HIV Care Continuum Outcomes among newly diagnosed PLWH in Washington, DC

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Background

• Viral Suppression (VS) is the ultimate goal of HIV care as it improves individual outcomes and decreases HIV transmission.

• The universal Test-and-Treat approach, a pillar to ending the Epidemic plan, emphasizes early testing, immediate linkage to care, and rapid treatment initiation to achieve VS.

• Implementation of early antiretroviral therapy (ART) initiation (Treatment as Prevention) is crucial as an effective intervention to reduce HIV transmission.

Objectives

• To describe the socio-demographic and clinical factors of people living with HIV (PLWH) in Washington, DC who are newly diagnosed with HIV.

• To evaluate achievement of Test-and-Treat approach and HIV treatment goals related to retention in care (RIC), ART initiation and VS.

• To describe socio-demographic and clinical factors associated with achieving HIV treatment goals among newly diagnosed PLWH.

Methods

Study design and eligibility criteria

• Cross-sectional analysis

• Data source: the DC Cohort, an observational longitudinal cohort of people living with HIV (PLWH) in Washington, DC who are newly diagnosed with HIV.

• Participants diagnosed within 12 months of enrollment, ≥18 years old with ≥12 months total follow up in the DC Cohort.

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• Outcome variables

• RIC: ≥ 2 visits or HIV lab results at least 90 days apart, within 12 months of enrollment

• ART initiation: being prescribed ART, by 3 and 12 months after diagnosis

• VS: HIV RNA > 200 copies/mL, by 3 and 12 months after diagnosis

Statistical analysis:

• Descriptive statistics: Chi-square and Fisher’s Exact tests for categorical variables and Wilcoxon Rank Sum tests for continuous variables

• Multivariable logistic regression models

• A priori variables: age, sex and race

• Included variables statistically significant at p<0.05

• Most parsimonious model selected

Results

Table 1. Demographic and clinical characteristics*, by RIC status, among individuals newly diagnosed with HIV, DC Cohort, 2011-2016

Table 2. Summary of Logistic Regression Analysis for factors associated with RIC, ART Initiation and VS, N=455

Figure 1. HIV Care Continuum for Newly diagnosed PLWH, N=455

Summary of Results:

• Among the 455 newly diagnosed, the median nadir CD4 count was 346 cells/μL (IQR 220–488) and 31% had a history of AIDS diagnosis.

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• To describe socio-demographic and clinical factors associated with achieving HIV treatment goals among newly diagnosed PLWH.

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Conclusions

• Although the majority of newly diagnosed PLWH were RIC, fewer started ART or achieved VS in a timely manner.

• With a large proportion of our sample having an AIDS diagnosis at enrollment, we illustrate the ongoing challenge of late HIV diagnosis.

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• The data reflect PLWH that enrolled in the DC Cohort within a year of diagnosis. Since all participants were linked to care we could not measure the first part of the care continuum.

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• With a large proportion of our sample having an AIDS diagnosis at enrollment, we illustrate the ongoing challenge of late HIV diagnosis.

• Those with AIDS diagnosis were more likely to initiate ART during the first 3 months.

• Same-day initiation of ART is fundamental among the newly diagnosed regardless of the patient’s HIV stage at diagnosis. As Test-and-Treat strategies scale up, VS should be attained more promptly among all PLWH, not only among those with an AIDS diagnosis.

References

AIDS diagnoses (Yes) (V) 2.60 (1.13, 4.58)*

Insurance status (baseline) 2.98 (1.13, 7.86)*

RIC 0.98 (0.94, 1.03)

Private 0.98 (0.94, 1.03)

Other/Unknown 0.57 (0.36, 0.90)*

$352 (7.1%), 332 (7.5%), 30 (8.3%)

NIC 0.94 (0.44, 1.99)

(95% CI)

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0.91 (0.41, 2.01)

Racial/ethnicity (NH Black) 0.77 (0.45, 1.21)

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