



HIV 2023

Oral Health and Ending the Epidemic

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Faculty Disclosure

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- “Funding for this presentation was made possible by cooperative agreement U1OHA30535 from the Health Resources and Services Administration HIV/AIDS Bureau. The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. Any trade/brand names for products mentioned during this presentation are for training and identification purposes only.”

Educational Need/Practice Gap

Gap = Engaging all patients in oral health care
educational need

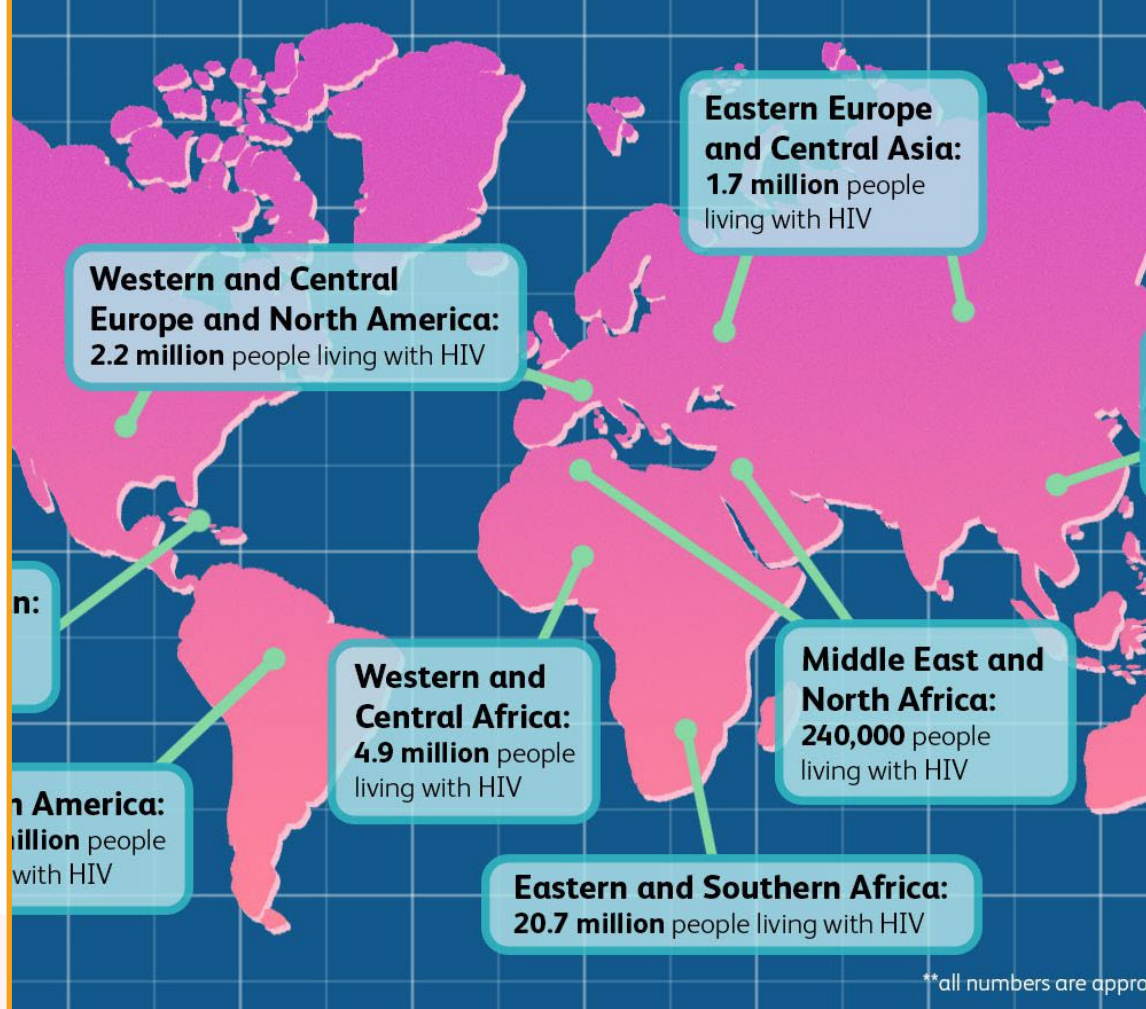
Need = Improvement in health outcomes for patients
engaged in oral health

Learning Objectives

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

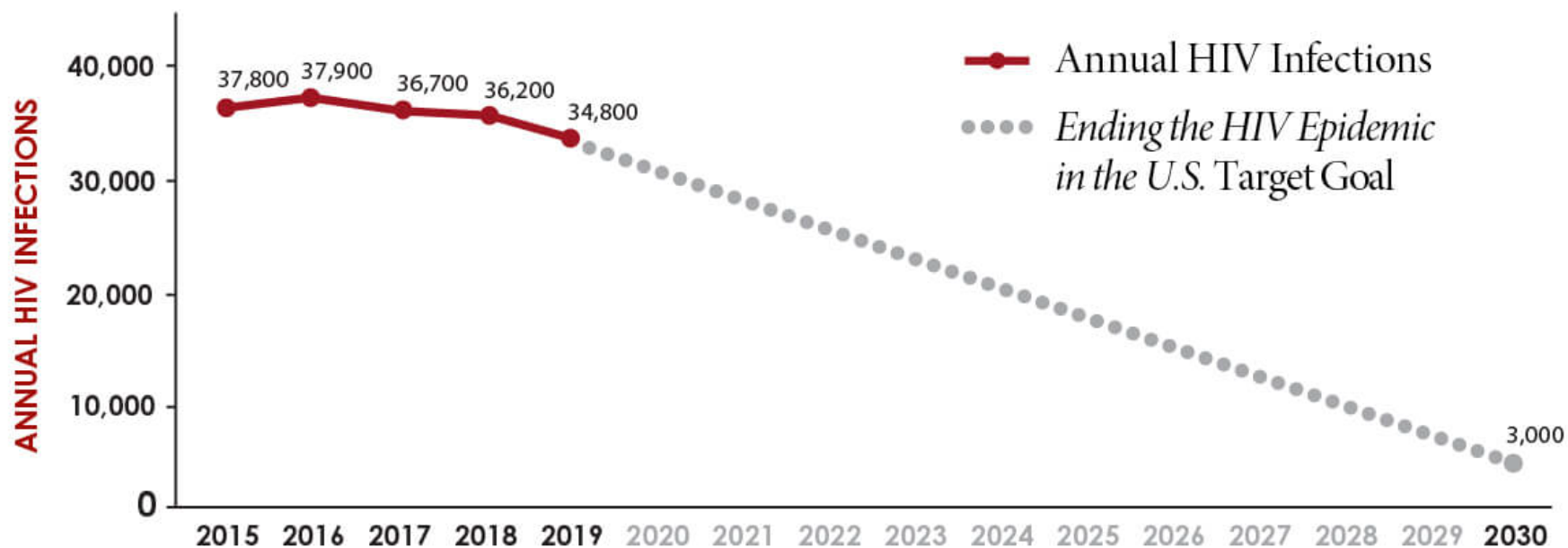
- Describe the current demographic data for patients with HIV Globally, and in the United States.
- List three barriers to Oral Health Care for patients with HIV
- Discuss the HIV Care Continuum and its impact on Ending the Epidemic
- List tools that can be utilized to improve patient engagement and retention.
- Describe strategies to integrate primary care and oral health care.

HIV Statistics from Around the World



NEW HIV INFECTIONS FELL 8% FROM 2015 TO 2019, AFTER A PERIOD OF GENERAL STABILITY

ANNUAL HIV INFECTIONS IN THE U.S., 2015-2019

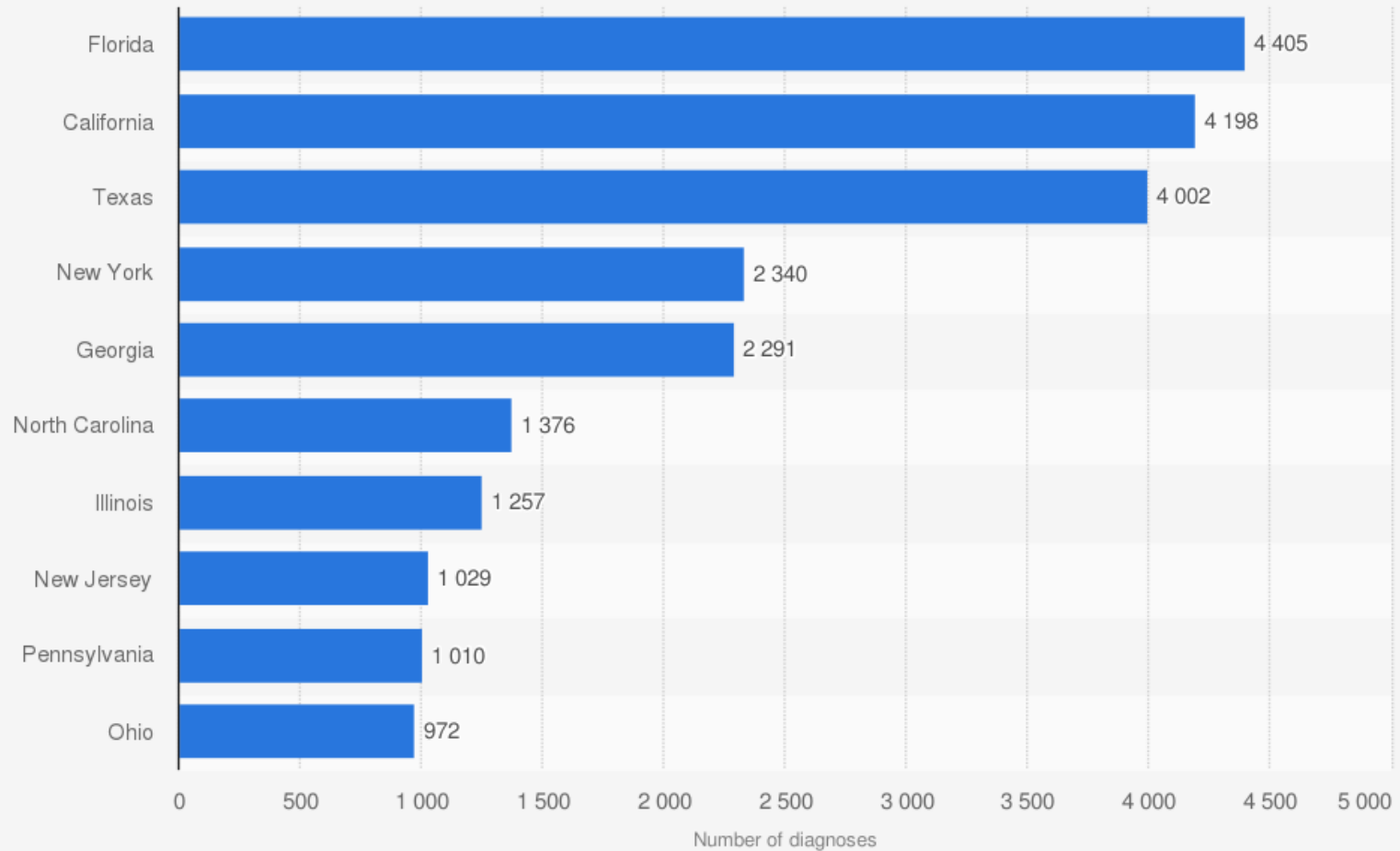


For more information, visit
cdc.gov/nchstp/newsroom



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

U.S. states with the highest number of HIV diagnoses in 2019

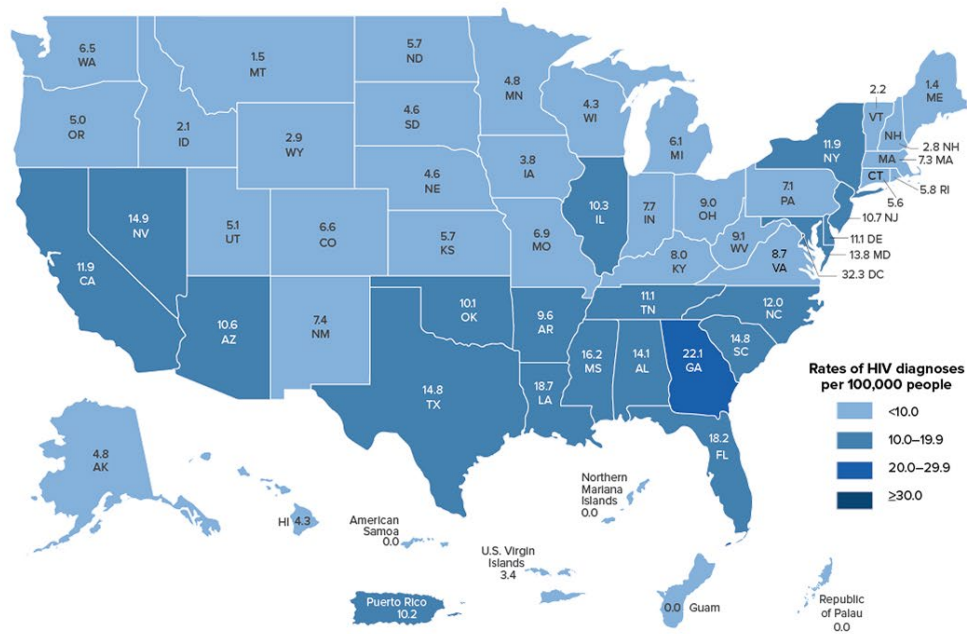


Source
CDC
© Statista 2021

Additional Information:
United States; CDC (NCHHSTP)

Rates of New HIV Diagnoses in the US and Dependent Areas, 2020*

The highest rates of new HIV diagnoses were mainly in the South.

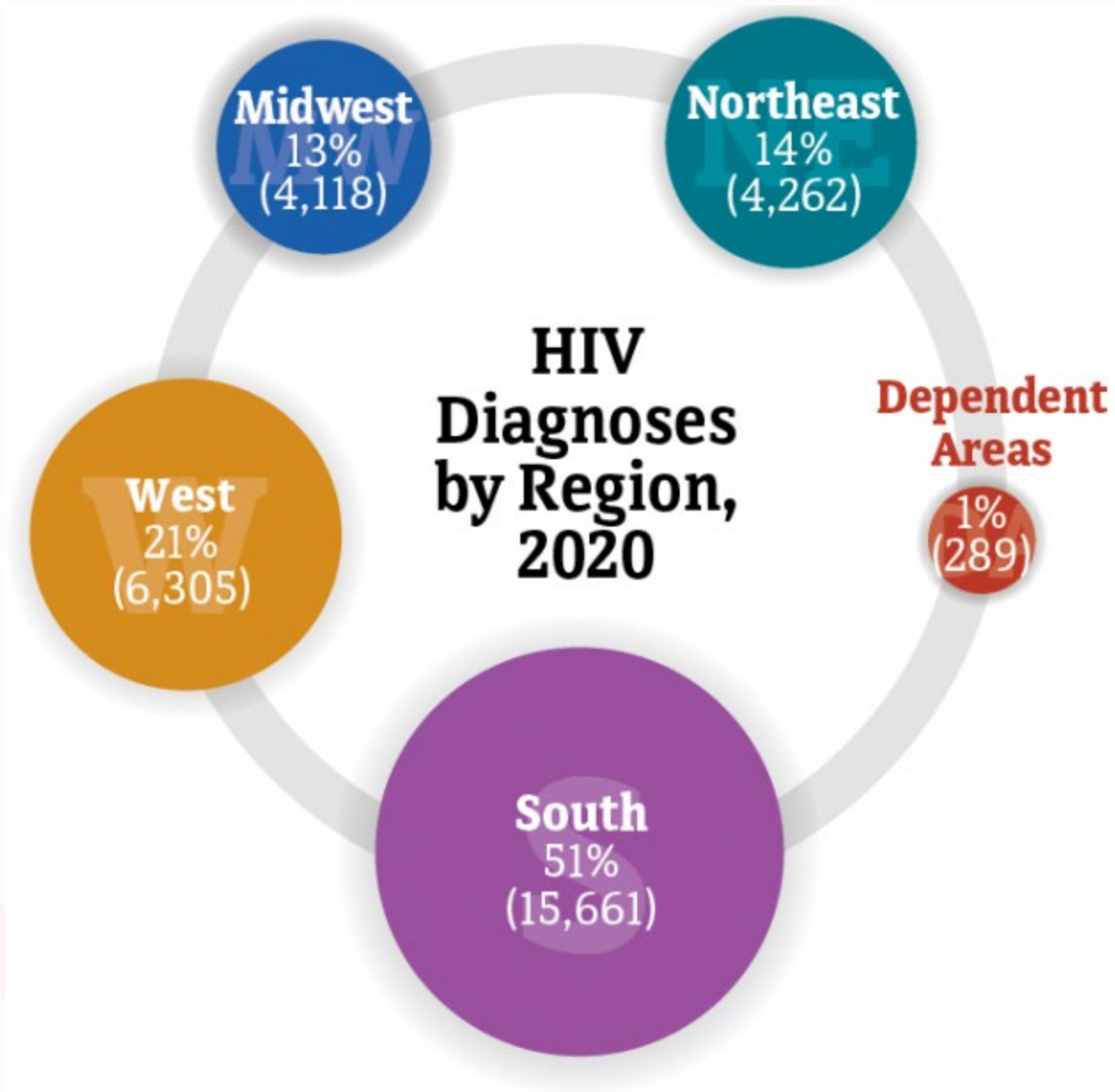


Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions.

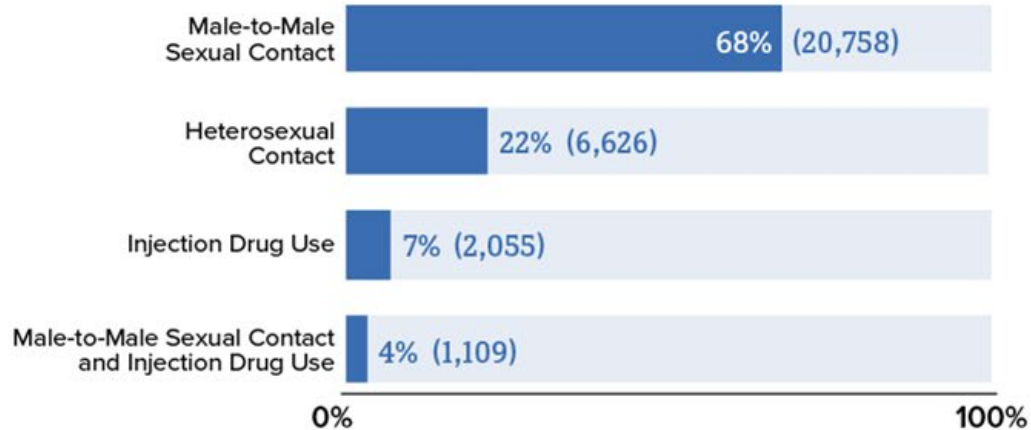
* Among people aged 13 and older.

Source: CDC. New Diagnoses of HIV Infection In the United States and dependent areas, 2020. *HIV Surveillance Report 2022*;33.





New HIV Diagnoses in the US and Dependent Areas by Transmission Category, 2020*



Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions.

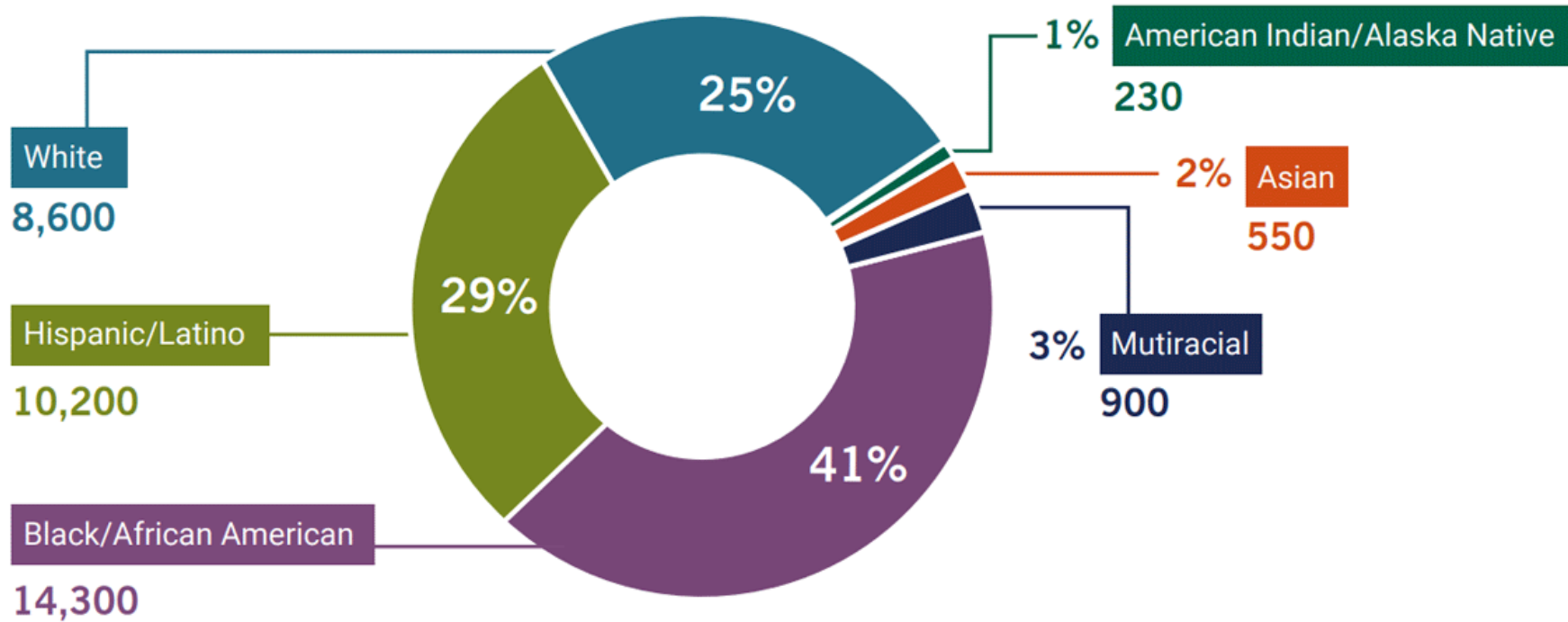
NOTE: Does not include *other* and *perinatal* transmission categories.

* Among people aged 13 and older.

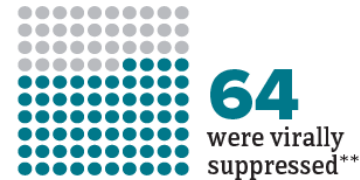
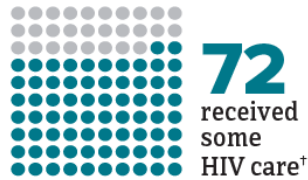
Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2020. *HIV Surveillance Report* 2022;33.



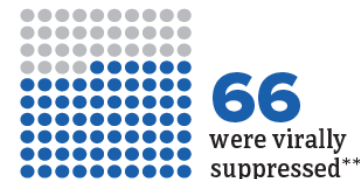
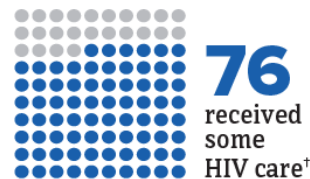
HIV incidence by race/ethnicity, 2019



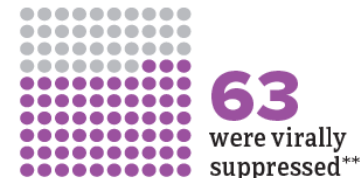
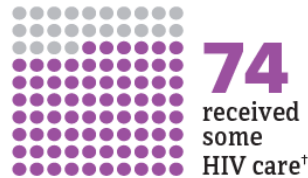
For every 100 people with diagnosed HIV in the **Northeast**:



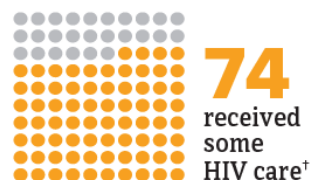
For every 100 people with diagnosed HIV in the **Midwest**:



For every 100 people with diagnosed HIV in the **South**:



For every 100 people with diagnosed HIV in the **West**:



For comparison, for every **100 people overall** with diagnosed HIV,
74 received some care, 51 were retained in care, and 65 were virally suppressed.



TREAT: Treat people with HIV rapidly and effectively to reach sustained viral suppression

There are **9,100** people with HIV in **Kentucky**. **Linking people with HIV to care within one month** is a critical step to providing rapid access to HIV medicines.

66% of Americans with diagnosed HIV are **virally suppressed**.

When a person with HIV takes their medicine regularly, they become virally suppressed, allowing them to live a long and healthy life and have effectively no risk of sexually transmitting HIV.

How CDC Dollars Can Improve TREATMENT:

- **Expand** access to telemedicine
- **Develop** networks to rapidly link persons with recently diagnosed HIV to care services
- **Integrate** HIV, STI, and hepatitis treatment to holistically address the syndemic



PREVENT: Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)

Syringe Services Programs (SSPs) are community-based public health programs that provide access to services **to prevent HIV and viral hepatitis infections and address other syndemic issues**.

54 counties in Kentucky were determined by CDC to be experiencing or at risk of an HIV outbreak or significant increase in hepatitis infections due to injection drug use.

29 SSPs operate in **Kentucky***

How CDC Dollars Can Improve PREVENTION:

- **Increase** access to and awareness of PrEP through innovations such as TelePrEP, a critical prevention tool in the context of COVID-19
- **Expand** access to SSPs and their capacity to provide integrated prevention services including PrEP
- **Implement** a status neutral approach to HIV prevention



RESPOND: Respond early to potential HIV clusters or outbreaks to get prevention and treatment services to people who need them

86 Rapidly growing clusters nationally



Cutting-edge public health approaches turn HIV data into action by identifying areas with rapid transmission and expanding resources to maximize prevention and treatment efforts.

How CDC Dollars Can Improve RESPONSE:

- **Direct** prevention and treatment resources to priority populations
- **Promote** equity in health services
- **Build** a competent workforce to address response activities

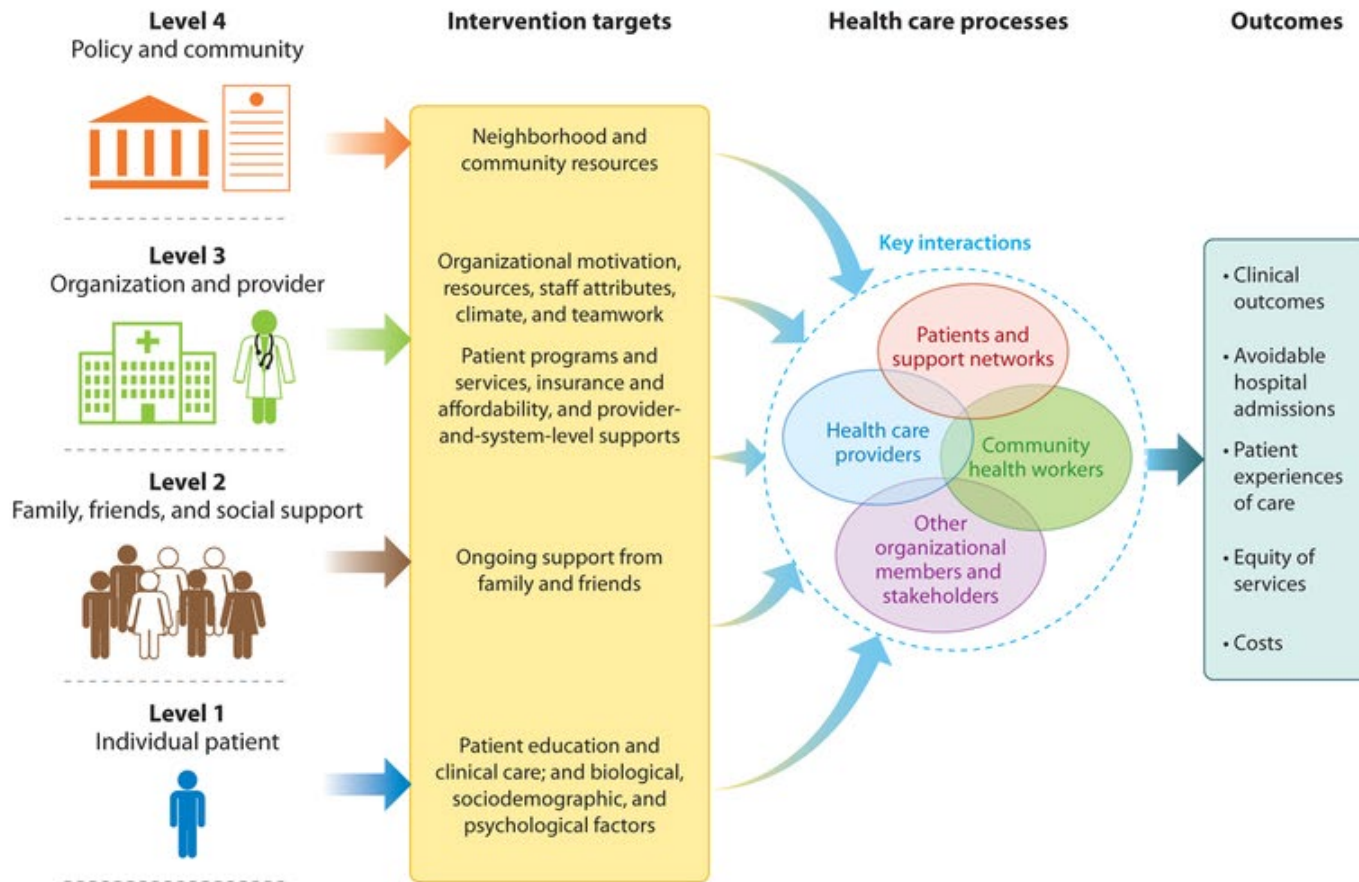


Oral Health Care Access

- 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.

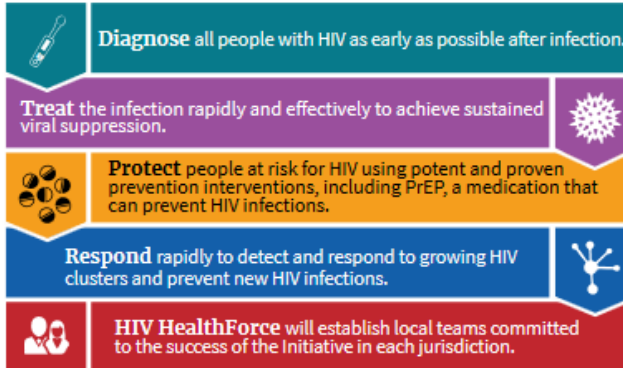
Ending the HIV Epidemic: A Plan for America

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:

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

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



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

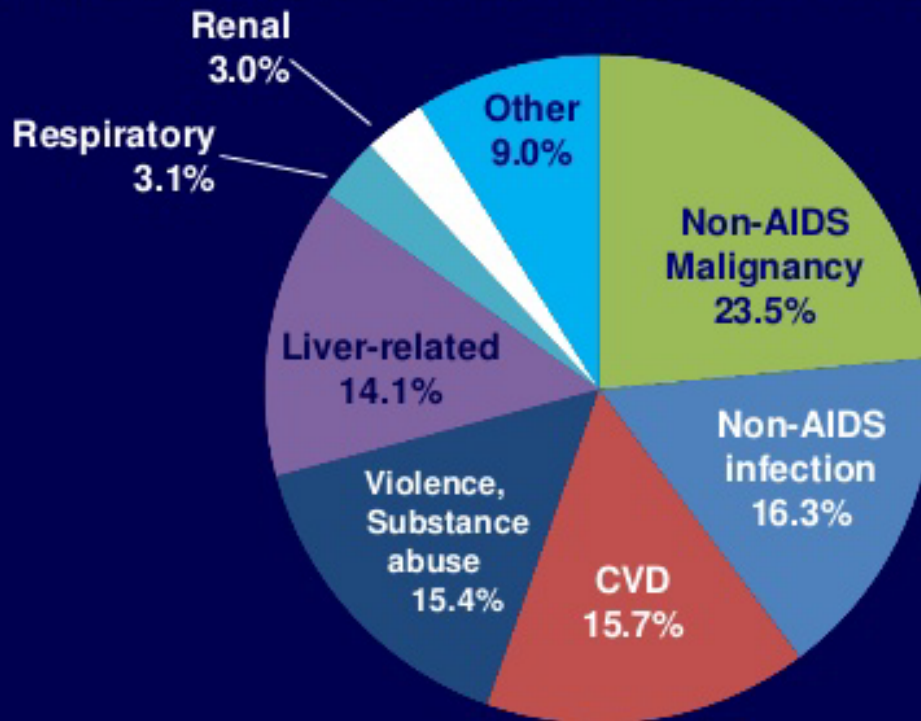
www.HIV.gov

*2016-2017 data



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%



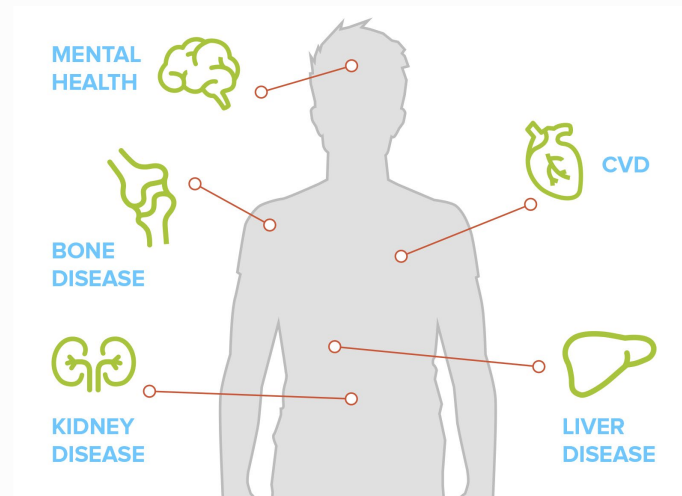
Antiretroviral Therapy Cohort Collaboration (ART-CC). *Clin Infect Dis.* 2010;50:1387-1396.

Oral Health Care Access

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

Common Comorbidities in Patients with HIV

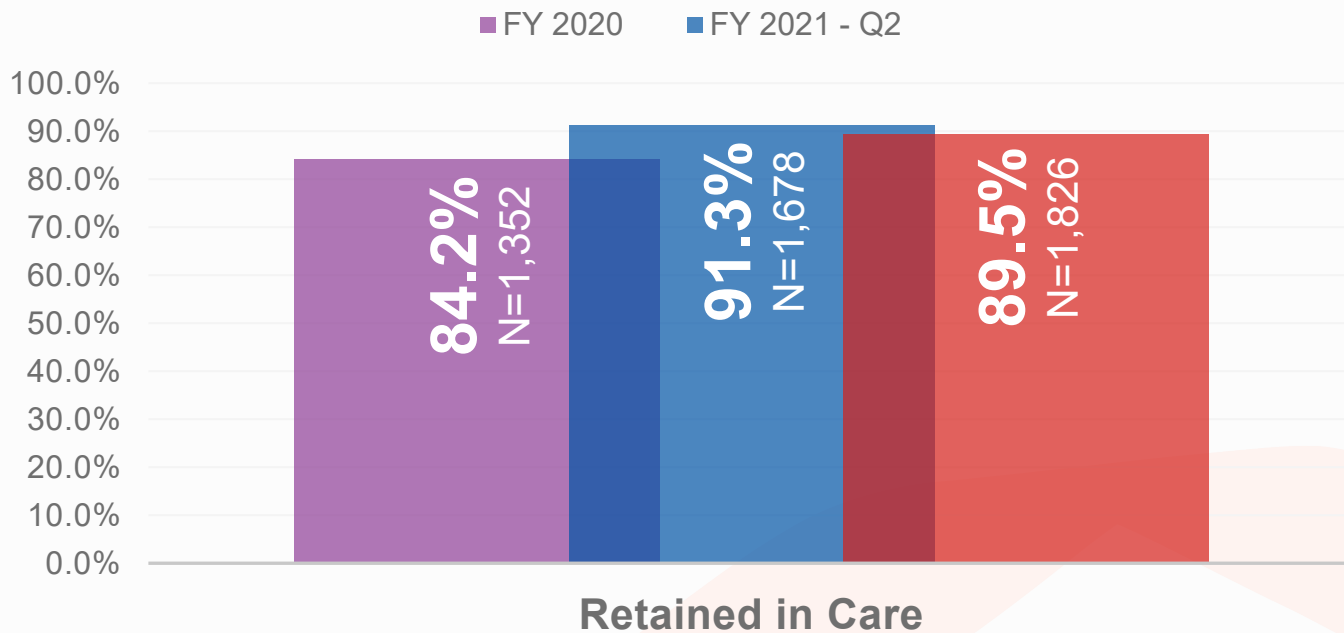
- **Cardiovascular Disease**
- Kidney Disease
- Neurocognitive
- Hepatic Function
- Bone Disorders
- Diabetes



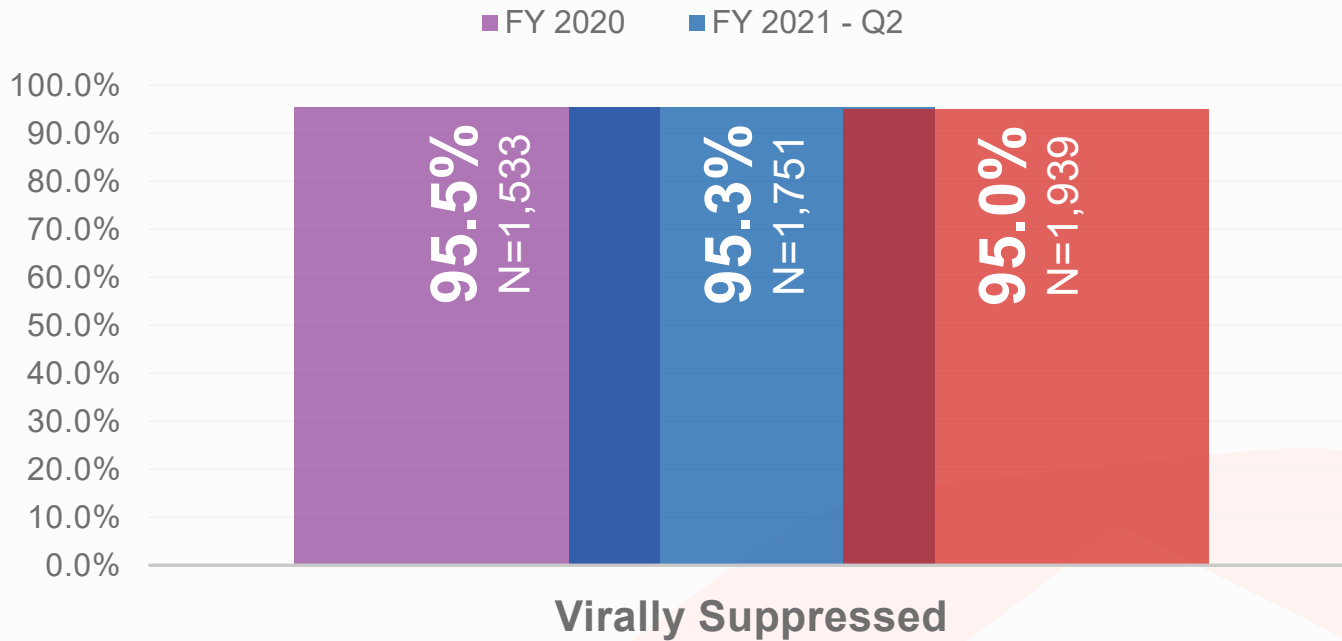
Retention in Care and Viral Suppression

ORAL HEALTH HIV CARE CONTINUUM

Retained in Care



Virally Suppressed



First Visit



What to do before the patient's appointment?

1. Confirm the appointment. Before anything, make sure they have all the right information.
2. Let the patient know what they are coming for.
3. Ask them to come 15 minutes early
4. Explain your office policies
5. Tell them what information to bring
6. Be Open, Honest and show patience.



What the patients should expect at their dental appointment?

1. Treat patients with courtesy, respect, and openness.
2. You might ask the patient to rinse and wash their hands before they are seated.
3. Take the blood pressure and pulse
4. Give the patient an opportunity to ask a few questions and respond in an honest and open manner.
5. Take a thorough medical, dental, and social history.
6. Conduct a thorough intra oral and extraoral exams
7. Radiographs/x-rays
8. An examination of their teeth and gums

Important-ask questions

(26)

The Plan of Care



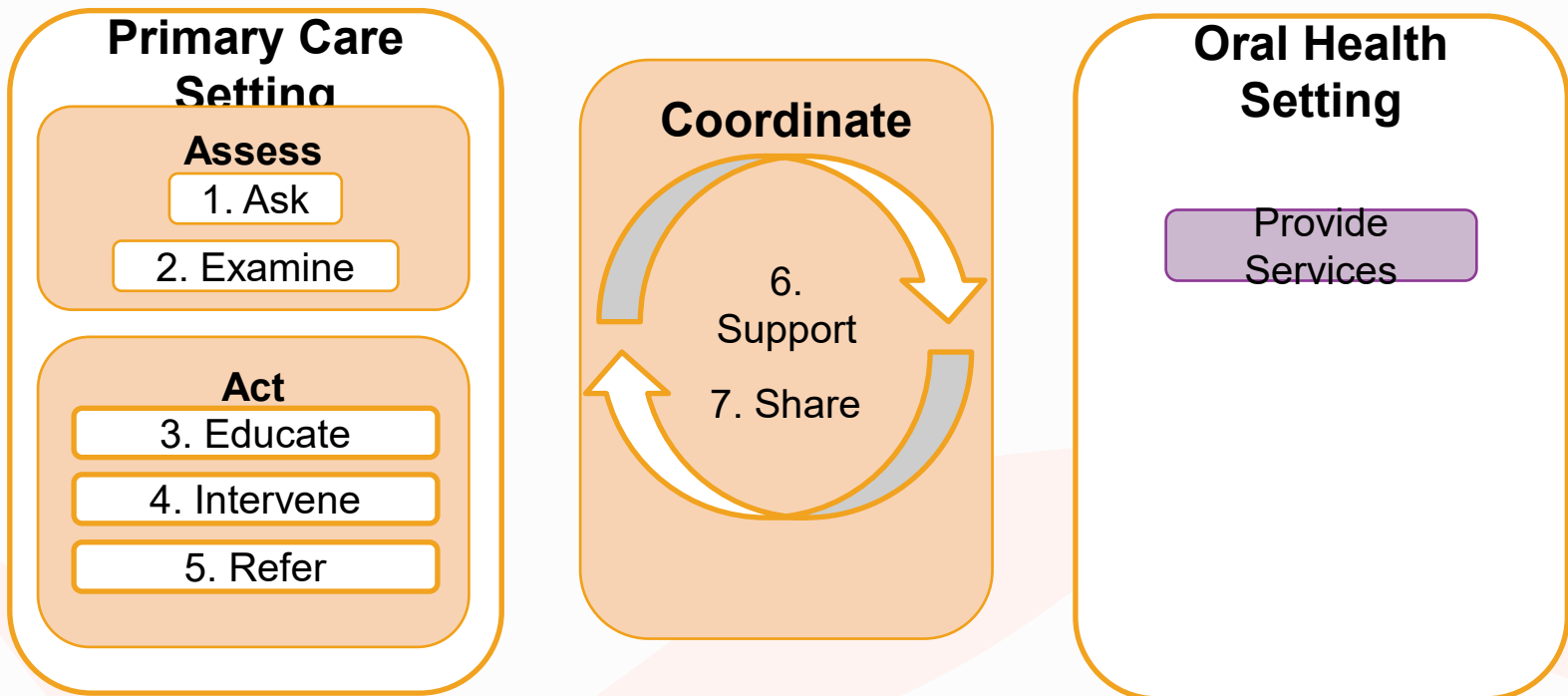
Here are the main elements of a treatment plan.

- Diagnostic Summary. Your provider will review your substance use patterns, medical history, and mental health conditions. ...
- Problem List. ...
- Goals. ...
- Objectives. ...
- Interventions. ...
- Tracking and Evaluating Progress. ...
- Planning Long-Term Care.

(27)

Strategies for Integrating Oral Health and Primary Care

Seven Components of Integration

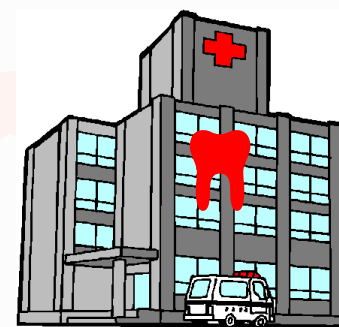
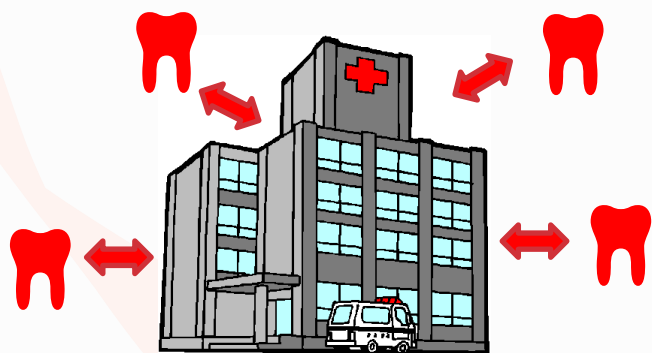


Models of Oral Health and Primary Care Integration

Referral Based

Coordinated,
but not Co-
Located

Co-Located



Ask: Assess Risk for Oral Health Disease

- What to ask about:

- Oral health care utilization
- Brushing habits
- Diet
- Health conditions, such as dry mouth and acid reflux
- Smoking behavior



Best Practice Idea

Be proactive: Use your risk assessment data, don't just rely on client complaints

- Who does it and when:

- Visits with a case manager
- Visits with a primary care provider (PCP)
- Intake

Ask

Examine

Educate

Intervene

Refer

Support

Share

(11)

Examine: Identify Active Oral Health Disease

- What to do and look for:
 - ❑ Examining teeth for signs of decay
 - ❑ Seeing if clients are wearing their dentures and, if not, understanding why
 - ❑ Inspecting soft tissues for thrush (candidiasis), warts (papillomas), and other lesions associated with uncontrolled HIV infection
 - ❑ Palpating the neck and lymph nodes
 - ❑ Swabbing the mouth to diagnose pharyngeal gonorrhea
- ❑ Many PCPs aim to conduct these oral exams at every or “most” visits



Intervene: Incorporate Oral Health into Primary Care Treatment

- Prescribing antibiotics for swelling and/or fever related to dental problems
- Prescribing chlorhexidine rinse for recurrent denture-related problems or gum inflammation
- Managing dry mouth (applying oral lubricants, frequent sips of water, sugar-free gum, hard candies, and changing prescriptions)
- Applying fluoride varnish



(10)

Support: Address Barriers and Facilitate Oral Health Care Access

- Referral coordination and management
 - Matching clients to oral health providers
 - Scheduling appointments
 - Sending appointment reminders
- Supporting appointment adherence
 - Financial/insurance enrollment assistance
 - Arranging transportation and other support services
 - Helping clients overcome fear
- Appointment follow-up



Best Practice Idea

- Use multiple reminder methods
- Stress the importance of visit compliance



Oral Health for People with HIV

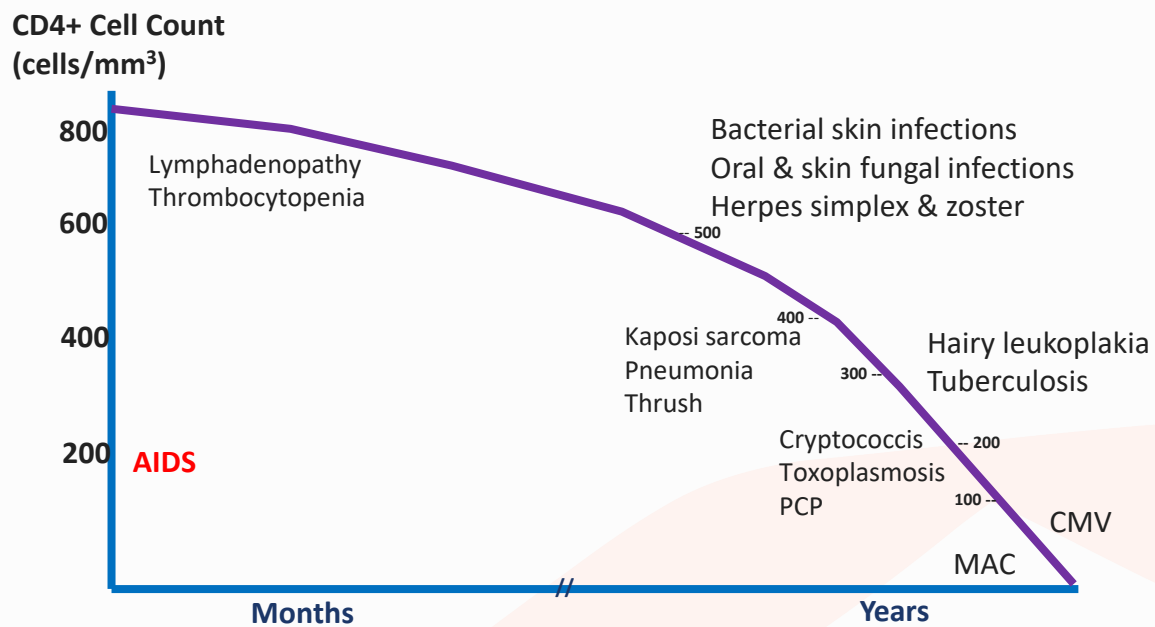
- Oral health is essential for overall health and quality of life
- Oral health care is especially important for people with HIV
 - Untreated oral disease may lead to infections, weight loss, malnutrition, and diseases (e.g., diabetes)
 - Oral diseases impact quality of life (e.g., psycho-social problems and limited career opportunities)
- Oral health is one of the top unmet needs for people with HIV who obtain services through the Ryan White HIV/AIDS Program

(95)

Risk Factors for Oral Health Lesions in PWH

- Moderate and severe degrees of immunodeficiency and detectable viral loads were risk factors for the onset of oral lesions, irrespective of the use of ART
- A mild immunologic impairment (CD4+ 350 to 500 cells/mm³) was sufficient to increase the risk of developing Hairy Leukoplakia nearly 11-fold and shows that immunologic deficiency could be considered to be an independently associated risk factor for the onset of these lesions
- A detectable VL (> 50 copies/mm³) was a risk factor for Oral Candidiasis compared with undetectable circulating HIV-RNA

Correlation of Opportunistic Infections with CD4 Count



Oral Manifestations of HIV

In the Era of ART

Decreasing:

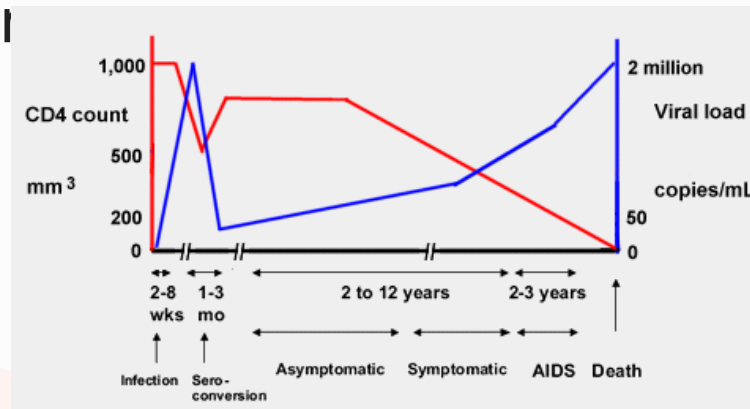
- Candidiasis
- Necrotizing Gingivitis
- Kaposi's Sarcoma
- Oral Hairy Leukoplakia

Increasing:

- Dental Decay/Periodontal Disease
- Oral HPV

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



<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

Oral Health Care Opportunities

Unique Relationship

Frequency of Visits

Integration of Oral Health and Oral Health

Bi-directional referrals

Educational Opportunities

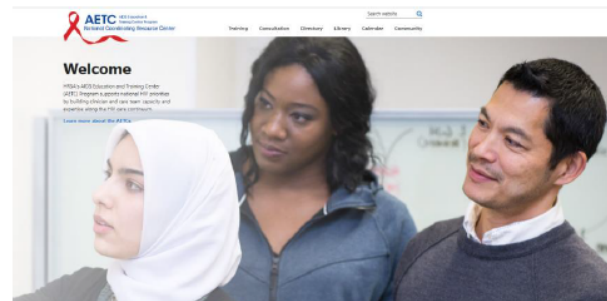
Expected Outcome

- Engage all PWH in oral health care and include referral and follow-up

National Coordinating Resource Center

The AETC NCRC website aidsetc.org includes:

- Free virtual library with training and technical assistance materials
- Program directory for AETC Program
- Calendar of AETC trainings and other events
- Online learning and training tools



The AETC NCRC Social Media Channels:

- Free [Facebook](#), [Twitter](#), [YouTube](#), [LinkedIn](#), and [Pinterest](#)
- *HIV Care Tools mobile app coming soon!*

SOUTHEAST SPOTLIGHT



SE AETC QuizTime

Oral Health & HIV to End the HIV Epidemic

2022

Free Four-Week Course

You will receive daily weekday questions upon registration

4 Credit Hours

AMA PRA Category 1 CME credits upon completion



Registration
and more information

https://www.seaetc.com/event/?ER_ID=87367





Southeast AETC Oral Health Training & Resource Center

Innovative Training and Resources to Close The Gap Between Overall Health and Oral Health

The SE AETC recognizes that HIV care is complex and challenging. Oral health providers, primary care providers, and other health professionals especially in rural communities affected by HIV – often lack the resources to close the gap between overall health and oral health. The SE AETC offers innovative training and information to close this gap and improve health outcomes and quality of life for patients.

Learn More

Contact Us/Request Dental Technical Assistance

<https://www.seaetc.com/oral-health-and-resources-training-center/>



Q&A



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THANK YOU FOR YOUR ATTENDING!





AETC Program

National Centers and National HIV Curriculum

- National Coordinating Resource Center serves as the central web based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidsetc.org>
- National Clinician Consultation Center provides free, peer to peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: <https://nccc.ucsf.edu>
- National HIV Curriculum provides ongoing, up to date HIV training and information for health professionals through a free, web based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu