

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

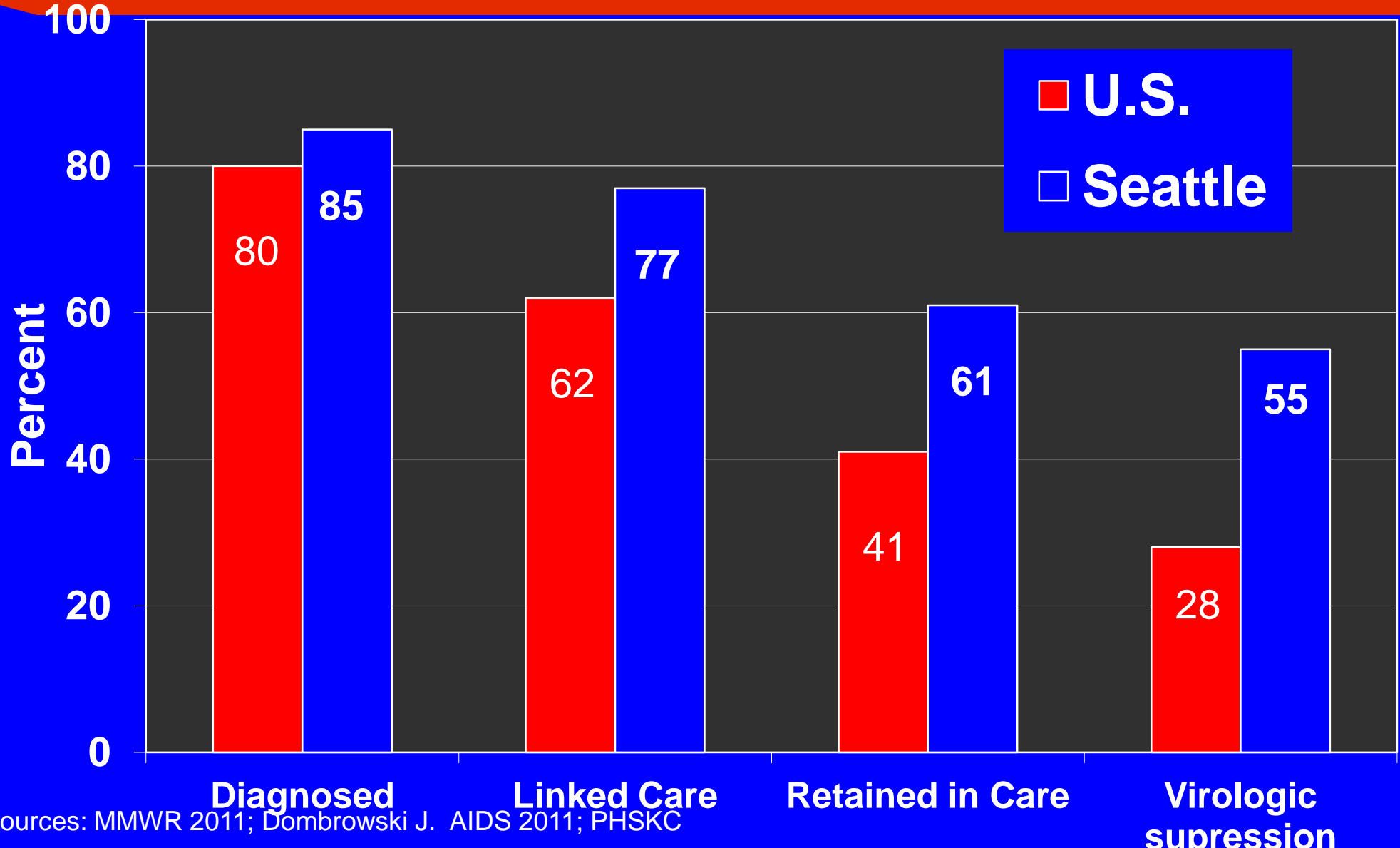
History PHSKC-UW Collaboration: HIV

- **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

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

Standard Surveillance

1,563 Relocations

200 Deaths

963 Reside Locally

202 Unknown

Case Investigations

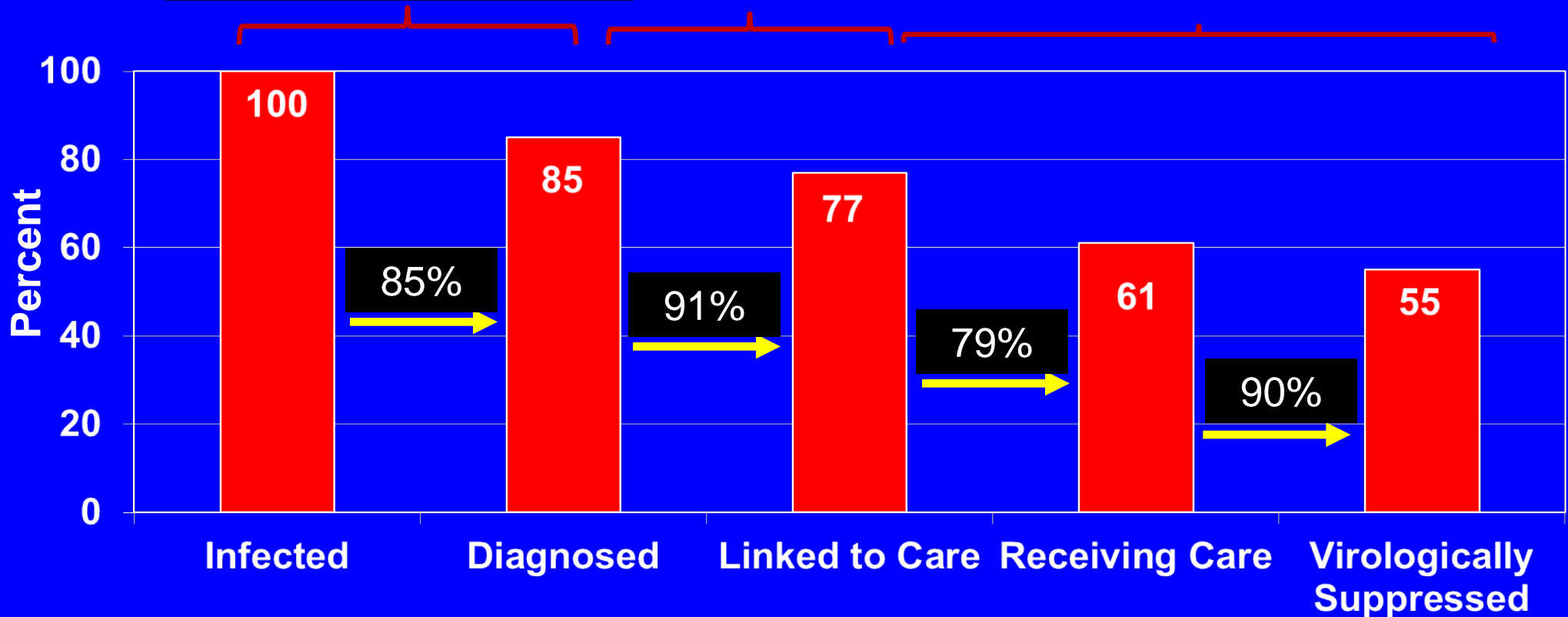
Revised Total 6,853 PLWHA

HIV Infection, diagnosis, care status, and viral suppression among PLWHA, King County

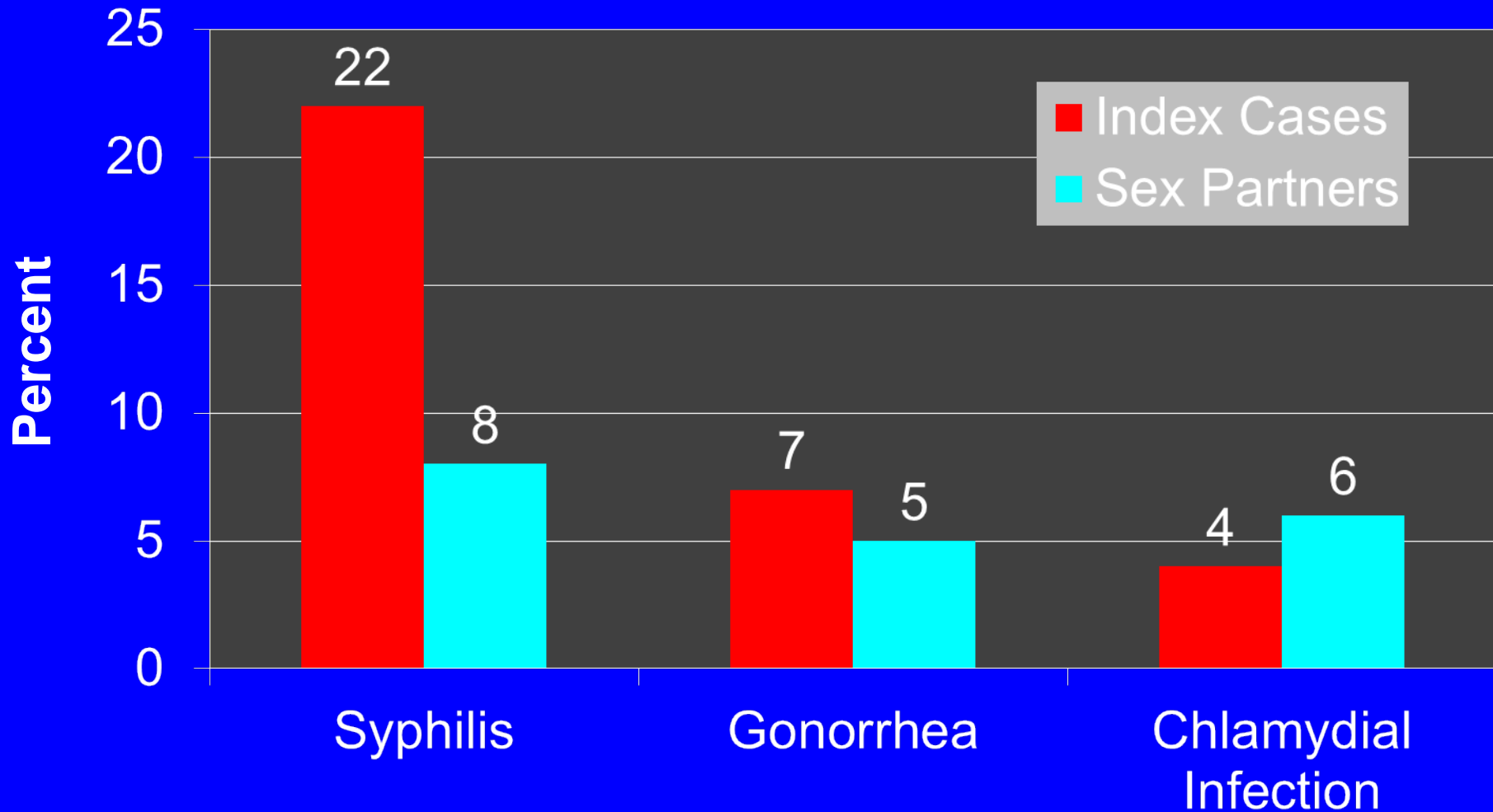
- ↑ HIV testing in persons with bacterial STD
- Electronic testing reminders
- Promotion of routine HIV testing in healthcare settings

- 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



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

68 medical
providers

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

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