
The Bottom Line	<p>This project combined executive commitment and leadership strategy driven by data and evidence to reduce HIV infections and improve outcomes of persons living with AIDS in DC. Through the use of data three critical accomplishments were made in the fight against the epidemic: 1) An overall 57% decrease in newly diagnosed rate and 87% reduction in the number of newly diagnosed HIV cases attributable to injection drug use. (In 2007, prior to the scale up of DC's needle exchange program, there were 149 cases compared to 19 in 2013.) 2) Total prevention of mother-to-child transmission (i.e, no babies born with HIV). 3) Reduced overall prevalence rate from 3.2% in 2010 to 2.5% in 2013.</p>
Problem	<p>The 2007 HIV/AIDS annual epidemiology report revealed striking and disturbing new data showing that the epidemic has become complex, threatening the lives of far too many DC residents.</p>
Leadership	<p>The District's leadership convened a summit to engage stakeholders to facilitate communication and get inputs from frontline experts. A new Commission on HIV was appointed to build on and develop leading edge strategies focused on treatment and the needs of people living with HIV, while reducing the number of new infections.</p>
Staffing	<p>In response to the need for improved HIV/AIDS surveillance data to guide the epidemic response, a partnership was formed between the DC Department of Health's HIV/AIDS Administration and the George Washington University School of Public Health and Health Services to share staff and ideas. Stronger collaborations were established with local health departments to facilitate implementation of CDC guidelines and routine HIV screenings. Staff received training and new staff were brought onboard to help accelerate implementation of the response strategy to combat the virus.</p>
Data	<p>The data from the HIV/AIDS surveillance code base reporting system, where a unique identifier was generated for the HIV reports and entered into the UIS database, was found to have a number of limitations. Incompleteness of data, lack of evaluation for data uniqueness, redundancy, and potential for duplication were identified as some of the limitations. It also made it difficult to conduct contact tracing and targeted care and treatment for those in need. A name-based reporting transition was made to collect, manage, and report cases using the enhanced HIV/AIDS Reporting System (eHARS).</p>
Technology	<p>A browser-based database application was used to collect information. Insights and analysis from the data were generated using Excel and SAS. ArcMap was used to perform geospatial analysis to target condom distribution to populations with vulnerability to HIV.</p>

Methodology

Leadership convened a stakeholder engagement to facilitate communication, culminating in a strategic framework. The framework outlined an outcome-based method to contain prevalence and minimize incidences. The strategy included increased condom distribution, expanded HIV testing, needle sharing and exchange program, early treatment and care for those who tested HIV positive, and provision of PrEP and Truvada for at-risk populations.

Results

The number of newly reported HIV cases decreased by 70%. The proportion of persons linked to HIV care increased following diagnosis and the number of persons moving from stage 3 HIV disease (AIDS) to stage 1 and 2 (HIV only) increased.

Replication

Leadership commitment, stakeholder engagement, and data-driven strategy are key to addressing such public health challenges. Building partnerships and fostering strong collaborations with relevant local organizations is the basis of seeking solutions and taking action. Using best practices, staff training, and engaging experts are critical to comprehensively and efficiently managing epidemics.

Learn More

Annual epidemiology and surveillance reports for DC
<http://doh.dc.gov/node/1134032>