HIV/AIDS in the South and Challenges in Other Non-Metropolitan Areas in the U.S.

Satellite Conference and Webcast Friday, January 27, 2006 2:00-4:00 p.m. (Central Time)

Produced by the Alabama Department of Public Health Video Communications and Distance Learning Division

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Special Thanks To:

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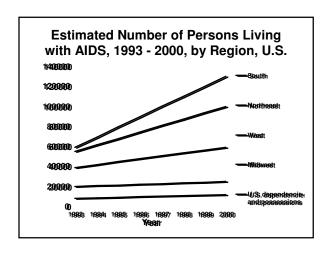
Gregory Underwood

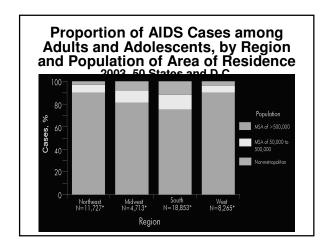
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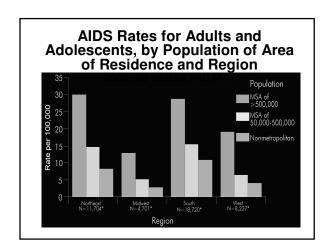
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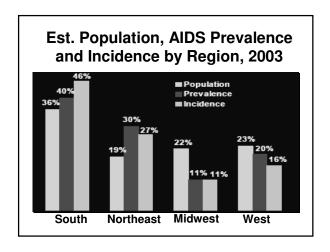
North Carolina Division of Public Health

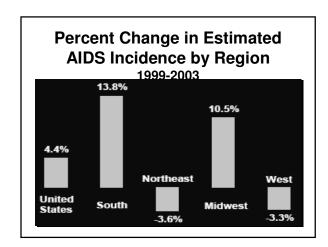
The Southern Region of the U.S. The Southern Region: Alabama Arkansas Delaware District of Columbia Florida Georgia Kentucky Louisiana Maryland Mississippi North Carolina Oklahoma South Carolina Tennessee Texas Virginia West Virginia

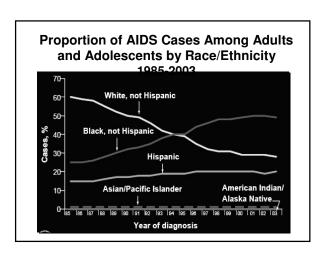










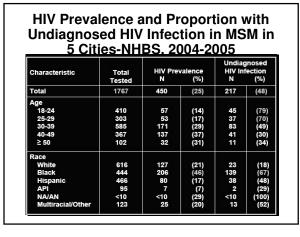


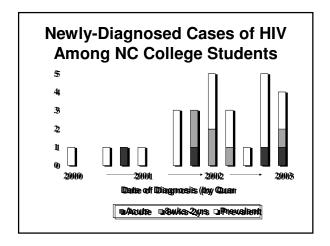
Estimated HIV Prevalence in the United States at the End of 2003

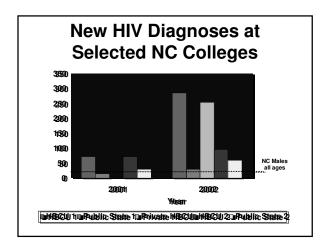
- CDC estimated that be the end of 2000:
 - -850,000 950,000 HIV-infected persons living in the U.S.
 - -25% undiagnosed and unaware of their HIV infection
- HIV surveillance data and two statistical modeling procedures were used to update these estimates

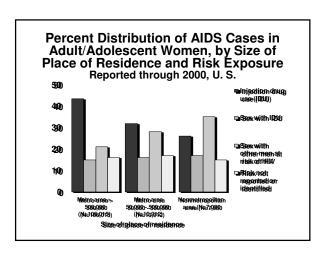
Estimated HIV Prevalence in the United States at the End of 2003

- CDC now estimates that by the end of 2003:
 - -1,039,000 1,185,000 HIV-infected persons living in the U.S.
 - -24-27% undiagnosed and unaware of their HIV infection









Where are we in 2006?

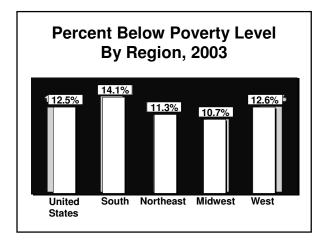
- Increase in HIV among racial/ethnic minority MSM
- Heterosexual transmission of HIV for women in the South
- ~25-40% of prevalent HIV infected are unaware of HIV status

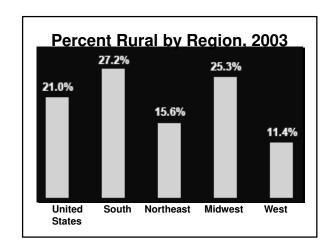
Why the disparities?

Contextual

Factors

- Poverty/prison
- Sexual concurrency
- Institutional racism
- STDs and bridging populations
- Stigma of HIV
- · Rural nature of the south
- Lack of primary care and access to meds





Epidemiological Synergy: STIs on HIV

- STRONG EVIDENCE that both ulcerative and non-ulcerative STIs increase HIV infectiousness and susceptibility
- Risk estimates range from 2.0-23.5

STI Case Rate Rank

Region	Ct	GC	Syph	HSV
South	2	1	1	1
NE	3	3	3	
West	4	2	2	
Midwest	1	4	4	

Late Entry into Care UNC HIV Clinic 2000-03

- SE reports greatest proportion of AIDS cases and deaths
- · On presentation, ART indicated for:
 - -75% of patients based on CD4 count, HIV RNA level, and an AIDS clinical condition
 - -71% solely on CD4 count
 - 78%, 57%, and 84% of patients entering HIV care ≤1 year, 1-2 years, and >2 years from HIV diagnosis, respectively (p=0.02)

African Americans as Percent of People Living with AIDS

10 of Top 10 in the South, 2003

(U.S. percent = 42%)

1. Washington, DC 81% 6. N. Carolina 67%

2. Maryland 79% 7. Delaware 67%

3. S. Carolina 73% 8. Alabama 62%

4. Mississippi 71% 9. Louisiana 62%

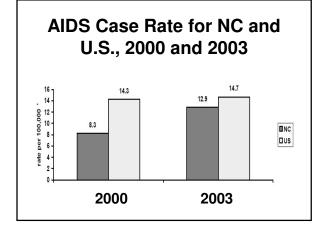
5. Georgia 69% 10. Virginia 58%

States with ADAP Waiting List and/or Access Restrictions, May 2005

- 19 states as May 2005
- 9 of these states are in the South; many already have low financial eligibility and limited formularies
- Southern States with ADAP restrictions:
 - tions: Louisiana
 - AlabamaArkansasNorth CarolinaOklahoma
 - Georgia Texas
 - KentuckyWest Virginia

NC ADAP

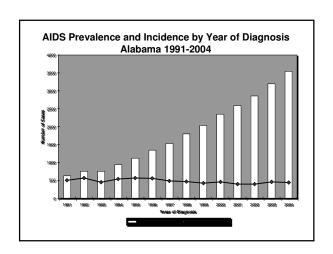
- Lowest eligibility (125% poverty line)
- Missing those up to 250-300%
- Access to ADAP not equal
- Minorities more likely to be on waiting list

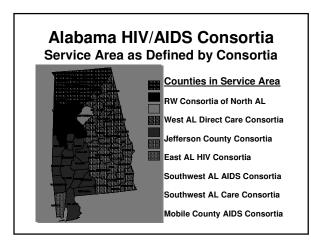


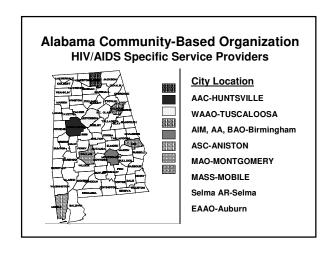
Summary

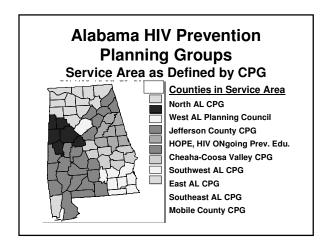
- · HIV/AIDS increasing in the South.
- Racial health disparity greatest in the South.
- Barriers of access to care significant in the South.
- Ryan White Funding and ADAP must be adjusted to reflect rural need, address health disparity, include prevention.

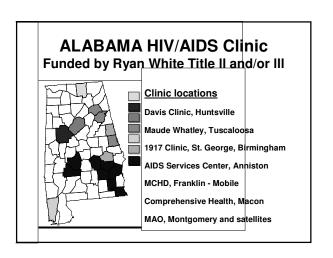
Jane Cheeks, JD, MPH
State AIDS Director
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This program was produced by
The Alabama Department of
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The Southern AIDS Coalition.

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