

Pediatric AIDS Chicago Prevention Initiative

Annual Report – 2007

MISSION The mission of the Pediatric AIDS Chicago Prevention Initiative is to eliminate deaths from pediatric AIDS and to reduce transmission of the virus from mothers to their children in the state of Illinois.

The **Pediatric AIDS Chicago Prevention Initiative (PACPI)** is a collaborative enterprise of public and private partners representing HIV prevention and treatment statewide. In 2007, we saw continued advances for HIV-positive women and their children. Illinois has maintained a high proportion of pregnant women who know their HIV status at the time of delivery. In addition, the number of HIV-infected newborns continues to be very small. The safety net of prevention for women and their babies continues to work – prenatally, at the time of delivery and postpartum. A tremendous amount of resources have been brought to bear on this work – from legislative effort in Springfield to the work of a labor and delivery nurse to ensure that every pregnant woman knows her status, to the enhanced case manager who follows up on a rapid HIV test with a preliminary positive result at a local hospital on the weekend.

Pregnant women know their HIV status

99.98% of Illinois moms and babies going home from the hospital know their status. Before we started the rapid testing project in Illinois, right after the law was passed in August 2004; only 72% of moms and babies knew their status. In just over two years, Illinois has achieved almost 100% documented status of moms and babies.

This is due in large part to the efforts of labor and delivery staff at every hospital in the state who are committed to helping prevent perinatal transmission in their own communities. In addition to the testing at hospitals, more moms are presenting to the hospital with a documented HIV status – which means that more women are being tested prenatally (over 90%) so that they know their HIV status as soon as possible for maximum protective benefit. The sooner we know the HIV status of mom, the greater our chances of preventing transmission.

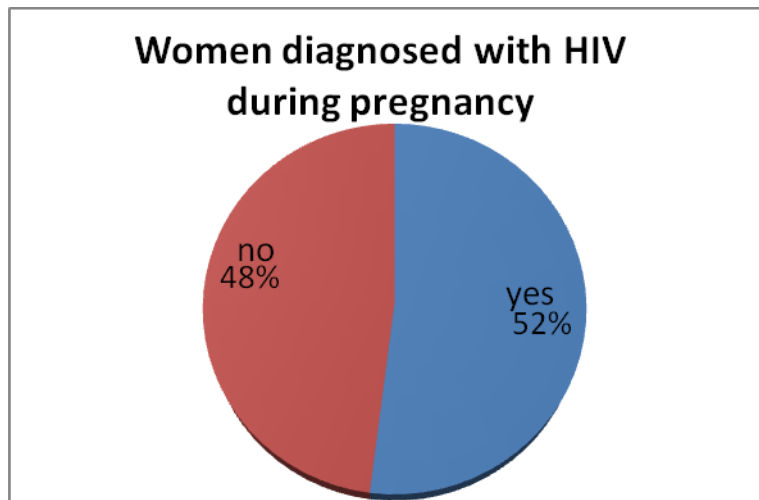
Hardest-to-reach HIV-positive moms are having HIV-negative babies

All PACPI case managed moms who delivered in 2006 have HIV negative babies! PACPI targets the hardest-to-reach, hardest-to-link women with multiple issues that often contribute to a case of transmission. Through the hard work of our dedicated team, we have successfully linked all 73 women case managed in 2006 to prenatal care and care for their HIV disease, and helped to address many of the other social, financial, medical and basic needs. The PACPI case managers really go the extra mile – occasionally picking up the women in their cars and personally escorting them to their visits to ensure linkage.

Enhanced case management receives a Centers for Disease Control (CDC) award to evaluate our work

PACPI is awarded a \$242,000 contract (one of two sites nationally) to evaluate our enhanced case management program from the Centers for Disease Control. We originally focused our efforts on Chicago and have gradually extended our reach to the nine county Chicagoland area, and through the 24/7 Perinatal HIV Hotline to the rest of the 101 counties in the state. Based on our successful integration with the Illinois Department of Public Health, the AIDS Foundation of Chicago, the Perinatal Rapid Testing Implementation Initiative (PRTII²) in Illinois and the 24/7 Perinatal HIV Hotline, we have successfully made Illinois a model-state for perinatal HIV prevention! Together these elements form a **safety net of prevention** that continues to find women and link them to care and services.

PACPI served a total of 115 women in 2007, providing with over 4,000 service encounters to those clients. Our case management targets the hardest-to-reach, hardest-to-link women most at risk for transmitting the virus to their babies. Many pregnant women are referred to PACPI without any previous prenatal care, and a growing number of women are being diagnosed with HIV during pregnancy. Over a third of all clients were diagnosed with HIV before age 21.

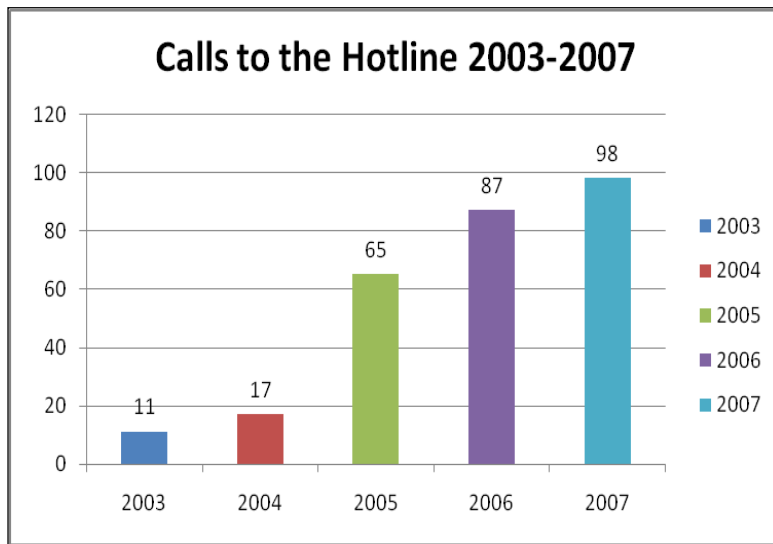


This combined scenario poses extra challenges for case managers to keep the clients engaged in HIV and prenatal care while learning to deal with their diagnosis. Clients referred from the hotline, either late in pregnancy or recently delivered present additional challenges to prevention of perinatal transmission. Women identified at labor and

delivery are also at greater risk for transmission than women identified earlier in pregnancy, but PACPI is pleased to report that only two babies born in 2007 are HIV-positive – all the rest are either HIV-negative or have negative test results to date!

24/7 Perinatal HIV Hotline continues to serve a need

The 24/7 Perinatal HIV Hotline has continued to increase call volume since its inception in 2003. A record 98 calls were received in 2007.



The majority of calls are coming from hospital labor and delivery departments and the reason for the call is split between reporting of preliminary positives, requests for medical information and requests for social work/case management consultation on the case. Women are linked with specialty HIV/Obstetrical care through the hotline and also with enhanced case management when indicated (about 60% of the time). Calls are distributed throughout the state, although the majority of hotline calls come from Chicago and the surrounding seven collar

counties. The outcome of every HIV-positive pregnant woman called into the hotline is also tracked. Data is available on 36 delivered women have been identified as delivered – we can document that 35 of those babies are either confirmed negative or have negative infant testing to date. There is only one case where we have no information on the status of the baby.

Perinatal legislation in Springfield put the 24/7 Perinatal HIV Hotline into law

In 2006, state lawmakers enacted changes to the Perinatal HIV Prevention Act to mandate hospital reporting of preliminary positive HIV test results for pregnant women who receive rapid testing at labor and delivery. By law, hospitals are required to report directly to the 24/7 Perinatal HIV Hotline staffed by PACPI. Hotline staff provide clinical consultations on strategies to prevent mother-to-child HIV transmission and assign a case manager to help the preliminary HIV-positive woman and her family deal with the diagnosis and link to expert care. In the last year, hospitals have reported more women to the hotline prior to delivery, affording PACPI more time to be of assistance to the hospital, the client, and the family.

Our Plans for 2008

PACPI plans to continue our successful ongoing projects with the Hotline, enhanced case management, prenatal classes, and a support group for new moms. PACPI also plans to support the continued efforts for making the rapid testing program in Illinois birthing and non-birthing hospitals successful. In addition to these efforts, there are a few initiatives specific to next year.

Evaluation of Enhanced Case Management Program

The evaluation of the Enhanced Case Management program is scheduled to be completed in August 2008. We hope to prepare a final report and use the information to improve our program, as well as to share the findings with the community.

Hotline Website to go live

A joint project with the Hotline and the PRTII² project, the Hotline website will include materials for hospitals, providers and clients on HIV in pregnancy, rapid testing and services available by calling the hotline. The Hotline website is expected to go live by the summer of 2008.

IDPH Perinatal HIV Reporting System to go live

Currently, PACPI assists PRTII with data collection from hospitals statewide and producing quarterly statistics and reports. A web-based reporting system (that will provide this service automatically) was developed in 2006-7 and is expected to go live by the end of 2008. PACPI staff has been working with the Illinois Department of Public Health to make sure the system is fully ready before the go-live date.

Directly Observed Therapy Community-Based model

PACPI worked closely with the AIDS Foundation of Chicago to develop a housing model for pregnant and recently delivered women who need extra help with taking their medications on time. The new project started in the second quarter of 2008. Currently, pregnant women who need directly observed therapy are all hospitalized. This program will allow clients to receive home-based support without being hospitalized.

Through a partnership with Housing Opportunities for Women (HOW), Roseland Christian Health Center (RCHC) and Interfaith House (IF), ten permanent housing units for PACPI clients have been set aside. AFC will handle eligibility and placement of clients upon recommendation by the PACPI.

PACPI in the Headlines

Prenatal Classes for HIV-positive pregnant women — In 2007, PACPI held five sessions of its prenatal class for HIV-positive pregnant women. The classes are 12 hours long – spread out over three weeks - and include sessions on HIV 101, all three trimesters of pregnancy, the importance of medication adherence in pregnancy and for newborns, birth planning, delivery decisions, reproductive health care, and nutrition. The classes, kept small so women can engage in dialogue, help participants become actively involved in their care and the care of their newborns.

New Moms Making Positive Changes — The unique connection established between the women at the prenatal class is just a start for helping to address the isolation that many HIV-positive women feel, especially new moms. This is why PACPI joined forces with the Children's Place Association and the Illinois Department of Children and Family Services to start a new support group for new HIV-positive moms. As of the end of 2007, 30 women have participated in the group, covering topics such as family support, return to work, confidentiality and disclosure.

Evaluation of Enhanced Case Management Program – The evaluation of the Enhanced Case Management program was scheduled to be complete in August 2007, and a one year no-cost extension was approved by the CDC. The extension was granted to allow the comparison of program data with surveillance data which will be available in 2008. We hope to prepare a final report toward the end of 2008 and use the information to improve our program as well as to share the findings with the community.

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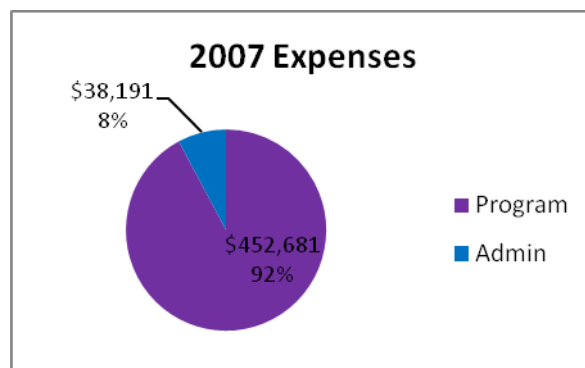
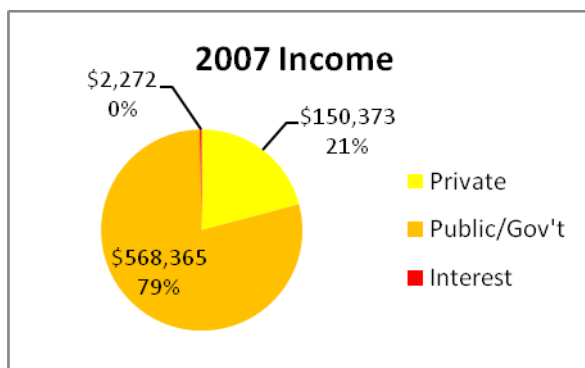
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PACPI Thanks Partners and Donors

PACPI thanks the following organizations that have generously supported our work with financially contributions, in-kind donations, and collaborative efforts to better serve HIV-affected women and their families.

Illinois Department of Public Health (IDPH)
 Perinatal Rapid Testing Implementation in Illinois Initiative (PRTII²)
 24/7 Perinatal HIV Hotline
 US Centers for Disease Control and Prevention (CDC)
 Children's Memorial Hospital
 AIDS Foundation of Chicago (AFC)
 Mt. Sinai Hospital
 Illinois Perinatal Networks
 Northwestern Memorial Hospital
 John Stroger Hospital
 University of Chicago Hospital

University of Illinois Hospital
 Sinai Urban Health Institute (SUHI)
 Department of Children and Family Services (DCFS)
 Children's Place Association
 Midwest AIDS Training and Education Center (MATEC)
 Pediatric AIDS Chicago
 Abbott Laboratories
 Levy CARES
 Dr. Scholl Foundation
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