



HIV & Oral Health

Why Oral Health

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Presenter & Acknowledgements

- Mark Schweizer, DDS, MPH
- No financial relationships with commercial entities to disclose
- This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation

Learning Objectives

By the end of this session, the learner will be able to:

- Discuss barriers to oral health for patients with HIV

- Outline HIV health outcomes in patients engaged in oral health care

- Define Comorbidity

- Describe the most common comorbidities in PWH

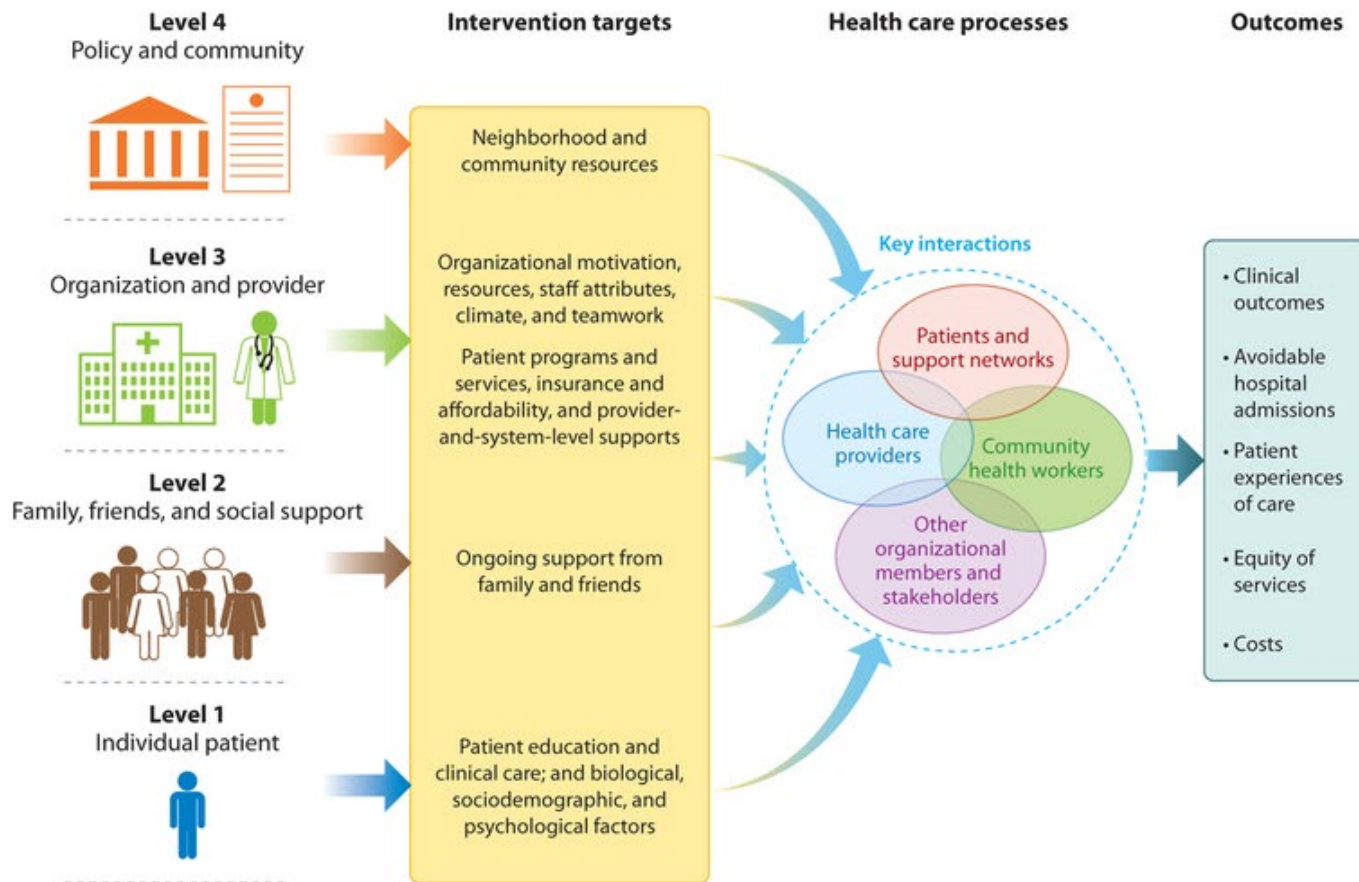
- Apply Dental Recommendations for PWH

Oral Health Care Access

- Less than one half of the population gains access to the oral health care system
- Major Oral Health Problems include dental caries, Periodontal Disease and Oral Cancer

Oral Health Care Access

- Oral Manifestations of HIV Infection
- Oral Health Inequities
- Barriers to Care



This conceptual model, factors that influence disparities in access to care and quality of health care services, by level, was created from the analysis of findings from systematic reviews of cardiovascular disease and cancer disparities (115). Figure adapted from Reference 115 with permission.

Interprofessional Practice

Recommendations for an Interprofessional Practice Model

1. Apply oral health core clinical competencies within primary care practices to increase oral health care access for safety net populations in the United States.
2. Develop infrastructure that is interoperable and accessible across clinical settings and enhances adoption of the oral health core clinical competencies. The defined, essential elements of the oral health core clinical competencies should be used to inform decision making and measure health outcomes.
3. Modify payment policies to efficiently address the costs of implementing oral health competencies and provide incentives to health care systems and practitioners.
4. Execute programs to develop and evaluate implementation strategies of the oral health core clinical competencies into primary care practice.

HIV Continuum of Care

HIV CARE CONTINUUM:

THE SERIES OF STEPS A PERSON WITH HIV TAKES FROM INITIAL DIAGNOSIS THROUGH THEIR SUCCESSFUL TREATMENT WITH HIV MEDICATION



HIV Care Continuum Definitions

- **Total Clients:**

Clients who are HIV+ and received at least one service from the selected service category(s) in the reporting period.

- **Ever in Care:**

HIV+ clients who ever had a medical care service documented.

- **In Care:**

HIV+ clients who had a medical care service within the reporting period.

**Medical Care Service: Documented viral load or CD4 lab, medical visit, prescription filled and paid by Ryan White, or payment requests for co-pays made by HICP.*

HIV Care Continuum Definitions - Continued

- **Retained in Care:**

HIV+ clients who had two or more medical care services at least three months apart in the reporting period.

- **Prescribed Antiretroviral Drugs (ARV):**

HIV+ clients who have a documented ARV at any time during the reporting period within HIV history records.

- **Virally Suppressed:**

HIV+ clients with most recent viral load less than 200 copies/mL, as of end of the reporting period.

**Medical Care Service: Documented viral load or CD4 lab, medical visit, prescription filled and paid by Ryan White, or payment requests for co-pays made by HICP.*

Ending the HIV Epidemic: A Plan for America

HHS is proposing a once-in-a-generation opportunity to eliminate new HIV infections in our nation. The multi-year program will infuse 48 counties, Washington, D.C., San Juan, Puerto Rico, as well as 7 states that have a substantial rural HIV burden with the additional expertise, technology, and resources needed to end the HIV epidemic in the United States. Our four strategies – diagnose, treat, protect, and respond – will be implemented across the entire U.S. within 10 years.

GOAL:

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.



Our goal is ambitious and the pathway is clear – employ strategic practices in the *places* focused on the right *people* to:

	Diagnose all people with HIV as early as possible after infection.
	Treat the infection rapidly and effectively to achieve sustained viral suppression.
	Protect people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.
	Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.
	HIV HealthForce will establish local teams committed to the success of the Initiative in each jurisdiction.

The Initiative will target our resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.

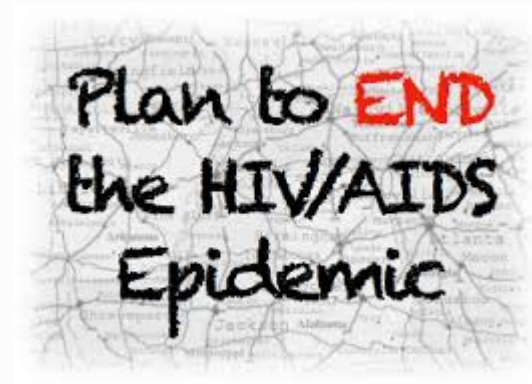


Geographical Selection:
Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

Ending
the
HIV
Epidemic

www.HIV.gov

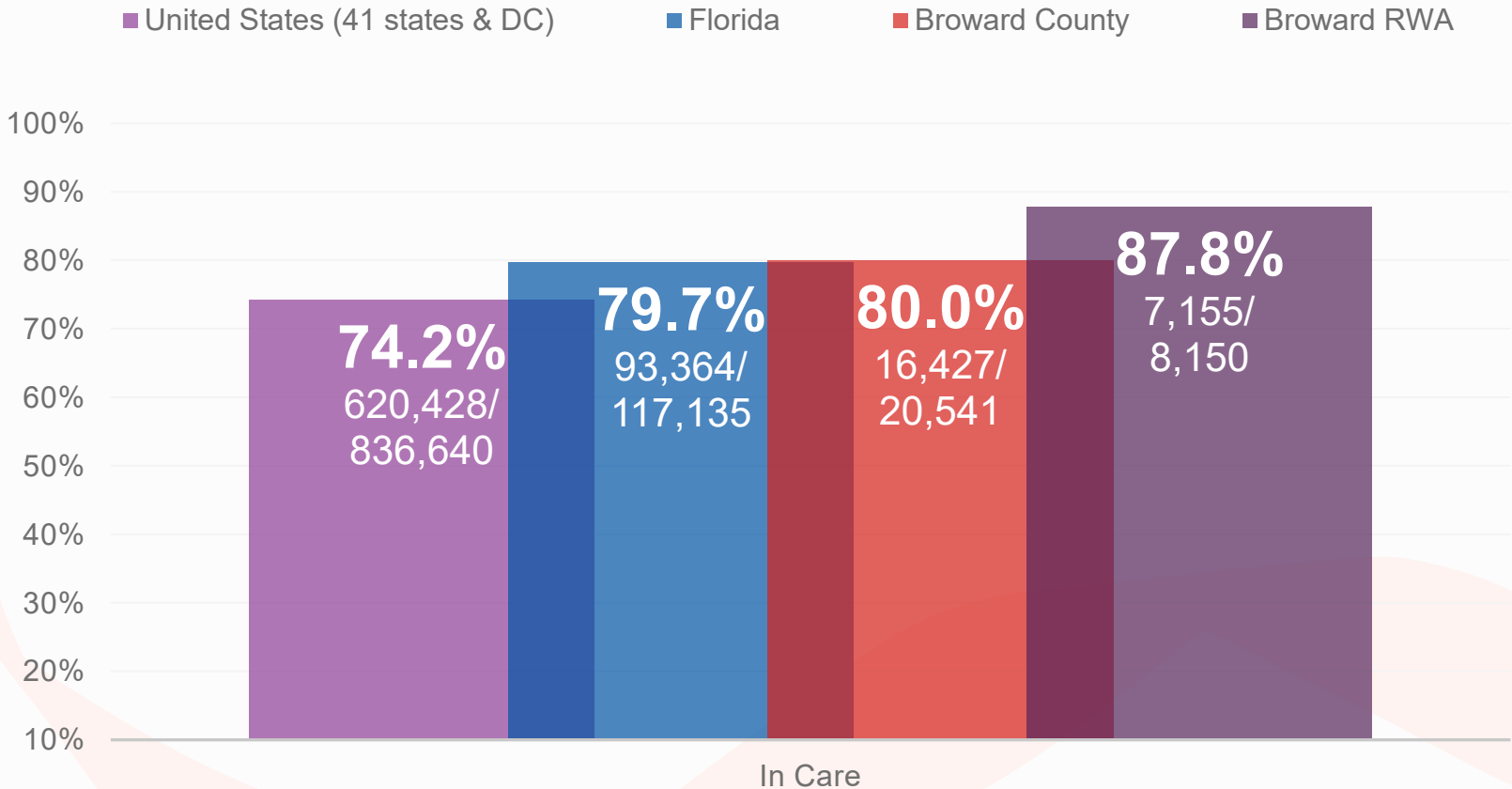
*2016-2017 data



In Care, Retained in Care and Virally Suppressed Statistics

US, FLORIDA, BROWARD COUNTY, & BROWARD PART A HIV CARE CONTINUUM

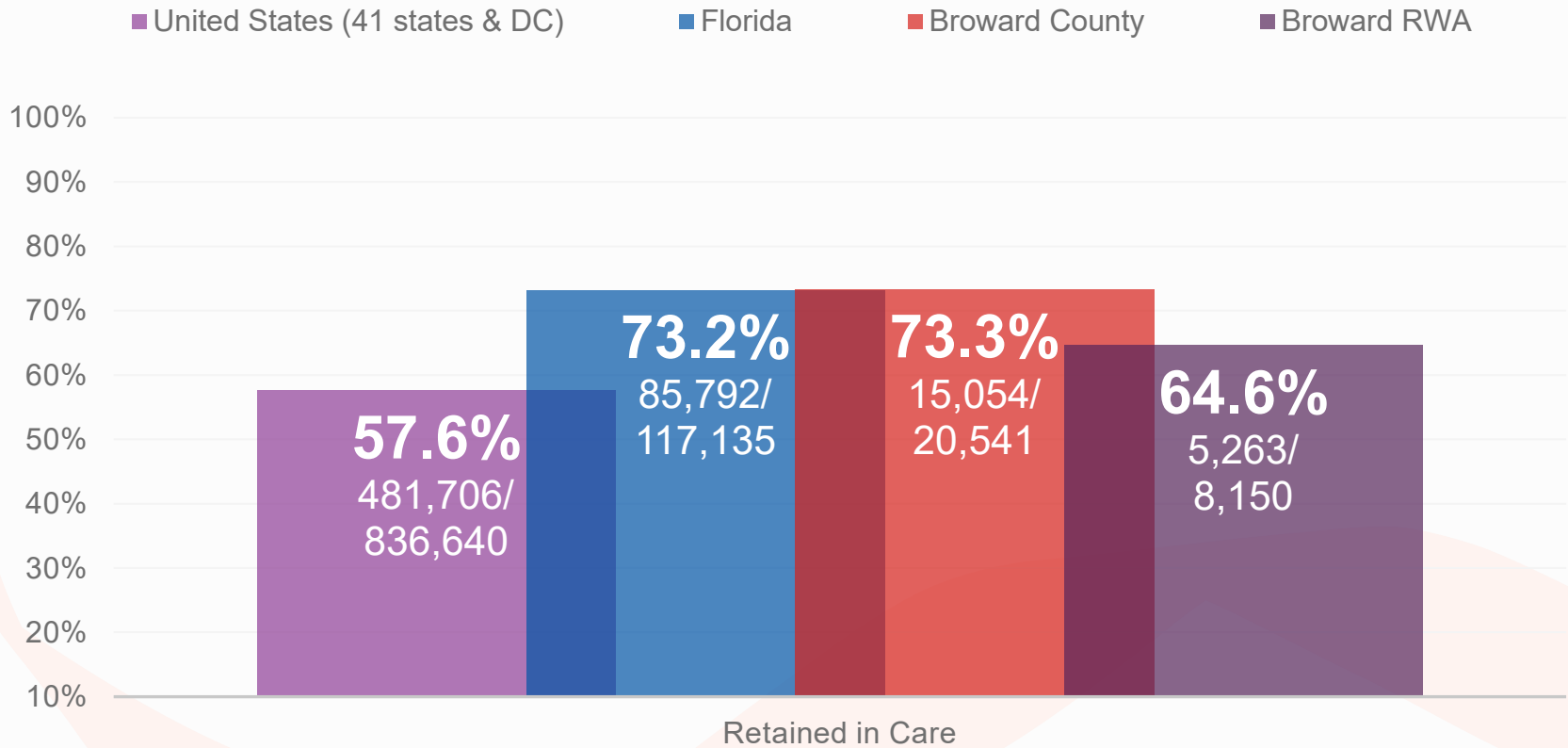
In Care



Data Sources: Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010, Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/1/2020-2/28/2021); CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019;24(No. 3).

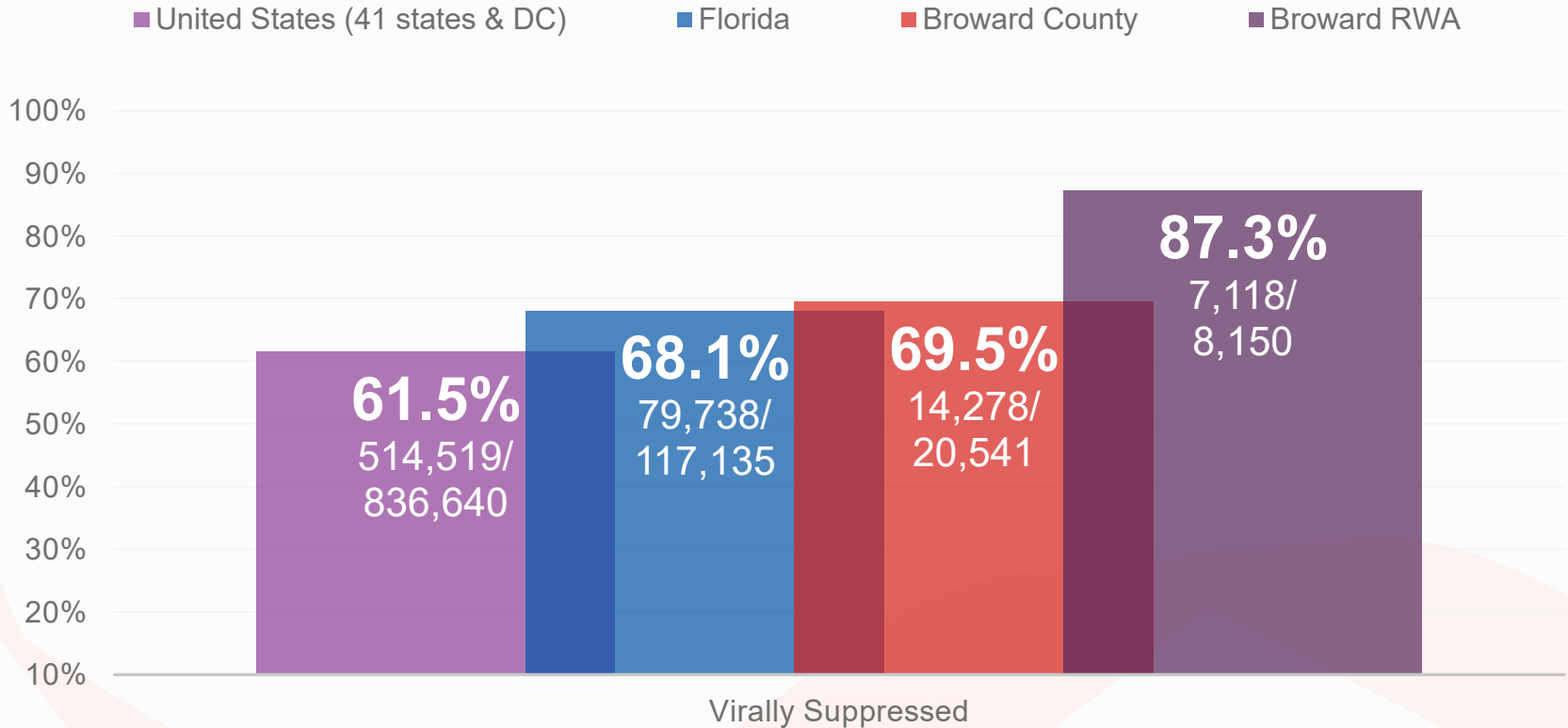
Technical Notes: Data reported for Broward County, FL for CY2020 (1/1/2020 through 3/31/2021 as of 6/31/2021). Broward EMA data is for FY2020 (3/1/2020-2/28/2021), CDC Data only recent as of 2016.

Retained in Care



Data Sources: Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010, Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/1/2020-2/28/2021); CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019;24(No. 3).
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Virally Suppressed



Data Sources: Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010, Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/1/2020-2/28/2021); CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019;24(No. 3).

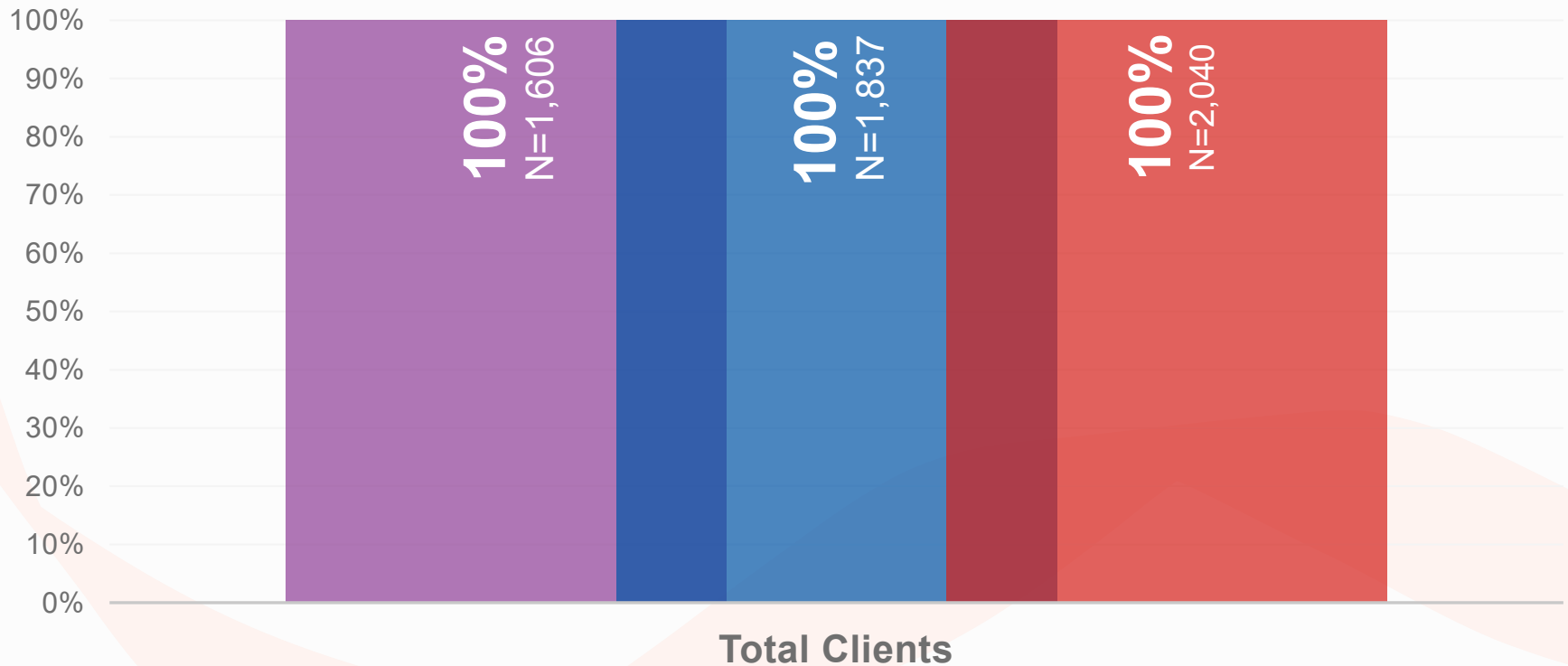
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FY 2020, FY 2021-Q2, FY 2021-Q3

ORAL HEALTH HIV CARE CONTINUUM

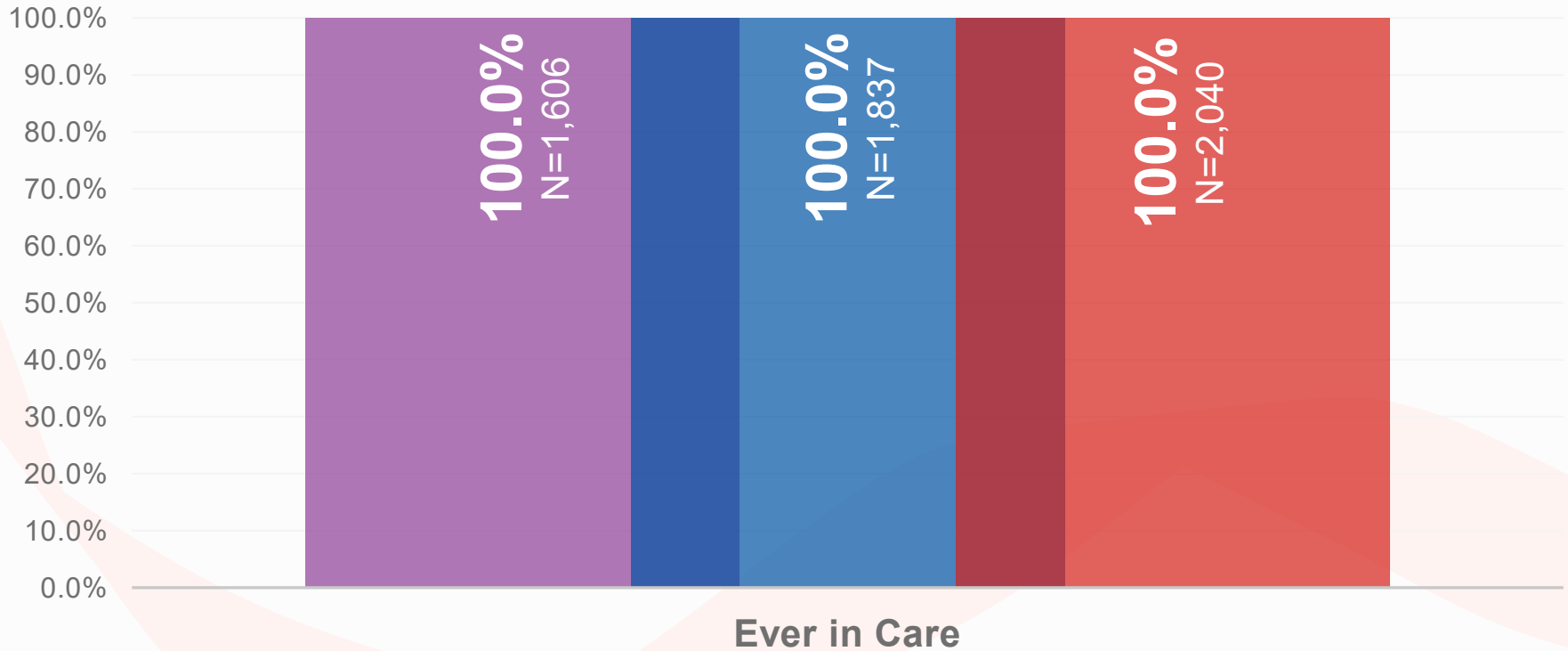
Total Clients

FY 2020 FY 2021 - Q2 FY 2021 - Q3



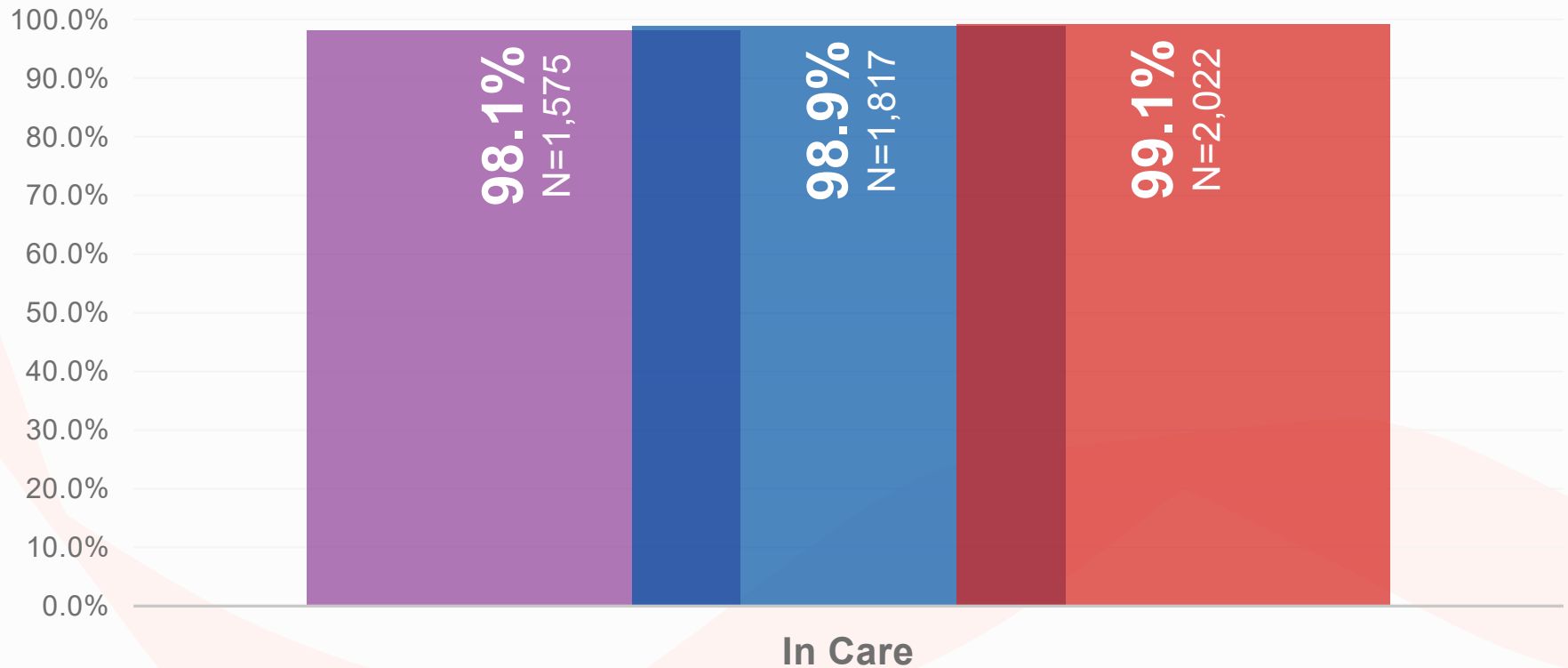
Ever in Care

FY 2020 FY 2021 - Q2 FY 2021 - Q3



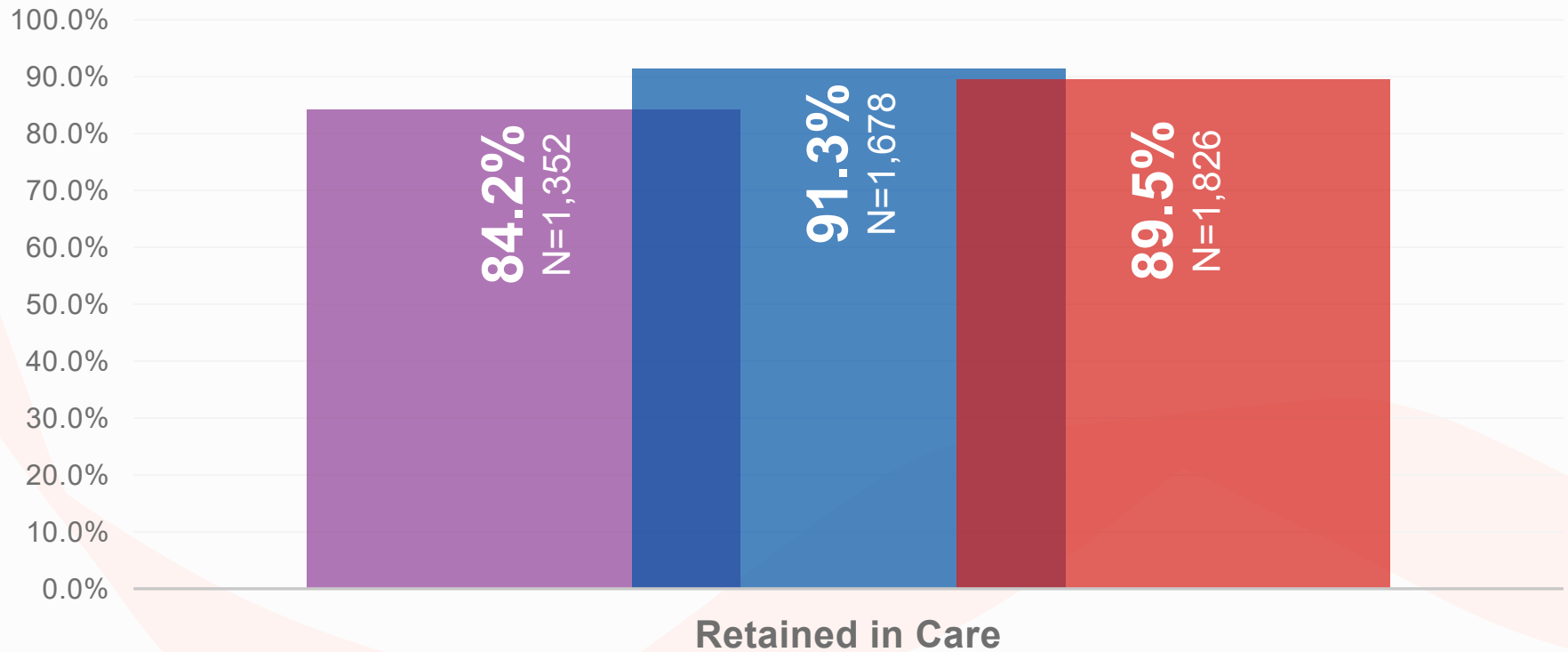
In Care

■ FY 2020 ■ FY 2021 - Q2 ■ FY 2021 - Q3



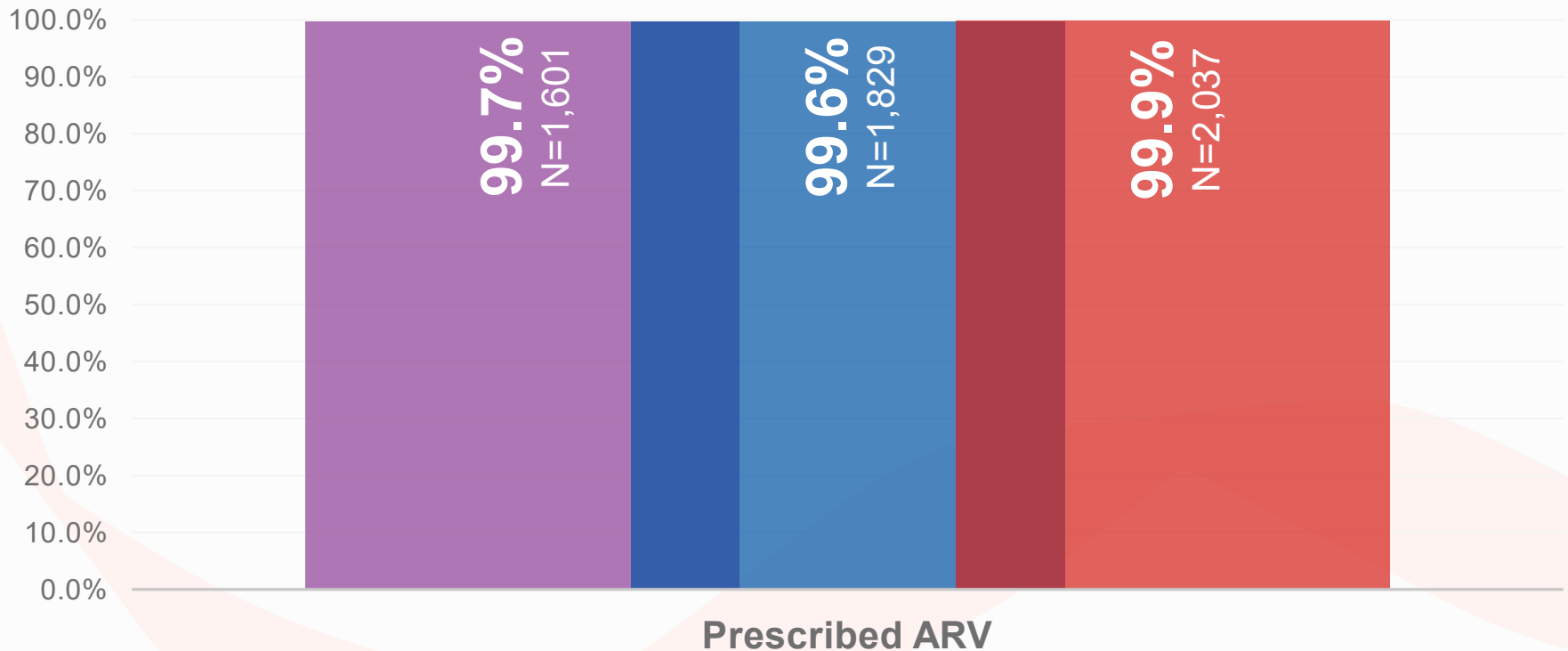
Retained in Care

■ FY 2020 ■ FY 2021 - Q2 ■ FY 2021 - Q3



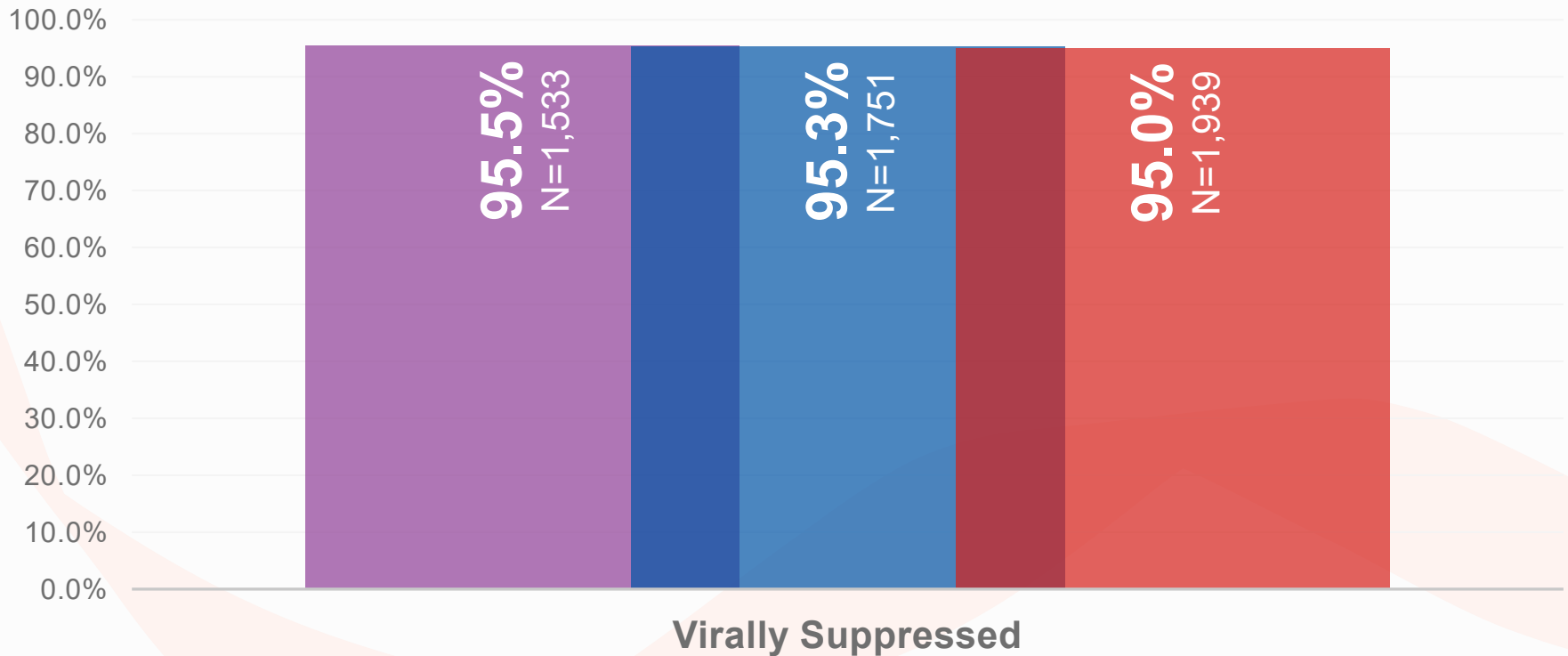
Prescribed ARV

FY 2020 FY 2021 - Q2 FY 2021 - Q3



Virally Suppressed

■ FY 2020 ■ FY 2021 - Q2 ■ FY 2021 - Q3

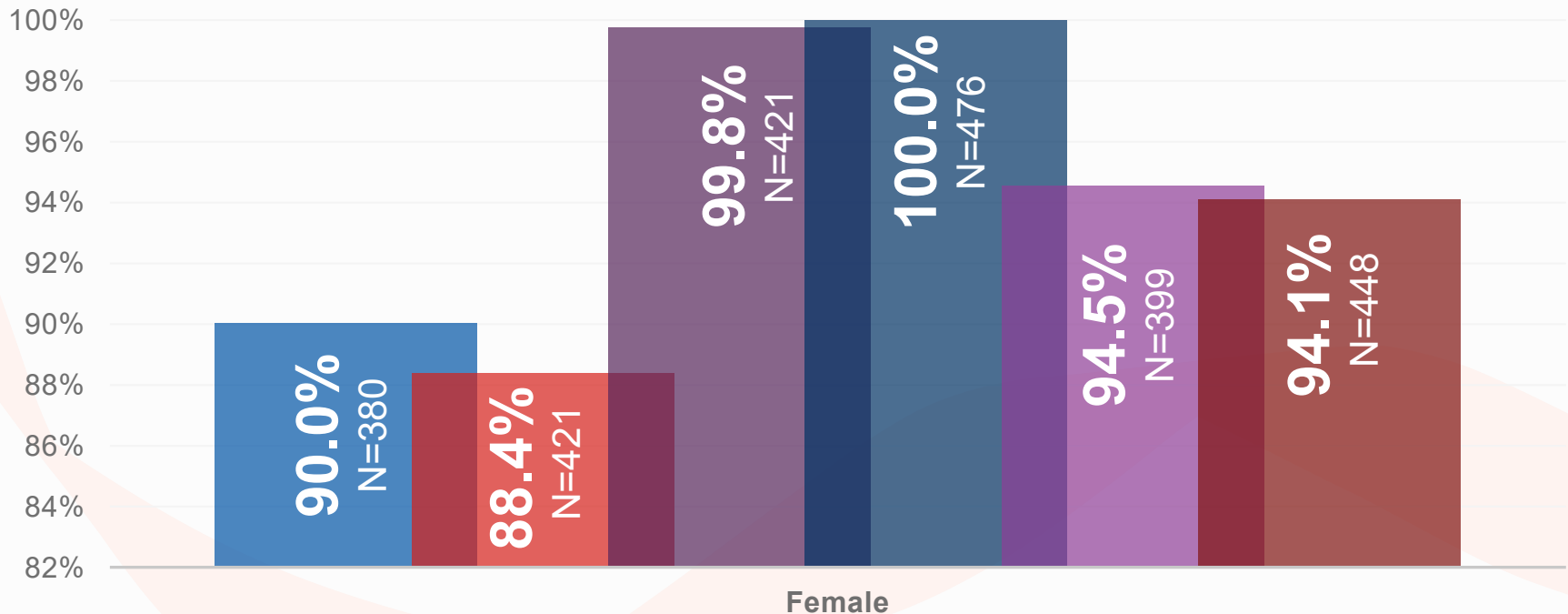


Retention in Care, Prescribed ART and Viral Suppression by Gender

ORAL HEALTH HIV CARE CONTINUUM

Oral Health HIV Care Continuum: Female

- FY 21 - Q2 RIC
- FY 21 - Q3 RIC
- FY 21 - Q2 Prescribed ARV
- FY 21 - Q3 Prescribed ARV
- FY 21 - Q2 VS
- FY 21 - Q3 VS

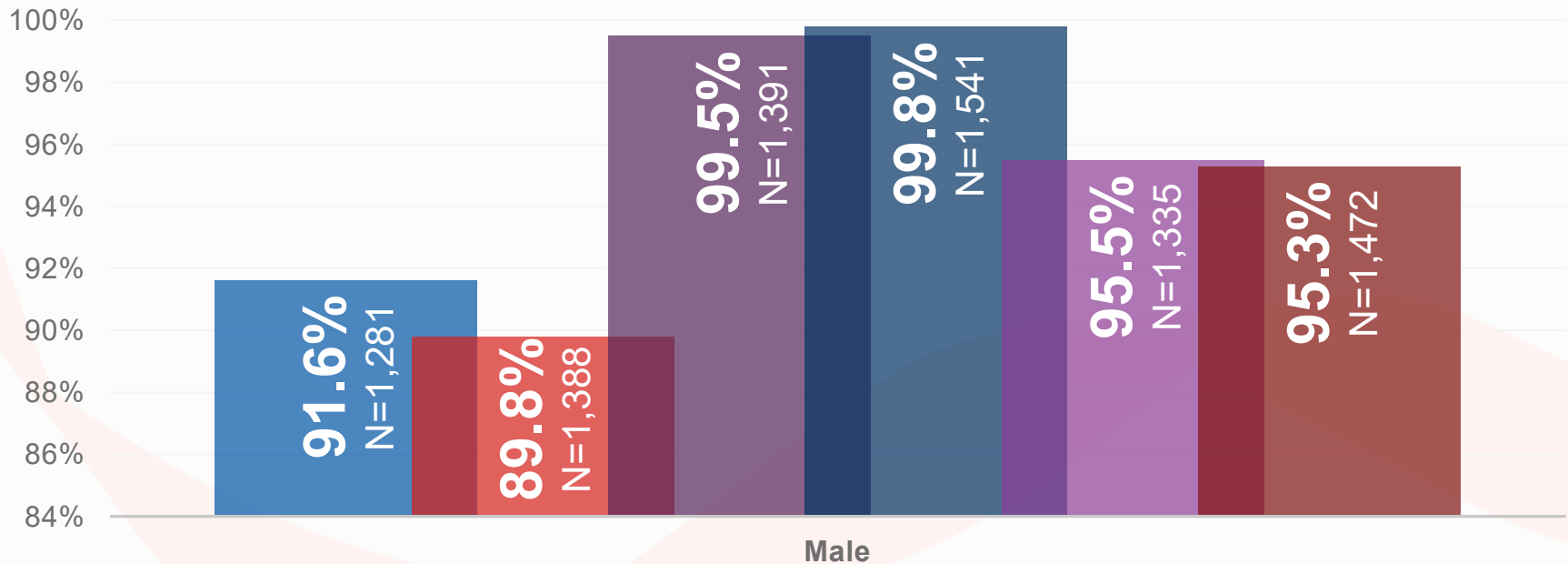


Female

*Total Clients: FY 2021 – Q2: Female = 422, Male = 1,398, Transgender = 15; FY 2021 – Q3: Female = 476, Male = 1,544, Transgender = 18
Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 6/1/2021 – 8/31/2021 & 9/1/2021 – 11/30/2021*

Oral Health HIV Care Continuum: Male

- FY 21 - Q2 RIC
- FY 21 - Q3 RIC
- FY 21 - Q2 Prescribed ARV
- FY 21 - Q3 Prescribed ARV
- FY 21 - Q2 VS
- FY 21 - Q3 VS



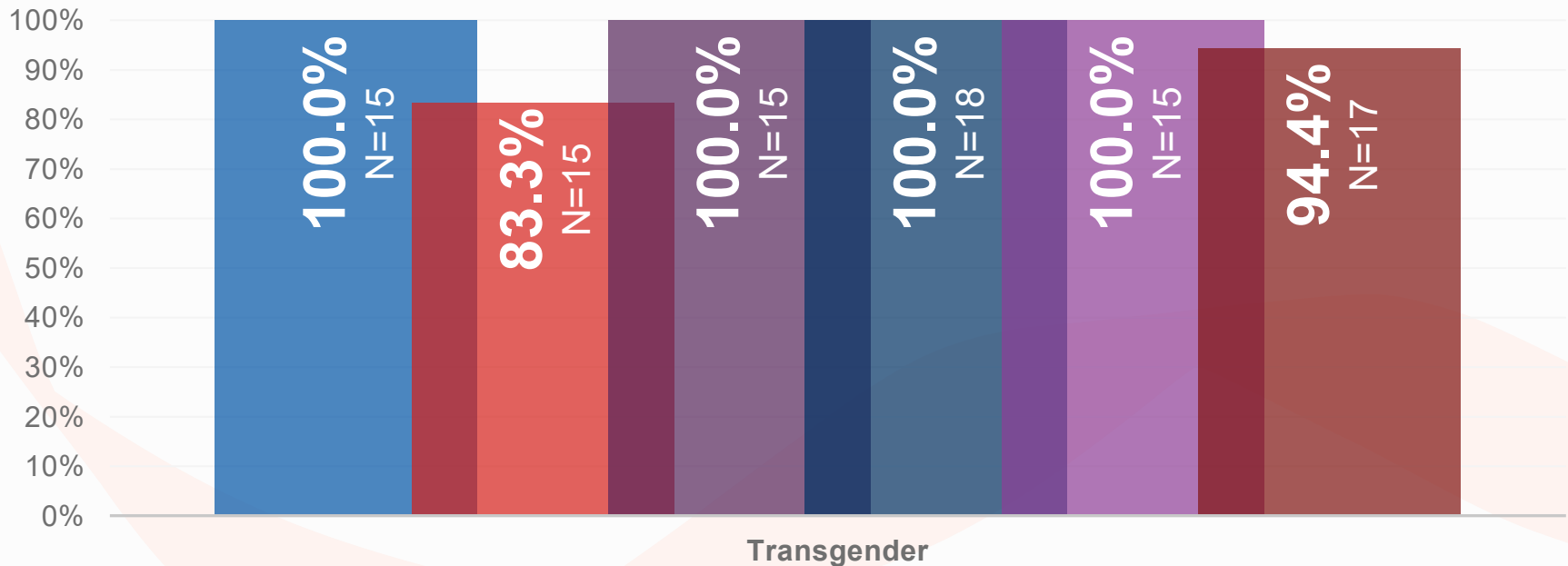
Male

Total Clients: FY 2021 – Q2: Female = 422, Male = 1,398, Transgender = 15; FY 2021 – Q3: Female = 476, Male = 1,544, Transgender = 18

Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 6/1/2021 – 8/31/2021 & 9/1/2021 – 11/30/2021

Oral Health HIV Care Continuum: Transgender

- FY 21 - Q2 RIC
- FY 21 - Q3 RIC
- FY 21 - Q2 Prescribed ARV
- FY 21 - Q3 Prescribed ARV
- FY 21 - Q2 VS
- FY 21 - Q3 VS



Transgender

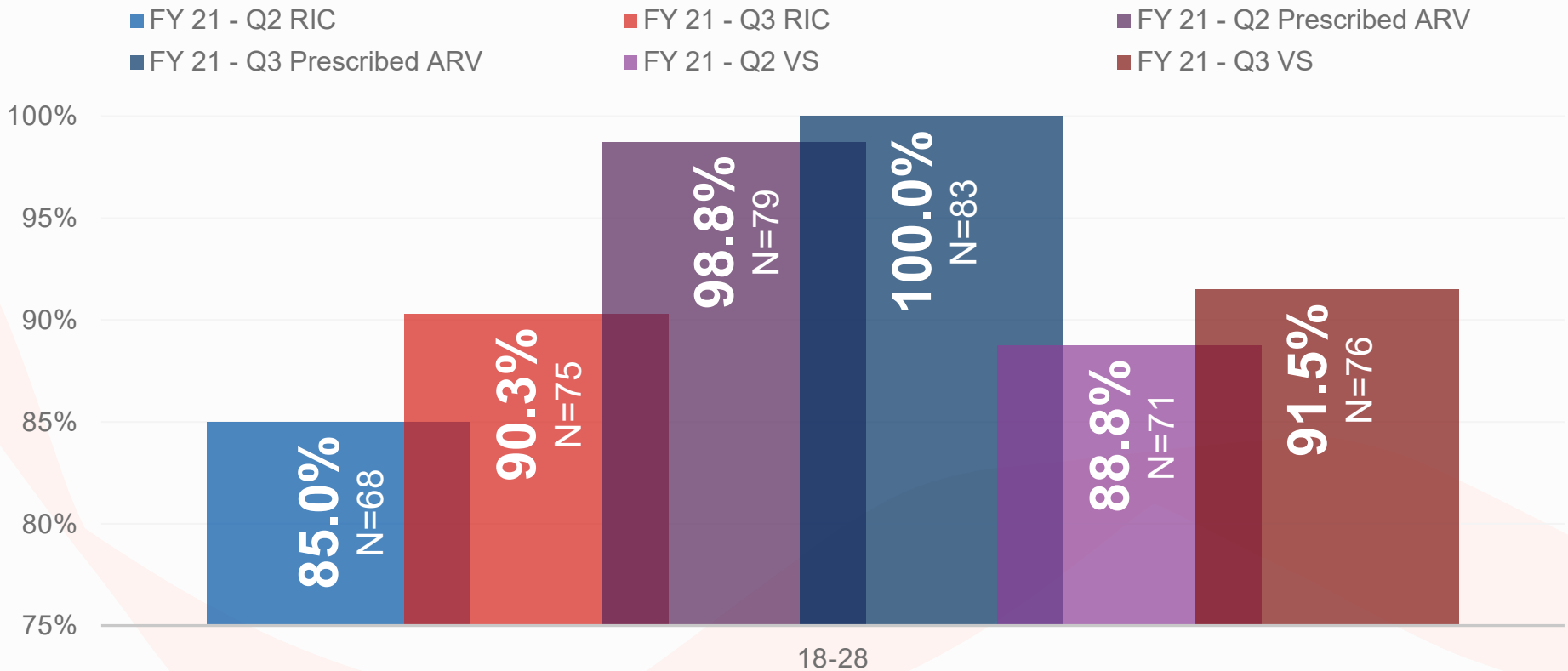
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Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 6/1/2021 – 8/31/2021 & 9/1/2021 – 11/30/2021

Retention in Care, Prescribed ART and Viral Suppression by Age

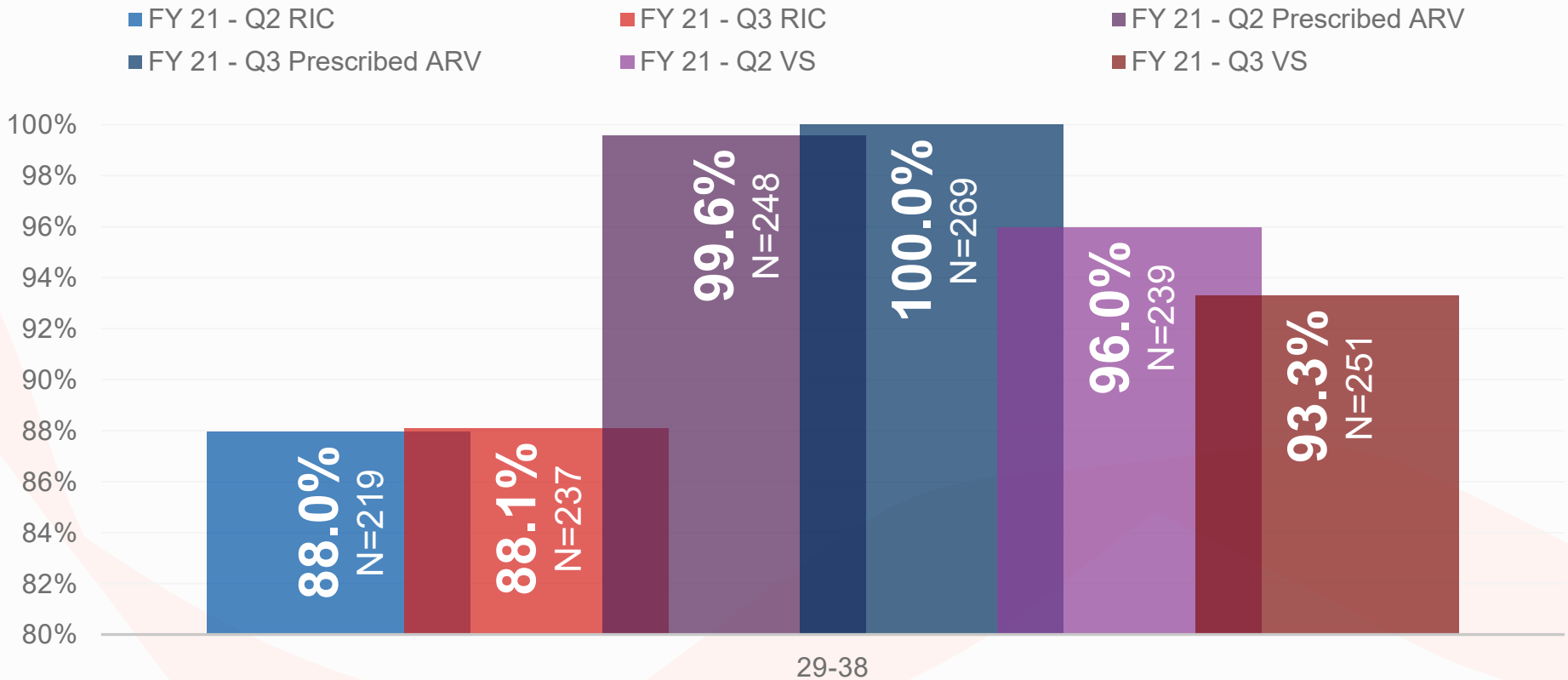
ORAL HEALTH HIV CARE CONTINUUM

Oral Health HIV Care Continuum: 18-28



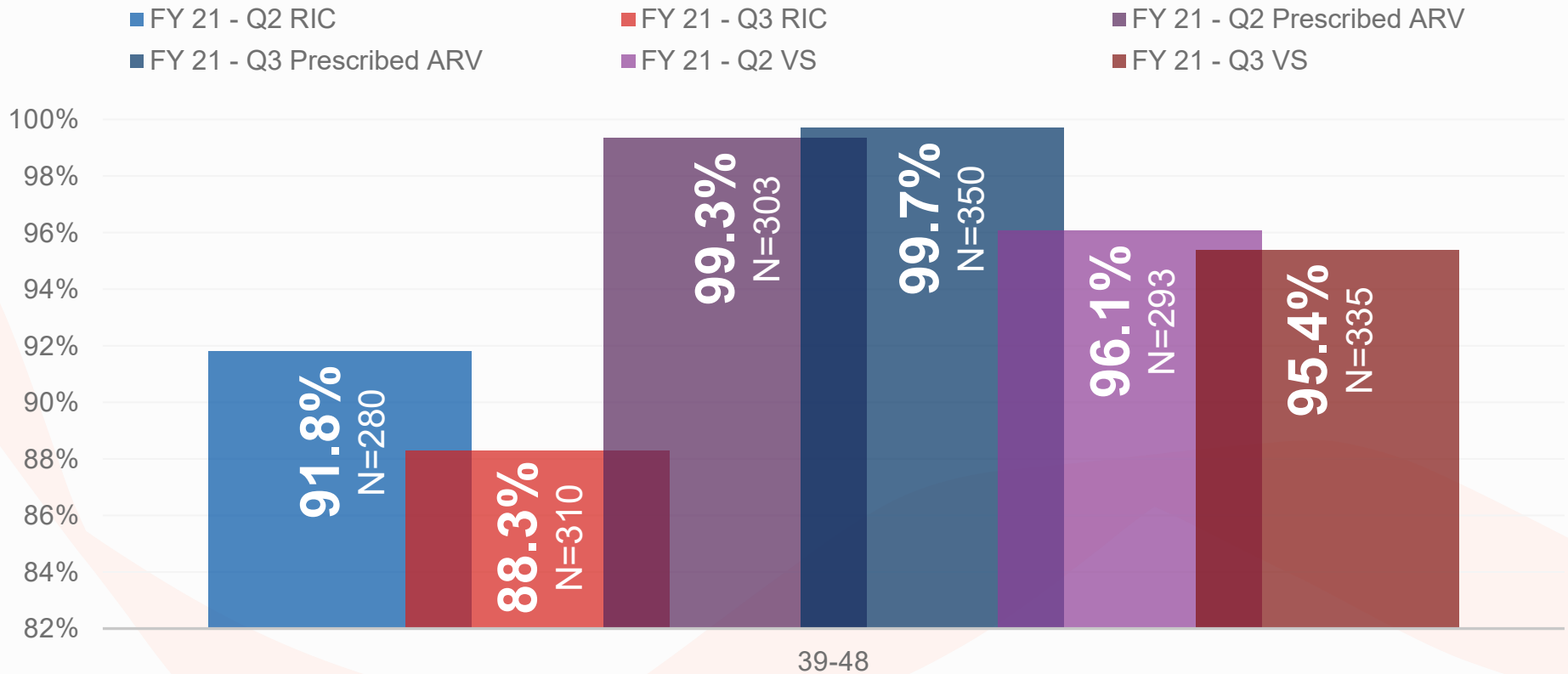
Total Clients: FY 2021 – Q2: 18-28 = 80, 29-38 = 249, 39-48 = 305, 49-58 = 614, 59+ = 588, FY 2021 – Q3: 18-28 = 83, 29-38 = 269, 39-48 = 351, 49-58 = 661, 59+ = 675
Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 6/1/2021 – 8/31/2021 & 9/1/2021 – 11/30/2021

Oral Health HIV Care Continuum: 29-38



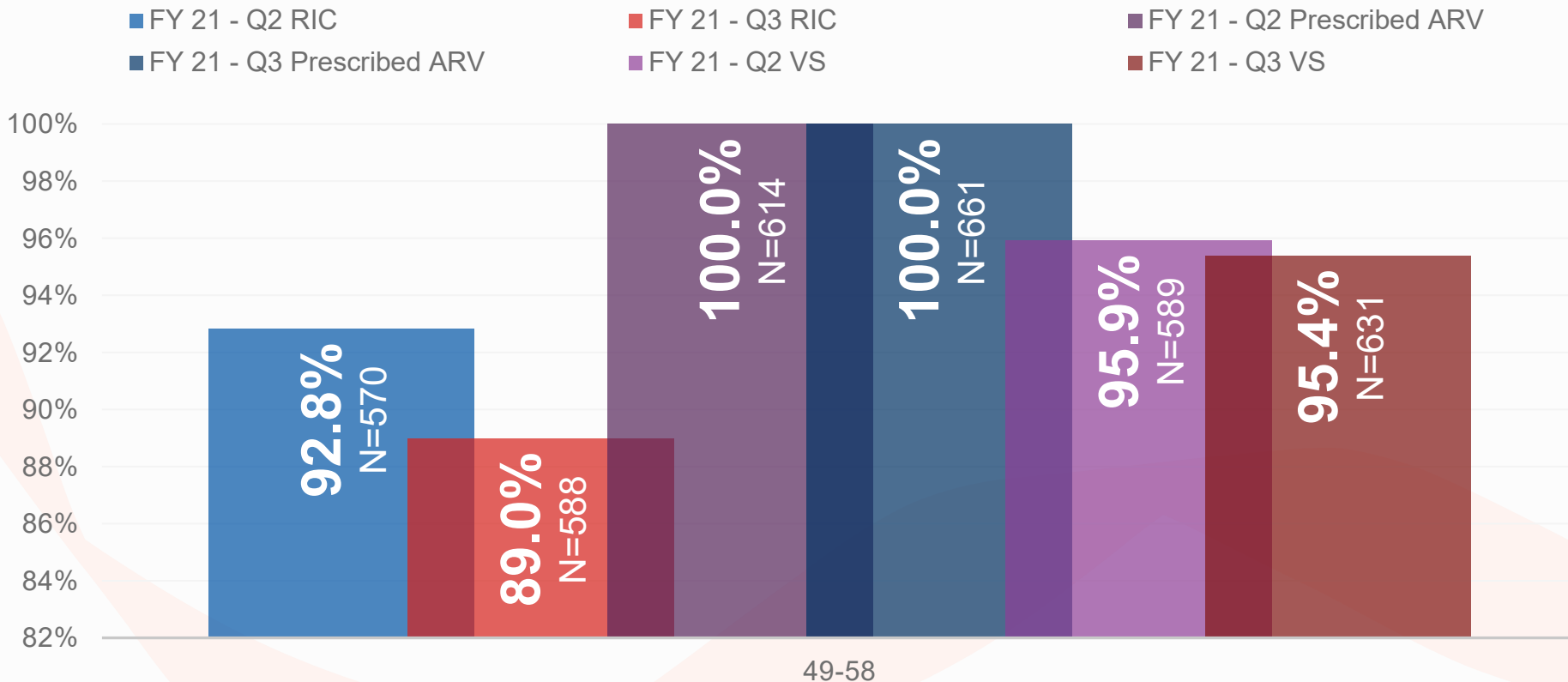
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Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 6/1/2021 – 8/31/2021 & 9/1/2021 – 11/30/2021

Oral Health HIV Care Continuum: 39-48



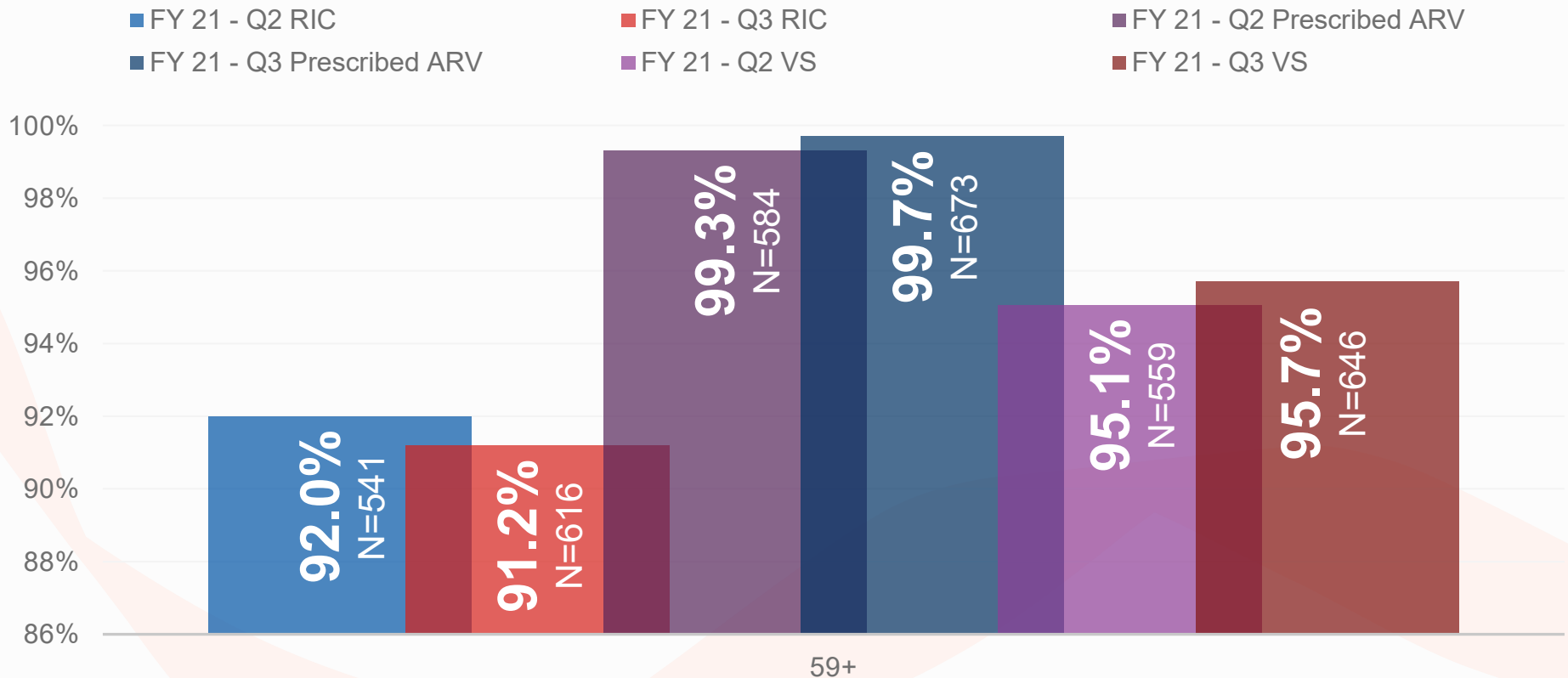
Total Clients: FY 2021 – Q2: 18-28 = 80, 29-38 = 249, 39-48 = 305, 49-58 = 614, 59+ = 588, FY 2021 – Q3: 18-28 = 83, 29-38 = 269, 39-48 = 351, 49-58 = 661, 59+ = 675
Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 6/1/2021 – 8/31/2021 & 9/1/2021 – 11/30/2021

Oral Health HIV Care Continuum: 49-58



Total Clients: FY 2021 – Q2: 18-28 = 80, 29-38 = 249, 39-48 = 305, 49-58 = 614, 59+ = 588, FY 2021 – Q3: 18-28 = 83, 29-38 = 269, 39-48 = 351, 49-58 = 661, 59+ = 675
Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 6/1/2021 – 8/31/2021 & 9/1/2021 – 11/30/2021

Oral Health HIV Care Continuum: 59+

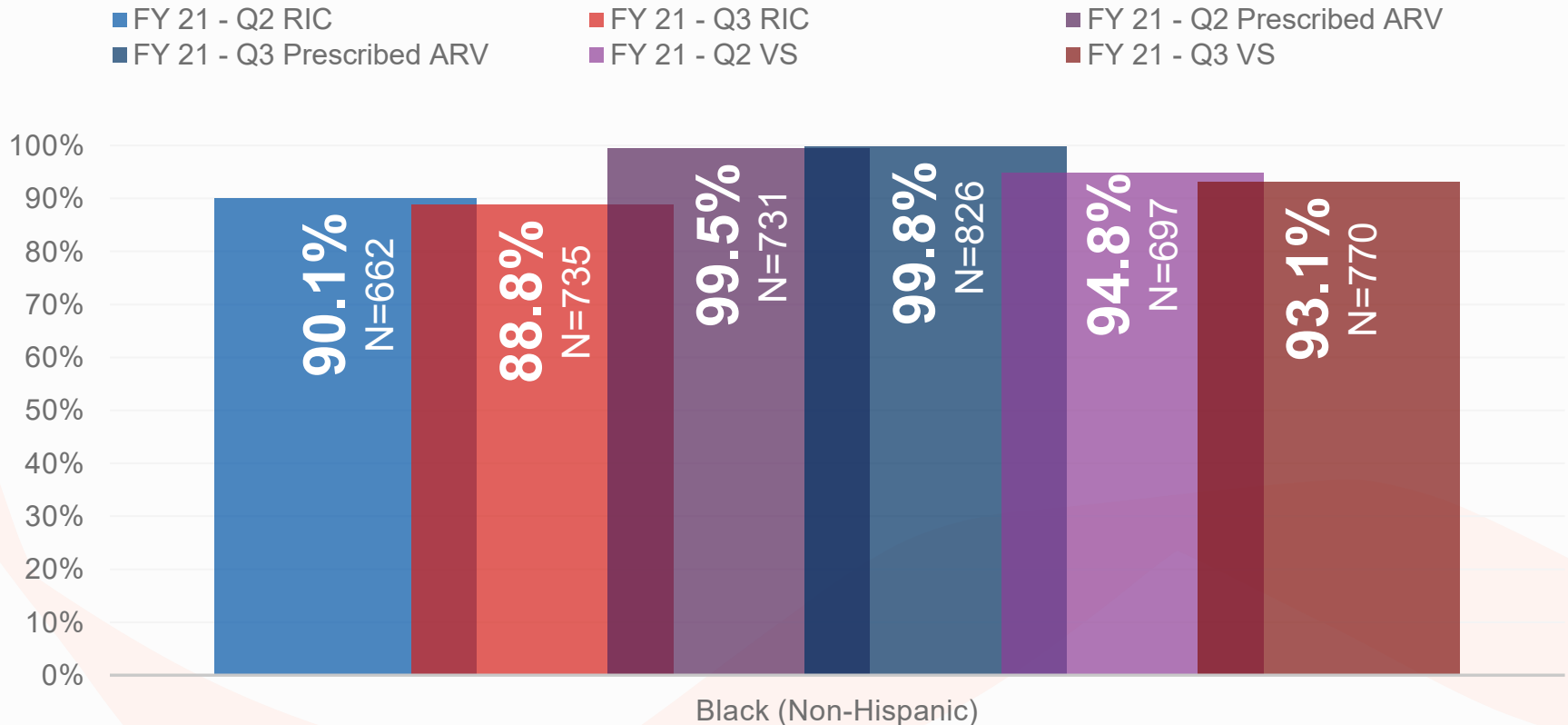


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Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 6/1/2021 – 8/31/2021 & 9/1/2021 – 11/30/2021

Retention in Care, Prescribed ART and Viral Suppression by Race/Ethnicity

ORAL HEALTH HIV CARE CONTINUUM

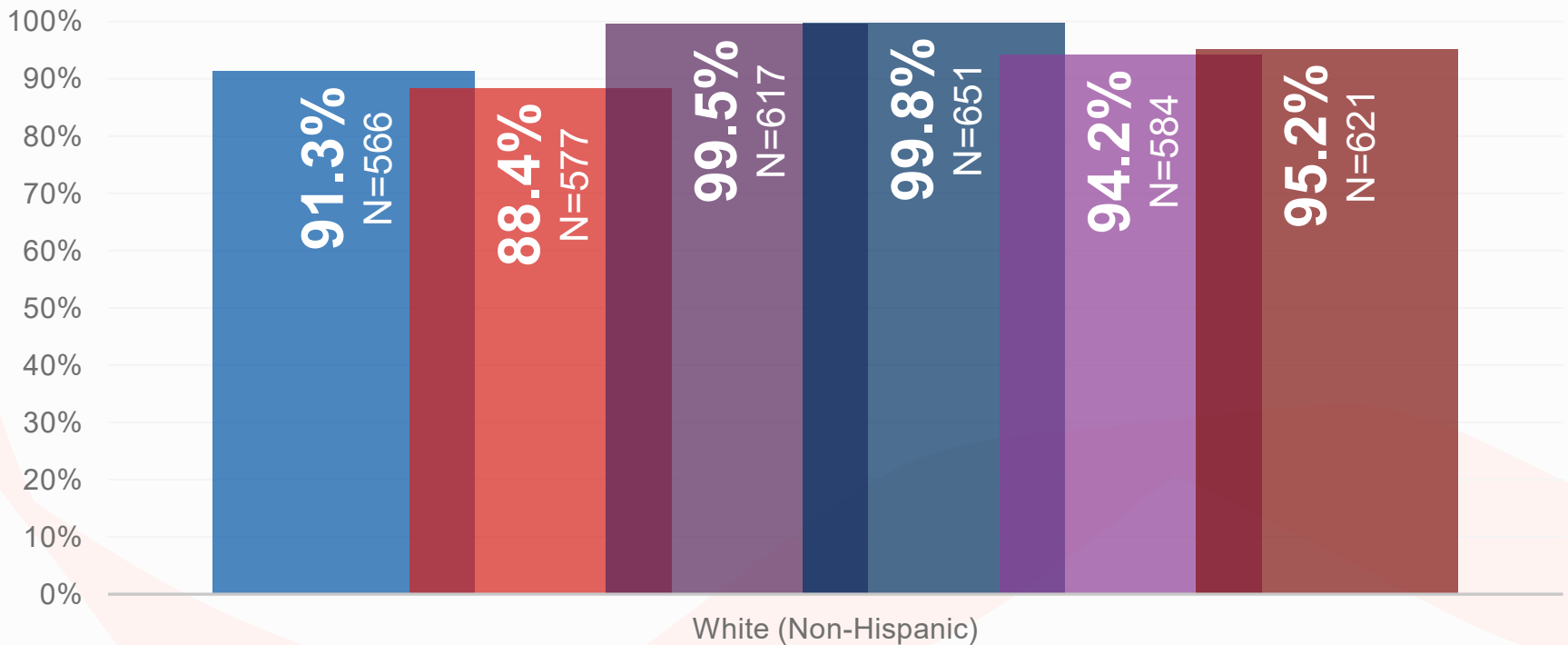
Oral Health HIV Care Continuum: Black (Non-Hispanic)



Total Clients: FY 2021 – Q2: Black = 735, White = 620, Hispanic = 453; FY 2021 – Q3: Black = 827, White = 652, Hispanic = 527
Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 6/1/2021 – 8/31/2021 & 9/1/2021 – 11/30/2021

Oral Health HIV Care Continuum: White (Non-Hispanic)

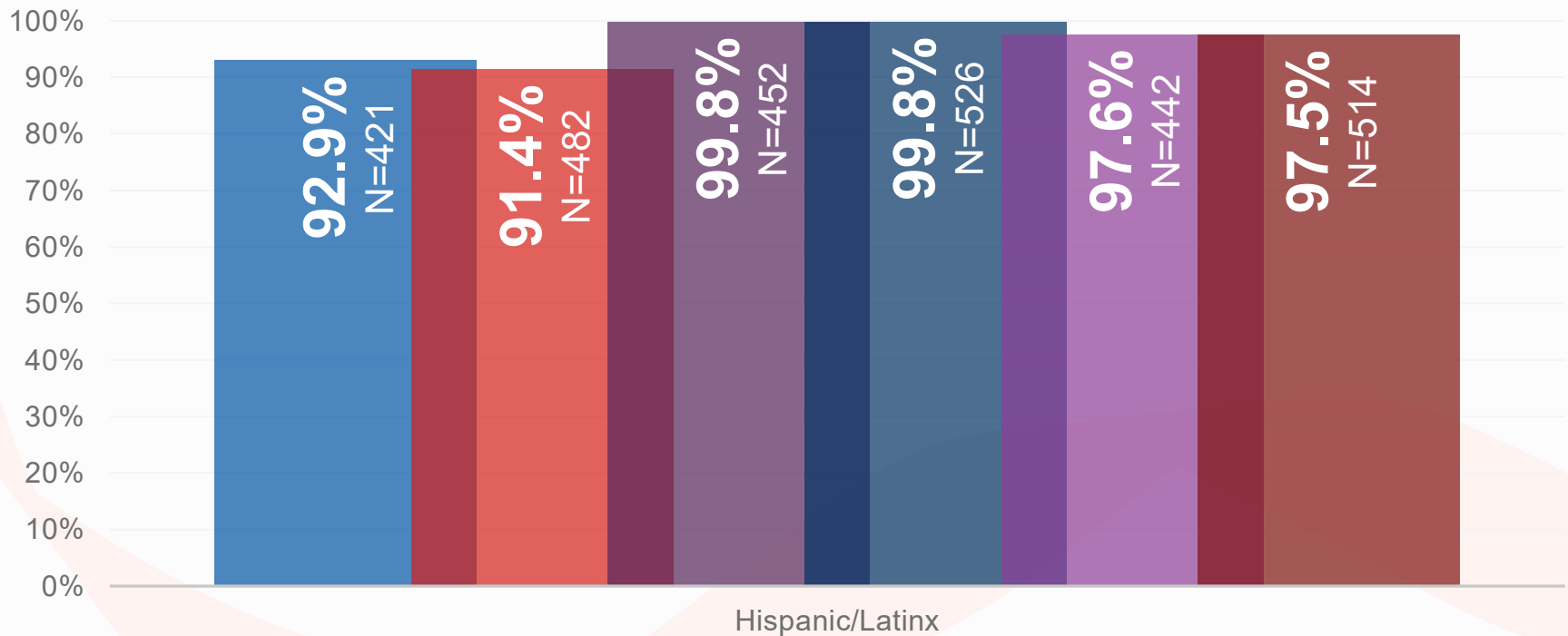
- FY 21 - Q2 RIC
- FY 21 - Q3 RIC
- FY 21 - Q2 Prescribed ARV
- FY 21 - Q3 Prescribed ARV
- FY 21 - Q2 VS
- FY 21 - Q3 VS



Total Clients: FY 2021 – Q2: Black = 735, White = 620, Hispanic = 453; FY 2021 – Q3: Black = 827, White = 652, Hispanic = 527
Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 6/1/2021 – 8/31/2021 & 9/1/2021 – 11/30/2021

Oral Health HIV Care Continuum: Hispanic/Latinx

- FY 21 - Q2 RIC
- FY 21 - Q3 RIC
- FY 21 - Q2 Prescribed ARV
- FY 21 - Q3 Prescribed ARV
- FY 21 - Q2 VS
- FY 21 - Q3 VS



Total Clients: FY 2021 – Q2: Black = 735, White = 620, Hispanic = 453; FY 2021 – Q3: Black = 827, White = 652, Hispanic = 527
Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 6/1/2021 – 8/31/2021 & 9/1/2021 – 11/30/2021\

Key Take Aways

Viral Load Suppression Rates

- **Retention in care** among oral health clients is 30% higher than the national percentage of 68.7%.
- **Viral Suppression** among oral Health clients is 35% higher than the national average

Comorbidity

- co·mor·bid·i·ty

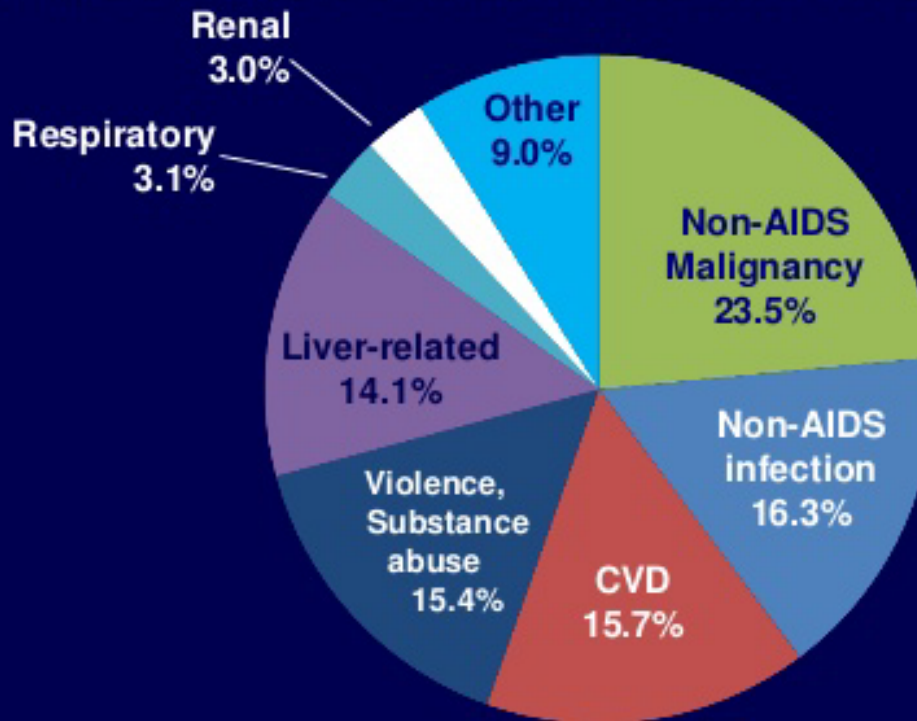
noun

the simultaneous presence of two chronic diseases or conditions in a patient.

- Comorbidity is associated with worse health outcomes, more complex clinical management, increased health care costs.

Non-AIDS Diseases Now Account for Majority of Deaths in HIV

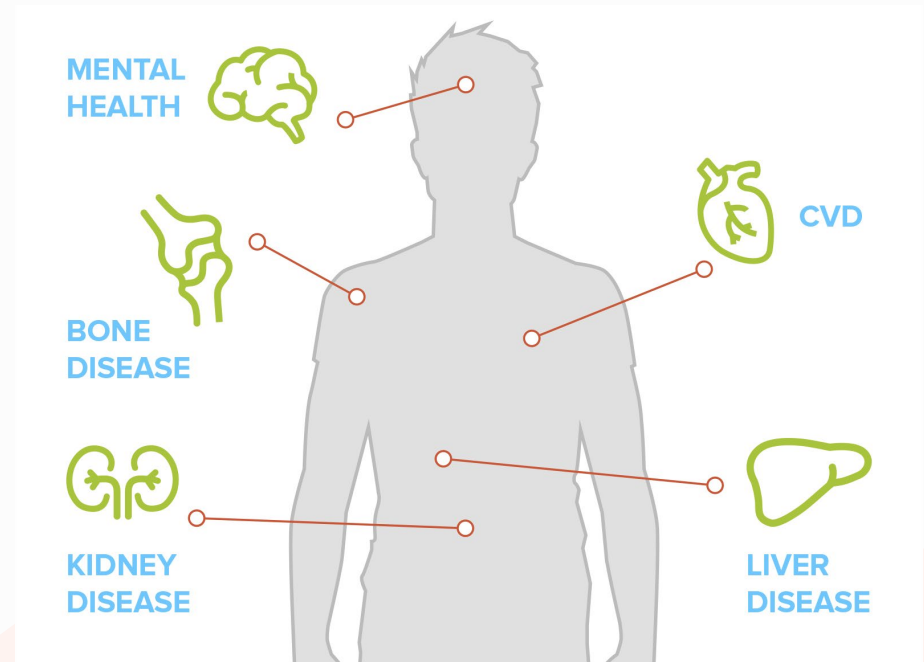
- 1,876 deaths among 39,727 patients
- Non-AIDS related deaths accounted for 50.5%



Antiretroviral Therapy Cohort Collaboration (ART-CC). *Clin Infect Dis.* 2010;50:1387-1396.

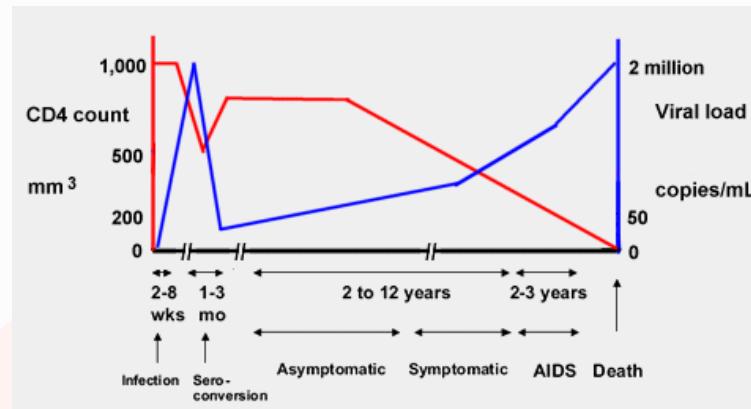
Common Comorbidities in Patients with HIV

- Cardiovascular Disease
- Kidney Disease
- Neurocognitive
- Hepatic Function
- Bone Disorders
- Diabetes



Dental Recommendations for Treating PWH

- The magnitude of the viral load is not an indicator to withhold dental treatment for the patient.
- All health professionals can play an important part in reminding patients of the need for regular follow up and monitoring of these markers. It is recommended that the CD4 and viral load determinants be done every six months to one year.



<http://i-base.info/ttfa/section-2/14-how-cd4-and-viral-load-are-related/>

Antibiotic Prophylaxis

- There are no data supporting the need for routine antibiotic coverage to prevent bacteremia or septicemia arising from dental procedures
- Prophylactic antibiotics should not be prescribed routinely for the dental visit when the HIV infection is well controlled



Antibiotic Prophylaxis is Indicated:

- If a patient with a neutrophil count below 500 cells/mm³ requires procedures likely to cause bleeding and bacteremia and is not already taking antibiotics for prophylaxis against opportunistic infections
- Consult Pt's physician regarding the need for antibiotic prophylaxis for dental procedures

THANK YOU FOR ATTENDING!

