

Assessing Gaps in the HIV Care Continuum in Young Men Who Have Sex With Men: The P18 Cohort Study

Richard E. Greene, MD, FACP

Albert Luong, MD, MS

Staci C. Barton, MPH

Farzana Kapadia, PhD, MPH

Perry N. Halkitis, PhD, MS, MPH*

Key words: *HIV Care Continuum, men who have sex with men, people living with HIV*

Recent advances in antiretroviral therapy (ART) have resulted in significant declines in HIV transmission and acquisition as well as HIV-related morbidity and mortality. These successes have made it evident that ensuring timely HIV testing, engagement in care, and access and adherence to ART to achieve viral suppression are key requirements to shift the curve of the HIV epidemic in the United States. These aforementioned steps, collectively known as the HIV Care Continuum, have also provided a framework for considering appropriate intervention strategies for groups at disproportionately higher risk for HIV acquisition and transmission (Bradley et al., 2014).

According to a recent Centers for Disease Control and Prevention report, of the approximately 1.2 million people living with HIV in 2011, 86% were aware of their diagnosis, 40% were engaged in care, 37% were prescribed ART, and 30% were virally suppressed. Of note, these rates were largely comparable for men who have sex with men. Alarming, when looking at people living with HIV ages 18 to 24 years, “drop-off” rates were much more pronounced. Only an estimated 49% of those infected with HIV were diagnosed, 22% were engaged in care, 18% were prescribed ART, and 13% were virally suppressed (Bradley et al., 2014). Compared to the rest of the country, New York State outperformed on all measures, with an estimated 92.5% of HIV-infected individuals diagnosed, 75.1%

linked to care, 62.1% retained in care, and 51.3% virally suppressed (Centers for Disease Control and Prevention, 2016, 2017).

Efforts such as the National HIV/AIDS Strategy and the HIV Care Continuum Initiative have made it a priority to address the “drop-offs” along the care continuum that limit progress in improving health outcomes (White House Office of National AIDS Policy, 2013, 2015). A recent National HIV/AIDS

*Richard E. Greene, MD, FACP, is an Associate Professor of Medicine, New York University School of Medicine; and the Director of Health Disparities Education, New York University School of Medicine; and the Medical Director, Center of Health, Identity, Behavior and Prevention Studies, New York, New York, USA. Albert Luong, MD, MS, is a Psychiatry Resident, Albert Einstein School of Medicine, New York, New York, USA. Staci C. Barton, MPH, is a Project Director, Center for Health, Identity, Behavior and Prevention Studies, New York University, New York, New York, USA. Farzana Kapadia, PhD, MPH, is an Associate Professor of Public Health and Population Health, College of Global Public Health and Department of Population Health, New York University School of Medicine, New York, New York, USA. Perry N. Halkitis, PhD, MS, MPH, Dean & Professor, Biostatistics & Social and Behavioral Health Sciences Rutgers School of Public Health; and Professor of Medicine, Rutgers RWJ Medical School; and Professor, Graduate School of Applied and Professional Psychology; and Professor, School of Public Affairs and Administration; and Director, Center for Health, Identity, Behavior & Prevention. (*Correspondence to: perry.halkitis@rutgers.edu).*

Strategy progress report in 2016 showed that annual targets had been met for the following parameters: knowledge of seropositive status, linkage to care, viral suppression across all ages, and viral suppression among youth (White House Office of National AIDS Policy, 2016). Although annual targets for retention in care have not been met, this measure has been trending in the expected direction. Despite overall progress, disparities in HIV diagnosis have worsened, namely among gay and bisexual men (White House Office of National AIDS Policy, 2016). These findings highlighted the importance of reducing disparity through future efforts. We sought to examine progress along the HIV care continuum in a sample of young men who have sex with men (YMSM) who are living with HIV infection.

Methods

Data presented here were collected as part of the Project 18 (P18) study, a prospective cohort study of health behaviors and outcomes among young gay, bisexual, and other men who have sex with men. Full study details were described in detail previously (Halkitis et al., 2013). Briefly, between June 2009 and May 2011, individuals were recruited via venue- and Internet-based strategies and enrolled, if eligible, into the P18 cohort study. Eligibility criteria included: being 18 to 19 years of age at screening, born biologically male, reporting sexual activity with another man in the 6 months preceding screening, residing in the New York City metropolitan area, and having an HIV-uninfected serostatus. HIV serostatus was self-reported and also confirmed via testing at the baseline visit. Of the 2,068 individuals screened, 600 were enrolled in the study. Biannual follow-up visits were scheduled for 6, 12, 18, 24, 30, and 36 months post participant baseline visits. HIV antibody testing as well as pre- and posttest counseling were conducted at each follow-up visit. Rapid HIV antibody testing was conducted using the OraQuick ADVANCE rapid HIV-1/2 antibody test. Pretest and posttest counseling was delivered by study staff certified in HIV counseling by the New York State Department of Health's AIDS Institute. For participants completing online assessments, HIV status was ascertained via self-report and confirmed by obtaining information on HIV treatment

uptake and HIV-related health care utilization at the 36-month visit (Halkitis, Kapadia, & Ompad, 2015). Cumulative HIV incidence in this sample over a 36-month follow-up period was 7.0% (42/594; Halkitis et al., 2015). Among participants who seroconverted during the study follow-up period, 33 returned for a visit subsequent to the one at which they first tested HIV seropositive and were included in the present analysis. Information on key sociodemographic characteristics was collected via audio computer-assisted self-interview at all study visits. Descriptive analyses were conducted to examine key steps of the HIV care continuum in this sample of YMSM.

Results

Of the 33 study participants, more than 50% were between 19 and 20 years of age at the time of HIV seroconversion (Figure 1). Slightly less than 88% of this sample self-identified as Black, Hispanic/Latino, or mixed race/ethnicity, and more than half reported a low perceived family socioeconomic status. Approximately 60% of the participants received their first HIV seropositive test as part of the P18 study visit. In terms of retention in care, 81.8% of the participants with HIV infection reported seeing a health care provider for HIV care at least once following HIV seroconversion.

Finally, 69.7% reported being prescribed ART, and the same proportion reported taking it without stopping. For participants who had initiated ART,

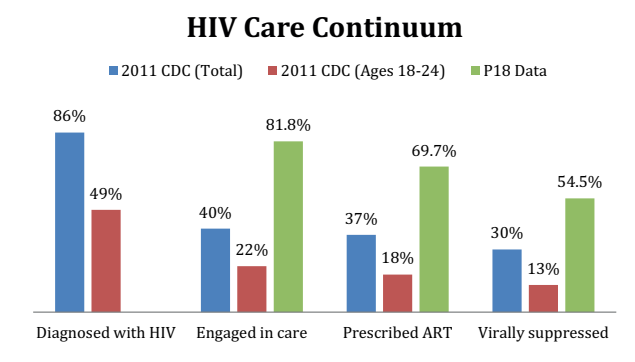


Figure 1. HIV care continuum comparison of 2011 Centers for Disease Control and Prevention (CDC) report and P18 data. Note. 2011 CDC (Total) $n = 1.2$ million; 2011 CDC (Ages 18-24 years) $n = 62,400$; P18 Data $n = 33$; ART = antiretroviral therapy.

Download English Version:

<https://daneshyari.com/en/article/8572508>

Download Persian Version:

<https://daneshyari.com/article/8572508>

[Daneshyari.com](https://daneshyari.com)