Competency.pdf
- National Association of City and County Health Officials (NACCHO)
  - www.naccho.org

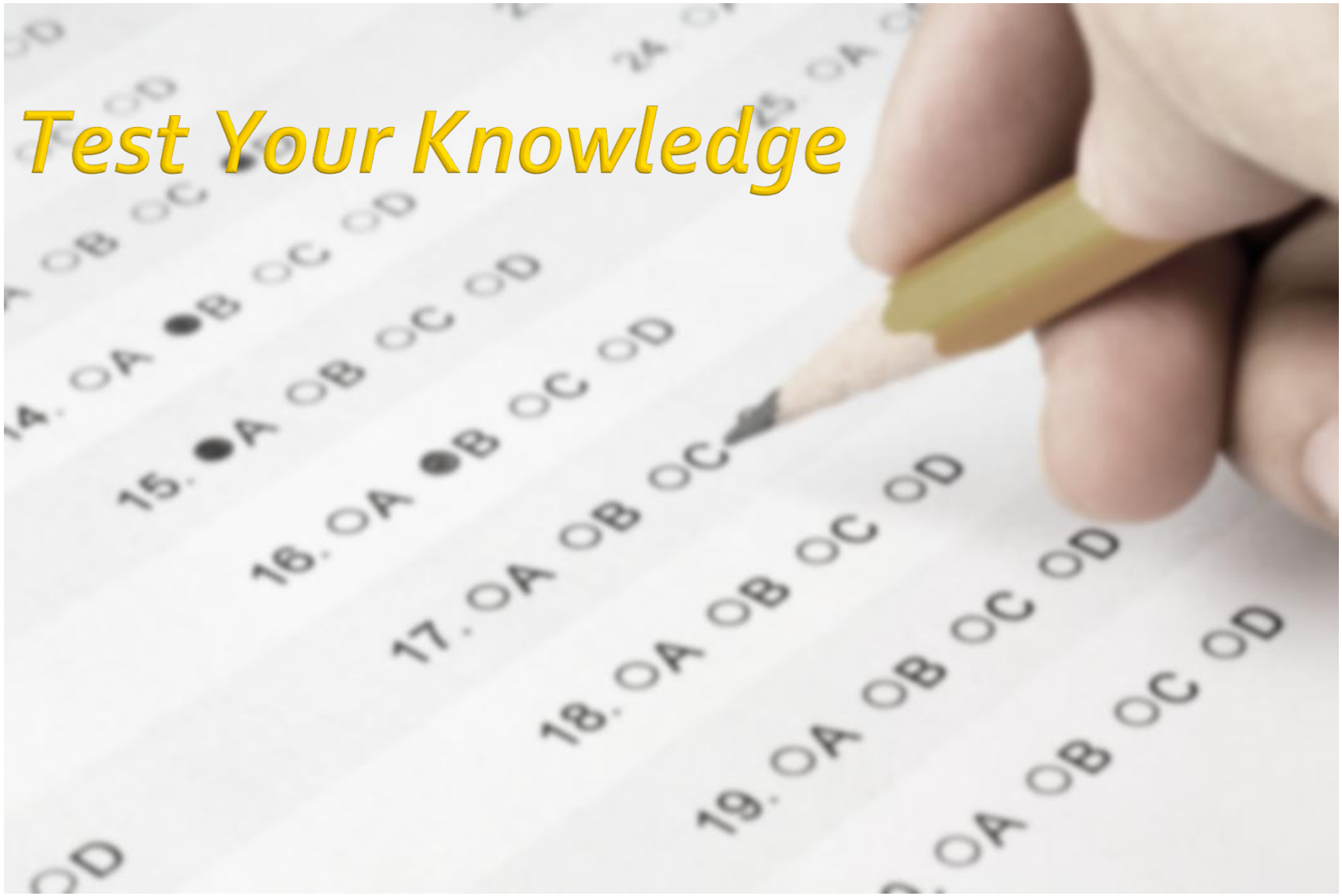
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Thank you!

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Test Your Knowledge

Test Your Knowledge
Question #5

All but one of the following is considered a class of disaster?

A. Natural disasters
B. Chemical emergencies
C. Nuclear blast
D. Bioterrorism

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Test Your Knowledge
Question #6

Current medications including which of the following should be documented as part of the initial assessment during Care for Residents with HIV who are Displaced from Disaster Areas:

A. Investigational medication
B. Medications for treatment/prevention of OIs
C. None of the above
D. All of the above

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Test Your Knowledge
Question #7

What information should be in a disaster plan for patients with HIV/AIDS? ***Choose only one answer***

A. The nearest local food service center
B. The best phone number to reach the clinic during an emergency
C. An alternate care site location
D. B and C

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Test Your Knowledge
Question #8

What does ICS stand for?

A. Incident command system
B. Incident command structure
C. Incident central structure
D. None of the above

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