

# HIV & Oral Health

## Why Oral Health

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Assistant Dean Community Programs and Public Health  
Dental Director Southeast AETC  
Nova southeastern University College of Dental Medicine

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## Presenter & Acknowledgements

- Mark Schweizer, DDS, MPH
- No financial relationships with commercial entities to disclose
- This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation



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## Learning Objectives

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

- Discuss barriers to oral health for patients with HIV
- Outline HIV health outcomes in patients engaged in oral health care
- Define Comorbidity
- Describe the most common comorbidities in PLWH
- Apply Dental Recommendations for PLWH



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## Oral Health Care Access

- Less than one half of the population gains access to the oral health care system
- Major Oral Health Problems include dental caries, Periodontal Disease and Oral Cancer


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## Oral Health Care Access

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


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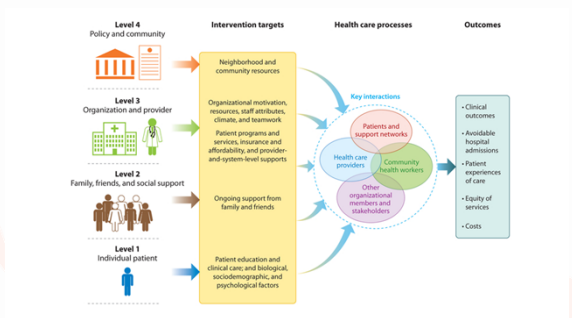
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This conceptual model, factors that influence disparities in access to care and quality of health care services, by level, was created from the analysis of findings from systematic reviews of cardiovascular disease and cancer disparities (115). Figure adapted from Reference 115 with permission.



Purnell TS, Calhoun EA, Golden SH, Halladay JR, Krok-Schoen JL, et al. 2016. Achieving health equity: closing the gaps in health care disparities, interventions, and research. *Health Aff.* 35(8):1410-15

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## Interprofessional Practice

### Recommendations for an Interprofessional Practice Model

1. Apply oral health core clinical competencies within primary care practices to increase oral health care access for safety net populations in the United States.
2. Develop infrastructure that is interoperable and accessible across clinical settings and enhances adoption of the oral health core clinical competencies. The defined, essential elements of the oral health core clinical competencies should be used to inform decision making and measure health outcomes.
3. Modify payment policies to efficiently address the costs of implementing oral health competencies and provide incentives to health care systems and practitioners.
4. Execute programs to develop and evaluate implementation strategies of the oral health core clinical competencies into primary care practice.


 US DHHS (Dep. Health Hum. Serv.). 2014. *Integration of oral health and primary care practice.*  
 US DHHS. Health Res. Serv. Admin. Rockville, MD.  
<https://www.hrsa.gov/sites/default/files/hrsa/oralhealth/integrationforhealth.pdf>

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## HIV Continuum of Care

### HIV CARE CONTINUUM:

THE SERIES OF STEPS A PERSON WITH HIV TAKES FROM INITIAL DIAGNOSIS THROUGH THEIR SUCCESSFUL TREATMENT WITH HIV MEDICATION




 Center for Disease Control and Prevention: <https://www.aids.gov/federal-resources/policies/care-continuum/>

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## HIV Care Continuum Definitions

- **Total Clients:**  
Clients who are HIV+ and received at least one service from the selected service category(s) in the reporting period.
- **Ever in Care:**  
HIV+ clients who ever had a medical care service documented.
- **In Care:**  
HIV+ clients who had a medical care service within the reporting period.

*\*Medical Care Service: Documented viral load or CD4 lab, medical visit, prescription filled and paid by Ryan White, or payment requests for co-pays made by HICP.*



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# HIV Care Continuum Definitions - Continued

- **Retained in Care:**  
HIV+ clients who had two or more medical care services at least three months apart in the reporting period.
- **Prescribed Antiretroviral Drugs (ARV):**  
HIV+ clients who have a documented ARV at any time during the reporting period within HIV history records.
- **Virally Suppressed:**  
HIV+ clients with most recent viral load less than 200 copies/mL, as of end of the reporting period.

*\*Medical Care Service: Documented viral load or CD4 lab, medical visit, prescription filled and paid by Ryan White, or payment requests for co-pays made by HICP.*



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## Ending the HIV Epidemic: A Plan for America

**GOAL:** Our goal is ambitious and the pathway is clear - **Diagnose all people with HIV as early as possible after infection.**

- 75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.
- Diagnose all people with HIV as early as possible after infection.
- Treat the infection rapidly and effectively to achieve sustained viral suppression.
- Prevent people at risk for new HIV infection and ensure people already living with HIV who are not virally suppressed can prevent HIV infections.
- Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.
- HIV HealthRF core will establish local teams committed to the success of the initiative in each jurisdiction.

The initiative will target our resources to the 18 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.

**Geographical Definition:** Our geographic priority is the 18 states mentioned above. Within these states, the 18 counties with the highest burden of new HIV diagnoses (located primarily in Florida, Mississippi, D.C., and San Juan, Puerto Rico) will receive the most resources. Within these counties, the areas with the highest burden of new HIV diagnoses will receive the most resources.

Ending the HIV Epidemic | www.HIV.gov



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# In Care, Retained in Care and Virally Suppressed Statistics US, FLORIDA, BROWARD COUNTY, & BROWARD PART A HIV CARE CONTINUUM



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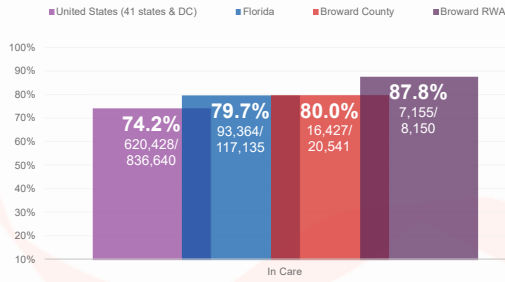
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### In Care

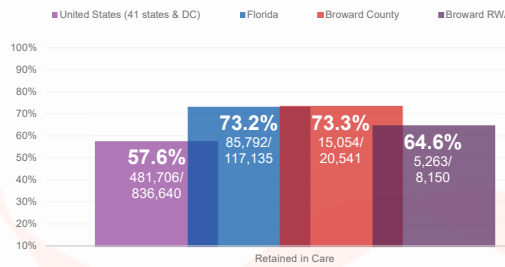


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### Retained in Care

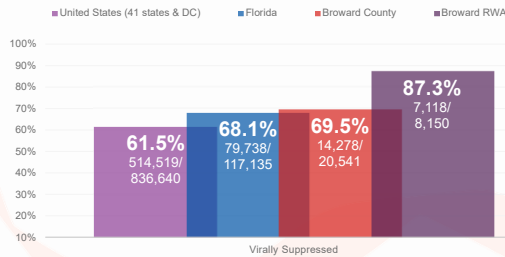


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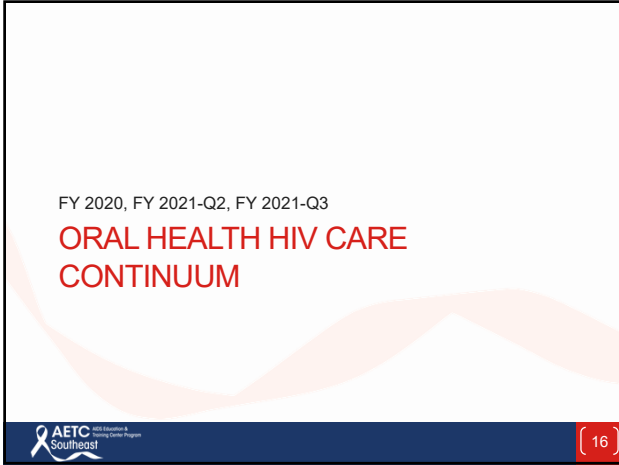
### Virally Suppressed



Data Sources: Broward County, FL HIV EPIDEMIOLOGICAL PROFILE, EMA 0010, Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/1/2020-2/28/2021); CDC, Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019-2020, 3; Technical Notes: Data reported for Broward County, FL for CY2020 (1/1/2020 through 3/31/2021); Broward EMA data is for FY2020 (3/1/2020-2/28/2021); CDC Data only recent as of 2016.



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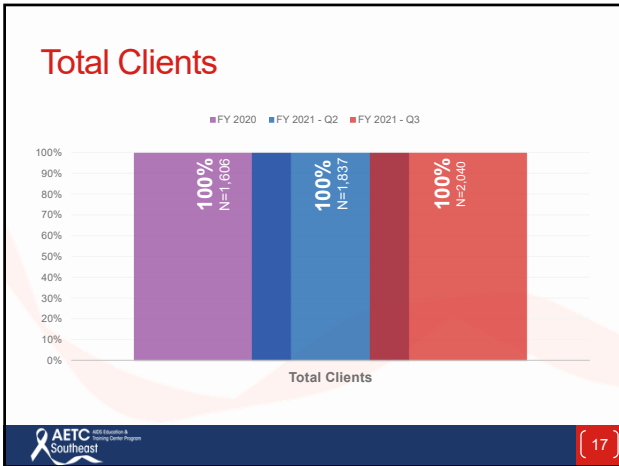
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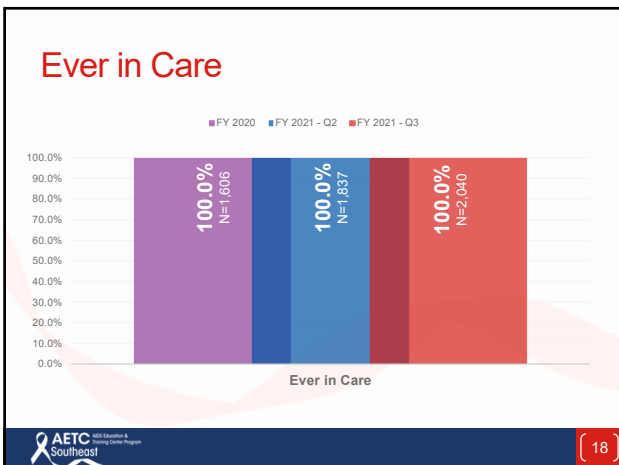
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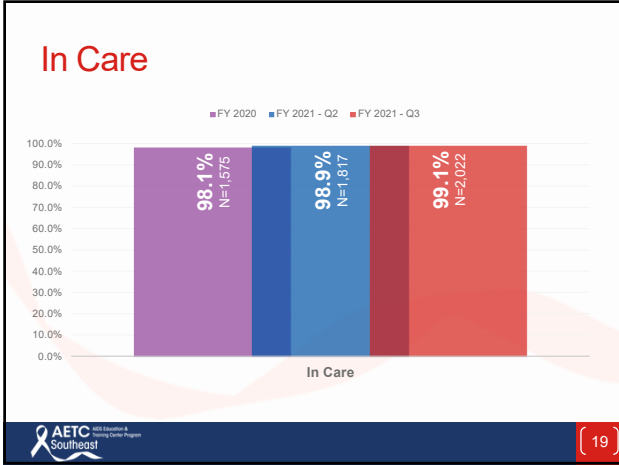
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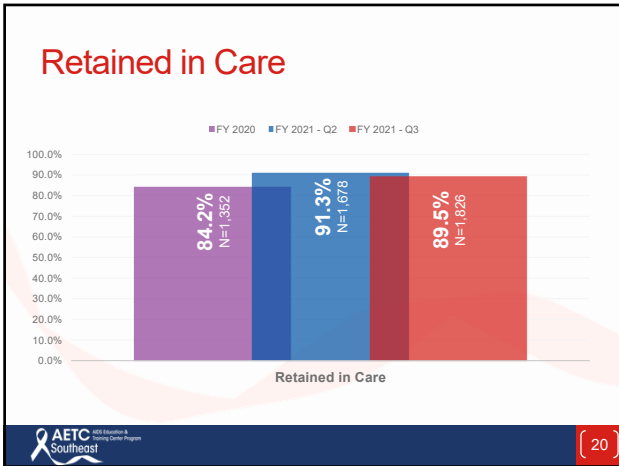
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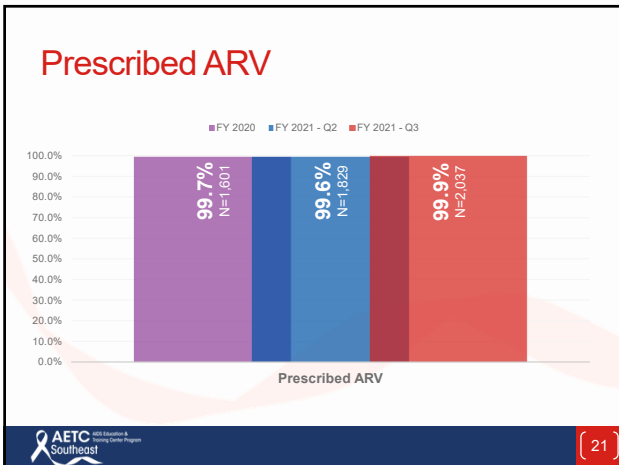
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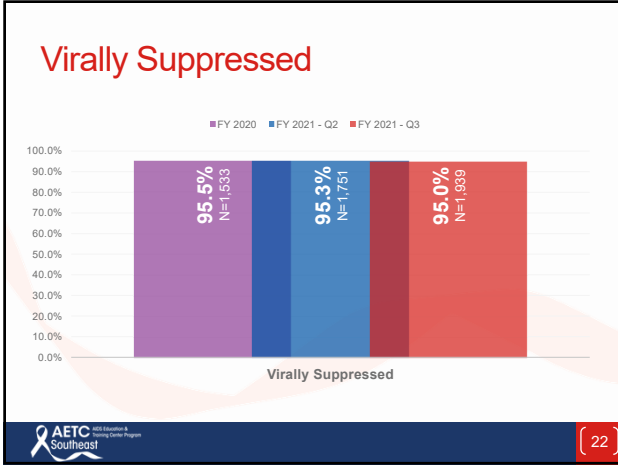
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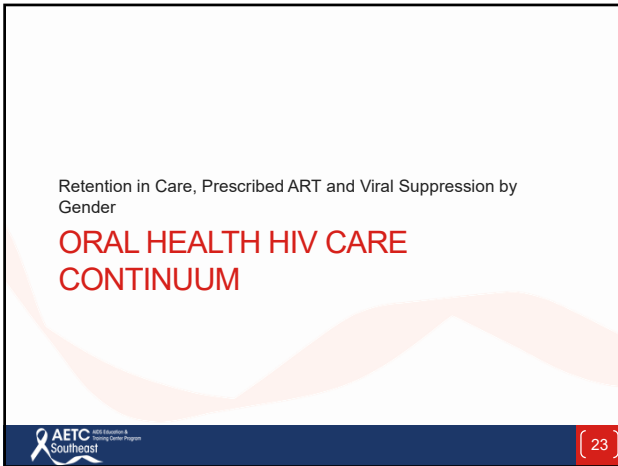
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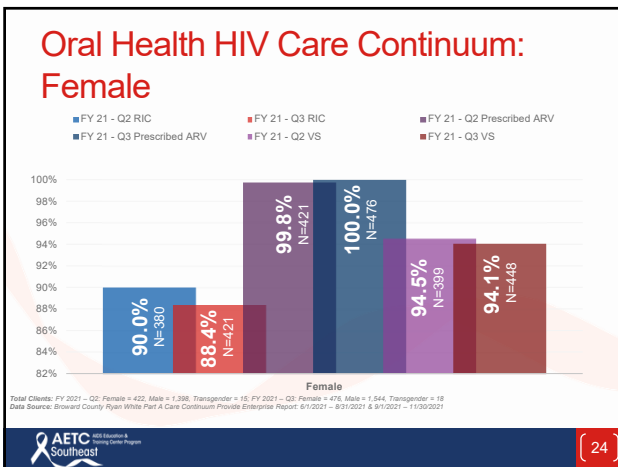
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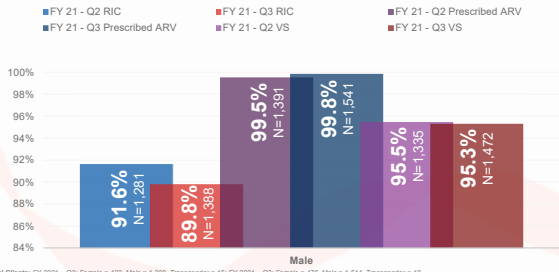
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## Oral Health HIV Care Continuum: Male



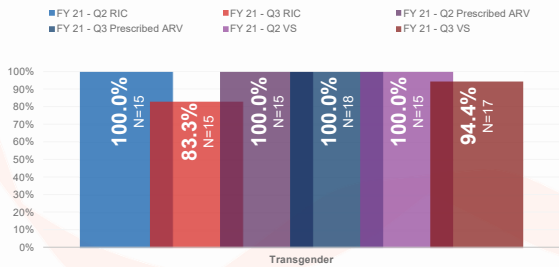
Total Clients: FY 2021 - Q2: Female = 422, Male = 1,398, Transgender = 15; FY 2021 - Q3: Female = 476, Male = 1,544, Transgender = 18  
Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 6/1/2021 - 9/31/2021 & 9/1/2021 - 11/30/2021



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## Oral Health HIV Care Continuum: Transgender



Total Clients: FY 2021 - Q2: Female = 422, Male = 1,398, Transgender = 15; FY 2021 - Q3: Female = 476, Male = 1,544, Transgender = 18  
Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 6/1/2021 - 9/31/2021 & 9/1/2021 - 11/30/2021



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Retention in Care, Prescribed ART and Viral Suppression by Age

## ORAL HEALTH HIV CARE CONTINUUM



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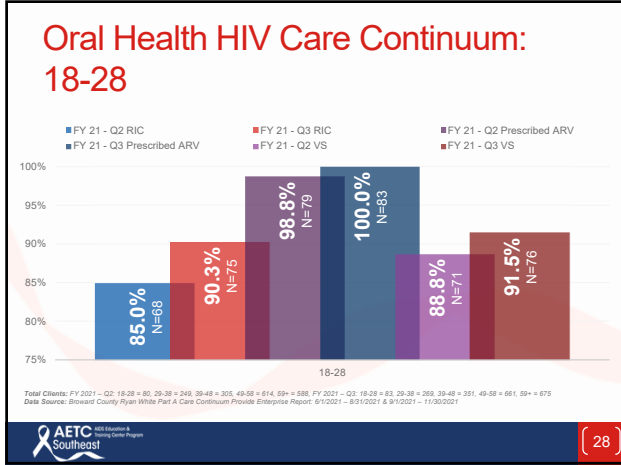
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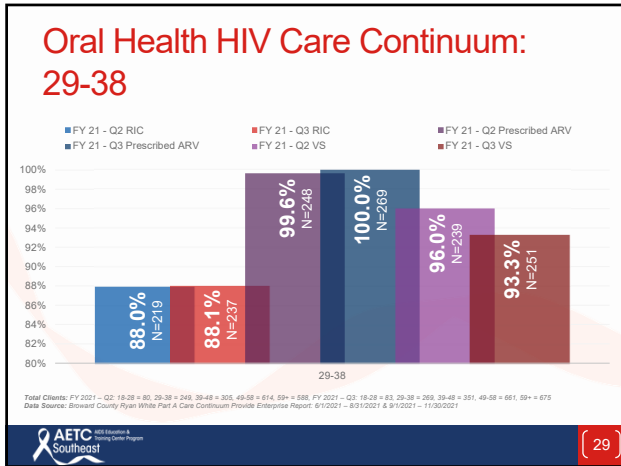
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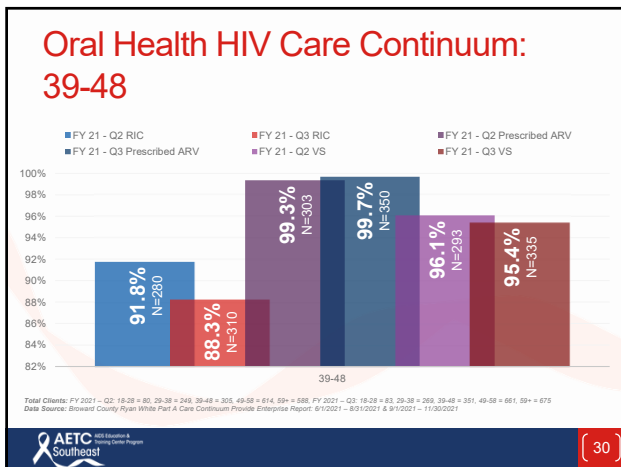
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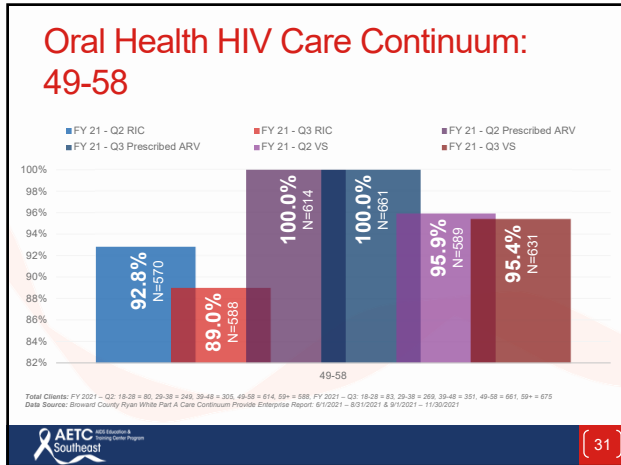
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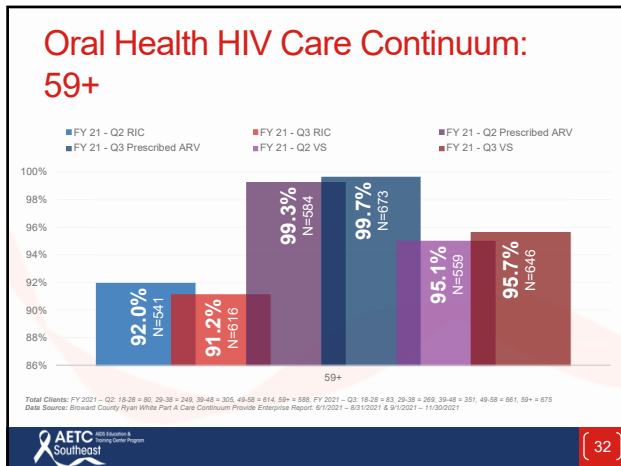
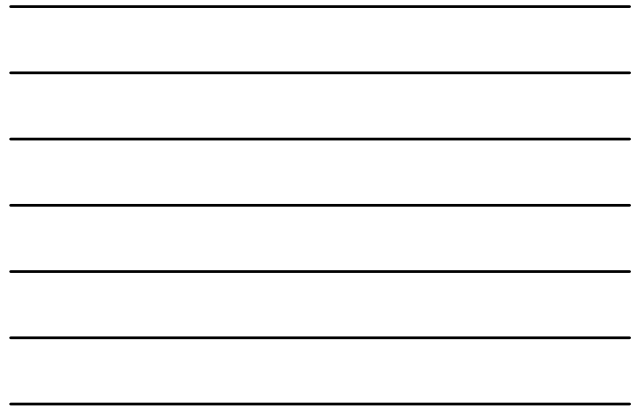
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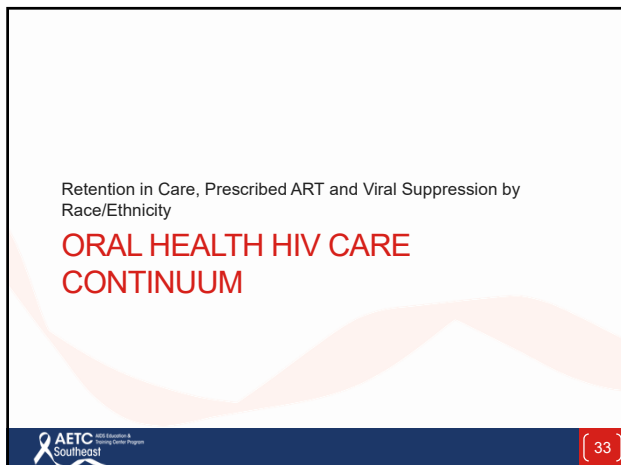
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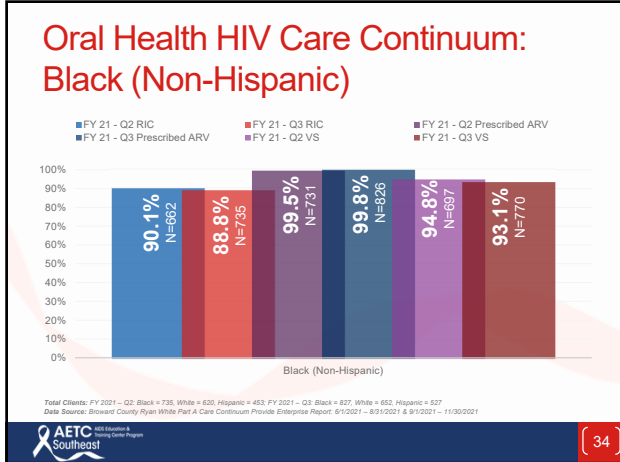


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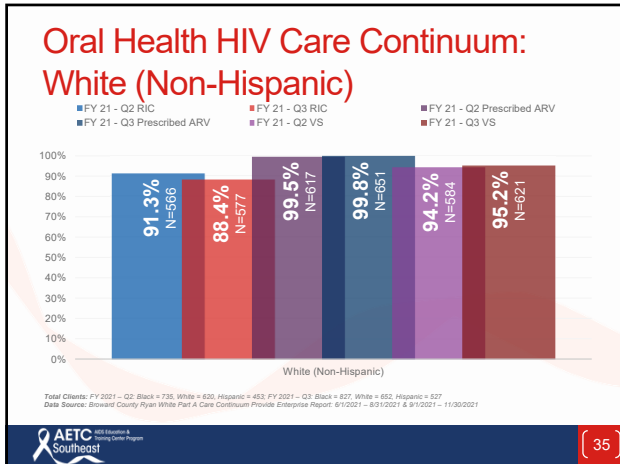
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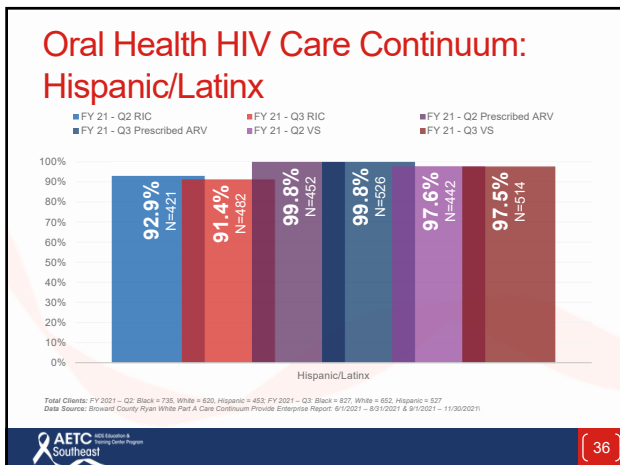
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## Key Take Aways

### Viral Load Suppression Rates

- **Retention in care** among oral health clients is 30% higher than the national percentage of 68.7%.
- **Viral Suppression** among oral Health clients is 35% higher than the national average



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## Comorbidity

- co-mor-bid-i-ty  
*noun*  
the simultaneous presence of two chronic diseases or conditions in a patient.
- Comorbidity is associated with worse health outcomes, more complex clinical management, increased health care costs.



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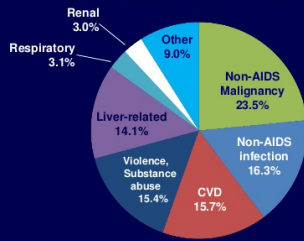
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## Non-AIDS Diseases Now Account for Majority of Deaths in HIV

- 1,876 deaths among 39,727 patients
- Non-AIDS related deaths accounted for 50.5%



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



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### Common Comorbidities in Patients with HIV

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

The diagram shows a human silhouette with five callouts pointing to different parts of the body: 'MENTAL HEALTH' (head), 'BONE DISEASE' (arm), 'KIDNEY DISEASE' (lower back), 'CVD' (heart area), and 'LIVER DISEASE' (upper right abdomen).

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### Dental Recommendations for Treating PLWH

- The magnitude of the viral load is not an indicator to withhold dental treatment for the patient.
- All health professionals can play an important part in reminding patients of the need for regular follow up and monitoring of these markers. It is recommended that the CD4 and viral load determinants be done every six months to o

The graph plots CD4 count (left y-axis, 0-1,000) and viral load (right y-axis, 0-2 million copies/mL) against time. The x-axis is divided into 'Acute Infection', 'Asymptomatic', and 'Symptomatic' stages. CD4 count peaks early and then declines, while viral load peaks during acute infection and remains low during the asymptomatic phase.

<http://www.hivbase.info/hta/section/2/14-how-cd4-and-viral-load-are-related/>

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### Antibiotic Prophylaxis

- There are no data supporting the need for routine antibiotic coverage to prevent bacteremia or septicemia arising from dental procedures
- Prophylactic antibiotics should not be prescribed routinely for the dental visit when the HIV infection is well controlled

A clear glass of water sits on a white surface, with a pile of various colorful pills (red, blue, yellow, white) scattered in front of it.

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### Antibiotic Prophylaxis is Indicated:

- If a patient with a neutrophil count below 500 cells/mm<sup>3</sup> requires procedures likely to cause bleeding and bacteremia and is not already taking antibiotics for prophylaxis against opportunistic infections
- Consult Pt's physician regarding the need for antibiotic prophylaxis for dental procedures



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### National Coordinating Resource Center

The AETC NCRC website [aidsetc.org](http://aidsetc.org) includes:

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



The AETC NCRC Social Media Channels:

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



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### THANK YOU FOR YOUR ATTENDING!



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