

Use of Lab Data for Prevention

A.D. McNaghten, PhD, MHSA
Capacity Building Branch

2016 HIV Diagnostics Conference
March 21, 2016



Objectives

- ❑ Describe the use of laboratory data for monitoring the health of persons with HIV
- ❑ Discuss the role of laboratory data in the Data to Care strategy and HIV prevention
- ❑ Describe what is needed from laboratories and health department for effective Data to Care programs

National HIV/AIDS Strategy

NATIONAL HIV/AIDS STRATEGY
for the **UNITED STATES:**

UPDATED TO 2020

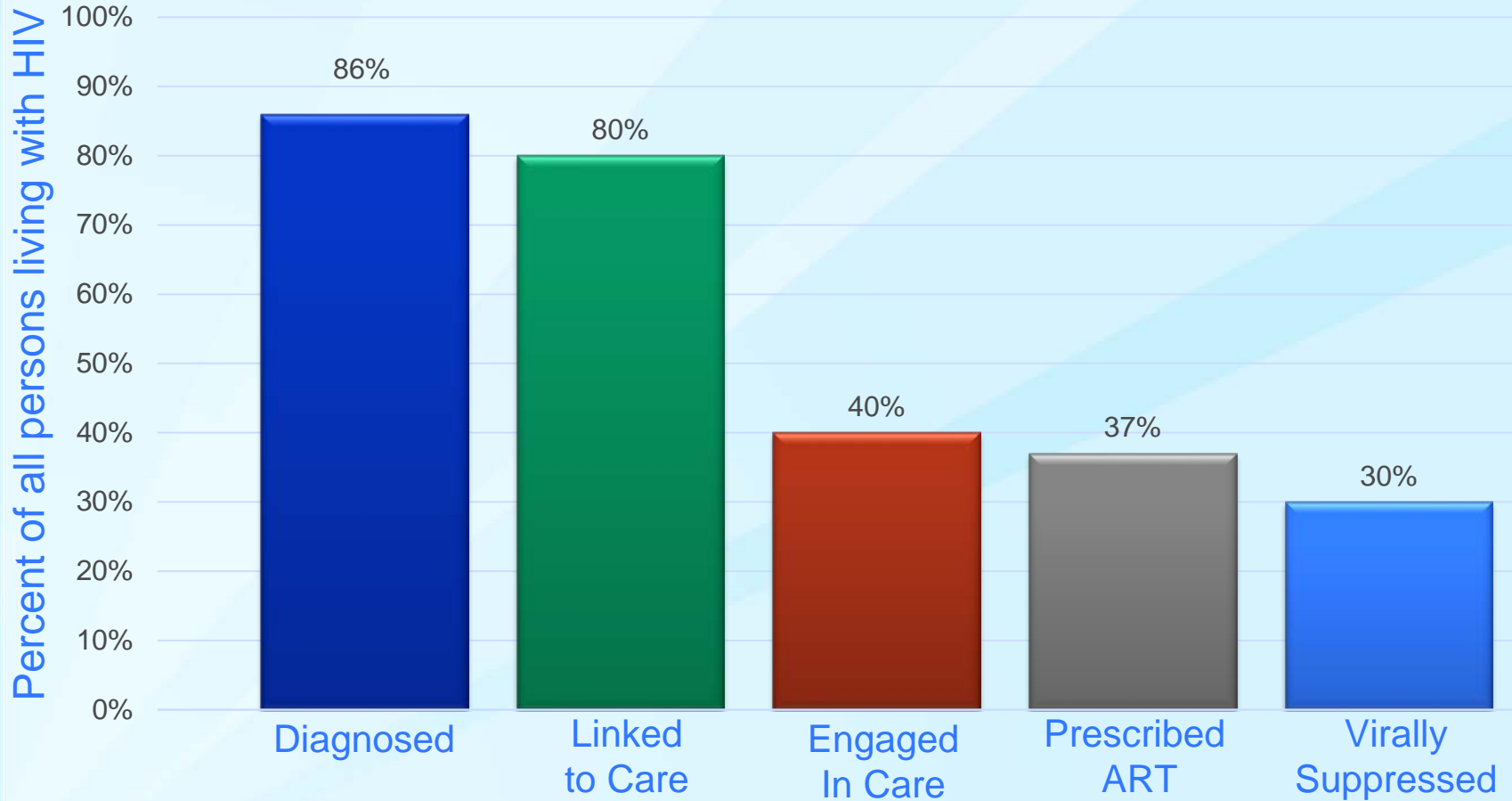
JULY 2015



Goals:

1. **Reduce New Infections**
2. **Increase Access to Care and Improve Health Outcomes for People Living with HIV**
3. **Reduce HIV-Related Health Disparities and Health Inequities**
4. **Achieve a More Coordinated National Response to the HIV Epidemic**

HIV Care Continuum



Data to Care

- ❑ **Use of HIV surveillance data to identify HIV-diagnosed individuals not in care, link them to care, and support the HIV Care Continuum**
- ❑ **Focuses on linkage and re-engagement**
 - Persons never linked to care
 - Persons who dropped out of care
- ❑ **The goals of Data to Care are to:**
 - Increase the number of HIV-diagnosed individuals who are engaged in HIV care
 - Increase the number of HIV-diagnosed persons with an undetectable viral load

How is Data to Care Done?

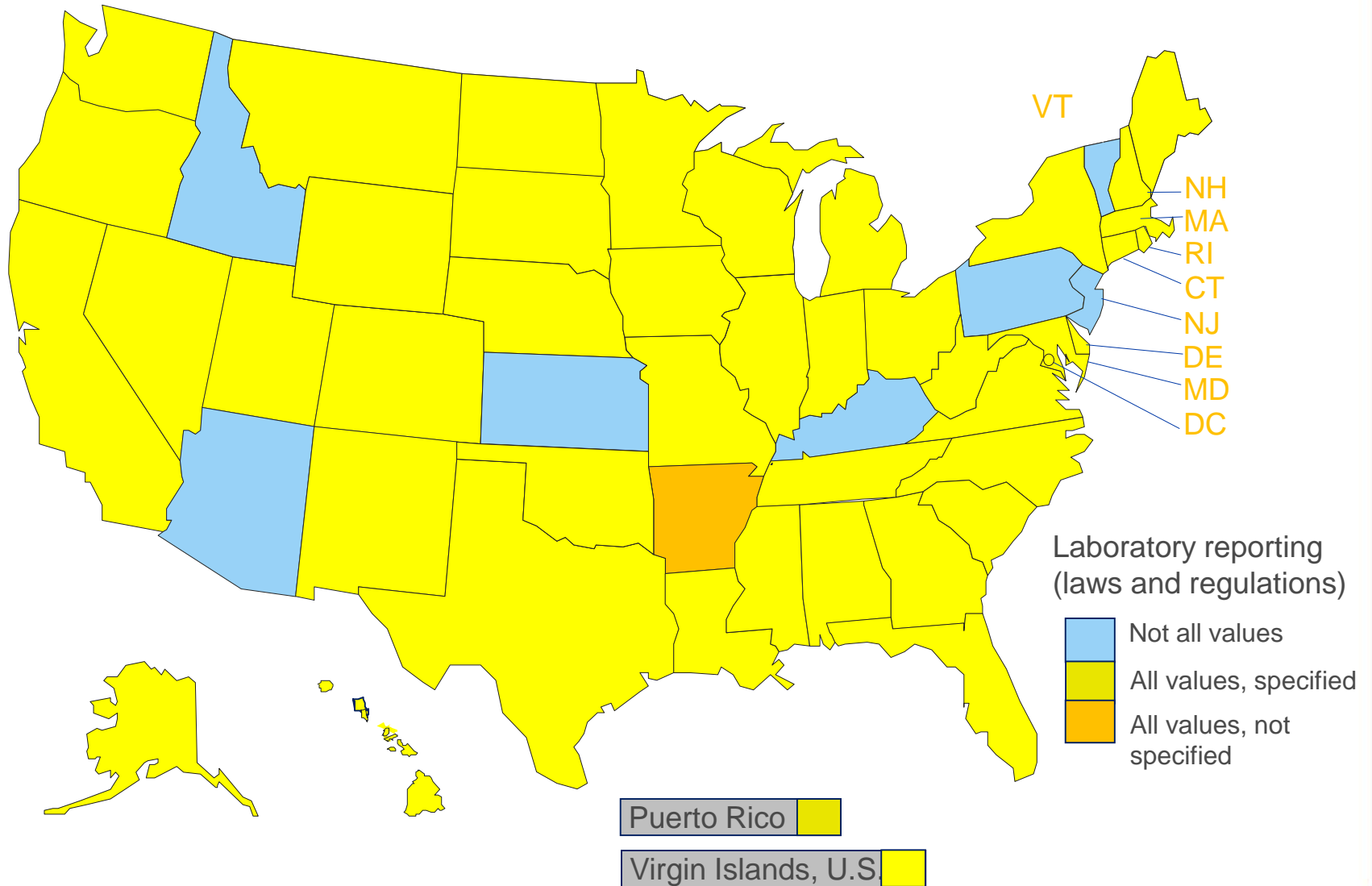


Lab Reports CD4 and Viral Load to Health Department

- ❑ All 50 states and the District of Columbia require confidential reporting of HIV to health departments

- ❑ 42 states, DC, and Puerto Rico have laws/regulations for reporting all CD4 and viral load values
 - 1 state reports all values, not specified
 - 7 states do not report all values (e.g., reportable level CD4 <200 or <14%; viral load detectable)

Areas with Laws and Regulations for Reporting all CD4 and Viral Load Values, November 2015



Health Department Identifies Persons Not in Care

- ❑ **Laboratory data in health department surveillance system used to determine care status**
 - CD4 or viral load test result as proxy for care visit
 - Persons never linked to care
 - Persons who dropped out of care
- ❑ **Health department creates “Not in Care” list**
- ❑ **Query other sources to determine care status**
 - Medicaid, ADAP, Ryan White
 - Health care providers
- ❑ **Update surveillance data and “Not in Care” list**


Follow-up to Link or Re-engage

- ❑ **Health Department Model**
 - Health department-initiated linkage and re-engagement outreach

- ❑ **Healthcare Provider Model**
 - Healthcare provider-initiated linkage and re-engagement outreach

- ❑ **Combination Health Department/Healthcare Provider Model**

***Data to Care* Health Department Model for Linkage and Re-Engagement**

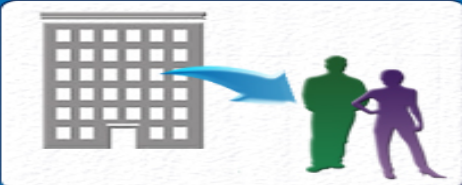


Health Department (HD) generates list of clients identified by HIV surveillance as "not in care" (NIC).


If possible, HIV surveillance and prevention staff should check additional sources to confirm NIC status and gather information needed for follow-up.



HD staff and healthcare providers communicate about care status of patients on NIC list.



HIV prevention or linkage staff contact patients for linkage or re-engagement assistance.



Patient or HD schedules visit for patient with healthcare provider.

Healthcare Provider Model


- ❑ **Health departments inform healthcare providers of out of care patients**
 - Ryan White care providers
- ❑ **Healthcare providers may provide health department list of patients (e.g., no visit within 6 months) to check against surveillance and other data sources**
- ❑ **Healthcare providers facilitate linkage to or re-engagement of patients in care**

Goals of Data to Care


- ❑ Increase the number of HIV-diagnosed individuals who are engaged in HIV care**
- ❑ Increase the number of HIV-diagnosed persons with an undetectable viral load**

Linkage to Care

- ❑ “ART is recommended for all HIV-infected individuals, regardless of CD4 cell count, to reduce the morbidity and mortality associated with HIV infection.”
- ❑ “ART is also recommended for HIV-infected individuals to prevent HIV transmission.”



**Guidelines for the Use of Antiretroviral Agents
in HIV-1-Infected Adults and Adolescents**



Developed by the DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents – A Working Group of the Office of AIDS Research Advisory Council (OARAC)

How to Cite the Adult and Adolescent Guidelines:

Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultAdolescentGL.pdf>. Accessed [insert date] [insert page number, table number, etc. if applicable]

It is emphasized that concepts relevant to HIV management evolve rapidly. The Panel has a mechanism to update recommendations on a regular basis, and the most recent information is available on the AIDSinfo Web site (<http://aidsinfo.nih.gov>).

Downloaded from <http://aidsinfo.nih.gov/guidelines> on 3/9/2016

Re-engagement

Original Investigation

Human Immunodeficiency Virus Transmission at Each Step of the Care Continuum in the United States

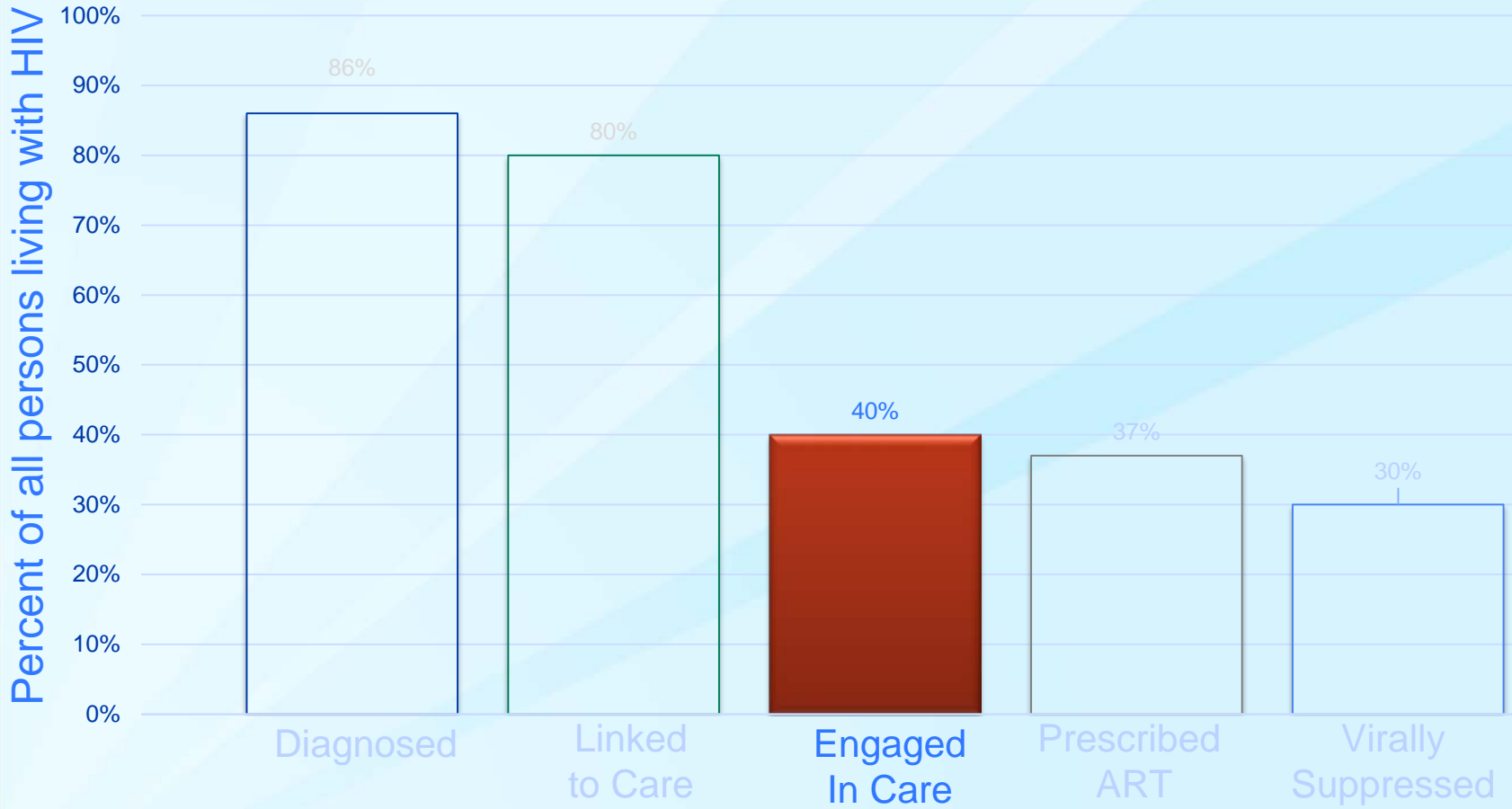
Jacek Skarbinski, MD; Eli Rosenberg, PhD; Gabriela Paz-Bailey, MD, MSc, PhD; H. Irene Hall, PhD; Charles E. Rose, PhD; Abigail H. Viall, MA; Jennifer L. Fagan, MA; Amy Lansky, PhD; Jonathan H. Mermin, MD, MPH

- ❑ **Persons HIV diagnosed but not retained in care estimated responsible for 61.3% of new infections**
- ❑ **Necessary to achieve the next steps on the continuum of receiving ART and achieving viral suppression**

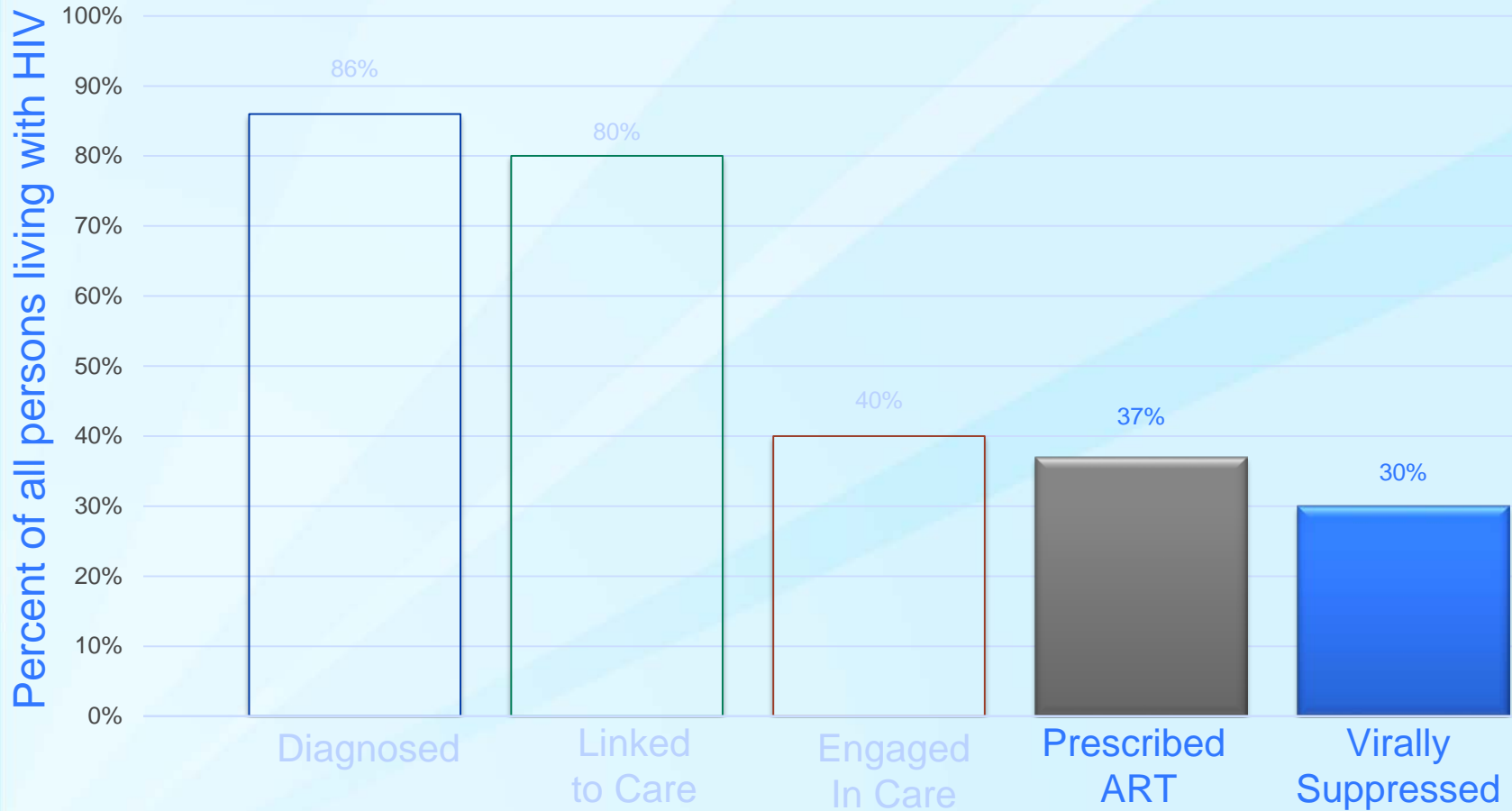
ART and Viral Suppression

- Low percentages of new infections are attributed to those prescribed ART but not virally suppressed (3.3%), and those virally suppressed (2.5%) (Skarbinski et al., 2015)**
- HIV+ persons who are virally suppressed are less likely to transmit HIV to others**
 - Early initiation of ART reduced HIV transmission by 96% among serodiscordant couples (Cohen et al., 2011)**

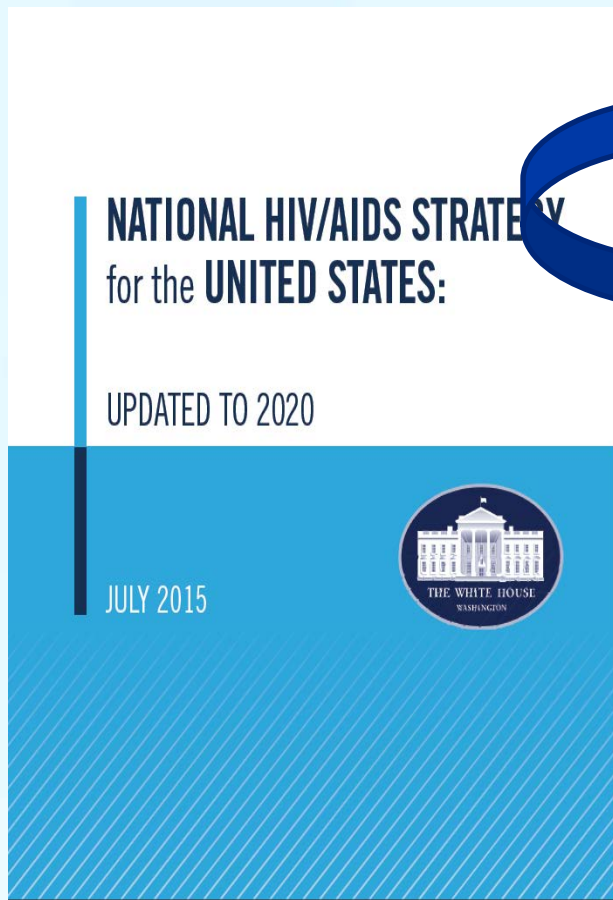
Prevention and the HIV Care Continuum



Prevention and the HIV Care Continuum



National HIV/AIDS Strategy



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Effective Data to Care Programs

- ❑ **Complete laboratory reporting**
 - Laws/regulations for reporting all CD4 and viral load values
 - Report a minimum of 95% of HIV-related test results
- ❑ **Reporting from all laboratories in jurisdiction**
- ❑ **Timely laboratory reporting**
- ❑ **Quality laboratory data**
- ❑ **Health department resources and capacity to conduct Data to Care activities**
 - Cleaning data
 - Running SAS code (Not in Care list)
 - Matching with other data sources
 - Contacting, linking, re-engaging

Final Considerations

- ❑ **Data to Care is resource and time-intensive**
- ❑ **Approaches to conducting Data to Care activities vary by jurisdiction**
 - Data sources
 - Capacity
- ❑ **Complete laboratory reporting is critical**
- ❑ **Evaluation of Data to Care strategies are needed**

Technical Assistance Available

Capacity building and technical assistance is available through the Capacity Building Assistance (CBA) Provider Network

- ❑ Use of HIV surveillance data to identify persons not in care**
- ❑ Creating Data to Care protocols**
- ❑ Assist with issues associated with data sharing with outside partners**
- ❑ Share best practices/successful health department systems that support Data to Care activities**

Technical Assistance Available

❑ **CDC directly funded organizations**

- Consult with your CDC Project Officer
- Submit a CBA Request Information System (CRIS) request at wwwn.cdc.gov/Cris2009

❑ **Organizations not funded directly by CDC**

- Contact the CDC-funded health department in your jurisdiction to submit a CRIS request
- List of CRIS users at CDC-funded health departments www.cdc.gov/hiv/dhap/cbb/crisUsers.html

Data to Care Toolkit

www.effectiveinterventions.cdc.gov



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Data to Care

Data to Care is CDC's new public health strategy that aims to use HIV surveillance data to identify HIV-diagnosed individuals not in care, link them to care, and support the HIV Care Continuum.

Learn More



Thank you!

A.D. McNaghten
aom5@cdc.gov

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: <http://www.cdc.gov>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.