

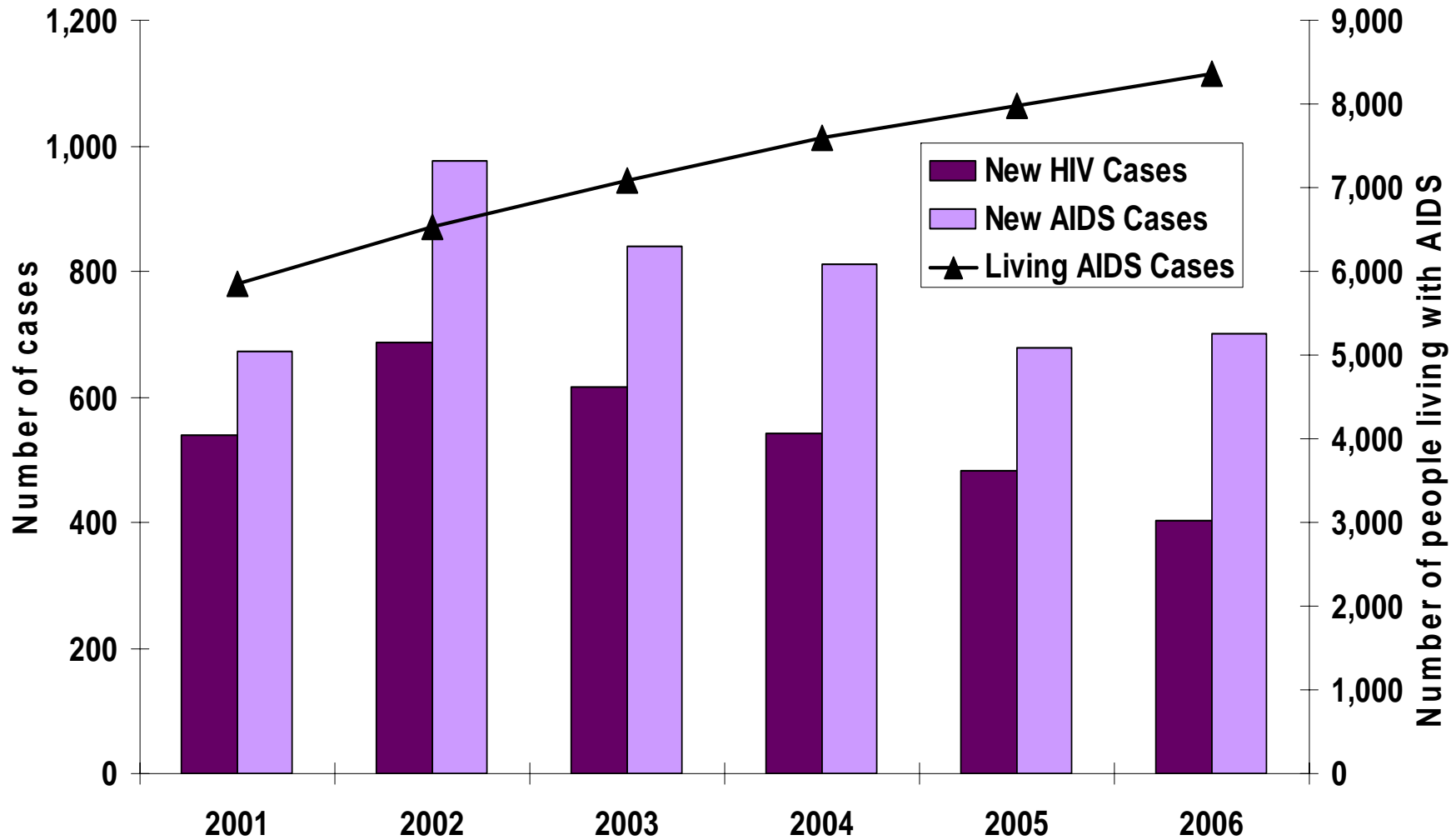
**Women and HIV in DC:
routine opt-out HIV testing as
the new standard of care**

Shannon L Hader, MD MPH

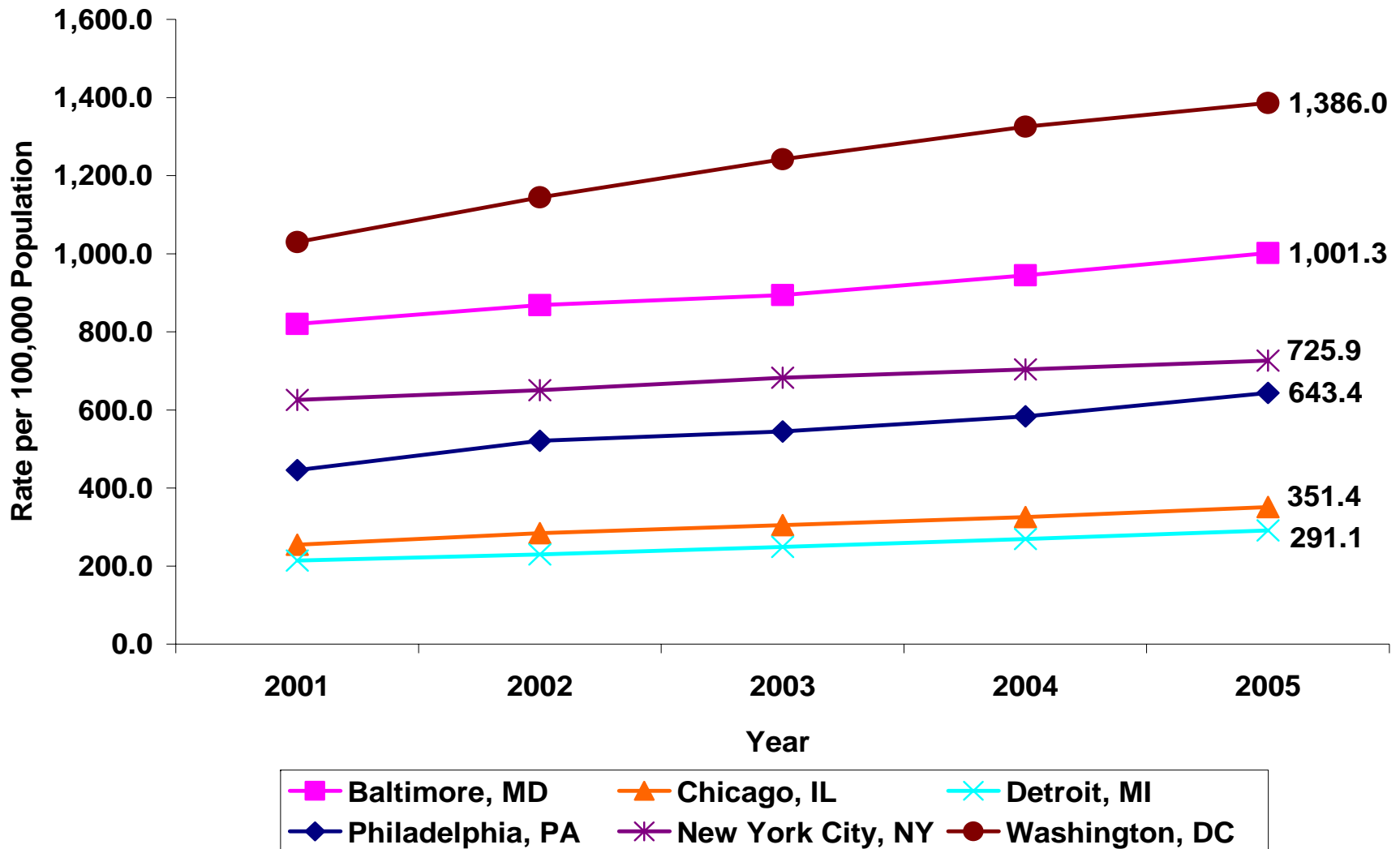
HIV/AIDS Administration

District of Columbia Department of Health

HIV and AIDS Cases among Adults and Adolescents - District of Columbia, 2001-2006

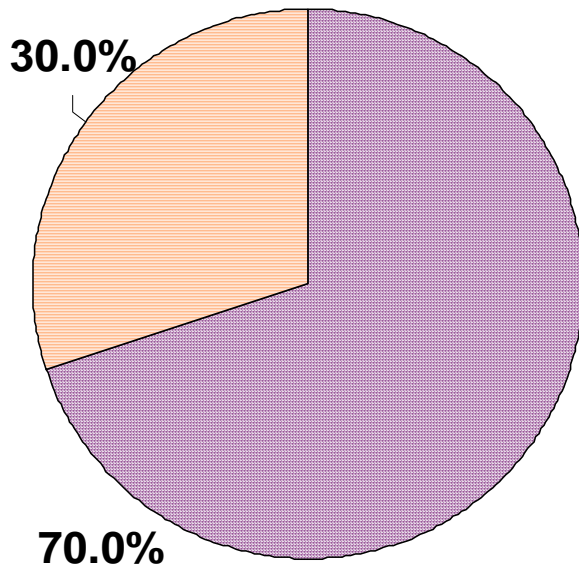


Rates for People Living with AIDS by Year and City, 2001-2005

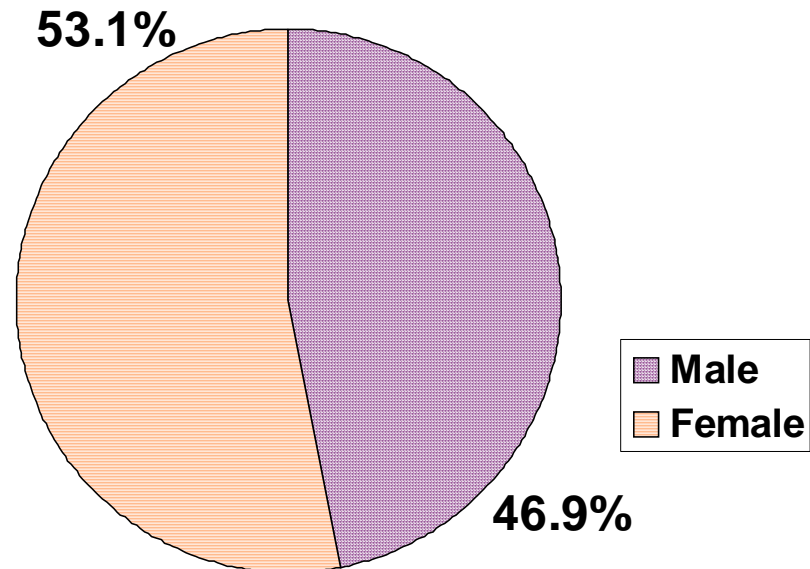


Proportion of Reported Living HIV/AIDS Cases and Population, by Sex - District of Columbia, 2006

HIV/AIDS Cases
N=12,428

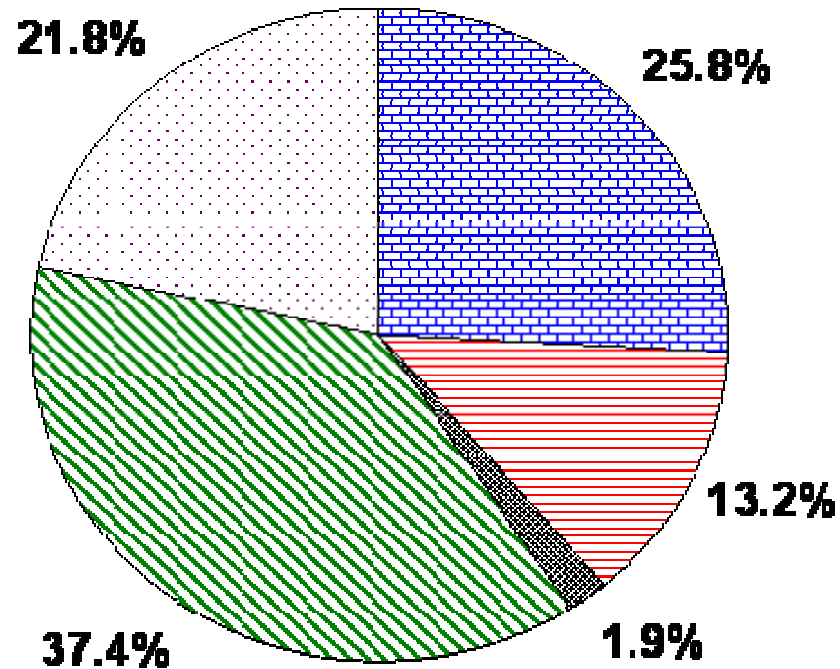


District of Columbia Population
N=581,530



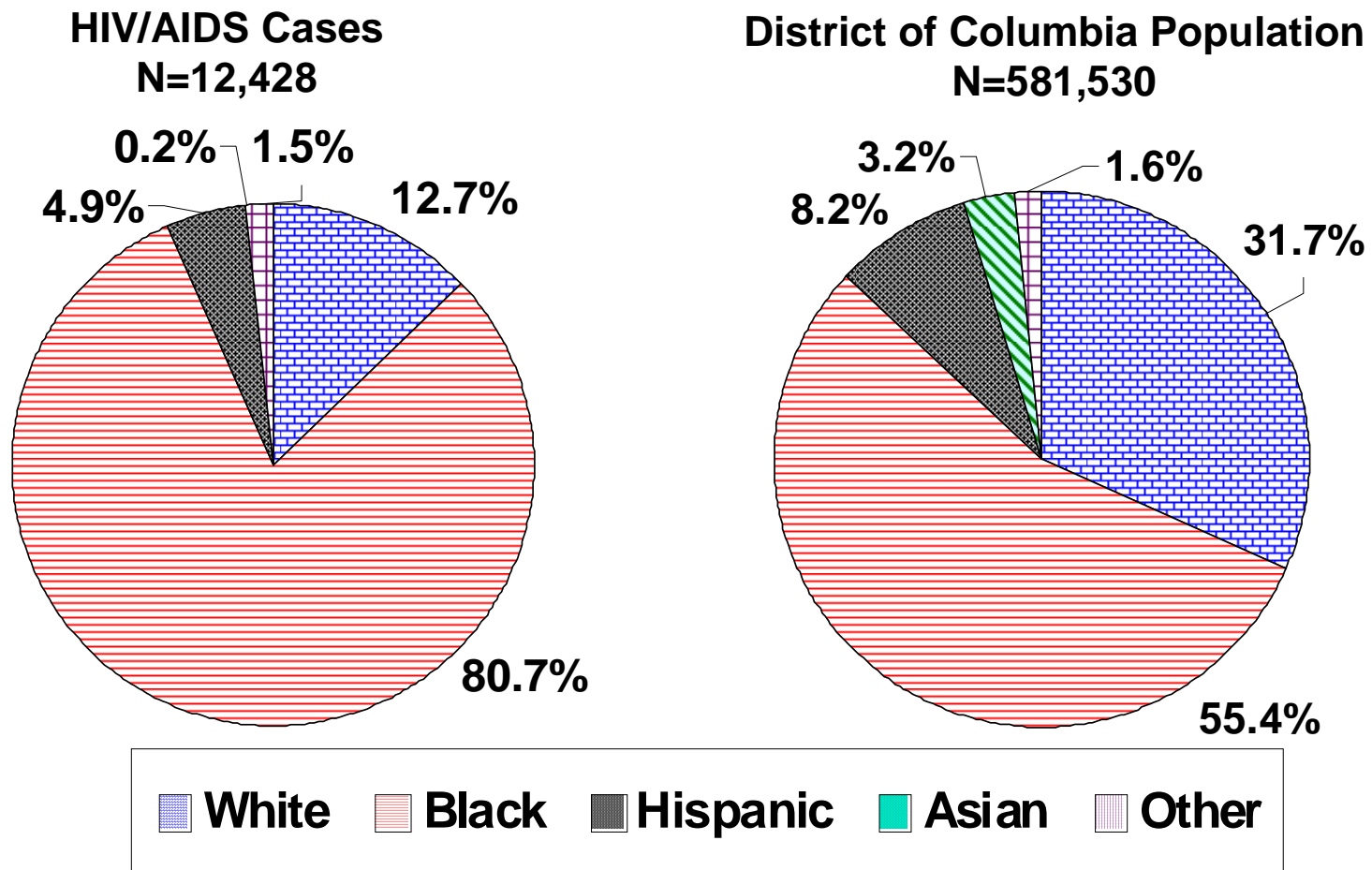
Male
Female

Proportion of Newly Reported HIV (not AIDS) Cases among Adults and Adolescents, by Mode of Transmission – District of Columbia, 2001-2006 [N=3,259]

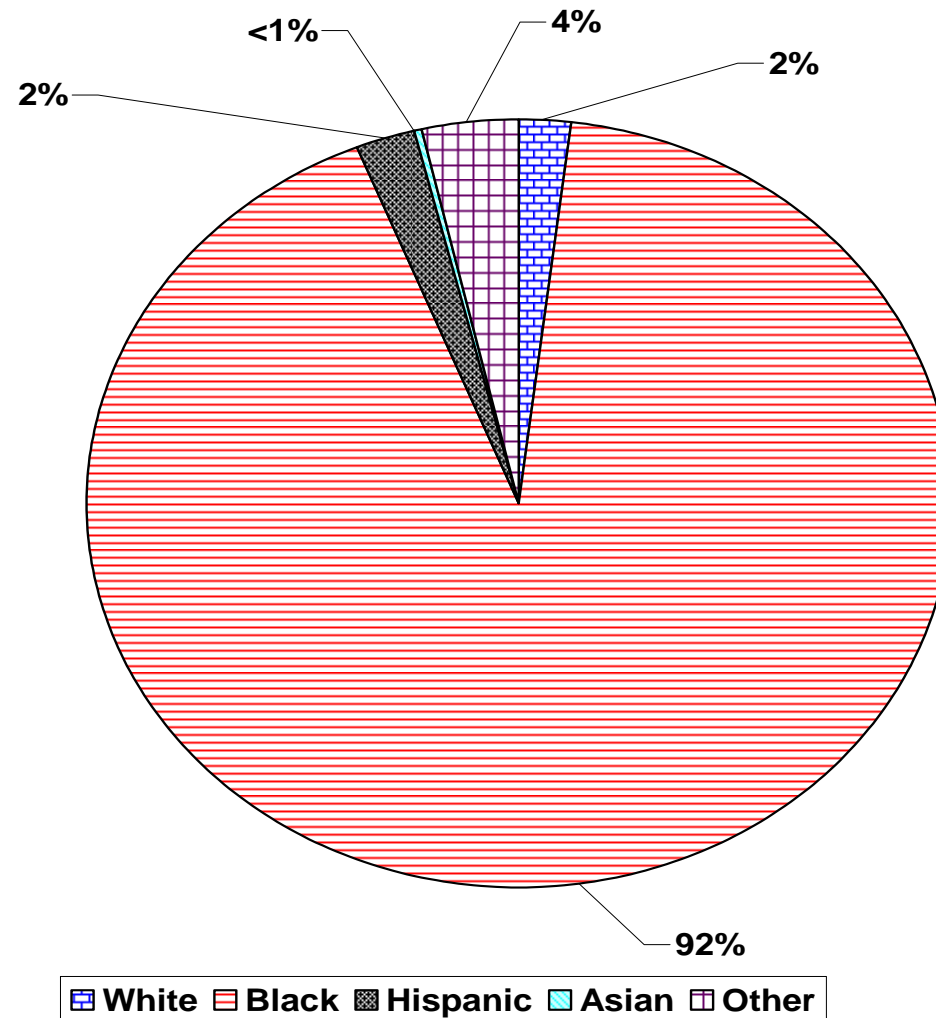


- Men who have sex with men (MSM)
- MSM/IDU
- RNI / Unknown
- Injection drug user (IDU)
- Heterosexual contact

Proportion of Reported Living HIV/AIDS Cases and Population, by Race/Ethnicity - District of Columbia, 2006



Proportion of Newly Reported HIV/AIDS Cases, District of Columbia, Women by Race/Ethnicity—2001-2006

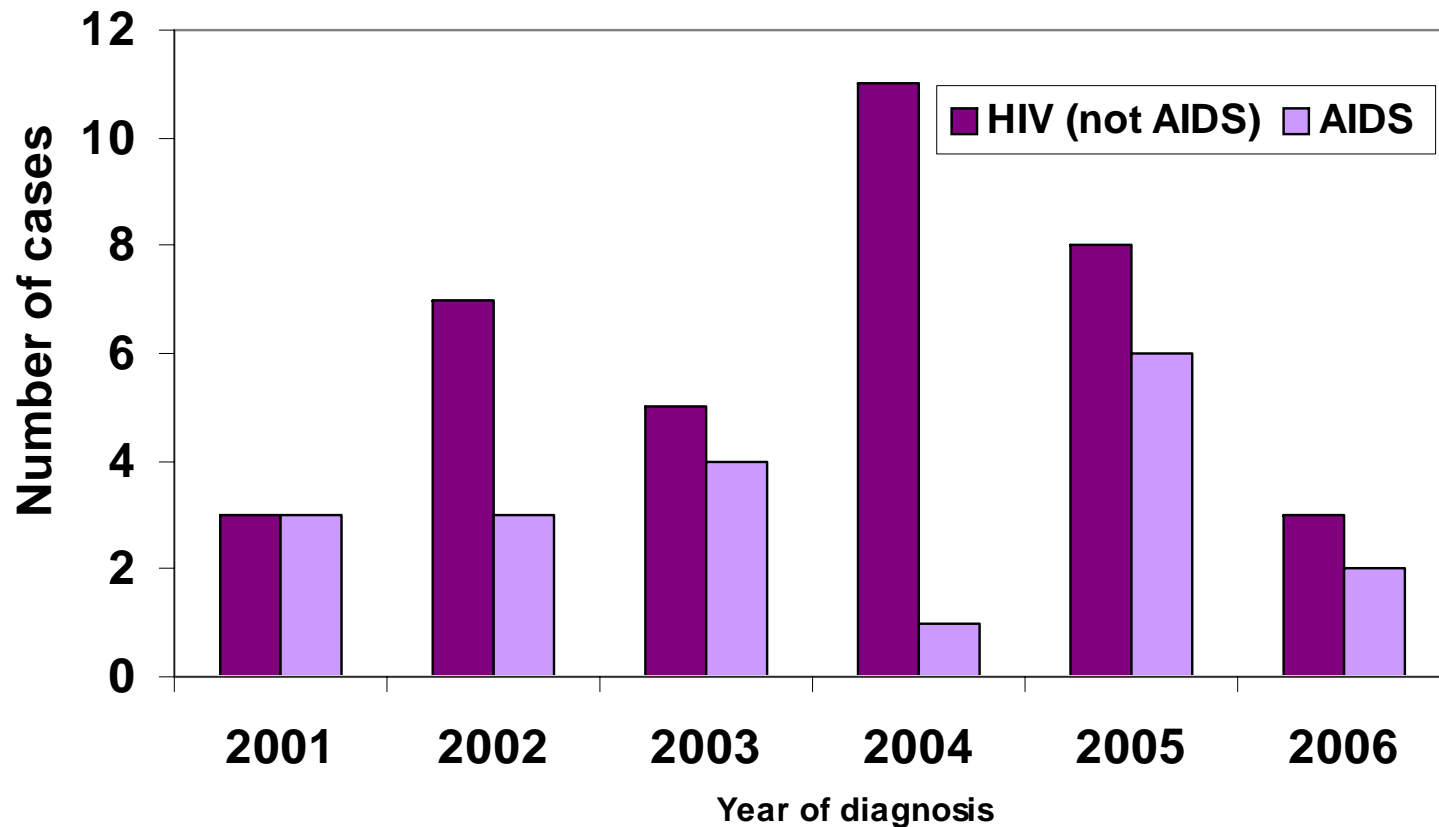


**Number and Proportion of Adults and Adolescents
Reported Living with HIV/AIDS, by Age at Diagnosis —
District of Columbia, 2006, [N=12,428]**

Age at diagnosis	N	(%)
13-19*	211	1.7%
20-29*	2,079	16.7%
30-39*	4,438	35.7%
40-49*	4,012	32.3%
50-59	1,352	10.9%
≥60	336	2.7%
Total	12,428	100.0%

- **WOMEN: 87% child-bearing age: 13-49**
 - **2, 232 of whom were newly diagnosed 2001-2006**

Pediatric HIV and AIDS Cases, by Year of Diagnosis - District of Columbia, 2001-2006,



*All HIV cases were perinatally acquired

**14 AIDS cases were perinatally acquired; the remainder were transfusion/hemophiliac or unknown risk.

Late Testing and Progression From HIV to AIDS

- More than 2/3 (69%) of the AIDS cases progressed from a diagnosis of HIV to AIDS within 12 months
- No differences between gender, age, race/ethnicity, and mode of transmission
- Thirty eight percent (38%) of late testers were diagnosed with AIDS based an opportunistic infection (OI)
- Nationally, 39% of AIDS cases are late testers



Why aren't women getting tested before they are sick or pregnant?

- Traditional risk-based screening not on track with our epidemic
 - High risk environment
 - Stable relationships not necessarily 'safe'
 - Risk-perception remains low
- Expectations that health services include HIV testing
 - NHBS-HET: 80% accessed health care, <50% offered HIV testing
- Barriers to demanding a standard of care

Evolving Standards of Care: Where is risk management?

- New environment => evolving standard of care
 - New high-risk environment
 - New guidelines & policies
 - Expanded tool-kit (rapid tests)
- Implications for the Individual—IF I was:
 - Dx'd with OI and HIV at the same time
 - Mother to an HIV-infected baby
 - And I had health care contact in the past year
 - THEN I would...hold health care accountable...

(NHBS-HET: 73% of new positives had seen a healthcare provider within 12 months, most not offered testing)

Step 1:

2006 DC HIV Testing Campaign

- Announced a major 'know your status' campaign
- Partnered with 49 organizations to scale up testing
 - 23 Community-based Organizations
 - 26 'Medical Sites'
 - Hospitals, Student Health Centers, Private Physicians, Public Health Facilities, Specialized Services, DC Jail
- Routine opt-out testing models encouraged
- Collected screening data from ~30,000 persons tested
 - 1/5 never tested before, most not tested recently
 - **Nearly 1/2 of HIV+ state they would not have asked for a test if it had not been offered by provider**
 - 2.2% preliminary positive rate

Step 2—Getting to Scale: Routine opt-out testing in medical settings

- Doing well at STD clinics, jail
- Intensive focus in 2008 on:
 - Labor and Delivery
 - Emergency Rooms
 - Primary Medical Care*
 - Healthy Start programs & linkages
- Need to refresh & update pre-natal care
- Quality “Testing” includes 100% linkage to care and follow-up services

Areas to Act On

- Modern Epidemic
 - Multiple high risk populations
 - Cross cutting issues
- Not an epidemic ONLY of the young
- Address community perceptions
 - Silence & stigma
- Own It

Thank You

How do we save lives?

- Prevention
 - Risk Awareness
 - Youth education
 - Relationships
 - Condoms
 - Harm reduction for injection drug users
- Early and routine HIV screening
 - Pre-natal & delivery screening
- Linkages to care and treatment
- Cross-cutting factors:
 - Alcohol, drugs, peri-incarceration
- Community Response: Effi Barry Program