

# Impact of expanded HIV testing in New York City

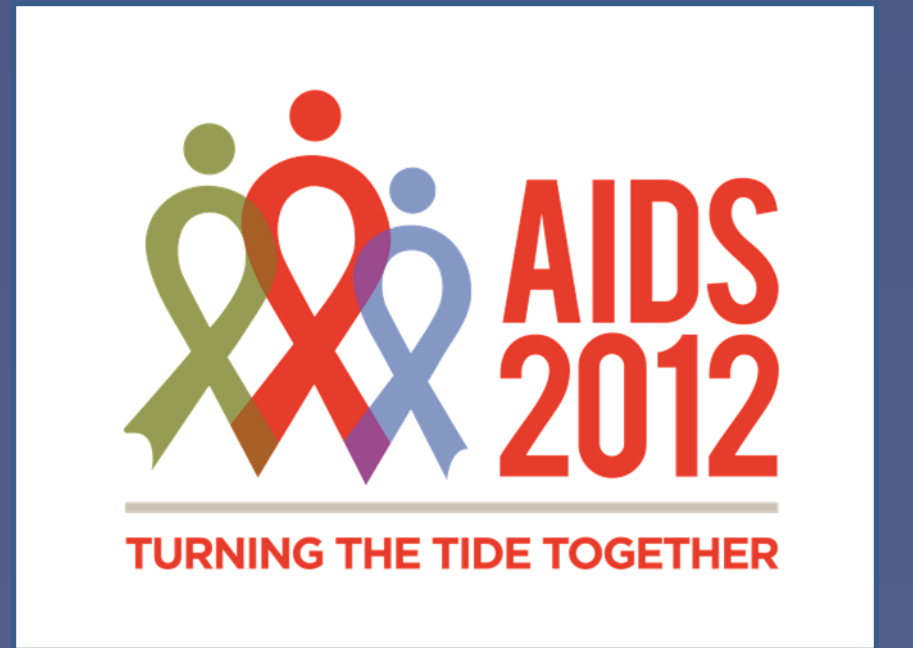


Contact information:  
42-09 28<sup>th</sup> Street, 22<sup>nd</sup> Floor  
Long Island City, NY 11101  
aking@health.nyc.gov

King A, Stadelmann L, Cutler B, Sweeney MM, Tsoi B

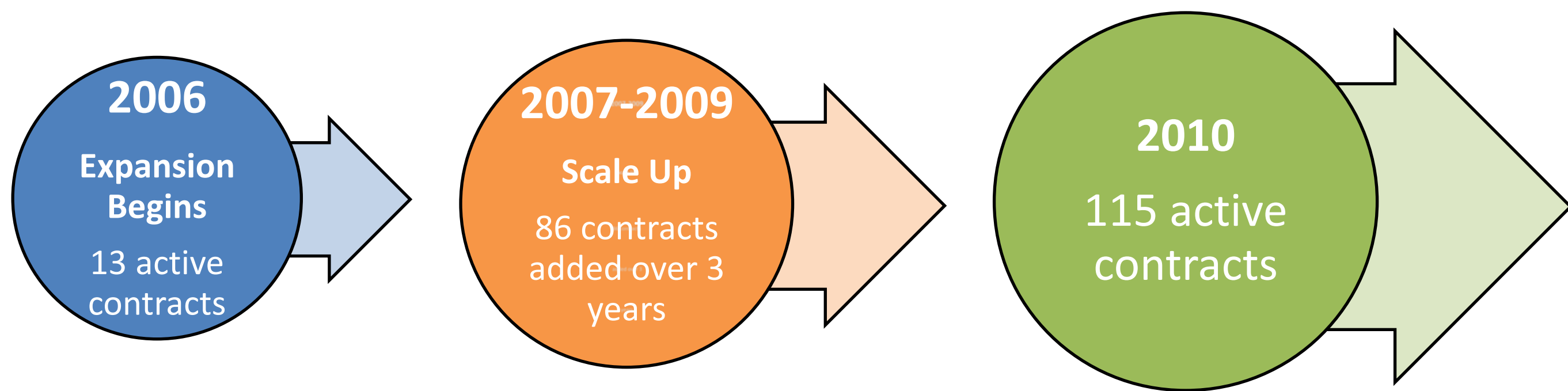
Bureau of HIV/AIDS Prevention and Control

New York City Department of Health and Mental Hygiene



## Background

- In 2006, the New York City Department of Health and Mental Hygiene (NYC DOHMH) began expanding HIV testing services in NYC to increase timely HIV diagnosis and linkage to care.
- NYC DOHMH increased the number of directly-funded HIV testing contracts citywide from 13 in 2006 to 115 by 2010.
- NYC DOHMH HIV testing contracts focused on using rapid HIV testing for both routine screening in clinical settings and targeted testing in community settings. This poster characterizes findings from the first five years of expanded HIV testing service in NYC.



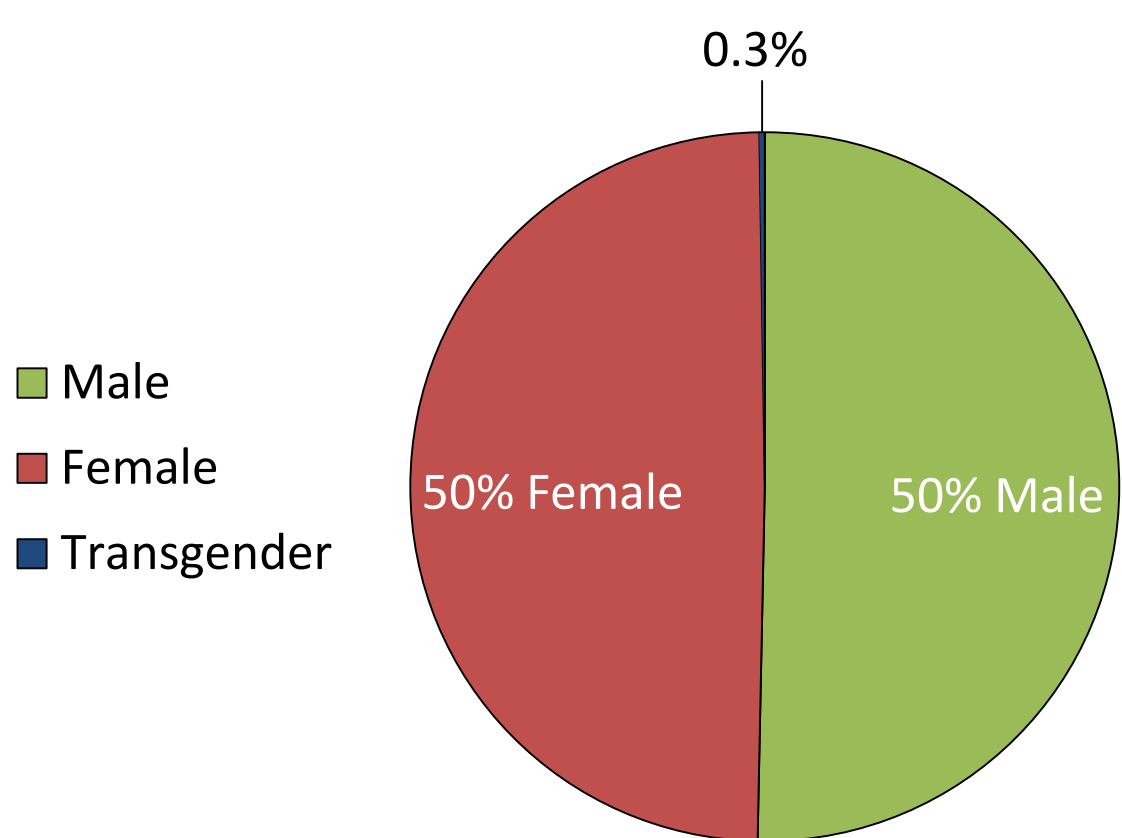
## Methods

- We analyzed HIV testing data reported by funded testing programs from January 2006 to December 2010.
  - Variables for analysis included changes in testing volume, seroprevalence, identification of new and previously diagnosed positives, and linkage of HIV positive persons into medical care.
- We matched those diagnosed as HIV positive to the NYC HIV/AIDS registry (HARS) to determine whether diagnoses were new. The date of the client's first post-test CD4 or viral load measurement were used as a proxy for linkage to care.

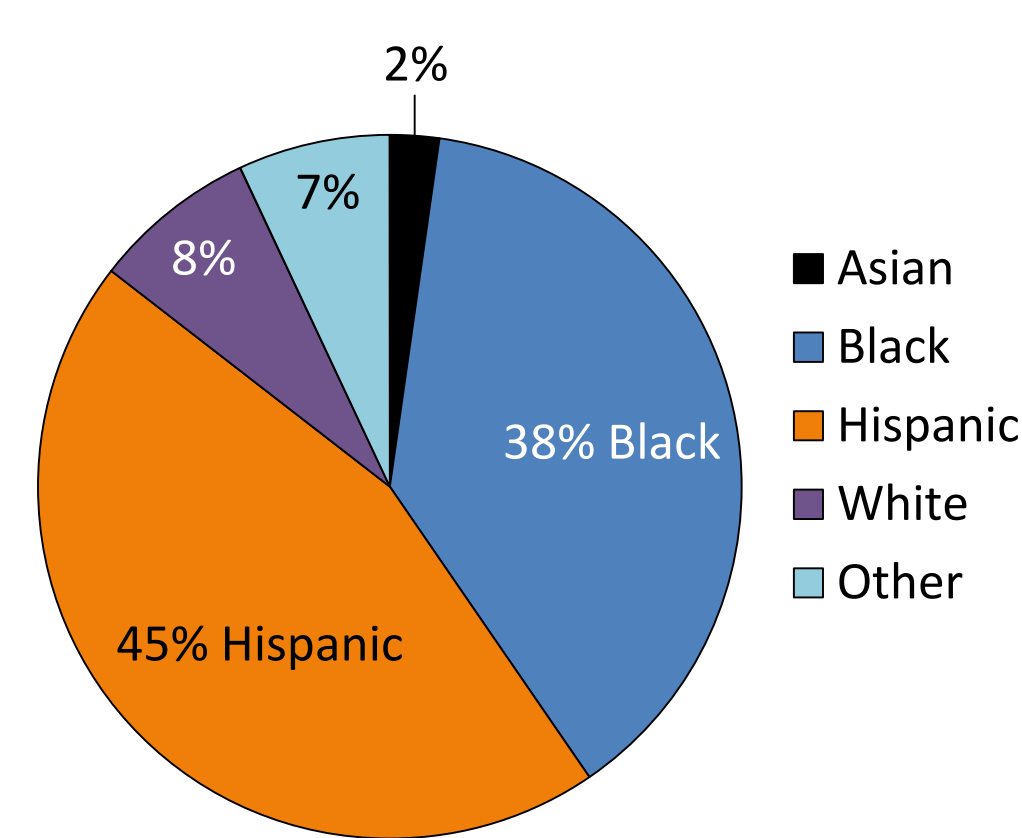
## Results

### Demographics and Risk Characteristics Among Clients Tested at Funded Programs in NYC

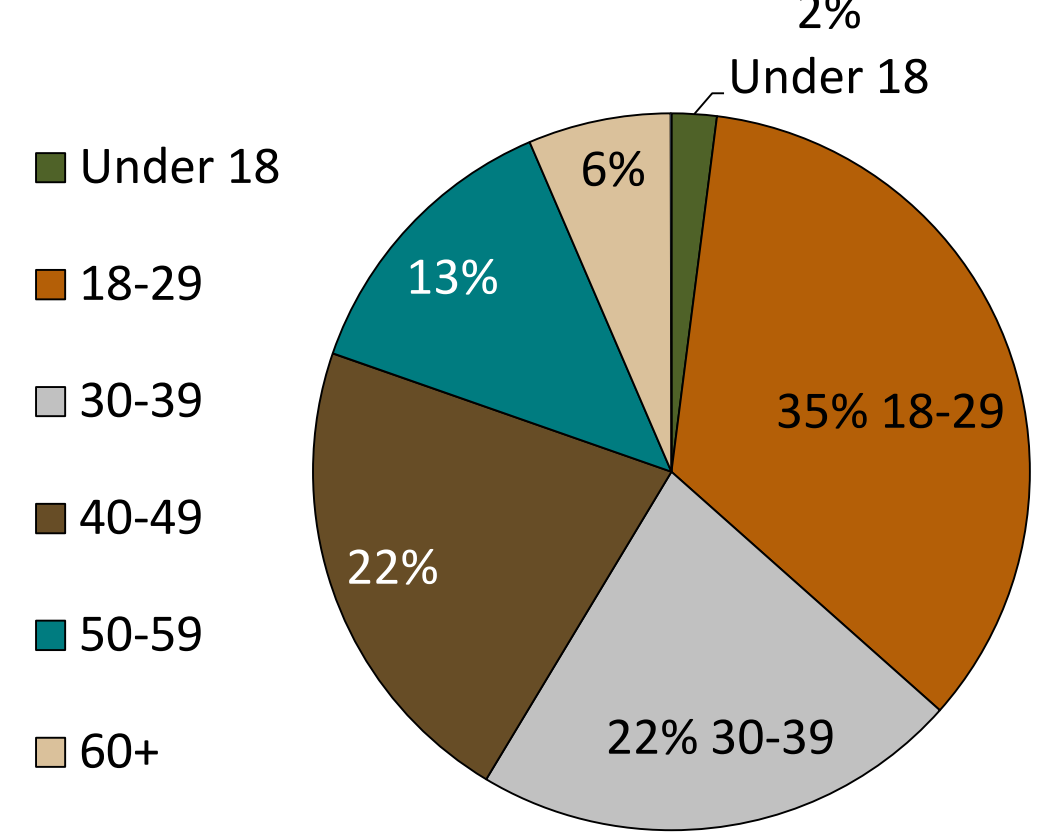
#### Testing was split evenly between men and women



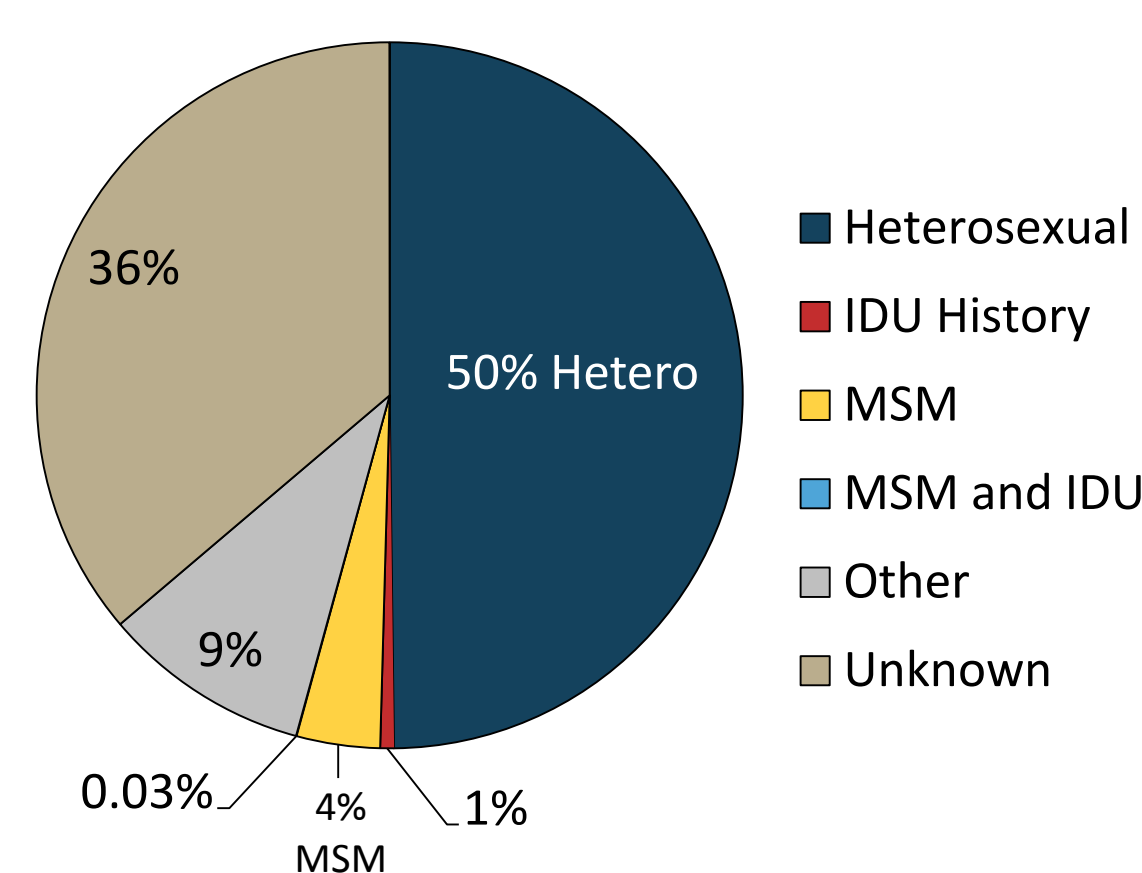
#### Most individuals tested were Black or Hispanic



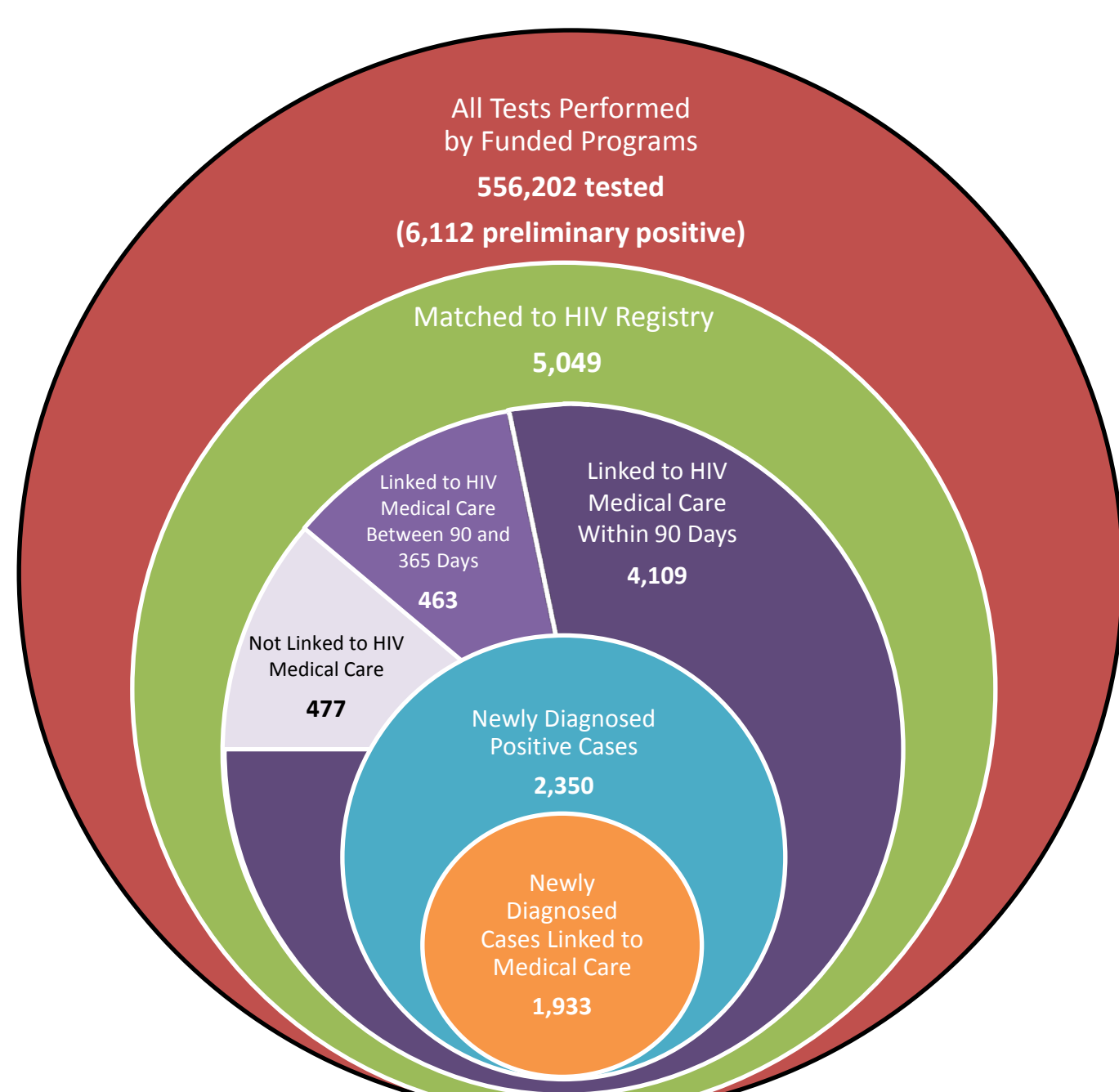
#### Over half of all persons tested were under 40



#### Half of testing clients identified as heterosexual and only 4% of clients identified as men who have sex with men (MSM)

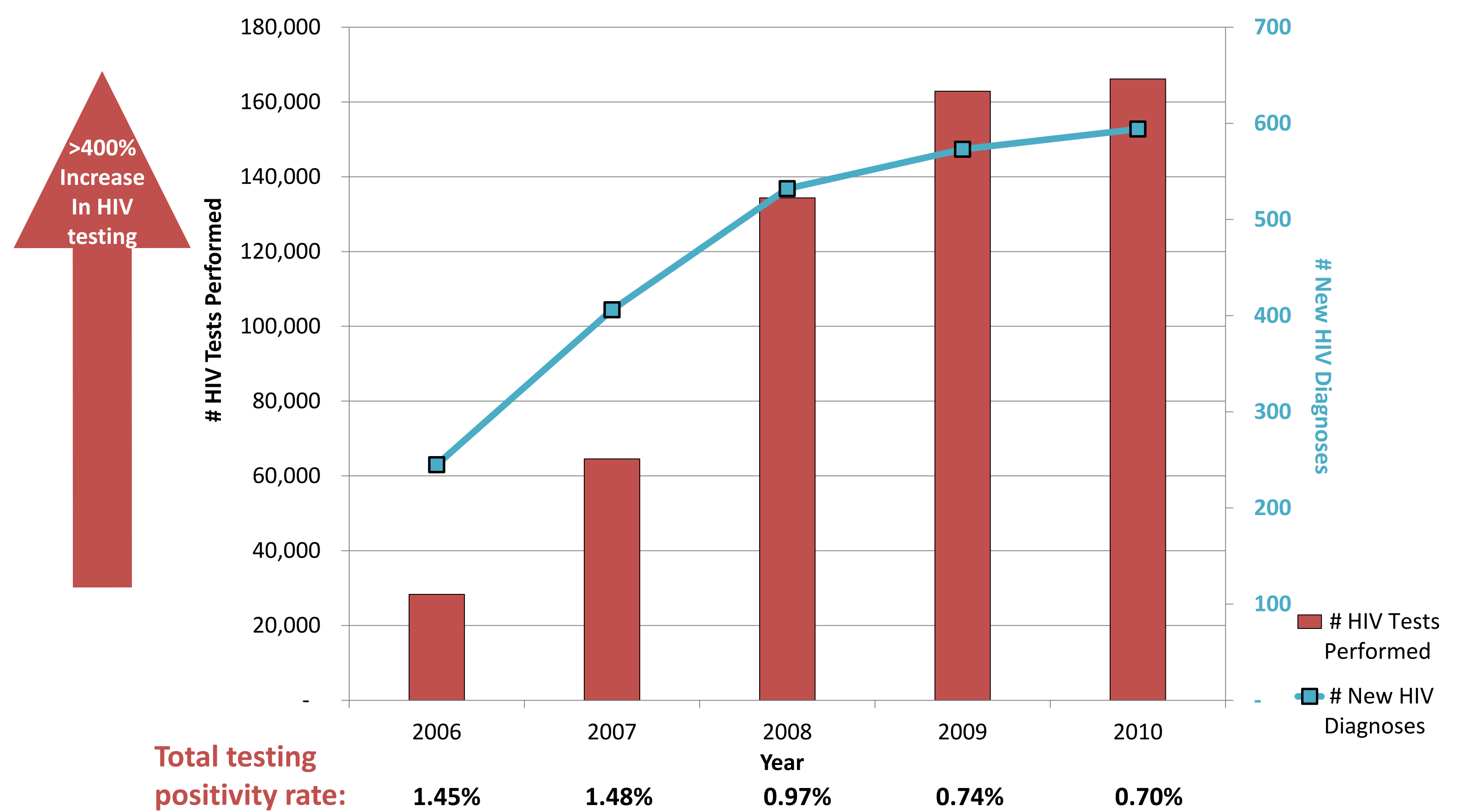


### Newly and Previously Diagnosed Positives Were Found Among All Individuals Tested



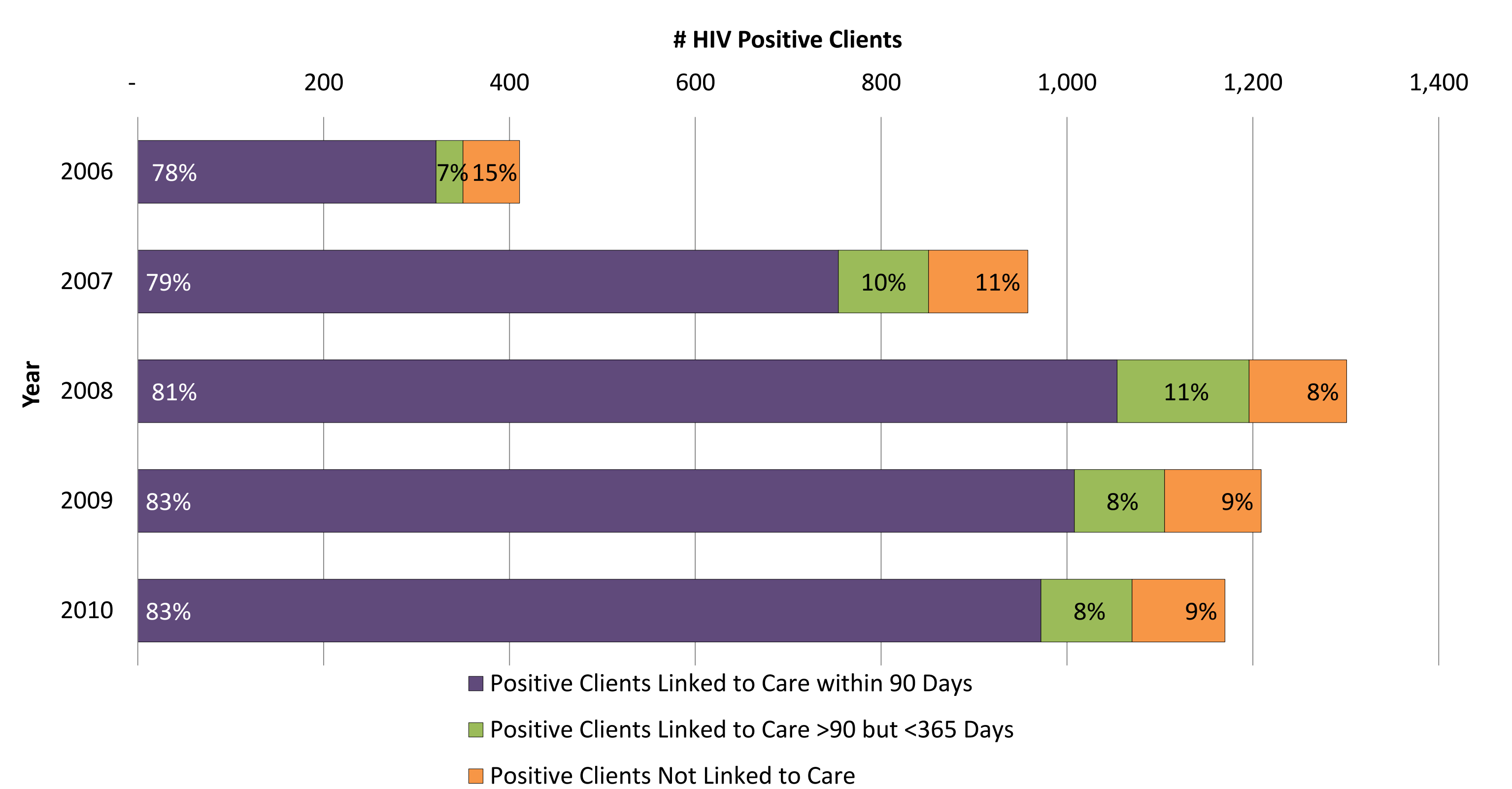
- Testing programs identified both new and previously diagnosed positives. The testing positivity rate decreased as the testing volume increased.
- Of the 556,202 persons who had a rapid test result reported under NYC DOHMH-funded programs between 2006 and 2010, 6,112 were preliminary positive. Of these, 5,049 were matched to New York City's HIV/AIDS Registry (HARS) and classified as newly or previously diagnosed at the time of their first reported NYC DOHMH-funded HIV test.
- 81% of matched clients were linked to HIV medical care.
- Of all positives matched to HARS, 2,350 (47%) were newly diagnosed with HIV.

### HIV Testing Volume and New HIV Diagnoses Among Funded Testing Programs in NYC, 2006-2010



- The fourfold increase in testing volume between 2006 and 2010 was statistically significant, as were the increases in the number of new positives identified in 2006-2007 and 2007-2008.
- The testing positivity rate fell as the total testing volume increased. The overall positivity rate was 0.91% for clients matched to the HIV registry.

### Most Positive Clients Are Linked to Care Within 90 Days



- Linkage to care is based on evidence a person received a CD4 count or viral load within 90 days of their reported HIV test date.
- The number of positive clients linked to care within 90 days increased significantly during 2006-2010 ( $p < 0.001$ ).
  - Overall, 81% of clients were linked within 90 days, and 90% within 365 days.

## Limitations

- The data reported here are not reflective of all HIV testing performed in New York City. The data comprise only directly-funded HIV testing supported by the Bureau of HIV/AIDS Prevention and Control at the NYC DOHMH. HIV testing conducted by other NYC DOHMH bureaus are not included in these numbers.
- This analysis uses any reported evidence of either a CD4 count or viral load lab testing as a proxy for provision of primary medical care. Individuals with a CD4 count or viral load drawn within 90 days of their reported HIV test date are considered linked to care, which is consistent with NYC DOHMH's definition at the time of this analysis.
  - This measure may overestimate linkage to care if either of these labs was drawn at the time of testing but the patient never saw a provider.
- Some contracts are only required to collect risk history for clients who test positive. Transmission risk among all individuals tested is based on the person's self-report at the time of testing.

## Conclusions

From 2006 to 2010, the NYC DOHMH dramatically increased the number of HIV tests supported in NYC, as well as the number of new diagnoses identified by funded programs and the number of persons linked to care. The large proportion of patients linked to care demonstrates that active case finding for HIV may increase the number of patients receiving treatment.

## Acknowledgments

This work was made possible by expert input from Chris Williams, Sonny Ly, Sheryl Young, Sara Bodach and Kieran Hartsough.