The HIV Care Continuum

- The HIV Care Continuum is an important tool to measure the effectiveness of efforts to combat the HIV epidemic in the country and the Commonwealth.

- Timely linkage to care after an HIV diagnosis and consistent engagement in medical care are both critical to assure access to treatment and promote health for persons living with HIV infection.

- High rates of viral suppression are associated with improved health outcomes and substantially lower risk of HIV transmission.

Stages of HIV Care: People Living with HIV/AIDS

- Engagement and retention in care was linked with high rates of viral suppression. Eighty-six percent of those engaged in care and 89% of those retained in care in Massachusetts were virally suppressed.

- Among all PLWHA ever reported to DPH since 1981 in Massachusetts, 65% were virally suppressed, 28% did not have a viral load test in 2014, and only 8% had a viral load higher than 200 copies/mL.

- Females had slightly higher rates of engagement and retention in medical care compared to males, and slightly lower rates of viral suppression. Seventy-seven percent of females were engaged in care compared to 75% of males; 61% were retained in care compared to 59% of males, and 63% were virally suppressed compared to 66% of males.

- Engagement in care and viral suppression were higher among white (non-Hispanic) PLWHA compared to black (non-Hispanic) and Hispanic/Latino PLWHA. However, retention in care was similar across race/ethnicity groups. Sixty-nine percent of white (non-Hispanic) were virally suppressed compared to 63% for black (non-Hispanic) and 60% for Hispanic/Latino individuals.

- Engagement and retention in care were similar among reported risk groups. However, rates of viral suppression were higher among men who have sex with men (MSM) compared to other risk groups. Seventy percent of MSM were virally suppressed compared to other risk groups which ranged from 60% to 66%.

- Among 19,071 persons living with HIV/AIDS (PLWHA) in Massachusetts as of 1/1/15, 75% were engaged in HIV care and 59% were retained in care in 2014.
Linkage to Care after HIV Diagnosis

- Prompt entry into medical care after HIV diagnosis ensures timely access to treatment, and other health and social services.

- Linkage to care within three months of HIV diagnosis improves health outcomes for newly diagnosed individuals and supports HIV prevention.

- High rates of linkage to care are associated with retention in care and viral suppression.

Stages of HIV Care: Individuals Newly Diagnosed

As of January 1, 2016, there were 580 individuals newly diagnosed with HIV in 2013 who were living in and receiving care in Massachusetts.

Among the 580 newly diagnosed individuals, 78% were linked to care within three months of diagnosis. Seventy-eight percent were retained in care and 75% were virally suppressed (viral load less than or equal to 200 copies/mL).

Rates of linkage to care, retention in care and viral suppression are similar for newly diagnosed females and males. Eighty-one percent of females and 77% of males were linked to care within three months of HIV diagnosis. Eighty-one percent of females and 77% of males were retained in care. Sixty-nine percent of newly diagnosed females and 76% of newly diagnosed males were virally suppressed.

The rate of linkage to care is similar for all race/ethnicities. However, retention and viral suppression rates were lower among Hispanic/Latino individuals than other race/ethnicities. Seventy percent of Hispanic/Latino individuals were retained in care compared to 77% of white (non-Hispanic) individuals and 86% of Black (non-Hispanic) individuals; and 63% were virally suppressed compared to 81% of white (non-Hispanic) individuals and 77% of black (non-Hispanic) individuals.

No meaningful differences in linkage, retention, or viral suppression rates were identified based on exposure mode.

Linkage, retention and viral suppression rates are lower in the Western Health Service Region (HSR) compared to all other regions. Sixty percent of individuals in the Western HSR were virally suppressed compared to other regions which ranged from 64% to 69%.

Definitions:

1. “Engaged in care” is defined by the Centers for Disease Control and Prevention (CDC) as having one laboratory test result (CD4 or viral load test) during a one year period.

2. “Retained in care” is defined by CDC as having two or more laboratory tests, obtained at least three months apart, during a one year period.

3. “Viral suppression” is defined as a viral load less than or equal to 200 copies/mL.