



Process and Outcome Data from the Grantees

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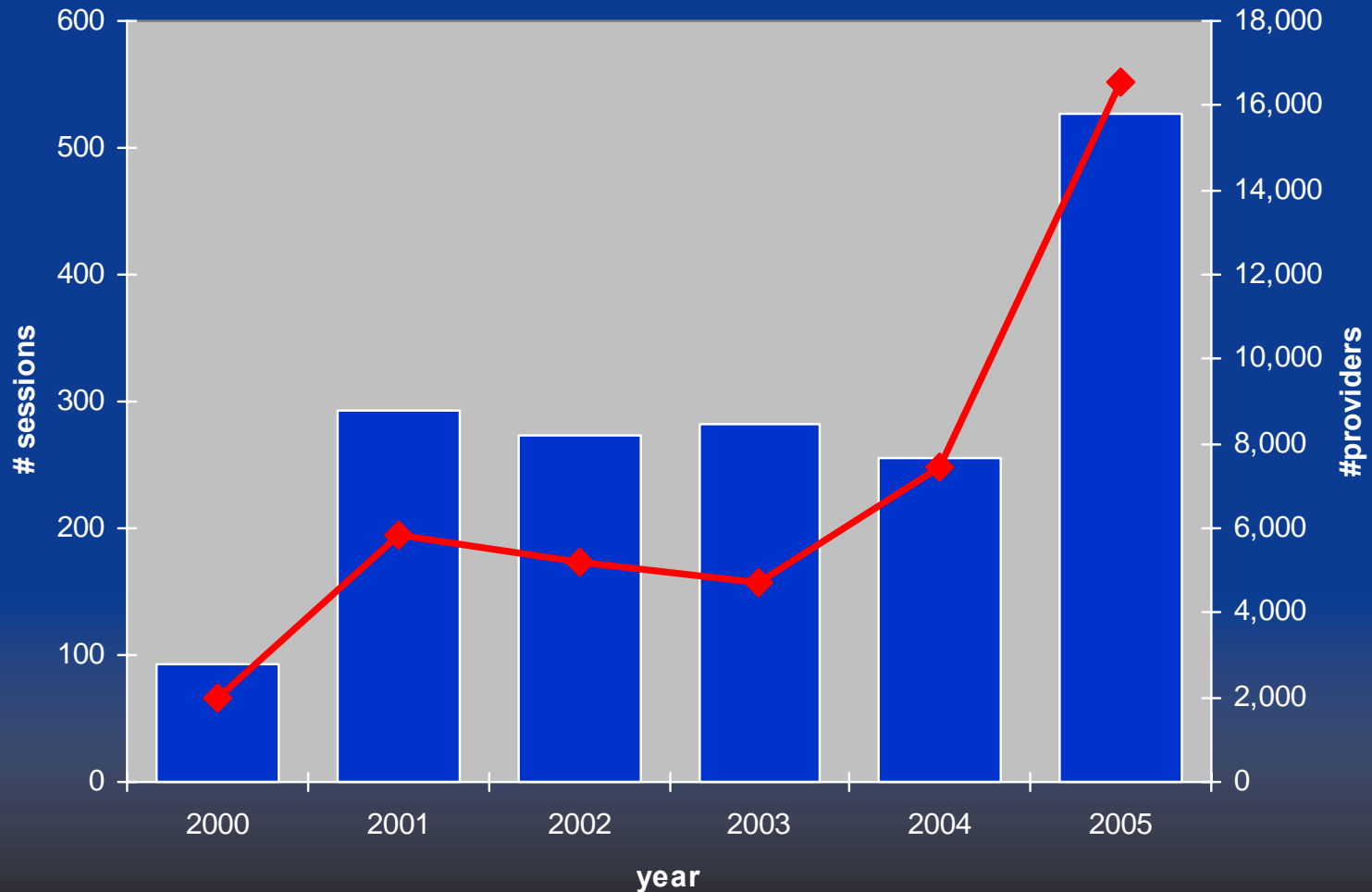
Process Measures

- CDC supports 5 main program types for perinatal prevention
 - ◆ Provider training
 - ◆ Outreach
 - ◆ Case management
 - ◆ Social marketing
 - ◆ Rapid HIV testing

Distribution of programs

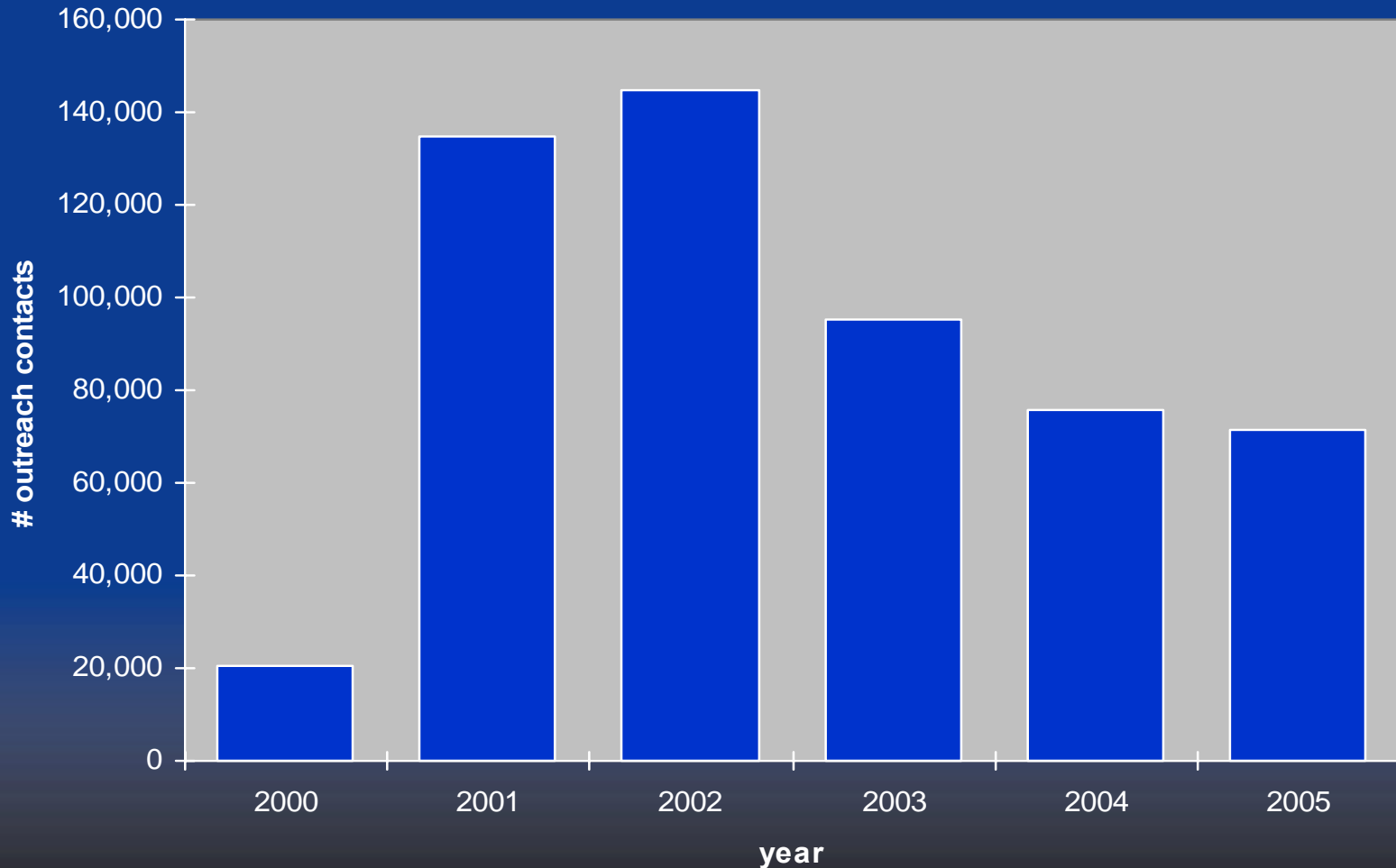
	Provider training	Outreach	Case management	Social marketing	Rapid HIV testing
California					X
Connecticut					X
Delaware		X	X		
Florida	X		X		
Georgia	X			X	X
Illinois	X	X	X		X
Louisiana	X		X		X
Maryland		X			X
New Jersey	X				X
New York	X	X	X	X	
Philadelphia	X	X	X		X
Puerto Rico	X	X	X	X	X
S. Carolina			X		
Texas		X	X	X	X
WDC	X	X			X

Provider Training



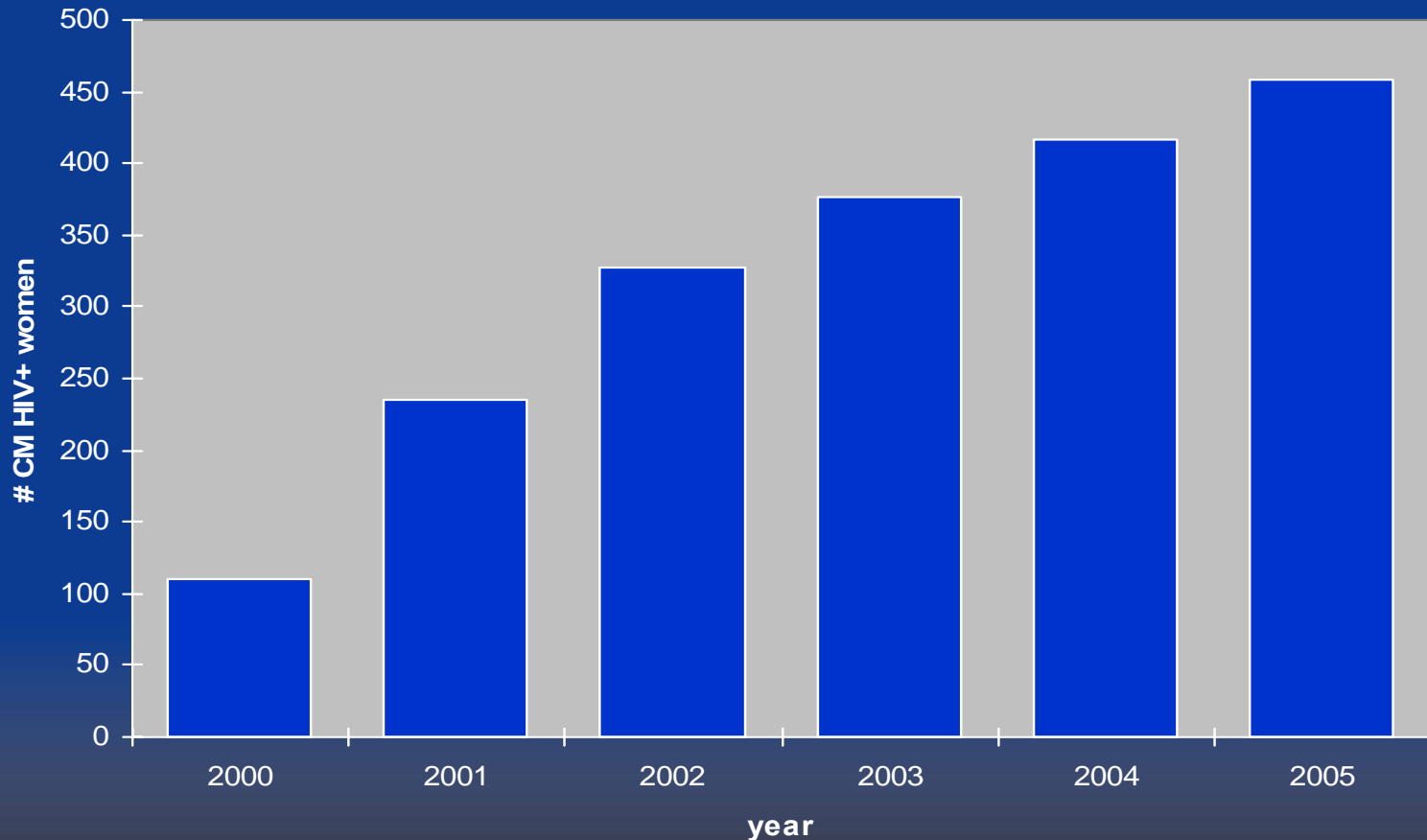
Almost all jurisdictions are doing provider training. Recent increases are associated with RTLD programs, largely in FL and IL.

Outreach



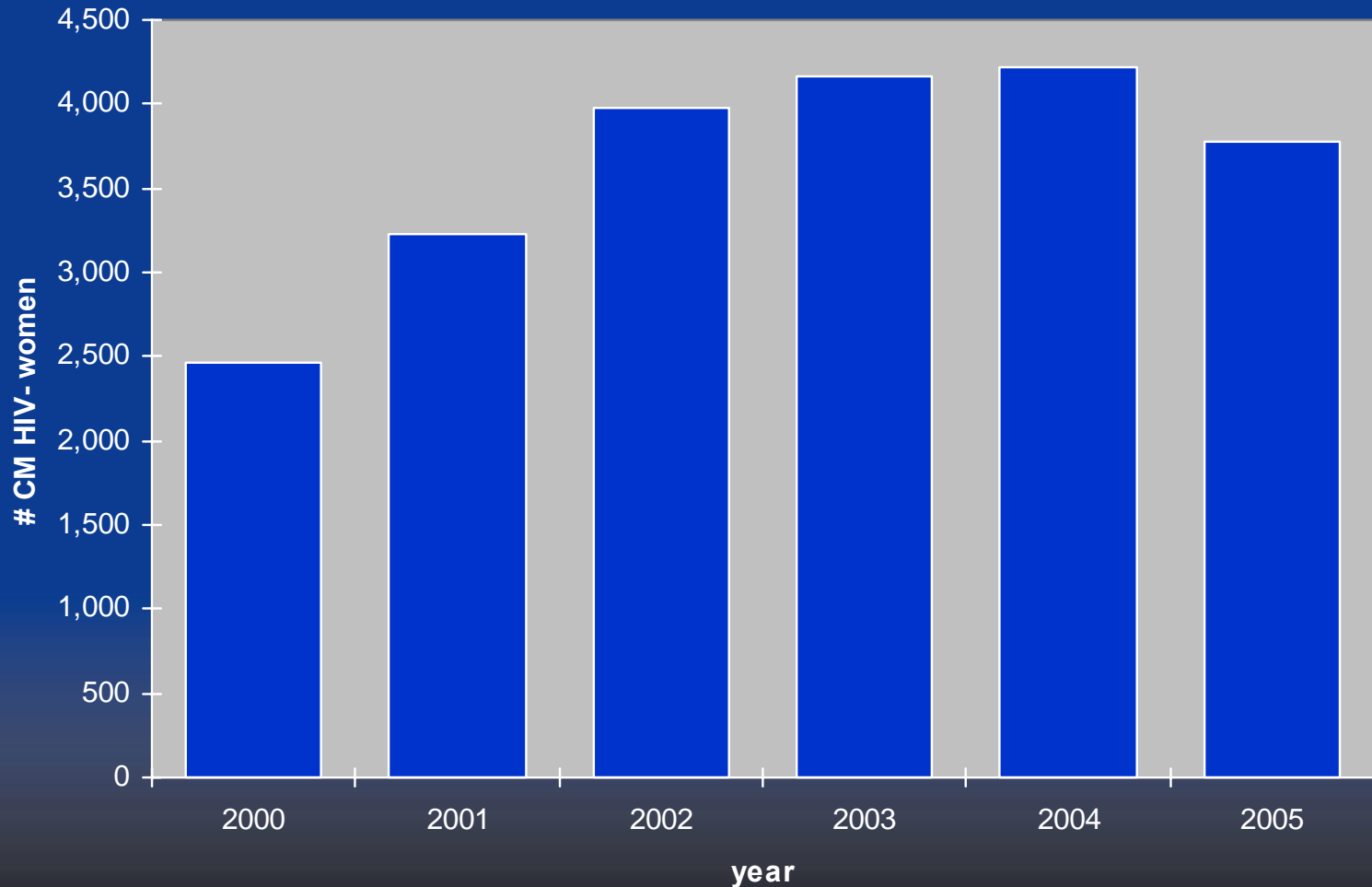
Most jurisdictions are doing some form of outreach.
Outreach definitions vary widely.

Case Management



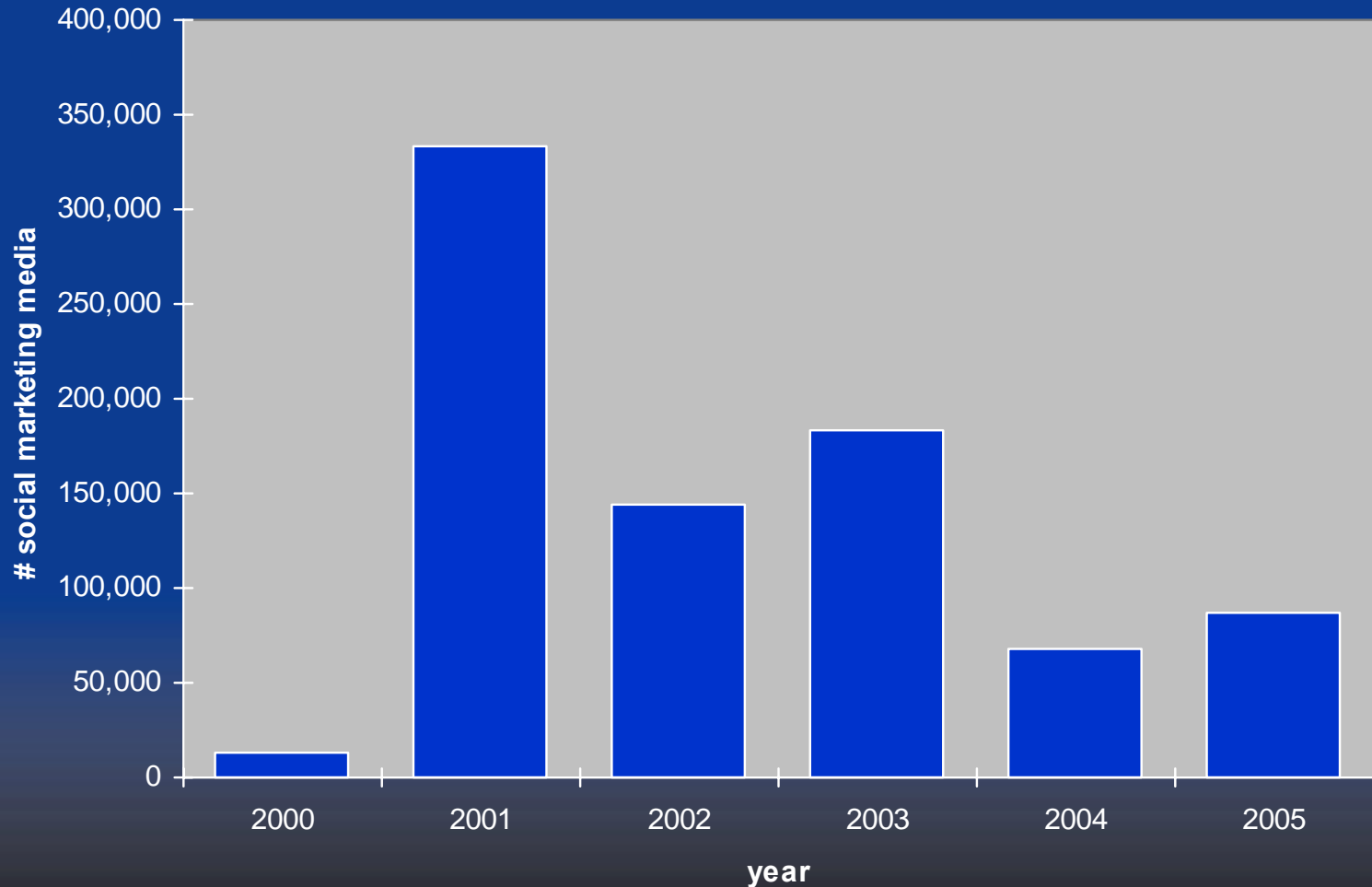
Many jurisdictions support case management for HIV+ women. Very few grantees are able to document transmission rates; those that were able to document a rate for 2005 show low rates of less than 3%.

Case Management for HIV- Women



Fewer jurisdictions offer case management for HIV- women but those that do reach more women.

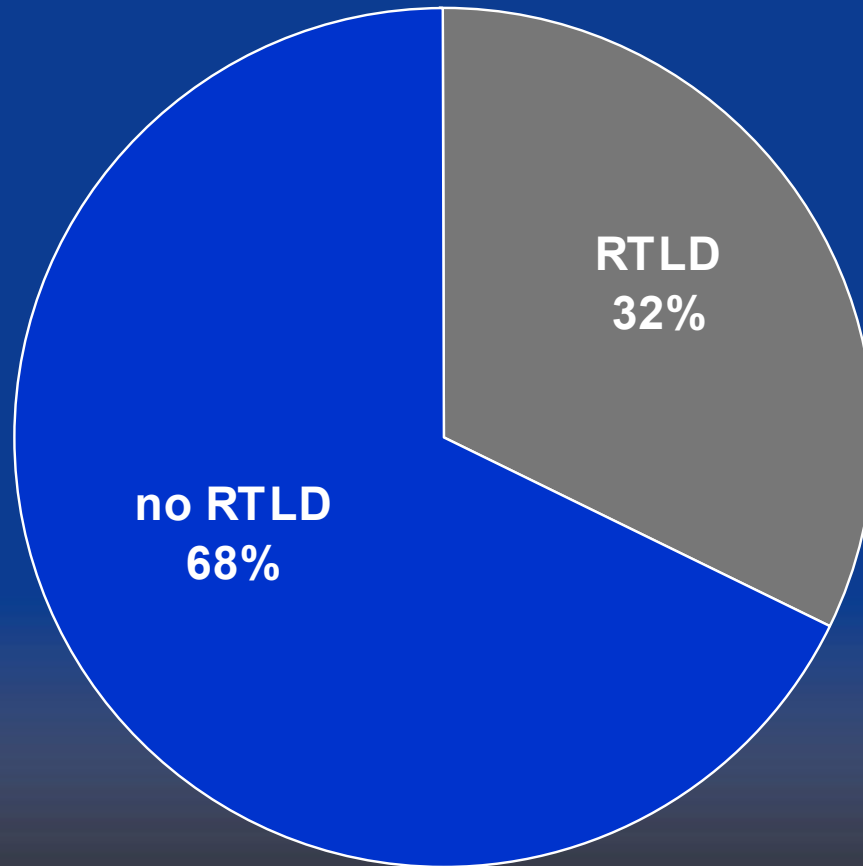
Social Marketing



Social marketing is declining among the grantees.

Institutions Offering Rapid Testing in Labor and Delivery (RTLTD), 2005

12 jurisdictions
provided
information for
2005



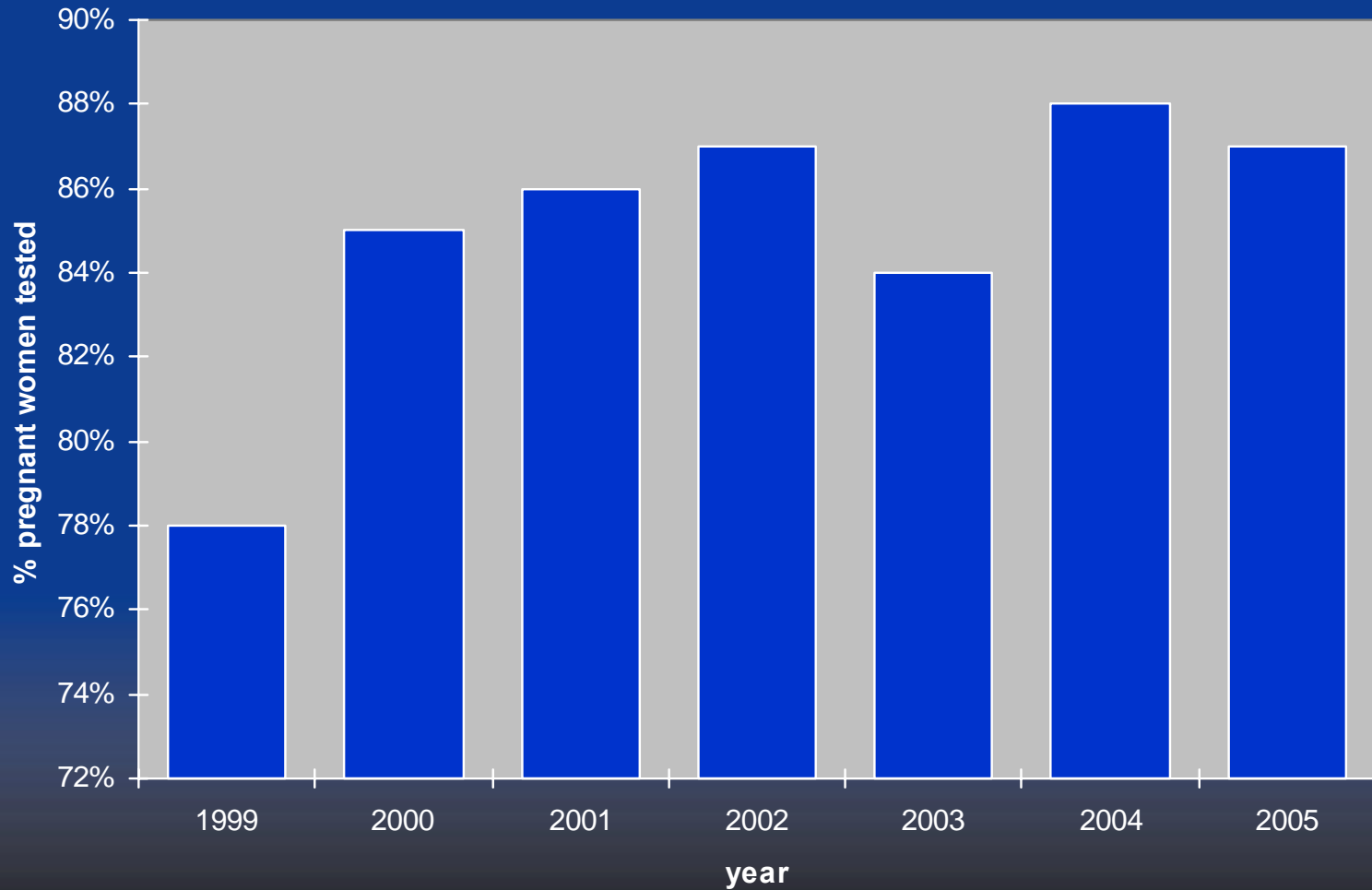
Range:
2%-100%

Few jurisdictions were able to provide historical information for the new questions about RTLTD

Outcome Measures

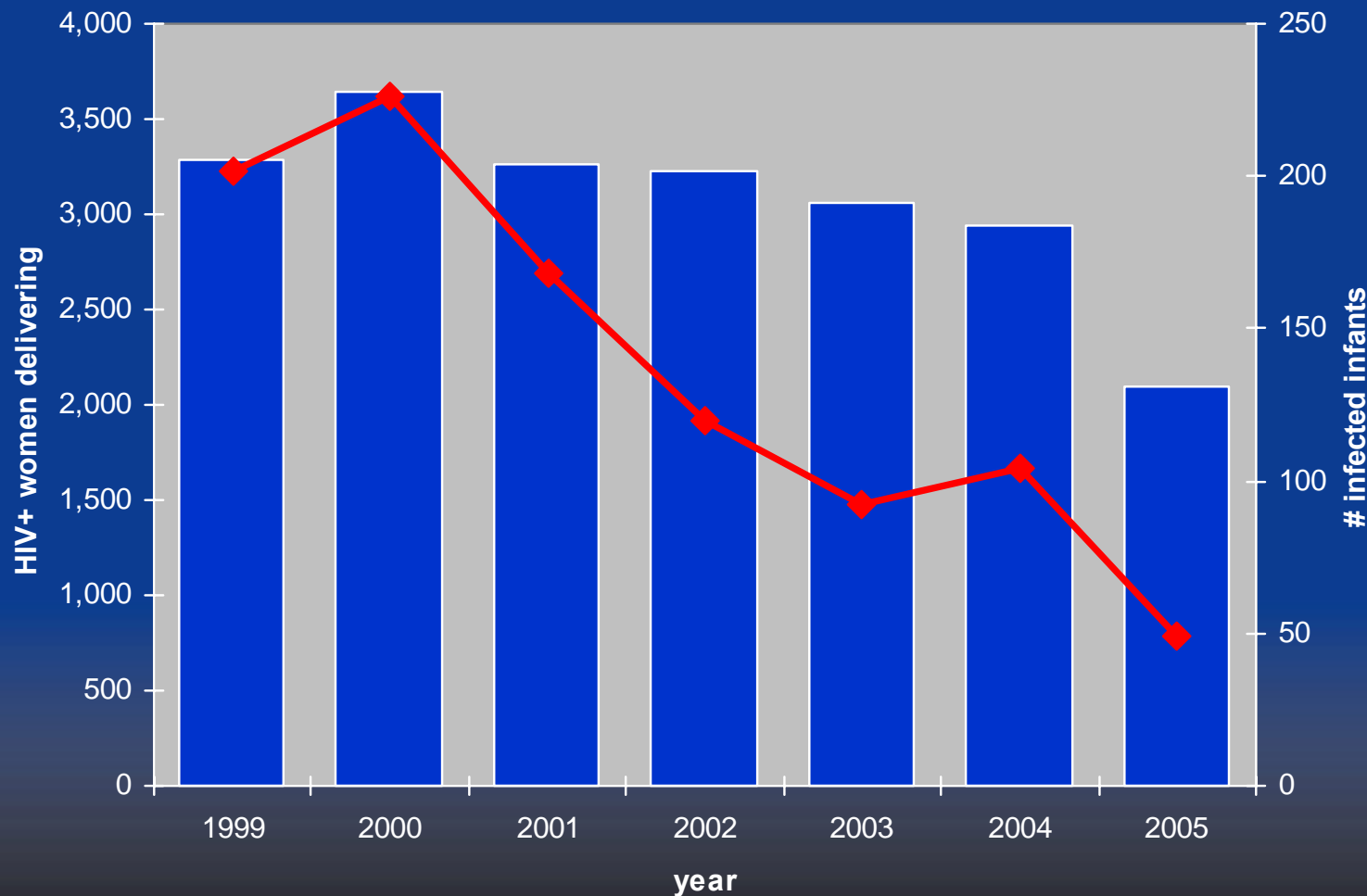
- The Evaluation Protocol requests information on key outcomes related to perinatal HIV prevention
 - ◆ HIV testing rates among pregnant women
 - ◆ Information on services and interventions for infected women and exposed infants
 - ◆ Perinatal infection rates
 - ◆ (New this year) Additional information on transmissions

HIV Testing Rates among Pregnant Women



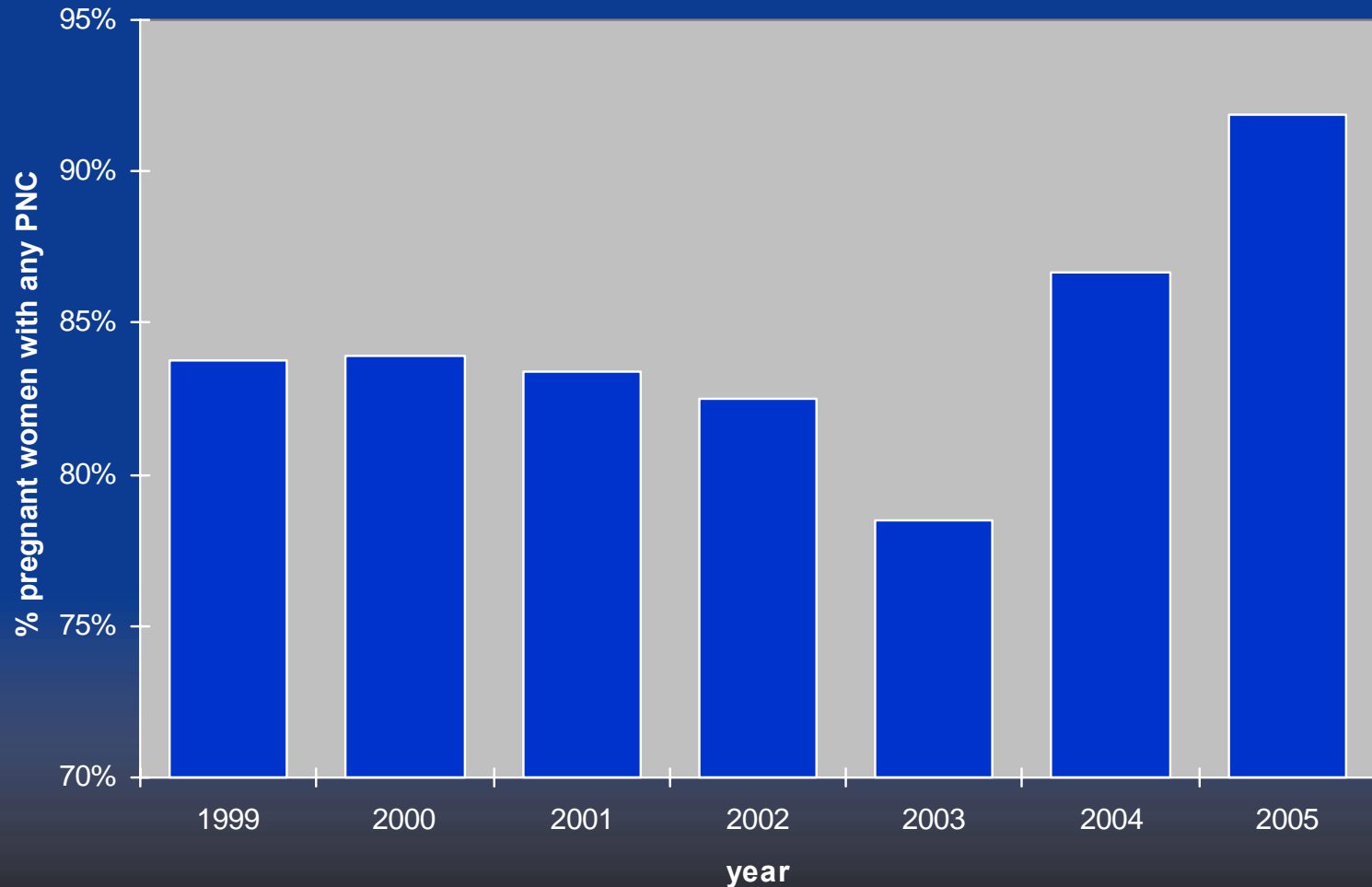
The average HIV testing rate among the grantees is increasing over time.
2004 range: 67%-98%, 2005 range: 45% to 99.1%

Numbers of HIV+ Pregnant Women and Infants



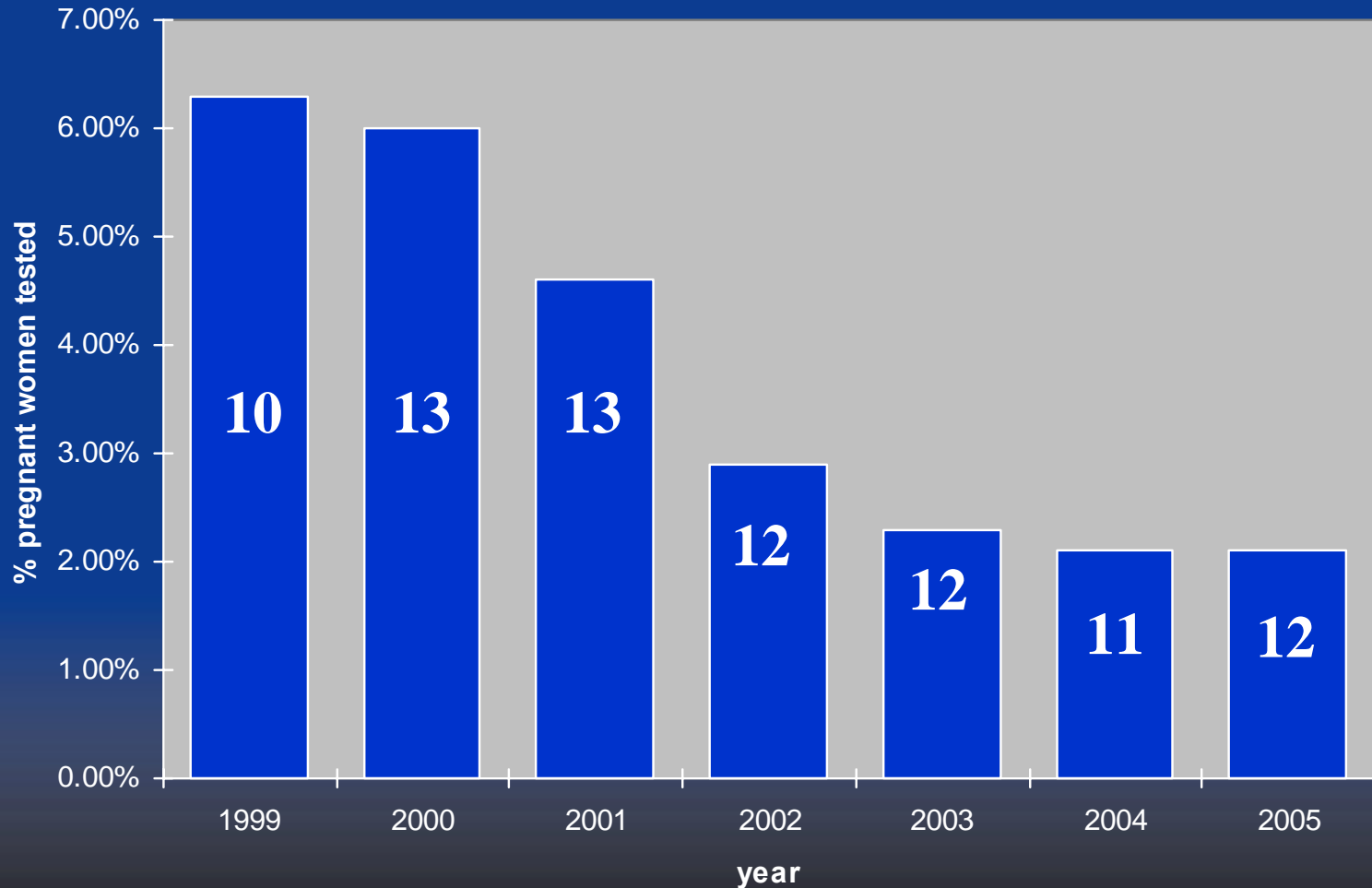
Raw numbers of HIV infected pregnant women delivering and numbers of HIV infected infants are both declining among the grantee jurisdictions.

Overall Rate of Prenatal Care among HIV+ Women



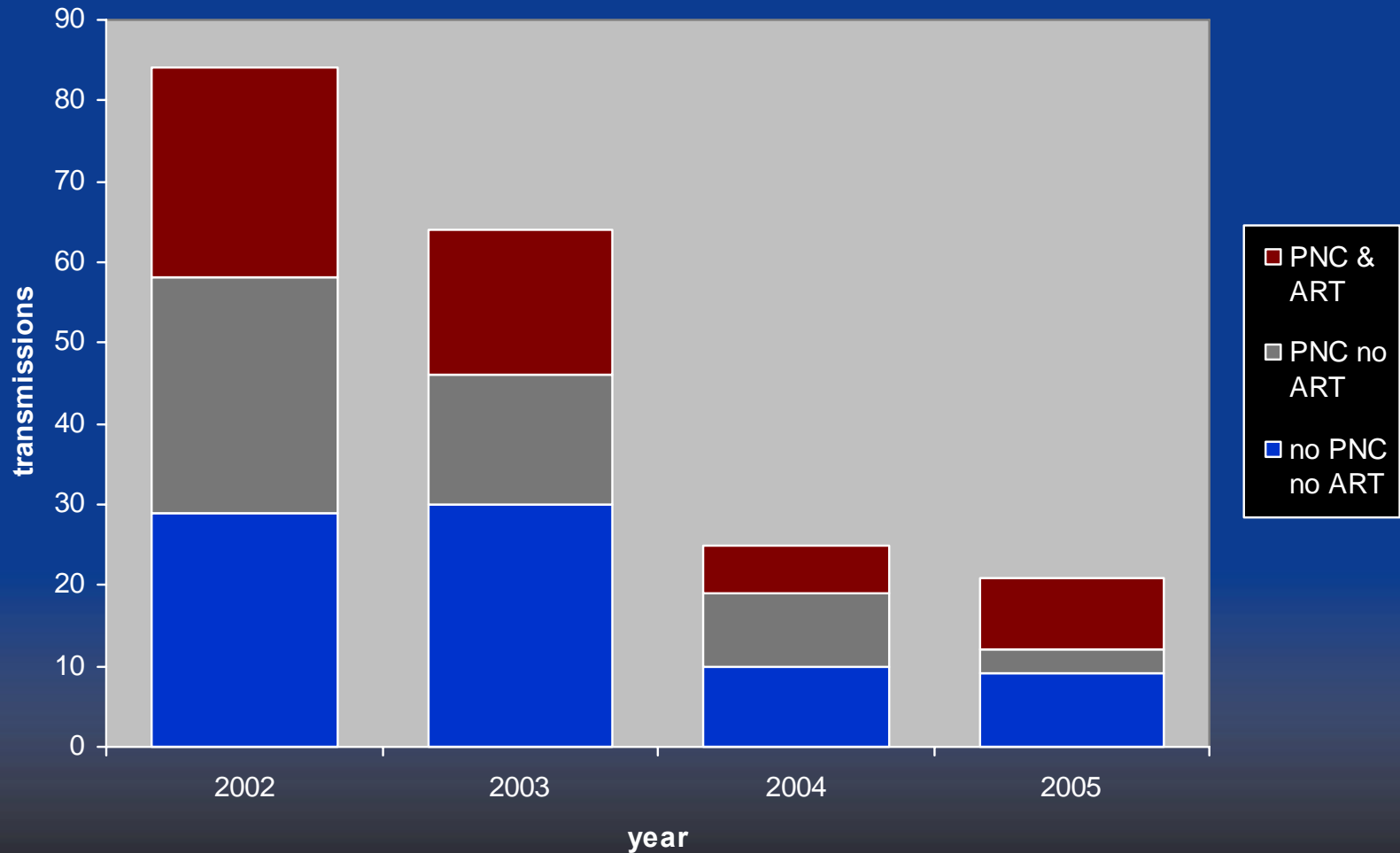
Rates of HIV+ women with any prenatal care are increasing.
Many grantees are unable to report on rates of prenatal care.

Overall Perinatal HIV Transmission Rates Among Grantees



HIV transmission rates among the grantees is decreasing.
(number shown on bar is the number of grantees reporting)

Prenatal Care and Antiretrovirals among Perinatal Transmissions



The proportion of women who had PNC but did not receive ARVs is decreasing, but residual transmission (red) and women who are not reached (blue) still occur.

Challenges in Data Collection and Analysis

- Not all grantees are able to provide information
 - ◆ Name-based reporting vs. code-based
 - ◆ Exposure reporting
 - ◆ Relatively new HIV reporting
 - ◆ Reporting delays are not the same in all states
 - ◆ Historical information can be hard to find
- Result
 - ◆ No outcome measures at all
 - ◆ Some outcome measures (but not all years)

Challenges in Data Collection and Analysis

- Data collection is complex
 - ◆ Women and infants can be lost to follow up
 - ◆ Women and infants can be diagnosed late
 - ◆ Fetal loss and multiple births confound “straightforward” data collection
 - ◆ Data collection systems are not designed with these outcomes in mind
- Result
 - ◆ Built in data consistency checks don't work
 - ◆ Data collection realities conflict with directions provided

Challenges in Data Collection and Analysis

- Not all jurisdictions are the same
 - ◆ Comparing cities with states, urban with rural, north and south
 - ◆ States with low populations or low prevalence can appear “thrown off” by a single transmission
- Result
 - ◆ Aggregating data across areas can be misleading
 - ◆ NOT aggregating data across areas can be misleading

Data Use Exercise

- Identify problems in the following data tables.
- How could these problems be solved?
- What are some alternative explanations for how the data tables got this way?
- How might the accompanying guidance have been helpful? Misleading?
- How could the guidance be improved?
- What data collection systems could be improved to improve the quality of data?
- How might prevention programs be impacted by poor/improved data?

Data Use Exercise

- The following three slides show data from three fictitious jurisdictions. These 'fake' data demonstrate some of the common discrepancies seen on the data tables submitted to CDC.
 - ◆ Table #1: The number of HIV exposed infants should be greater than or equal to the number of HIV infected women delivering.
 - ◆ Table #2: The number of HIV infected women receiving *no* prenatal care and the number receiving *any* prenatal care should add to the total number of HIV infected women delivering.
 - ◆ Table #3: The numbers in the 'transmissions' table should add to the total number of HIV infected infants.

Table #1: Numerator and Denominator

OUTCOME MEASURES	1999	2000	2001	2002	2003	2004	2005
Number of HIV-infected women delivering	250	271	219	235	197	209	131
Number of HIV-infected women receiving no prenatal care	34	52	38	29	27	32	16
Number of HIV-infected women receiving any prenatal care	216	219	181	206	170	177	115
▪Number with data on receipt of all three arms of ART (among women with PNC)	129	147	108	104	103	128	66
▪Number receiving all three arms of ART (among women with PNC and data on ART)	129	147	108	104	103	128	66
Number of HIV-exposed infants	240	269	212	225	192	207	127
Number of HIV-infected infants (HIV-definitive + HIV-presumptive)	14	15	9	4	7	6	7

****These are fictional data for demonstration purposes only; not from any jurisdiction****

Table #2: Prenatal Care

OUTCOME MEASURES	1999	2000	2001	2002	2003	2004	2005
Number of HIV-infected women delivering	44	219	152	165	180	134	150
Number of HIV-infected women receiving no prenatal care	16	101	77	164	160	148	10
Number of HIV-infected women receiving any prenatal care	59	308	189	421	355	262	4
▪Number with data on receipt of all three arms of ART (among women with PNC)	43	207	112	257	195	114	63
▪Number receiving all three arms of ART (among women with PNC and data on ART)	43	207	112	257	195	114	63

****These are fictional data for demonstration purposes only; not from any jurisdiction****

Table #3: Transmissions

OUTCOME MEASURES	2000	2001	2002	2003	2004	2005
Number of HIV-exposed infants	960	950	970	970	990	990
Number of HIV-infected infants (HIV-definitive + HIV-presumptive)	35	36	18	16	11	4
DATA ON TRANSMISSIONS			2002	2003	2004	2005
Among women who delivered an HIV-infected infant:						
Number of women receiving no prenatal care			4	10	3	2
Number of women receiving any prenatal care			14	6	3	1
▪Number with data on receipt of all three arms of ART (among women with PNC)			14	6	3	1
▪Number receiving all three arms of ART (among women with PNC and data on ART)			5	4	0	1
Number of women receiving elective cesarean sections			5	4	1	3
Number of women breastfeeding			2	1	1	0

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Thank you

- As always, please contact us with any questions
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 - ◆ Allan Taylor, avt0@cdc.gov, (404) 639-6120
 - ◆ Margaret Lampe, mol0@cdc.gov, (404) 639-5189
- Good luck collecting and using data!