



Data from the Grantees & Filling Data Gaps

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2007 CDC Perinatal HIV & Hepatitis B Grantees' Meeting

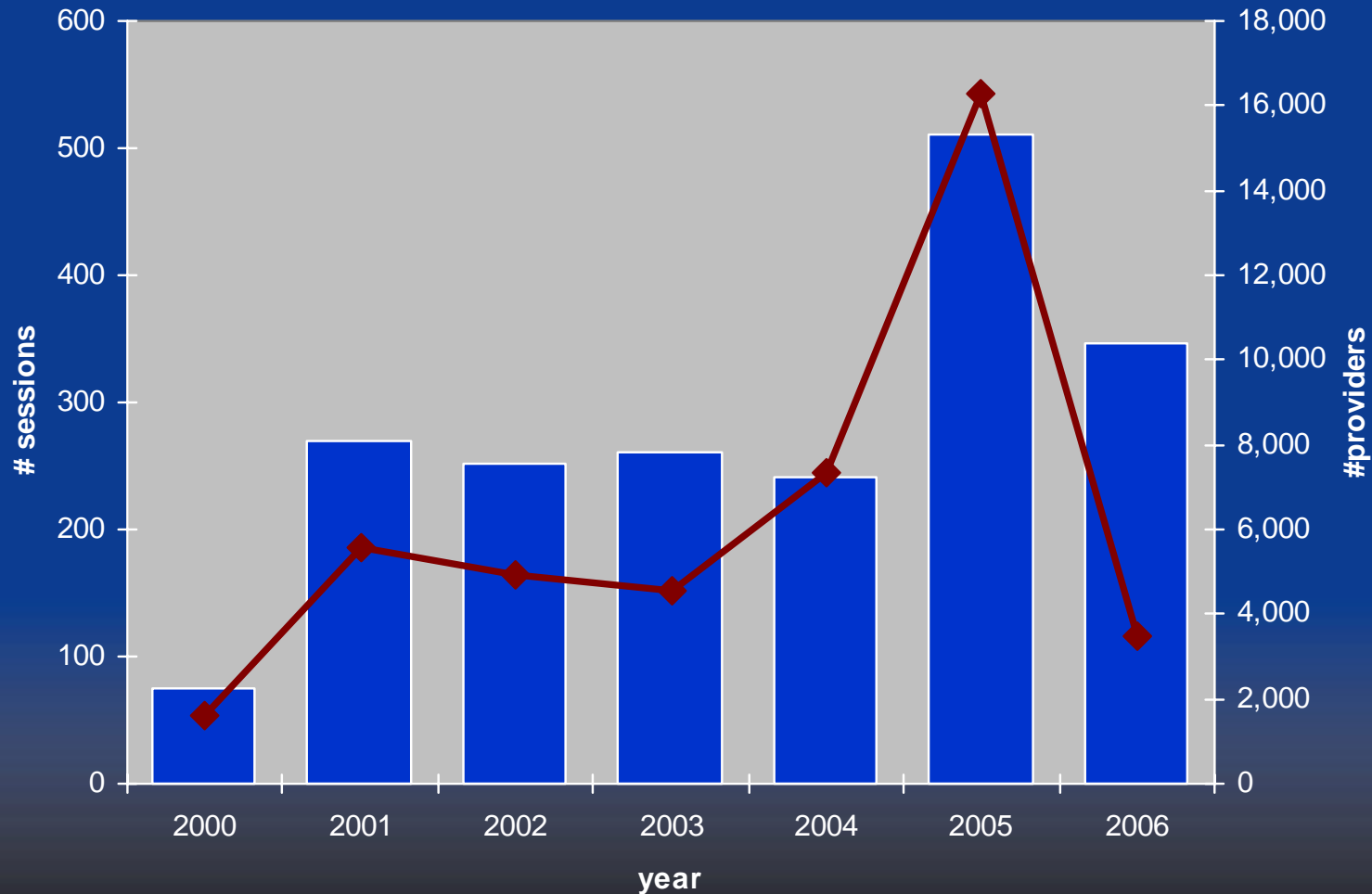
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Process Measures

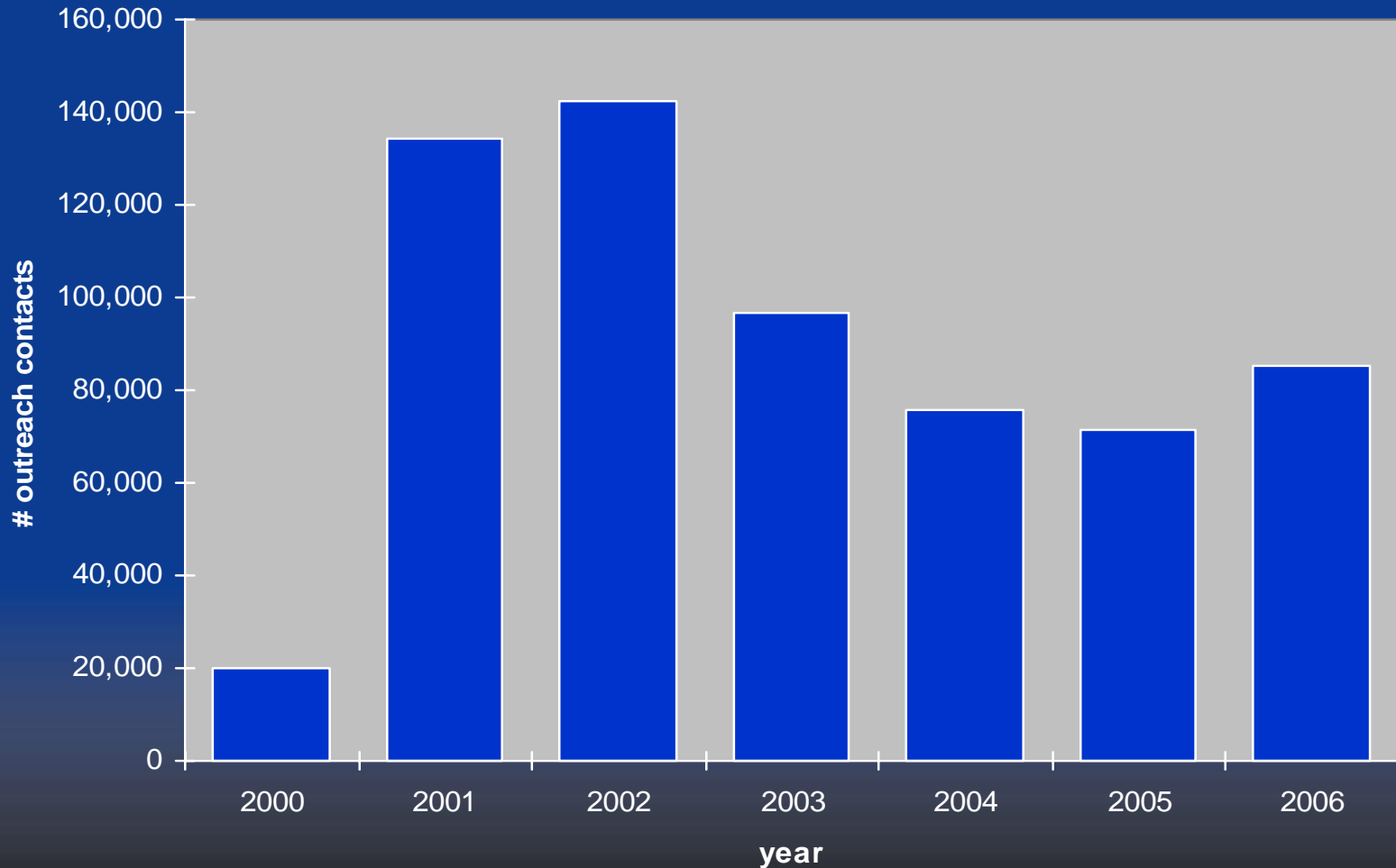
- The Evaluation Protocol requests process information on programs implemented for perinatal HIV prevention
- Information is collected on 5 main program types
 - ◆ Provider training
 - ◆ Outreach
 - ◆ Case management
 - ◆ Social marketing
 - ◆ Rapid HIV testing in labor and delivery departments

Provider Training



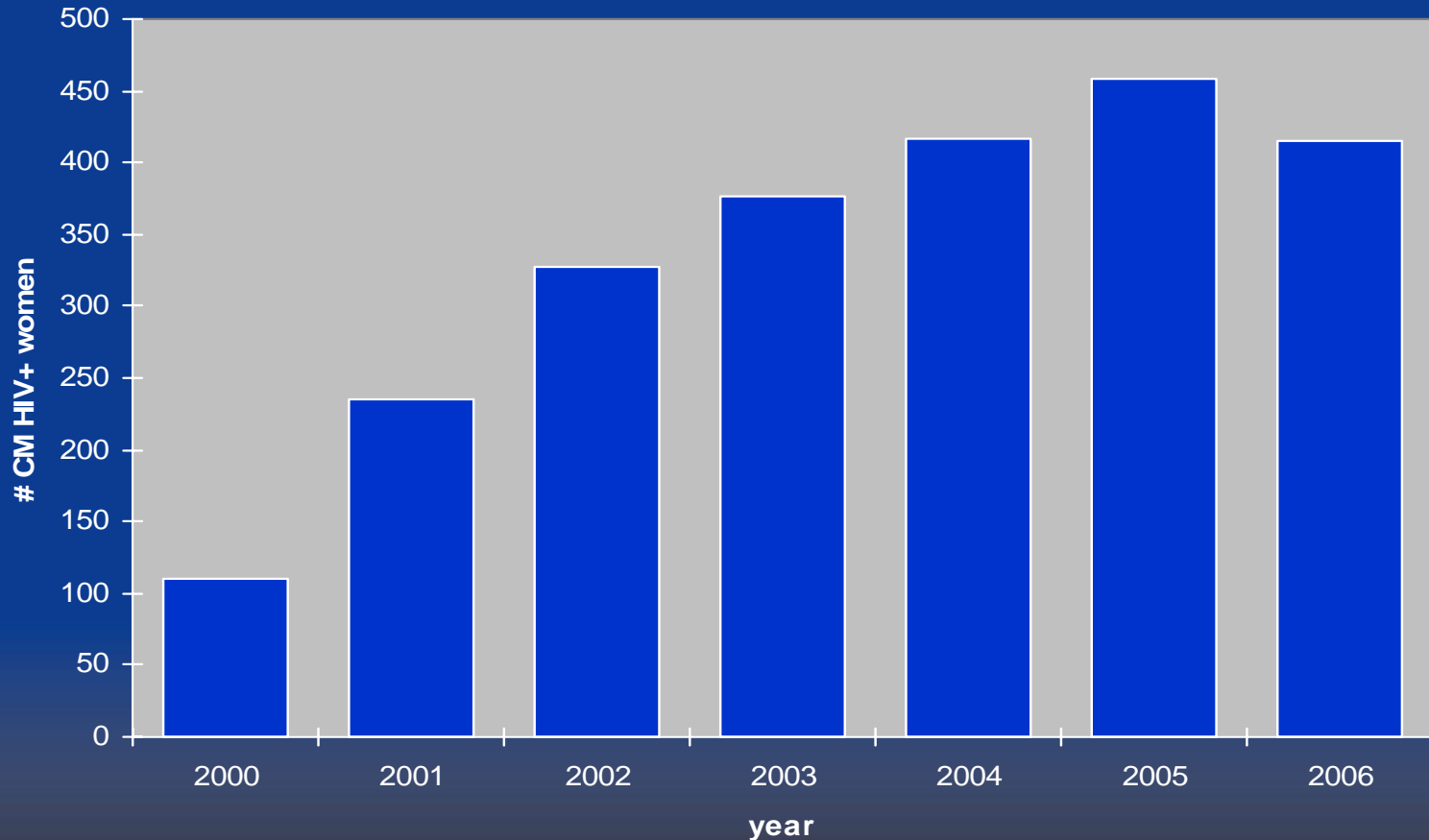
Many jurisdictions doing provider training. Large increase in 2005 due to RTLD programs (especially in FL and IL); those programs have leveled off.

Outreach



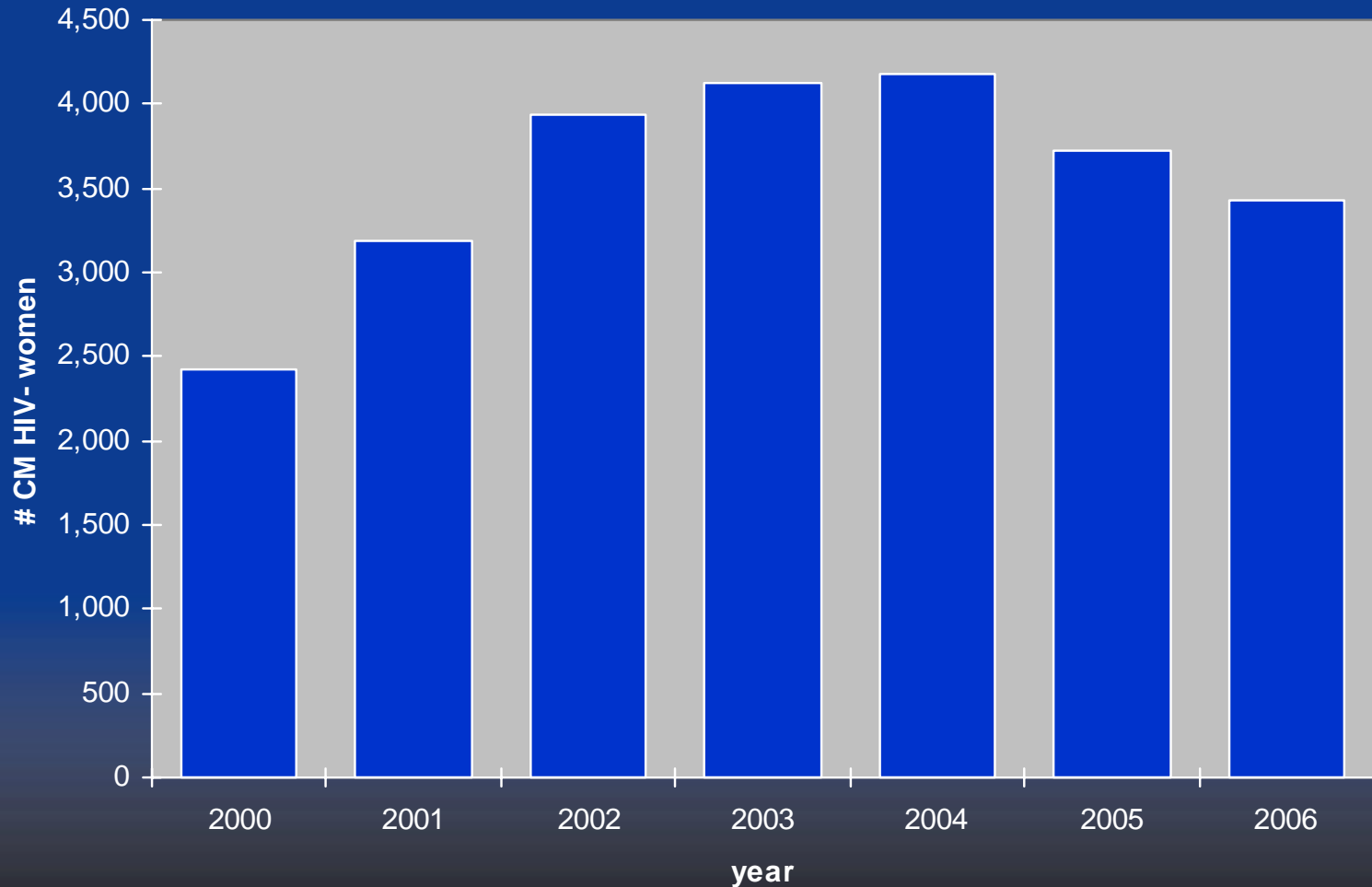
**Many jurisdictions are doing some form of outreach.
Outreach definitions vary widely.**

Case Management



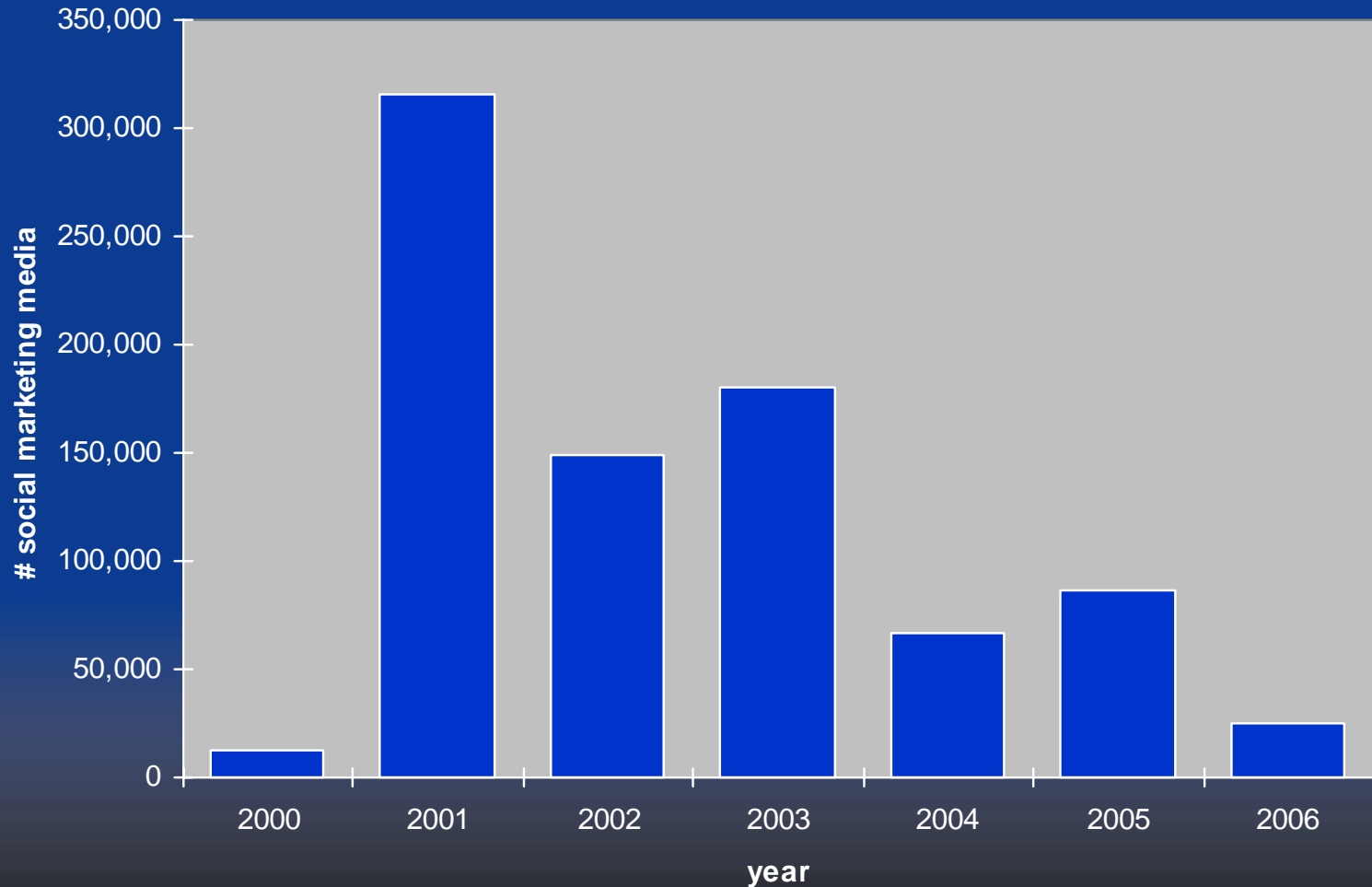
Many jurisdictions support case management for HIV+ women. Very few grantees are able to document transmission rates among case managed women; two grantees provided rates for 2005 of 2.3% and 8%.

Case Management for HIV- Women



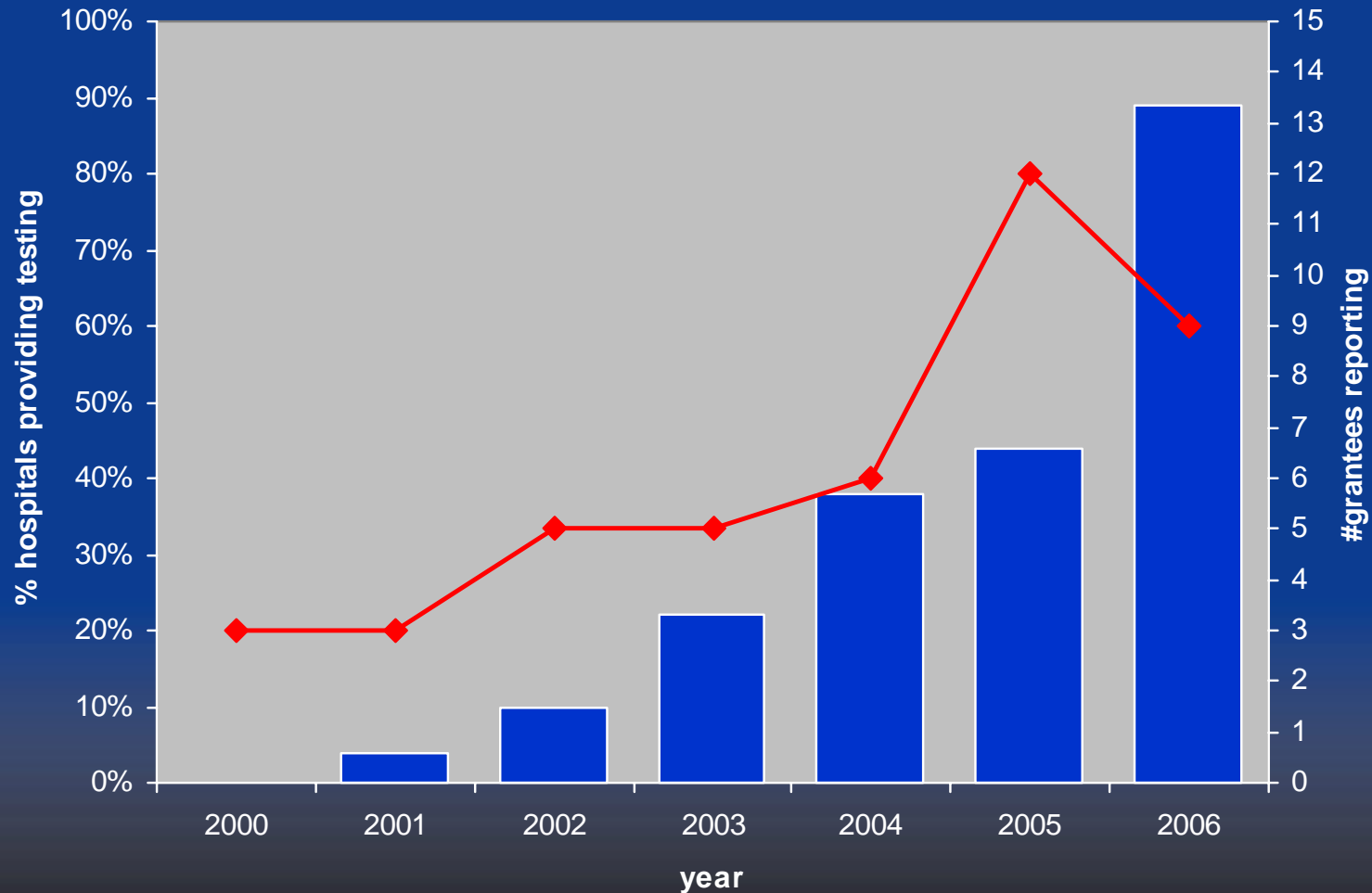
Fewer jurisdictions offer case management for HIV- women but those that do reach more women.

Social Marketing



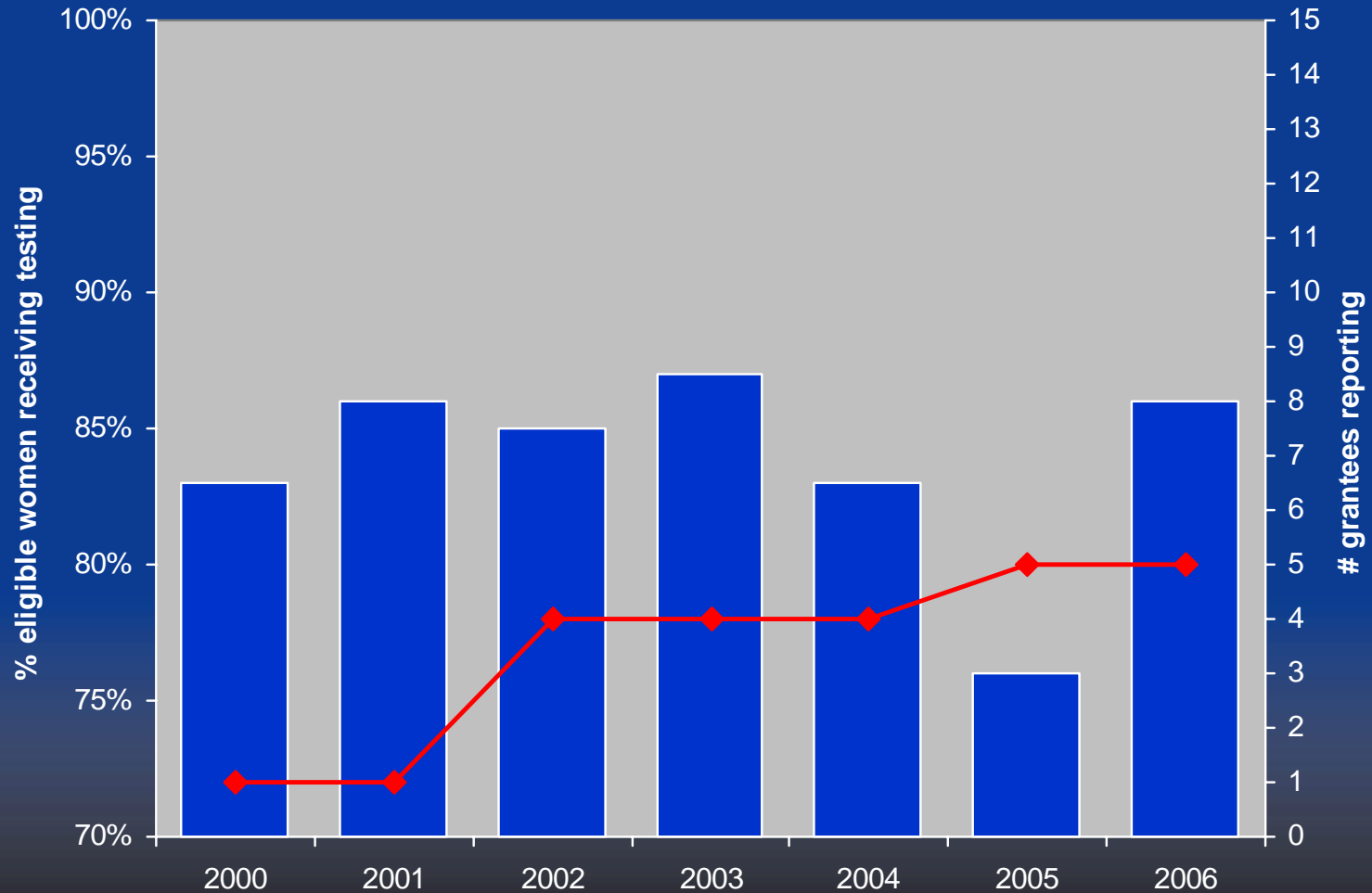
Social marketing continues to decline among the grantees.

Hospitals Offering Rapid Testing in Labor and Delivery



Rapid testing in labor and delivery is increasing; many jurisdictions still do not have information on testing practice at hospitals in their area.

Proportion of Eligible Women Receiving Rapid Testing in Labor and Delivery

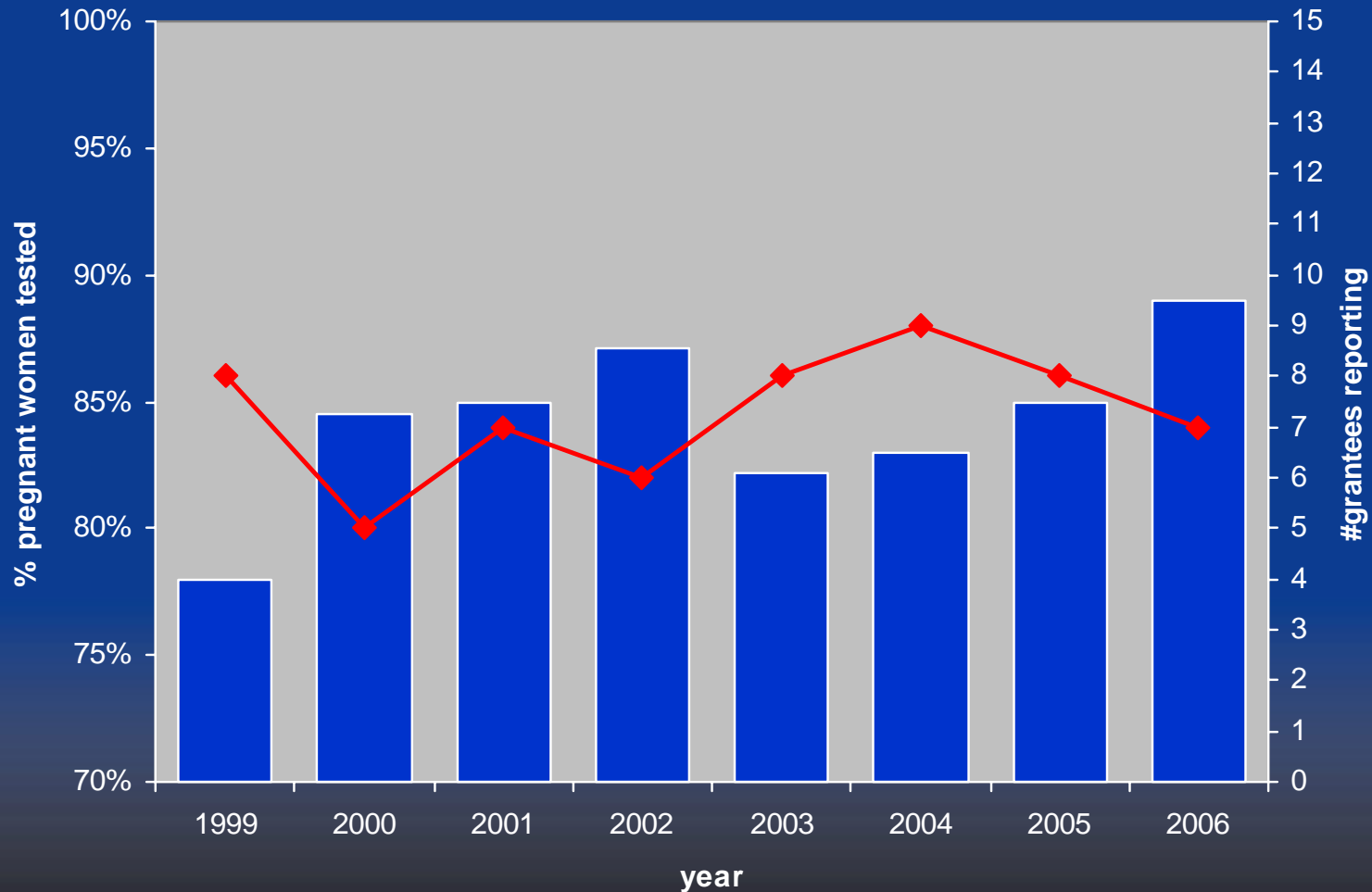


Few jurisdictions are able to provide individual-level information on rapid testing in labor and delivery

Outcome Measures

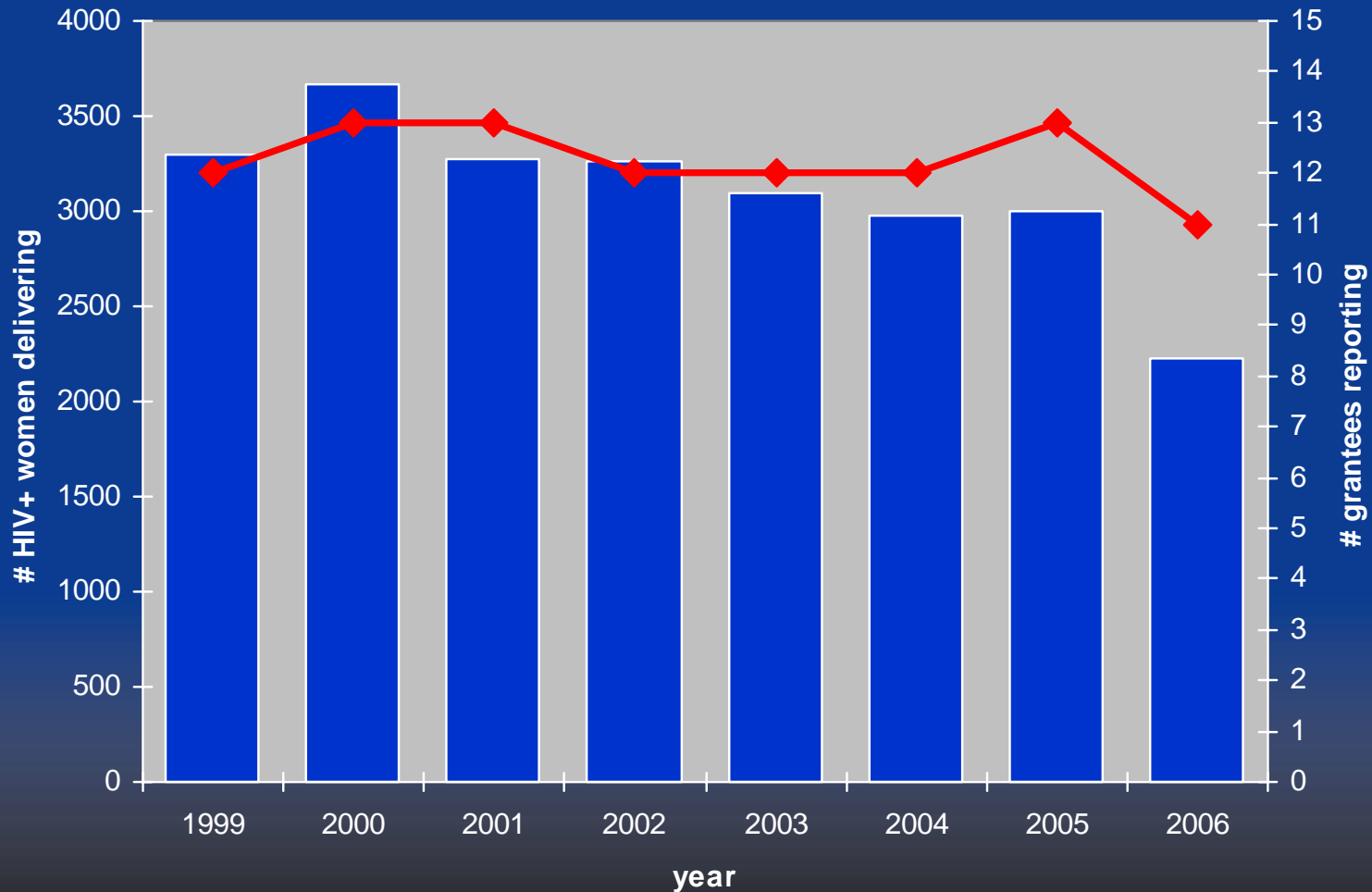
- The Evaluation Protocol requests information on key outcomes related to perinatal HIV prevention
 - ◆ HIV testing rates among pregnant women
 - ◆ Information on services and interventions for infected women and exposed infants
 - ◆ Perinatal infection rates
 - ◆ Additional information on transmissions
- Not all grantees are able to provide these data

HIV Testing Rates among Pregnant Women



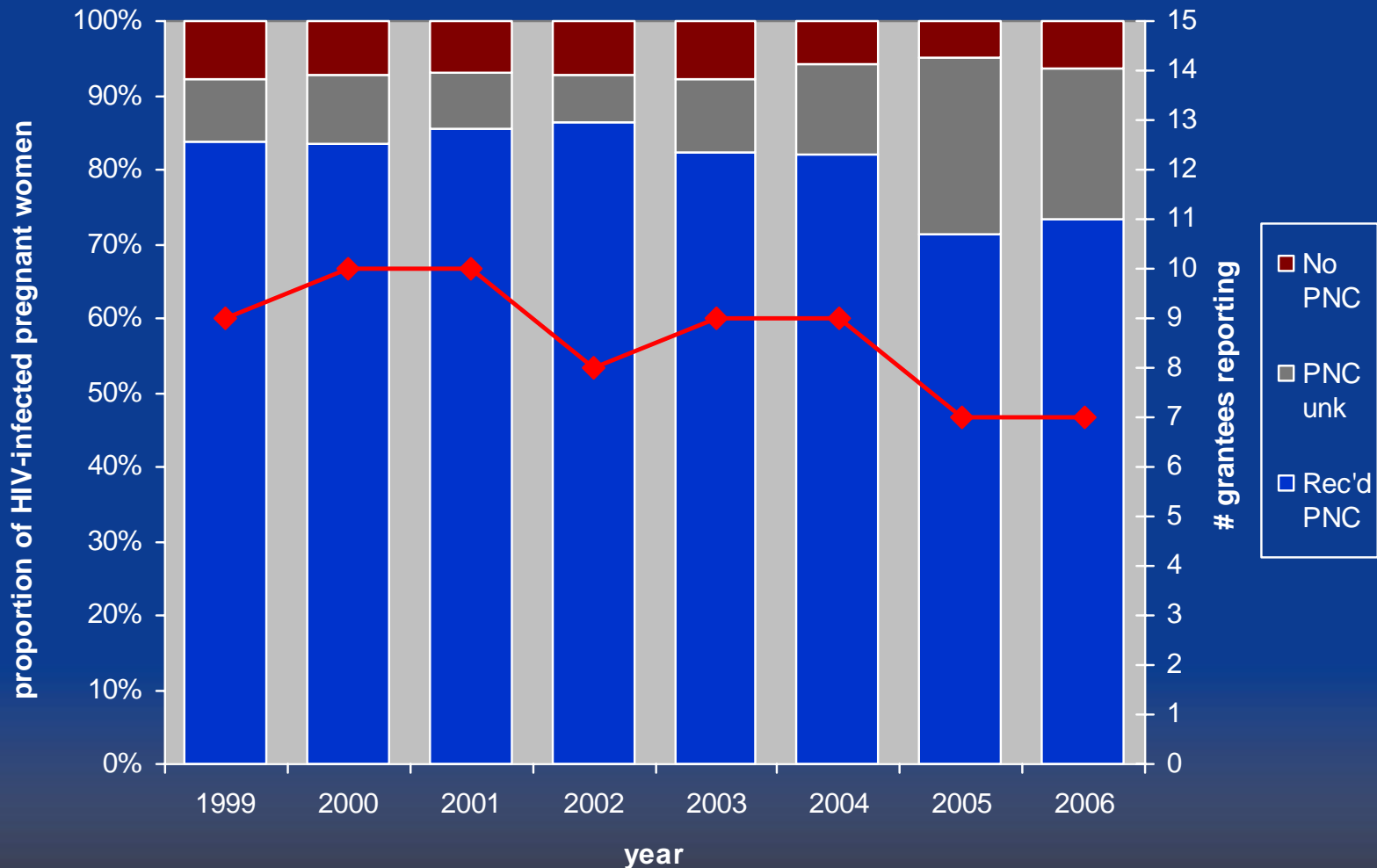
The average HIV testing rate among the grantees is increasing over time. Approximately half of grantees have provided this information.

Number of HIV+ Pregnant Women Delivering



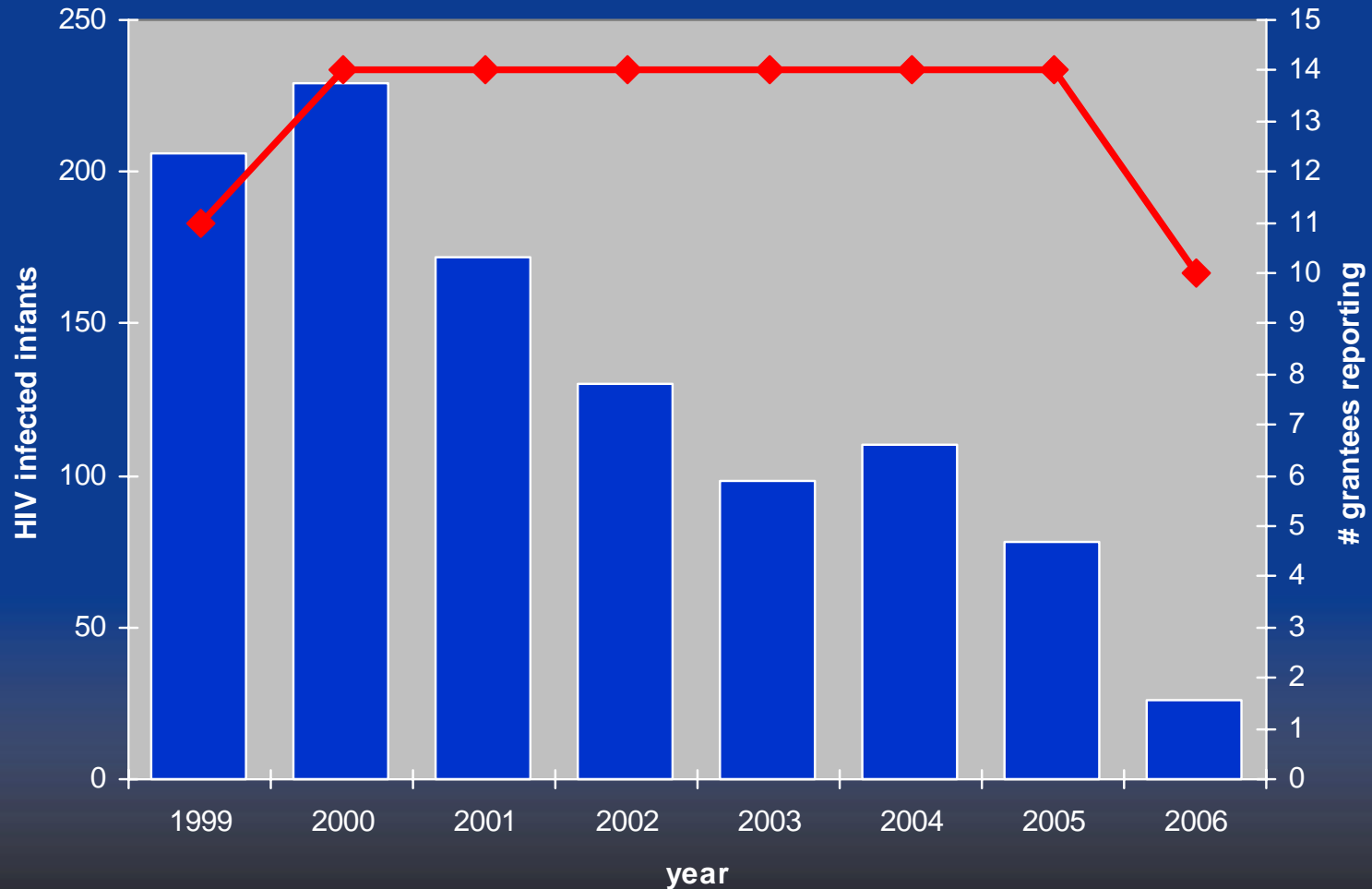
Numbers of HIV infected pregnant women delivering are declining among the grantee jurisdictions. Reporting is high.

Prenatal Care among HIV+ Women



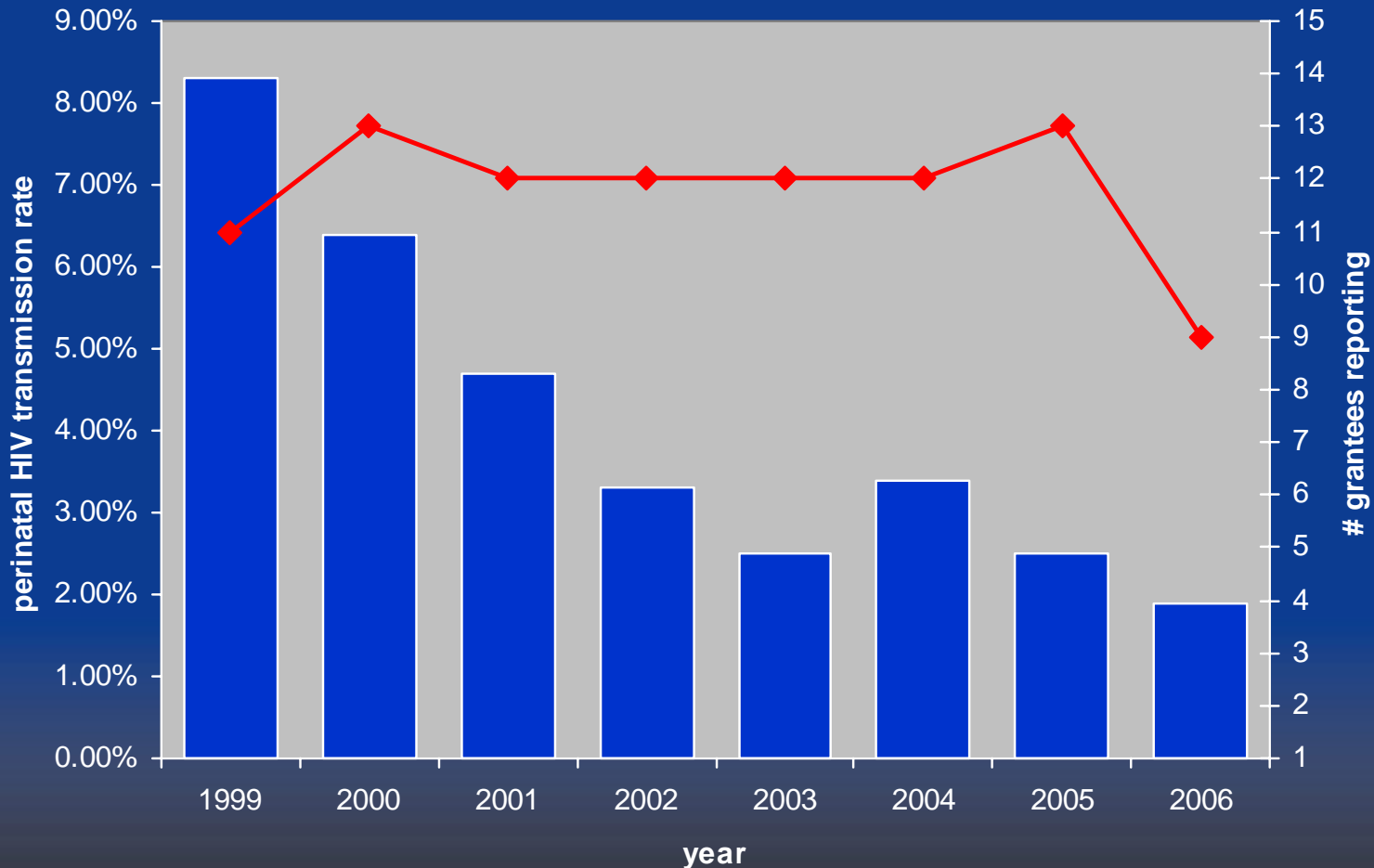
The proportions of HIV+ women with any or no prenatal care are relatively stable. Recent years show an increase in women with unknown prenatal care status, and about half of grantees do not have consistent data.

Number of HIV Infected Infants



There has been a remarkable decline in perinatal HIV infections among the grantee jurisdictions. Almost all grantees are able to report.

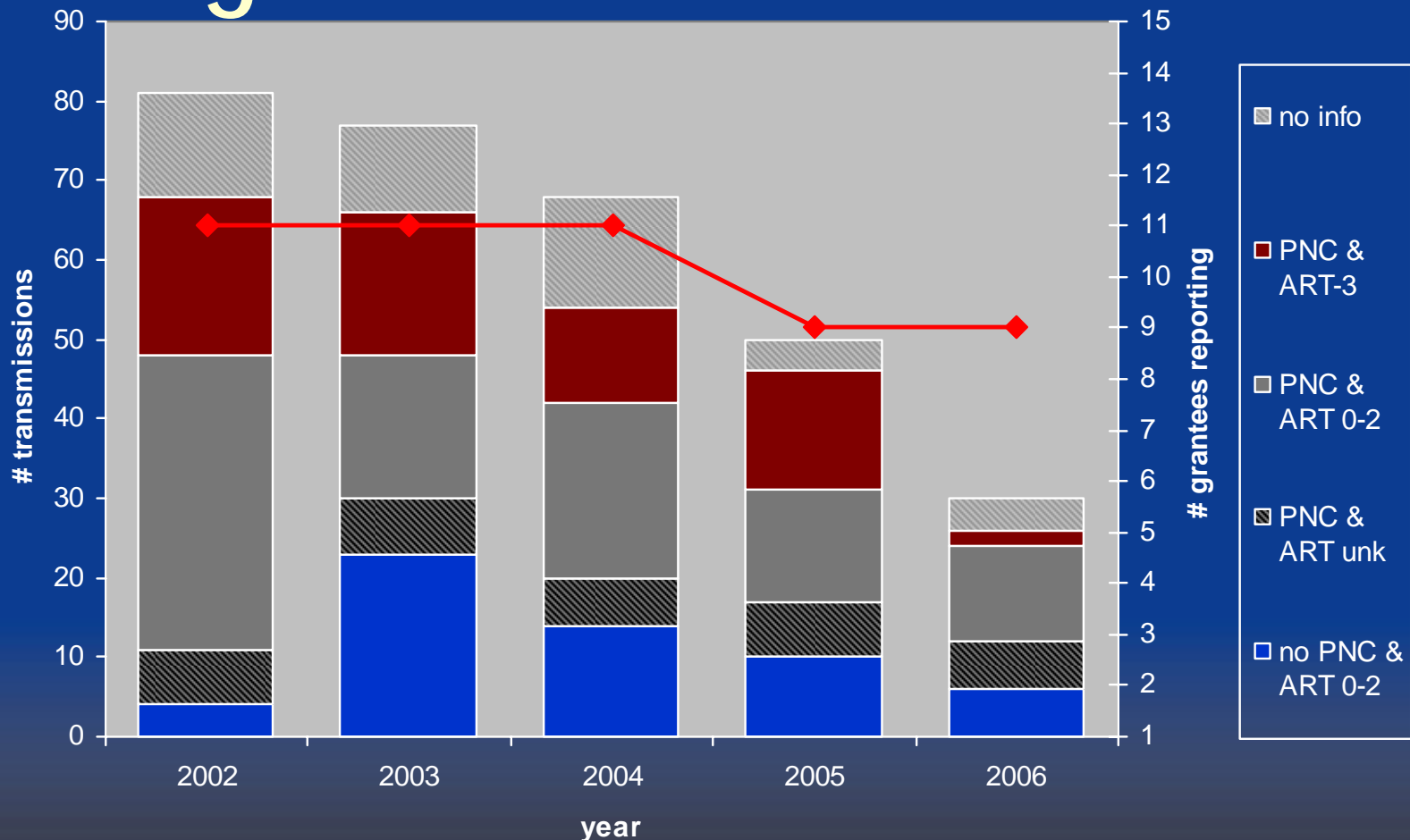
Overall Perinatal HIV Transmission Rates Among Grantees



HIV transmission rates among the grantees are decreasing.

Reporting is high but there are reporting delays. Not all grantees that can provide absolute number of infected infants can provide a rate.

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. Some information is still missing.

Data Collection: The Good News

- Data quality has improved
 - ◆ Reporting on many process and outcome measures is increasing
 - ◆ Communication is improving; data consistency is greater
 - ◆ EPS is available to more prevention sites than ever before
 - ◆ Recent legal changes (e.g., name-based reporting and exposure reporting) are improving data availability

Data Collection: The Challenges

- Data availability is not uniform across sites
 - ◆ Many states cannot provide historical information
 - ◆ Interruptions in surveillance funding
 - ◆ EPS grantees have changed over time
 - ◆ Few non-EPS data sources have been identified for these data
- How can we gather better data and identify new data sources?

Filling Data Gaps

- Spend a few moments listing potential sources and possible obstacles for major data categories
 - ◆ What are new potential data sources for each measure?
 - ◆ What obstacles are keeping you from accessing these data sources?
- Have we learned anything from the perinatal hepatitis B community that might be helpful?

Filling Data Gaps

- Work with others at your table to see if there are similarities and differences across jurisdictions
 - ◆ How are your responses similar to and different from others in your group?
 - ◆ Can you build on one another's lists?
 - ◆ Are you facing the same obstacles?
- Choose one or two novel ideas or important areas of overlap to share with the group
 - ◆ Can we work together to address some of the obstacles?

	Potential new data sources	Obstacles to new data sources
RAPID TESTING AT LABOR AND DELIVERY		
Hospitals providing rapid testing at labor and delivery		
Women receiving rapid HIV testing at labor and delivery		
OUTCOME MEASURES		
HIV testing rate among all pregnant women		
Number of HIV-infected women delivering/Number of HIV-exposed infants born		
Receipt of prenatal care among HIV-infected pregnant women		
Receipt of antiretroviral therapy among HIV-infected pregnant women		
Number of HIV-infected infants		
TRANSMISSIONS: Among women who delivered an HIV-infected infant:		
Receipt of prenatal care		
Receipt of antiretroviral therapy		
Elective cesarean sections		
HIV-infected women who breastfeed		