BACKGROUND

- Since the introduction in 1996 of highly active combination antiretroviral therapy (ART), a major concern of the clinical community has been the emergence and transmission of drug-resistant (TDR) viruses.
- For this reason, since 2007, U.S. Department of Health and Human Services (DHHS) guidelines for the care and treatment of persons with HIV have recommended genotyping at the initial HIV care visit, both to establish a baseline and to guide ART.
- However, previous studies have indicated that patients were more likely to receive a baseline genotype if their CD4 at diagnosis reached the ART threshold in use at the time.

OBJECTIVES

- We sought to observe the extent to which different demographics of patients newly diagnosed with HIV have received baseline genotypic resistance testing since genotypes became reportable in NYC in 2006 and from what type of care provider.
- We focused on the possibility that social determinants of health highlighted in recent analyses of other HIV-related care outcomes might be associated with disparities in baseline genotyping.

METHODS

- We used laboratory data routinely reported to NYC HIV surveillance to conduct a cross sectional analysis to ascertain whether persons newly diagnosed with HIV from 2006-2017 received or did not receive a baseline genotype.
- The gap in testing for black people was apparent in every demographic and clinical category. Black people were independently associated with a 49.7% (95% CI 0.41, 0.62) lower likelihood of receiving a baseline genotype in the “treatment threshold” era, regardless of age, risk factor, neighborhood poverty level, clinical status, provider type, and year of diagnosis, and a 23.1% (95% CI 0.66, 0.9) lower likelihood of being genotyped in the era of “ART for all”.
- All providers, except Drug Treatment Centers (DTC’s) and Jails, genotyped black patients less often than non-black patients. However, DTC’s and Jails still had the lowest proportion of patients genotyped in both eras compared to all other types of providers.

CONCLUSION

- The gap in testing for black people was apparent in every demographic and clinical category. Black people were independently associated with a 49.7% (95% CI 0.41, 0.62) lower likelihood of receiving a baseline genotype in the “treatment threshold” era, regardless of age, risk factor, neighborhood poverty level, clinical status, provider type, and year of diagnosis, and a 23.1% (95% CI 0.66, 0.9) lower likelihood of being genotyped in the era of “ART for all”.
- Five years into the era of “ART for all,” substantial inequity in baseline genotyping remains.
- Strategies to increase testing of black people are needed to improve quality of care.
- Investigation into the dynamics and logic behind the provider decision to withhold baseline genotyping is under way.