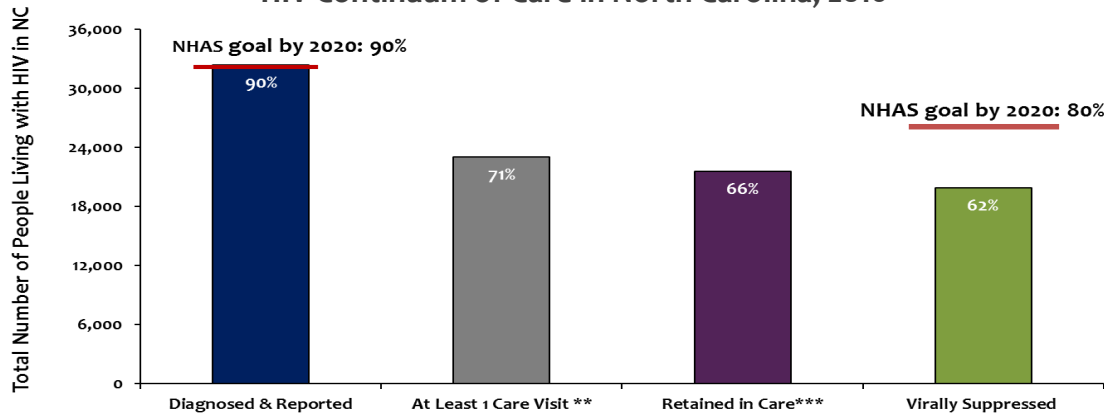


HIV Care Outcomes in North Carolina, 2016

Most people receiving HIV care are virally suppressed.
Some people living with HIV are not receiving regular care.



HIV Continuum of Care in North Carolina, 2016



**At least 1 indicator of a care visit in a given year.

***Retained in care is defined as having 2 or indicators of a care visit at least 90 days apart in 2016 OR if someone was virally suppressed in 2016.

Continuum of Care Key Results

The National HIV/AIDS Strategy (NHAS) for the United States released 2020 goals (see resources in sidebar). Three of the 10 indicators to monitor progress are listed below:

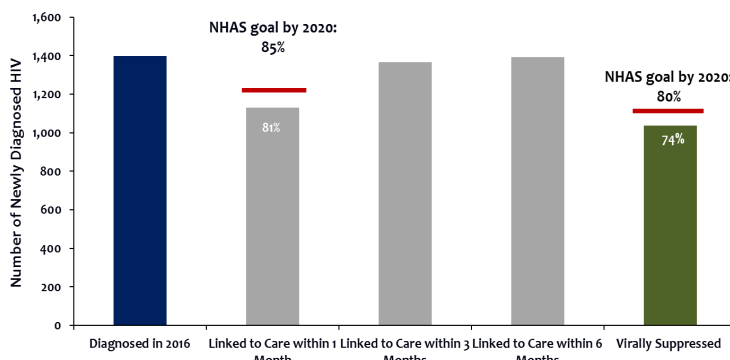
NHAS Indicator 1: Increase the percentage of people living with HIV who know their HIV status to at least 90%.

- The estimated total number of people living in North Carolina with HIV infection is 36,400; 32,360 (90%) were diagnosed and reported with HIV through 2015 while the remaining 10% were unaware they are HIV-positive.

NHAS Indicator 6: Increase the percentage of people virally suppressed to at least 80%.

- Among people diagnosed and reported with HIV through 2015 (as determined by documentation of labs and services in 2016), 62 % were virally suppressed (viral loads <200 copies/mL). Nationally, 58% of people living with HIV are virally suppressed (CDC 2017).
- Of those with a care service in NC in 2016, 90% were virally suppressed.
- 76% of people receiving Ryan White Part B services were virally suppressed in 2016.
- Viral suppression among the three HIV Medication Assistance Program (HMAP, formerly ADAP) subprograms in 2016 were: 81% for APP recipients, 89% for ICAP recipients, and 92% for SPAP recipients.

People newly diagnosed with HIV are rapidly linked to care



NHAS Indicator 4: Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least 85%.

- For people newly diagnosed with HIV in North Carolina in 2016, 81% were linked to care within one month.
- Viral suppression is higher among people newly diagnosed, indicating improved outcomes in recent years.

Want More Information?

HIV/STD Facts and Figures web site:
<http://epi.publichealth.nc.gov/cd/stds/figures.html>

Centers for Disease Control and Prevention (CDC) Information on HIV Continuum:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6347a5.htm>

<https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>

National HIV/AIDS Strategy (NHAS) for the US 2020 Goals:
<https://files.hiv.gov/s3fs-public/nhas-update.pdf>

Contact Us

North Carolina DHHS Communicable Disease Branch

Phone: (919) 733-3419

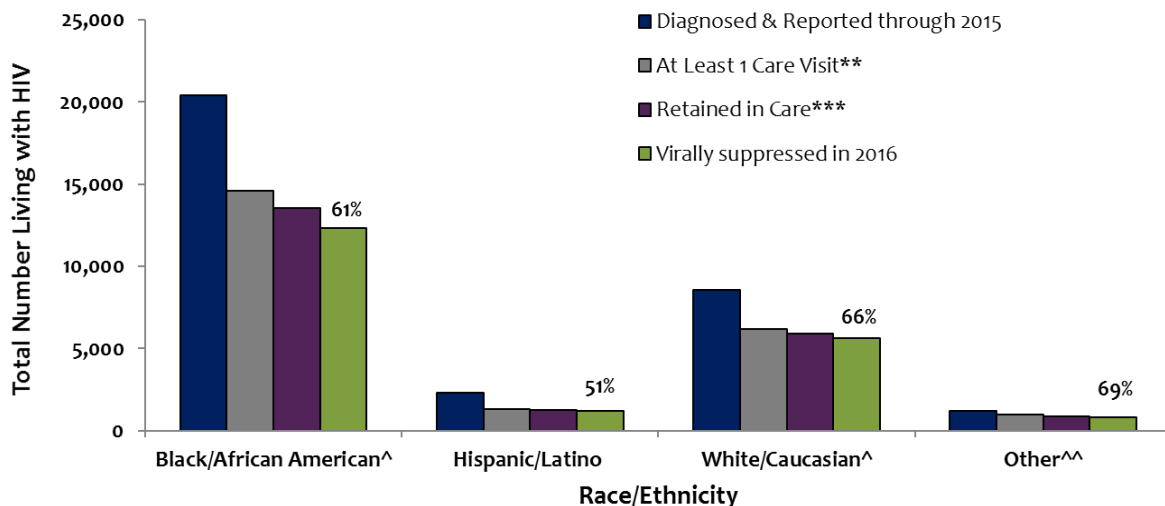
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Raleigh, NC 27699-1902

Created by the HIV/STD/Hepatitis Surveillance Unit, Communicable Disease Branch

HIV Care Outcomes in North Carolina, 2016



The pattern of care outcomes is similar for all race/ethnicity groups, and between 51 and 69% of all people are virally suppressed.



*2016 data are preliminary (do not include vital records or national death matches). 2016 data includes labs and services from CAREWare (all Ryan White services excluding Part A), AIDS Drug Assistance Program (ADAP), and Medicaid data sources.

**At least 1 care marker in a given year.

***Retained in care is defined as having 2 or more care visit (VL or CD4 test) at least 90 days apart in a given year. In 2016, this definition also includes if they were virally suppressed during the given year.

^Non-Hispanic/Latino.

^^Other includes American Indian/Alaska Native, Asian/Pacific Islander, Multiple Race and Unknown.

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 2013 and June 27, 2017), CAREWare, ADAP, and Medicaid claims (data for calendar year 2016).

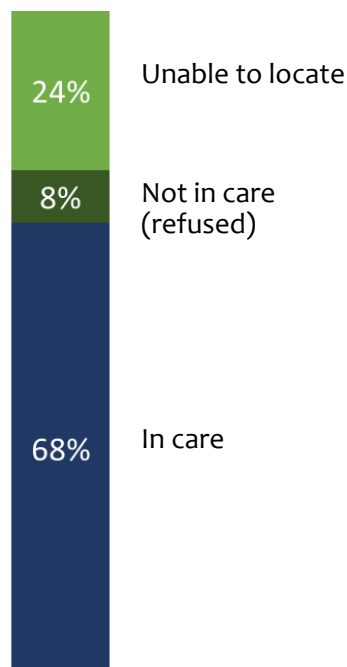
National HIV/AIDS Strategy (NHAS) for the US 2020 Goals:

- Goal 1: Reducing new HIV infections
- Goal 2: Increasing access to care and improving health outcomes for people living with HIV
- Goal 3: Reducing HIV-related disparities and health outcomes

Data Source:

enhanced HIV/AIDS Reporting System (eHARS) (data as of June 27, 2017), and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of August 2017).

Efforts to find people not in care and link them to care are successful.



As a result of state-wide efforts by public health and clinical staff, 2,648 people were investigated by state bridge counselors as out-of-care in 2016. Most of these people were determined to be in care by the end of 2016.

- One quarter were not locatable.
- A small proportion were contacted but refused help in linking to care.
- Most people were interested in continuing in care or in assistance in linking to care with a new provider.
- Obstacles to regular care attendance include distrust of the medical or surveillance systems, uncertain access to money or transport, and the complexity of accessing insurance and benefits.

State of North Carolina • Roy Cooper, Governor
 Department of Health and Human Services • Mandy Cohen MD, MPH, Secretary
 Division of Public Health • Daniel Staley, Division Director
 HIV/STD/Hepatitis Surveillance Unit • Erika Samoff, MPH, PhD
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11/22/2017