

A stack of white papers or documents, slightly blurred, set against a light blue background.A circular inset showing a close-up of a microscope lens or objective, set against a purple and blue background.

Preventing HIV Infection in Women – Keep Moving Forward

A stack of white papers or documents, slightly blurred, set against a light green background.A close-up of a round analog clock with a yellow face and black numbers, set against a yellow and orange background.

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Goals of the Presentation

- ❑ Review the domestic epidemiology
- ❑ Example of an epidemic “hotspot”
- ❑ Recent challenges in biomedical prevention
- ❑ The way forward – creative and multilevel prevention



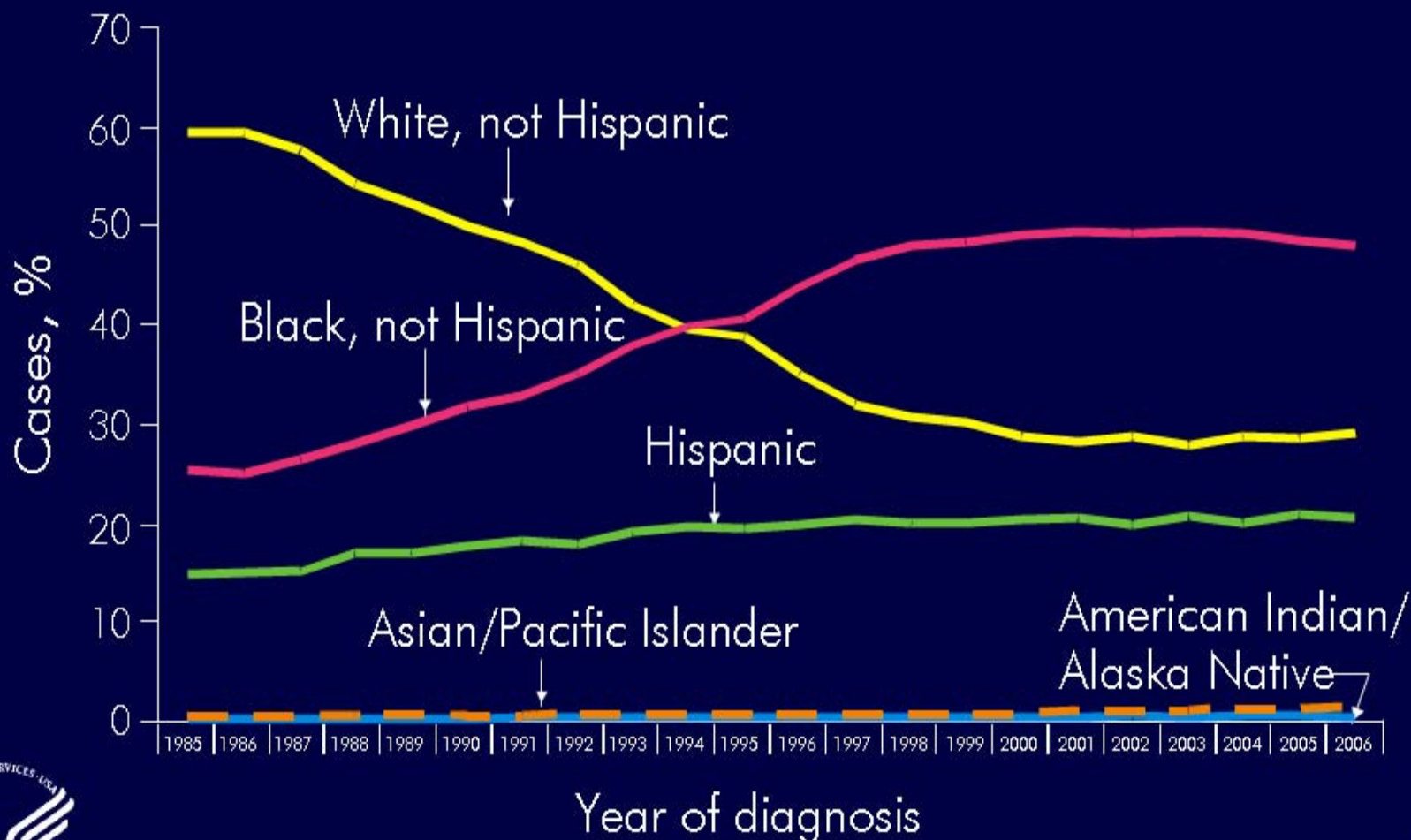


HIV Infection Among African American Women



Running out of time....

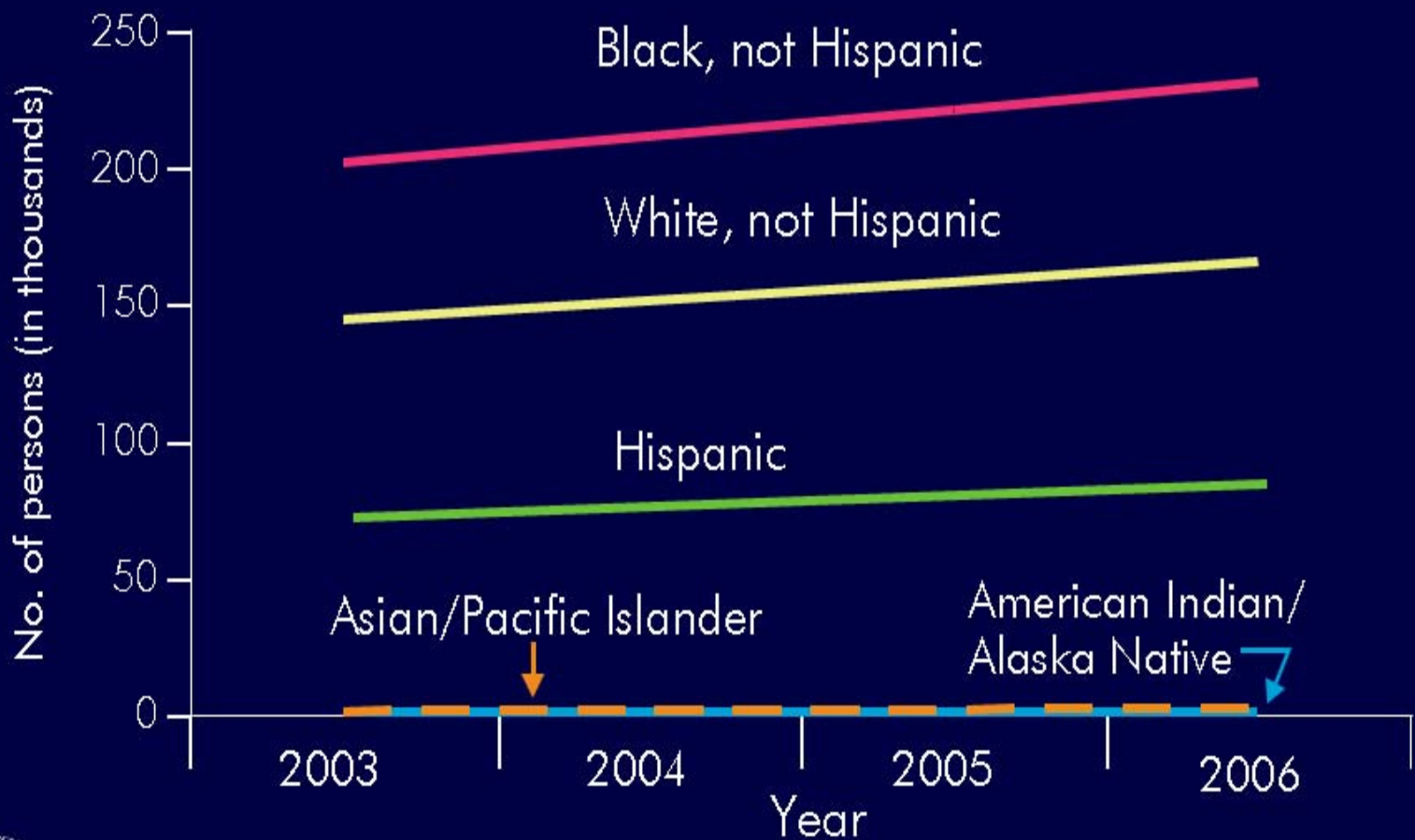
Proportions of AIDS Cases among Adults and Adolescents, by Race/Ethnicity and Year of Diagnosis 1985–2006—United States and Dependent Areas



Note. Data have been adjusted for reporting delays.



Estimated Number of Persons Living with HIV/AIDS, by Race/Ethnicity, 2003–2006—33 States

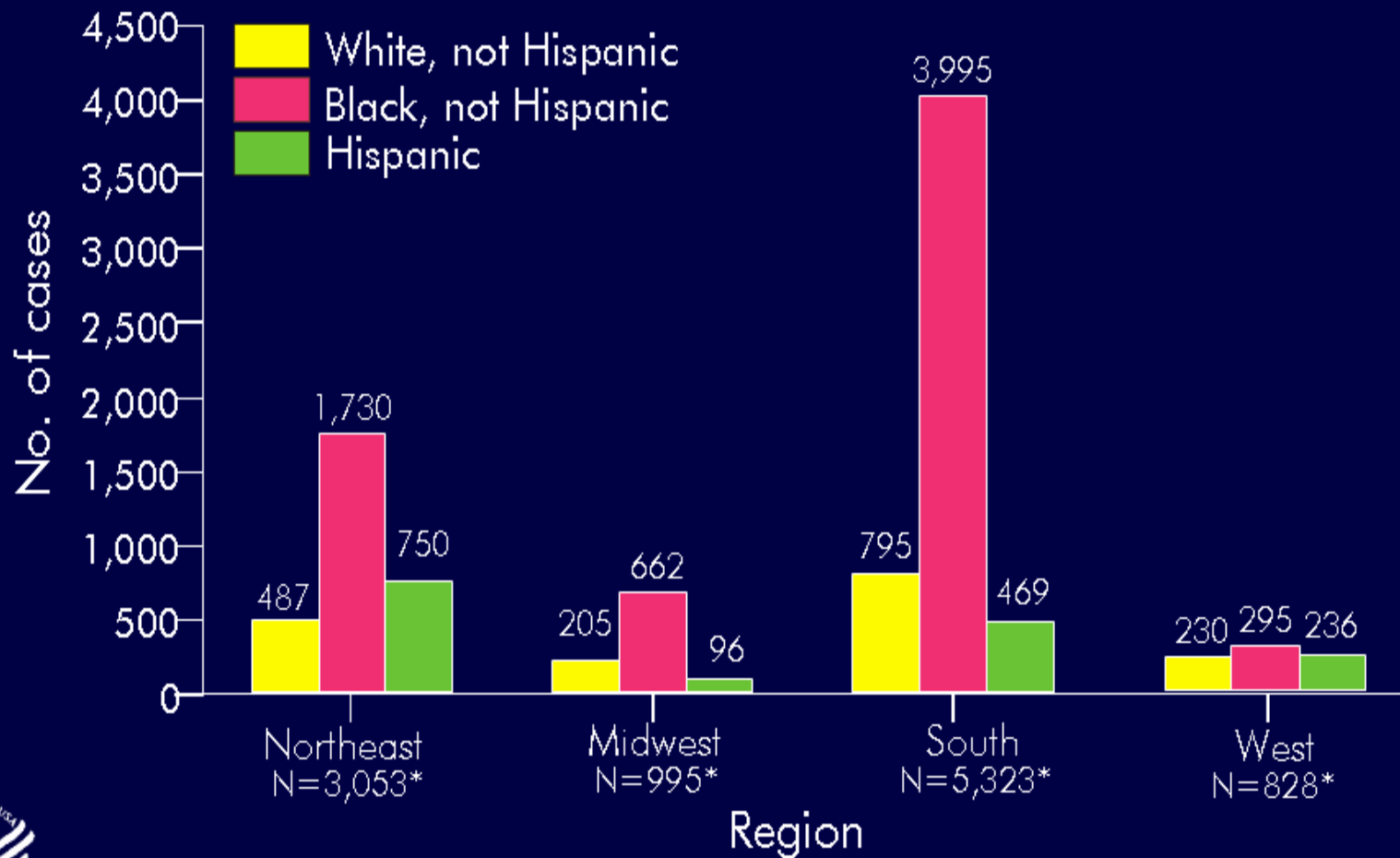


Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis. Data from 33 states with confidential name-based HIV infection reporting since at least 2003. Data have been adjusted for reporting delays.



Reported AIDS Cases among Female Adults and Adolescents, by Region and Race/Ethnicity, 2006

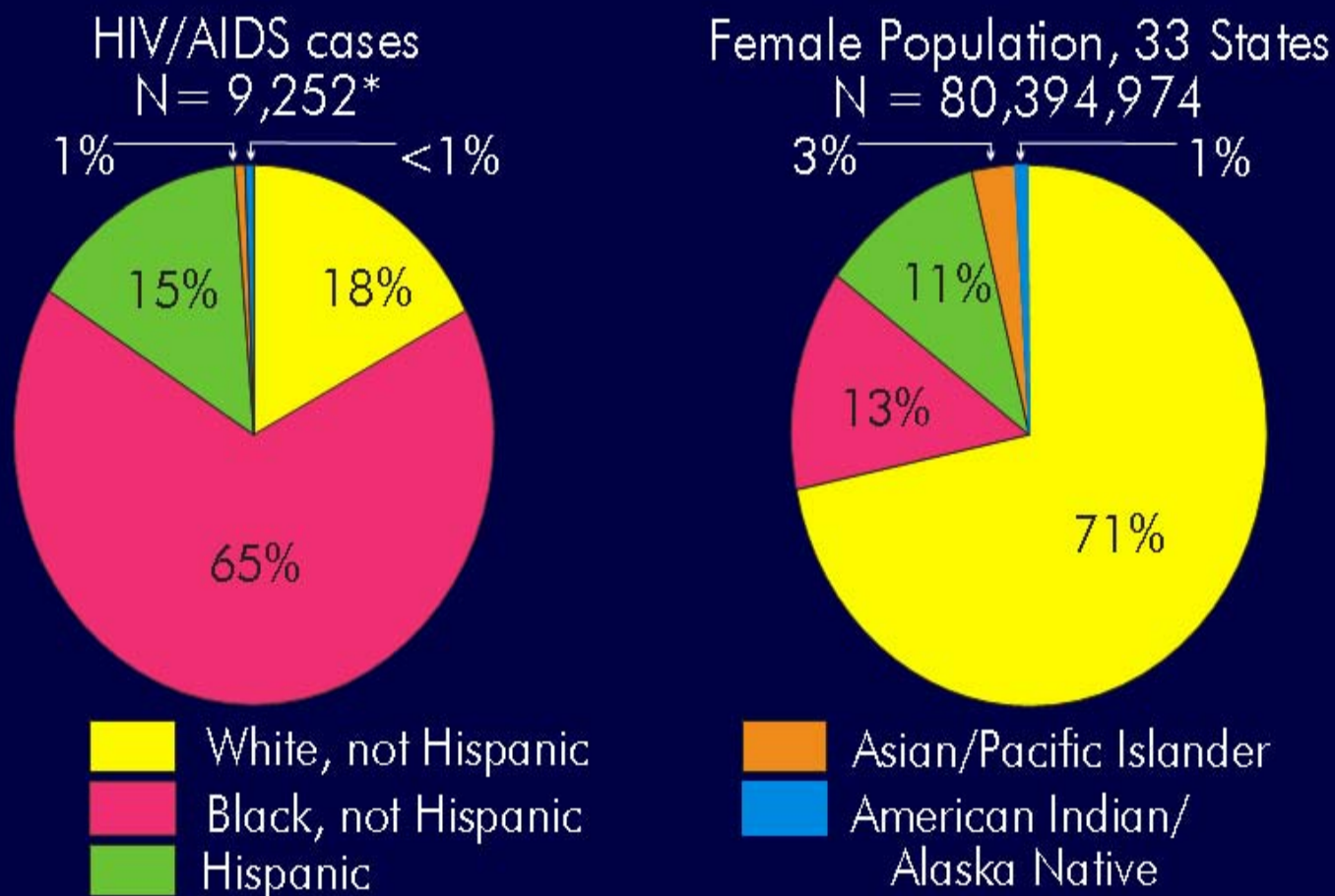
50 States and DC



* Region totals include females of unknown race or multiple races.



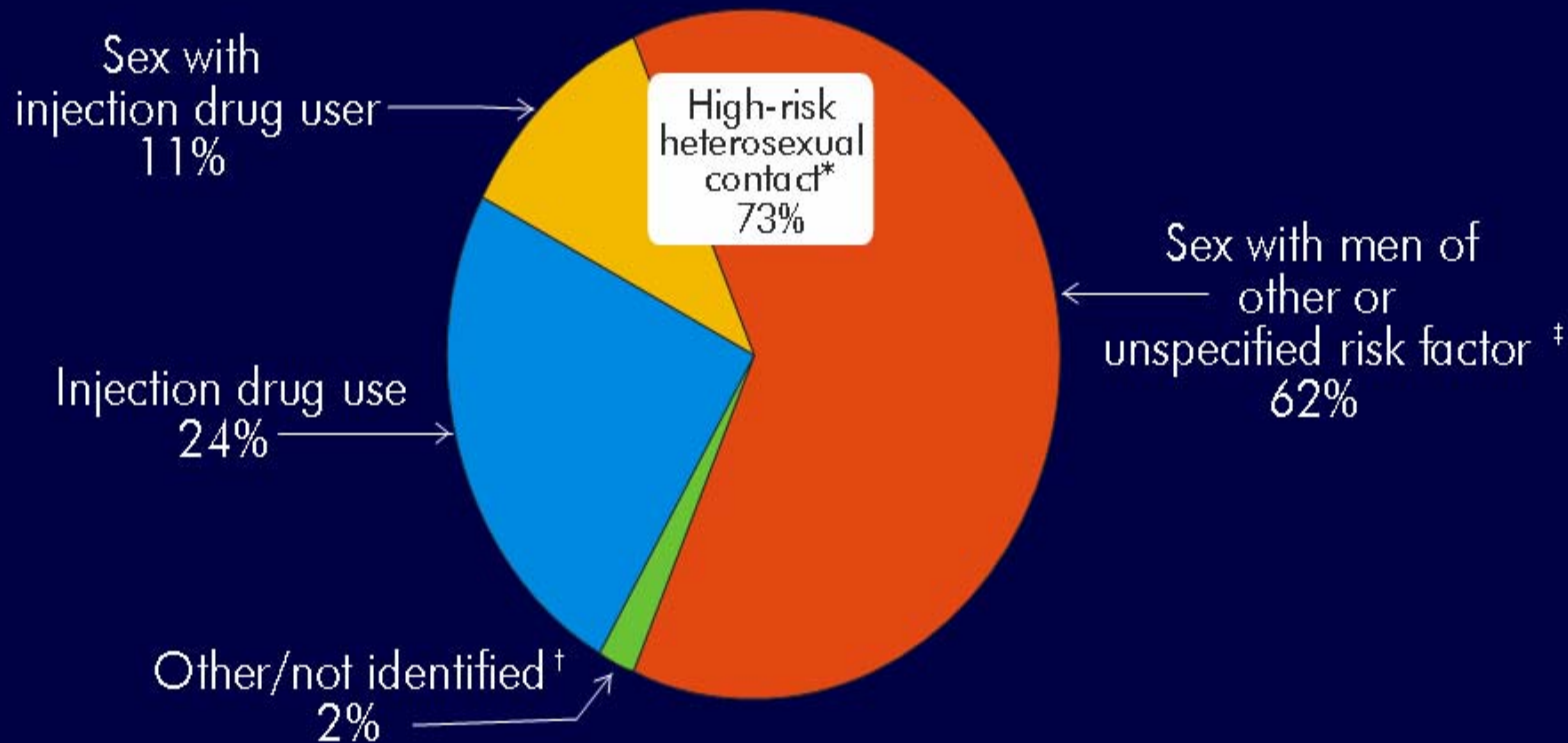
Proportion of HIV/AIDS Cases and Population among Female Adults and Adolescents, by Race/Ethnicity 2006—33 States



Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis. Data from 33 states with confidential name-based HIV infection reporting since at least 2003. Data have been adjusted for reporting delays. *Includes 41 female adults and adolescents of unknown race or multiple races.



Proportion of AIDS Cases among Female Adults and Adolescents, by Transmission Category 2006—United States and Dependent Areas



Note. Data have been adjusted for reporting delays and cases without risk factor information were proportionally redistributed.

*Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

†Includes blood transfusion, perinatal exposure, and risk factor not reported or not identified.

‡Includes sex with a bisexual male, a person with hemophilia, and HIV-infected transfusion recipient, or an HIV-infected person with an unspecified risk factor.



Estimated Number of HIV/AIDS Cases and Rates for Female Adults and Adolescents, by Race/Ethnicity 2006—33 States

Race/Ethnicity	Cases	Rate (cases per 100,000 population)
White, not Hispanic	1,664	2.9
Black, not Hispanic	6,033	56.2
Hispanic	1,400	15.1
Asian/Pacific Islander	79	3.2
American Indian/ Alaska Native	35	4.6
Total*	9,252	11.5

Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis.

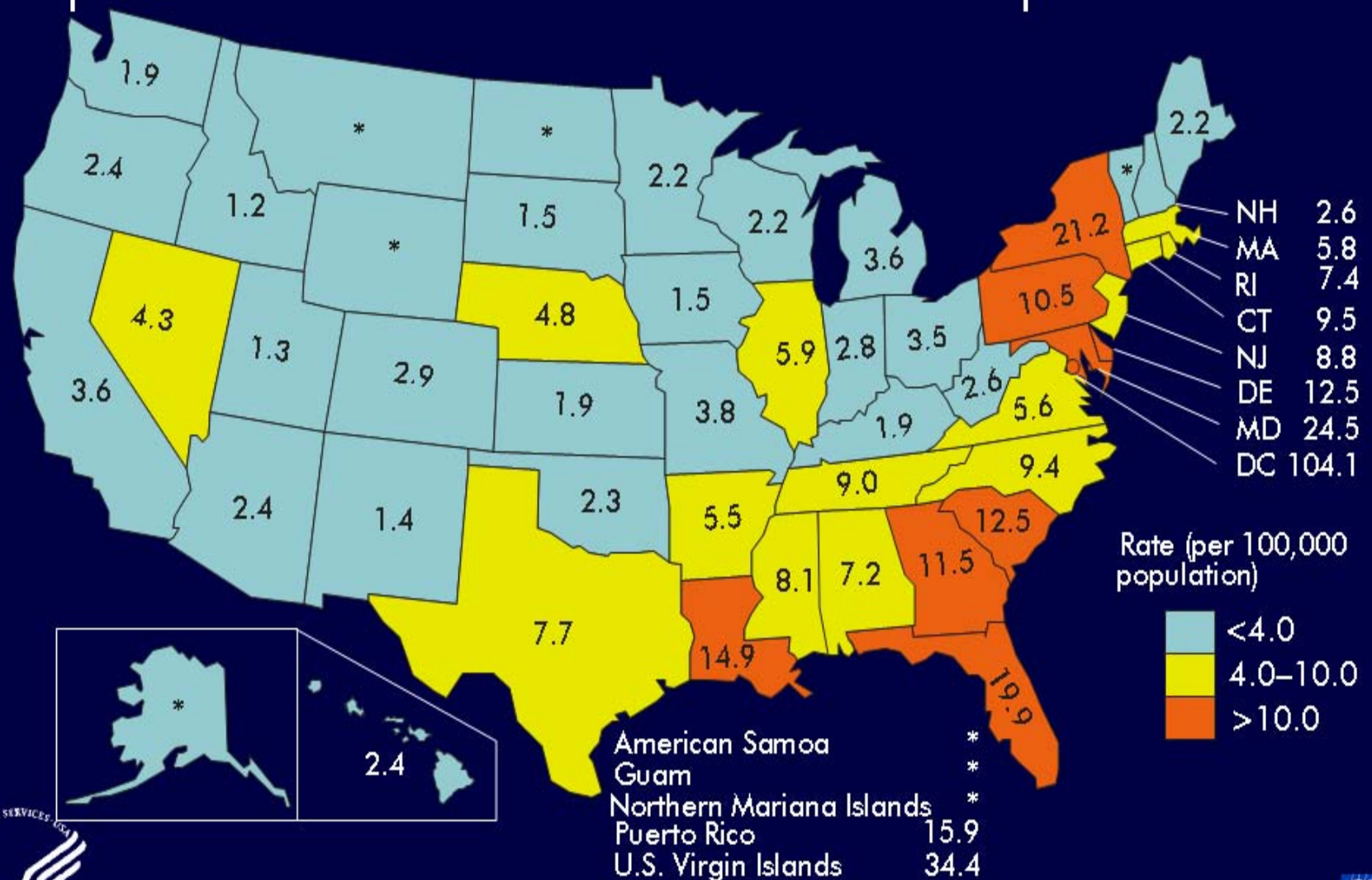
Data from 33 states with confidential name-based HIV infection reporting since at least 2003.

Data have been adjusted for reporting delays.

* Includes 41 female adults and adolescents of unknown race or multiple races.



AIDS Rates for Female Adults and Adolescents Reported in 2006—United States and Dependent Areas



* Rates were not calculated for areas reporting fewer than 5 AIDS cases in females in 2006.



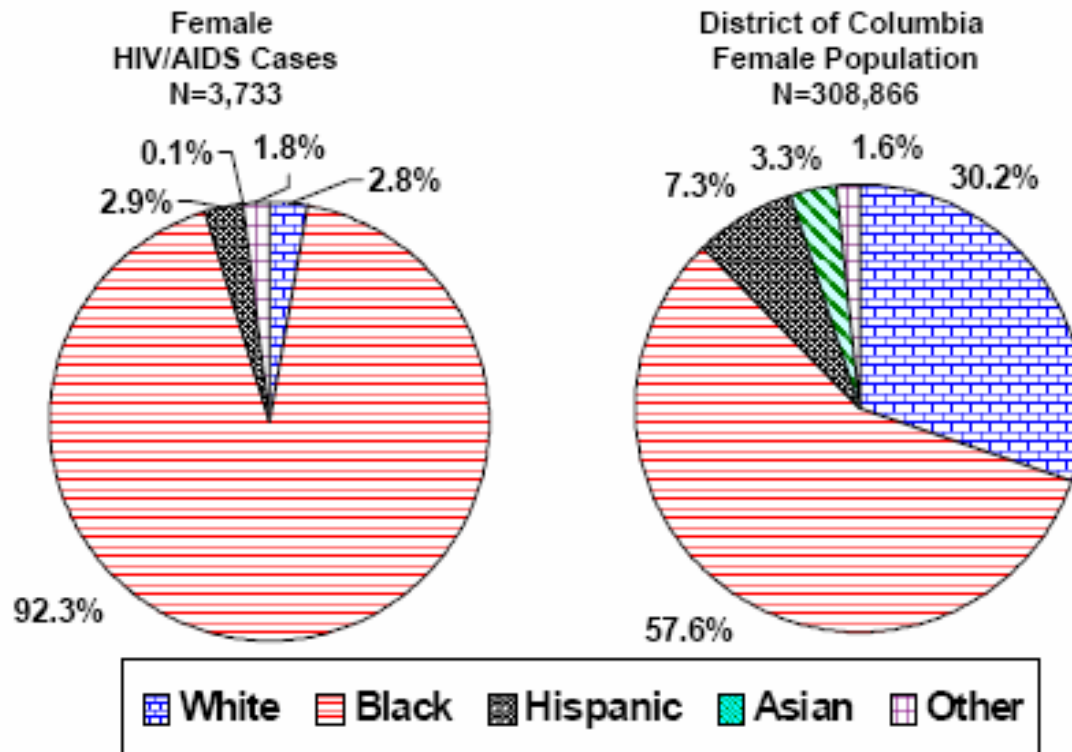


HIV Infection in the nation's capitol



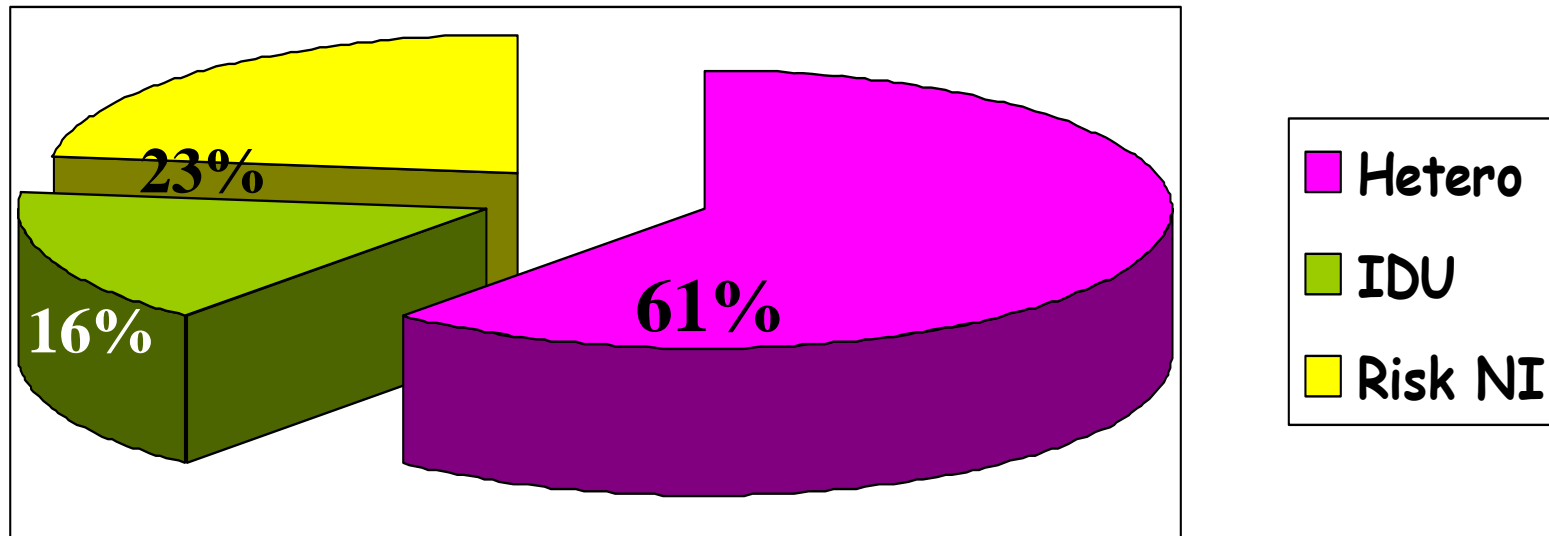
Women in the crosshairs of an
epidemic...

Proportion of Reported Living Female HIV/AIDS Cases and Population, by Race/Ethnicity - District of Columbia, 2006



*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races

Mode of Transmission in Newly Reported HIV cases – Women, District of Columbia



Data source: DC DOH HIV/AIDS Fact Sheet 11/07

Snapshot of an epidemic

- Rates of HIV infection in some wards of DC rival those in developing nations
- Black women are **58%** of the District's female population, but **93%** of the women living with HIV and **90%** of all new female cases





Snapshot of an epidemic - 2

- DC perinatal HIV transmission accounts for **6%** of the national cases
- DC has the 1) **highest rate** of newly reported AIDS cases in the nation and 2) the **highest rate** of people living with AIDS
- The AIDS mortality rate in DC is **TEN TIMES** the national average.



Where do we go from
here?



Prevention needs a makeover....

Role of Biomedical Prevention

- Microbicides offer an important prevention option, BUT
- The CS Gel trial was halted early due to more infections in the product group.
- Vaccines offer the hope of partial or complete immunity, BUT
- The STEP Trial had to be halted



Looking Forward

- Prevention continues to offer the best option, BUT....
- We need greater diversity of prevention intervention strategies in our armamentarium
- There are no studies of WSW in the compendium of prevention interventions and this must change.



Looking Forward

- It is time to declare WAR on HIV transmission. This means looking for synergy between existing prevention methods and new ones.
- Think outside of the box. Example, HOUSING is HIV Prevention. It's not a biomedical intervention, but it is life saving!



Looking Forward

- Everyone has a role in HIV prevention. PLWH are an essential part of this effort.
- Closer community-academic-federal alliances are needed to carry the prevention message and strategies into our heavily impacted communities



The Challenges Remain

- Since 1985 AA male incarceration has increased 700%, AA female incarceration 300%
- Blacks and Hispanics present with AIDS sooner after testing.
- Similar degrees of risk behavior in whites and AAs confer very different RR of HIV infection



Take Home Points

- HIV continues to heavily impact women of color
- All lives have value and we must push for effective prevention strategies that respect that value while promoting prevention.
- Effective community-academic-federal partnerships are sorely needed change the trajectory of the epidemic



Take Home Points - 2

- HIV prevention needs a Manhattan Project approach = time + \$\$\$
- Microbicides and Vaccines continue to be important avenues to be explored.
- HIV transmission patterns reflect a lack of social justice that has been present for decades and **demand action**



Take Home Points - 3

- Every single person can do HIV prevention – it's called speaking up!!
- Talk to friends, pastors, co-workers, anyone who will listen
- Our *silence* promotes social injustice, our **ACTIONS** will promote change







A Final Thought

“ I’m counting my days down to glory...my breathing is short and I’m down to bones. But every day I try to tell one woman to look at me – don’t turn away- **LOOK AT ME. ‘I’m the face of the disease you can’t see until its too late.’ If I can do this, can’t you and your fancy science help us too? We can put a man on the moon – tell me you can’t stop this. It isn’t rocket science...”**

-- Louise A 3 weeks before her death in 1992



Speak the TRUTH with
POWER....



Push for CHANGE in our lifetime