

Focusing HIV/AIDS Prevention in the South: From Individuals to Communities



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Overview



- Epidemiologic Trends of HIV/AIDS in the U.S. and Puerto Rico
- HIV Prevention Initiatives
- Summary

Epidemiology of HIV/AIDS

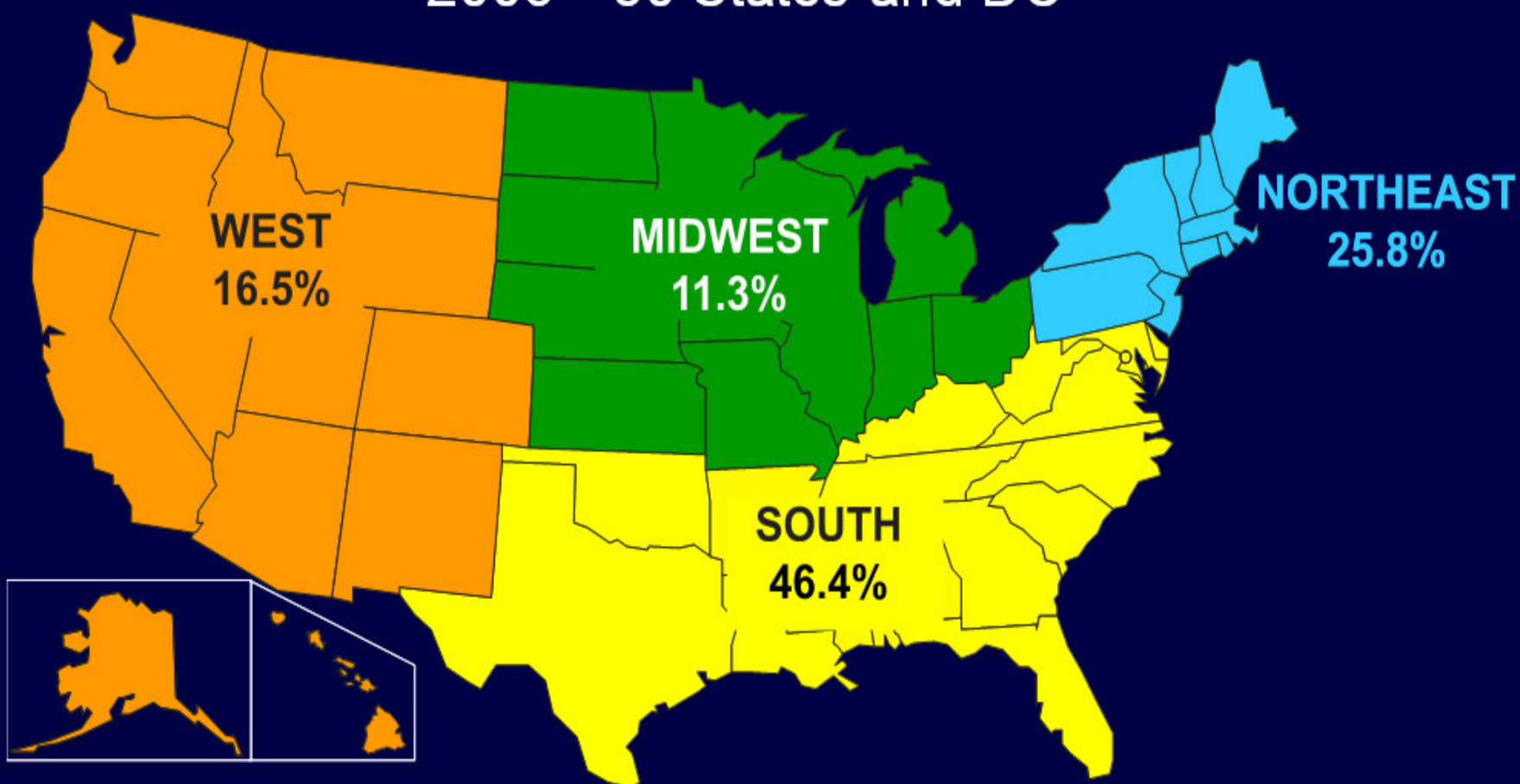


SOUTHEASTERN UNITED STATES

PUERTO RICO

DATA SOURCES

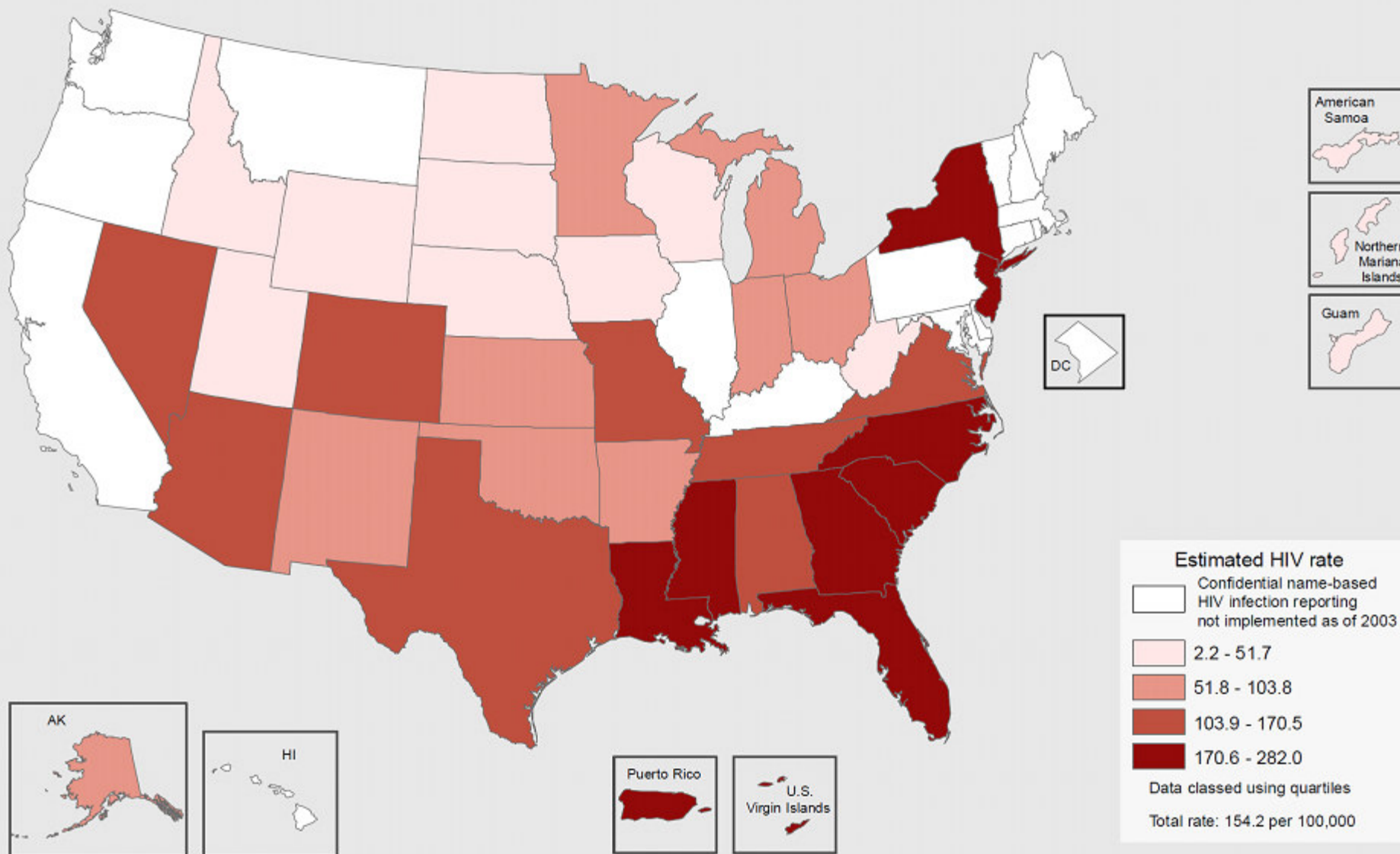
Estimated Percentages of AIDS Cases among Adults and Adolescents, by Percentage in each Region 2006—50 States and DC



Note. Data have been adjusted for reporting delays.



Estimated rates (per 100,000 population) for adults and adolescents living with HIV Infection (not AIDS), 2007 -- 34 states and 5 U.S. dependent areas

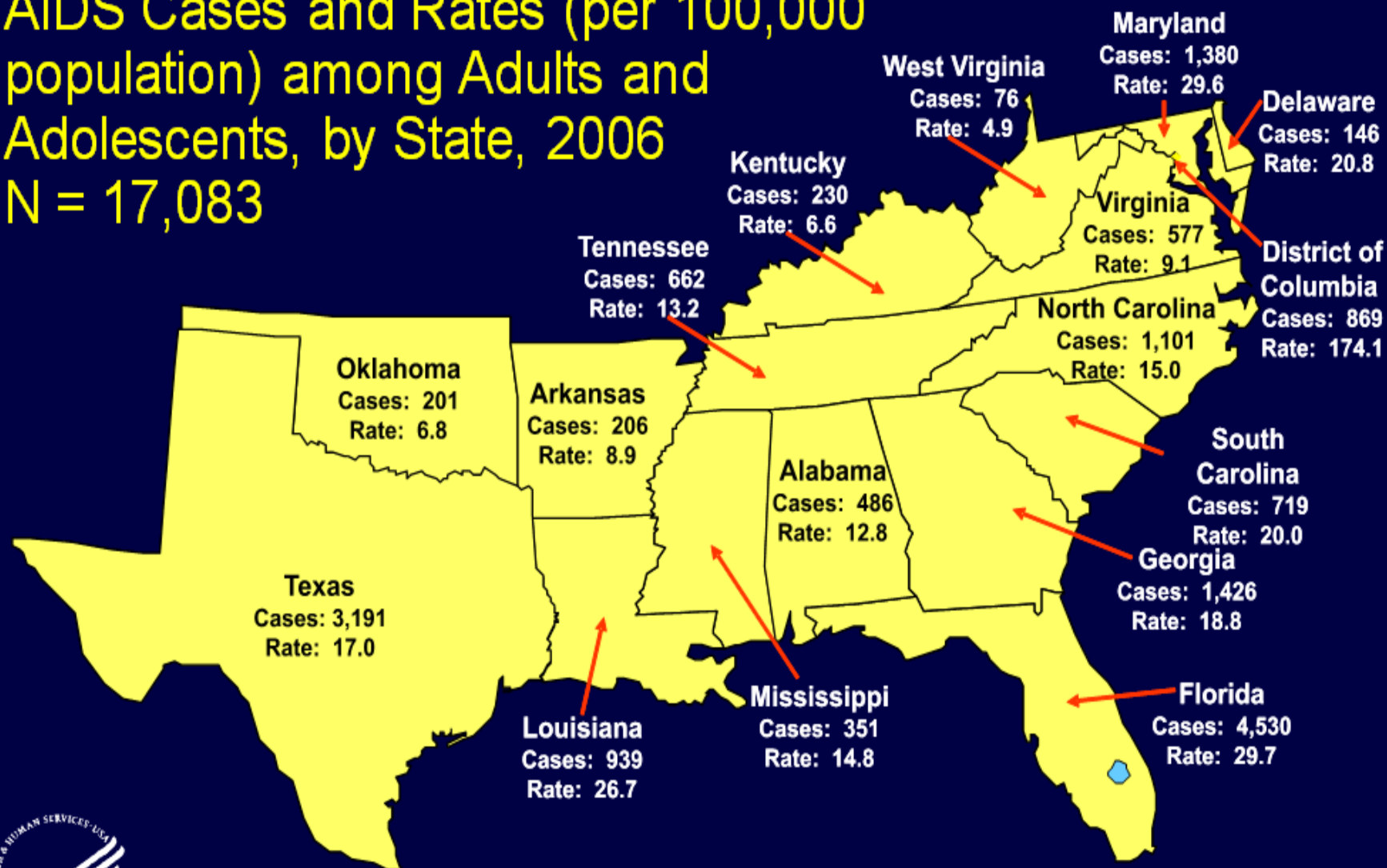


Note: Rates have been adjusted for reporting delays. Data source: HIV/AIDS Surveillance Report, 2007. Vol. 19, table 11. Inset maps not to scale.



South Region—Estimated Numbers of AIDS Cases and Rates (per 100,000 population) among Adults and Adolescents, by State, 2006

N = 17,083



Note. Data have been adjusted for reporting delays.



National Minority Quality Forum introduces the HIV/AIDS Atlas



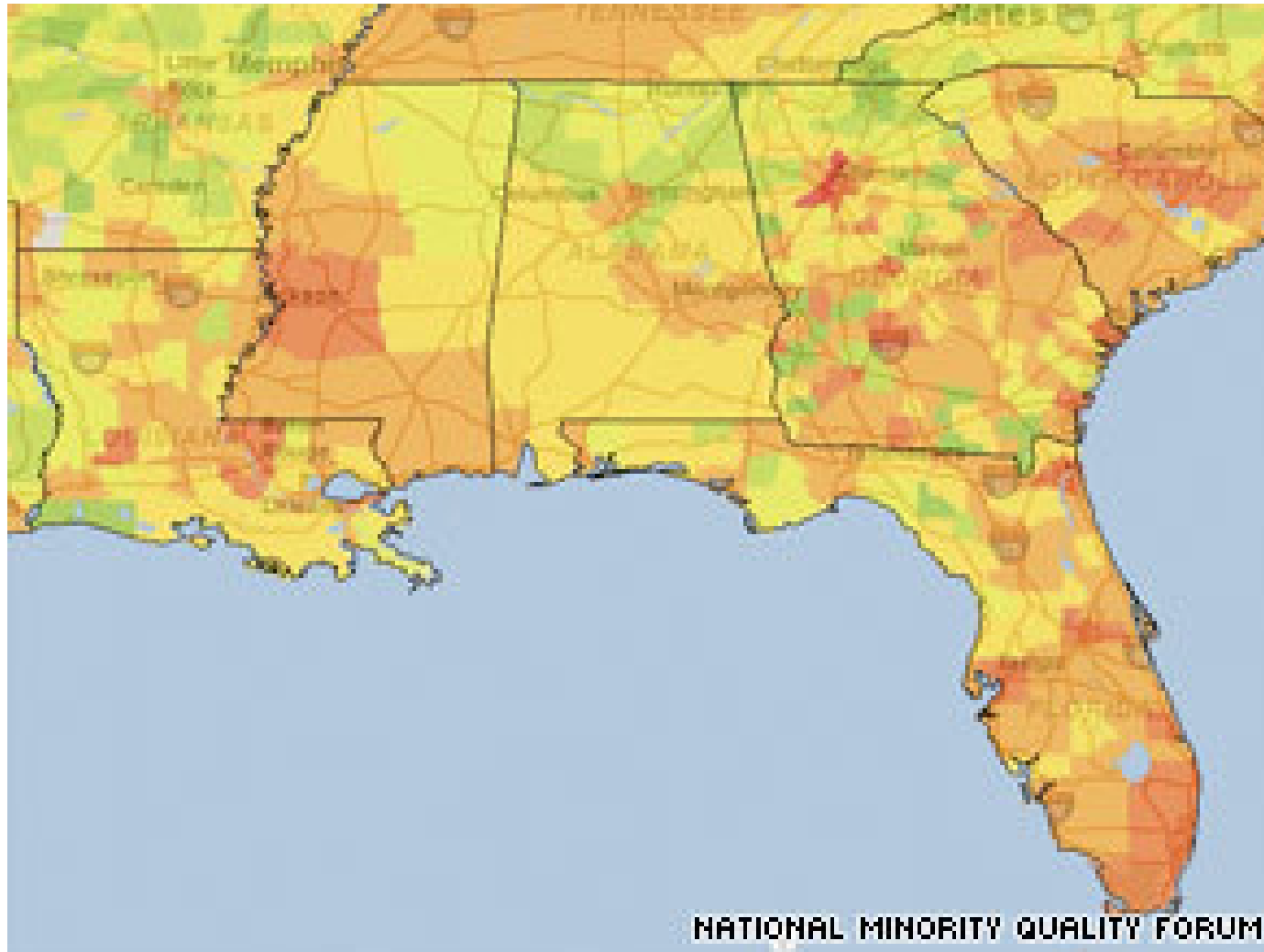
Atlas highlights HIV/AIDS burden in Southeast (CNN)

(updated 9:15 a.m. EDT, Fri June 26, 2009)

- HIV epidemic is not uniformly distributed throughout the U.S.
- Disproportionate number of African-Americans have HIV/AIDS.
- Atlas is based on data from public health departments from 2006.
- The Southeast is among the areas of the United States with the highest concentration of cases of HIV and AIDS, according to a new online tool called the National HIV/AIDS Atlas.
- AIDS experts in the region say that access to health care, especially when it comes to screening, is a major problem in rural communities.
- In the Southeast, people with HIV tend to get tested late, after they have become sick, partly because of stigma, said Kathie Hiers, executive director of AIDS Alabama in Birmingham.
- With little or no public transportation, people in non-metropolitan areas are at a disadvantage when they need to see a particular kind of doctor, experts say. There is also a shortage of doctors who deal with HIV in the region, Hiers said.

REFERENCE: <http://www.maphiv.org/media.html>

HIV/AIDS Atlas, Southeastern United States, 2006





MMWR™

Morbidity and Mortality Weekly Report

www.cdc.gov/mmwr

Weekly

June 5, 2009 / Vol. 58 / No. 21

Incidence and Diagnoses of HIV Infection – Puerto Rico, 2006

In 2006, 33 U.S. states and five territories had confidential, name-based, human immunodeficiency virus (HIV) infection reporting; among territories, Puerto Rico had the second highest rate of HIV infection (1). To characterize the HIV epidemic in Puerto Rico in 2006 (the year with the most recent available data), the Puerto Rico Department of Health and CDC analyzed data on diagnoses of HIV infection (including infections that occurred in 2006 and in previous years) and used a stratified extrapolation approach developed by CDC (2) to generate HIV incidence estimates (the number of persons newly infected with HIV in 2006). The results indicated that, in 2006, an estimated 1,440 persons aged ≥ 13 years were newly infected with HIV in Puerto Rico, resulting in an estimated incidence rate of 45.0 cases per 100,000 population, twice the rate for the 50 U.S. states and District of Columbia (DC). Males accounted for 65% of new HIV infections in Puerto Rico, and 38% of new HIV infections occurred among persons aged 30–39 years; 39% of new infections were associated with injection-drug use, and 37% with high-risk heterosexual contact. The results provide insight into HIV transmission patterns in Puerto Rico that can help guide allocation of resources and the planning, implementation, and evaluation of HIV prevention programs and other services.

TABLE 2. Estimated number,* percentage, and rate† of new human immunodeficiency virus (HIV) infections among persons aged ≥ 13 years, by selected characteristics — Puerto Rico, 2006

Characteristic	No.§	(95% CI¶)	%	Rate	(95% CI)
Sex					
Male	940	(650–1,240)	65	62.0	(42.5–81.4)
Female	500	(320–700)	35	29.8	(18.8–40.8)
Age group (yrs)					
13–29	390	(230–540)	27	39.0	(23–54.8)
30–39	540	(340–750)	38	103.6	(64.2–143.1)
40–49	310	(140–480)	21	59.3	(26.1–92.5)
≥ 50	200	(70–340)	14	17.4	(6.1–28.8)
Transmission category					
Male-to-male sexual contact**	350	(190–520)	24	—	—
Injection-drug use	560	(340–790)	39	—	—
High-risk heterosexual contact††	530	(300–770)	37	—	—
Total	1,440	(1,060–1,830)	100	45.0	(33.1–57.0)

* Numbers are estimates, resulting from adjustments of reported case counts for reporting delay. Missing information on transmission category was imputed.

† Per 100,000 population; postcensus estimates from the U.S. Census. Rates for transmission category subgroups were not calculated because population denominators were unavailable.

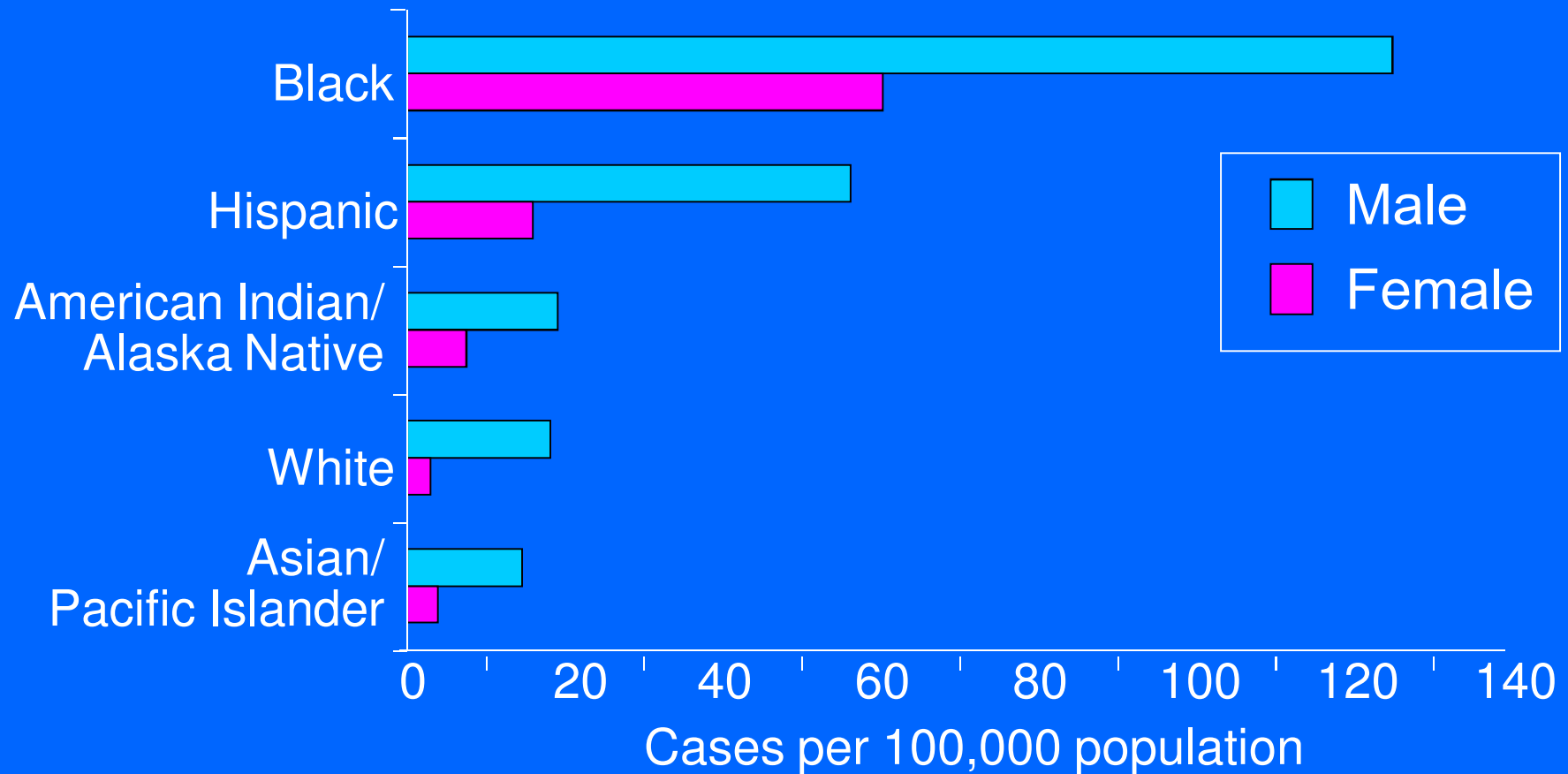
§ Rounded to tens.

¶ Confidence interval.

** Because of small numbers, persons with both male-to-male sexual contact and injection-drug use were included in this category.

†† Heterosexual contact with a person known to have, or to be at high risk for HIV infection.

Rates of HIV/AIDS Diagnoses, 2005, 33 States



Note: Data from 33 states with confidential name-based HIV infection reporting since at least 2001.

HIV Prevention Initiatives



RATIONALE

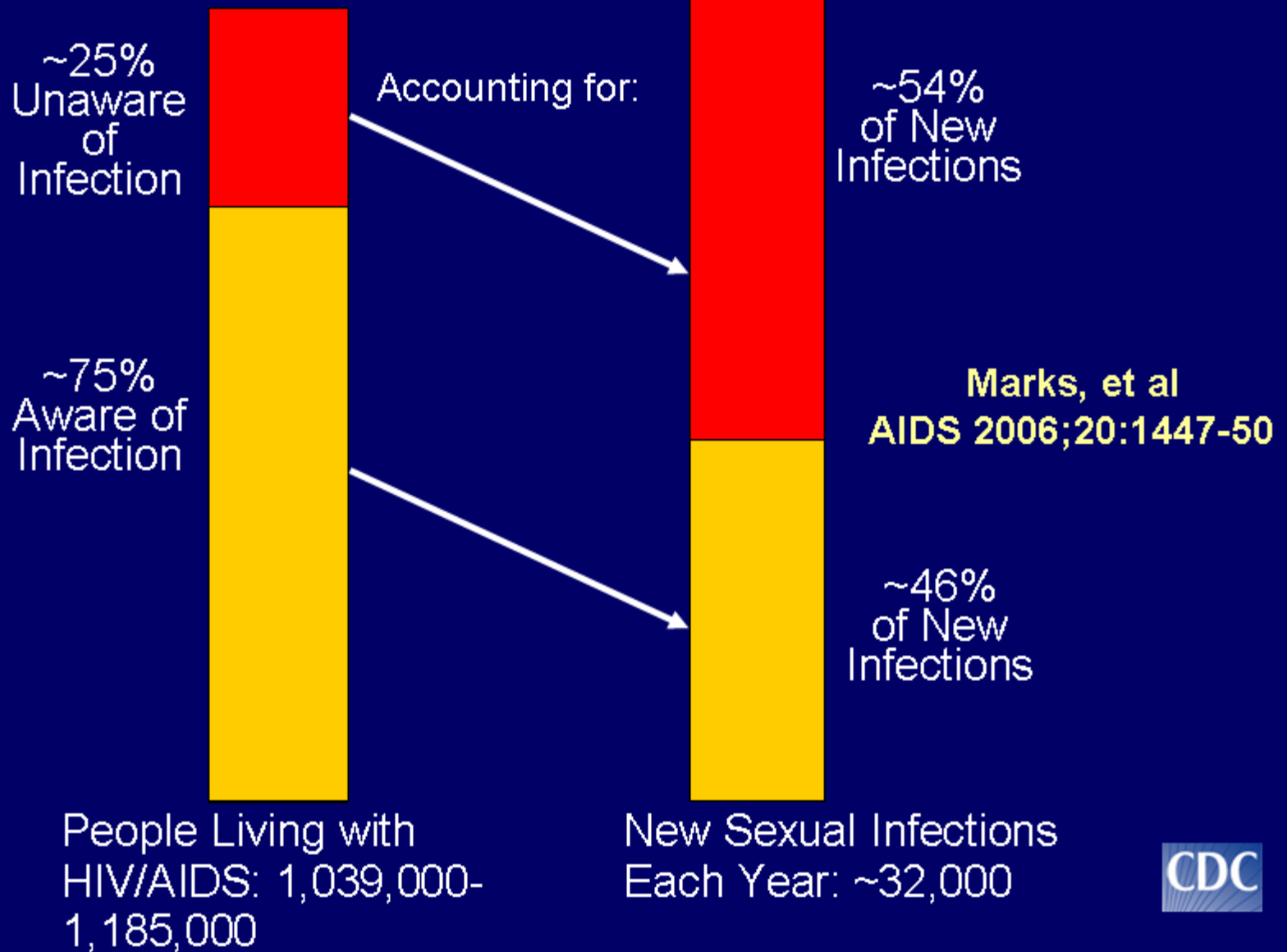
TESTING EFFORTS

COMMUNICATION CAMPAIGN EFFORTS

COMMUNITY-BASED EFFORTS

RESEARCH EFFORTS

Awareness of Serostatus Among People with HIV and Estimates of Transmission



Revised Recommendations Adults and Adolescents - I

- Routine, voluntary HIV screening for all persons 13-64 in health care settings, not based on risk
- Repeat HIV screening of persons with known risk at least annually
- Opt-out HIV screening with the opportunity to ask questions and the option to decline
- Include HIV consent with general consent for care; separate signed informed consent not recommended
- Prevention counseling in conjunctions with HIV screening in health care settings is not required



Revised Recommendations Adults and Adolescents - II

- Intended for all health care settings, including inpatient services, EDs, urgent care clinics, STD clinics, TB clinics, public health clinics, community clinics, substance abuse treatment centers, correctional health facilities, primary care settings
- Communicate test results in same manner as other diagnostic/screening tests
- Provide clinical HIV care or establish reliable referral to qualified providers



Revised Recommendations Adults and Adolescents - III

- Low prevalence settings:
 - Initiate screening
 - If yield from screening is less than 1 per 1000, continued screening is not warranted
- Steps should be considered to resolve conflicts between the recommendations and state or local regulations



Revised Recommendations Pregnant Women - I

- **Universal opt-out HIV screening**
 - **Include HIV in routine panel of prenatal screening tests**
 - **Consent for prenatal care includes HIV testing**
 - **Notification and option to decline**

- **Second test in 3rd trimester for pregnant women:**
 - **Known to be at risk for HIV**
 - **In jurisdictions with elevated HIV incidence**
 - **In high HIV prevalence health care facilities**



Revised Recommendations Pregnant Women - II

- Opt-out rapid testing with option to decline for women with undocumented HIV status in L&D
 - Initiate ARV prophylaxis on basis of rapid test result
- Rapid testing of newborn recommended if mother's status unknown at delivery
 - Initiate ARV prophylaxis within 12 hours of birth on basis of rapid test result



Barriers to Implementation for Routine HIV Testing Guidelines



- Lack of agreement between CDC recommendations and state and local regulations
- Insurance reimbursement issues
- Physician awareness and buy-in
- Patient awareness and buy-in

Ref: Wolf LE, Donoghoe A, Lane T (2007) Implementing Routine HIV Testing: The Role of State Law. PLoS ONE 2(10): e1005. doi:10.1371

Importance of Linking New HIV Diagnosis to Care



AIDS Patient Care and STDs

The Therapeutic Implications of Timely Linkage and Early Retention in HIV Care

Ulett, KB. AIDS Patient Care and STDs. January 2009, 23(1): 41-49. doi:10.1089/apc.2008.0132.

--Delayed linkage was observed in two-thirds of the overall sample (n = 567) and was associated with older age (OR = 1.31 per 10 years; 95% CI = 1.06–1.62) and African American race (OR = 2.45; 95% CI = 1.60–3.74).

--Interventions to improve timely HIV diagnosis and linkage to care should focus on older patients and African Americans.

Communication Campaign Efforts



- Public-private partnerships, such as ACT Against AIDS (CDC, Kaiser)
 - 9 ½ minutes.org
 - ACT Against AIDS Leadership Initiative
 - ✦ National Action Network
- MSM-focused campaign is in development

National Action Network: “I Choose Life” Campaign

- 5-state campaign designed to address health disparities among African Americans with the goal to educate and move them into treatment and care
- Focusing on HIV and STDs disparities in 5 southeastern states
- CDC is a partner through the ACT Against AIDS Leadership Initiative
- <http://www.ichoose-life.com/>



Community-based efforts

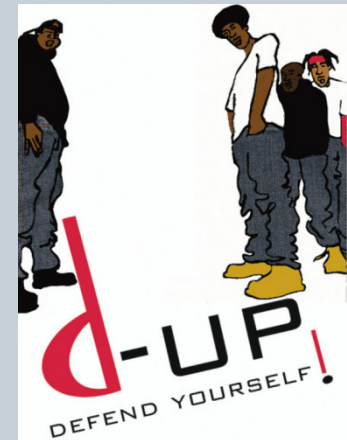


- **Parents Matter!**

- Evidence-based, parent intervention for primary caregivers of 9-12 year-olds to promote positive parenting and effective parent-child communication about sexuality and sexual risk reduction
- Studies and operational development done in 15 local communities and Puerto Rico

- **d-Up!**

- Developed in North Carolina by and for young Black MSM
- Significant reductions in unprotected sex



Research Efforts



- **Minority HIV/AIDS Research Initiative (MARI)**
 - Since 2003, 19 mostly Black and Latino junior investigators have been funded to conduct research in highly-impacted Black and Hispanic communities
 - ✦ HIV testing barriers for Pregnant Latinas in SC
 - ✦ HIV Testing among Heterosexual Black Men in Rural FL
 - ✦ Parent-child communication for sexual health among Hispanic families in Miami, FL
 - ✦ Black and Hispanic MSM in NYC
- **Communities of Color Research Fellowship**
 - Post-doctoral fellowship training for Black and Latino junior investigators

Summary



- HIV/AIDS epidemic disproportionately affects Blacks and Hispanics in the Southeast and Puerto Rico
- CDC has launched several programs and partnered with non-traditional partners, in an effort to try new approaches to stopping the domestic HIV epidemic.

Thank you for your attention!



QUESTIONS?

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