Background

• Recent CDC statistics report that low proportions of persons living with HIV in the US are retained in care and have achieved viral suppression.

• The conventional methodology used by CDC, when applied to NYC, overestimates the population denominator and results in implausibly low proportions in care and suppressed.

• We tested a new method for estimating the true number of PLWHA in NYC and the proportions in care and suppressed.

Methods

• We used NYC laboratory surveillance data to measure retention in care and viral suppression in all persons who had at least one HIV-related laboratory test indicating HIV-related medical care in NYC within the past five years.

• We validated our method by calculating the proportions of patients returning for care after absences of one, two, three, four and five years and reviewing their clinical status at the time of diagnosis or last laboratory report.

• Our denominator eliminated persons who were unlikely to be PLWHA living in NYC during this time.

Definitions

• PLWHA

• CDC/conventional count = all persons diagnosed, reported in NYC and not known to be dead or moved out of state

• NYC count = all persons believed, based on their indicators of care and clinical status, to be in NYC at any time during the five years spanning 2006-2010.

• Retention in care: at least one HIV-related laboratory test indicating HIV-related medical care in NYC within the past five years.

• Retention in continuous care: ≥2 visits at least 3 months apart

• Viral suppression: ≥3 months apart

• Established in care

• Virally suppressed

• Virally suppressed (%)

Results: Retention in Care

• The proportions of persons retained in care were stable over the five-year period (~82%).

• There were significant differences in retention in care by age and viral suppression.

• Persons aged <20 and >50 were significantly more likely to be retained in care and in continuous care than were persons aged 20-29 and 30-39.

• Persons with AIDS diagnoses were significantly more likely to be retained in care and in continuous care.

• Blacks were least likely to have viral suppression.

• Age and viral suppression had a U-shaped relationship, with 20-29 year-olds least likely and 0-12 year-olds and ≥60 year-olds most likely to have achieved suppression.

• IDU and heterosexuals were less likely to be suppressed than MSM.

• The conventional methodology used by CDC, when applied to NYC, overestimates the population denominator and results in implausibly low proportions in care and suppressed.

• We used NYC laboratory surveillance data to measure retention in care and viral suppression in all persons who had at least one HIV-related laboratory test indicating HIV-related medical care in NYC within the past five years.

• We tested a new method for estimating the true number of PLWHA in NYC and the proportions in care and suppressed.

• Our method more accurately estimates the number of PLWHA living in NYC, retained in care, and virally suppressed.

• As state and local health departments prepare to use their surveillance data to measure NHAS outcomes, they should evaluate the accuracy and completeness of their suppression systems and adopt methods that will accurately reflect the number of patients still living in their jurisdictions.