HIV reporting in New York state


Who must report?
- All diagnostic and clinical providers: doctors, nurses, pathologists, assistants, and other diagnosing HIV infection. Laboratories conducting testing for HIV antibody, viral antigen, and CD4 counts on residents of NYC.

Limitations of this Specimen Set

• Persons tested at PHL vs. commercial labs were:
  - More likely to be non-Hispanic, young
  - More likely to have heterosexual transmission risk

• Add specimens tested at commercial laboratories to the sample

• Benefits of routine HARS STARHS:
  - Establish and track incidence rates
  - Evaluate the maturation of the new HIV surveillance system
  - Evaluate public policy encouraging testing and early detection
  - Evaluate impact of prevention programming for specific target populations

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HIV in New York City, 1981-2002

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Using the Laboratory to Evaluate Detection of Incident vs. Prevalent HIV by a New Surveillance System

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PLWHA = persons living with HIV/AIDS

Future of HARS:STARHS

- Despite its limitations, STARHS represents a new method that, in combination with named HIV reporting, allows NYC to monitor the leading edge of the HIV epidemic for the first time.
- Add specimens tested at commercial laboratories to the sample
- Benefits of routine STARHS:
  - Establish and track incidence rates
  - Evaluate the maturation of the new HIV surveillance system
  - Evaluate public policy encouraging testing and early detection
  - Evaluate impact of prevention programming for specific target populations

Distribution of Recent vs. Established Infection vs. PLWHA

New Diagnosis

Recent Infection

Established Infection

PLWHA

Method: HARS:STARHS

- 7,243 WB+ specimens from NYC residents diagnosed at the Public Health Laboratories in 2000-2002 were identified as non-AIDS were previously unreported.
- All positive Western Blot results.
- 7,243 specimens were tested at the NYS Regional STARHS lab.
- All personal identifiers were removed, and the specimens were tested at the NYS Regional STARHS lab.

Significant Increases in Detection of Recent Infection, 2000-2002

% Newly Infected

% Newly Infected

Men

13.6% (10.6, 16.6) 23.3% (18.6, 28.0)

MSM

20.8% (14.7, 27.0) 34.0% (24.7,43.3)

IDU

6.9% (3.3, 10.7) 24.3% (10.5, 38.2)

Age 25+

12.1% (9.8, 14.3) 19.1% (15.3,22.7)

Conclusions

- Detection of incident vs. prevalent HIV increased over the first two years of named reporting as the backlog of previously unreported cases diminished.
- There are significant differences in the leading vs. the trailing edge of the epidemic. STARHS can identify these differences and assist planning prevention strategies for specific target populations.