# HIV partner services are associated with earlier diagnosis and timely linkage to HIV medical care Angelica Bocour, MPH, Chi-Chi Udeagu, MPH, Colin Shepard, MD

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# **HIV Epidemiology and Field Services Program**

**Bureau of HIV/AIDS Prevention and Control** New York City Department of Health and Mental Hygiene http://www.nyc.gov/html/doh/html/dires/hivepi.shtml



# INTRODUCTION

NYC health department established the Field Services Unit (FSU) in 2006 to address several public health issues:

- Persistent problem of late diagnosis
  - ~25% of New Yorkers were diagnosed with AIDS within 31 days of their HIV diagnosis
- Delayed linkage to care
  - ~25% with no VL/CD4 1 year after initial diagnosis
- Field Services Unit assists providers with HIV partner

### RESULTS

5%

0%

100%

90%

80%

70%

60%

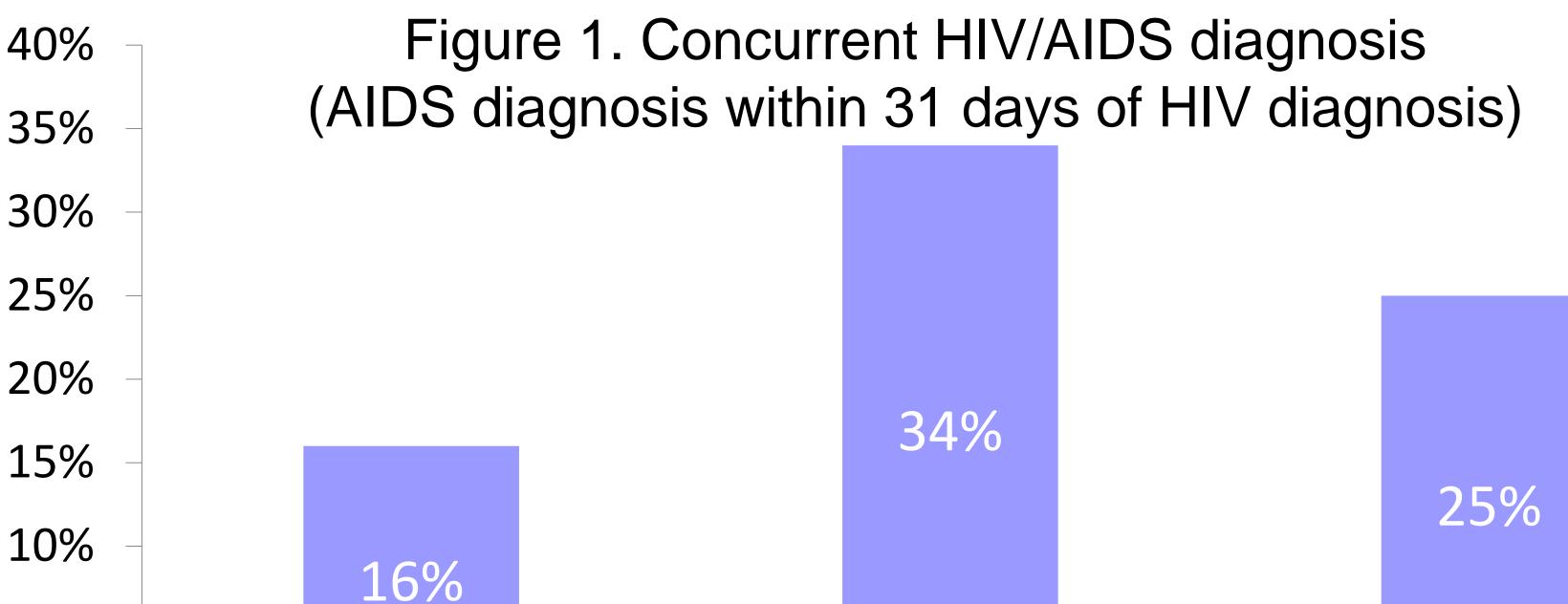
50%

40%

30%

20%

10%



services

- Notification and testing of named partners and linkage to HIV medical care for partners testing positive
- FSU participating facilities were selected because they were located in NYC neighborhoods with high HIV prevalence and mortality

METHODS

#### **Population**

- Newly diagnosed with HIV between 2007 and 2009 in NYC
- 13 years or older
- Three mutually exclusive groups:
  - FSU partners: diagnosed as a result of HIV partner services
  - FSU patients: diagnosed in a FSU participating Ο facility and interviewed for HIV partner services
  - Citywide patients: diagnosed at non-FSU Ο participating facilities

#### Data sources

- NYC Department of Health and Mental Hygiene HIV Surveillance Registry Populated-based registry of all persons diagnosed with AIDS (since 1981) and HIV (since 2000) in NYC • Field Services Unit database FSU interviewed patients and notified and tested their partners
- *P*<.0001 FSU patients Citywide patients FSU partners (n=77) (n=1645) (n=5365) Figure 2. Initiation in care (CD4/VL within 3 months of diagnosis) Within 3 months More than 3 months Never 93% 91% 75% 18% P<.0001 7%

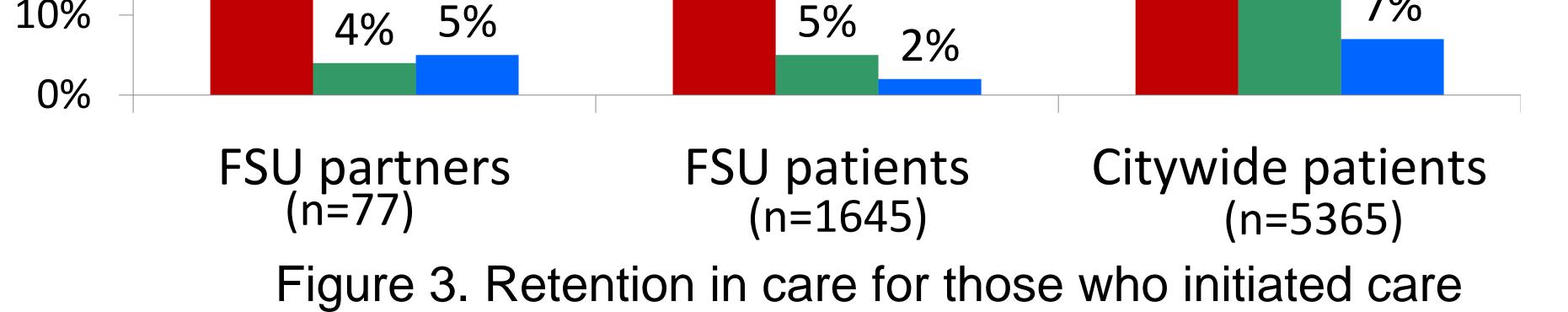
#### Measures

Demographic variables

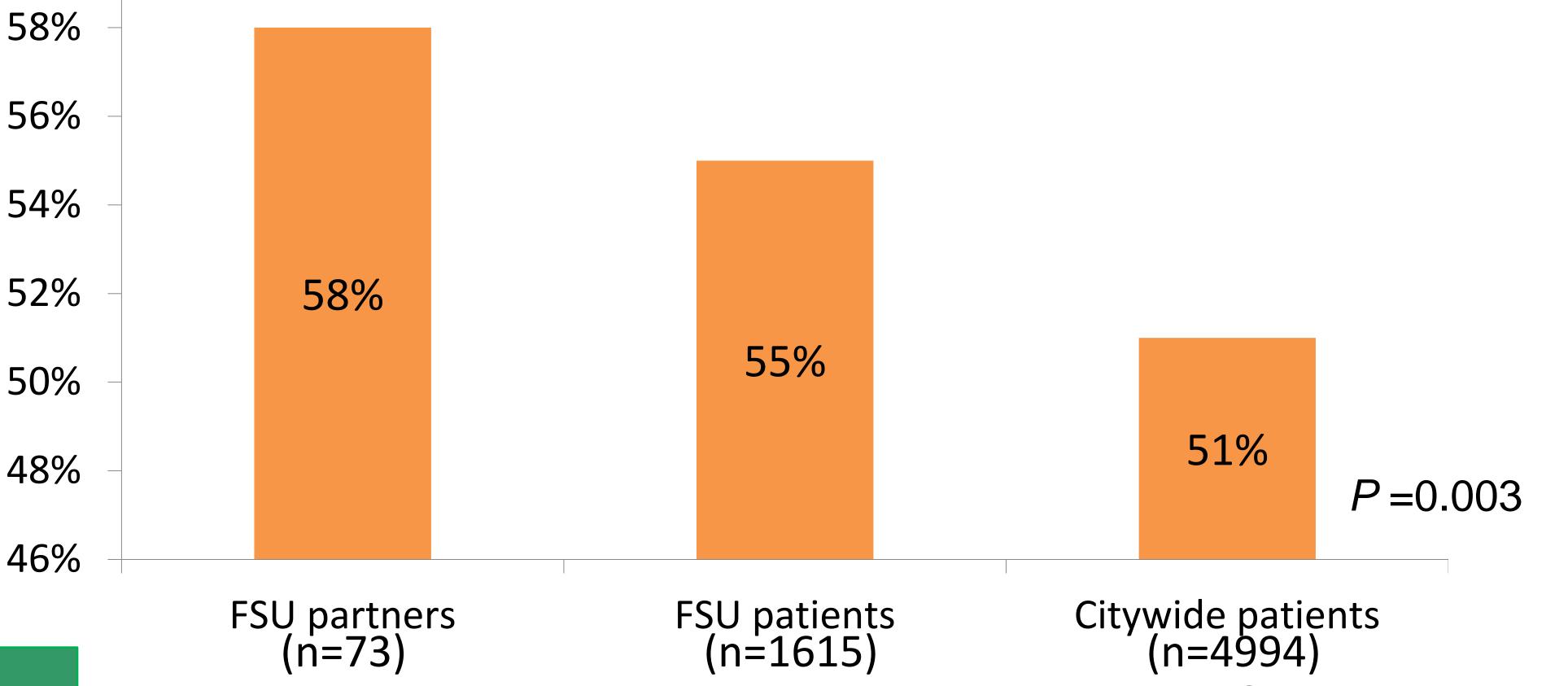
- Age at HIV diagnosis, sex, race/ethnicity, CDC transmission risk
- HIV-related clinical outcomes variables
- Concurrent HIV/AIDS diagnosis
- Timely initiation of care
- Retention in care lacksquare
- Time to VL suppression for patients with a CD4 count ullet<350

## Data analysis

Differences analyzed using Chi-square tests and T-tests



 $(\geq 2 \text{ labs } [CD4/VL] \text{ separated by } \geq 91 \text{ days within a } 12 \text{ month period})$ 60%



#### RESULTS

## Table 1. Demographics

	FSU partners (n=77)	FSU patients (n=1645)	Citywide patients (n=5365)
Age (median years)	33	37	37
Male	66%	64%	77%
Race/ethnicity			
Black	48%	61%	43%
Hispanic	44%	33%	32%
White	6%	4%	21%
MSM	36%	31%	46%
All <i>P</i> <.0001			

# ACKNOWLEDGEMENTS

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#### Table 2. Time to undetectable VL for patients with CD4<350

Patients eligible for ART CD4<350 (DHHS guidelines)	N (%**) (CD4<350)	Mean (months)	Median (months)
FSU partners n= 39	31 (79%)	6.8	4.0
FSU patients n= 894	736 (82%)	7.1	4.0
Citywide patients n= 2526	1982 (78%)	9.1	5.5
<i>All P</i> <.0001			

### CONCLUSIONS

Partner Services can help to:

- Diagnose HIV patients younger and at an earlier stage of disease
- Link patients successfully and promptly to care
- Improve retention in care and lead to faster viral load suppression Expanding partner services could reduce HIV transmission through earlier diagnosis and treatment of HIV