Tuesday, September 9, 2025, from 4:00 PM – 5:30 PM
County Operations Center, 5530 Overland Ave, San Diego, CA 92123, Training Room 124

The Charge of the Medical Standards & Evaluation Committee: Ensure that HIV Primary Care services provided through local Ryan White-funded clinics meet or exceed established HIV clinical practice standards and Public Health Services (PHS) guidelines, assuring availability and access to state-of-the-art medical care for all eligible persons living with HIV (PLWH).

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Meeting Packet

Meeting Location & Directions:

Medical Standards & Evaluation Committee (MSEC)

Tuesday, September 9, 2025
4:00 PM - 5:30 PM

County Operations Center
5530 Overland Ave
San Diego, CA 92123
(Training Room 124)

FROM I-163 SOUTH:

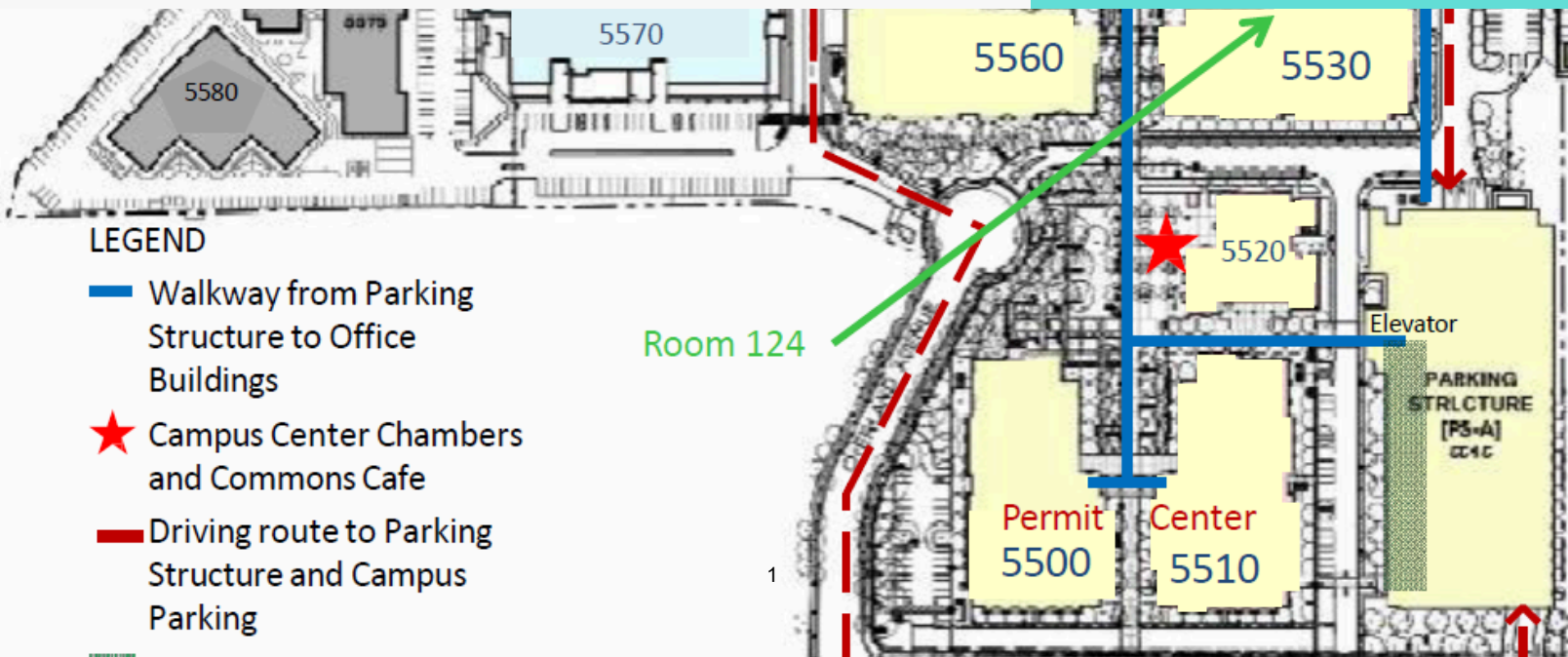
1. Take I-163 North to Exit 8 for Kearny Villa Road.
2. Keep right, follow signs for Kearny Villa Road.
3. Turn right onto Chesapeake Dr.
4. County Operations Center will be on your right.

FROM I-15 SOUTH:

1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.

PUBLIC TRANSPORTATION

MTS Bus Routes:
25, 235, 928



Tuesday, September 09, 2025, 4:00 PM – 5:30 PM
County Operations Center
5530 Overland Ave, San Diego, CA 92123 (Room 124)

To participate remotely via Zoom:
https://sdcounty-ca-gov.zoom.us/j/85484754922?pwd=ZpYeGCmH8chZaEWU4CqvcmUNPBkgIn.1
Call in: 1-669-444-9171
Meeting ID: 854 8475 4922 **Passcode:** 285782

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is seven (7).

Committee Members: Dr. Jeannette Aldous (Co-Chair) | Dr. Laura Bamford| Dr. Fadra Whyte | Dr. Rosemary Garcia | Dr. David Grelotti (Chair) | Yessica Hernández | Mikie Lochner | Shannon Paugh | Karla Quezada-Torres | Dr. Martha Rodriguez | Edith Saville | Dr. Stephen Spector | Dr. Winston Tilghman

MEETING AGENDA
ORDER OF BUSINESS

1. Call to order, introductions, comments from the chair, and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **Action**: Approve the consent MSEC agenda (which includes the September 09, 2025 agenda and the May 13, 2025 minutes)
5. Old Business:
    a. **Action**: Finalize and approve Dental Practice Guidelines
6. New Business:
    a. **Discussion**: Review 2024 Needs Assessment findings and identify priorities
    b. **Action**: Review and approve the committee meeting attendance policy
7. Other Updates:
    a. STI and MPox Update
    b. Committee member updates
8. Future agenda items for consideration
9. Announcements
10. **Next meeting date:** November 04, 2025, from 4:00 PM – 5:30 PM
    Location: To be determined AND virtually via Zoom
11. Adjournment

WORK PLAN
February 11, 2025 • Update Dental Practice Guidelines and Oral Health Service Standards • Finalize 2025 work plan and priorities
April 8, 2025 • Finalize and Approve Dental Practice Guidelines and Oral Health Service Standards • Finalize 2025 work plan and priorities • Review Mental Health Services and Psychiatric Medication Management
May 13, 2025 • Finalize and Approve Dental Practice Guidelines and Oral Health Service Standards • Ryan White Chart Review Summary – Jeanette Johnson
September 9, 2025 • Finalize and Approve Dental Practice Guidelines • Review 2024 Needs Assessment findings and identify priorities
November 4, 2025 • Review Mental Health Services and Psychiatric Medication Management • Review Ryan White Quality Assurance Chart Review tool • Identify priorities and develop work plan for 2026

Tuesday, May 13, 2025, 4:00 PM – 5:30 PM
Seville Plaza – Live Well Support Center
5469 Kearny Villa Rd, San Diego, CA 92123,
1st Floor, Training Room D

A quorum for this meeting is seven (7).

Committee Members Present: Dr. Jeannette Aldous (Co-Chair) | Dr. Laura Bamford | Dr. Rosemary Garcia | Dr. David Grelotti (Chair) | Yessica Hernández | Bob Lewis | Mikie Lochner | Shannon Paugh | Karla Quezada-Torres | Dr. Martha Rodriguez | Dr. Winston Tilghman | Dr. Fadra Whyte

Committee Members Absent: Dr. Stephen Spector

Agenda Item	Action	Follow-up
1. Welcome and moment of silence, comments from the Chair	Dr. Grelotti called the meeting to order at 4:08PM and introductions were done. A moment of silence was observed. The chair requested some clarifications regarding conflicts when discussing standards. Lochner clarified to be mindful of conflicts when discussing COIs. Members with conflicts of interest can join discussions but must not steer them toward their own agency, and the chair is responsible for keeping this in check.	
2. Public Comment	None.	
3. Sharing our Concerns	A member of the committee reminded providers to be mindful that referring clients outside the Ryan White system can lead to long delays, so when urgent care is needed, they should help schedule appointments to ensure timely access.	
4. Action: Review and approve the May 13, 2025 meeting agenda	**Motion:** Approve the May 13, 2025 meeting agenda switching section 7b. to 7a. **Motion/Second/Count (M/S/C):** Lochner/Lewis/11-0 **Discussion:** None **Abstentions:** Grelotti **Motion Carries**	

Agenda Item	Action	Follow-up
5. Action: Review and approve the April 08, 2025 meeting minutes	**Motion:** Approve the April 08, 2025 meeting minutes as presented. **M/S/C:** Quezada-Torres/Tilghman/10-0 **Discussion:** None **Abstentions:** Dr. Grelotti and Paugh **Motion Carries**	
6. New Business:		
a. Presentation: Ryan White Chart Review Summary – Jeanette Johnson	Jeanette Johnson and Keli Taylor presented on the Ryan White Outpatient Ambulatory Health Services Report on Compliance with Practice Guidelines 2024 and discussed the following: • Study Design • Client Demographics • CD4 and Viral Load Counts • Sexually Transmitted Infections • DoxyPEP and Anal Cancer Screenings • Treatment Adherence Counseling and PCP(PJP) Prophylaxis • Hepatitis Screening and Lipids • Vaccinations • Mental Health Screening and Substance Use Disorder Screening • Overview of Statistically Significant Change The following questions were clarified: -Patients that do decline are recorded with the refusal of service and the date. -The recipient's office usually takes the report and will follow-up based on notable findings and opportunities for improvement. - Typically results are not unblinded, but the County does investigate results and identify best practices to relay to clinics. -We should caution regarding comparison. - Data may reflect patients in transitional situations (e.g., re-entering care).	
7. Old Business:		

Agenda Item	Action	Follow-up
a. Action: Update and approve Dental Practice Guidelines	Tabled.	

b. Action: Update and approve Oral Health Service Standards	**Motion:** Approve the updates for the Oral Health Service Standards with all the amended changes made today.
	
	M/S/C: Lochner/Garcia/11-0
	Discussion: Dr. Whyte elaborated on her role at the County and her additional conflicts.
	The following amended changes were suggested:
	Page 26 in packet
	- Mirror Medi-Cal Dental exemptions for clients (ex: mental health or memory loss) related to night guard replacement. Suggested broad language "replacement as needed as documented by the dentist".
	- Remove the sentence "Single tooth implants are not a benefit of the Ryan White Dental Program".
	- Replace HIV or AIDS with HIV
	Page 27
	- Replace HIV/AIDS with HIV
	- Under training programs add the following dot points
	  ○ "General awareness of benefits, programs available to people living with HIV, including case management"
	  ○ "Education on common comorbidities such as physical, mental, and psychosocial challenges" for people living with HIV.
	  ○ General understanding of Ryan White insurance coverage as the payer of last resort
	Page 28
	- Keep the language "Labs including viral load, CD4 count, CBC with differential". However, acknowledge
		HIV Planning Group Support Staff (HPG SS) will follow up with Dr Whyte on changes and create a clean document.
		
		HPG SS will forward the document with the amended changes to the HPG for approval.

Agenda Item	Action	Follow-up
	and address barriers in Dental Practice Guidelines document. **Page 29** - Include radiographs as part of the exam. **Abstentions: Grelotti** **Motion Carries**	
8. Other Updates:		
a. STD and Mpox Update (Dr. Tilghman)	Tabled.	
b. Committee member updates	Tabled.	
9. Future agenda items for consideration	Tabled.	
10. Announcements	Lochner mentioned those who would like to be part of the committee will receive an email that will go into effect in 72 h.	
11. Next meeting date:	**Date:** September 09, 2025, **Time:** 4:00 PM – 5:30 PM **Location:** TBD	
12. Adjournment	**Motion:** Extend the meeting by 10 minutes **M/S/C:** Lochner/Lewis/11-0 **Discussion:** None **Abstentions:** Grelotti The meeting was adjourned at 5:45 PM	

Practice Guidelines for the Treatment of People Living with HIV in General Dentistry

County of San Diego

Original Source:
Los Angeles County
Commission on HIV Health Services

Revised by:
San Diego County Standards of Care Dental Working Group, 9/4/08 and 4/7/11
San Diego County HIV Planning Group Dental Working Group 5/26/20 and 6/22/20

Recommended by:
Joint Planning Council/Grantee HIV Standards of Care Committee, 7/12/11
HIV Planning Group Strategies and Standards Committee, 7/7/20

Received and approved by:
San Diego County HIV Health Services Planning Council, 10/26/11
San Diego County HIV Planning Group, 7/22/20

Contents

What Viral Load and CD4 Cell Count Mean to the Dentist

The CD4 count and the viral load are the two laboratory markers that are used to monitor HIV infection. The CD4 cells are a subset of T-lymphocytes (synonyms are the T4 cell count or helper cells), which correlate with the patient's immune status. The normal value for adults is 750 – 1000 cells/mm^3. Patients with values less than 200 cells/mm^3 are considered to have advanced immunosuppression. Those with a value of less than 50 cells/mm^3 are considered to be in a very advanced stage and are usually symptomatic. Patients with low CD4 cell counts (less than 200 cells/ml) are at risk for developing the diseases associated with the acquired immune deficiency syndrome or AIDS (opportunistic infections and cancers.) Those with high counts (greater than 350 cell/mm^3) usually manifest no AIDS related illnesses.

The viral load is a test that measures the amount of viral ribonucleic acid (RNA) in a milliliter of plasma and reflects how much the virus is replicating. While the viral load does not indicate the immune status of the patient, it reflects the viral burden in the body and the risk of clinical progression and immunosuppression. The goal of therapy with antiviral drugs is to reduce the viral load to an "undetectable" value. The significance of an "undetectable" viral load is that minimal viral replication is occurring, and the virus is unlikely to deplete CD4 cells and cause immunosuppression. It also means that there is little risk of the virus being able to mutate which can result in drug resistance and treatment failure. Further, recent data have demonstrated that patients with sustained viral suppression do not transmit HIV to sexual partners. Based on these benefits and the improved safety and tolerability of newer antiviral treatment options, antiretroviral (ARV) therapy is recommended for all persons living with HIV, regardless of the CD4 count.

The dentist can play an important part in reminding patients of the need for regular follow up and monitoring of these markers.

For the dentist, the CD4 count indicates the immune status of the patient and the risk for certain conditions that can affect oral and overall health. The viral load itself does not directly influence dental treatment, but a detectable viral load may indicate to the dentist that the patient is not on an optimized ARV regimen and may benefit from timely follow-up with the primary care provider.

High viral loads may be present in a patient with early asymptomatic disease, while low viral loads can be seen in very advanced patients on suppressive antiviral therapy. The dentist can play an important role in reminding patients of the need for regular follow up and monitoring of these markers. It is recommended that viral load determinations be done at least every three to six months.

With respect to CD4 counts and viral load testing, best practices for the dentist include the following:

- At each visit, find out the patient's last CD4 count and viral load as part of the general health assessment.
- If the patient has not had viral load testing or a CD4 count in the last 12 months, determine if the patient is receiving primary care for HIV and if the patient is taking ARV medications. If there is concern that the patient has fallen out of care, direct the patient to resources for re-linkage to care.
- Remind patients of the need for regular follow-up and monitoring of CD4 counts and viral load.
- Reinforce the importance of adherence to the ARV medication regimen and the fact that missing just a few doses a month can result in the virus becoming resistant and harder to treat.

Antibiotic Prophylaxis

For patients who are living with HIV, there are no data supporting the need for routine antibiotic coverage to prevent bacteremia or septicemia arising from dental procedures. In fact, patients with AIDS have shown a higher incidence of allergic reactions to antibiotics and other medications, so it may endanger the patient's health by over-prescribing antibiotics.

Prophylactic antibiotics should not be prescribed routinely for the dental visit when the HIV infection is well-controlled. The American Heart Association (AHA) guidelines for antibiotic prophylaxis should be followed as with any patient. Consult the patient's physician to determine the need for antibiotic prophylaxis for the patient with multiple co-morbidities and with prosthetic joint replacements or intravascular devices. As with any patient, it is the standard of care to investigate all possible drug interactions before prescribing antibiotics or other medications for patients who are living with HIV.

Medical Assessment

Annual Health History

Many different oral mucosal lesions have been associated with HIV infection. Some, such as candidiasis and hairy leukoplakia, may indicate HIV disease progression. Medications used for treatment of HIV and associated diseases or prophylaxis of opportunistic infections may have significant adverse effects or may interact with other prescribed medications. To develop an appropriate treatment plan, the oral health care provider should obtain complete information about the patient's health and medication status. Past and/or present use of tobacco, alcohol, and other substances affects oral health, and such information should be collected during the (initial or updated) annual health history.

If there is any doubt about the accuracy of the information provided by a patient, the dentist should contact the patient's physician.

Annual Extra-Oral (Head and Neck) Examination

Patients who are living with HIV may develop associated skin manifestations and cervical lymphadenopathy along with bilateral salivary gland enlargement. Therefore, in addition to oral soft-tissue examinations, extra-oral head and neck examination should be performed routinely.

When to Contact the Patient's Primary Care Physician

It is recommended that the dental provider consult with the patient's physician when additional information is needed to safely provide dental care. This is handled the same way as a consultation request for any other medical condition.

- It is the standard of care to ask the patient about any health conditions, and to collect information about the status of each condition.
- It is also the standard of care to ask the physician to confirm or provide more complete medical information to that already obtained from the patient if needed.
- When medical conditions are well controlled, it is up to the dental care provider, based on his or her diagnosis of the patient's treatment needs, to determine the need for a consultation with the patient's physician.
- The dental health provider should use the medical history and laboratory test results to decide if treatment should occur in a hospital setting. Such a decision should be made in consultation with the patient's physician.
- If a patient with advanced HIV disease does not know the most recent CD4 count or viral load, the dentist should contact the physician for the correct information, and then determine whether to provide routine care or only emergency care at that time.
- If there is any doubt about the accuracy of the information provided by the patient (i.e., inconsistent or illogical answers to questions about medical history), the dentist should contact the patient's physician.
- If the patient's symptoms have changed, the dentist should consult with the physician to review the impending care and determine if treatment modifications are needed. For example, if there is liver or kidney involvement, the dentist may need to adjust the dosage of analgesics or antibiotics prescribed.

- The medical history should be updated on a regular basis to ensure all medical changes are noted. The medication list should also be updated, as dosages and regimens are subject to change. Sometimes medications and dosages may need to be clarified with the physician of record.
- Thrombocytopenia, anemia, and hepatobiliary diseases may occur in the course of HIV disease progression and with opportunistic infections. Laboratory tests prior to extensive surgical intervention should be obtained.

Treatment Considerations

Modifications of Dental Therapy

Discriminatory practices, such as the modification of dental treatment based solely on a patient's HIV status, are prohibited. However, if the patient's medical condition is compromised, treatment adjustments may be necessary, as would be the case with any medically compromised patient. The dentist should determine what treatment modifications, if any, are necessary. It is essential for all practitioners to understand that most people living with HIV, even if symptomatic, can be treated safely in a typical dental office or clinic.

- A pre-treatment antibacterial mouth rinse will reduce intraoral bacterial load, especially for those patients with periodontal disease.
- A six-month recall schedule should be instituted to monitor any oral changes. If the patient is severely immunosuppressed (i.e., CD4 count of ‹100 cells/mm^3), a shorter recall period such as a three-month interval should be considered.
- Oral hygiene and the use of silver diamine fluoride (SDF) are important in a medically compromised patient, as poor hygiene may be responsible for more rapid progression of oral disease. A proactive attitude and an emphasis on prevention should be encouraged. Dental treatment should also be prioritized based on the patient's health and circumstances (e.g. patients without the ability to tolerate long appointments, ability to perform oral hygiene, etc. should be treated with SDF to arrest existing caries and restored with a glass ionomer cement when necessary until more definitive treatment can be comfortably and appropriately provided).
- Infectious diseases, such as Hepatitis B, Hepatitis C, or Tuberculosis, should be ascertained and preventative protocols followed.
- Severely or terminally ill patients, for example, will require alterations in care similar to those in patients suffering from other conditions that cause debilitating illness, such as cancer or mental health impairment. These cases frequently lend themselves to minimally invasive dentistry and include the use of SDF and restoration with a fluoride-releasing glass ionomer material.

It is essential for all practitioners to understand that most HIV patients, even if symptomatic, can be treated safely in a typical dental office or clinic.

Annual Periodontal Examination

Oral health care is an important component of the management of patients with HIV infection. A poorly functioning dentition can adversely affect the quality of life, complicate the management of medical conditions, and create or exacerbate nutritional and psychosocial problems. When the oral cavity is compromised by the presence of pain or discomfort, maintaining adherence to complicated ARV therapy regimens becomes more difficult.

Gingival/periodontal disease, specifically linear gingival erythema (LGE) and necrotizing ulcerative periodontitis (NUP), have been associated with HIV infection. There is now evidence that these diseases also occur in HIV-negative immunocompromised individuals and are not specific to HIV infection. The prevalence of these two diseases remains unclear with current estimates of occurrence among HIV-infected individuals in the 5-10% range. There is some evidence that NUP is associated with a low CD4 count (<200 cells/mm^3). Early recognition of periodontal problems allows treatment that can prevent progression of these conditions, including severe attachment/bone loss.

> HIV-associated gingivitis has been renamed linear gingival erythema (LGE) and HIV-associated periodontitis has been renamed necrotizing ulcerative periodontitis (NUP).

Annual Updated Treatment Plan

A comprehensive treatment plan that includes preventive care and maintenance should be developed and discussed with the patient. Various treatment options should be discussed and developed in collaboration with the patient. As with all patients, a treatment plan appropriate for the patient's health status, financial status, and individual preference should be chosen. Medications may interfere with dental treatment and cause adverse effects, such as decreased salivary flow, altered liver function, and bone marrow suppression, resulting in anemia, thrombocytopenia, and neutropenia.

Phase 1 Treatment Plan Completion

Phase 1 treatment includes procedures related to prevention, maintenance, and/or elimination of oral pathology that results from dental caries or periodontal disease. This may include minimally invasive dentistry to include caries control using SDF, restorative treatment, basic periodontal therapy (non-surgical), basic oral surgery that includes simple extractions and biopsy, non-surgical endodontic therapy, and space maintenance and tooth eruption guidance for transitional dentition. Dental services that are part of Phase 1 Treatment as indicated as "Primary" in the County of San Diego, Health and Human Services Agency Ryan White Primary Care Medical Care Allowable Dental Services List.

Community and migrant health center oral health programs seek to increase access to oral health

care for the underserved. Completing Phase 1 Treatment Plans within twelve months addresses two fundamental areas within these dental programs: 1) the need to perform a comprehensive oral health exam that culminates with an accompanying treatment plan and 2) assuring that quality care is incorporated in the process of completing needed treatment in a timely manner. Completion of the Phase 1 Treatment Plan facilitates the identification of contributing and restricting factors and practical low-cost improvement options relevant to significant areas listed above. With access to codes associated with comprehensive oral exams and Patient Treatment Completion (PTC), most information management systems will be able to provide an average length of time associated with completion of treatment. With this information, staffing patterns, financial costs (overhead expenses) and efficiency of the oral health program can be assessed. These additional benchmarks could also be measured across health center programs at the local, regional, and national levels. The ultimate goal is to measure and assure that health centers routinely and systematically deliver comprehensive, quality oral health services, and patient treatment is completed within a reasonable amount of time.

Completion of Phase 1 Treatment Plan within 12 months is comprehensive in that subsequent performance analysis can broach a number of significant areas, such as: appointment scheduling, ratio of oral health providers to dental operatories, ratio of oral health providers to support staff, collaboration with medical colleagues emphasizing oral health as an essential component of an interdisciplinary approach to patient care, prioritization of patients and/or procedures, general productivity and efficiency.

Additional clarification is available on pages 13-15 of the HAB HIV Oral Health Performance Measures document: https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/oralhealthmeasures.pdf.

Medications in HIV

HIV Medicine is a dynamic field and knowledge of ARV medications is constantly evolving. It should be emphasized that long-term clinical data on drug interactions does not exist for many of the newer medications. It is very important to keep an updated list of a patient's ARV medications as it may change. Patients taking some ARV medications may suffer from photophobia, so the dental team can make them more comfortable by avoiding a direct light source at the patient's eyes or offering dark glasses during the treatment. In addition, these patients may suffer from xerostomia as a side effect from some of the ARV medications. Use of prescription medications such as pilocarpine and bethanechol as salivary gland stimulants should be considered. Excellent oral hygiene home care, topical fluoride and frequent hygiene recall visits, as well as nutritional counseling and saliva enhancers (sugarless gum, water, and saliva substitutes) will be critical for

> Medications may interfere with dental treatment and cause adverse effects, such as decreased salivary flow, altered liver function, and bone marrow suppression, resulting in anemia, thrombocytopenia, and neutropenia.

prevention of periodontal disease and dental caries. Patients should also be assessed for consumption of unexpected sources of sugar such as over the counter medications including products like antacids (e.g. Tums, Rolaids); cough drops; suspensions (e.g. Nystatin); and, fungal troches (e.g. Mycelex). All of these may contribute to dental caries.

Currently, there are no known drug interactions between ARV medications and local anesthetics used in general dentistry. There are, however, some medications (especially certain sedative-hypnotics) that are prescribed by dentists or used in the office that may be contraindicated in patients taking ARV medications. It is recommended that the dental care provider consult a reference that thoroughly discusses drug side effects and interactions prior to prescribing any medications or consult with the patient's primary care provider.

More information on specific ARV medications is available at:

- https://aidsinfo.nih.gov/drugs
- https://medlineplus.gov/hivaidsmedicines.html
- http://hivinsite.ucsf.edu/InSite?page=ar-drugs

To look at specific drug-drug interactions, excellent clinical tools include:

- http://www.hiv-druginteractions.org
- http://hivinsite.ucsf.edu/insite?page=ar-00-02

Oral Health Education: Caries Prevention and Smoking

A higher risk of dental caries in patients with HIV may be caused by decreased salivary flow, which may occur as a result of salivary gland disease or as a side effect of a number of medications. Also, some topical antifungal medications have high sugar content, possibly resulting in increased susceptibility to caries. In these cases, the frequent application of fluoride varnish (up to five times per year) or targeted applications of SDF several times a year as needed should be considered. The adverse effects of using tobacco should be discussed with the patient. If the patient is a tobacco user, cessation should also be discussed.

For in-office consumer and provider materials on tobacco cessation programs, dentists can access https://smokefree.gov/help-others-quit/health-professionals.

Oral health education may be provided and documented by a licensed dentist, dental hygienist, dental assistant and/or dental case manager.

Nutritional Counseling

Because of certain oral conditions, people living with HIV may have difficulty consuming a balanced diet. The patient may suffer from changes in taste and decreased ability to chew and swallow because of drug-induced xerostomia. This can lead to gastrointestinal upset and nausea, further inhibiting the intake of a balanced diet. It is the role of the dentist to recognize oral manifestations, which are associated with nutritional deficiencies that can cause intraoral manifestations such as vitamin B 12, folic acid, etc. Nutritional supplements or referral to the patient's physician or a registered dietitian may be necessary. Some areas to be aware of include:

- Poor oral intake of food or fluid
- Difficulty chewing and swallowing due to continuous mouth sores resulting from candidiasis, herpes simplex, aphthous ulcers, etc.
- Severe dental caries
- Changes in perception of taste or smell
- Patient complaints of economic inability to meet caloric and nutrient needs

Post-Exposure Prophylaxis (PEP)

Most occupational HIV exposures do not result in the transmission of HIV. There have been no documented reports of transmission from a dentist to a patient. Documentation of the event and assessment of risk remain important. The person who is exposed should be referred immediately to a physician who can provide counseling, testing, and appropriate medications. The interval within which PEP should be initiated for optimal efficacy is not known, but it should be started as soon as possible, ideally within 24-36 hours and no later than 72 hours following the exposure. The need for PEP should be treated as a medical emergency.

Please refer to 2013 guidelines at https://www.jstor.org/stable/10.1086/672271#metadata_info_tab_contents.

Management of Occupational Blood Exposure

- Wash wounds and skin with soap and water
- Flush mucous membranes with water
- The incident should be reported to a supervisor if applicable and should be documented

in an injury/exposure log

- Report to a medical provider for testing, and access to PEP

Basic Overview:

Determine whether high or low risk depending on source

- Low titer exposure
- Higher titer exposure

Medications

- Start within hours of exposure (as soon as possible)
- Triple therapy for 4 weeks

Warmline: 800-933-3413

PEPline: 888-448-4911

Perinatal HIV Hotline: 888-448-8765

Baseline Labs to Monitor for Adverse Reactions

- Pregnancy test if applicable
- Complete Blood Count with differential and platelets
- Urinalysis
- Renal Function Tests (Blood Urea Nitrogen and Serum Creatinine)
- Liver Function Tests (Aspartate and Alanine Aminotransferase, Alkaline Phosphatase, Total Bilirubin)

Monitor

- Baseline
- If combination antigen-antibody testing is used, blood should be tested for HIV at 6 weeks and 4 months following exposure.
- If antibody testing is used, test for HIV at 6 weeks, 12 weeks and 24 weeks. (Note: combination antigen-antibody HIV testing is generally used now)

The National Clinicians' Post-Exposure Prophylaxis Hotline is the PEPline. This excellent resource for questions is open 9:00am-8:00pm Eastern Time Monday through Friday and 11:00am-8:00pm Eastern Time on weekends and holidays. Their number is (888) 448-4911.

Discrimination and Legal Issues

Referrals to a specialist or to a hospital setting must always be based on the clinical needs of the patient, not the ignorance or fear of the dentist, staff, or other patients. The legal obligation of the dental provider is to refer patients for testing and follow-up.

It is a violation of the Americans with Disabilities Act, California law, and the law of some local jurisdictions, and of the ethical standards of the California Dental Association and the American Dental Association to refuse to care for patients with HIV because of fear of the risk of infection.

Privacy

Many patients are reluctant to disclose HIV status to the dentist because they fear discrimination, even when they understand that full disclosure is essential for providing the best possible care.

- Dentists **must** establish an atmosphere in which patients feel comfortable in disclosing their status by indicating on the medical intake form that patients are not discriminated against on the basis of disability, and that all medical information disclosed is confidential.
- Dentists are responsible for training staff to ensure that all patient information is kept confidential and is in accordance with all state laws and the Health Insurance Portability and Accountability Act (HIPAA).
- A thorough discussion of HIV privacy law, including practice tips for protecting the privacy of dental records, can be found in the Schulman article in the Journal of the California Dental Association: https://pubmed.ncbi.nlm.nih.gov/7508498/
- HIPAA guidelines are found at https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/index.html.
- Dentists should also refer to information available from the California Department of Health Services, Office of AIDS at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAmain.aspx.
- In the state of California, written consent of the patient is not required for exchange of treatment-related information between health care providers, as long as that information is obtained for the patient's benefit. However, many medical and dental offices are reluctant to provide lab data over the phone because of the especially sensitive nature of the information. You can more easily obtain medical information related to patient treatment if you offer to fax or mail a consent form.

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Wilson, W., Taubert, K.A., Gewitz, M., Lockhart, P.B., Baddour, L.M., Bolger, A., et al. "Prevention of Infective Endocarditis: Guidelines from the American Heart Association: a Guideline from the American Heart Association Rheumatic Fever, Endocarditis, and Kawasaki Disease Committee, Council on Cardiovascular Disease in the Young, and the Council on Clinical Cardiology, Council on Cardiovascular Surgery and Anesthesia, and the Quality of Care and Outcomes Research Interdisciplinary Working Group." Circulation 2007 Oct 9;116(15):1736-54.

Selected Websites for HIV/AIDS Information

Sites of Particular Interest to Dentists

HAB HIV Performance Measures: Oral Health
https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/oralhealthmeasures.pdf

American Dental Association
https://www.ada.org/en

HIVdent
http://www.hivdent.org/

National Institute of Dental & Craniofacial Research
http://www.nidcr.nih.gov/

Pacific AIDS Education and Training Center
http://paetc.org/

American Nursing Association Safe Needles Save Lives
https://www.nursingworld.org/practice-policy/work-environment/health-safety/safe-needles/safe-needles-law/

The Internet drug index - side effects and drug interactions

- https://aidsinfo.nih.gov/drugs
- https://medlineplus.gov/hivaidsmedicines.html
- http://hivinsite.ucsf.edu/InSite?page=ar-drugs

Other Helpful Links

HIV-Insite (UCSF)
http://hivinsite.ucsf.edu/

AIDS Info: US Department of Health and Human Services
https://aidsinfo.nih.gov/

HIV/AIDS Prevention (CDC)
https://www.cdc.gov/hiv/dhap/about.html

Morbidity and Mortality Weekly Report (CDC)
http://www.cdc.gov/mmwr/

The Body - A Multimedia AIDS & HIV Information Resource
http://www.thebody.com/index.shtml

National HIV/AIDS Clinicians' Consultation Center (Warmline and PEP line)
http://www.nccc.ucsf.edu/

L.A. Public Health Organization: AIDS Info
http://publichealth.lacounty.gov/dhsp/

American Medical Association
http://www.ama-assn.org/

County of San Diego HIV/AIDS Reporting
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv_aids_epidemiology_unit/reporting.html

Practice Guidelines for the Treatment of People Living with HIV in General Dentistry

County of San Diego

Original Source:
Los Angeles County
Commission on HIV Health Services

Revised by:
San Diego County Standards of Care Dental Working Group, 9/4/08 and 4/7/11
San Diego County HIV Planning Group Dental Working Group 5/26/20 *and* 6/22/20

Recommended by:
Joint Planning Council/Grantee HIV Standards of Care Committee, 7/12/11
HIV Planning Group Strategies and Standards Committee, 7/7/20

Received and approved by:
San Diego County HIV Health Services Planning Council, 10/26/11
San Diego County HIV Planning Group, 7/22/20

Contents

Commented [FW1]: Will need to be updated once the document is approved

Initial and Periodic Exam

Medical Assessment

Annual Health History with updated review at each visit

Review of labs (see laboratory values)

If there is any doubt about the accuracy of the information provided by a patient, the dentist should contact the patient's physician.

When to Contact the Patient's Primary Care Physician

It is recommended that the dental provider consult with the patient's physician when additional information is needed to safely provide dental care. This is handled the same way as a consultation request for any other medical condition.

Dental History

History of last dental visit
Oral hygiene routine
Review of diet

Extra-Oral Examination

Patients who are living with HIV may develop associated skin manifestations and cervical lymphadenopathy along with bilateral salivary gland enlargement. Therefore, in addition to oral soft-tissue examinations, extra-oral head and neck examination should be performed routinely.

Intra-Oral Examination

Periodontal Examination

Gingival/periodontal disease, specifically linear gingival erythema (LGE) and necrotizing ulcerative periodontitis (NUP), have been associated with HIV infection. There is now evidence that these diseases also occur in HIV-negative immunocompromised individuals and are not specific to HIV infection. The prevalence of these two diseases remains unclear with current estimates of occurrence among HIV-infected individuals in the 5-10% range. There is some evidence that NUP and LGE is associated with a low CD4 count (<200 cells/mm3) and that LGE is caused by candida. Early recognition of periodontal problems allows treatment that can prevent progression of these conditions, including severe attachment/bone loss.

Soft Tissue Examination (including oral cancer screening)

30-80% of HIV-infected adults will present with abnormal HIV-related intra-oral findings.

Many different oral mucosal lesions have been associated with HIV infection including:.

- candidiasis
- cryptococcosis, cryptosporidiosis, and histoplasmosis.
- human papillomavirus may lead to condylomata, warts, or cancer.
- Epstein-Barr virus can lead to oral hairy leukoplakia
- human herpesvirus may develop into Kaposi's sarcoma
- cytomegalovirus may lead to cytomegalovirus oral ulcers.

Hard Tissue Examination

Xerostomia occurs in up to 40% of HIV positive patients, due to the side effect of some ARV medications. The combination of periodontal disease, reduced salivary flow and antibodies increases the likelihood of caries.

Radiographs

As indicated after intra-oral and extra-oral exam is completed but may include full mouth series or panorex, bitewings, periapicals.

Laboratory Values

- At the initial exam a Complete Blood Count (CBC) with differential, CD4 Count, and Viral Load should be obtained
- Frequency of labs is based on individual patients and their treatment needs, but if CD4 >200 every six months or as order by physician and if CD4<200 every 3 months or as ordered by the physician.
- Thrombocytopenia, anemia, and hepatobiliary diseases may occur in the course of HIV disease progression and with opportunistic infections
- Evaluate each patient on a case-by-case basis. Use the above recommendations as general guidelines and not as an absolute, especially when urgent or emergency care is needed.

CD 4 Count

- The normal value for adults is 750 – 1000 cells/mm3.

CD4 count is not a reason to not do dental treatment but instead indicates the immune status of the patient and the risk for certain oral conditions that can affect oral and overall health.

- Patients with values less than 200 cells/mm3 are considered to have advanced immunosuppression.
- CD4‹ 50 – Evaluate patient for severe opportunistic disease. Usually there is no problem with routine dental care. If white count is expected to increase, then you may consider delaying elective dental procedures until white count improves. Emphasize good oral care and have them contact you immediately if oral problems start.

Viral Load

- While the viral load does not indicate the immune status of the patient, it reflects the viral burden in the body and the risk of clinical progression and immunosuppression

The dentist can play an important part in reminding patients of the need for regular follow up and monitoring of these markers.

It is essential for all practitioners to understand that most HIV patients, even if symptomatic, can be treated safely in a typical dental office or clinic.

- The viral load itself does not directly influence dental treatment, but a detectable viral load may indicate to the dentist that the patient is not on an optimized ARV regimen and may benefit from timely follow-up with the primary care provider

Platelet Count

- Normal Value (Normal values: 150,000-450,000 cells/mm3
- ‹60,000-80,000 consider intervention depending of risk of bleeding

White Blood Cells (total)

- Normal Value 4,000-10,000cells/mm^3
- ‹2,000 may want to consider delay of elective procedures and/or use of antibiotic prophylaxis in consultation with physician.

Absolute Neutrophil Counts

- Normal Value
- ‹500 may want to consider delay of elective procedures and/or use of antibiotic prophylaxis in consultation with physician.

Hematocrit (%) (HCT)

- Normal values: female 37-47%, male 42-52%
- <10% consult with physician -consider red cell transfusion for invasive procedures.

Hemoglobin (HGB)

- Normal values: female 12-16q/dL, male 14-18q/dL
- Less than 10 consult with physician -consider red cell transfusion for invasive procedures

Red Blood Cell (RBC)

- Normal values: female 4-5 million/mm3, male 4-6 million/mm3.
- Less than 1.0 million/mm3. Consult with physician - consider red cell transfusion for invasive procedures

Modifications to dental treatment

Antibiotic Prophylaxis

For patients who are living with HIV, there are no data supporting the need for routine antibiotic coverage to prevent bacteremia or septicemia arising from dental procedures. In fact, patients with AIDS have shown a higher incidence of allergic reactions to antibiotics and other medications, so it may endanger the patient's health by over-prescribing antibiotics.

Following invasive dental procedures (that involve manipulation of the gingival tissue, manipulation of the periapical region of teeth, or perforation of the oral mucosa) patients with a compromised immune system may be at risk for complications of bacteremia and distant site infection. The American Dental Association states when "white-blood-cell neutrophil counts <500 cells/mL, [ ]may require antibiotic prophylaxis.[28] However, antibiotic use may predispose patients to adverse drug reactions, superinfection and drug-resistant microorganisms, so antibiotics should be used judiciously, not routinely.[28, 34]" Consultation with the patient's physician is recommended for management of patients with a compromised immune system.

Medications in HIV

Medications may interfere with dental treatment and cause adverse effects, such as decreased salivary flow, altered liver function, and bone marrow suppression, resulting in anemia, thrombocytopenia, and neutropenia. HIV Medicine is a dynamic field and knowledge of ARV medications is constantly evolving. It should be emphasized that long-

term clinical data on drug interactions does not exist for many of the newer medications. It is recommended that the dental care provider consult a reference that thoroughly discusses drug side effects and interactions prior to prescribing any medications or consult with the patient's primary care provider.

For more information on specific ARV medications is available at:

https://medlineplus.gov/hivaidsmedicines.html

http://hivinsite.ucsf.edu/InSite?page=ar-drugs

To look at specific drug-drug interactions, excellent clinical tools include:

http://www.hiv-druginteractions.org

http://hivinsite.ucsf.edu/insite?page=ar-00-02

Medications may interfere with dental treatment and cause adverse effects, such as decreased salivary flow, altered liver function, and bone marrow suppression, resulting in anemia, thrombocytopenia, and neutropenia.

Other Considerations

A pre-treatment antibacterial mouth rinse will reduce intra[illegible] those patients with periodontal disease.

A six-month recall schedule should be instituted to monitor any oral changes. If the patient is severely immunosuppressed (i.e., CD4 count of <100 cells/mm3), a shorter recall period such as a three-month interval should be considered.

Commented [FW2]: I would suggest CD4 <200 to match the rest of the recommendations

Oral hygiene and the use of silver diamine fluoride (SDF) are important in a medically compromised patient. A proactive attitude and an emphasis on prevention should be encouraged. Dental treatment should also be prioritized based on the patient's health and circumstances (e.g. patients without the ability to tolerate long appointments, ability to perform oral hygiene, etc. should be treated with SDF to arrest existing caries and restored with a glass ionomer material when necessary until more definitive treatment can be comfortably and appropriately provided).

Infectious diseases, such as Hepatitis B, Hepatitis C, or Tuberculosis, should be ascertained and preventative protocols followed.

Oral Health Education: Caries Prevention and Smoking

A higher risk of dental caries in patients with HIV may be caused by decreased salivary flow, which may occur because of salivary gland disease or as a side effect of several medications. Also, some topical antifungal medications have high sugar content, possibly resulting in increased susceptibility to caries. In these cases, the frequent application of

fluoride applications of Silver Diamine Fluoride (SDF) several times a year as needed should be considered. The adverse effects of using tobacco should be discussed with the patient. If the patient is a tobacco user, cessation should also be discussed.

For in-office consumer and provider materials on tobacco cessation programs, dentists can access https://smokefree.gov/help-others-quit/health-professionals.

Nutritional Counseling

Because of certain oral conditions, people living with HIV may have difficulty consuming a balanced diet. The patient may suffer from changes in taste and decreased ability to chew and swallow because of drug-induced xerostomia. This can lead to gastrointestinal upset and nausea, further inhibiting the intake of a balanced diet. It is the role of the dentist to recognize oral manifestations, which are associated with nutritional deficiencies that can cause intraoral manifestations such as vitamin B 12, folic acid, etc. Nutritional supplements or referral to the patient's physician or a registered dietitian may be necessary. Some areas to be aware of include:

- Poor oral intake of food or fluid
- Difficulty chewing and swallowing due to continuous mouth sores resulting from candidiasis, herpes simplex, aphthous ulcers, etc.
- Severe dental caries
- Changes in perception of taste or smell
- Patient complaints of economic inability to meet caloric and nutrient needs

Annual Updated Treatment Plan

A comprehensive treatment plan that includes preventive care and maintenance should be developed and discussed with the patient. Various treatment options should be discussed and developed in collaboration with the patient. As with all patients, a treatment plan appropriate for the patient's health status, financial status, and individual preference should be chosen.

Covered Services

Phase 1 treatment includes procedures related to prevention, maintenance, and/or elimination of oral pathology that results from dental caries or periodontal disease. This may include minimally invasive dentistry to include caries control using SDF, restorative treatment, basic periodontal therapy (non-surgical), basic oral surgery that includes simple extractions and biopsy, non- surgical endodontic therapy, and space maintenance

Commented [FW3]: From this section to the end I did not edit because I was not sure if it was language the program required. There is one exception, I removed some of the language around PEP

and tooth eruption guidance for transitional dentition. Dental services that are part of Phase 1 Treatment as indicated as "Primary" in the County of San Diego, Health and Human Services Agency Ryan White Primary Care Medical Care Allowable Dental Services List.

Community and migrant health center oral health programs seek to increase access to oral health care for the underserved. Completing Phase 1 Treatment Plans within twelve months addresses two fundamental areas within these dental programs: 1) the need to perform a comprehensive oral health exam that culminates with an accompanying treatment plan and 2) assuring that quality care is incorporated in the process of completing needed treatment in a timely manner. Completion of the Phase 1 Treatment Plan facilitates the identification of contributing and restricting factors and practical low-cost improvement options relevant to significant areas listed above. With access to codes associated with comprehensive oral exams and Patient Treatment Completion (PTC), most information management systems will be able to provide an average length of time associated with completion of treatment. With this information, staffing patterns, financial costs (overhead expenses) and efficiency of the oral health program can be assessed. These additional benchmarks could also be measured across health center programs at the local, regional, and national levels. The ultimate goal is to measure and assure that health centers routinely and systematically deliver comprehensive, quality oral health services, and patient treatment is completed within a reasonable amount of time.

Completion of Phase 1 Treatment Plan within 12 months is comprehensive in that subsequent performance analysis can broach a number of significant areas, such as: appointment scheduling, ratio of oral health providers to dental operatories, ratio of oral health providers to support staff, collaboration with medical colleagues emphasizing oral health as an essential component of an interdisciplinary approach to patient care, prioritization of patients and/or procedures, general productivity and efficiency.

Additional clarification is available on pages 13-15 of the HAB HIV Oral Health Performance Measures document: https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/oralhealthmeasures.pdf.

Oral health education may be provided and documented by a licensed dentist, dental hygienist, dental assistant and/or dental case manager.

Post-Exposure Prophylaxis (PEP)

Most occupational HIV exposures do not result in the transmission of HIV. There have been no documented reports of transmission from a dentist to a patient. Documentation of the event and assessment of risk remain important. The person who is exposed should be referred immediately to a physician who can provide counseling, testing, and appropriate medications.

Warmline: 800-933-3413

PEPline: 888-448-4911

Perinatal HIV Hotline: 888-448-8765

Discrimination and Legal Issues

Referrals to a specialist or to a hospital setting must always be based on the clinical needs of the patient, not the ignorance or fear of the dentist, staff, or other patients. The legal obligation of the dental provider is to refer patients for testing and follow-up.

It is a violation of the Americans with Disabilities Act, California law, and the law of some local jurisdictions, and of the ethical standards of the California Dental Association and the American Dental Association to refuse to care for patients with HIV because of fear of the risk of infection.

Privacy

Many patients are reluctant to disclose HIV status to the dentist because they fear discrimination, even when they understand that full disclosure is essential for providing the best possible care.

- Dentists **must** establish an atmosphere in which patients feel comfortable in disclosing their status by indicating on the medical intake form that patients are not discriminated against on the basis of disability, and that all medical information disclosed is confidential.
- Dentists are responsible for training staff to ensure that all patient information is kept confidential and is in accordance with all state laws and the Health Insurance Portability and Accountability Act (HIPAA).

- A thorough discussion of HIV privacy law, including practice tips for protectingthe privacy of dental records, can be found in the Schulman article in the Journal of the California Dental Association: https://pubmed.ncbi.nlm.nih.gov/7508498/
- HIPAA guidelines are found at https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/index.html.
- Dentists should also refer to information available from the California Department of Health Services, Office of AIDS at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAmain.aspx.
- In the state of California, written consent of the patient is not required for exchange of treatment-related information between health care providers, as long as that information is obtained for the patient's benefit. However, many medical and dental offices are reluctant to provide lab data over the phone because of the especially sensitive nature of the information. You can more easily obtain medical information related to patient treatment if you offer to fax or mail a consent form.

Selected Bibliography

"Clinician's Guide to Treatment of HIV-Infected Patients," 3rd edition, Ed. Lauren Patton, Michael Glick, Academy of Oral Medicine, New York 2001.

Abel, S., Croser, D., Fischman, S., Glick, M., Phelan, J. "Principles of Oral Health Management for the HIV/AIDS Patient", Dental Alliance for AIDS/HIV Care (DAAC) 2000.

"Dental Management of the HIV-Infected Patient," Supplement to JADA, American Dental Association, Chicago, 1995.

Dental Asepsis Review, from the Sterilization Monitoring Service, Indiana University School of Dentistry, Vol. 22, No. 9, September 2001

Gostin, Lawrence, Feldblum, Chai, and Webber, David, "Disability Discrimination in America: HIV/AIDS & Other Health Conditions." JAMA 281:8, 745-52 (Feb. 24, 1999).

Hahn, James K. and Schulman, David I., "Perspective: The Supreme Court Deals with a Dentist's Fear". AIDS Policy and Law (Jul. 24, 1998), p.10.

"Hepatitis C Prevention," CDC Website, updated October 2, 1998 [cited Apr 14, 1999]. http://www.cdc.gov/ncidod/diseases/hepatitis/c/lbtinfo.htm

Kuhar, D.T., Henderson, D.K., Struble, K.A., et al. "Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis," Infect Control Hosp Epidemiol 2013;34(9):875-892.

Mulligan, R.A, Update on the HIV Epidemic: CDA 29:120-122, 2001.

Official Publication of the Organization for Safety and Asepsis Procedures (OSAP), Pub. No. 10, 2001d

Schulman, David I., "The Dentist, HIV and the Law: Duty to Treat, Need to Understand." CDA: Journal of the California Dental Association, 21:9. 45-50 (Sept. 1993).

Wilson, W., Taubert, K.A., Gewitz, M., Lockhart, P.B., Baddour, L.M., Bolger, A., et al. "Prevention of Infective Endocarditis: Guidelines from the American Heart Association: a Guideline from the American Heart Association Rheumatic Fever, Endocarditis, and Kawasaki Disease Committee, Council on Cardiovascular Disease in the Young, and the Council on Clinical Cardiology, Council on Cardiovascular Surgery and Anesthesia, and the Quality of Care and Outcomes Research Interdisciplinary Working Group." Circulation 2007 Oct 9;116(15):1736-54.

Selected Websites for HIV/AIDS Information

Commented [FW4]: I removed non-working links

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American Dental Association
https://www.ada.org/en

HIVdent
http://www.hivdent.org/

National Institute of Dental & Craniofacial Research
http://www.nidcr.nih.gov/

Pacific AIDS Education and Training Center
http://paetc.org/

American Nursing Association Safe Needles Save Lives
https://www.nursingworld.org/practice-policy/work-environment/health-safety/safe-needles/safe-needles-law/

Other Helpful Links

Morbidity and Mortality Weekly Report (CDC)
http://www.cdc.gov/mmwr/

The Body - A Multimedia AIDS & HIV Information Resource

http://www.thebody.com/index.shtml

National HIV/AIDS Clinicians' Consultation Center (Warmline and PEP line)
http://www.nccc.ucsf.edu/

L.A. Public Health Organization: AIDS Info
http://publichealth.lacounty.gov/dhsp/

American Medical Association
http://www.ama-assn.org/

County of San Diego HIV/AIDS Reporting
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv_aids_epidemiology_unit/reporting.html

310	Total respondents	203 66%	Living with HIV/AIDS (68% of respondents)	97 31%	Not living with HIV/Unaware *(up from 22 in 2021)*

Demographics

Out of people living with HIV/AIDS (PLWHA) who responded to the survey:

- **62%** Men *(n=151)*
- **27%** Women *(n=151)*
- **52** Average age *(n=150)*
- **25 - 92** Age range *(n=150)*
- **76%** LGBTQIA+ *(n=144)*
- **25%** Some high school or less *(n=181)*
- **32%** Income from social security *(n=181)*
- **15%** No income *(n=181)*
- **6%** Undocumented and asylum seekers/refugees *(n=146)*
- **48%*** Disabled/unable to work and unemployed *(n=182)*

**Excludes retired respondents, includes not working and not looking, not working but looking, and being full/part-time family caregiver.*

Access to Care

Out of people living with HIV/AIDS (PLWHA) who responded to the survey:

- **64%** Had a case manager *(n=197)*
- **90%** Had a health care provider who offers HIV treatment *(n=189)* Down from 98% in 2021
- **72%** Were insured *(n=152)*
- **1%** Out of care for at least 1 year *(n=191)* Down from 13% in 2021

Mental Health

More than half (58%) of the PLWHA (n=185) reported having seen a therapist or received counseling in the past 6 months, up from 37% in 2021.

Substance Use

Out of 174 PLWHA:

- 15% reported current alcohol or drug issues.
- 48% reported past issues.

A combined 58% increase from 2021

- One in three PLWHA (35%) reported being in recovery.

Out of 176 PLWHA:

- 12% reported having injected illicit and non-prescribed drugs in the past 12 months.
  - Nearly half of these respondents shared needles or works about half the time or more frequently.

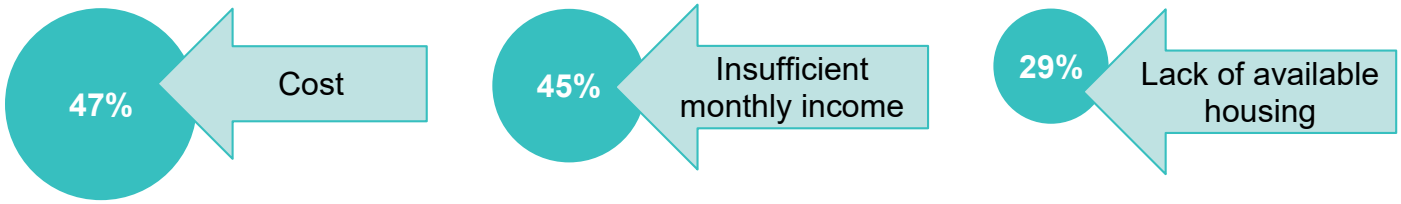
Out of 107 PLWHA, methamphetamine (Crystal) was reported most frequently (41%), followed by heroin (18%).

Housing

47% Reported lack of housing impacting their decision to stop HIV medication in the future *(n=159)*

20% Reported unstable housing *(n=181)*
Down from 26% in 2021

Top three common reasons for PLWHA being unable to obtain and retain housing (n=181):

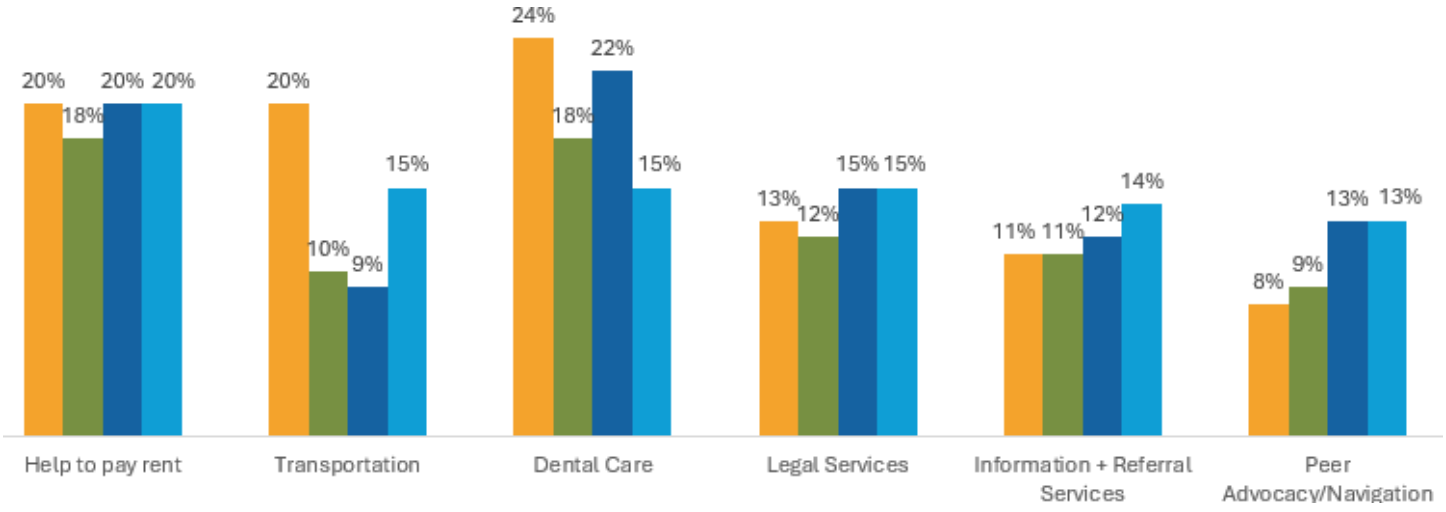


Top 5 Most Important Services: 10-Year Trend

2024	2021	2017	2014
#1. Dental Care	#1. HIV/AIDS medication	#1. HIV/AIDS medication	#1. HIV/AIDS medication
#2. HIV/AIDS medication	#2. HIV primary care	#2. HIV primary care	#2. HIV primary care
#3. HIV primary care	#3. Dental care	#3. Dental care	#3. Dental care
#4. Counseling/therapy	#4. Medical specialist other than HIV	#4. Case management	#4. Case management
#5. Help to pay rent	#5. Case management	#5. Medical specialist other than HIV	#5. Transportation

Top Unmet Needs: 10-Year Trend

The 10-year trend below summarizes the top services that respondents indicated they "need but can't get," across health, basic needs, and support service categories (n=239-252):



County of San Diego Monthly STD Report

Volume 17, Issue 8: Data through March 2025; Report released August 25, 2025.

Table 1. STDs Reported Among County of San Diego Residents, by Month and Previous 12 Months Combined.

	2024		2025	
	March	*Previous 12-Month Period**	*March*	*Previous 12-Month Period**
Chlamydia	1332	17133	1308	15843
Female age 18-25	469	5536	392	5168
Female age ≤ 17	39	615	56	592
Male rectal chlamydia	93	1612	72	1078
Gonorrhea	452	6270	398	5788
Female age 18-25	42	618	25	520
Female age ≤ 17	5	88	7	82
Male rectal gonorrhea	94	1503	87	1410
Early Syphilis (adult total)	61	934	41	607
Primary	9	132	10	97
Secondary	15	271	8	165
Early latent	37	531	23	345
Congenital syphilis	3	32	2	31

* Cumulative case count of the previous 12 months.

Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	3907	475.0	118	113.1	166	429.9	454	158.8	535	150.3
Gonorrhea	1278	155.4	46	44.1	85	220.1	291	325.8	250	70.2
Early Syphilis	112	13.6	4	3.8	17	44.0	50	17.5	26	7.3
Under 20 yrs										
Chlamydia	600	292.7	6	27.7	27	285.3	50	56.0	74	104.1
Gonorrhea	56	27.3	2	9.2	8	84.5	9	10.1	3	4.2
Early Syphilis	4	2.0	0	0.0	2	21.1	1	1.1	1	1.4

Note: Rates are calculated using 2023 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 01/2025.

* Includes cases designated as "other," "unknown," or missing race/ethnicity.

Note: All data are provisional. *Case counts are based on the earliest of date of diagnosis, date of specimen collection, and treatment date. Totals for past months might change because of delays in reporting from labs and providers.*

Figure 1. Chlamydia and Gonorrhea Reported Among County of San Diego Residents, by 3-Month Period.

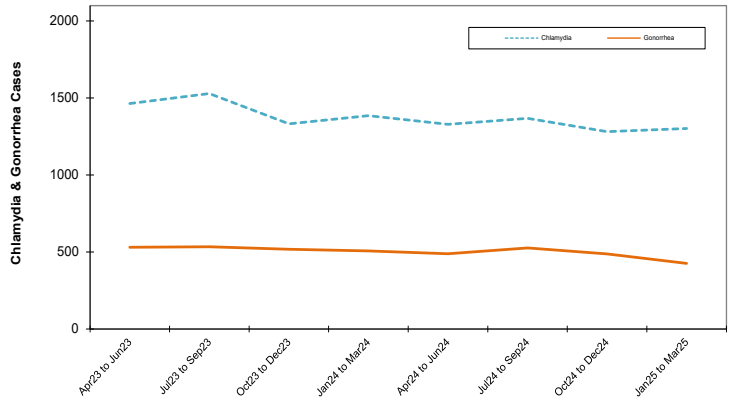
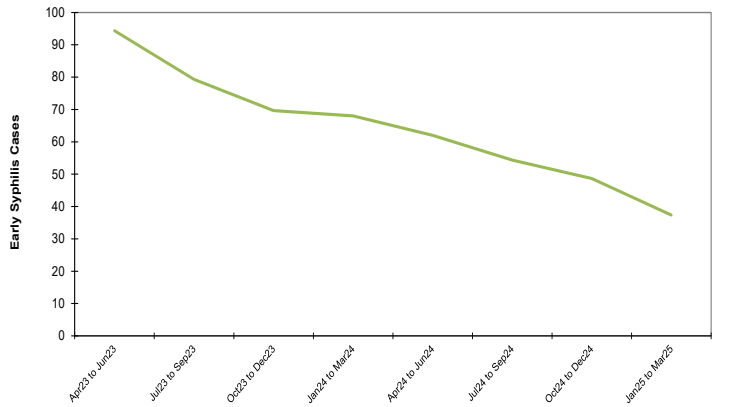


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: IAS-USA Updates HIV Pre-Exposure Prophylaxis Recommendations

In response to the Food and Drug Administration (FDA) approval of injectable lenacapavir for human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP), the International Antiviral Society-USA (IAS-USA) updated its 2024 PrEP recommendations [1]. Key recommendations include the following:

- Lenacapavir is recommended for prevention of sexual acquisition of HIV for all individuals (evidence rating: AIa) and for people who inject drugs and have sexual exposures (AIII).
- Lenacapavir for PrEP should be started with subcutaneous injections (927 mg) and two days of overlapping oral daily pills (two 300-mg tablets daily).
- Lenacapavir is administered as two injections in the abdomen, anterior thigh, upper gluteus, or posterior arm every 6 months, within 14 days before or after the target date (AIa); longer delays should be bridged with 300 mg of oral lenacapavir weekly (AIa).
- Recommendations for baseline and follow-up HIV testing, *the latter of which differ from Centers for Disease Control and Prevention (CDC) recommendations*, and testing for sexually transmitted infections are provided [1][2]. No other safety-related testing is needed for initiation or follow-up of lenacapavir PrEP.
- Lenacapavir is recommended for prevention of HIV infection for pregnant persons (AIa); there are insufficient data to recommend lenacapavir for use during breastfeeding.
- Based on a 2025 analysis that provided evidence for an 89% reduction in risk for HIV acquisition in cisgender women who had biomarker evidence of taking at least a mean of two doses of tenofovir alafenamide/emtricitabine (F/TAF) per week, F/TAF is now recommended for prevention of HIV acquisition from vaginal exposures for those in whom tenofovir disoproxil fumarate/emtricitabine is contraindicated or undesirable (AIIb). *F/TAF is not FDA-approved for prevention of HIV acquisition through vaginal or front hole exposures*.

County of San Diego STD Clinics: www.STDSanDiego.org
Phone: (619) 692-8550 **Fax:** (619) 692-8543
STD Clinical Consultation Line: (619) 609-3245 (8am-5pm, M–F)

Provider STD Reporting: (619) 692-8520; fax (619) 692-8541
Sign up to receive Monthly STD Reports, email STD@sdcounty.ca.gov

HIV PLANNING GROUP
4-MONTH COMMITTEE TRACKING
Nov 2024 - May 2025

Medical Standards & Evaluation Committee					
MSEC	**Nov**	**Feb**	**Apr**	**May**	**#**
Total Meetings	1	1	1	1	**4**
(12) Members					
Tilghman, Dr. Winston	**JC**	*	*	*	**0**
Aldous, Dr. Jeannette [CC]	*	**JC**	*	*	**0**
Bamford, Dr. Laura	**1**	*	*	*	**1**
Grelotti, David [C]	*	*	*	*	**0**
Hernandez, Yessica	*	*	*	*	**0**
Lewis, Bob	*	*	**1**	*	**1**
Spector, Dr. Stephen	**1**	*	*	**1**	**2**
Quezada-Torres, Karla	*	**1**	*	*	**1**
Rodriguez, Martha	*	*	*	*	**0**
Paugh, Shannon		*	**1**	*	**1**
Garcia, Rosemary			*	*	**0**
Whyte, Fadra			*	*	**0**

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.

* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

If the physical attendance quorum requirement is met, AB 2302 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under two circumstances: ***(1) for "just cause"*** *and* ***(2) due to "emergency circumstances"****.*

Qualifying Reason	Provisions to Attend Remotely	Requirements/Limitations
"Just Cause"	▪ There is a childcare or caregiving need (*for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner*) that requires the member to participate remotely. ▪ A contagious illness prevents the member from attending the meeting in person. ▪ There is a need related to a defined physical or mental disability that is not otherwise accommodated for. ▪ Traveling while on official business of the legislative body or another state or local agency.	A member is limited to **<u>two (2)</u>** virtual attendances due to "just cause" per calendar year.
"Emergency Circumstances"	**"*A physical or family medical emergency that prevents a member from attending the meeting in person*."** A member is ***<u>not</u>*** required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.	**A member of the legislative body must:** 1. Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and 2. Provide a general description of no more than 20 words of the circumstance justifying such attendance. A request from a member to attend remotely requires that the legislative body take action and <u>approve</u> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting[1].

[1]If the request does not allow sufficient time to be placed on the agenda as a proposed action item, then the legislative body may take action at the beginning of the meeting.

Additional Requirements for a Member Participating Remotely

In addition to making a request either for "just cause" or due to an "emergency circumstance" for remote appearance, AB 2302 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. The member:
    - Notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. **OR**
    - Requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. *(See "requirements/limitations" for the use of emergency circumstances.)*
2. The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
3. The member shall participate through both audio and visual technology.