Issues and Trends in HIV Prevention & Care

Erick Seelbach

February 27, 2013

NHAS

Vision

The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

NHAS

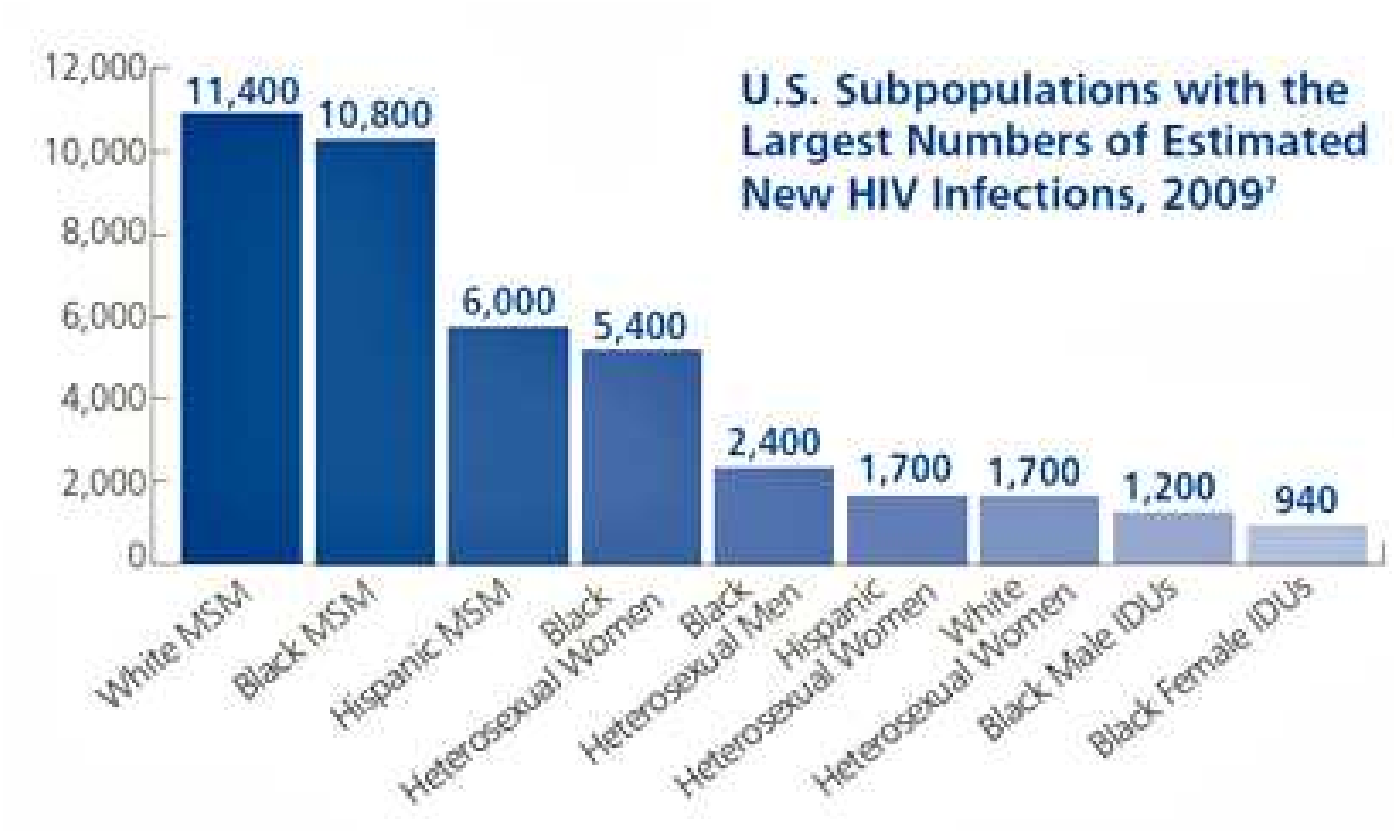
Goals

- Reduce HIV incidence
- Increase access to care and optimize health outcomes
- Reduce HIV-related health disparities

Reduce HIV Incidence

- Communities where HIV is most heavily concentrated.
- Targeted efforts using a combination of effective, evidence-based approaches.
- Educate all Americans about the threat of HIV and how to prevent it.

HIP

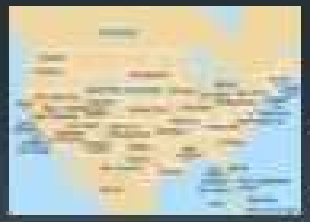


using combinations of scientifically proven, cost-effective, and scalable interventions targeted to the right populations in the right geographic areas

Impact of NHAS

National HIV/AIDs Strategy

ECHPP | HD FOA | CBO FOA

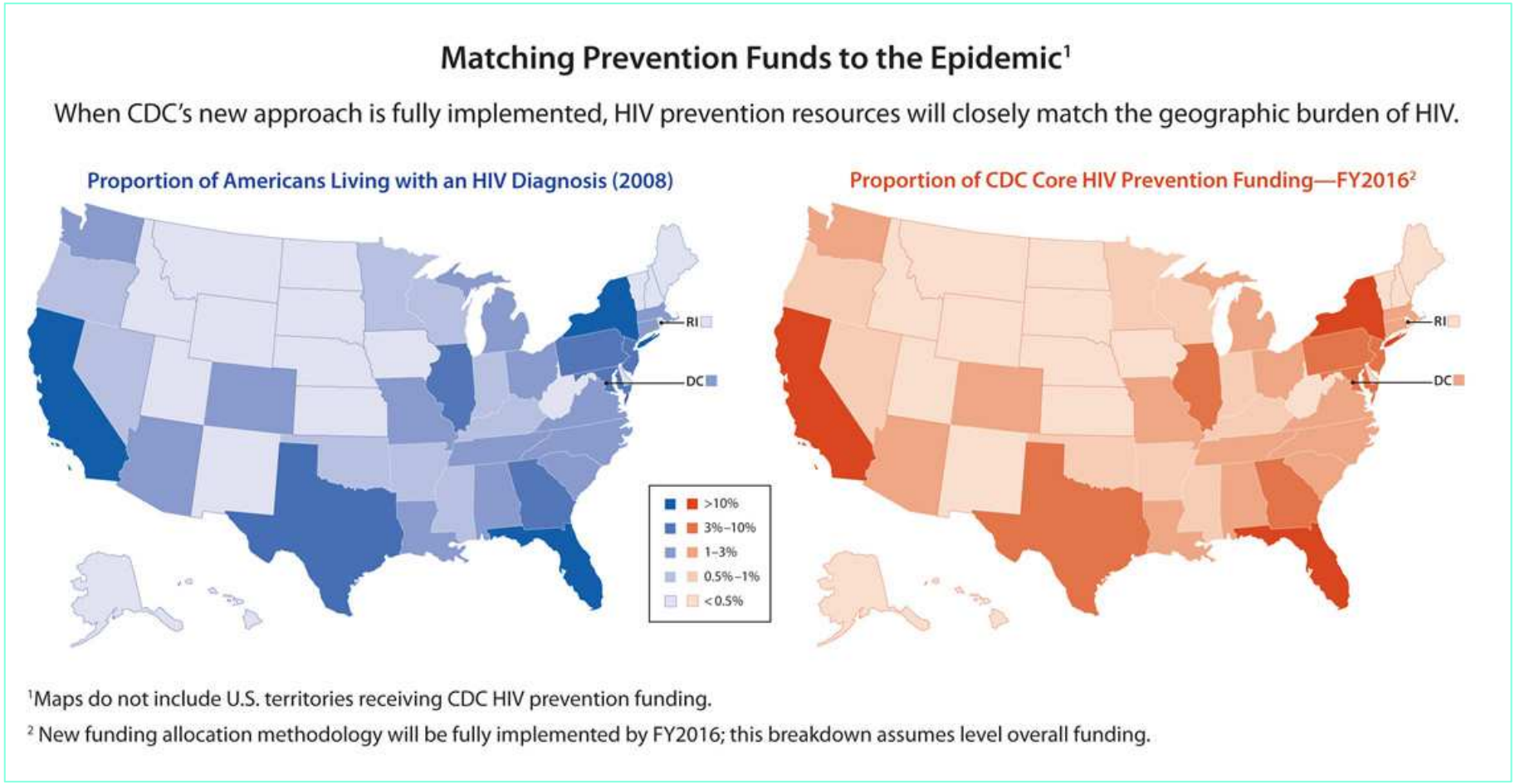


Impact on Local HIV Prevention Practices:

- Most impactful combination of interventions
- Implement ARTAS and Peer Navigator Systems
- Use of Linkage to Care Coordinators
- Expand HIV Screening and Testing (new algorithms)
- Expand Partner Services
- Support PEP efforts

Adapted from “Exploring Impact of NHAS” presentation by California STD Preventoin Training Center

Comprehensive HIV Prevention Programs for Health Departments



Category C

- Focus areas include: o Structural, biomedical, and behavioral interventions with high impact in reducing HIV incidence,
  - o Innovative testing activities to increase cost-effectiveness and identification of undiagnosed HIV,
  - o Enhanced linkages to and retention in care for people living with HIV,
  - o Advanced use of technology, and
  - o Use of CD4, viral load, and other surveillance data to assess and reduce HIV transmission risk.

CAPUS

Secretary's Minority AIDS Initiative Fund for The Care and Prevention in the United States (CAPUS) Demonstration Project

CDC, HRSA, SAMSHA collaborating with Health Departments in Georgia, Illinois, Louisiana, Mississippi, Missouri, North Carolina, Tennessee, Virginia

Required Components:

- Increase HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention
- Enhance navigation services
- Use surveillance data and data systems to improve care and prevention
- Address social and structural factors directly affecting HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention

PrEP

TasP


23 December 2011 | $10
Science
BREAKTHROUGH
OF THE YEAR
HIV Treatment as Prevention
AAAS

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 AUGUST 11, 2011 VOL. 365 NO. 6

Prevention of HIV-1 Infection with Early Antiretroviral Therapy

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ABSTRACT

BACKGROUND

Antiretroviral therapy that reduces viral replication could limit the transmission of human immunodeficiency virus type 1 (HIV-1) in serodiscordant couples.

METHODS

In nine countries, we enrolled 1763 couples in which one partner was HIV-1–positive and the other was HIV-1–negative; 54% of the subjects were from Africa, and 50% of infected partners were men. HIV-1–infected subjects with CD4 counts between 350 and 550 cells per cubic millimeter were randomly assigned in a 1:1 ratio to receive antiretroviral therapy either immediately (early therapy) or after a decline in the CD4 count or the onset of HIV-1–related symptoms (delayed therapy). The primary prevention end point was linked HIV-1 transmission in HIV-1–negative partners. The primary clinical end point was the earliest occurrence of pulmonary tuberculosis, severe bacterial infection, a World Health Organization stage 4 event, or death.

RESULTS

As of February 21, 2011, a total of 39 HIV-1 transmissions were observed (incidence rate, 1.2 per 100 person-years; 95% confidence interval [CI], 0.9 to 1.7); of these, 28 were virologically linked to the infected partner (incidence rate, 0.9 per 100 person-years, 95% CI, 0.6 to 1.3). Of the 28 linked transmissions, only 1 occurred in the early-therapy group (hazard ratio, 0.04; 95% CI, 0.01 to 0.27; P<0.001). Subjects receiving early therapy had fewer treatment end points (hazard ratio, 0.59; 95% CI, 0.40 to 0.88; P=0.01).

CONCLUSIONS

The early initiation of antiretroviral therapy reduced rates of sexual transmission of HIV-1 and clinical events, indicating both personal and public health benefits from such therapy. (Funded by the National Institute of Allergy and Infectious Diseases and others; HPTN 052 ClinicalTrials.gov number, NCT00074581.)

The authors' affiliations are listed in the Appendix. Address reprint requests to Dr. Cohen at the University of North Carolina at Chapel Hill, Institute for Global Health and Infectious Diseases, Suite 2115, Bioinformatics Bldg., 130 Mason Farm Rd., CB 7030, Chapel Hill, NC 27599, or at mscohen@med.unc.edu.

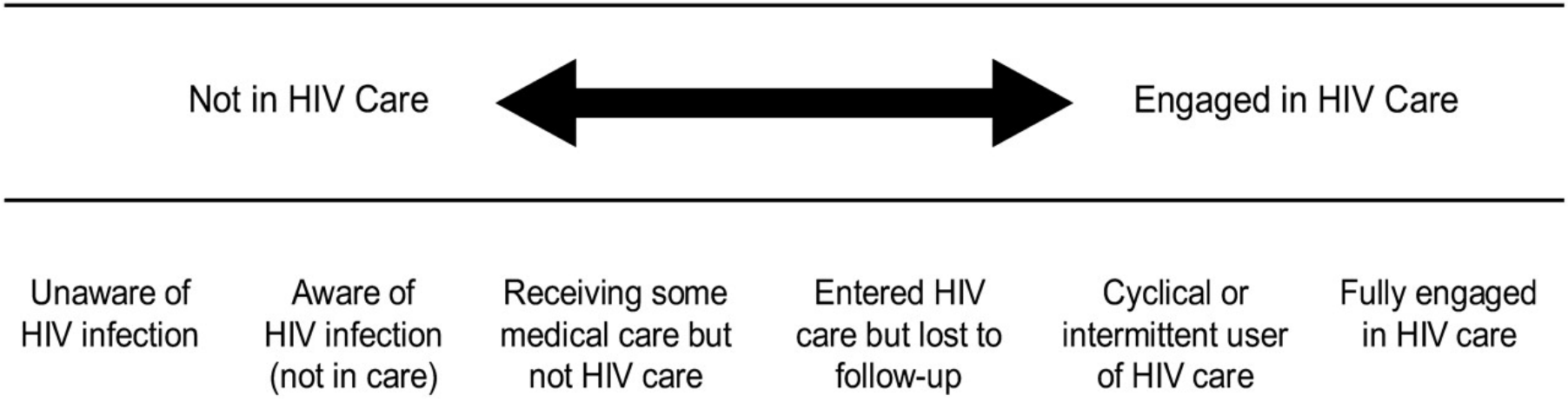
*Other members of the HIV Prevention Trials Network (HPTN) 052 Study Team are listed in the Supplementary Appendix, available at NEJM.org.

This article (10.1056/NEJMoa1105243) was published on July 18, 2011, at NEJM.org.

N Engl J Med 2011;365:493-505.

96%

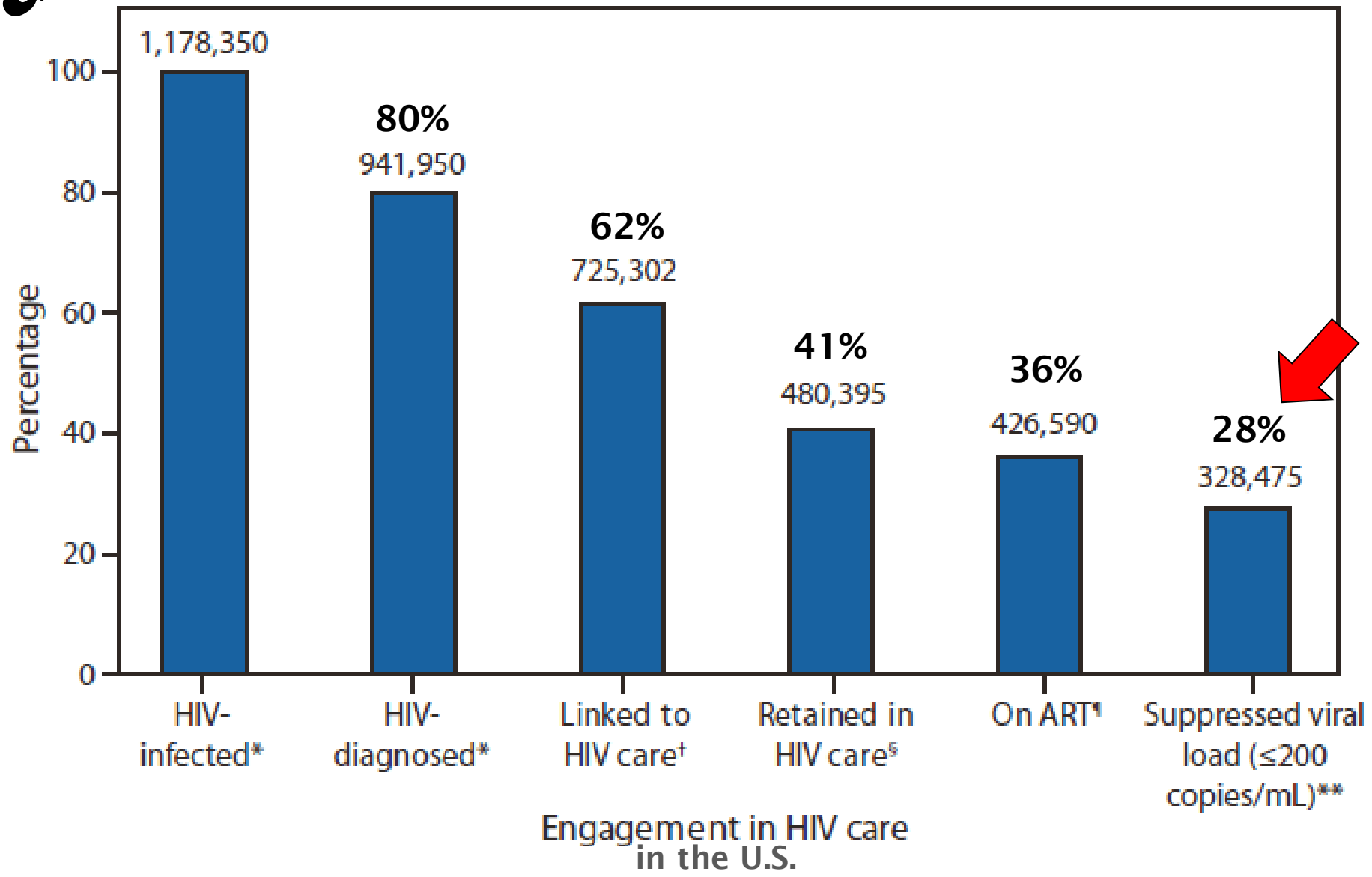
Health Resources and Services Administration (HRSA) continuum of HIV care, describing the spectrum of engagement in HIV care.



Gardner E M et al. Clin Infect Dis. 2011;52:793-800

Clinical Infectious Diseases

The Cascade


1,178,350
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36%
426,590
28%
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Percentage
HIV-infected*
HIV-diagnosed*
Linked to HIV care†
Retained in HIV care§
On ART¶
Suppressed viral load (≤200 copies/mL)**
Engagement in HIV care in the U.S.

Portland Metro Stage of Engagement in HIV Care, 2011

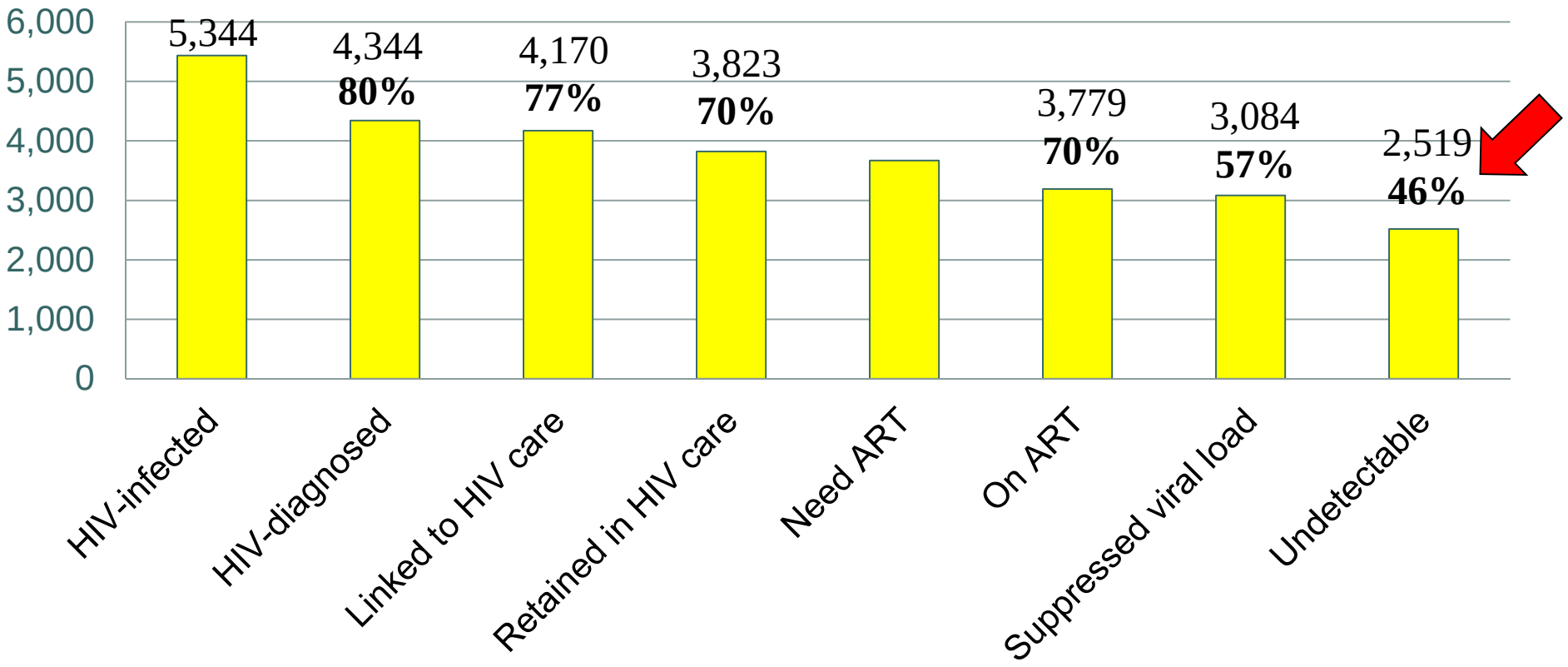
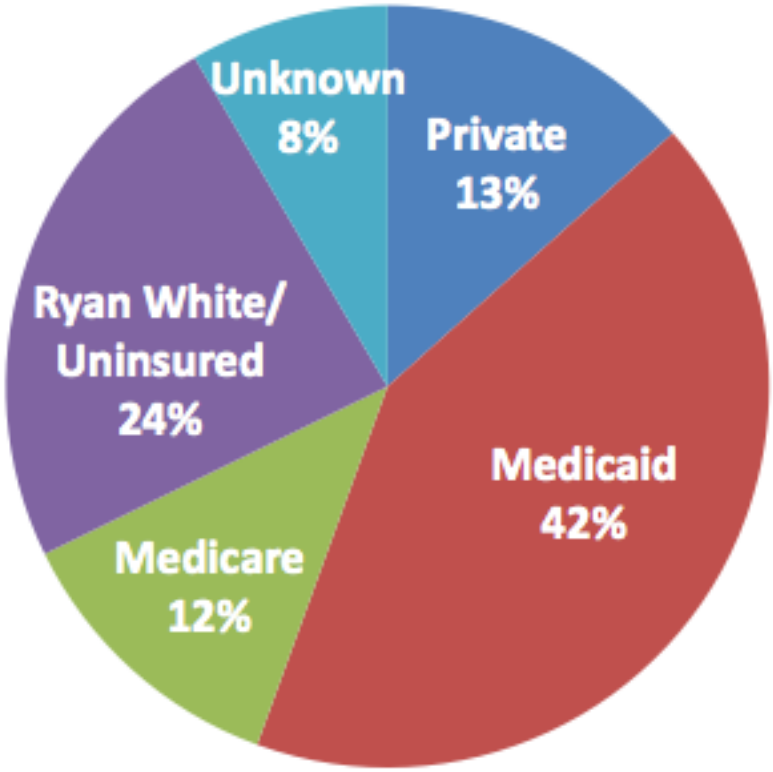


Figure 2: Insurance Coverage of Patients with HIV/AIDS, 2010



Notes: Based on Patients with HIV Attending Medical Offices Participating in HIVRN; N=19,235.
Medicaid includes those with Medicare coverage.
Source: Data from K. Gebo and J. Fleishman, in Institute of Medicine, HIV Screening and Access to Care: Exploring the Impact of Policies on Access to and Provision of HIV Care, 2011.

Kaiser Family Foundation Issue Brief, **THE AFFORDABLE CARE ACT, THE SUPREME COURT, AND HIV: WHAT ARE THE IMPLICATIONS?**, September 2012
http://www.healthreformgps.org/wp-content/uploads/8363.pdf

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THE BEGINNING OF THE
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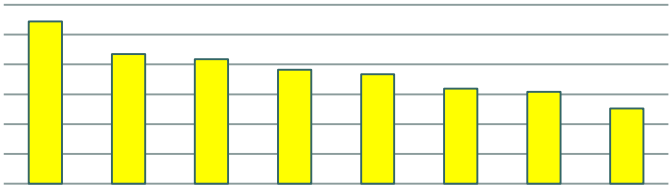
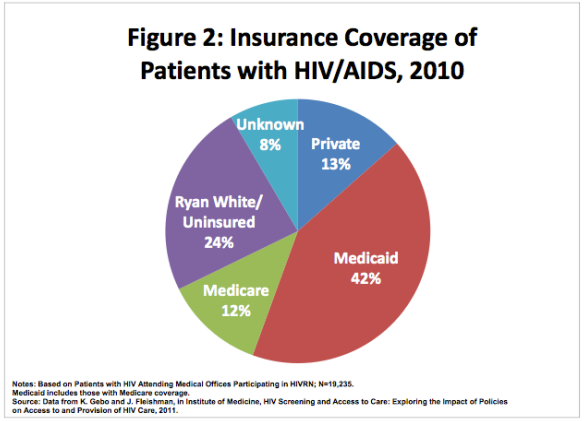
ONE

Consider



What are the best ways and places to intervene?

How will PrEP be made available and paid for?



How will ACA changes impact services for PLWHA?

Thank you!

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Acronyms

- ART: Antiretroviral Therapy
- ARTAS: Anti-Retroviral Treatment and Access to Services
- CAPUS: Care and Prevention in the United States
- CBO: Community-Based Organization
- CDC: Centers for Disease Control
- ECHPP: Enhanced Comprehensive HIV Prevention Planning
- FOA: Funding Opportunity Announcement
- HD: Health Department
- HIP: High Impact Prevention
- HRSA: Health Resources and Services Administration
- IDU: Injection Drug Users
- MSM: Men who have Sex with Men
- NHAS: National HIV/AIDS Strategy
- PEP: Post-Exposure Prophylaxis
- PLWHA: People Living With HIV/AIDS
- PrEP: Pre-Exposure Prophylaxis
- SAMHSA: Substance Abuse and Mental Health Services Administration
- TasP: Treatment as Prevention