# Identifying new HIV infections among partners testing HIV-negative at notification:

Matching HIV registry to partner services data



Dipal Shah, Sarah Braunstein, Arpi Terzian, Chi-Chi Udeagu and Colin Shepard

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

**Presenter: Dipal Shah** 

**August 16, 2011** 



#### **HPTN 052 results**

The NEW ENGLAND JOURNAL of MEDICINE

#### ORIGINAL ARTICLE

### Prevention of HIV-1 Infection with Early Antiretroviral Therapy

Myron S. Cohen, M.D., Ying Q. Chen, Ph.D., Marybeth McCauley, M.P.H., Theresa Gamble, Ph.D., Mina C. Hosseinipour, M.D.,



# **New York State Law and Partner Services**

# Public Health Law (63.8) passed in 1998 and implemented in 2000:

- Named HIV reporting
- Partner notification
  - Requires providers to talk to HIV-infected patients about their partners
  - Requires providers to report known sex or needle sharing partners to health department
  - Gives providers the opportunity to delegate the notification to the health department



#### **Public Health Does It Better**

Sexually Transmitted Diseases, December 2008, Vol. 35, No. 12, p.000-000 DOI: 10.1097/OLQ.0b013e31817d2f82 Copyright © 2008, American Sexually Transmitted Diseases Association All rights reserved.

Human Immunodeficiency Virus Partner Elicitation and Notification in New York City: Public Health Does It Better

MAUREEN C. MALAVE, MPH,\* DIPAL SHAH, MPH,\* JUDITH E. SACKOFF, PHD,\* STEVE RUBIN, BBA,†‡
AND ELIZABETH M. BEGIER, MD\*

#### 2005 Assessment of NYC PS System:

- DOHMH staff elicited 4 times as many partners as community providers
- 70% of DOHMH-elicited partners notified vs. 48% of community-elicited partners



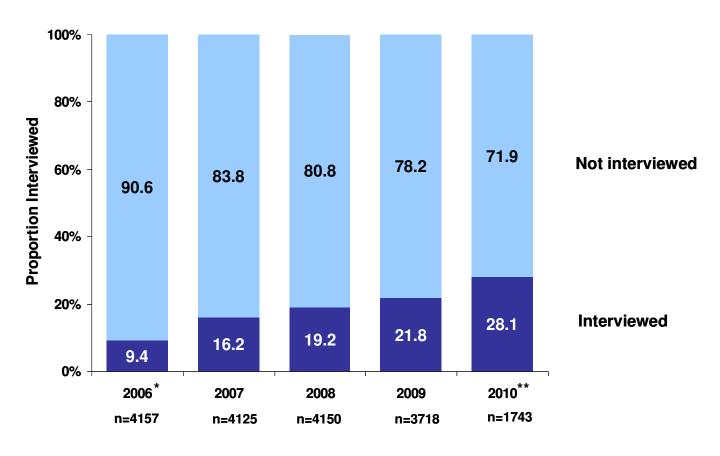
### Field Services Unit (FSU) – Est. 2006

- Helps HIV infected patients and their providers notify sex and needle-sharing partners of their exposure
- Helps notified partners get tested for HIV, including through field-testing
- Helps HIV-positive patients and partners to link and/or return to medical care, if necessary
- Helps DOHMH better understand risk information through patient face-to-face interviews



# FSU Expansion Led to Increase in Newly Diagnosed NYC Cases Interviewed

Proportion of New HIV Diagnoses in NYC Interviewed\* by the NYC DOHMH Field Services Unit





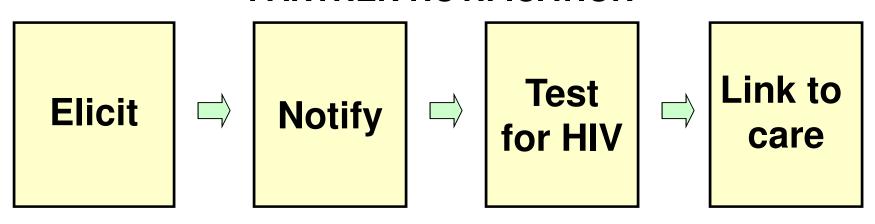
<sup>\*\*2010</sup> data are for January-June 2010 only



### **NYC DOHMH HIV Partner Services (PS)**

PS includes confidential partner notification, prevention counseling, testing for HIV and other types of STDs, treatment or linkage to medical care or prevention services

#### PARTNER NOTIFICATION



Index

Partner (sex or needle sharing)



# **Partner Notification Disposition Codes**

Disposition	<u>Definition</u>
1	Notified - Previous Positive
2	Notified - Previous Negative, New Positive
3	Notified - Previous Negative, Still Negative
4	Notified - Previous Negative, Not Re-tested
5	Notified - Not Previously Tested, New Positive
6	Notified - Not Previously Tested, Still Negative
7	Notified - Not Previously Tested, Not Tested Now
G	Not Notified - Insufficient Information to Begin Investigation
Н	Not Notified - Unable to Locate
J	Not Notified - Locate, Refused Counseling and Testing
K	Not Notified - Out of Jurisdiction
L	Not Notified – Other
V	Not Notified - Deferred due to risk of domestic violence



# Obtaining Partner HIV Status Information

- FSU notified partners in the field (a partner's home, official car)
- Partners were assisted with HIV testing in clinics (including by being escorted) to a:
  - Health department STD clinic
  - FSU participating facility
  - Consent obtained to view HIV test results



## **Analysis Objective**

Estimate number of notified HIV-negative partners who are identified as HIV-positive at one-year following report.



# Study Population and Eligibility Criteria

#### **Study Population**

- Sex and needle-sharing partners reported to the NYC DOHMH
  - September 1, 2006 to September 30, 2007

#### **Eligibility Criteria**

- Partners having required minimum identifying information:
  - last name and first name and date of birth (DOB) or age



### NYC HIV Surveillance Registry (eHARS)

#### Population-based registry

- Every case of AIDS reported in NYC since 1981
- Every case of HIV reported in NYC since 2000

#### Over 200,000 individuals reported

- ~ 50% have died

#### Information collected includes

- Names
- Demographic information
- Risk behaviors
- Opportunistic infections
- Laboratory data related to HIV/AIDS status

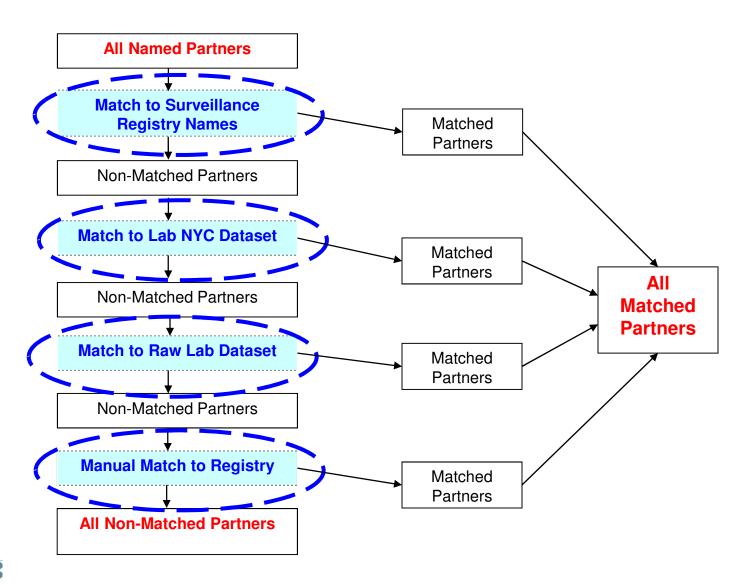


# Matching Partners to the Registry Multi-Step Linkage Process Key Codes

- ='(1)full last, first1-6, dob'
- ='(2)full last, first1-3, dob'
- ='(3)last1-4, first1-2, dob'
- ='(4)last1, last3-8, first2-8, dob'
- ='(5)last4-7, full first, dob'
- ='(6)last3-6, first1-3, dob'
- 7='(7)last1-4, first name, any 2 parts of dob'
- 8='(8)soundex, first3-5, dob'
- 9='(9)last1-6, first name, mob, day ob'
- ='(10)last2-4, first2-4, dob

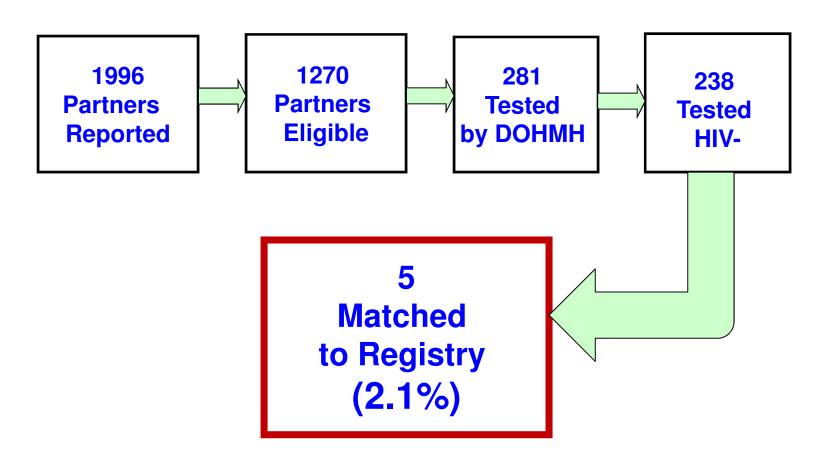


### Matching partners to the Registry



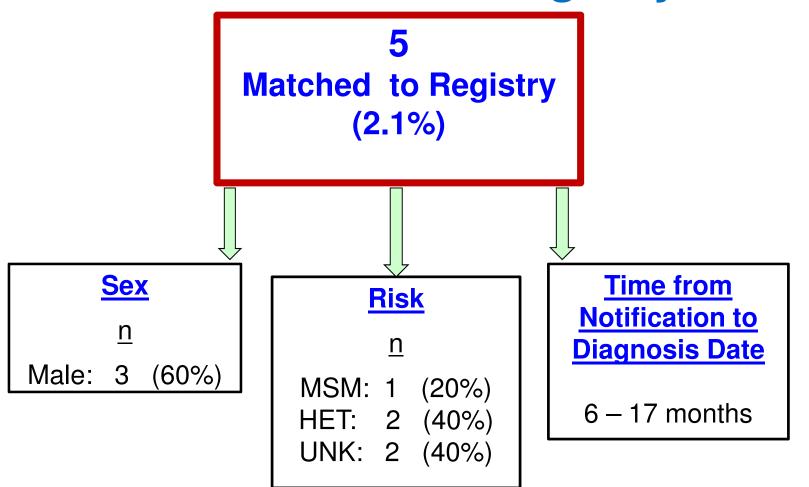


# 2% of partners testing HIV- found in the HIV Surveillance Registry





# 2% of partners testing HIV- found in the HIV Surveillance Registry





#### **Discussion**

- First time NYC partner data has been evaluated on such a large scale
- Reflection of work towards a CDC goal to integrate separate systems for identifying newly diagnosed persons who are potential candidates for partner services
  - HIV Surveillance Registry
  - STD Partner Reporting
  - Field Services Database
  - Global Partner Database



#### **Discussion**

- 2% of partners who tested negative at notification were found in the registry
  - Comparable rate to that previously observed among uninfected members of HIV serodiscordant heterosexual couples in which the infected partners did not initiate antiretroviral therapy\*
  - Minimum estimate of partners newly-infected with HIV following notification because partners:
  - May have been diagnosed outside NYC
  - Did not test after notification or study period
  - May have been in acute phase of infection, therefore did not test positive
  - May have used alias names and/or DOB at testing, therefore did not match to the registry

<sup>\*</sup> Donnell D, Baeten JM, Kiarie J, et al. Heterosexual HIV-1 transmission after initiation of antiretroviral therapy: a prospective cohort analysis. *Lancet* 2010: **375**: 2092-2098.



#### **Limitations**

#### Reported partner population

- Index cases self-report to providers or DOHMH
- Limited to providers who actively elicit and report partners
- Limited to number of FSU sites
- Reported partner data incomplete



## **Next Steps**

- Improve partner data
  - FSU at more sites
  - Providers education and outreach
- Consider outreach to partners HIVnegative in the months following notification to promote follow-up HIV testing
- More frequent matches to the HIV Surveillance registry to capture seroconverters in a more timely manner



#### Conclusion

- Matching partners to a HIV Surveillance Registry has many useful purposes that can help guide future HIV prevention and partner notification efforts.
- Data linkage activities involving HIV partner service data and jurisdictional HIV registries should be performed routinely to identify new cases.



## Acknowledgments

- Providers reporting partners to the DOHMH
- NYC DOHMH

# HIV Epidemiology and Field Services, Bureau of HIV Prevention and Control

- -Colin Shepard, MD
- -Sarah Braunstein, PhD, MPH
- -Arpi Terzian, PhD, MPH
- -Chi-Chi Udeagu, MPH
- -HEFSP Staff working on Partner Services

#### **Bureau of STD Control**

-Disease Intervention Specialists

