



Statewide and Regional HIV Care Continuum Update, 2018, Illinois

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Outline

- About the HIV Care Continuum
- Methods
- Linkage to care for new HIV diagnosis
- Treatment cascades for PLWHA
- Main findings



What is the HIV Care Continuum?

- A model that visually shows the proportion of individuals living with HIV who are engaged at each stage from initial diagnosis to achieving the goal of viral suppression
- Often referred as treatment cascade, Dr. Gardner's Cascade, or Cascade



HIV Care Continuum

HIV CARE CONTINUUM:

THE SERIES OF STEPS A PERSON WITH HIV TAKES FROM INITIAL DIAGNOSIS THROUGH THEIR SUCCESSFUL TREATMENT WITH HIV MEDICATION



Why is the HIV Care Continuum important?

- To assist policymakers and service providers to pinpoint where gaps may exist in connecting people living with HIV to sustained, quality care
- To implement system improvements and service enhancements that better support individuals as they move from one stage in the continuum to the next
- To evaluate progress over time



Methods

- Estimates are based on
 - Illinois HIV/AIDS surveillance data (eHARS) reported through 9/30/2019 and includes all persons* who meet the following criteria:
 - For linkage to care:**
 - Diagnosed between 1/1/2018 and 12/31/2018
 - 13 years or older
 - Residing in Illinois at the time of diagnosis
 - For treatment cascades:**
 - Diagnosed through 2017 and living as of 12/31/2018
 - 13 years or older
 - Residing in Illinois in 2018
 - Ryan White 2018 data including lab test dates (CD4, VL, and Genotype) and viral load level for Ryan White clients



*Regardless of Ryan White enrollment status

Methods

- Stages of HIV care based on CDC's *"Continuum of HIV Care: Guidance for Local Analyses"*
 - Linked to care: estimates based on cases diagnosed in 2018 who had 1 or more CD4 or VL or genetic sequence test result \leq 1 months of diagnosis
 - Engaged in care: At least 1 CD4 or viral load (VL) or genetic sequence lab result in 2018
 - Retained in care: 2 or more CD4 or VL or genetic sequence test results at least 3 months apart during a 12 month period in 2018
 - Viral Suppression: VL \leq 200 copies/mL at most recent lab draw in 2018



Limitations

- HIV/AIDS Surveillance data are provisional and subject to change due to:
 - Reporting delays
 - Loss of cases to other states/jurisdictions
 - Ascertainment of missing data (e.g., race and risk)



Limitations

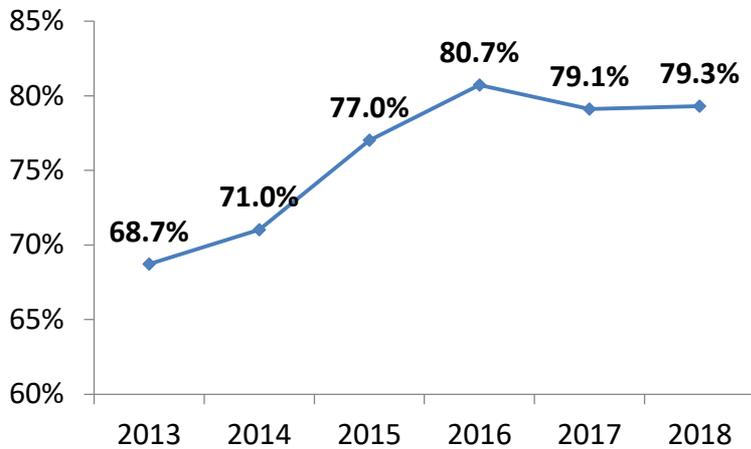
- Data exclude cases that have tested positive anonymously
- Data do not include positive cases that have not tested and are unaware of their status
- Data in eHARS include a significant number of cases with No Risk Reported (NRR) / No Identified Risk (NIR)
- State law prohibits the release of HIV/AIDS data when cell sizes contain fewer than 5 cases at county level



LINKAGE TO CARE



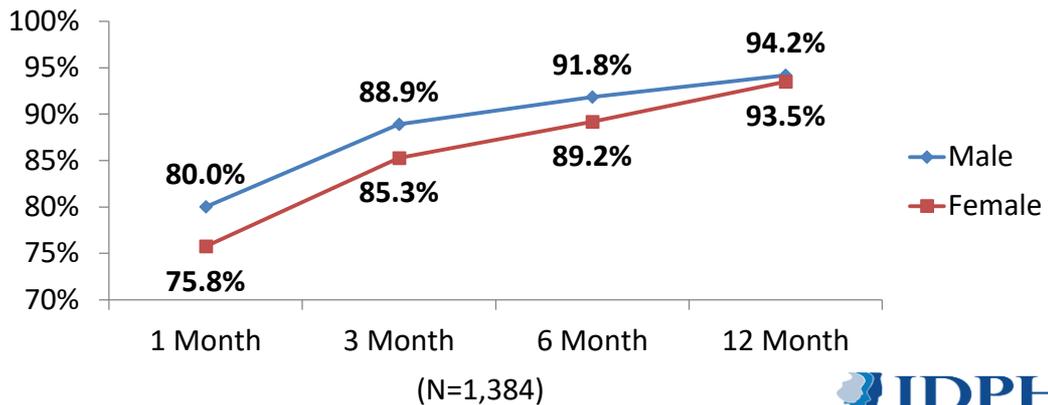
IL HIV Care Continuum – Linkage to Care within 1 Month of Diagnosis, 2013-2018



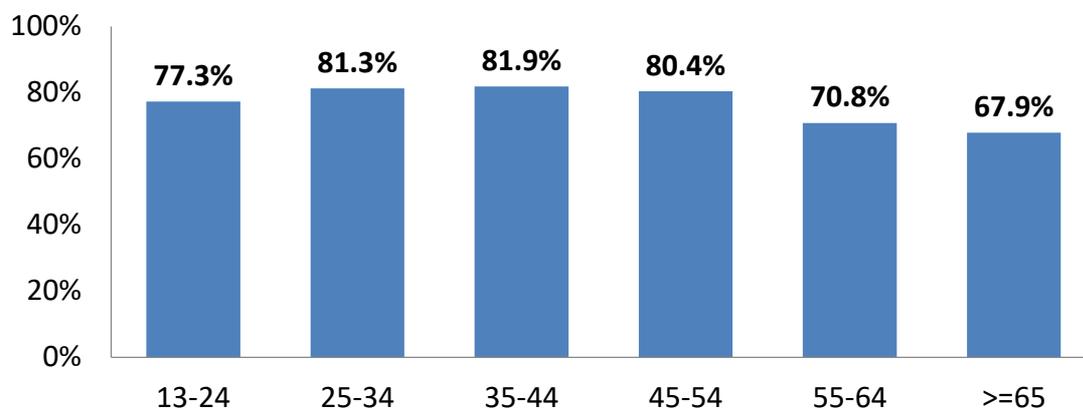
Diagnosis year	Incidence
2013	1,644
2014	1,563
2015	1,553
2016	1,452
2017	1,385
2018	1,384



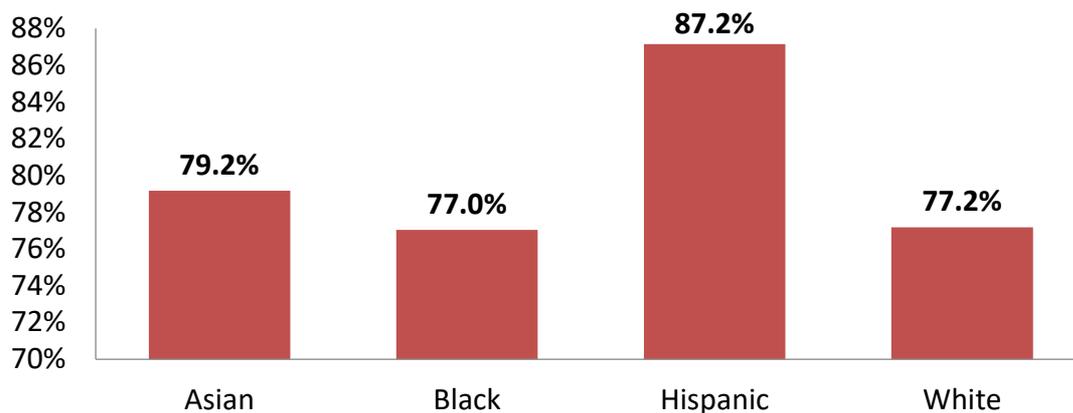
Linkage to Care after New HIV Diagnosis by Sex at Birth, 2018, Illinois



Linkage to Care within 1 Month of HIV Diagnosis by Current Age, 2018, Illinois



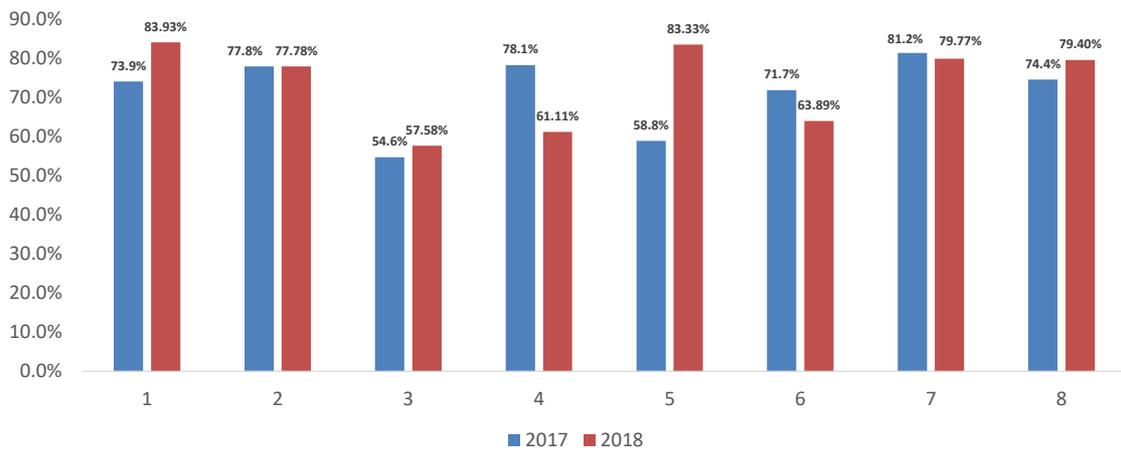
Linkage to Care within 1 Month of HIV Diagnosis by Race/Ethnicity, 2018, Illinois



Linkage to Care within 1 Month of HIV Diagnosis by Risk, 2018, Illinois



Linkage to Care within 1 Month of HIV Diagnosis by Region, 2017 and 2018, Illinois



Region



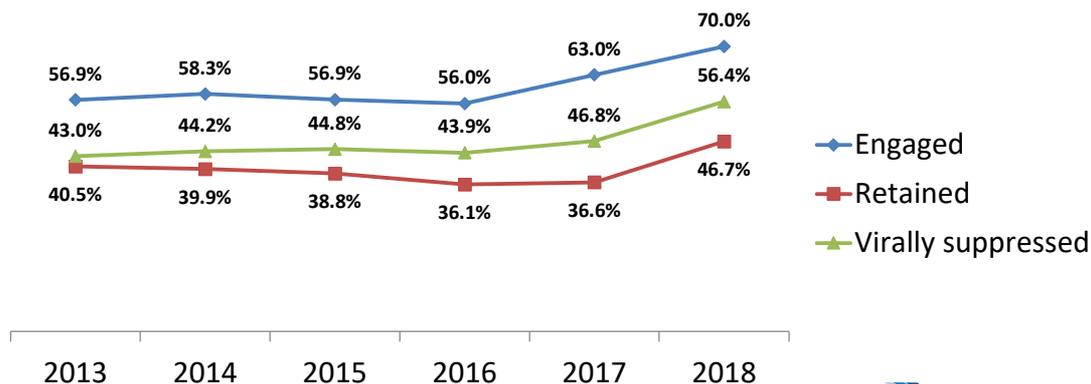
TREATMENT CASCADE



Illinois HIV Care Continuum Trends, 2013-2018

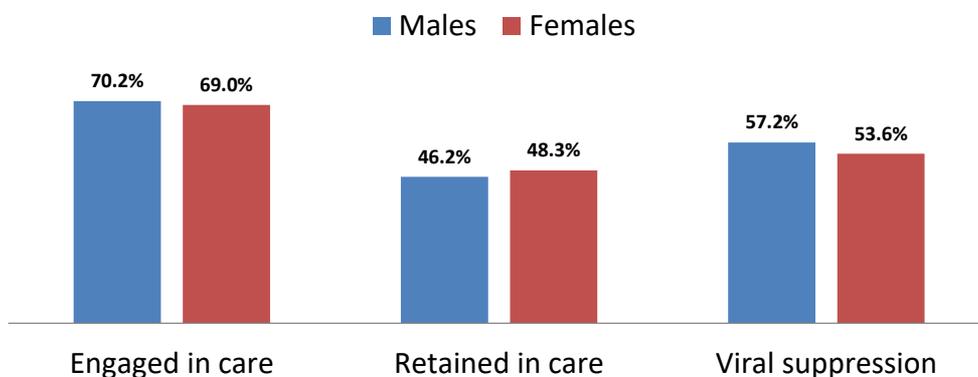


Rates of engagement in care, retained in care and viral suppression improved in 2018.



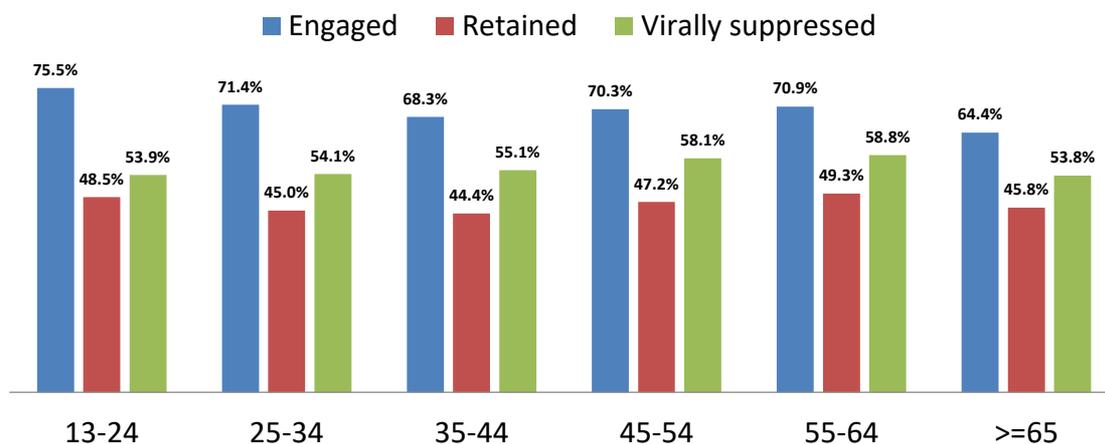
Illinois HIV Treatment Cascade by Sex at Birth

(For persons diagnosed HIV infection through 12/31/2017 and living with HIV on 12/31/2018)



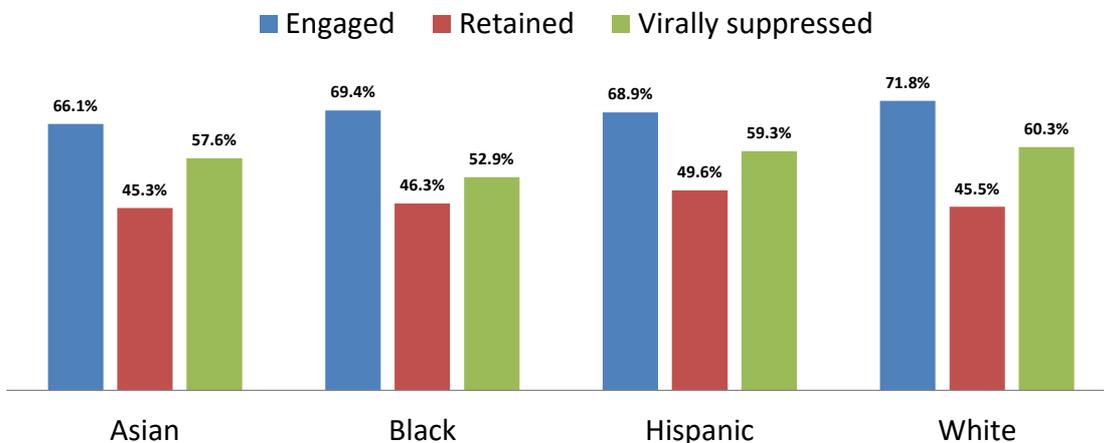
Illinois HIV Treatment Cascade by Current Age

(For persons diagnosed HIV infection through 12/31/2017 and living with HIV on 12/31/2018)



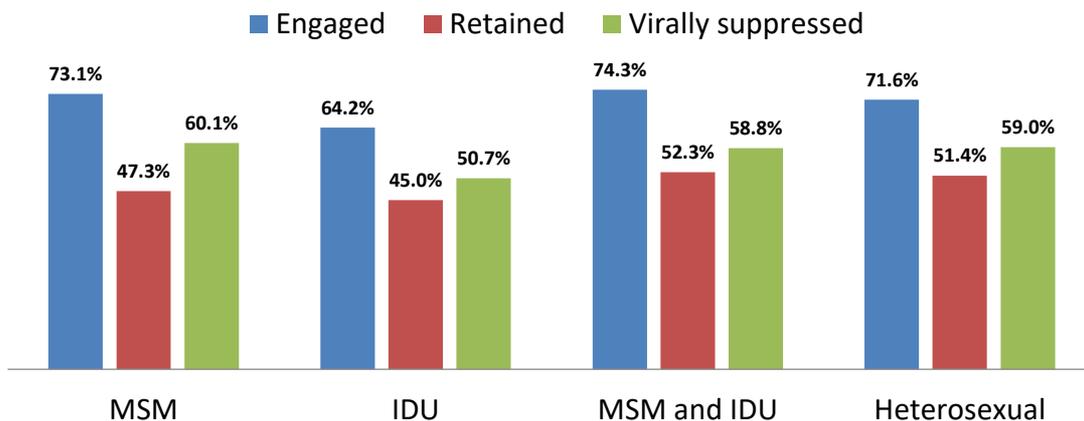
Illinois HIV Treatment Cascade by Race/Ethnicity

(For persons diagnosed HIV infection through 12/31/2017 and living with HIV on 12/31/2018)



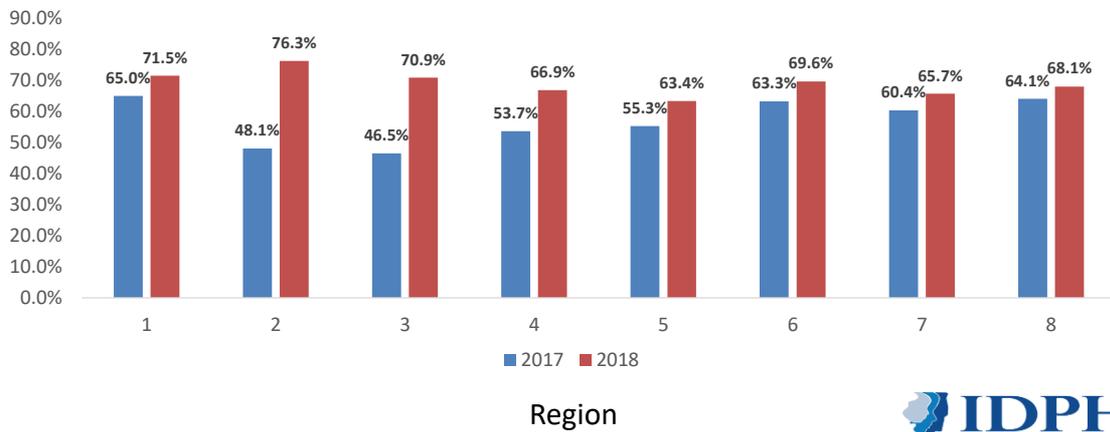
Illinois HIV Treatment Cascade by Risk

(For persons diagnosed HIV infection through 12/31/2017 and living with HIV on 12/31/2018)



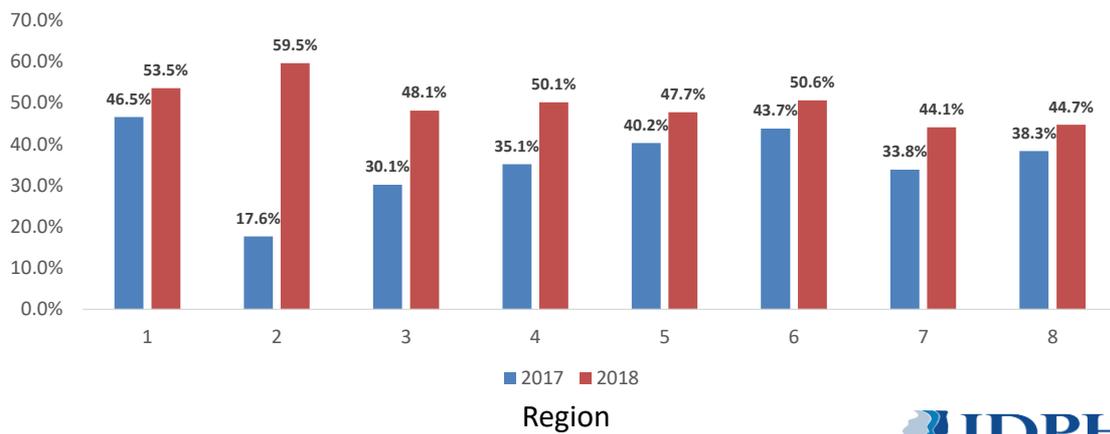
Illinois HIV Treatment Cascade – Engaged in Care by Region

(For persons diagnosed HIV infection through 12/31/2017 and living with HIV on 12/31/2018)



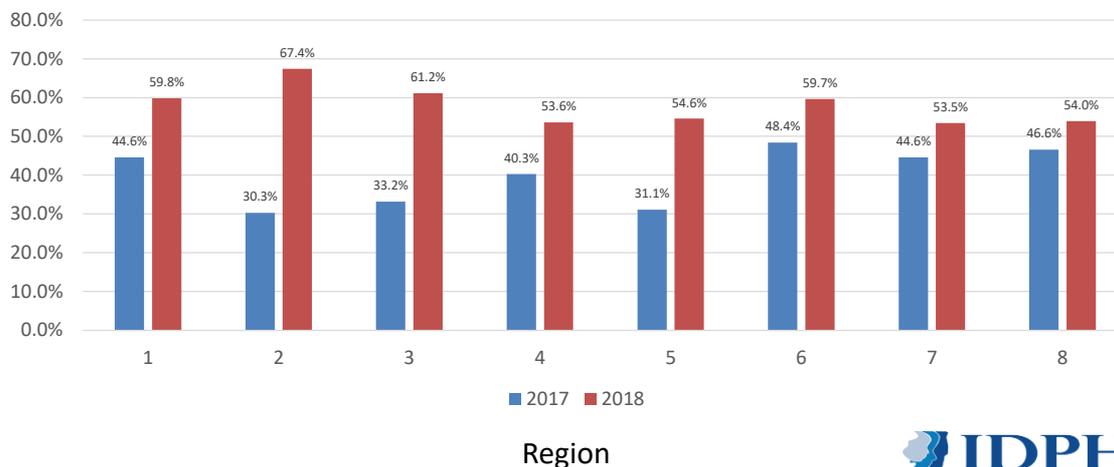
Illinois HIV Treatment Cascade – Retained in Care by Region

(For persons diagnosed HIV infection through 12/31/2017 and living with HIV on 12/31/2018)



Illinois HIV Treatment Cascade – Virally Suppressed by Region

(For persons diagnosed HIV infection through 12/31/2017 and living with HIV on 12/31/2018)



Main Findings

- The increasing trend in linkage to care (LTC) within one month of new HIV diagnosis since 2012 peaked in 2017, and was flat in 2018
- Males had greater LTC rate within 30 days of diagnosis than females in 2018 (80.0% vs 75.8%)
- Older patients (ages ≥ 65) and MSM/IDU had lower rates of LTC relative to their counterparts; Hispanics had highest LTC (87%); still regional differences in LTC
- Rates of engagement in care, retained in care, and viral suppression increased dramatically in 2018
- Regional differences seen in 2017 for treatment cascades has reduced greatly



Questions??

For questions regarding the information contained in this document or for more information, contact:

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Additional data including the *Monthly HIV Surveillance Update* and can be found on the new IDPH website found here: www.dph.illinois.gov.



THANK YOU!

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