

Demographics and HIV Care among New Yorkers Living with HIV by Diagnostic Cohort

Contact: Laura S. Kersanske
lstedelmann@health.nyc.gov
347-396-7827

Laura Kersanske¹, Graham Harriman¹, Lucia Torian¹, Sarah Braunstein¹
¹New York City Department of Health and Mental Hygiene

Abstract # 908

BACKGROUND

- HIV diagnoses in New York City (NYC) have been steadily decreasing over time, but the city continues to have a large epidemic with over 2,500 new diagnoses each year.
- Surveillance data can be used to characterize people living with HIV (PLWH) and highlight areas that could be addressed.

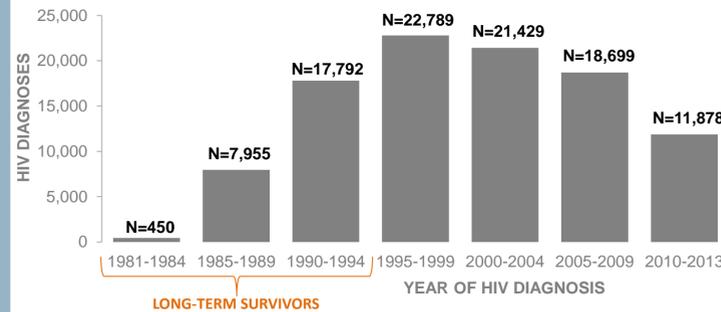
Objective: To characterize the demographics and clinical care indicators of all people living with HIV (PLWH) in NYC in 2013 by diagnostic cohort. To compare long-term survivors of HIV (diagnosed 1981-1994) with people more recently diagnosed (1995-2013).

METHODS

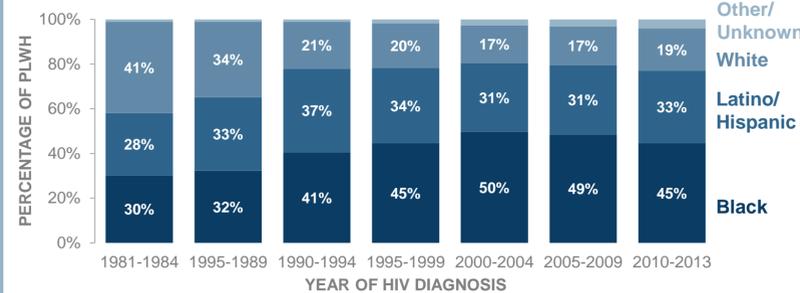
- The NYC HIV Surveillance Registry includes all cases of HIV/AIDS diagnosed and reported in NYC.
- The Registry is regularly updated with electronic lab reports, including HIV viral load (VL) results and CD4 counts.
- PLWH diagnosed in NYC as of 12/31/2013 were categorized into the following diagnostic cohorts based on year of HIV diagnosis: **1981-1984, 1985-1989, 1990-1994, 1995-1999, 2000-2004, 2005-2009, and 2010-2013.**
- Demographic distributions (sex, age at diagnosis, race/ethnicity, transmission risk) by diagnostic cohort were analyzed.
- Viral suppression for PLWH in care in 2013 was explored by diagnostic cohort and CD4 count interval (last CD4 in 2013).
 - In care** = At least one HIV VL and one CD4 in 2013 (61% of PLWH were considered in care in 2013).
 - Viral suppression** = Last HIV VL in 2013 was ≤ 200 copies/mL.

RESULTS

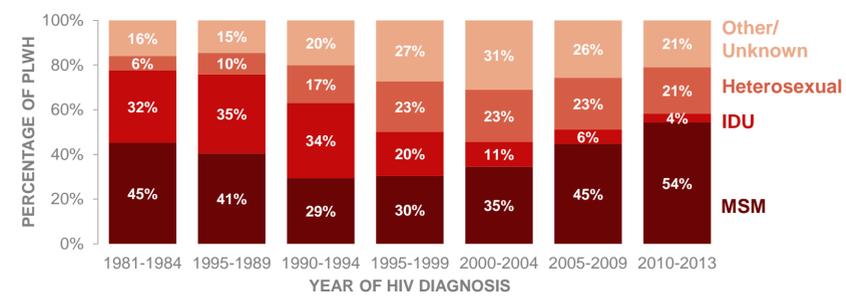
NUMBER OF DIAGNOSES: There were 100,992 people diagnosed and presumed to be living with HIV in NYC as of 12/31/2013. The largest number of diagnoses (N=22,789) are from the 1995-1999 cohort.



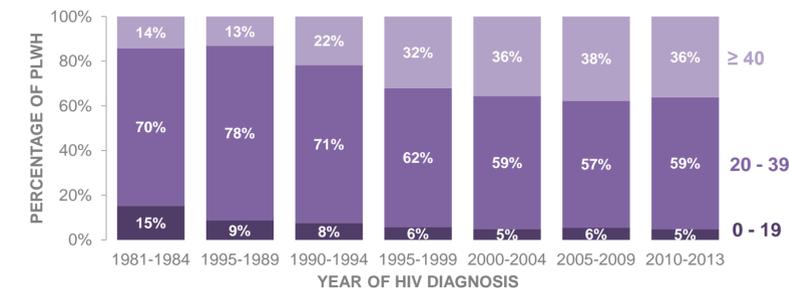
RACE/ETHNICITY: Whites represent the largest proportion of PLWH for earlier cohorts, while Blacks represent the largest proportion for more recent cohorts.



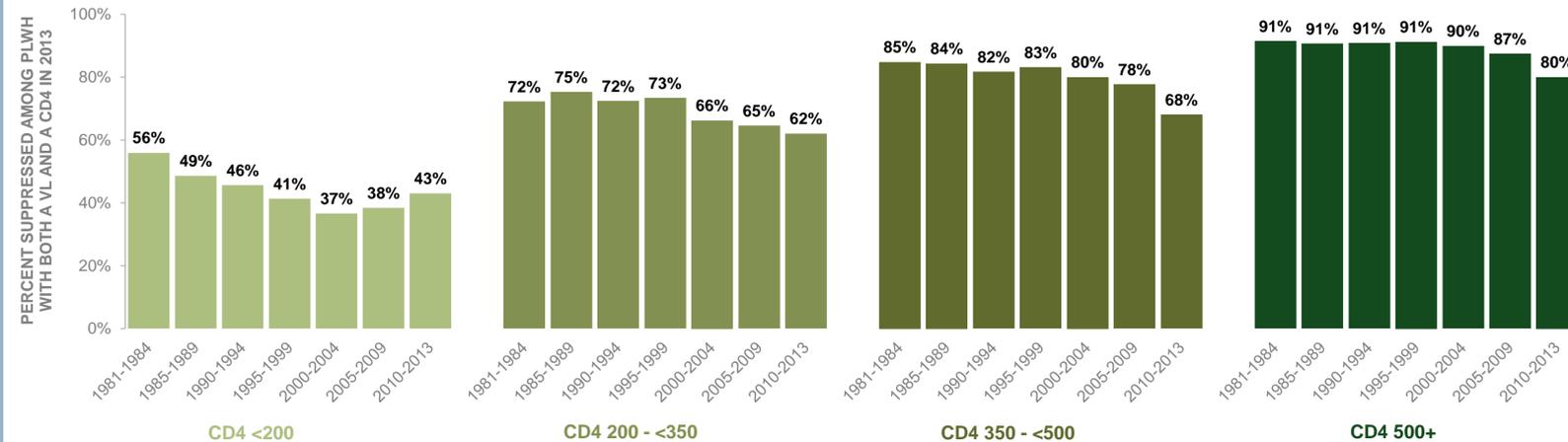
TRANSMISSION RISK: MSM represent the largest proportion of PLWH for most diagnostic cohorts. IDU represent a large proportion for earlier cohorts but the smallest proportion for more recent cohorts.



AGE AT HIV DIAGNOSIS: People ages 20-39 years at HIV diagnosis represent the largest proportion of PLWH for all diagnostic cohorts.



VIRAL SUPPRESSION: Viral suppression rates for PLWH in care in 2013 were generally high, ranging from 71-82% across cohorts. Highest suppression was seen for those with a high CD4 count in 2013 (CD4 500+). Within CD4 intervals, there were slightly higher rates of viral suppression in earlier diagnostic cohorts.



STRENGTHS AND LIMITATIONS

- Strengths:** Population-level data covering a period of over 30 years. Large analytic dataset of over 100,000 cases.
- Limitations:** Unable to explore CD4 and VL indicators at diagnosis among earlier cohorts due to absence of laboratory reporting at that time. Additionally, possibility of detection bias due to differences in testing and diagnosis for the earlier cohorts, as compared to more recent cohorts (leading to possible misclassification of cohort).

CONCLUSIONS

- Diagnostic cohorts of NYC PLWH in 2013 have similar distributions by sex, age at diagnosis, and transmission risk category.
 - The majority of PLWH in each diagnostic cohort are male, younger at diagnosis (20-39 years old), and categorized as men who have sex with men.
- However, the most highly represented race/ethnicity group differs by diagnostic cohort. The majority of PLWH from earlier diagnostic cohorts are White, while the majority of PLWH from more recent diagnostic cohorts are Black. People of color represent over 75% of PLWH diagnosed in 2010-2013.
 - This reflects a need to address health inequities among people at risk for and newly diagnosed with HIV.
- Viral suppression rates for PLWH in care in 2013 were relatively high, regardless of diagnostic cohort.
- When examined by CD4 interval in 2013, the earlier diagnostic cohorts had higher suppression rates, possibly reflecting a survival advantage or additional time to initiate and remain on treatment.
- Next Steps:** Additional research exploring resilience among earlier diagnostic cohorts is needed. Factors associated with long-term survival will be further analyzed.