

Changes in HIV Viral Load Suppression among HIV-infected New Yorkers, 2006-2007 to 2010-2011

Abstract # **X-1018**

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Background

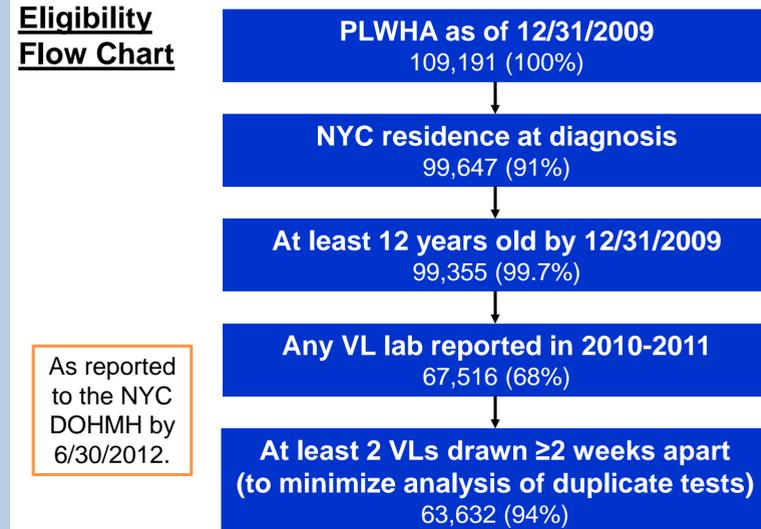
- The success of expanded test-and-treat strategies depends on people living with HIV/AIDS (PLWHA) being engaged in regular HIV care.
- Lab values (VL and CD4) from surveillance data can serve as a proxy for engagement in care.
- The care continuum is a succession of stages from diagnosis to durable virologic suppression.
 - Aim to use lab data to identify missed opportunities in this continuum.
- Durably suppressed viral load** = marker of high engagement in care
- Sustained high viral load** = marker of suboptimal engagement in care

Objective: To characterize HIV-infected New Yorkers who had durably suppressed viral load (DSVL) and sustained high viral load (SHVL) over a two-year period from 2010 to 2011. To compare the proportions of PLWHA with SHVL and DSVL between 2006-2007 to 2010-2011.

Methods

- The New York City (NYC) HIV/AIDS Surveillance Registry (HSR) includes all cases of HIV/AIDS diagnosed and reported in NYC.
 - HSR is routinely updated with electronic lab reports, including HIV VL results and CD4 counts.
- Time period for **current** analysis: January 1, 2010 – December 31, 2011
- Time period for earlier **comparison** analysis: January 1, 2006 – December 31, 2007

Eligibility Flow Chart



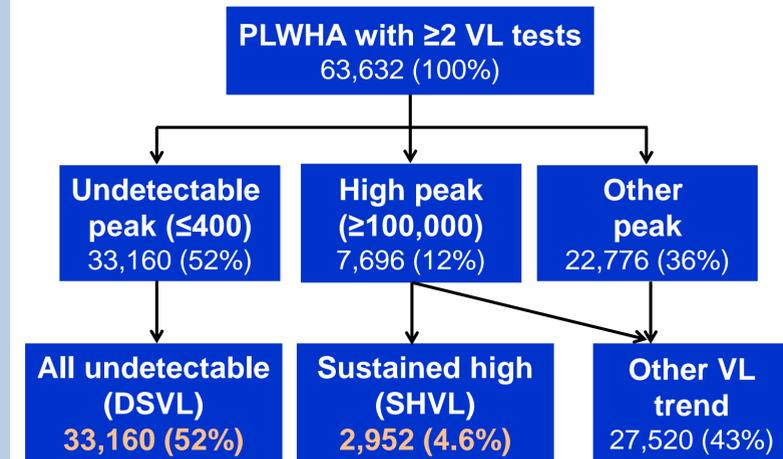
As reported to the NYC DOHMH by 6/30/2012.

Analysis Definitions

- DSVL:** PLWHA with all VLs ≤ 400 copies/mL
- SHVL:** PLWHA with ≥ 2 consecutive VLs of $\geq 100,000$ copies/mL

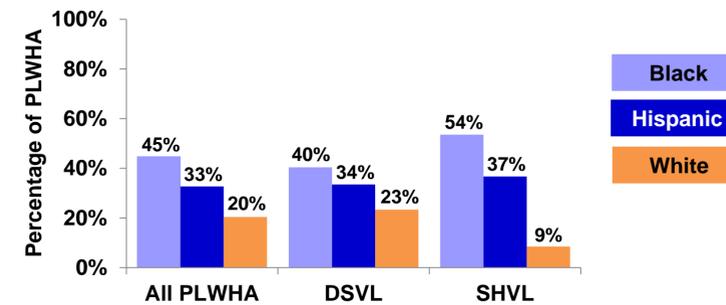
Results

Viral Load Flow Chart (2010-2011)

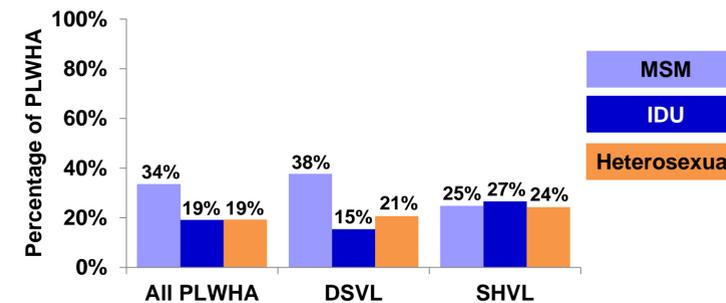


PLWHA with SHVL were younger (median age=44) as compared to all PLWHA (47) and PLWHA with DSVL (48).

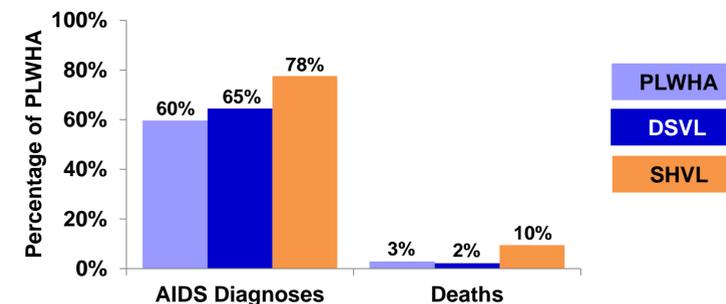
PLWHA with SHVL were more likely to be black and less likely to be white as compared to all PLWHA and those with DSVL.



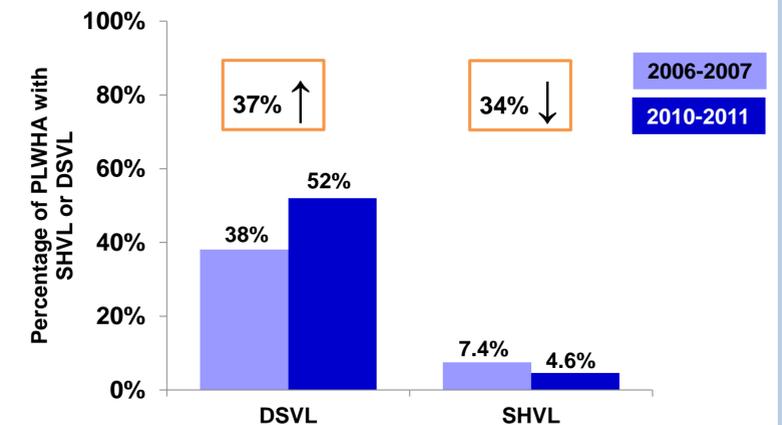
PLWHA with SHVL were more likely to be IDU and heterosexual as compared to all PLWHA and those with DSVL.



PLWHA with SHVL were more likely to have an AIDS diagnosis by 12/31/2009 and were more likely to have died by 12/31/2011, as compared to all PLWHA and those with DSVL.



The proportion of PLWHA with DSVL increased 37% from 2006-2007 to 2010-2011. The proportion of PLWHA with SHVL decreased 34% from 2006-2007 to 2010-2011.



Conclusions

- Engagement in HIV care has increased in NYC.
- Over half of the population analyzed had durable suppression, suggesting success of therapy and test-and-treat strategies initiated in the past five years.
- A small proportion of the population analyzed had SHVL.
 - They were more likely to be young, black, heterosexual, or IDU. They had a higher percentage of AIDS diagnoses and deaths.
 - They represent cases at highest risk of HIV-related morbidity/mortality and transmission to others.

Recommendation: Continue test-and-treat strategies in order to engage and retain HIV-infected individuals in care. In addition to current prevention efforts, particularly focus on those cases with SHVL.

Acknowledgements: CDC/CSTE Applied Epidemiology Fellowship and HIV Epidemiology & Field Services Staff