

Facilitating Bidirectional Research in North Carolina

Peter Leone, MD

Professor of Medicine

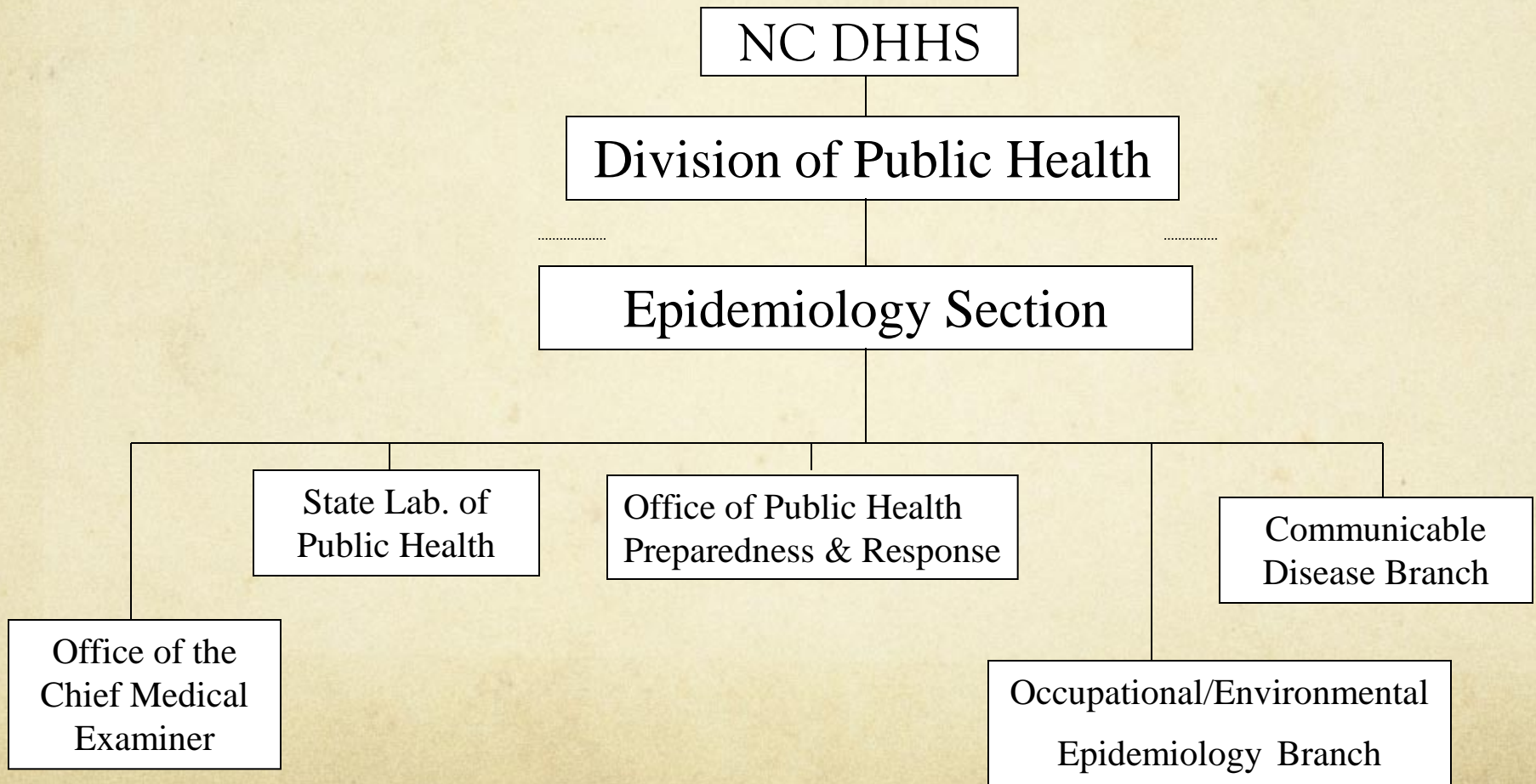
University of North Carolina

Medical Director for HIV/STD

North Carolina Communicable Diseases

NCDHHS

Who We Are....



Communicable Disease Branch Components

- Outbreak Response
- Surveillance, Investigation, Reporting
- Technical Assistance and Training
- Prevention and Care
- Community Linkages

Communicable Disease Branch Statistics

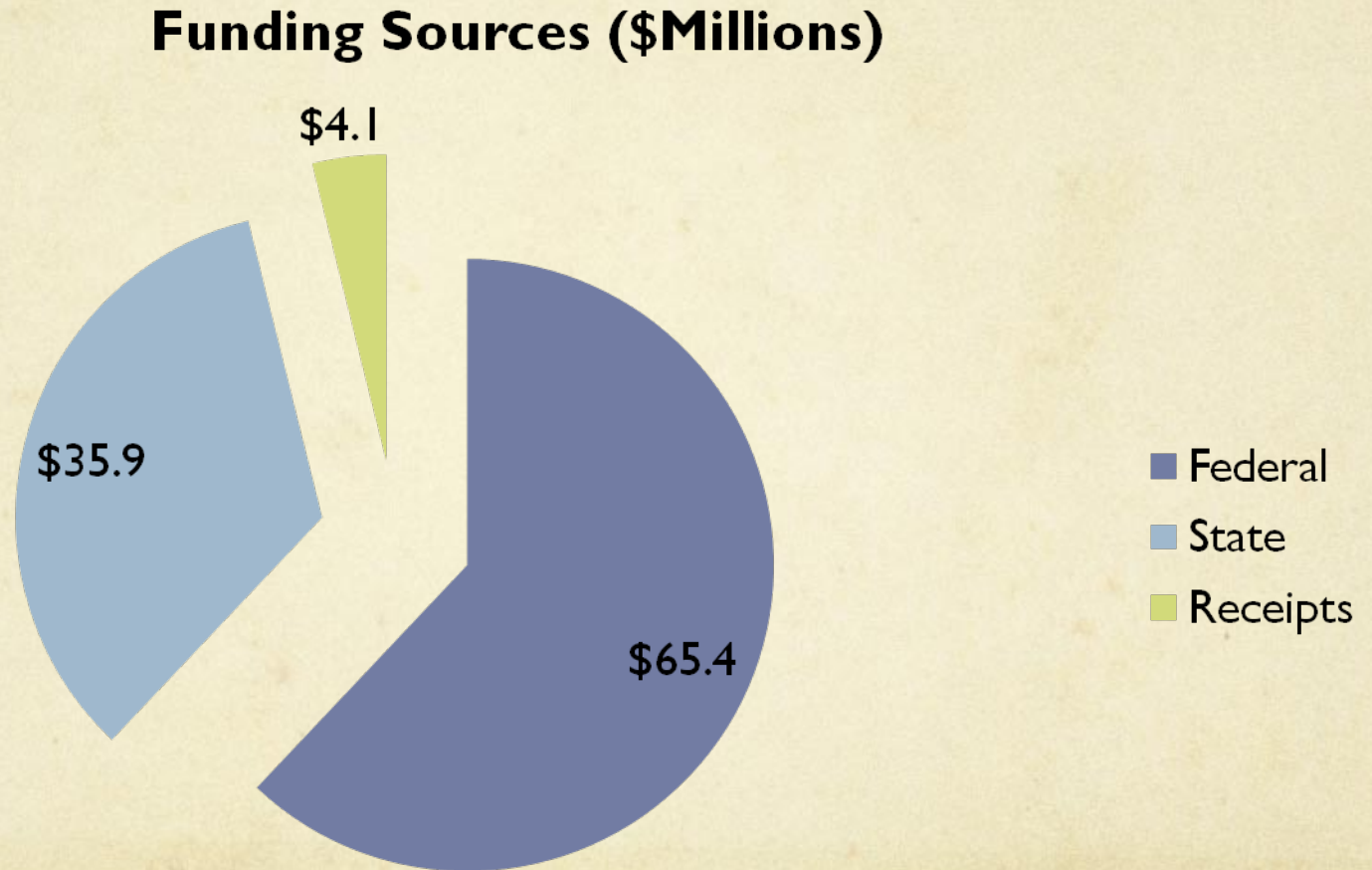
- ❑ 173 employees including 10 federal assignees (CDC)
- ❑ Annual budget comprised of state appropriations, federal grants and other receipts
- ❑ 19 separate federal grants / cooperative agreements
- ❑ 71 contracts with community-based organizations (CBOs) and institutions of higher learning
- ❑ Funding to all 86 local health departments / districts across 20 distinct activities
- ❑ Over 70 communicable diseases are under surveillance, using data from laboratories, physicians and, in near-real time, from hospital emergency departments
- ❑ On-call epidemiologists ensure 24/7 coverage
- ❑ 51 Disease Intervention Specialists (DIS) located in six regional offices who provide follow up for people with HIV or syphilis and draw blood for HIV/Syphilis testing.

Communicable Disease Branch

- Evelyn Foust, Branch Head
 - Medical Director for HIV/STD
 - reports to Branch Head
- Units
 - HIV/STD Prevention and Care
 - Medical Consultation
 - Epidemiology and Surveillance (HIV, STD, General Communicable Diseases)
 - Field Services
 - Administration

Communicable Disease Branch Funding by Source

6



Marriage between DOH and University

- State created a medical director position in partnership with UNC
- Contract for services but primary appointment with University
- Experience at LDH prior to state position
- Joint appointments at DOH, SOM, SPH
- Access to state data and authority to speak for DOH
- Expanded support

Specifics

- Two bosses with good communication and be clear shared outcomes
- University attracts expertise and provides freedom and flexibility
- Joint appointment
 - must have clarity on which is the supervisory
 - enough salary support for service integration and avoid need for primary grant support
 - but not too little to create ownership problem
- Tenured tract but university must support alternative career path
- Maximize utilization of expertise

Interactions

- Protocols for STD and HIV
- ADAP formulary committee
- National Organizations: NCSD, NASTAD, ASHTO, ASTDA
- Training Networks: CDC STDPTC
NCATEC
STD chat/webinars
Consultation- clinicians and state epidemiologist

Joint Programs/Grants

- STAT
- STOP Grant
- PCSI
- IPN
- Geocoding work group
- HIV Cascade work group
- CHAVI
- Prison Working Group
- WISE
- 2 Phylogenetic studies
- LNKS/SPNS
- Expanded HIV testing

Structure

- Recent development of UNC team
 - State epidemiologist housed at UNC
 - Medical Epidemiologist hired from UNC
 - 0.5 ID faculty support
 - DIS working under medical director at UNC
 - Epidemiology class in SPH
- Research/publication
 - MOUs in place
 - Formal process for data request and publication review
 - Over 20 PhD committees
 - Data Sources
 - BCBS
 - Medicaid/Medicare
 - ADAP/ Careware
 - NCEDS/NCDetect

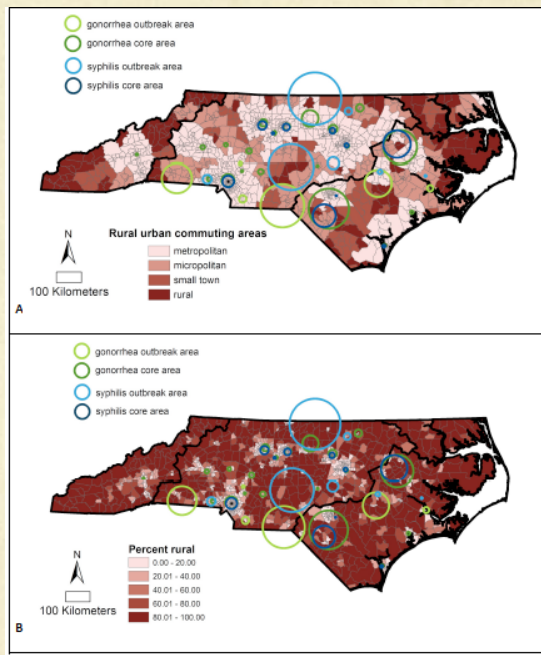
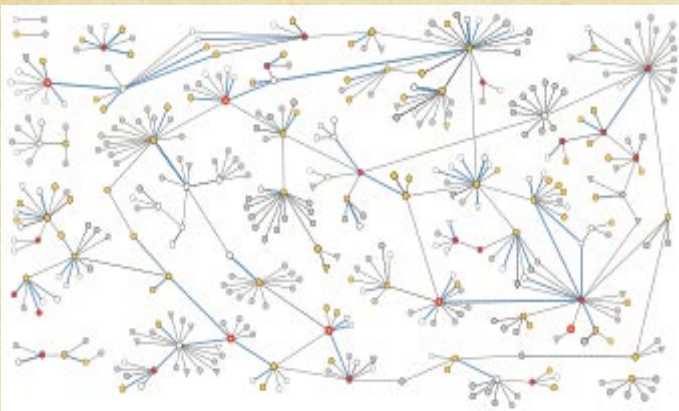
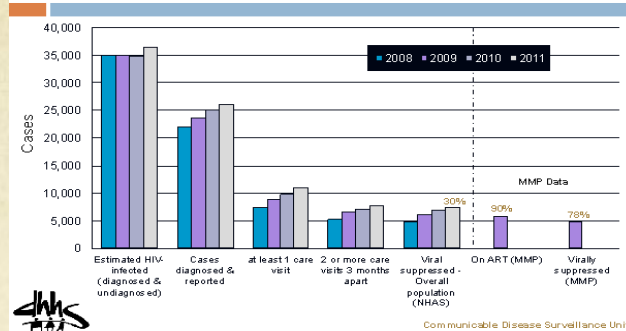


Figure 3: Gonorrhea (2005-2010) and syphilis (1999-2010) clusters overlaid with each other.

NC HIV Cascade, overall population

Diagnosed 2007-2010 and living through 2008-2011




time2test

LOGOUT

Want to register? Forget password?

HOME Learn MORE Testing & Care RESOURCES **Talk to SOMEONE** Notify a PARTNER Tools2 ASSESS


Bios Get help with Notification



DR. W

It helps to have someone you can talk with. Here at Time2Test we have a Disease Intervention Specialist (DIS) HIV/STD counselor and a doctor who specializes in HIV infection and other STDs available for any HIV or STD-related questions you may have. When either is available to chat you'll see a blue box around their picture saying that they are online and ready for a one-on-one chat.

If you've already been contacted by a DIS counselor about a possible exposure to HIV or another STD and want to provide the counselor with more partner information, you can use our confidential Partner Notification Form.



MR. B

We also have collected a list of some of our most Frequently Asked Questions that you can look through to see if your question may already be answered.

Don't feel like chatting or neither one is available? You can send a question confidentially to either of them. Any question you submit will be answered via e-mail or text within 48 hours.

Name:

Preferred Contact Method:

Email:

Phone:

ACUTE HIV SYNDROME

If you have an STD, Get Tested for HIV. Early Detection is Best. Learn to Recognize It. Tell a Friend.

Acute HIV is Early. Misdiagnose IT CAN BE MISTAKEN FOR COMMON ILLNESSES

Common Symptoms of Acute HIV:

- High Fever
- Rash
- Fatigue
- Swollen Glands
- Sore Throat
- Nausea/Vomiting
- Night Sweats

Symptoms usually appear about 2 weeks after exposure

What Puts You At Risk?

- Unprotected Sex
- Sharing Needles

The Acute HIV Program 919-966-8533




If you suspect you may have Acute HIV, get tested at your Local Health Department or at your doctor's office.
 *FREE Screening for acute HIV is done on all HIV tests done through the NC Health Department
 *Screening for acute HIV can be done at your doctor's office - ask for an HIV RNA test in addition to the standard HIV antibody test.

SPREAD THE WORD - NOT HIV




Conclusions

- Partnership is possible but State DOH must have a “get”
- Champions are needed
- Money for support must move in two directions: grant support from university and hard money from DOH
- Encourage student involvement but with formal process for data/grant request