

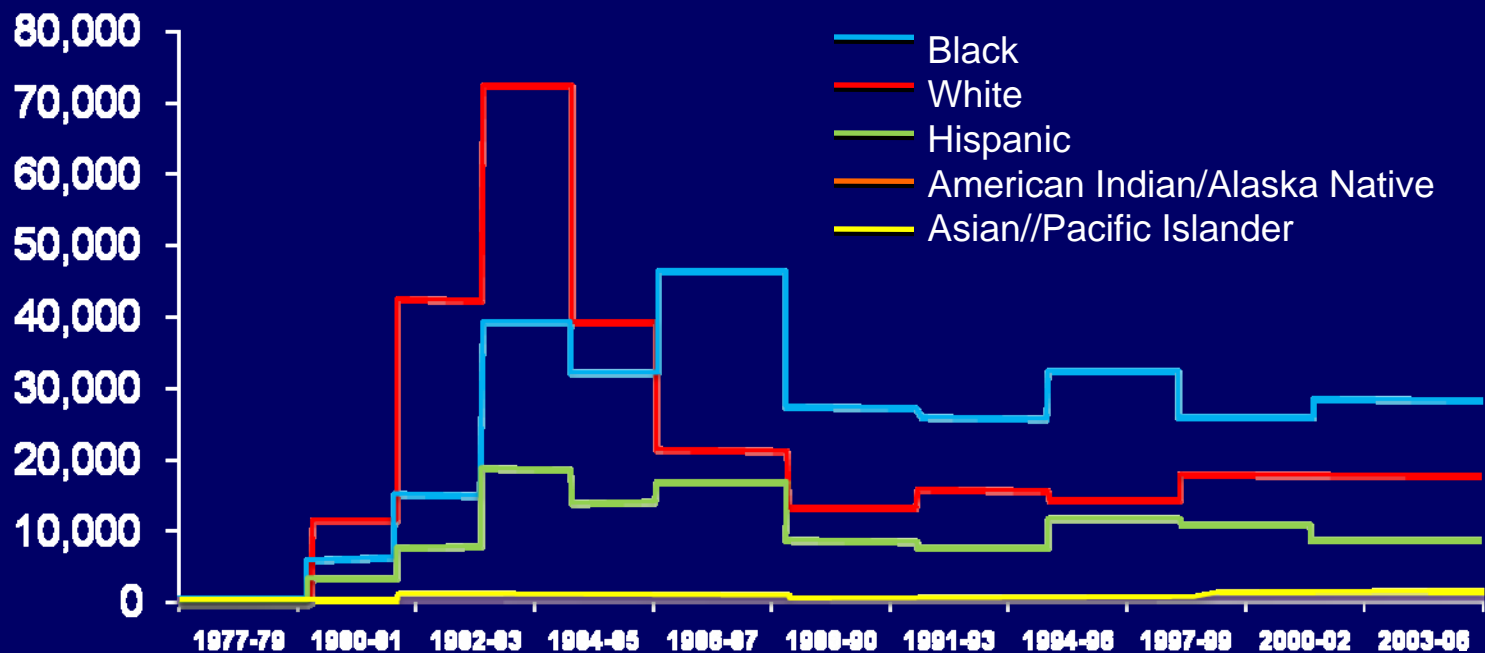
Prevention Needs Women At Risk

Sally L. Hodder

Track B

Revised CDC Reporting: Estimated New HIV Infections by Race/Ethnicity, 1977-2006*

Estimated Number of New HIV Infections, Extended Back-Calculation Model, 1977-2006, by Race/Ethnicity

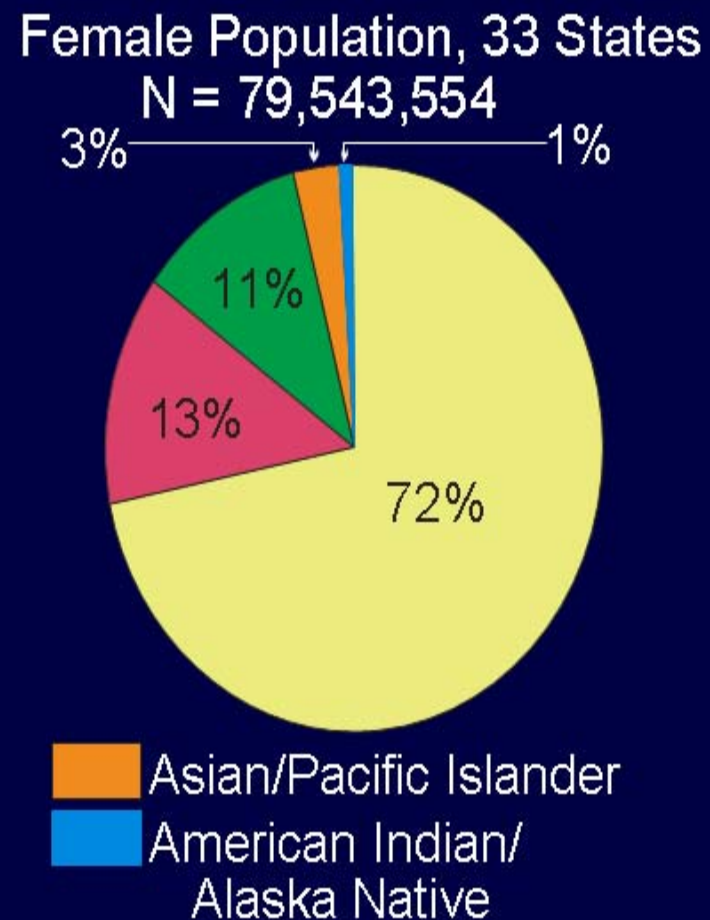
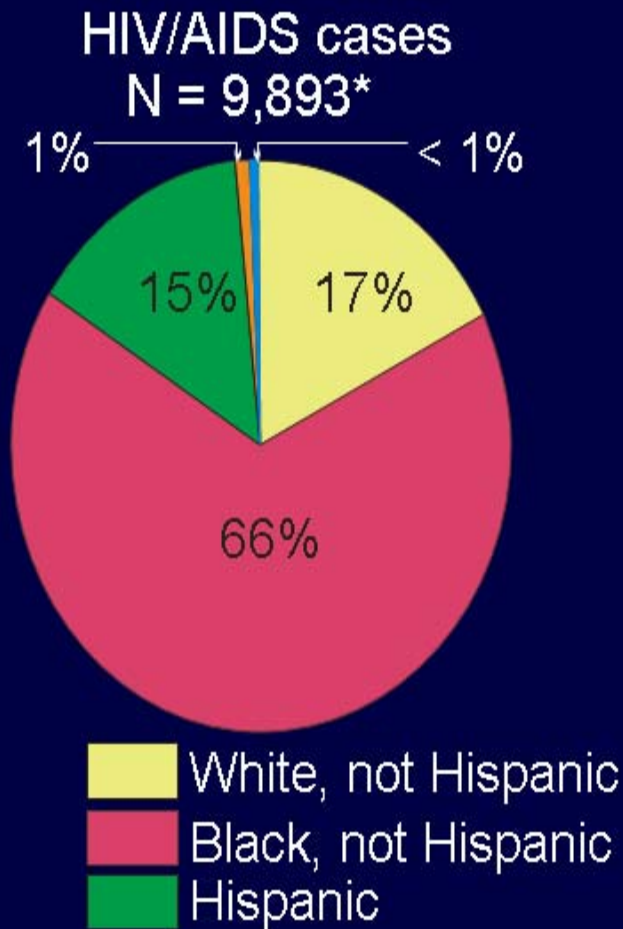


*Estimates are for 2-year intervals during 1980-1987, 3-year intervals during 1977-1979 and 1988-2002, and 1 4-year interval for 2003-2006.

Source: Centers for Disease Control and Prevention.

Fenton K et al. XVII IAS; 2008; Mexico City. Abstract TUAB0103.

Proportion of HIV/AIDS Cases and Population among Female Adults and Adolescents, by Race/Ethnicity 2005—33 States

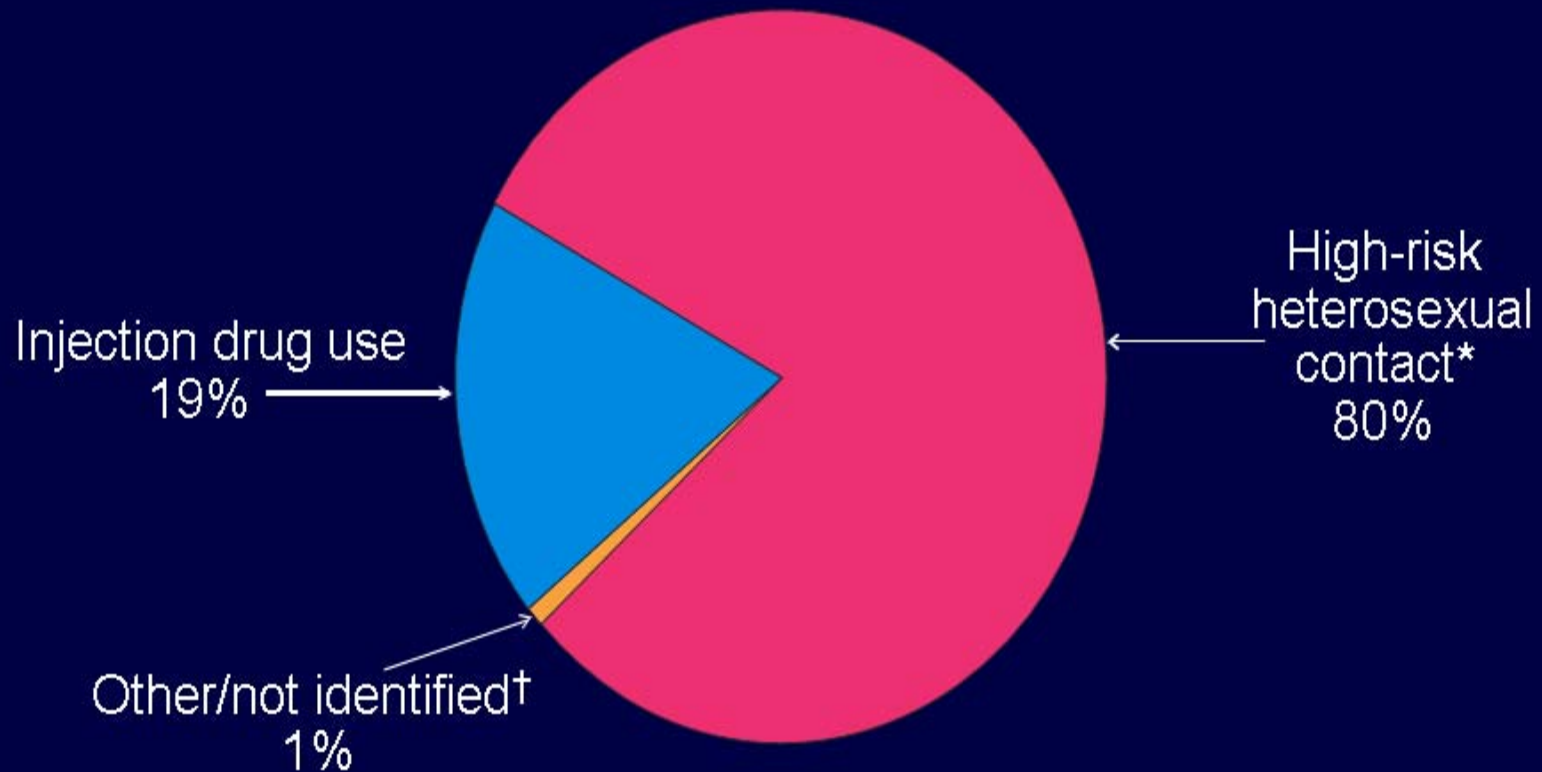


Note. Data include persons with a diagnosis of HIV infection regardless of AIDS status at diagnosis. Data from 33 states with confidential name-based HIV infection reporting since at least 2001. Data have been adjusted for reporting delays.

*Includes 87 female adults and adolescents of unknown race or multiple races.



Proportion of HIV/AIDS Cases among Female Adults and Adolescents, by Transmission Category 2005—33 States



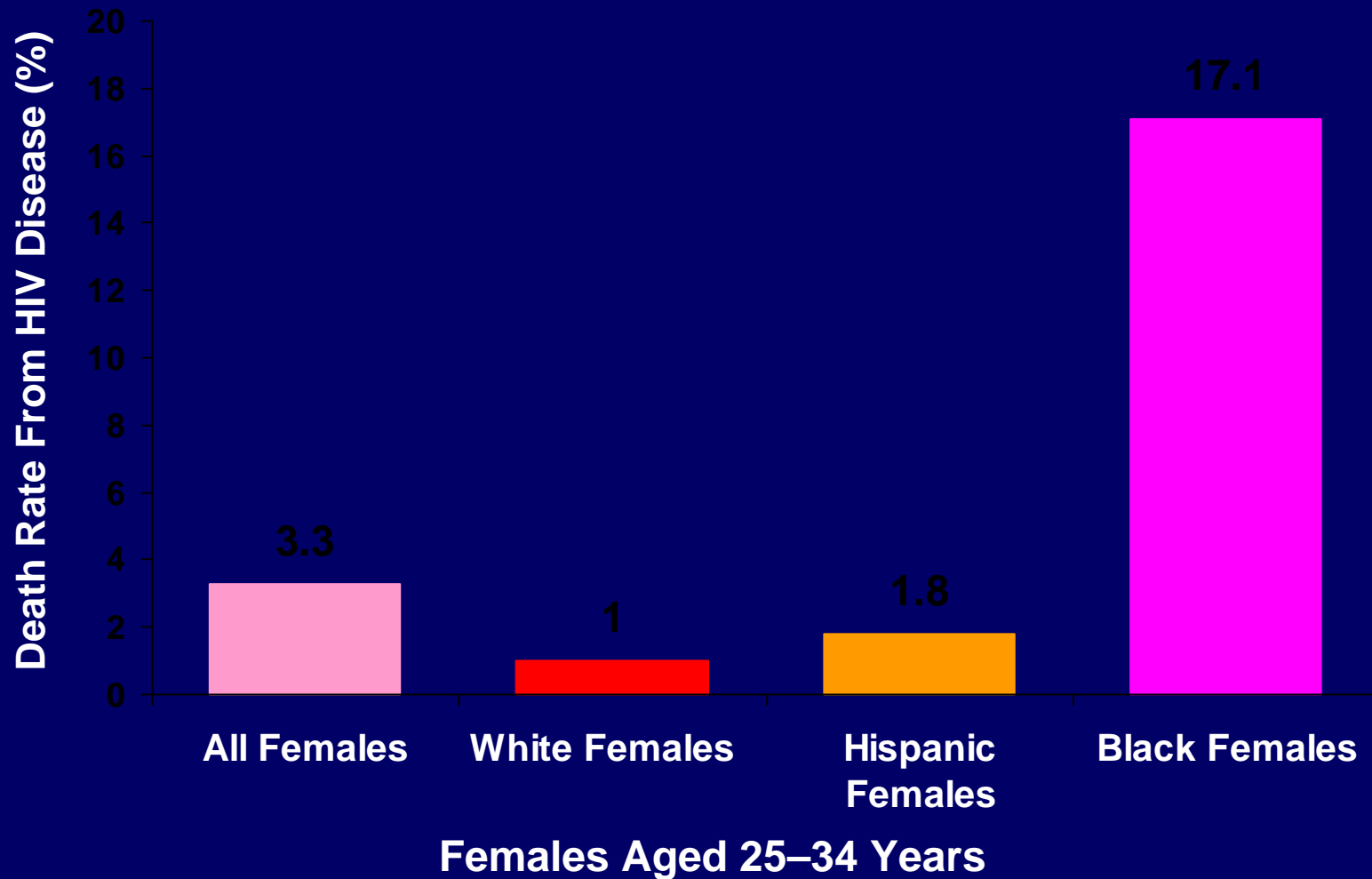
Note. Data include persons with a diagnosis of HIV infection regardless of AIDS status at diagnosis. Data from 33 states with confidential name-based HIV infection reporting since at least 2001. Data have been adjusted for reporting delays and cases without risk factor information were proportionally redistributed.

*Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

† Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.



HIV Disease Is the Leading Cause of Death for Black Females Aged 25–34 Years



Young Blacks with Low Risk Behavior Have More HIV Than Young Whites

Behavior Pattern	Adjusted* Odds Ratio Blacks to Whites
Low Risk Behavior	24.9

* Adjusted for gender, marital status, school dropout, poverty

Why Are Women of Color At Especially High Risk?

- **HIV risk is far higher than individual risk characteristics predict**
- **High HIV seroprevalence in social and sexual networks of women at risk**
 - **High-risk communities can be geographically defined**

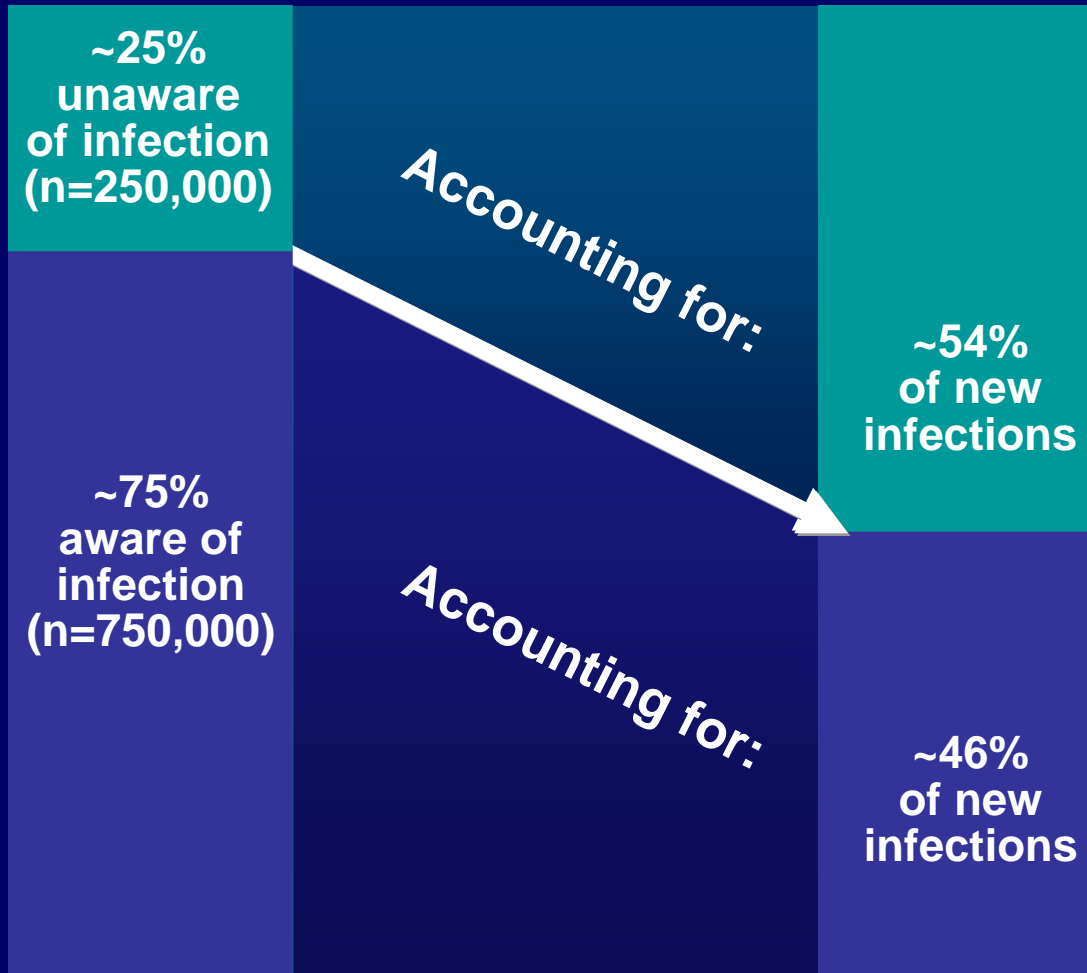
Why Increase Testing

- Foster earlier detection of HIV, thereby, promoting safe sex practices to decrease transmission
- Identify and counsel persons with unrecognized HIV infection and link to care and prevention services
- Further reduce perinatal transmission of HIV in the US

HIV Transmission as relates to Serostatus Knowledge

People Living With HIV/AIDS*

New Sexual Infections



Barriers to Testing

- Social chaos
- Patient acceptance
 - Stigma and discrimination – paramount
 - Health literacy
- Logistics of clinic implementation
 - Rapid testing vs. traditional
 - Cost

Existing Gaps in Domestic HIV Prevention in Women

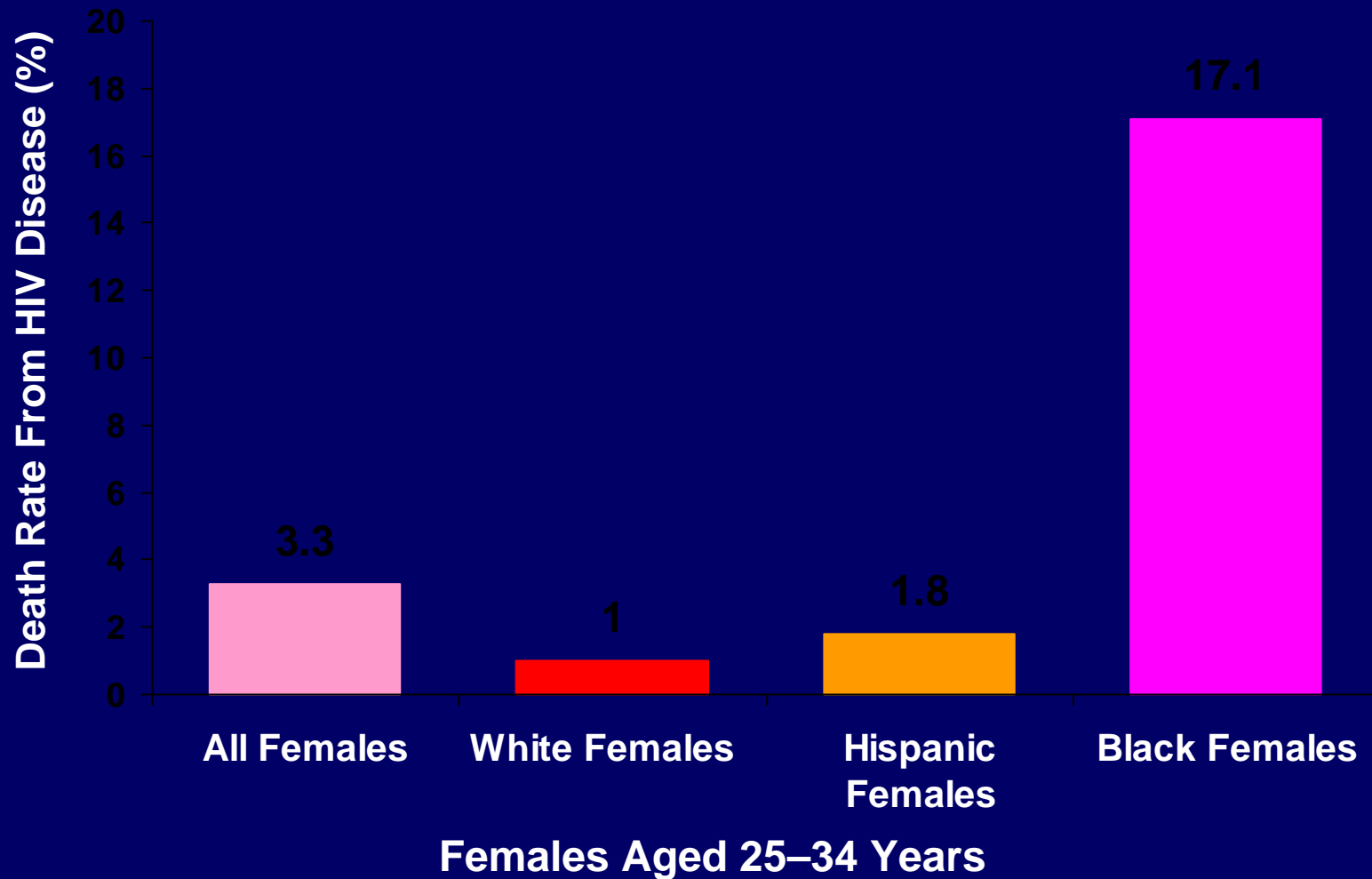
- Biomedical intervention trials
 - Conflicting data on STI treatment
 - Disappointing results of microbicide trials
- Small number of evidence-based behavioral interventions available for population
 - No studies with HIV seroconversion as an endpoint
 - Durability of intervention is unknown as follow-up limited to ≤ 1 year
 - Few studies specifically address social networks
- Few studies target intervention to women's partners

Retaining Persons Living with HIV in Care

Track D

Sally L. Hodder

HIV Disease Is the Leading Cause of Death for Black Females Aged 25–34 Years

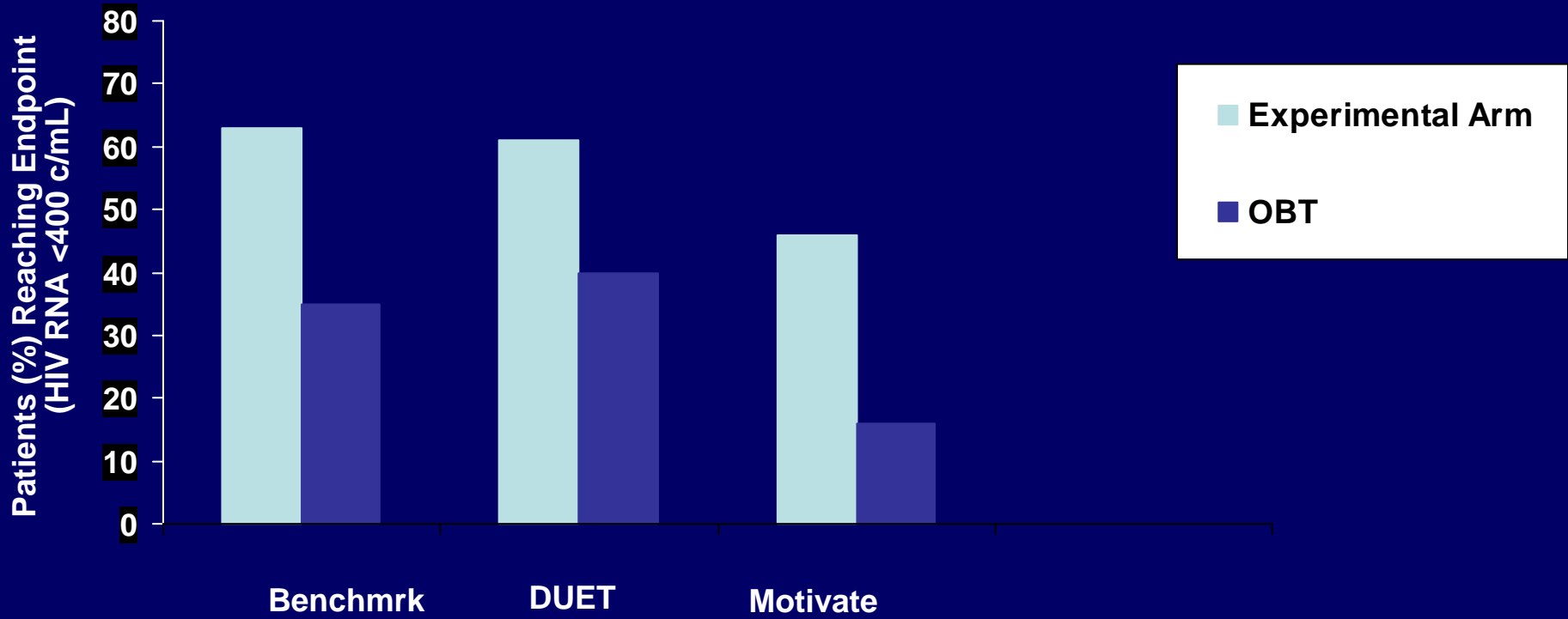


HIV Practice Outcomes (n=1480)

- Median CD4 count - 240
- 87% on HAART
- Retention Rate
 - 70% \geq 2 visits/year
- 66% have \geq 1 HIV RNA viral load $<$ 50 copies/ml
- 23% have \geq 3 HIV RNA viral loads $<$ 50 copies/ml

Week 48 Virologic Suppression Rates

Recent Trials



New Patient Study (n=266)

- Median age 42
- 60% male
- 78% Black
- 43% antiretroviral naïve
- Median follow-up 20 months
- 63% initiated HAART
- 55% attained virologic suppression (<50 copies/ml)

Factors Associated with Virologic Suppression (multivariate model)

- > 80% Appointment adherence OR 7.4 (95% CI 1.4 – 6.6)
- Antiretroviral naïve OR 5.2 (1.1 – 6.6)
- Baseline CD4 < 200 cells/mm³ OR 6.5 (1.1 – 9.8)
- Interestingly, active substance use was not associated with lower rates of virologic suppression in multivariate model adjusting for appointment adherence

Possible Factors for Poor Patient Retention/Medication Adherence in Urban Northeast

- Poverty...low income...part-time employment
- Food insecurity
- No health insurance coverage
- Violence in communities and families
- Limited education...functional illiteracy
- Outside mainstream (weak messages back in the neighborhood)
- Substance abuse/Mental illness
- Pharmacies buying back antiretroviral agents

Strategies to Improve

Retention/Medication Adherence

- Physically pleasing office
- Intensive Patient Navigation – beginning at diagnosis
- Care Teams
 - Clinical Research Model
 - Same physician and nurse
 - Nurse mediated patient navigation for high risk
- Integrated Care
 - Gynecology, Hepatology, Substance abuse, Psychiatry, Dental
- Community Involvement

Strategies to Improve

Retention/Medication Adherence

- Food Bank Program
 - Incentivizes appointment adherence
- Transportation
 - Incentivizes appointment adherence
 - Reaches out to those out of care
- Patient Support Groups:
 - Women, Haitian, Hispanic, Co-infection
- More convenient HAART regimens (i.e., once daily dosing)