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National Institute of Allergy and  
Infectious Diseases (NIAID)  
<http://www.niaid.nih.gov>

NIH Clinical Center (CC)  
<http://clinicalcenter.nih.gov>  
Media Contacts: Kathy Stover  
(301) 402-1663  
[niaidnews@niaid.nih.gov](mailto:niaidnews@niaid.nih.gov)

Maggie McGuire  
301-496-2563  
[mcguirema@cc.nih.gov](mailto:mcguirema@cc.nih.gov)

## NIH and D.C. Department of Health Team up to Combat District's HIV/AIDS Epidemic

Officials from the National Institutes of Health and the city of Washington, D.C. today announced the new D.C. Partnership for HIV/AIDS Progress, a collaborative research initiative between NIH and the D.C. Department of Health designed to decrease the rate of new HIV infections in the city, improve the health of district residents living with HIV infection, and strengthen the city's response to the HIV/AIDS epidemic. The partnership is being co-led by the National Institute of Allergy and Infectious Diseases (NIAID), part of NIH, and the D.C. Department of Health.

NIH has allocated \$26.4 million for the first two years of the partnership through funding from NIAID and the NIH Office of AIDS Research.

"Tragically, our nation's capital has one of the highest rates of HIV/AIDS, where about 3 percent of adults and adolescents are infected with the virus," says NIAID Director Anthony S. Fauci, M.D. "By collaborating with Mayor Fenty's administration to establish the new D.C. Partnership for HIV/AIDS Progress, NIH will seek to answer critical HIV research questions that could positively affect the district's HIV/AIDS problem and serve as a model for programs in other U.S. cities as well."

The D.C. Partnership centers on four research efforts:

- Identifying populations at high risk for HIV acquisition and developing effective interventions for reducing their risk
- Establishing a D.C.-wide data analysis mechanism to identify and address health issues and outcomes for people receiving HIV care and treatment
- Augmenting the city's HIV-related subspecialty medical care and enhancing access to research studies
- Conducting a pilot program to study the voluntary test-and-treat concept aimed at stemming new cases of HIV infection

"As the nation's capital and a national leader in the fight against HIV, the District of Columbia is excited to launch a new, innovative partnership for HIV/AIDS progress with NIH," says Washington Mayor Adrian M. Fenty. "This comprehensive collaboration will generate fresh ideas, new services and technical knowledge to enable the city and NIH to prevent new infections and improve health care services for all residents living with HIV/AIDS."

### Identifying, Helping HIV At-risk Populations

African-Americans represent the overwhelming majority—76 percent—of the district's HIV/AIDS cases. To better understand the risk factors for HIV infection and develop effective interventions for reducing risk, NIAID is conducting two observational studies through its HIV Prevention Trials Network (HPTN). The first study, HPTN 061, is collecting sexual and social networking information from black men who have sex with men (MSM). Participants receive HIV risk-reduction counseling and condoms; testing for HIV and other sexually transmitted infections; screenings for substance use, mental health issues, partner and/or homophobic violence; and a peer system to help them navigate the health care system and utilize HIV services. Already under way, the two-year study will assess the impact of these services on HIV incidence. HPTN 061 will enroll 2,460 men in six U.S. cities, including about 400 Washington participants.

HPTN 064, also a two-year observational study in six U.S. cities, aims to estimate HIV incidence among African-American women from areas with high rates of both HIV and poverty. The study

characterizes their sexual behavior, alcohol and drug use, prevalence of domestic violence, and mental health indicators, and explores issues that facilitate and hamper HIV testing. HPTN 064 will enroll 1,200 women including 200 women from the district.

Both local studies are being conducted through a HPTN clinical site at The George Washington University School of Public Health and Health Services.

#### **Tracking HIV Care. Measuring Success**

The new D.C. Partnership will help track HIV-associated health issues and outcomes by linking information from 13 of the city's largest health care providers covering roughly 12,000 district residents living with HIV. By establishing this system, the partnership aims to better assess the clinical and treatment status of individual HIV-infected patients, evaluate outcomes of specific clinics and health programs and measure the impact of HIV testing and treatment initiatives within the city. The partnership will benefit providers by helping develop data-driven public health strategies.

"Our collaboration with NIH will allow us to continue our work to make sustainable and measurable improvements in the health and wellness of people living with HIV/AIDS," says D.C. Department of Health Director Pierre Vigilance, M.D., M.P.H.

According to Shannon L. Hader, M.D., M.P.H, senior deputy director of the DC HIV/AIDS, Hepatitis, STD and TB Administration, the new partnership will both "bring D.C. medical providers together to yield extraordinary knowledge about the district's HIV epidemic and put D.C. on the map to recruiting new scientists and medical practitioners as the place to fight HIV/AIDS."

#### **Enhancing Care for HIV-related Medical Issues**

Non-AIDS defining illnesses and HIV coinfections, such as cardiovascular disease, diabetes and hepatitis, are significant causes of illness and death for many HIV-infected patients. In the district, however, few medical providers can provide targeted, specialized medical services that address these issues in underinsured residents. To address this gap, NIH and the D.C. Department of Health are working with Washington medical providers to establish clinics designed to provide HIV-related subspecialty care to underinsured patients in district communities most in need. The three clinics established to date are collaborative efforts with Family & Medical Counseling Service, Inc. in Southeast Washington; Walker Jones Health Center of Unity Health Services in Northeast Washington; and Whitman-Walker Clinic in Northwest Washington.

Led by program director Henry Masur, M.D., chief of the Critical Care Medicine Department in the NIH Clinical Center, and D.C. Partnership Medical Director Dawn Fishbein, M.D., the three clinics will initially focus on treating HIV-infected patients who have hepatitis B or C. Subsequently, HIV-related metabolic disorders, mental health issues and cardiovascular disease will be targeted at future clinical sites.

"The goals of the clinics are to enhance subspecialty medical care for underinsured HIV-infected patients, assess the need for specific clinical trials on given issues, and if clinical trials are deemed necessary, provide those patients with access to the latest treatments available," Dr. Masur explains. "This program also will focus on mentoring promising young leaders in HIV medicine who could enhance the district's reputation as a leader in developing new strategies for the prevention, diagnosis and treatment of HIV/AIDS."

#### **Piloting Test-and-Treat**

The partnership also will provide a real-world examination of the test-and-treat hypothesis—the model published by World Health Organization scientists in early 2009 that proposed that the HIV epidemic can be significantly curtailed through annual, voluntary HIV testing and immediate antiretroviral treatment for individuals who test positive for HIV infection.

"NIAID already is conducting several studies designed to answer the key research questions that underpin the test-and-treat concept," says Carl Dieffenbach, Ph.D., director of NIAID's Division of AIDS. "Through this partnership, NIAID is working with the Centers for Disease Control and Prevention to design a study to answer whether implementing a combined strategy of expanding HIV testing, diagnosing infection early and bringing HIV-infected patients to medical care and treatment is feasible."

Specifically, the test-and-treat pilot study will compare current community standards for HIV testing and treatment with accelerated expansion of routine testing services to identify HIV-infected people and evaluate enhanced methods for rapidly linking those patients to care and successful treatment. The results of the project will be analyzed to determine the cost-effectiveness of the test-and-treat approach.

NIAID and CDC also plan to conduct a pilot study in the Bronx, New York. The overall study plan is being finalized and, once initiated, is expected to last for three years.

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NIAID conducts and supports research—at NIH, throughout the United States, and worldwide—to study the causes of infectious and immune-mediated diseases, and to develop better means of preventing, diagnosing and treating these illnesses. News releases, fact sheets and other NIAID-related materials are available on the NIAID Web site at <http://www.niaid.nih.gov>.

The NIH Clinical Center (CC) is the clinical research hospital for the National Institutes of Health. Through clinical research, physician-investigators translate laboratory discoveries into better treatments, therapies and interventions to improve the nation's health. For more information, visit <http://clinicalcenter.nih.gov>.

The National Institutes of Health (NIH)—The Nation's Medical Research Agency—includes 27 Institutes and Centers and is a component of the U. S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments and cures for both common and rare diseases. For more information about NIH and its programs, visit <http://www.nih.gov>.

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