

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

- To provide an update on what has happened in the past two years, since the CDC recommended routine HIV testing
- To highlight best practices
- To highlight residual challenges
-So, what is different?

INSIDE THIS WEEK: A 14-PAGE SPECIAL REPORT ON SPAIN

The Economist

NOVEMBER 8TH-14TH 2008

www.economist.com

Nanotechnology and cancer

Don't expand Heathrow

The charm of big cities

A green New Deal?

In defence of credit-default swaps

Great expectations



Past as Prologue

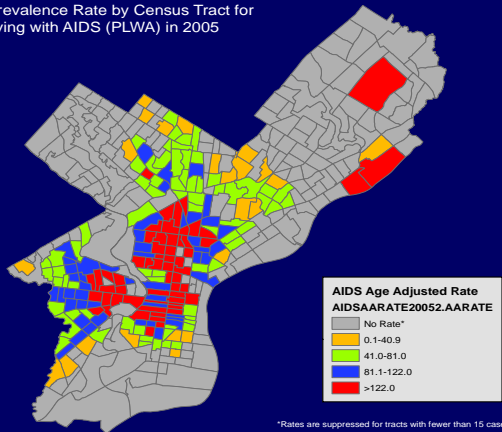
- “The subsequent determination that HTLV-III/LAV was the virus associated with AIDS has not lessened some of the difficulties in interpreting seroprevalence surveys...the need to provide individuals with the test results presents a very serious moral dilemma.....”
(Mayer, Hastings Center Report, 1985)
- But now, the natural history of HIV is clear, the tests perform well, excellent treatment is available, and individuals who know they are infected are less likely to infect others.

What Do We Know About the US AIDS Epidemic?

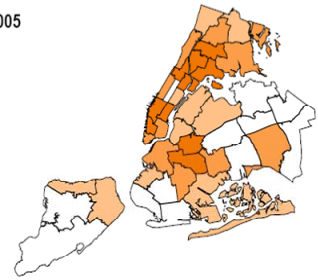
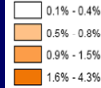
- **Localized** rather than generalized epidemic
- Evidence of **recent infection clusters**
- Populations most severely affected **unlikely to be aware of HIV status**
- Populations at risk for HIV **without reported high risk behaviors**
- **Non-parenteral substance use** fuels the epidemic for some MSM and heterosexuals

Hotspots within Communities in NYC and Philadelphia

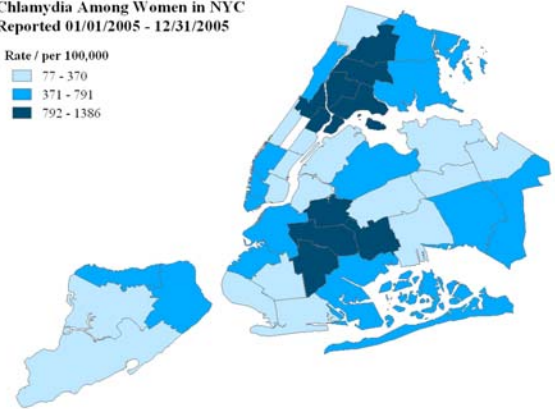
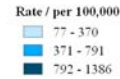
Age-Adjusted Prevalence Rate by Census Tract for
Persons Living with AIDS (PLWA) in 2005



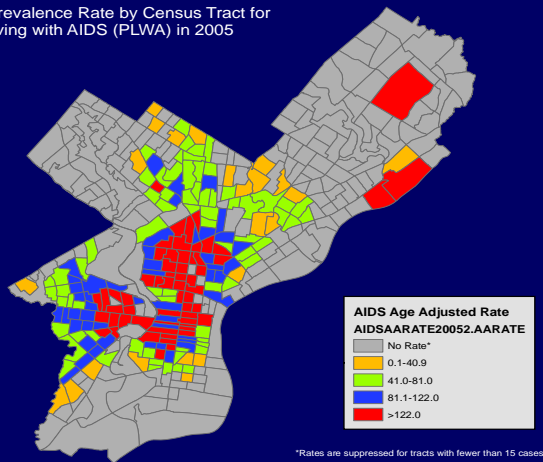
PWHA as a percent of population in 2005



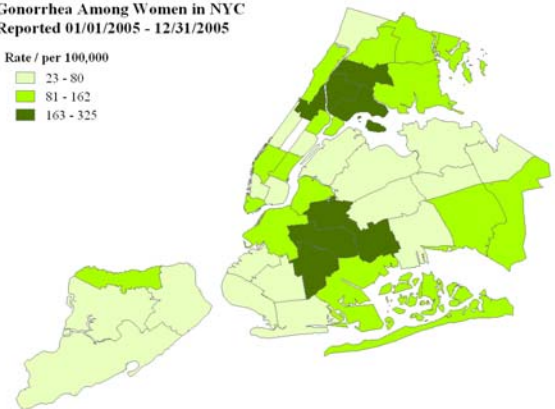
Chlamydia Among Women in NYC
Reported 01/01/2005 - 12/31/2005



Age-Adjusted Prevalence Rate by Census Tract for
Persons Living with AIDS (PLWA) in 2005



Gonorrhea Among Women in NYC
Reported 01/01/2005 - 12/31/2005



Why are Black MSM at increased risk?

Sexual risk behaviors and substance use alone *do not* explain the differences in HIV infection between Black and White MSM (Millett, 2007)

The most likely causes of disproportionate HIV infection rates among Black MSM are:

Low frequency of HIV testing among Black MSM

High HIV prevalence in Black MSM networks

High prevalence of other STIs facilitating transmission

Barriers to health care access and HIV/STI treatment

Attributable risk analysis - EXPLORE

Variable	AR %
4+ male partners	32.3
Alcohol/drugs before sex	29.0
URA with unknown status partners	28.4
URA with negative partners	21.6
URA with positive partners	18.3
Amphetamines	16.3
Depressive symptoms	11.1
UIA with positive partners	8.7
Heavy alcohol use	6.1
Black race	5.0
Gonorrhea	4.3

Koblin et al, AIDS 2006

Conference Structure

- Plenaries to update everyone on current epidemiology, advances in testing technologies and implementation
- Track Sessions
 - A: Testing Models
 - B: Integration with Prevention
 - C: Evaluation of Outcomes and Impact
 - D: Integration with Care
- Poster Session

Day 2: Conference Structure

- Reports from each Track
- Serostatus knowledge and HIV prevention
- Who pays for testing ?
- When to start treatment, relationship to testing
- Linking testing to care
- HIV care workforce issues
- Increasing testing: National Call to Action
- Closing Comments

Then what?

- Everyone has learned something and takes home new ways of implementing routine testing, improving care and prevention
- Media attention raises public awareness
- New Administration pays attention
- Supplement to *Clinical Infectious Diseases*
- Future Summits?

Thanks

- The Forum for Collaborative HIV Research
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Veronica Miller
- John Bartlett
- Sponsors
- Scientific Advisory Committee
- Speakers
- Participants

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