# HIV Indicator Progress & HCV Epidemiology, Connecticut

CHPC QPM Subcommittee, August 2020



#### **Connecticut Statewide Progress Indicators**

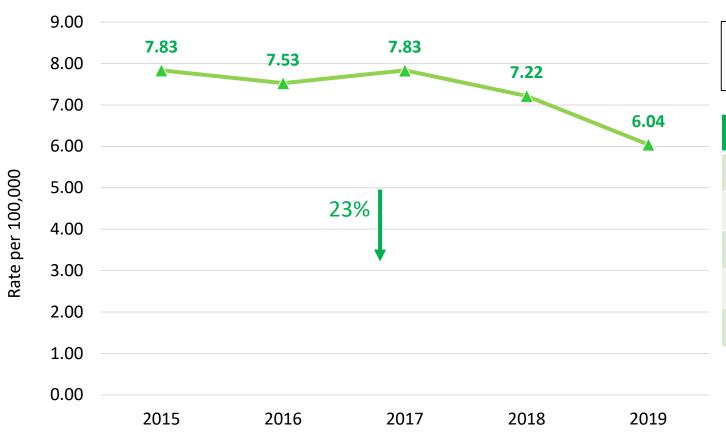
Indicator 1	HIV Positivity Rate: Number of newly diagnosed in the 12-month calendar year per 100,000 people
Indicator 2	Seropositivity Rate: Percent of OTL & ETI HIV positive tests in the 12-month calendar year
Indicator 3	Viral Load Suppression Among Persons in HIV Medical Care: Number of persons with an HIV diagnosis with a viral load <200 copies/ml at last test in the 12-month calendar year.
Indicator 4	Linkage to HIV Care (Biological): Number of persons who attended a routine HIV medical care visit within 1 months of HIV diagnosis.
Indicator 5	Retention in HIV Medical Care (Service/Access): Number of patients who had at least one HIV medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.
Indicator 6	Late HIV Diagnoses (Late Testers) (Biological): Number of people who had their first HIV positive test less than 3 months before receiving AIDS diagnosis.
Indicator 7	Partner Services: TBD
Indicator 8	Housing Status (Service/Access): Number of persons with an HIV diagnosis who were stably housed in the 12-month calendar year.
Indicator 9	Number of SSP clients served, Number of syringes collected, Number of syringes distributed
Indicator 10	Disparities in New HIV Diagnoses: Number of newly diagnosed in the 12-month calendar year for each of the following groups: Men who have sex with men (MSM), Black/African American/Latino men and women.
Indicator 11	PrEP-to-Need Ratio (PnR): The number of people taking PrEP during the year divided by the number of people newly diagnosed with HIV during the year.



### Rate of HIV Infection

Numerator: Number of people newly diagnosed with HIV.

**Denominator**: Connecticut population.





Year	# cases
2015	280
2016	269
2017	280
2018	258
2019	216

(preliminary)

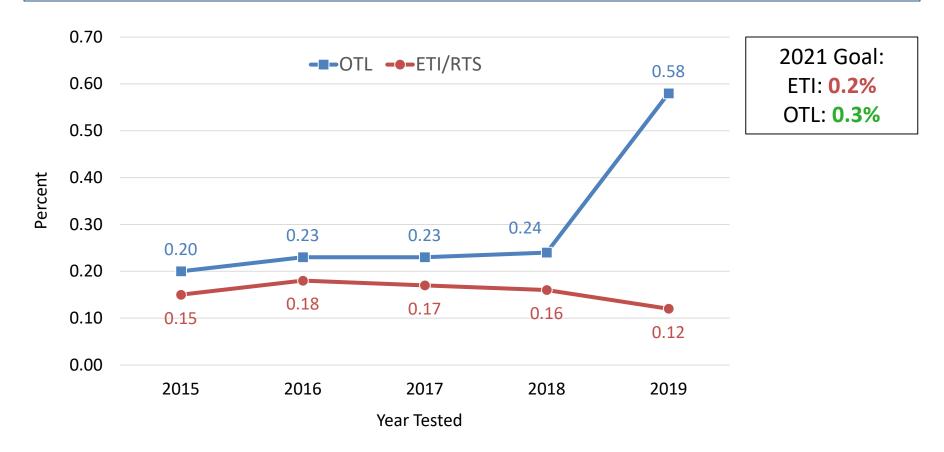




## Seropositivity Rate

**Numerator**: Number of positive HIV test results from State-funded OTL and ETI/RTS programs.

**Denominator**: All HIV tests results drawn from State-funded OTL and ETI/RTS programs.



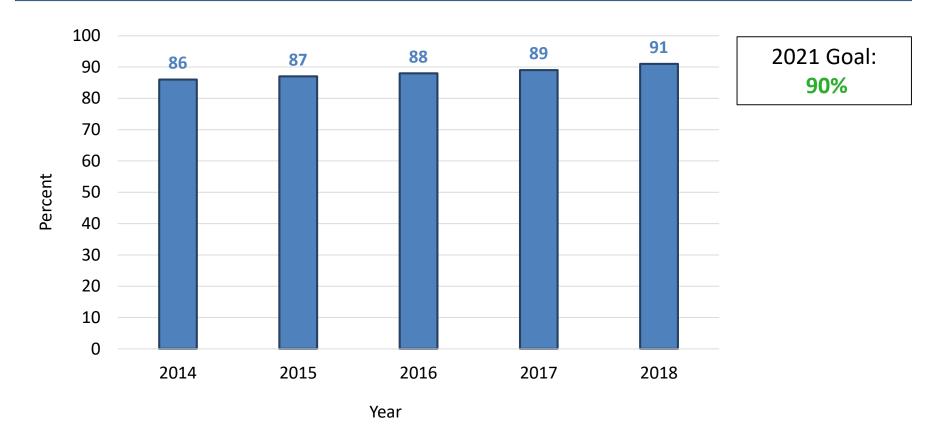


OTL: Outreach, Testing and Linkage = targeted HIV testing in non-healthcare settings
ETI/RTS: Expanded Testing initiative/Routine Testing Services = routine HIV testing in healthcare settings
Source: EvaluationWeb data provided by HIV Prevention Program in August 2020 and preliminary HIV surveillance data reported through
July 2020

# Viral Load Suppression

**Numerator**: PLWH, ≥13 years old, currently living in CT, with a viral load <200 copies/mL.

**Denominator**: PLWH, ≥13 years old, currently living in CT, who had at least one care visit during the past calendar year.





Note: Suppression based on latest viral load recorded during the time period analyzed Percentage reflects persons receiving HIV care during the specified year among persons who were ≥13 years old on the last day of the specified year, residing in Connecticut based on last known address, diagnosed with HIV infection through the prior specified year and living with HIV through the specified year.

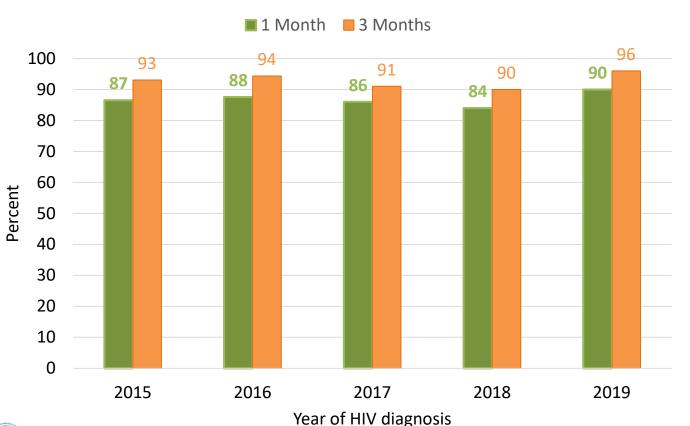
Source: HIV surveillance data for cases reported through December 2019

# Linkage to Care

**Numerator**: Adults and adolescents newly diagnosed with HIV who attended a routine HIV care visit within 3 months of diagnosis.

**New for 2019:** Adults and adolescents newly diagnosed with HIV who attended a routine HIV care visit within 1 month of diagnosis.

**Denominator**: Number of adults and adolescents newly diagnosed with HIV in calendar year.



2021 Goal: linkage at 3 months: 95% 1 month: TBD

NHAS 2020 Goal: 85% within 1 month



NHAS = National HIV/AIDS Strategy

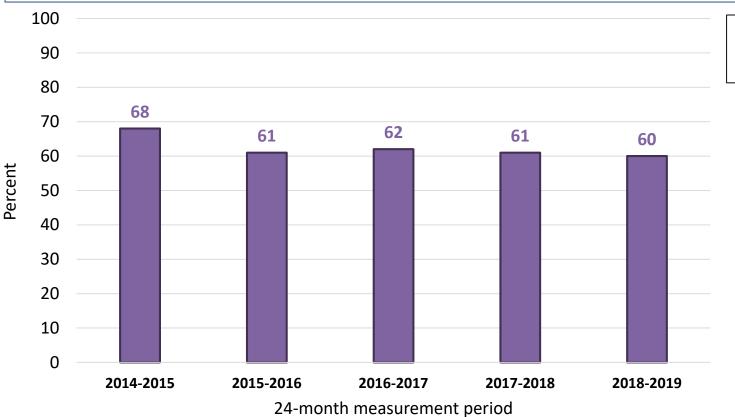
Source: Preliminary HIV surveillance data for cases reported through July 2020

### Retention in Care

#### Numerator: Number of PLWH who had:

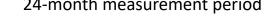
- At least one visit in each 6-month period of the 24-month measurement period;
- With a minimum of 60 days between 1<sup>st</sup> visit in the prior 6-month period & the last medical visit in the subsequent 6-month period.

**Denominator**: Number of patients with a diagnosis of HIV with at least 1 visit in the first 6 months of the 24-month measurement period.



2021 Goal:

70%



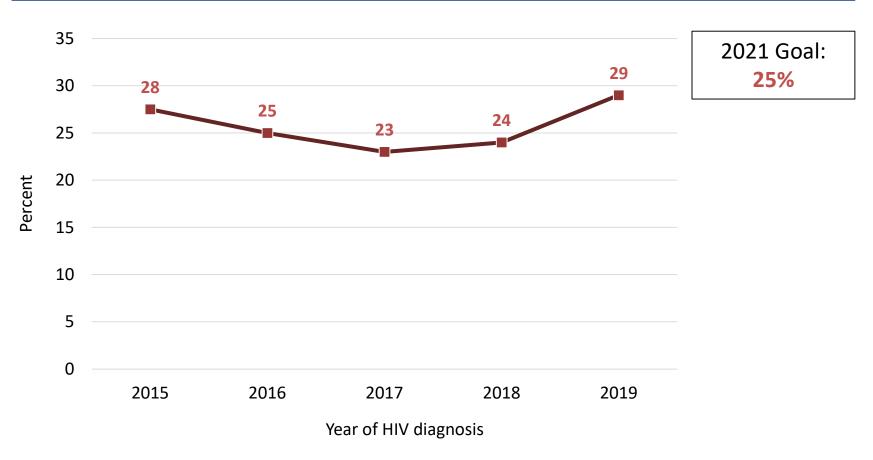


Note: 2018-2019 may be overestimated because 2019 death ascertainment is not complete Source: Preliminary HIV surveillance data for cases reported through July 2020

#### **Late Testers**

**Numerator**: People presenting with or diagnosed with AIDS within 3 months of initial HIV diagnosis.

**Denominator**: People newly diagnosed with HIV in the preceding 12 months.

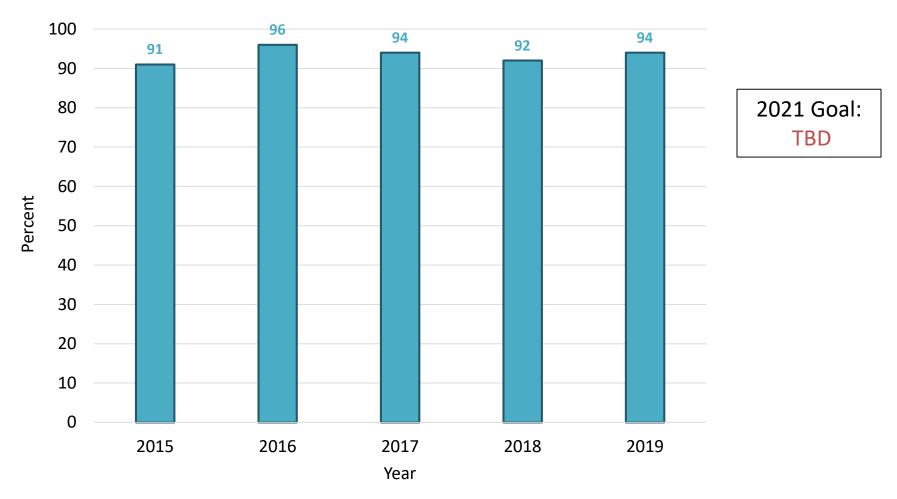




#### **Partner Services**

Numerator: Newly diagnosed PLWH referred to Partner Services who were interviewed.

**Denominator**: Newly diagnosed PLWH referred to Partner Services.



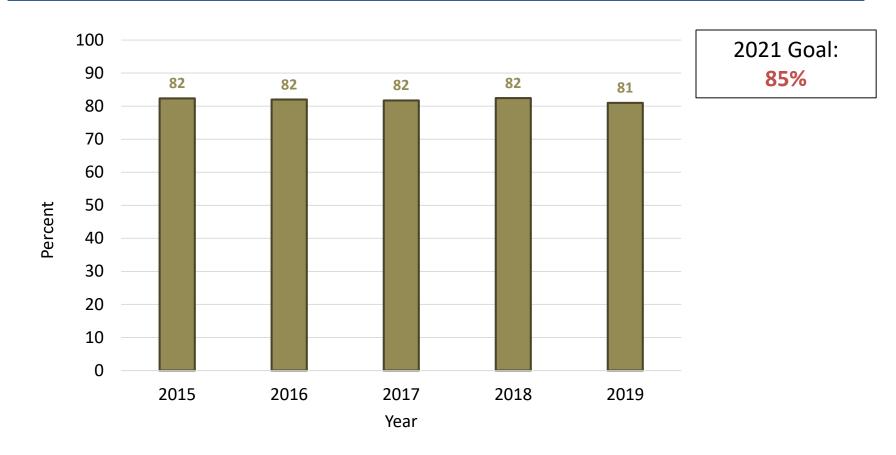


Source: CTEDSS data provided by the STD Program

# Housing Status and Stability

**Numerator**: Ryan White clients who were stably housed.

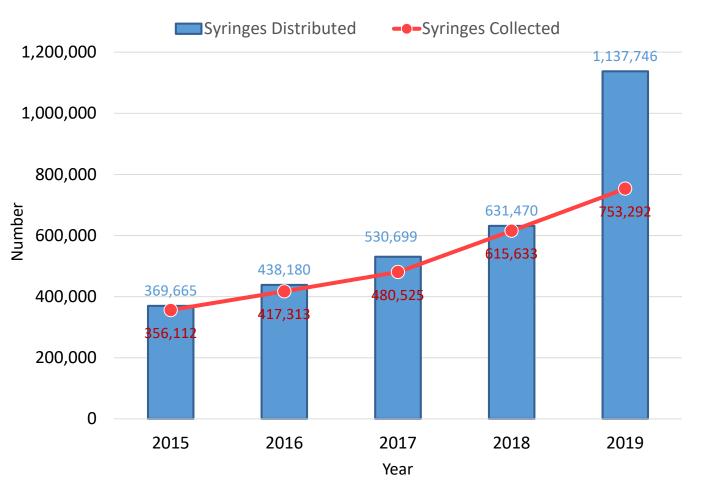
**Denominator**: Ryan White clients receiving HIV services per calendar year.





# Syringe Service Programs (SSP)

Number of SSP clients served, Number of syringes collected, Number of syringes distributed



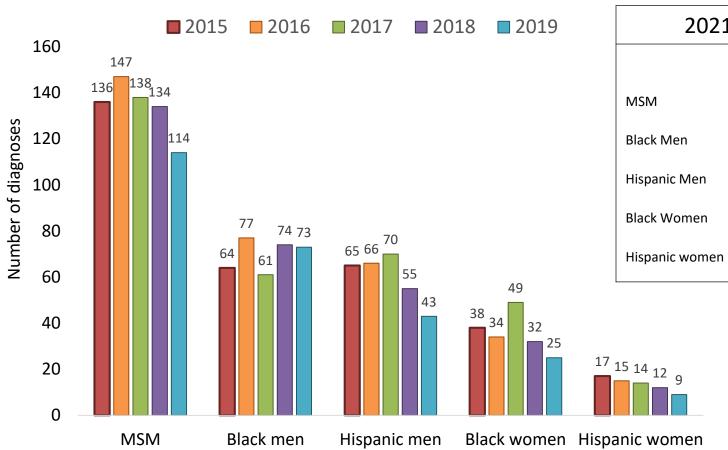
# 2021 Goal: Clients served: 4,000 Number of syringes collected: 450,000 Number of syringes distributed: 500,000

Year	Clients	
2015	3,643	
2016	3,853	
2017	3,903	
2018	3,949	
2019	4,428	



# Health Disparities

Reduce the annual number of new HIV diagnoses among the following groups: MSM, Black/African American men, Hispanic/Latino men, Black/African American women, and Hispanic/Latino women



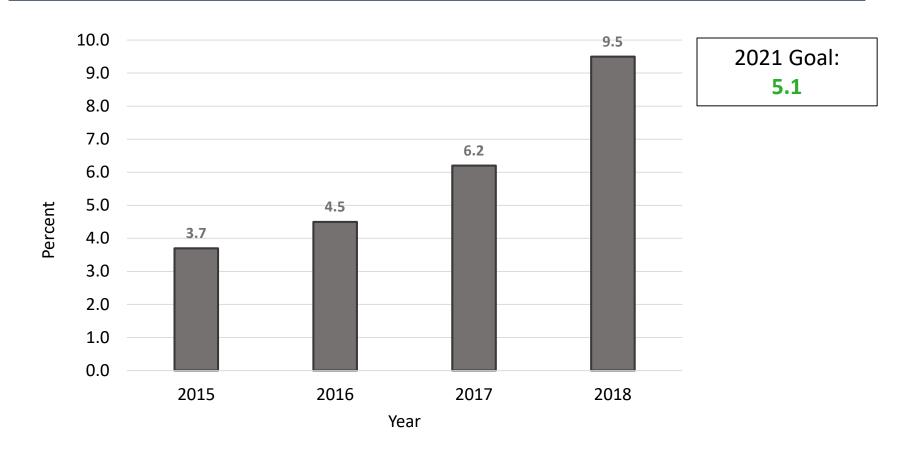
2021 Goal: -15%						
	2015	2019	% change			
MSM	136	114	-16			
Black Men	64	73	+14			
Hispanic Men	65	43	-34			
Black Women	38	25	-34			
Hispanic women	17	9	-47			



## PrEP-to-Need Ratio (PnR)

**Numerator**: Number of people taking PrEP per calendar year.

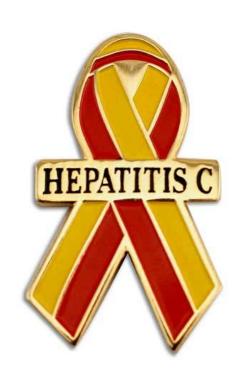
**Denominator**: Number of people newly diagnosed with HIV per calendar year.



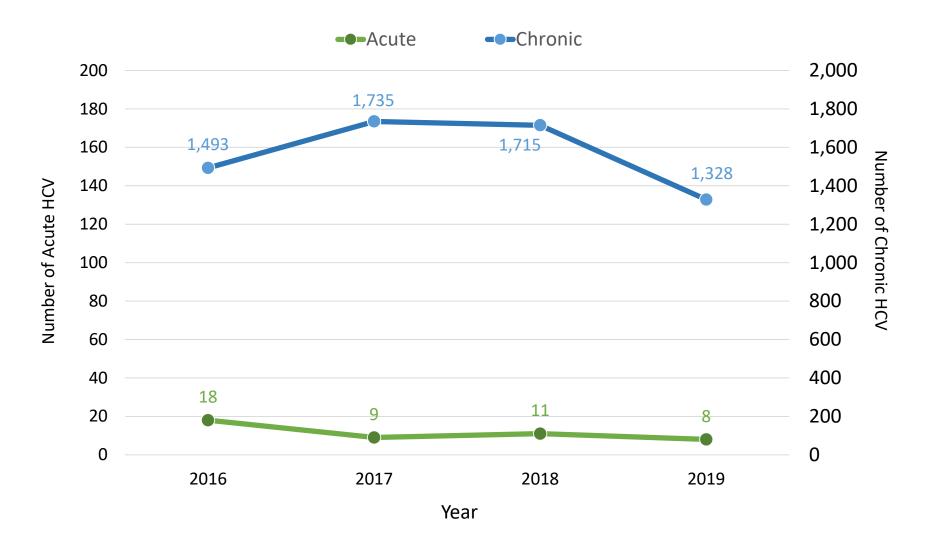


# Hepatitis C

Connecticut



#### Hepatitis C, Acute and Chronic, Connecticut, 2016-2019





Source: HCV surveillance data for cases reported through April 2020

# Acute HCV At A Glance Connecticut, 2015-2019

Groups most affected by acute hepatitis C, 2015-2019 Rate per 100,000 person years

By Age:

20-29 years: 1.3

30-39 years: 0.8

By Race/Ethnicity

White: 0.4

By Risk:

IDU or Street Drugs: 74%

(cases with risk documented)

By Sex:

Females: 0.4

2018

CT US

0.3 1.2

Per 100,000 people



# Rate of Chronic HCV by Select Characteristics Connecticut, 2016-2019

By Age:

<15: 3

15-19: 18

20-29: 294

30-39: 367

40-49: 167

50-59: 232

60+: 169

By Sex:

Males: 230

Females: 124

By Town:

Winchester: 113

Windham: 113

Torrington: 101

Putnam: 99

New London: 96

Hartford: 88

Waterbury: 81

Norwich: 80

Killingly: 78

Bristol: 77

(10 towns with highest rates)



# Similarities & Differences HIV & Chronic HCV Epidemiology in Connecticut

#### **Similarities**

Age: 20-39 years of age

Sex: Males

#### **Differences**

Residence at diagnosis: Urban vs Urban & Rural

Risk: MSM vs IDU



# **Indicator Summary**

Indicator 1	HIV Positivity Rate: Number of newly diagnosed in the 12-month calendar year per 100,000 people	On track/TBD
Indicator 2	Seropositivity Rate: Percent of OTL & ETI HIV positive tests in the 12-month calendar year	Met!   In progress
Indicator 3	Viral Load Suppression Among Persons in HIV Medical Care: Number of persons with an HIV diagnosis with a viral load <200 copies/ml at last test in the 12-month calendar year.	Met!
Indicator 4	Linkage to HIV Care (Biological): Number of persons who attended a routine HIV medical care visit within 1 months of HIV diagnosis.	TBD
Indicator 5	Retention in HIV Medical Care (Service/Access): Number of patients who had at least one HIV medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.	In progress
Indicator 6	Late HIV Diagnoses (Late Testers) (Biological): Number of people who had their first HIV positive test less than 3 months before receiving AIDS diagnosis.	In progress
Indicator 7	Partner Services: TBD	TBD
Indicator 8	Housing Status (Service/Access): Number of persons with an HIV diagnosis who were stably housed in the 12-month calendar year.	In progress
Indicator 9	Number of SSP clients served, Number of syringes collected, Number of syringes distributed	Met! (3 of 3)
Indicator 10	Disparities in New HIV Diagnoses: Number of newly diagnosed in the 12-month calendar year for each of the following groups: Men who have sex with men (MSM), Black/African American/Latino men and women.	Met!(4 of 5)   In progress(1 of 5)
Indicator 11	PrEP-to-Need Ratio (PnR): The number of people taking PrEP during the year divided by the number of people newly diagnosed with HIV during the year.	Met!

#### Conclusions

#### **Indicator Progress:**

- 10 Indicators met
  - 5 Indicators need improvement
  - 2 Indicator goals to be established

#### **HCV Numbers:**

- 60 Acute HCV infection, 2015-2019
- 6,271 Chronic HCV infections, 2016-2019



#### Questions, Comments

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For additional HIV and HCV surveillance data, please visit: <a href="https://www.ct.gov/dph/HIVsurveillance">www.ct.gov/dph/HIVsurveillance</a> <a href="https://www.ct.gov/dph/hepatitis">www.ct.gov/dph/hepatitis</a>