

STD/HIV/TB Section Updates All Provider Meeting 2016

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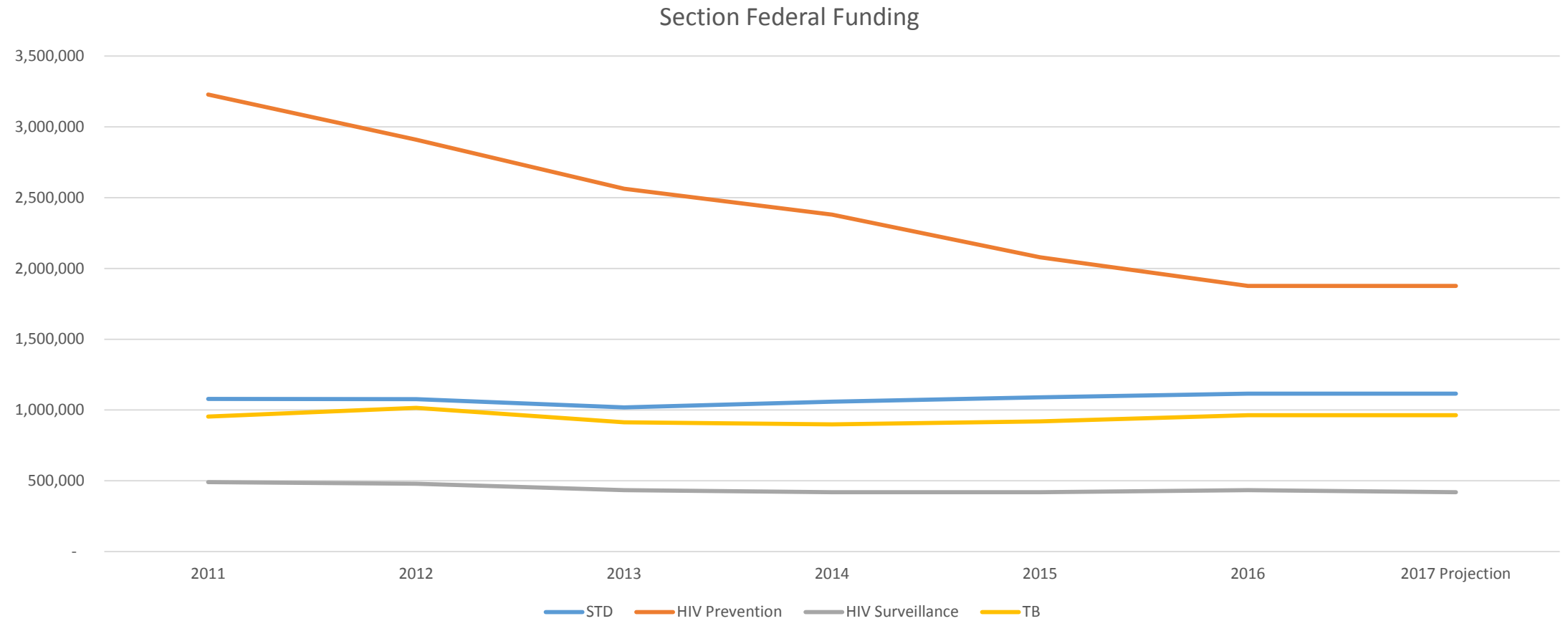
Overview

- Funding
- Statewide HIV Strategy Update
- New RFP Coming
- Prioritizing Populations

Funding

Grant	2011	2012	2013	2014	2015	2016	2017 Projection
STD	1,079,000	1,076,960	1,018,827	1,058,626	1,089,197	1,115,774	1,115,774
HIV Prevention	3,228,833	2,909,482	2,563,000	2,380,175	2,078,704	1,877,115	1,877,115
HIV Surveillance	490,016	479,978	433,570	419,320	419,320	433,606	419,320
TB	953,180	1,014,544	913,457	898,227	919,787	963,392	963,392

Funding



Statewide HIV Strategy Update

- Alvine Laure Ekame – Started in August as the Statewide Strategy Planner
- Looking at other jurisdictional plans and research
- Meeting with the government agencies
- Developed time line
- Developing an RFP for facilitator at community meetings
- Recruiting Advisory Board Members (2 groups – core group and large group)
- Spring/Summer – Meeting with community members and developing goals
- Fall/Winter – Draft Strategy Completed

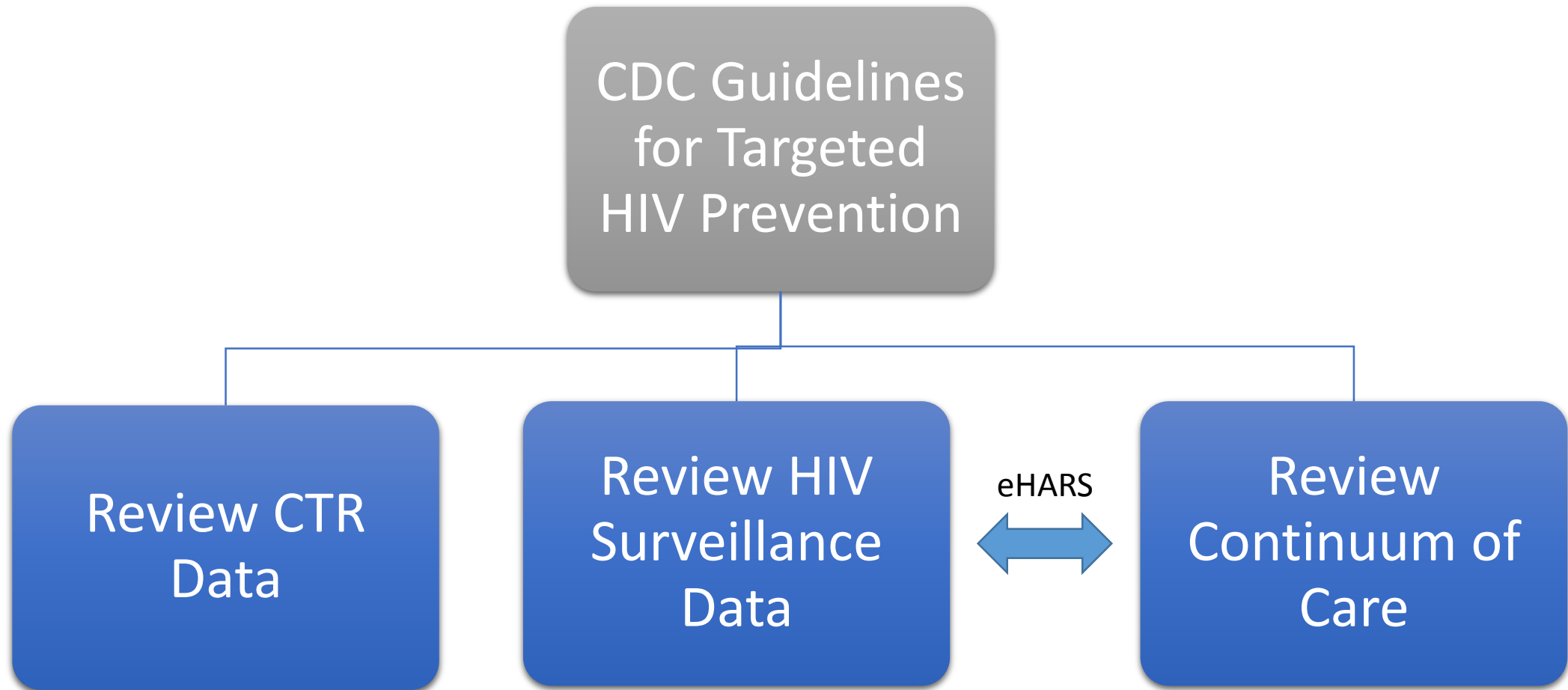
RFP Coming in 2017!!!

- HIV grants extended one year through 2017
 - New grant released in 2017 incorporating both HIV Prevention and Surveillance
- RFP release sometime in late spring/early summer 2017
- Funding to begin in 2018

Prioritization of Populations for HIV Prevention Request for Proposals

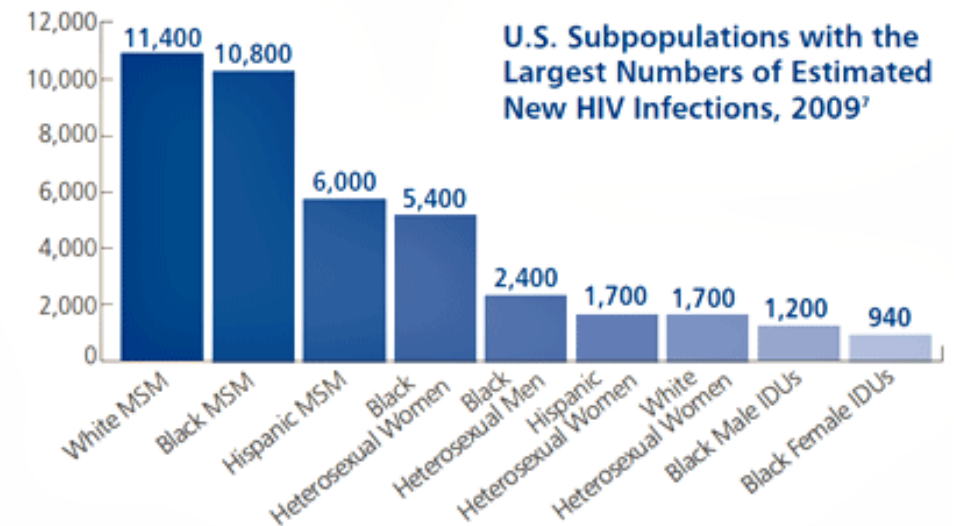
- 2 Tracks:
 - 7-County Metro Area:
 - HIV Testing
 - Syringe Exchange (Includes HIV/HCV Testing)
 - Prevention with HIV-Positives
 - Greater Minnesota:
 - HIV Testing
 - Syringe Exchange (Includes HIV/HCV Testing)
 - Prevention with HIV-Positives

Prioritization of Populations for HIV Prevention Request for Proposals



7-County Metro Area Populations

- HIV Testing:
 - 1) MSM (158.1 per 100,000)
 - Black (20.8% of Metro MSM, 3.8 rate)
 - Hispanic (10.1% of Metro MSM, 1.6 rate)
 - White (61.9% of Metro MSM, 0.8 rate)
 - 2) Black Women (34.8 per 100,000)
 - African-American (95% in Metro)
 - African-Born (89% in Metro)
 - 3) Transgender (13.8 per 100,000)
- Syringe Exchange
 - MSM/IDU, 77% of all IDU in Metro
- Prevention with HIV-Positives
 - All populations

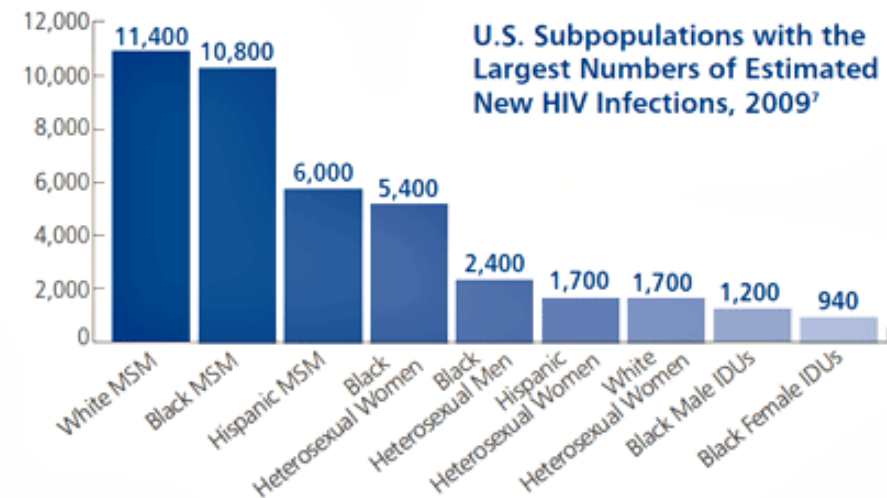


Source: <http://www.cdc.gov/hiv/policies/hip/risk.html>

Greater Minnesota Populations

17% of new HIV cases, need to target

- HIV Testing:
 - All MSM (51% of all new HIV)
- Syringe Exchange:
 - All IDU (50% IDU, 50% MSM/IDU)
- Prevention with HIV-Positives
 - All populations



Source: <http://www.cdc.gov/hiv/policies/hip/risk.html>

HIV Continuum of Care in Minnesota and National HIV/AIDS Strategy 2020

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Minnesota Department of Health

All Provider Meeting
December 13, 2016

What will we cover today?

- Most recent Minnesota HIV Continuum of Care
- National HIV/AIDS Strategy indicators related to continuum of care
- Viral Suppression in Minnesota
- Integrating Prevention and Care
- Questions

Definitions we will use today

- **Persons Living with Diagnosed HIV/AIDS (PLWH)**

Defined as persons diagnosed with HIV infection (regardless of stage at diagnosis) through year-end 2014, who were alive at year-end 2015

- **Linkage to Care**

Calculated as the percentage of persons linked to care within 3 months after initial HIV diagnosis during 2014. **Linkage to care is based on the number of persons diagnosed in 2014 and is therefore shown in a different color than the other bars with a different denominator.**

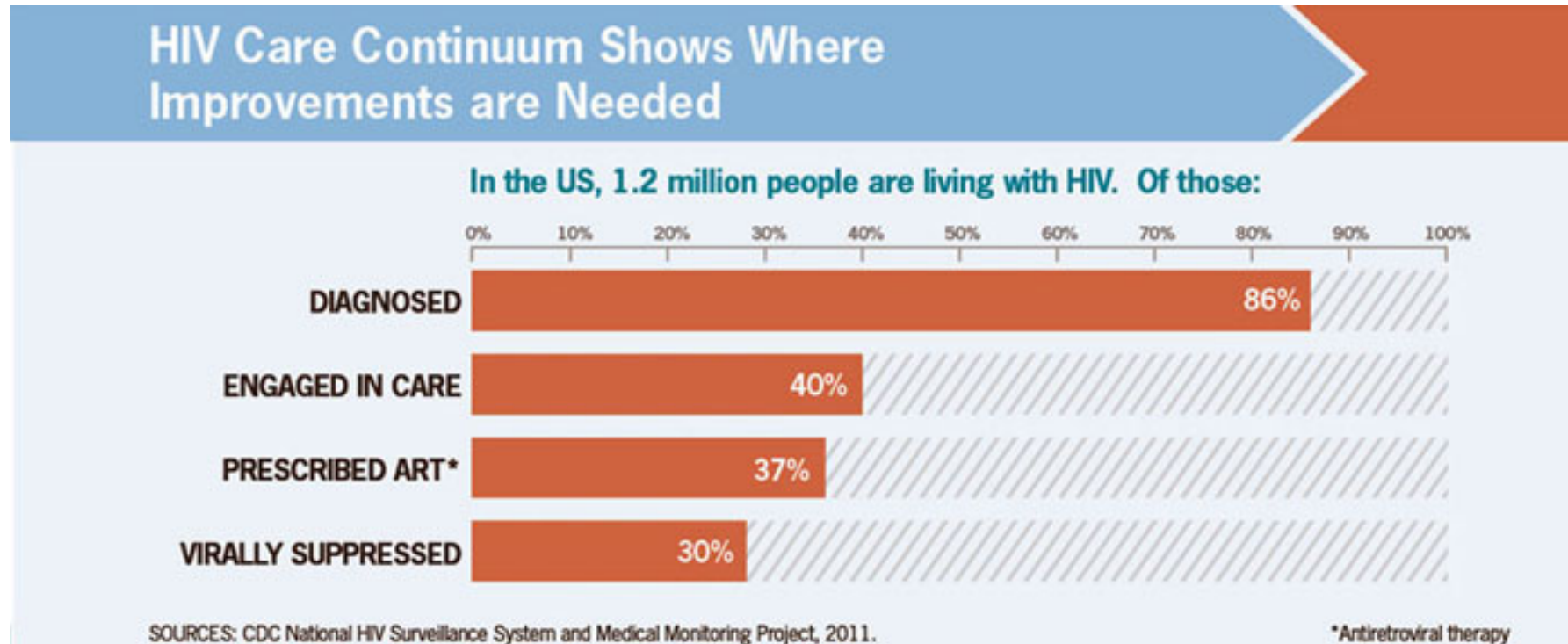
- **Retention in Care**

Calculated as the percentage of persons who had ≥ 1 CD4 or viral load test results reported to MDH during 2015 among those diagnosed with HIV through year-end 2014 and alive at year-end 2015

- **Viral Suppression**

Calculated as the percentage of persons who had suppressed viral load (≤ 200 copies/mL) at most recent test during 2015, among those diagnosed with HIV through year-end 2014 and alive at year-end 2015

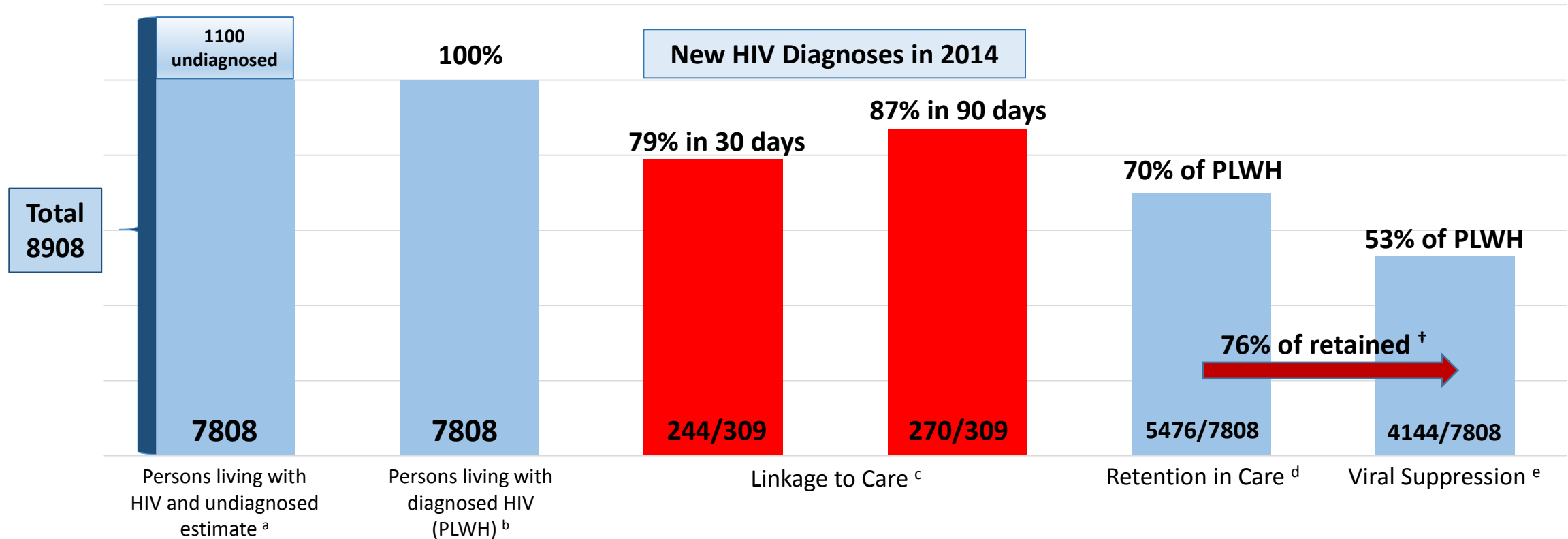
United States HIV Continuum of Care



Source: <https://www.aids.gov/federal-resources/policies/care-continuum/>

Minnesota HIV Continuum of Care

Percentage of persons with HIV engaged in selected stages of the continuum of care



^a Defined as persons undiagnosed [1100 (640-1500 95% CI)] and persons diagnosed (7808) 13 or older with HIV infection at year-end 2014, still alive at year-end 2015

^b Defined as persons diagnosed 13 or older with HIV infection at year-end 2014, still alive at year-end 2015

^c Calculated as percentage of persons linked to care within 30- and 90-days of HIV diagnosis during 2014, shown as a different color because of a different denominator

^d Calculated as percentage of persons who had ≥ 1 CD4 or viral load test results reported to MDH during 2015 among those diagnosed through year-end 2014, still alive at year-end 2015

^e Calculated as percentage of persons who had suppressed viral load (≤ 200 copies/mL) at most recent reported test in 2015 among those diagnosed through year-end 2014, still alive at year-end 2015

[†] Calculated as number of persons who had suppressed viral load (≤ 200 copies/mL) at most recent reported test in 2015 among those retained in care (4144/5476)

National HIV/AIDS Strategy Outcomes

THE **OUTCOMES** BY 2020



Increase the percentage of people living with HIV **who know their serostatus** to at least **90 percent**.



Reduce the **number of new diagnoses** by at least **25 percent**.



Reduce the percentage of young gay and bisexual men who have **engaged in HIV-risk behaviors** by at least **10 percent**.



Increase the percentage of newly diagnosed persons **linked to HIV medical care** within one month of their HIV diagnosis to at least **85 percent**.



Increase the percentage of persons with diagnosed HIV infection who are **retained in HIV medical care** to at least **90 percent**.

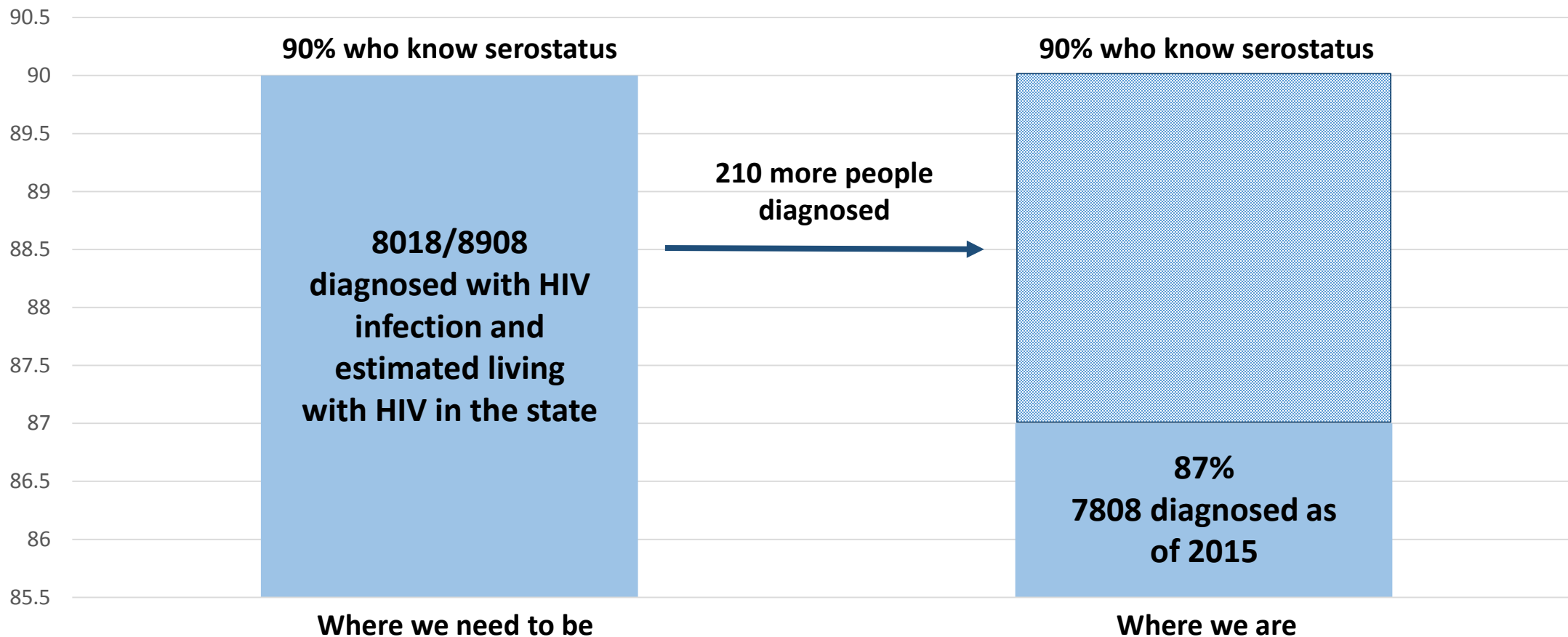


Increase the percentage of persons with diagnosed HIV infection who are **virally suppressed** to at least **80 percent**.



Increase the percentage of people living with HIV **who know their serostatus** to at least **90 percent**.

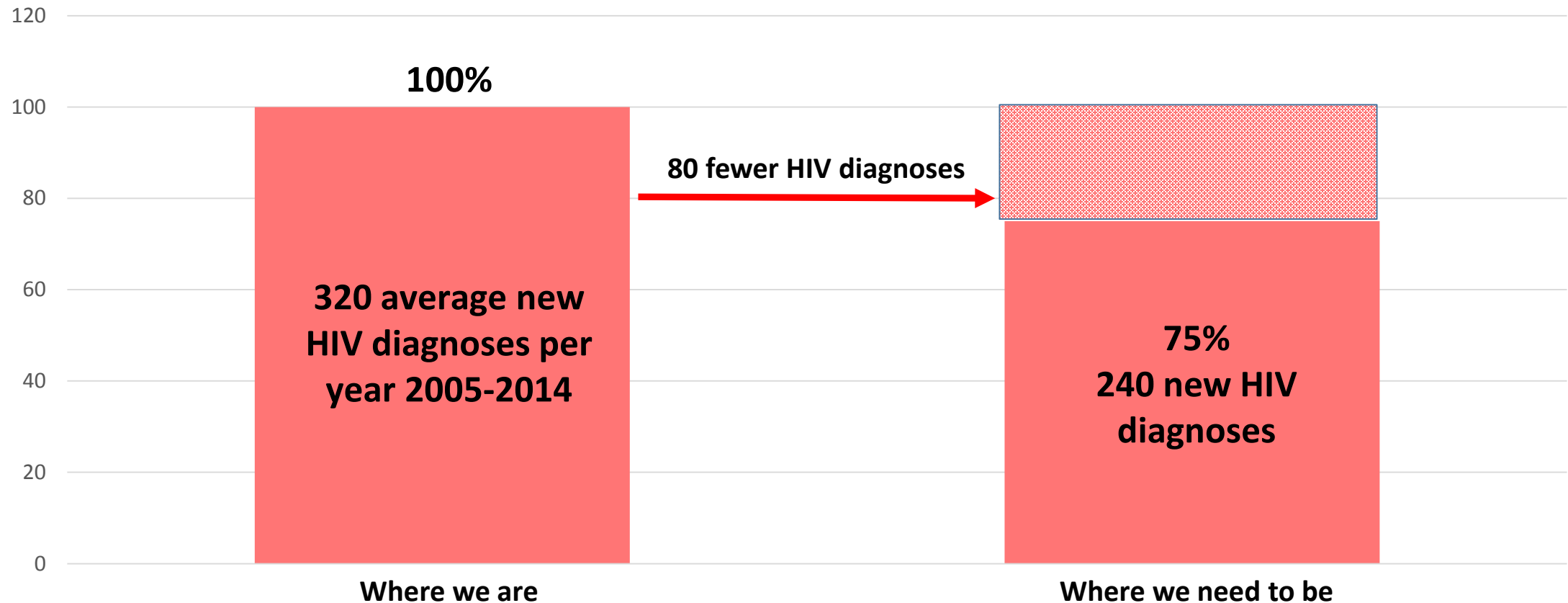
Where do we need to be by 2020 to meet the goal?





Reduce the **number of new diagnoses** by at least **25 percent**.

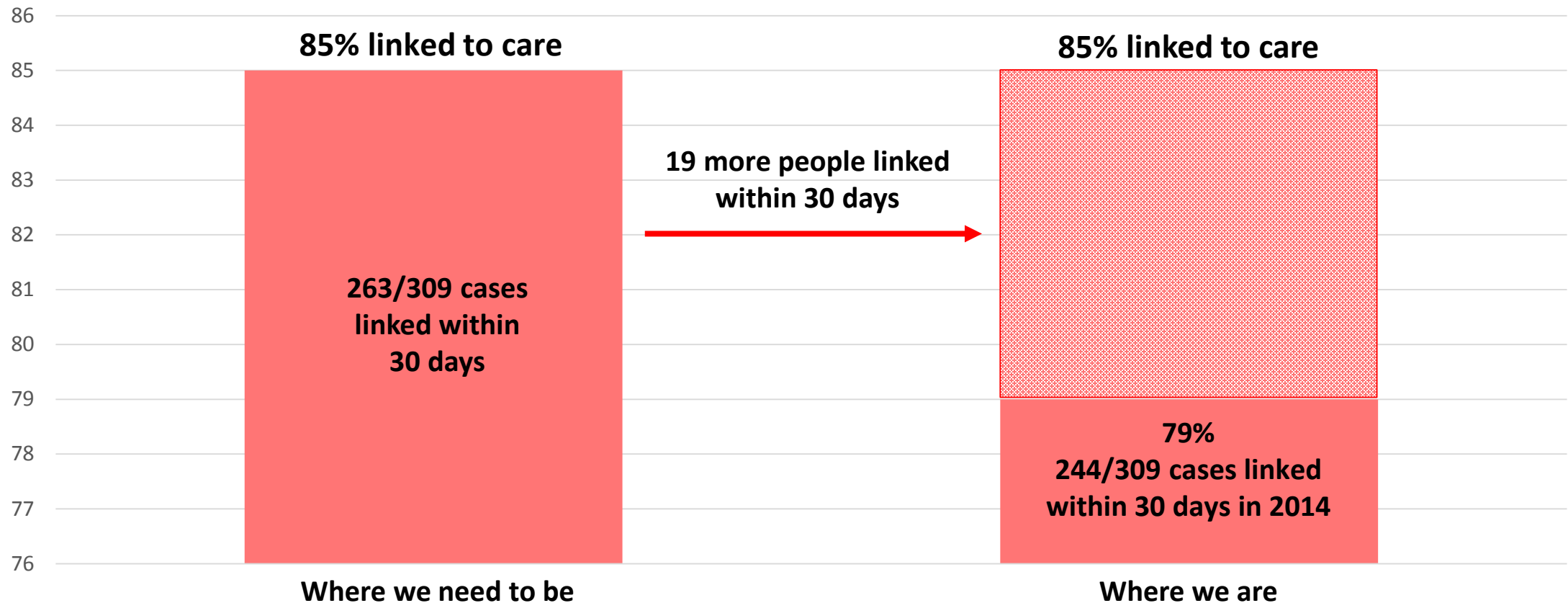
Where do we need to be by 2020 to meet the goal?





Increase the percentage of newly diagnosed persons **linked to HIV medical care** within one month of their HIV diagnosis to at least **85 percent**.

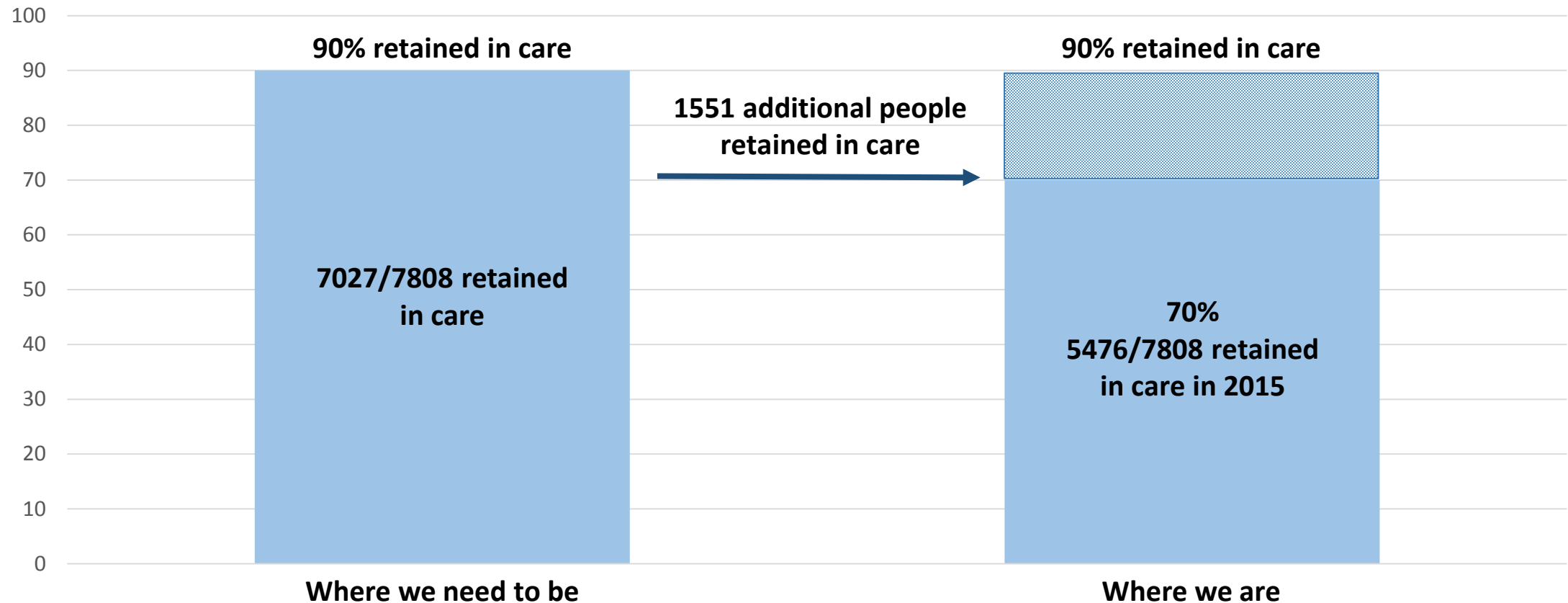
Where do we need to be by 2020 to meet the goal?





Increase the percentage of persons with diagnosed HIV infection who are **retained in HIV medical care** to at least **90 percent**.

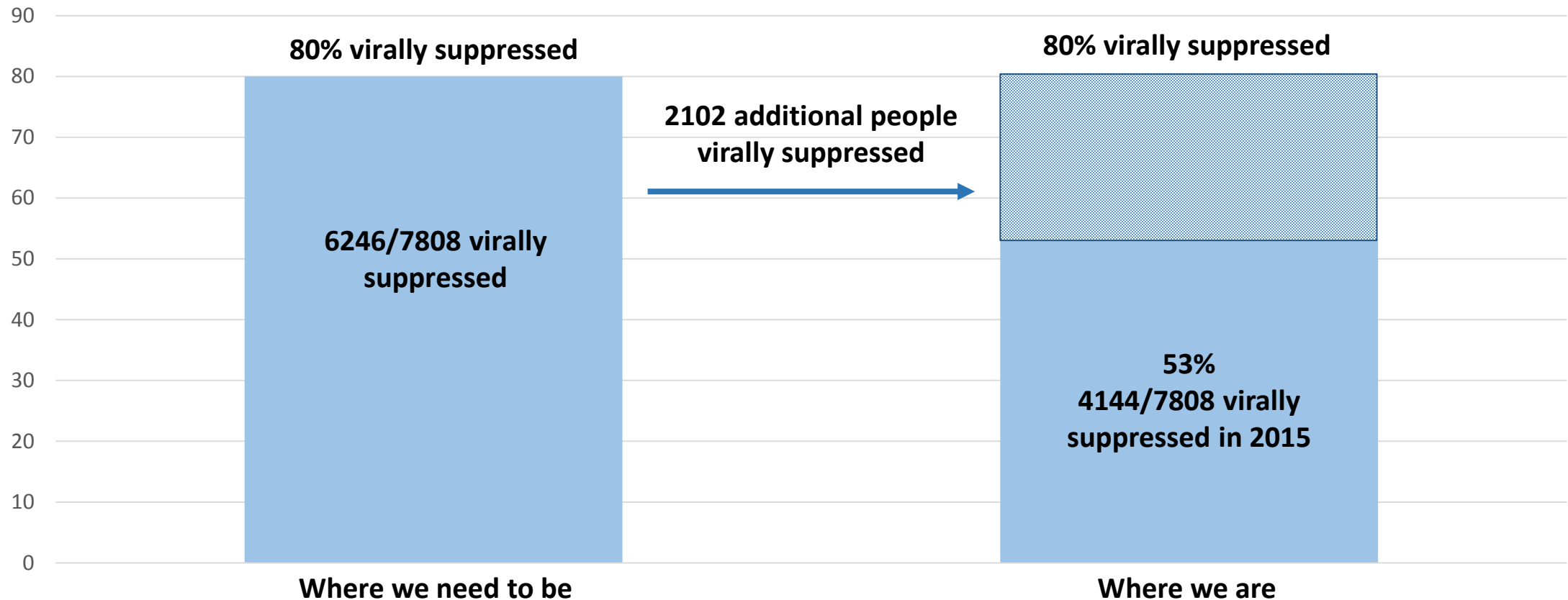
Where do we need to be by 2020 to meet the goal?





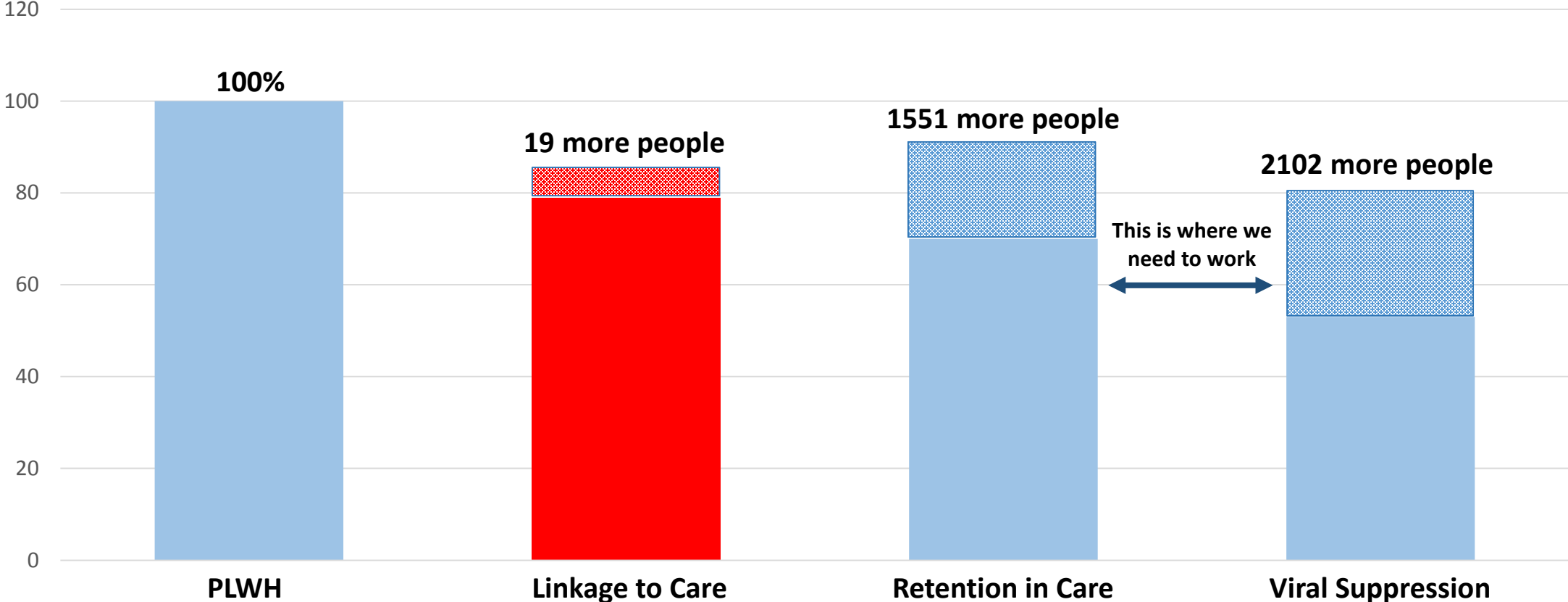
Increase the percentage of persons with diagnosed HIV infection who are **virally suppressed** to at least **80 percent**.

Where do we need to be by 2020 to meet the goal?



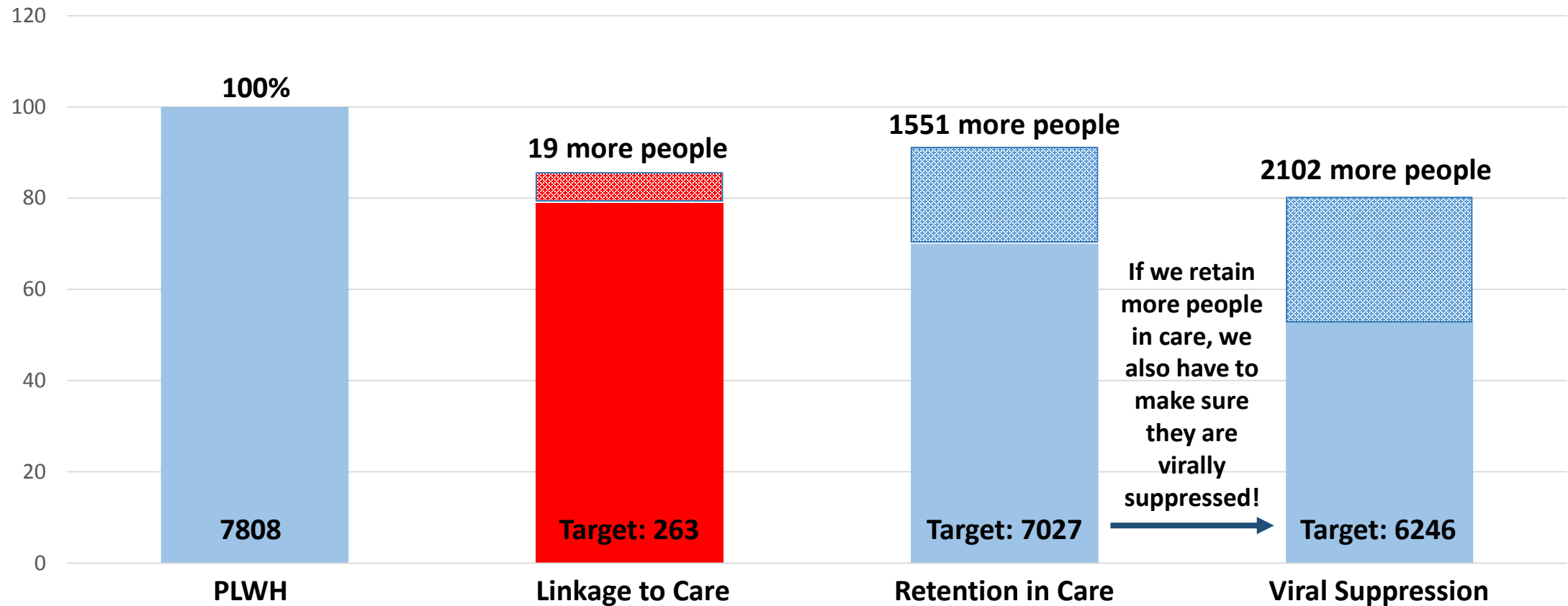
What would an ideal continuum look like?

Percentage of persons with HIV engaged in selected stages of the continuum of care

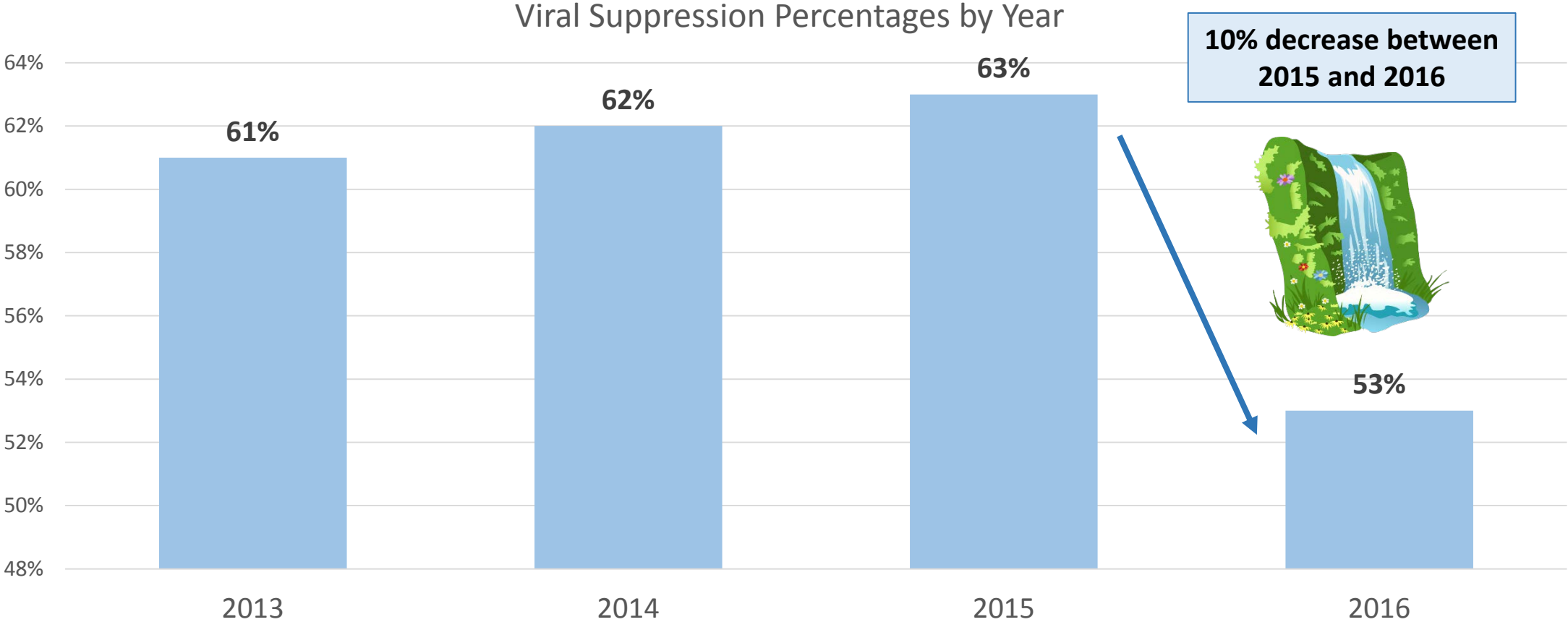


Another thing to keep in mind

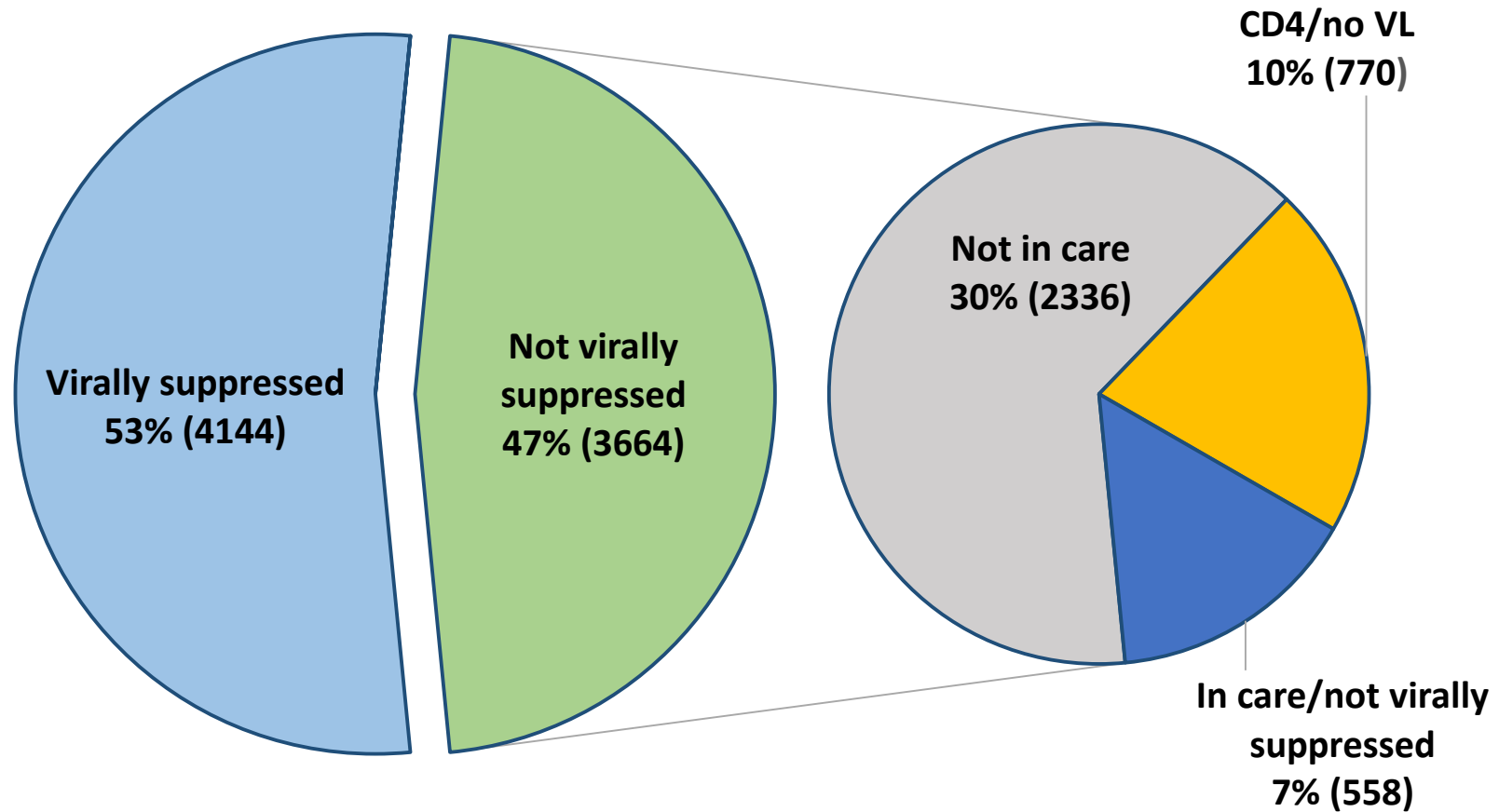
Percentage of persons with HIV engaged in selected stages of the continuum of care



What is going on with viral suppression in Minnesota?

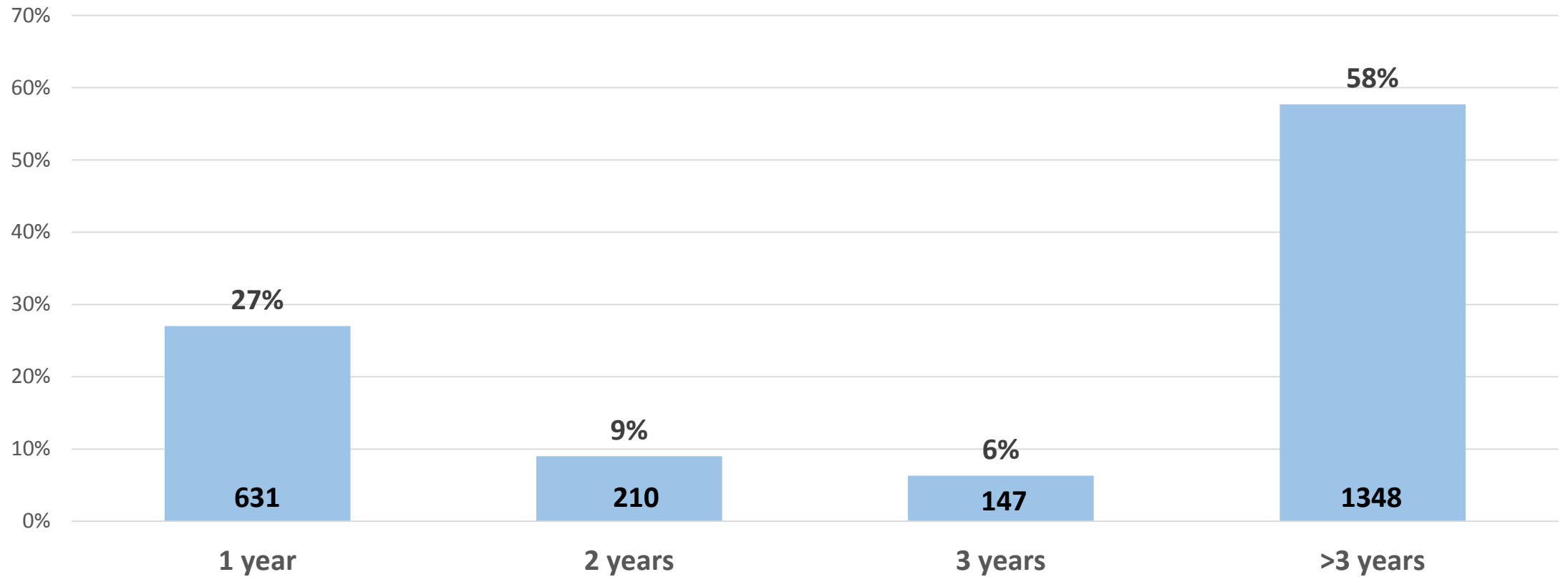


Viral Suppression in Continuum of Care



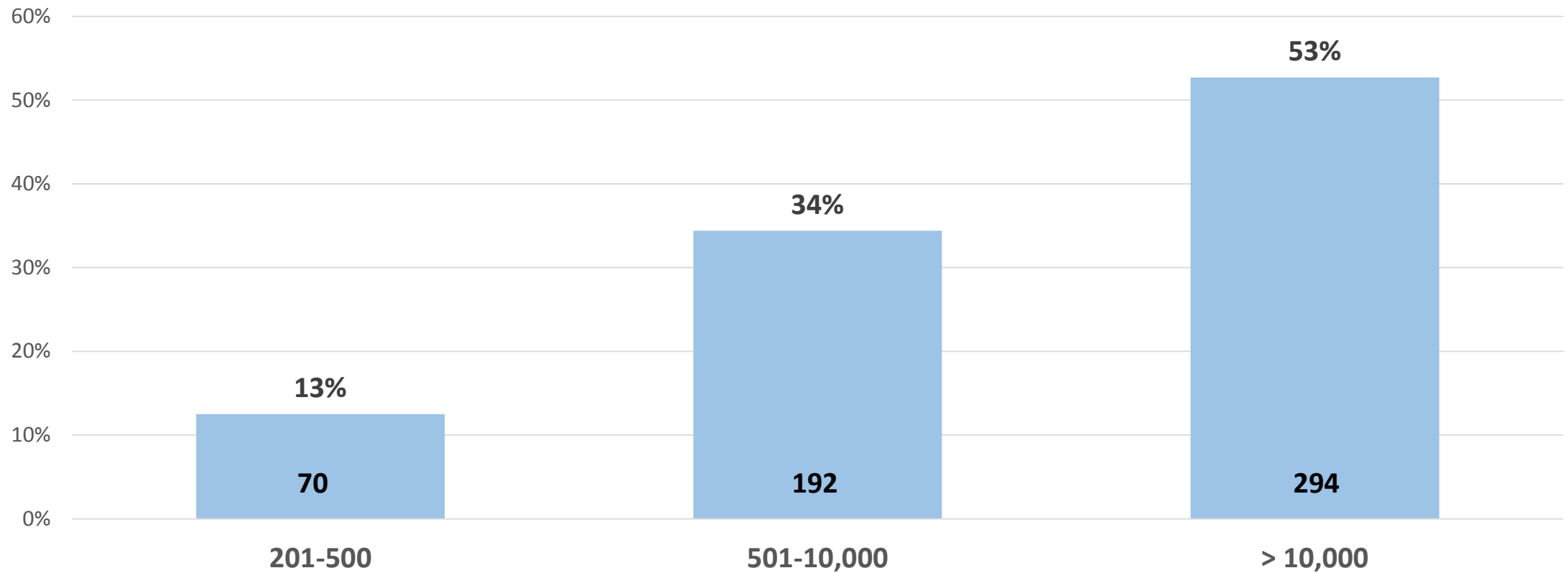
Persons Out of Care

Percentages of people out of care in 2015 (2336), as of January 1, 2015, when was their last lab?



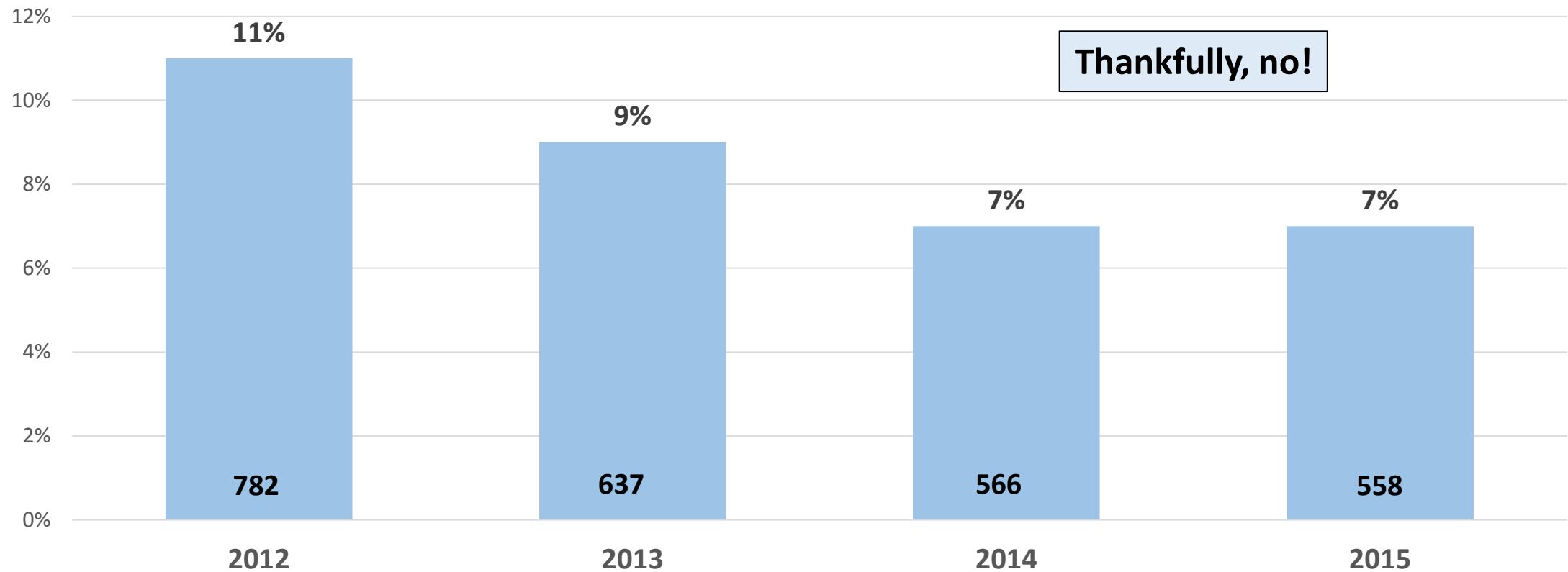
Persons in Care But Not Virally Suppressed

Of those in care but not virally suppressed (558), distribution of viral load results



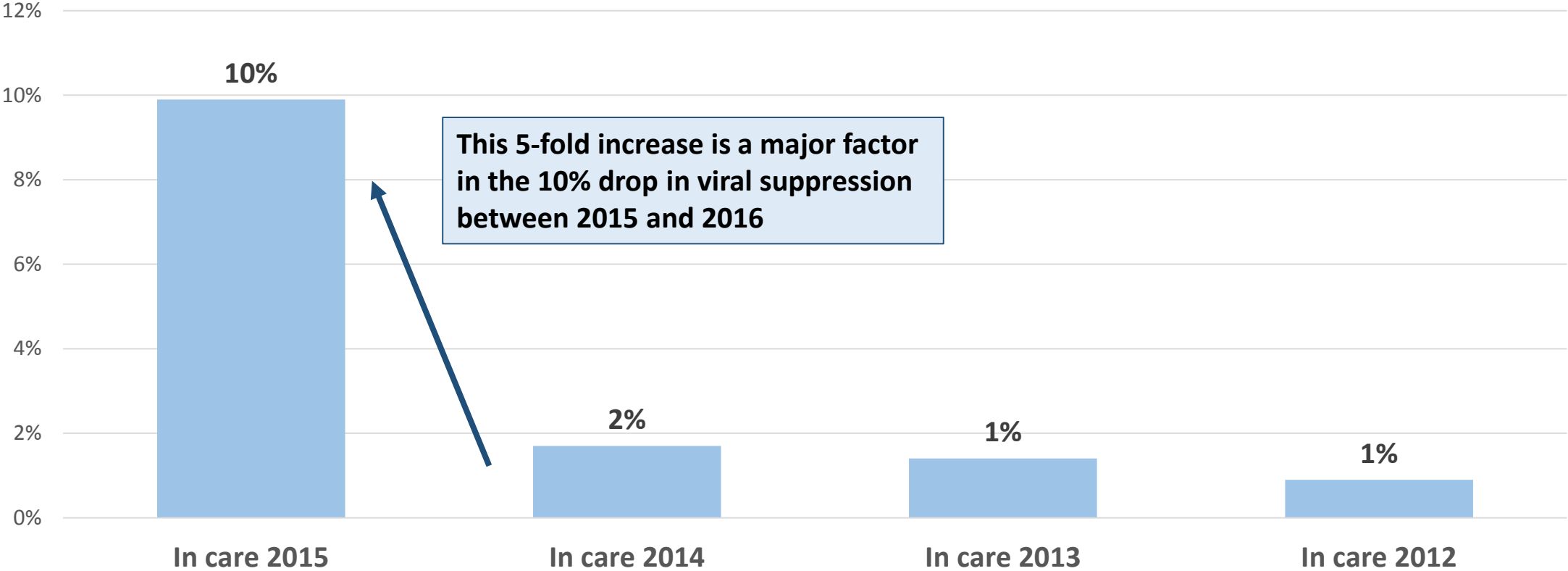
Could it be that we're actually doing worse with viral suppression?

Percentage of total diagnoses, in care, viral load reported, not virally suppressed

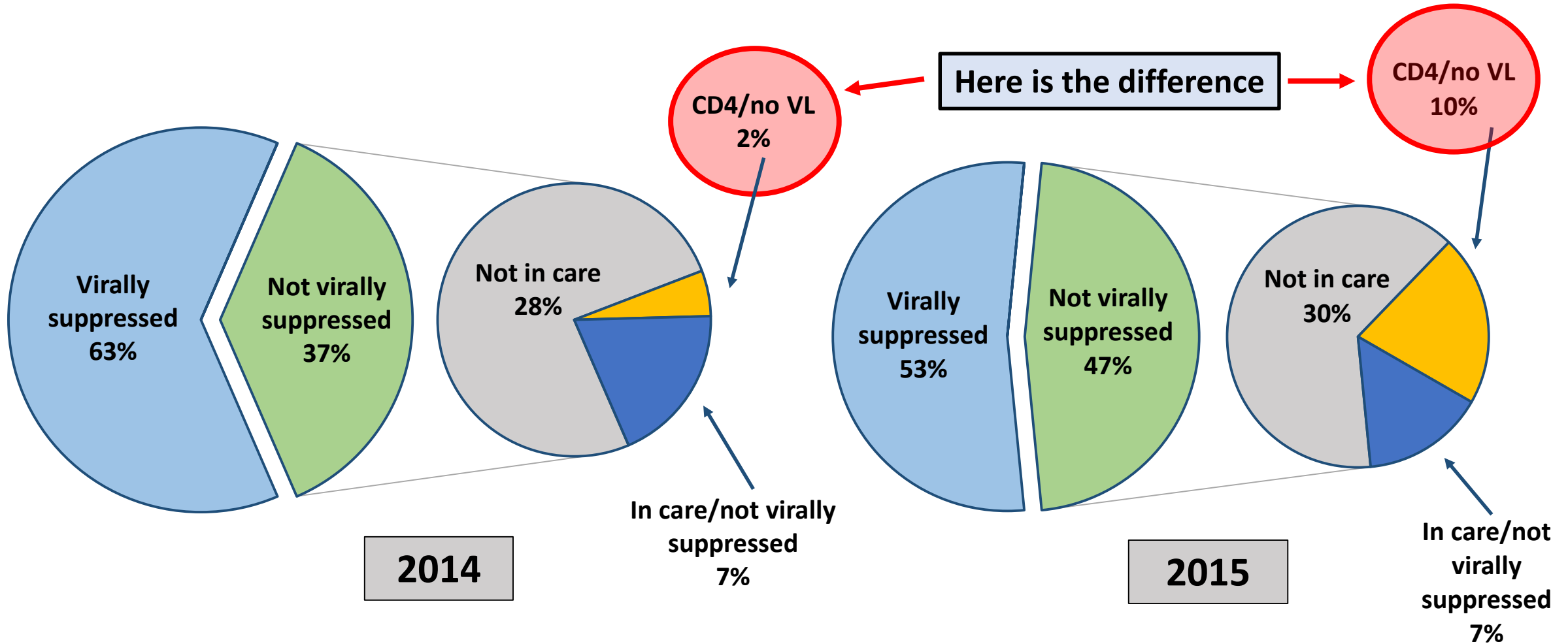


So what about people with CD4/no viral loads?

Percentage of people with CD4 but no viral load reported to MDH

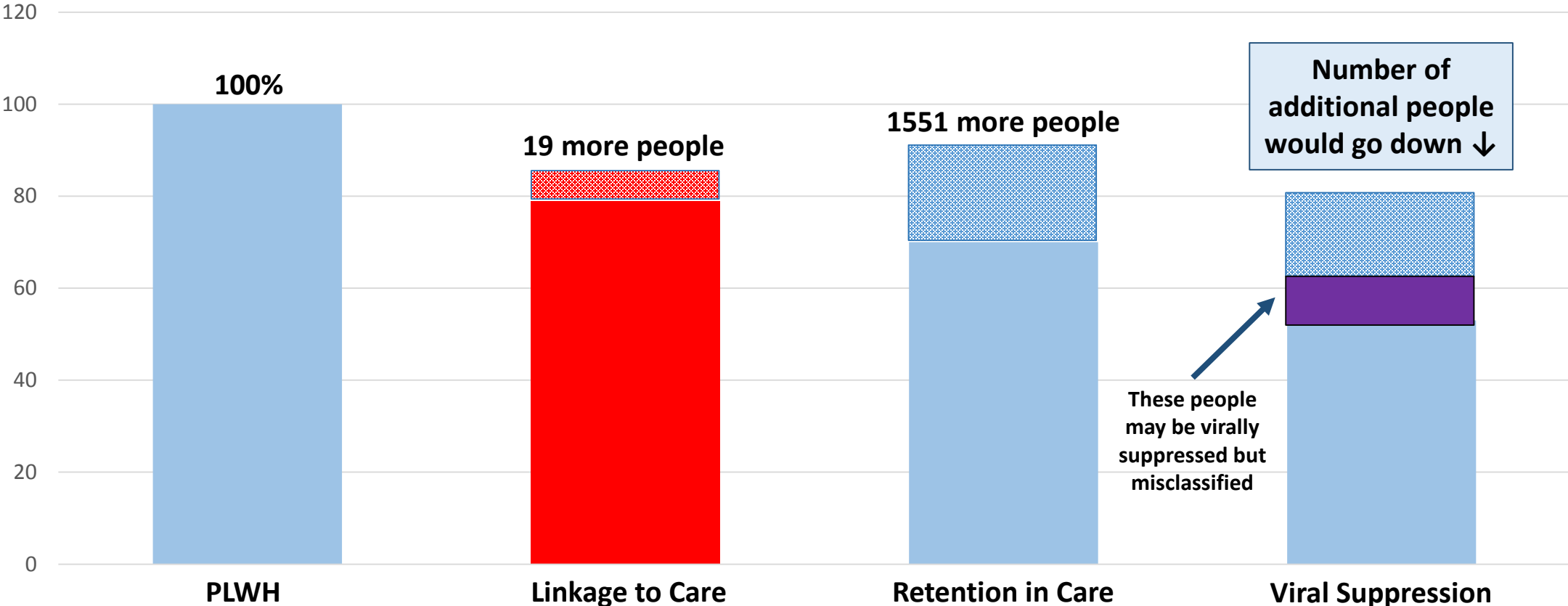


Let's break it down: 2014 v. 2015



What if all CD4s had Viral Loads Reported?

Percentage of persons with HIV engaged in selected stages of the continuum of care



What is MDH doing about this?

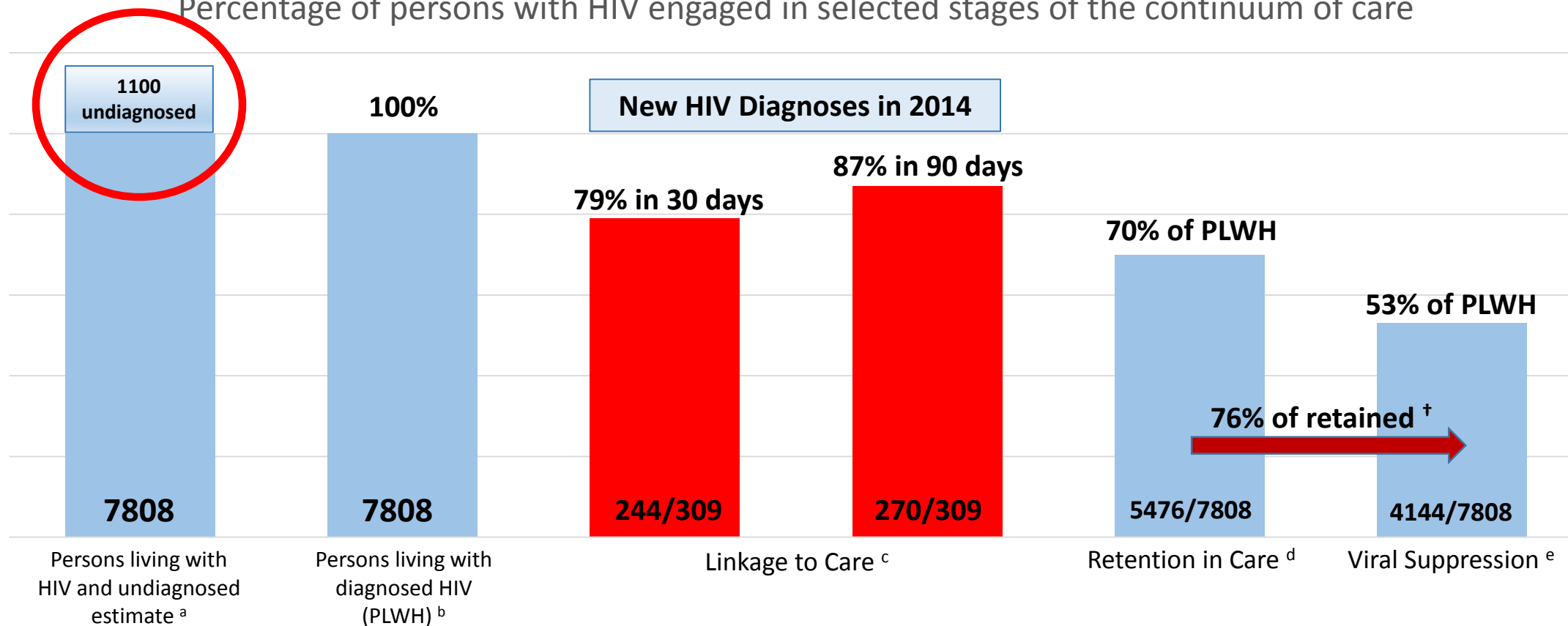
- Further analyses to determine how much of drop in viral suppression is attributable to decreased viral load reporting
- Identifying which clinical systems are not consistently reporting viral loads
- Working with these clinical systems to increase reporting, requirement by state statute
- Evaluating prevalence database:
 - CDC updates to coding programs
 - Matches with vital records
 - National CDC database matches
 - eHARS to CAREWare

Take-home point: MDH is reliant on reported data, so if that is incomplete, our continuum of care will not accurately represent HIV in Minnesota

Integration of HIV Care and Prevention

Reviewing the Continuum of Care

Percentage of persons with HIV engaged in selected stages of the continuum of care



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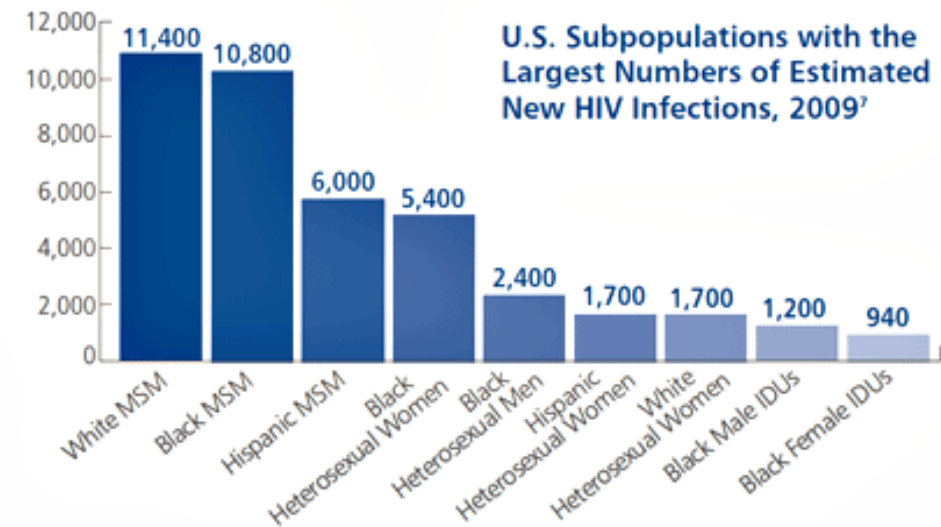
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High Impact HIV Prevention Based on Surveillance Data

- Gay and bisexual men
- African Americans
- Latinos
- Injection Drug Users
- Transgender individuals



Projects for the next year

- Continued analysis of the continuum of care
- Data to Care Technical Assistance project
- eHARS to CAREWare project
- Re-Engagement in Care at both MDH and Hennepin County
- HIV Prevention RFP

Questions?

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