

# Oregon HIV diagnosis to care continuum

In this era, preventing HIV depends largely on early diagnosis of people with HIV and linking them to medical care they will maintain.

This leads to effective antiretroviral therapy (ART) and sustained suppression of HIV viral replication (viral load). People living with HIV with undetectable viral loads are unlikely to transmit HIV to others.

We analyzed data from HIV case reports and HIV-related laboratory test results reported to the Oregon Health Authority HIV Program.

We considered two distinct populations of people living with HIV:

- Oregon residents newly diagnosed with HIV during 2009–2013;
- People living with HIV in Oregon during 2013 regardless of where they lived when diagnosed.

Among recently diagnosed Oregon residents, we estimated the proportion that:

- Engaged in health care within 12 months of diagnosis of HIV;
- Had viral load suppression within 12 months of diagnosis of HIV.

Among all people living with HIV in Oregon during 2013, we estimated the proportions:

- Engaged in care during 2013;
- Virally suppressed during 2013.

## HIV diagnosis to care continuum facts at a glance

- Among Oregonians newly diagnosed with HIV during 2009–2013:
  - » Ninety percent were engaged in care for their HIV infection within 12 months of diagnosis.
  - » At least 59 percent had achieved viral suppression within 12 months of diagnosis.
- Among people living with HIV in Oregon during 2013, at least:
  - » Eighty-four percent were engaged in care.
  - » Seventy-one percent had viral suppression.

## Oregon residents diagnosed with HIV 2009–2013

### *Engagement in care within 12 months of diagnosis*

We defined an Oregon resident with newly diagnosed HIV as having been engaged in care if the HIV Program received a result of a CD4 count or viral load test for that person after diagnosis. More than 86 percent (1,032/1,199) of Oregon residents newly diagnosed with HIV were engaged in care within 90 days and 86 percent were engaged in care within 365 days of diagnosis (Figure 1). The actual proportion engaged in care was probably higher because HIV Surveillance does not receive all lab results,

especially if people seek care outside Oregon. In addition, some people may have moved to another state after diagnosis but before having had HIV care-related testing done.

### **Viral suppression within 12 months after HIV diagnosis**

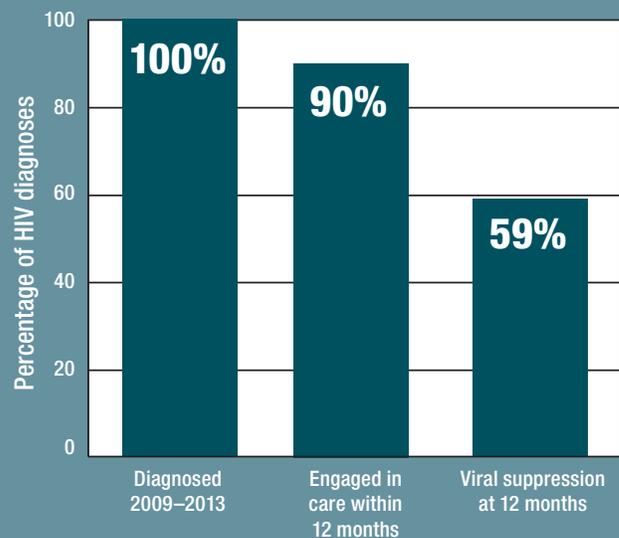
We defined an Oregon resident with newly diagnosed HIV during 2009–2013 as having achieved viral suppression within 12 months of diagnosis if the HIV Surveillance Program received a viral load result of “undetectable” or a numeric result  $\leq 200$  copies/mL. By this definition, 59 percent achieved viral load suppression within 12 months of diagnosis. Once again, the actual proportion is likely to be higher because of unreported laboratory tests or unrecognized out-of-state moves. For example, if we only consider newly diagnosed cases that had at least one reported viral load test during the 12 months following diagnosis, 68 percent achieved viral load suppression within 12 months of diagnosis.

### **People living with HIV in Oregon during 2013 regardless of residence at diagnosis**

#### ***Engagement in care during 2013***

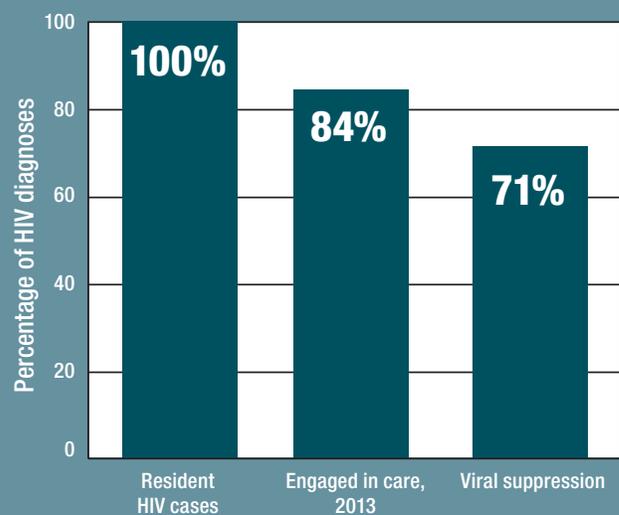
We defined a person living with HIV in Oregon during 2013, regardless of state of residence at diagnosis, as having been engaged in care during 2013 if the HIV Program received a result of a CD4 count or viral load collected from that person during 2013. Of 6,470 people living with HIV in Oregon at the end of 2013, 5,445 (84%) were engaged in care (Figure 2). Again, the actual proportion of people living in Oregon with HIV during 2013 and engaged in care is likely to be higher because of incomplete laboratory reporting and unrecognized out-of-state migration.

### **Oregon HIV diagnoses, care continuum, 2009–2013**



**Figure 1**

### **Oregon resident HIV case, care continuum, 2013**



**Figure 2**

### ***Viral suppression during 2013***

We defined a person living with a reported case of HIV in Oregon at the end of 2013, regardless of state of residence at diagnosis, as virally suppressed if a viral load result of “undetectable” or numeric value  $\leq 200$  copies/mL was reported for that person during 2013. If multiple viral load tests were reported, we defined the person as virally suppressed if the latest viral load during 2013 was “undetectable” or a numeric value  $\leq 200$  copies/mL. Seventy-one percent (4,563/6,470) of people living in Oregon at the end of 2013 with reported cases of HIV infection were virally suppressed. The actual proportion of people living with HIV in Oregon at the end of 2013 with suppressed viral load was probably higher because of incomplete laboratory reporting and unrecorded out-of-state migration.

Among people with viral loads during 2013, those significantly less likely to be virally suppressed included:

- Blacks or African Americans (81%) compared to whites (88%);
- Men who reported a history of injection drug use at the time of their diagnosis (81%) compared to men that just reported having sex with other men (89%);
- People living with HIV in Oregon at the end of 2013 and aged 20–29 years (75%) compared to people aged 30–39 years of age (83%) (the proportion suppressed increased with age);
- People who did not meet AIDS criteria at time of HIV diagnosis (84%) compared to those with sufficiently severe infection to be characterized as having AIDS at the time of initial diagnosis (90%);
- People diagnosed during 2009–2013 (82%) compared to those diagnosed before 2009 (89%).



PUBLIC HEALTH DIVISION

#### **Epidemiologic resources:**

Oregon Health Authority, HIV/AIDS epidemiology:  
<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/HIVData/Pages/index.aspx>

Centers for Disease Control and Prevention:  
[www.cdc.gov/hiv](http://www.cdc.gov/hiv)

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