

Office of National AIDS Policy (ONAP)

Incidence Subcommittee Update

Greg Millett April 26, 2010

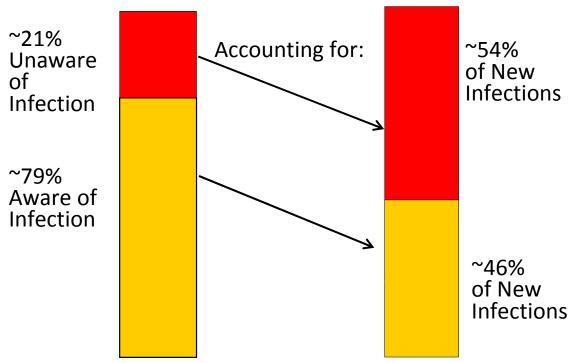


Federal HIV/AIDS Interagency Working Group of Committees and Respective Missions

- *Incidence:* Identify programmatic and policy strategies that will result in reducing incidence of HIV and AIDS.
- Access to Care: Identify programmatic and policy strategies that will result in increased access to care and optimal health outcomes among people living with HIV/AIDS.
- **Disparities:** Identify programmatic and policy strategies that will result in reductions in HIV-related disparities.
- Overarching: Monitor process across subcommittees;
 Identify cross-cutting issues; Identify inefficiencies and



Increase knowledge of HIV status among positives



People Living with HIV/AIDS: 1,039,000-1,185,000

New Sexual Infections Each Year: ~56,000

Marks G, et al AIDS 2006; 20:1447



Trend in Share Naming HIV/AIDS as Most Urgent Health Problem Facing the Nation

Percent naming HIV/AIDS as the most urgent health problem facing the nation in an open-ended question...



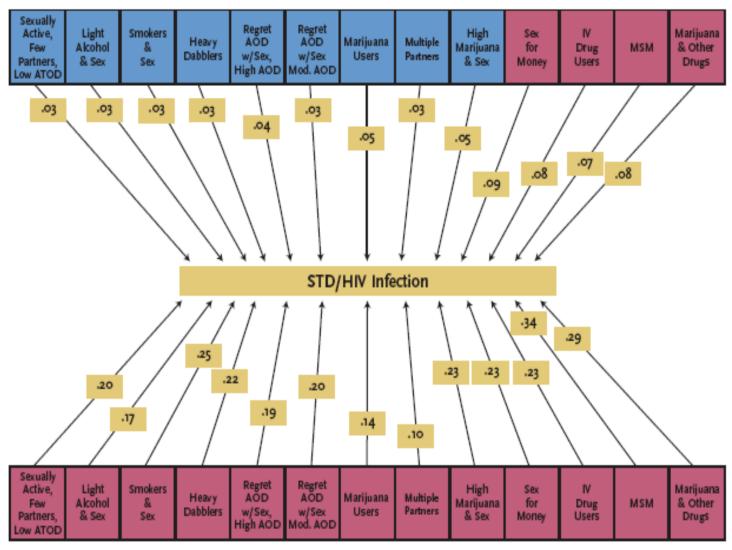
Source: Kaiser Family Foundation surveys,



Reduce risk of HIV transmissibility among diagnosed positives

Reduce behavioral risk among HIV-negatives

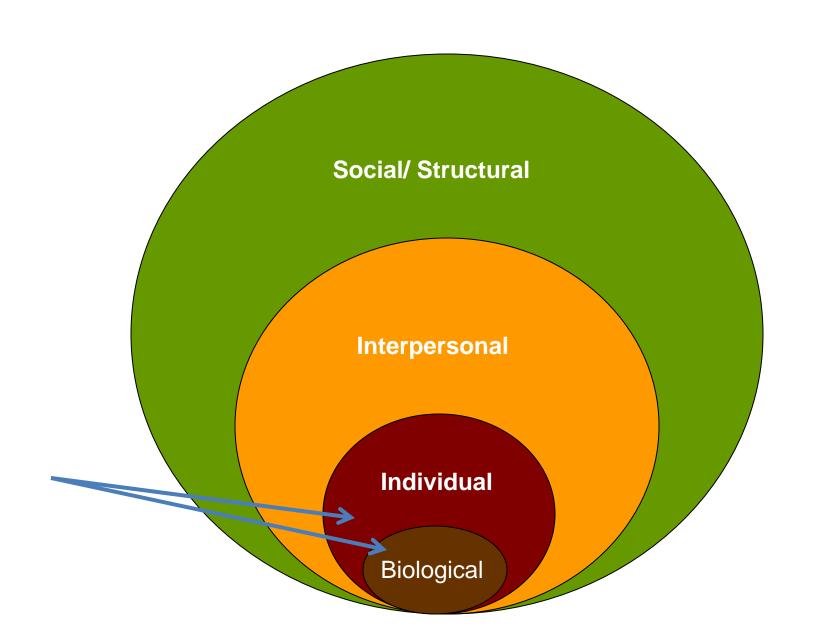
 Address structural issues that contribute to HIV incidence



African-Americans (red clusters = infection rates > .06)

Low Risk but Greater Infection Rates: Heterosexual Black Adults (Hallfors et al., 2006)

Comparable Risk but Greater Infection Rates: Black Gay Men Bartholow, 2005 ЮН Bingham, 2003 Bingman, 2001 CDC, 2006 Ю Denning, 2005 Doll. 1990 ЮН Harawa, 2004 ЮН Heckman, 1999 Linn. 1989 Mansergh, 2002 McKirnan, 1995 McKirnan, 2001 Peterson, 2001 Rhodes, 2006 Ruiz, 1998 Samuel, 1987 Xia, 2006 (OR, 1.05, 95% CI, 0.73-1.50, k=17)**UAI** overall Bingham, 2003 Doll, 1990 Easterbrook, 1993 Harawa, 2004 Heckman, 1999 Kramer, 1980 -McKirnan, 2001 **Samuel**, 1987 Stokes, 1996a \vdash Xia, 2006 (OR, 0.64, 95% CI, 0.45-0.92, k=10)# partners overall Bingham, 2003 Chen, 2002 Easterbrook, 1993 ЮН Geisler, 2002 Heckman, 1999 Kim, 2003 MacKellar, 2001 McKirnan, 2001 Ostrow, 1999 Paz-Bailey, 2004 Rhodes, 2006 (OR, 1.64, 95% CI, 1.07-2.53, k=11)STD overall 0.01 0.1 10 100 (Millett, 2007) Odds Ratio (95% confidence interval)





Increase awareness HIV of status among positives

- % Lifetime test
- % recent (past year) HIV test
- % received HIV test in past 12 mos and know results



Reduce transmissibility

- HIV transmission rate
- % diagnosed among all positives
- Disease stage at HIV diagnosis
- % of those who access care immediately after HIV diagnosis
- % of those with advanced HIV receiving ART
- % of STIs diagnosed
- % HIV/STI co-infections



Reduce risk behaviors among negatives

- % reporting unprotected sex w/ HIV+ or unknown partners;
- % sharing needles, cotton, cooker;
- % unprotected sex while under influence of alcohol or drugs.

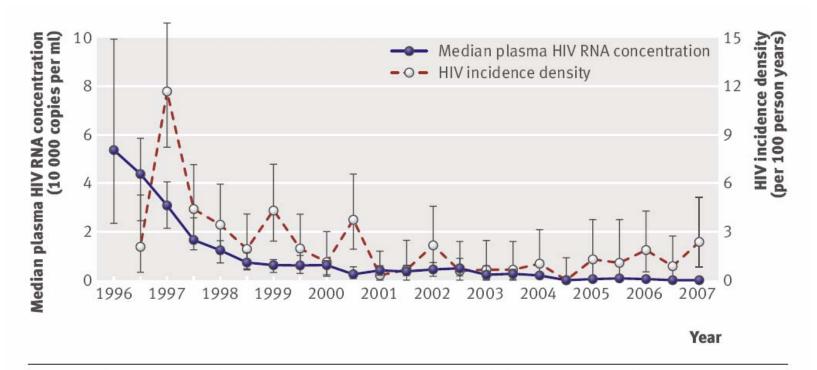


Address structural issues that contribute to HIV incidence.

- Stigma (delayed HIV testing, treatment)
- Enforcement of current CDC testing guidelines
- Availability of needle exchange programs
- Housing, poverty, joblessness
- Drug sentencing laws
- Community viral load



Community VL predicts HIV incidence



Estimated community plasma HIV-1 RNA concentrations and HIV incidence density, with 95% confidence intervals, among two parallel cohorts of injecting drug users. HIV incidence first estimated in second half of 1996 as enrolment started in May 1996 and repeat HIV tests to assess incidence were available only after six months of follow-up Wood E et al. BMJ. 2009 Apr 30;338:b1649



Interagency Conference Call with PACHA and Others

- Additional proxy measures
 - % of people who need prevention services
 - Acute HIV infection

Discussion of what can be achieved in the next
 2 years vs. longer

Role of private sector in reducing HIV incidence