

# Viral Suppression among HIV-Positive Individuals sampled through Case- Surveillance-Based-Sampling, New York City, 2012-2014

KAVITA MISRA, PHD, MPH

JAMIE HUANG, MPH

CHI-CHI UDEAGU, MPH



# BACKGROUND

# VIRAL SUPPRESSION AMONG PERSONS LIVING WITH HIV

- ▶ HIV-diagnosed persons on antiretroviral therapy (ART) can achieve viral suppression (VS), improving life expectancy and lowering HIV transmission risk
- ▶ In 2014, 81% of PLWH in care in New York City achieved VS, going up from 76% in 2012 and 78% in 2013
- ▶ Factors affecting VS need continual assessment to tailor interventions to increase linkage to and retention in care, ART initiation and adherence

# SURVEILLANCE DATA ON VIRAL SUPPRESSION AND FACTORS

- ▶ Data on VS is collected and reported through routine surveillance (the NYC surveillance registry – eHARS)
- ▶ VS data also come from the Medical Monitoring Project (MMP)
- ▶ MMP is the only nationally representative supplemental surveillance system for HIV-diagnosed persons in the US
- ▶ MMP sampling methods excluded HIV-diagnosed persons not receiving HIV care
- ▶ Excluded population identified as a group of high public health importance in the National HIV/AIDS Strategy

# CASE-SURVEILLANCE-BASED-SAMPLING PROJECT (CSBS)

- ▶ CSBS demonstration project designed to address the gap in MMP sampling strategy
- ▶ Evaluates a method of sampling participants for MMP from HIV case surveillance that includes both the population receiving and not receiving HIV care
- ▶ Designed to select a representative sample of HIV-diagnosed adults, including those not receiving HIV care, from HIV surveillance registries in five state/metropolitan areas, including NYC
- ▶ Fills knowledge gaps on the out of care population

# SAMPLING DESIGN: MMP VS CSBS

## MMP: Three Stage

### 1<sup>st</sup> Stage Local Areas

- 23 Areas Selected (PPS: # of reported AIDS cases living in area as of 2002)
- Includes >80% of US AIDS cases in 2002



### 2<sup>nd</sup> Stage HIV Care Providers

- PPS (facilities with higher patient loads more likely to be selected)

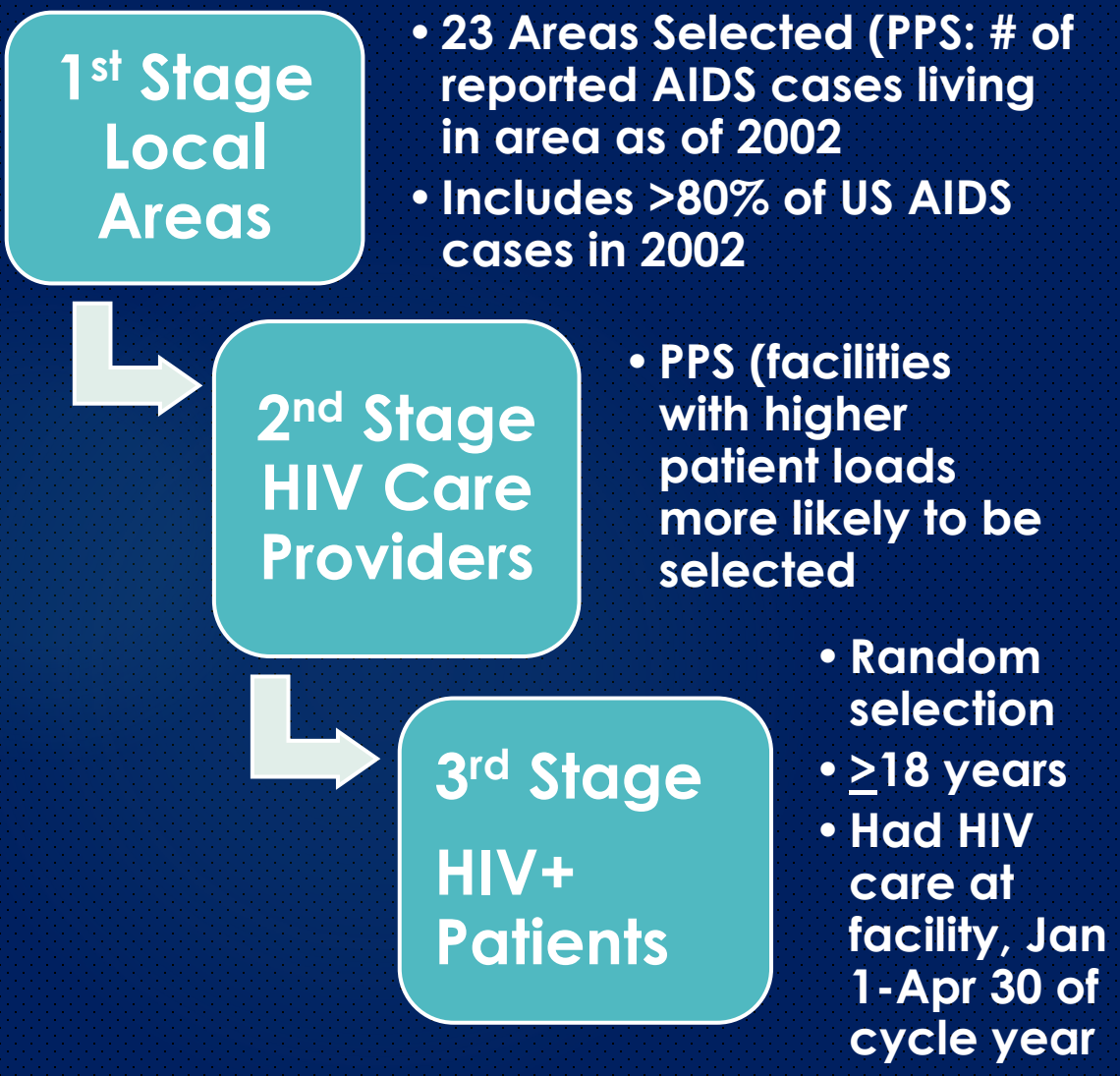


### 3<sup>rd</sup> Stage HIV+ Patients

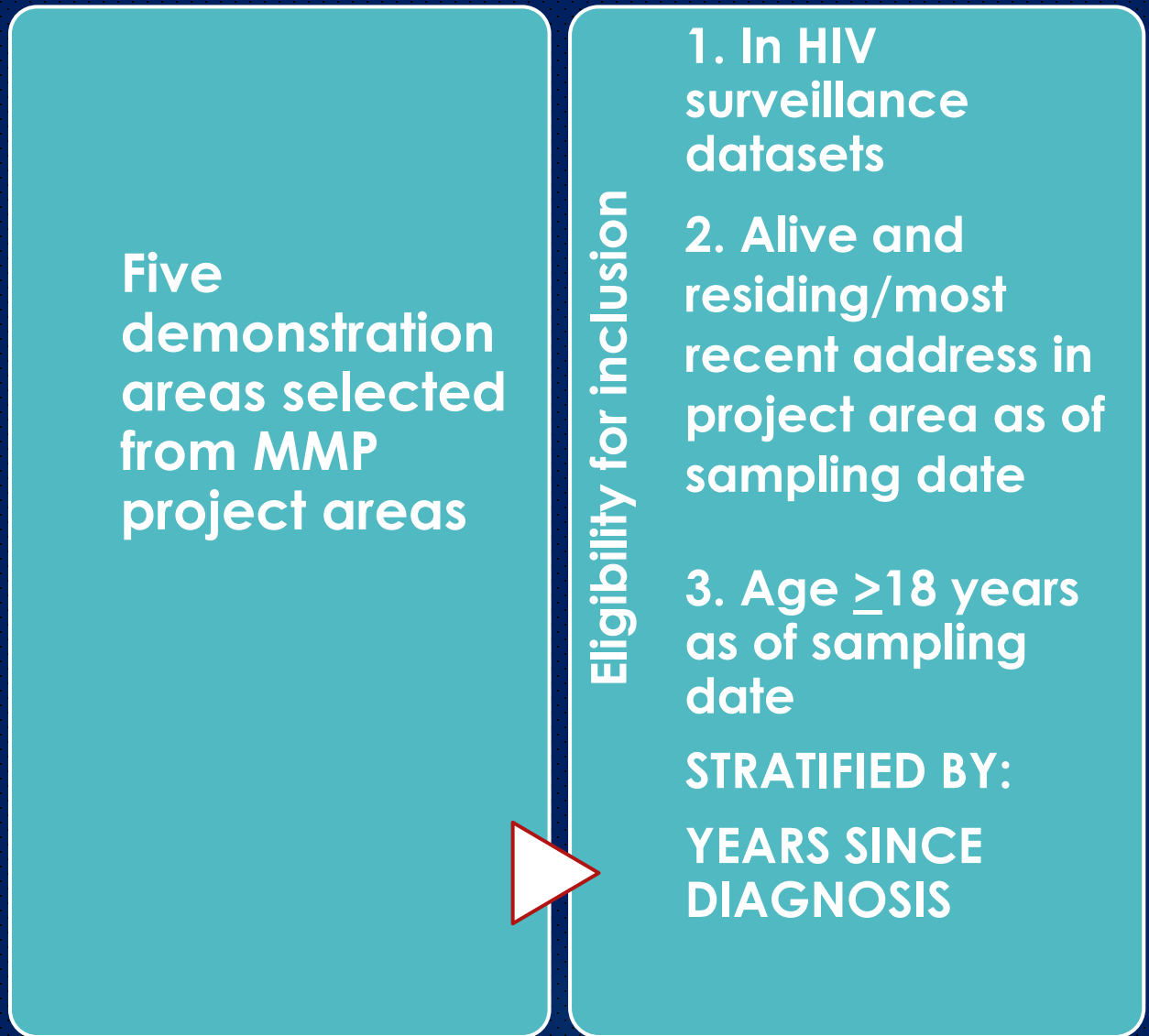
- Random selection
- $\geq 18$  years
- Had HIV care at facility, Jan 1-Apr 30 of cycle year

# SAMPLING DESIGN: MMP VS CSBS

## MMP: Three Stage



## CSBS: Stratified Random





# OBJECTIVES

- ▶ To ascertain correlates of viral suppression among PLWH in NYC during 2012-2014, using data from Case-Surveillance-Based Sampling
- ▶ To describe PLWH in the sample who did not achieve viral suppression at any time in the past year



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# METHODS

# DATA SOURCE

- ▶ **Case-Surveillance-Based Sampling (CSBS) demonstration project: three cycles of data collection, 2012-2014**
- ▶ **Personal interviews (face-to-face or telephone)**
- ▶ **Medical record abstractions (MRAs) for the 12 months preceding the interview from participant's self-identified most recent place of HIV care in the past year**

# STATISTICAL ANALYSIS

- ▶ Outcome: Viral suppression defined as an HIV viral load of  $\leq 200$  copies/mL or documented undetectable VL at any time during the MRA year
- ▶ VL data obtained through MRA
- ▶ Bivariate analysis of differences in VS by:
  - Sociodemographic characteristics
  - Sexual orientation
  - Housing status
  - History of incarceration
  - Health insurance status
  - Self-reported ART status

# STATISTICAL ANALYSIS

- ▶ Multivariate logistic regression of VS with theorized predictors to generate adjusted odds ratios (aOR) and 95% confidence intervals
- ▶ Descriptive statistics of participants not virally suppressed at any time in the surveillance period

# RESULTS

# DESCRIPTION OF THE POPULATION, NYC CSBS 2012-2014

- ▶ Total of 317 PLWH interviewed
- ▶ Medical record abstractions (MRA) for 297 participants (those who had been in HIV care in NYC in the 12 months prior to interview)
- ▶ Median age: 46 years (IQR:19)
- ▶ Over two-thirds of participants were male
- ▶ Nearly 80% were non-white
- ▶ Roughly 6% of the sample (n=20) were either out of care in NYC or for whom an MRA could not be conducted

# CURRENT ART USE AND VIRAL SUPPRESSION AMONG PLWH IN NYC, CSBS 2012-2014

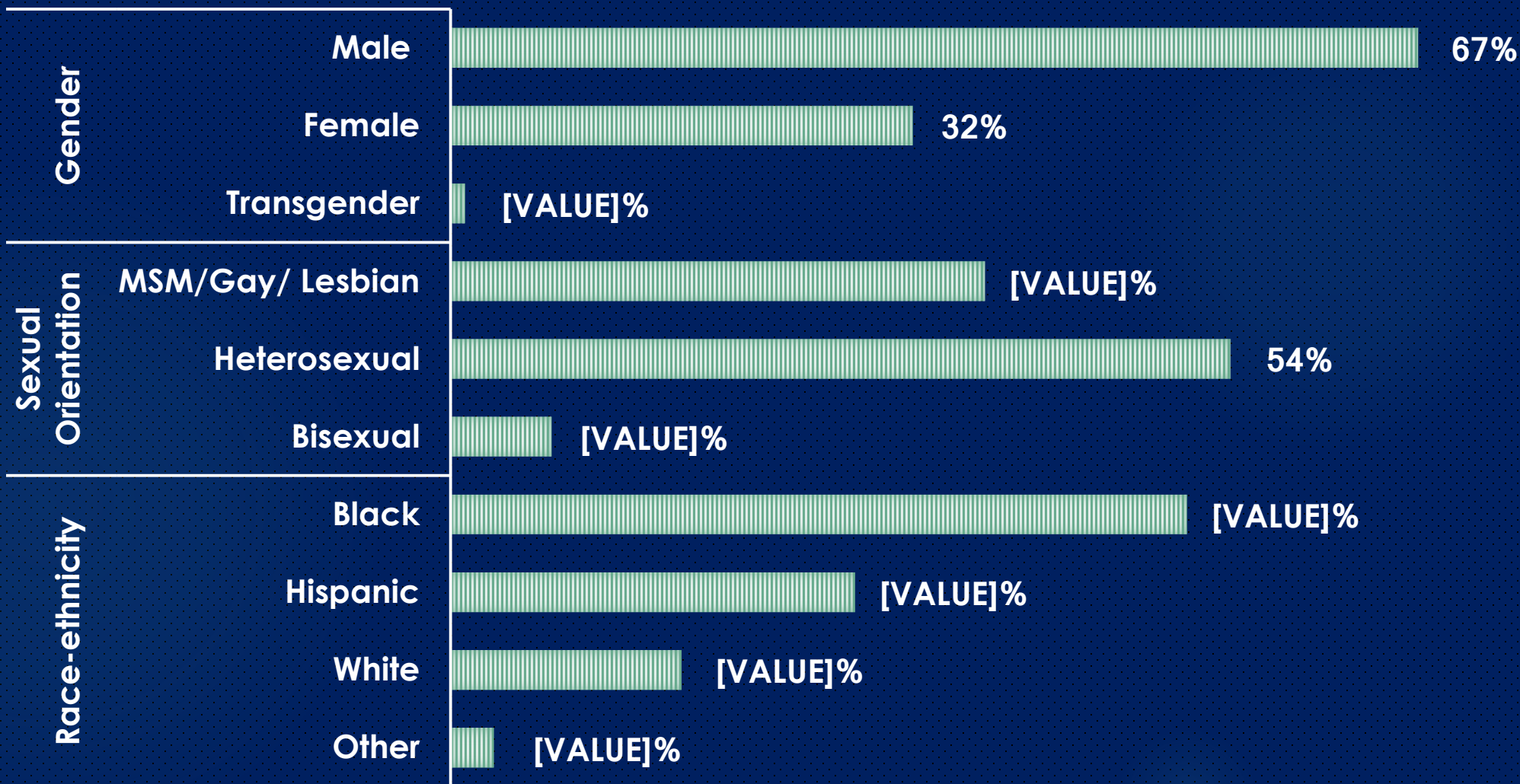
- ▶ Current ART use was reported by 288 PWLH  
91% of total sample (288/317)  
97% of those with MRA (288/297)
- ▶ Viral suppression was achieved by 252 participants  
85% of those with MRA (252/297)

▶ VS by year:

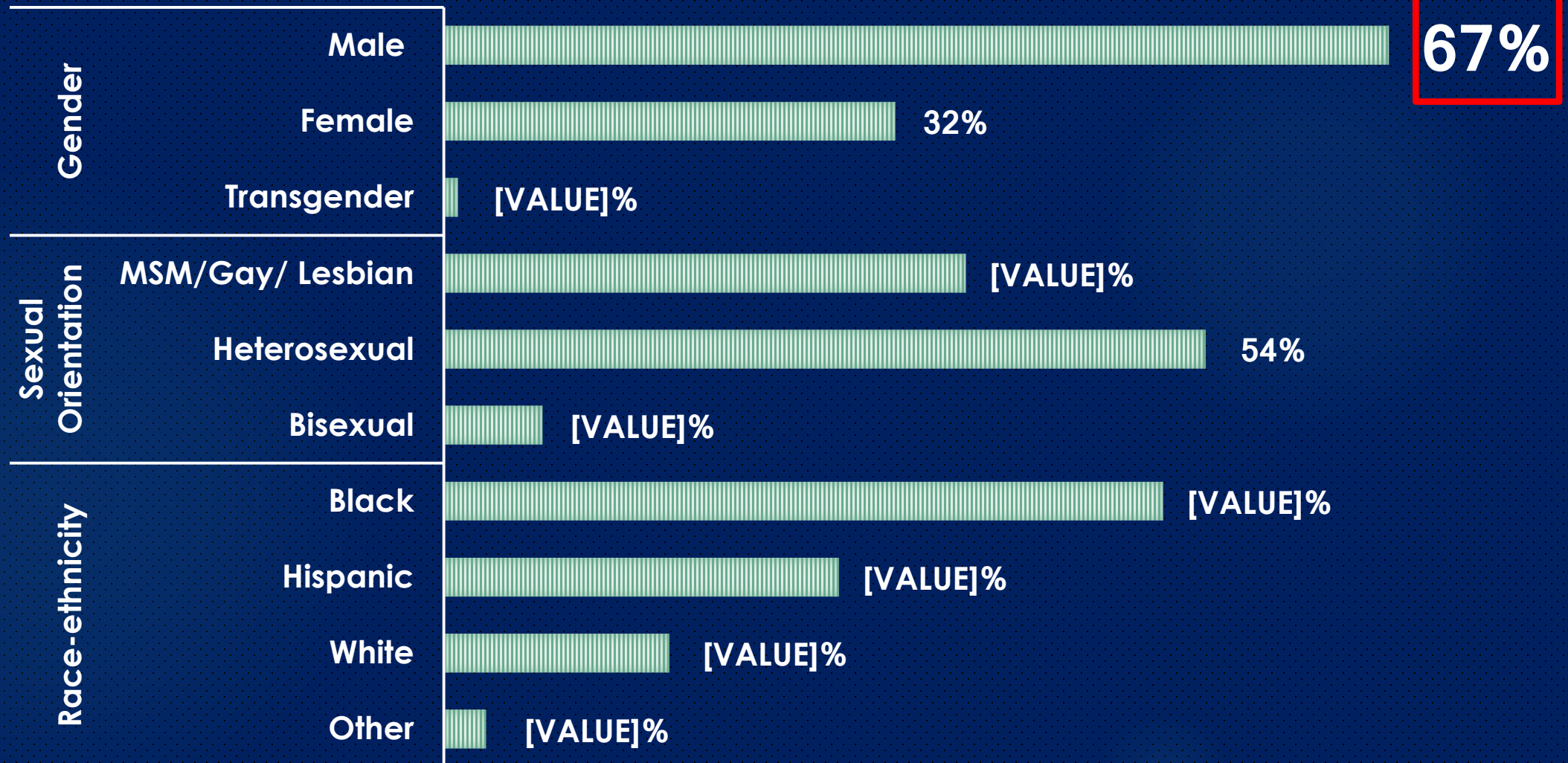
|      |     |
|------|-----|
| 2012 | 83% |
| 2013 | 83% |
| 2014 | 89% |



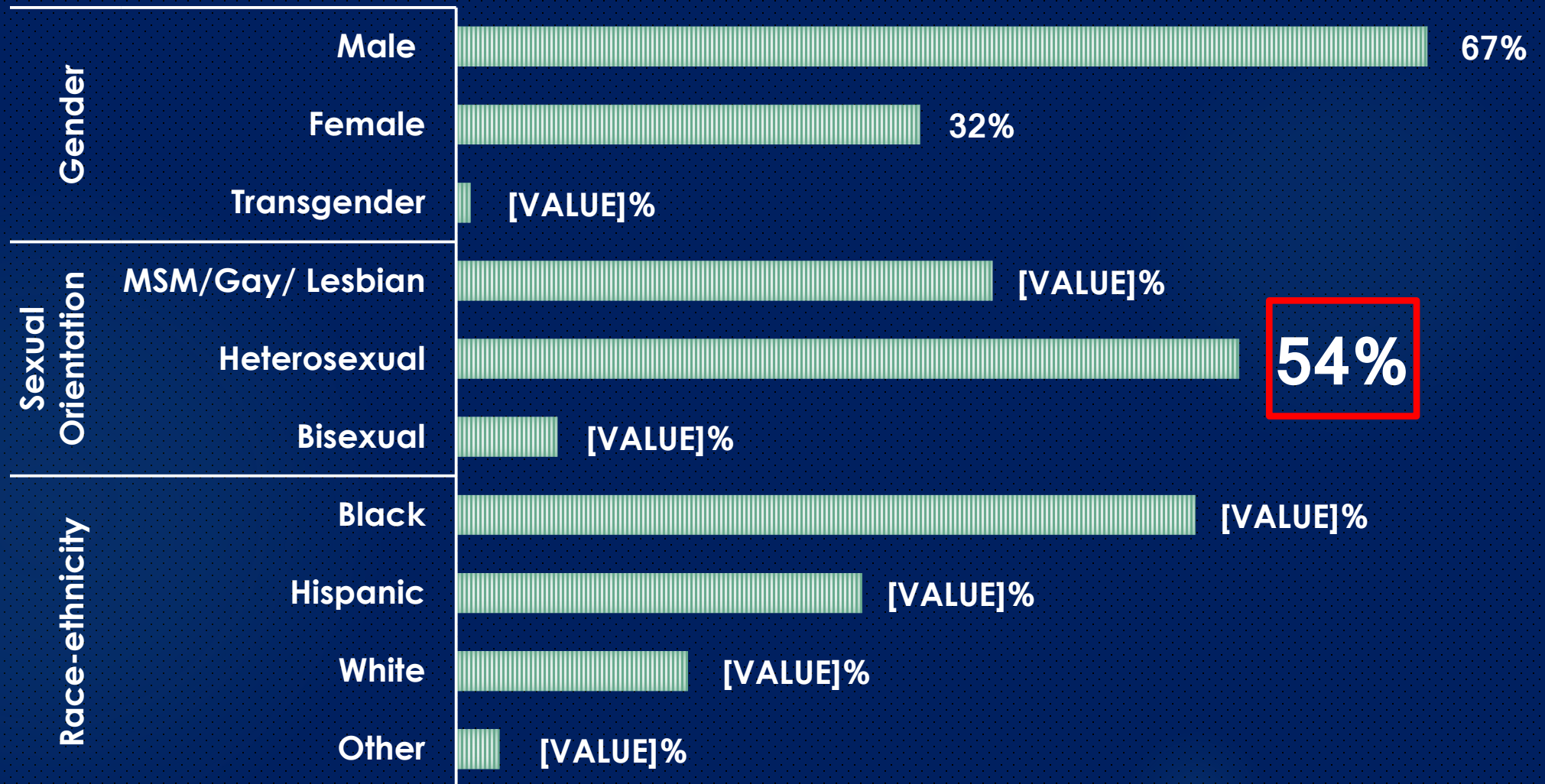
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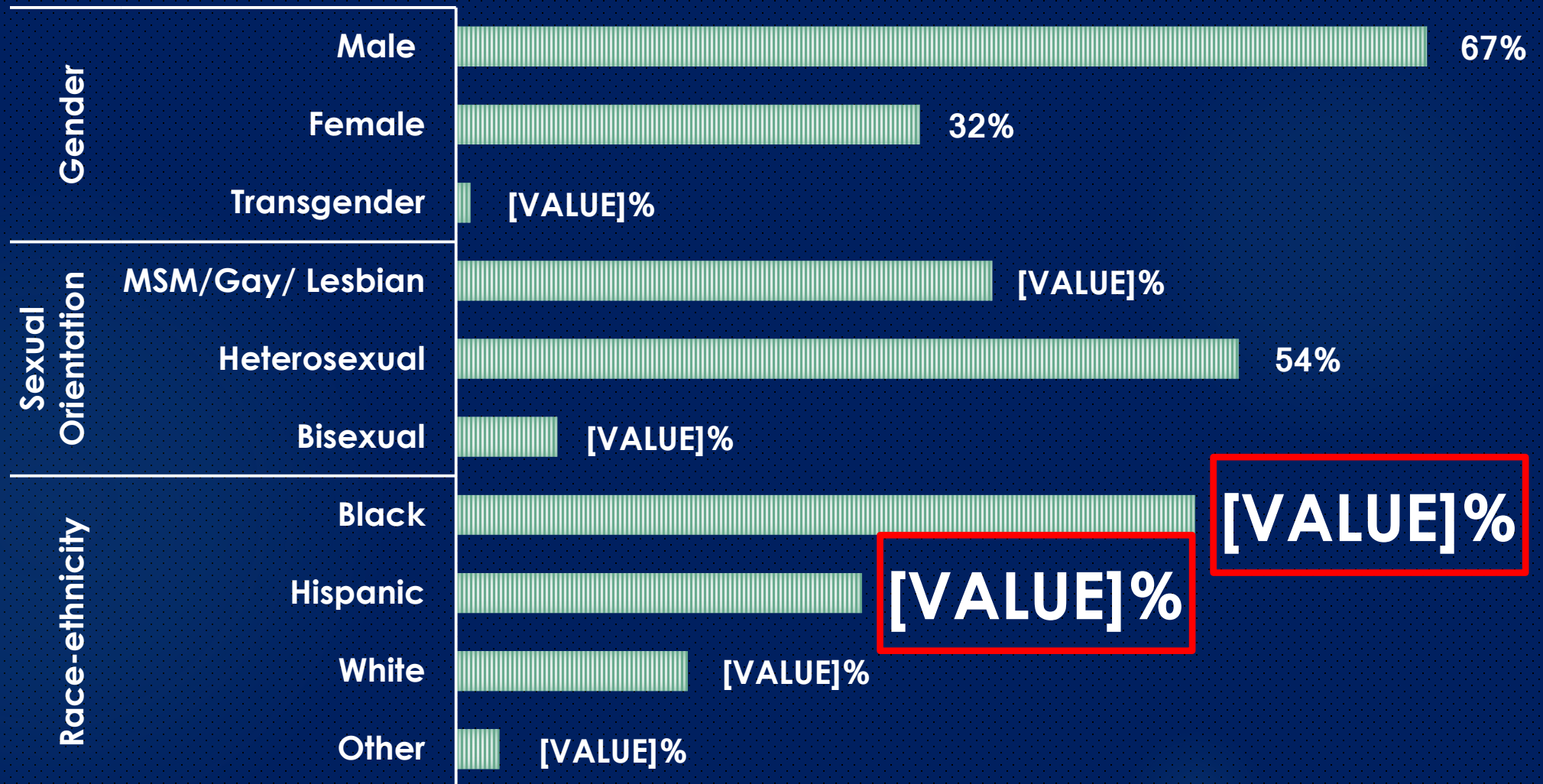
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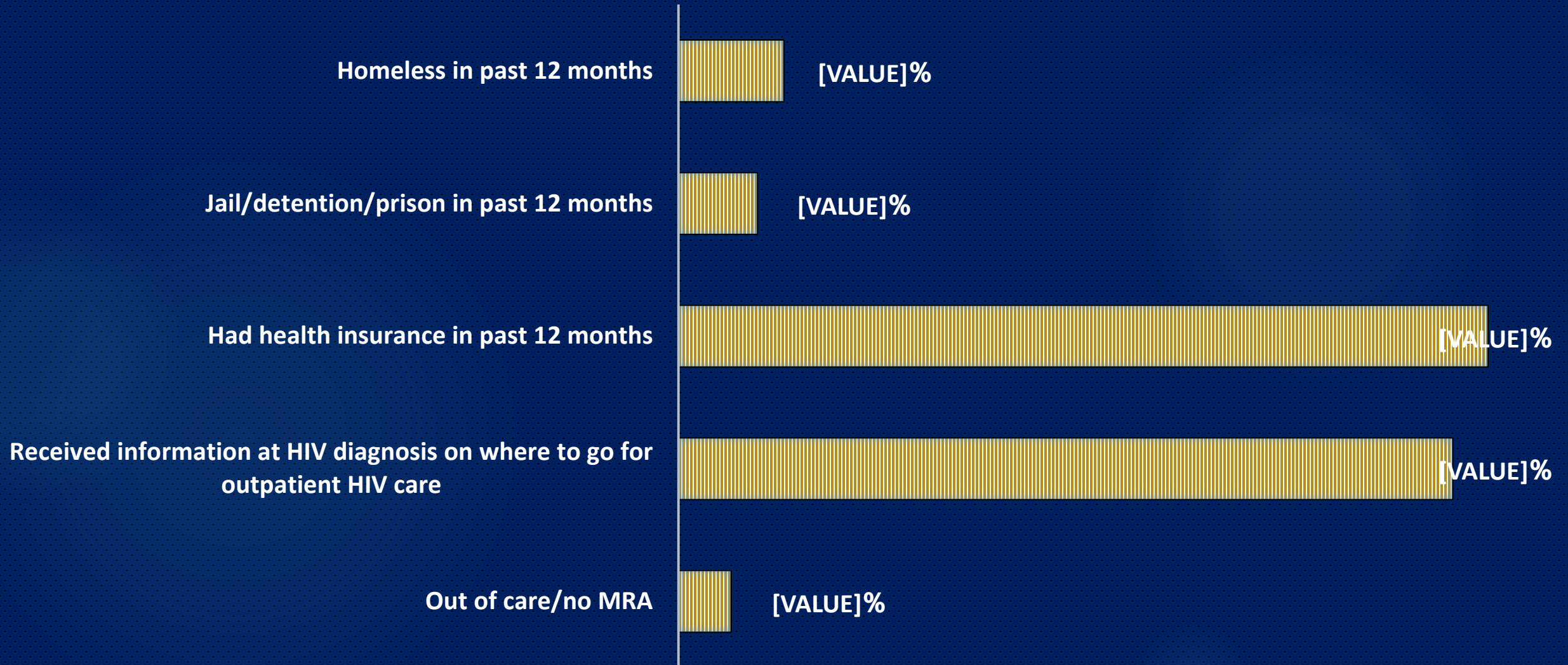
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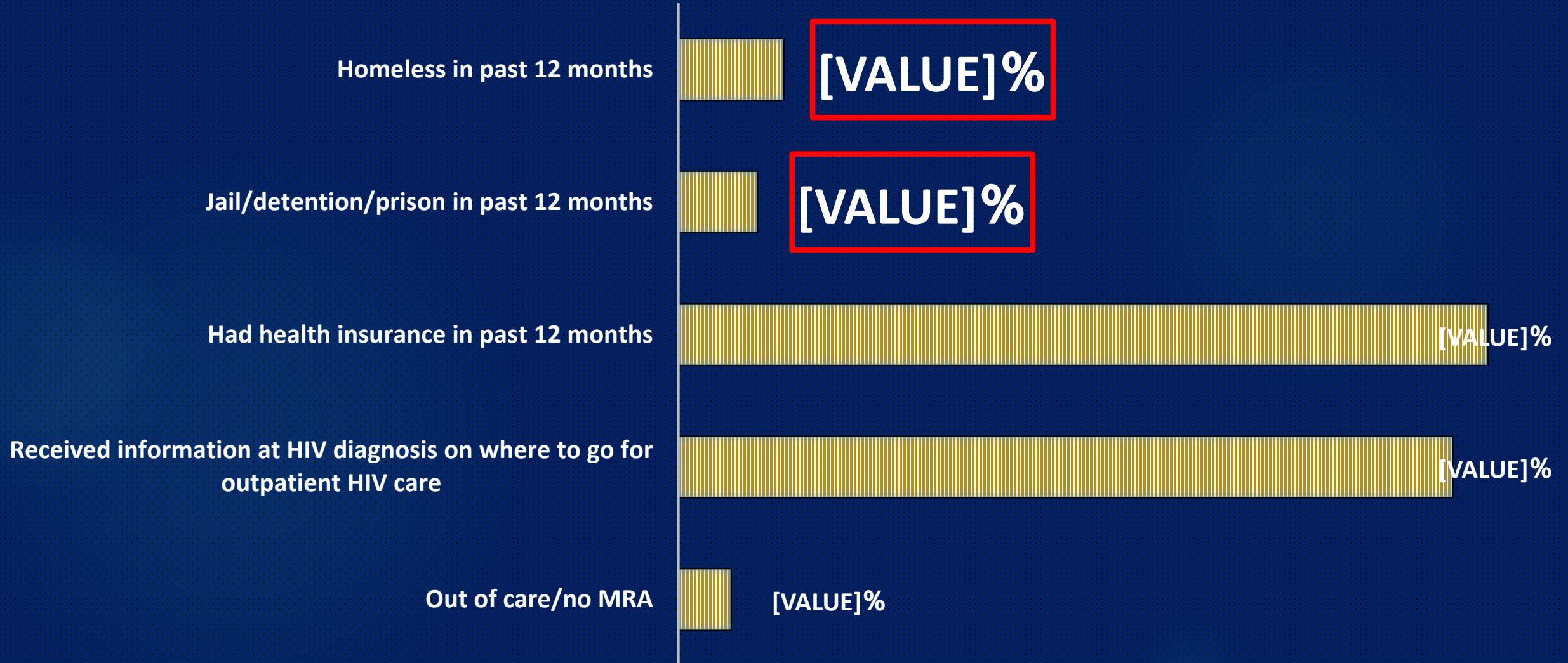
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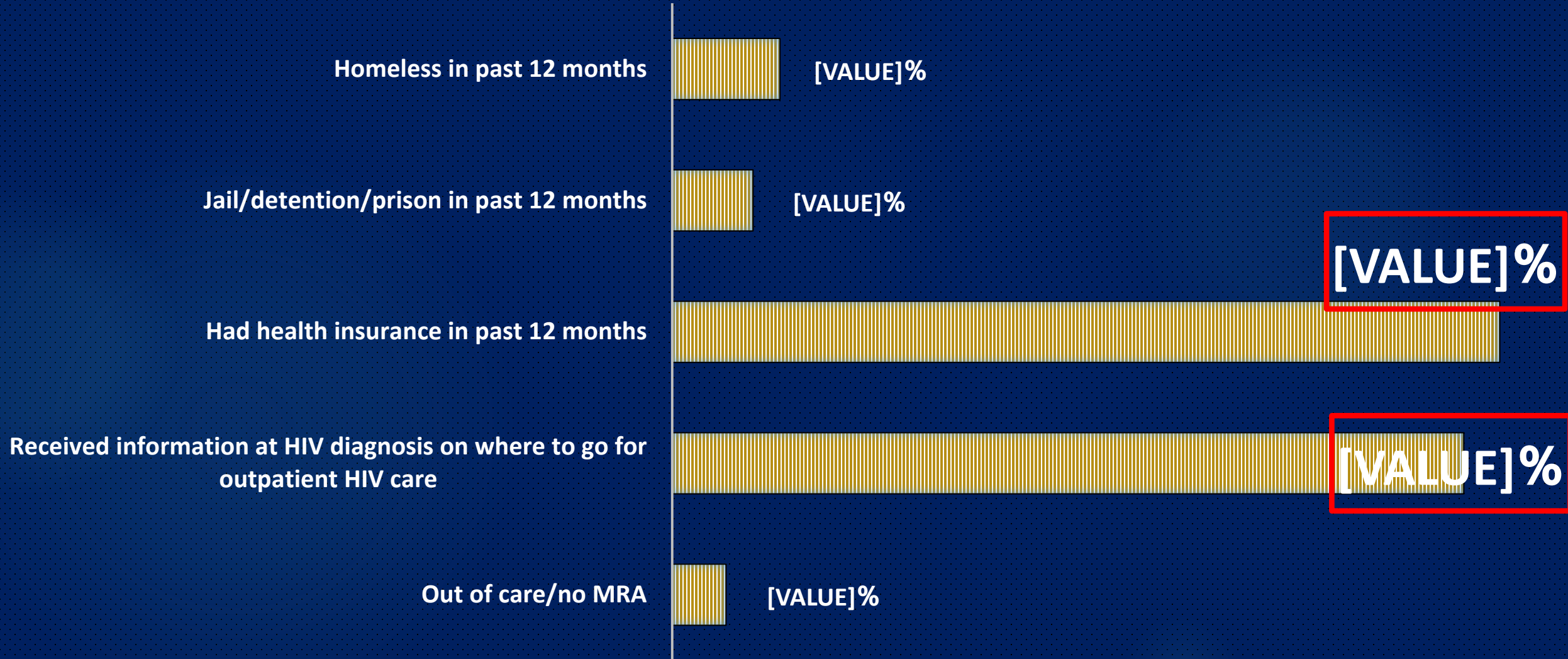
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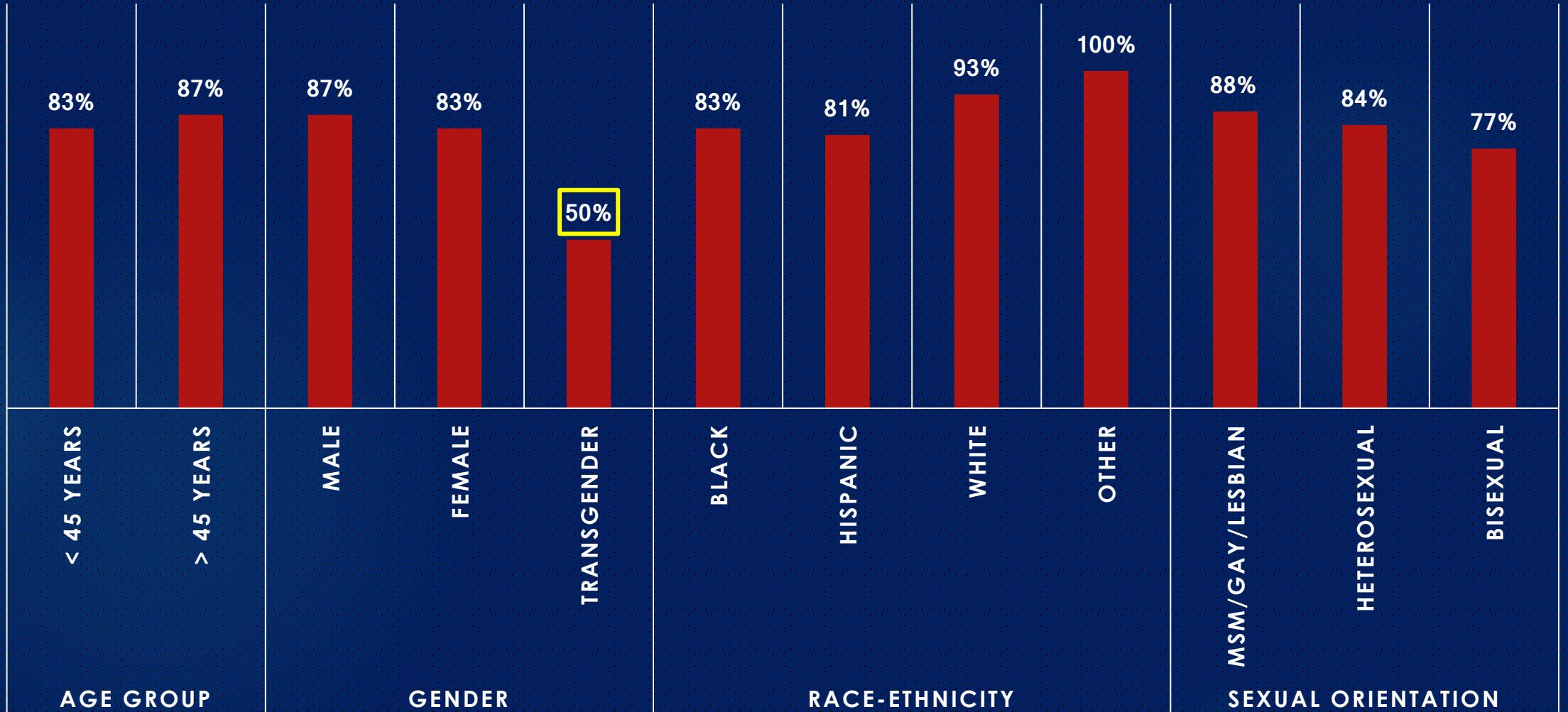


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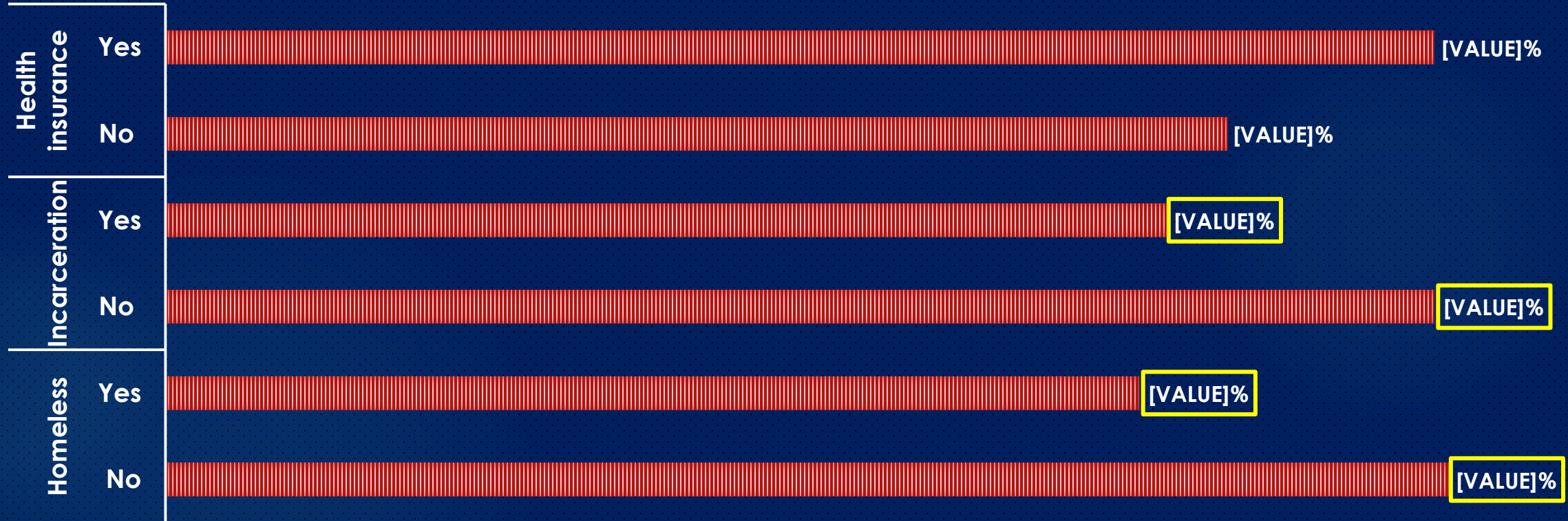


# VIRAL SUPPRESSION AMONG NYC PLWH BY DEMOGRAPHIC CHARACTERISTICS, CSBS 2012-2014 (N=297)



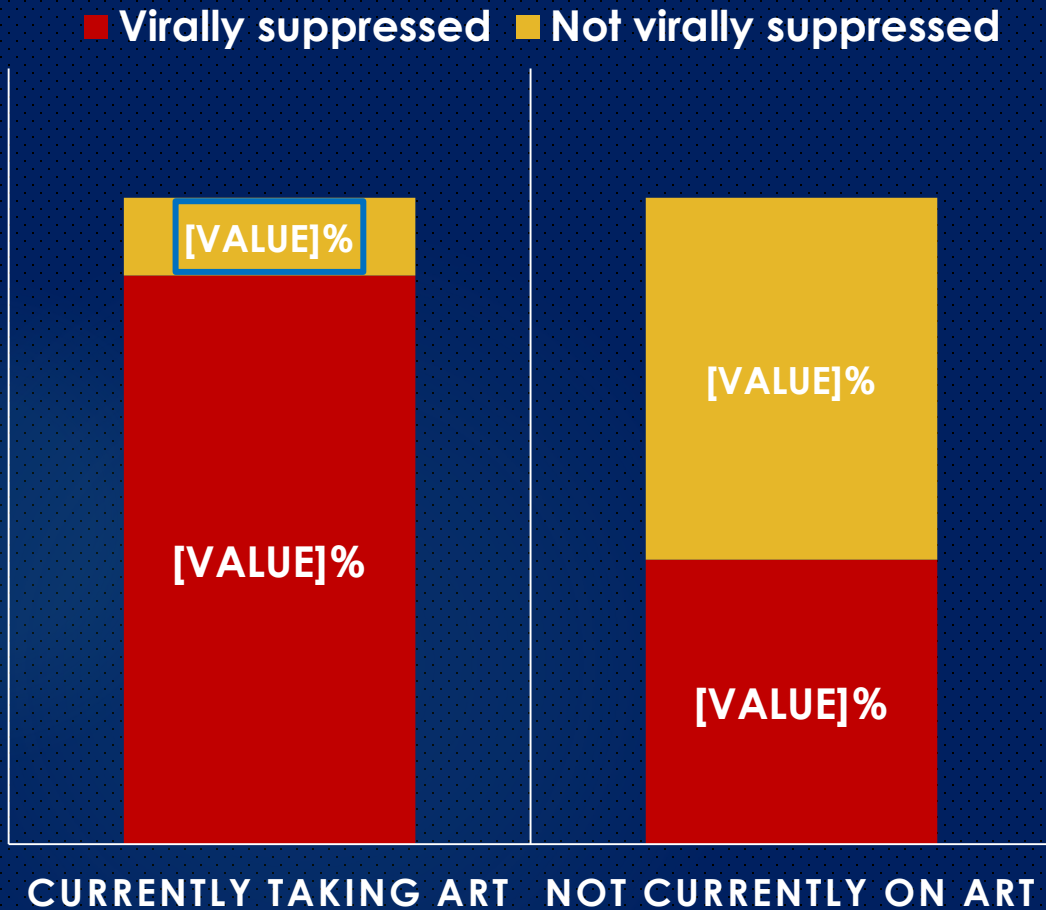
No statistically significant differences by demographic characteristics

# VIRAL SUPPRESSION AMONG NYC PLWH BY SOCIOECONOMIC CHARACTERISTICS (PAST 12 MONTHS), CSBS 2012-2014 (N=297)



- PLWH who reported having been in jail/detention/prison in the past year had significantly lower rates of VS
- PLWH who reported being homeless in the past year were significantly less likely to have achieved VS

# VIRAL SUPPRESSION AND SELF-REPORTED CURRENT ART USE AMONG NYC PLWH, CSBS 2012-2014



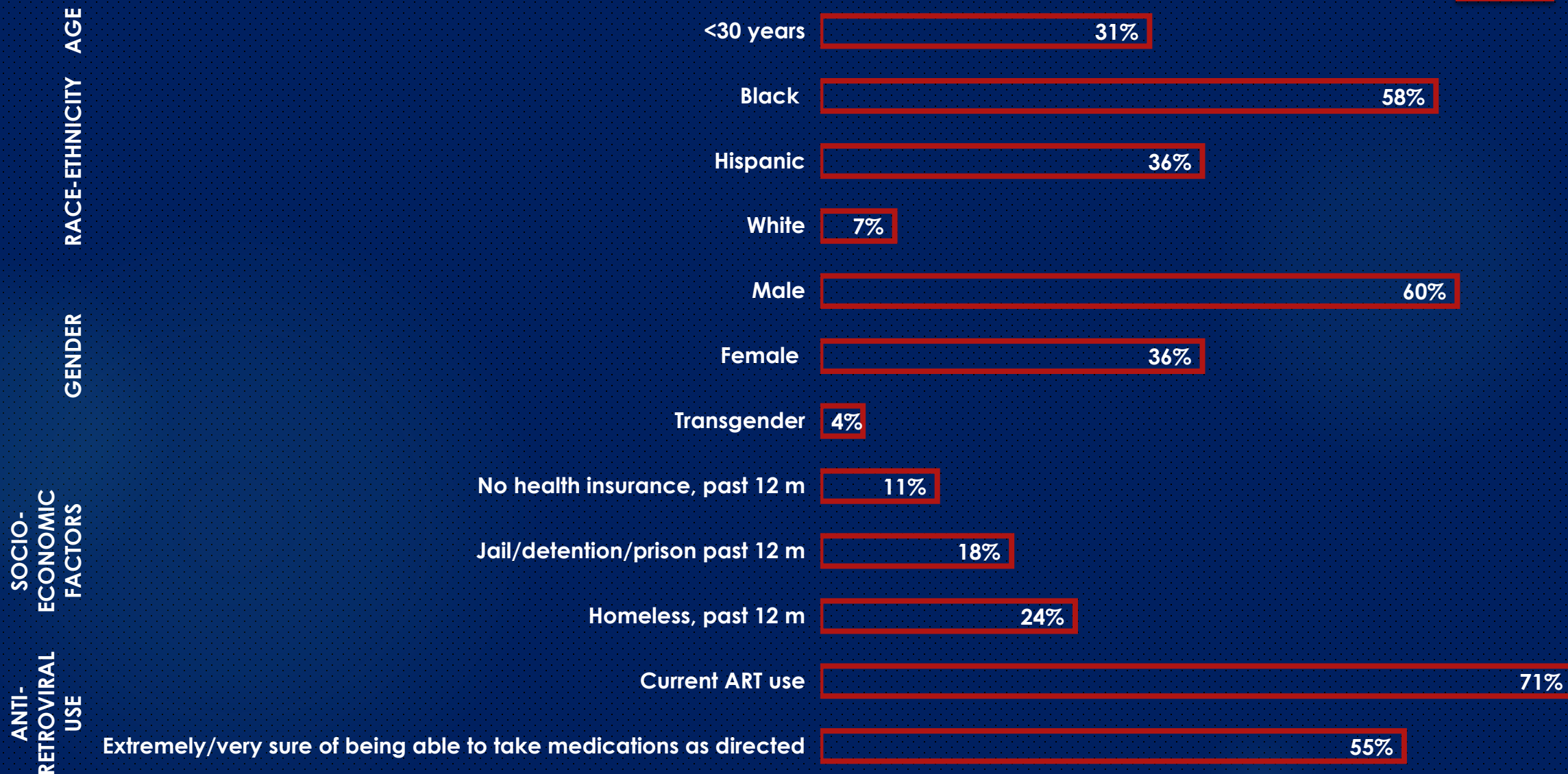
- Viral suppression was twice as high among PLWH in care who reported current ART use\*
- Five times more PLWH with no self-reported current ART use were not virally suppressed
- About 1 in 10 PLWH who reported current ART use were not virally suppressed

\*Statistically significant

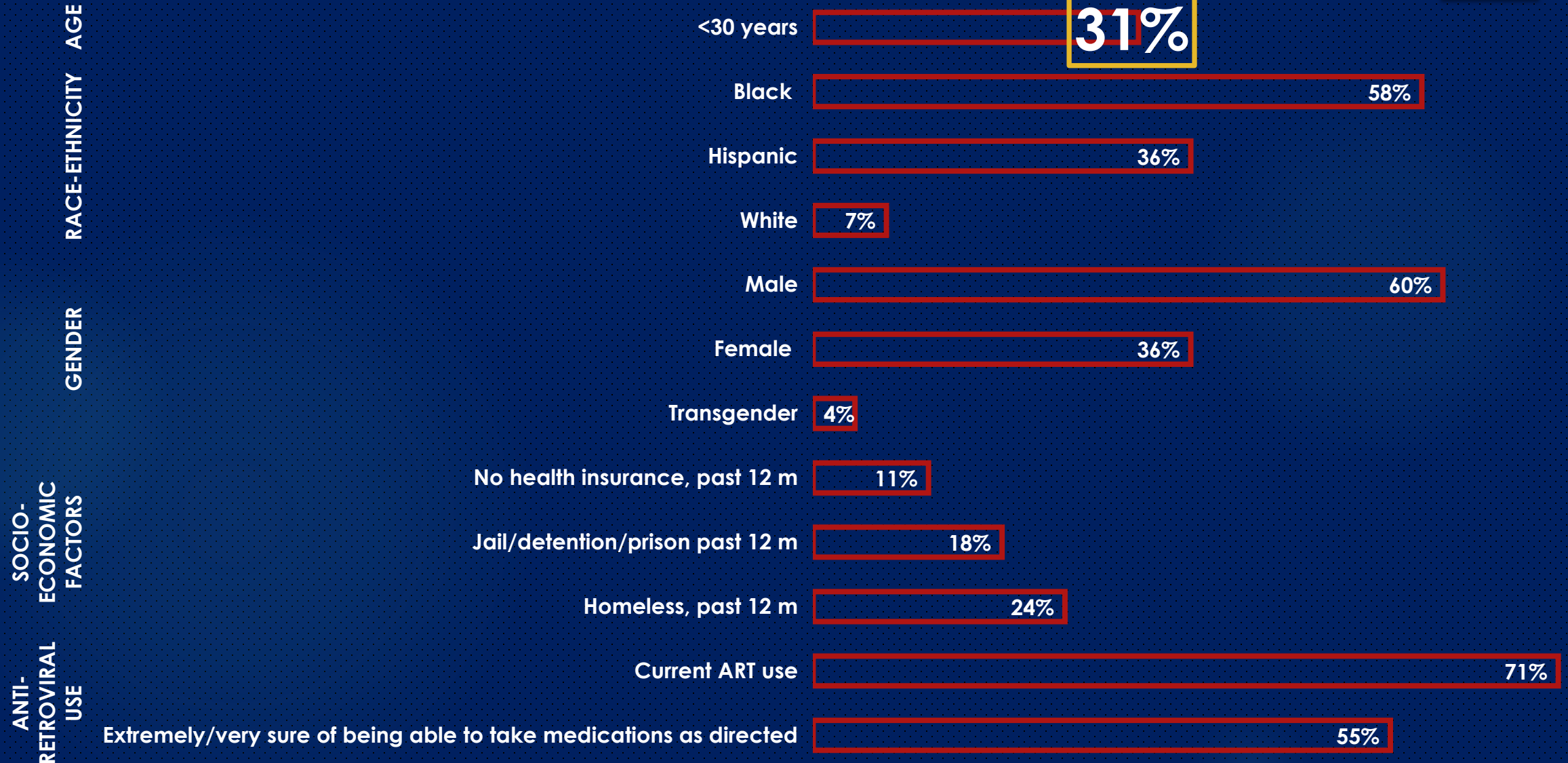
# CURRENT ART USE INDEPENDENTLY ASSOCIATED WITH VIRAL SUPPRESSION

- ▶ Current ART use was the only statistically significant predictor of VS in the adjusted model
- ▶ PWLH who reported being on ART currently were eight times more likely to be virally suppressed (aOR: 8.21; 95% CI: 1.90-35.55)

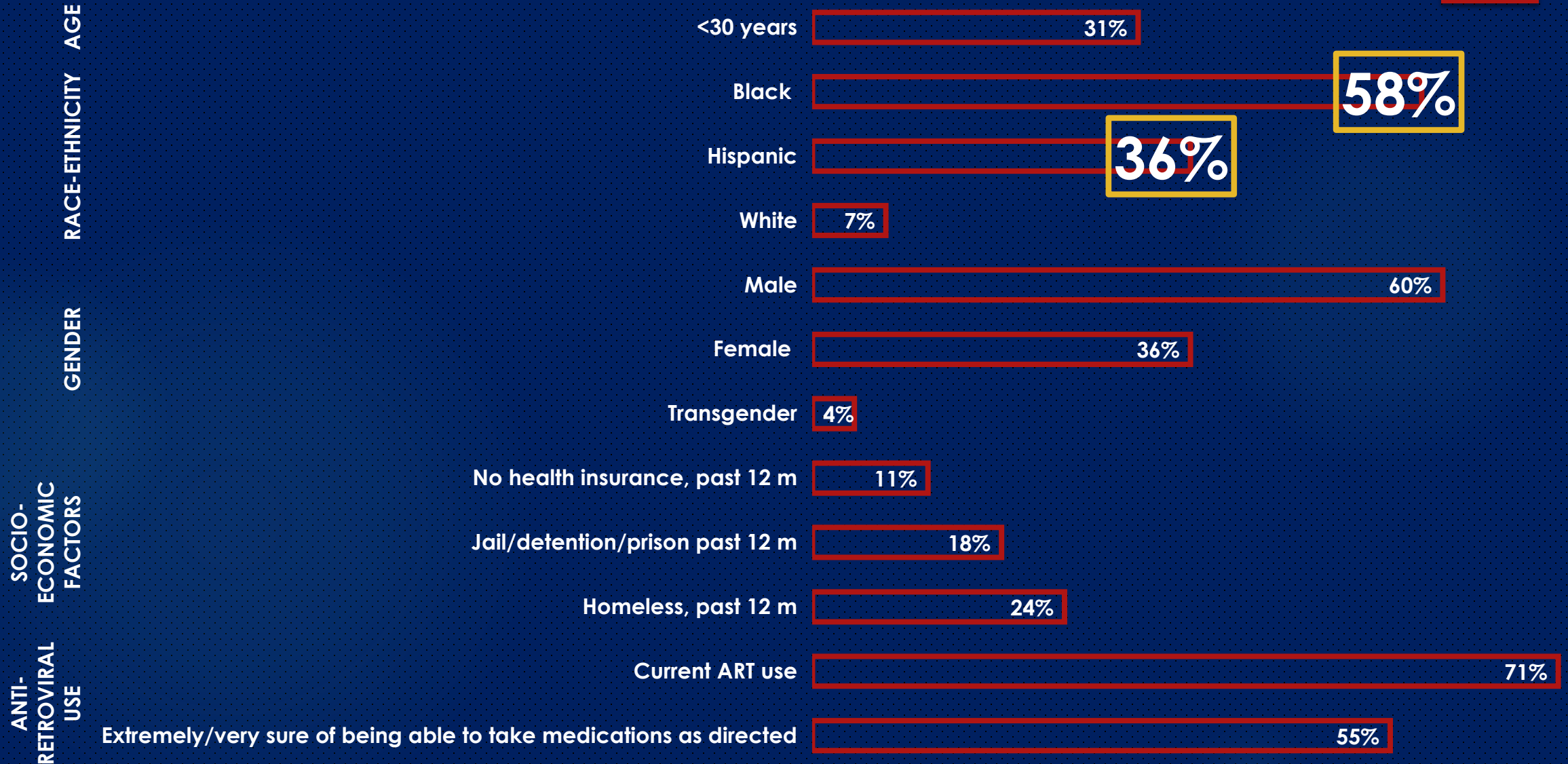
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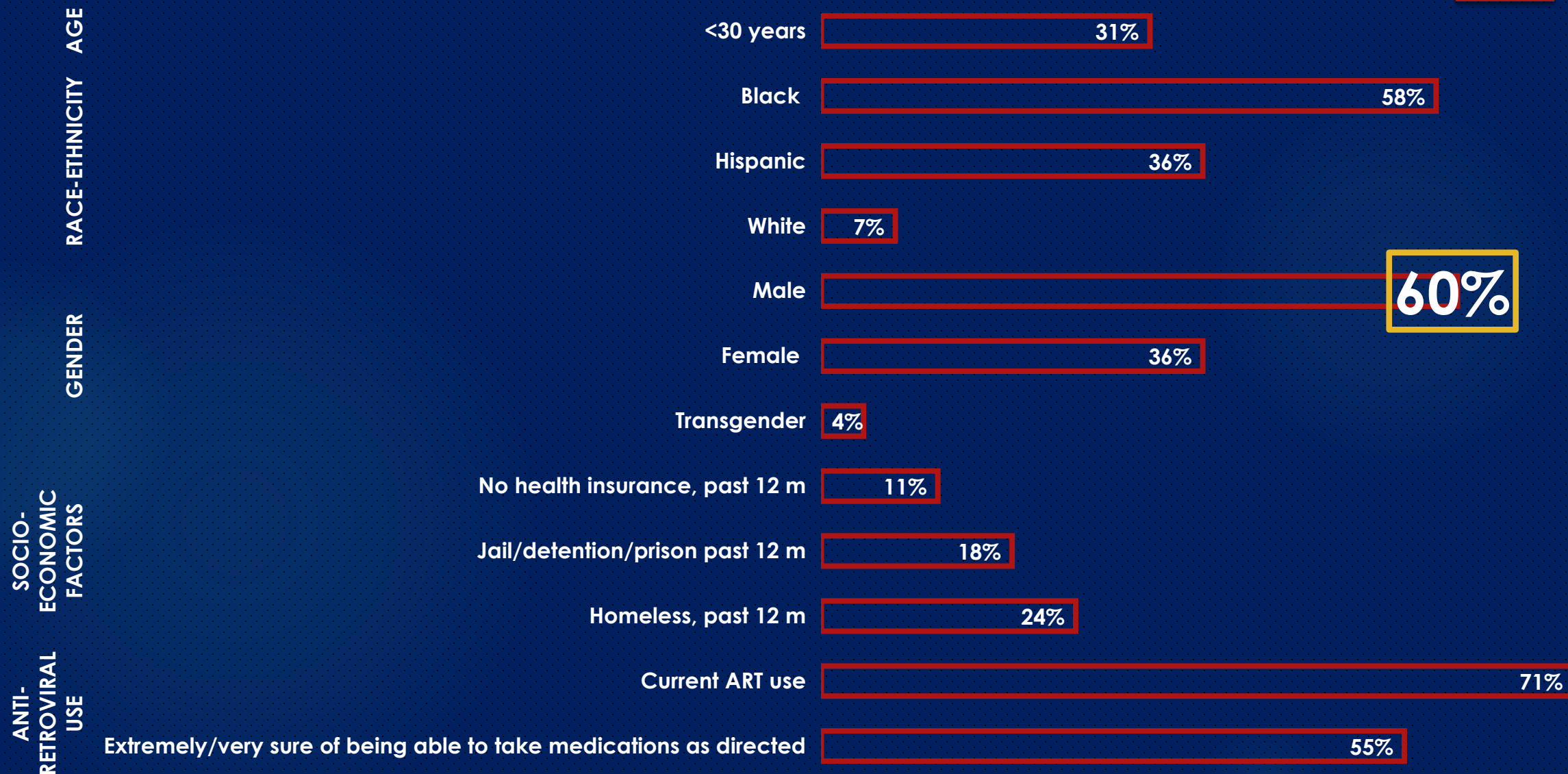


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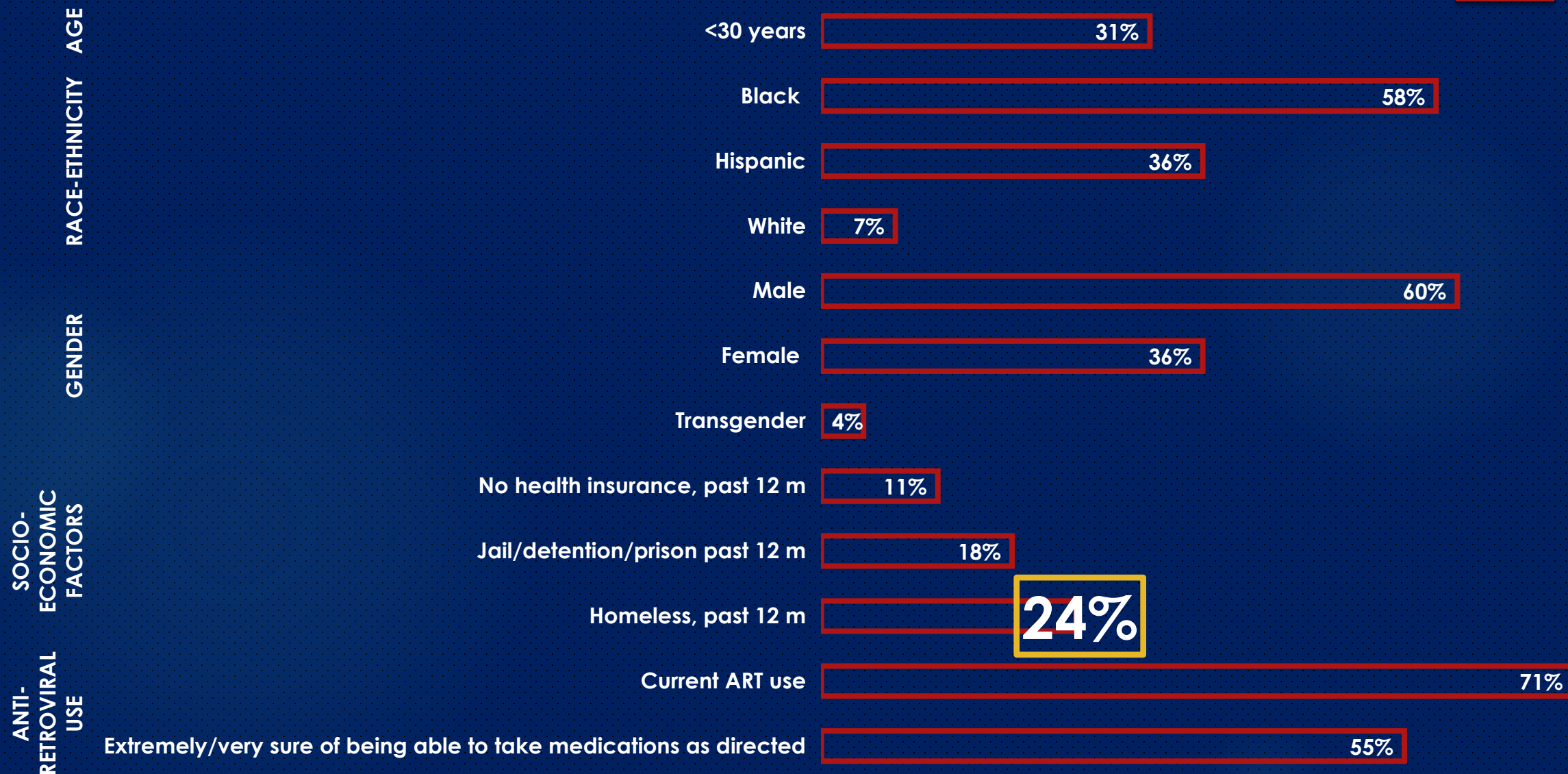




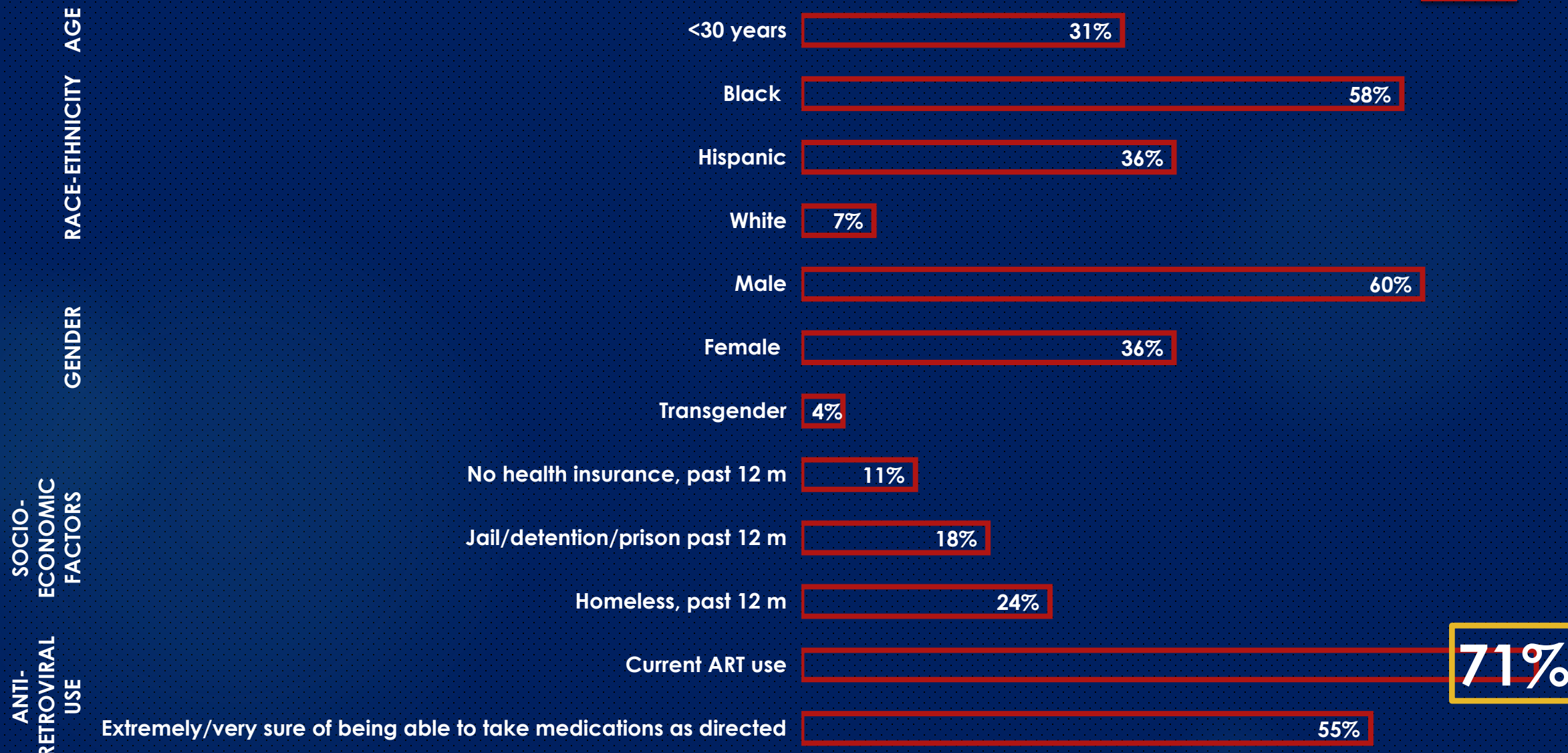
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# DISCUSSION

# VIRAL SUPPRESSION AMONG PLWH IN NYC

- ▶ PLWH in HIV care sampled through CSBS had higher levels of any VS in the past year than those estimated through the NYC Medical Monitoring Project (83% vs 79% in 2013 and 89% vs 71% in 2014)
- ▶ VS levels were high and approach the 90-90-90\* target for 2020
- ▶ Majority of PLWH not virally suppressed were non-white and male

**\*By 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will achieve viral suppression.**

# ANTIRETROVIRAL THERAPY CRITICAL TO VIRAL SUPPRESSION

- ▶ Findings confirm that ART is critical to VS, regardless of socioeconomic differences
- ▶ Substantial proportion of PLWH who reported current ART use had not achieved VS
- ▶ Possible factors:
  - Delayed linkage or ART initiation following diagnosis
  - Sub-optimal adherence to medication
  - Treatment resistance

# IMPLICATIONS: INTERVENTIONS

- ▶ Timely linkage to care → vital component of pathway from diagnosis to viral suppression
- ▶ Need to enhance strategies to ensure ART uptake and adherence, including counseling and support services and directly observed therapy and incentives where appropriate
- ▶ Interventions should continue to be mindful of sociodemographic disparities in VS and focus on communities of color and other disadvantaged populations



# IMPLICATIONS: ANALYTICS

- ▶ Definitions of VS across research, surveillance and evaluation need conformity
- ▶ Analysis plan for CSBS data: to examine correlates of VS using alternate definitions for comparability
  - a) Most recent VL  $\leq 200$  copies/mL in surveillance period
  - b) All VL  $\leq 200$  copies/mL in surveillance period

# ACKNOWLEDGMENTS

- ▶ **CSBS Data Collection Team and Participants**
- ▶ **Shavvy Raj-Singh-Data Manager, Medical Monitoring Project, NYC**
- ▶ **Sarah Braunstein-Director of HIV Epidemiology and Field Services Program, NYC DOHMH**
- ▶ **Demetre Daskalakis-Assistant Commissioner Bureau of HIV/AIDS Prevention and Control, NYC DOHMH**

# FOR QUESTIONS CONTACT

**Kavita Misra, PhD, MPH**

**Senior Epidemiologist and Program Analyst**

**Field Services Unit – Bureau of HIV/AIDS Prevention and Control**

**42-09 28th Street**

**Queens, NY 11101**

**Tel: 347-396-7677**

**Email: [kmisra@health.nyc.gov](mailto:kmisra@health.nyc.gov)**