



THE DC COHORT

Advancing HIV Care and Treatment in the District of Columbia

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NEWSLETTER

Fall/Winter
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DC Cohort Research Updates

We continue to make good progress with DC Cohort research, actively enrolling participants in the main study alongside the Patient Reported Outcomes (PROs) and PositiveLinks sub-studies. The COVID-19 sub-study/MPOX survey is closed to enrollment.

We would like to highlight the great progress that we are making with a few recent studies below! Please click [here](#) for a list of all published studies.

Maria Jaurrette, MPH, a former DC Cohort Senior Research Associate and now an Epidemiologist with DC Health's HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA), published a manuscript, "[HIV Care Continuum Outcomes Among Recently Diagnosed People with HIV in Washington, DC](#)", in the journal *Epidemiology and Infection*. This analysis focused on various stages of the HIV care continuum, including retention in care, antiretroviral therapy (HIV medication), and viral suppression. These three steps are very important as they help

people with HIV (PWH) live longer and healthier lives and prevent HIV from being transmitted to others. The findings in this analysis showed that those with an AIDS diagnosis were more likely to be retained in care. Additionally, among 455 newly-diagnosed DC Cohort participants, 92% were retained in care 12 months after their HIV diagnosis, and by 12 months post-diagnosis, 91% also began taking HIV medication. At 12 months post-diagnosis, 82% also maintained an undetectable viral load. There were some delays in HIV medication initiation for those without an AIDS diagnosis and this can represent missed opportunities for early treatment.

In conclusion, this analysis highlights the importance of getting tested for HIV and being linked to care as soon as possible. It also highlights the importance of taking HIV medications promptly and consistently in order to achieve viral suppression.

Another study led by Rachel Harp, a Master of Public Health (MPH) graduate at The George Washington University, entitled

"[Housing, HIV Outcomes, and Related Comorbidities in Persons Living with HIV in Washington, DC](#)" was published in *AIDS Care* and looked at the important relationship between housing stability and HIV outcomes in Washington, DC. This analysis on 8,622 PWH in the DC Cohort examined how their housing status was associated with their HIV care and other outcomes such as substance use disorders, mental health disorders, and sexually transmitted infections.

The findings showed that those with unstable housing were more likely to be prescribed HIV medication compared to those who were stably housed (90% vs. 86.3%) but were less likely to achieve viral suppression. Those experiencing housing instability were also more likely to be diagnosed with a substance use or mental health disorder.

With unstable housing creating challenges for PWH to adhere to their HIV medication, this analysis highlights the importance of stable housing as a critical piece of HIV care and better HIV outcomes.

Plan for the Next 5 Years for the DC Cohort

As a reminder, data are reported as numbers by DC Cohort sites; data are never individually identifiable in reports or publications. <are are some of our planned initiatives for the 4th year of funding in this five-year cycle and accomplishments in Years 1 through 3:

Goal 1: Track treatment and outcomes among people living with HIV

We are working to include data on cancer, pharmacy, Medicaid claims, and missed clinic visits in our main DC Cohort databases. We are surveying DC Cohort participants on mental health, substance use, sexual behaviors, and stigma.

Goal 2: Monitor the impact of Ending the HIV Epidemic (EHE) in Washington, DC and contribute lessons learned to national EHE efforts

We have begun to expand the existing DC Cohort dashboard to see how we are doing with quality of care such as getting people into HIV care quickly, starting them on therapy, and maintaining viral suppression.

Goal 3: Develop interventions to improve quality of care among people living with HIV

The PositiveLinks intervention, focused on improving retention in care and viral suppression through a mobile phone app, has launched and we are working to design additional interventions in important areas such as smoking cessation, mental health, and health disparities.

Selection of accomplishments in Years 1 through 3 include significant progress towards enhanced data linkages; launching three DC Cohort sub-studies (COVID-19, Patient Reported Outcomes, and PositiveLinks), and 12 publications since 2022.

DC Cohort Community Spotlight Sohail Rana, MD

Dr. Sohail Rana, the DC Cohort Site Principal Investigator for the Pediatric HIV Clinic at Howard University, is a professor and beloved pediatrician with a 35-year career that is dedicated to the advancements in HIV and sickle cell research. In addition to pioneering research and advocacy efforts in pediatric hematology and HIV, he also assumes a pivotal role in providing comprehensive care for children and adolescent patients at Howard's pediatric HIV clinic. In 2017, he started the Rana Pediatric Fund with the goal of supporting children with chronic health conditions. This includes research projects such as the Fund's collaboration with the multi-state Sickle Cell Improvement in the Northeast Region through Education (SINERGe), patient aid through lunch and transportation reimbursement, and education and advocacy initiatives. Notably, Dr. Rana leads the annual International Conference on Stigma, now in its 14th year, at Howard University. This conference unites researchers, community leaders, policymakers, faith leaders, and more to unpack the importance of HIV-related stigma and is an important piece of the Howard University Stigma Project (formerly known as the Coalition for Elimination of AIDS-Related Stigma). This conference serves as a platform for voices to be amplified by way of discussions on the impact of stigma. It includes plenary sessions, advocacy leadership training sessions, a Stigma Art Project, and so much more. To learn more about Dr. Rana's incredible work, please visit www.ranapediatricfund.org and www.whocanyoutell.org.



DC Cohort Substudies

Research staff at DC Cohort participating clinics are actively reaching out to eligible patients to participate in the substudies. **Just like in all DC Cohort studies, participation is confidential and voluntary.**

COVID-19

The COVID-19 sub-study closed to enrollment on May 31, 2023 and 2,308 participants completed the COVID-19 survey. The goal of this sub-study was to understand the impact of COVID-19 among people with HIV in Washington, DC and included a web-based survey about the impact of COVID-19 with a \$25 incentive.

Data from this sub-study have been included in DC Cohort manuscripts and presentations on the psychosocial impacts of the COVID-19 pandemic, attitudes regarding COVID vaccination, telehealth experiences during the COVID-19 pandemic, and the prevalence and risk factors for long COVID (symptoms that continue or develop after acute COVID-19 infection).

Patient Reported Outcomes (PROs)

As of September 1, 2023, 1,409 DC Cohort participants have completed the PROs survey and 324 have completed their annual survey. The goal of this sub-study is to look at how mental health, substance use, and other factors (e.g., housing and financial factors) affect how often people with HIV go to their HIV provider and other HIV-related outcomes. These questions will be asked of DC Cohort participants once a year. If you are eligible, research staff at your HIV clinic will reach out to you in person, via telehealth app, or phone. If you would like to participate, you will:

- Complete a web-based survey; and
- Receive a \$25 gift card for your time

PositiveLinks

As of September 1, 2023, 121 DC Cohort participants have been enrolled in the PositiveLinks sub-study. The goal of this sub-study is to understand if using a smartphone app can improve regular participation in HIV care (retention in care) and maintain a viral load below a certain level (viral suppression). We will enroll about 510 participants. If you are eligible to participate, research staff at your HIV clinic will reach out to you in person, via telehealth app, or phone. If you would like to participate, you will:

- Download and use a health app on your phone for a 12-month period;
- Complete periodic surveys; and
- Receive up to \$180 in incentives for your time

Cabotegravir/Rilpivirine (Cabenuva™) 101

Cabenuva is the first and only long-acting HIV regimen that combines two HIV medications, cabotegravir and rilpivirine, in the form of a monthly or bi-monthly injectable that can be administered by your healthcare provider. Not only does this HIV regimen offer more convenience compared to a once-daily HIV regimen, but it also helps keep you stay undetectable (meaning that the amount of HIV in the blood is below the level that is detected during routine viral load lab testing). To remain undetectable, it is also important to adhere to your regularly-scheduled appointments!

The most common side effect of Cabenuva is a mild to moderate injection-site reaction (e.g., pain, tenderness, swelling, redness, itching, and/or warmth at the injection site) that clears up a few days after you receive the injection. In several Cabenuva clinical trials that included over 2,200 participants, the 75% to 83% participants who experienced this side effect noticed that as they continued treatment, the injection-site reactions did not happen as often. In addition, a remarkable 88% of the participants preferred the convenience of Cabenuva's once-monthly regimen over their prior daily HIV pills! Cabenuva is currently approved for HIV treatment in people who are 12 years and older; weigh at least 77 lbs. or 35 kg; are on a stable HIV medication regimen; have undetectable viral loads; and no known or suspected resistance to either cabotegravir or rilpivirine (the two medications in Cabenuva).

Join the DC Cohort Community Advisory Board (CAB)

If you would like to provide community feedback on research related to the care of people with HIV and you receive care at one of our DC Cohort participating sites, you may be eligible to join the DC Cohort CAB!

The DC Cohort CAB consists of a patient representative from each of the DC Cohort clinics and is designed to foster a relationship between HIV researchers and the community. We have a quarterly CAB meeting where attendees are able to provide community perspectives, feedback, and recommendations on the study and new research. The CAB also receives regular updates on the DC Cohort study progress and shares patient perspectives with DC Cohort leadership.


If you are interested in joining the DC Cohort CAB, please let a DC Cohort Research Assistant know and they will get in touch with us. We keep all correspondence confidential and CAB attendees will receive a small stipend for attending quarterly meetings.

2023 World AIDS Day

The 2023 World AIDS Day takes place on Friday, December 1, 2023, and this year's theme is 'Let Communities Lead'. This day is observed yearly on December 1 to support those worldwide who are impacted by HIV by amplifying their voices and experiences and to honor the lives lost due to the HIV/AIDS epidemic. This year's theme is especially important as local communities and HIV advocacy groups are often at the forefront of the fight against HIV by linking PWH to essential health services and resources.

This year's World AIDS Day is a call to action that highlights the importance of local communities and how their involvement is critical to the formulation and implementation of HIV plans and programs. Communities worldwide will lead events and activities with this year's "Let Communities Lead" campaign message throughout the month of November and culminating on December 1's World's AIDS Day.

To learn more about the history of World AIDS Day and this year's campaign of letting communities lead, you can visit the following websites: [World AIDS Day](#) at the CDC and [World AIDS Day](#) at UNAIDS.



For more information about the study, a list of publications, and the electronic version of this and past newsletters, visit our website at <http://go.gwu.edu/dccohort> or scan the QR code.

