



Translating Data into Action: A Fresh Look at Perinatal HIV Prevention Programs

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Perinatal HIV Prevention: 1999

- CDC's guidelines for offering testing to *all* pregnant women (with opt-in consent) were only a few years old
- Only one rapid HIV test was available
- Recommendations to use HAART for infected pregnant women were relatively new
- CDC-funded perinatal prevention grantees were selected for the first time
 - ◆ Grantees were selected based on available HIV prevalence data (much of it from the Survey of Childbearing Women in 1994)

Perinatal HIV Prevention: 2007

- CDC has issued new guidelines calling for opt-out screening of all pregnant women, including repeat testing in certain jurisdictions
- Six highly sensitive and specific rapid HIV tests are commercially available
- HAART for infected pregnant women is the norm (among women in care)
- CDC-funded perinatal prevention grantees are in the second round of funding
 - ◆ Grantees receiving prevention funding have remained almost entirely constant

A Lot Has Changed!

- How are prevention programs changing in response?

Recent Changes among the Grantees

- Changes in focus
 - ◆ Reflected in the process measures
- Changes in partners
 - ◆ Working with national organizations
 - ◆ Working with different subgrantees
 - ◆ Time spent assisting the RTI chart review
- Changes in scope
 - ◆ Programs have been adapted to fit emerging needs

CDC Wants to Know...

- How are decisions to make programmatic changes made?
- How are existing surveillance and outcome data helpful (or not helpful)?
- What additional information would be helpful?
- How can CDC help?
- Where is the potential for innovation?
- What new programs might provide solutions to existing (or new) problems?

Translating Data Into Action: A Hypothetical Exercise

- Work in small groups to consider the example data tables from these “fake jurisdictions”
- Each table is meant to highlight a critical prevention need (noted at the top):
 - ◆ What programs would you implement in the “fake jurisdictions” to address these needs?
 - ◆ How would you monitor the progress and success of these programs?
- Have you had experiences in your real-life jobs that inform these selections?
- What have we learned from the perinatal hepatitis B community that might be helpful?

Example #1: Low Prenatal Care	1999	2000	2001	2002	2003	2004	2005	2006
OUTCOME MEASURES								
HIV testing rate among all pregnant women			68%	71%	74%	78%	79%	
Number of HIV-infected women delivering	243	271	214	228	199	214	188	106
Number of HIV-infected women receiving no prenatal care	34	52	39	29	27	35	26	12
Number of HIV-infected women receiving any prenatal care	209	219	175	199	172	179	162	94
▪Number with data on receipt of all three arms of ART (among women with PNC)	129	147	109	109	108	134	83	58
▪Number receiving all three arms of ART (among women with PNC and data on ART)	129	147	109	109	108	134	83	58
Number of HIV-exposed infants	243	271	214	228	199	214	188	106
Number of HIV-infected infants (HIV-definitive + HIV-presumptive)	14	15	10	5	7	8	7	2

Data on Transmissions

	2002	2003	2004	2005	2006		
Among women who delivered an HIV-infected infant:							
Number of women receiving no prenatal care			3	4	5	3	1
Number of women receiving any prenatal care			2	3	3	4	1
▪Number with data on receipt of all three arms of ART (among women with PNC)			0	2	0	4	0
▪Number receiving all three arms of ART (among women with PNC and data on ART)			0	2	0	4	0
Number of women receiving elective cesarean sections			0	2	1	2	0
Number of women breastfeeding			1	1	1	0	0

Example #2: Problems with Antiretrovirals	1999	2000	2001	2002	2003	2004	2005	2006
OUTCOME MEASURES								
Number of pregnant women tested for HIV	322899	342896	347868	354532	358947	339203	380120	320846
Number of women delivering	339894	353501	354967	361767	366272	346126	384838	323902
HIV testing rate among all pregnant women	95%	97%	98%	98%	98%	98%	99%	99%
Number of HIV-infected women delivering	299	343	358	365	347	327	301	224
Number of HIV-infected women receiving no prenatal care	24	23	24	26	34	11	9	6
Number of HIV-infected women receiving any prenatal care	275	320	334	339	313	316	292	218
▪Number with data on receipt of all three arms of ART (among women with PNC)	163	175	181	232	172	144	101	81
▪Number receiving all three arms of ART (among women with PNC and data on ART)	115	124	130	170	125	109	60	46
Number of HIV-exposed infants	309	357	366	375	352	336	312	230
Number of HIV-infected infants (HIV-definitive + HIV-presumptive)	24	28	22	17	12	6	5	7

Data on Transmissions

	2002	2003	2004	2005	2006
Among women who delivered an HIV-infected infant:					
Number of women receiving no prenatal care	4	3	2	1	1
Number of women receiving any prenatal care	13	9	4	4	6
▪Number with data on receipt of all three arms of ART (among women with PNC)	8	3	2	2	3
▪Number receiving all three arms of ART (among women with PNC and data on ART)	4	2	1	0	0
Number of women receiving elective cesarean sections	4	2	5	0	2
Number of women breastfeeding	0	3	0	1	0

Example #3: Little Information

1999	2000	2001	2002	2003	2004	2005	2006
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OUTCOME MEASURES

Number of pregnant women tested for HIV

Number of women delivering

HIV testing rate among all pregnant women

65%

69%

76%

Number of HIV-infected women delivering

Number of HIV-infected women receiving no prenatal care

Number of HIV-infected women receiving any prenatal care

▪Number with data on receipt of all three arms of ART (among women with PNC)

▪Number receiving all three arms of ART (among women with PNC and data on ART)

Number of HIV-exposed infants

Number of HIV-infected infants (HIV-definitive + HIV-presumptive)

8

9

15

16

8

5

<5

Data on Transmissions

2002	2003	2004	2005	2006
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Among women who delivered an HIV-infected infant:

Number of women receiving no prenatal care

Number of women receiving any prenatal care

▪Number with data on receipt of all three arms of ART (among women with PNC)

▪Number receiving all three arms of ART (among women with PNC and data on ART)

Number of women receiving elective cesarean sections

Number of women breastfeeding

Translating Data Into Action: The Reality Check

- WE WANT TO HEAR FROM YOU.
- If you had the flexibility, how would you change your own prevention programs?
- We anticipate funding will again be available after this cooperative agreement ends...
 - ◆ In a new round, would you initiate new programs?
 - ◆ Are there existing programs that may be no longer needed?
 - ◆ How does CDC's structure and guidance help or impede this process?
 - ◆ How can we learn from or collaborate with perinatal hepatitis B prevention programs?

Thank you

- As always, please contact us with any questions
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- Thank you for your input!