Integrating University & Public Health Functions Related to HIV/STI: The Seattle Experience

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Matthew Golden MD, MPH
Director, PHSKC HIV/STD Program
Professor of Medicine, University of Washington
Overview

• History of UW – PHSKC Collaboration
• Current Activities – Category C
• Planned Activities – CFAR Renewal
History PHSKC-UW Collaboration: STD

- 1969 – UW staff PHSKC STD Clinic
- 1972 - PHSKC STD Clinic opens at Harborview
- UW Faculty responsible for PHSKC STD program leadership (King Holmes, Hunter Handsfield)
- Research & training highlights
  - Spectrum of gonococcal disease & treatment
  - Studies new sexually transmitted pathogens (C. trachomatis, CMV, genital herpes, HPV, M. genitalium) & new STI syndromes (PID, MPC, BV)
  - Training program – NIH STD training grant (T22) since 1974 (now STD/HIV) – 197 trainees – 87% academic
History PHSKC-UW Collaboration: HIV

- 1985 - PHSKC HIV Program Formed
- HIV Program was not directly integrated with UW
- 2007-present - CFAR – Sociobehavioral & Prevention Research Core hold monthly meetings to identify areas for collaboration
  - Dynamic model of serosorting & HIV testing
  - Analyses assessing the role of bathhouses in HIV epidemic
- Merger of HIV & STD programs
  - 2000-2010 - Clinical and outreach work (partner services, HIV testing) transfer to STD Program
  - 2010 – HIV and STD Programs merge
    - Leadership team composed of 3 physician members of UW faculty partially contracted to Public Health
Category C: Demonstration Projects to Implement and Evaluate Innovative, High Impact HIV Prevention Interventions and Strategies

- Competitive component added to CDC prevention grant given to states 2011
- WA State proposal - Collaboration of State Department of Health, UW, & Local Health Dept.
- Goal - promote a model of surveillance-based public health

Principles
- Focus on high risk populations
- Emphasize case-finding and treatment – marriage of prevention & care
- Planned redundancy is a characteristic of successful systems
- Health departments are part of a successful team promoting care
Estimated Percentage of Persons with HIV Infection Who Are Diagnosed, Linked to Sustained Care and Virologically Suppressed

Sources: MMWR 2011; Dombrowski J. AIDS 2011; PHSKC
Defining the Population of PLWHA through Case Investigation, King County, WA

16,138 PLWHA Ever Reported
5,306 Deaths
2,196 Relocations
Total 8,636 PLWHA

5,688 labs
<12 months
2,989 No Labs
>12 months

Surveillance Overestimated the Number of PLWHA in King County by 26%

1,563 Relocations
200 Deaths
963 Reside Locally
202 Unknown

Revised Total 6,853 PLWHA
HIV Infection, diagnosis, care status, and viral suppression among PLWHA, King County

- ↑ HIV testing in persons with bacterial STD
- Electronic testing reminders
- Promotion of routine HIV testing in healthcare settings
- HIV partner services to promote linkage to continuous care
- Care & ART Promotion Program (CAPP)
- STD partner services to promote re-engagement in care and ART use

Percent

- Infected: 100%
- Diagnosed: 85%
- Linked to Care: 77%
- Receiving Care: 61%
- Virologically Suppressed: 55%

- 85% HIV testing in persons with bacterial STD
- 91% Electronic testing reminders
- 79% Promotion of routine HIV testing in healthcare settings
- 90% HIV partner services to promote linkage to continuous care
- 90% Care & ART Promotion Program (CAPP)
- 90% STD partner services to promote re-engagement in care and ART use
Percentage of Index Cases and Their Sex Partners Newly Diagnosed with HIV Among MSM with Bacterial STI: King County, WA 2007-2012*

* Excludes persons with prior HIV diagnoses
Care and ART Promotion Program (CAPP)

- Population:
  - No labs >12 months
  - CD4<500 + detectable viral load

- Goal is to increase engagement in care & ART use

- Individual intervention
  - 45 minute discussion to identify barriers to care and develop plan to address the barriers
  - $50 for participant
  - Coordination with medical provider & case manager
  - Follow-up in 1 month (more if needed)
  - Cluster randomization by provider
Care to Prevent HIV: Renengagement with Care and Promotion of ART

260 Persons CD4 <500 with Detectable Viral Load

Did not Participate (n=171, 66%)
- No response 81
- Provider Refused Contact 66
- Patient refused 24

Participated (n=89, 34%)
- Completed Program 75

46% of Persons Where Providers Allowed Contact Participated

68 medical providers
CFAR Renewal: Building a Regional Academic-Public Health Consortium

- Build on UW WWAMI program
- Health depts in WA, WY, AL, MT, ID + OR
- Work with UW Institutes for Translational Health Sciences to integrate regional universities
- Initial meeting in first quarter of 2013
- Priorities to be defined by group
- Initial proposed focus will be building surveillance capacity, defining common metrics, and improving the cascade of care