

DISEASE INTEGRATION: SURVEILLANCE TO PRACTICE

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Program Collaboration and Services Integration (PCSI)

“A Holistic approach to
blend and organize inter-
related services”

- Kevin Fenton, MD, PhD

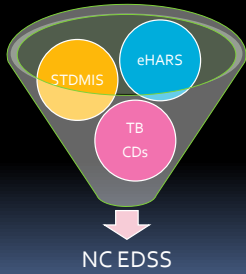
Syndemics

- Two or more diseases that overlap and interact in a population
- Co-infection leads to more serious outcomes in individuals and populations

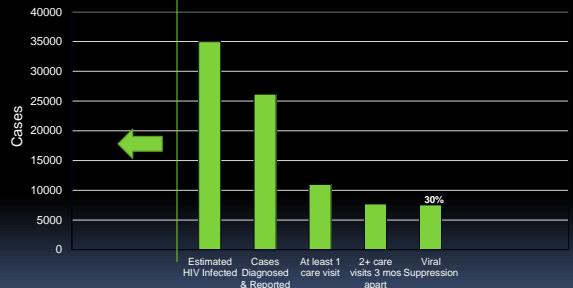
Syndemics

- HIV, viral hepatitis and STDs share common risks and modes of transmission;
- STDs increase the risk for HIV infection;
- HIV is the greatest risk factor for progression to TB disease;
- TB is the most common AIDS-defining opportunistic condition; and
- Clinical course and outcomes are influenced by concurrent disease.

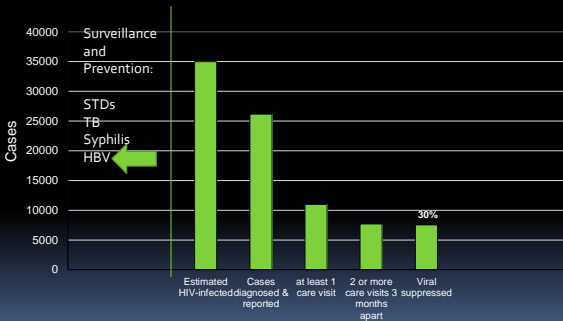
The 1st integrated surveillance system in the U.S.



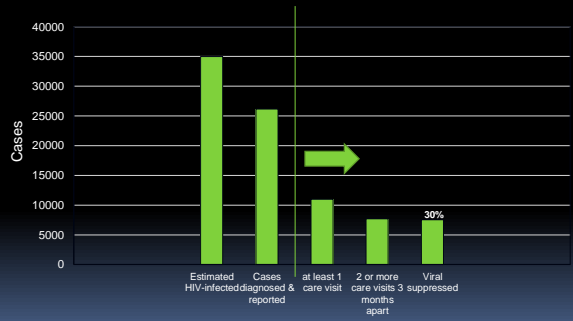
HIV Cascade: Diagnosed 2007- and living through 2011

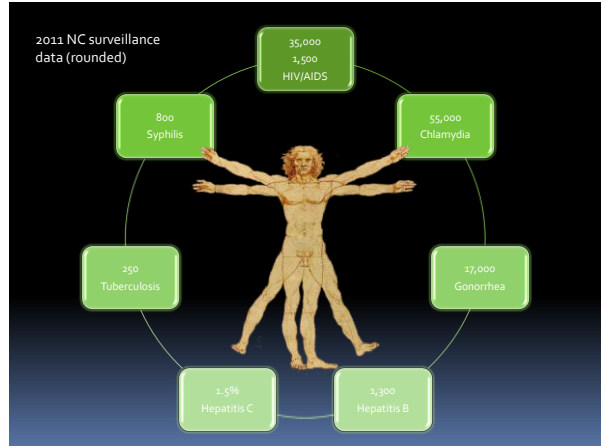
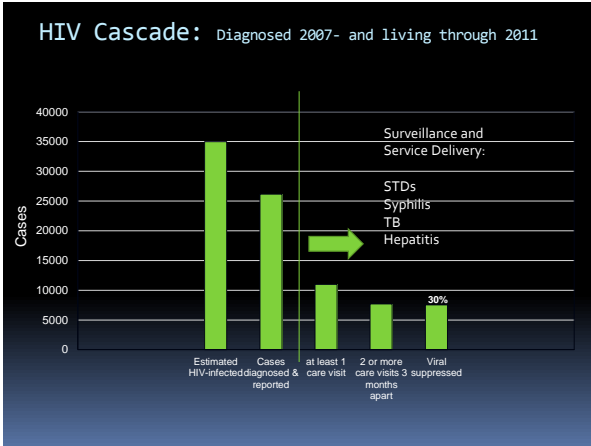


HIV Cascade: Diagnosed 2007- and living through 2011



HIV Cascade: Diagnosed 2007- and living through 2011





- ### Disease Overlap: San Francisco
- 13% of PLWHA co-infected
 - 61% Syphilis cases co-infected
 - 20-40% STD cases co-infected
 - 5% Hepatitis B cases co-infected
 - 14% Hepatitis C cases co-infected
 - 6% Active TB cases co-infected
 - 2% LTBI cases co-infected

Next Steps and Goals

- Evaluate lessons learned from PCSI project
- Identify barriers
- Implement best practices statewide were appropriate and applicable
- Create a framework for levels of services integration
 - Preventing disease among most at risk
 - Ensuring access to culturally appropriate care
 - Interrupting disease transmission and co-morbidity

NC PCSI Best Practices

- Use the epidemiological data to guide your activities
- Inform staff & build support
- Create support within the community to support collaboration and potential sharing of resources
- Be Flexible
- Think outside the box (be creative)
- Create a method to track outcomes