

Today's Overview:

US Epidemic-Definitional Perspective

DC HIV Epidemic

Screening Prerequisites

Internal Implementation Strategy

Community Engagement

Implementation

Lessons & Questions

AIDS: In 1980 rare illnesses were reported in the US which were first named “gay cancer,” “new pneumonia” and “Gay- related Immune Deficiency” (GRID). In 1982, the “illness” was renamed Acquired Immune Deficiency Syndrome or AIDS.

Identified as a condition that fatally suppressed the immune system of those who acquired it: it became evident that the general population could be affected – not just homosexual males – though the means of acquiring the condition were yet unknown.

Today, the acronym “AIDS” is used to qualify the severity of an individual’s HIV infection. An “AIDS diagnosis” means that one’s immune system is critically suppressed, rendering the body vulnerable to the development of cancers or life threatening infections.

HIV: In 1984, the virus that caused the suppression of the immune system known as “AIDS” was identified and named the Human Immunodeficiency Virus or HIV.

HIV is transmitted from one person to another through semen, vaginal fluid, blood, and breast milk. When a person has been infected with HIV, the virus attaches to and destroys important white blood cells called CD4 or T4 cells whose function is to defend the body against infection. This causes a potentially fatal suppression of the “defenses” or immune system of an individual.

People infected with the virus commonly refer to themselves as “HIV positive” or “living with HIV.”

Observations/Perceptions:

There appears to be a socio-cultural, behavioral, political, economic, epidemiological, phenomenological AIDS and HIV and then there is a clinical, medical, public health AIDS and HIV. Both have interests for politicians, researchers, academicians and advocates.

Depending on your understanding, experience, perspective, professional training, personal orientation, life experience AIDS and HIV interventions are and will be different. Clinical, medical and public health strategies are distinct and may be different from the socio-cultural, behavioral, political, economic, epidemiological, phenomenological, protection and advocacy interventions and long-term community needs



Come Together DC Get Screened For HIV

Ask your doctor. Ask your neighbor.

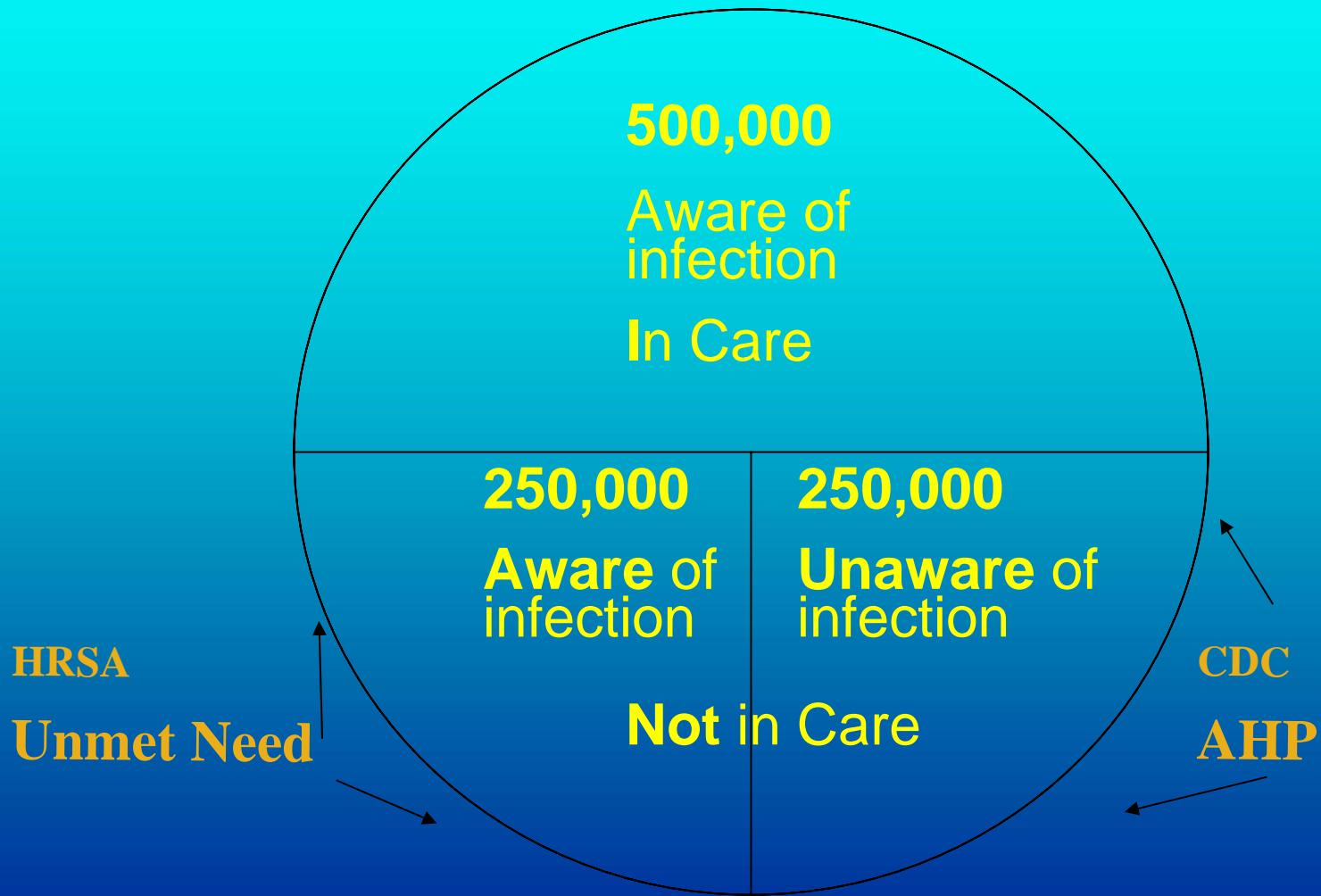


COMING TOGETHER TO  IN DC



Overview of HIV Epidemic in U.S.A.

1 million people infected with HIV



Increased routine HIV Screening and HIV Clinical, Medical and Public Health Care Services leads to:

- changes to HIV/AIDS mythology
- greater community understanding of HIV
- greater understanding of HIV infection
- greater understanding of HIV transmission
- greater ability to make decisions about health
- more possibilities to prevent or detect other infections
- better health and longer life for people living with HIV

"HIV Disease is the only infectious disease where initial diagnosis and early intervention services have been taken out of the doctor's office and have been left to the community."

Robert Redfield, MD

Making HIV Screening a routine part of regular medical care helps to re-establish the balance between the HIV community and community medical providers

The sheer volume of people with undiagnosed HIV in the US requires an approach which will greatly expand HIV medical services immediately

Large Scale HIV Screening and/or Routine HIV Testing is the Best of Public Health

*That is, Health Services to Improve and
Protect Community Health, especially
Sanitation, Immunization, Preventative
Medicine, and Control of Communicable
Diseases.*

Awareness of HIV Status among Persons with HIV, United States

Number HIV infected 1,039,000 –
 1,185,000

Number unaware of
their HIV infection 252,000 -
 312,000 (24%-27%)

Estimated new infections 40,000
annually

Source of HIV Tests and Positive Tests

38% - 44% of adults age 18-64 have been tested
16-22 million persons age 18-64 tested annually in U.S.

	HIV tests	HIV+ tests
Private doctor/HMO	44%	17%
Hospital, ED, Outpatient	22%	27%
Community clinic (public)	9%	21%
HIV counseling/testing	5%	9%
Correctional facility	0.6%	5%
STD clinic	0.1%	6%
Drug treatment clinic	0.7%	2%

Perceptions/Observations:

Majority of HIV screening/testing is occurring outside of the community testing sites, yet majority of health care providers don't want to deal with screening for or treating HIV.

HIV community has been successful in establishing and maintaining community programs to serve people living with HIV when no one else stepped forward... especially the medical/community healthcare industry.

Perceptions/Observations:

There is a kind of schizophrenic reality which has emerged over time (25 yrs).

Federal, state and local government together understand and fund one AIDS/HIV; institutional health care “sees,” understands and treats one AIDS/HIV; and finally the community supports and works with another AIDS/HIV.

Perceptions/Observations:

Making HIV screening a routine part of medical care will help to open closed doors. Majority of health care providers have been left out of helping to build effective HIV care systems and treating people living with HIV.

The HIV advocacy community needs to build upon the successes of the past and work with state and local health departments, medical societies and medical providers to implement routine HIV screening and work to ensure that it happen in all public health and medical care settings. This includes all managed care organizations, community clinics and private doctors offices.

The DC Epidemic: Conditions

- Cumulative AIDS cases (between 1979 - 2006) = 20,816 people
 - Living AIDS cases as of 2004 = 9,110
 - Current estimated living HIV cases = 17,800 – 25,400
 - Current estimated combined HIV and AIDS cases = 26,900 and 34,500 people
 - Living AIDS cases by race/ethnicity = Black/African American 85%, White/Caucasian 10%, Latino 4%, Asian Pacific Islander/Native American less than 1%, “other” less than 1%
-

AIDS:

There were 20, 816 cumulative AIDS cases reported, as of December 31, 2006.

Of that number, 17,481 were residents of the District of Columbia at the time of initial diagnosis.

There were 5,179 new AIDS cases reported (2001-2006), as of December 31, 2006

Of that number, 4,460 new AIDS cases were residents of the District of Columbia at the time of initial diagnosis

HIV:

- There were 5,476 Code Based HIV cases reported from 2001 through December 31, 2006.

DC HIV/AIDS Cases 2001-2006: 10,655

There were 5,179 new AIDS cases reported (2001-2006), as of December 31, 2006

There were 5,476 Code Based HIV cases reported from 2001 through December 31, 2006

Average yearly AIDS/HIV case report: 1775

Long-Range Campaign Goals

Identify previously undiagnosed persons living with HIV and connect them to immediate care and treatment

Dramatically reduce transmission of HIV in Washington, DC

Establish a model public health protocol for other cities to replicate throughout the world

Campaign Objectives

- Ensure that all Washington DC residents know their HIV status by December 31, 2006
- Raise awareness among DC residents on the importance, availability and ease of HIV testing
- Expand access/availability of HIV screening, with the goal of making HIV screening routine in all medical settings
- Coordinate the medical and community resources necessary to sustain an ongoing HIV screening program

HIV Screening Prerequisites

HIV Community Testing Coalition

HIV Community Leadership Buy-in

Municipal/Medical/Community Leadership
Commitment and Engagement

National/Local Policy Tie-in

Access to Discretionary Resources

Community-wide Engagement Activities

Common understanding of local needs/goals

Commitment to new partnerships

Developed CTR Network

In order to address initial fears and concerns about increased demands, an on-going monthly meeting was established

Regularly scheduled CTR specific training sessions were established

New RFPs were designed to support CTR expansion activities

Established and convened Mayor's HIV Task Force

Representation from all sectors
of local community: major
employers, medical providers,
HIV clinicians/researchers,
business, foundation and
religious sectors and city
officials in ex-officio capacity

Release of Public Health Guidelines: National/Local Policy Tie-In

Watchdog agency-DC Appleseed Center- issues
Report: Make HIV Screening Routine

CDC issues Draft of “Revised Recommendations for
HIV Testing of Adults, Adolescents, and Pregnant
Women in Health-Care Settings”

Expanded Availability of New Rapid CLIA-Waived
HIV Screening Technology

National HIV Testing Day (June 27, 2006)

September 22, 2006: Release of “Revised
Recommendations for HIV Testing of Adults,
Adolescents, and Pregnant Women in Health-Care
Settings”

Access to Discretionary Resources

Purchase of 80,000 Rapid HIV Test Kits

Established bi-monthly Rapid Testing
Training sessions

Convened HIV Clinical Update CME
Conference

Hired FT HIV Screening Campaign
Coordinator

Contracted with local media/marketing
firm

Public Relations Community-wide Engagement Strategy

Development of Strategic Messaging with Help of Local
DC Media Agency

Summer 2006 Clinical Update Conference for Providers

Summer and Fall 2006 Public Kick Off and Weekly
Visibility Events at “City Hall”

Palmcard Distribution City Wide through Metro Stations
and Community Providers

Partnership with PAHO, WNBA, NBA

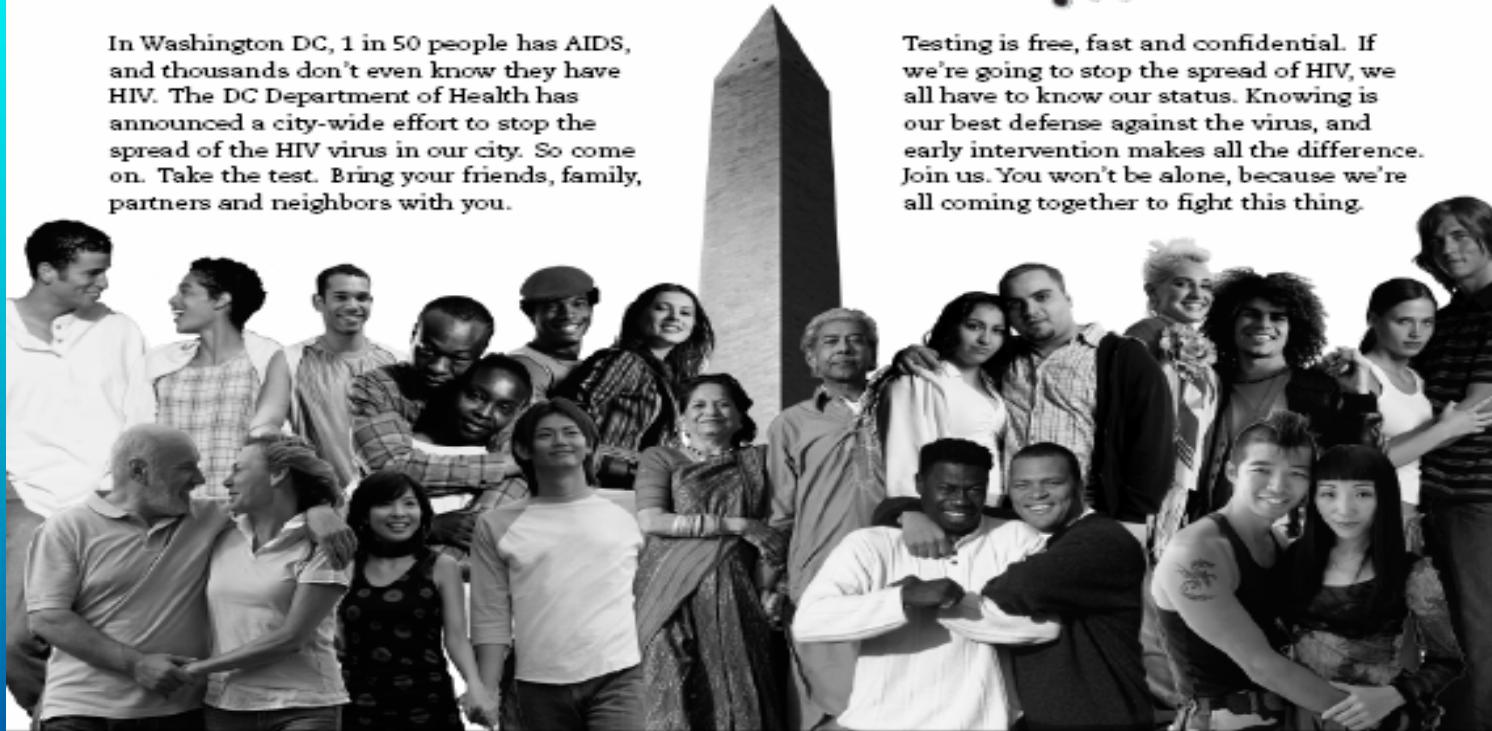
NAACP Annual Convention

Earned and Paid Local and National Media: CNN, PBS,
NPR, Washington Post, etc.

COMING TOGETHER TO IN DC™

In Washington DC, 1 in 50 people has AIDS, and thousands don't even know they have HIV. The DC Department of Health has announced a city-wide effort to stop the spread of the HIV virus in our city. So come on. Take the test. Bring your friends, family, partners and neighbors with you.

Testing is free, fast and confidential. If we're going to stop the spread of HIV, we all have to know our status. Knowing is our best defense against the virus, and early intervention makes all the difference. Join us. You won't be alone, because we're all coming together to fight this thing.



For more information, or to find a test site near you, call 202-332-EXAM.

Establishment of Stakeholders and Community Partners Workgroup

Host Training Seminars on Testing for
Community Partners and Agency staff

Create and Review Strategy

Assess and Evaluate Capacity

Develop Implementation Plan

Stakeholders included Industry Partners, Mayor's Task Force,
Community Providers, Hospitals, Clinics, and CTR Network

Missing Partners: Medical Societies, Associations, Managed
Care Organizations, Licensing and Regulatory Agencies

New Partners

DC Government

- DOH funded programs

- DC Detention Centers

- Detoxification Center

- STD Clinic

- TB Clinic

Community Clinics

- Hospital and Affiliates

- Student Health Centers

- Private Physicians with Large

- HIV/STD/Infectious Disease Practices

HIV Screening Expansion at Diverse Sites

Growth from 17 to 42 Sites Providing HIV Testing. Approximately 150% increase

- DC Gov't Agencies and Public Health Centers
- CBOs – Traditional Testing Sites -20
- Hospital Emergency Rooms and Affiliates -7
- Student Health Services: Universities and High Schools -5
- Private Physician Offices -4



External Challenges for Organizations

Not specifically funded for HIV Screening

Too Busy to Implement/Work-Flow Issues

Staff Not Trained on OraQuick Advance

Lack of Trained Counselors

Lack of Supervision for Counseling staff

Fear of Finding HIV Positive Individuals

Regarding Liability and inadequate follow-up and Linkage to Care

Internal Challenges

Educating Providers Around New CDC Guidelines, Consent Requirements, and Linkage to Care Strategies

Changing Cultural Norms about HIV

Managing Inventory and Quantity of HIV Test Kits with Multiple Expiration Dates

Poorly Trained Health Department Staff

Increased surveillance paperwork

Lack of understanding about HIV today

Lack of buy-in from Private Physicians, HMOs

External Challenges: Referral to Care and Follow-up

Challenge for Many Providers

Created Updated List of Primary Care and
Support Service Agencies

Hospitals with Infectious Disease Clinics
and have limited existing relationships
with CBOs

Established New Grant Program to Assist
with Linkages to Care

Developed New Tools & Trainings

Implementation of Monthly Rapid
Testing Trainings

Consent, Surveillance, and Counseling
Training Requested and Provided

Implementation Toolkit and Quality
Assurance Template Developed

Short-Term Successes

In first year, 300% increase from 2005 in AHPP Tracked HIV Testing

As of 2/28/07, 60,000+ Residents Tested with preliminary positive results approx. 2.47% rate

Strengthening of HAA and DOH Systems

Establishing New Relationships with Providers, HIV Specialists, and Hospitals beyond existing HIV Circle

Improvement of Epidemiology and Surveillance Data Collection

Over 150 trained to provide HIV Screening

More HIV Positive Individuals Receiving Care and Treatment

Implementation Successes

GWU Hospital: 125 per week in ED,
1.3-1.5% HIV+

HU Hospital: 200 per week in ED,
Ambulatory Care Clinic, Walk-in
Triage

Sibley Hospital: 50 per week, Lab
0 to 10,000 kits per month

GWU: 5188 offered; 3003 accepted-
58%

2972 negative

31 preliminary positive

10 lost to follow-up

12 confirmed positive

7 confirmed negative

2 pending results

12 positive 12-56 yrs-34

9 men, 3 women

10 Black, 2 White

5 uninsured, 5 private, 2 Medicaid

10 confirmed in follow-up

Howard University Hospital

4729 offered

2921 accepted

1808 refused

87 preliminary positive results

Ages 14 – 83

3% prevalence rate

Participating Depts.:

Clinical Depts.: Dermatology, Dentistry, EM, Family Practice, OB/GYN, Medicine, Neuro, Nursing, Onc, Ophtho, Orthopaedics, Path, Peds, Podiatry, Psych, Rad-Onc, Radiology, social work, Surg, Employee health, and Student Health Center

Alameda County Medical Center Highland Hospital (4/2005-11/2006)

CDC ED Demonstration Project

111,275 age eligible pts present to ER

46,328 pts offered HIV test

51% (23,565) pts accepted

9,186 pts tested

96 pts HIV positive (1.0 %)

40% (38) serologic AIDS

97% pts tested recommend ED testing

89% newly diagnosed HIV positive completed follow-up

California Bill aims to make HIV Test Routine

“The intent of the bill is to normalize the practice of testing for HIV which is currently the only blood test that requires written consent in most clinical settings...This will help to slow the spread of HIV and help people get treatment”

Patty Berg, D-Eureka (4/2007)



Come Together DC Get Screened For HIV

Ask your doctor. Ask your neighbor.



COMING TOGETHER TO  IN DC



Thank You:
Jeremy Brown, MD
Patty Berg
Thomas Friedan, MD
Jenifer L. Johnson
Donald Hitchcock
Tim Mastro, MD
Celia Maxwell, MD
Robert Redfield, MD
Tiffany West

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GWU Hospital Center
HU Hospital Center

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