

Mayo Clinic Q & A - Dr. Stacey Rizza - Addressing health dis...

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SUMMARY KEYWORDS

hiv, hiv epidemic, people, pandemic, risk, diagnosis, mayo clinic, infection, united states, tested, infected, diagnosed, stigma, stacey, infectious disease, treatment, means, aids, virus, early

SPEAKERS

Dr. Halena Gazelka, Narrator, Dr. Stacey Rizza

N Narrator 00:01
Coming up on Mayo Clinic Q&A,

D Dr. Stacey Rizza 00:03
Ways to continue to educate people in all communities about the risks of HIV, the way to prevent HIV, the way to be diagnosed early, and if you are positive, getting engaged with treatment because it makes a big difference in how long you'll live and how healthy you will be for many years.

N Narrator 00:23
While disparities due to education and health care access persist, scientific advances in treating HIV offer hope.

D Dr. Stacey Rizza 00:31
As we know now, that if somebody is on effective HIV therapy, and the virus in their body is suppressed, their risk of transmitting it to somebody else is close to zero. That means if we had every human on planet earth who had HIV were diagnosed, were linked with health care, and were on effective therapy, then HIV would be gone from the human race in one generation.

D Dr. Halena Gazelka 00:55
Welcome, everyone to Mayo Clinic Q&A. I'm your host Dr. Halena Gazelka. The COVID-19 pandemic has affected many areas of health care, including people seeking testing and

treatments. One example, according to the CDC, there has been a significant decrease in testing for HIV during COVID-19. And like many other areas of the pandemic, health disparities play a significant role when it comes to testing, diagnosis, and treatment of HIV and the disease it causes, AIDS. Here to discuss today is Dr. Stacey Rizza, Mayo Clinic infectious disease expert. Thanks for being here today, Stacey.

D Dr. Stacey Rizza 01:34

Thank you for having me. And thank you for highlighting this very important issue about HIV.

D Dr. Halena Gazelka 01:39

Now, Stacey, besides being an infectious disease expert, you are truly an HIV researcher and expert. So, you're just the person to speak with us on this today.

D Dr. Stacey Rizza 01:48

I've spent many years cutting my teeth with HIV in the clinic as well as in the research arena. So thank you very much for having me.

D Dr. Halena Gazelka 01:55

Well, thanks so much for being here. Let's start with the basics. I mentioned both HIV and AIDS. What is the difference?

D Dr. Stacey Rizza 02:02

So, HIV is the virus that causes the syndrome of AIDS. So, HIV actually stands for human immunodeficiency virus, and AIDS stands for acquired immunodeficiency syndrome. So, it's very similar to SARS-CoV-2, and COVID. SARS-CoV-2 is the virus that causes the syndrome COVID. And similarly, HIV can cause AIDS if the HIV is not treated.

D Dr. Halena Gazelka 02:32

That's a great way to describe it, very simple and understandable. Who is at risk of contracting HIV?

D Dr. Stacey Rizza 02:41

Great question. So, we like to say that any human on earth could be at risk of contracting HIV and becoming infected with the virus. It's transmitted through blood and bodily fluids. So, that means it can be transmitted through blood itself, through semen, through breast milk. So,

people who are born to an HIV positive mother could be at risk of becoming infected. People who have sex with someone with HIV could be at risk of becoming infected. Or if you share needles, or somehow are exposed to blood from somebody who's infected, you can become infected with HIV that way as well.

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Dr. Halena Gazelka 03:20

Stacey, we were talking a few minutes ago, before we started recording the podcast about the fact that we don't hear as much about AIDS and HIV in the news anymore. And for decades, it seemed to be a major topic. Is AIDS or HIV still an epidemic worldwide?

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Dr. Stacey Rizza 03:39

Yes, it is. And you know, it's a good thing and a bad thing that we don't talk about HIV anymore. The good thing is compared to 30 years ago, we're in such a better place. We know how to diagnose it. We have drugs that manage it very well. I won't say treat it because they never completely eradicate it from the body, but they manage it in a way that people can live long, healthy, normal life expectancies with HIV, if they take their medication. And we've had good public health initiatives to try to slow down the spread. So, that's the good reason why we're not talking about it as much as it's not killing as many people. But the bad news is, it is still killing people. And we still have a significant number of people everywhere in the world, including the United States that get infected every year. And we still have people who are not linked to health care and are going to become sick from this virus because they're disenfranchised or unaware. So, if you look back even to the early parts of the HIV epidemic in the United States, we still have almost the same number of new infections every year, unfortunately. It's gone down a little bit, but it's still absolutely an epidemic in the U.S. as well as in other parts of the world. So, we need to start talking about it so that people are aware, take measures to avoid it, and if there's any risk they are infected they get tested, and they get put on medication to take care of them and others. But there's just one more piece of that. That's why it's so important is we know now that if somebody is on effective HIV therapy, and the virus in their body is suppressed. It's not gone, but it's suppressed. Their risk of transmitting it to somebody else is close to zero. So, if you just pause for a minute and think about that implication, that means if we had every human on planet earth who had HIV were diagnosed, we're linked with health care, and were on effective therapy, then HIV would be gone from the human race in one generation. So, that's why it's so important that these public health measures are still talked about, people are still getting tested, people are taking initiatives to avoid infection, and if you are infected, getting linked to care to take care of yourself and prevent transmission to others.

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Dr. Halena Gazelka 06:04

You said so many things. Starting with the rates of the development of HIV, I did not know that it was still significant just because I don't hear about it so much anymore. And I'm sure that our listeners weren't aware either that the cases were still significant. So, what about testing? And how does an individual who might be at risk know. I mean, you told us some individuals who are more at risk for developing HIV but also told us that any human could be at risk of developing HIV. So, how do you know whether you need testing or not?

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Dr. Stacey Rizza 06:42

That's a great question. And I'm going to begin with a recommendation in the United States. And then I'll go into more nuanced individual situations. So, since 2006, the United States Public Health Task Force, endorsed by the CDC, endorsed by Medicare and Medicaid, and paid for by all private insurances recommended that every adult over the ages of 13, I'm sorry, over the age of 13 get tested for HIV at least once in their lifetime. So, even if you are a nun, who has never had sex, never shot up drugs, never had a tattoo, never snorted cocaine, never did anything that would put you at risk of infection, you don't even need to ask your patient what their background is. If they've never been tested for HIV, they should get tested. And that's because many people with HIV have no idea they have it. They can be completely asymptomatic for a very long time, for years and years, and not only have the virus causing ill effect on themselves, but they're at risk of potentially transmitting it to others. We need to do a better job in the United States, particularly as health care providers, to follow that recommendation, and to make sure that every adult has had an HIV test at least once in a lifetime. The reason why it's recommended as once in a lifetime is that's what can be proven as cost-effective. As we get more data, it's likely we'll need to retest every 10 years, every five years, just universally. It pays to test and diagnose people earlier. Now in addition to that, if somebody is a person who's at risk, if they're sexually active and had new partners, if they used IV drugs, if they've had a tattoo even in a modern tattoo parlor, if they snort cocaine, if they've had a needle stick exposure, any of these other type of risks where they could have been exposed to blood or body fluids should be tested more often. We recommend usually at least once a year, or after one of those events that just happened.

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Dr. Halena Gazelka 08:49

Interesting. See, I learned something else already. Stacey told me about health disparities and HIV. We kind of touched on that during the intro. Were there health disparities regarding the management of HIV prior to COVID-19? And what have you seen happen over the course of the pandemic?

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Dr. Stacey Rizza 09:08

So, before even the COVID-19 pandemic, we knew that the number of increased diagnoses are most often in men who have sex with men. They're also in regional parts of the United States, we see far more of it in the southeast part of the United States, far more diagnoses in Latinas and in African Americans and in women. In fact, about 25% of the new diagnoses are in women through heterosexual sex. So, we know that there are certain groups certain demographics that are getting are developing HIV more often than other demographics. It doesn't mean that the others are totally safe, but it means that there's certain groups that are not being identified for testing earlier, or preventive measures, or being linked to care the way they should. So, we already knew there were some health disparities. Everything was made worse during the COVID pandemic. Fewer people were getting tested. So, there's this false sense of the number of infections are going down, but the percentage isn't. So, people are not coming to their doctors often, they're not getting tested, they're likely dealing with other issues that came out of, excuse me, other issues that came out of the COVID pandemic. And so, perhaps they're not getting condoms, perhaps they're not getting themselves on HIV pre-exposure prophylaxis,

which is a medication you can take to prevent HIV infection if you're at risk. Whatever the other reasons are, not being connected to health care has a poor effect for those groups, particularly who are disenfranchised, and puts them more at risk of HIV.

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Dr. Halena Gazelka 10:56

I'm continuously impressed by the number of health and disease states that have been affected by the COVID-19 pandemic and the lack of access. We have spent so many decades in this country building up our preventative medicine or, you know, quick response, and the COVID-19 pandemic seems to have affected so many areas for individuals.

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Dr. Stacey Rizza 11:20

Absolutely. You know, it just shows how important preventive health is and early diagnosis. And that's true for virtually any infectious disease, as well as cancers and other health conditions. And that just shows you how important it is to stay connected to people, even if it's not the old-fashioned way that we used to do things where you get in your car to drive to the doctor, and you'd listen to what they have to say to other means, particularly community engagement. In fact, I'd argue that the HIV epidemic really drove a lot of the community engagement efforts around treatment, around diagnosis, and around research that much of the SARS-CoV-2 work kind of piggybacked on and expanded. They were outstanding. I worked in research groups in San Francisco where we actually had groups that would go around in cars and would drive to different neighborhoods, would drive to engage those who are homeless, we could do blood draws at the time, we could give treatments, we had ways to work with social workers and caseworkers. The HIV pandemic, I'm sorry, excuse me, HIV epidemic really drove much of those early work that SARS-CoV-2 has benefited from, but we still need to do better.

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Dr. Halena Gazelka 12:35

What do you think some of the answers are now currently for the disparities that we are seeing regarding HIV?

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Dr. Stacey Rizza 12:43

You know, it's the same old thing that works for every disease state, it's education, and it's engagement, and it's role modeling within the communities. So, ways to continue to educate people in all communities about the risks of HIV, the way to prevent HIV, the way to be diagnosed early, and if you are positive getting engaged with treatment, because it makes a big difference in how long you'll live, and how healthy you will be for many years. So, that education is essential, and it needs to be done in the community. We can't wait for people to come to us, and then we'll teach them, we need to get into those worlds with people who are leaders in those communities and have ways to bring diagnosis, treatment and preventive measures to them. Now, unfortunately, there's one other issue that the HIV epidemic has had to deal with it, some of the others haven't. And that is the old-fashioned system of stigma, which is just heartbreaking. And the stigma that has been around HIV for a very long time is part of what prevents people from coming forward, from taking the initiatives to prevent the

disease, to prevent the infection, and also to be diagnosed at a fear of the answer. And so, we also need those community leaders to help break down the stigma issue in addition to educate and bringing diagnosis and treatment closer to home.

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Dr. Halena Gazelka 14:10

Do you think that we will see an end to the HIV epidemic in the United States?

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Dr. Stacey Rizza 14:17

That's a great question. You know, I sure hope so. There is a huge amount of work on HIV cure, which is an immunologically based, very, very complicated, but very exciting process that's going on in basic science labs in a few places in the world, including here at Mayo Clinic. And the world has seen probably four cases that we consider a cure. But that's not what's going to end HIV. What's going to end HIV is public health measures. It's educating people on how to avoid it, giving people drugs that if they're at risk that they won't become infected, getting people diagnosed early, and as I mentioned earlier, connecting them to care because that we know works. We know if everybody who has HIV is on therapy, they won't transmit. And a generation or two later will have no more HIV. So, I really hope that the public health support funding focus initiative continues to go back to HIV, it's really been focused on COVID, which is important. But at the same time, we really need it to work on HIV as well. Because if we let a little blip happen now, and many more people become infected, it has a ripple effect. Because I always say in infectious disease, we always have two characters in the play, not just one. If we miss a diagnosis of cancer, one person dies. If you miss a diagnosis of HIV or allow more HIV infection to happen as a society, the implications are huge, and it impacts 1000's, hundreds of 1000's, and millions of people. So, now is the time that we really need to get the focus, the education, and the initiatives back in place for HIV.

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Dr. Halena Gazelka 16:04

What can listeners who are with us today, what do they need to know, or what can they do to help?

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Dr. Stacey Rizza 16:12

Thank you for asking that question. So, the listeners who are healthcare providers can absolutely engage in the preventive measures that are needed for HIV to keep our patients safe for themselves personally as well as for their patients. So, that means making sure people are being appropriately screened for HIV, according to the guidelines every adult at least once in their life, and adults who have risk factors at least every year. They can continue to advocate for measures to prevent HIV infection. That means male circumcision, condoms, needlestick exchange programs. But very importantly, HIV pre-exposure prophylaxis, which means we can give patients who might be at risk of HIV a pill they take every day, and very soon, it could just be a shot every two months. And that alone can significantly decrease the person's risk of becoming infected with HIV. And then if somebody is infected, quickly linking them to us in the HIV clinic in the division of infectious disease to make sure that they're getting the care the

patient needs. We have enormous resources in the division of ID. We have HIV social workers, caseworkers, HIV pharmacists, we have federal grants and state grants, we have the ability to truly care for all of our patient's needs, including their transportation needs, their medication payments, everything. So, please just get the patients to us, and then we can really work with the patient and make sure they're well treated. So, essentially keep thinking of HIV, look for it and try to prevent it.

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Dr. Halena Gazelka 17:50

Stacey, many of our listeners are not healthcare providers, and I was thinking about along the lines of what you said about stigma. And that may be somewhere that every one of us as an individual and a human being can help with the HIV epidemic.

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Dr. Stacey Rizza 18:04

Absolutely. And thank you for saying that. You're absolutely right. If you're not a healthcare provider, please talk about HIV, help decrease the stigma. In fact, let's just absolutely eliminate the stigma. And let's continue to just educate people in our communities to get tested for HIV and to use measures to prevent infection. It's part of just grass roots efforts everywhere in the United States. All of us can make a difference at destigmatizing and decreasing the number of new infections.

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Dr. Halena Gazelka 18:34

Thank you so much for being here today, Stacey. I learned so much from you.

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Dr. Stacey Rizza 18:38

Well, thank you again for inviting me and allowing our HIV clinic at Mayo to represent the issues that are at hand. And thank you again for highlighting HIV.

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Dr. Halena Gazelka 18:50

Our thanks to Dr. Stacey Rizza, infectious disease and HIV expert, for being here with us from Mayo Clinic today to talk about the HIV epidemic. I hope that you learned something. I know that I did. And we wish each of you a wonderful day.

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Narrator 19:05

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