NIH Research to address HIV/AIDS & American Youth

Bill G. Kapogiannis, MD, FAAP
Program Director
Adolescent Medicine Trials Network for HIV/AIDS Interventions
Pediatric, Adolescent and Maternal AIDS Branch
National Institute of Child Health and Human Development
National Institutes of Health
NIH Research to address HIV/AIDS & American Youth

What we will discuss today

1. NIH research resources targeted to HIV/AIDS in youth
2. What NIH is doing to address needs of youth affected by HIV
3. Youth engagement in planning and implementation
4. Intra- and inter-agency collaborations
5. Challenges and remedies
6. Future directions for HIV/AIDS research and activities
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NIH research resources targeted to HIV/AIDS in youth

We know that...

New HIV cases stable, BUT..

They remain disproportionately high AND..

Are increasing even more AMONG..

Minority populations of color AND young gay men

So, what are our resources to address this problem?
NIH provided $147.2 million in support for HIV/AIDS research among adolescent and young adult populations in FY 2010.
NIH research resources targeted to HIV/AIDS in youth

NICHD provided $46.8 million in support for HIV/AIDS research among adolescent and young adult populations in FY 2010, approximately half of which funded the ATN, the nation’s only multi-site research infrastructure solely devoted to addressing the needs of youth impacted by HIV.

Additional $6.8 million in ARRA dollars (NICHD to ATN) in support of unique cross-agency collaboration with CDC partnering all 15 national ATN sites with their local health department collaborators on identifying and linking youth with newly diagnosed HIV to care.

*ATN – Adolescent Medicine Trials Network for HIV/AIDS Interventions
NIH has special focus on youth affected by HIV

Constantly refining our efforts to best target to those most in need

Significant & ongoing contributions from all NIH partners

Ongoing efforts reaching out to agency partners (CDC, HRSA) to forge collaborations around implementation research

So, what are we doing to address our youth’s needs?
What NIH is doing to address the needs of youth affected by HIV

Research focused on youth with perinatal HIV infection

**Pediatric HIV/AIDS Cohort Study Adolescent Master Protocol**

Evaluates effects of perinatally-acquired HIV infection and its treatment in pre-adolescents and adolescents growing up with HIV

Clinical trials in HIV-infected youth

**Adolescent Medicine Trials Network for HIV/AIDS Interventions**

**International Maternal Pediatric Adolescent AIDS Clinical Trials Group**

Domestic and International; include evaluation of drug interactions, metabolism and adherence in HIV-infected youth on treatment

**HIV prevention Trials Network**

Domestic and international evaluations of non-vaccine interventions to prevent transmission of HIV, including in youth

**Microbicide Trials Network**

In collaboration with ATN, evaluating microbicides in at-risk male and female youth
What NIH is doing to address the needs of youth affected by HIV

**FOCUS**

The only domestic research network devoted entirely to HIV-infected & at-risk youth 12-24 years

**MISSION**

To study treatment, adherence, and clinical management of HIV-infected youth

To study primary prevention, including HIV vaccines and topical as well as oral agents to prevent HIV transmission, in at-risk young men and women.

**14 CLINICAL SITES**

Established and growing community links

Separate staff committed to the clinical and community prevention efforts
Specific research examples

**Therapeutics Research**

1. Medication management and strategy trials for HIV and its complications

**Behavioral Research**

2. Adjustment to new HIV diagnosis, adherence, secondary prevention, depression and substance use

**Community Prevention Research**

3. Identification and linkage to care of youth who were previously unaware they were HIV-infected; structural interventions to achieve favorable HIV outcomes; coalition building to establish a prevention infrastructure
ATN’s Community Prevention Agenda
The Connect-to-Protect Program

**Vision:** HEALTHY YOUTH

**Mission:** To reduce HIV/AIDS incidence in adolescents and young adults through...

**Structural Change Objectives**
- Shelter laws
- Sex ed classes
- Prison testing policy
- Rehab
- Food security
- ??

**Intermediate Outcome**
- Number of partners
- Multiple partners at the same time (concurrency)
- Partner selection (high-risk vs low risk)
- Condoms / clean needles
- STI co-infection
- Viral load

**Long-term Outcome**
- Reduce the chances for people to have infected partners
- Reduce the chances of transmitting a virus if a partner is infected

**Ultimate Outcome**
- Reduce incidence and prevalence of HIV

*YOUTH & THE HIV/AIDS EPIDEMIC*

*Youth and HIV*
Youth engagement in planning and implementation

Iterative process of input into research from youth on ATN Community Advisory Board (CAB)
Intra- and inter-agency collaborations

Specific examples – Translating research in to practice

NATIONAL HIV/AIDS STRATEGY

“Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV” – pg 23

The Strategic Multisite Initiative for the Identification, Linkage and Engagement in Care of Youth with Undiagnosed HIV Infection (SMILE in CARING for YOUTH)
The Linkage & Engagement to Care Continuum
An Integrated Model of Transitions in HIV-related Prevention, Diagnosis & Treatment

- Prevention Networks
- Testing Networks
- Youth Treatment Networks
- Adult Treatment Networks

- Public Health System
- Health Care System

- Prevention
- Testing
- LTC
- Case management and retention
- Transition

- None
- Greatest
- Reduced
- Less
- Least
- Reduced

- Infection
- LTC
- Engagement in Care
- Retention in Care
- Youth to Adult Care

- Years
- Months to Years
- Months
- Years
- Lifelong

- HIV risk behaviors
- HIV prevention behaviors
- HIV test
- Appointment
- Secondary Prevention
- Medication
- Adult
- Health Care
CDC-ATN Collaboration: Specific Objectives for SMILE in CARING for YOUTH

Improve identification of recently HIV-infected adolescents and young adults in the U.S.

Facilitate a practical and meaningful linkage to care at local AMTUs for HIV-infected youth

Ensure engagement and maintenance of care for HIV-infected youth at local AMTUs

Conduct programmatic and process evaluations and measures to determine effectiveness of these endeavors.
CDC-ATN Collaboration: Specific Objectives for SMILE in CARING for YOUTH

New Cases with Initial Disposition
N=958

- LTC: 68%
- Not LTC: 37%
Intra- and inter-agency collaborations

Specific examples – Translating research into practice

Panel on the Guidelines for the use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents

A working group of the Office of AIDS Research Advisory Council (OARAC)
Section devoted to HIV infected adolescents and young adults and special considerations

OAR facilitates further input on youth at special focus consultation

OAR Advisory Council convened a special meeting focused on the unique considerations in working with vulnerable youth populations

New collaboration between NICHD, ATN and CDC on HIV pre-exposure prophylaxis (PrEP) for youth

New data on successes of PrEP in adult populations have prompted CDC to plan demonstration projects for PrEP

A collaboration between the CDC and ATN is being established to evaluate PrEP among youth given ATN’s access to youth populations in the US
Challenges and remedies

Example: SMILE in CARING for YOUTH

Structural Level Barriers to LTC

- “Misperceptions” about objectives of program at every level
- Operational / logistical impediments
- Data sharing problems between local collaborators
- Jurisdictional legal limitations
- Fragmentation of LTC activities

Steps taken to address and enhance partnership

- Education of all staff and community partners about what each collaborator brings to the table to achieve the common goal of identifying and linking more youth to care
- Local ATN sites began strategizing on potential structural level changes for logistical and operational issues (i.e. Obtaining surveillance level data when private health information (PHI) is not possible)
- ATN is planning a downstream research protocol to help local collaborators address higher-level structural barriers such as local legal considerations around PHI and service fragmentation
- As per the intent of the collaboration design, ATN is providing CDC and health departments feedback to help refine and fine tune the LTC process
Future directions for HIV/AIDS research and activities

Reduce new infections

- The NIH-funded AIDS clinical trials networks will continue to evaluate HIV vaccines, topical microbicides, oral antiretroviral prevention and other combination behavioral/biomedical prevention modalities in youth populations.

- Support novel strategies to promote HIV education, counseling and testing services for racial and ethnic minority youth, particularly for hidden subpopulations such as runaway, homeless, drug users and young females.

- Further evaluation of novel, long-term and self-sustainable individual, group and community-level prevention programs to address substance use, sexually transmitted diseases and other risk factors in youth and which have the potential for broad impact will be supported.

Increase access to care and improve health outcomes for people with HIV

- Support the evaluation of novel and simplified therapeutic strategies for HIV and its associated complications in youth.

- The development of innovative youth-friendly interventions to promote adherence will be supported.

- Support further study on the long-term consequences of newer drug therapies with potential metabolic effects when administered to adolescents during periods of pronounced growth and sexual maturation.

- More research will be supported on innovative collaborations to evaluate community-based methods of identifying HIV-positive youth and linking them to health care such as SMILE in CARING for YOUTH.
### Future directions for HIV/AIDS research and activities

#### Reduce HIV-related disparities and health inequities

1. Conduct research to better understand factors related to stigma and discrimination
2. Support research to develop and evaluate interventions targeted to high risk youth populations that are culturally relevant and sensitive
3. Support research to test behavioral interventions targeting specific risk groups, incorporating skills-building for adolescents, with consideration to different levels of cognitive functioning
4. Conduct studies to identify barriers or facilitators to effective utilization of prevention strategies

#### Achieve a more coordinated national response to the HIV epidemic

- The NIH-funded ATN-CDC collaboration is an example of interagency collaboration and linkage/collaborations of adolescent researchers with local health departments; the new collaboration with CDC on PrEP will further strengthen our ties
- More agency collaborations may be desirable (HRSA, SAMHSA, others)
- Interagency collaboration would not be feasible if not translatable to the ground level
- Health departments (CDC awardees) collaborating with their local ATN sites (NICHD awardees) make this important process work
Summary

New HIV infections remain alarmingly high and are increasing among youth and MSM of color.

In a time of fiscal constraint, NIH is committed to a focused response to the epidemic in youth.

At the clinical trials network level and through significant independent investigator initiated research, there is tremendous depth and breadth to the youth HIV/AIDS portfolio.

Challenges have been identified at multiple levels and are being strategically addressed.

There are strong within and cross-agency collaborations aimed at translating research into practice.

Youth input and engagement is actively sought and encouraged at every level of development of research and other activities.

Many new trials and interventions are planned that comprehensively address the NHAS.
THANK YOU FOR YOUR ATTENTION!