Using cross-matched HIV and sexually transmitted disease registry data to estimate adherence to dual screening recommendations in New York City

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Background

- All persons who seek evaluation and treatment for STDs should be screened for HIV infection, and vice versa ("dual screening")
- Efforts to increase HIV screening in New York
 City (NYC) scaled up from 2001–2010
 - Especially in health department STD clinics and jails
- All diagnoses of HIV and sexually-transmitted diseases (STDs) are reportable in NYC



Objective

 Evaluate adherence to dual HIV/STD screening recommendations in NYC using matched HIV and STD surveillance data.

Data Source

- Two NYC public health surveillance registries:
 - NYC HIV Surveillance Registry
 - All AIDS reported since 1981 and HIV since 2000
 - NYC STD Surveillance Registry
 - 618,000 reportable STDs from 2001-2010
- Deterministic, hierarchical matching algorithm
- >18,000 persons matched

Definitions

HIV/STD coinfection:

Persons whose HIV and STD diagnosis occurred during the same calendar year

HIV/STD joint diagnosis:

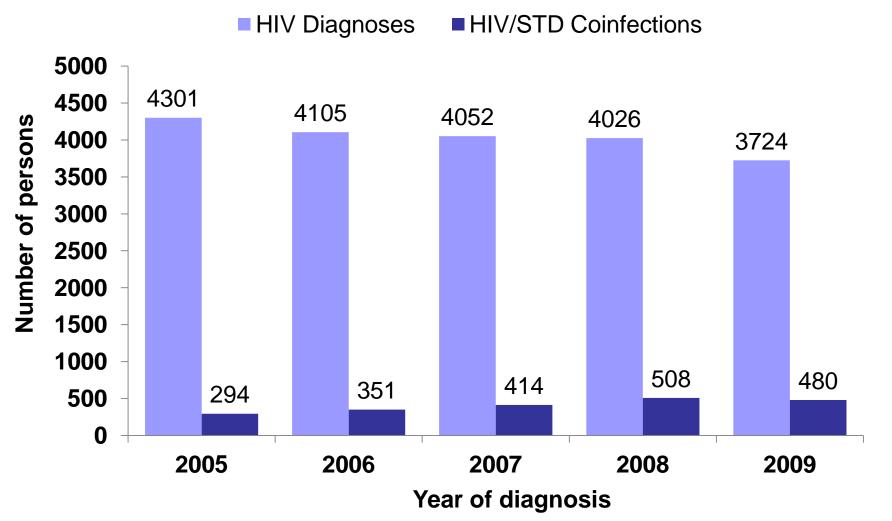
Persons whose HIV and STD diagnosis occurred during the same calendar month

Analysis

 Joint diagnosis considered proxy for HIV and STD diagnoses made during the same clinical encounter

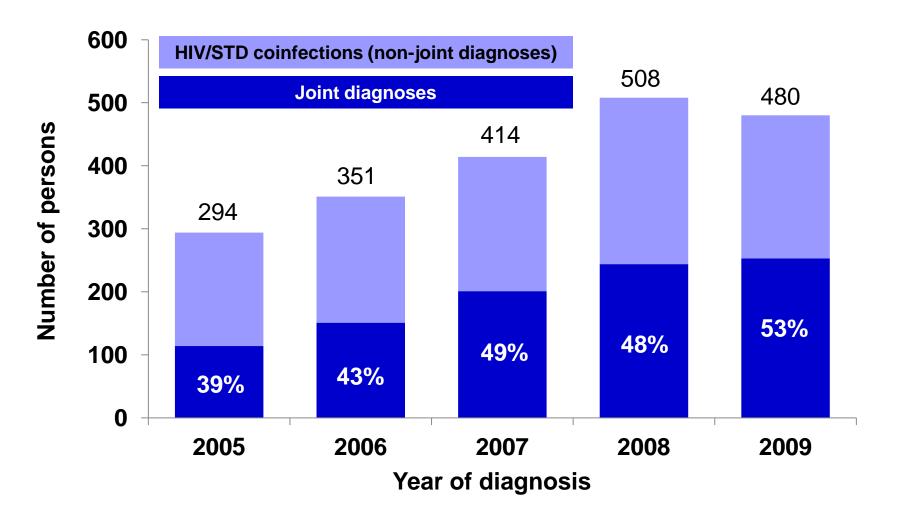
 Evaluate proportion of joint diagnoses among all coinfections by year, 2005-2009

HIV diagnoses and HIV/STD coinfections, New York City, 2005-2009





HIV/STD coinfections and joint diagnoses by year, New York City, 2005-2009





Conclusions

- HIV/STD coinfections (same-year diagnoses) increased 2005-2009, driven by rise in joint diagnoses.
- Suggests increasing dual HIV/STD screening in NYC from 2005-2009.
- HIV screening scale-up during this time, esp in health department STD clinics, may explain findings.

