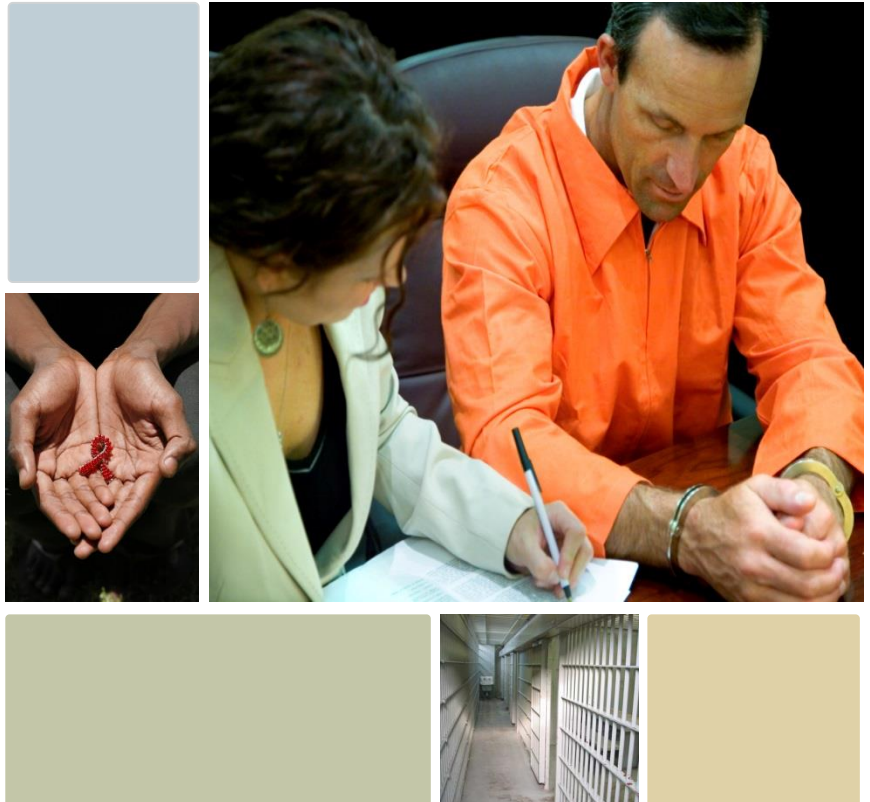


**Beyond Counting –
Using HIV Surveillance
Data to Monitor Linkage
to Care Following
Release from
Corrections**

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9th Academic and Health Policy
Conference on Correctional Health



Presenter Disclosures

- Liza Solomon
 - No conflicts to disclose

Goals of Presentation

- Review data on HIV within correctional facilities
- Discuss linkage to care following release from corrections
- Describe Ryan White client level data systems, the HIV/AIDS Surveillance System and the National Corrections Reporting Program data
- Discuss the importance and utility of using existing data to monitor linkage to care

Background - HIV Infection and the Care Continuum

- Estimated 1.2 million persons age 13+ living with HIV infection in the U.S.
- Significant racial and ethnic disparities exist
 - Blacks account for nearly half of all diagnoses yearly
- Estimates of the HIV care cascade
 - 87% of those infected are diagnosed
 - 39% receive care
 - 36% utilized ART
 - 30% achieve viral suppression
- Estimated that 74% all new diagnoses associated with individuals who knew their status but not in care or not virally suppressed

HIV in Correctional Facilities

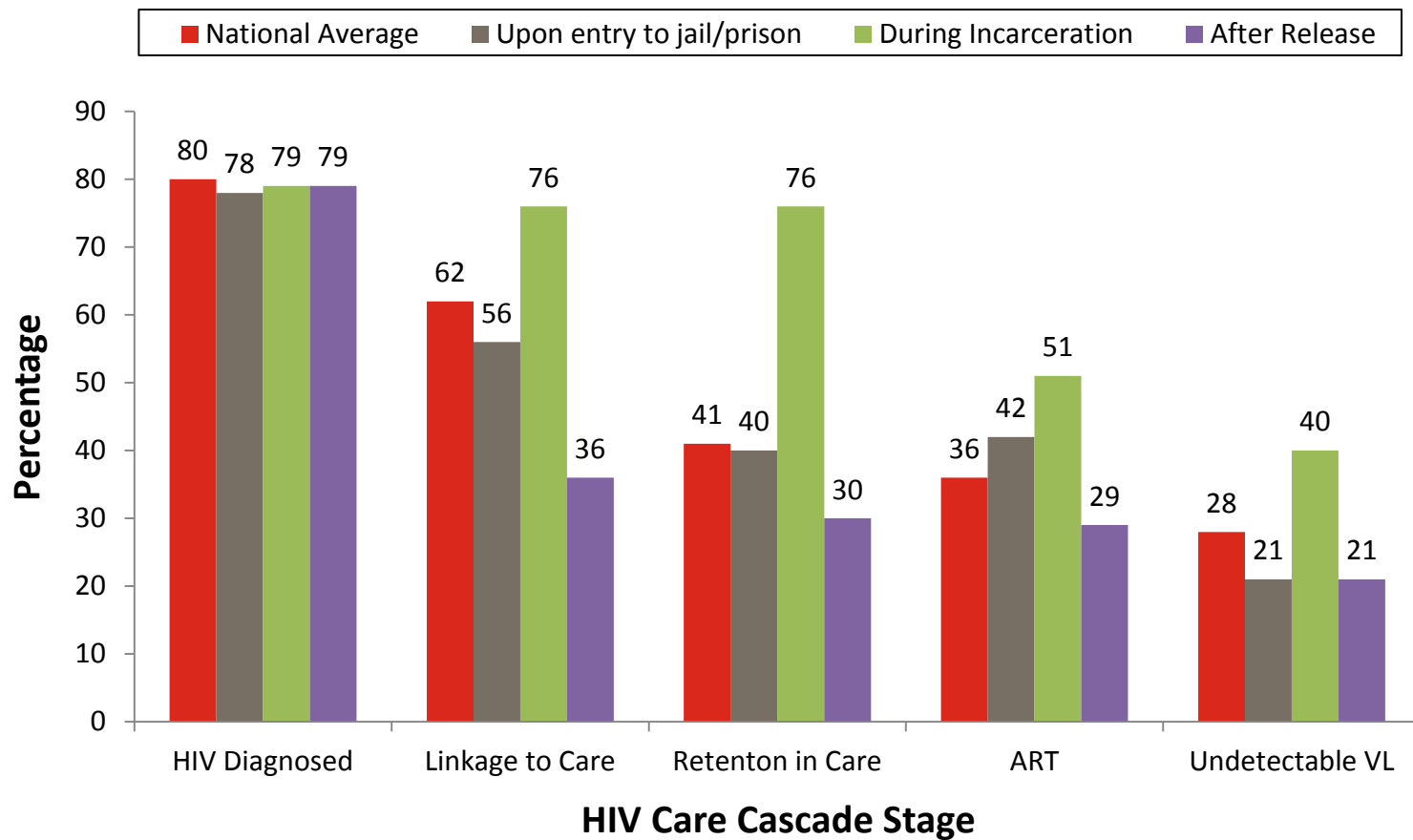
- Prevalence of HIV among people in corrections 3-5 times higher than US population
- HIV treatment is widely available in US state and federal prisons
- In a systematic review Iroh* and colleagues reported 65% HIV+ patients received ART during incarceration
 - 51% achieved viral suppression*
- HIV related mortality in prison lower than comparable US population++

*Iroh et al AJPH : ++ BJS 2015

Significant Lapses Following Release

- Texas – only 17% of HIV+ persons released from prison filled prescriptions within 30 days
- Texas – Only 28% of 1750 HIV positive releasees linked to care within 90 days
- California - 59% of individuals who utilized ART in jail discontinued in months after release
- Multisite study of jails only 19% had a visit in the first quarter after release
- Median time to linkage 57 days in Rhode Island and 35 days in No. Carolina
- Iroh – average rate of viral suppression 6 months after release 26%

HIV continuum during, and after release from incarceration



Iroh, Mayo, Nijhawan, AJPB 2015

A Public Health Approach to Prevention

- *Data to Care* is a new public health strategy that aims to use HIV surveillance data to identify HIV-diagnosed individuals not in care, link them to care, and support the HIV Care Continuum.
 - CDC Interventions that work

To be effective we must utilize existing data sets to create a national system to monitor and evaluate linkage to care while *protecting the confidentiality of released persons*

Data Systems That Can Be Utilized

- HRSA's Ryan White HIV/AIDS Program Unique Client Identifier
- HIV/AIDS Surveillance Systems
- National Corrections Reporting Program

HRSA's Ryan White Client Level Data

- 536,000 HIV + persons receive care yearly from the Ryan White HIV/AIDS program
- All service providers are required to report client level data to HRSA
- Client level data is reported using an encrypted client ID - eUCI
- The eUCI is generated from demographic data and subject to a HASH algorithm – source data cannot be re-created

HIV/AIDS Surveillance Systems

- AIDS case reporting began 1981
- HIV case reporting in all states, DC and Puerto Rico
- All states have laboratory reporting of CD4 and viral load
- VL or CD 4 laboratory tests indicate contact with clinical care - low VL or high CD4 indicative of effective care
- Guidelines call for monitoring labs at 6 month intervals
- States maintain their own surveillance systems that contains confidential identifiable data

National Corrections Reporting Program

- NCRP (part of BJS) compiles individual level data on admissions and releases from state prisons
- Data elements include demographics, incarceration and release dates
- Records of individuals with known HIV + infection leaving corrections can be matched to HIV/AIDS surveillance data to monitor linkage to care

Matching Data Elements

- NCRP data has all elements necessary to create the eUCI
- Statewide HIV/AIDS reporting systems contain all identifiers necessary to create eUCI
- Use of the eUCI permits linking of program data without patient identifiers
- Validation in Rhode Island demonstrated that the eUCI performed comparably to other probabilistic matching techniques*
- Can be utilized by individuals without access to highly confidential data

■ *Gutman et.al Stat Med 2015

Potential for Improving the HIV Care Continuum

- Among those diagnosed with HIV only 66% are linked to care
- Among those, fewer than half remain in regular care
- Only 25-30% of HIV+ individuals are effectively treated
- 61% of all new infections are attributed to those diagnosed but not retained in care
- Creating a national system to monitor and assess linkage should be a national priority – protecting confidentiality is possible and essential

Summary

- HIV + individuals in state and federal correctional facilities receive ARTs and achieve viral suppression in rates higher than the general population
- Rates of linkage and VL suppression worse than general population following release
- No systematic and consistent system exists to monitor linkage and care following release
- Existing data systems exist
- Additional efforts needed to fulfill the goals of the Natl HIV/AIDS National Strategy

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