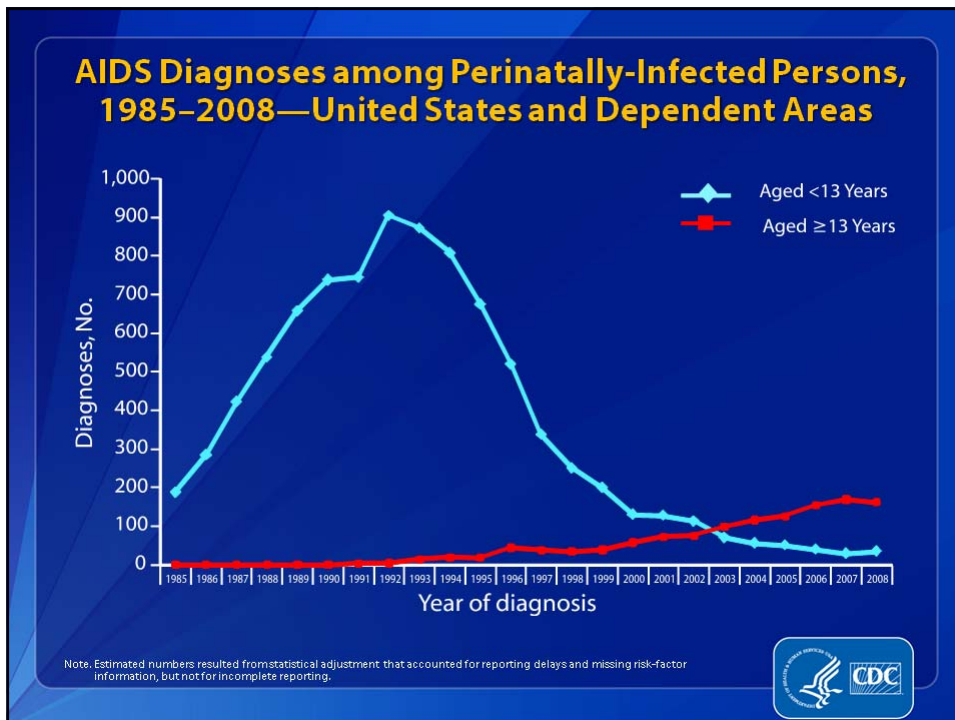



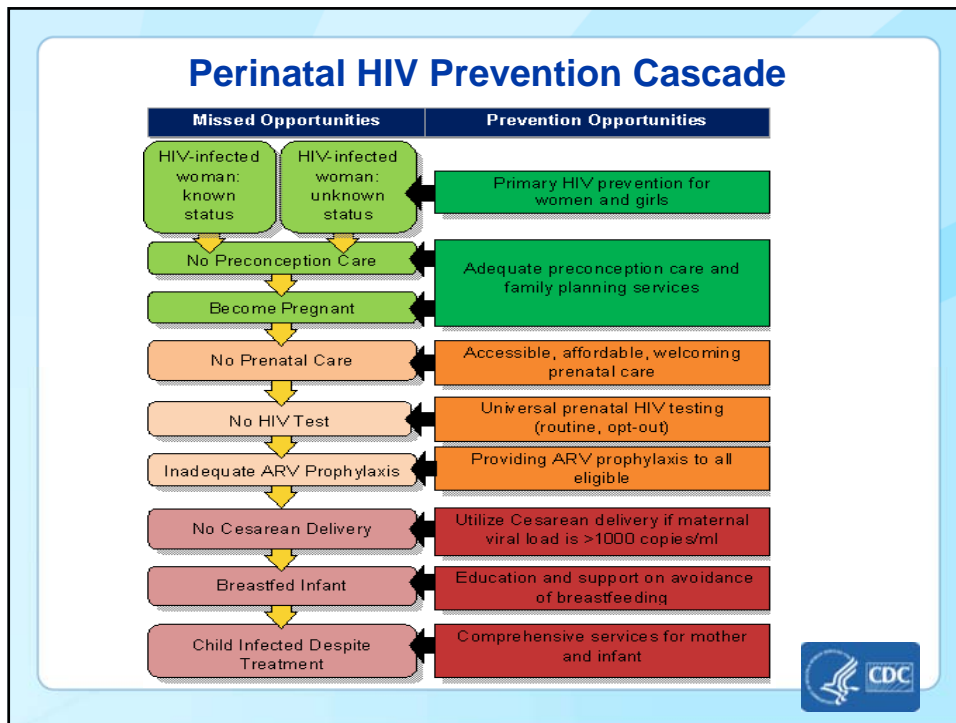
HIV: An Urban MCH Issue of Justice

Margaret A. Lampe, RN, MPH

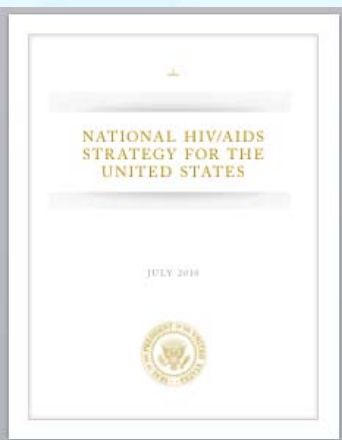
CityMatCH Conference
San Francisco, CA
September, 19 2011

National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
Division of HIV/AIDS Prevention






National HIV/AIDS Strategy Goals July, 2010



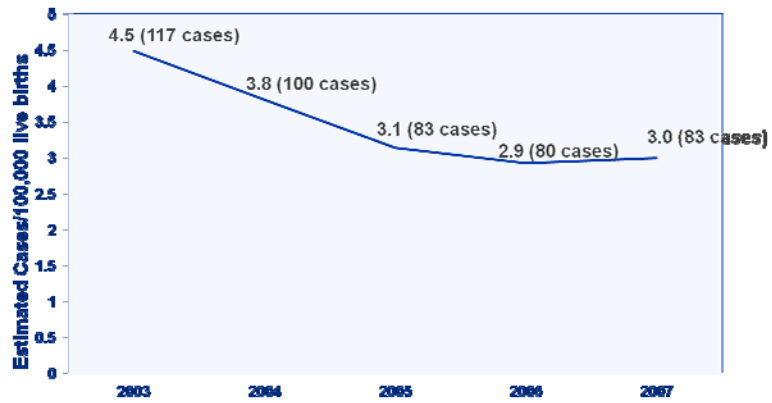
- i. Reduce HIV incidence
- ii. Increase access to care and optimize health outcomes
- iii. Reduce HIV-related health disparities

Achieve a more coordinated national response

The White House, Office of National AIDS Policy



Estimated Annual Incidence of Perinatal HIV Infection, 33 States, HARS, 2003-2007 (N=463)

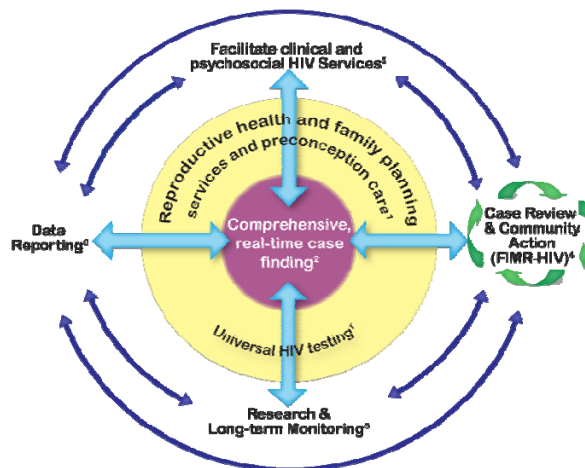



Estimated annual incidence declined from 4.5 cases/100,000 live births (2003) to 3.0 cases/100,000 live births (2007).



Taylor, et al. 6th IAS Conference, Rome. July 18, 2011

Framework to Eliminate Mother-to-Child HIV Transmission in the United States

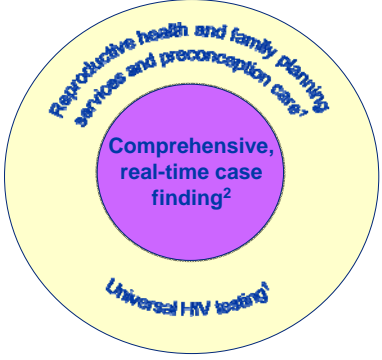





Reproductive health and family planning services and preconception care¹

Universal HIV testing¹

Assure that HIV care includes comprehensive reproductive health, family planning and preconception care services and that women of childbearing age are HIV tested according to CDC recommendations¹.




Reproductive health and family planning services and preconception care²

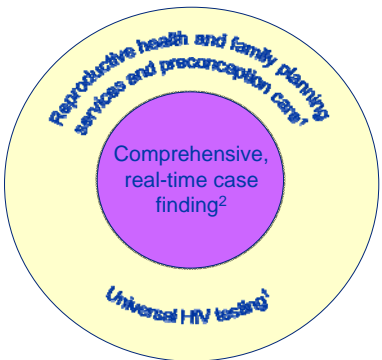
Comprehensive, real-time case finding²

Universal HIV testing¹


Conduct comprehensive, real-time case finding of all HIV-infected pregnant women and their exposed infants².




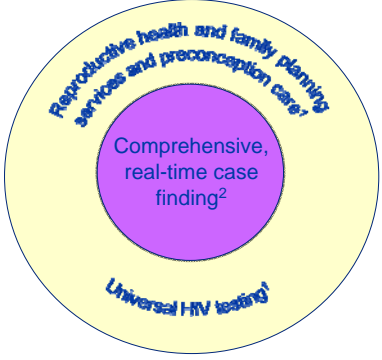
**Comprehensive
Care³**




**Facilitate comprehensive clinical care and social services
for women and infants³**

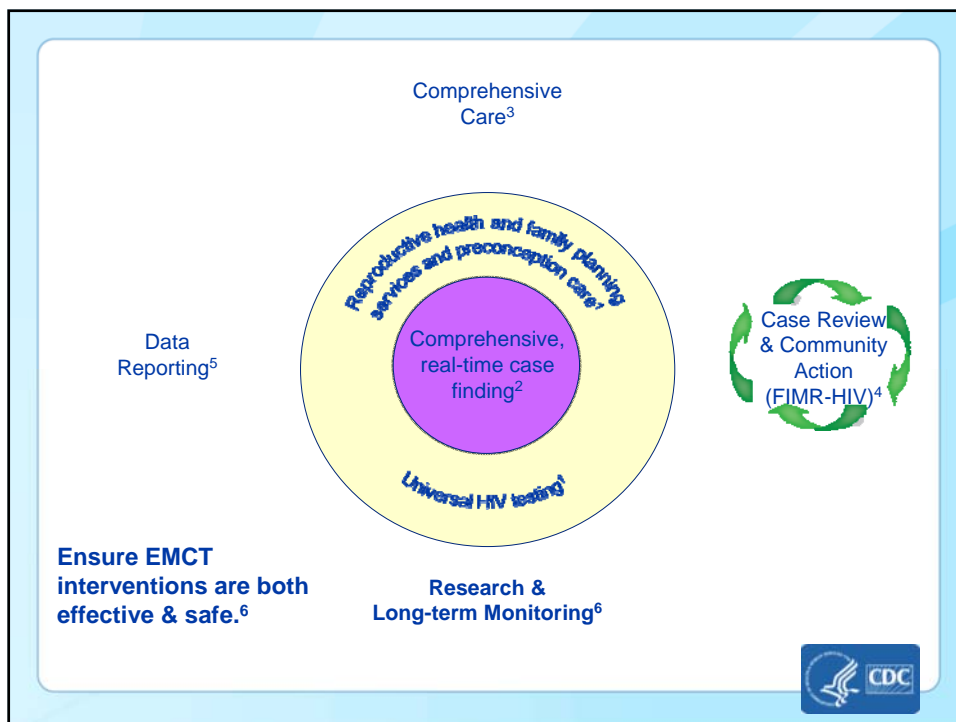
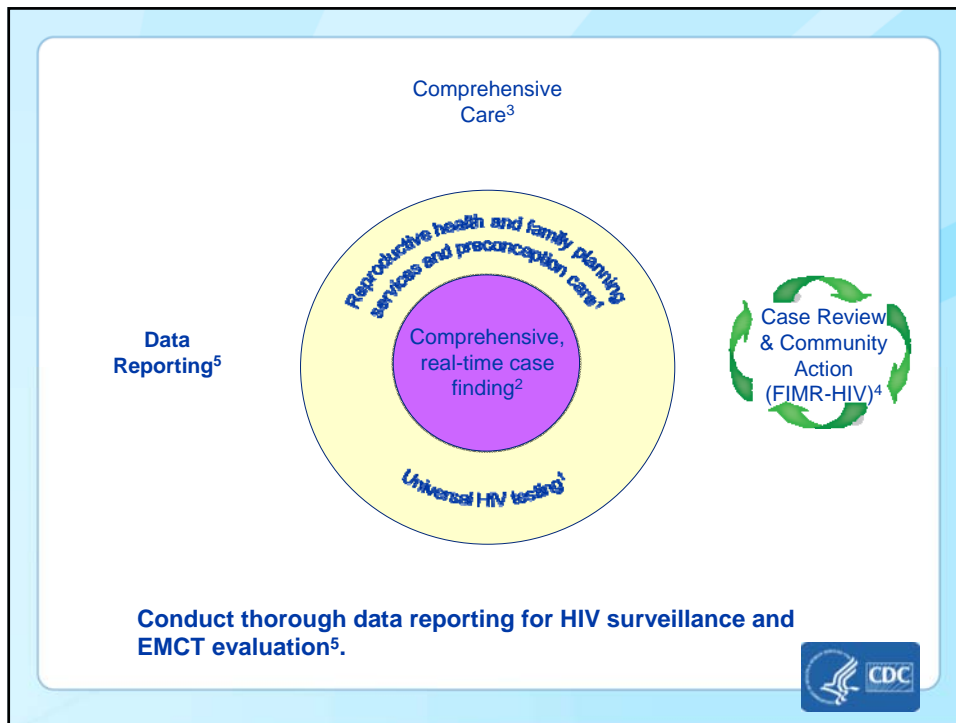


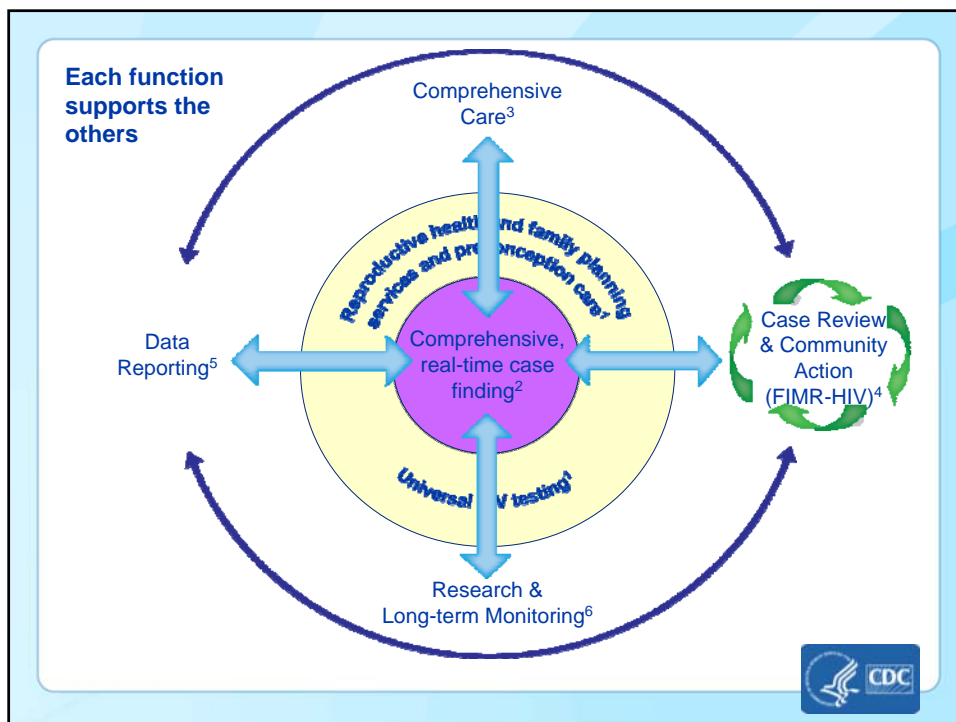
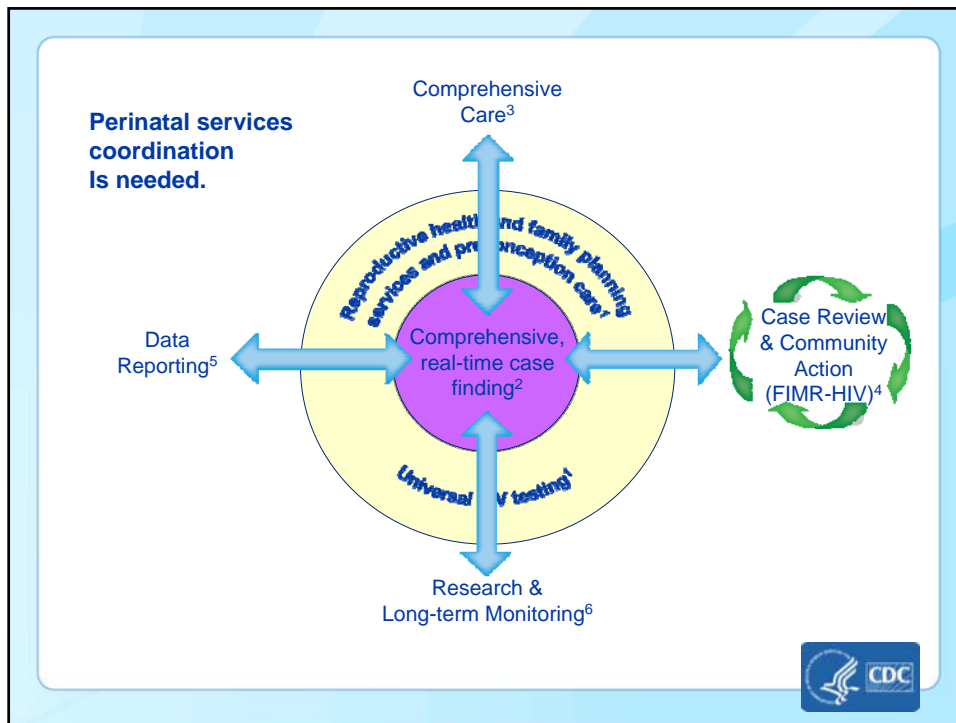
**Comprehensive
Care³**

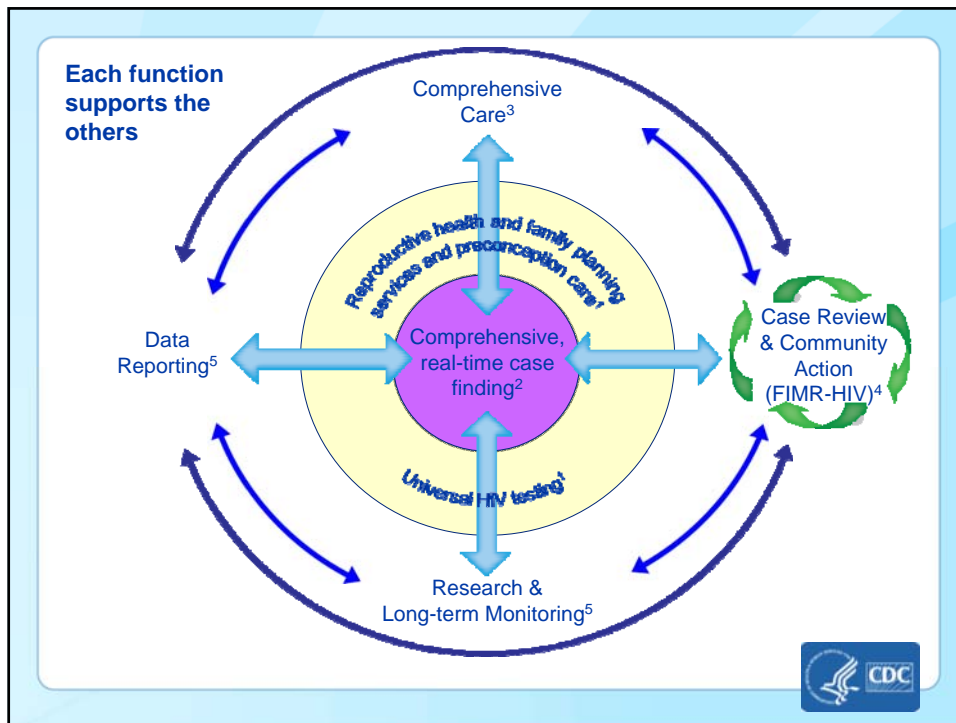



**Conduct detailed reviews of select cases to identify missed
prevention opportunities and proactively address local systems
Issues through the FIMR-HIV Prevention Methodology⁴.**











- ### EMCT Stakeholders' Group (56 participants)
- | | |
|--|--|
| <ul style="list-style-type: none"> ❑ Federal: <ul style="list-style-type: none"> ▪ CDC ▪ HHS, (HIV/AIDS Policy) ▪ HRSA (HAB, MCHB, BPHC) ▪ NIH (NIAID, NICHD) ▪ OPA ▪ SAMHSA ❑ Clinical experts ❑ State & local health departments <ul style="list-style-type: none"> ▪ HIV prevention program, MCH, epidemiology, surveillance, policy | <ul style="list-style-type: none"> ❑ NGO's <ul style="list-style-type: none"> ▪ AAP ▪ ACOG ▪ AIDS Alliance ▪ AMCHP ▪ ANAC ▪ CityMatCH ▪ EGPAF ▪ Healthy Start ▪ HIVMA ▪ NASTAD ▪ NBAAC ▪ NCCC |
|--|--|
- 

Francis Xavier Regional Center
University of Medicine & Dentistry of New Jersey



HRET
HEALTH RESEARCH & EDUCATIONAL TRUST
in Partnership with AASA



Case Review & Community Action (FIMR-HIV Prevention Methodology)

☐ Activities:

- Support broad implementation of FIMR-HIV
 - Promotion to MCH partners (CityMatCH, AMCHP, MCHB, NFIMR)
 - Build CDC/HRSA partnership – Ryan White Part B WICY
- Re-tool the methodology
 - Develop minimal requirements for implementation
 - Optimize capacity for program collaboration for other perinatal infections, maternal mortality, etc.
- Create a user-friendly, web-based central data system to facilitate local data collection and community action
- FIMR/HIV Prevention Methodology National Resource Center

☐ New Developments:

- FIMR/HIV included in CDC's flagship health department HIV prevention FOA



FIMR/HIV Prevention Methodology National Resource Center



USERNAME: _____ PASSWORD: _____ LOG IN APPLICATION NEWS CONTACT US

FIMR/HIV PREVENTION METHODOLOGY NATIONAL RESOURCE CENTER

ABOUT US ABOUT PERINATAL HIV METHODOLOGY MY PROJECT

Phase 1: Pre-Implementation Phase 2: Implementation Phase 3: Monitoring

OUR METHODOLOGY

1. CASE IDENTIFICATION
2. DATA ABSTRACTION
3. MATERNAL INTERVIEW
4. CASE REVIEW TEAM
5. COMMUNITY ACTION TEAM

www.fimrhiv.org



Will the annual number of perinatal HIV infections continue to decline without additional effort and expense?

- Annual number of HIV-exposed births is increasing (30% increase from 2000 to 2006)
- Hardest-to-reach HIV-infected women & their infants pose ongoing, significant challenge
- Estimated 140,000 HIV-discordant heterosexual couples, ~1/2 want more children
- Longer survival and increased well-being of persons with HIV infection
- Increasing number of HIV-infected women of childbearing age



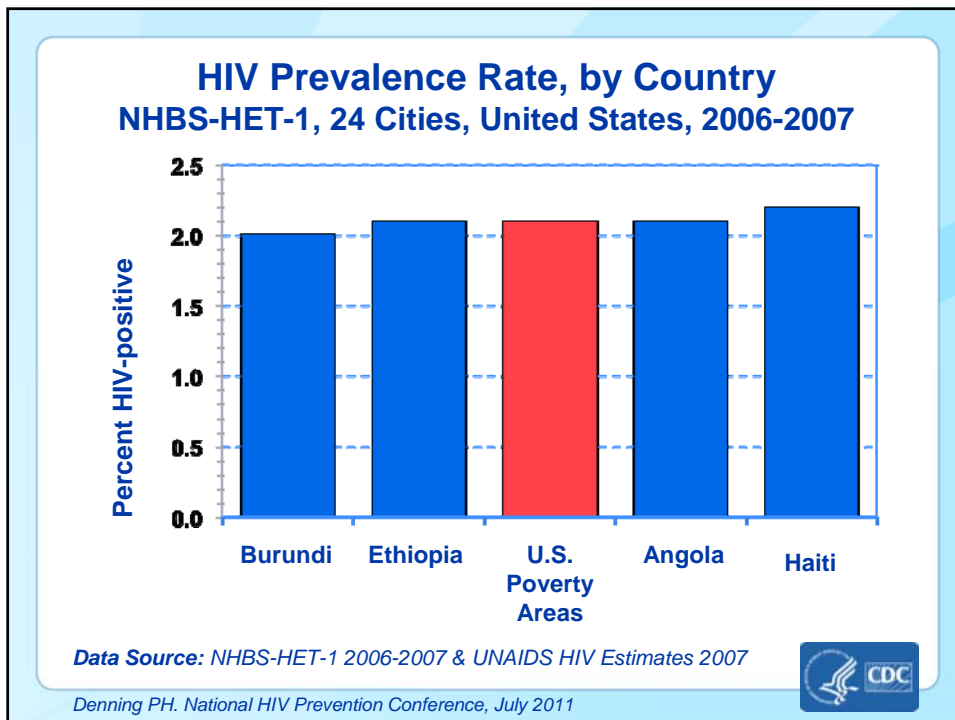
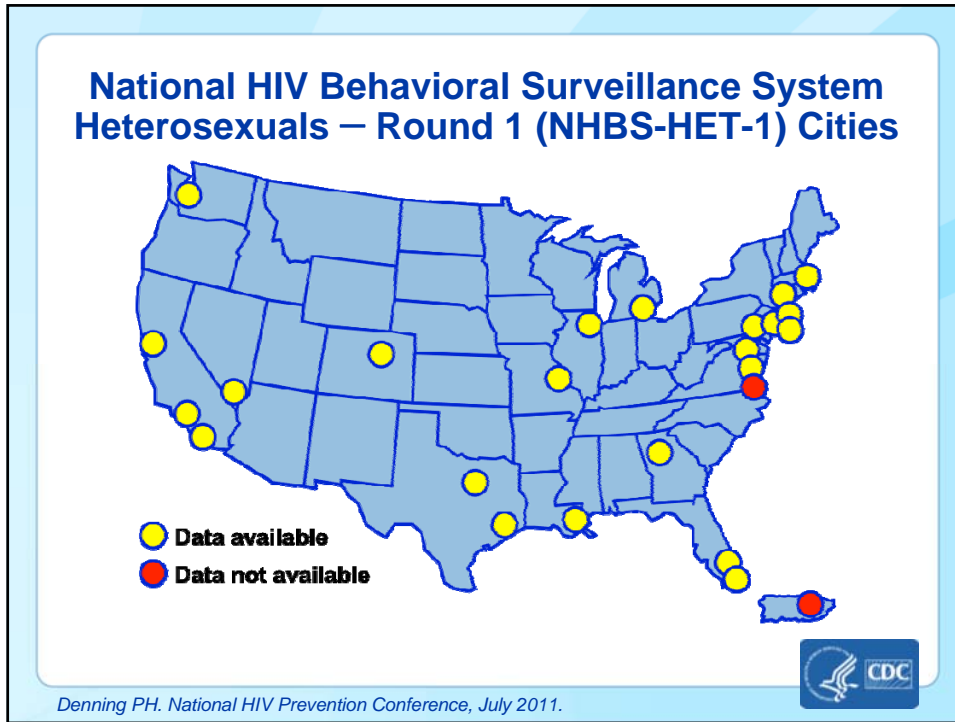
COUNTDOWN TO ZERO

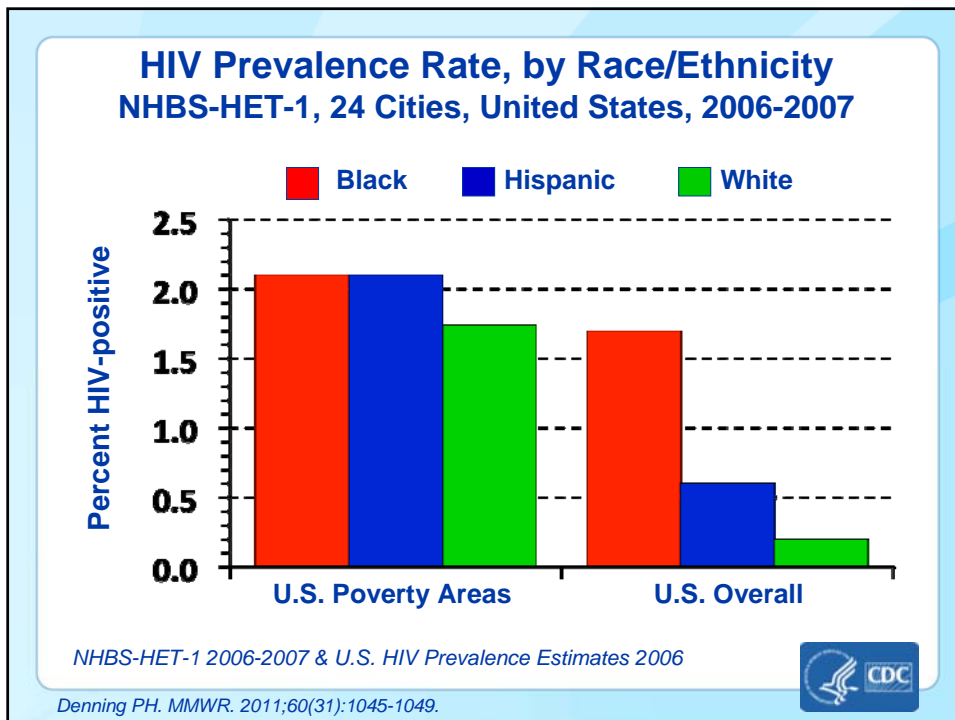
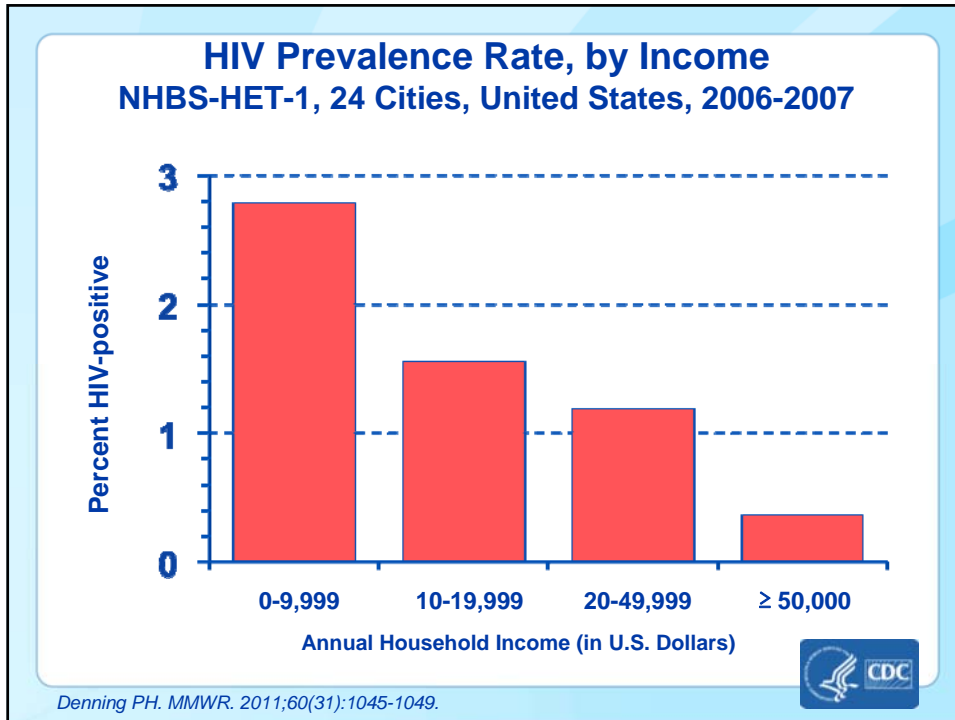


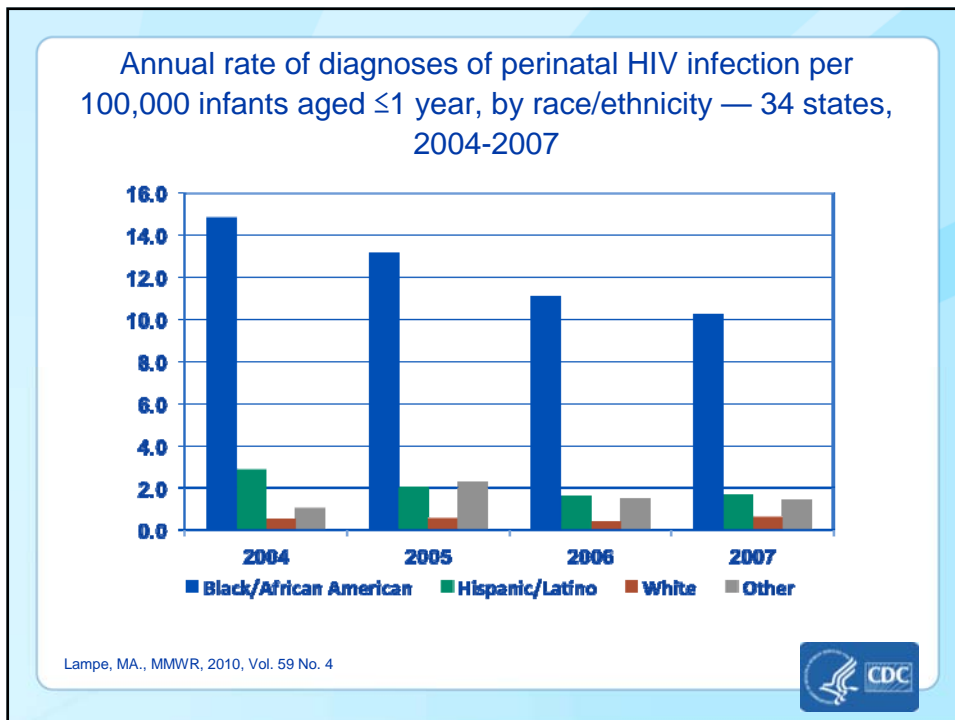
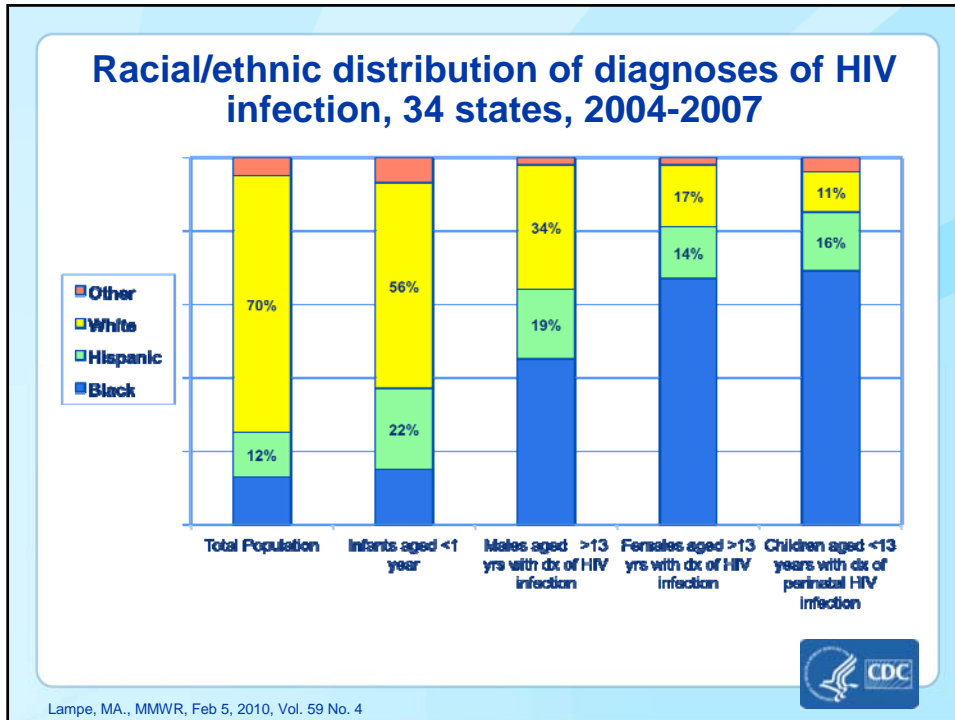
Believe it.
Do it.

GLOBAL PLAN TOWARDS THE ELIMINATION OF NEW HIV INFECTIONS AMONG CHILDREN BY 2015 AND KEEPING THEIR MOTHERS ALIVE
2011-2015

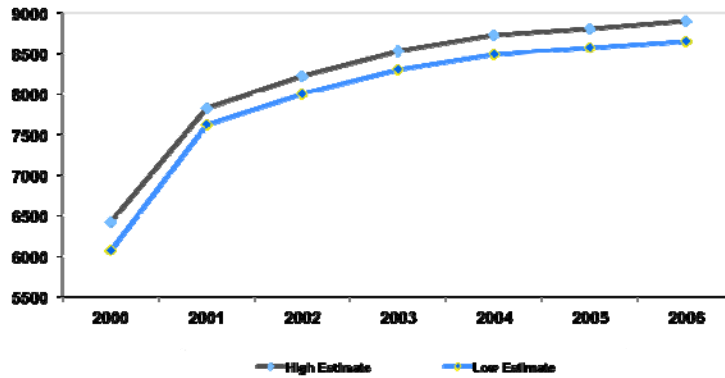








Estimated number of births to women living with HIV infection, 2000-2006



2006 estimate (8,650 – 8900) is ~30% > 2000 estimate (6075 – 6422)



Office of Inspector General (Fleming), 2002 Whitmore, et al. CROI, 2009

The Health Impact Pyramid



Frieden, TR. Am J Public Health. 2010; 100: pp.590-595



Are these HIV data compelling enough to prompt meaningful changes for these individuals and families?

- ❑ Collaborate across funding & other structural silos to address social determinants of poor health
- ❑ Combine efforts with other pregnancy-related sentinel events (infant mortality, maternal mortality, congenital syphilis, perinatal hepatitis B,C)
- ❑ New, untraditional partners
- ❑ Suggestions?



Thank You

mlampe@cdc.gov

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention

