



New Vaccines for an Ongoing Problem: The Partnership Comprehensive Care Practice

The Partnership Comprehensive Care Practice (the Partnership), the HIV clinical program of the Division of Infectious Diseases and HIV Medicine at Drexel University College of Medicine, is the largest HIV clinic in the greater Philadelphia area. In 2010, they served over 1,900 patients. That number will be higher for 2011. A full-service program for HIV patients and their families, the Partnership provides an invaluable service to individuals and the greater community. As social mores and medicines change, the Partnership's resources continue to be vital ammunition in the fight against HIV. Its clinical research, in particular, is focused on a long-term solution to the treatment of HIV infection.

The mission of the Partnership has remained consistent since its inception in 1993. It is a comprehensive primary and specialty medical care practice that offers treatment and prevention services, regardless of the patient's ability to pay. "It's a tight-knit group," says Jeffrey Jacobson, M.D., chief of infectious diseases and HIV medicine. "We feel very strongly about what we do." Dr. Jacobson has been treating people with HIV for over 30 years and has been with the Partnership for the past five.



Jeffrey Jacobson, M.D.

The Partnership provides an array of services to support both medically and emotionally the person with HIV. There is an in-house pharmacist, a nutritionist, and OB/GYN care. They provide counseling, advocacy, mental and substance abuse care, and transmission prevention programs. They also offer rapid HIV testing in the hospital emergency room and at various College of Medicine clinics. The staff are "people from different angles, [who are] very passionate about what they do [and] come together to provide comprehensive, integrated care," Jacobson explains. This important work is well known in the community. This year, the Metropolitan Area Neighborhood Nutrition Alliance (MANNA) honored the Partnership with its Nourish Award. The award recognizes the Partnership's service to people with HIV and, in particular, their commitment to proactive nutritional practices.

The clinic has recently moved to a larger, better-designed space on the second floor of their building, located at 1427 Vine Street in Center City Philadelphia. There are more exam rooms, and the space provides a better environment for patients and physicians.

In addition to providing invaluable services, the Partnership also maintains an active and engaged research arm. The important clinical research conducted by the Partnership has garnered NIH support. They are pursuing HIV vaccine development for treatment and prevention, and long-acting drug treatments. Jacobson says the Partnership is examining long-acting drug treatments that would be injected once a week. This method contrasts with the current treatment of a daily pill (which is itself an advance over the litany of drugs one previously had to take at precise moments throughout the day).

Developing a long-acting drug treatment would be particularly beneficial to the Partnership's HIV population for several reasons. In this particular community, many patients "don't feel positive enough about themselves to be motivated to take their medicines regularly, says Jacobson." For a physician, this is very frustrating. "[The drugs] work incredibly well, and yet, a group of patients are just not good at taking their medication."

Jacobson explains that even 20 to 30 percent non-adherence can have "devastating consequences" in terms of virus resistance. Also, when someone with HIV does not take their medications, "they're a risk not only for getting sick themselves but also for spreading infection to others." The long-acting drug treatments in development could be a way to circumvent this non-adherence. "We're hoping to prove you can set up programs in clinics where, in a supervised way, [patients] could be injected with anti-HIV medicines and control their infection that way as a substitute for having to take things by mouth."

The Centers for Disease Control and Prevention reports that 25 percent of infected people are not aware they are carriers of HIV. That 25 percent accounts for more than half of all new transmissions. Jacobson explains, "When people get treated, they're much less contagious to others." It is essential to identify and treat these people so the virus does not spread.

According to a Philadelphia Department of Health testing program, 75 percent of people who tested positive for HIV said they considered themselves at low risk or no risk of having HIV. "Some of it stems from not acknowledging your risk behavior," says Jacobson. This number reveals a huge dissonance; unfortunately, more people have the potential to be infected through this ignorance. Jacobson explains that because of new CDC recommendations and a change in Pennsylvania law, "technically it should get easier to test people, but we still have to overcome the stigmas in doctors' offices and clinics."

As a Fellow in Infectious Diseases in New York in the early 1980s, Jacobson began seeing the first AIDS patients before the disease even had a name. At that time, there was less than a 50 percent chance of surviving a year with the virus. There was no treatment for the underlying infection; doctors merely addressed its complications. "Seeing that got me personally involved in doing research," Jacobson reveals. "It was hard for me to stand by and not be involved in figuring out what was going on and developing treatments."

That early time contrasts greatly with the prognosis for HIV patients today. "Most patients are out-patients now," Jacobson says. "They're able to be out there and work and live normal lives. That's really heartening to see. It's been a long struggle." Yet, a danger ironically lies in this success. Jacobson explains that "recently there's this element of 'HIV is now treatable,' [so] it seems less dangerous. The rate of new infections has gone up. The rate of sexually transmitted infections has been going up."

The HIV community and the Partnership face a wide range of challenges – not the least of which is that peculiar irony of viewing the medical treatment as a cure. "People still have

complications from having HIV," says Jacobson. "We still need to learn more. We don't fully know exactly how HIV causes AIDS. There's more to learn about the immune response to it." In addition, there is a high rate of poverty, substance abuse, and mental illness in the HIV population. Many individuals also face the lingering trauma of sexual and other abuse. This is compounded by the stigma associated with HIV, and the social isolation that often follows. Many face a potentially deadly disease alone. Jacobson says that the stigma may have decreased since the '80s, but it is still there, and isolation is "a big issue."

In light of these complicated and interwoven challenges, the Partnership has been steadfast in its mission to provide the best possible medical care, regardless of the patient's ability to pay. The long-lasting HIV vaccines are the next step in this ongoing work. Overall it is heartening to see positive results in the patients. Jacobson says the people coming through the Partnership are healthier now. "They live relatively normal lives. They live close to a normal lifespan. We have the tools to get people treated, and treated well."

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