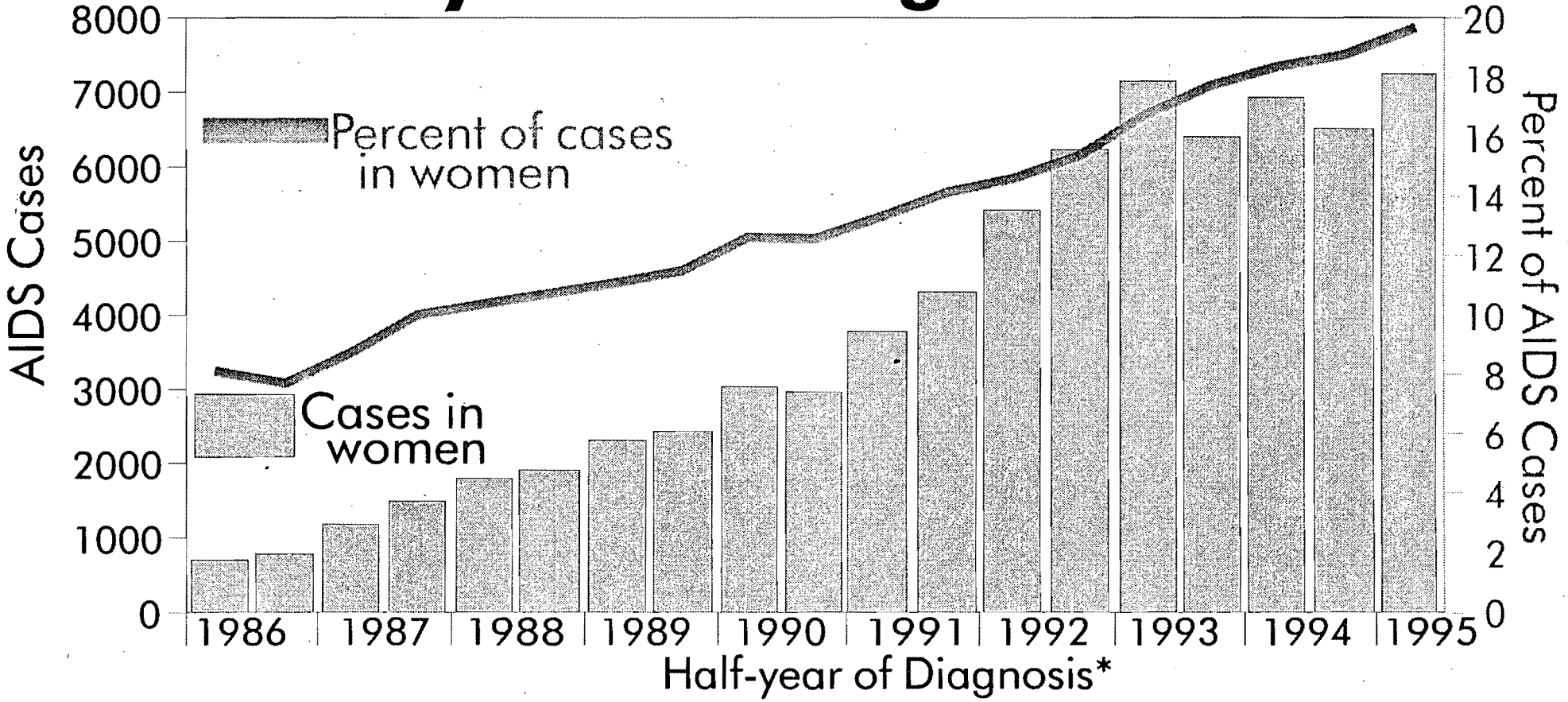
Women with AIDS
Incidence and Percent of Adult AIDS Cases by Half-Year of Diagnosis, United States January 1986 through June 1995



*Data adjusted for reporting delay

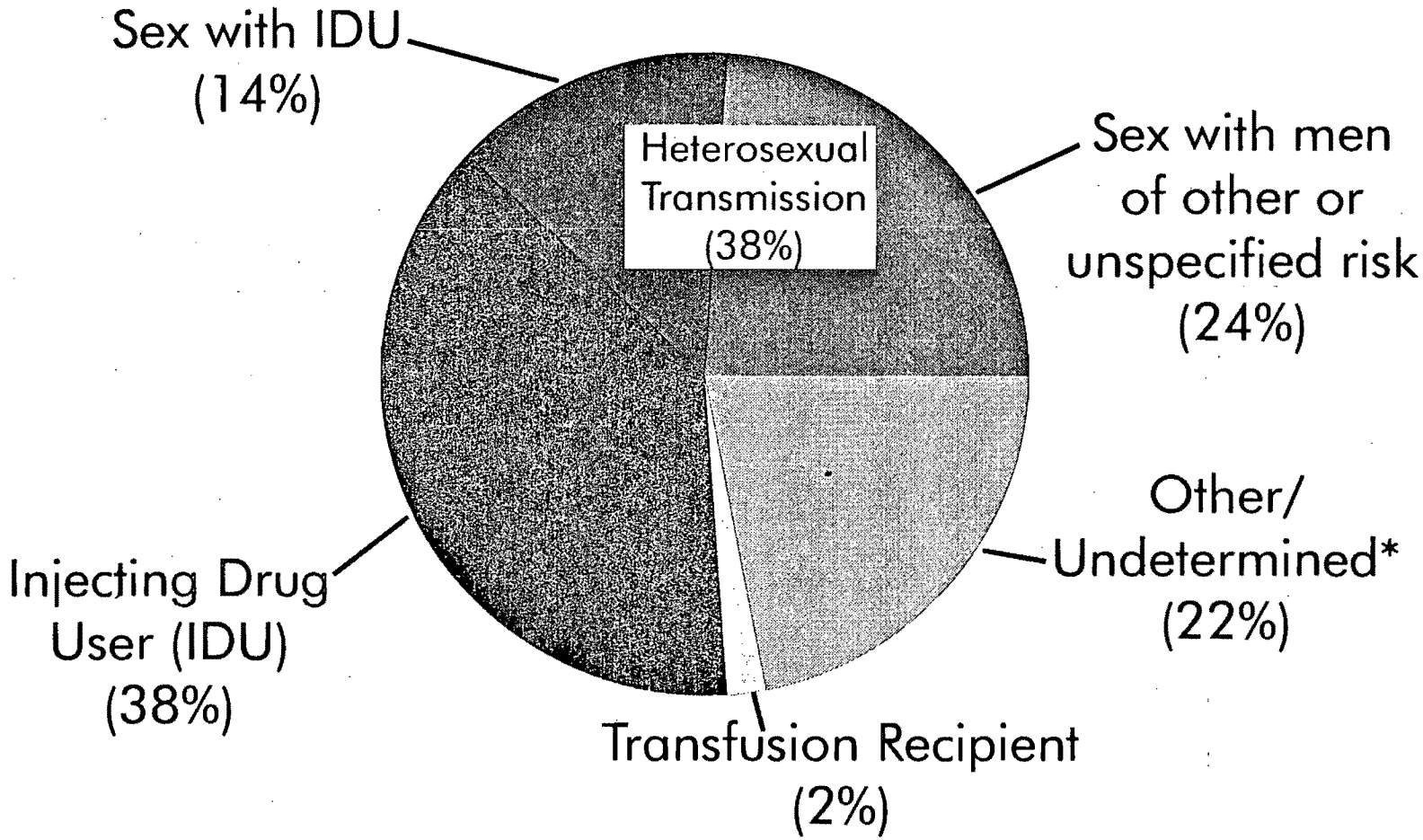
National Center for HIV, STD & TB Prevention

The Nation's Prevention Agency

CDC

Centers for Disease Control and Prevention

Women with AIDS
Mode of Transmission, United States, 1995



*Includes patients pending medical record review; patients who died, were lost to follow-up, or declined interview; and patients whose mode of exposure to HIV remains undetermined

Women with AIDS
Mode of transmission by Age at Diagnosis
United States, Reported in 1995

Mode of Transmission	Age at Diagnosis 13-19 (n=160)	20-29 (n=2,806)	30-49 (n=9,565)	50+ (n=1,233)
Injection drug use	7%	27%	44%	19%
Heterosexual contact	51%	47%	35%	43%
Transfusion recipient	4%	2%	2%	6%
Other/undetermined*	38%	25%	19%	32%

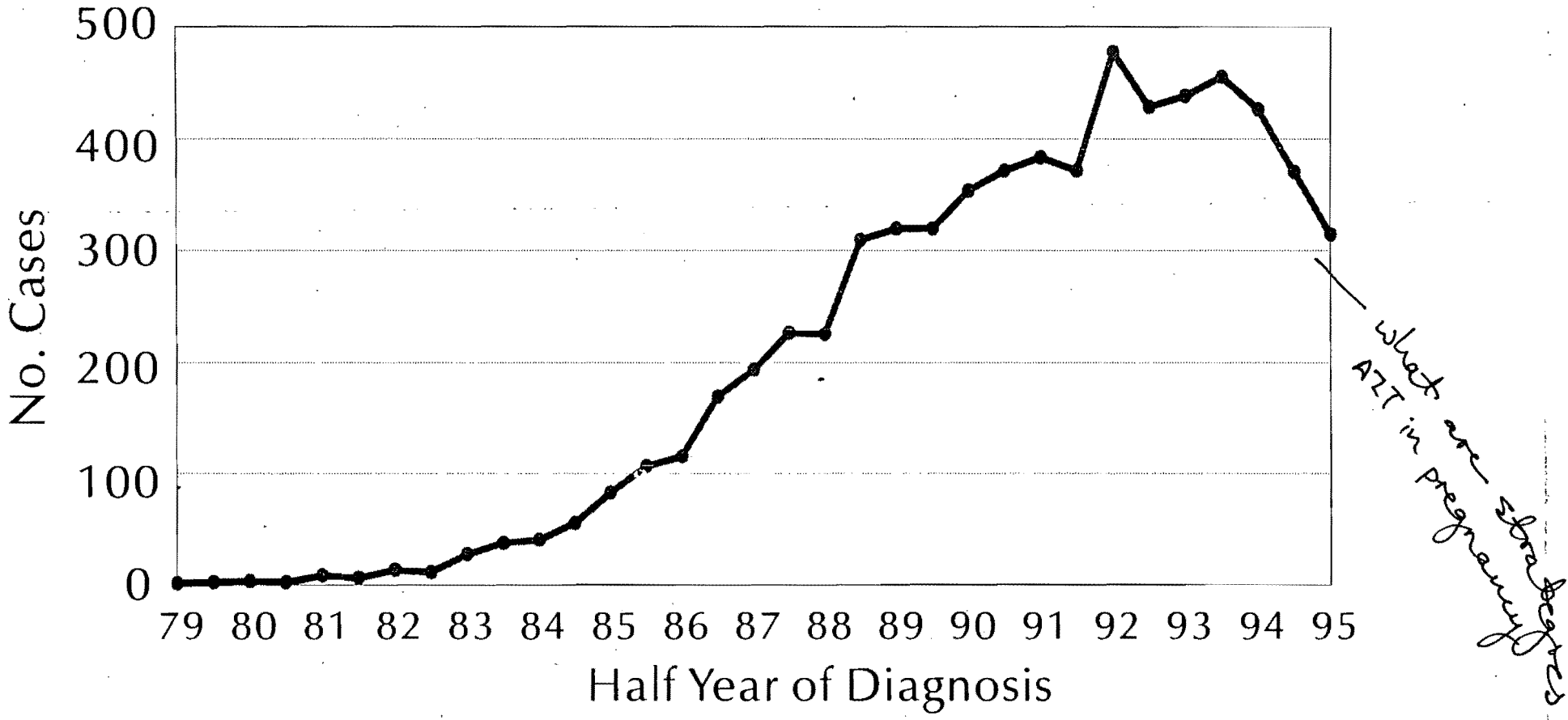
often don't know the man's status. often they're older.

*Includes patients pending medical record review; patients who died, were lost to follow-up, or declined interview; and patients whose mode of exposure to HIV remains undetermined

AIDS in Children (<13 yrs of age) by Transmission Category, United States, Reported in 1995 and Cumulative

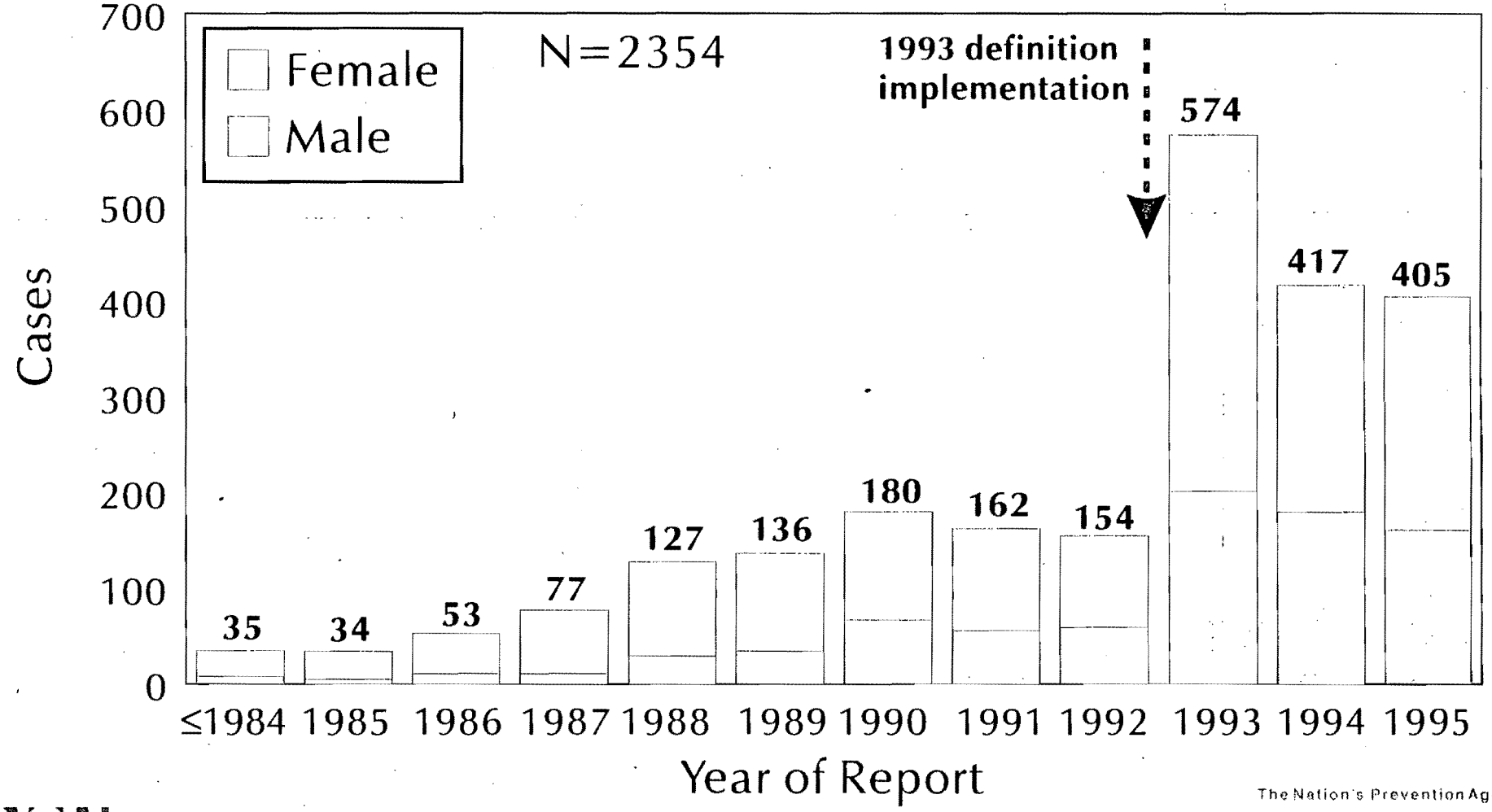
Transmission Category	Year of Report: 1995 No.	1995 (%)	Cumulative 1982-1995 No.	Cumulative 1982-1995 (%)
*Perinatally Acquired	730	(91)	6,256	(90)
Transfusion-Associated	26	(3)	366	(5)
Hemophilia	5	(1)	227	(3)
Risk not reported or ildentified	39	(5)	99	(1)
Total	800	(100)	6,948	(100)

Perinatally-Acquired AIDS, by Half Year of Diagnosis
United States, Reported through December 1995

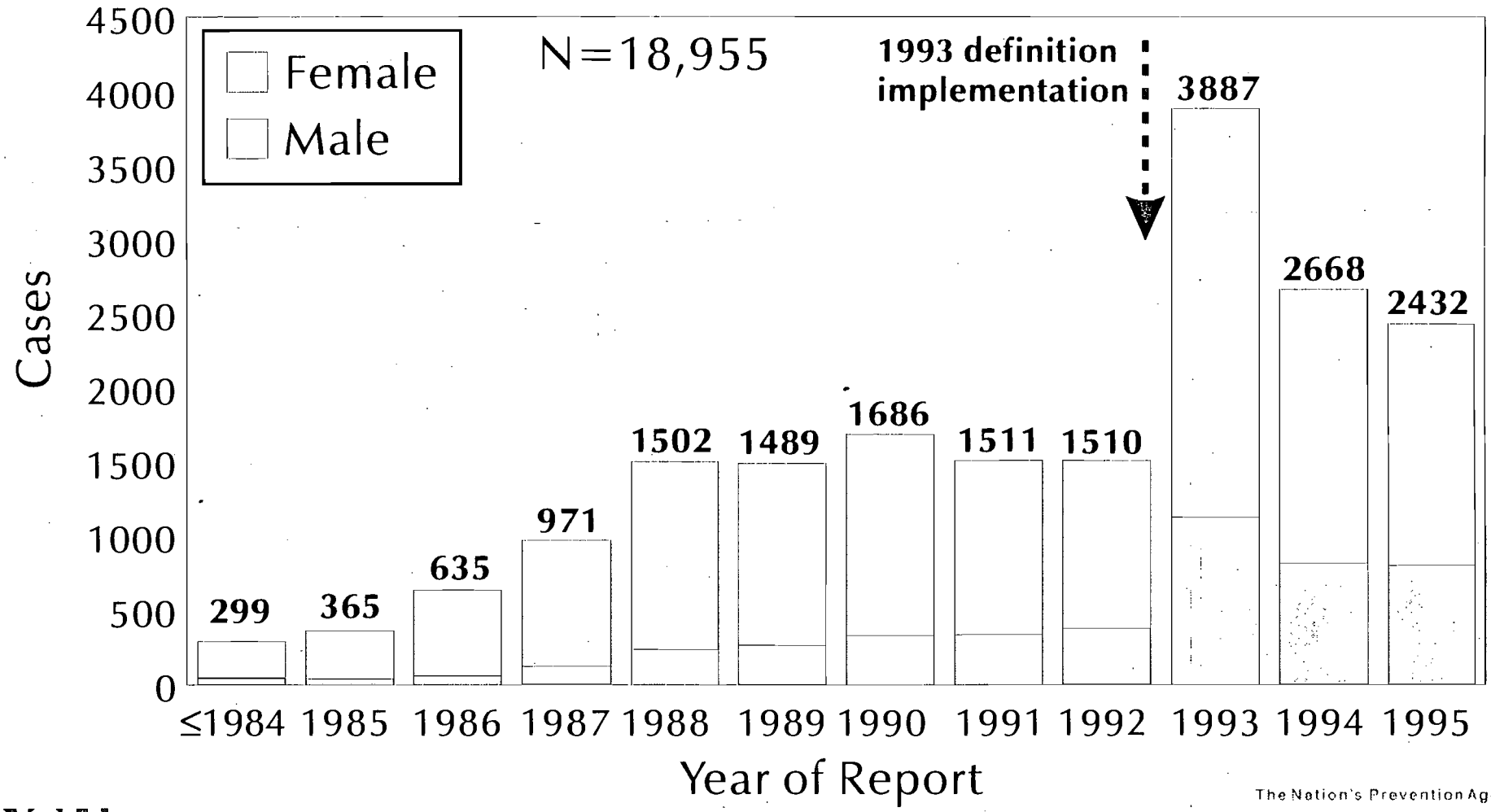


Adjusted for Reporting Delay and NIR redistribution

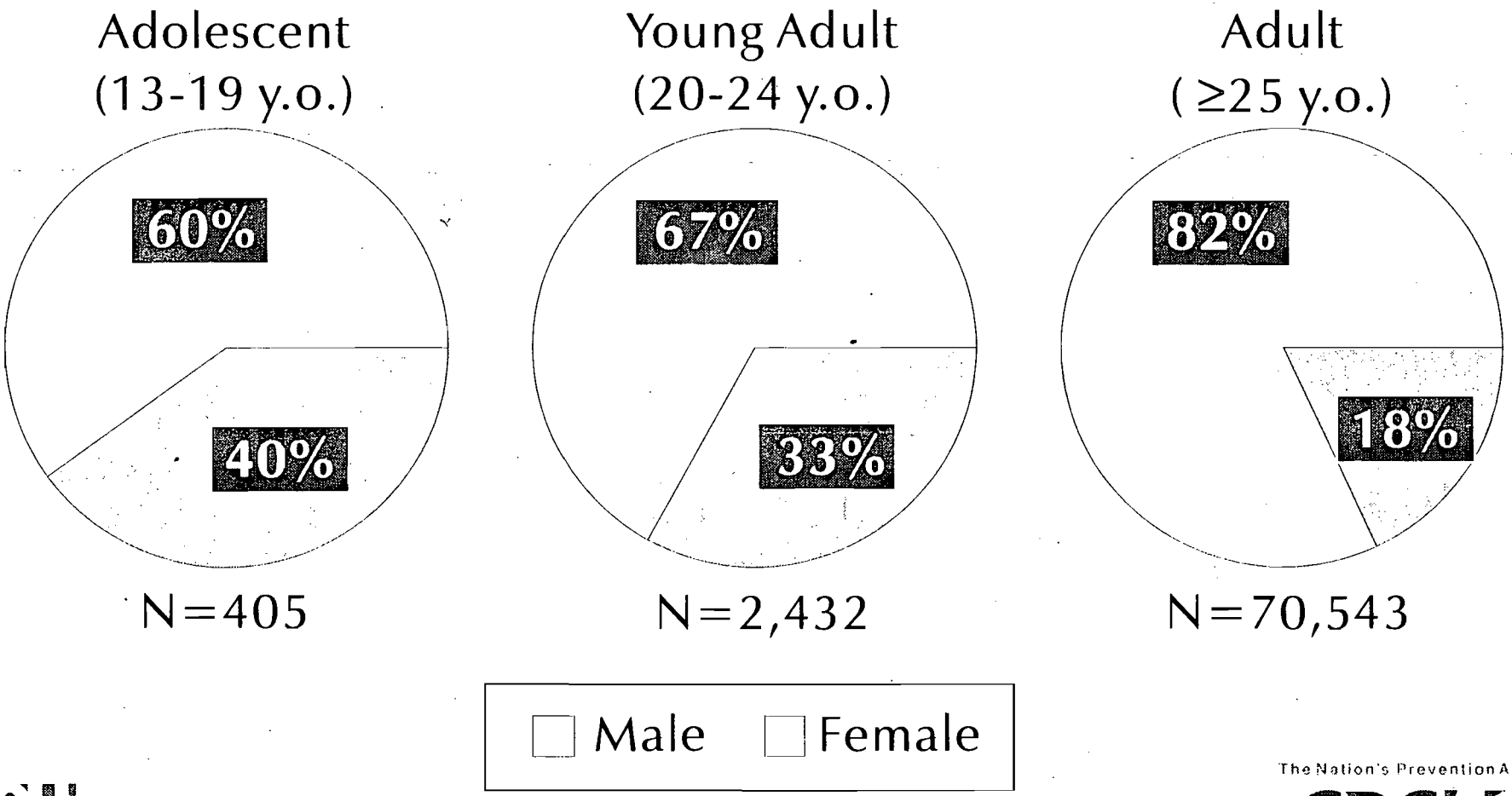
AIDS in (13-19 year olds), by Sex and Year of Report, United States, through December, 1995



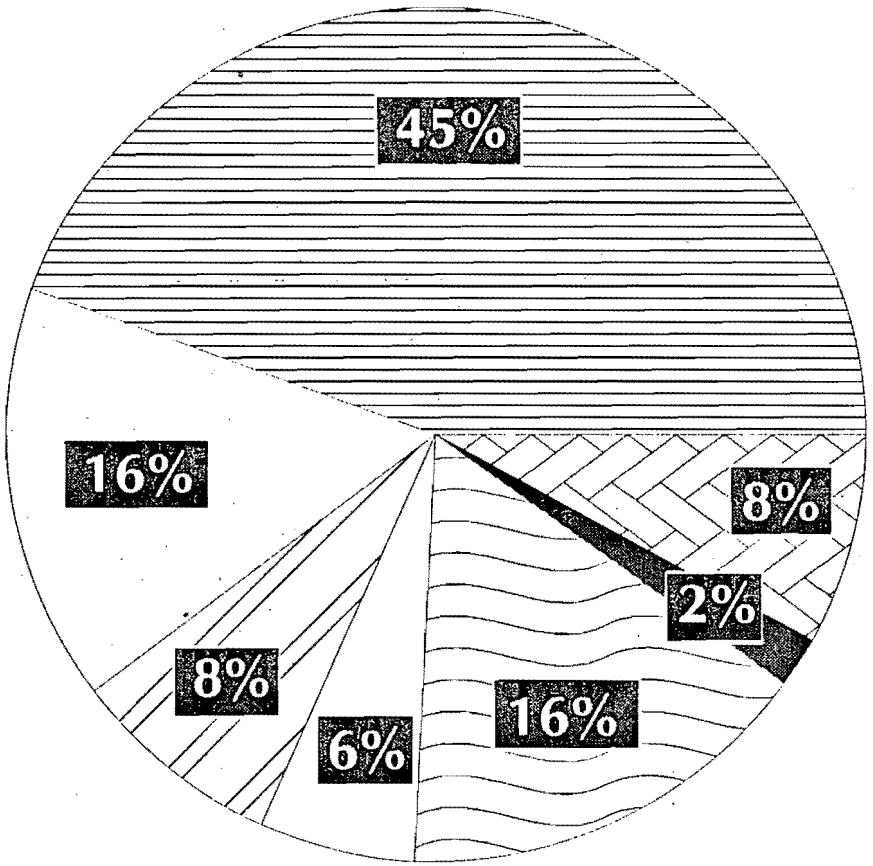
AIDS in (20-24 year olds), by Sex and Year of Report, United States, through December, 1995



Adolescent and Adult AIDS Cases by Sex, United States, Reported in 1995



AIDS Cases Among 13-24 Year Olds by Risk, United States, Reported 1981-1995



Cumulative (N=21,309)

- Men who have sex with men
- Injecting drug use
- Men who have sex with men and injecting drug use
- Hemophilia
- Heterosexual contact
- Transfusion recipient
- Other/undetermined*

*Included patients pending medical record review; patients who died, were lost to follow-up or declined interview; and patients whose mode of exposure to HIV remains undetermined.

1994 AIDS Survey of 51 U.S. State and Federal Prison Systems*

Current number of inmates with AIDS	4,827 persons
Aggregate AIDS incidence rate	518 cases diagnosed per 100,000 inmates
Cumulative AIDS deaths	3,870 persons

CDC HIV/AIDS Surveillance System January 1994 - September 1995

4,873 reported AIDS cases occurring in persons diagnosed in a correctional facility

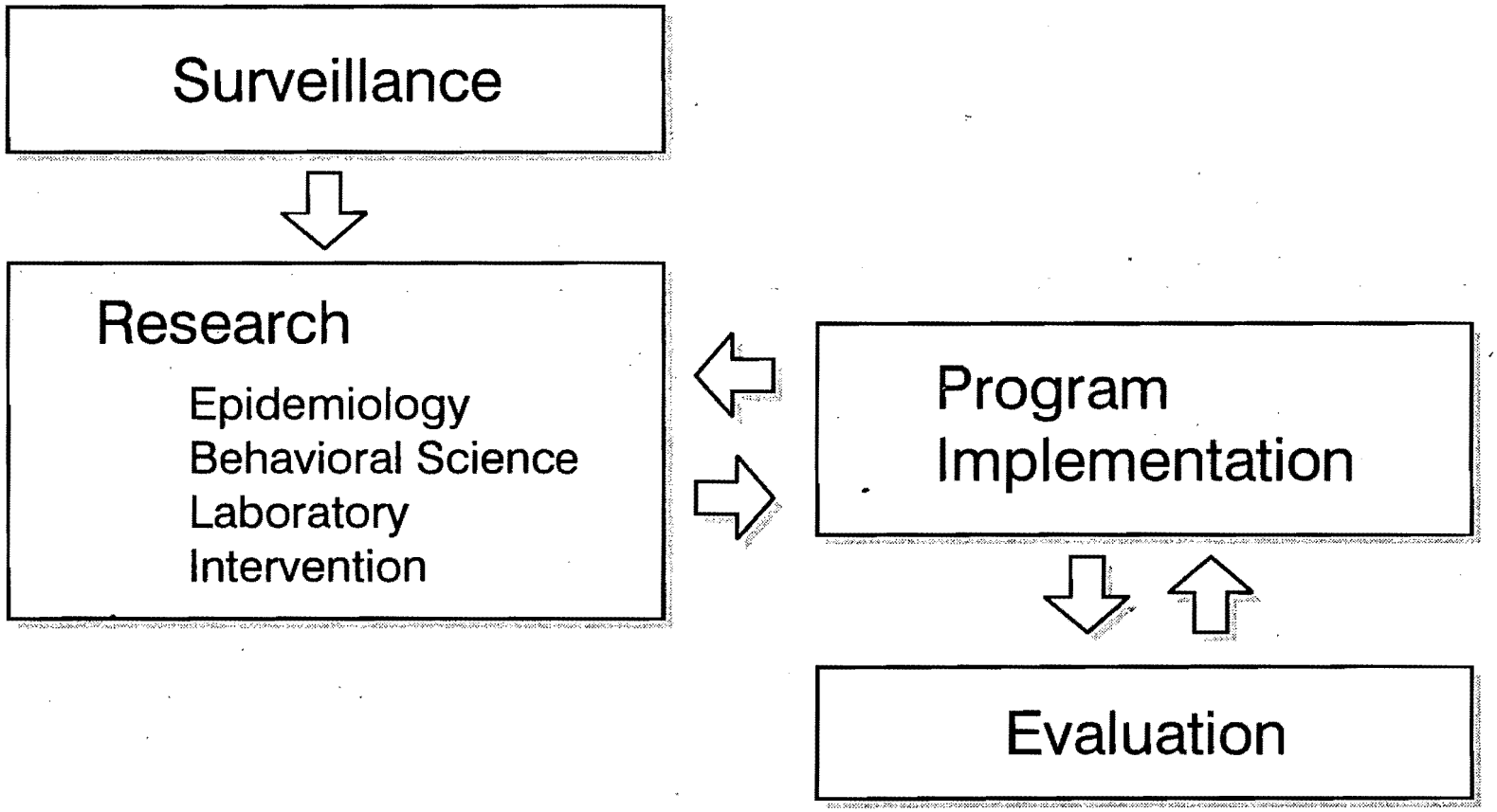
*Source: 1994 Update: HIV/AIDS and STDs in Correctional Facilities; Institute of Justice and Centers for Disease Control and Prevention

Surveillance News
Presentations at Vancouver Conference

- First case of HIV-1 group O infection in United States
  L West Central Los Angeles.
- Unusual HIV-1 subtypes (non-B) in New York
- Risk behaviors among young men who have sex with men
  coming down w/ older men
  not younger men.

  Declining perinatal transmission cases following perinatal AZT recommendations
  - North Carolina study
  - PACTS

CDC's HIV/AIDS Prevention Pathway



HIV/AIDS Prevention
Key Programs and Activities

- Surveillance
- Prevention Research
- Prevention Programs and Partnerships
- Evaluation

Surveillance

- AIDS cases
- HIV cases
- Seroprevalence

Prevention Research

- Epidemiologic
- Natural history
- Behavioral
- Laboratory

General Challenges for HIV Prevention Research

- Answering "What works for whom, when, and by how much exactly?"
- Answering "What is the most cost-effective mix of HIV prevention interventions for a given community?"

Levels of Prevention

	Cost	Public Support
Primary	+	+
Secondary	++	+++
Tertiary	+++	++

Behavior Change

Behavior can change if

- Strong intention to change behavior
- No environmental barriers block the change
- Necessary skills to execute the behavior change
- Perceived pros of behavior change outweigh cons

Behavior Change

- Perceptions that others encourage the behavior change
- Self-image is consistent with the new behavior
- Perception that the behavior is positively enforced
- Belief that one can actually perform the behavior

Some Important Characteristics of Programs That Work

- Basis in specific need and community planning
- Cultural competency
- Clearly defined audiences, objectives, and interventions
- Quality assurance and adherence to plans

Some Important Characteristics of Programs That Work

- Sufficient resources
- Use of evaluation findings and midcourse corrections
- Basis in behavioral and social science theory and knowledge

Needle Exchange
IOM Study

Findings

- Needle exchange programs increase availability of sterile injection equipment
- The lower the fraction of contaminated needles in circulation, the lower the risk of new HIV infections
- No credible evidence to date that drug use increases as a result of needle exchange

Institute of Medicine, *Preventing HIV Transmission: The Role of Sterile Needles and Bleach*, 1995

Needle Exchange Programs (NEPs) UCSF Study

Findings

- No clear evidence of
  - decreased HIV infection rates
  - decreased rates of sexual risk behavior
- No evidence of
  - increased number of discarded used needles and syringes
  - increased drug use by program participants
  - increase in overall community levels of noninjection or injection drug use
- Evidence of
  - decreased HIV drug risk behavior
  - increased referrals to drug abuse treatment

University of California, *The Public Health Impact of Needle Exchange Programs in the United States and Abroad*, 1993

Risk Reduction among African-American Adolescent Males

Study Design: RCT

Interventions:

A. AIDS risk-reduction intervention (focused on knowledge, attitudes, and role playing for implementing safer sex practices)

B. Career opportunity intervention

Jemmott, Jemmott & Fong, American Journal of Public Health, 1992

HIV Prevention Community Planning

Intent

Improve federally funded HIV prevention programs in terms of targeting, relevance, and effectiveness

Means

- by promoting representative community input and
- by applying a strong scientific basis to decision making for HIV prevention programs

Steps of HIV Prevention
Community Planning

- Assess extent of epidemic in defined population
- Assess HIV prevention resources
- Identify and prioritize HIV prevention needs

Steps of HIV Prevention
Community Planning

- Identify and prioritize interventions and strategies
- Develop comprehensive plan
- Assess how well funding application operationalizes the plan
- Evaluate planning process

Prevention Marketing Initiative

Using social marketing principles to shift from mass health communications programs to those influencing behavior changes among persons at high risk for HIV infection

Prevention Marketing Initiative

PMI encourages young adults who are

- not having sex
  to maintain behavior
- sexually active but do not want to continue behavior
  to abstain or limit activity
- sexually active but do not use condoms
  to use condoms
- sexually active and use condoms consistently and correctly
  to continue behavior

Prevention Marketing Initiative

4 components:

- National health communications
- Prevention collaborative forum
- Local demonstration projects
- Integration with community planning

Directly Funded Community-Based Organizations (CBOs)

CBOs address the real needs of the community, and the programs are planned with community input.

Directly Funded Community-Based Organizations (CBOs)

CBOs provide

- Street/community outreach
- Risk reduction for individuals, groups, and couples
- Community-level interventions
- HIV prevention case management

National and Regional Minority Organizations (NRMOs)

Intent

To strengthen and increase the effectiveness of STD/HIV prevention for racial and ethnic minority populations at high risk for STDs and HIV

National and Regional Minority Organizations (NRMOs)

Means

- Improving the organizational capacities, programmatic efforts, and coordination of targeted STD/HIV efforts
- Providing access to hard-to-reach populations
- Providing outreach to CBOs and other private agencies outside the traditional HIV prevention constituency
- Providing technical assistance to state and local health departments in the areas of parity, inclusion, and representation

Business Responds to AIDS (BRTA) and Labor Responds to AIDS (LRTA)

BRTA/LRTA is a nationwide effort to engage business and labor in comprehensive workplace education programs featuring five components:

- Written policy on HIV/AIDS
- Supervisor/labor leader training
- Employee education
- Employee family education
- Community service/volunteerism

Business Responds to AIDS (BRTA) and Labor Responds to AIDS (LRTA)

BRTA/LRTA funds eight national cooperative agreements:

- United Way
- Funders Concerned about AIDS
- AFL-CIO
- AFSCME (American Federation of State, County, and Municipal Employees)
- SEIU (Service Employees International Union)
- NEA (National Education Association)
- National Association of People with AIDS
- National AIDS Fund

Business Responds to AIDS (BRTA) and Labor Responds to AIDS (LRTA)

- Manager's Guide
- Business and Labor Resource Service
- Marketing effort -- airport dioramas, print ads, Op-Eds, and PSAs
- Business collaborative

HIV Evaluation

- Program Evaluation (HIV community planning; NRMOs; innovative, locally initiated prevention programs; effectiveness of CBOs)
- Jurisdiction-Level Assessment of Prevention (HIV prevention indicators)
- Policy and Cost Assessment (prevention effectiveness studies; description of prevention costs)

HIV Evaluation

- Technical Assistance (training materials; technical assistance network)
- Studies of Drug-Associated HIV Transmission (evaluation of prevention polices; drug-using MSM)
- Other Projects (PMI demonstration projects; barriers to and facilitators of condom use)

Intervention Effectiveness
Current Reviews

- "What Intervention Studies Say About Effectiveness" (AED Community Planning Resource Guide, 1996)
- "The Effectiveness of AIDS Prevention Efforts" (OTA Background Paper, 1995)

Future Directions in CDC's HIV Prevention Programs

- Focus on groups at highest or increasing risk
  - injecting drug users
  - youth, especially gay youth
  - women at risk
- Greater integration with related programs
- Biomedical interventions
  - microbicides
  - antiretrovirals
  - vaccines
  - Treatment of other STDs
- Secondary prevention
  - opportunistic infections