Estimates of Unmet Need for HIV Care, Year 2022

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- **Background:** Definitions and Reporting Requirements

- **Measures and Data Sources:**

  – HIV Surveillance

  – CaseWatch

- **Key Findings:**

  – Late Diagnoses

  – Unmet Need for Medical Care

  – Unmet Need for Viral Suppression

- **Conclusions**

- **Questions/Discussion**

Background: Unmet Need

Definition
Data Reporting Requirements

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Definition (HRSA HIV/AIDS Bureau)

- **The need for HIV-related health services by individuals with HIV who are aware of their status but are not receiving regular primary [HIV] health care**[1]

Reporting Requirements

- Data and methods to estimate unmet need have evolved with improvements in HIV care and data quality
  - Estimated Unmet Need has been a reporting requirement for RWHAP recipients since 2005
  - New and expanded methodology released 2021 and implemented in 2022 (for 2019 data)

1. "HRSA/HAB Definitions Relate to Needs Assessment," prepared for the Division of Service Systems, HIV/AIDS Bureau by Mosaica: The Center for Nonprofit Development and Pluralism, June 10, 2002.

Methods

Unmet Need Framework

Jan 1, 2022-Dec 31, 2022

Indicators

- Late Diagnosis
- Unmet Need for Medical Care
- Unmet Need for Viral Suppression

Definitions

- Late Diagnosis: People diagnosed with HIV in the past 12 months with LATE DIAGNOSIS (Stage 3 [AIDS] diagnosis or an AIDS-defining condition ≤ 3 month after HIV diagnosis)
- Unmet Need for Medical Care: PLWDH with NO EVIDENCE OF CARE (at least one VL or CD4 test) in the past 12 months
- Unmet Need for Viral Suppression: PLWDH that are NOT VIRALLY SUPPRESSED in the past 12 months (VL ≥ 200 copies/ml)
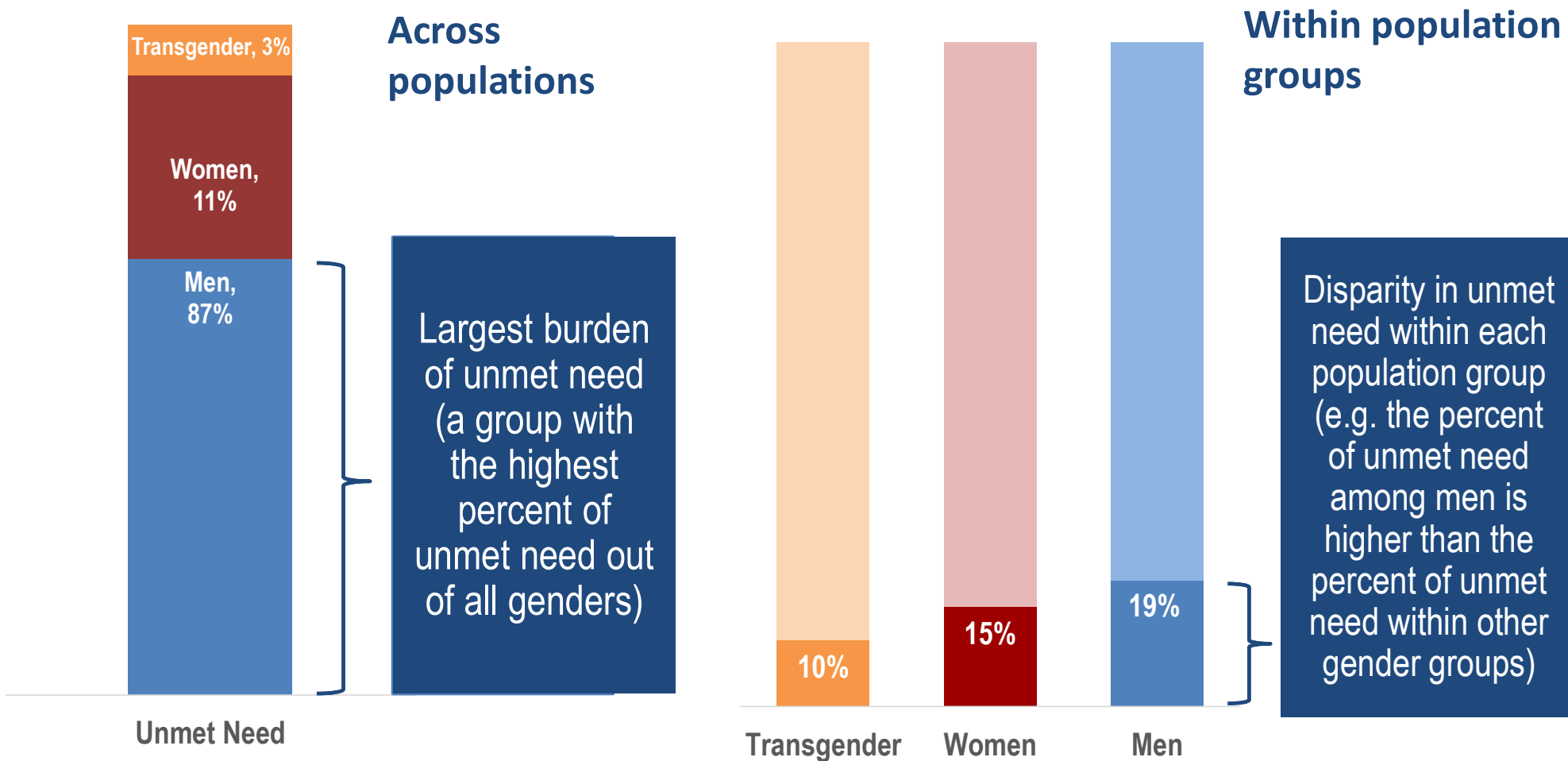
Data Sources

- HIV Surveillance: Viral load and CD4 tests – Late Diagnosis, Unmet Need for Medical Care and for Viral Suppression
- HIV Casewatch: Client characteristics and service use – Unmet Need for Medical Care and for Viral Suppression
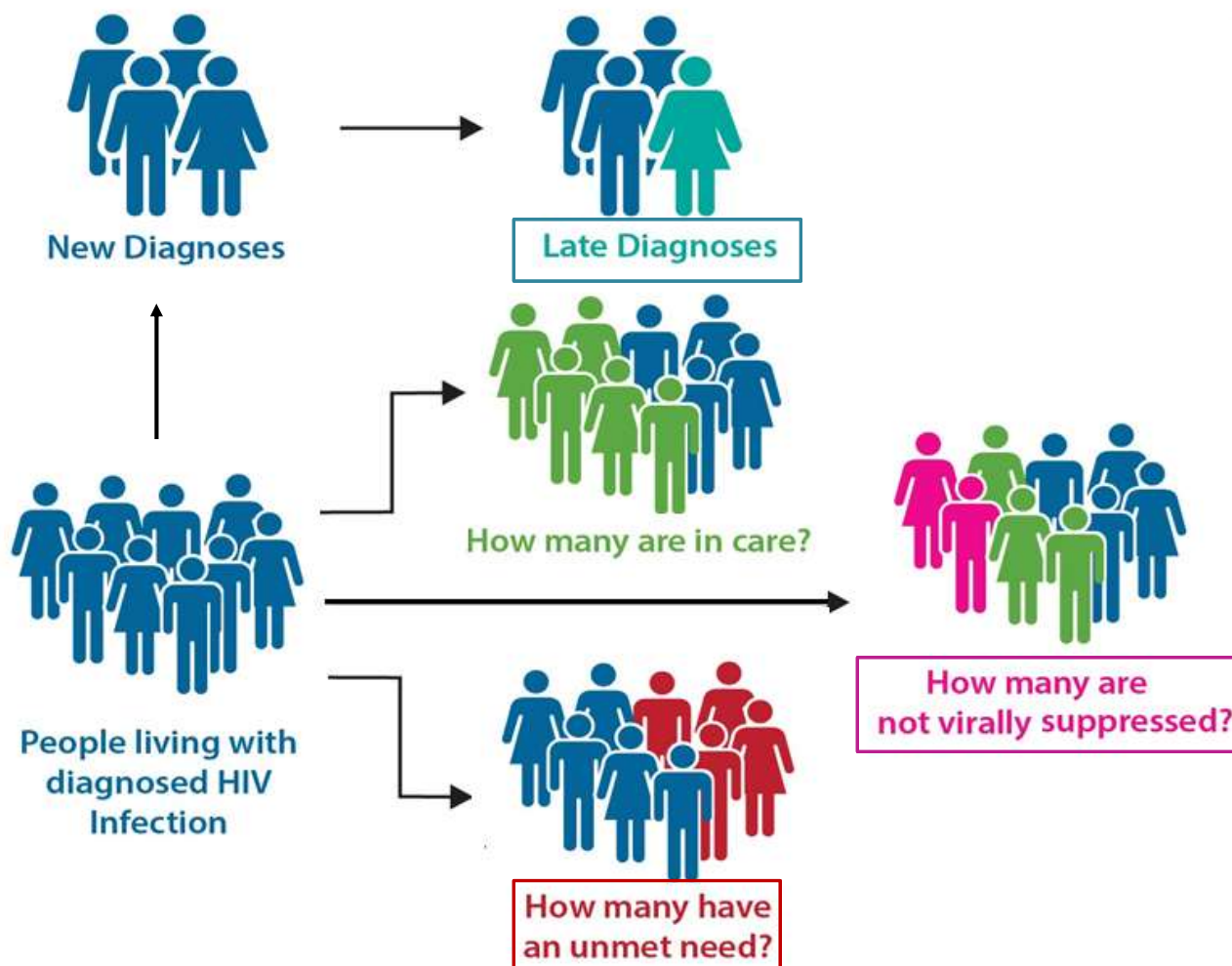
Late Diagnoses: Key Findings

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- **National goal: Reduce late diagnoses by 25%**
  - In LAC that means decreasing the percent of late diagnoses from 19% in 2022 to 15% by 2025[1]

- On average, it takes <u>8 years to progress</u> to late-stage disease from time of infection to diagnosis[2]

- **Helpful to track how well our care system is identifying infection early and across populations**
  - Identification of late diagnoses is not done at point of care – providers are not likely to know degree of disease progression at time of testing
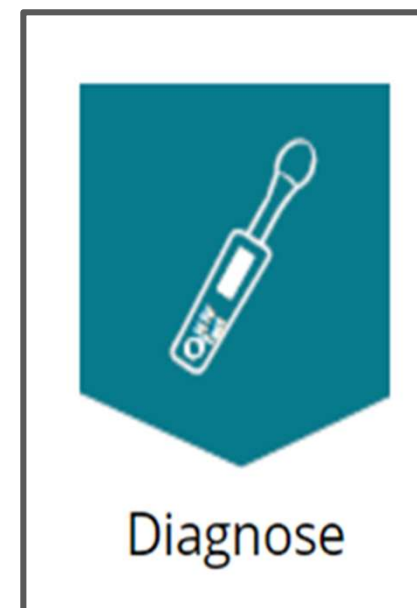
Diagnose

1. Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2023.
http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2023AnnualHIVSurveillanceReport.pdf

2. Lodi S, et al. Time from human immunodeficiency virus seroconversion to reaching CD4+ cell count thresholds <200, <350, and <500 cells/mm(3): assessment of need following changes in treatment guidelines. *Clin Infect Dis*. 2011;53(8):817–825.

1,642 New Diagnoses

18% Late Diagnoses (N=298)

Highest percentage of late diagnoses was among males, Latinx, aged 25-34, with transmission mode MSM among males, sexual contact among transgender persons, and no identified risk among females.

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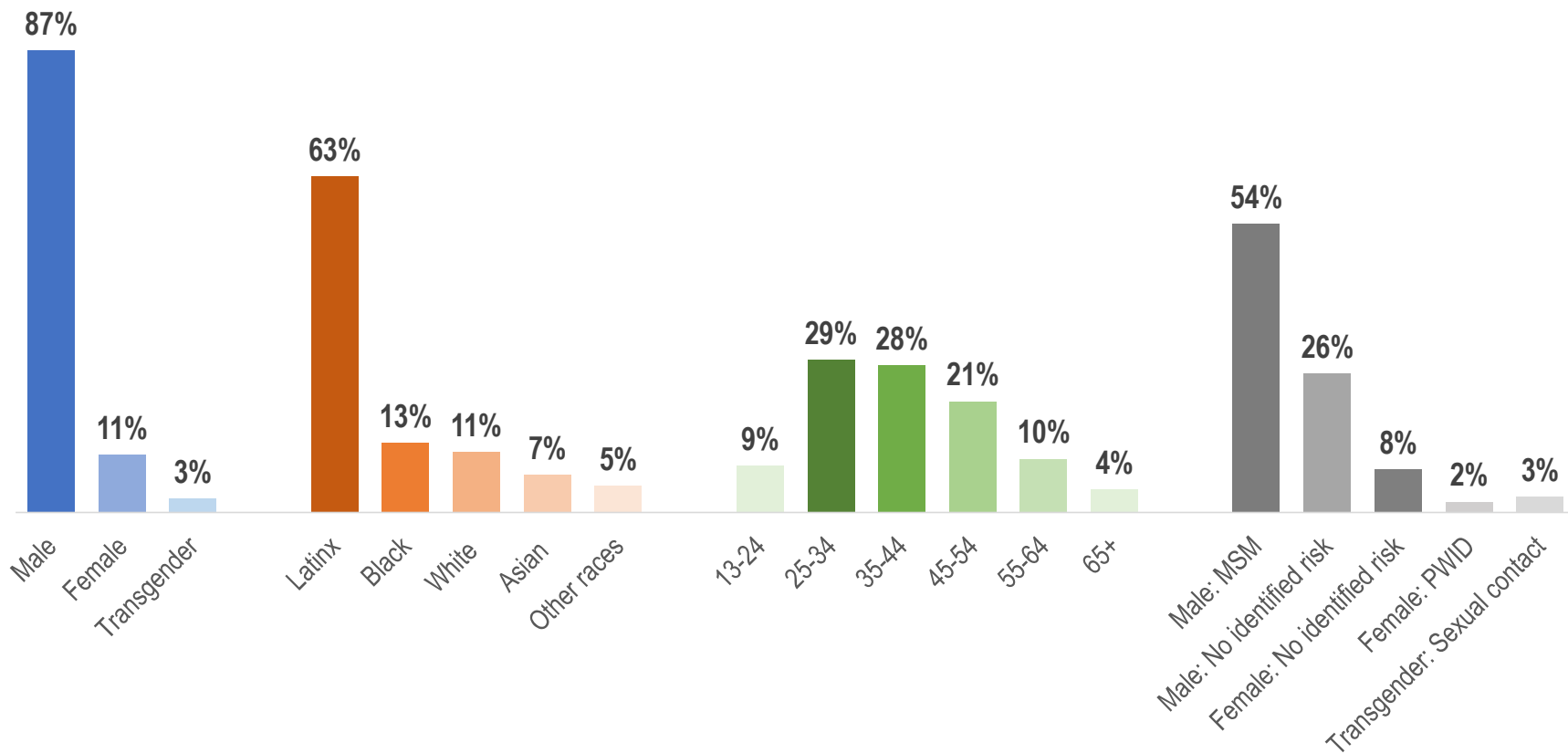
How and where can we improve for priority populations?

Largest disparities in the percent of late diagnoses vs the percent of new diagnoses **within each population group** among _PLWDH in LAC_ and _RWP clients_ were detected among following priority populations:

- **Aged 50 and older**

- **Latino MSM**

- **Women of Color**

Unmet Need for Medical Care: Key Findings

Context for Unmet Need for Medical Care

- **Local goal: increase engagement/receipt of care to 90% by 2025**
  - 72% of PLWDH were engaged in care in 2023[1]

- **Unmet need includes PLWH who may not have been linked to care or following diagnosis have fallen out of care**
  - Approximately 76% of new diagnoses were linked to care in ≤ 1 month[1]
  - On average, it takes 3.1 months to re-engage LRP clients into care and ranged from <1 month to 18 months[2]

- **Challenges to provider knowing care status**
  - No quality data for medical visit is available
  - Using HIV Surveillance lab data as proxy for medical visits
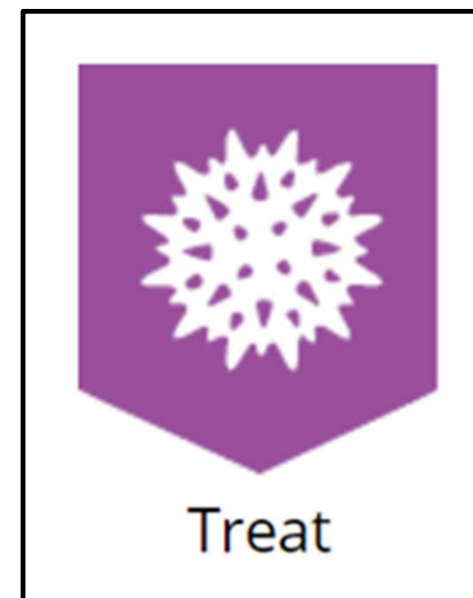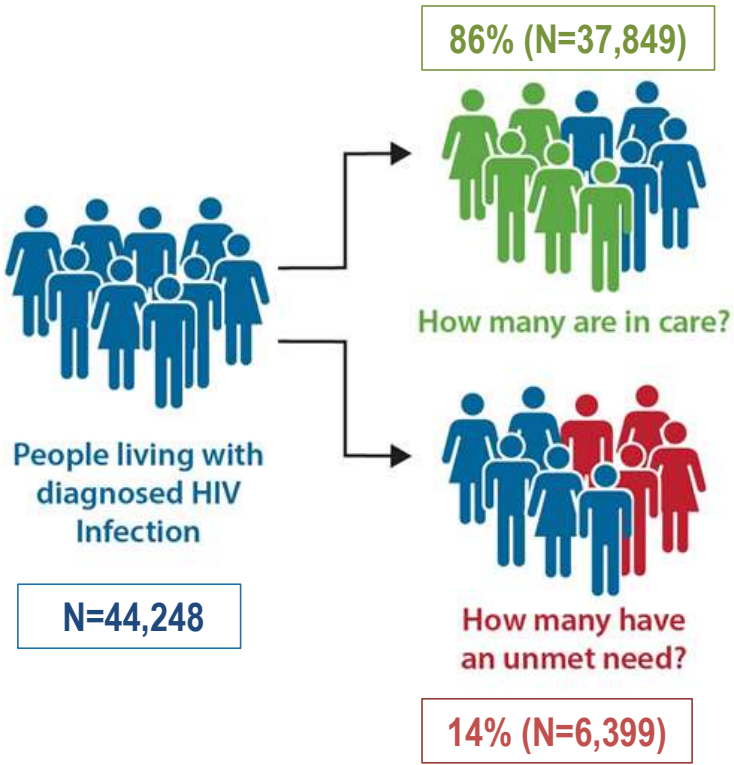
Treat

1. Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2023
   http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2023AnnualHIVSurveillanceReport.pdf
2. Division of HIV and STD Programs, Linkage and Re-Engagement Program, 2016-2019.

In 2022 unmet need was almost three times higher among LAC PLWDH than in RWP Clients.

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LAC 5-Year Population

People living with diagnosed HIV Infection

N=44,248

How many are in care?

86% (N=37,849)

How many have an unmet need?

14% (N=6,399)

RWP Clients

RWHAP clients

N=15,733

How many are in care?
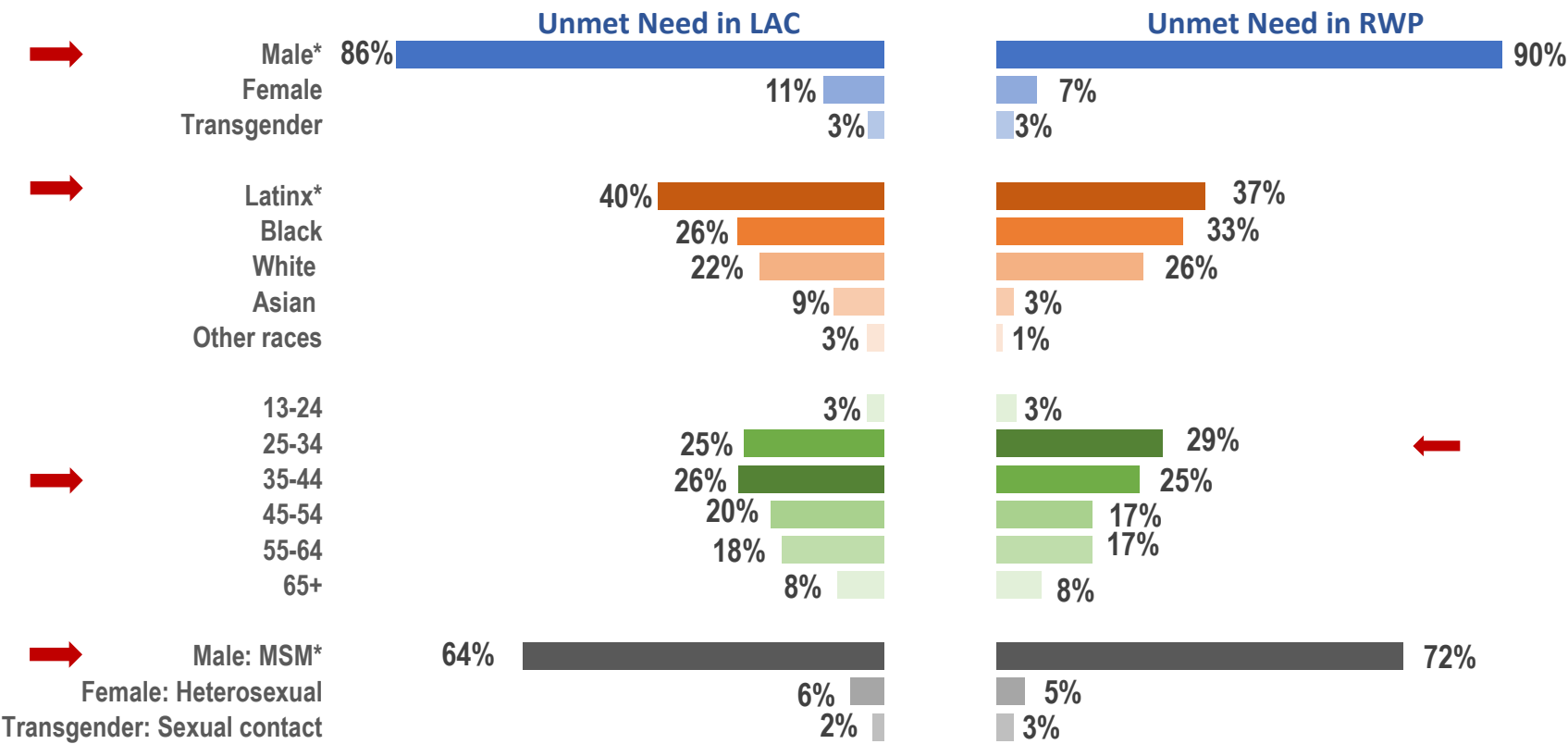
95% (N=14,898)

How many have an unmet need?

5% (N=835)
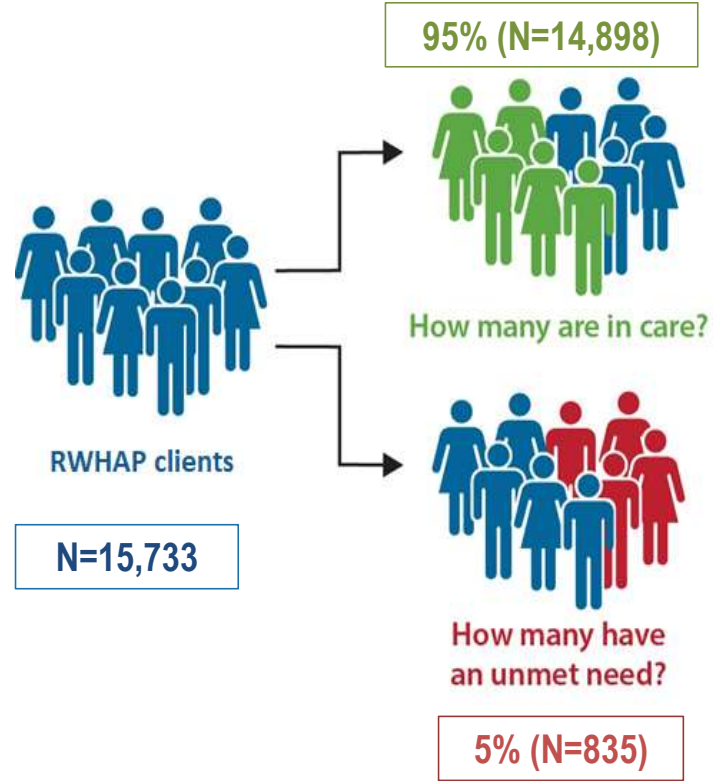
Estimates of Unmet Need for Medical Care – Key Populations

Males, Latinx, and MSM had the highest percentages of unmet need among PLWDH in LAC and RWP clients. Age groups with the highest unmet need was 35-44 years olds among PLWDH in LAC and 25-34 years olds among RWP clients.

Unmet Need in LAC

Category	LAC	RWP
Male*	86%	90%
Female	11%	7%
Transgender	3%	3%
Latinx*	40%	37%
Black	26%	33%
White	22%	26%
Asian	9%	3%
Other races	3%	1%
13-24	3%	3%
25-34	25%	29%
35-44	26%	25%
45-54	20%	17%
55-64	18%	17%
65+	8%	8%
Male: MSM*	64%	72%
Female: Heterosexual	6%	5%
Transgender: Sexual contact	2%	3%

Unmet Need in RWP

*Significant difference between LAC and RWP estimates.

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How and where can we improve for impacted populations?

Largest disparities in unmet need for medical care among *PLWDH in LAC and RWP clients* **within each population** were observed among following priority populations:

- **PLWH aged 13-29 years**

- **Black MSM**

- **PWID**

Unmet Need for Viral Suppression:
Key Findings

- **EHE Goal: Increase percentage of PLWDH with viral suppression to 95% by 2025**
  - 64% among all PLWDH in LAC regardless of care status[1]
  - 93% among PLWDH **with at least one VL test** in LAC[1]

- **Viral Suppression is the main HIV care outcome**
  - Undetectable viral suppression = Untransmittable infection
  - **U = U** [2]

Treat

- **Challenges to provider knowing viral suppression status**
  - No quality data on viral testing is available
  - Using HIV Surveillance lab data

1. Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2023. http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2023AnnualHIVSurveillanceReport.pdf
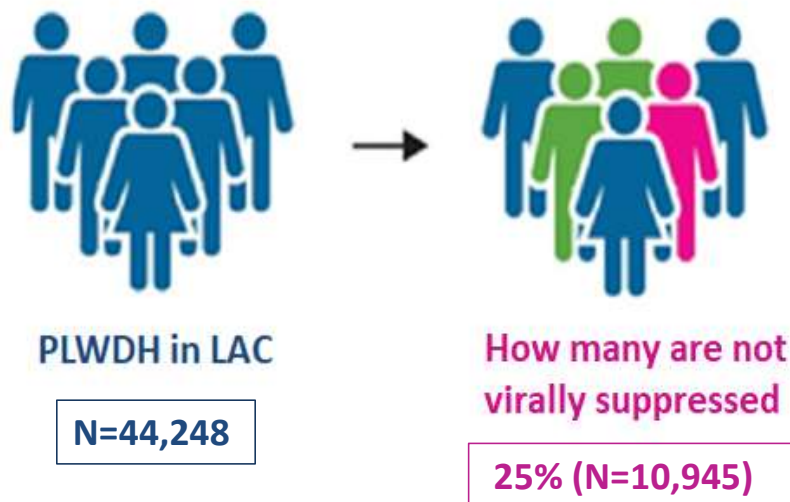2. https://www.nih.gov/news-events/news-releases/science-clear-hiv-undetectable-equals-untransmittable

In 2022 unmet need for viral suppression was higher for PLWDH in LAC compared to RWP clients.

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- **Unmet need for viral suppression was higher for LAC overall than RWP**

LAC 5-Year Population

RWP Clients
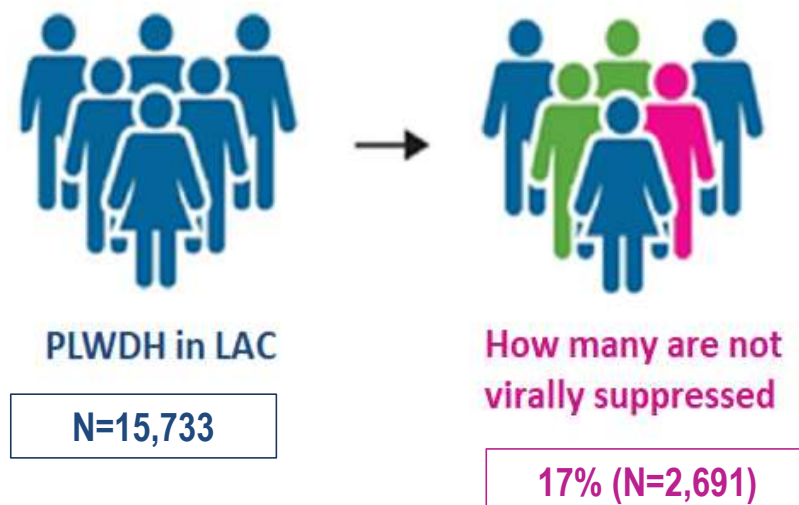
PLWDH in LAC

N=44,248

How many are not virally suppressed

25% (N=10,945)

PLWDH in LAC

N=15,733

How many are not virally suppressed

17% (N=2,691)

Both PLWDH in LAC and RWP clients had the highest percentages of unmet need for viral suppression among males, Latinx, aged 35-44, and MSM.

Unmet Viral Suppression LAC

Unmet Viral Suppression RWP

Category	LAC	RWP
Male	85%	86%
Female	11%	10%
Transgender	4%	4%
Latinx*	42%	45%
Black	25%	31%
White	22%	21%
Other races	8%	1%
Asian	3%	2%
13-24*	3%	4%
25-34	24%	27%
35-44	26%	27%
45-54	20%	19%
55-64	19%	17%
65+	8%	5%
Male: MSM*	65%	66%
Female: Heterosexual	3%	8%
Transgender: Sexual contact	3%	3%
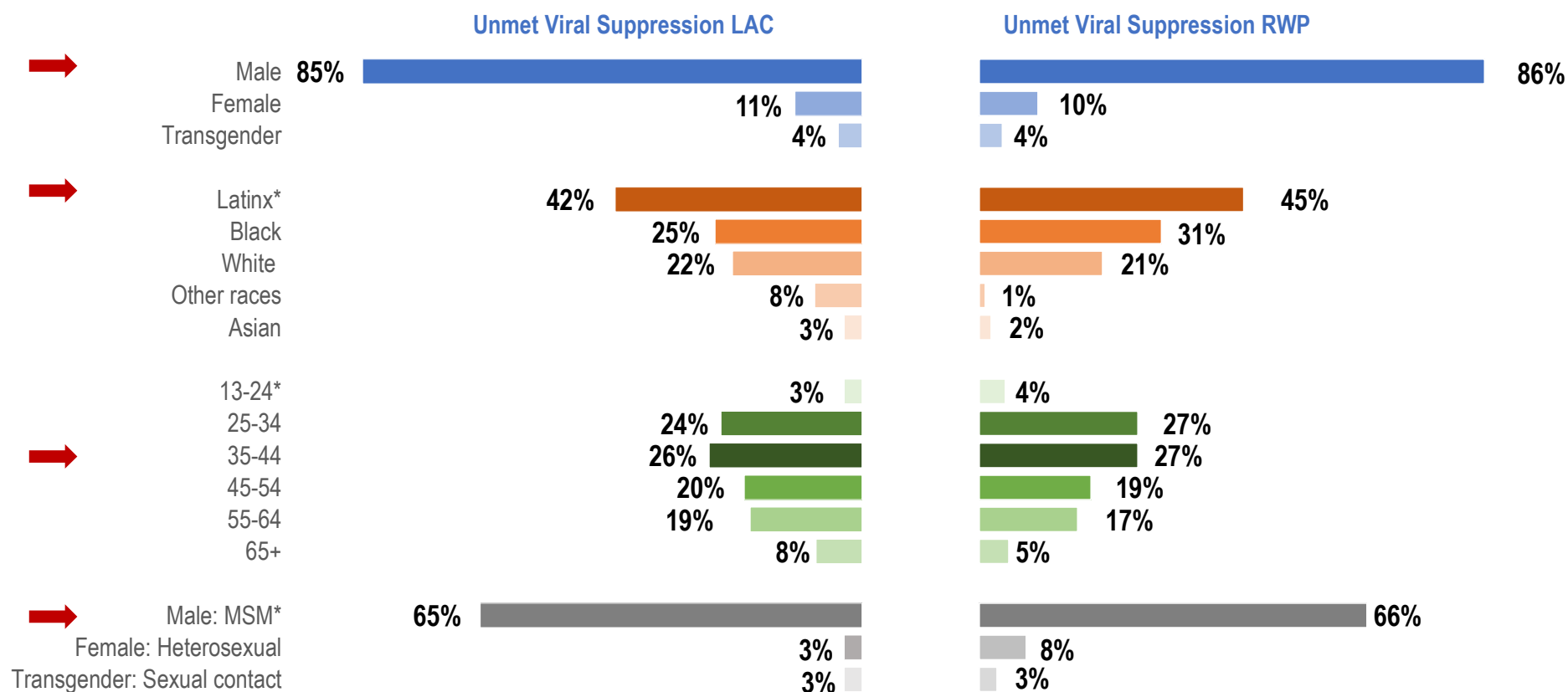
*Significant difference between LAC and RWP estimates.

Among both <u>PLWDH in LAC</u> and <u>RWP clients</u> the largest disparity in unmet need for viral suppression **within each population** was observed among:

- **PLWH aged 13-29 years**

- **PWID**

<u>LAC</u> also had a large disparity within the **Transgender population,** while

<u>RWP</u> had a large disparity within **Black MSM**.

Conclusions

- **Differences in unmet need estimates exist between PLWDH LAC and RWP clients:**
  - The percent of PLWH with Unmet Need for Medical Care was significantly **higher in LAC vs. RWP**
  - The percent of people with Unmet Need for Viral Suppression was **higher in LAC vs. RWP**

- Across all unmet need indicators, **the largest burden was among the largest population groups** in both PLWDH in LAC and RWP clients:
  - **Males**
  - **Latinx**
  - **People aged 25-44 (25-34 and 35-44 years old)**
  - **Transmission risk:**
    - **MSM transmission among males**
    - **Sexual contact among transgenders**

- To reduce the overall unmet need among PLWDH in LAC and among RWP clients, **we would need to develop interventions addressing the largest population groups across unmet needs.**

  – The impact of interventions designed and implemented for these groups would be the largest among both PLWDH in LAC and RWP clients.

To reduce disparities between populations among both PLWDH in LAC and RWP clients, **interventions should be focused on the most impacted population groups within each population.** These population groups are identified as LAC priority populations**:**

- **Transgender people**

- **Women of color**

- **Black and Latino MSM**

- **PLWH aged 13-24 years** and **50 years and older**

- PWID

Questions and Discussion

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