



**El momento
es ahora.**

**Fin de la epidemia del VIH
San Juan, Puerto Rico**

Strategic Partnerships and Planning to Support
Ending the HIV Epidemic in the United States and
other territories: San Juan, Puerto Rico
Submitted to the Centers for Disease Control and Prevention
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GOBIERNO DE PUERTO RICO

Departamento de Salud

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Background

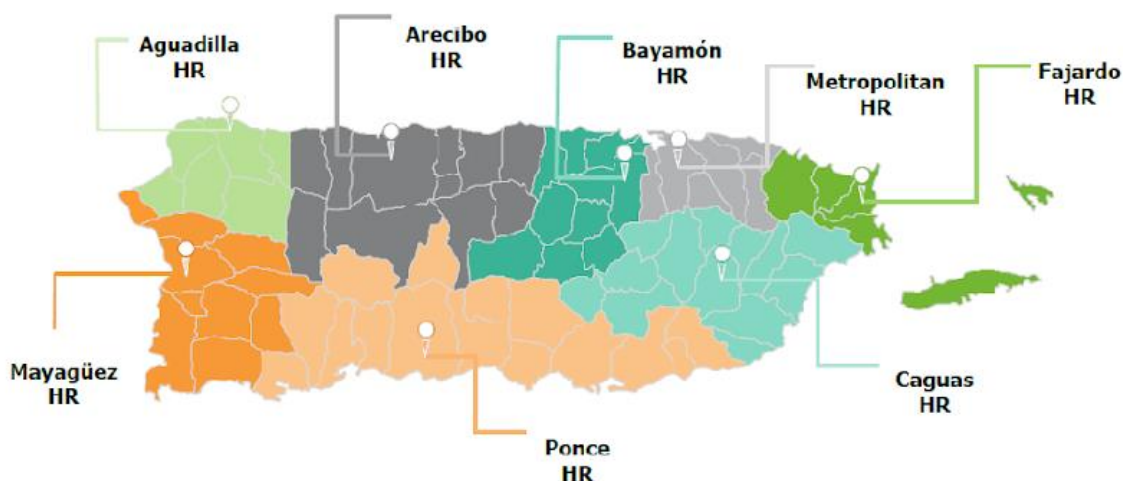
HIV/AIDS in Puerto Rico

Since the late 1980s, our jurisdiction has been among the top ten states/territories with the highest number of cumulative AIDS cases and HIV prevalence. In 2017, Puerto Rico ranked 12th among states and territories with the highest rate of HIV diagnosis overall and among adults and adolescents > 13 years (13.3 and 15.4 per 100,000 population, respectively); 14th highest AIDS incidence rate (5.7 per 100,000 population) and 6th highest HIV prevalence rate for adults and adolescents > 13 years (572.6 per 100,000 population).¹ Moreover, Puerto Rico was determined to be at risk of an HIV outbreak or a significant increase in hepatitis infection.²

Geography

Puerto Rico is comprised of 78 municipalities with an estimated population of 3,195,153 in 2018. It is divided into 8 health regions to develop and implement HIV prevention activities and care (See Figure 1).

Figure 1. Epidemiological Health Regions, Puerto Rico



¹ PRDOH. HIV Surveillance Semiannual Report December 2017. Available at <http://www.salud.gov.pr/Estadisticas-Registros-y-Publicaciones/Estadisticas%20VIH/Bolet%C3%ADn%20Semestral%20de%20la%20Vigilancia%20del%20VIH/Informe%20Semestral%20-%20Diciembre%202017.pdf> Accessed 12/29/2020.

² CDC. HIV Prevention in Puerto Rico. Available at <https://www.cdc.gov/hiv/pdf/policies/profiles/cdc-hiv-puerto-rico-SSP.pdf>. Accessed 06/19/2019.

Most of the Puerto Rican population lives in the Metropolitan Health Region. The municipality of San Juan is located within the Metropolitan Health Region (See Figures 2-3). In 2018, San Juan's estimated total population was 320,967, 10% of Puerto Rico's total population.

Figure 2. The 78 Municipalities of Puerto Rico

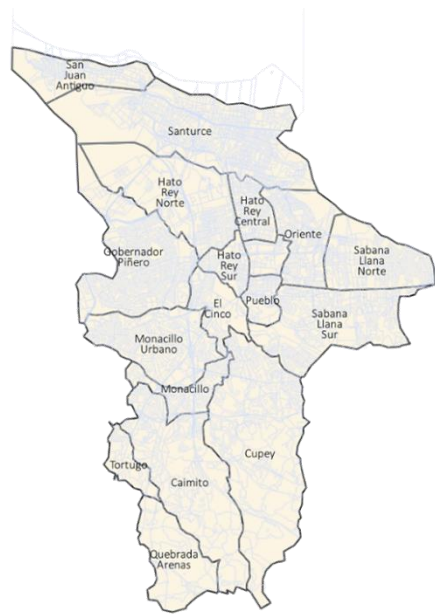


San Juan Municipio

Geography

Figure 3. County subdivisions within San Juan Municipio

San Juan is located along the north-eastern coast of Puerto Rico. The estimated population of San Juan Municipio was estimated at 318,441 in 2019, which represents a decrease of 19.5% when compared to the 2010 Census. It is divided into 18 county subdivisions or 'barrios' (Figure 3).



Demographics

The median age for San Juan residents in 2019 was 44.5 years. Women accounted for 54.3% of the population. The median age of women was higher than the median age of men, 46.5 and 42.3 respectively. Ninety-eight percent of the population is Hispanic, while approximately 2% describes themselves as non-Hispanic. In 2019, 41% of the individuals residing in San Juan were living under the federal poverty level during the past 12 months. The median household income in 2019 was 22,710 dollars, 2.8 times lower than the median household income nationwide.

HIV Burden

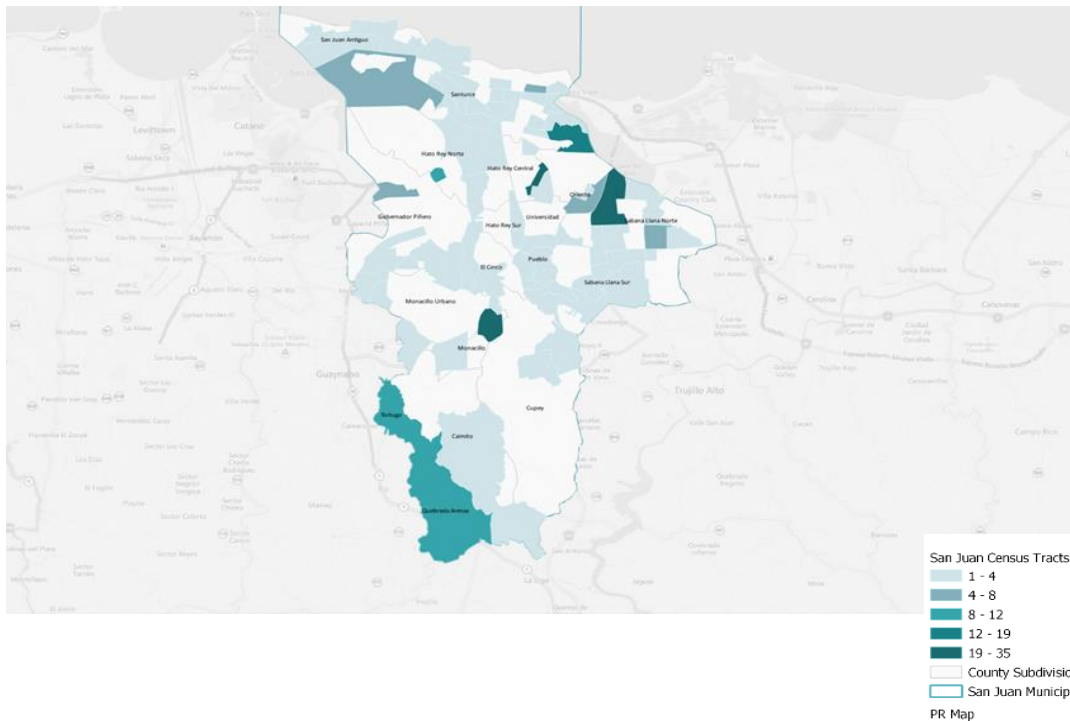
From January 1980 through December 2020, 11,654 cumulative cases of HIV infection were reported among San Juan Municipio residents (23%). Three out of four cases of HIV infection have already progressed to Stage 3 (AIDS). Males represent 74.8% of the cumulative reported cases among adults and adolescents ≥ 13 years and older. Two out of three persons diagnosed with HIV infection were between 25 and 44 years old. People who inject drugs (PID), men who have sex with men (MSM) and high-risk heterosexuals (HET) are the populations most heavily affected by the HIV epidemic. These three populations accounts for 92% of HIV diagnosis in San Juan.

In 2019, twenty-three percent of the HIV diagnoses in PR were San Juan residents at the time of diagnosis (N=85). The HIV diagnosis rate was 26.7 per 100,000 population. HIV diagnosis rates among males was 5.9 higher than in females. The rate of HIV diagnoses in San Juan Municipio is 2.3 times higher than the HIV diagnoses island wide. Men who have sex with men (MSM) represented 50.8% of diagnoses in 2019, followed by heterosexual contact, 35.1%. Although the HIV epidemic locally has been mainly among people who inject drugs (PWID), PWID has consistently declined, representing only 5.9% of the cases in 2019 (Figure 4).

HIV prevalence

By December 2019, 4,162 San Juan residents were living with an HIV diagnosis, for a prevalence rate of 1,307 per 100,000 population. The prevalence of HIV infection in San Juan is 2.5 times higher than the prevalence island wide. It is estimated that 1 out of 11 persons living with HIV infection is unaware of their diagnosis in Puerto Rico (N=1,700), approximately 500 are San Juan residents.

Figure 4. Number of HIV new cases by county subdivision and census tract of residence at diagnosis, San Juan, 2017 – 2019



Linkage to care

In 2019, 75.0% of persons diagnosed with HIV while residing in San Juan were linked to care within one month of diagnosis. MSM had the highest percentage of linkage to HIV care within one month of diagnosis (83.8%), while person who inject drugs had the lowest (66.7%).

The Ending the HIV Epidemic (EHE) initiative seeks to reduce the number of new HIV infections in jurisdictions identified in Phase I as the most heavily affected by 75% within five years, and at least 90% within 10 years. The identification, immediate linkage to medical care, retention and medication to treat HIV are essential to reach and maintain viral suppression.

Preliminary Data

The plan proposed for the Municipality of San Juan, Puerto Rico has been informed by various sources. In the first place, we used epidemiological data from the HIV Surveillance System and the US Census to characterize our population. Furthermore, we used qualitative formative research data from the National HIV Behavioral System to inform the needs of HIV prevention services among HIV negative MSM ≥ 18 years in San Juan. Finally, this plan was informed by the

feedback from three community engagement activities that took place in December 2020.

Data from the 2020 Qualitative study National HIV Behavioral Surveillance (NHBS) show specific needs and recommendations to be integrated into the plan. Preliminarily, some suggested the use of online services and mobile apps for prevention services. They highlighted the need for PRDOH's services to be able to access online and at home. Of 13 interviewees, 12 preferred at-home testing with medical/psychological assistance provided virtually (ie. Zoom). They highly suggested a partnership between the PRDoH and Walgreens, CVS, and community pharmacies to test for HIV. In terms of access to PrEP services, they recognized that lack of knowledge and access to information about the prevention strategy is limited in Puerto Rico. More education about the prevention strategy is needed in terms of providers and individuals who qualify for its use.

The preliminary plan for the EHE in San Juan was shared with community partners and other collaborators during the month of December. Three activities took place to allow for the participation of diverse individuals. We participated on the December meeting of the HIV Prevention Plan Group, around 15 participants gave their input regarding the proposed plan. Recommendations and suggestions were discussed with the group and documented to be included in the plan. We organized an Online Community Forum and invited representatives from the local health department CBOs, private providers, NGO's, academia, among other collaborators to discuss the proposed plan. Around 20 participants, representing a diverse array of institutions contributed to the discussion. We received their input and recommendations on ways on how to improve and strengthen the preliminary plan. Finally, we created an online questionnaire to gather suggestions and opinions related to the plan. The questionnaire was widely spread and allowed for people who didn't participate in the community forum to contribute their ideas, suggestions and recommendations to improve the plan. We also developed a webpage where people can access information about the EHE initiative in San Juan and offer their suggestions to the plan. This last initiative will remain open throughout the EHE implementation in San Juan.

Approach

Purpose

The Puerto Rico Department of Health through an integrated and comprehensive system has conducted targeted activities that have been successful in reducing new infections in our jurisdiction and in identifying, linking/retaining in care and achieving viral suppression. With an estimated number of 1,900 persons still

unaware of their HIV status locally, we will partner with the Municipio of San Juan and the San Juan Health Department (SJHD), HIV providers, and Community Based Organizations (CBO's) within San Juan to implement the four pillars targeted to the end the HIV Epidemic, to reduce by 75% new infections in San Juan by 2025 and by 90% by 2030. The plan will include activities to diagnose people with HIV as early as possible in San Juan, treat the infection rapidly and effectively to achieve viral suppression, prevent new HIV transmission by using proven interventions such as pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs) and to respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them. Because our target population is San Juan and to reach as many persons as possible, the PRDoH will implement these strategies within CLETS. This clinic is in San Juan and is the major clinic for HIV and STI services locally.

Outcomes

Over the course of the five-year project, the anticipated outcomes are as follows (please see the Work Plan for further detail):

- 1.** Diagnose all people as early as possible within the San Juan geographical area:
Increase routine opt-out HIV screening in healthcare and other institutional settings located in high prevalence communities in San Juan. We will identify and train key staff to lead HIV routinizing activities in the SJHD clinics, CLETS, CBO's, and private providers. Increase the screening and re-screening of all patients (at least once) for HIV, regardless of risk. Create and sustain a mechanism for rapid linkage to HIV medical care and prevention services for persons screened for HIV in all healthcare settings.
- 2.** Treat people with HIV rapidly and effectively to reach viral suppression within the San Juan geographical area:
Increase rapid linkage to HIV care and antiretroviral therapy to all newly HIV diagnosed cases. Increase re-engagement and retention in HIV medical care and treatment adherence, especially for persons who are not recipients of Ryan White HIV/AIDS Programs in San Juan. Increase viral suppression among people living with HIV in San Juan.
- 3.** Prevent new HIV transmission by using proven interventions: Increase screening for PrEP in HIV negative clients and PrEP training to health providers in San Juan. Increase access and quality to comprehensive Syringe Services Programs (SSPs) in San Juan.
- 4.** Respond quickly to potential HIV outbreaks in San Juan: Increase partnerships with the PRDH, SJHD, health providers, and community for real-time cluster detection and response in San Juan. Improve HIV Surveillance data for real-

time cluster detection and response to HIV transmission clusters and outbreaks in San Juan. Improve policies and funding mechanisms to respond and contain HIV clusters and outbreaks in San Juan.

Strategies and activities

The PRDoH will implement the four (4) core strategies of Ending the HIV Epidemic in partnership with different HIV health care providers within the San Juan geographical area. These partners are the San Juan Health Department, the PRDoH's CLETS clinic, HIV treaters, the Public Health Laboratory, private laboratories, CBO's, private, and public ER's among others.

Strategy 1: Diagnose

Strategy 1A: Diagnose all people as early as possible in San Juan

The PRDoH will implement activities driven to identify new HIV cases in high prevalence communities in San Juan and increase the knowledge of HIV status among the target area by expanding routine opt-out, HIV screening in healthcare and other institutional settings. As part of the strategy, the SJHD will offer testing in 8 municipal clinics that currently do not provide routine HIV testing, and to further reach the San Juan population, the PRDoH will expand routine testing to private HIV treaters, private and public emergency rooms, laboratories and CBO's. The PRDoH will collaborate with the SJHD in training key staff to routinize HIV screening in municipal clinics. The key staff is expected to monitor and train healthcare providers in implementing these activities and aid as needed, they will also target the private health providers located in San Juan. As the routine HIV testing is implemented, the PRDoH will request all health providers from the SJHD and private providers, to modify their existing Electronic Medical Record (EMR) to routinize the offer of screening to all patients (at least once) for HIV regardless of risk and annually if the persons report high-risk behaviors, as required by Local Law 45 for HIV routine testing. To implement a rapid linkage to care, the PRDoH will collaborate with the SJHD and develop protocols for rapid linkage to HIV medical care for all new cases within 7 days of diagnosis for their participants. The protocol will include the case reporting to the PRDoH's HIV Surveillance Program. As for the private providers, the PRDoH will monitor these providers and follow up on those recently identified cases. They will have a contact list of an assigned Disease Intervention Specialists (DIS) that will collect the data and assess the linkage to care. As part of the collaboration, the PRDoH will also assist the SJHD in creating PrEP and SSP's protocols for their participants and determine the adequate time frame for referring these participants to the corresponding prevention services, and will identify PrEP providers and SSP's within San Juan or other adjacent municipalities.

To engage private providers in HIV prevention services, the PRDoH will provide capacity building, through the local Aids Education Training Center (AETC) for HIV providers within San Juan. The scope of this capacity building will be to introduce HIV prevention services to those partners and walk these partners through the existing protocols for referral and follow up of these individuals. The PRDoH will have the responsibility to monitor that the correct protocols are applied.

Strategy 1B: Develop locally tailored HIV testing programs to reach persons in non-healthcare settings.

The PRDoH will normalize HIV testing in non-traditional settings in the San Juan municipality by expanding testing sites to other venues such as small community pharmacies, larger pharmacies such as Walgreens and CVS, universities, and community colleges. The PRDoH will provide HIV tests to these partners and create a referral mechanism for those HIV positives. The referral mechanism will include all HIV providers within San Juan and will be reported to the PRDoH's Ryan White Program to follow up on linkage to care. All HIV positive will be reported in less than 48 hours after positive results. The PRDoH and the SJHD will implement testing at various special events, where appropriate. These events will include health fairs promoted by public and private agencies in San Juan such as churches, colleges, hospitals, health insurance, and workplace. We will also consider other special events such as activities offered in the Convention Centers Business District of San Juan. The PRDoH will collaborate by providing the mobile unit and specialized staff to offer and provide screening for other conditions relevant to the local population (e.g., STI testing, HBV and HCV testing, blood pressure screening, BMI assessment) to reduce stigma and normalize HIV testing. During these screening activities, there will be protocols to refer individuals to treatment and preventions services: those receiving an HIV diagnosis will be referred to an HIV provider of their choice in San Juan, within 48 hours of positive tests results, a Ryan White staff will contact them to follow up on linkage to care, prevention services referral will be provided to at least two (2) known PrEP providers in San Juan and to two (2) the Syringe Services Programs.

Strategy 1C: Increase at least yearly re-screening of persons at elevated risk for HIV per CDC testing guidelines, in healthcare and non-healthcare settings.

San Juan has the largest Methadone Clinic on the island. This clinic services many individuals that could be at high risk of acquiring HIV, but are not routinely tested, considering these circumstances the PRDoH will enter into a Memorandum of Agreement (MOA) with the San Juan Methadone Clinic to screen annually all their participants as part as their annual medical evaluation. The Methadone clinic will be required to report all testing conducted in their clinics to the PRDoH.

Positive cases will be followed by the Ryan White Program so that the patient is linked to care within 48 hours of their results. The methadone clinic will also be requested to refer these patients to prevention services. As part of increasing HIV rescreening to high-risk individuals, the PRDoH will work with the SJHD to include within their electronic medical record (EMR) known as Evolution a flag or notification to offer HIV testing annually to those with ongoing risk for HIV such as MSM's without proper use of a condom, people who inject drugs; people diagnosed with STI's, etc. At the same time, the PRDoH will include the same notification in their current EMR (CLINETT), within CLETS.

Strategy 2: Treat people with HIV rapidly and effectively to reach viral suppression in San Juan.

Strategy 2A: Ensure rapid linkage to HIV medical care and antiretroviral therapy (ART) initiation for all persons with newly diagnosed HIV receiving care in San Juan.

As part of this strategy the SJHD, with the guidance of the PRDoH, will create a network to provide linkage to care within 7 days of initial diagnosis. The network will include all 8 clinics in the SJHD and a protocol as to how to manage newly diagnosed cases. Using the EMR, all HIV related laboratories will be transmitted to the SJHD's clinics. These clinics will report all new cases within 5 days of initial diagnosis as stated by local law to the PRDoH's HIV Surveillance Program. All new cases will be assigned to a Ryan White Case Manager to link to treatment so these cases can be tested for CD4's and viral load levels. Positive individuals should be linked within 7 days to the clinic of their choosing. When a new case is identified in CLETS (PRDoH) and after reporting these cases within 5 days of diagnosis, the state's DIS will then link all new cases within 7 days to the clinic of the individual's choice. A protocol for each site will be created so that every staff involved in the strategy can diligently address the need of the individual. Within these needs, the Case Manager will also address other support services for the individual, such as transportation if needed to be able to link to treatment. In September 2019, the local legislature approved Law 142 that determines that all HIV related laboratories be reported electronically with 5 days of results to the PRDoH's HIV Surveillance Program. To accomplish this, the HIV Surveillance program will work with the Epidemiology Laboratory Capacity (ELC) program to establish electronic reporting from all laboratories located in San Juan, and/or serving the SJHD's clinics. This will also include the PRDoH's Public Health Laboratory which manages the most volume of HIV tests in San Juan. ELC is a CDC funded program that abides by all the security and confidentiality guidelines established by the agency and locally. As part of the protocol, once a new HIV case is identified and initially linked to care the Case Manager will conduct a comprehensive interview in which we will assess the essentials needs of the

individuals and identify potential barriers for remaining in care. The SJHD and the PRDoH will seek to establish referral agreements with other government and private agencies that can provide essential support services for these individuals. These services can be related to housing, transportations, and other services to be identified in the interview questionnaire. The PRDoH will list all non-RW program providers in the San Juan municipality that are not part of the SJHD. Within the mandate of the PRDoH, we will create a protocol with these providers, designated DIS will be notified of all new HIV cases diagnosed within their facility, and reach out to these cases and follow up on linkage to care within 7 days of diagnoses. The protocol will ensure a closer follow up with these providers to link at least 85% of new cases to care.

Strategy 2B: Support re-engagement and retention in HIV medical care and treatment adherence, especially for persons who are not recipients of Ryan White HIV/AIDS Programs in San Juan.

As part of the local Data to Care protocol, the HIV Surveillance Program will request that CD4's and VLds results for all the SJHD clinics be reported monthly through a dedicated secure web portal using an excel worksheet, following the CDC's and Local Security and Confidentiality Guidelines. The surveillance program will then match the lab lists against the eHARS dataset to identify persons who are out of care and will determine the residency and vital status of each case. If the person has moved out of state or is recently deceased, the most recent information will be updated into eHARS and informed to the provider. On the other hand, if the case has dropped out of care, the Case Manager will contact the individual and attempt to re-engage and retain them in treatment. A Memorandum of Agreement will be signed with each HIV treater or provider to inform them that all out of care patients will be contacted by the PRDoH to re-engage in care.

Strategy 2C: Develop robust telemedicine programs that use electronic information and telecommunications technologies.

The PRDOH will work in developing the required system to offer telemedicine services to the HIV population. We will request the needed training to pilot test telemedicine services in at least one of the eight SJHD HIV Clinics to guarantee more access and continuity of care among participants.

Strategy 3: Prevent new HIV transmission by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs) in San Juan.

Strategy 3A: Support development and delivery of PrEP services in clinical and nonclinical sites in communities with the highest rates of new HIV diagnoses in San Juan.

The PRDoH will increase PrEP training to providers in San Juan by collaborating with the local AIDS Education Training Center (AETC) and by requesting a technical assistance from the CDC. We will provide education credits to all health providers to update their knowledge on PrEP and nPEP so that they can offer, prescribe or refer PrEP and nPEP to their clients when requested.

Strategy 3B: Increase availability, use, and access to PrEP among at risk individuals.

Currently an NGO (Centro Ararat) and a primary care center (PR CONCRA) are offering PrEP to their participants. Efforts to increase PrEP availability in primary care centers (330) are in the way. We will collaborate with these institutions to work towards increasing the amount of institutions that can offer PrEP in San Juan. We will also collaborate in developing a referral process between the SJHP clinics and these clinics to make sure that those participants interested in PrEP have access to the prevention strategy.

Strategy 3C: Increase availability, use, and access to and quality of comprehensive Syringe Services Programs (SSPs) in San Juan.

The PRDoH will contract local SSPs located in San Juan to provide essential services to their clients. These services will include counselors and/or case managers to navigate patients through all their needs. The contract will seek to enhance the selected SSP with a comprehensive protocol so that they can provide counseling for syringe disposal, correct condom use and distribution and linkage to PrEP, they will also be required to refer patients to other necessary services such as substance use disorder care and treatment referral, mental health counseling, behavioral therapy, and transportation. The PRDoH will provide the SSP with the following tests: STI tests; HIV and HCV rapid testing and linkage to treatment if needed to the SJHD clinics or the PRDoH clinic (CLETS) to address infectious diseases prevention, detection, and care. The selected SSP in collaboration with the PRDoH will increase access to sterile needles and syringes for persons who inject drugs (PWID) by visiting community pharmacies in San Juan and educating on existing Law 73 from July 23rd, 2007 that allows selling needles without a prescription. Where allowed in San Juan, they will also educate communities with high rates of PWID on Law 73 to increase awareness of this population concerning this law. To evaluate SSP effectiveness the PRDoH will create in collaboration with CDC an evaluation module to measure the quality of services provided by the selected SSP.

Strategy 4: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them in San Juan.

Strategy 4A: Develop partnerships, processes, data systems, and policies to facilitate robust, real-time cluster detection and response in San Juan.

The PRDoH will establish a committee with staff from the HIV Surveillance Program, the STI Surveillance Program, HIV Providers, Community Representatives, and a representative of the SJHD to review cluster data and guide cluster response. This committee will review the Cluster Investigation Protocol and determine the priorities to be addressed and modify when needed. This committee will be led by the HIV Surveillance Coordinator or her representative and it will consist of representatives from the HIV and STI programs, and designated staff from the SJHD's HIV program. Under existing Law 81 from 1985, and its amendment's all HIV cases are to be reported to the PRDoH, including cases diagnosed and treated in the SJHD's clinics and CLETS. DIS assigned to the PRDoH is the only staff under law authorized to contact patients with positive HIV or STI's diagnosis and their contacts. To actively involve members of the community of clusters investigations or special remarks, reports will be presented to the PRDoH's two (2) HIV planning bodies; the HIV Prevention Planning Group (HPPG) and the Ryan White Part B Planning Body on which the SJHD has representation on both groups' bodies as well. The program will seek collaboration with the community through these groups to reach out to potential high-risk or vulnerable populations to HIV infection and other infectious diseases. HIV Surveillance in Puerto Rico is regulated by state law and is part of the PRDoH, meaning that all providers, including the SJHD, is required by law to report all HIV cases and lab results to the surveillance program. Under this regulation the SJHD's 8 clinics will collaborate with the HIV Surveillance program in creating expedited systems to rapidly report new HIV diagnosed cases, at the same time the HIV Surveillance system will use the guidelines provided by CDC's National HIV Surveillance System. To be able to respond quickly to cluster detection and response for persons receiving care in the SJHD's 8 clinics, the HIV Surveillance Program will be working with private laboratories located within San Juan that serve this population, to implement electronic laboratory report under the established regulations and identify newly diagnosed cases and determine time-space clusters and to implement Molecular HIV Surveillance to identify possible clusters or outbreaks within the municipality. Once implemented, all cases reported will be entered into the HIV Surveillance TRACE application that identifies possible clusters. If an outbreak is identified, the PRDoH will lead any intervention through the jurisdiction's HIV/STI Outbreak Protocol. To create and maintain a flexible funding mechanism for cluster investigations, all contracts to collaborating agencies will include within its work

plan activities and language that will allow a quick response aimed to support HIV cluster response efforts.

Strategy 4B: Investigate and intervene in networks with active transmission in San Juan.

To address the EHE plan and following PR's local laws and regulations, the PRDoH will assign DIS staff as the agency's liaison and support the municipal clinics in providing essential services to participants such as linking newly HIV diagnosed to care and provide contact tracing and partner notification. Other services that the DIS will be providing will be referrals for HIV HCV, HBV, and STI testing; they will also coordinate PrEP and SSPs services referrals, as needed. Understanding the need for other essential support services, the DIS will refer cases to the SJHD clinics Case Managers to address other underlying needs that could affect the accessibility of the services.

Strategy 4C: Identify and address gaps in programs and services revealed by cluster detection and response in San Juan.

Create a Cluster Response protocol for HIV clusters detected in San Juan. Under existing local laws and regulations, outbreaks investigations are the PRDoH's responsibility, and as determined the agency will work with the municipality of San Juan and other HIV service providers and community-based organizations to address gaps in programs and services identified during a cluster investigation. All data gathered during a cluster investigation will be used to actively guide activities. For example, if a cluster is identified in a certain census tract in San Juan, the PRDoH in collaboration with the SJHD will assess the area and identify the gap in services that can be leading to HIV and other infectious disease transmissions. Once identified, a working group consisting of various service providers will visit the area and test, link to service, and educate the target population or at risk.

Collaborations and Community Engagement

Collaborations

We will work on establishing partnerships and collaborations with other CDC programs and CDC funded organizations to ensure a coordinated, integrated, and comprehensive response to the EtHE plan in San Juan. The PRDoH will partner with CDC to implement strategies and activities locally with the different CDC funded programs such as HIV Surveillance Program, Medical Monitoring Project (MMP), National HIV Behavioral Surveillance (NHBS), HIV Prevention Program, STI Surveillance, Tb Surveillance, Epidemiological Laboratory Report (ELC) and BRFFS. Other federal partners that will be collaborating in San Juan are the PRDoH's HRSA funded Ryan White Part B Program and ADAP. External collaborators will be all

CBO's directly funded by CDC in San Juan and the HRSA Part A funded San Juan Metropolitan Statistical Area.

With organizations not funded by CDC we will develop or work under local regulations or memoranda of agreements, the health department will collaborate with non-CDC funded organizations in San Juan, including the SJHD. Collaborations will include other local government agencies such as the Mental Services Administration Health and Addiction (ASSMCA), pro profit CBO's, HIV treater's Association, local colleges, and other partners to be determined.

Community Engagement

Research and public health initiatives benefit public health when efficacious interventions are translated from research settings to service providers who implement them in their communities. The development and evaluation of ongoing scientific findings (e.g., diagnostic techniques, treatments, and behavioral interventions) can have significant practical value only after those findings are transferred to the broader scientific community, to providers, and to participants who will benefit most from them. To be truly successful at translation, all these communities must be engaged early and throughout the planning and research process. Community-engaged research has become central to the science of eliminating health disparities. Community engagement strategies will include recruiting members from a broad and diverse group of stakeholders to serve on the Community Coalition Team (CCT). The team's primary tasks will be to create partnerships with different public entities, private institutions, community-based organizations, community representatives, and other stakeholders. We will place interest in inviting new voices to the HIV planning process. We have preliminarily identified the need of younger (<29years) individuals with HIV, people actively using PrEP and PEP, and injection drug users, among others. We want to strengthen through partnerships, collaborations, or MOUs the relationships with community-based organizations, primary care centers (330), and other community partners that focus their work on the San Juan population.

The overall goal of the CCT will be to assist in identifying health disparities in the participating communities and help develop solutions to address these disparities. The community stakeholders will participate in a variety of innovative ways and will have different levels of influence, from identifying needs as a user of health care to conducting activities and initiatives on behalf of the partnership. We will also create community forums (online or in-person) for discussions of matters related to the initiative. We will also create online discussions and webpage to allow for members of the HIV community in San Juan and Puerto Rico in general

to be able to communicate their suggestions, recommendations or ideas directly to us. Member diversity and inclusion in the research process will be essential to achieving equitable outcomes and leveraging additional resources outside the reach of the PRDOH.

We will be assessing the CCT training and capacity building needs to request technical assistance to assure the smooth and proper implementation of the plan.

Target Population and Health Inequities

Target Population

While our goal is to reach all individuals at risk of HIV infection, the PR Integrated HIV Surveillance, Prevention, and Treatment Plan have identified MSM 18-29 y/o; Transgender women; and People Who Inject Drugs as those who carry the most burden of disease in our jurisdiction and San Juan, and to which we are currently targeting strategies to provide better services. The updated Epi Profile will be our guide to assess if these groups remain as the Municipality of San Juan's target population. If new populations are identified, we will address new activities to specifically reach them. The San Juan EHE plan will include strategies and activities to address the identified population needs.

Health Inequities

Social determinants of health (SDH) comprise the circumstances in which people are born, grow up, live, work, and age. Similarly, it is important to highlight that the circumstances that an individual might face are influenced by the quantity and quality of the resources that society makes available to them. The final state of health of a population is greatly influenced by the complexity of the integration of social structures and economic systems. SDH plays an important role in how people access HIV-related prevention, treatment, care, and support services. We must not only focus on making the service available but also that people know where to look for it, how to use it, and that they are educated regarding the benefits they receive. The vulnerability to HIV infection is directly influenced by social determinants of health. HIV risk is higher in people who are disadvantaged in social power relationships. Experiences of social exclusion caused by stigma and discrimination in the form of racism, xenophobia, sexism, homophobia, heterosexism, and ages increases the risk of HIV infection. The HIV epidemic has been highly stigmatized over the years. People diagnosed with HIV, and those at risk of becoming infected, have been exposed to constant experiences of rejection by society in general, including health care settings. Similarly, social exclusion based on issues related to stigma and discrimination based on sexual

orientation has been transcendental. The development of HIV prevention strategies depends on the identification of physical, social, cultural, organizational, community, economic, legal, and public policy factors in our environment that can facilitate or impede such prevention efforts. It is necessary to change the context that contributes to people's risk and vulnerability. To achieve this, public policies or programs that seek to change the conditions in which people live or the responses of the community that promotes social or political changes must be strengthened. This way of promoting health is based on addressing the multi-level factors that influence people's behavior, not on individual behaviors alone. People with HIV (or people at risk of HIV) infection face many barriers and challenges in our jurisdiction and San Juan. These challenges vary by risk group. Among PWIDs and HETs, social determinants such as education, income, housing condition, and substance abuse affect disproportionately these populations whereas, among MSM, disability social determinants such as psychological distress might be a key factor of HIV risk. When developing care and prevention strategies we will take into consideration the identified disability and social determinants of each population.

Evaluation and Performance Measurement Plan

Capability to Collect and Report on the Required Performance Measures

As the lead applicant, the PRDoH has the capacity and expertise to design and implement the evaluation for the Ending the HIV Epidemic plan for San Juan and to collect and report on the required data. Our agency has conducted research and evaluation and implemented demonstration projects and cooperative agreements to better understand the needs of the HIV community in the island that targets persons with HIV, in high risk of HIV infection, with other comorbidities, substance use, and mental health issues. The PRDoH, under local law, is responsible to monitor all diseases and the existing staff collects, enters, and manages several data systems such as CareWare, Evaluation Web, and eHARs.

Plans for Data Collection, Management, and Reporting

Upon funds being awarded, the PRDoH and the Municipio of San Juan will work with CDC, as requested in the 6-month development phase, to develop and implement a detailed comprehensive outcome and process monitoring evaluation plan for the jurisdiction. We will designate an Evaluation Manager who will work with the PI and PC, along with Municipio of San Juan's Project Coordinator, to design a plan that includes specific measures for engaging HIV partners from San Juan and the jurisdiction. During the development phase, the project will use existing data and the Ending the HIV Epidemic Plan for San Juan in additions to the Integrated Surveillance, Prevention and Care Plan to set

baselines to measure increases in partner's engagements in the process as well as to updating the Epidemiological Profile and situational analysis.

Key Evaluation Questions to be Answered

The key evaluation questions that will be answered include as to what extent the Municipio of San Juan and the PRDoH have: (1) increased the number of HIV testing in San Juan to diagnose new HIV cases as early as possible; (2) increased the numbers of HIV individuals linked to care rapidly and has reached viral suppression; (3) increased numbers of individuals referred to PrEP and SSP to prevent new HIV transmissions; (4) increased number of clusters and outbreak interventions to refer to prevention and care services to HIV individuals and partners and/or contacts.

Data Collection and Reporting

The PRDoH will comply with all required NHM&E requirements for reporting client-level and aggregate data.

Using Data for Decision-Making and Continuous Program Improvement

Throughout the project, data will be used to inform and guide the development, modification, and implementation of the program activities and assure continuous quality improvement. Quarterly, the SJHD will share with the PRDoH project staff, all analyses of process and outcome data compiled to compare the data included in the implementation plan, to ensure consistency, and adjust accordingly to meet specified objectives. Based on monitoring and feedback from all HIV partners, the SJHD and the PRDoH will modify intervention activities for continuous quality improvement. Based on the results of the various evaluation components and feedback from the project officer, the project staff will modify the interventions, services, and evaluation design to assure continuous quality improvement. The Project Coordinator, with input from the Evaluation Manager, will prepare and submit quarterly program reports and quarterly data reports, as required.

Organizational Capacity

The PRDOH by law has been responsible for providing and regulating HIV/AIDS services since 1987 on the island. The Office of Epidemiology and Investigation houses the HIV Surveillance Program and has been responsible for monitoring the HIV disease progression through core surveillance and other supplemental surveillance programs such as Pediatric Spectrum of Disease, Adult Spectrum of Disease, HIV Seroprevalence in Childbearing Women, HIV Seroprevalence in Persons who Inject Drugs, Enhanced HIV Perinatal Surveillance, National HIV

Behavioral Surveillance, Medical Monitoring Project, Electronic Laboratory Report, Geo-Spatial Analysis and recently Molecular HIV Surveillance. The Office of AIDS Affairs and Sexually Transmissible Diseases (OCASET) founded in 1990 is responsible for providing HIV prevention and care services through the HIV Prevention program that offers HIV testing, Case Management, Partner Services, Community Outreach, Condom distribution, Community Mobilization, Capacity Building, Health Education and media campaigns and other prevention services, it also works in close collaboration with the local HIV service providers through contractual agreements and convenes the HIV Prevention Planning Group. The Ryan White Part B is also housed under the OCASET and provides care and support services within the jurisdiction. Services include Clinical, Mental Health, Case Management, Medication (for those without medical insurance), and other support services such as transportation and ADAP. This program convenes the Ryan White Part B Planning Body as well as the ADAP committee where persons with HIV and services providers come together to aid and consult the PRDoH regarding HIV treatment services. The OCASET also provides state-funded clinical services through HIV clinics distributed in the 7 health regions, being the CLETS clinic in San Juan the major clinic for HIV and STI services

Workforce capacity

The HIV Surveillance, HIV Prevention, and RW Part B programs staff are seasoned professionals with vast experience in system monitoring and on HIV strategies implementation, most of the staff accounts for over 25 years of experience in their field. Under local regulations, health providers must report all new and existing HIV cases to the Surveillance Program so that our HIV Disease Intervention Specialist (DIS) can investigate these cases and develop the jurisdiction Epidemiological Profile to guide the local prevention and care activities. The HIV Prevention Program leads all HIV preventive and clinical services with the program's HIV Prevention DIS that provide testing, partner services, and linkage to care to educate, prevent and reduce HIV infection and other sexually transmitted diseases. The RW Part B program is the leader in providing care and support services for persons with HIV island-wide through Case Managers, Patient locators, medical and pharmaceutical support.

Strategy 1: Diagnose all people as early as possible within the San Juan geographical area					
Outcome Objective	Process Objective	Activities	Timeframe	Responsible/ Collaborators	Indicators
1. Increase routine opt-out HIV screening in healthcare and other institutional settings located in high prevalence communities in San Juan, by July 31st, 2025.	Identify several health care facilities as a priority for routine opt-out HIV Screen, by July 31, 2025.	Through an MOU prioritize the 8 SJHD clinics for HIV opt-out screening.	Continuous during the period	PRDOH SJHD	Number of routine HIV screening tests performed in the 8 SJHD clinics.
		Provide HIV tests in clinical non-clinical facilities in all colleges located in San Juan.	Continuous during the period	Health Professionals, College's clinical and non-clinical staff, PRDOH and other collaborators	Number of HIV screening tests performed in other clinical and non-clinical settings in colleges located in San Juan.
		Provide HIV tests in the metro Methadone Clinic	Continuous during the period	Methadone Clinic HIV/STD Prevention Division	Number of HIV tests distributed to the metro Methadone Clinic.
		Identify new facilities for opt-out testing in San Juan.	By June 2021 and continuous during the period as new clinics might come	PRDOH, SJHD, Primary Care Centers, Other collaborators	Number of new facilities identified for opt-out testing in San Juan.
		Expand educational efforts and training to health professionals about routine testing and everything related to the diagnosis.	Continuous during the period	Health Professionals Councils, PRDOH (OCASET), AETC, Insurance companies, Examining Boards, Professional Associations, Academia	Number of activities and training sessions provided Number of participants active in trainings provided
2. Increase local availability and accessibility to HIV testing in San Juan, by July 31st, 2025.	Increase the number of HIV tests conducted in non-traditional venues in San Juan, by July 31, 2025.	Provide HIV tests to community pharmacies, Walgreens, and CVS in San Juan.	Continuous during the period	Pharmacies, PRDOH	Number of routine HIV screening tests performed by venues.
		Link all HIV positive cases to care and prevention services.	Continuous during the period	Ryan White Part A HIV Prevention Division SJHD	Number of HIV positives linked to care.

Strategy 1: Diagnose all people as early as possible within the San Juan geographical area					
Outcome Objective	Process Objective	Activities	Timeframe	Responsible/ Collaborators	Indicators
					Number of HIV positives linked to prevention services.
3. Increase HIV testing screening and rescreening among persons at high risk in San Juan, July 31, 2025.	Establish mechanisms to identify and offer HIV screening and rescreening among persons in a high risk in San Juan, by July 31, 2025.	In collaboration with care and prevention services facilities determine a mechanism to routinely offer HIV tests to persons at high risk of infection.	By December 2021	PRDOH, SJHD, Primary Care Centers, Other collaborators	Developed protocols to implement these mechanisms.
4. Increase HIV testing at home in San Juan, July 31, 2025.	Establish mechanisms to offer HIV testing at home in San Juan, by July 31, 2025.	In collaboration with care and prevention services facilities determine a mechanism to routinely offer HIV tests at home to the general population.	By July 2021 and continuous during the period	PRDOH, SJHD, Primary Care Centers, Other collaborators	Developed protocols to implement these mechanisms.
		Provide at home testing kits to people interested.	Continuous during the period	PRDOH, SJHD, Primary Care Centers, Other collaborators	Number of at home HIV tests completed.
5. Increase knowledge of HIV status in San Juan, by July 31st, 2025.	Increase the number of HIV tests performed overall in San Juan by July 31, 2025.	Screen and re-screen all individuals for HIV at least once a year, regardless of risk.	Continuous during the period	PRDOH, SJHD, Primary Care Centers, Other collaborators	Percentage of persons aged > 13-year-old who know their HIV serostatus.
6. Reduce the number of new HIV diagnoses in San Juan, by July 31st, 2025.	Increase the number of prevention services and linkage to care for persons HIV positive in San Juan, by July 31, 2025.	Increase the number of providers offering HIV prevention services in San Juan.	Continuous during the period	Health Professionals, PRDOH, SJHD and other collaborators	Number of providers that offer HIV prevention services in San Juan.
		Increase the number of HIV positive individuals linked and	Continuous during the period	PRDOH, Primary Care Centers, Other collaborators Ryan	Percentage of HIV positive individuals linked and retained in care in San Juan.

Strategy 1: Diagnose all people as early as possible within the San Juan geographical area					
Outcome Objective	Process Objective	Activities	Timeframe	Responsible/ Collaborators	Indicators
		retained in care in San Juan.		White, HIV Prevention Division, SJHD	
7. Develop HIV educational campaign					

Strategy 2: Treat people with HIV rapidly and effectively to reach viral suppression					
Outcome Objective	Process Objective	Activities	Timeframe	Responsible/ Collaborators	Indicators
1. Increase rapid linkage to HIV medical care in San Juan, by July 31st, 2025.	Increase rapid linkage to HIV care and antiretroviral therapy to all newly HIV diagnosed cases, by July 31st, 2025.	Identify HIV clinical and support providers.	By December 2021	Ryan White Part A, HIV Prevention Division, SJHD	Percent of individuals linked to medical care within 30 days of diagnosis.
		Create a service network for fast and comprehensive engagement to care.	Continuous during the period	PRDOH, Primary Care Centers, Other collaborators Ryan White, HIV Prevention Division, SJHD, HIV Surveillance Program and other collaborators	Number of MOUs, collaborations and partnerships established.
2. Increase early initiation of ART in San Juan, by July 31st, 2025.	Increase rapid linkage to HIV care and antiretroviral therapy to all newly HIV diagnosed cases.	Report all new HIV cases to the PRDoH HIV Surveillance Program in 5 days or less after diagnosis.	Continuous during the period	PRDOH, Primary Care Centers, Other collaborators Ryan White, HIV Prevention Division, SJHD, HIV Surveillance Program	Number of new cases reported to the PRDoH HIV Surveillance Program.
		The HIV Surveillance Program through a Data to Care DIS will assess that 90% of all cases are linked to care within 30 days of diagnosis.	Continuous during the period	HIV Surveillance Program	Percentage of person's ≥13 years of age with HIV diagnosed in the measurement period that are linked to care for ≤ 6 months after HIV diagnosis.
3. Increase re-engagement to HIV prevention and care services for PWH out of care in San Juan, by July 31st, 2025.	Increase re-engagement to HIV prevention and care services	Identify PWH who are out of care using HIV surveillance data	Continuous during the period	HIV Surveillance Program	Number of PWH who are out of care.
		Develop a comprehensive clinic-specific protocol for reengagement to HIV prevention and care services.	By December 2021	PRDOH, Primary Care Centers, Other collaborators Ryan White, HIV Prevention Division, SJHD, HIV Surveillance Program	Establishment of a comprehensive reengagement protocol at each clinic.
		Contact out of care patients and actively reengage in care.	Continuous during the period	SJHD HIV Clinics, Primary Care Centers, CBO's	Percentage of patients who are reengaged in care.

Strategy 2: Treat people with HIV rapidly and effectively to reach viral suppression					
Outcome Objective	Process Objective	Activities	Timeframe	Responsible/ Collaborators	Indicators
4. Increase viral suppression among people living with HIV in San Juan by July 31st, 2025.	Increase viral suppression among people living with HIV	Assess cases that are linked to care within 30 days of diagnosis and achieve viral suppression	Continuous during the period	PRDOH, Primary Care Centers, Other collaborators Ryan White, HIV Prevention Division, SJHD	Percentage of persons ≥13 years of age with HIV diagnosed in the measurement period and with viral suppression ≤ 6 months after HIV diagnosis.

Strategy 3: Prevent new HIV transmission by using proven interventions					
Outcome Objective	Process Objective	Activities	Timeframe	Responsible/ Collaborators	Indicators
1. Increase screening for PrEP in HIV negative clients in San Juan, by July 31st, 2025.	Increase PrEP training to providers in San Juan by collaborating with the local AIDS Education Training Center (AETC).	Provide PrEP and nPEP training to health providers in San Juan.	By December 2021 and continuous during the period	AETC, CDC's technical assistance and capacity building resources, academia, other collaborators	Percentage of health providers that receive PrEP and nPEP training.
	Increase availability, use, and access to PrEP among at risk individuals.		Continuous during the period	PRDOH, SJHD, other collaborators	Number of new clinics offering PrEP and nPEP in San Juan.
2. Increase access to comprehensive Syringe Services Programs (SSPs) in San Juan, by July 31st, 2025.	Increase access to comprehensive SSPs.	Contract local SSPs located in San Juan.	By July 2021 and continuous during the period	SSPs, PRDOH, SJHD, other collaborators	Number of contracted SSPs in San Juan.
		Develop a comprehensive protocol for the SSPs that includes counseling, rapid testing and community education to address infectious diseases prevention, detection and care.	By December 2021	SSPs, PRDOH, SJHD, other collaborators	Establishment of a comprehensive protocol at each SSPs.
3. Increase quality of the SSP's in San Juan, by July 31st, 2025.	Increase quality of the SSP's in San Juan	Create an evaluation module in collaboration with CDC to measure the quality of services provided by the SSP.	By December 2021	SSPs, PRDOH, SJHD, other collaborators	Establishment of evaluation module to monitor each SSPs.
		Monitor and review SSPs implementation processes and reach.	Continuous during the period	SSPs, PRDOH, SJHD, other collaborators	Improvement of quality of services provided by the SSP as per evaluation module standards.

Strategy 4: Respond quickly to potential HIV outbreaks in San Juan					
Outcome Objective	Process Objective	Activities	Timeframe	Responsible/ Collaborators	Indicators
1. Increase partnerships with the PRDH, SJDH, health providers and community for real-time cluster detection and response in San Juan, by July 31st, 2025.	Increase partnerships with other departments or programs	Create a committee to review cluster data and guide cluster response	Continuous during the period	PRDOH, Primary Care Centers, Other collaborators Ryan White, HIV Prevention Division, SJHD, HIV Surveillance Program	Cluster response committee is established.
		Collaborate with private laboratories located within San Juan to identify possible clusters or outbreaks within the municipality	Continuous during the period	HIV Surveillance Program, HIV Prevention Division, SJHD, PRDOH.	Establishment of collaboration agreements with private laboratories located within San Juan.
2. Improve HIV Surveillance data for real-time cluster detection and response in San Juan, by July 31st, 2025.	Improve data for real-time cluster detection and response	Create an expedited system to rapidly report new HIV cases to quickly respond to cluster detection	By December 2021 and continuous during the period	HIV Surveillance Program	Number of new clusters detected in the SJHD's 8 clinics.
		Enter real-time cluster data in the HIV Surveillance system.	Continuous during the period	HIV Surveillance Program	Amount of new real-time cluster data entered in the HIV Surveillance system.
3. Improve policies and funding mechanisms to respond and contain HIV clusters and outbreaks in San Juan, by July 31st, 2025.	Improve policies and funding mechanisms to respond and contain HIV clusters and outbreaks	Include flexible statutes in all contracts with collaborating agencies to allow quick HIV cluster and outbreak response	By December 2021 and continuous during the period	PRDOH, Primary Care Centers, Other collaborators Ryan White, HIV Prevention Division, SJHD, HIV Surveillance Program	Establishment of quick flexible funding mechanism to support the municipal clinics in HIV cluster response efforts.
4. Improve response to HIV transmission clusters and outbreaks in San Juan, by July 31st, 2025.	Improve response to HIV transmission clusters and outbreaks	Create a Cluster Response protocol for HIV clusters detected in San Juan	By July 2021	PRDOH, Primary Care Centers, Other collaborators Ryan White, HIV Prevention Division, SJHD, HIV Surveillance Program	Development of a Cluster Response protocol for HIV clusters detected in San Juan.

Strategy 4: Respond quickly to potential HIV outbreaks in San Juan					
Outcome Objective	Process Objective	Activities	Timeframe	Responsible/ Collaborators	Indicators
		Oversee cluster response interventions through the jurisdiction's HIV/STI Outbreak Protocol and Cluster Response Protocol.	Continuous during the period	PRDOH, Primary Care Centers, Other collaborators Ryan White, HIV Prevention Division, SJHD, HIV Surveillance Program	Number of interventions to respond to HIV transmission clusters and outbreaks.

Other Attachment List

1. Community Engagement Activities
2. Letter of Non-concurrence