



OC In+Care

Keeping Our Clients In Care

Since the release of the first ever National HIV/AIDS Strategy (NHAS) in 2010, those involved in the care of people living with HIV (PLWH) in Orange County have worked diligently to align local goals with those of the NHAS. In an effort to ensure a coordinated response to HIV, Orange County has set specific goals that aim to reduce new HIV infections, increase access to care, improve health outcomes for persons living with HIV, and reduce HIV-related health disparities.

Orange County's goals for increasing access to care and improving health include 1) linking newly diagnosed individuals to care; 2) keeping them in continuous care; and 3) keeping their viral loads suppressed.

To ensure these goals are met, Orange County has joined the national in+care Campaign to bring PLWH into care and keep others from falling out of care. The campaign shares best practices and collects data through Ryan White grantees to understand how to keep clients in care. More information about the campaign is available at www.incarecampaign.org.

Some evidence shows that PLWH are more likely to not be in care if they feel well.¹ In Orange County, the longer an individual has been

Orange County In+Care Goals

1. Increase the proportion of **newly diagnosed individuals linked to clinical care** within three months of diagnosis
2. Increase the proportion of PLWH who are **in continuous care**
3. Increase the proportion of PLWH with **suppressed viral loads** (less than 200 copies per mL)

diagnosed with HIV, the less likely they are to be in continuous care.²

Mortality rates are significantly lower among patients seen 3 or 4 times per year versus once or twice annually.³

When linked to and retained in care, PLWH are more likely to:

- Be adherent to medications
- Have undetectable viral loads
- Have less opportunistic infections
- Decrease transmission⁴

As providers, you play a key role in improving health outcomes for PLWH. Recent studies have found successful strategies to be those that have a multipronged approach. Some things your site can do to help increase retention in care include:

- Reminder calls before an appointment
- Updating patients' contact information
- Phone calls by peer educators after 3 consecutive missed appointments.⁵

Orange County FAST FACTS

1 in 5

People living with HIV in Orange County **do not know they are infected**.*

2 in 5

People living with HIV in Orange County **haven't seen a doctor in the last year**. **

3 in 5

People living with HIV in Orange County **aren't viral load suppressed**. ***

* CDC Estimated Back Calculation Methodology

** OC Unmet Need Estimate as of July 2010

*** OC HIV Case Registry as of December 2011

HIV Treatment Guidelines CD4 & Viral Load

The US Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents are available at www.aidsinfo.nih.gov.

These treatment guidelines are designed to describe the goals of HIV treatment and to assist healthcare providers and PLWH/A to make decisions about treatment. The guidelines provide specific information including considerations that must be taken when monitoring disease progression and initiating treatment. The guidelines are reviewed and updated regularly to ensure that they remain appropriate as treatment options for HIV are consistently evolving.

As an HIV provider (medical or non-medical), your clients rely on you for guidance. Although your clients should be discussing their individual treatment options with their doctors, being familiar with the guideline basics can help you to better educate your clients regarding the importance of ongoing medical care.

CD4 and viral load should be monitored every 3-4 months

The management of HIV is complex and unique to each individual. Individuals living with HIV require **ongoing** medical care in order to monitor disease progression, prevent the development of opportunistic infections, and improve/maintain health. **CD4 count** and **viral load** are the two surrogate markers that are used to assess immune function and level of HIV in the bloodstream. Therefore, a fundamental aspect of monitoring HIV disease is **regularly** monitoring an individual's CD4 count and viral load.

Guidelines recommend that in general, CD4 and viral load should be monitored every 3-4 months. Some clinicians may extend the interval to every 6 months for select individuals whose status is consistently stable.

Initiating Treatment

The Public Health Services Guidelines state that ART is recommended for all HIV-infected individuals. However, the *strength* of the recommendation and the quality of evidence supporting initiation of therapy increase as the

Antiretroviral therapy is recommended for all HIV-infected individuals, regardless of their CD4 counts

CD4 cell count decreases and when certain concurrent conditions are present. The strength of the recommendation varies on the basis of pretreatment CD4 cell count:

- CD4 Count <500: Strongly recommended. Should always be offered.
- CD4 Count >500: Moderately recommended. Should generally be offered.

Patients should be willing and able to commit to treatment and should understand the benefits and risks of therapy and the importance of adherence. Patients may choose to postpone therapy, and providers, on a case-by-case basis, may elect to defer therapy on the basis of clinical and/or psychosocial factors. **You can help your patients by discussing issues that may pose barriers for adherence and help them become empowered to discuss treatment options with their doctors.**

¹Udeagu C, Webster-Leon T, Bocour A, et al. Using surveillance data to identify HIV-positive persons out of care in New York City and offer linkage to care and HIV partner services. Program and abstracts of the *XIX International AIDS Conference*; July 22-27, 2012; Washington DC. Abstract MOPDC0306.

²Orange County HIV Case Registry as of December 2011.

³Giordano TP, Gifford AL, White AC Jr, et al. Retention in care: a challenge to survival with HIV infection. *Clin Infect Dis*. 2007;44:1493-9.

⁴Marks G, Crepez M, Janssen RS. Estimating sexual transmission of HIV from persons aware and unaware they are infected with the virus in the USA. *AIDS* (2006): 10; 1447-50

⁵Horstmann E, Brown J, Islam F, et al. Retaining HIV-infected patients in care: Where are we? Where do we go from here? *Clinical Infectious Diseases* (2010); 50: 752-761.

ORANGE COUNTY HIV QUALITY MANAGEMENT COMMITTEE



OC In+Care is a project of the Orange County HIV Quality Management Committee. The HIV Quality Management Committee works to increase the quality of Ryan White services by integrating and supporting quality improvement activities. For more information about the committee, please call (714) 834-8711.

If you have feedback or topic suggestions for future newsletters, please contact Melissa Corral at MCorral@ochca.com.