Public-private Partnerships, Programs Target Infectious Diseases in RI

BRIAN T. MONTAGUE, DO, MPH
GUEST EDITOR

Though morbidity and mortality from infectious diseases continues to decline in the United States, the recent epidemic of Ebola in West Africa highlights the ongoing importance of maintaining strong public health programs to address infectious diseases in the United States. Though epidemics may be infrequent, they consume considerable amounts of public resources and maintaining a strong public health approach to respond to these outbreaks is critical. In times of declining funding for public health programs, alternative strategies are needed to maintain the readiness of our health systems to respond to these crises. Dedicated public health treatment programs are increasingly transitioning into public-private partnership models in which community providers become the key care providers guided by public health programs. Targeted financial support addresses those aspects of control efforts not fundable through the existing public and private insurance systems. Both the increasing complexity of the system of care and the increasing emphasis on accountability in medical under the provisions of the Affordable Care Act, create a clear need to examine and monitor outcomes across the system of care. This issue highlights a number of programs in Rhode Island that address important issues in infectious diseases with implications for public health, including this public-private partnership model.

CONTRIBUTIONS
The article by Montague et al. highlights the opportunities and risks of public-private partnerships as an approach to sustaining tuberculosis (TB) control efforts in the context of declining incidence in Rhode Island and concomitant reductions in state and federal funding. The RI Department of Health has promoted a community-based testing and treatment model for latent tuberculosis infection focusing on the community health centers given their role as key sites for targeted testing for tuberculosis infection. The case study presented by Chow et al. highlights the need to consider tuberculosis as part of the differential diagnosis for persons from high-risk communities, even where specific exposure to persons with tuberculosis cannot be established.

Increasing attention is being given to a public health approach to HIV prevention using a treatment-as-prevention model, supported by the recent publication of the HPTN052 study, which showed near complete elimination of transmission within HIV serodiscordant couples when the infected partner is on suppressive antiretroviral therapy. In multiple settings strong inverse correlations are seen between the uptake to antiretroviral therapy and reductions in incident HIV in the community. Community viral load, assessed as the sum of detectable viral counts in the community, has been proposed as a potentially valuable index for risk of HIV transmission in the community. Touzard Romo et al. present clinic-based viral load data for the Miriam Hospital program, which may provide a useful baseline and framework for monitoring infection risk in the community going forward.

Recent epidemics of sexually transmitted diseases (STDs), particularly among men who have sex with men, have been described in many areas of the country. Chan et al. describe the recent observed increases in sexually transmitted diseases in RI as well as the working model of public-private STD testing and treatment clinic established at the Miriam Hospital. This clinic links STD testing with provision of pre-exposure and post-exposure prophylaxis for HIV and provides a unique source for this integrated care in RI.

Tick-borne illness is both a significant cause of morbidity in Rhode Island and an area of significant controversy. Reece et al. outline the current recommendations for diagnosis and treatment of tick-borne illnesses, particularly Lyme disease. They also discuss the important distinction between acute infection requiring antibiotic therapy and the post-Lyme inflammatory syndrome that likely accounts for a significant portion of persistent symptoms following treatment of the initial infection.

Increasing attention is being given to the management of persons receiving extended duration outpatient parenteral antibiotic therapy (OPAT). Touzard Romo et al. review the current guidelines for monitoring patients on these therapies and outline a program for monitoring these patients through an outpatient OPAT program.

BRIAN T. MONTAGUE, DO, MPH, is an Assistant Professor of Medicine in the Division of Infectious Diseases, the Warren Alpert Medical School of Brown University. He is a clinical provider of HIV and viral hepatitis care at the Miriam Hospital and other community sites and manages Ryan White funded HIV care programs at the Miriam and Rhode Island Hospitals and medical director of the RISE TB Clinic.