



Illinois HIV Care Continuum Update, 2019, Illinois

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Outline

- What is HIV Care Continuum
- Methods
- Linkage to care for new HIV diagnosis 2019
- Treatment cascades for PLWHA 2019
- Main updates



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What is the HIV Care Continuum?

- is a method of examining the sequential stages of medical care that people with HIV should go through between diagnosis and achieving sustained viral suppression
- It was made popular by Gardener and colleagues; Often referred as treatment cascade, Dr. Gardner's Cascade, or Cascade



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Why is the HIV Care Continuum important?

- An important public health tool that can provide crucial insights into the cascades of care within and across states or countries
- To assist policymakers and service providers to pinpoint where gaps may exist in connecting people living with HIV to sustained, quality care
- To implement system improvements and service enhancements that better support individuals as they move from one stage in the continuum to the next
- To evaluate progress over time



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Methods

- Estimates are based on
 - Illinois HIV/AIDS surveillance data (eHARS) reported through 9/30/2020 and includes all persons* who meet the following criteria:
 - For linkage to care:**
 - Diagnosed between 1/1/2019 and 12/31/2019 (i.e., 2019 incidence cases)
 - 13 years or older
 - Residing in Illinois at the time of diagnosis
 - For treatment cascades:**
 - Diagnosed through 2018 and living as of 12/31/2019
 - 13 years or older
 - Residing in Illinois in 2019
 - 2019 Ryan White and ADAP data including lab test dates (CD4, VL, and Genotype) and viral load level

*Regardless of Ryan White enrollment status



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Methods

- Stages of HIV care based on CDC's *"Continuum of HIV Care: Guidance for Local Analyses"*
 - Linked to care: CD4 or viral load (VL) or genotype within 30 days of diagnosis date including the day of diagnosis for those diagnosed between 01/01/2019 and 12/31/2019, inclusively
 - This is consistent with the new National HIV/AIDS Strategy 2020 measures and is a change from previous "within 90 days" measure
 - Engaged in care (any care): ≥ 1 CD4 or VL or genetic sequence lab results in 2019
 - Retained in care: ≥ 2 CD4 or VL or genotype at least 3 months apart in 2019
 - Viral suppression (VS): VL < 200 copies/ml in most recent VL in 2019



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Limitations

- HIV/AIDS Surveillance data are provisional and subject to change due to:
 - Reporting delays
 - Loss of cases to other states/jurisdictions
 - Ascertainment of missing data (e.g., race and risk)
- Data exclude cases that have tested positive anonymously
- Data do not include positive cases that have not tested and are unaware of their status
- Data in eHARS include a significant number of cases with No Risk Reported (NRR) / No Identified Risk (NIR)
- State law prohibits the release of HIV/AIDS data when cell sizes contain fewer than 5 cases at county level



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Caveats and Clarifications

- Missing laboratory data may result in underestimating care continuum outcomes
- Methodology for the care continuum and completeness of HIV data varies among jurisdictions, thus limiting direct comparisons with other states or the national continuum
- Missing information about race, sex and/or transmission category reflects missing data on case report forms that remains unresolved



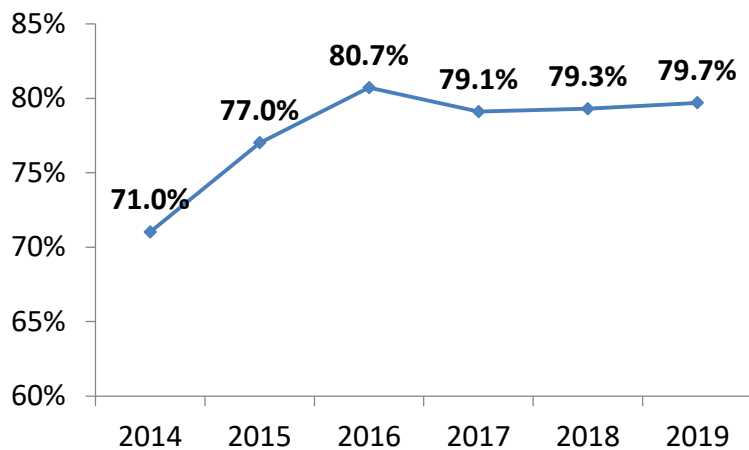
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LINKAGE TO CARE



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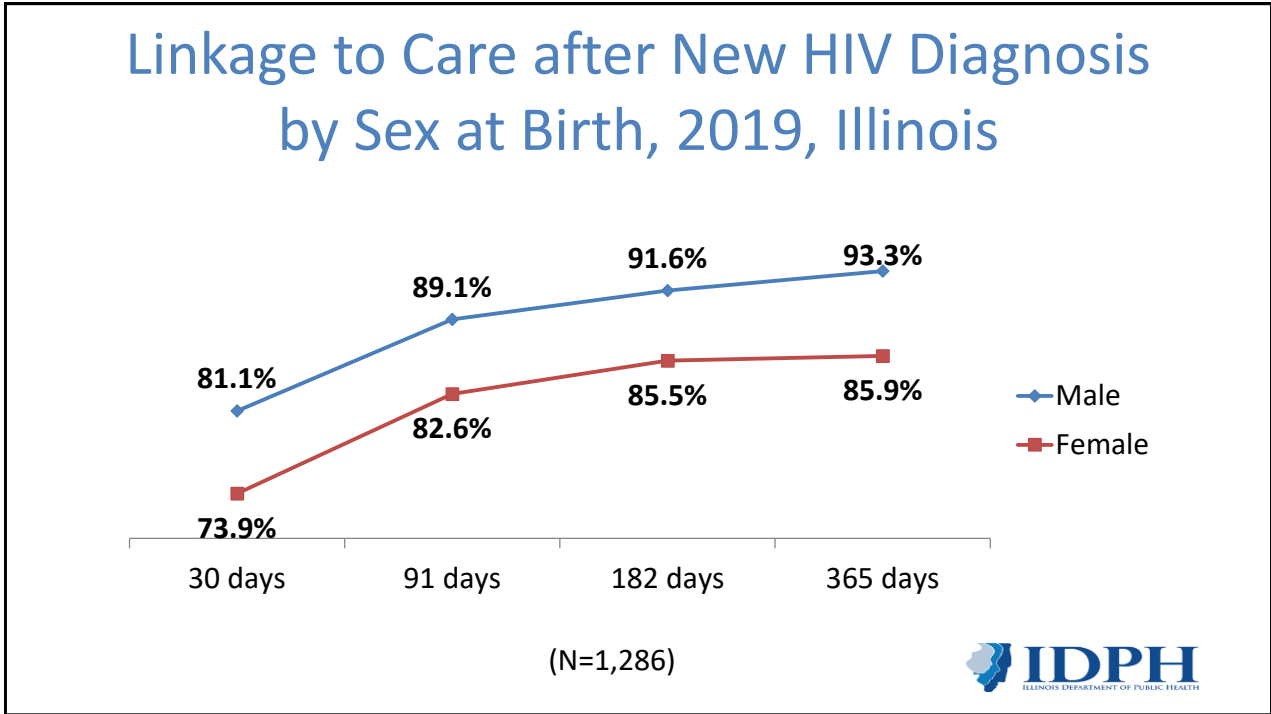
IL HIV Care Continuum – Linkage to Care within 30 days of Diagnosis, 2014-2019



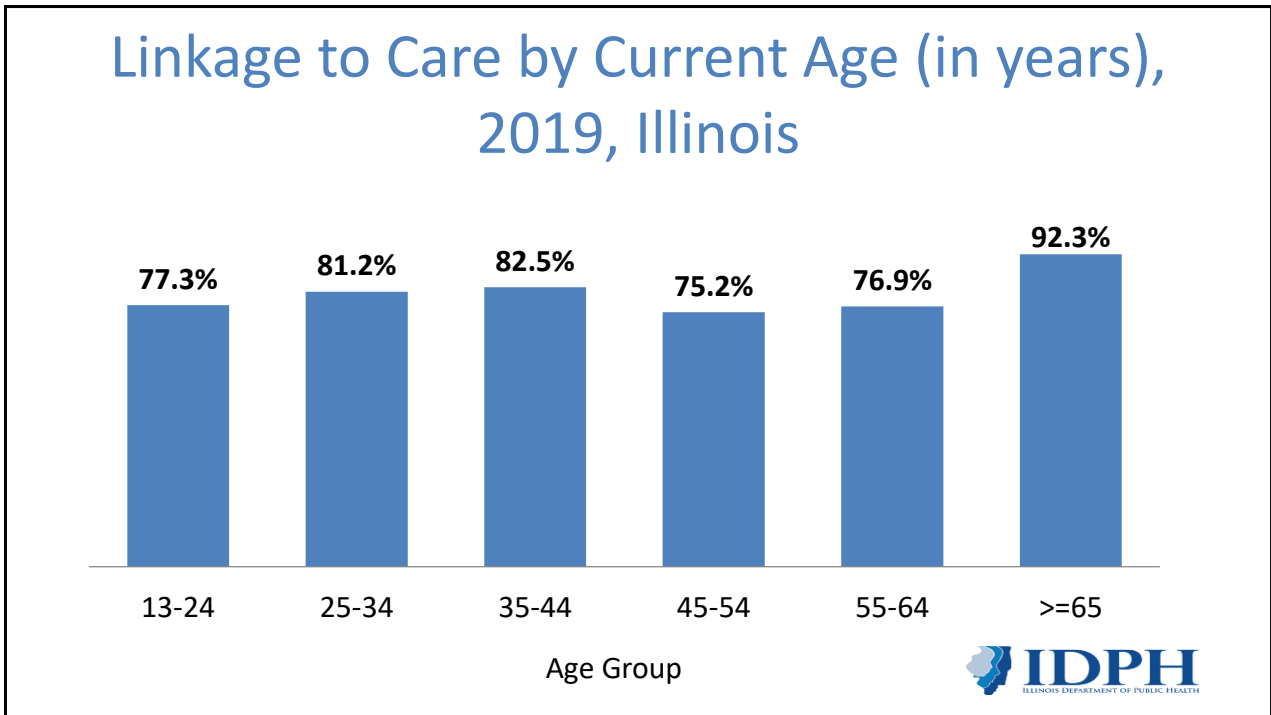
Diagnosis year	Incidence
2014	1,563
2015	1,553
2016	1,452
2017	1,385
2018	1,384
2019	1,286



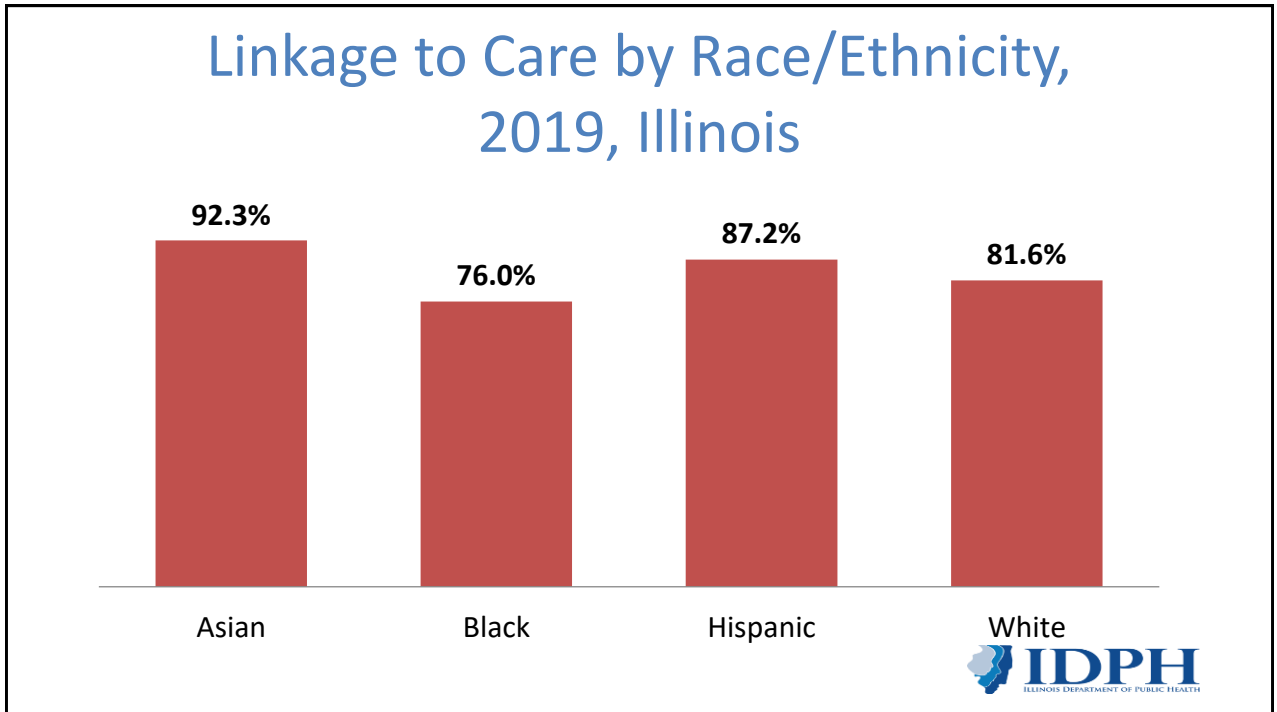
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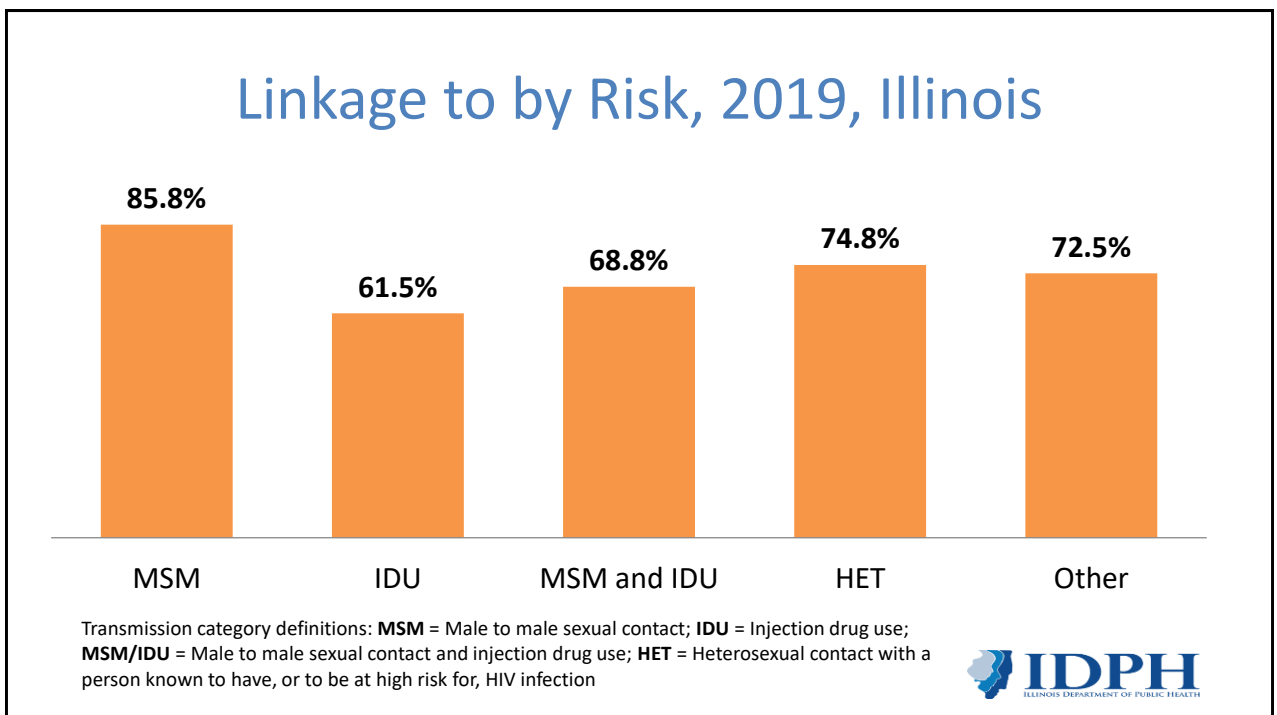
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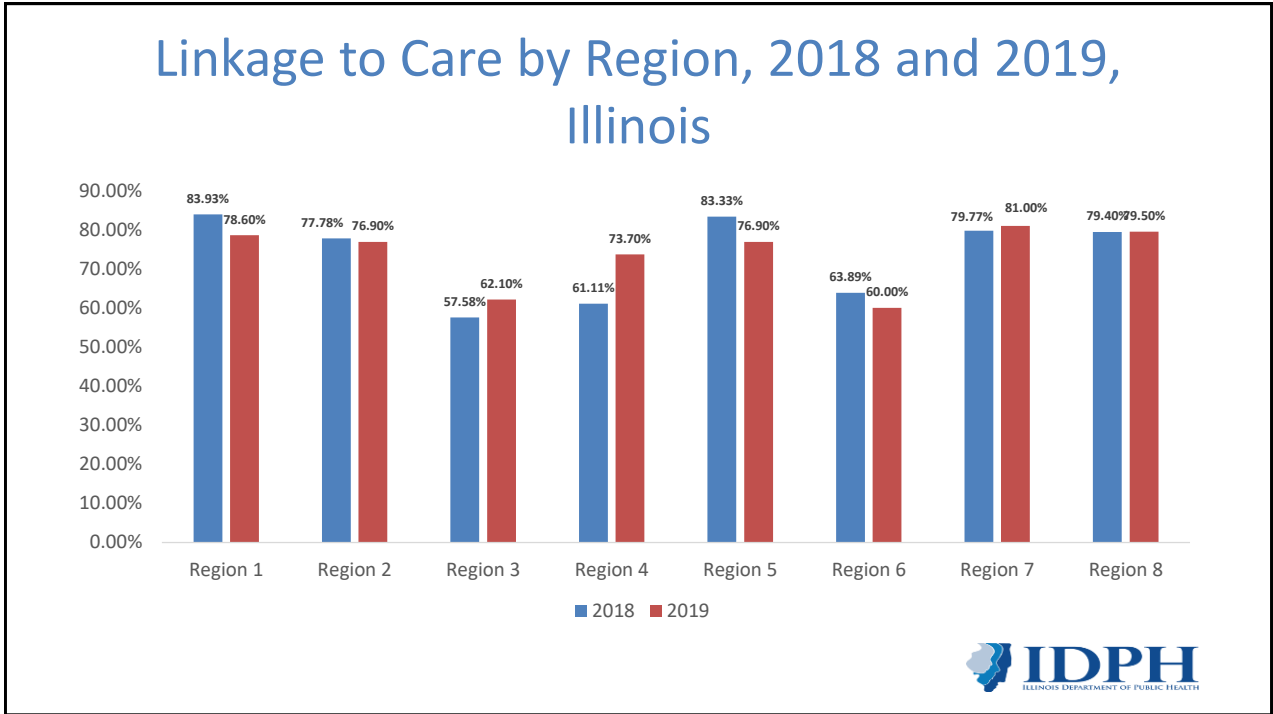
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TREATMENT CASCADE

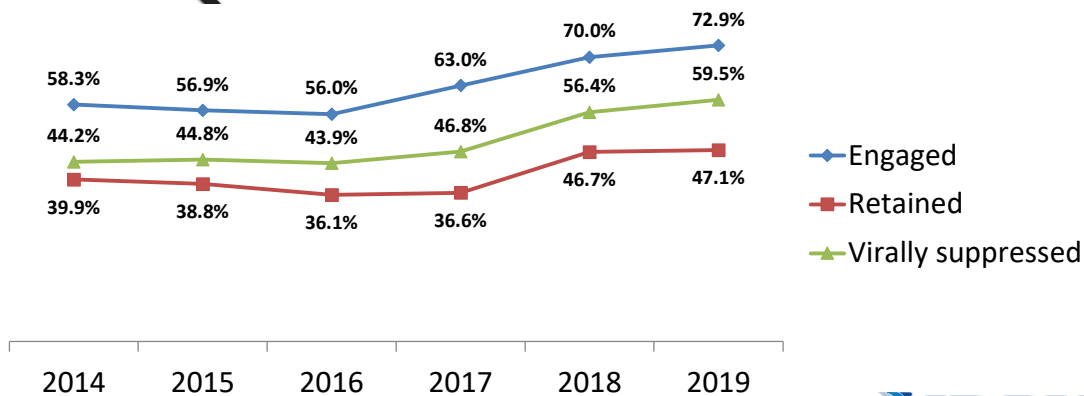
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Illinois HIV Care Continuum Trends, 2014-2019



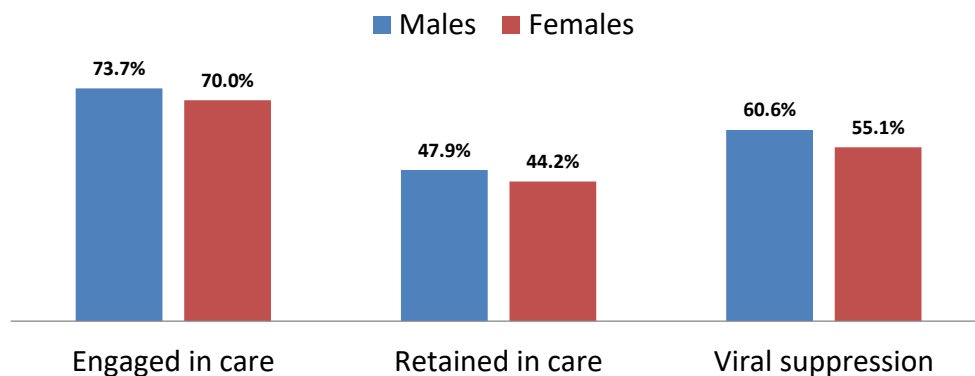
Rates of engagement in care, retained in care and viral suppression further improved in 2019.



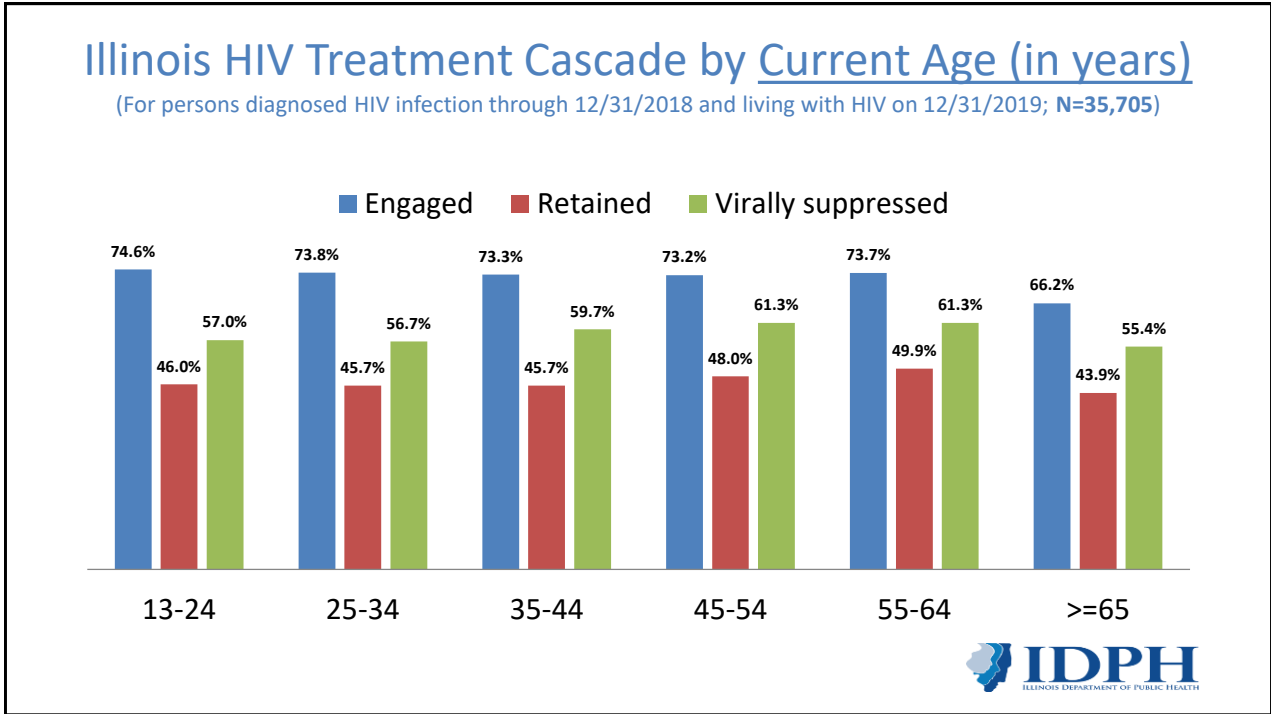
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Illinois HIV Treatment Cascade by Sex at Birth

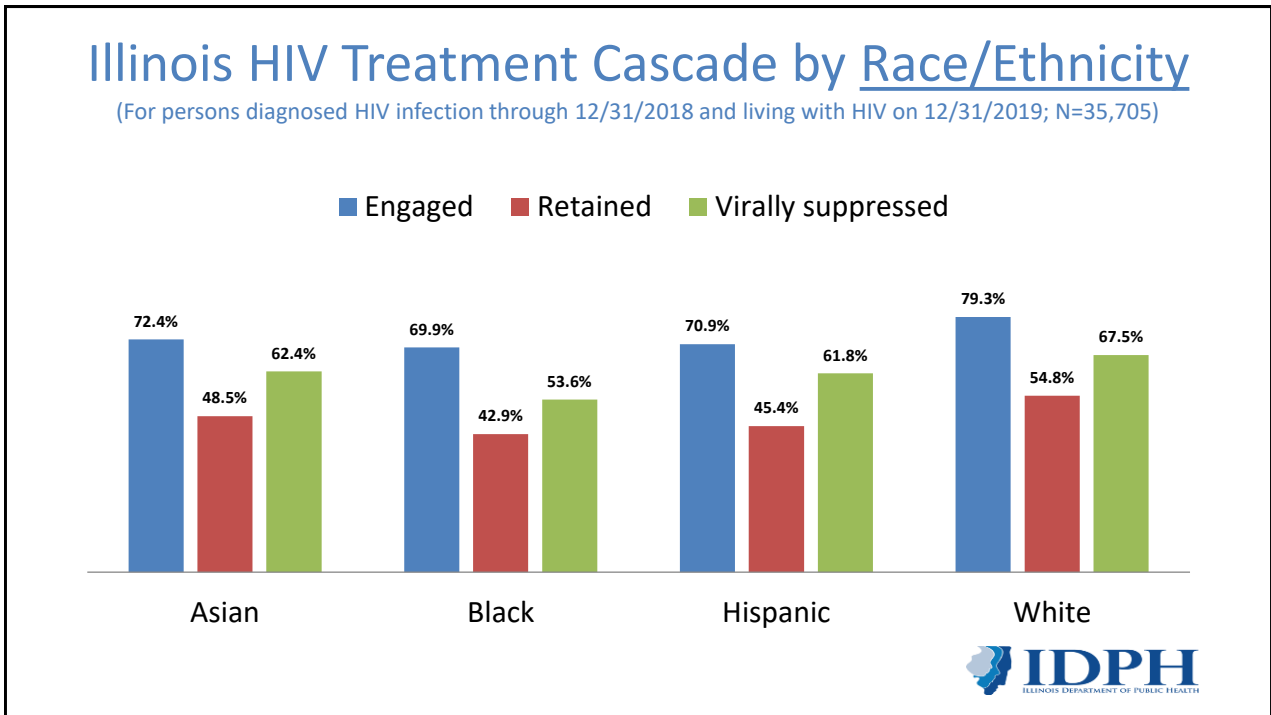
(For persons diagnosed HIV infection through 12/31/2018 and living with HIV on 12/31/2019; N=35,705)



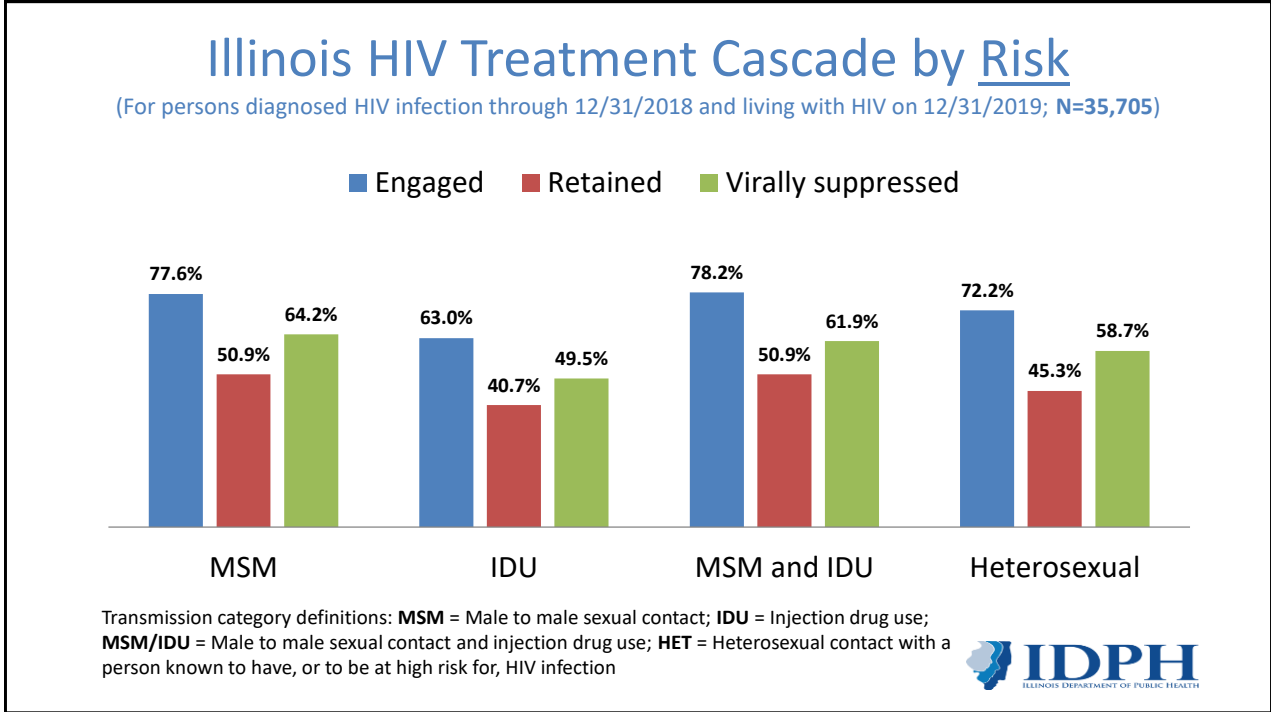
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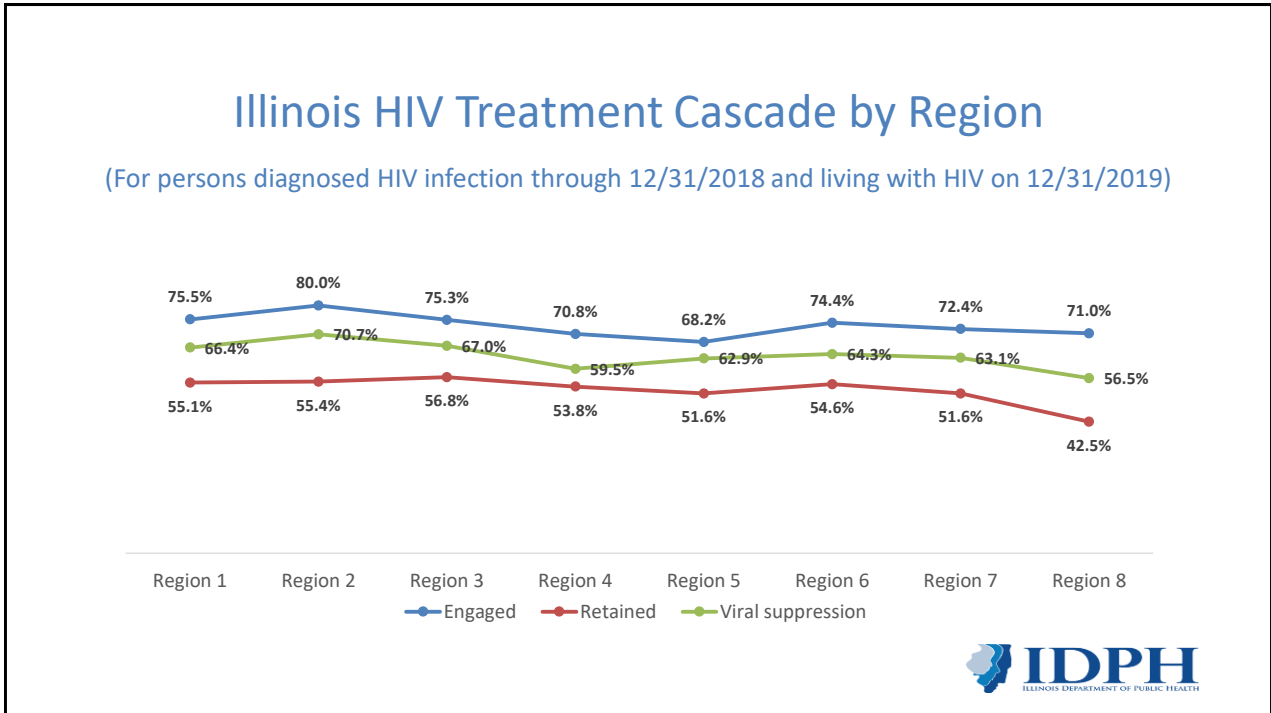
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Main Updates

- There was slightly increase in linkage to care (LTC) in 2019, but it was still below the peak level reached in 2016; still below 80%
- Males had greater LTC across all intervals including within 30 days of diagnosis than females
- Older patients (ages ≥ 65) had lower rates of LTC relative to their counterparts in 2018, however this group had the highest LTC in 2019.
- Older patients (ages ≥ 65) had lower proportions across all treatment cascade than other age groups
- There was still noticeable regional differences in LTC, but regional differences for treatment cascades have further reduced
- Rates of engagement in care, retained in care, and viral suppression further improved appreciably in 2019
- African-Americans still lagged behind across all HIV care continuum, this inequity needs to be addressed



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Questions?

For questions regarding the information contained in this document or for more information, contact:

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Additional data including the *Monthly HIV Surveillance Update* and can be found on the new IDPH website found here: www.dph.illinois.gov.



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