

Moving Forward: Strategies for the Future

CDC Perinatal HIV Grantees Meeting

June 22, 2006

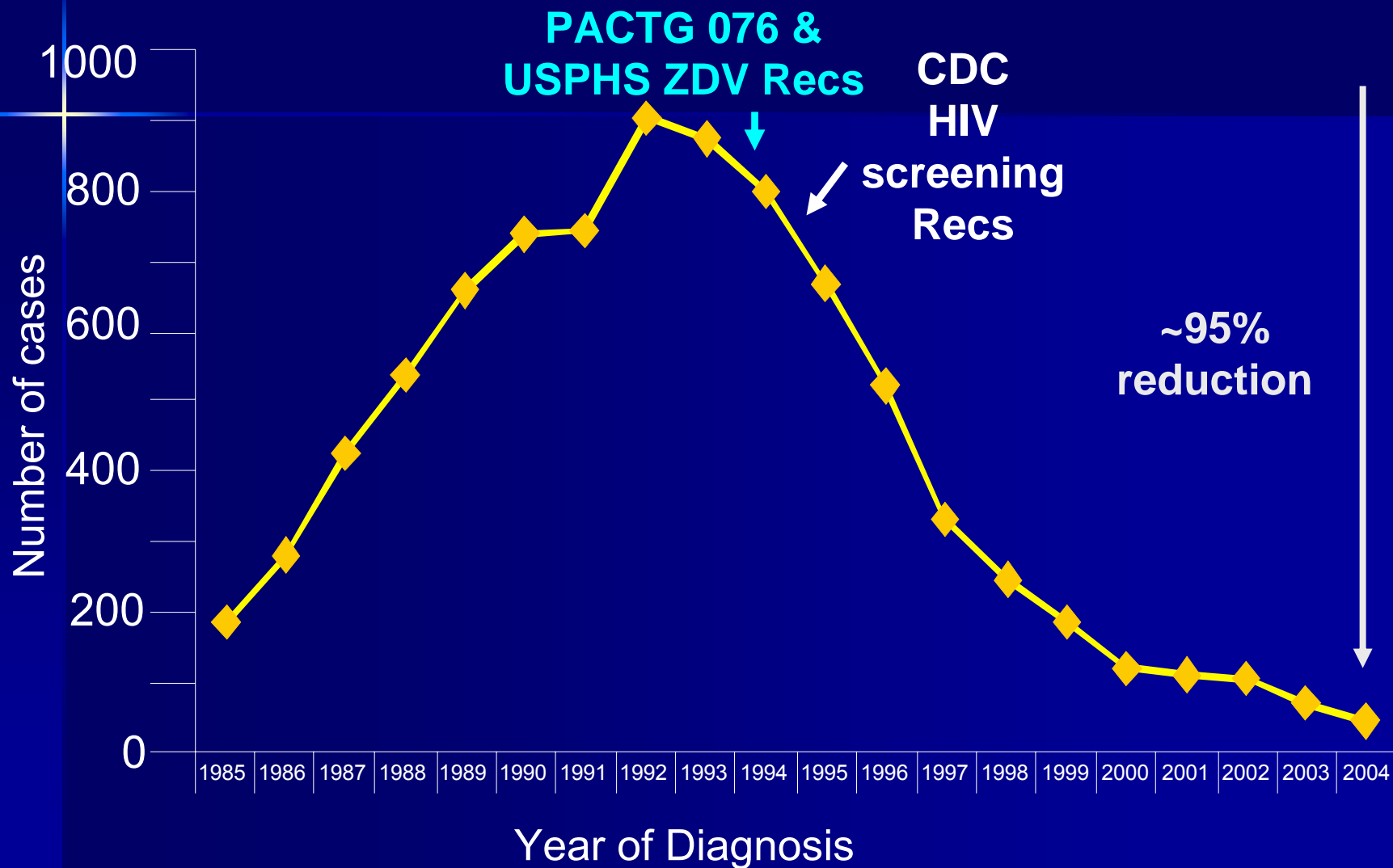
Atlanta

The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of CDC.

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**National Organizations'
Collaborative to Eliminate
Perinatal HIV in the U.S.**

Estimated Number of Perinatally Acquired AIDS Cases, by Year of Diagnosis, 1985-2004 – United States



How do we reach elimination of perinatal HIV?

- View perinatal HIV prevention in the context of larger HIV prevention strategies

How do we reach elimination of perinatal HIV?

- Standardize and solidify
 - Medical interventions
 - Policy directives
- Normalize routine HIV testing
- Focus on HIV prevention in women

Institutionalize* perinatal HIV prevention activities

* "to establish something as normal, to make something an established custom or an accepted part of the structure of a large organization or society"

Perinatal HIV prevention – the standard of care

- Universal HIV testing supported by government agencies and national organizations
- “Opt-out” testing approach
- Cost-benefit analyses show enormous savings with universal testing

Policy responses to support perinatal prevention

- Legislation can increase prevention activities
 - Mandatory newborn screening in NY & CT
 - “Opt-in” mom/ “opt-out” newborn in IL
 - Opt-out and third trimester testing in FL
 - Opt-out legislation in TX, SC, and OR

Provider education and policy initiative

- For policy initiatives to be effective, provider education is crucial
 - Education and support to encourage prenatal testing
 - Recognition that their recommendation and ongoing encouragement are critical in women's decision to test
 - Ready access to referral resources

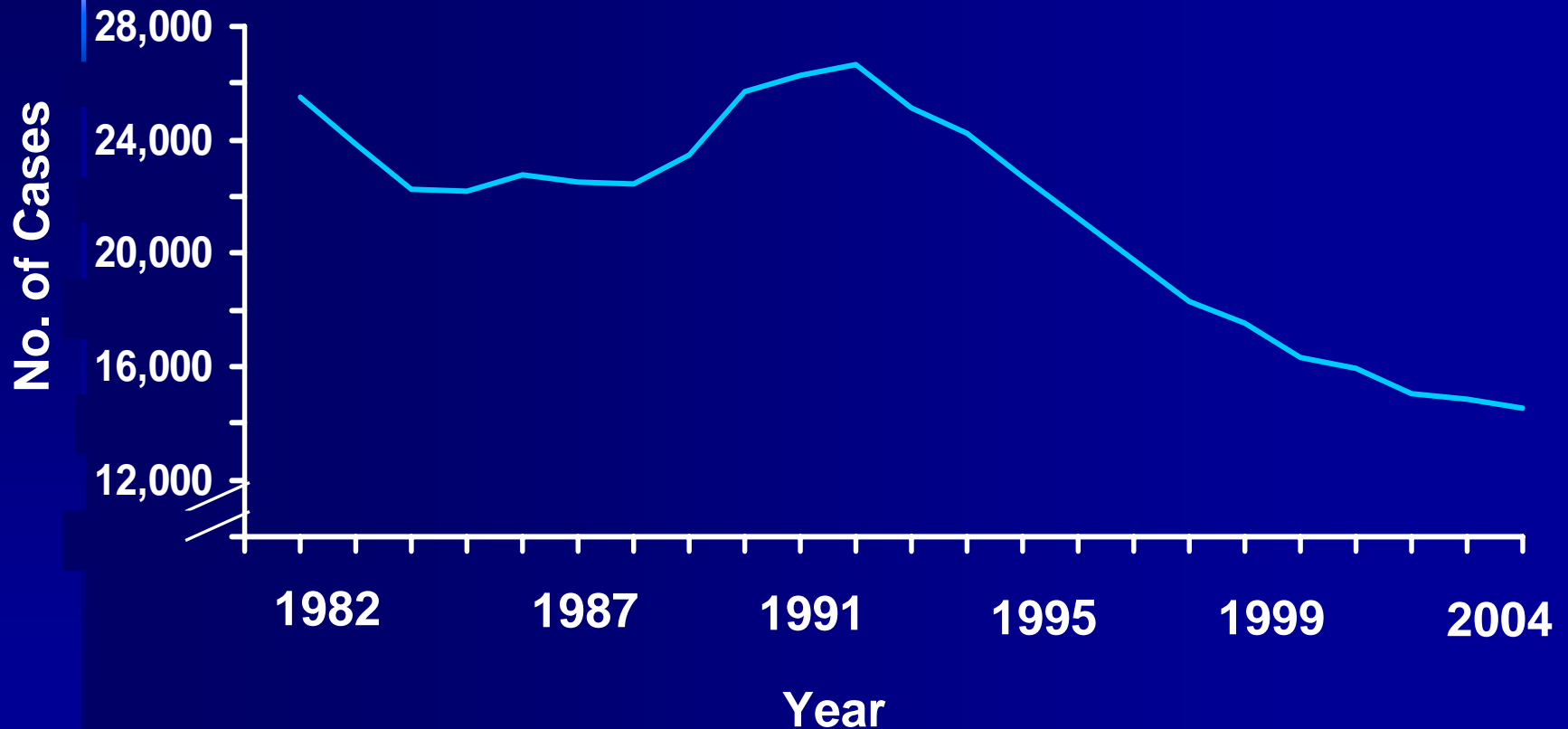
Policy responses and prenatal care

- Prenatal care that is
 - Accessible
 - Welcoming
 - Supportivefor the highest risk women

Effective public health interventions can be fragile

- Mumps
- Crypto
- Tuberculosis

Reported TB Cases United States, 1982–2004



All case counts and rates for 1993–2003 have been revised based on updates received by CDC as of April 1, 2005.

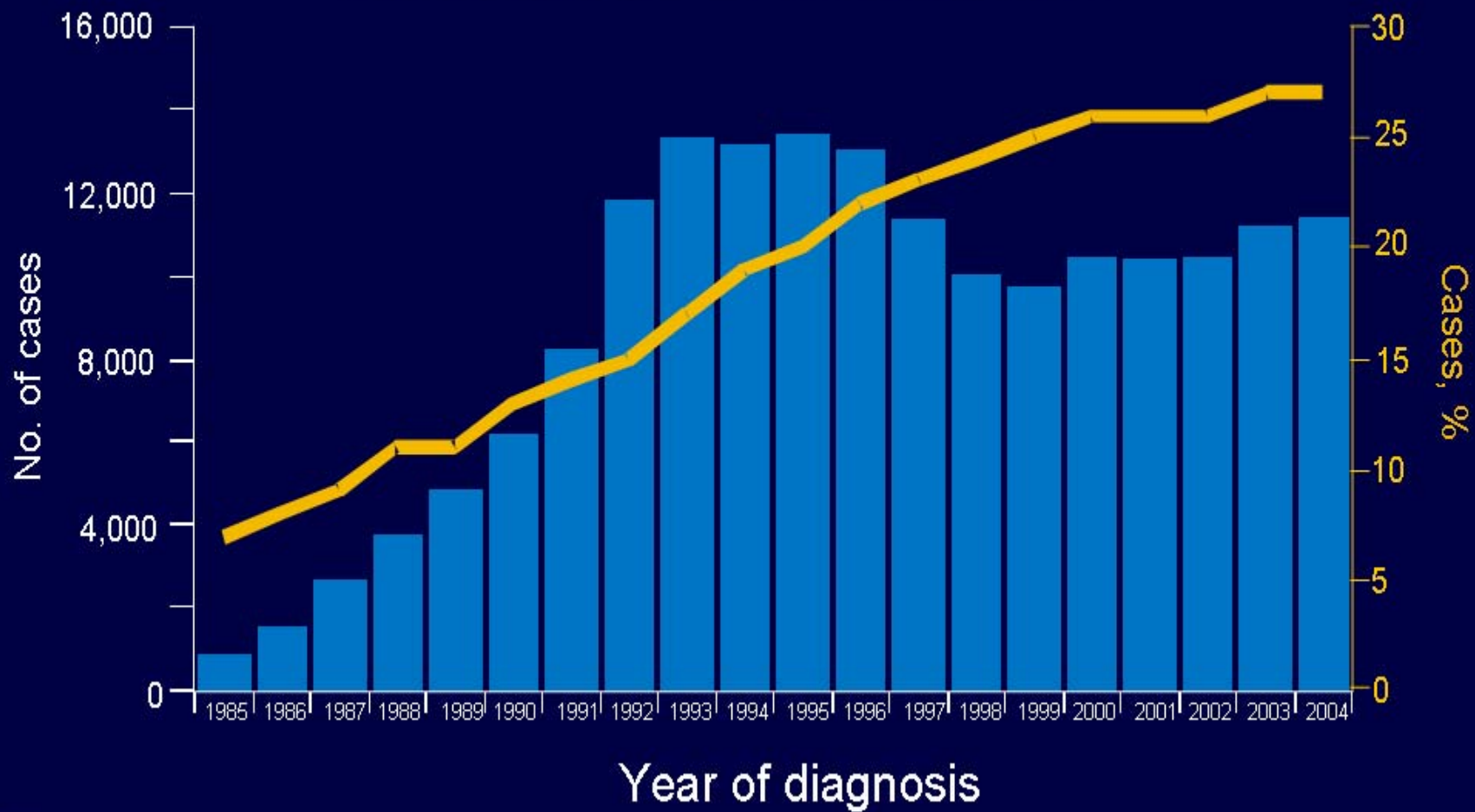
Normalize routine HIV testing

Routine HIV testing

- AHP Initiative recommends HIV testing as part of routine medical care
- HIV testing as a key component in preconception care
- Identifies young women and their partners with HIV infection before pregnancy
- Provides an opportunity for prevention education

Why target HIV prevention to women?

Number and Proportion of AIDS Cases among Female Adults and Adolescents 1985-2004—United States



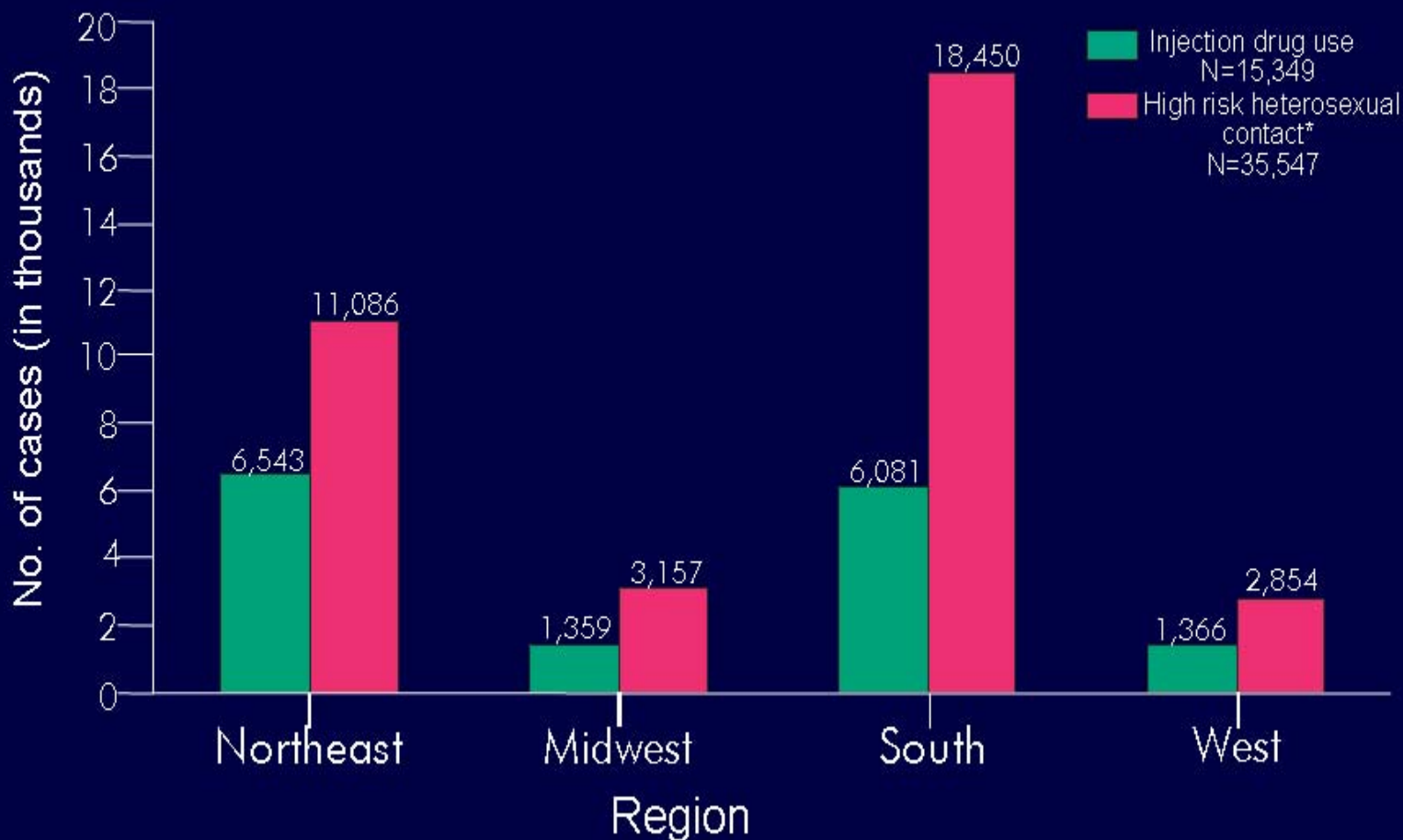
Note. Data have been adjusted for reporting delays.



Why target HIV prevention to women?

- Proportion of women in the AIDS epidemic increased from 7% in 1985 to 27% in 2004
- Most AIDS cases diagnosed in women ages 25 - 44 so infected earlier
- Half of AIDS cases in teens and 37% in 20 -24 year olds are in females
- Rate of AIDS diagnosis in black women is 25 times that of white women and 4 times that of Hispanic women

AIDS Cases among Female Adults and Adolescents Attributed to Injection Drug Use or High Risk Heterosexual Contact, by Region, 2000–2004—50 States and D.C.

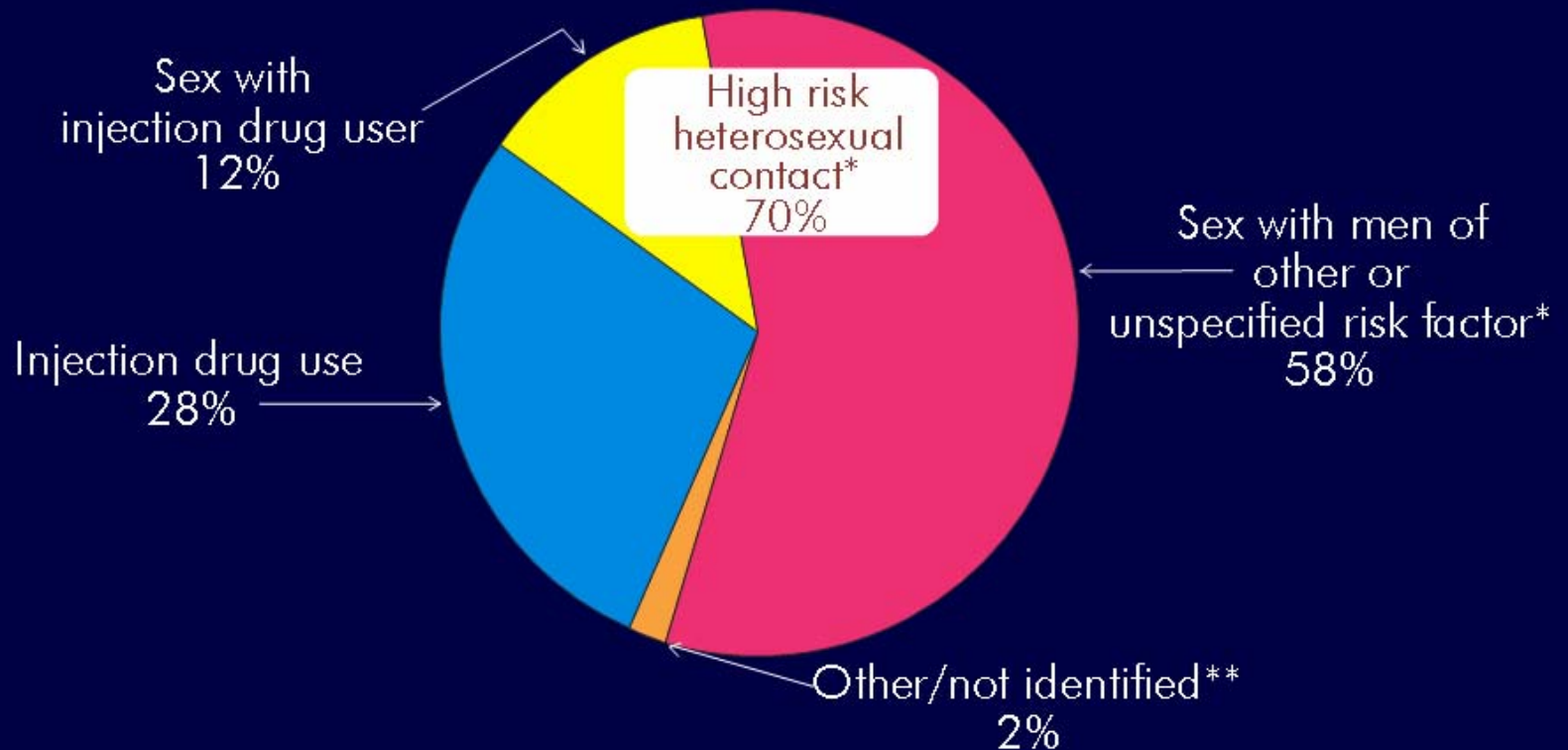


Note. Data have been adjusted for reporting delays and cases without risk factor information were proportionally redistributed. Excludes persons from US dependencies, possessions and associated nations.

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



Proportion of AIDS Cases among Female Adults and Adolescents, by Transmission Category 2004—United States



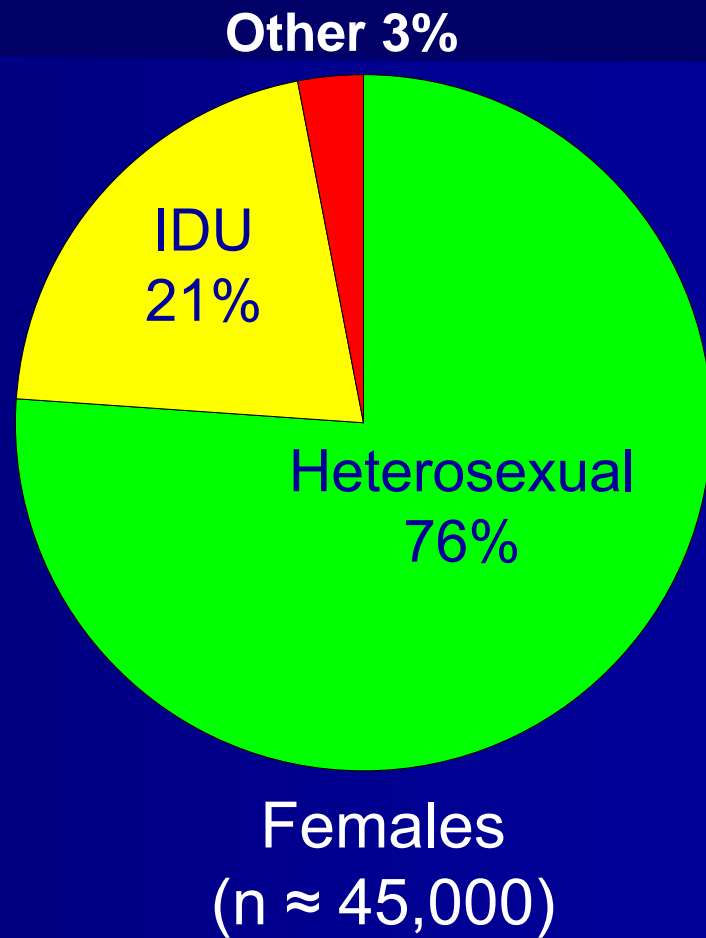
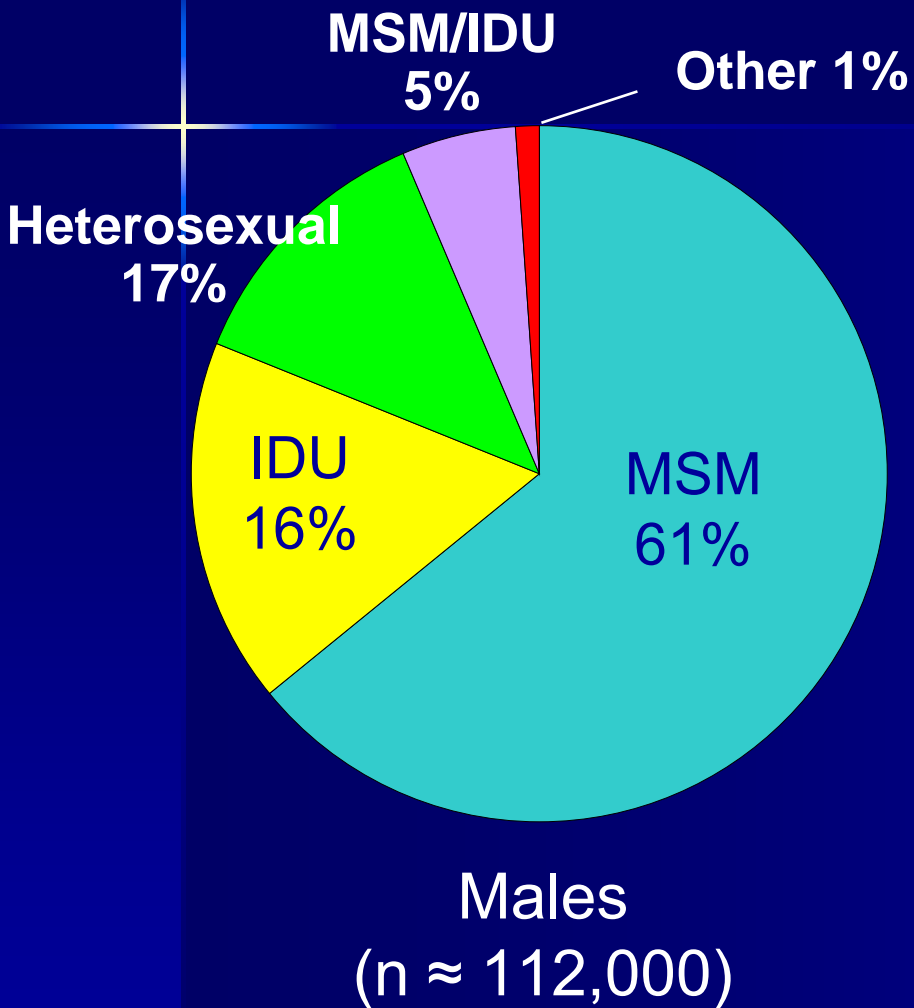
Note. Data have been adjusted for reporting delays and cases without risk factor information were proportionally redistributed.

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

**Includes hemophilia, blood transfusion, perinatal, and risk factor not reported or not identified.



HIV/AIDS Diagnoses among Adults and Adolescents, by Transmission Category — 33 States, 2001–2004



Why target HIV prevention to women?

- HIV is rapidly increasing in
 - young women
 - women of color
 - women in non-urban areas
 - women the South
- Prevention targeted to women reaffirms their inherent value in society

Why target HIV prevention to women?

- A diagnosis of HIV made during pregnancy
 - Offers opportunity for treatment for the woman's health and to interrupt perinatal transmission

BUT

- represents a missed opportunity to prevent transmission earlier in the woman's life

How can we target prevention strategies to women?

- Identify effective biomedical interventions
 - e.g. microbicides, vaccines, medications
- Fund and implement primary prevention strategies effective with young women and women of color

Role of healthcare providers

- Incorporate routine HIV testing into primary care
- Offer primary HIV prevention education

Role of public health leadership

- Reframe and refocus the discussion about prevention in women and children
- “Skate to where the puck is going, not to where it’s been”
- Design and fund responsive programs
- Educate primary care providers
- Support the allocation of funds that target primary prevention in women

Role of HIV/AIDS advocates

- Support funding allocations for prevention targeted to women
- Expand the pie rather than quarrel over the serving size

Role of community activists

- Tell your story
- Advocate for prevention services that meet the needs of your community
- Knock on the doors of legislators, bureaucrats, and advocates

Moving forward

- Protect our fragile successes
 - Educate, educate, educate
- Turn our attention to primary prevention for women
- Set ambitious goals
- Eliminate HIV in children and women