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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RESULTS

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 PLWH:
  - 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

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 to care.

Characteristics of PLWH confirmed to be OOC:

- Reported July 2008—December 2010 (N=414)

<table>
<thead>
<tr>
<th>PLWH who</th>
<th>PLWH who refused assistance with linkage to care</th>
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</thead>
<tbody>
<tr>
<td>accepted</td>
<td>linkage to care</td>
</tr>
<tr>
<td>PLWH</td>
<td>N=252</td>
</tr>
<tr>
<td>N=162</td>
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Time between initial outreach and kept appointment

- mean days: 237 (94) vs 47 (29), p <0.0001
- <1 month: 58 vs 170
- ≥1-3 months: 82 (33) vs 0 (0)
- ≥3-6 months: 107 (42) vs 4 (2)
- ≥6-9 months: 39 (15) vs 21 (13), p <0.0001
- >9 months: 9 (4) vs 21 (13)

Reasons for PLWH being OOC (N=161):

<table>
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<tr>
<th>PLWH accepted assistance with linkage to care</th>
<th>PLWH refused assistance with linkage to care</th>
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</thead>
<tbody>
<tr>
<td>41%: felt good</td>
<td>41%: did not like or trust health care workers</td>
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<tr>
<td>11%: felt depressed</td>
<td>12%: adverse effect of HIV medicine</td>
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<tr>
<td>10%: do not have medical insurance</td>
<td>16%: did not like or trust health care workers</td>
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</tbody>
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OCC outcomes from July 2008 to December 2010

- PLWH who presumed to be OOC 797
- PLWH with CD4+ cell count after return to care
- First CD4+ cell count after return to care
- First viral load after return to care
- Other reasons:
  - HIV prevention strategies should include outreach to locate and link OOC PLWH to care.
  - 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

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