City of Long Beach
Working Together to Serve

Memorandum

Date: May 6, 2019

To: Patrick H. West, City Manager

From: Kelly Colopy, Director of Health and Human Services

For: Mayor and Members of the City Council

Subject: **Long Beach HIV/STD Strategy**

The Health and Human Services Department (Health Department), in partnership with the Long Beach Comprehensive HIV Planning Group (HPG), is launching the Long Beach HIV/STD Strategy today. We are pleased to share the Strategy document with you. This document outlines key goals and strategies to address the increasing HIV and STD infections in Long Beach.

Long Beach Comprehensive HIV Planning Group

The HPG is the local body for the HIV and STD prevention and care program planning in the Long Beach. They have been meeting since 1999. The primary task of the HPG is to develop a comprehensive HIV and STD treatment and prevention plan that focuses efforts based on those populations experiencing the greatest increases in infection. Membership to HPG is open to all persons affected, afflicted, or working with HIV and STDs in the city. Key stakeholders include the LGTBQ+ community, Los Angeles County Division of HIV and STD Programs (DHSP) and policy representatives, the City's Health Department, medical care providers, substance abuse treatment centers, mental health agencies, social service agencies, community members, and other individuals or groups who support the mission of the HPG.

In 2017, the HPG began its development of a Long Beach HIV/STD Strategy for 2019-2022 (attached). The HPG identified five priority areas with bold goals and strategies designed to reduce new HIV and STD infections. These goals are based on epidemiological data and trends in the City and take into consideration the specific needs and populations of Long Beach, while aligning with the Los Angeles County HIV/AIDS Strategy for 2020 and Beyond, the Los Angeles County Department of Public Health Sexually Transmitted Disease Workplan, as well as the State's Laying a Foundation for Getting to Zero; California's Integrated HIV Surveillance, Prevention, and Care Plan.

To begin to turn the tide of STDs and HIV, the City and its partners know they must come together through system coordination and resources to implement strategies. The recommended goals include building system capacity, educating providers and the community on HIV and STD testing and treatment, increasing testing and treatment availability, coordinating service provision, identifying undiagnosed HIV, linking newly diagnosed persons to care, retaining persons who are living with HIV in HIV care, reducing

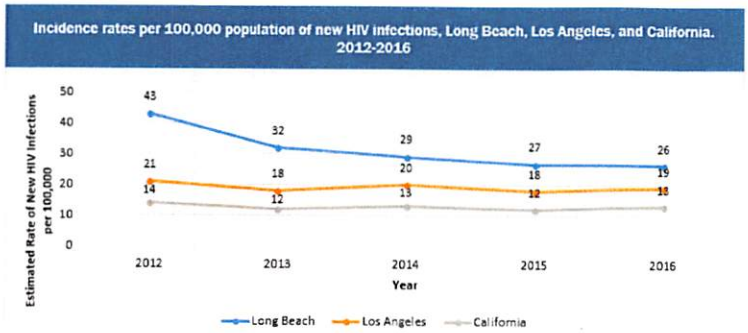
the community viral load, and expanding the availability of PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis) within the city to prevent HIV infections. Furthermore, identify federal, state, local, and philanthropic investment and funding for the Health Department and community-based organizations in the areas of surveillance, disease investigation, STD screening and treatment, PrEP/PEP and a visible, focused campaign is crucial to ensuring these goals are attained.

The Data

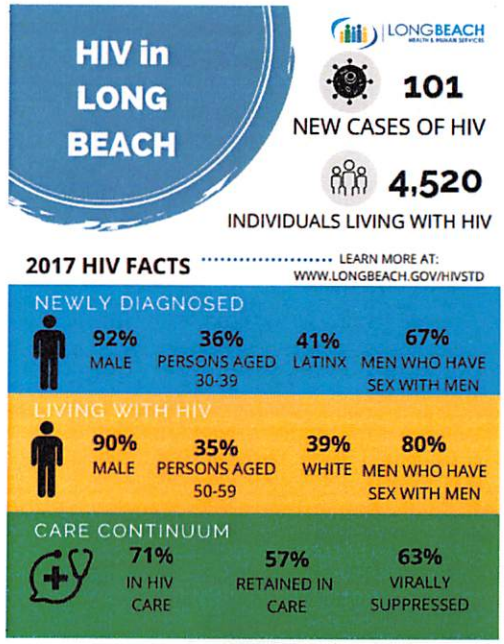
Long Beach has some of the highest rates of chlamydia, gonorrhea and syphilis in the State of California. Our rates are second highest in the State for chlamydia and gonorrhea, and third highest for syphilis. Many are not aware of the long-term health impacts of unidentified and untreated STDs. Syphilis is considered the most serious because the infection can spread to the brain and cause permanent loss of vision or hearing. Gonorrhea is among the Centers of Disease Control and Prevention's (CDC) top three urgent threats for developing drug resistance. Chlamydia and gonorrhea are the most commonly reported sexually transmitted bacterial infections in Long Beach, and when left untreated they can result in pelvic inflammatory disease (PID) and lead to serious outcomes in women such as infertility, ectopic pregnancy, and chronic pelvic pain.

HIV Rates

As of December 31, 2017, 4,520 Long Beach residents were diagnosed and living with HIV. Nationally, CDC estimated in 2016 that another 14 percent of people are living with HIV and are undiagnosed. This would indicate that more than 730 people in Long Beach are living with HIV and undiagnosed. Although the number of new HIV diagnoses declined by 33 percent overall from 151 individuals in 2013 to 101 individuals in 2017, the rate of new infections in Long Beach (26 per 100,000) remains higher than in Los Angeles County (19 per 100,000) and the State of California (13 per 100,000).

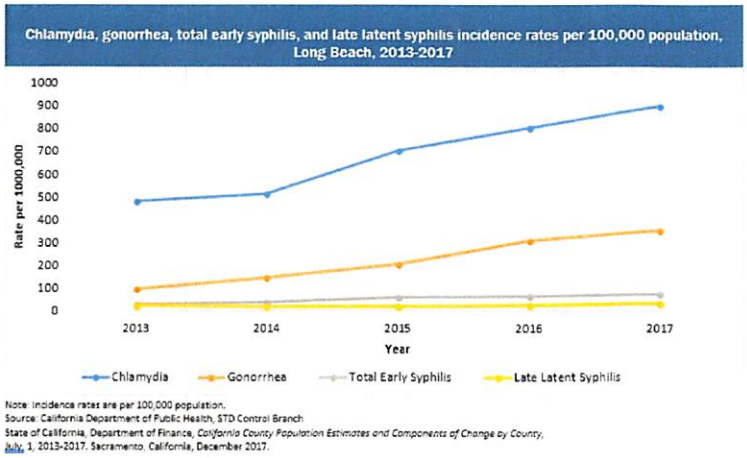


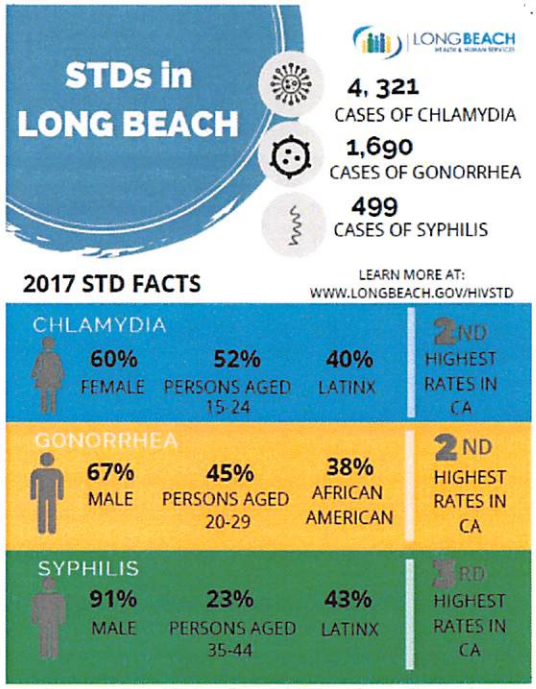
[1]Population data taken from California Department of Finance Demographic Research Unit Report P-3 State and County total population projections by race/ethnicity and detailed age; www.dof.ca.gov/Forecasting/Demographics/projections/.
[2]Long Beach HIV data taken from California Office of AIDS eHARS database.
[3]The latest available HIV data for Los Angeles County and California is for 2016. Therefore, 2012-20016 data was used for the figure to create a 5-year comparison.



STD Rates

Cities in California and across the nation have seen a reduction in funding and capacity over the past 15-20 years. Federal funding for STD control efforts decreased by $21 million between 2003 and 2016. The City has experienced significant increases in its STD rates. Since 2013, the chlamydia rate increased by 88 percent, syphilis by 143 percent, and gonorrhea by 267 percent.





The Goals

The goals and objectives of the Long Beach HIV/STD Strategy are as follows:

Goal 1: ***Reduce HIV and STD infection in Long Beach***

Objective 1: Reduce new HIV infections by 50 percent.

Objective 2: Increase proportion of Persons Living with HIV who are diagnosed to at least 90 percent.

Objective 3: Reduce new infections for gonorrhea, chlamydia and syphilis by 20 percent.

Goal 2: ***Strengthen capacity to address HIV and STDs in Long Beach***

Objective 1: Identify additional $2 million to strengthen the size and capacity of the HIV/STD system to meet the needs across the city to reduce infections.

Objective 2: Educate 100 providers each year in the standards of care for STDs and HIV to support a robust STD and HIV continuum of care.

Goal 3: ***Educate communities on HIV/STD prevention, testing, and treatment***

Objective 1: Conduct STD and HIV workshops to 4,000 adolescents and young adults (ages 15-29) annually.

Objective 2: Provide HIV and STD education at 30 community events annually.

Objective 3: Leverage and expand existing educational campaigns to increase awareness of HIV and STDs among populations who are disproportionately impacted.

Goal 4: ***Increase access and engagement in care for HIV and STD treatment in Long Beach***

Objective 1: Increase the percentage of newly HIV diagnosed persons in Long Beach who access HIV medical care within 30 days of their HIV diagnosis to at least 85 percent.

Objective 2: Increase viral suppression of persons living with HIV (PLWH) to at least 90 percent.

Objective 3: Ensure an additional ten high burden clinics carry/administer treatment for chlamydia, gonorrhea, and syphilis.

Goal 5: ***Expand PrEP and PEP access in Long Beach***

Objective 1: Increase PrEP enrollment among HIV negative individuals to 4,550 individuals.

Objective 2: Train 500 service and medical providers on PrEP and PEP.

If you have any questions, please contact me at (5620 570-4016 or Dr. Anissa Davis, City Health Officer, at (562) 570-4047.

Attachment: Long Beach HIV/STD Strategy (2019-2022)

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DEPARTMENT HEADS

HIV/STD STRATEGY 2019-2022

LONG BEACH
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CITY OF LONG BEACH

ACKNOWLEDGEMENTS

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COMPREHENSIVE HIV/STD PLANNING GROUP

Alliance for Housing and Healing

APLA Health

Bella Vida Pharmacy

Bienestar

CA Prevention Training Center

California Planning Group

California State University Long Beach

Caremeds

Gilead

Janssen Therapeutics

LA Biomedical Harbor UCLA

LA County Commission on HIV

Long Beach Health and Human Services Department

Long Beach Comprehensive Clinic

Long Beach Memorial

LA County Department of Mental Health

Obria Medical Clinics

Public Counsel

Safe Refuge

St. Mary's CARE Center

Tarzana Treatment Center

The LGBTQ Center of Long Beach

VA Long Beach Health Care

ViiV HealthCare

Walgreens Specialty Pharmacy

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Michael Buitron – St. Mary's CARE Center

Cynthia Chavez – Safe Refuge

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PrEP Workgroup

Jaelen Owens – California State University, Long Beach

Education Workgroup

John Madrigal – Health and Human Services Dept.

Treatment Workgroup

Matthew Franco - Health and Human Services Dept.

Testing Workgroup

Kim Van Enk –Safe Refuge

CITY OF
LONG BEACH

In 2017, the Long Beach Comprehensive HIV Planning Group launched a comprehensive effort to develop a Long Beach HIV/STD strategy to significantly reduce the number of HIV and STD infections in the city.

The Planning Group, co-chaired by the City's Health Department and two community stakeholders, is comprised of key stakeholders including the LGTBQ+ community, Los Angeles County Division of HIV and STD Programs (DHSP) and policy representatives, medical care providers, substance abuse treatment centers, mental health agencies, social service agencies, community members, and other individuals or groups who support the mission of the city.

The new strategies outlined in this report come at a time when new HIV infections continue, although science has made it possible to stop HIV infections through PrEP, PEP and other treatments. In addition, our city has experienced significant increases in STDs since 2013. It is essential that we focus additional resources and the expertise of our Health Department, community-based organizations, and medical providers to reduce the number of new cases in Long Beach.

A special thank you to the Planning Group co-chairs Susan Alvarado (Health Department), Michael Buitron (St. Mary's CARE Center) and Cynthia Chavez (Safe Refuge) for leading the planning effort and to the Long Beach Health Department Director, Kelly Colopy and Health Officer Anissa Davis, MD and their team for serving as the lead agency for coordinating the important work of bending the curve on HIV and STDs in Long Beach.

The City of Long Beach looks forward to working with the Planning Group to achieve significant reductions in HIV and STDs in the years ahead.

Mayor Robert Garcia

EXECUTIVE SUMMARY

The Long Beach HIV/STD Strategy comes at a time with new HIV infections continue and STDs are rising in the face of declining resources to address the increasing rates.

HIV Rates

As of December 31, 2017, 4,520 Long Beach residents were diagnosed and living with HIV. Nationally, CDC estimated in 2016 that another 14% of people are living with HIV and are undiagnosed. This would indicate that approximately 730 people in Long Beach are living with HIV and undiagnosed. Although the number of new HIV diagnoses declined by 33% overall from 151 individuals in 2013 to 101 individuals in 2017, the rate of new infections in Long Beach (26 per 100,000) remains higher than in Los Angeles County (19 per 100,000) and the State of California (13 per 100,000).

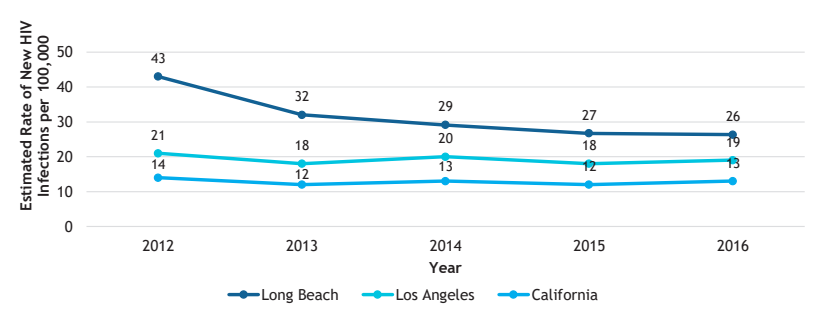
2017 HIV FACTS

101 NEW CASES OF HIV

4,520 INDIVIDUALS LIVING WITH HIV

NEWLY DIAGNOSED	92% MALE	36% PERSONS AGED 30-39	41% LATINX	67% MEN WHO HAVE SEX WITH MEN
LIVING WITH HIV	90% MALE	35% PERSONS AGED 50-59	39% WHITE	80% MEN WHO HAVE SEX WITH MEN
CARE CONTINUUM	71% IN HIV CARE	57% RETAINED IN CARE	63% VIRALLY SUPPRESSED	

Incidence rates per 100,000 population of new HIV infections, Long Beach, Los Angeles, and California. 2012-2016



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STD Rates

Cities across the nation and in California have seen a reduction in funding and capacity over the past 15-20 years. Federal funding for STD Control efforts decreased by $21 million dollars between 2003 and 2016. The City of Long Beach has experienced significant increases in its STD rates. Since 2013, the Chlamydia rate increased by 88%, Syphilis by 143% and Gonorrhea increased by 267%.

2017 STD FACTS

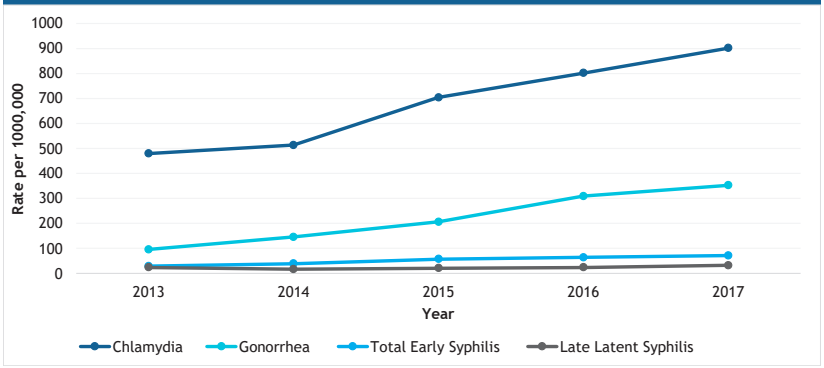
4, 321 CASES OF CHLAMYDIA

1,690 CASES OF GONORRHEA

499 CASES OF SYPHILIS

CHLAMYDIA	60% FEMALE	52% PERSONS AGED 15-24	40% LATINX	2ND HIGHEST RATES IN CA
GONORRHEA	67% MALE	45% PERSONS AGED 20-29	38% AFRICAN AMERICAN	2ND HIGHEST RATES IN CA
SYPHILIS	91% MALE	23% PERSONS AGED 35-44	43% LATINX	3RD HIGHEST RATES IN CA

Chlamydia, gonorrhea, total early syphilis, and late latent syphilis incidence rates per 100,000 population, Long Beach, 2013-2017



Note: Incidence rates are per 100,000 population.
Source: California Department of Public Health, STD Control Branch
State of California, Department of Finance, *California County Population Estimates and Components of Change by County*, July, 1, 2013-2017. Sacramento, California, December 2017.

In 2017, the Long Beach Comprehensive HIV Planning Group, began developing a Long Beach HIV/STD Strategy for 2019-2022. The Planning Group identified five priority areas with bold goals and strategies designed to reduce new HIV and STD infections. These goals are based on epidemiological data and trends in the City of Long Beach and take into consideration the specific needs and populations of the city, while aligning with Los Angeles County HIV/AIDS Strategy for 2020 and Beyond, Los Angeles County Department of Public Health Sexually Transmitted Disease Workplan, as well as the State's Laying a Foundation for Getting to Zero; California's Integrated HIV Surveillance, Prevention, and Care Plan.

To begin to turn the tide of STDs and HIV, the City and its partners must come together through system coordination and resources to implement these strategies. The recommended goals include building system capacity, educating providers and the community on HIV and STD testing and treatment, increasing testing and treatment availability, coordinating service provision, identifying undiagnosed persons with HIV, linking newly diagnosed persons to care, retaining persons who are living with HIV in HIV care, reducing the community viral load, and expanding the availability of PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis) within the City to prevent HIV infections. Furthermore, new investment and funding for the Health Department and community-based organizations in the areas of surveillance, disease investigation, STD screening and treatment, PrEP/PEP and a visible focused campaign throughout the city is crucial to ensuring these goals are attained. The partners of this planning group recognize that no one organization can do this on its own and that this plan will only be effective if all organizations come together to decrease STDs and HIV.

GOAL 1: REDUCE HIV AND STD INFECTIONS IN LONG BEACH

Objective 1.:Reduce new HIV infections by 50%.
Objective 2: Increase proportion of Persons Living with HIV who are diagnosed to at least 90%.
Objective 3: Reduce new infections for gonorrhea, chlamydia and syphilis by 20%.

GOAL 2: STRENGTHEN CAPACITY TO ADDRESS HIV AND STDs IN LONG BEACH

Objective 1: Identify additional $2 million to strengthen the size and capacity of the HIV/STD system to meet the needs across the city to reduce infections.
Objective 2: Educate 100 providers each year in the standards of care for STDs and HIV to support a robust STD and HIV continuum of care.

GOAL 3: EDUCATE COMMUNITIES ON HIV/STD PREVENTION, TESTING AND TREATMENT

Objective 1: Conduct STD and HIV workshops to 4,000 adolescents and young adults (ages 15-29) per year.
Objective 2: Provide HIV and STD education at 30 community events per year.
Objective 3: Leverage and expand existing educational campaigns to increase awareness of HIV and STDs among populations who are disproportionately impacted.

GOAL 4: INCREASE ACCESS AND ENGAGEMENT IN CARE FOR HIV AND STD TREATMENT IN LONG BEACH

Objective 1: Increase the percentage of newly HIV diagnosed persons in Long Beach who access HIV medical care within 30 days of their HIV diagnosis to at least 85%.
Objective 2: Increase viral suppression of persons living with HIV (PLWH) to at least 90%.
Objective 3: Ensure an additional 10 high burden clinics carry/administer treatment for chlamydia, gonorrhea and syphilis.

GOAL 5: EXPAND PrEP AND PEP ACCESS IN LONG BEACH

Objective 1. Increase PrEP enrollment among HIV negative individuals to 4,550 individuals.
Objective 2. Train 500 service and medical providers on PrEP and PEP.

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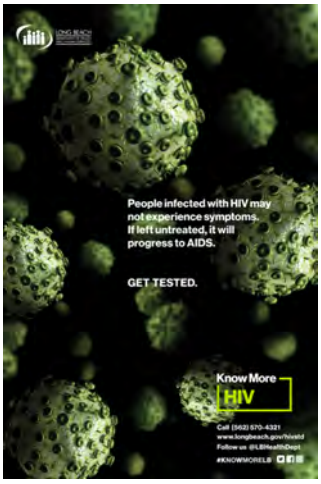
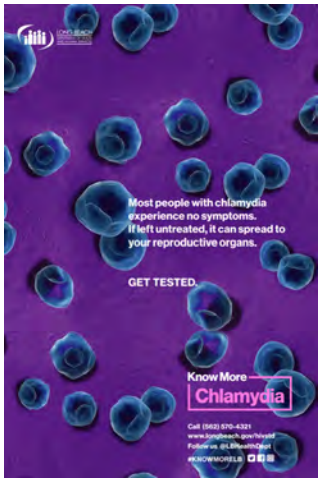
LONG BEACH COMPREHENSIVE HIV PLANNING GROUP

The Long Beach Comprehensive HIV Planning Group (Planning Group) is the local body for the HIV and STD prevention and care program planning in the City of Long Beach. They have been meeting since 1999. The primary task of the Planning Group is to develop a comprehensive HIV and STD treatment and prevention plan that focuses efforts based on those populations experiencing the greatest increases in infection. Membership is open to all persons affected, afflicted, or working with HIV and STDs in the City of Long Beach. Key stakeholders include the LGTBQ+ community, Los Angeles County Division of HIV and STD Programs (DHSP) and policy representatives, medical care providers, substance abuse treatment centers, mental health agencies, social service agencies, community members, and other individuals or groups who support the mission of the Planning Group. In 2017, the Planning Group began the process of creating a working plan and established five goals in the areas of; capacity building, education, testing, treatment, and PrEP (Pre-Exposure Prophylaxis) to address HIV and STDs in Long Beach. In late 2018, with the continuous input by Planning Group members, the sub-groups began to finalize the goals and objectives of the plan to start implementation in 2019.

The Planning Group created the goals of this plan to establish priorities for the next four years (2019-2022) to prevent new HIV and STD infections and engage those who are affected into treatment. This plan is a living document that will be updated as changes in funding, prevalence, and the needs and barriers to care among highly impacted poulations occur. This plan is in keeping with both national and regional biomedical prevention priorities. These priorities take into consideration the specific needs and populations of the City of Long Beach, while aligning with Los Angeles County HIV/AIDS Strategy for 2020 and Beyond, Los Angeles County Department of Public Health Sexually Transmitted Disease Workplan, as well as the State's Laying a Foundation for Getting to Zero; California's Integrated HIV Surveillance, Prevention, and Care Plan. In joining the efforts of the State of California and Los Angeles County, the Planning Group is committed to reducing new HIV infections annually, increasing access to care to improve health outcomes for people living with HIV (PLWH), and expanding on biomedical services for the prevention of new infections.

This plan is data-informed and adaptable to the evolving HIV and STD incident landscape in the city and intends to leverage the capacities of existing public and private sector providers, current services and partnerships as well as identify and close gaps in services such as access to STD testing and treatment, PrEP and PEP. In addition, working closely with those most impacted by HIV and STDs and utilizing the STD/HIV Surveillance Report, this plan will support creating and implementing a system that provides equitable access and outcomes across the city. Such a system would allow the city and its partners to overcome barriers and challenges that impact access to HIV and STD services, such as stigma, transportation limitations, limited mental health services, homelessness and lack of culturally sensitive providers.





SETTING THE CONTEXT

Long Beach is a coastal and port city in the Harbor region of Los Angeles County (LAC). The City of Long Beach is the second largest city in LA County with nearly a half million people and an area size of 52 miles. It is also one of the top 10 most diverse cities in the country. This is a diversity of race, income, marital status, sexual orientation, and gender identity. Forty-five percent of the City's population is Hispanic/Latinx, 26% White, 12% Black and 12% Asian. (Data USA, 2019). Approximately 4,520 residents have been diagnosed and are living with HIV in Long Beach. 6,514 sexually transmitted infections (chlamydia, gonorrhea, and syphilis) were reported in 2017 (2017 STD/HIV Surveillance Report).

HIV continues to be a significant public health concern. Although the City of Long Beach has experienced a decrease in persons newly diagnosed with HIV, the City continues to have higher rates of newly diagnosed with HIV infection than Los Angeles County and the State of California. Through new testing technology, individuals can attain their results in minutes and be linked into HIV care in a timely manner to start treatment right away. The same behaviors and community characteristics associated with HIV also place individuals and communities at risk for STDs. STDs can increase the likelihood of HIV transmission and acquisition. STD infections such as gonorrhea, chlamydia and syphilis continue to have the greatest impact on young people aged 15-24, especially among young men, and young MSM of color, which have a higher chance of HIV infection compared to non-MSM youth.

The City of Long Beach has some of the highest chlamydia, gonorrhea and syphilis rates in the State of California. Many are not aware of the long-term health impacts of unidentified and untreated STDs. Syphilis is considered the most serious because the infection can spread to the brain and cause permanent loss of vision or hearing. Gonorrhea is among the Centers of Disease Control and Prevention's (CDC) top three urgent threats for developing drug resistance. Chlamydia and gonorrhea are the most commonly reported sexually transmitted bacterial infections in Long Beach, and when left untreated, can result in pelvic inflammatory disease (PID) and lead to serious outcomes in women such as infertility, ectopic pregnancy, and chronic pelvic pain.

It is recommended by the CDC that all adults and adolescents from ages 13-64 be tested at least once for HIV. For sexually active individuals with new or multiple partners, the recommendation is to be tested every 3-6 months. Many STDs do not have symptoms and people, unaware of their infection, can inadvertently transmit an STD to their partner. Therefore, increasing awareness of this issue in the community and to providers is essential to mitigate STD rates in Long Beach.

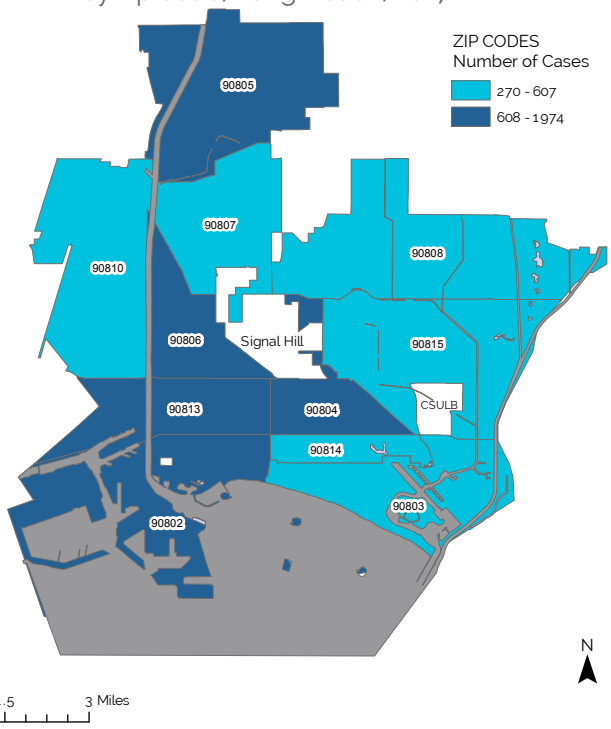
WHY ARE RATES INCREASING?

High rates of STDs have always been related to a complex web of social issues. Like so many other diseases, socioeconomic status and homelessness play a role. Stigma and discomfort in talking openly about sexual health also present major challenges. Many primary care providers are uncomfortable discussing sexual health with their patients and patients themselves are uncomfortable disclosing their risk to their primary care provider for fear of being judged. Other factors that may be contributing to the rise of gonorrhea, chlamydia and syphilis in the city, include changes in sexual behavior, increased social media access and use of social apps, decline in condom use (condom fatigue) and lack of appropriate and focused HIV and STD screening and treatment. It should also be noted that improved access to screening, testing services and care; increased awareness of the symptoms causing people to visit their provider for testing; and improved public health reporting may also be factors behind the increased rates—more people are being tested and positives are reported. Routine screening for STDs for patients on PrEP has identified more cases of gonorrhea, chlamydia and syphilis, especially among men who have sex with men (MSM).

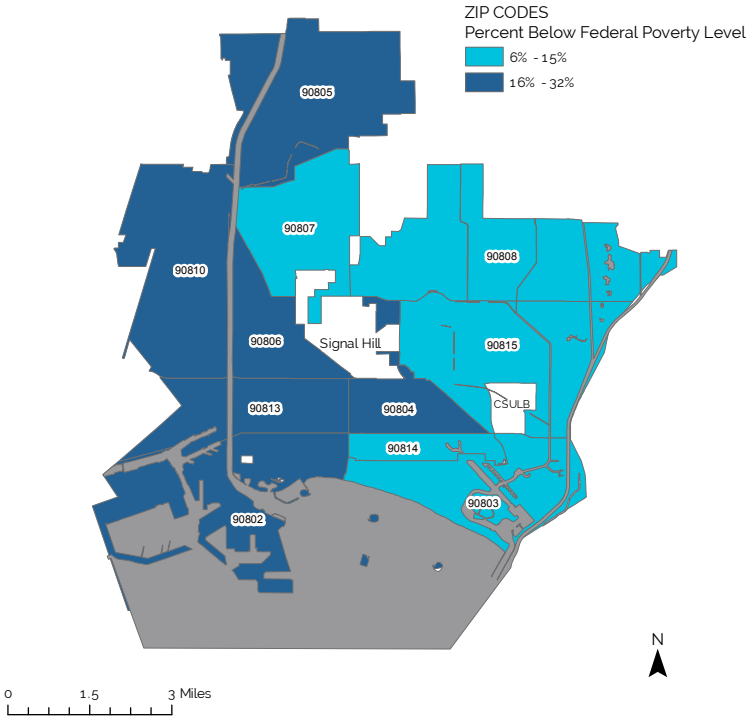
ADDRESSING HEALTH INEQUITIES

In the City of Long Beach, health outcomes are impacted by a person's gender, sexual orientation, race and ethnicity, socioeconomic status and neighborhood. These factors impact the risk of disease, access to care, as well as life expectancy overall. In the City of Long Beach, the highest rates of infection generally occur among people living in low-income communities, African-American and Latinx populations, and among men who have sex with men (MSM). The maps below show the zip codes in Long Beach that have the highest African-American and Latinx populations,poverty as well where we see the highest numbers of STD infections and those living with HIV.

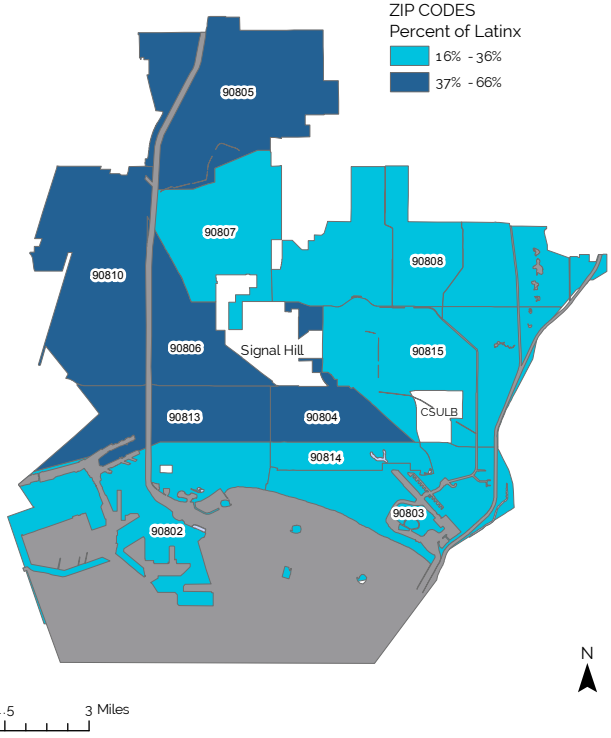
Chlamydia, gonorrhea, syphillis and HIV/AIDS Total cases by zip code, Long Beach, 2017



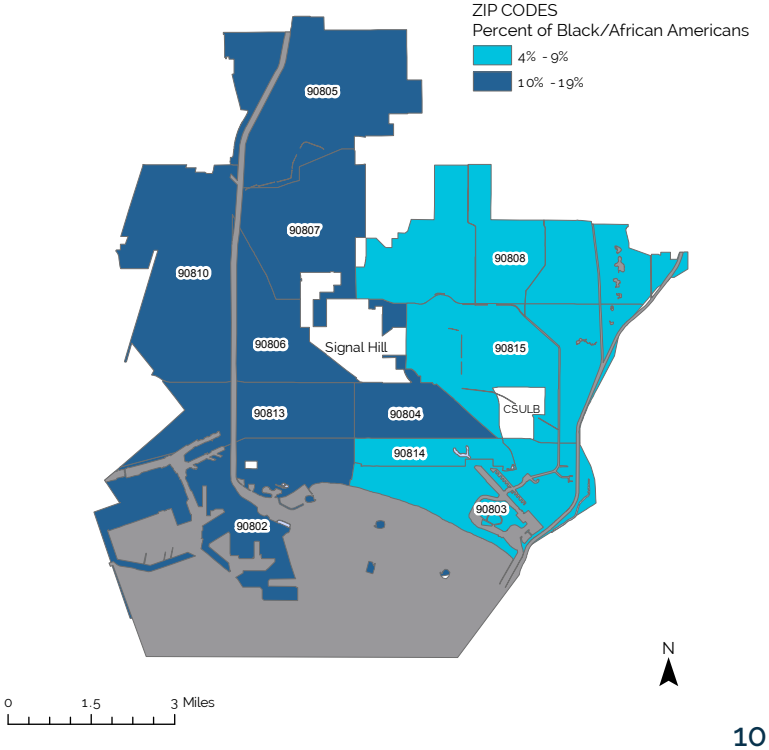
Percent Below Federal Poverty Level by zip code, Long Beach, 2017



Percent of Latinx by zip code, Long Beach, 2017



Percent of Black/African American by zip code, Long Beach, 2017



Long Beach has a number of testing and treatment sites; however, they do not feel accessible for many given their location, cultural humility of the providers and/or stigma. Low income neighborhoods tend to have less access to health information and to quality testing and treatment services that are easily accessible. This lack of access and lower quality of services in low-income communities, which in Long Beach, include higher proportions of African American and Latinx individuals, leads to a poor response to the health care needs of those individuals that are most impacted by HIV and STDs in the city. As the map demonstrates, zip code 90805 has the highest number of STD cases in the city, yet there are few providers to serve the population and is generally considered a sexual health desert due to the lack of access to services. Zip code 90813 is much more service rich but is located in the communities of highest poverty.

Some community organization and medical provider practices have environments that feel judgmental for patients, creating an unsafe space leading to an unwillingness to discuss sexual health practices and to ask important questions. This fosters an inconsistent relationship with a provider and reduces opportunity to engage in HIV/STD testing. Provider attitudes towards people of color or LGBTQ individuals also can have a negative impact on the individual's health. Moreover, providers may be insufficiently trained to conduct an adequate sexual health screening to make proper recommendations for HIV testing and STD screening and may be more reluctant to offer Patient Delivered Partner Theray (PDPT) which allows for treating the sex partners of patients diagnosed with chlamydia and gonorrhea by providing prescriptions or medications to the patient to take to their partner(s) without the health care provider first examining the partner. Limited and untimely follow-up with sexual partners can impact the identification and treatment of individuals with both HIV and STDs.

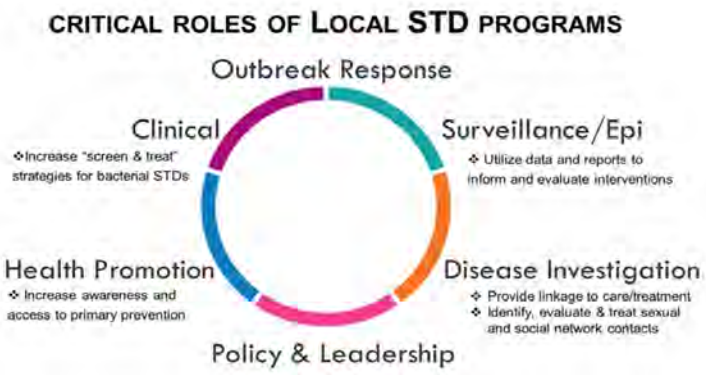
Stigma is higher not only in communities of color, but also among Latino and African-American LGBTQ individuals leading to less access to education and testing utilization. Among MSM and transgender individuals, homophobia, stigma, and threats to violence lead to disproportionate disease risk. These factors are also evident among LGTBQ youth, who experience higher rates of victimization and criminalization than their non-LGBTQ counterparts. Such experiences faced by LGBTQ youth also leads to limitations in accessing medical services that are adequate and culturally sensitive to their needs. MSM youth carry the burden of some of the highest rates of STDs nationally and locally and stigma and discrimination among providers prevents MSM youth from accessing STD and HIV services.

The persistent lack of sex positive sexual health messages among health care providers and community leaders throughout the community contributes to a lack of awareness, shame and stigma surrounding sexual health. Such stigma may also be geared towards individuals that lack the literacy skills to understand messaging around risk and prevention further making it inaccessible to seek sexual health services in the city.

This Plan outlines strategies to reduce the disparities in testing and treatment quality and access as well as reducing stigma related to HIV and STDs.

THE NETWORK OF PROVIDERS AND SERVICES

The City of Long Beach has a network of HIV and STD testing, treatment and care providers including an array of non-profit organizations, medical providers, hospitals and federally qualified health centers, and the Health Department. Access to PrEP and PEP is more limited, provided by only a few providers in the city. Resources to fund these services come from Federal, State, and County funding as well as the ability to bill insurance providers for services.

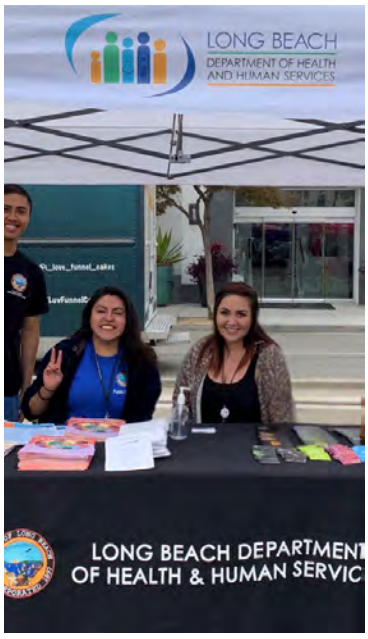


Health Department

As one of only three cities in California with its own Health Department, the City of Long Beach Department of Health and Human Services (Health Department) holds a unique place within Los Angeles County as its own local health jurisdiction. The Health Department is both the responsible body for collecting, analyzing, interpreting, and disseminating information to prevent and control the spread of disease, and a provider of direct medical care and support services. The Health Department serves as the coordinating organization for HIV/STD prevention, treatment and control for the City. The Department has the legal mandate to prevent the spread of HIV/STDs in our communities. It works in collaboration with community experts to ensure that people have access to testing and treatment, that their partners are tested, and that healthcare providers have the training and the support they need to provide good care.

The Health Department:

- Educates people across the city at community events, health fairs, in our high schools, and upon request about ways to prevent STD/HIV infection, importance of testing, and how to access testing and treatment. The Health Department partnered with the Pasadena Design School to develop the "Know More" campaign utilizing print and social media to educate those across the City about STD/HIV infections.



- Provides subject matter expertise to community providers and educates medical providers about appropriate testing and reporting protocols to ensure effective testing and reporting. With the increasing prevalence of syphilis, Health Department staff are working closely with health care providers to improve testing, diagnosis and treatment of syphilis as many providers are unfamiliar with the symptoms and the staging of syphilis.

- Conducts surveillance and case investigations. Disease Intervention Specialists (DIS) are trained to inform individuals affected by HIV and syphilis on the causes and spread of such diseases and are skilled in taking sexual histories, identifying and locating individuals who have been exposed to HIV and/or syphilis. DIS assist medical providers to locate individuals who have been tested but did not return for their positive results or engage in treatment.

The Health Department also provides testing and treatment for HIV and STDs in its clinics and on its mobile testing unit (MTU) which focuses on hard to reach communities such as injection drug users (IDU), sex workers, and homeless individuals to meet them in their settings in remote and underserved areas of the city. It also provides PrEP and PEP services for HIV prevention and is designated as a PrEP Center for Excellence.

Community-Based Providers

Key partnerships among agencies in Long Beach have been integral to addressing HIV and STDs in the City. Nonprofit organizations, such as St. Mary's Hospital and CARE Center, The LGBTQ Center of Long Beach, Safe Refuge, and APLA of Long Beach are among many organizations and medical providers who are actively involved in efforts to address HIV and STDs across the City. These agencies actively work to focus on the populations that need the most support in medical care, behavioral health, and HIV/STD testing and treatment.

The Center and APLA among others focus on the LGBTQ community, while St. Mary's CARE Center works closely, but is not limited to, individuals living with HIV. They serve 40% of the HIV positive population in Long Beach. Both APLA and The Center have programs specific to transgender individuals, providing culturally sensitive services for a community that continues to be stigmatized, especially around medical services. Each agency offers free HIV/STD testing and treatment, eliminating cost as a major barrier to services. APLA also works closely with St. Mary's CARE Clinic to link people into HIV treatment.

St. Mary's Hospital implemented a routine HIV testing program for all patients coming through the emergency room for services. Last year, they provided over 10,000 HIV tests. St. Mary's is the only hospital in the South Bay that provides routine opt-out HIV testing. Patients who test positive in their ED are immediately linked to services at the CARE Center, and started on antiretroviral therapy.

The CARE Center is a PrEP and PEP Center of Excellence. PEP is offered at no cost on a walk-in basis at the CARE Center, and 24/7 at the St. Mary Emergency Department. If someone has had a potential exposure to HIV, PEP will protect them from infection, but must be started within 72 hours of exposure.

The Long Beach Unified School District (LBUSD) and California State University Long Beach (CSULB) are also key partners in the work to reduce HIV and STD infections. LBUSD invited the Health Department and the Center to design a sexual health curriculum for their high school science classrooms, and to train science teachers to teach this curriculum. Over 70 teachers were trained.

In addition to providing HIV and STD testing at the student clinics, CSULB and its Center for Health Equity Research (CHER), is partnering with St. Mary Medical Center, The LGBTQ Center Long Beach, and Behavioral Health Services (BHS) to address an unmet need on the CSULB campus and in the Long Beach community to serve Black young men who have sex with men (YMSM) ages 18 to 24, at risk for HIV and hepatitis C (HCV) infection and substance use. The Peer Promotion of Wellness, and Enhanced Linkage to Resources Project (PPOWER) seeks to prevent and reduce substance use and provide community-level interventions, testing and linkage to care to prevent the transmission of HIV/HCV.

CAPACITY AND FUNDING

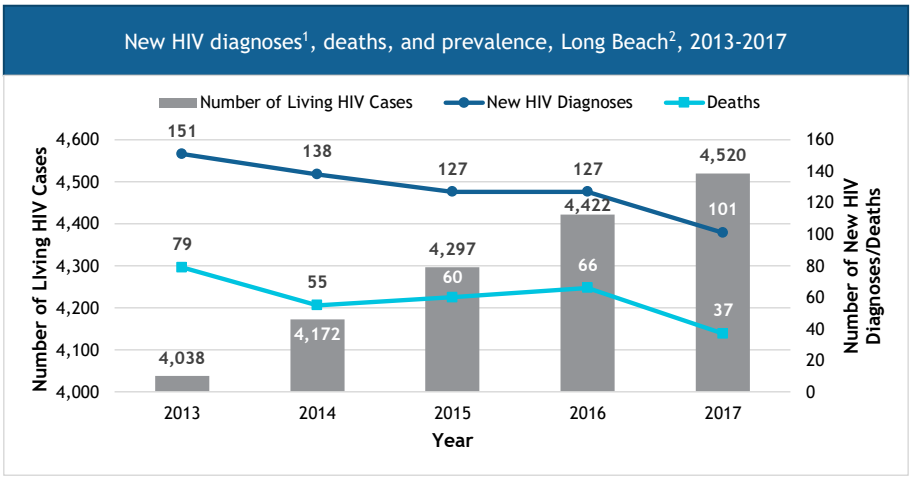
Cities across the nation and in California have seen a reduction in funding and capacity over the past 15-20 years. Federal funding for STD Control efforts decreased by $21 million dollars between 2003 and 2016. As an example, Federal and State funding for the Long Beach Health and Human Services Department provides approximately $3.5 million specifically for HIV prevention testing, treatment and care services and only $79,000 to test and treat for STDs. The increasing STD rates demonstrate this reduction in funding.

A primary source of funding for HIV prevention, testing and treatment is from the Centers for Disease Control and Prevention (CDC). LA County Division of HIV and STDs Program (DHSP) receives the funding for the City of Long Beach. In the most recent contract, DHSP awarded $1.8 million to organizations in Long Beach. Just over one-third of this was awarded to the Long Beach Health Department for HIV prevention and coordination and the remaining funding leverages and supports four non-profit organizations in Long Beach-The LGBTQ Center, St. Mary's CARE Center, APLA, and AIDS Healthcare Foundation-to expand HIV/STD testing and treatment in the city as well as promote PrEP/PEP. There remains a significant funding need within the City of Long Beach to end HIV new infections and stem the growing tide of STDs. Existing funds do not currently cover the core roles of the City's Health Department such as surveillance, disease investigations, linkage to care and community/provider education nor is there sufficient community capacity to provide robust testing and treatment across the city.

The reductions in funding and capacity across the state is requiring health departments to narrow their focus. At this time, the focus of funding and staffing is on preventing congenital syphilis (treating pregnant women who have syphilis to ensure their babies are not born with syphilis). Congenital syphilis can have long-term negative health impacts on the baby. Any additional resources are focused on investigating syphilis cases in heterosexual men and MSM. Investigations for Chlamydia and most Gonorrhea cases are unaddressed due to lack of resources. The Health Department has had to redirect staff from other programs to stay ahead of the most important STD cases, with little impact in the overall level of disease. Getting ahead of this unprecedented increase in STDs is possible but will require sustained funding to increase staffing and other resources.

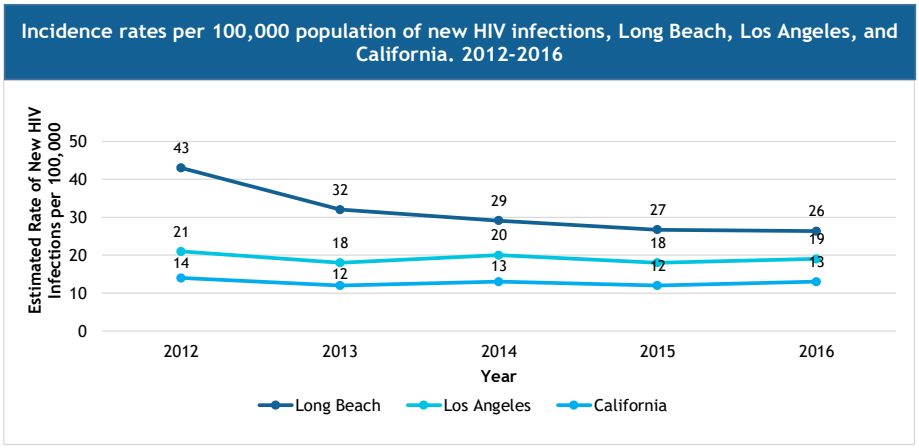
HIV Rates

As of December 31, 2017, there were 4,520 Long Beach residents diagnosed and living with HIV. Nationally, CDC estimated that, in 2016, another 14% of people are living with HIV and are undiagnosed. This would indicate that approximately 730 people in Long Beach are living with HIV and undiagnosed. The number of new HIV diagnoses declined by 33% overall from 151 individuals in 2013 to 101 individuals in 2017. A total of 37 recorded deaths were recorded in 2017. Eighty percent (80%) were diagnosed with only HIV, as opposed to HIV and later AIDS, or HIV and AIDS diagnosed simultaneously. Most persons living with HIV in Long Beach reside in the 90802 zip code.



[1] See Technical Notes "Date of Initial HIV Diagnosis."
[2] All HIV data taken from California Office of AIDS eHARS database.

In 2016, Long Beach had a rate of 26 new HIV infections per 100,000 population. This rate is higher than the new infection rates of Los Angeles County (19 per 100,000) and the State of California (13 per 100,000).

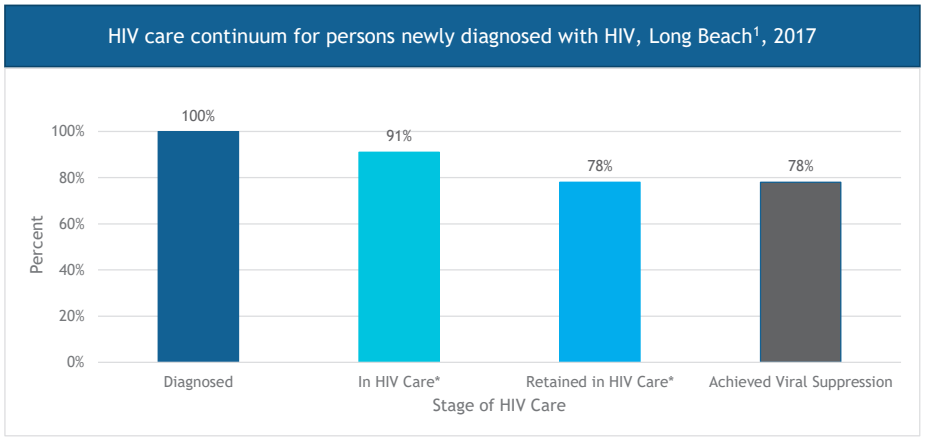


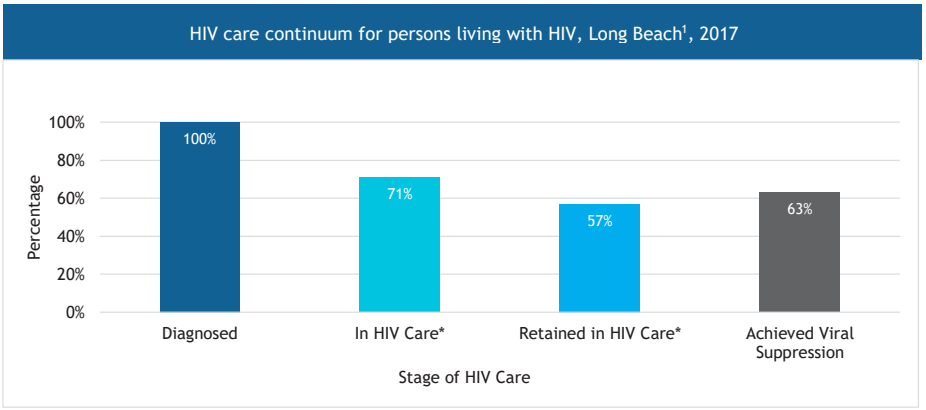
[1]Population data taken from California Department of Finance Demographic Research Unit Report P-3 State and County total population projections by race/ethnicity and detailed age; www.dof.ca.gov/Forecasting/Demographics/projections/.
[2]Long Beach HIV data taken from California Office of AIDS eHARS database.
[3]The latest available HIV data for Los Angeles County and California is for 2016. Therefore, 2012-20016 data was used for the figure to create a 5-year comparison.

HIV Care Continuum

In 2017, 78% of newly diagnosed HIV persons were retained in HIV care and 78% achieved viral suppression in the City of Long Beach. Asians and African Americans newly diagnosed with HIV had the lowest percentages of HIV care retention and viral suppression in 2017. For all persons living with HIV in Long Beach in 2017, 57% were retained in HIV care and 63% achieved viral suppression. In 2017, African Americans living with HIV had the lowest percentages of HIV care retention and viral suppression.

Achieving viral suppression for all individuals infected with HIV is crucial because people who are virally suppressed do not transmit HIV to their sexual partners. When people infected with HIV receive treatment right after their diagnosis, they not only improve their own health but the health of the community.





HIV Care Continuum Definitions:

- Diagnosed: Persons currently diagnosed and living with HIV.
- In HIV Care: Persons who have at least one CD4 or viral load or HIV-1 genotype test during the calendar year are engaged in care.
- Retained in HIV Care: Persons who have two or more CD4 or viral load or HIV-1 genotype tests that were performed at least 3 months apart during the calendar year are considered to be retained in care.
- Achieved Viral Suppression: Persons who have a most recent viral load test result <=200 copies/ml during the calendar year are virally suppressed for HIV.

2017 HIV FACTS

101
NEW CASES OF HIV

4,520
INDIVIDUALS LIVING WITH HIV

NEWLY DIAGNOSED

92%	36%	41%	67%
MALE	PERSONS AGED 30-39	LATINX	MEN WHO HAVE SEX WITH MEN

LIVING WITH HIV

90%	35%	39%	80%
MALE	PERSONS AGED 50-59	WHITE	MEN WHO HAVE SEX WITH MEN

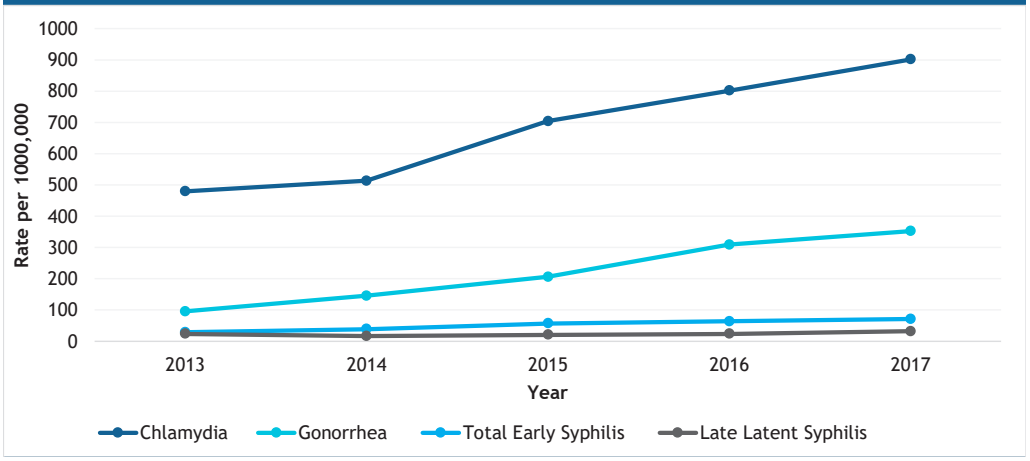
CARE CONTINUUM

71%	57%	63%
IN HIV CARE	RETAINED IN CARE	VIRALLY SUPPRESSED

Sexually Transmitted Diseases (STDs)

The rates for chlamydia, gonorrhea, and total early syphilis in Long Beach have seen an overall increase from 2013 to 2017. Most of sexually transmitted disease (STD) diagnoses in Long Beach are concentrated among young adults aged 15-29 years. Among those with available race/ethnicity data, African Americans had the highest rates of infection for chlamydia, gonorrhea, and total early syphilis in 2017. Most chlamydia cases occurred in the 90805-zip code; gonorrhea cases occurred most often in 90802 and 90805; and total early syphilis occurred most often in the 90802-zip code. For more information visit: www.longbeach.gov/hivstd.

Chlamydia, gonorrhea, total early syphilis, and late latent syphilis incidence rates per 100,000 population, Long Beach, 2013-2017

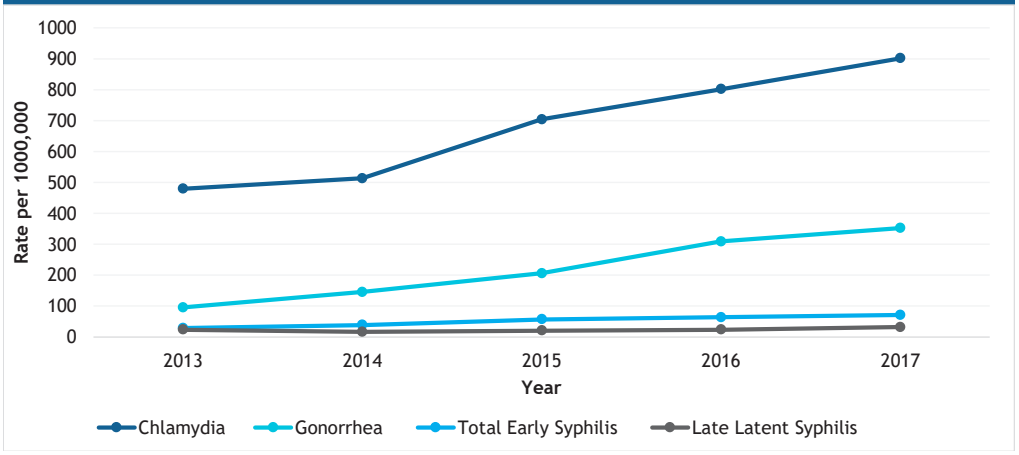


Note: Incidence rates are per 100,000 population.
Source: California Department of Public Health, STD Control Branch
State of California, Department of Finance, *California County Population Estimates and Components of Change by County*, July, 1, 2013-2017. Sacramento, California, December 2017.

Chlamydia

Chlamydia trachomatis is the most common reportable communicable disease in the City of Long Beach. Chlamydia rates in Long Beach have increased by 88% from 2013 to 2017. In 2017, Long Beach had the second highest rate of chlamydia in the State of California.

Chlamydia, gonorrhea, total early syphilis, and late latent syphilis incidence rates per 100,000 population, Long Beach, 2013-2017

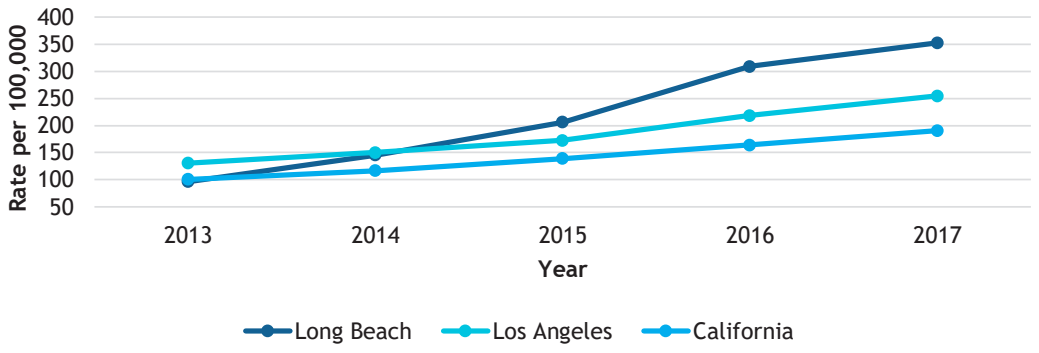


Note: Incidence rates are per 100,000 population.
Source: California Department of Public Health, STD Control Branch
State of California, Department of Finance, *California County Population Estimates and Components of Change by County*, July, 1, 2013-2017. Sacramento, California, December 2017.

Gonorrhea

Gonorrhea rates in Long Beach have increased by 267% from 2013 to 2017. In 2017, Long Beach had the second highest rate of gonorrhea in the State of California.

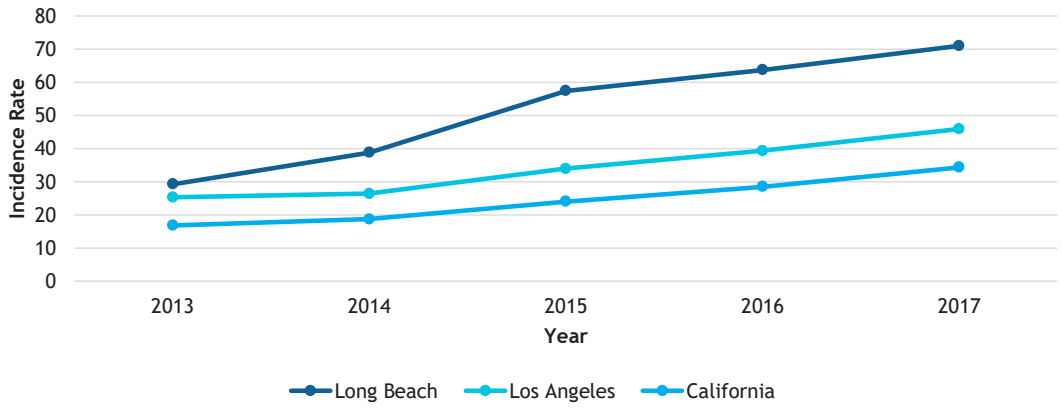
Gonorrhea incidence rates per 100,000 population, Long Beach, Los Angeles, and California, 2013-2017



Syphilis

Total early syphilis (primary, secondary, early latent syphilis) rates in Long Beach have increased by 143% from 2013 to 2017. In 2017, Long Beach had the third highest rate of total early syphilis in the State of California. Men who have sex with men (MSM) comprise 67% of syphilis cases in Long Beach; however, data for syphilis is incomplete so there may be an underestimation of syphilis among MSM. In the last three years (2014-2017) Long Beach has seen an increase in the number of women infected with syphilis. This is a concerning trend because pregnant women who are infected with syphilis can pass the disease to their unborn child. If their child contracts congenital syphilis, they can experience several poor health outcomes including stillbirth, neonatal death, blindness, deafness, and skeletal deformations. Women who are pregnant and infected with syphilis often require significant staff and community resources as they are on a strict treatment regimen and often have many barriers that must be overcome to get them treated.

Total early syphilis[1] incidence rates per 100,000 population, Long Beach, Los Angeles, and California, 2013-2017



2017 STD FACTS

4, 321
CASES OF CHLAMYDIA

1,690
CASES OF GONORRHEA

499
CASES OF SYPHILIS

CHLAMYDIA

60%
FEMALE

52%
PERSONS AGED 15-24

40%
LATINX

2ND
HIGHEST RATES IN CA

GONORRHEA

67%
MALE

45%
PERSONS AGED 20-29

38%
AFRICAN AMERICAN

2ND
HIGHEST RATES IN CA

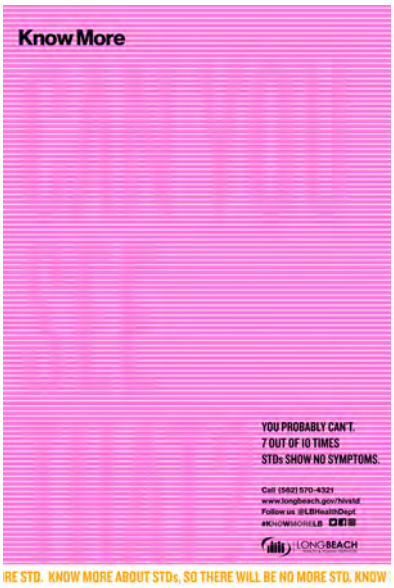
SYPHILIS

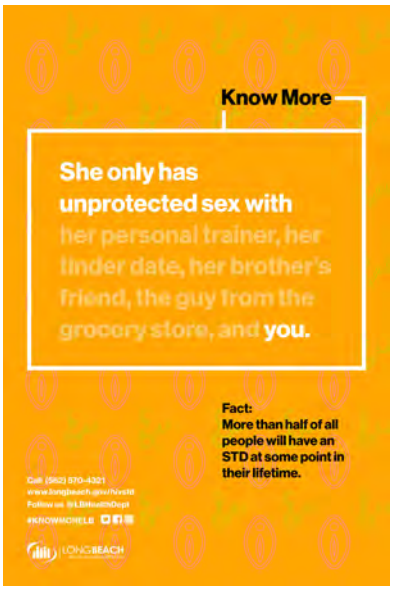
91%
MALE

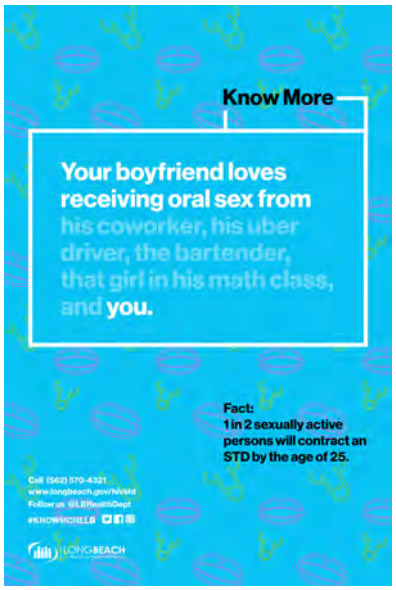
23%
PERSONS AGED 35-44

43%
LATINX

3RD
HIGHEST RATES IN CA







Based on epidemiological data and trends in the City of Long Beach, the Planning Group established five priority areas to address HIV and STDs. To begin to turn the tide of STDs and HIV, the City and its partners must come together through system coordination and resources to implement these strategies. The recommended goals include building capacity, educating providers and the community on HIV and STD testing and treatment, increasing testing and treatment availability, coordinating service provision, identifying undiagnosed HIV, linking newly diagnosed persons to care, retaining persons who are living with HIV in HIV care, reducing community viral load and expanding the availability of PrEP and PEP within the City to prevent HIV infections. In addition to working toward the goals to improve health outcomes, the Planning Group will prioritize strategies that meet the objectives of this plan. Furthermore, new investment and funding for the Health Department and community partners in the areas of surveillance, disease investigation, STD screening and treatment, PrEP/PEP and a visible focused campaign throughout the city is crucial to ensuring these goals are attained. The partners of this planning group recognize that no one organization can do this on their own and that this plan will only be effective if all the organizations come together to decrease STDs and HIV.

Goals

By 2022:

- **Reduce HIV and STD Infections in Long Beach**
- **Strengthen capacity to address HIV and STDs in Long Beach**
- **Educate communities on HIV/STD prevention, testing and treatment**
- **Increase access and engagement in care for HIV and STD treatment in Long Beach**
- **Expand PrEP and PEP access and engagement in Long Beach**

GOAL 1: REDUCE HIV AND STD INFECTIONS IN LONG BEACH

STD rates in the City of Long Beach are higher than nearly every county in California and although the rate of new infections for HIV declined in 2017, Long Beach remains higher than LA County and the State of California. Routine and comprehensive testing (extra genital testing-urethra, rectal and pharyngeal) for chlamydia and gonorrhea is essential for identifying those who have HIV or other STDs and linking them to important treatment services. Recent studies in Long Beach have found that while extra genital testing has increased significantly, it remains that only 14% of cases include extra genital tests. Relying on urinary testing leaves many people believing they are not infected.

Objective 1. Reduce new HIV infections by 50%.

Strategies

1a. Utilize mobile testing unit(s), co-location of services, and community and local partners within the City of Long Beach to reach clients in areas who have less access to testing and treatment centers. Increase the availability of HIV testing to include evening and weekend hours.

1b. Increase HIV prevention through testing and other support services (e.g., harm reduction or needle exchange programs for people who use and inject drugs).

1c. Focus on testing populations with the highest rates of infection--men who have sex with men, transgender persons, African American and Hispanic/Latino men and women, and men between the ages of 20-39.

1d. Expand access to condoms through educational institutions and community-based partners.

1e. Provide effective behavioral interventions such as client-centered counseling and group level interventions.

Objective 2: Increase proportion of Persons Living with HIV who are diagnosed to at least 90%.

Strategies

2a. Increase accessibility of HIV testing in communities disproportionately impacted. Cross promote all free, confidential, walk-in HIV and STD screening services to increase access points to testing and treatment.

2b. Improve ability to assess an individual's sexual risk to support recommendations for HIV testing, STD screening and provide risk reduction education to prevent and transmit such diseases.

2c. Utilize mobile testing unit(s), co-location of services, and community and local partners to reach clients in areas who have less access to testing and treatment centers. Increase the availability of HIV testing to include evening and weekend hours.

Objective 3: Reduce new infections for gonorrhea, chlamydia and syphilis by 20%.

Strategies

3a. Utilize mobile testing unit(s), co-location of services, and community and local partners to reach clients in areas who have less access to testing and treatment centers.

3b. Encourage providers to routinely test all individuals who report being sexually active on an annual basis (i.e. annual physical) for STDs and HIV.

3c. Encourage extra genital site testing (urethra, rectal and pharyngeal) for chlamydia and gonorrhea every 3 months for individual who are engaging in those sexual behaviors. Encourage PrEP uptake for individuals with reactive STD screens.

3d. Utilize Disease Intervention Specialists (DIS) to locate individuals who have fallen out of HIV care, need STD treatment or tested positive for HIV and/or chlamydia, gonorrhea and syphilis and did not return for teatment and care.

3e. Expand access to condoms within the City of Long Beach through educational institutions and community-based partners.

3f. Provide effective behavioral interventions such as client-centered counseling and group level interventions.

GOAL 2: STRENGTHEN CAPACITY TO ADDRESS HIV AND STDs IN LONG BEACH

The overall capacity of the Long Beach Health and Human Services Department, community medical providers and non-profit organizations is limited and is unable to address the scope and scale of the epidemic when current available services are considered. Significant funding as well as increased proficiency among the city's medical providers and non-profit organizations is essential.

Objective 1: Identify additional $2 million to strengthen the size and capacity of the HIV/STD system to meet the needs across the city to reduce infections.

Strategies

1a. Identify additional $2 million in funding opportunities in partnership with federal, state, county and local agencies to increase staffing and support across the city to allow for increased education, surveillance, disease investigation, testing, treatment, linkage to care and overall system coordination.

1b. Utilize surveillance data to track trends, identify communities who are experiencing the highest rates of infection, and build service capacity to meet the needs of the community.

1c. Develop a comprehensive tool outlining all STD and HIV resources available in Long Beach to establish awareness of services among providers.

1d. Design and implement a coordinated service model across the many service providers (e.g., non-profit agencies, people with lived experience, medical providers, hospitals and academic institutions) building on the strengths of each partner to create an effective patient centered care model.

Objective 2: Educate 100 providers each year in the standards of care for STDs and HIV to support a robust STD and HIV continuum of care.

Strategies

2a. Develop training for medical providers on STD and HIV standards of care and reporting requirements.

2b. Develop trainings to improve capacity and cultural humility of providers and programs that deliver services to the most disproportionately affected populations.

2c. Train providers on signs and symptoms of STDs and HIV, who should be tested and how often, treatment guidelines, and reporting requirements for STDs and HIV.

2d. Train providers on PrEP and PEP as HIV biomedical prevention.

2e. Promote California Department of Public Health Screening and Treatment Recommendations.

2f. Provide a comprehensive toolkit outlining STD and HIV resources within Long Beach.

GOAL 3: EDUCATE COMMUNITIES ON HIV/STD PREVENTION, TESTING AND TREATMENT

An understanding of the ways in which HIV/STDS are transmitted, how to prevent transmission, and importance of and access to testing and treatment is essential to reducing infections across the City. Different populations in the city will require different messages and formats to ensure they have access to the information and they are willing to take necessary precautions.

Objective 1: Conduct STD and HIV workshops to 4,000 adolescents and young adults (ages 15-29) per year.

Strategies

1a. Develop a sexual health curriculum that is medically accurate for Long Beach Unified School District (LBUSD) which includes information on the following: STDs, HIV, PrEP, PEP, contraceptives, consent, and a hands-on demonstration on how to use a condom.

1b. Partner with higher education institutions such as Long Beach City College (LBCC) and California State University Long Beach (CSULB) to enhance sexual health curricula.

1c. Partner with Long Beach Unified School District, private schools and post-secondary institutions to deliver HIV/STD curricula.

Objective 2: Provide HIV and STD education at 30 community events per year.

Strategies

2a. Participate in community events including health fairs that focus on adolescents and young adults (ages 15-29), African-American, Latino and LGTBQ communities to promote awareness of HIV testing and STD screening and treatment locations.

2b. Distribute informational pamphlets on HIV and STDs, information on testing and treatment sites and information on PrEP/PEP sites in Long Beach.

2c. Provide HIV Rapid Testing at community events utilizing mobile testing units and partnered agencies.

Objective 3: Leverage and expand existing educational Campaigns to increase awareness of HIV and STDs among populations who are disproportionately impacted.

1a. Identify non-traditional settings (i.e. local markets, barber and beauty shops, churches, medical marijuana dispensaries, etc.) to expand presence of existing educational campaign materials in communities with highest infection rates.

1b. Utilize social media platforms (i.e. Facebook, Instagram, Twitter etc.) to advertise existing educational campaigns in the city.

GOAL 4: INCREASE ACCESS AND ENGAGEMENT IN CARE FOR HIV AND STD TREATMENT IN LONG BEACH

Effective treatment of STDs and HIV medical care effectively reduces the number of people carrying transmissible infections. STDs can be treated by antibiotics. Essential Access Health provides free patient delivered partner therapy (PDPT) for individuals who have been diagnosed with chlamydia and gonorrhea. PDPT allows a medical provider to provide treatment medications to sexual partners without being seen by the medical provider. This streamlines access to treatment medication. This has been a successful way of reducing reinfection rates of chlamydia and gonorrhea.

Engaging in HIV care and adhering to medical protocols can achieve full viral suppression, otherwise referred to as undetectable viral load. Research has found that an Undetectable viral load means that HIV is Untransmittable (U=U). Reengaging people who are not adhering to HIV medication and ensuring those who are diagnosed as positive engage in care is important to stemming new HIV infections.

Objective 1: Increase the percentage of newly HIV diagnosed persons in Long Beach who access HIV medical care within 30 days of their HIV diagnosis to at least 85%.

Strategies

1a. Improve reporting of newly diagnosed HIV cases to the Health Department.

1b. Strengthen coordination across medical providers and non-profit organizations who provide testing to ensure linkage to HIV care and treatment within 30 days of new HIV diagnosis.

1c. Utilize and increase the number of Disease Intervention Specialists (DIS) to identify and link individuals into care and treatment.

1d. Provide every person newly diagnosed HIV information about HIV Support Groups in Long Beach.

Objective 2: Increase viral suppression of persons living with HIV (PLWH) to at least 90%.

Strategies

2a. Create and provide effective interventions for medical providers who engage with individuals who are non-adherent to HIV medication to support in re-engaging individual back into care.

2b. Deliver consistent and routine messaging that an undetectable viral load means that HIV is untransmittable (U=U) to all patients living with HIV utilizing medical providers and support systems.

2c. Utilize DIS to locate individuals who have fallen out of HIV care and re-engage them to care.

2d. Empower people living with HIV/AIDS to help themselves and others around issues related to prevention and care.

Objective 3: Ensure an additional 10 high burden clinics carry/ administer treatment for chlamydia, gonorrhea and syphilis.

Strategies

Strategy 3a. Assist in acquiring syphilis medication for providers.

Strategy 3b. Promote patient delivered partner therapy (PDPT) among providers and help connect providers with Essential Access Health to deliver FREE PDPT for chlamydia and gonorrhea.

GOAL 5: EXPAND PrEP AND PEP ACCESS IN LONG BEACH

PrEP and PEP are effective tools in the prevention of HIV. Pre-Exposure Prophylaxis (PrEP) is taking a daily medication called Truvada, to prevent the acquisition of HIV among HIV negative individuals. PrEP is taken before an HIV exposure and can reduce the risk of getting HIV from sex by more than 90% and from injection drug use by more than 70%. PrEP services include quarterly STD screening and treatment if necessary, which works to support the plan's goal of increased testing. Post-Exposure Prophylaxis (PEP), a medication regimen for 28 days, is taken within 72 hours after possible exposure to HIV. PEP is effective in preventing HIV infection when taken correctly, but is not 100% effective. A high-risk HIV exposure and PEP can be an effective way of engaging higher-risk individuals in PrEP services.

Objective 1. Increase PrEP enrollment among HIV negative individuals to 4,550 individuals.

Strategies

1a. Provide education and promote benefits of PrEP among Latino and African-American MSM, intravenous drug users, transwomen and sex workers when testing for HIV and/or STD screening.

1b. Provide linkages to PrEP for injection drug users (IDU).

1c. Promote PrEP/PEP clinics throughout Long Beach with direct contact information on social media, social networks, email lists, city websites, and the Health Department website.

1d. Collaborate with local Emergency Departments to assist them in linking individuals who obtain PEP to PrEP services.

Objective 2. Train 500 service and medical providers on PrEP and PEP.

Strategies

2a. Equip providers with the CDC PrEP Clinical Practice Guidelines to reduce the risk of acquiring HIV infection in high risk individuals (MSM, youth ages 15-29, transgender women and men).

2b. Promote CDC's Guide to Taking a Sexual History for providers to assess a patient's risk to HIV and encourage PrEP for those that qualify.

2c. Utilize Pleaseprepme.org to gain access to information and several tools to guide providers in prescribing PrEP and PEP.

2d. Provide information on health insurances that cover PrEP and PEP and the enrollment process.

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