

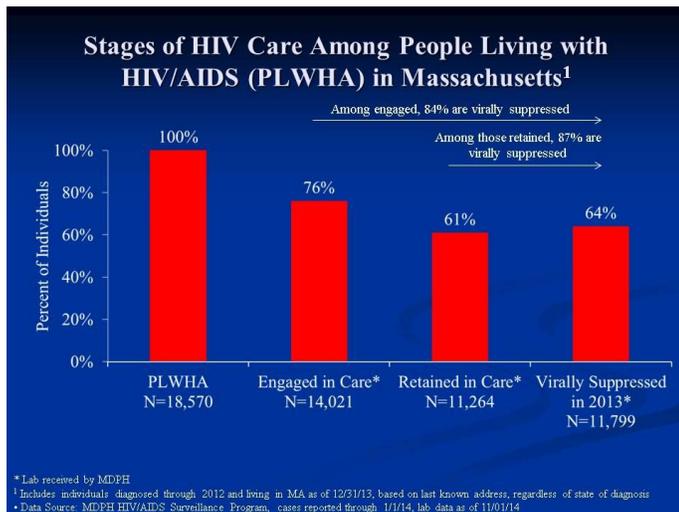
# Massachusetts HIV Care Continuum

Released December 1, 2014

## 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



- Among 18,570 persons living with HIV/AIDS (PLWHA) in Massachusetts as of 1/1/14, 76% were engaged<sup>1</sup> in HIV care and 61% were retained<sup>2</sup> in care in 2013.

- Engagement and retention in care was linked with high rates of viral suppression. Eighty-four percent of those engaged in care and 87% of those retained in care in Massachusetts were virally suppressed.
- Among all PLWHA in Massachusetts, 64% were virally suppressed<sup>3</sup>, 26% were missing viral load information in 2013, and only 10% had a viral load higher than 200 copies/mL.
- Females had higher rates of engagement and retention in medical care compared to males, but lower rates of viral suppression. Seventy-eight percent of females were engaged in care compared to 75% of males; 63% were retained in care compared to 60% of males, and 62% were virally suppressed compared to 64% 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-eight percent of white (non-Hispanic) were virally suppressed compared to 60% for black (non-Hispanic) and Hispanic/Latino individuals.
- Engagement and retention in care are similar among exposure mode groups. However, rates of viral suppression are higher among men who have sex with men (MSM) compared to other exposure mode groups. Sixty-eight percent of MSM individuals were virally suppressed compared to other risk groups which ranged from 60% to 63%.

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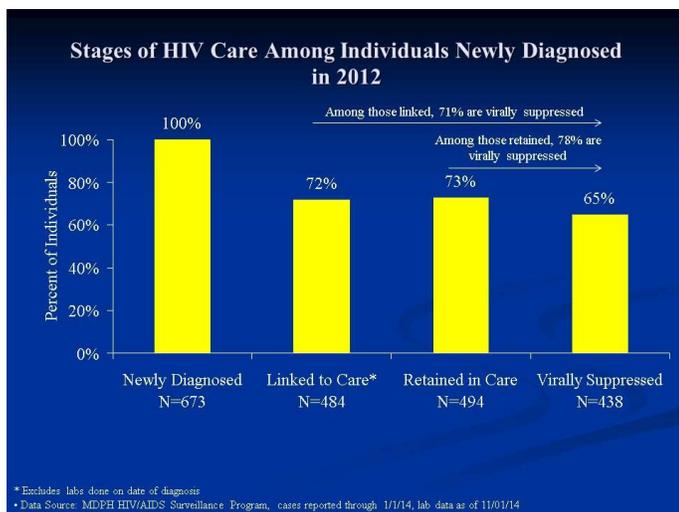
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## Linkage to Care after HIV Diagnosis

- 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.

- Rates of linkage and retention in care are higher for newly diagnosed females than males, but rates of viral suppression between newly diagnosed males and females are similar.
- Seventy-eight percent of females were linked to care within three months of HIV diagnosis compared to 70% of males, and 78% were retained in care compared to 72% of males. Sixty-six percent of newly diagnosed females and 65% of newly diagnosed males were virally suppressed.

## Stages of HIV Care: Individuals Newly Diagnosed



- As of January 1, 2014, there were 673 individuals newly diagnosed with HIV in 2012 who were living in and receiving care in Massachusetts.
- Among the 673 newly diagnosed individuals, 72% were linked to care within three months of diagnosis. Seventy-three percent were retained in care and 65% were virally suppressed (viral load less than or equal to 200 copies/mL).

- Linkage and retention rates for newly diagnosed black (non-Hispanic) are higher than for white (non-Hispanic) individuals (80% compared to 71%), but viral suppression is lower among black (non-Hispanic) individuals at 64% compared to 71% for white (non-Hispanic).

- Due to the small numbers of newly diagnosed individuals in 2012, no meaningful differences in linkage, retention, or viral suppression rates were identified based on exposure mode.

### Definitions:

<sup>1</sup> "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.

<sup>2</sup> "Retained in care" is defined by CDC as having two laboratory tests, obtained at least three months apart, during a one year period.

<sup>3</sup> "Viral suppression" is defined as a viral load less than or equal to 200copies/mL.