Establishing Linkages
HIV⇨FP FP⇨HIV

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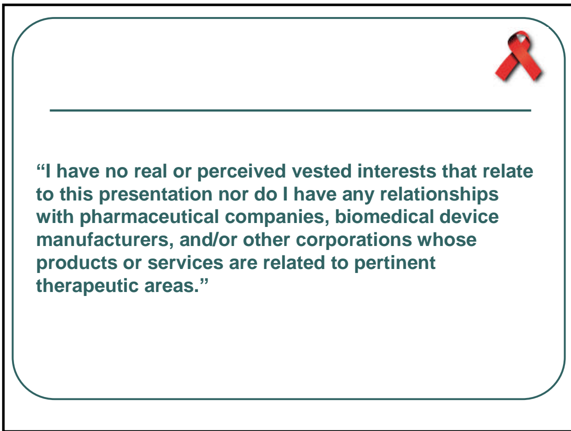
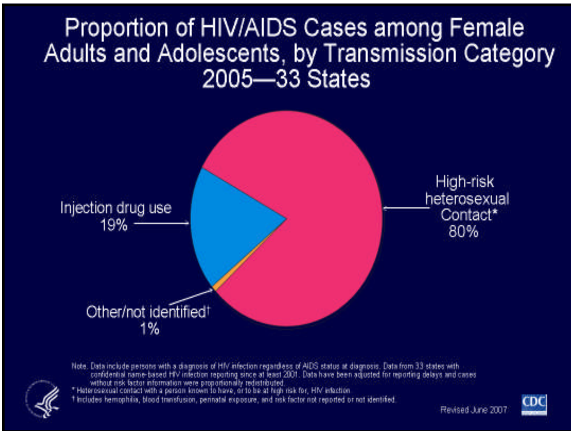




Women and Children

- AIDS in women in the US has risen from 7% in 1990 to 26% of 40,608 AIDS cases 2005
- In 2005, HIV was the third leading cause of death for AA women aged 25-44 and the fourth leading cause of death for Hispanic women aged 35-44
- 196 new AIDS cases reported in children in 2000
- 10,000 – 20,000 estimated children living with HIV infection
- 300 – 400 babies continue to be born with HIV infection each year in the U.S.

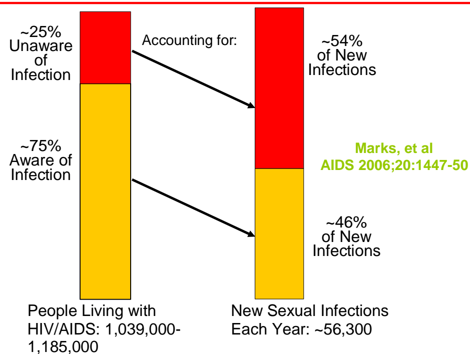
Estimated* Number of Births to HIV-Infected Women in the US Has Increased >30% 2000 – 2006

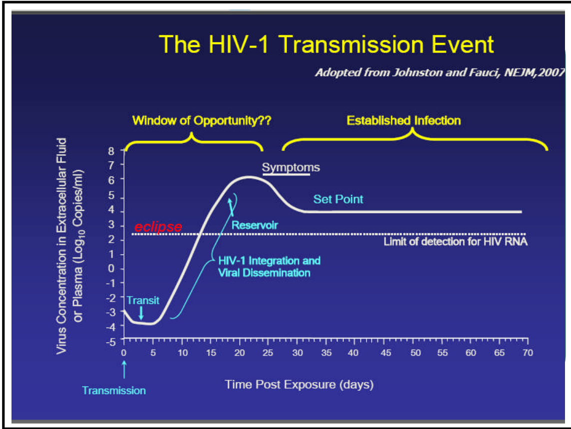
Whitmore S et al. 16th CROI, Feb 2009 Abs 924

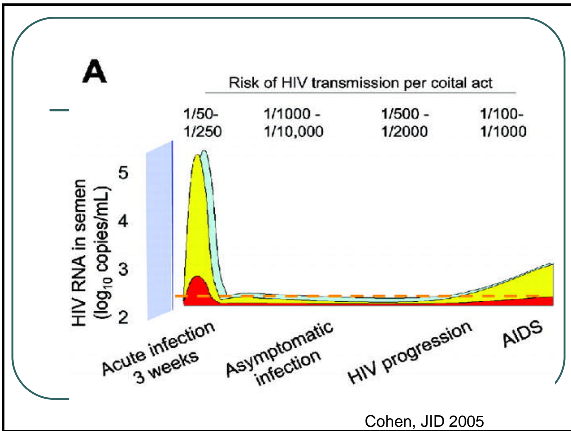
	Estimates		
	Low	Mid	High
Living with AIDS 2000	**N/A**	**49,238**	**N/A**
Living with HIV 2000	**80,293**	**N/A**	**86.080**
Estimated # births 2000	6,075		6,422
Living with AIDS 2006	**N/A**	**56,822**	**N/A**
Living with HIV 2006	**125,050**	**N/A**	**128,653**
Estimated # births 2006	8,650		8,900

*HIV estimate extrapolated from HIV-reporting states & back-calculation for # HIV-infected without AIDS, and pregnancy rate estimate from ASD study

Awareness of Serostatus Among People with HIV and Estimates of Transmission







Cohen, JID 2005

Transmission

- Secondary transmission is mathematics: the more virus in the genital tract the more likely transmission
- Plasma VL tends to correlate with CVL and semen Kovacs Lancet 2001
- Genital infections increase transmission: GC - 8 fold increase

Too Few HIV Infected Patients are Receiving Care

- Only 35% of HIV+ adults in S Carolina received consistent HIV care from 2004-2006
  - In care if they had a CD4 or VL reported for one calendar year
- Those who had highest "not in care" rates
  - Pts without identified HIV risk factors = 53%
  - Whites more than AA
  - men more than women
  - aged <45yrs more than > 55 yrs

Olatosi et al. AIDS March 2009

Clinical Syndrome of Acute HIV

- 40-90% develop symptoms of Acute HIV
- 50%-90% with symptoms seek medical care
- Of those diagnosed with Acute HIV, 50% of patients seen at least 3 times before diagnosis

- Kahn et al, NEJM 1998
- Weintrob et al, Arch Int Med 2003

Medical providers can affect HIV transmission (CDC. MMWR. 2003 July 18)

- screen for risk behaviors
- identify and treat other STDs
- communicate prevention messages
- discuss sexual and drug-use behavior
- positively reinforce changes to safer behavior
- refer patients for services (substance abuse treatment)
- facilitate partner notification, counseling, and testing

Behavioral Assessment Screener

PLEASE USE STICKER
Name:
Date of Service:
Date of Birth:
Med Rec #:
PCP:

We want to ask you some questions about your sex and drug practices that will help us take better care of you. Please take a few minutes to answer the questions on this page. Please give this form to your provider when you are finished.
Your answers are completely confidential so please answer honestly. Thank you!

1. Why are you here today? ______________________________

2. Thinking over the last 3 months, did you have sex with anyone? (oral, anal, or vaginal sex)
   ☐ No ☐ Yes **if no, go to #7**

3. How many different sex partners did you have in past 3 months: ______#males ______#females

4. Have you had any main sex partners in the past 3 months? (someone you are committed to)
   ☐ No ☐ Yes **If yes**, how many__________

5. Have you had any occasional sex partners in the past 3 months?
   ☐ No ☐ Yes **If yes**, how many__________

6. Were you told you had a sexually transmitted infection other than HIV in the past 3 months?
   ☐ No ☐ Yes

7. Did you smoke any crack or use crystal in the past 3 months? ☐ No ☐ Yes

8. Have you injected any recreational drugs in past 3 months? ☐ No ☐ Yes

9. Is there anything about sex or drugs that you want to talk to your provider about today?
   ☐ No ☐ Yes

You are done! Thank you for answering these questions.

Public Health Responsibility: the broader picture

- Provide prevention in FP clinics (primary prevention)
- Provide prevention in HIV clinics (secondary prevention)
- Prevent new transmissions to infants and partners:
  - Partner testing
  - treatment of STDs
  - contraceptive availability
  - planned pregnancy
  - provision of barrier techniques,

Integrating Preconception Care and HIV Testing into a Comprehensive Reproductive Health Care Model

- Provide continuous preconception counseling for women of reproductive age: ask about pregnancy intentions, **every woman, every visit.**
- Provide family planning services integrated in HIV clinics.
- Provide rapid HIV testing of patients and their partners in FP, obstetrics and gynecology and HIV clinics.
- Provide preconception education, evaluation, and risk assessment before pregnancy attempts.
- Provide integrated obstetrics and HIV services for HIV-infected pregnant women.

Integrating Preconception Care and HIV Testing

- Provide on-site case management, peer educators, psychological services integrated into prenatal care.
- Provide state-of-the-art medical care to every woman.
- Provide rapid HIV testing in hospital delivery rooms for all unregistered or untested pregnant women.
- Ensure linkages to HIV care for HIV-infected women and children by collaborating with pediatric services and HIV family-centered clinics.

Every Woman, Every Visit

- Ask about pregnancy intentions ***every woman, every visit.***
- Provide family planning services integrated in HIV clinics. HIV services integrated into family planning clinics
- Provide rapid testing for all FP patients and their partners
- Have linkages with HIV services for HIV-infected FP patients
- Provide on-site or referrals for case management, peer educators, and psychological services

Data collection points for monitoring testing operations

- Number of patients eligible for HIV testing
- Number of patients offered a test
- Number of patients accepting a test
- Number of patients who receive test results
- Number of patients who receive confirmatory testing
- Number of patients who receive confirmation test results
- Number of HIV-positive patients referred to follow-up care

Linkage Follow/up Collection Tips

- Number of patients that keep their initial follow-up appointment
- CD4 counts at time of diagnosis to detect at what stage of illness patients are identified in FP settings

Model of Care in an HIV Clinic

- Integrate on-site Title X family planning services.
- Become a Center of Excellence for HIV+ Women.
- Integrate on-site GYN and colposcopy services.
- Co-manage pregnant women with OB/GYN.
  - HIV specific childbirth classes
- O% Perinatal Transmission Campaign.
- Secondary prevention programs
- Linkage with FP clinic if unable to provide FP services

Program Challenges

- Change from a traditional infectious disease control focus
- Need for additional education and training
- Inherent tensions in providing new services that address "sensitive" issues.
- Added clinical responsibilities:
  - Co-morbidities, adherence issues, birth control, options counseling….
- Should one provider do it all?
- Increased administrative functions:
  - One more piece of paper, new program, revenue forecasting, additional staff…

Advantages: Strengthen capacity of clinic through collaboration

- Revenue producing - Supports salaried positions
- Covers uninsured patients
- Partner services – ability to provide HIV testing, STD treatment
- Preconception Counseling – planned safe pregnancies
- Provision of training and technical assistance.

Why Should I Partner with Family Planning Clinics?

- Strengthen capacity of clinic through collaborative training and technical assistance
- Link HIV-infected women to critical reproductive health services offered by family planning clinics
- Provide linkages to HIV care and treatment for women who are diagnosed with HIV at a FP clinic
- Offer consultation on HIV screening and care delivery

Why Should I Partner with an HIV Clinic?

- Specialize funding (Ryan White) provides:
  - peer counselor support
  - case management services
  - Housing
  - psychological support for HIV diagnosis
  - primary and HIV specific care
  - HIV specific nutrition services
  - Pharmacist with expertise in interactions of HIV meds and hormonal contraception
  - Specialized care of HIV + pregnancy
  - Secondary prevention services

Why Should I Partner with an HIV Clinic?

- Immediate access to supportive services for newly diagnosed patients
- The “bat mobile” model

Summary : Importance of Linkages

- Increased emphasis on testing in FP clinics means increased numbers of new HIV diagnosis.
- Critical need to provide family planning services in HIV care settings.
- Increasing number of women/families with HIV desire children.
- Documented successes in risk reduction behaviors through integration of services.