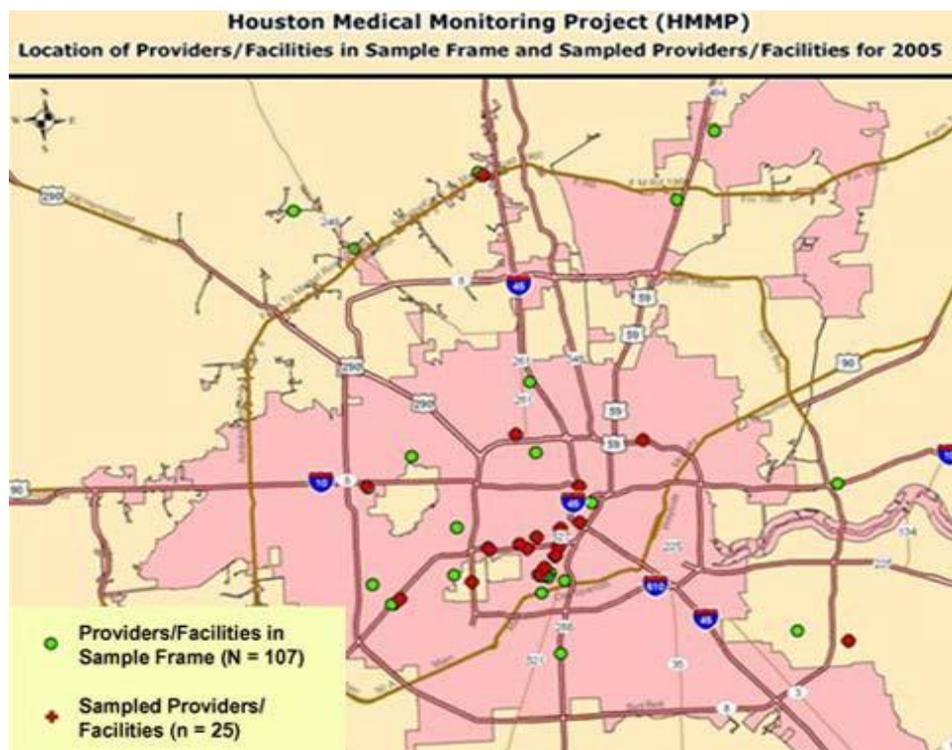




The Medical Monitoring Project: a population-based approach to behavioral and clinical outcome surveillance

In response to the limitations of HIV/AIDS case surveillance to characterize the evolving epidemic, supplemental surveillance systems were developed by the Centers for Disease Control and Prevention (CDC) and State surveillance programs during the 1990s to address emerging data needs. The Adult/Adolescent Spectrum of HIV Disease (ASD) project was implemented in 1990 to collect information on the natural history of HIV/AIDS, and later evolved to include data on treatment and clinical outcome of people with HIV infection who were in care. This facility-based, observational cohort study, which used medical record reviews, operated in 11 US cities from 1990–2004, observed over 61,000 people in care for HIV infection. Similarly, the Supplement to HIV/AIDS Surveillance (SHAS) and Survey of HIV Disease and Care projects (SHDC) were implemented to collect information on behaviors by interview, and abstraction plus interview for clinical outcome, treatment and behaviors of people living with HIV infection, respectively from 1990 to 2004 in selected states and local areas. While ASD, SHAS, SHDC and several other CDC funded supplemental HIV projects provided information useful for understanding the epidemic in its various stages, a new surveillance approach was needed to better understand the clinical outcomes and behaviors of people in care for HIV infection because of three main factors. First, the introduction of HAART



created new challenges for clinical outcomes surveillance. Second, the HIV epidemic now severely impacts more geographic areas in the US, and many people with HIV receive care outside of the major cities where the epidemic– and supplemental surveillance efforts–was centered in earlier years. Third, there are increased needs for representative data to describe the epidemic and related resource

needs for care and treatment at the local and national levels. The Medical Monitoring Project (MMP) arose out of the experiences with previous surveillance programs and the need for a nationally representative, population-based surveillance system to bridge these gaps. This special surveillance project which is funded by Centers for Disease Control (CDC) is in partnerships with state and local health departments. The surveillance system is based on a three-stage systematic Probability Proportional to Size (PPS) sampling method. The first stage of sampling involved selection of 20 geographic primary sampling units (PSU); including six cities based on AIDS prevalence at the end of 2002 (Houston was selected as one of the cities). The second and third stages involve the selection of providers and patients within Houston/Harris County. However, this population-based surveillance project, which collects data from HIV patients through interviews and medical record abstractions, promises to increase the representativeness of Epi profile data compared to Legacy systems. It will also identify care and treatment utilization needs, as well as increase the relevance of data for use at national and local levels (e.g., for Ryan White Comprehensive AIDS Resources Emergency (CARE) and HIV prevention and care planning groups). As a provider or patient, if you are selected to participate in the project, consider it your chance to help by sharing your experience. This is important because your experience matters, and could help guide decisions that may improve the lives and the quality of care for people living with HIV/AIDS.