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Service Distinction Track - Final Capstone Paper
Project: HIV/HCV Testing and Counseling at UI Mobile Clinic

Introduction

For my Service Distinction Track (SDT) Capstone Project, I restarted the human immunodeficiency virus (HIV) and hepatitis C virus (HCV) testing service at the University of Iowa's Mobile Clinic. The University of Iowa Mobile Clinic serves the underserved, providing free medical care to many patients including immigrants, migrant workers, and low-income residents. Many patients use the Mobile Clinic as their primary location for care. I chose to pursue this HIV/HCV Testing and Counseling Service with the University of Iowa Mobile Clinic due to my interest in working with community partners to improve healthcare access in resource-limited settings.

The Mobile Clinic previously offered HIV and HCV testing once a month at the Shelter House Mobile Clinic site with the help of resources and staff provided by Johnson County Public Health (JCPH). The Shelter House is a 70-bed emergency shelter that also provides drop-in services like mailing address service, telephone access, and shower and laundry facilities. The Mobile Clinic's previous HIV/HCV testing at the Shelter House required JCPH staff to be on call in case confirmatory blood draws needed to be performed. The service was active for two years, during which less than ten HIV and hepatitis C tests had been administered by the Mobile Clinic and had no preliminary positives. This service was discontinued in February 2023 due to staffing changes at JCPH including the retirement of Mobile Clinic's main JCPH contact person, who was also the staff on call.

Of note, while JCPH also offers their own HIV and HCV testing at various pop-up clinics throughout Johnson County, including at the Shelter House on some Wednesdays, their service only runs on weekdays. The JCPH clinic hours may not work well for those with full-time weekday jobs or transportation issues. In contrast, Mobile Clinic has the advantage of reaching a potentially wider range of patients who are only available on the weekends. Upon discussion with JCPH staff and the UI Mobile Clinic board regarding the previous HIV/HCV testing service, it was felt that the low testing frequency could be attributed to various factors including redundant services in Shelter House with JCPH offering the same service as the Mobile Clinic and lack of patient awareness or education regarding HIV and HCV testing. Thus, my project was designed to not only bring back HIV/HCV testing to Mobile Clinic while circumventing the issue of having JCPH staff on-call on the weekends, but also at a higher frequency (e.g. at least

twice per month) and with the addition of an education or counseling component for patients regardless of whether they would like testing or not.

Access to HIV/HCV testing within the Mobile Clinic is important because HCV and HIV are not only treatable but also preventable. Testing is critical to identifying those who need to be engaged in HIV/AIDS or hepatitis C treatment and care. Diagnosis of HIV is important for reducing infections and guiding those in need to the appropriate treatment. Similarly, diagnosis of hepatitis C is an important first step in community elimination. In addition, this testing service also provides a convenient method to introduce education regarding transmission of these diseases and prevention counseling. This project will move us in the right direction of providing equitable access to important health-related testing. Personally, this project has provided me with invaluable experience in actively addressing care gaps in the community, an experience that I will take forward with me as I begin as practicing physician.

Literature Review

Current recommendations from the Centers for Disease Control and Prevention (CDC) regarding HIV recommend testing at least once for people between the ages of 13 and 64 [1], as well as HCV testing at least once in a lifetime for adults age 18 or older (except in settings where the prevalence of HCV infection is $<0.1\%$ [2]. The prevalence of HCV in Iowa was estimated to be about 0.9% in 2020 [3].

Long-term consequences of untreated HIV infection include the development of AIDS and a whole host of diseases affecting essentially any organ of the body. AIDS-defining conditions can be devastating, including Kaposi sarcoma, HIV encephalitis, and disseminated fungal infections (coccidioidomycosis, histoplasmosis, etc.). Similarly, untreated HCV infection can eventually lead to cirrhosis, liver cancer, and death. Treatment for HIV and HCV are readily available, and patients can benefit substantially from early identification and management. However, 55% of adults in the United States have never been tested for HIV, and HCV testing rates in the US are similarly poor [4-5].

US government data shows that over 36,000 people were newly diagnosed with HIV in 2021, and among those 14% were in the Midwest [6]. In 2022, among 12 agencies participating in the Integrated Testing Services (ITS) in Iowa, over 10,000 HIV tests were administered with a 0.27% positivity rate [7]. Interestingly, more tests were administered to Latino individuals in 2022 compared to the year before [7]. Similarly, thousands of people are newly diagnosed with HCV in the US each year, with almost five thousand new cases of acute hepatitis C in 2020 alone [8]. Among the 1026 HCV tests administered by the ITS program in Iowa in 2022, there was a positivity rate of 4.78%, leading to an increase in the total number of new diagnoses of hepatitis C by 46.9% compared to 2021 [9]. Overall, these data indicate that there is certainly a demand for HIV and HCV testing in the state of Iowa. And as my preliminary needs assessment data showed, there is a demand for HIV and HCV testing and education among Mobile Clinic patients specifically.

One method for testing for HIV and HCV involves finger-stick rapid testing, followed by confirmatory blood draws for those who are preliminarily positive on the rapid tests. Of note, rapid tests for HIV and HCV are highly effective for screening, with $>95\%$ sensitivity and specificity [10-11]. Additionally, this testing is cost-effective when performed on large scale, with prices ranging from \$20 to \$40 for the rapid test kits for both HIV and HCV.

Methods

Needs Assessment

I first needed to establish a continued need for HIV and HCV testing among Mobile Clinic patients. I created a needs assessment which began distribution in the summer of 2023 (**Appendix, item A1**). Across 11 Mobile Clinic sites, 141 responses were collected between June and November 2023. The responses showed that 46.8% of respondents had not been tested for HIV or HCV, 17.7% couldn't remember if they had been tested, 31.9% were interested in testing at that time or in the future, and 15.6% were interested in more information about HIV and HCV. The results of this needs assessment indicated a clear and continued need for HIV and HCV testing services at Mobile Clinic.

Project Overview

The main purpose of this intervention was to provide HIV/HCV testing services to individuals who are recommended to obtain this testing per CDC recommendations but may not have access to this testing elsewhere. This intervention will provide a means to educate patients on HIV and HCV. Initially, the plan was to conduct both screening and confirmatory testing for HIV and hepatitis C all within the Mobile Clinic. However, it became clear that training medical student volunteers in phlebotomy was not feasible due to time and budget constraints as well as inability to perform adequate quality control. This conclusion was reached after extensive discussion with the Iowa Department of Health and Human Services (Iowa HHS), JCPH, and UI Mobile Clinic executive board. Alternative solutions, such as recruiting nursing students, were also explored, but a similar barrier was encountered with the requirement for nursing staff to be present if students were to perform blood draws. Ultimately, a final arrangement was reached as described below, with only rapid testing performed at the UI Mobile Clinic.

The project consists of three major parts: HIV testing, HCV testing, and Harm Reduction Supplies.

1. First, the HIV testing service was created through collaboration with the Iowa Department of Health and Human Services (Iowa HHS). Iowa HHS agreed to provide the UI Mobile Clinic with free HIV rapid testing kits (which use an oral swab sample) as needed. These kits can be given away freely to any adult patients at the UI Mobile Clinic. Although the kits contain instructions on testing and interpretation, I also created simplified instructions available in English, Spanish, French, and Arabic to be given to all patients who choose to take an HIV kit home.
2. Second, the HCV testing service also is in collaboration with JCPH. A Memorandum of Understanding between the UI Mobile Clinic and JCPH was agreed upon where the Mobile Clinic is responsible for providing student volunteers, offering rapid HCV testing at Mobile Clinic sites, providing patient counseling for positive results, and coordinating with JCPH regarding patient testing and follow up of HCV testing results. UI Mobile Clinic must also submit monthly temperature logs for the HCV kits, as well as testing

reports to JCPH. On the other hand, JCPH is responsible for providing rapid HCV testing kits to the UI Mobile Clinic, following up on patients who may need confirmatory blood draws, and reporting HCV cases as needed to the appropriate public health entity.

- a. In regard to counseling patients about HIV and HCV, formal training opportunities for students was discussed with Iowa HHS. Iowa HHS regularly offers a 2-day “Fundamentals of HIV and Hepatitis Prevention” training session, which they shortened to one 4-hour session on Zoom in May of 2024 for the first group of interested student volunteers.
 - b. The HCV portion of this service was set to be terminated in December of 2024. Funding changes within JCPH led to a new requirement for hepatitis B testing to be performed simultaneously with hepatitis C testing. However, this required the Mobile Clinic to perform blood draws, as there is no rapid test for hepatitis B, which the UI Mobile Clinic was unable to provide as previously discussed. Further discussion with JCPH is planned in the future to see if there is any feasible arrangement in which hepatitis B and/or hepatitis C testing can be provided at Mobile Clinic.
3. Lastly, as a bonus, JCPH also agreed to provide the UI Mobile Clinic with free harm reduction supplies that can be given away to any interested patients. These supplies include condoms, pregnancy tests, emergency contraception, sharps containers, and naloxone. A box with these supplies are placed in a conspicuous location at the front desk for all interested patients. These supplies are also offered at the end of the HIV/HCV counseling sessions to interested patients in their respective patient rooms for those who would prefer more privacy.

Creation of Memorandum of Understanding

Prior to the start of the service, a Memorandum of Understanding (MOU) was created as a formalized agreement between the UI Mobile Clinic and Johnson County Public Health. This MOU was six pages in length and was ultimately signed by my SDT project mentor (Dr. Yolanda Villalvazo), the UI Mobile Clinic Director (Dr. Daniel Runde), and the Public Health Director of Johnson County (Danielle Petit-Majewski) (**see Appendix, item A2**). The MOU outlined the intentions/responsibilities of both parties for the hepatitis C portion of the service between August and December of 2024.

- JCPH will provide HIV and HCV test kits and harm reduction supplies, as well as arrange follow-up for positive patients as needed.
- UI Mobile Clinic will provide the testing service at least once per month, in addition to submitting monthly temperature logs and reports of tests provided to JCPH.

Target Population and Sampling Strategy

As part of the Mobile Clinic process, all patients fill out an intake form upon arrival. The intake form had 3 HIV/HCV questions incorporated into it to assess current testing status. Answer

choices included: yes to both, no to both, don't remember, and current or future interest in testing, or interest in more information regarding HIV and HCV. Based on preliminary needs assessment data collected between June and November 2023, the Open Heartland, CommUnity Food Pantry, Coralville Library, and Pheasant Ridge Clinic sites had shown the highest proportion of patients who had not been tested or didn't remember, as well as the highest interest in being tested now or in the future. Thus, I decided to first implement the HIV/HCV testing service at the Open Heartland and Pheasant Ridge Clinic sites with the intent to expand this service to other Mobile Clinic sites in the future.

HIV/HCV Testing Service: Step-by-Step Process

The HIV and Hepatitis C testing service was implemented into the Mobile Clinic workflow as follows (**Figure 1**).

1. First, student volunteers screen patients for eligibility:
 - a. For HIV, patients must be age 17 or older.
 - b. For HCV, patients must be born between 1945-1965 and/or have a history of previous or current IV drug use.
2. Once an eligible patient is identified, student volunteers will offer the patient HIV/HCV information and testing for those interested.
 - a. To help with patient education, I created a trifold brochure which includes information on HIV/HCV, how they are transmitted, and how they are prevented/treated, as well as contact information for where to get tested. This brochure has been translated to Spanish, Arabic, and French and is currently used to help educate patients regarding HIV and hepatitis C (**see Appendix, item A3**).
3. Patients interested in HIV testing are given an HIV kit in a white paper bag to take home with them, though the kits were opened to perform testing directly in the clinic at the request of some patients. While the HIV kits contain informational pamphlets inside, I created and provide patients with a simplified version of these instructions explaining testing and interpretation of test result (**see Appendix, items A4 and A5**).
4. Patients interested in HCV testing are provided with this test on-site. I trained volunteers before the clinic to provide this test, which consists of a finger poke.
 - a. Preliminary positive results are referred to JCPH for confirmatory blood draws and subsequent test result follow-up.
 - b. Regardless of the test results, the patient's contact information is provided to JCPH to arrange follow-up or answer additional questions the patient may have.
 - c. Per the Memorandum of Understanding, student volunteers fill out a "testing packet" (**see Appendix, item A6**) which includes contact information and a consent for information release. These testing packets are handed off to JCPH staff in person by Monday or Tuesday following each weekend clinic.

- d. Per JCPH request, DAST-10 (Drug Abuse Screening Test) questionnaires are also completed for patients who undergo hepatitis C testing and have a history of or current IV drug use **(see Appendix, item A7)**.
5. All patients are also offered harm reduction supplies if interested.
6. All testing indications, instructions, informational documents, and other relevant documents are organized in a binder that is available during the clinic. This binder also includes test tracking forms for Mobile Clinic use only, to help keep track of HIV and hepatitis C tests that are administered **(see Appendix, item A8)**.

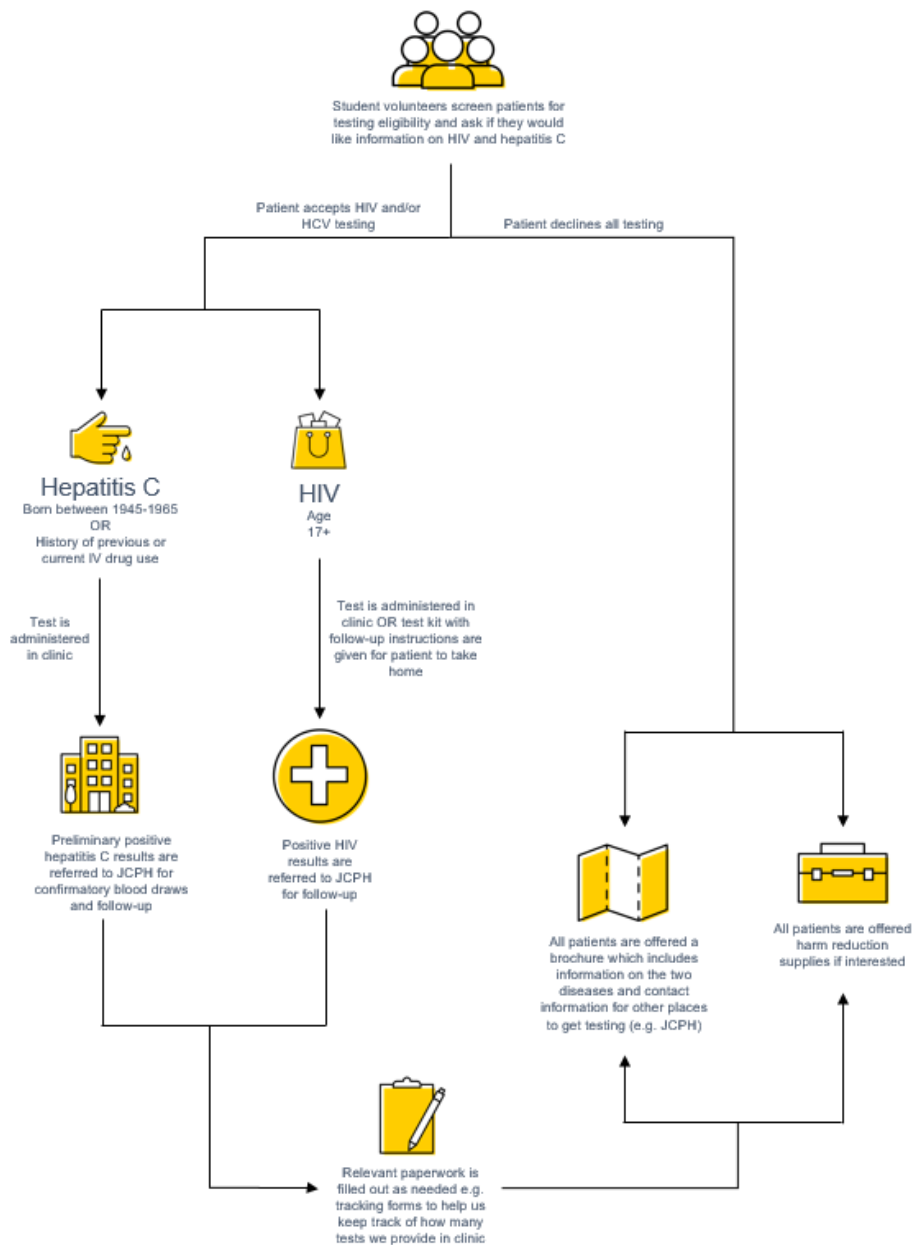


Figure 1. HIV and Hepatitis C testing service workflow within the University of Iowa Mobile Clinic.

Data Collection and Analysis

Patient date of birth, gender, city/zip code of residence, health insurance status and plan, ethnicity and race, and the HIV/HCV needs assessment information was collected with the UI Mobile Clinic patient intake form. For patients who underwent HCV testing, additional demographic data and information on risk factors was collected on standardized forms provided by JCPH. This data includes age, sex, gender, race, health insurance status, intravenous drug use history, and sexual history. Although we did not have patients who tested preliminarily positive for HCV, confirmatory testing results would have been available from JCPH on request if needed. Major results from this project consist of aggregate patient demographics, HIV/HCV testing status and interest, and number of tests and harm reduction supplies provided.

Budget and Funding Sources

The intervention as described does not require any funding but was supported by Iowa Department of Health and Human Services (HHS) and Johnson County Public Health (JCPH) under the Syndemic Prevention Outreach and Testing Services (SPOTS) grant. The UI Mobile Clinic will provide complimentary paper and color printing services for the informational documents and brochures.

Results

Of the 203 patients who responded to the initial needs assessment across the ten Mobile Clinic sites between June 2023 and March 2024, 65.0% of respondents either had not been tested for HIV or HCV or couldn't remember if they had been tested, 33.5% were interested in testing at that time or in the future, and 18.7% were interested in more information about HIV and HCV (**Table 1**). The results of this needs assessment indicated a clear and continued need for HIV and HCV testing services at Mobile Clinic.

The Pheasant Ridge site had the highest patient respondents (N = 118 patients), with 74% indicating they had not been tested for HIV or hepatitis C or were unsure of their testing status. Open Heartland had the second highest patient respondents (N = 61) as well as the highest proportion of patients who indicated they would like more information (39.6%) (**Table 1**).

Since the HIV and hepatitis C testing service was implemented at Open Heartland and Pheasant Ridge in August of 2024, 27.5% of the 51 patients who attended the clinics indicated a desire for more information regarding HIV and hepatitis C (**Table 2**). Trained student volunteers helped educate these 14 patients using the trifold informational brochure. Among these 14 patients, 7 HIV test kits and 1 hepatitis C test were administered. A total of about fifty condoms, one pregnancy test, one set of emergency contraception, one sharps container, and two Narcan kits have also been provided.

Table 1. HIV and Hepatitis C testing status and interest of patients at the University of Iowa Mobile Clinic between June 2023 and March 2024.

Clinic Site	Total Patients (N)	Responded (N)	Not tested or unsure of testing status (%)	Interested in testing now or future (%)	Want more information (%)
Columbus Junction	34	10	90.0	0	0
CommUnity Clinic	53	23	61.9	25	17.4
Coralville Library	51	32	81.3	25.8	12.9
Diversity Market	43	30	72.4	13.3	10.0
Ecumenical Towers	48	13	66.7	30.8	25.0
Open Heartland	61	53	47.2	64.2	39.6
Pheasant Ridge	118	27	74.0	26.9	11.5
Shelter House	10	9	66.7	77.8	0
St. Patrick's	8	6	66.7	75.0	0
West Liberty	6	0	0	0	0
Overall Total	432	203	65.0	33.5	18.7

Table 2. HIV and Hepatitis C testing status and interest of patients at the University of Iowa Mobile Clinic between August 2024 and December 2024.

Clinic Site	Total Patients (N)	Responded (N)	Not tested or unsure of testing status (%)	Interested in testing now or future (%)	Want more information (%)
Open Heartland	27	27	74.0	44.4	28.0
Pheasant Ridge	24	24	66.7	33.3	35.3
Overall Total	51	51	70.6	27.5	27.5

Discussion

This HIV test and HIV/HCV counseling service now runs twice monthly with the Mobile Clinic and fills the gap in education and testing for HIV as recommended by the CDC. Although the hepatitis C testing portion will be discontinued at the end of 2024, the Mobile Clinic service will still provide education to patients on the CDC's recommendations regarding hepatitis C testing and provide referral information to JCPH if testing is indicated.

Overall, this service has provided education/counseling services to more than 25% of patients who have attended the Open Heartland and Pheasant Ridge clinic sites since August of 2024. Of these patients, about 50% were eligible and agreeable to testing for HIV and/or hepatitis C. Although a greater amount of education/counseling was provided to patients than actual HIV or hepatitis C testing, it should be noted that the service began in August and all the HIV and hepatitis C testing that was provided occurred late in October/November 2024. Greater patient education and/or patient engagement over time were likely key to the greater volume of tests provided. Volunteers took a more proactive approach to patient recruitment later in the year, making a greater effort to incorporate the HIV and hepatitis C counseling and testing *during* the patient visits (i.e. while the student history taker is presenting the patient to the provider) rather than after. With increased patient counseling and the new proactive approach to patient recruitment, it is expected that the volume and patient interest in testing will increase with time to meet the initial goal of testing at least 3 patients per month.

In addition to HIV/HCV testing and counseling, JCPH helped provide a generous bonus service in the form of free harm reduction supplies including condoms and naloxone kits. Regarding condom access, studies have shown that increasing condom availability e.g. in schools is associated with higher condom use during sexual intercourse without increasing sexual activity [12-13]. On a larger scale, increased condom access and use over the last 30 years has led to an estimated five-fold reduction in prospective HIV transmission cases [14]. Similarly, naloxone access can help prevent opioid overdose deaths, with a recent study predicting that access to naloxone could reduce overdose deaths by up to 8.8% in at-risk populations [15]. Given these findings, providing free harm reduction supplies at the Mobile Clinic has the potential to improve health outcomes, particularly in reducing HIV transmission and opioid overdose deaths. The importance of having these supplies readily available at the Mobile Clinic cannot be overstated.

Overall, the most significant challenge in this project was finding an arrangement for testing that could be adequately carried out solely by students as discussed previously. Although the final agreement was reached as above without relying on on-call JCPH staff, recent changes in JCPH funding, with the new requirement for hepatitis B co-testing (which requires a blood draw), have once again led to the suspension of the hepatitis C portion of the service. While working with government entities offers many advantages, this experience highlights one of the challenges of

navigating government funding restrictions in providing services in resource-limited settings like the Mobile Clinic.

Moving forward, I hope that this intervention can expand to other Mobile Clinic sites as well. Leadership for this intervention will be sustained by the UI Mobile Clinic HIV/HCV Coordinator and executive board. While I held the HIV/HCV Coordinator position within the Mobile Clinic board initially, this position has now been transitioned to another medical student as I prepare to graduate from CCOM. In general, the HIV/HCV Coordinator role will be re-elected every 1-2 years as needed. Mobile Clinic student volunteers will continue to assist the HIV/HCV Coordinator in this intervention. Although the hepatitis C portion of this service is set to be terminated in late 2024/early 2025, further discussion with JCPH staff is planned for 2025 to the feasibility of hepatitis B and/or hepatitis C testing through the Mobile Clinic. With the FDA approval earlier this year of a new, single-step, point-of-care RNA-based test for hepatitis C that requires only a finger stick, there may also be a way to bring back hepatitis C testing with the acquisition of the relevant technology, with or without a renewed partnership with JCPH [16]. Regardless, Iowa HHS and JCPH have reaffirmed their commitment to continue to provide the UI Mobile Clinic with HIV kits and harm reduction supplies (respectively) in the future.

Personal Reflection

Working on this project for the last two years has prompted me to reconsider how I approach healthcare delivery in resource-limited settings such as student-run free clinics. My initial vision for the service felt straightforward and seamless, but the reality involved navigating many practical constraints like time, staffing requirements, and available funding. This experience underscores the importance of adaptability and collaboration, and I have adjusted my definition of “success” to include not just the vision but the process of getting there; I have come to realize that alternative routes (even if not ideal) can still achieve meaningful outcomes if carried out thoughtfully.

While my medical school curriculum has taught me that healthcare is just as much about social determinants of health as it is diagnosing and treating medical problems (perhaps even more), my project and work with the service distinction track have shown me how important it can be to be proactive about addressing the gaps in education, accessibility, and resources in the ways that we can. Throughout this project, I worked with a broad range of patients, including a large Sudanese population at Pheasant Ridge and many uninsured patients across both the Pheasant Ridge and Open Heartland sites. I have learned how difficult it can be to bring up topics such as HIV and hepatitis C in a sensitive and culturally competent manner. In one encounter at Pheasant Ridge, for example, I asked an Arabic-speaking patient if she knew whether she had ever been tested for HIV or hepatitis C in the past, and the interpreter actually stopped me before I even finished my question, reminding me that “These are not topics that we typically discuss as we are married for life and do not have new sexual partners.” Navigating this encounter required thoughtful and careful communication with both the interpreter and the patient and included providing counseling on transmission routes of these diseases. In the future, I must be mindful of patients’ diverse backgrounds and how these may affect their beliefs about certain sensitive topics in healthcare. I hope to work to ensure that regardless of background, my patients understand our recommendations as physicians, while also feeling respected and empowered to make informed decisions about their health.

Looking ahead, I plan to continue engaging in service work and advocacy, particularly in underserved communities. I want to continue advocating specifically for routine testing services and preventive healthcare initiatives in resource-limited settings like free or student-run clinics. While I have the most experience with HIV and hepatitis C testing through this project, I also envision expanding my efforts in the future to include other healthcare disparities such as hepatitis B vaccination in Asian communities or colon cancer screening in unhoused individuals or those in correctional facilities. I know that continuing to work with community partners to address health access of underserved populations will help me to remain humble, aware, and dedicated to the diverse needs of the patients I serve.

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Appendix

- A1. Needs Assessment
- A2. Memorandum of Understanding
- A3. HIV and Hepatitis C Informational Brochures in English, Arabic, Spanish, French
- A4. HIV Simplified Testing Instructions
- A5. HIV Simplified Test Interpretation
- A6. Hepatitis C “Testing Packet” for JCPH
- A7. DAST-10 Questionnaire for JCPH
- A8. HIV and Hepatitis C Test Tracking Forms for Mobile Clinic Use

A1. Needs Assessment

HIV and HCV

HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). HCV (Hepatitis C) is a viral infection that causes liver inflammation, sometimes leading to serious liver damage.

The CDC recommends:

- HIV testing **at least once** for everyone between the ages of 13 and 64
 - Hepatitis C screening **at least once** for adults age 18 or older
1. Have you ever been tested for HIV or hepatitis C?
 - a. Yes, I have been tested for both HIV and hepatitis C
 - b. Yes, HIV only
 - c. Yes, hepatitis C only
 - d. No
 - e. I don't know / I don't remember
 2. If HIV or hepatitis C testing was available here today, would you be interested in getting tested?
 - a. Yes, I would get tested for both HIV and hepatitis C
 - b. Yes, I would get tested for HIV only
 - c. Yes, I would get tested for hepatitis C only
 - d. Maybe in the future
 - e. No, I am not interested
 3. Are you interested in receiving more information about HIV and hepatitis C today?
 - a. Yes
 - b. No

A2. Memorandum of Understanding

Memorandum of Understanding

This Memorandum of Understanding (the "MOU") is entered into on the 6th of June 2024 by and between Johnson County Public Health (JCPH), with an address of 855 S Dubuque st. Iowa City, IA 52240 and the U of I Mobile Clinic, with an address of 200 Hawkins Dr. Iowa City, IA 52240 also collectively "the Parties."

WHEREAS, the Parties desire to enter into an agreement to provide Hepatitis C (HCV) screening and counseling at the mobile clinic outreach events for the patients of the U of I Mobile Clinic. Testing participants will be required to meet the eligibility guidelines for screening as part of the Integrated HIV and Viral Hepatitis Integrated Testing Services Program (ITS).

WHEREAS, the Parties desire to memorialize certain terms and conditions of their anticipated endeavor;

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. **Purpose and Scope.** The Parties intend for this MOU to provide the foundation and structure for all possibly anticipated binding agreements related to U of I Mobile Clinic Volunteers conducting Hepatitis C testing during their outreach clinics on behalf of JCPH.
2. **Term.** This Agreement shall commence upon the Effective Date, as stated above, and will continue until 31st of December 2024.
3. **Responsibilities of the Parties:** The parties shall work together in a cooperative and coordinated effort so as to bring about the achievement and fulfillment of the purpose of the MOU
 - a. University of Iowa Mobile Clinic Responsibilities
 - i. Submit volunteers for Fundamentals of HIV and Hepatitis Prevention Counseling training (provided by Iowa HHS) that will provide services to clients.
 - ii. U of I Mobile Clinic will follow the guidelines for testing as outlined by the most recent version of the Integrated Testing Services (ITS) Program Manual <https://drive.google.com/drive/folders/1WHBh3HEwuo7RL4wiDDOJRzvlJon3ZQAJ> This manual link will expire with Iowa HHS technology transition to a Microsoft based system and require an update at that time.
 - iii. Offer Rapid HCV screenings at identified mobile clinic outreach events.

- iv. Notify JCPH immediately upon case of a preliminary positive rapid test result. Reports may be e-mailed to Brycen Myers, Health Educator, Johnson County Public Health, at bmyers@johnsoncountyiowa.gov.
- v. Properly refer all individuals with a preliminary positive to JCPH for follow up confirmatory testing.
- vi. Coordinate with JCPH staff to deliver positive confirmatory test results and facilitate referrals to care for all testing participants with confirmed positive HCV infection.
- vii. Submit all patient charts and a log of tests administered to JCPH at the Health and Human Services Building the Monday following an outreach session.
- viii. Ensure quality control measures to maintain testing supplies safely, including temperature and inventory control logs.
- ix. U of I Mobile Clinic will follow OSHA guidelines to dispose of all screening equipment and injection supplies.
- x. Notify JCPH within one working day of any discrepancies regarding quality control.
- xi. Submit quality control measures including temperature and inventory logs to JCPH by the 10th of each month.
- xii. Provide monthly reports, which include the amount of HIV and HCV tests administered and the amount of harm reduction supplies distributed to JCPH that align with Iowa HHS reporting requirements.
- xiii. Reports may be e-mailed to Brycen Myers, Health Educator, Johnson County Public Health, at bmyers@johnsoncountyiowa.gov

b. JCPH Responsibilities

- i. Provide guidance on responsibilities performed within Contractor's scope of work associated with the responsibilities outlined herein.
- ii. JCPH is responsible for financial and administrative matters of this agreement.
- iii. JCPH has the authority to manage this agreement, to assure compliance with all conditions, and the legal responsibility to assure compliance with all agreement conditions.
- iv. JCPH will receive key communications from the Iowa HHS and will be responsible for keeping U of I Mobile Clinic informed of any relevant agreement issues.
- v. JCPH will provide U of I Mobile Clinic with all Hepatitis-C testing supplies including rapid testing kits and control logs.
- vi. Provide U of I Mobile Clinic with all harm reduction supplies on an as needed basis.
- vii. Schedule meetings to review progress on assigned tasks as needed.
- viii. Enter all testing information into APHIRM within 5 days patient chart submission.
- ix. JCPH will inform U of I Mobile Clinic of client's confirmatory test results and coordinate with Volunteer to deliver results and provide referrals to healthcare services.
- x. JCPH will properly inform and report to the State as required by ITS Program requirements.

- xi. U of I Mobile Clinic shall permit the Iowa HHS and JCPH to access and examine and audit any directly pertinent books, documents, papers, stored and created records or other U of I Mobile Clinic records related to orders, services provided, or any other documentation or materials pertaining to this agreement, wherever such records may be located.
 - c. U of I Mobile Clinic and JCPH Shared Responsibilities
 - i. Performance of U of I Mobile Clinic will be reviewed during the project period. In accordance with the results of each review and ensuing discussions with U of I Mobile Clinic, agreement provisions may be changed.
 - ii. Comply with all Integrated Testing Services and Community Based Screening Service Program requirements stated under this agreement.
 - iii. The Parties shall work together in a cooperative and coordinated effort to bring about the achievement and fulfillment of the purpose of the MOU.
- 4. The MOU shall in no way obligate either Party to supply funds to maintain and/or sustain to U of I Mobile Clinic Volunteers conducting HIV and Hepatitis C testing during their outreach clinics on behalf of JCPH.
- 5. **Confidentiality.** U of I Mobile Clinic shall protect from unauthorized disclosure, the names and other identifying information of persons receiving services pursuant to this Agreement, except for statistical information not identifying any client. U of I Mobile Clinic shall not use such identifying information for any purpose other than carrying out U of I Mobile Clinic's obligations under this agreement.
- 6. **Data Sharing Terms.** Each party shall meet all confidentiality requirements as required by law, including the following data sharing terms and conditions defined by Iowa HHS:
 - a. Data-Sharing Terms for Client Linkage and Re-engagement: Iowa HHS may share limited HIV information with the Contractor as necessary to complete linkage and re-engagement activities. Data shall be limited to the minimum necessary to achieve the purpose of client linkage or re-engagement and shall be shared with the minimum number of individuals necessary within the Contractor's organization. Additionally, as needed, the Contractor may share client details with the Department to assist with linkage or re-engagement activities and to confirm details regarding patients' medical statuses. This data sharing is allowable according to the legal authorities outlined below.
 - i. Legal Authority. HIV surveillance data are strictly confidential under Iowa law (Iowa Code Section 141A.9(1)). The information shall not be released, shared with an agency or institution, or made public upon subpoena, search warrant, discovery proceedings, or by any other means except as provided in Iowa Code Section 141A.9. Medical information secured pursuant to Iowa Code 141A may be shared with agents of the department that have a need for the information in the performance of their duties related to HIV prevention, disease surveillance, or care of persons with HIV, only as necessary to administer the program for which the

information is collected or to administer a program within the other agency (Iowa Code Section 141A.9(8)). Confidential information transferred to other persons or entities under this subsection shall continue to maintain its confidential status and shall not be rereleased by the receiving person or entity (Iowa Code Section 141A.9(8)).

- ii. Iowa Code § 141A contains provisions related to HIV and disease reporting in Iowa. Persons diagnosed with HIV infection and/or AIDS are reportable to the Department by medical providers and laboratorians (Iowa Code § 141A.6). Additionally, HIV-related test results shall be made available for release to the Department in accordance with reporting requirements for an HIV-related condition (Iowa Code Section 141A.9(2)(e)).
 - iii. Aggregate Data Publication. Any publication or release of aggregate data shall comply with the Department's confidentiality guidelines, including the IDPH Policy for Release of Confidential Public Health Records and Iowa Code Section 141A.
 - iv. Use of Data. The Contractor shall not disclose, release, sell, loan, or otherwise grant access to any confidential information transferred through this Contract either during the period of this Agreement or hereafter. Additionally, the Contractor shall not copy, remove, or transfer the data provided through this Contract for any reason and shall only access confidential information throughout the term of this Contract.
 - v. JCPH and U of I Mobile Clinic shall adhere to all general conditions defined by the State of Iowa.
7. **Termination.** This Agreement may be terminated at any time by either Party upon 30 days written notice to the other Party.
8. **Representations and Warranties.** Both Parties represent that they are fully authorized to enter into this Agreement. The performance and obligations of either Party will not violate or infringe upon the rights of any third-party or violate any other agreement between the Parties, individually, and any other person, organization, or business or any law or governmental regulation.
9. **Indemnity.** The Parties each agree to indemnify and hold harmless the other Party, its respective affiliates, officers, agents, employees, and permitted successors and assigns against any and all claims, losses, damages, liabilities, penalties, punitive damages, expenses, reasonable legal fees and costs of any kind or amount whatsoever, which result from the negligence of or breach of this Agreement by the indemnifying party, its respective successors and assigns that occurs in connection with this Agreement. This section remains in full force and effect even after termination of the Agreement by its natural termination or the early termination by either party.
10. **Limitation of Liability.** UNDER NO CIRCUMSTANCES SHALL EITHER PARTY BE LIABLE TO THE OTHER PARTY OR ANY THIRD PARTY FOR ANY DAMAGES RESULTING FROM ANY PART OF THIS AGREEMENT SUCH AS, BUT NOT LIMITED TO, LOSS OF REVENUE OR ANTICIPATED PROFIT OR LOST BUSINESS, COSTS OF

DELAY OR FAILURE OF DELIVERY, WHICH ARE NOT RELATED TO OR THE DIRECT RESULT OF A PARTY'S NEGLIGENCE OR BREACH.

11. **Severability.** In the event any provision of this Agreement is deemed invalid or unenforceable, in whole or in part, that part shall be severed from the remainder of the Agreement and all other provisions should continue in full force and effect as valid and enforceable.
12. **Waiver.** The failure by either Party to exercise any right, power, or privilege under the terms of this Agreement will not be construed as a waiver of any subsequent or future exercise of that right, power, or privilege or the exercise of any other right, power, or privilege.
13. **Legal Fees.** In the event of a dispute resulting in legal action, the successful party will be entitled to its legal fees, including, but not limited to its attorneys' fees.
14. **Legal and Binding Agreement.** This Agreement is legal and binding between the Parties as stated above. This Agreement may be entered into and is legal and binding. The Parties each represent that they have the authority to enter into this Agreement.
15. **Governing Law and Jurisdiction.** The Parties agree that this Agreement shall be governed by the State and/or Country in which both Parties do business. If the Parties do business in different States and/or Countries, this Agreement shall be governed by Iowa law.
16. **Entire Agreement.** The Parties acknowledge and agree that this Agreement represents the entire agreement between the Parties. If the Parties desire to change, add, or otherwise modify any terms, they shall do so in writing to be signed by both parties.

The Parties agree to the terms and conditions set forth above as demonstrated by their signatures as follows:

Name

Signed: Danielle Pettit-Majewski

Date: 7/22/24

Danielle Pettit-Majewski, Director

855 S. Dubuque Street Suite 217

Iowa City, IA 52240

Name

Signed: Yolanda Villalvazo

Date: July 22, 2024

Yolanda Villalvazo, UI Mobile Clinic HIV/Hepatitis C Service Supervising Staff

200 Hawkins Dr.

Iowa City, IA 52242

Name

Signed: Daniel Runde

Date: July 21, 2024

Daniel Runde, Medical Director

200 Hawkins Dr.

Iowa City, IA 52242

A3. HIV and Hepatitis C Informational Brochures in English, Arabic, Spanish, French

HIV

Human Immunodeficiency Virus

HIV is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome).

How could I get HIV?



HIV can be spread through **sexual contact**, exposure to **contaminated blood** such as by sharing needles, and from **mother to child**.

What are the symptoms of HIV?

Some people may experience flu-like symptoms. Many people **may not** notice any symptoms at all.

The only way to know if you have HIV is to get tested.

The CDC recommends HIV testing at **least once for everyone between the ages of 13 and 64**. There's **no cure** for HIV/AIDS, but there are medications that can help control the infection and prevent progression of the disease.

Hepatitis C

Hepatitis C is an infection caused by the hepatitis C virus (HCV) that causes liver inflammation, sometimes leading to serious liver damage.

How could I get hepatitis C?



HCV spreads through exposure to **contaminated blood**, such as sharing needles or hygiene supplies like toothbrushes or nail clippers, tattoos, piercings, blood transfusion, and unprotected sex.

What are the symptoms of hepatitis C?

About half of people with HCV don't know they're infected, mainly because they have **no symptoms**.

Hepatitis C can be cured.

The CDC recommends hepatitis C screening at **least once for adults age 18 or older, even those without symptoms**. Current treatments are 8–12 weeks of oral therapy (pills) and **cure up to 95%** of patients with few side effects.

Johnson County Public Health (JCPH) offers HIV and Hepatitis C testing to all individuals.

Walk-in testing is available or by appointment.

855 S Dubuque St #217,
Iowa City, IA 52240
Monday - Friday 1-4 pm

(319) 356-6040

Visit <https://stophiviowa.org/> for more HIV and hepatitis C testing locations!

How can I learn more?

Talk to your healthcare provider or a Mobile Clinic volunteer if you have questions. Visit the websites below!



HIV

<https://www.cdc.gov/hiv/default.html>



Hepatitis C

<https://www.cdc.gov/hepatitis/hcv/index.htm>



What you need to know about:

HIV & Hepatitis C



Where can I get tested?

هذه أمراض
يمكن علاجها ،
ومعرفة حالتك
أمر مهم
لصحتك.



HIV

فيروس نقص المناعة البشرية

فيروس نقص المناعة البشرية هو فيروس يهاجم جهاز المناعة في الجسم. إذا لم يتم علاج فيروس نقص المناعة البشرية ، يمكن أن يؤدي إلى الإيدز (متلازمة نقص المناعة المكتسب).

كيف يمكنني الإصابة بفيروس نقص المناعة البشرية؟



يمكن أن ينتشر فيروس نقص المناعة البشرية من خلال الاتصال الجنسي ، والتعرض للدم الملوث مثل مشاركة الإبر ، ومن الأم إلى الطفل.

ما هي

أعراض فيروس نقص المناعة البشرية؟

قد يعاني بعض الأشخاص من أعراض تشبه أعراض الأنفلونزا. قد لا يلاحظ الكثير من الناس أي أعراض على الإطلاق.

الطريقة الوحيدة لمعرفة ما إذا كنت مصابًا بفيروس نقص المناعة البشرية هي الخضوع للفحص.

يوصي مركز السيطرة على الأمراض (CDC) بإجراء اختبار فيروس نقص المناعة البشرية مرة واحدة على الأقل لكل شخص تتراوح أعمارهم بين 13 و 64 عامًا. لا يوجد علاج لفيروس نقص المناعة البشرية / الإيدز ، ولكن هناك أدوية يمكن أن تساعد في السيطرة على العدوى ومنع تطور المرض.

التهاب الكبد C

التهاب الكبد الوبائي C هو عدوى يسببها فيروس التهاب الكبد (HCV) التي تسبب التهاب الكبد ، مما يؤدي أحيانًا إلى تلف الكبد الخطير.

كيف يمكنني الإصابة بالتهاب الكبد C؟



ينتشر التهاب الكبد الفيروسي (C) من خلال التعرض للدم الملوث ، مثل مشاركة الإبر أو مستلزمات النظافة مثل فرشاة الأسنان أو قلامة الأظافر والوشم والثقب ونقل الدم والجنس غير المحمي.

ما هي أعراض التهاب الكبد الوبائي C؟

لا يعرف حوالي نصف المصابين بالتهاب الكبد الفيروسي (C) أنهم مصابون ، ويرجع ذلك أساسًا إلى عدم ظهور أعراض عليهم.

يمكن علاج التهاب الكبد الوبائي C.

يوصي مركز السيطرة على الأمراض (CDC) بإجراء فحص التهاب الكبد C مرة واحدة على الأقل للبالغين الذين تبلغ أعمارهم 18 عامًا أو أكبر ، حتى أولئك الذين لا يعانون من أعراض. تتراوح العلاجات الحالية من 8 إلى 12 أسبوعًا من العلاج عن طريق الفم (الحبوب) وتعالج ما يصل إلى 95٪ من المرضى الذين يعانون من آثار جانبية قليلة.

تقدم Johnson County Public Health (JCPH) اختبار فيروس نقص المناعة البشرية والتهاب الكبد الوبائي C لجميع الأفراد.

يتوفر الاختبار بدون موعد أو عن طريق موعد.

855 S Dubuque St #217,
Iowa City, IA 52240
Monday - Friday 1-4 pm

(319) 356-6040

قم بزيارة
/https://stophiviowa.org
لمعرفة المزيد حول مواقع اختبار
فيروس نقص المناعة البشرية
والتهاب الكبد سي!

أين يمكنني
إجراء الاختبار؟

كيف يمكنني معرفة المزيد؟

تحدث إلى مقدم الرعاية الصحية الخاص بك أو متطوع في العيادة المتنقلة إذا كانت لديك أسئلة. قم بزيارة المواقع أدناه!



HIV

<https://www.cdc.gov/hiv/default.html>



التهاب الكبد C

<https://www.cdc.gov/hepatitis/hcv/index.htm>



ما يجب أن
تعرفه عن:

فيروس نقص المناعة
البشرية (HIV)
والتهاب الكبد C



Se pueden tratar estas enfermedades, y es importante para la salud comprobar si usted tiene estos virus o no.

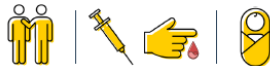


VIH

Virus de la inmunodeficiencia humana

El VIH es un virus que ataca el sistema inmunitario del cuerpo. Si no se trata el VIH, puede causar SIDA (síndrome de inmunodeficiencia adquirida).

¿Cómo se contrae el VIH?



El VIH se puede transmitir a través de las **relaciones sexuales**, la exposición accidental a **sangre contaminada** (como el intercambio de agujas), y **de madre a bebé**.

¿Hay síntomas?

Muchas personas tienen síntomas similares a los de la influenza (gripe). Otras personas **no presentan ningún síntoma**.

La única manera de saber si tiene el VIH es haciéndose la prueba

Los CDC recomiendan que **todas las personas entre los 13 y 64 años** se hagan la prueba del VIH **al menos una vez**. Para el VIH **no hay cura**, pero **puede controlarlo con tratamiento** para el VIH.

Hepatitis C

La hepatitis C es una enfermedad del hígado causada por el virus de la hepatitis C. Puede provocar inflamación del hígado, y a veces causa un daño permanente.

¿Cómo se transmite la hepatitis C?



El virus de la hepatitis C se transmite cuando una persona entra en **contacto con sangre** de una persona infectada. Eso puede resultar de compartir agujas o elementos personales (como cortauñas o cepillos de dientes), tatuajes o piercings corporales no reglamentados, transfusiones de sangre, and relaciones sexuales sin protección.

¿Hay síntomas?

Casi la mitad de la gente con este virus **no presentan síntomas** y no saben que están infectadas.

La hepatitis C se puede curar

Los CDC recomiendan que se haga **análisis de detección de la hepatitis C** por lo menos una vez para adultos 18 y mayor, **incluso si no tiene síntomas**. Hay tratamientos disponibles (pastillas) que puedan **curar hasta el 95%** de las personas con hepatitis C en 8 a 12 semanas y con pocos efectos secundarios.

Johnson County Public Health (JCPH) ofrece pruebas de VIH y Hepatitis C a todos.

Se las ofrece con cita y sin cita.

855 S Dubuque St #217,
Iowa City, IA 52240
Monday - Friday 1-4 pm

(319) 356-6040

Ingresa a <https://stophiviowa.org/> para encontrar un lugar para obtener pruebas de VIH y Hepatitis C.

¿Dónde puedo hacerme la prueba?

¿Cómo puedo aprender más?

Habla con su profesional médico o con un voluntario de la Clínica Móvil si tiene cualquier pregunta. También se puede visitar los siguientes sitios web.



<https://www.cdc.gov/hiv/spanish/index.html>

VIH

Hepatitis C



https://www.cdc.gov/hepatitis/hcv/pdfs/hepcge_neralfactsheet_sp.pdf



Lo que usted necesita saber sobre:

VIH y Hepatitis C



Ce sont des maladies que l'on peut traiter, et il est important pour votre santé de connaître votre statut.



VIH

Virus de l'immunodéficience humaine

Le VIH est un virus qui attaque le système immunitaire du corps. Si le VIH n'est pas traité, il peut conduire au SIDA (syndrome d'immunodéficience acquise).

Comment puis-je contracter le VIH ?



Le VIH peut se transmettre par contact sexuel, en s'exposant à du sang contaminé (par exemple en partageant des aiguilles), et de la mère à l'enfant.

Quels sont les symptômes du VIH ?

Certaines personnes peuvent présenter des symptômes semblables à ceux de la grippe. Beaucoup **peuvent ne pas** remarquer de symptômes du tout.

Le seul moyen de savoir si vous avez le VIH est de se faire tester.

Le CDC recommande à toute personne âgée de 13 à 64 ans de se faire tester au moins une fois. Le VIH/SIDA est **incurable**, mais il existe des médicaments qui peuvent aider à contrôler l'infection et à prévenir la progression de la maladie.

L'hépatite C

L'hépatite C est une infection causée par le virus de l'hépatite C (VHC) qui provoque une inflammation du foie, entraînant parfois de graves dommages au foie.

Comment puis-je contracter l'hépatite C ?



Le VHC se transmet par exposition à du **sang contaminé** (par exemple lors du partage d'aiguilles ou de matériel d'hygiène comme brosses à dents ou coupe-ongles), les tatouages, les piercings, les transfusions sanguines et les rapports sexuel non protégés.

Quels sont les symptômes de l'hépatite C ?

Environ la moitié des personnes affectées par le VHC ne savent pas qu'elles sont infectées, en grande partie parce qu'elle ne présentent **aucun** symptôme.

L'hépatite C peut être guérie.

Le CDC recommande le dépistage de l'hépatite C au moins une fois pour les adultes âgés de 18 ans ou plus, même ceux qui ne présentent pas de symptôme. Les traitements actuels consistent en une thérapie orale (pillules) de 8 à 12 semaines et **guérissent jusqu'à 95%** des patients avec peu d'effets secondaires.

Johnson County Public Health (JCPH) offre des tests de dépistage du VIH et de l'hépatite C à tous.

Les tests peuvent être effectués sans rendez-vous ou avec rendez-vous.

855 S Dubuque St #217,
Iowa City, IA 52240
Lundi à Vendredi 13h à 16h

(319) 356-6040

Visitez
<https://stophiviowa.org/>
pour plus de lieux où l'on peut se faire tester pour le VIH et l'hépatite C !

Où puis-je me faire tester ?

Comment puis-je en savoir plus ?

Si vous avez des questions, adressez-vous à votre prestataire de soins de santé ou à un bénévole de la clinique mobile. Et visitez les sites web ci-dessous !



Le VIH

<https://www.cdc.gov/hiv/default.html>



L'hépatite C

<https://www.cdc.gov/hepatitis/hcv/index.htm>



Ce qu'il faut savoir sur :

Le VIH & l'hépatite C



A4. HIV Simplified Testing Instructions



Simple and reliable HIV Self testing

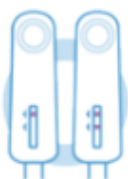


Step 1: **Collect**

Gently swab the pad along your upper gums once and your lower gums once. You may use either side of the flat pad.

Step 2: **Insert**

Put the test stick directly into the test tube where indicated in the Test Stand.



Step 3: **Read**

The test window will turn pink for a few minutes. Do not read your results before 20 minutes have passed. Once your results are ready, you must read between 20 and 40 minutes from the start time.

We're Here for You

Questions about HIV self testing or OraQuick HIV rapid test results? We are available 24/7 for any questions you have. Call our US support center toll-free at 1-866-436-6527.

A5. HIV Simplified Test Interpretation

Reading your OraQuick In-Home results

Interpreting the test is simple. The below information explains how to tell when a test is negative or positive. Knowing your HIV status is an important part of your overall health. Regardless of your status, there are options for prevention and treatment to help keep you healthy. When performing a test, please refer to the package insert, inclusive of the warnings and precautions.

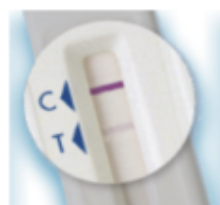
WHAT YOUR RESULTS MEAN TO YOU

Negative Test



If there's one line next to the "C" and no line next to the "T", your result is negative.

Positive Test



If there are two complete lines, one next to the "C" and any line next to the "T"—even a faint line—you may have HIV.

For more information, visit: <https://www.hiv.gov/hiv-basics/hiv-testing/learn-about-hiv-testing/who-should-get-tested>


CONTACT US

We're Here for You

Questions about HIV self testing or OraQuick HIV rapid test results? We are available 24/7 for any questions you have. Call our US support center toll-free at 1-866-436-6527.

A6. Hepatitis C "Testing Packet" for JCPH

EXAMPLE



IDPH TEST STICKER HERE

PUBLIC HEALTH

Danielle Pettit-Majewski, Director

Promoting Health. Preventing Harm.

= minimum info required to allow JCPH to contact for follow-up.

HCV Rapid Antibody Test (OraQuick), Client Test Result Form

Date Collected: 08 / 07 / 24 Counselor ID: UI Mobile Clinic

CLIENT INFORMATION

Client Name: Jane Doe

Birthdate: 12 / 31 / 1950 SS#: - -

Address: 1234 Newton Road Phone: (123) 458 - 7859

City: Iowa City State: Iowa Zip: 52242

Eligibility Criteria Met HCV Testing

☐ PWID or History of IDU ☒ DOB 1945-1965

↖ must meet at least one criterion ↗

TEST INFORMATION (HCV)

Box #: 000123456789 Temp: 22°C Start time: 1300 End time: 1320

Specimen Type: ☒ Finger Stick ☐ Whole Blood

↖ must be 20 minutes apart ↗

1st # on package

RESULT INFORMATION

HCV:

Rapid Result	<input checked="" type="checkbox"/> Non-Reactive	<input type="checkbox"/> Reactive	<input type="checkbox"/> Invalid
Confirm test type:	<input type="checkbox"/> Whole Blood	<input type="checkbox"/> None	
Confirm test result:	<input type="checkbox"/> Non-Reactive	<input type="checkbox"/> Reactive	<input type="checkbox"/> Invalid

if invalid, repeat test with a different kit and fill out a new testing packet - but KEEP THIS ONE!

855 S. DUBUQUE STREET, SUITE 217 ♦ IOWA CITY, IOWA 52240 ♦ PHONE: (319) 356-6040 ♦ FAX: (319) 356-6044

EXAMPLE

INTEGRATED TESTING SERVICES CLIENT ASSESSMENT FORM 2024 v01

TEST ID <i>N/A</i>	CLIENT ID (optional) <i>N/A</i>	DATE OF VISIT <i>08/07/2024</i>
TEST LOCATION: UIMC	TEST COUNSELOR <i>YOU INITIAL HERE!</i>	PROGRAM AWARD ☑PS18-1802

CLIENT INFORMATION			
First Name: <i>Jane</i>	Middle Initial: <i>B</i>	Last Name: <i>Doe</i>	
Date of Birth: <i>12/31/1950</i>	State of Residence: <i>IA</i>	County: <i>Johnson</i>	Zip Code: <i>52242</i>
Ethnicity <input checked="" type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino (select subgroup) <input type="checkbox"/> Declined to Answer Hispanic Subgroups <input type="checkbox"/> Mexican, Chicano, Mexican-American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other		Race (Check All That Apply) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native Black/African American <input type="checkbox"/> White <input checked="" type="checkbox"/> Declined to Answer <input type="checkbox"/> Native Hawaiian/Pacific Islander (select subgroup) <input type="checkbox"/> Native Hawaiian, Guamanian, Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Asian (select subgroups) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian <input type="checkbox"/> Japanese	
Health Insurance <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Medicaid, CHIP, Other Public Plan <input type="checkbox"/> Private Employer <input type="checkbox"/> Private Individual <input type="checkbox"/> VA, Tricare, Other Military <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Other Insurance <input type="checkbox"/> No Insurance		Sex Assigned At Birth <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Declined to Answer Current Gender ID <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Transgender: Male to Female <input checked="" type="checkbox"/> Transgender: Female to Male <input type="checkbox"/> Transgender: Unspecified <input type="checkbox"/> Another Gender <input type="checkbox"/> Declined to Answer	

CLIENT ASSESSMENT				
do not leave any items blank				
Has the client had a previous HIV test?		Has the client had a previous positive HIV test?		Date of previous positive test:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does Not Know <input type="checkbox"/> Declined		<input type="checkbox"/> Yes <i>(I)</i> <input type="checkbox"/> No <input checked="" type="checkbox"/> Does Not Know		
Within the past 5 years has the client:		Within the past 5 years has a sexual partner:		
<i>I/P</i>	Had sex with a male?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Injected drugs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <i>P</i>
<i>(if MSM or TGW)</i>	Had sex with a female?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Identified as MSM? <i>(if female or TGW)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <i>P</i>
<i>I/P</i>	Had sex with a transgender person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Exchanged sex for drugs/money/goods?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK <i>P</i>
<i>I</i>	Been diagnosed with an STI?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK	Tested positive for hepatitis A or B?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK <i>I</i>
<i>I</i>	Been diagnosed with HCV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK	PrEP Awareness and Use	
<i>P</i>	Exchanged sex for drugs/money/goods?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DK	Has the client ever heard of PrEP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>I</i>	Used non-injection drugs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Taken PrEP in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>I/P</i>	Had sex with someone living with HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK	Is the client currently taking PrEP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the client ever:		Definitions and Key		
<i>I/P/C</i>	Used injection drugs?	If the client answers YES to any related question: P = Indicated for PrEP I = Indicated for hepatitis A/B Immunization C = Indicated for hepatitis C Testing PSA = PWD Supplemental Assessment		
Type of drug/s injected:		Acronym Definitions: MSM = man who has sex with men TGW = Transgender Woman		
CLIENT ASSESSMENT NOTES (OPTIONAL)				

EXAMPLE

SERVICES	
HCV Test:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PWID Assessment:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

always yes to their 2 questions.

THIS SPACE INTENTIONALLY LEFT BLANK

EXAMPLE

PWID SUPPLEMENTAL ASSESSMENT

Hepatitis B Surface Antigen Screening			
Client Tested for Hepatitis B?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sample Submitted to SHL:	____/____/____
HBsAg Test Result:	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive	Client Notified of Test Result?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Could Not Locate
Was Client Linked to Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Could Not Locate <input type="checkbox"/> No – Declined	Notes (optional):	

Substance Use Disorder (SUD) Screening			
Client Screened for SUD?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Screening Tool:	<input type="checkbox"/> SBIRT <input checked="" type="checkbox"/> DAST ← always DAST! <input type="checkbox"/> AUDIT <input type="checkbox"/> OTHER _____
Screening Result:	SBIRT: <input type="checkbox"/> Positive <input type="checkbox"/> Negative DAST: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative	AUDIT: <input type="checkbox"/> Positive <input type="checkbox"/> Negative OTHER: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
If indicated, was the client referred to SUD treatment services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – Declined	Notes (optional):	

Screening for Bacterial and Fungal Complications of Injection Drug Use			
Client Screened for Medical Complications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete the following table. If any complications are reported as present, refer the patient to immediate emergency medical services as they can be fatal if untreated.	
Possible Complication	Description/Characterizations	Present	Referred for Evaluation
Bacteremia	Chills, fever, extreme fatigue.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Declined
Endocarditis	Heart murmur, fever, chest pain, fainting spells, shortness of breath, and/or heart palpitations.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Declined
Tetanus	Muscle spasms or rigidity, especially in the neck / jaw.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Declined
Necrotizing Fasciitis	Increasing redness, swelling, and extreme pain at the wound or injection site accompanied by fever. Skin may turn from red/purple to blue/grey and begin breaking down in 3-5 days.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Declined
Wound Botulism	Droopy eyelids, blurred or double vision, and a dry/sore throat that may progress into difficulty speaking and swallowing, a weakness of the neck, arms, and legs, and difficulty breathing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Declined
Abscesses	Presence of hard/warm lumps at the injection site. Concurrent with fever or chills, extreme fatigue, associated pain, or a thin and dark line moving from the abscess are cause for immediate medical attention.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - Declined

Can ask- OK to skip.

Hepatitis A and B Immunizations			
Client Vaccination Status:	<input type="checkbox"/> Previously Vaccinated – Complete (Twinrix) <input type="checkbox"/> Previously Vaccinated – Partial Twinrix <input type="checkbox"/> Previously Vaccinated – Hep A Only <input type="checkbox"/> Unvaccinated <input checked="" type="checkbox"/> Previously Vaccinated – Hep B Only		
Vaccination Services or Referrals:	<input type="checkbox"/> Vaccines Provided Twinrix <input type="checkbox"/> Vaccines Provided Hep B <input type="checkbox"/> Declined Vaccinations <input type="checkbox"/> Referred for Vaccinations <input checked="" type="checkbox"/> Declined Referral	<input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3	Notes (optional):

Offer these supplies to the patient – see small box in clinic!

Other Services or Referrals		Notes (optional):
<input type="checkbox"/> Harm Reduction Supplies Distributed		
<input checked="" type="checkbox"/> Condoms/Risk Reduction Supplies Distributed		
<input type="checkbox"/> Referred to Syringe Disposal Services		
<input checked="" type="checkbox"/> Naloxone Supplies (referred or distributed)		

EXAMPLE

JOHNSON COUNTY PUBLIC HEALTH
RELEASE OF INFORMATION FORM
AUTHORIZATION TO RELEASE, OBTAIN, AND EXCHANGE INFORMATION

AGENCY ADDRESS: Johnson County Public Health | 855 S. Dubuque St. Suite 113 | Iowa City, IA 52240

NAME:	Jane Doe	DATE OF BIRTH:	12/21/1950
ADDRESS:	1234 Newton Road		
CITY:	Iowa City	STATE:	IA
PHONE NUMBER:	(123) 458-7859		

I VOLUNTARILY AUTHORIZE JOHNSON COUNTY PUBLIC HEALTH STAFF TO RELEASE, OBTAIN, AND EXCHANGE INFORMATION WITH THE FOLLOWING AGENCIES:

NAME/AGENCY	ADDRESS	PHONE
Free Medical Clinic	2440 Towncrest Drive, Iowa City	319-337-4459
Iowa TelePreP	200 Hawkins Drive, SW34 GH, Iowa City	319-384-8060 (fax)
UIHC Virology Clinic 319-356-8133	200 Hawkins Drive, Iowa City	319-335-3444 (fax) /
Community Family Resources	430 Southgate ave Iowa City	319-351-4357
State Prevention Navigation Coordinator	321 E. Walnut Street, STE 320, Des Moines	319-930-9093
University of Iowa Mobile Clinic	200 Hawkins Dr. Iowa City, IA 52240	
Self		
Other:		

Signing this form will authorize the release of the information described below with the exception of the items described in the specific authorization box. If there are any additional categories that you wish to add, included a description under "other". If there is a category that you do not wish to have released, CROSS OUT that category in the list below.

- Medical Care
- Insurance Provider
- Screening Results
- Other: _____

I UNDERSTAND that the AUTHORIZATION TO RELEASE, OBTAIN, AND EXCHANGE INFORMATION form is limited to the agencies, groups, or persons named; and this

Specific Authorization for Release of Information Protected by State or Federal Law:

The following information **will not be released** unless you specifically authorize it by **initialing** the relevant line(s) below:

_____ I specifically authorize the release of mental health information* (§228)

JD I specifically authorize the release of HIV/AIDS information (§141A.9)

_____ I specifically authorize the release of substance abuse information** (§228)

information is not to be passed on to anyone else or to be used for any purpose other than those specified.

I understand that I have the right to see this information at any time. I can revoke my consent by writing to both the persons giving and the persons receiving the information. However, any information already released may be used as stated on this authorization form. I understand the information is needed to plan services or to determine eligibility for services. This authorization is effective for no longer than one year from the date of signature or for 12 months. This authorization is not automatically renewable. It expires from the date of signature. I understand that if the person or entity that receives the information requested is not covered by federal privacy regulations or is not an individual or entity who has signed an agreement with such a person or entity, the information described above may be redisclosed and will no longer be protected by the regulations. I have read this release or it has been read to me, and I understand its content. Photocopies of this release will be as valid as the original.

I certify that any person(s) who furnish such information concerning me shall not be held accountable for providing this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result. I further release the Iowa Department of Public Health from any and all liability which may be incurred as a result of collecting or disclosing such information.

Note: See disclosure and re-disclosure on back side of this page before signing.

Signature of Client or Representative: Jane Doe Date: 08/07/2024

Relationship of Authorized Representative: _____ Date: _____

I:\025\Consent and Release Forms\CURRENT FORMS\Release of Information 03.2023.docx

EXAMPLE

JOHNSON COUNTY PUBLIC HEALTH RELEASE OF INFORMATION FORM
AUTHORIZATION TO RELEASE, OBTAIN, AND EXCHANGE INFORMATION

DISCLOSURE AND RE-DISCLOSURE

Iowa and federal law provides that any disclosure or re-disclosure of substance abuse, alcohol or drug, mental health, or AIDS-related information must be accompanied by the following written statement.

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit additional disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

See also Iowa Code Chapters 141A and 228.0 and other applicable laws.

This form does not authorize re-disclosure of medical information beyond the limits of the consent.

For Physician's office:

Information requested:

Staff Signature

YOU SIGN HERE!

Date

08/07/24

A7. DAST-10 Questionnaire for JCPH

DAST-10 Questionnaire

I'm going to read you a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcohol or tobacco.

If you have difficulty with a statement, then choose the response that is mostly right.
You may choose to answer or not answer any of the questions in this section.

These questions refer to the past 12 months.	No	Yes
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")	1	0
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

Interpreting the DAST 10

In these statements, the term "drug abuse" refers to the use of medications at a level that exceeds the instructions, and/or any non-medical use of drugs. Patients receive 1 point for every "yes" answer with the exception of question #3, for which a "no" answer receives 1 point. DAST-10 Score Degree of Problems Related to Drug Abuse Suggested Action.

DAST-10 Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1–2	Low level	Monitor, re-assess at a later date
3–5	Moderate level	Further investigation
6–8	Substantial level	Intensive assessment
9–10	Severe level	Intensive assessment

Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, 7(4),363–371.

A8. HIV and Hepatitis C Test Tracking Forms for Mobile Clinic Use

HIV Kit Tracking Form

[illegible]

Hepatitis C Test Tracking Form

[illegible]