Expanded HIV Surveillance Among Persons Newly Diagnosed with HIV in New York City, "Project EXPAND"

2024 Findings

Special Projects Unit, HIV Epidemiology Program

NYC Health

Background

- The New York City (NYC) Health Department conducts routine HIV surveillance, outreach, and partner services among all people newly diagnosed with HIV in NYC

- Surveillance data includes only basic demographics and lab results, leaving gaps in information needed to guide prevention and intervention best practices

- **Purpose of Project EXPAND**: to expand data collection to assess social determinants of health and missed opportunities for HIV prevention among those newly diagnosed with HIV from heavily affected communities

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Priority Populations for Project EXPAND

- Black and Latino men who have sex with men (MSM)
- Black and Latina women
- Transgender people
- Young adults 18-29 years
- People who inject drugs (PWID)
- Women who exchange sex
- People with an incarceration history
- People diagnosed during acute HIV infection

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Case Selection

- Potentially eligible cases were identified every three months from NYC's HIV surveillance database (eHARS) and contacted
- Once contact was made, an eligibility screener was administered
- If the individual met all eligibility criteria and consented to participation, an interview was conducted
- Data collection began on February 15, 2024

Eligibility Criteria

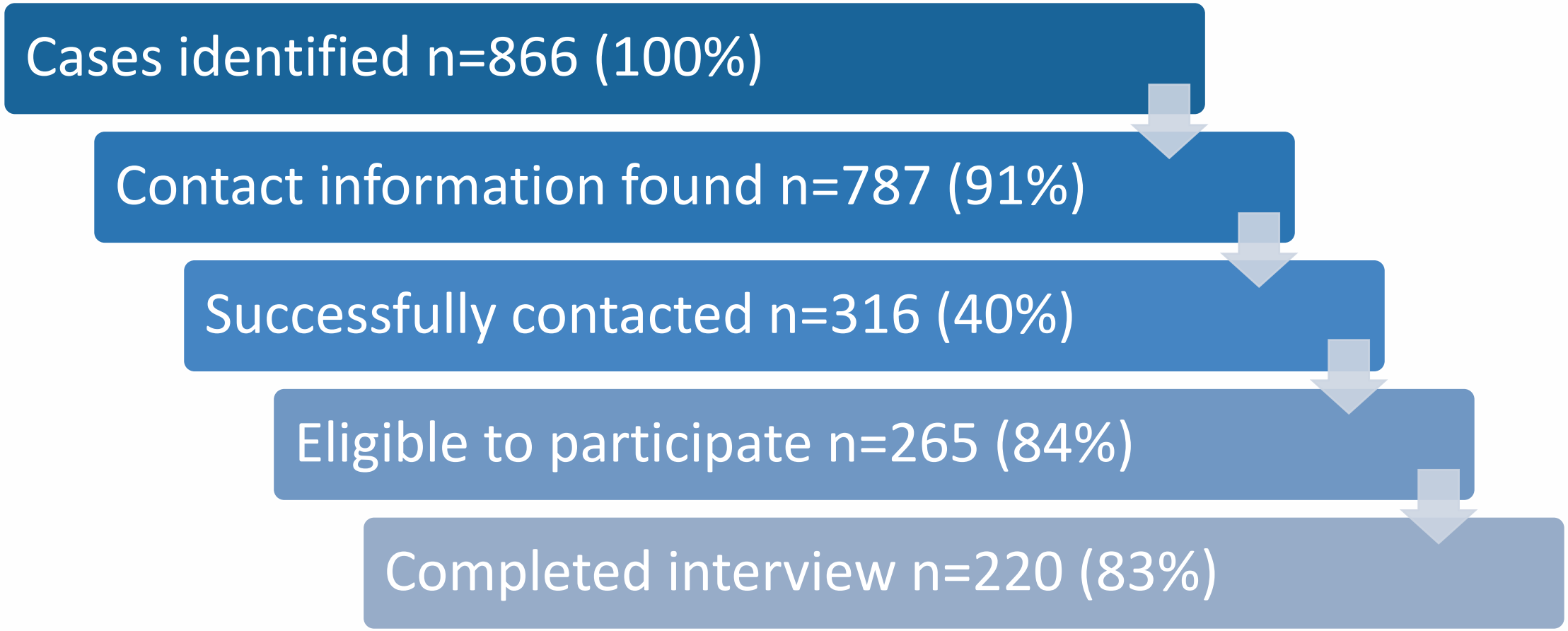
Ascertained through eHARS during case selection:

1. Confirmed newly diagnosed case
2. Identified as a member of a priority population
3. Diagnosed with HIV by a NYC provider
4. Aged ≥ 18 years at the time of case selection
5. No documentation of death in eHARS

Ascertained through eligibility screener:

1. Self-report of being recently diagnosed with HIV, defined as a diagnosis date no more than one year prior to the date of eligibility screening

Case Recruitment Flowchart, 2/15/24 – 12/31/24



Statistical Analyses

- Analytic Sample: Included participants who completed an interview in 2024 and participants who did not self-report a diagnosis outside of NYC
  - Final 2024 sample **n=176**
- Conducted descriptive analyses of factors of interest overall and by participants' gender identity
  - For analyses by gender identity, groups included were cisgender men, cisgender women, transgender men, and transgender women. Participants who self-identified as "Non-binary or Genderqueer" were not included due to small sample size (n=8)
  - Transgender women and transgender men are grouped due to the small sample size of transgender men (n=1)
- Examined differences in responses by gender identity using Chi-square and Fisher's exact tests. Significant associations are indicated. Pairwise comparisons with a Bonferroni Correction were conducted.

Demographics

Race/Ethnicity, Immigration, Education, Sexual Orientation, Gender Identity, and Transmission Category

Participant Demographics (n=176)

		n (%)
Age Group (In Years)	18-29	108 (62%)
	30-39	44 (25%)
	40-49	12 (7%)
	50-59	7 (4%)
	≥ 60	4 (3%)
Birthplace	U.S. (including Puerto Rico)	67 (38%)
	Outside U.S.	109 (62%)
Race/Ethnicity	Latino	113 (65%)
	Black	45 (26%)
	Asian or Pacific Islander	6 (3%)
	Multiracial	6 (3%)
	White	5 (3%)
	Other	1 (1%)
Education Level	< High School	99 (56%)
	≥ High School	77 (44%)

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Sexual Orientation and Gender Identity

		n (%)
Gender Identity	Cisgender Man	131 (74%)
	Cisgender Woman	20 (11%)
	Transgender Woman	16 (9%)
	Transgender Man	1 (1%)
	Non-Binary or Genderqueer	8 (5%)
Sexual Orientation	Gay, Lesbian, Bisexual, or Queer	129 (73%)
	Heterosexual	37 (21%)
	Other	10 (6%)

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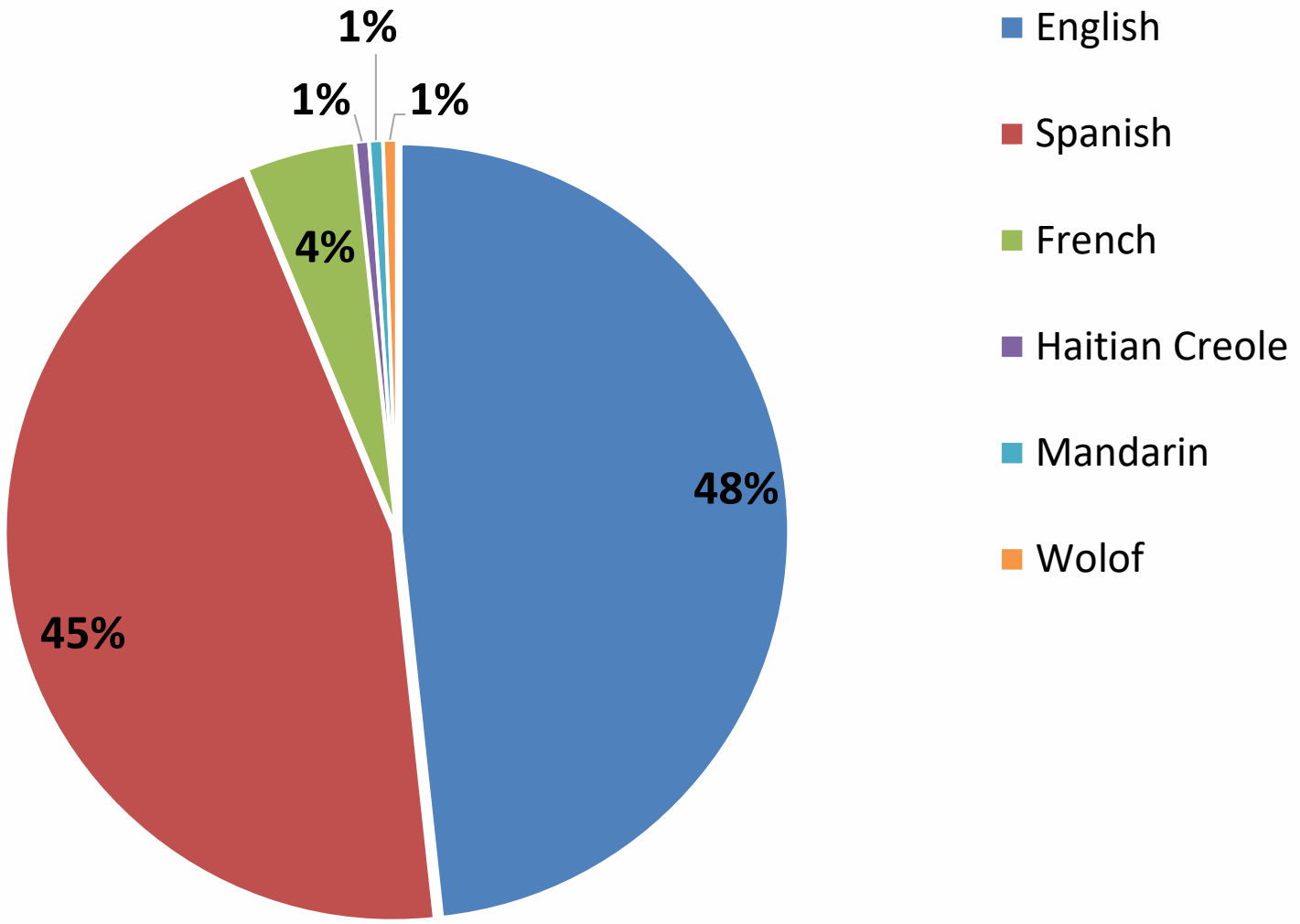
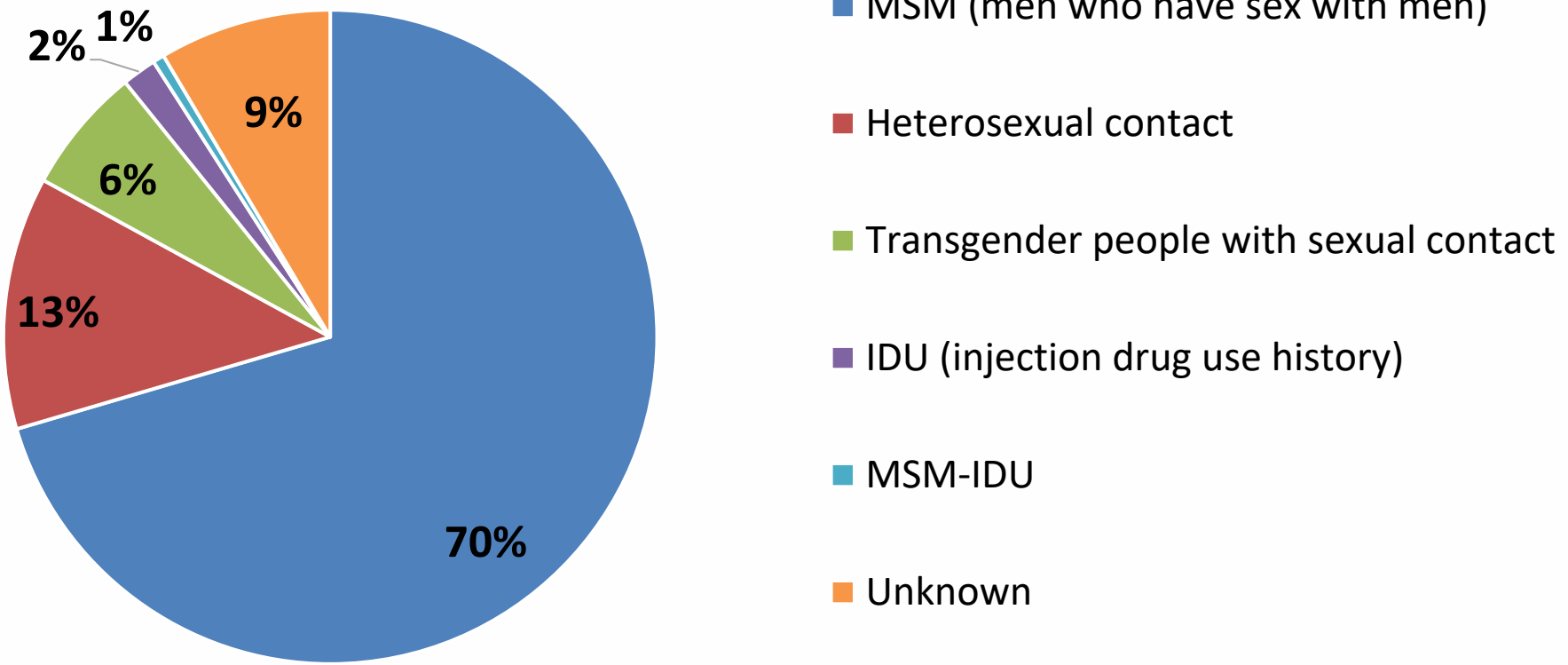
Language of Interview



HIV Transmission Category[1]



[1]Transmission category obtained from HIV Surveillance Registry and not from Project EXPAND interview data.

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Socioeconomic Resources

Housing Stability, Food Insecurity, Employment, Financial Hardship, and Income

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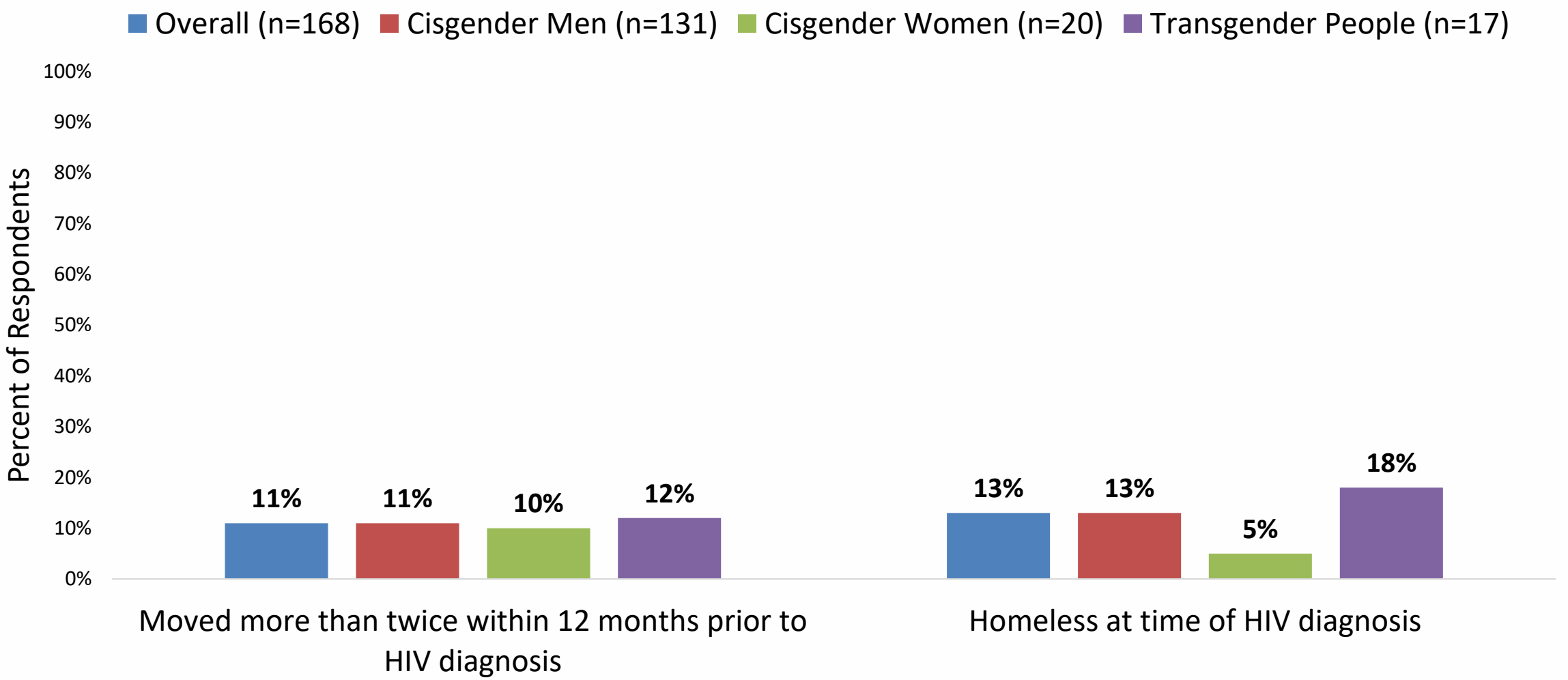
Housing Instability, Overall and by Participants' Gender Identity



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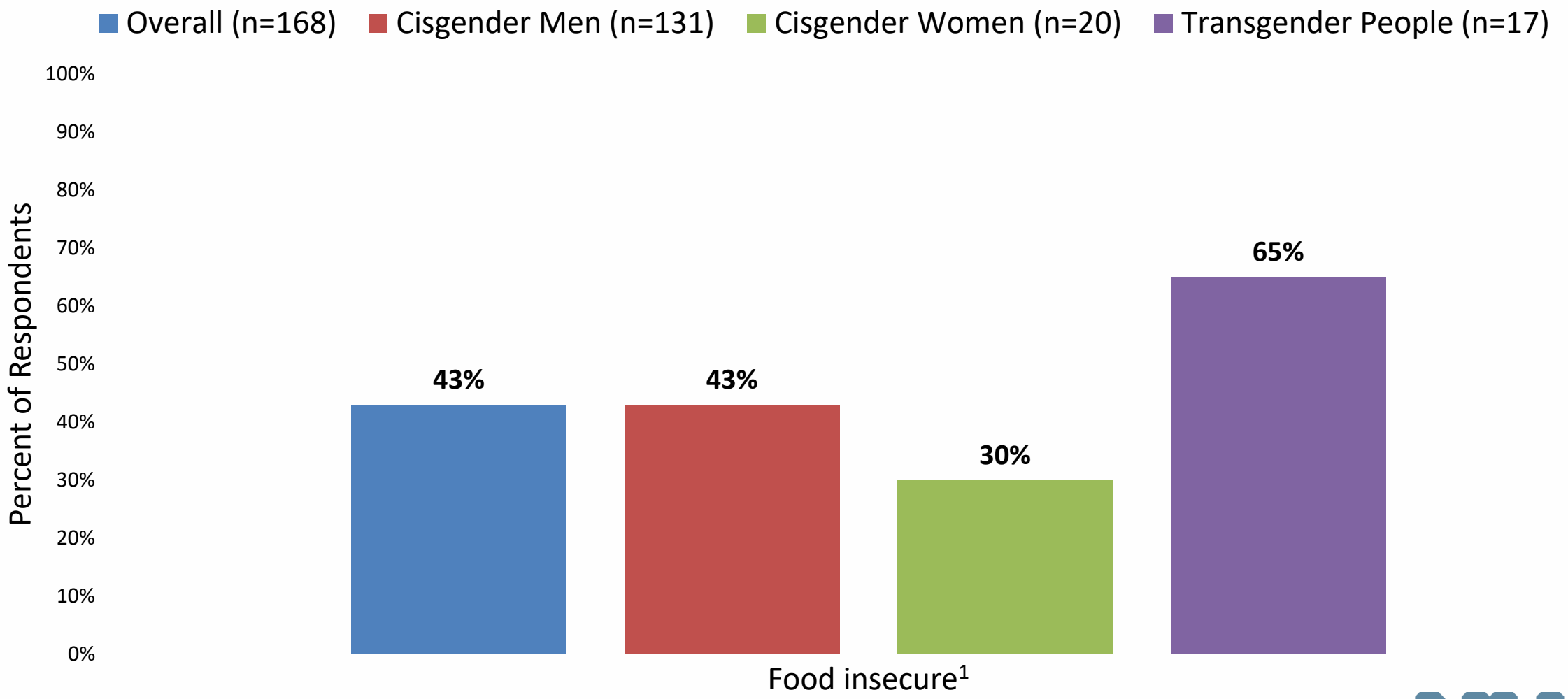
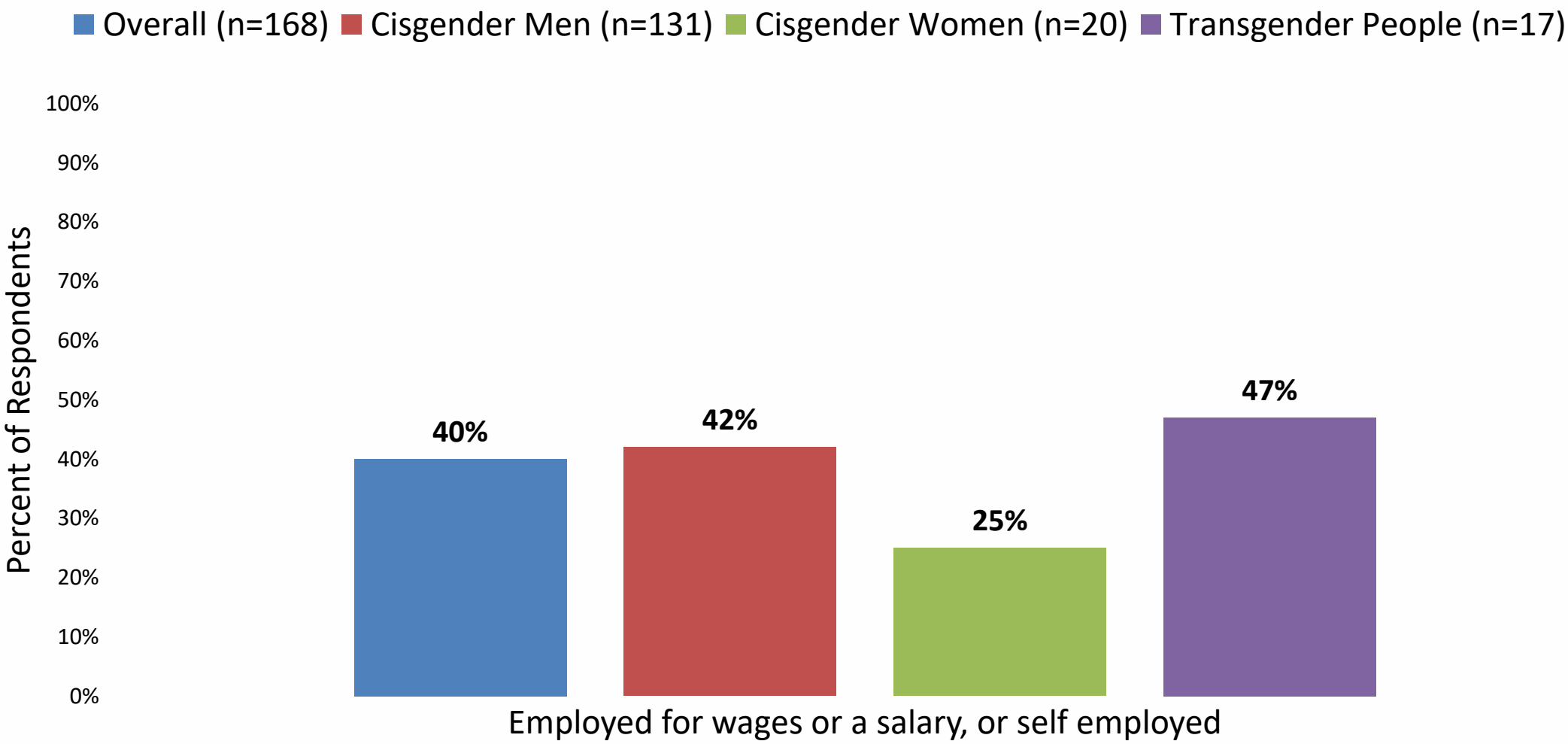
Food Insecurity Within 12 Months Prior to HIV Diagnosis, Overall and by Participants' Gender Identity



[1]Food insecure was defined as ever having to cut the size of meals due to cost.

Employment at the Time of HIV Diagnosis, Overall and by Participants' Gender Identity



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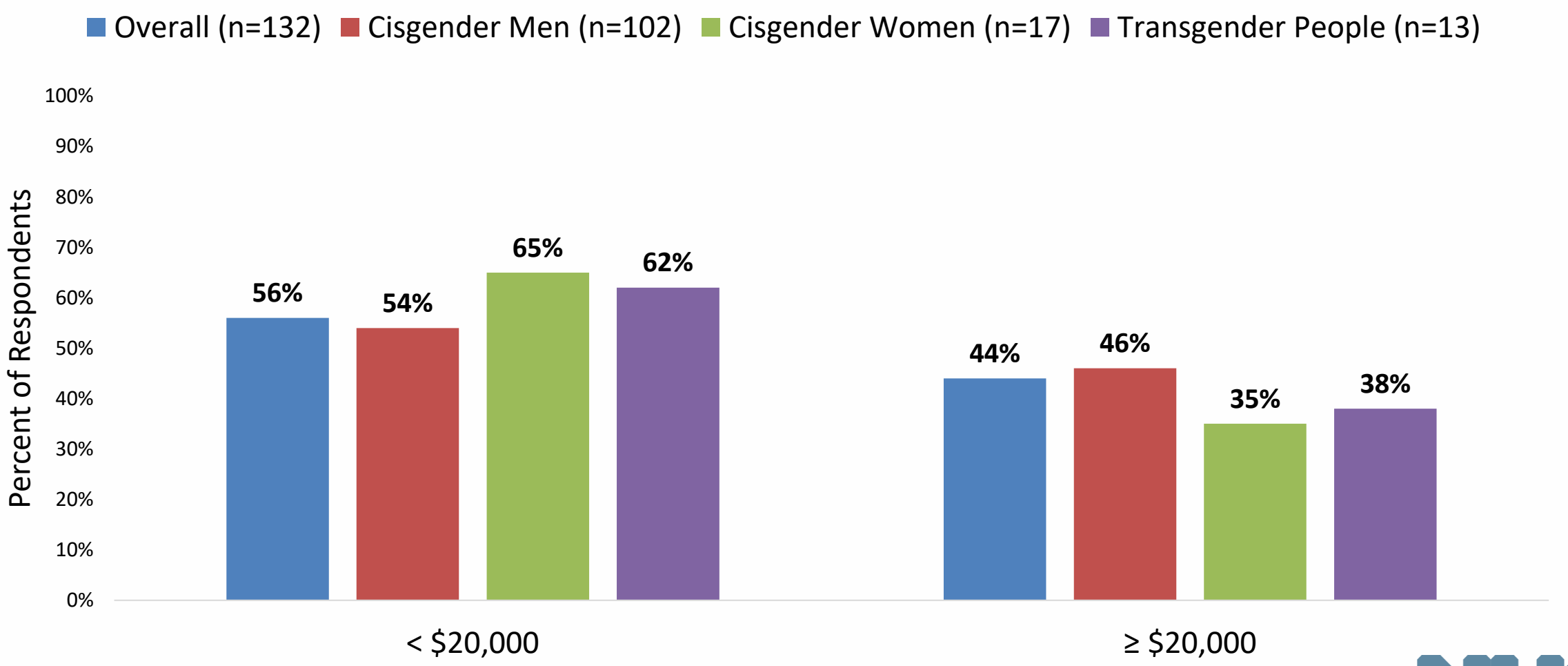
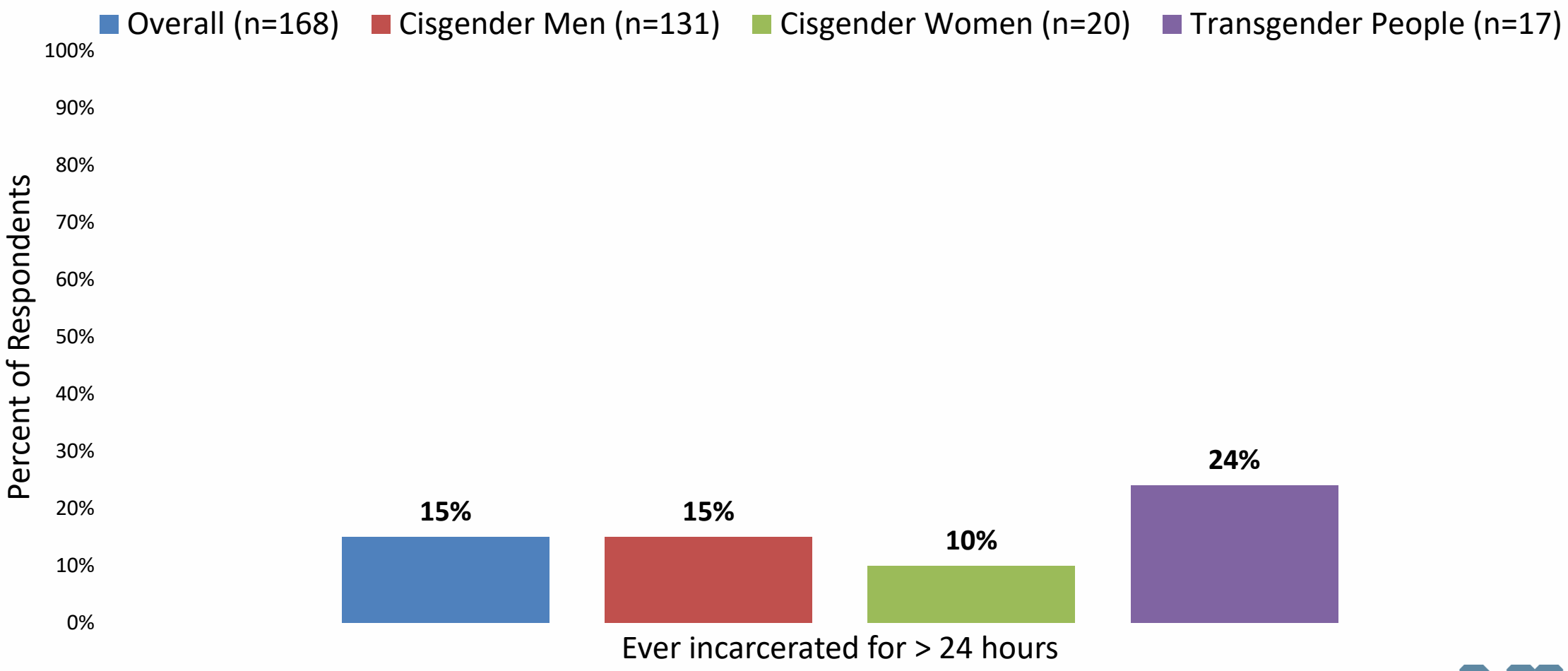
Annual Household Income at the Time of HIV Diagnosis, Overall and by Participants' Gender Identity



Incarceration History

Incarceration History, Overall and by Participants' Gender Identity



Health Care Access and Quality

Health Insurance Coverage, Type of Insurance, and Experiences with Providers

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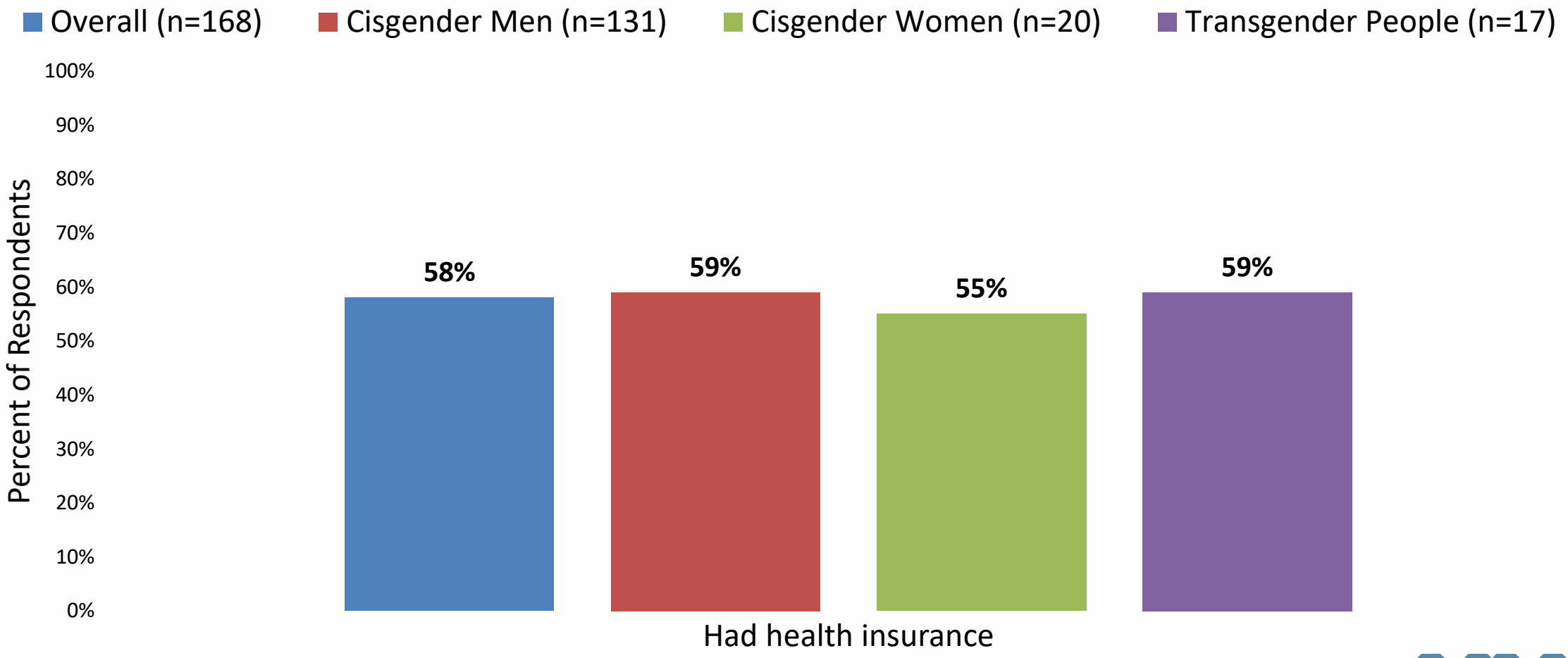
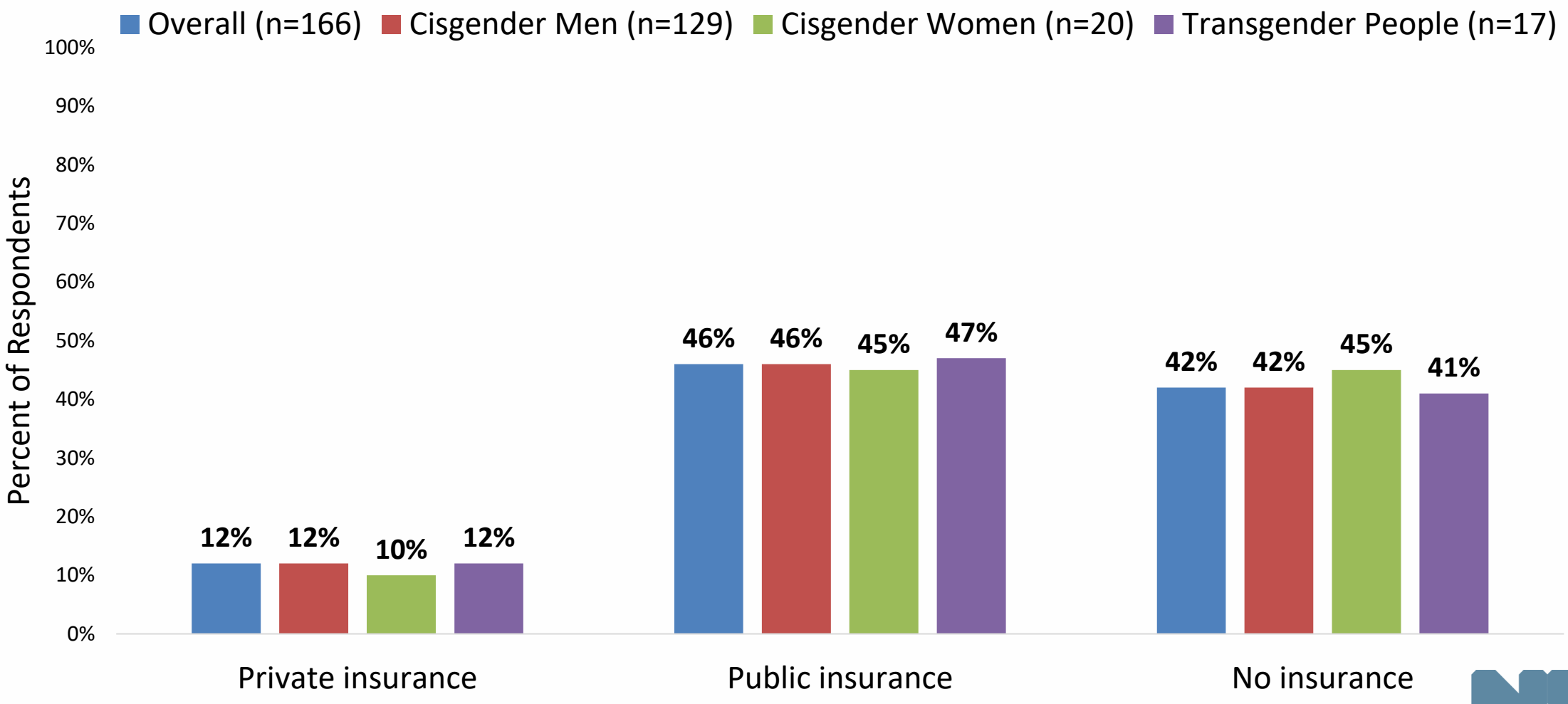
Health Insurance Coverage at the Time of HIV Diagnosis, Overall and by Participants' Gender Identity



Type of Health Insurance at the Time of HIV Diagnosis, Overall and by Participants' Gender Identity



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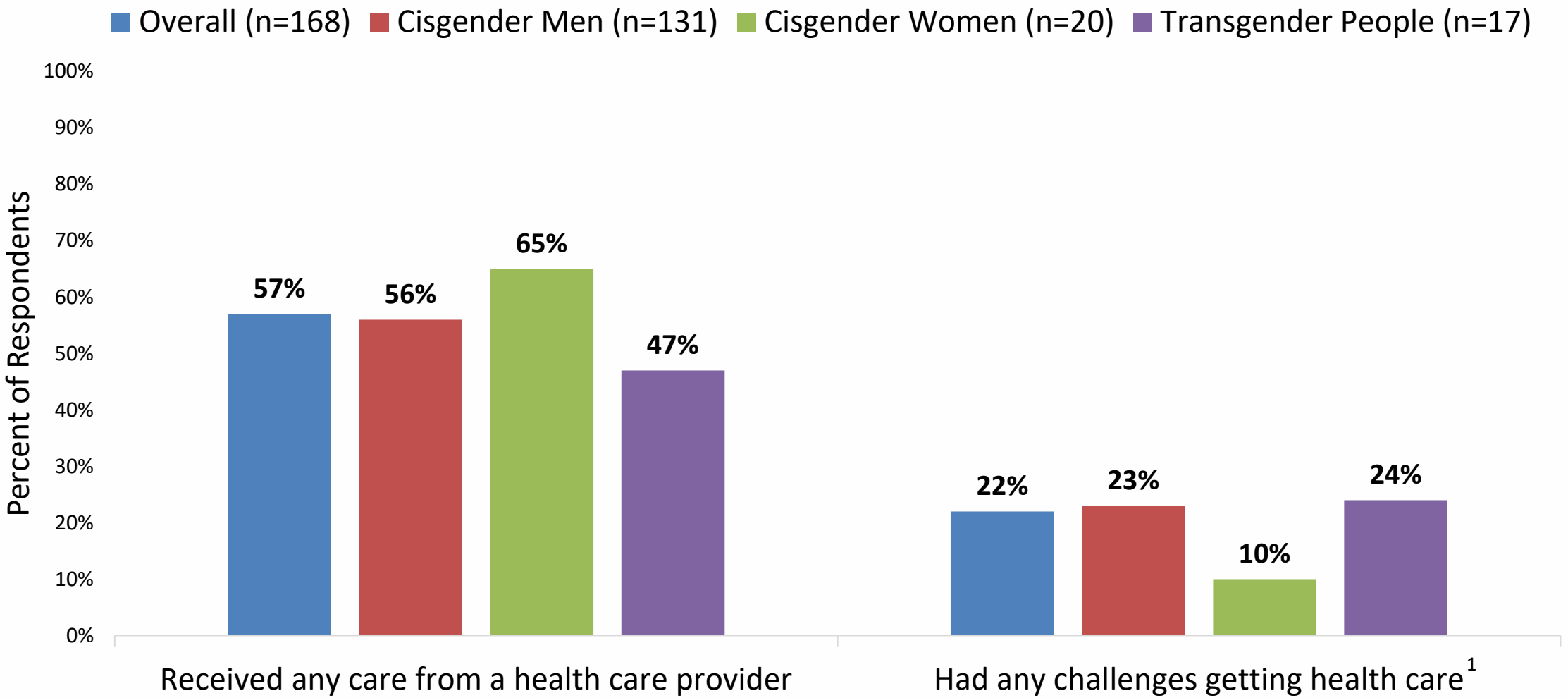
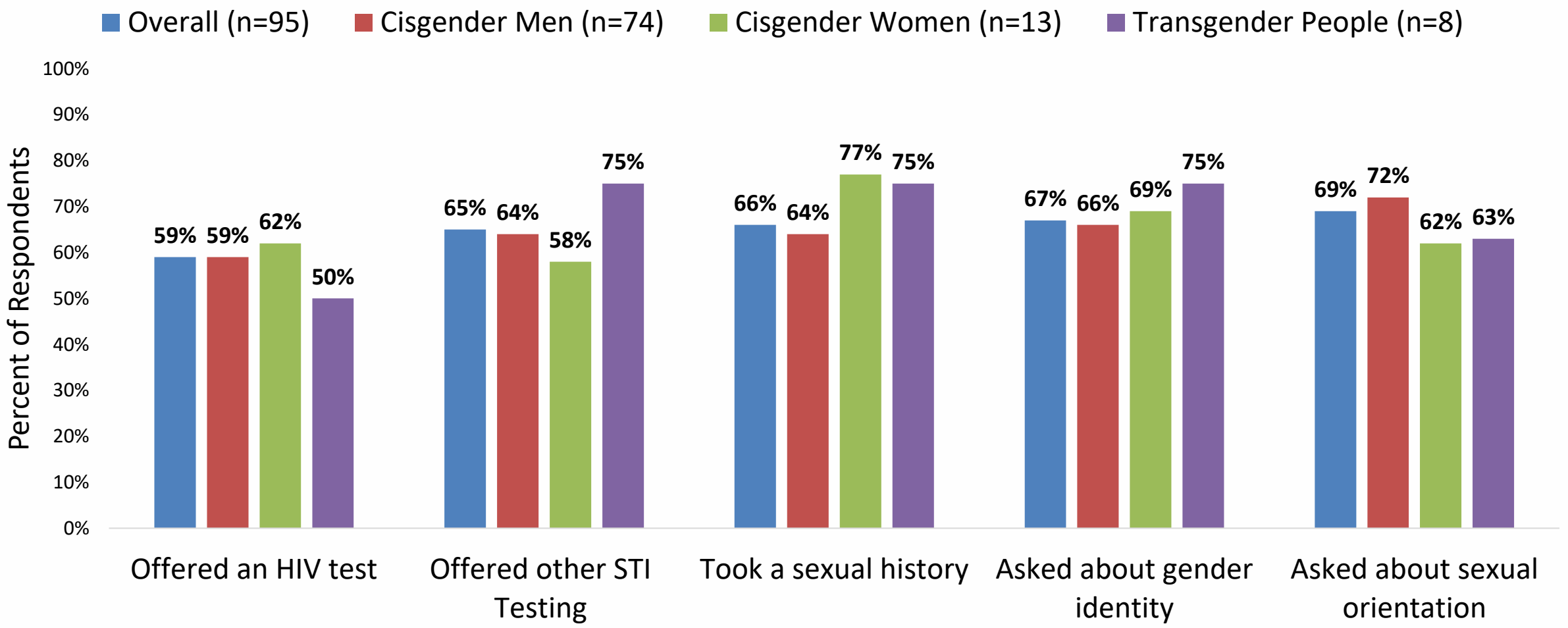
Health Care Access Within the 12 Months Prior to HIV Diagnosis, Overall and by Participants' Gender Identity



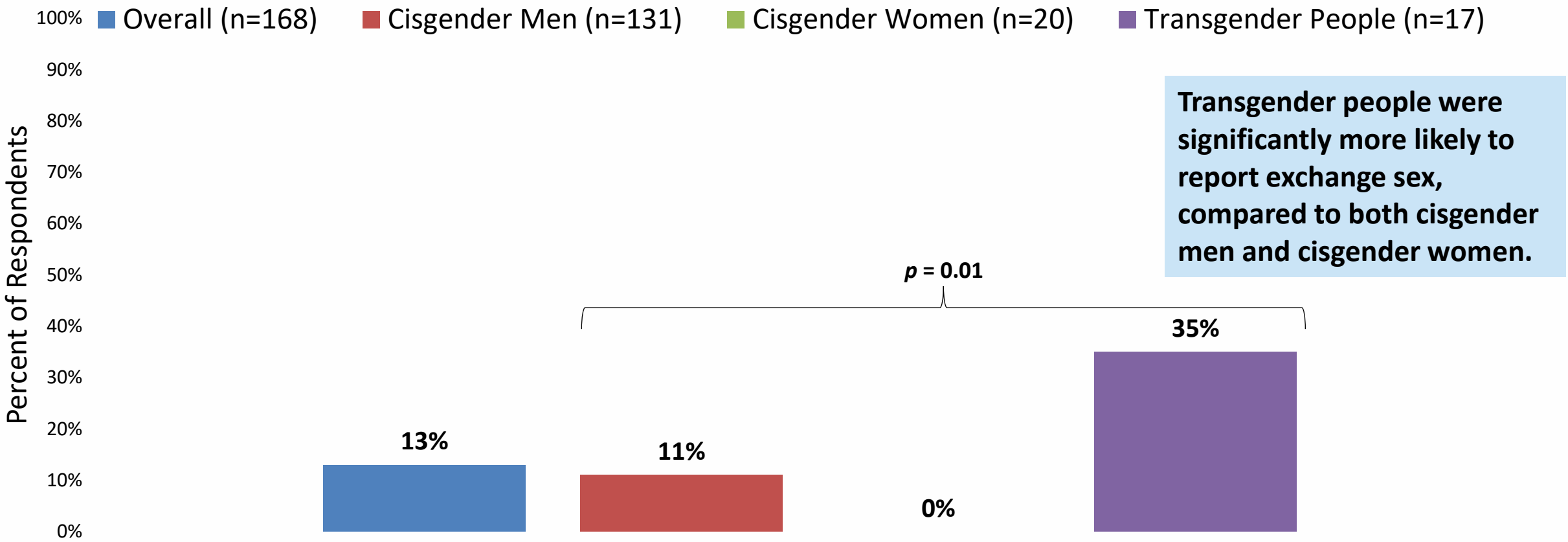
Experiences with Health Care Provider Within the 12 Months Prior to HIV Diagnosis, Overall and by Participants' Gender Identity[1]



[1]Among those who saw a health care provider within the 12 months prior to HIV diagnosis (n=95).

Sexual Behaviors

Exchange Sex Within the 12 Months Prior to HIV Diagnosis, Overall and by Participants' Gender Identity[1]

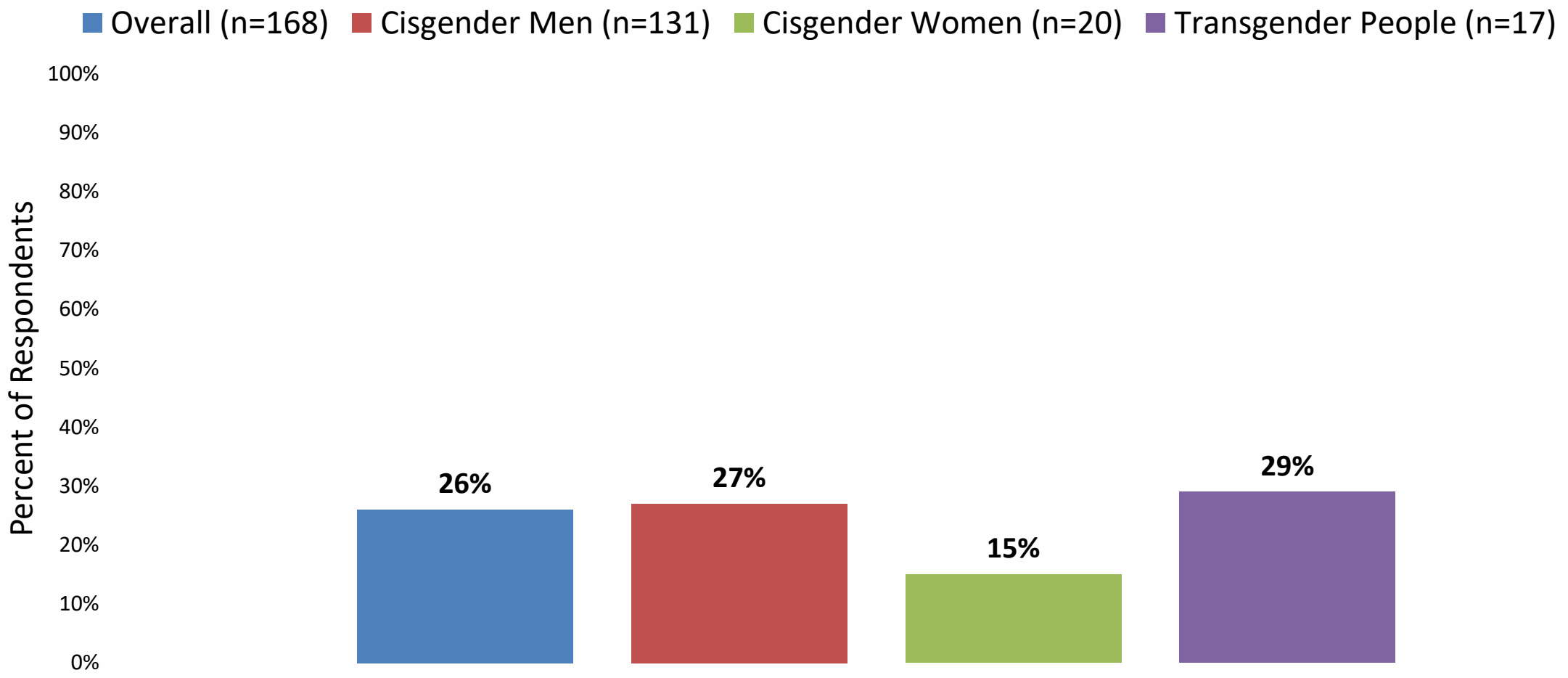


Transgender people were significantly more likely to report exchange sex, compared to both cisgender men and cisgender women.

[1]Exchange sex was defined as oral, vaginal, or anal sex in exchange for money, drugs, or other things like food, housing, or transportation.

Drug Use Behaviors

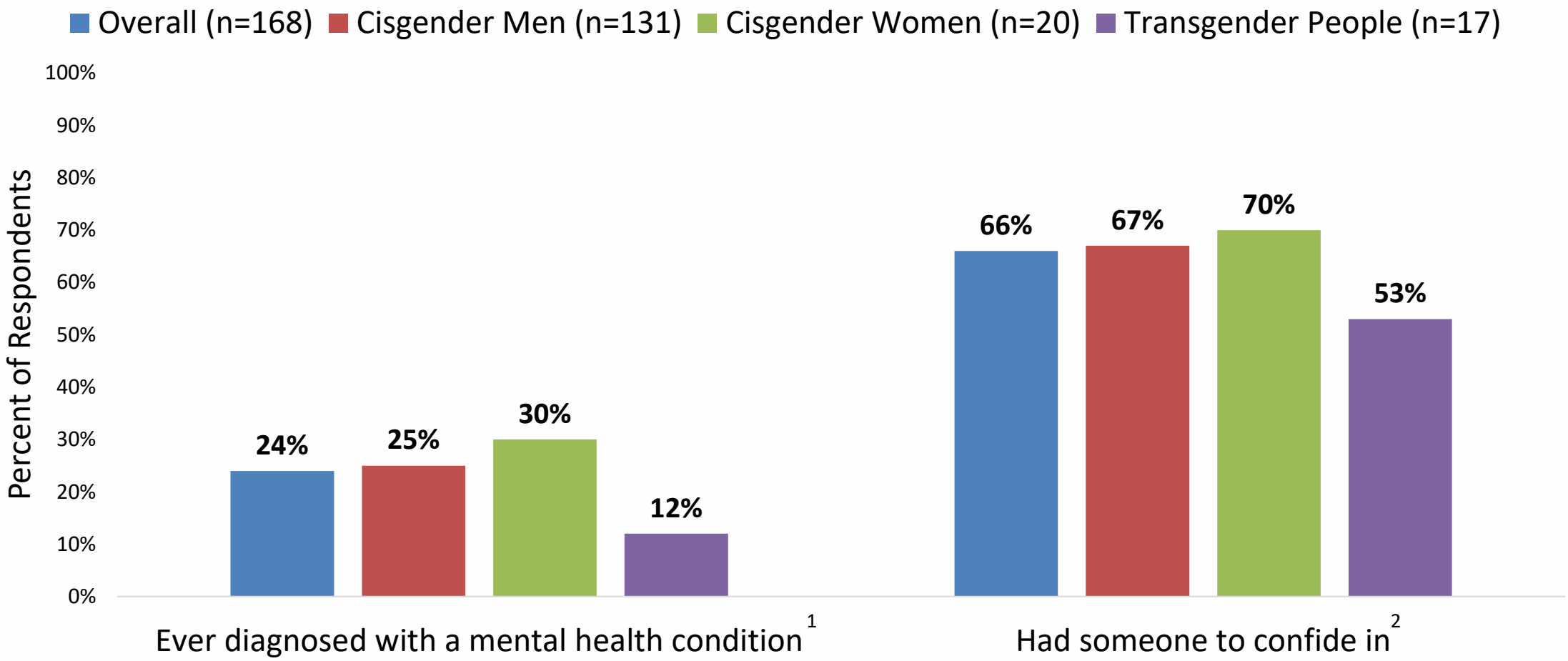
Non-Injection Drug Use Within the 12 Months Prior to HIV Diagnosis, Overall and by Participants' Gender Identity[1]



[1]Marijuana was excluded.

Mental Health and Social Support

Mental Health and Social Support, Overall and by Participants' Gender Identity



[1]Mental health conditions included anxiety, depression, bipolar disorder, and schizophrenia.
[2] Within the 12 months prior to HIV diagnosis

HIV Prevention Opportunities

HIV Testing History, Other Testing History, and PEP/PrEP Knowledge and Use

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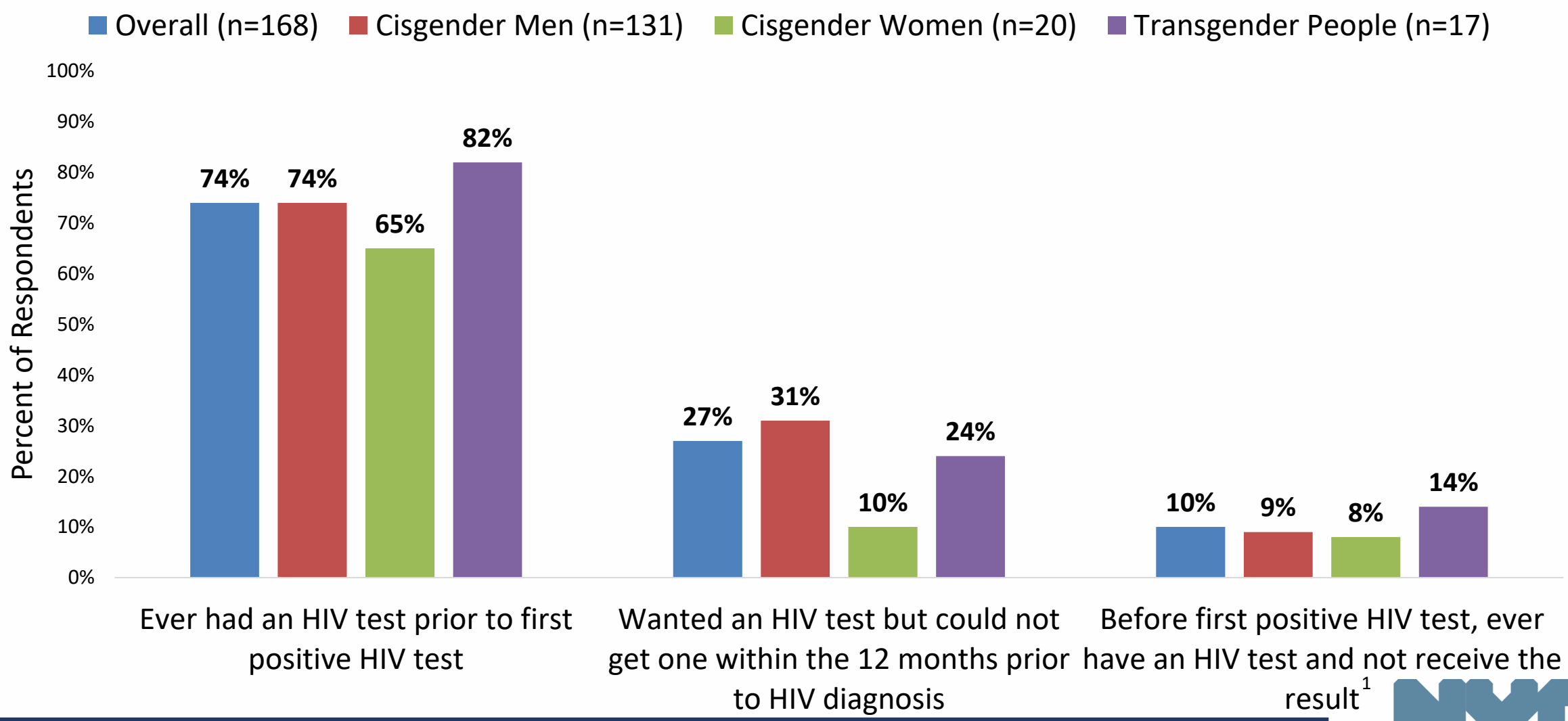
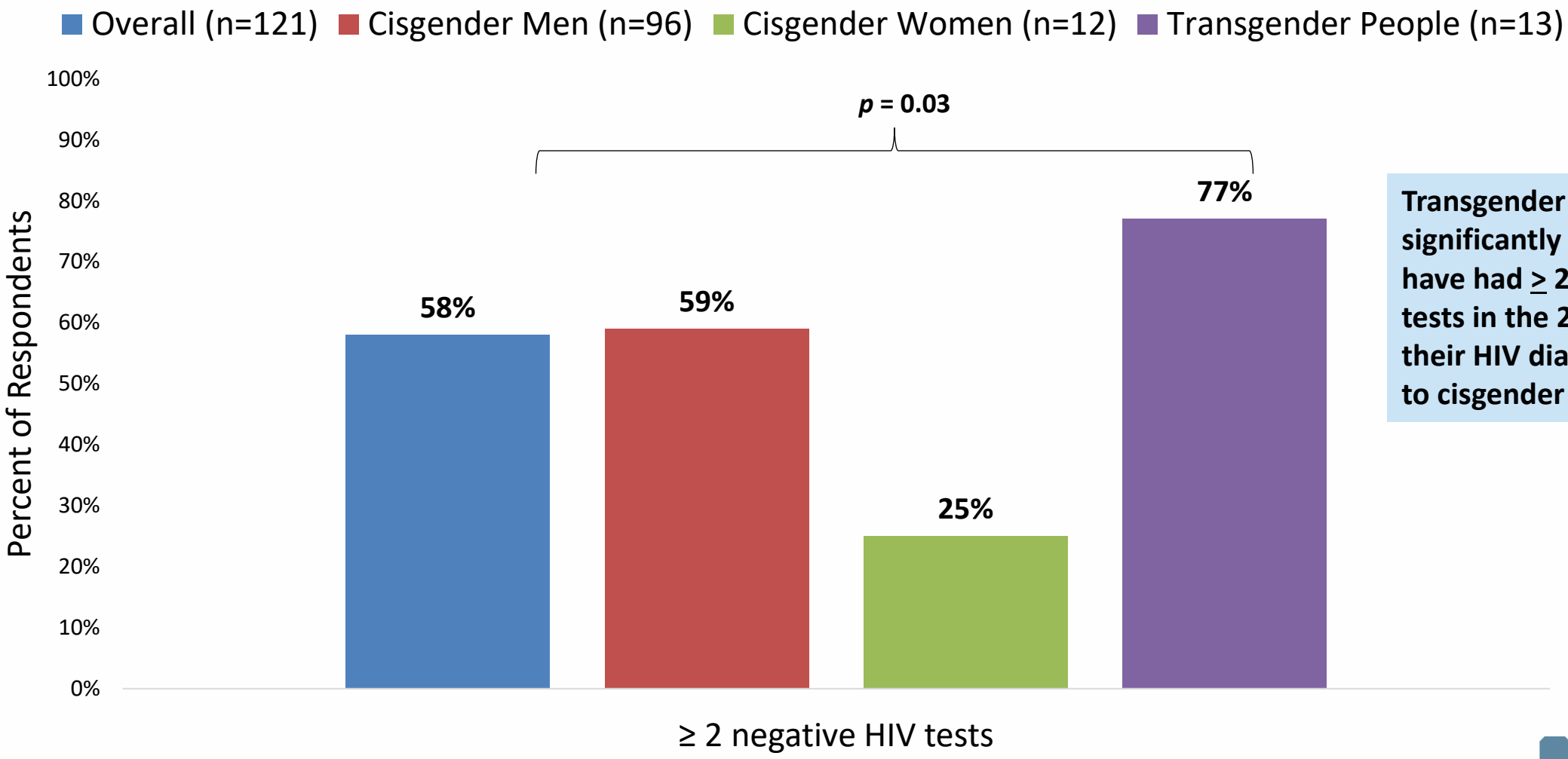
HIV Testing History, Overall and by Participants' Gender Identity



[1]Among those who ever had an HIV test prior to first positive HIV test (n=122).

Frequency of Testing in the 24 Months Prior to HIV Diagnosis, Overall and by Participants' Gender Identity[1]



Transgender people were significantly more likely to have had ≥ 2 negative HIV tests in the 24 months prior to their HIV diagnosis, compared to cisgender women.

[1]Among those who ever tested negative for HIV prior to first positive HIV test (n=121).

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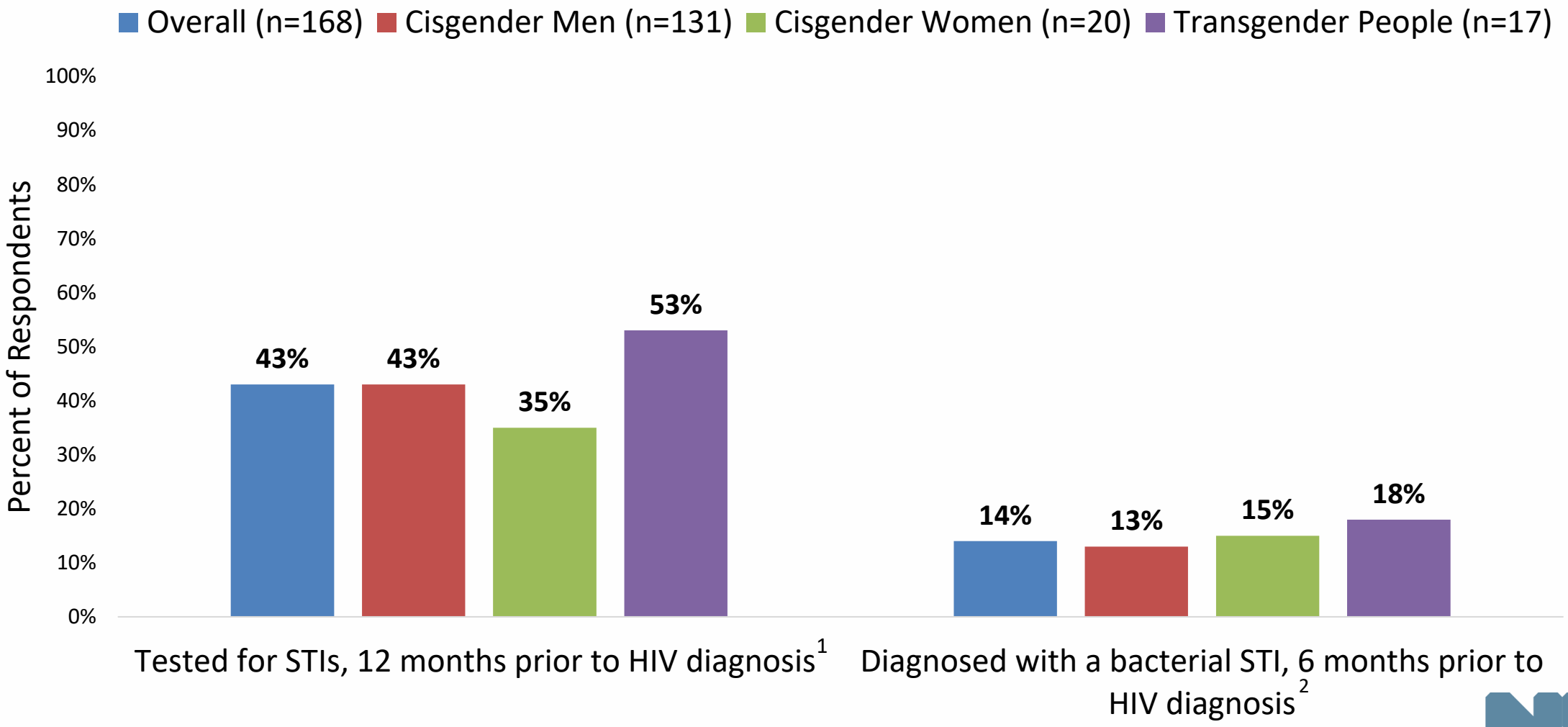
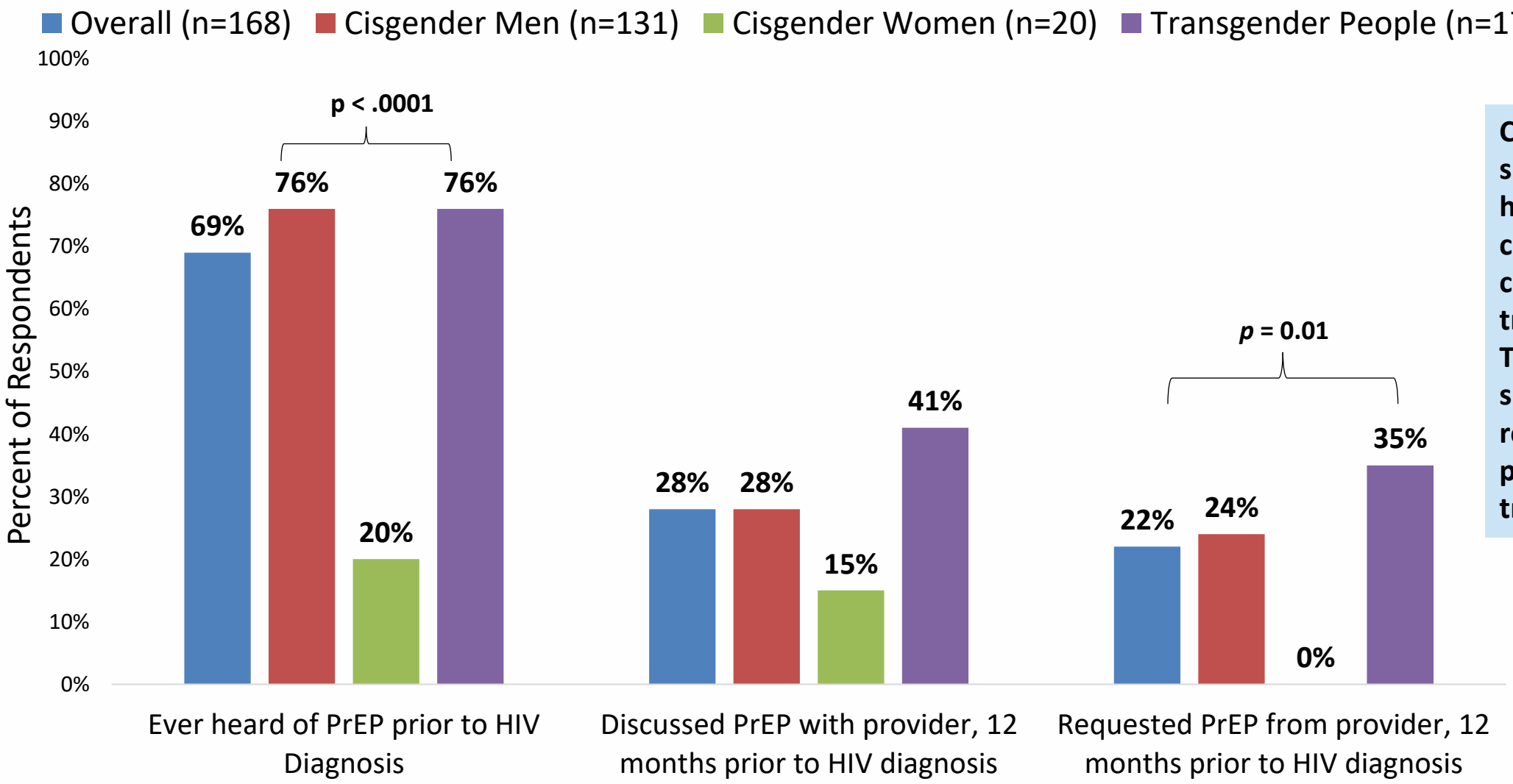
Sexually Transmitted Infection (STI) Testing and Diagnoses, Overall and by Participants' Gender Identity



[1]Does not include testing for HIV.

[2]Bacterial STIs include syphilis, gonorrhea, and chlamydia.

PrEP Awareness, Overall and by Gender Identity



Cisgender women were significantly less likely to have heard of PrEP, compared to both cisgender men and transgender people. They were also significantly less likely to request PrEP from a provider, compared to transgender people.

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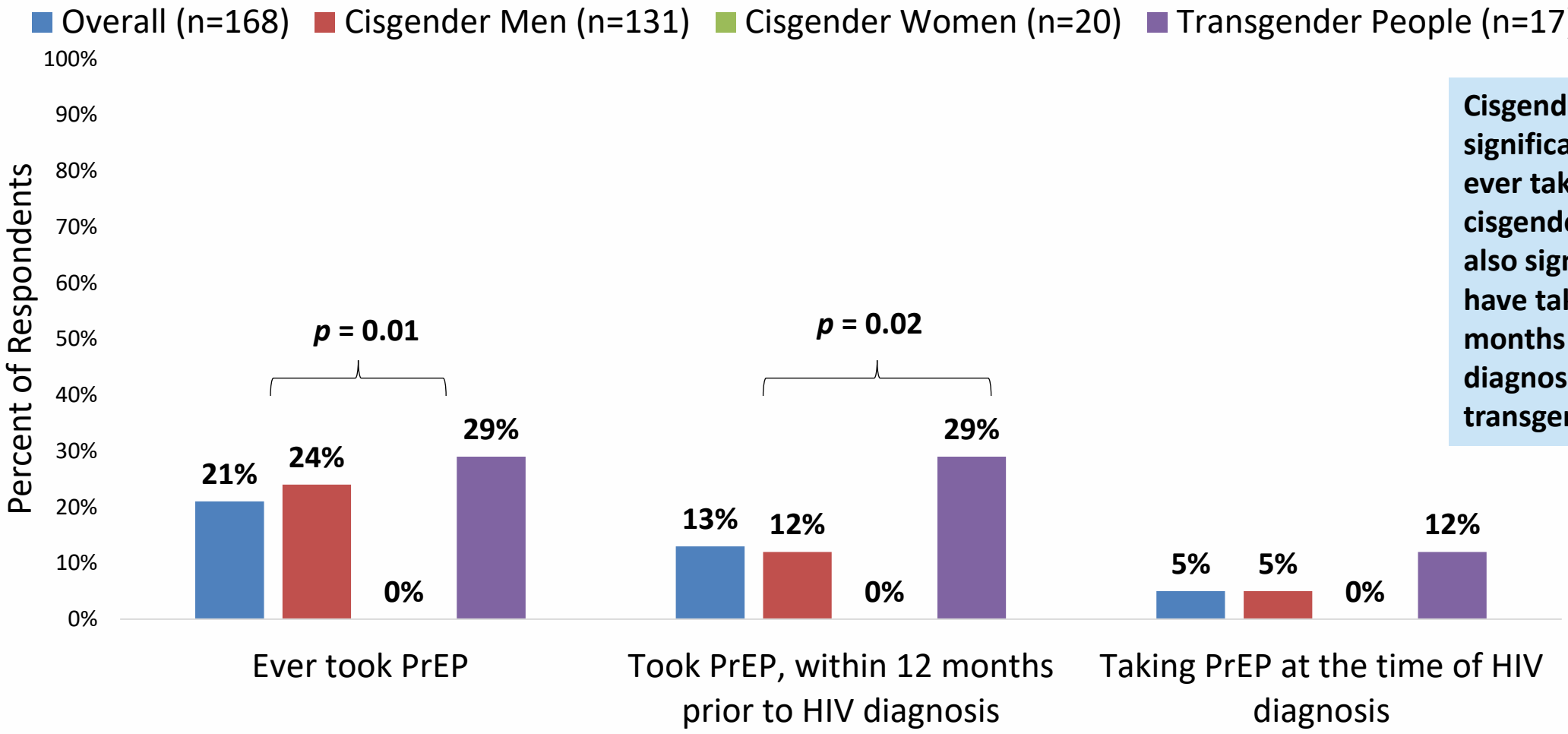
PrEP Use, Overall and by Participants' Gender Identity



Cisgender women were significantly less likely to have ever taken PrEP, compared to cisgender men. They were also significantly less likely to have taken PrEP within 12 months prior to their HIV diagnosis, compared to transgender people.

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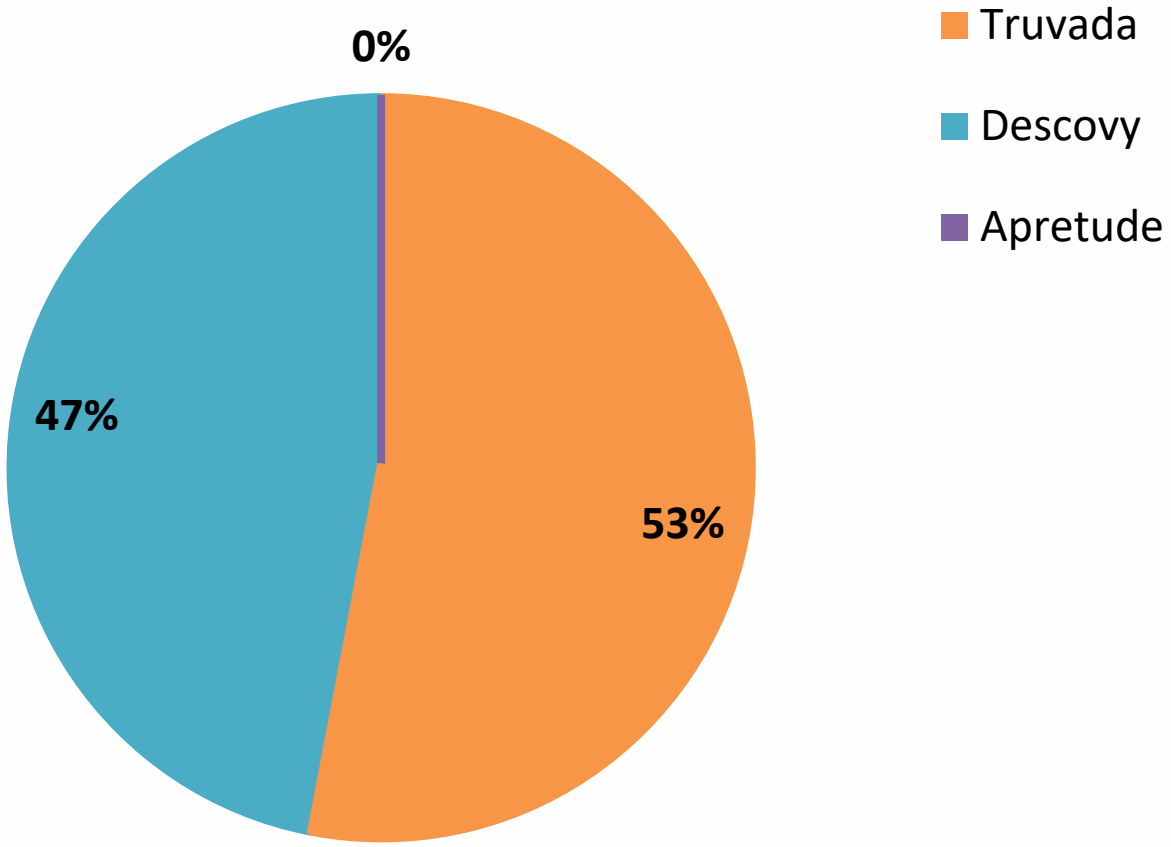
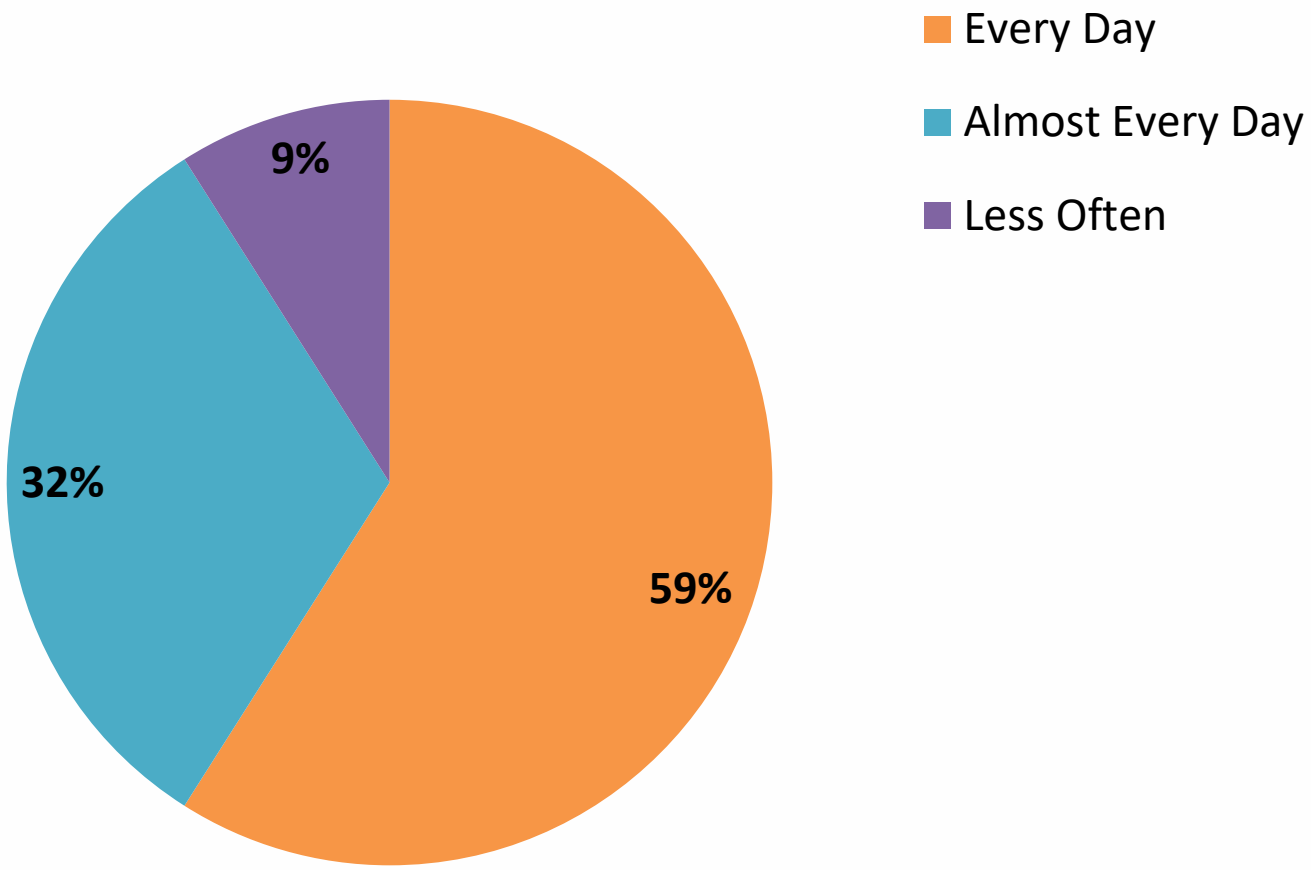
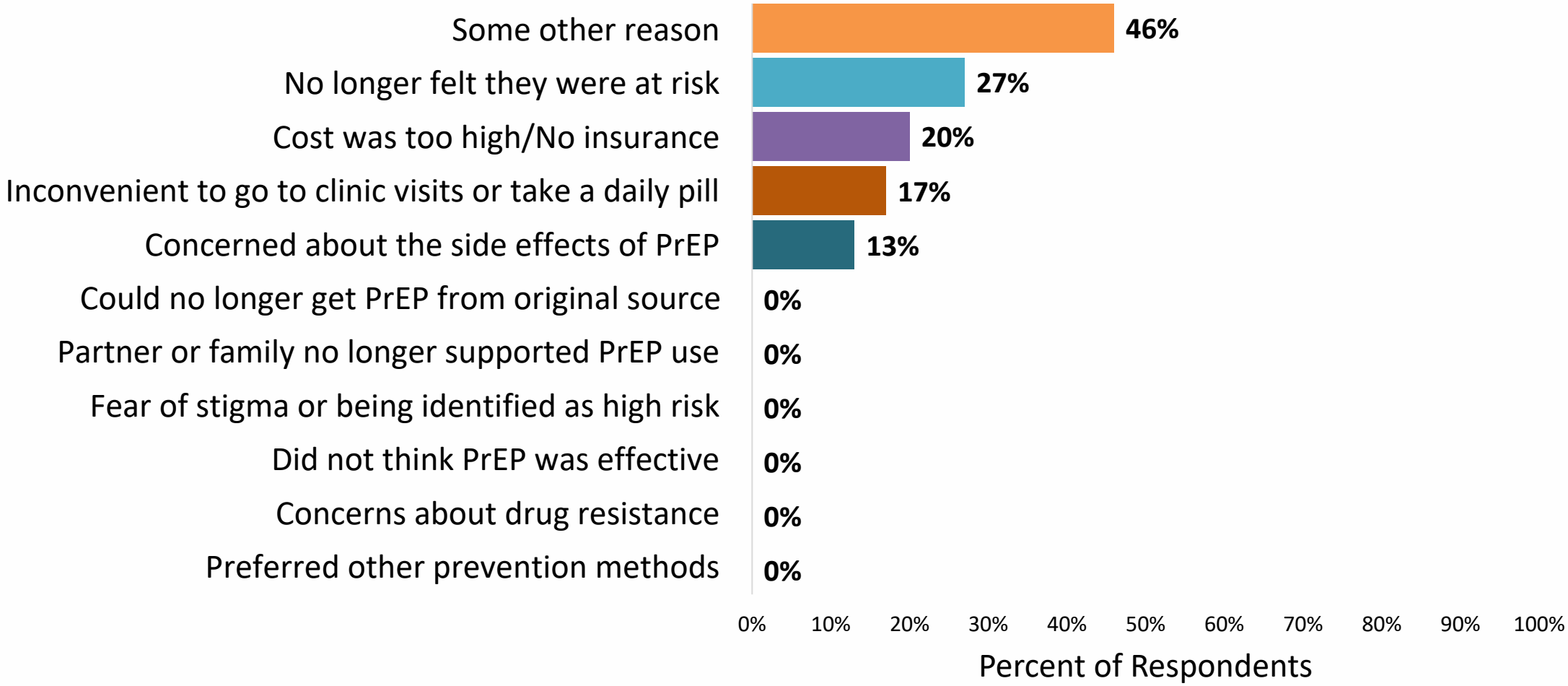
PrEP Drug Taken Most Recently Among Those Who Used PrEP in the 12 Months Prior to HIV Diagnosis (n=22), Overall



Frequency With Which PrEP Pills Were Taken Among Those Who Used PrEP in the 12 Months Prior to HIV Diagnosis (n=22), Overall

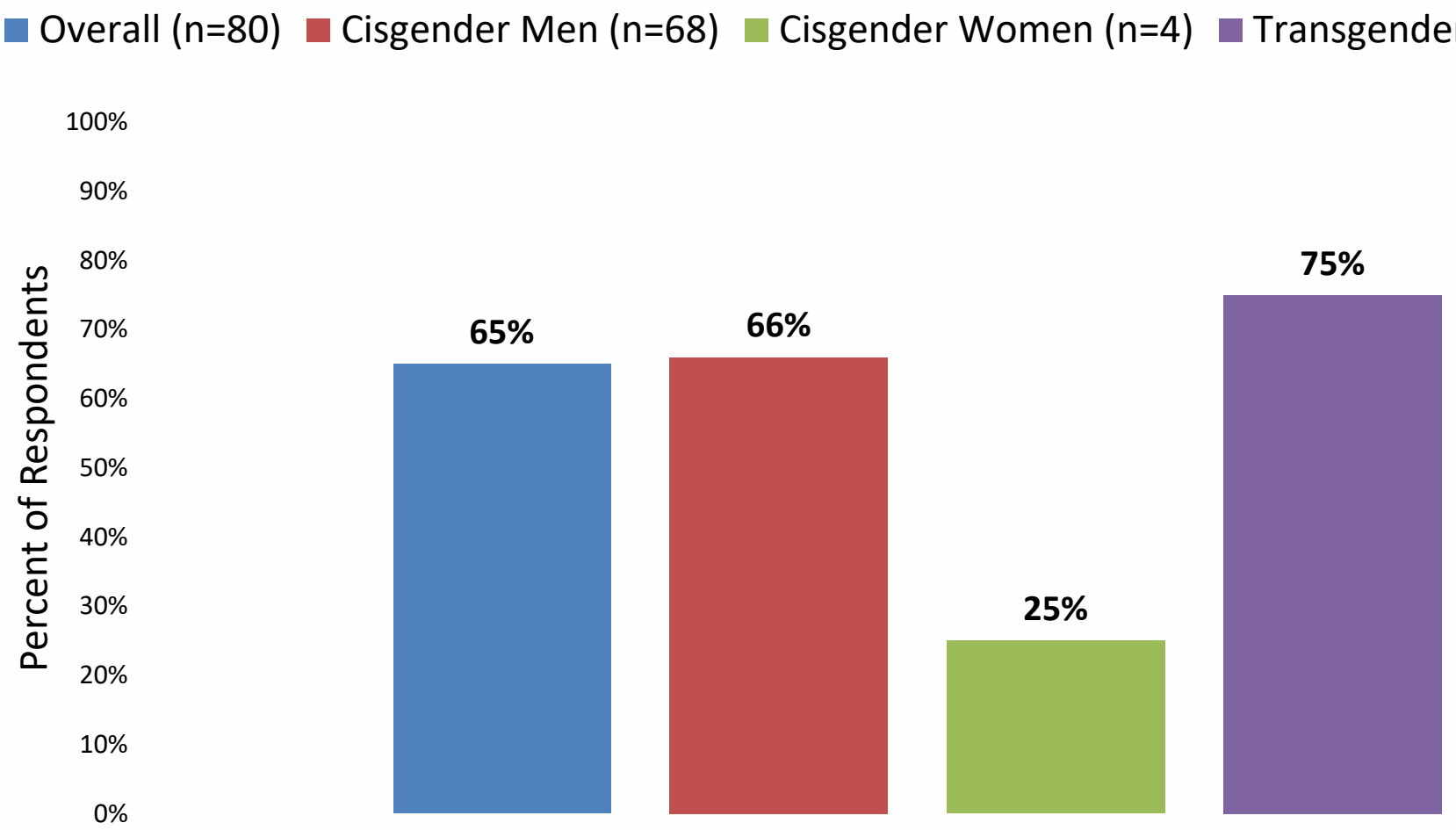


Reasons for Stopping PrEP Among Those Who Ever Used PrEP and Stopped Taking it by the Time of Their HIV Diagnosis (n=30), Overall[1]



[1]Responses are not mutually exclusive.

Ever Considered Using PrEP Among Those Who Had Heard of PrEP but Never Used It (n=80), Overall and by Participants' Gender Identity



Conclusions

Summary

- Recruiting newly diagnosed people with HIV for a survey focused on the personal and structural circumstances surrounding their diagnosis was feasible and acceptable
- Participants had socioeconomic hardships, with almost half reporting food insecurity in the 12 months prior to their HIV diagnosis and a majority reporting an annual income of <$20,000 at the time of their HIV diagnosis
- Health insurance coverage at the time of HIV diagnosis was low, with only 58% reporting coverage
- The high prevalence of exchange sex among transgender people suggests additional HIV prevention, sexual health, and supportive services are needed in this community

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Summary, continued

- Missed opportunities for HIV testing and prevention were evident
  - Only 74% had taken an HIV test prior to their first positive test
  - 58% were frequent HIV testers in the 24 months prior to their HIV diagnosis
  - Cisgender women were less likely to HIV test frequently

- Lifetime PrEP use was moderate (22%). However, of participants who ever took PrEP in their lifetimes, only 56% were taking PrEP in the 12 months prior to their diagnosis

- Differences in PrEP outcomes were observed. Cisgender women were significantly less likely to have heard of PrEP, request PrEP, or have taken PrEP

Strengths and Limitations

Strengths

- Able to interview individuals newly diagnosed with HIV as identified through eHARS
- Collected data that are not collected through routine HIV surveillance but that are important to HIV public health response

Limitations

- Findings may not be generalizable to the larger population of people recently diagnosed with HIV in NYC
- Limited sample size may limit ability to detect significant differences among groups

Implications

- Results suggest that among newly diagnosed people from priority populations, there were missed opportunities to prevent HIV
- Health care visits for general care or STI testing should be intervenable moments to offer HIV testing or PrEP education and initiation, especially for cisgender women among whom PrEP awareness was lowest
- One in five people newly diagnosed with HIV had used PrEP before, suggesting that support for PrEP continuity is needed once PrEP is initiated
  - More research is needed to explore reasons for PrEP discontinuation
- Differences outcomes are not indicative of differences in biology or behavior. They demonstrate the consequences of persistent systems of oppression, including transphobia, sexism and racism, which limit access to quality HIV prevention

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