HIV/FIMR PREVENTION METHODOLOGY

…and Maternal and Child Health Opportunities throughout the Health Department

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Public Health in Louisiana

- Office Public Health
  - Center for Community and Preventive Health
    - Maternal and Child Health
    - Children's Special Health Services
    - Genetics
    - Lead
    - Immunization
    - WIC
    - Family Planning
    - Infectious Epidemiology (including hepatitis)
    - HIV Program
    - STD Program (now with HIV)
    - TB
    - Laboratory
  - Center for Vital Records and Statistics
  - Bureau of Primary Care and Rural Health
  - Center for Environmental Health
  - Emergency Medical Services

HIV Program
(where it – and I – all began)

- 2000 (…remember Y2K?)
  - Surveillance, Prevention, Services
    - "Newly" under one administrative director
    - Programs fairly separate (…especially surveillance)

Surveillance

- HIV reportable by name since 1993
- Perinatal exposures reported, but not required (~170/yr)
- Surveillance managed adult HIV partner services

- Individual level data IN – no data OUT (except adult HPS)

→ CDC Perinatal HIV Prevention Grant

Perinatal HIV Prevention Efforts

- Internal cross-program work group initiated
  - Administrative Director
  - Medical consultant
  - Program managers
- Began examining case level data to look for missed opportunities in the "cascade"

“The Cascade”

Reducing the proportion of women…

- who are HIV-infected
  - who unintentionally become pregnant
    - who do not seek prenatal care
      - who are not offered or who refuse HIV testing
        - who are not offered the ARV regimen
          - who refuse the ARV regimen
            - who do not complete the ARV regimen
              - whose child is infected despite treatment

*Institute of Medicine, 1999

Perinatal HIV Prevention Efforts

- Individual level
  - Women not “in care” during pregnancy
  - Women who did not appear to get results
  - Exposed cases without definitive diagnosis
- Provider level
  - Specific missed testing and treatment opportunities
  - Education on “best practices” for testing, treatment, linkage
- Program level
  - Counseling/Testing protocols (ID pregnant clients, referral, f/u)
  - “Fast Track” HIV Partner Services protocols for newly diagnosed
  - Case management protocols (added family planning assess)
- Policy level
  - Made reporting of HIV in pregnancy and perinatal exposure reporting explicit (modeled on hepatitis B reporting)

HIV/FIMR in Louisiana

- 2005 – OPH regional office awarded for pilot
  - Led by regional OPH staff, separate from HIV Program
  - Cases identified through hospitals and participating partners
- 2009 – OPH HIV Program awarded
  - Led by HIV Surveillance Manager (sort of!); MCH Maternity Director co-lead
  - Cases identified and investigated through surveillance system
  - Fantastic TA through City MatCH
- 2010 – 2011
  - Led by Perinatal HIV Surveillance Coordinator; MCH Title V Director (sort of!)
- 2012…
  - "Required" for HIV Prevention Programs??

  → Opportunity for Title V programs to provide TA!!

HIV/FIMR Prevention Methodology

- Data collection
  - Oversight of project activities through Surveillance
  - Surveillance data identify perinatal HIV exposures (in NOLA)
  - Abstractions done by surveillance field staff
  - Interviews conducted by former DIS

HIV/FIMR Prevention Methodology

- Case reviews
  - Case summaries prepared by Coordinator and include abstracted information, surveillance information, and interview data—side by side to see differences
  - Participants
    - HIV cross program representation (tried and true)
    - NEW!
      - Perinatal hepatitis B
      - STD
      - Maternal and Child Health program and community practitioners
      - University clinicians and researchers
      - More…

Cases reviewed by the CRT	19
Cases interviewed	10
Maternal age at delivery	
13-19	3
20-24	4
25-34	11
35+	1
Other	0
Parity	
1-2	7
3-4	7
5+	5
Transmission to Infant	
HIV Positive	3
HIV Negative	12
HIV Indeterminate	4
FIMR/HIV Case Priority	
HIV Transmission	3
No AZT at delivery	3
No AZT during pregnancy	5
No AZT to neonate	0
No prenatal care	5
3rd Trimester HIV dx	2
HIV diagnosis at delivery	4
Maternal VL >1000 c/mL	4

HIV/FIMR Strengthening Prevention

- Benefits!
  - Formalized and enhanced the case review processes that were initiated with the Perinatal Prevention grant
  - Expanded the partners working with OPH to identify problems and opportunities
  - Motivated partners to identify changes within their own organizations
  - Formalized the expectation to engage broader partner base in action

MCH Strengthening HIV/FIMR

- Orientation to opportunities "across the life span"
- Expertise around preterm risks and opportunities
- Mandate to improve birth outcomes
- Expertise with long-term FIMR implementation
- Consideration of new analyses
- Offer new MCH audiences for perinatal data

→ Where else can MCH help strengthen health department essential functions?

Who is "doing MCH" outside of MCH?

- Disease intervention specialists
  Following up with women, children, families with HIV, syphilis, hepatitis B/C, etc
- HIV case managers
  Working with pregnant women, exposed children, families
- Program managers responsible for policies and regs

  → What do you think you could bring to these programs to strengthen the essential public health services they provide?

What do YOU have to offer?

- Rigorous MCH-specific perspective and discipline
- Access to MCH-specific training resources
- Unparalleled expertise in MCH-specific epidemiology
- Robust community action processes (FIMR, CDR, PAMR)
- Expertise in infant mental health, perinatal depression
- Expertise in child development and child safety
- Expertise in nutrition and obesity prevention
- Client-centered education practices
- Mandatory resource information line
- Familiarity with MCH programs and resources
- Familiarity with MCH community and policy partners