

# Markers of care and viral suppression among HIV+ women prior to referral for re-engagement services

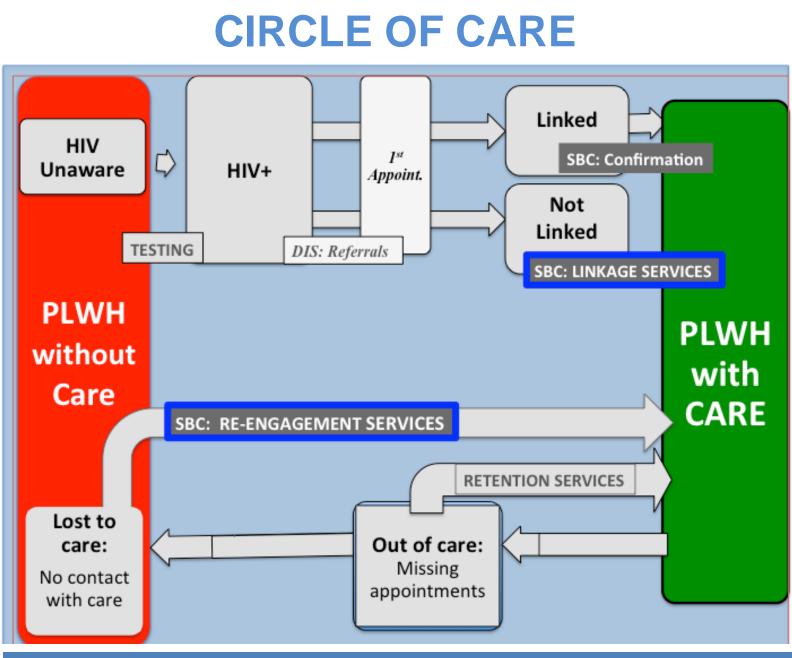
### ABSTRACT (revised)

**Objective**: People living with HIV (PLWH) need lifelong medical care but many experience difficulties that may negatively impact retention in care. This is noted to be a particular challenge for women. Re-engagement services were provided by a public health service team (State Bridge Counselors, SBCs) to women identified as out of care (OOC) by HIV medical clinics, i.e., without both recent (>6-9 months) and future medical appointments. To examine markers of HIV care prior to the referral for reengagement services, we analyzed client data collected in the 12 months before referral.

**Methods**: Referral, intervention and clinical data were analyzed from a CAREWare database for Ryan White Part B clients in North Carolina from the period of July 2013 to June 2014. Markers of care were defined as 1 cd4 or 1 viral load (VL) and were obtained from eHARS.

**Results:** There were 494 clients identified in CAREWare during the study period, of which 29% were female (n=144) and 71% male; 77% were African-Americans (n=381). Most of the clients were heterosexual (n=237, 48%) and 34% were MSM (n=171). At the time of SBC contact, the HIV-positive women were reported as transitioning care (relocating or new provider, (n=32, 23%); continuing care at same location (no reported transition, n=60, 42%); could not be located (n=21, 20%) or had incomplete records (n=31, 15%). The proportion with viral load suppression (VLs) was low among women referred for re-engagement services (24/144, 17%, missing = VL not suppressed) as well as among women with a marker of care in the last year (24/68, 35%, missing = excluded). Women transitioning to new care site vs. women continuing care in same location had a similar frequency of care markers (new care=53%, no change in care=48%; RR: 1.10 95%CI: 0.72, 1.67) and VLs (29% vs. 38%; RR: 0.78 95%CI: 0.32, 1.85). Similar numbers of women (47%) and men (45%) had evidence of care in the 12 months prior to the referral. However, women had lower levels of VLs even after restriction to only those with a care marker (35% vs. 48%, RR=0.73 95%CI: 0.51, 1.05).

**Conclusions**: Women who were referred for re-engagement services from HIV medical clinics had low levels of care and VL suppression during the prior year. Frequency of care markers was similar to men but the proportion of women with VL suppression



Left: Not in care Right: In Care **Center: Transitions in care** 

**Top flow: Continuum of care Bottom Flow: Falling out of care** Middle Flow: returning to care

PLWH: People living with HIV **SBC: State Bridge Counselor DIS:** Disease intervention specialist

## **NC Bridge Counseling Regions**

Communicable Disease Branch Regional Offices, Regional Networks for Care and Prevention and State Bridge Counselors Raleigh Office Supervisor: Darvlyn Mclean Winston-Salem Office Supervisor: Albert Sanders Bridge Counselor: Robin Rivera idge Counselor: Kawanna Gleni 336-218-5701

Г	Black Manufair Office

# EB Quinlivan<sup>2</sup>, J.M. Donovan<sup>2</sup>, AC Sena,<sup>1</sup> V. Mobley,<sup>2</sup> H. Swygard,<sup>1</sup> K. Sullivan<sup>3</sup>

<sup>1</sup> Institute for Global Health and Infectious Diseases, University of North Carolina at Chapel Hill; <sup>2</sup> DHHD; <sup>3</sup> Center for Health Policy, Health Inequalities Program, Duke University

### INTERVENTION

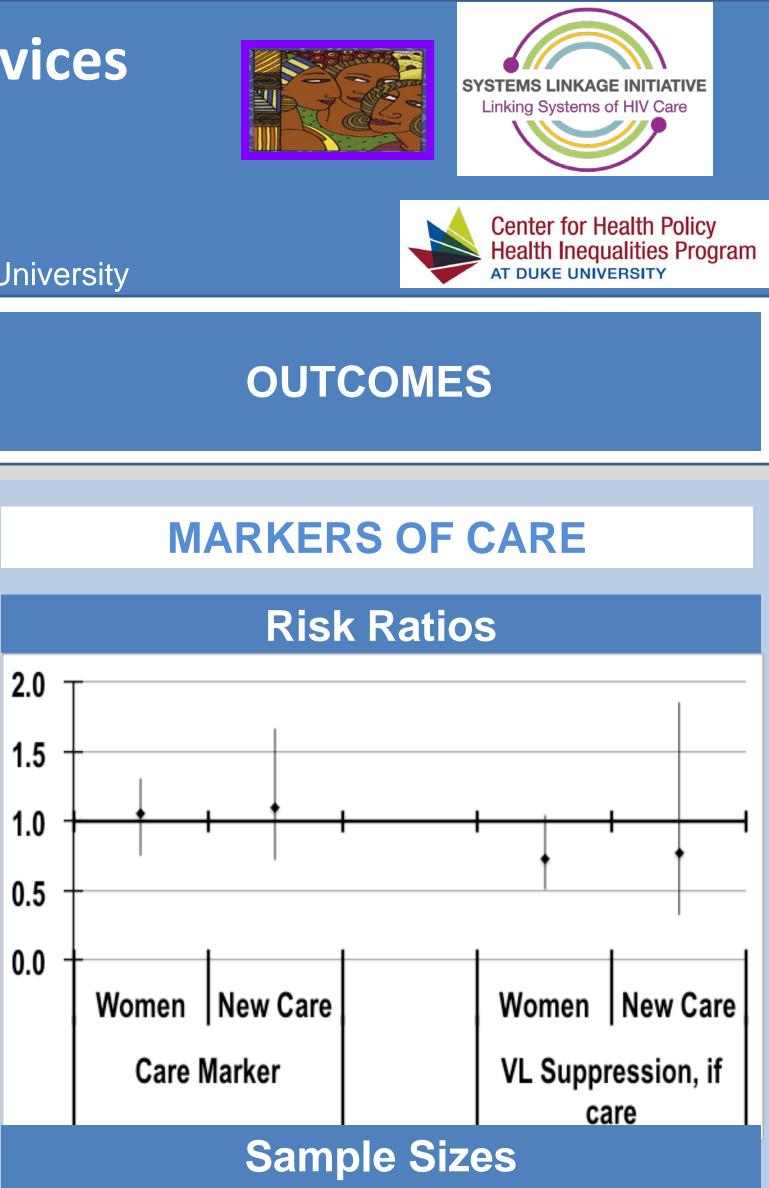
r A

	DEI	MOGRAF	PHICS				FREQ	UEN	CY O	F CA	RE	
	WMTransWTotal						FREQUENCY OF CARE Year Prior to Referral					
Heterosex	123 (85%)	114 (33%)	0	2	237 (48%)		Ge	ender	r and (	Care		
IDU	10 (7%)	27 (8%)	0		37 (7%)	T.	Care in	Year	Prior f	o Ref	erra	
MSM	- na -	169 (49%)	2	1	L71 (34%)		Gender	No	Yes	Total	%	
OTHER	11 (8%)	38 (11%)	0	4	49 (10%)		Female	76	68	144	47%	
							Male	193	155	348	44%	
Black, AA	104 (72%)	275 (79%)	2	3	381 (77%)		Transgender	2	0	2	0%	
White	32 (22%)	50 (14%)	0		82 (17%)		Total	269	223	492	45%	
Other	8 (6%)	23 (7%)	0		31 (6%)		VLs in Year Prior to Referral If has Marker of Care					
126	12 (00/)	AC (120/)	1		(120/)		Gender	No	Yes	Total	%	
< 26 yr.	13 (9%)	46 (13%)	1		60 (12%)		Female	44	24	68	35%	
26-35 yr.	43 (30%)	103 (30%)	0	1	L46 (30%)		Male	80	75	155	48%	
26.45	40 (220()	OA(2A0)	4			1	Transgender	0	0	0	0%	
36-45 yr.	48 (33%)	84 (24%)	1		L33 (27%)		Total	124	99	223	44%	
> 45 yr.	40 (28%)	115 (33%)	0	1	L55 (32%)							
Total	144	348	2		494		Referra	al Out	tcome	and C	Care	
	Care in Year Prior to Ref							erra				
	RFFFR	RAL OU <sup>-</sup>	ГСОМ	F			Ref. Outcome					
							Neuro		Yes	Total	%	
	NIMAN -						New care	15	17	32	53%	
				No.	%		Same care	31	29	60	48%	
71		Now Care		27	73%		Total	46	46	92	50%	



				_								
OGRAPHICS					FREQUENCY OF CARE							
Μ	TransW		Total		Year Prior to Referral							
14 (33%)	0	2	37 (48%)		Gender and Care							
27 (8%)	0		37 (7%)		Care in Year Prior to Referral							
69 (49%)	2	1	71 (34%)		Gender	No	Yes	Total	%			
88 (11%)	0	L	19 (10%)		Female	76	68	144	47%			
	-				Male	193	155	348	44%			
75 (79%)	2	3	81 (77%)		Transgender	2	0	2	0%			
50 (14%)	0	8	82 (17%)		Total	269	223	492	45%			
23 (7%)	0		31 (6%)	VLs in Year Prior to Referral If has Marker of Care								
10 (1 20/)	1		(120/)		Gender	No	Yes	Total	%			
46 (13%)	1	C	50 (12%)		Female	44	24	68	35%			
03 (30%)	0	1	46 (30%)		Male	80	75	155	48%			
04 (040/)	1	1	22 (270/)		Transgender	0	0	0	0%			
34 (24%)	1	1	.33 (27%)		Total	124	99	223	44%			
15 (33%)	0	1	.55 (32%)									
348	2	494			Referral Outcome and Care							
					Care in Year Prior to Referral							
		_			Ref. Outcome							
AL OUT						No	Yes	Total	%			
					New care	15	17	32	53%			
	N	ю.	%		Same care	31	29	60	48%			
aw Caro		27	72%		Total	46	46	92	50%			

### RESULTS



W:M All = 490 In care =233 New Care: No Change (W) All= 92 In care = 46

## CONCLUSIONS

- suppression during the prior year.
- Frequency of care markers was similar to men.
- The proportion of women with VL suppression was 27% lower than men.



• Women referred for re-engagement services from HIV medical clinics had low levels of care and VL

• Women referred for re-engagement services have significant needs for re-engagement in HIV care.