Using surveillance data to identify HIV-infected persons out-of-care in New York City and offer linkage to care and HIV partner services

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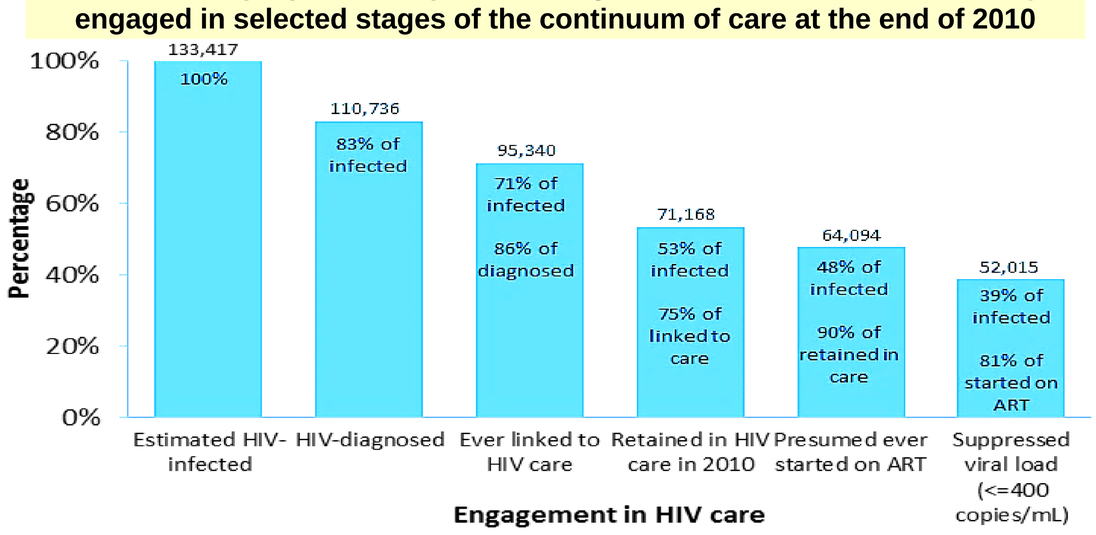
BACKGROUND

Number and proportion of persons diagnosed with HIV in New York City engaged in selected stages of the continuum of care at the end of 2010



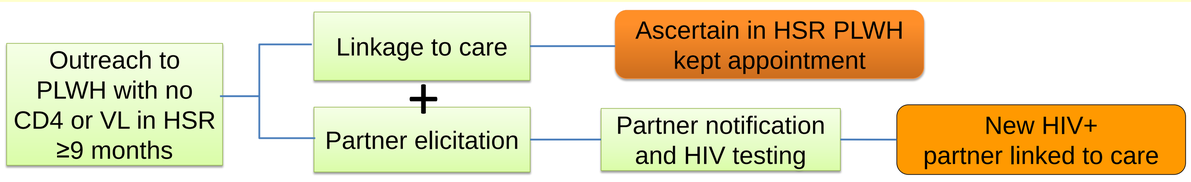
As reported to the New York City Department of Health and Mental Hygiene by September 30, 2011.

- Thousands of persons diagnosed with HIV and linked to care in NYC are not currently receiving regular medical care for HIV
- People living with HIV (PLWHA) who are out of care (OOC) are at increased risk of:
  - HIV-related morbidity and mortality
  - Transmitting HIV to un-infected partners
- Objectives of public health outreach to OOC PLWH:
  - Assist OOC PLWH with re-engaging in medical care
  - Prevention with positive (PWP) counseling
  - Partner services to reduce further HIV transmission
  - Develop greater understanding of the reasons PLWH become OOC
  - Inform the development and planning of HIV prevention strategies for PLWHA in NYC

METHODS

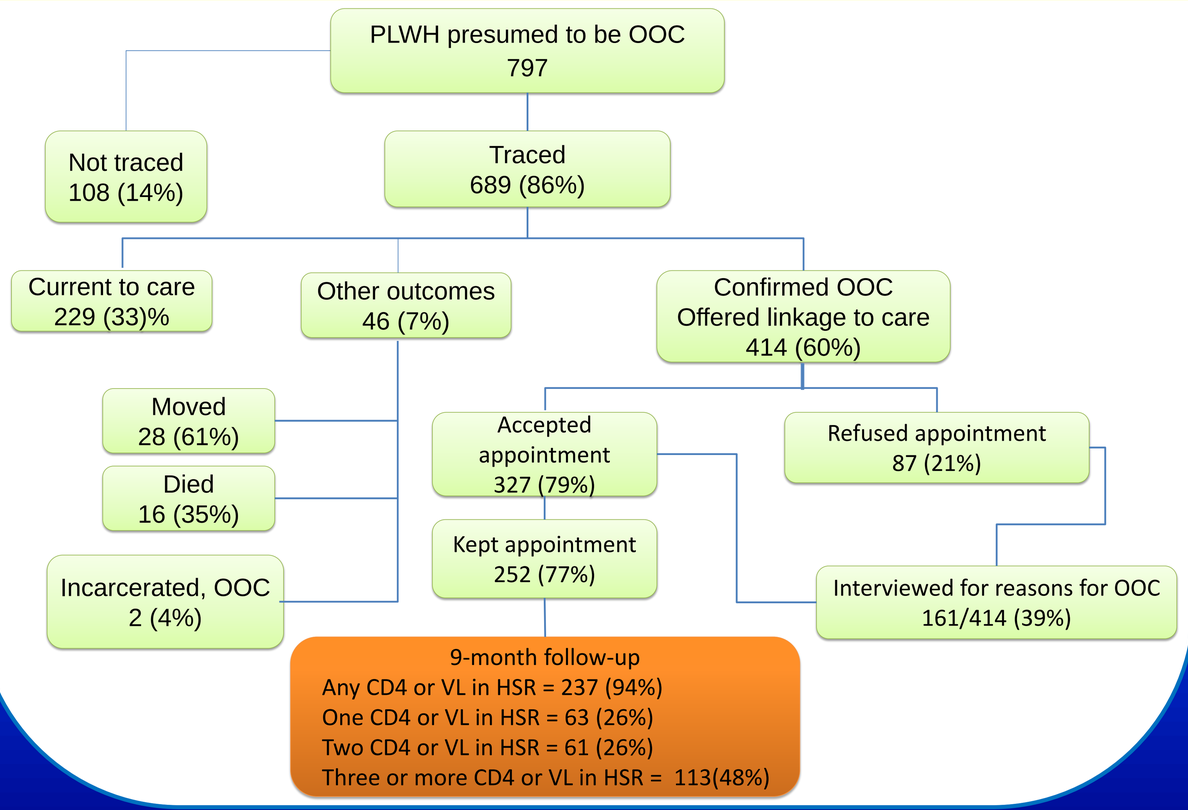
- Eligibility for outreach to OOC PLWH:
  - Confirmed HIV-positive in NYC HIV surveillance registry (HSR)
  - No evidence of HIV medical care (as reflected by CD4 or VL received by the NYC HSR) during the last 9 months or longer
  - Last medical care received at NYC facility in neighborhood with high HIV-related mortality and morbidity
- Health department outreach to OOC included:
  - Letters, phone calls, home visits made to locate OOC PLWH
- PLWH confirmed to be OOC were offered assistance with re-engagement in care and partner services
- Outcome measures and analysis:
  - Re-engagement and retention in HIV medical care
  - Reasons for OOC
  - Partner services
  - Descriptive statistics, chi-square or T-tests to identify significant differences between OOC PLWH who accepted or refused health department assistance with linkage to care

Flow for outreach to PLWH presumed to be OOC



RESULTS

Outcomes of outreach to PLWH OOC from July 2008 to December 2010



Characteristics of PLWH confirmed to be OOC: Reported July 2008—December 2010 (N=414)

- 42%: 40-49 years old
- 25% IDU
- 73% US-born
- 55% Male
- Race/ethnicity:
  - 67% Black, non-Hispanic
  - 30% Hispanic

Timeliness of linkage in care and health status of PLWH confirmed to be OOC

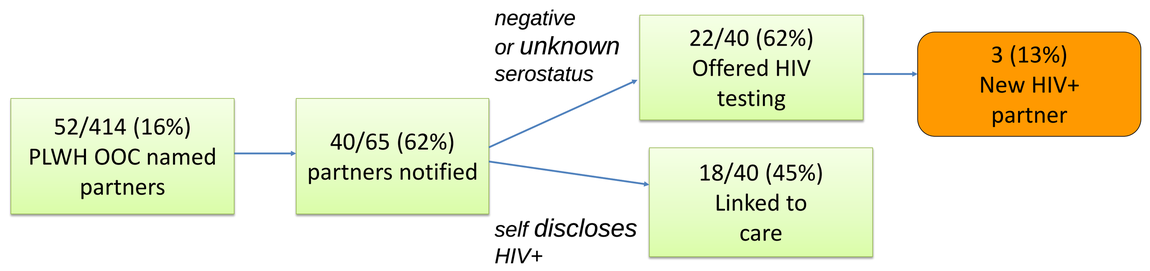
	PLWH who accepted assistance with linkage to care N=252	PLWH who refused assistance with linkage to care N=162	p
Time between initial outreach and kept appointment	237 (94)	47 (29)	
mean days	58	170	<0.0001
<1 month	82 (33)	0 (0)	
≥1-3 months	107 (42)	4 (2)	
≥3-6 months	39 (15)	21 (13)	<0.0001
≥6-9 months	9 (4)	21 (13)	
>9 months	0 (0)	1 (<1)	
Not re-engaged in care	15 (6)	115 (71)	<0.0001
First CD4+ cell count after return to care			
PLWH with CD4+ cell count	116 (46)	20 (12)	
<200	56 (48)	10 (50)	
200-349	20 (17)	1 (5)	0.38
350-499	20 (17)	3 (15)	
≥500	20 (17)	6 (30)	
No CD4+ count	136 (54)	142 (88)	
First viral load after return to care			
PLWH with viral load RNA	232 (92)	41 (25)	
0-399	49 (21)	9 (22)	
400-9,999	50 (22)	11 (27)	
10,000-99,999	93 (40)	12 (29)	0.59
≥100,000	40 (17)	9 (22)	
No viral load	20 (8)	121 (74)	

Note. Marked differences or similarity between OOC PLWH who accepted or did not accept health department assistance with linkage in care.

Reasons for PLWH being OOC (N=161)

- Personal well being:
  - 41%: felt good
  - 11%: felt depressed
- Housing and social services:
  - 16%: day-to-day responsibilities
  - 10%: do not have medical insurance
- Other reasons:
  - 16%: did not like or trust health care workers
  - 12%: adverse effect of HIV medicine
  - 9%: did not think I am HIV positive

Partner services outcomes



CONCLUSIONS

- PLWH who accepted assistance from public health workers for linkage to care were more likely than PLWH who refused assistance to have evidence of re-engagement in HIV medical care in HSR
- A substantial number of PLWH were OOC because they felt well. Education is needed for routine HIV care at diagnosis and initial evaluation is warranted to maintain PLWH in care
- There is substantial potential for OOC PLWH to transmit HIV to their sex partners due to high viral load, lack of treatment, and not receiving PWP counseling
- HIV prevention strategies should include outreach to locate and link OOC PLWH in care, education to all HIV-positive individuals on the importance of routine HIV care, PWP counseling, including condom distribution, and adherence to antiretroviral treatment

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