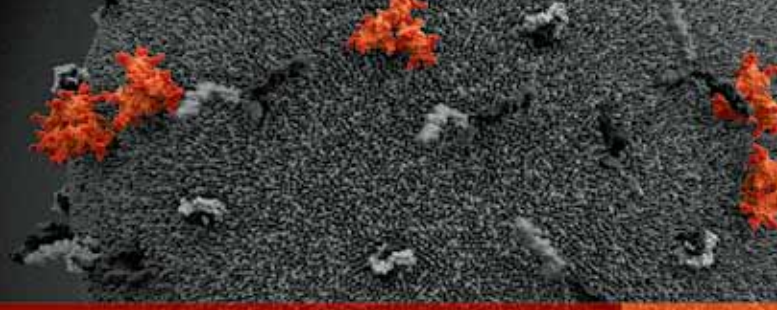
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

Fact Sheet



DC Partnership for HIV/AIDS Progress

Washington, DC, the nation's capital, has one of the highest rates of HIV/AIDS in the United States, with more than 3 percent of adults and adolescents infected with the virus. Alarmingly, one-third to one-half of infected District residents may not know their HIV status.

The DC Partnership for HIV/AIDS Progress, a collaboration between the National Institutes of Health (NIH) and the DC Department of Health (DOH), was launched in 2010 in an effort to decrease the rate of new HIV infections in the city, improve the health of District residents living with HIV infection, and strengthen the city's response to the HIV/AIDS epidemic.

Co-led by the National Institute of Allergy and Infectious Diseases (NIAID), part of the NIH, and the DC DOH, with additional funding from the NIH Office of AIDS Research, the DC Partnership is focused on four key pillars: (1) identifying populations at high risk for HIV infection and developing effective interventions for reducing risk; (2) establishing a District-wide data analysis mechanism to identify and address health issues and outcomes for people receiving HIV care and treatment; (3) augmenting the city's HIV-related subspecialty medical care and enhancing access to research studies; and (4) conducting a pilot program to study the voluntary test-and-treat concept aimed at stemming new cases of HIV infection.

Identifying and Helping At-Risk Populations

African Americans continue to bear the brunt of the District's HIV/AIDS epidemic with 76 percent of the city's HIV/AIDS cases. A key facet of the DC Partnership is to better understand the risk factors for HIV infection and develop effective interventions for reducing risk. Toward this end, NIAID has conducted two observational studies through the NIH-funded HIV Prevention Trials Network (HPTN) using a clinical site at The George Washington University School of Public Health and Health Services.

The first study, HPTN 061, which recently concluded, collected sexual and social networking information from 1,553 black men who have sex with men (MSM) living in the District, as well as in Atlanta, Boston, Los Angeles, New York City, and San Francisco. Participants received HIV risk-reduction counseling and condoms; testing for HIV and other sexually transmitted infections; screenings for substance use, mental health issues, and partner and/or homophobic violence; and a peer system to help them navigate the health care system and utilize HIV services. Results from the study are currently being assessed to determine the impact of the provided services on HIV incidence and help determine whether a larger study across the United States is possible.

The second study, HPTN 064, which concluded in 2011, was designed to estimate HIV incidence among African American women from areas of high rates of both HIV and poverty. As part of the study, participants were interviewed about their sexual behavior, alcohol and drug use, prevalence of domestic violence, history of sexually transmitted infections, mental health, financial insecurity, social support, and utilization of health services. The study enrolled 2,099 women—the majority of whom were African American (88 percent African American, 12 percent Hispanic/Latina)—from Washington, DC, as well as Atlanta, Raleigh-Durham, Baltimore, Newark, and New York City. Preliminary results found an HIV incidence rate (0.24 percent) among the participants that was five times higher than that estimated for black women overall by the U.S. Centers for Disease Control and Prevention (CDC) and a rate comparable to that seen in sub-Saharan Africa, where the HIV/AIDS epidemic is at its worst. Additionally, the researchers found a large number of women (32 women, or 1.5 percent) who discovered they were HIV-infected when they enrolled in the study.

Collectively, the findings from HPTN 064 underscore that significant HIV transmission continues to occur among specific at-risk populations and indicate the need to increase awareness of HIV risk and expand HIV testing and prevention efforts in high-prevalence areas of the United States.

The HPTN is building on the information obtained from these two studies for potential future research. In addition, the HPTN is developing a Phase II clinical trial, HPTN 069, to assess the safety and tolerability of four antiretroviral drug regimens to be used as pre-exposure prophylaxis to prevent HIV transmission among MSM.

Tracking HIV Care, Measuring Success

Through the DC Partnership, the NIH and the DC DOH are tracking HIV-associated health issues and outcomes by collecting information on the HIV-infected people in care at 12 outpatient health clinics, which are collectively providing care to up to 12,000 District residents infected with HIV. By comparing these data with the information at the DC DOH, the partners are able to assess the clinical and treatment status of individual HIV-infected patients, evaluate outcomes from specific clinics and health programs, and measure the impact of HIV testing and treatment initiatives within the city. This effort provides the city and the clinics with valuable information that can be used for research and performance evaluation.

Enhanced Subspecialty Care and Research Access

Through a DC health care provider survey, hepatitis C treatment and psychiatric services were identified as the top two areas of subspecialty care needed for patients with HIV. Therefore, the third pillar of the DC Partnership is designed to augment the level of HIV-related subspecialty care in the District and provide access to promising research for eligible patients.

Led by the NIH Clinical Center, NIH physician specialists are providing care to HIV patients at three District clinics: Family and Medical Counseling Service, Inc., in Southeast Washington, DC; Walker Jones Health Center of Unity Health Services in Northeast Washington, DC; and a health clinic operating from what was once District of Columbia General Hospital in Southeast Washington, DC.

As of mid-2012, the initiative has largely focused on HIV patients coinfected with hepatitis. Since the 2010 launch of the DC Partnership, the clinics have seen more than 1,200 patients, more than 350 of whom were patients new to treatment for HIV/hepatitis coinfection. The majority of patients have been African African (88 percent) men (71 percent) with a mean age of 54. Several new NIH hepatitis treatment and natural history research studies have been made available to these District patients through the partnership's clinic activities.

The NIH's National Institute of Mental Health (NIMH) also has joined the partnership, working with District-based academic leaders and the clinics to assess the mental health needs of the District's HIV-infected patients and build an interdisciplinary approach to HIV and mental health. Through this work, NIMH is developing research studies to better address patients' mental health needs and examine the neurological effects of HIV. In collaboration with the National Institute of Neurological Disorders and Stroke, also part of the NIH, NIMH and NIAID have launched a major initiative investigating HIV-related neurocognitive disorders, a clinical challenge and a threat to the long-term health of people infected with HIV.

Piloting Test and Treat

The fourth pillar of the DC Partnership is the Test, Link-to-Care Plus Treat (TLC-Plus), or HPTN 065, pilot study, which is designed to examine whether a multi-component, community-level approach to expanded HIV testing, linking HIV-infected patients to care, promoting adherence to antiretroviral therapy to reduce HIV levels, and helping infected patients adopt HIV prevention behaviors can reduce HIV incidence more widely across the United States.

This study, which is supported by NIAID, NIMH, and the CDC, is being conducted in Washington, DC , and the Bronx, New York, at 77 sites (39 in DC) that conduct HIV testing or provide medical care to people with HIV and at 16 hospitals (7 hospitals in DC). Its features include: a social mobilization campaign promoting frequent HIV testing among MSM; offering HIV tests in hospital emergency rooms and through in-patient admissions; using financial incentives, such as gift cards and coupons for reduced-cost medications, to encourage HIV-diagnosed patients to receive medical care as well as reward patients who maintain low blood levels of HIV by

adhering to their prescribed antiretroviral drug regimens; and providing computer-based counseling to HIV patients designed to assess and modify behaviors that could increase their risk of passing the virus to others.

Results from TLC-Plus, which are expected in 2014, may inform the design of a larger U.S. clinical trial looking at employing the expanded HIV testing, linkage to care, and treatment approach to HIV prevention.

Enhancing and Building HIV/AIDS Research Capacity

In addition to the four pillars of the partnership, the initiative has helped to foster a community of HIV/AIDS researchers within the city through the new District of Columbia Developmental Center for AIDS Research (DC D-CFAR). In June 2010, the NIH awarded a 5-year grant to establish the DC D-CFAR, a multi-institutional collaboration that includes 138 clinical investigators at American University, Children's National Medical Center, Georgetown University, The George Washington University, Howard University, and the Veterans Affairs Medical Center.

The DC D-CFAR joins 20 other NIH-funded CFARs across the United States designed to support a multidisciplinary environment promoting basic, clinical, epidemiological, behavioral, and translational research in the prevention, detection, and treatment of HIV infection and AIDS. The DC D-CFAR is expected to provide the scientific leadership and institutional infrastructure to promote HIV/AIDS research, while also helping to develop the city's next generation of HIV/AIDS researchers.

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