

HIV/AIDS in Massachusetts

Challenges and Opportunities to Enhance the Public Health Response

May 14, 2013

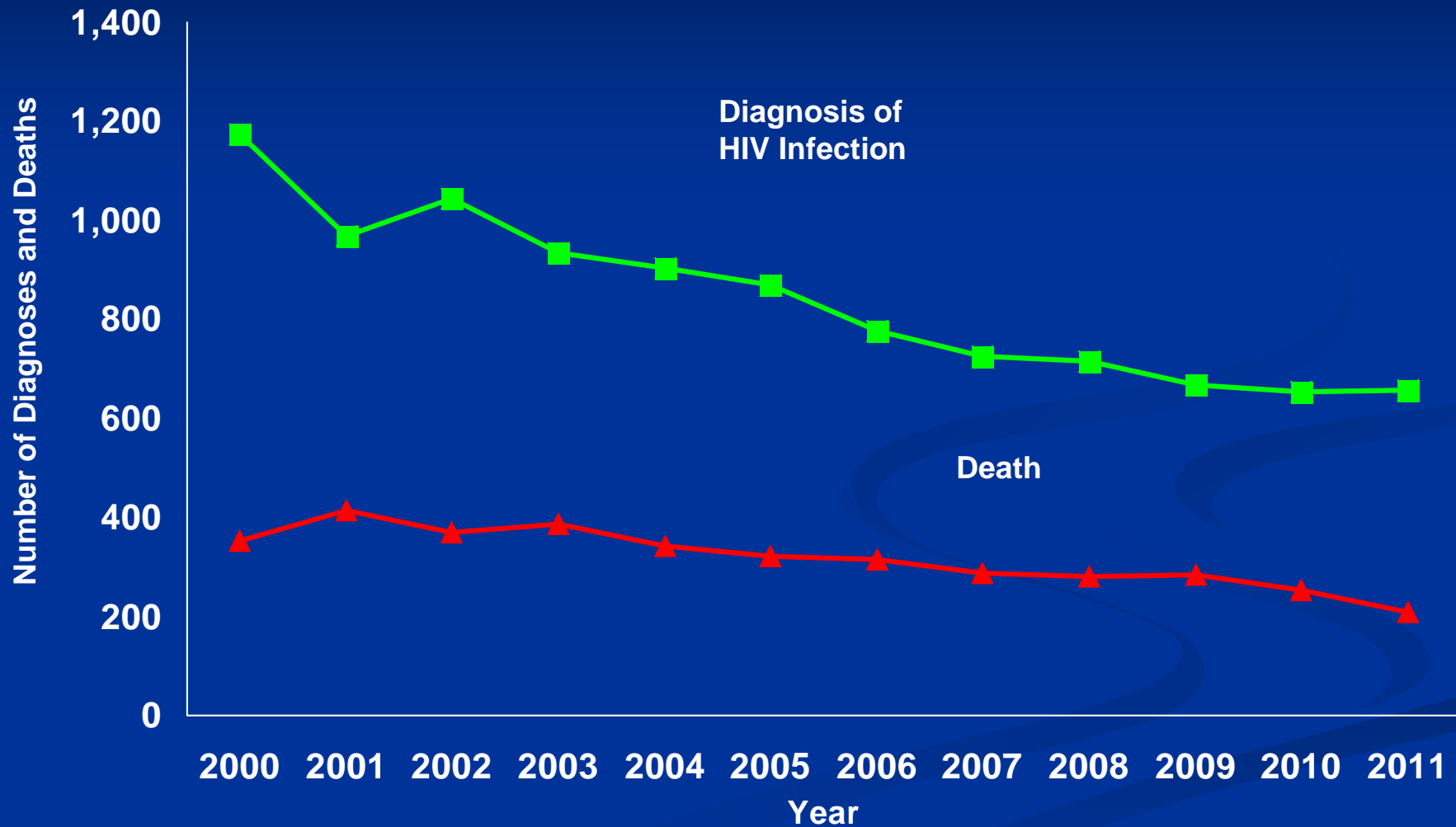
Fenway Community Health Center

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Massachusetts—Epi at a Glance

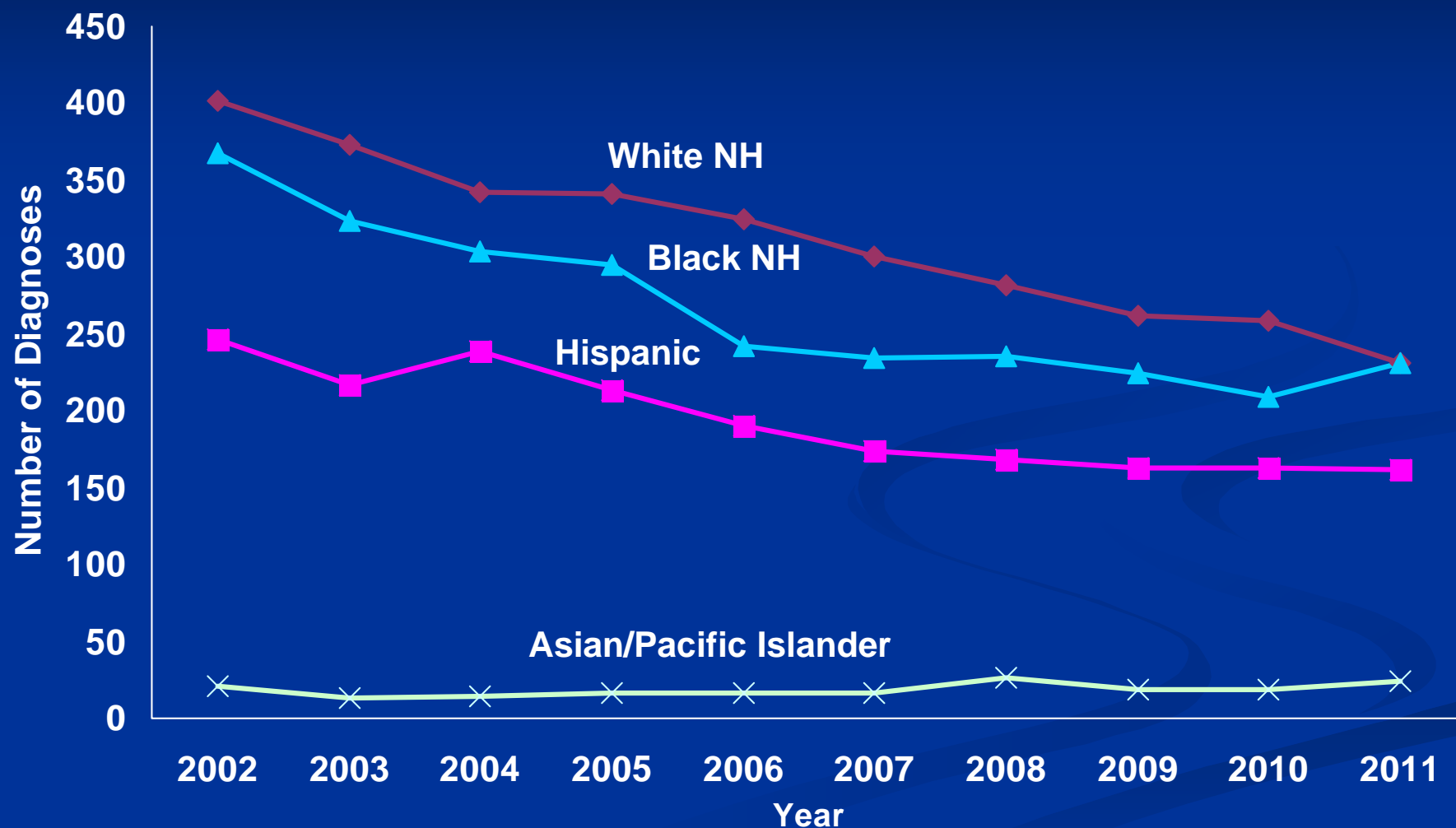
- There are 18,459 individuals living with HIV in Massachusetts reported to the State Surveillance Program
- There were 657 new diagnoses in 2011
- An estimated 26,000 – 28,000 people living with HIV in Massachusetts
- According to CDC, an estimated 18% do not know their HIV status (~4,800 individuals)
- Over half of PLWH in the State are people of color
 - Fifty-five percent (55%) of newly diagnosed males are persons of color
 - Eighty percent (80%) of newly diagnosed females are persons of color

Figure 2. Trends in HIV Infection and Death among People Reported with HIV/AIDS by Year: Massachusetts, 2000–2011



Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/13

People Diagnosed with HIV Infection by Race/Ethnicity and Year of Diagnosis¹: Massachusetts, 2002–2011



¹ Reflects year of diagnosis for HIV infection among all individuals reported with HIV infection, with or without an AIDS diagnosis. Data Source: MDPH HIV/AIDS Surveillance Program; NH = Non-Hispanic; Data as of 1/1/13

Why are we seeing reductions?

- Medicaid expansion in 2001
- Targeted prevention activities
 - Integrated HIV, STI, and viral hepatitis testing since 2005
 - Tailored programs for IDU, MSM
- HIV Drug Assistance Program (HDAP)
 - 500% eligibility ceiling, never had a waitlist
 - Ready access to care and treatment, TasP
- Routine HIV testing
 - 2006 Clinical Advisory on Routine HIV Testing
 - CDC Expanded Testing Initiative, starting in 2007
 - Change in state law authorizing verbal consent to test for HIV in 2012
- Medical case management to support HIV care services not covered by health insurance
- Syringe deregulation in 2006
- State health care reform in 2007, Health Safety Net Program

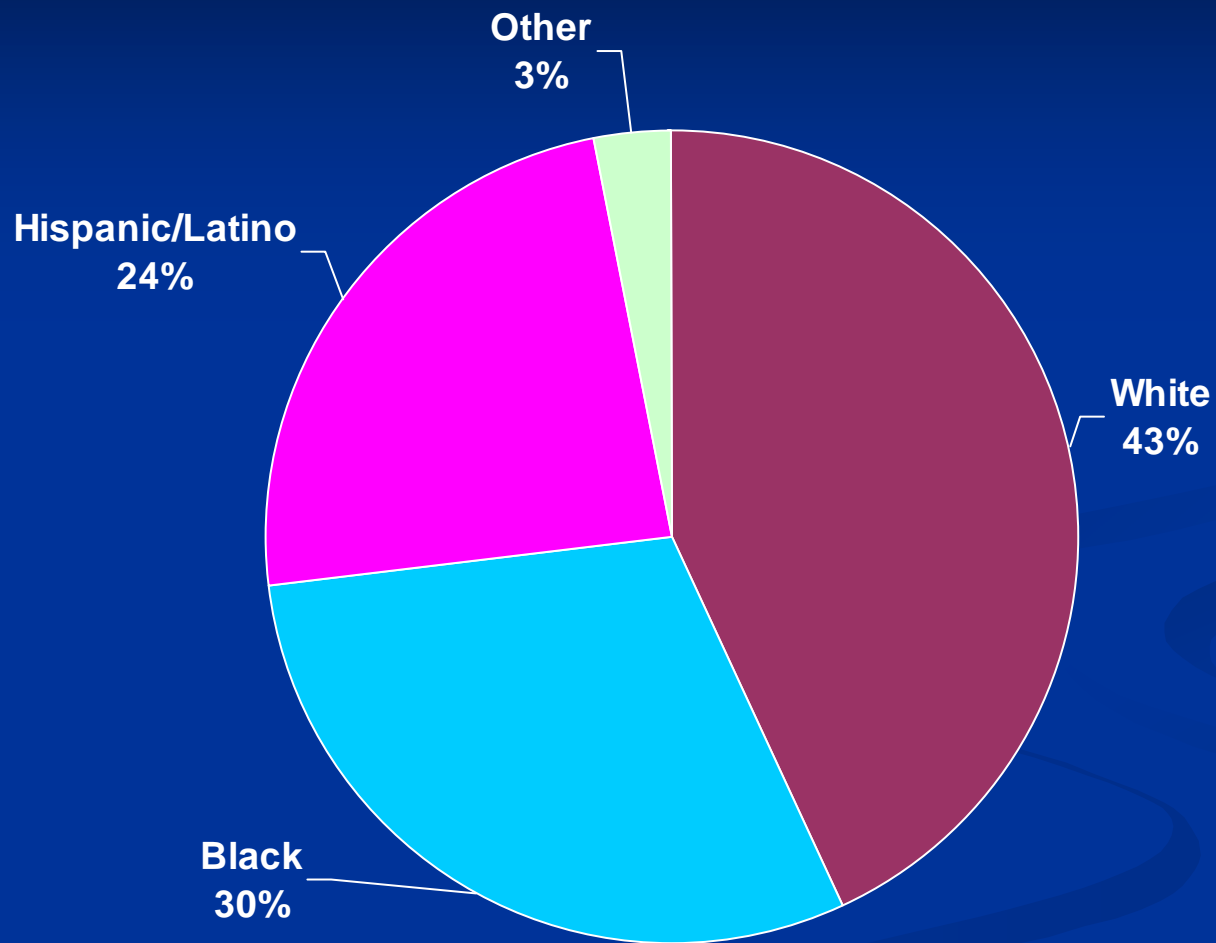
Prevention and Care Investments are Highly Cost-Effective

- Over 5,500 cases averted between 2000 and 2012
 - Estimated health care cost savings of \$2.1 billion dollars
- Medicaid costs per HIV+ beneficiary down by 22% in a recent five-year period
 - Inpatient hospital costs down 10% despite 6,000 new HIV+ beneficiaries during the same time frame
- Forty-six (46) Medical Case Management programs
 - 95% - 99% of patients in care
 - 91% - 96% eligible patients on ART
 - Over 75% patients achieved HIV viral suppression

What challenges do we face?

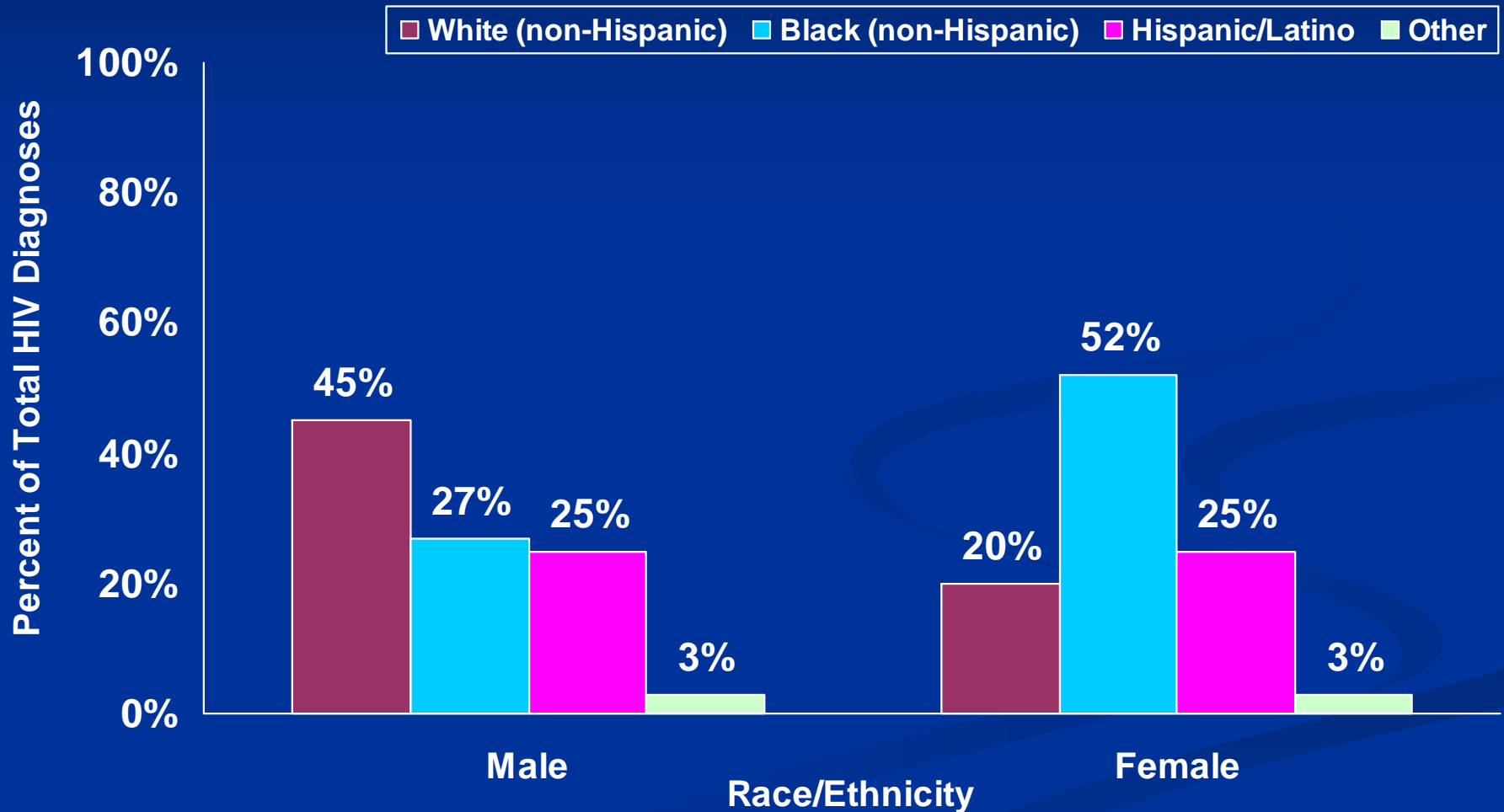
- Incidence declines may be slowing
 - More than 650 new infections every year
- Disparities
 - By race/ethnicity
 - By gender and race/ethnicity
 - By world region of birth
 - By exposure mode, notably MSM

People Living with HIV/AIDS on December 31, 2012 by Race/Ethnicity: Massachusetts



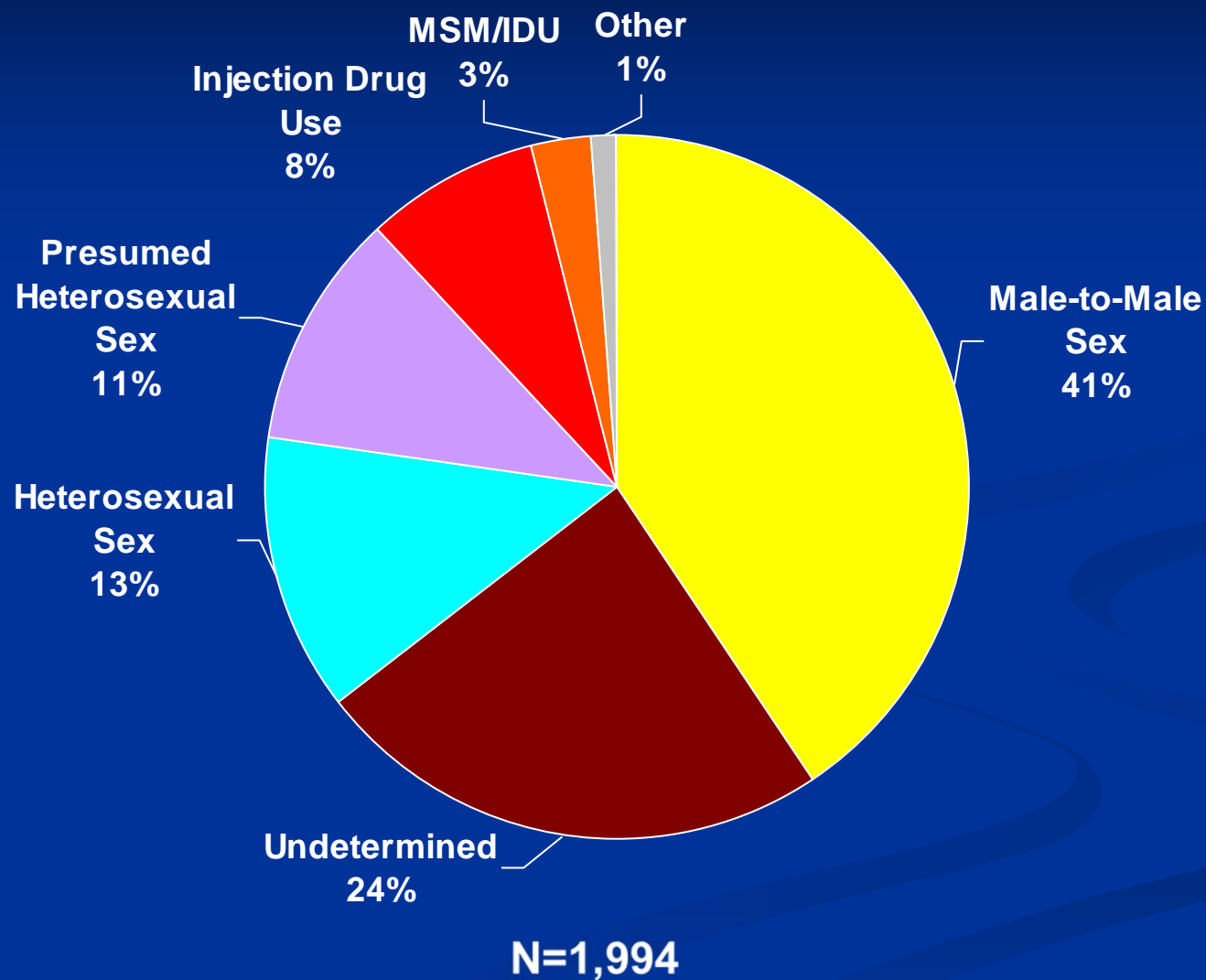
N=18,459

Figure 2. People Diagnosed with HIV Infection Within the Years 2009–2011 by Gender and Race/Ethnicity: Massachusetts

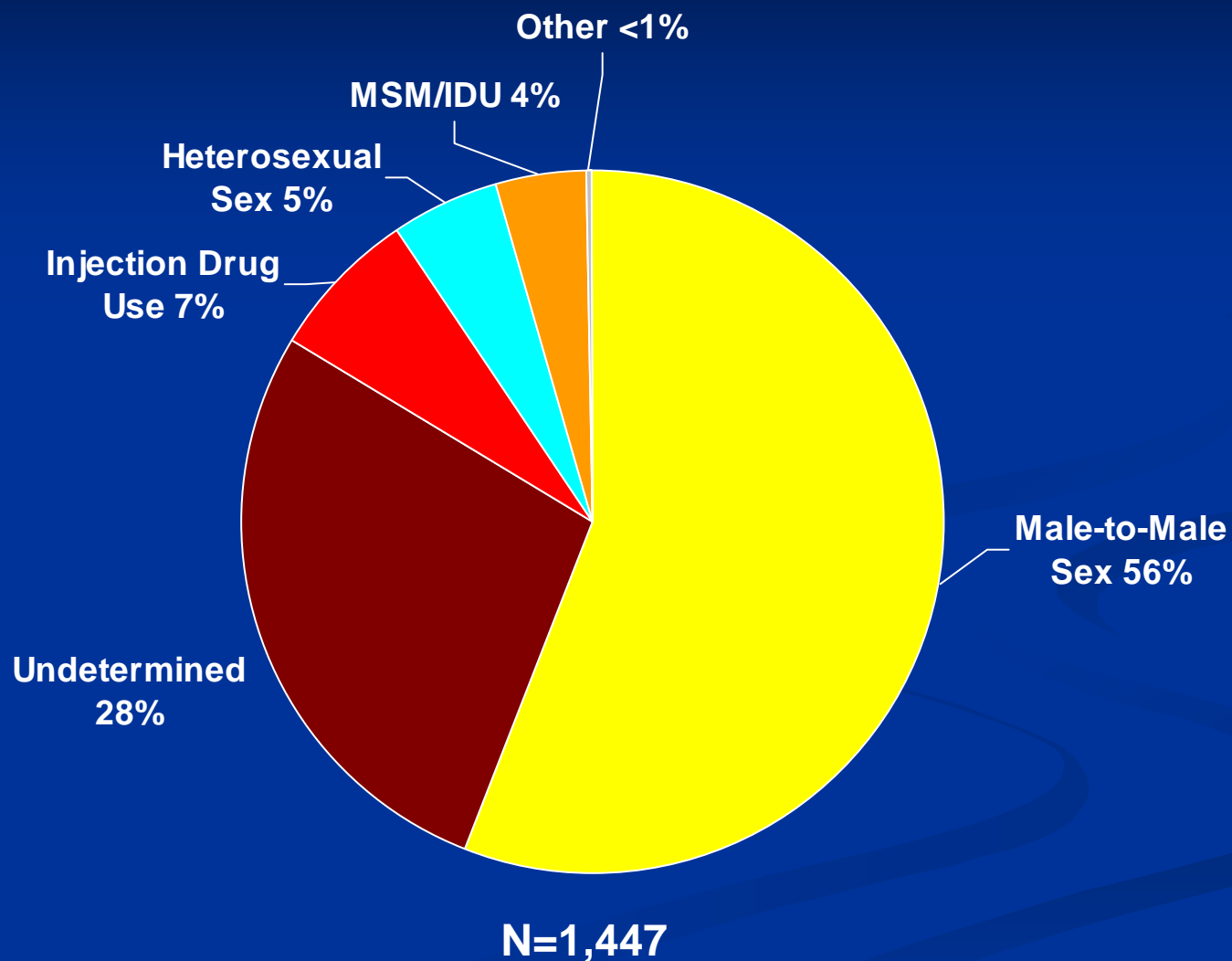


Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/13

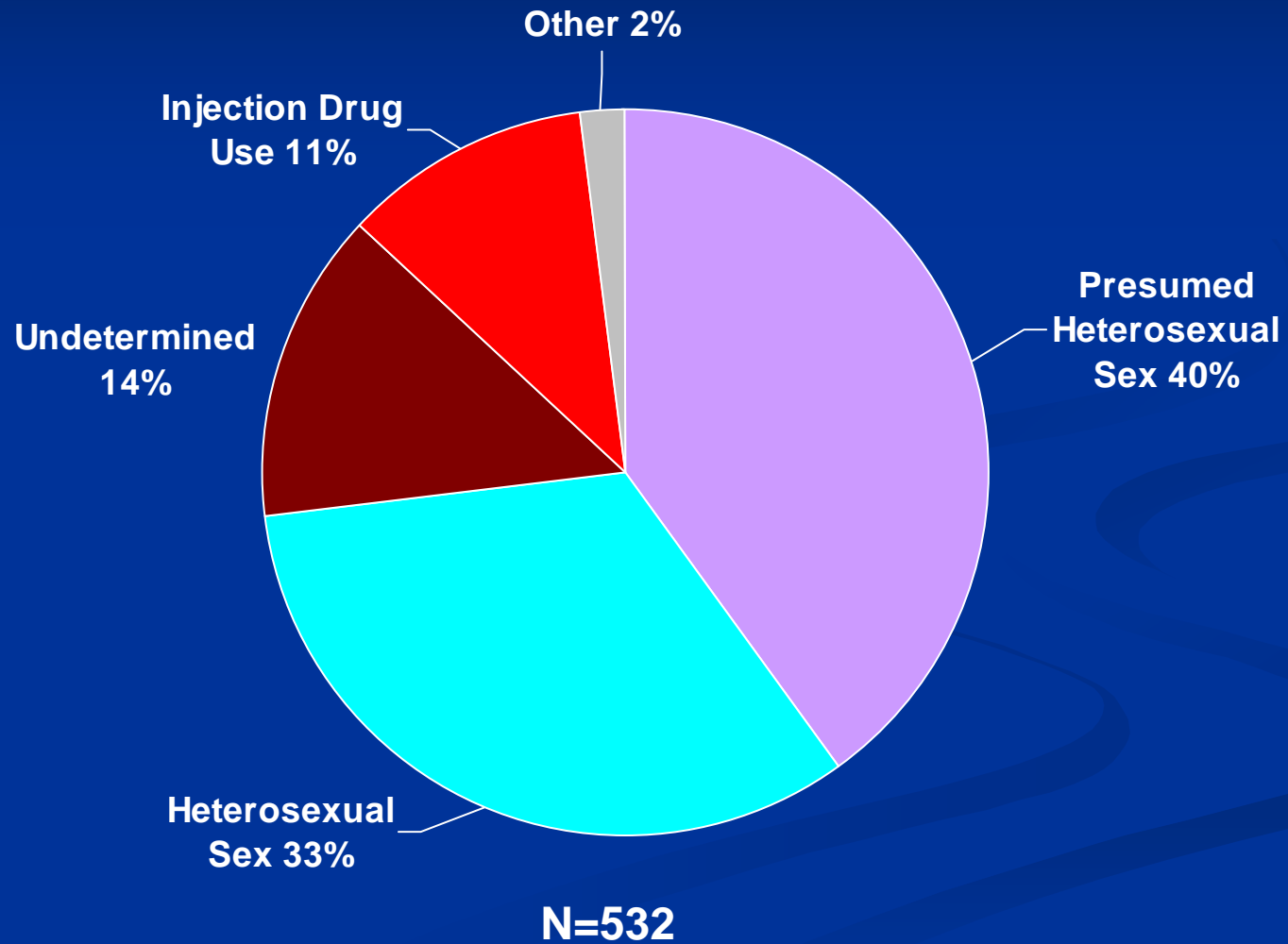
People Diagnosed with HIV Infection Within the Years 2009–2011 by Exposure Mode: Massachusetts



Males Diagnosed with HIV Infection Within the Years 2009–2011 by Exposure Mode: Massachusetts

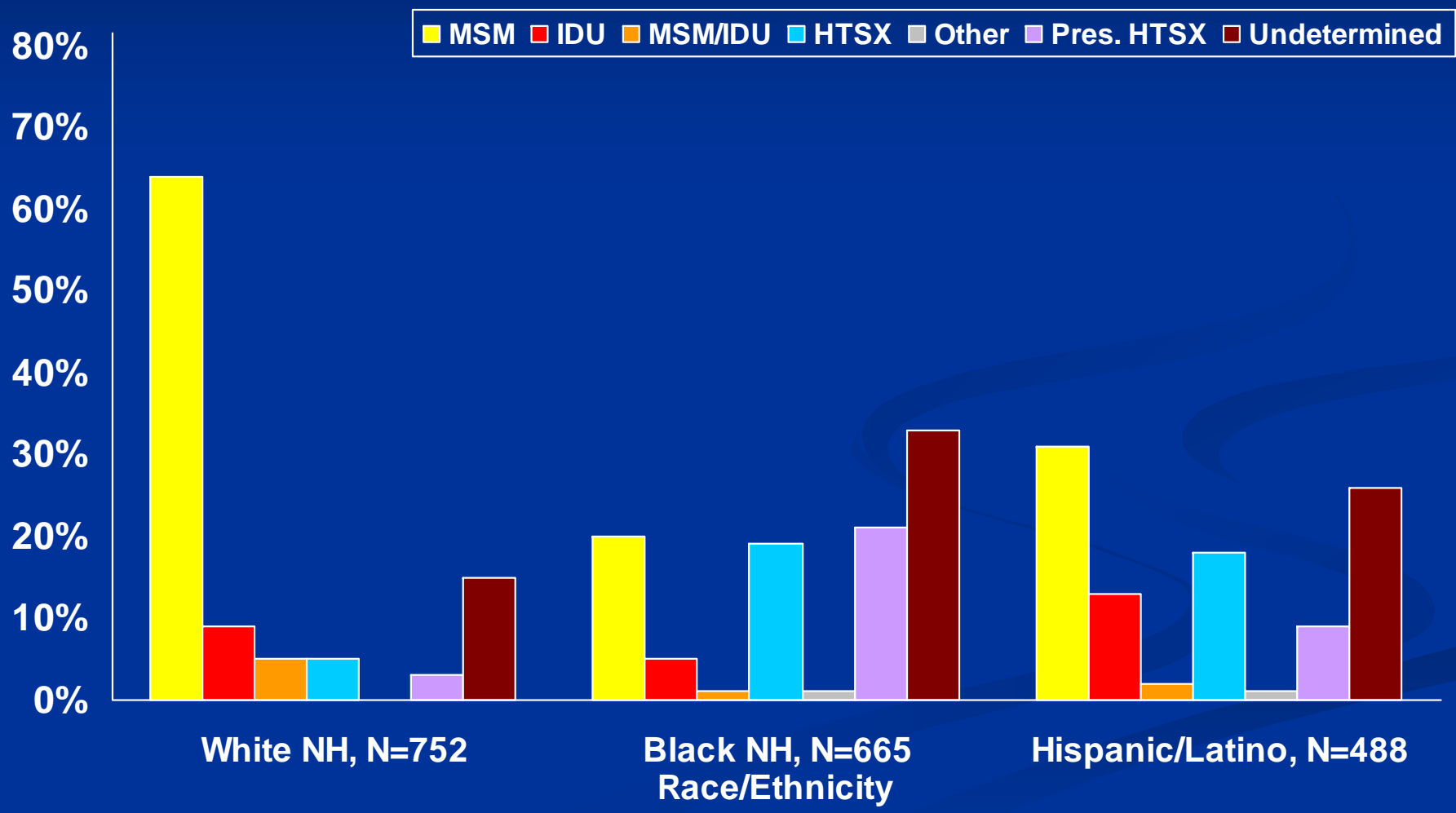


Females Diagnosed with HIV Infection Within the Years 2009–2011 by Exposure Mode: Massachusetts



People Diagnosed with HIV Infection Within the Years 2009–2011 by Exposure Mode and Race/Ethnicity: Mass.

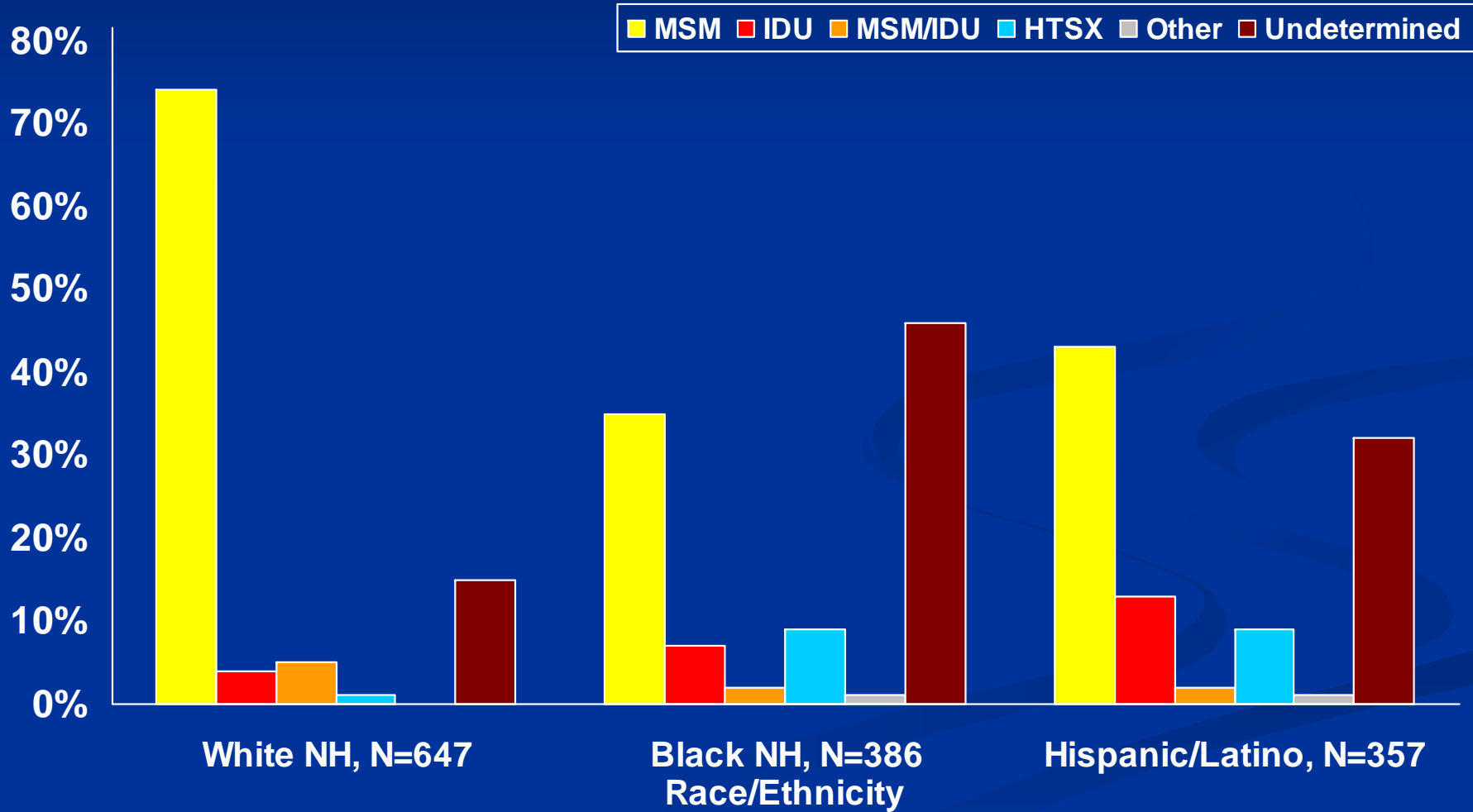
Percent



NH= Non-Hispanic, Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/13

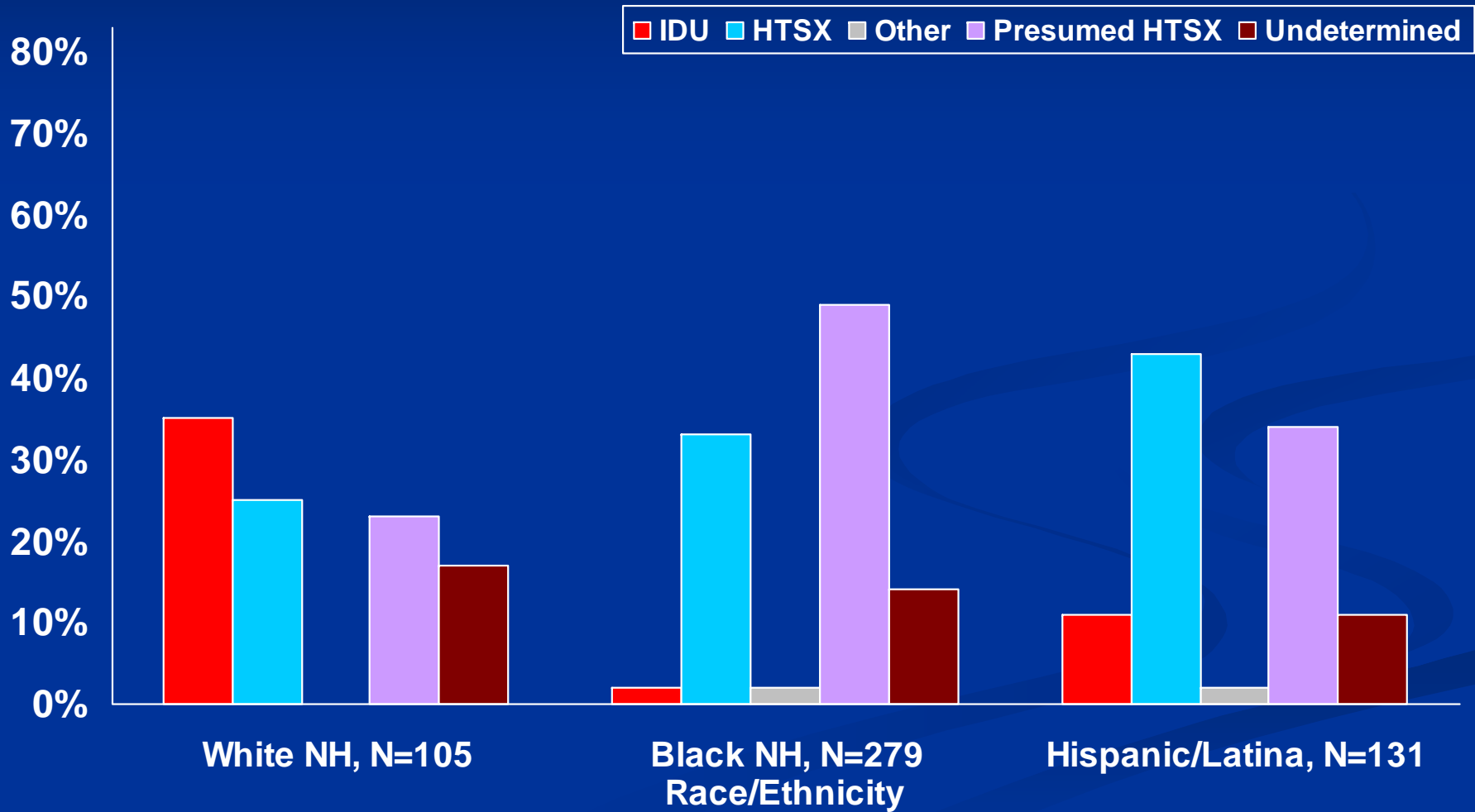
Males Diagnosed with HIV Infection Within the Years 2009–2011 by Exposure Mode and Race/Ethnicity: Mass.

Percent



Females Diagnosed with HIV Infection Within the Years 2009–2011 by Exposure Mode and Race/Ethnicity: Mass.

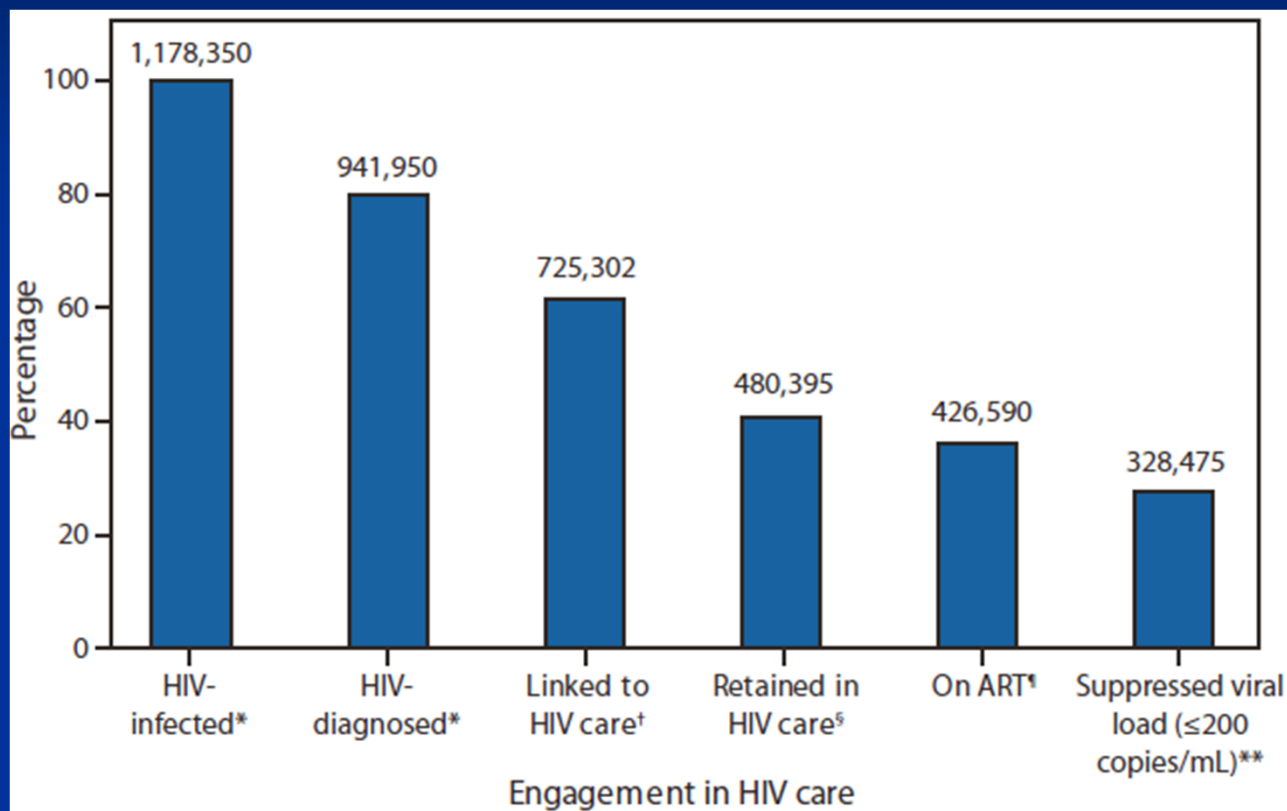
Percent



What are the new opportunities?

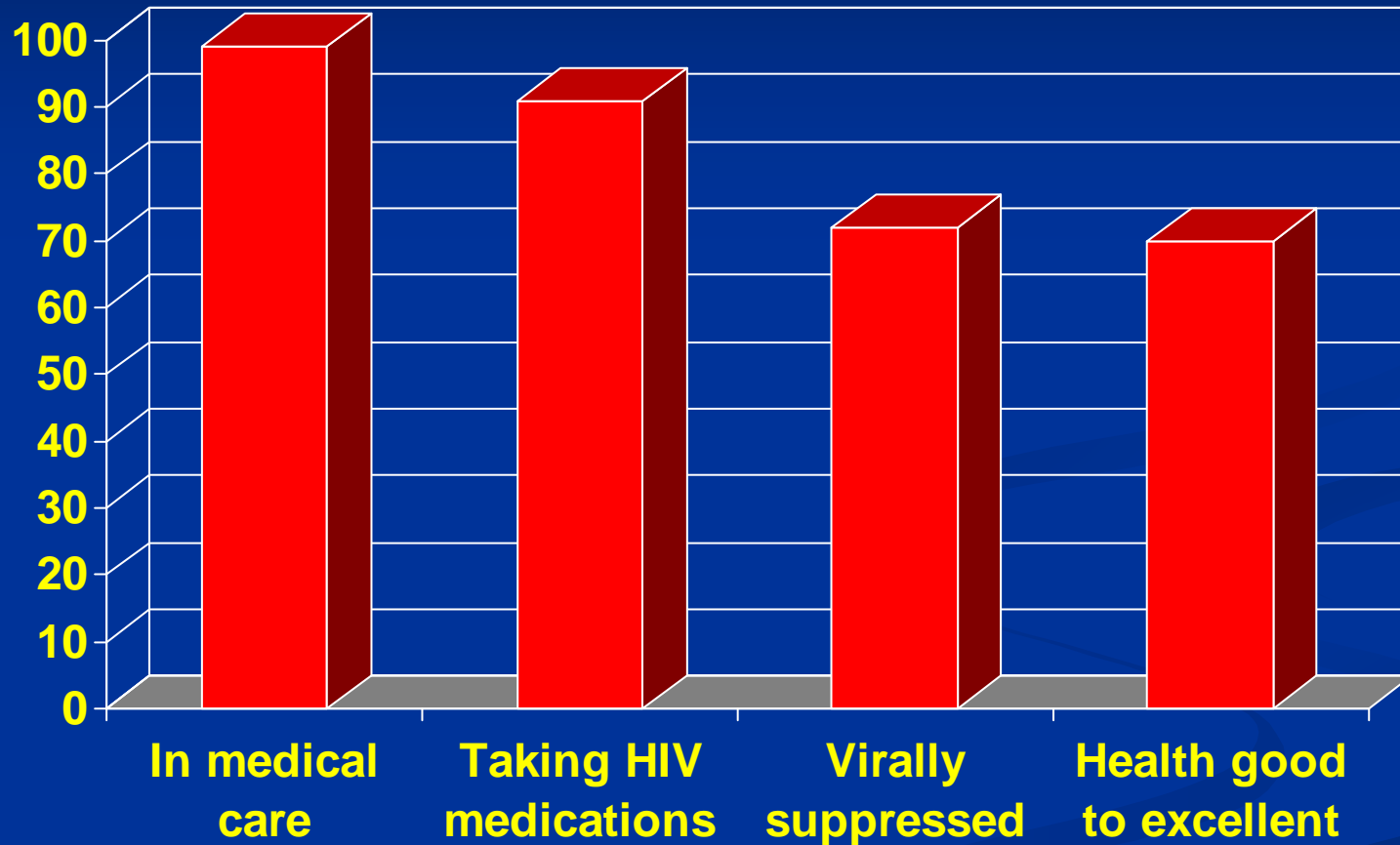
- USPSTF Grade “A” Rating for HIV Testing
- Massachusetts 2012 change in HIV testing consent law to allow verbal informed consent
- 4th Generation HIV testing (antigen/antibody)/Acute HIV infection response
- Pre-exposure Prophylaxis (PrEP)
- Electronic Laboratory Reporting (ELR) of CD4-T-cell count and HIV viral load to generate MA care cascade
- Treatment as Prevention (TasP)
- Massachusetts State HIV/AIDS Strategy Meeting (March 13, 2013)

Care Cascade for the United States



MMWR December 2, 2011/60(47):
pp. 1618-1623

Experience of Medical Care Consumer Survey (N = 1,004)



Source: Massachusetts and Southern New Hampshire HIV/AIDS Consumer Study Final Report, December 2011, JSI Research and Training, Inc.

Chart Review

Medical Case Management Sites 2010-2011

- 93% in care
 - according to HRSA definition, 2 or more medical visits at least 3 months apart
- 98% on HAART
 - enrolled in care at least 3 months with at least one visit during reporting period
- 76% virally suppressed
 - Two+ medical visits more than 60 days apart
- 84% virally suppressed
 - One+ medical visits, not deceased/incarcerated > 90 days/otherwise LTFU

Where do we go from here?

- **Maximize testing opportunities**
 - Estimated 18% of PLWHA do not know their status
 - Thirty-two percent (32%) of newly diagnosed persons in Massachusetts are concurrently diagnosed
- **Reach vulnerable populations**
 - 24% of newly diagnosed individuals have Undetermined risk
 - 36% of non-US born new diagnoses had already progressed to AIDS
 - 41% of new HIV diagnoses are in MSM (over half of new diagnoses in males attributable to MSM)
 - 80% of newly diagnosed females are persons of color
- **Improve timely diagnosis and linkage to care**
- **Ensure access to treatment**
- **Increase rates of viral suppression**
- **Sustain essential prevention and care services**

Thank you—Contact information

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