

Surveillance and Epidemiological Trends



RTI International supports a wide range of HIV/AIDS epidemiological and clinical activities, both in the United States and globally. Our diverse capabilities allow us to conduct research and provide technical assistance in HIV/AIDS prevention, care, and treatment.

RTI has completed more than 200 HIV/AIDS projects and is involved in approximately 65 ongoing HIV projects on several different continents. These projects range from specific clinical trial studies funded by pharmaceutical companies to broad public health projects funded by federal agencies such as the U.S. Department of Health and Human Services, the U.S. Agency for International Development, and the U.S. Department of Defense.

The following projects represent some of RTI's capabilities in the areas of international health, prevention, clinical cohorts, and economic analysis.

Department of Defense HIV/AIDS Prevention Program (DHAPP) Health Surveillance Research in Foreign Military Populations (2005–2006). In collaboration with the Naval Health Research Center (NHRC), RTI provided surveillance system implementation and training support to perform an epidemiologic investigation of HIV, opportunistic infections, and sexually transmitted infections among members of the armed forces in Uganda and Mozambique. Tasks included creation of a study design and interview instrument; liaison with domestic and international collaborators; in-country training; health screening and surveillance program development and implementation; program support; data collection, management, and analysis; development of a data

entry system integrated with Epi Info software; and the preparation of technical reports and program briefs in support of NHRC and DHAPP nations.

Centers for Disease Control and Prevention (CDC) HIV Morbidity Monitoring Project (MMP)—Provider Survey (2005–2006). This population-based prospective cohort study monitored the conditions, therapies, behaviors, outcomes, and complications in HIV-infected people seen at representative HIV clinical care providers throughout the United States. RTI conducted survey design, sampling, survey development, pretest/pilot surveying, and database management and administration and produced summary reports that described all monitoring results.

The National Institute of Mental Health Collaborative HIV/STD Prevention Trial (1999–2008). This project was an international, multisite randomized trial designed to examine the efficacy of a community-level intervention to reduce HIV/STD incidence and high-risk behaviors in populations imminently threatened by the disease. In each of the five country sites—China, India, Peru, Russia, and Zimbabwe—community popular opinion leaders (C-POLs) were recruited to serve as behavior change agents with friends, neighbors, and coworkers in order to strengthen norms in their communities about safer sexual behavior and to encourage risk reduction.



These C-POLs were trusted trendsetters whose actions, attitudes, and views influenced other population members; they were models whom others could naturally observe and emulate. RTI served as the Data Coordinating Center (DCC) for this trial. As DCC, RTI provided overall study coordination and organization, including participation in the design and development of the study protocols, data collection instruments, and manuals of operation for both behavioral and biological outcomes. RTI also conducted data management and statistical analyses, training in common procedures for behavioral and biological assessments, and quality assurance site visits to ensure protocol compliance. RTI staff included statisticians, epidemiologists, ethnographers, programmers, experienced laboratory and biological specimen collectors, and international specialists.

International Epidemiologic Databases to Evaluate AIDS (IeDEA) (2006–2011). In this initiative, funded by the National Institute of Allergy and Infectious Diseases, RTI is working with 14 cohorts in five countries—Burundi, Cameroon, Central African Republic, Democratic Republic of the Congo, and Rwanda—to track clinical, laboratory, and epidemiologic data from HIV-infected individuals. RTI will develop mechanisms for receiving, managing, and combining data from these diverse sources; verifying the quality of the data; ensuring the data are representative of the region; and harmonizing the data variables across local sites to form an aggregate database. The regional pediatric and adult databases will allow the Central African region to identify critical, region-specific, HIV/AIDS-related questions that cannot be answered by using data from existing individual cohorts or

studies. RTI also acts as the logistical coordinating center for the multiregion IeDEA consortium, consisting of regional databases from Canada and North America, the Caribbean and Central/South America, Asia/Australia, West Africa, Central Africa, Southern Africa, and East Africa. In this role, RTI provides logistical support, coordinates communication activities, and develops and maintains the project Web site.

CDC Economic and Prevention Effectiveness Task Order Contract (2002–2007). RTI recently conducted three related economics studies for CDC's National Center for Chronic Disease Prevention and Health Promotion. These projects involved the development of tools to allocate HIV prevention resources at the local, state, and national levels and to take into account the costs and cost-effectiveness of alternative prevention strategies when used with each target population. The resource allocation tools allowed stakeholders to enter information about their priority populations and regions for HIV prevention. The tools then created a report describing the funding allocations across populations and regions that have the greatest potential to avert HIV infections. The tools were pilot tested for use at the state level and were modified for use at the national level to assist CDC in the planning process for distributing HIV prevention funds.

More Information

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