Making Our Systems Work for Women and Children in Louisiana

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Outline

- Louisiana's HIV/AIDS Program
 - Structure
 - Activities
- Integration of perinatal prevention into HIV/AIDS Program activities
 - Policy Changes
 - Programmatic Changes
 - Interventions



Louisiana's HIV/AIDS Program

- Part of Louisiana Office of Public Health Center for Preventive Health
- Coordinates statewide activities to address epidemic primarily through three programmatic units
 - Prevention
 - Services
 - Surveillance



Prevention Unit

- Through OPH and community partnerships, program components include
 - HIV counseling and testing
 - Partner counseling and referral services
 - Educational materials
 - Programs targeting HIV positive individuals
 - Outreach
 - Training
 - Infoline for HIV, STD, viral hepatitis, and TB



Services Unit

- Provides community-based care for low-income individuals living with HIV, including:
 - assistance in obtaining medications
 - medical case management
 - primary medical care
 - housing assistance
 - medical transportation assistance
 - nutritional services
 - payment of health insurance premiums, co-payments, and deductibles
 - Many of these services are funded through Ryan White



Surveillance Unit

- Establishes and maintains systems for reporting potential cases from medical providers, laboratories, and other entities that are required to report to OPH per the Sanitary Code
- Active case finding and epidemiologic investigation of potential pediatric and adult cases of HIV infection, including intensive review of all perinatal (mother-to-child) exposures
- Estimation of new infections (incidence)
- Assesses medication resistant strains of HIV among newlydiagnosed cases



Surveillance Unit

- Publishes and disseminates summary reports describing
 - Characteristics of newly-diagnosed cases
 - Persons living with HIV infection
 - Persons progressing to advanced disease (AIDS)
 - Mortality
 - Risk factors associated with infection
- Identification of cases that require direct follow-up and linkage to care
 - newly-diagnosed
 - pregnant women with HIV
 - lost to care



HIV Surveillance in Louisiana

- Authority under the Louisiana Sanitary Code
 - AIDS reportable since 1984
 - HIV infection reportable by name since 1993
 - HIV-related test results (CD4 counts, viral loads, etc.) became reportable in 1999
 - Pregnancies of HIV + women reportable in 2010 *
 - All HIV related labs (including negative tests) for children age
 6 and under reportable in 2010*



^{*} Both pregnancies and exposures were interpreted by OPH as reportable before 2010, but language was added to make them explicitly reportable per request of partnering agencies

How did we incorporate perinatal prevention efforts across the program?



Cascade of Events Leading to an HIV-infected Child*

Reducing the proportion of women...

- who are HIV-infected
 - who unintentionally become pregnant
 - who do not seek prenatal care
 - who are not offered or who refuse HIV testing
 - who are not offered the ARV regimen
 - who refuse the ARV regimen
 - · who do not complete the ARV regimen
 - whose child is infected despite treatment

*Institute of Medicine, 1999



Case by Case Review.....

- OPH-HAP Perinatal Surveillance Coordinator reviews
 ALL reported pregnancies and births
 - Identify missed opportunities
 - Identify opportunities for intervention



Interventions to Interrupt the Cascade

- Policy changes
- Programmatic changes
- Provider-level
- Individual-level



Policy Interventions



Policy Changes

- Revision of statutes
 - In 2006, new recommendations from CDC for inclusion of HIV screening in routine panel of prenatal screening tests (opt-out)
 - In 2007, Louisiana amended several laws and now requires that
 - HIV testing be conducted as a part of prenatal care unless the woman declines
 - provider may test a child without consent if the mother's HIV status is not on record at delivery
 - In 2010, Louisiana amended the Sanitary Code of the Louisiana Administrative Code with
 - More explicit requirements for reporting pregnancies
 - More explicit requirements for reporting HIV exposed children (and their lab results...even if negative)



Programmatic Changes



Programmatic Changes

Surveillance Unit

- Case reports from field prioritized for investigation and Partner Services if records indicate pregnancy or recent delivery
- Surveillance reviews information about prior births to assess risk of perinatal exposure prior to maternal diagnosis
- Case by case review of all pregnancies and exposures
- Cases lost to follow-up sent out to Parish Health Unit nurses for further investigation and follow-up testing

Prevention Unit

- Revised Counseling/Testing forms and interview records for Partner Services staff to flag pregnant women
- Priority referral to case management and medical care
- Street outreach materials



Programmatic Changes

Services

- Ryan White Part B has adopted the Ryan White Part D case management protocol for perinatal prevention when working with pregnant women and families
- Case managers use a family planning assessment for all women in case management
- Ryan White funded agencies report pregnancies to the surveillance program
- Developed of provider- and individual-level interventions



Provider Interventions



Provider-level Interventions

- Education/outreach to providers about USPHS testing and treatment standards
 - Letters, ACOG, etc.
- Facilitating implementation of rapid testing in labor/delivery settings
- Follow-up with individual providers if problem identified with a case
 - Did not test patient or have result on record, did not see result, result returned after delivery



Individual-level Interventions



Individual-level Interventions

- Review ALL cases from pregnancy through to ascertainment of child's status
- Outreach to women with HIV who are pregnant but do not appear to be in care
- Outreach to woman/child after birth if there appears to be a need to link to appropriate care and/or follow up testing



New Program Activities

- FIMR/HIV Prevention Methodology
- OPH Perinatal Surveillance Workgroup
 - Hep B
 - Syphilis/STD
 - HIV
 - MCH
 - ...and growing

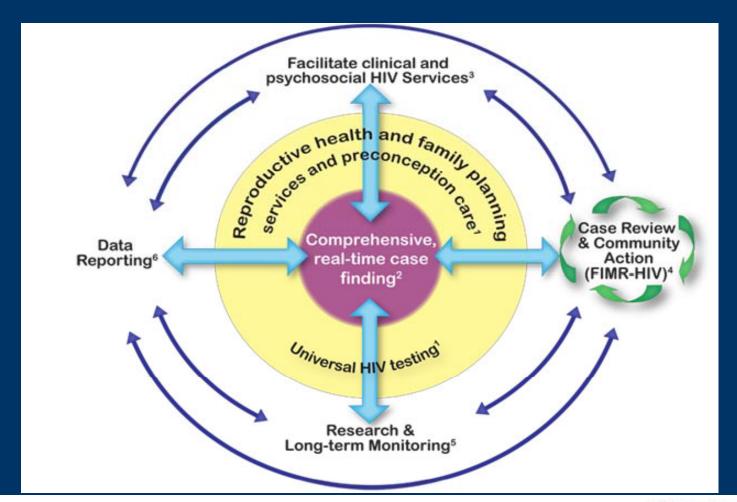


10 Essential Public Health Services*

- **Monitor** health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- **Mobilize** community partnerships to identify and solve health problems.
- **Develop policies and plans** that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
- **Assure** a competent public health and personal healthcare workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.



Strategy to eliminate perinatal transmission of HIV





Questions?

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