

Linked

Viral
Suppression

Retained

HIV Care and Ryan White Care Dynamics

Data Through December 2015

Treatment

District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)



Acknowledgments

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Section 1. HIV Care Dynamics

With the advances and effectiveness of care and treatment, HIV has transitioned to a chronic condition that can be managed successfully for persons living with HIV to maintain healthy outcomes and live a standard life span. The Care Continuum is the terminology used to describe the approach of measuring the proportion of persons diagnosed with HIV, linked them into care and treatment, retained in care and achieving viral load suppression, which is the marker of a person’s and community’s health. In addition to the goal of healthy outcomes for persons with HIV, viral suppression can decrease new transmissions by vastly decreasing the amount of HIV circulating in the body and reduce the chances of infection. Assessing HIV care dynamics is an essential step in understanding the strengths of HIV programs in the District, as well as an opportunity to identify and resolve gaps in the care continuum.

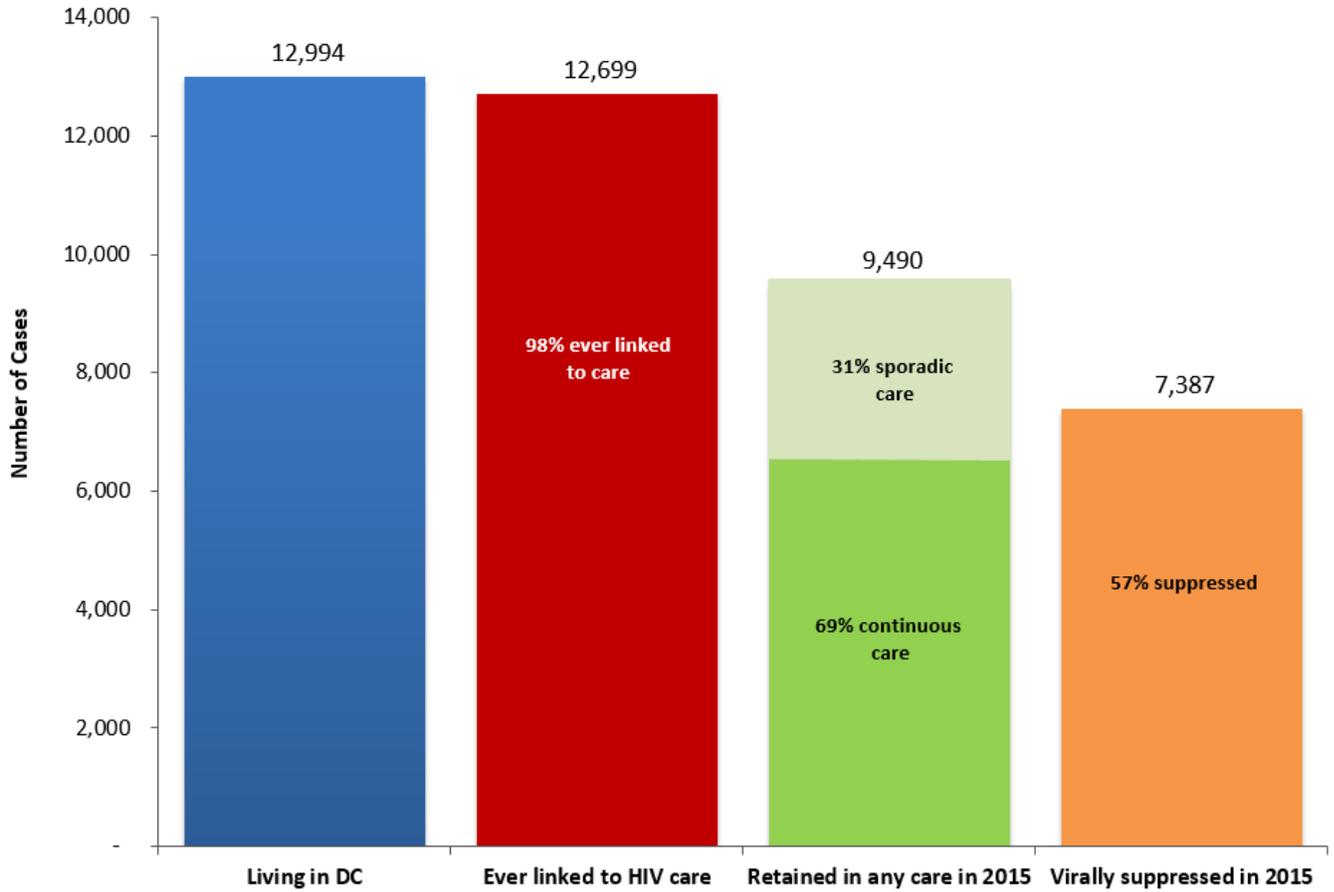
The data contained in this section provide important insight into how the HIV care system is ensuring healthy outcomes for persons living with HIV. The Department of Health will continue its collaboration with providers and engage with the community in meaningful ways to address gaps and enhance the care system.

Table 1. Care Dynamics Measure Definitions

Measure*	Definition	Levels
HIV Cases Living in DC	Number of cases diagnosed with HIV through 2014 and presumed living in DC at the end of 2015	-
Time to Linkage to Care	Length of time from diagnosis date to first CD4 and/or viral load** lab	≤3 months > 3 months
Care Status	Stability of care in 2015	Retained: At least two viral load and/or CD4 labs reported more than 90 days apart in 2015 Sporadic: One viral load or CD4 lab reported in 2015 Out of care: No lab reported in 2015
Ever Virally Suppressed	Suppression any time after HIV disease diagnosis	Suppressed: reported viral load ≤200 copies/mL Not suppressed: reported viral load >200 copies/mL No viral load reported
Last Known Viral Status	Suppression status at last known viral load in 2015	Suppressed: reported viral load ≤200 copies/mL Not suppressed: reported viral load >200 copies/mL No viral load reported in 2015

Figure 1. Care Dynamics among HIV Cases Living in DC

District of Columbia, 2015



- Figure 1 represents the 2015 care continuum for HIV cases presumed living in DC. Each bar represents people who have been diagnosed with HIV and are living in DC; each bar presents a graduated view of care performance for each metric (defined in Table 1).
- This figure is intended to give a snapshot of the status of care in the District of Columbia using population-based data. Of the 12,994 cases diagnosed through 2014 and presumed to be living in DC at the end of 2015, 98% were linked to HIV primary care, 73% were retained in care in 2015 and 57% were virally suppressed in 2015.

Table 2. Care Dynamics for HIV Cases Living in DC by Selected Characteristics, District of Columbia, 2015

	Living in DC *		Ever Linked to Care		Retained in Care any care in 2015		Retained in Continuous Care in 2015		Ever Virally Suppressed		Suppressed at Last Known Viral Status in 2015	
	N	N	%	N	%	N	%	N	%	N	%	
Sex												
Male	9,320	9,111	97.8	6,534	70.1	4,495	48.2	7,233	77.6	5,174	55.5	
Female	3,426	3,344	97.6	2,760	80.6	1,939	56.6	2,490	72.7	2,071	60.4	
Transgender	248	244	98.4	196	79.0	136	54.8	181	73.0	142	57.3	
Race/Ethnicity												
White	2,078	2,047	98.5	1,253	60.3	816	39.3	1,832	88.2	1,097	52.8	
Black	9,754	9,524	97.6	7,425	76.1	5,170	53.0	7,135	73.1	5,610	57.5	
Hispanic	828	806	97.3	591	71.4	431	52.1	679	82.0	499	60.3	
Other**	334	322	96.4	221	66.2	153	45.8	258	77.2	181	54.2	
Mode of Transmission												
Sexual contact	9,252	9,090	98.2	6,659	72.0	4,596	49.7	7,165	77.4	5,237	56.6	
IDU	1,493	1,478	99.0	1,175	78.7	846	56.7	1,139	76.3	895	59.9	
Sexual contact/IDU	440	437	99.3	342	77.7	251	57.0	328	74.5	267	60.7	
Other	149	149	100.0	129	86.6	101	67.8	85	57.0	74	49.7	
RNI	1,660	1,545	93.1	1,185	71.4	776	46.7	1,187	71.5	914	55.1	
Current Age												
0-19	82	74	90.2	70	85.4	55	67.1	49	59.8	45	54.9	
20-24	328	304	92.7	244	74.4	166	50.6	18	55.8	152	46.3	
25-29	863	819	94.9	593	68.7	388	45.0	533	61.8	418	48.4	
30-39	2,433	2,354	96.8	1,688	69.4	1,084	44.6	1,685	69.3	1,231	50.6	
40-49	3,241	3,180	98.1	2,335	72.0	1,576	48.6	2,505	77.3	1,850	57.1	
50-59	3,942	3,899	98.9	3,028	76.8	2,178	55.3	3,178	80.6	2,410	61.1	
60 and older	2,102	2,069	98.4	1,531	72.8	1,123	53.4	1,770	84.2	1,280	60.9	
Missing	3	-	0.0	1	33.3	-	0.0	1	33.3	1	33.3	
Grand Total	12,994	12,699	97.7	9,490	73.0	6,570	50.6	9,904	76.2	7,387	56.8	

* HIV cases diagnosed through 2014, presumed living in DC, and alive as of end of 2015.

**Other: mixed race individuals, Asians, Alaska natives, Native Hawaiians, Pacific Islanders and unknown

*** IDU: Injection drug users; RNI: Reason not indicated; Other: perinatal transmission, hemophilia, blood transfusion and occupational exposure

- Slight disparities by gender identity were observed. Women and transgender persons living in DC were more likely to be retained in care in 2015 compared to men.
- A higher proportion of Blacks were retained in care, but whites had higher proportions of ever being virally suppressed and Hispanics had the highest proportions of viral suppression in 2015 compared to all other racial groups.
- By age, persons between the ages of 25-29 had the lowest proportions of retention in care in 2015 and persons aged 30-39 had the lowest proportions of retention in care in 2015, followed by persons aged 25-29 (45.0%) and 40-49 (48.6%) compared to other age groups. Persons aged 0-24 were least likely to ever be virally suppressed and persons aged 20-29 were least likely to be virally suppressed in 2015.

Clinical outcomes among newly diagnosed HIV cases from 2010-2014 were also assessed. Cases diagnosed between 2010 and 2014 and living in 2015 were included to observe linkage to care within 3 months of diagnosis and viral suppression within 12 months of initial HIV diagnosis.

Table 3. Care Dynamics for HIV Cases Newly Diagnosed with HIV by Selected Characteristics
District of Columbia, 2010-2014

	Newly Diagnosed between 2010-2014 and living in 2015		Linked with 3 months of diagnosis		Viral suppression within 12 months of HIV diagnosis	
	N		N	%	N	%
Sex						
Male	2,252		1,800	79.9	860	38.2
Female	752		612	81.4	297	39.5
Transgender	82		66	80.5	35	42.7
Race/Ethnicity						
White	448		397	88.6	206	46.0
Black	2,282		1,793	78.6	831	36.4
Hispanic	244		200	82.0	113	46.3
Other*	112		88	78.6	42	37.5
Mode of Transmission**						
Sexual contact	2,302		1,877	81.5	919	39.9
IDU	115		76	66.1	27	23.5
Sexual contact/IDU	63		47	74.6	19	30.2
Other	13		12	92.3	5	38.5
RNI	593		466	78.6	222	37.4
Age at Diagnosis						
0-19	132		108	81.8	41	31.1
20-24	492		380	77.2	162	32.9
25-29	477		378	79.2	169	35.4
30-39	738		584	79.1	291	39.4
40-49	659		537	81.5	261	39.6
50-59	419		344	82.1	183	43.7
60 and older	169		147	87.0	85	50.3
Year of Diagnosis						
2010	834		654	78.4	277	33.2
2011	685		555	81.0	255	37.2
2012	642		546	85.0	281	43.8
2013	509		395	77.6	199	39.1
2014	416		328	78.8	180	43.3
Grand Total	3,086		2,478	80.3	1,192	38.6

*Other: mixed race individuals, Asians, Alaska natives, Native Hawaiians, Pacific Islanders and unknown

**IDU: Injecting drug users; RNI: Reason not indicated; Other: perinatal transmission, hemophilia, blood transfusion and occupational exposure.

- Slight disparities between gender identities among newly diagnosed cases were observed. Women had the highest proportion of linkage to care within 3 months of HIV diagnosis and transgender persons had the highest proportion of viral suppression within 12 months of initial diagnosis.
- Whites had higher proportions of linkage within 3 months of diagnosis compared to all other racial groups and Hispanics had the highest proportions of viral suppression.
- Persons with IDU as reported mode of transmission had lower proportions of linkage to care and viral suppression compared to all other transmission categories.
- By age, persons diagnosed between the ages of 20-24 had the lowest proportions of linkage to care, and persons aged 0-19 at diagnosis had the lowest proportion of viral suppression. Persons

aged 60 and older had high proportions of linkage and suppression compared to other age groups.

- Linkage varied but suppression increased over the five-year period.

Section 2. Ryan White Care Dynamics

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is a program funded by the Health Resources and Services Administration (HRSA) to provide HIV-related services to people diagnosed with HIV. More specifically, it is a program for those who do not have sufficient health care coverage or financial resources. The Ryan White CARE program funds core medical and support services. Core medical services include outpatient and ambulatory medical care, AIDS Drug Assistance Program (ADAP), oral health care, early intervention services, health insurance premium and cost-sharing assistance, home health care, medical nutrition therapy, hospice care, home and community-based health services, mental health, outpatient substance abuse care, and medical case management including treatment-adherence services.

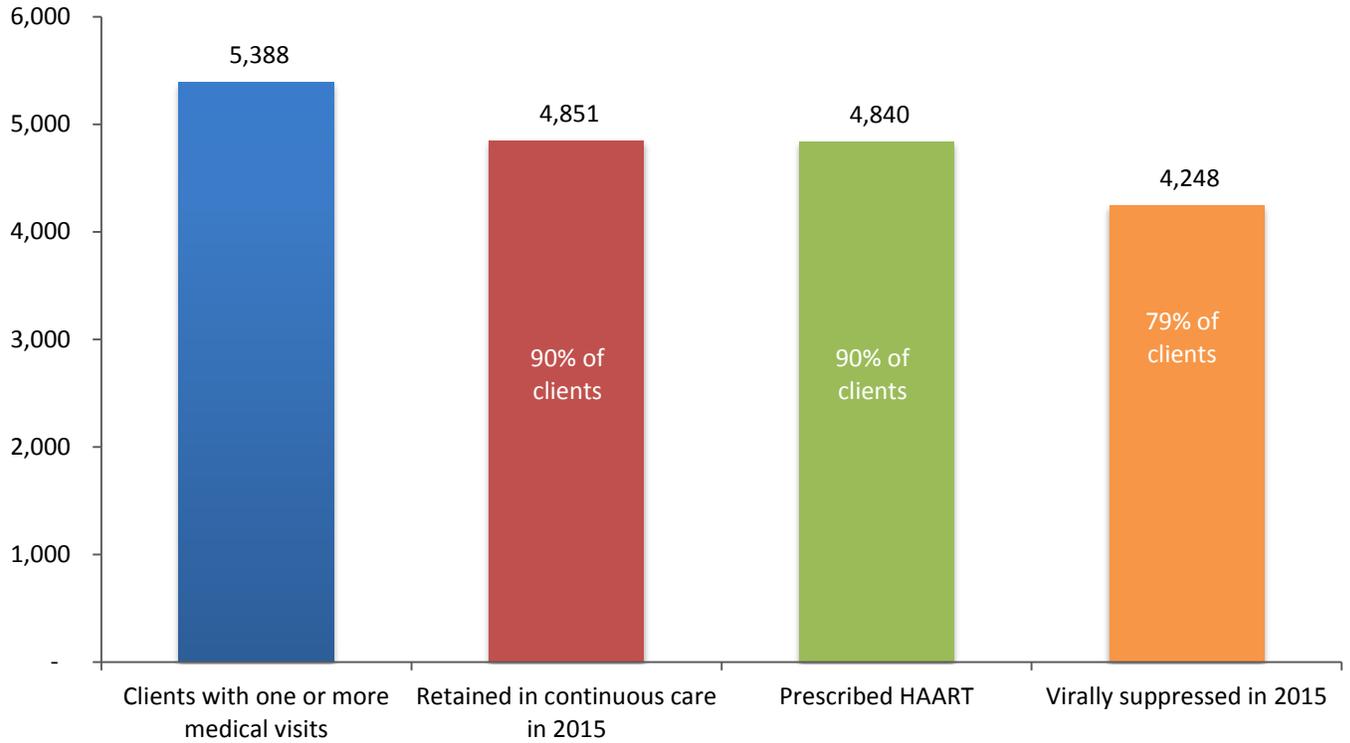
HIV Care dynamics among clients served through Ryan White in the District was examined to evaluate clients on the care continuum and assess their health outcomes. This continuum of care differs from what has been previously presented in several ways. First, the population used is a subset of the total number of HIV cases living in the District. These cases are not newly diagnosed in a given year, but are HIV cases who received any type of Ryan White CARE Act funded service in 2015. Second, care status was measured through documented medical visits, rather than laboratory tests. Finally, information is included on the number of clients who had been prescribed HIV medication.

Table 4. Care Dynamics Measure Definitions

District of Columbia

Measure	Definition
Clients with one or more medical visits	Ryan White clients with at least one documented primary care visit in 2015
Retained in continuous care in 2014	Having 2 more medical visits in 2015 that were at least 90 days apart
Prescribed HAART	Ryan White clients with documentation of having been prescribed HIV medication
Virally suppressed at last viral status in 2014	Having a viral load result of <200 copies/mL at last viral load test in 2015

Figure 2. 2015 Care dynamics among Ryan White Clients, District of Columbia, 2015



- At the end of 2015, there were 5,388 unique clients that had one or more primary medical care visit in 2015.
- The majority (90.0%) of clients had 2 or more primary care visits in 2015.
- Most (90.0%) clients were prescribed combination antiretroviral therapy (cART).
- Among Ryan White clients that had at least one primary care visit in 2015, 78.8% were virally suppressed at their last viral load test in 2015.

Table 5. Characteristics of Care Dynamics among Ryan White Clients
District of Columbia, 2015

	Clients with 1 or more medical visits		Retained in continuous care		Prescribed HAART		Virally suppressed at last recorded viral load test	
	N	N	%	N	%	N	%	
Gender Identity								
Male	3,492	3,122	89.4%	3,145	90.1%	2,769	79.3%	
Female	1,691	1,552	91.8%	1,519	89.8%	1,349	79.8%	
Transgender	205	177	86.3%	176	85.9%	130	63.4%	
Age at Time of Service								
0 - 12	59	58	98.3%	55	93.2%	47	79.7%	
13 - 24	371	313	84.4%	322	86.8%	235	63.3%	
25 - 34	993	863	86.9%	850	85.6%	698	70.3%	
35 - 44	1,029	915	88.9%	936	91.0%	823	80.0%	
45 - 54	1,582	1,447	91.5%	1,436	90.8%	1,314	83.1%	
55 - 64	1,095	1,012	92.4%	998	91.1%	903	82.5%	
65+	259	243	93.8%	243	93.8%	228	88.0%	
Race								
White	676	601	88.9%	626	92.6%	545	80.6%	
Black	4,434	4,000	90.2%	3,975	89.6%	3,480	78.5%	
Asian	33	33	100.0%	30	90.9%	29	87.9%	
Native Hawaiian/Pacific Islander	7	4	57.1%	5	71.4%	5	71.4%	
American Indian/Alaska Native	26	20	76.9%	23	88.5%	17	65.4%	
Unknown	212	191	90.1%	181	85.4%	172	81.1%	
Ethnicity								
Hispanic	530	478	90.2%	481	90.8%	413	77.9%	
Non-Hispanic	4,858	4,373	90.0%	4,359	89.7%	3,835	78.9%	
Mode of HIV Transmission								
MSM	1,878	1,669	88.9%	1,690	90.0%	1,439	76.6%	
IDU	153	137	89.5%	140	91.5%	123	80.4%	
Heterosexual contact	2,070	1,877	90.7%	1,901	91.8%	1,635	79.0%	
Risk not reported or not identified	367	329	89.6%	325	88.6%	302	82.3%	
Other*	240	222	92.5%	221	92.1%	162	52.1%	
Total	5,388	4,851	90.0%	4,840	90.0%	4,248	78.8%	

* Other mode of transmission includes hemophilia, blood recipient and perinatal acquisition.

- By gender identity, transgender persons who had at least one medical visit in 2015 had lower proportions of retention in care, prescription of HAART and viral suppression compared men and women.
- By age at service, persons aged 13-24 had the lowest proportion of retention in care and viral suppression in 2015 compared to all other age groups.
- Persons aged 65 and older had the highest proportions HAART prescription and viral suppression.
- By race, Native Hawaiian/Pacific Islander had the lowest proportions of continuous care and HAART prescription in 2015, while American Indian/Alaska Natives had the lowest proportions of viral suppression.
- By mode of HIV transmission, clients who were listed as “other” had low proportions of viral suppression in 2015.

Appendix A. Understanding HIV Care Surveillance

Primary care visits are not reportable to the DC DOH. However, HIV-related laboratory measures, such as CD4+ T-cell counts and HIV RNA viral loads, are required by DC Municipal Code to be reported to HAHSTA by healthcare providers and clinical laboratories. Laboratory measures are used in surveillance to provide approximate measures of access to medical care and HIV-related clinical health status. With improved reporting of laboratory data through the comprehensive electronic laboratory reporting system instituted in 2007, HAHSTA is able to obtain a picture of HIV care among persons living with HIV in the District.

Limitations of Surveillance Data

The Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services (DHHS) released measures to monitor the stages of HIV care, including diagnosis, linkage to care, retention in care and measurement of viral suppression. The measures reported in this supplement reflect local variations of federal standards revised to reflect the realities of available HIV surveillance data. Due to the nature of these data, there are a number of limitations to consider:

- **Year to year variation**

Metrics are subject to variation by year since they are based on reported surveillance data; fluctuations in timing of data reported to the DC DOH may affect data availability.

- **Moving between stages**

This report is a snapshot of care dynamics in the District and does not reflect movement between stages.

- **Changes in surveillance procedures**

Although instituted in 2007, systematic collection of laboratory data began in 2009; thus, data collected prior to 2009 are not as complete or reliable as data collected since 2009.

- **Missing data**

Care information can only be assessed among persons with reported data. There are some instances where diagnosed cases may not have laboratory data but are included in this report. For these cases, it is unclear whether persons are in care and HAHSTA is not receiving reports of laboratories, or whether a person is truly out of care.

- **Limited extra-jurisdiction data**

While healthcare facilities in the District cater to residents of the greater metropolitan area, DOH surveillance data are currently limited to HIV patients who were established as residents of the District at the time of HIV or AIDS diagnosis.

- **Migration out of the city**

This reports uses as a denominator both the number of HIV positive people who were first diagnosed while residents of DC between 2010 and 2014 and cases presumed living in DC at the end of 2015 and are alive. Whether any of these persons are receiving care in other jurisdictions

(other than Virginia and Maryland) or whether they have moved out of DC is not known.

- **Number of lab tests**

HIV positive persons in good health may be less likely to seek care, as compared to those who are in poorer health and require more care. Thus, there may be a trend towards persons with suppressed viral loads and higher CD4 counts to receive primary medical care but skip recommended lab tests. If this is the case, it would result in an underestimate of retention in care.

- **Newly diagnosed snapshot**

Data used in the continuum of care are for cases diagnosed between 2010 and 2014. As such, it provides only a portion of the picture of linkage to care, retention, and viral suppression in the District. Persons diagnosed with HIV positive more than five years ago are not included and patterns and trends of their care cannot be assumed from these data.

- **No comparison to other data**

These data should not be compared to other continuum of care presentations. Lack of uniformity of data systems and definitions of care metrics prevent accurate between-jurisdictional assessments. This continuum of care should not be compared to previous supplemental care data, as it evaluates different time periods. This supplement is designed to examine patterns and trends in the District only from HIV cases diagnosed between 2010 and 2014 or who are presumed living in DC at the end of 2015.

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