

2008 National Summit on HIV Diagnosis, Prevention and Access to Care



OPPORTUNITIES FOR IMPROVING HIV DIAGNOSIS, PREVENTION AND ACCESS TO CARE IN THE UNITED STATES

Date: November 29-30, 2006

Location: Washington, DC

Participants: 259

Publication: CID 2007;54.

Progress report: JAMA 2008;300:945



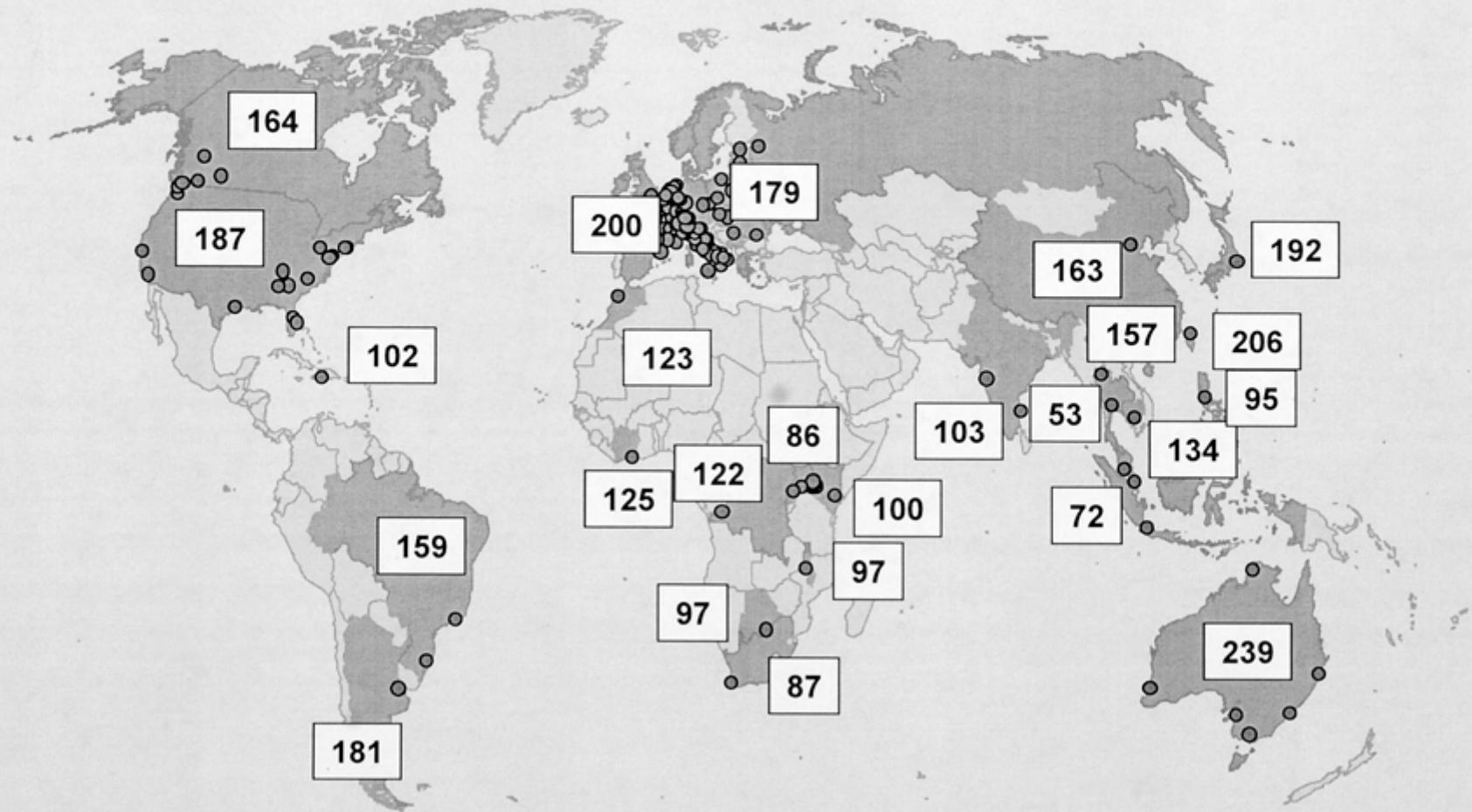
Survival Benefits for Each Era

(Walensky R. JID 2006;194:11)

Year	Intervention	Per person survival benefit (months)	# AIDS pts diagnosed & entering care	Total survival benefit (years)
1989-1992	PCP	3.1	158,370	40,912
1993-1995	PCP+MAC	24.4	226,458	460,465
1996-1997	PCP+MAC + ART 1	93.7	72,716	567,788
1998-1999	PCP+MAC + ART 2	132.6	52,702	582,359
2000-2002	PCP+MAC + ART 3	138.8	71,946	832,179
2003	PCP+MAC + ART 4	159.9	24,780	330,189
TOTAL				2,813,892

CD4 count at start of ART, 2003-2005

42 countries, 176 sites, 33,008 patients



Numbers are median CD4 counts

The benefit of early treatment

US – 3,000,000 life-years

Walensky: JID 2006;194:11

The penalty for late starts

Maryland: 2,673 life-years

US: 100,000 life-years

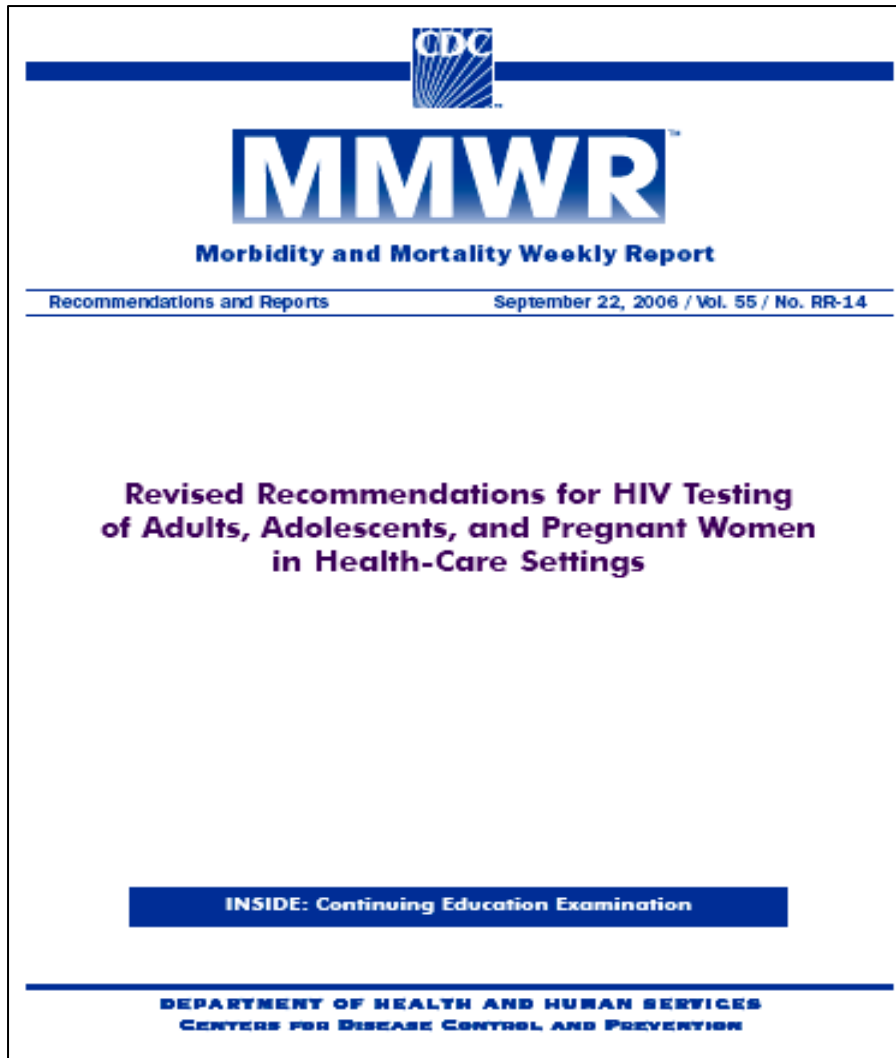
Moore R. CROI 2008; Abstract 805

HISTORY OF HIV TESTING

- 1985: First EIA test**
- 1987: Western blot**
- 1992: Rapid test (~60% of tests)**
- 1996: Home and urine tests**
- 2003: Rapid test CLIA waived**
- 2006: CDC rec HIV screening**
- 2007: WHO: Routine HIV screening**
- 2008: Named reporting – all states**

Test all aged 13-64 yrs

September 22, 2006 CDC Recommendations



- **Routine voluntary testing for patients ages 13-64 in health care settings – not based on patient risk**
- **Opt-out testing**
- **No separate consent for HIV**
- **Pre-test counseling not required**
- **Repeat HIV testing left to discretion of provider, based on patient risk**

OPT-OUT TESTING FOR HIV (JAMA 2008;300:945)

Supporting evidence for need

- Late presentation– consequences for treatment & prevention**
- Missed opportunities (South Carolina data)**
- Testing assets: Easy, fast, simple, accurate and cheap**
- Cost-effective with prevalence >0.05-0.1%**

OPT-OUT HIV TESTING: CHALLENGES AND CONCERNS

- **State laws requiring signed consent and/or counseling**
- **Counseling benefits**
- **Stigma: Consequences for discrimination, employability, domestic violence and insurability**
- **Confidentiality**
- **Risk-based testing – more cost effective**
- **Payment source**

GOALS

Status Report	Challenges
<ul style="list-style-type: none">● Epidemiology	<ul style="list-style-type: none">● Go to epidemic
<ul style="list-style-type: none">● Testing	<ul style="list-style-type: none">● Reduce barriers
<ul style="list-style-type: none">● HIV Care	<ul style="list-style-type: none">● Quality & Cost
<ul style="list-style-type: none">● Prevention	<ul style="list-style-type: none">● What works