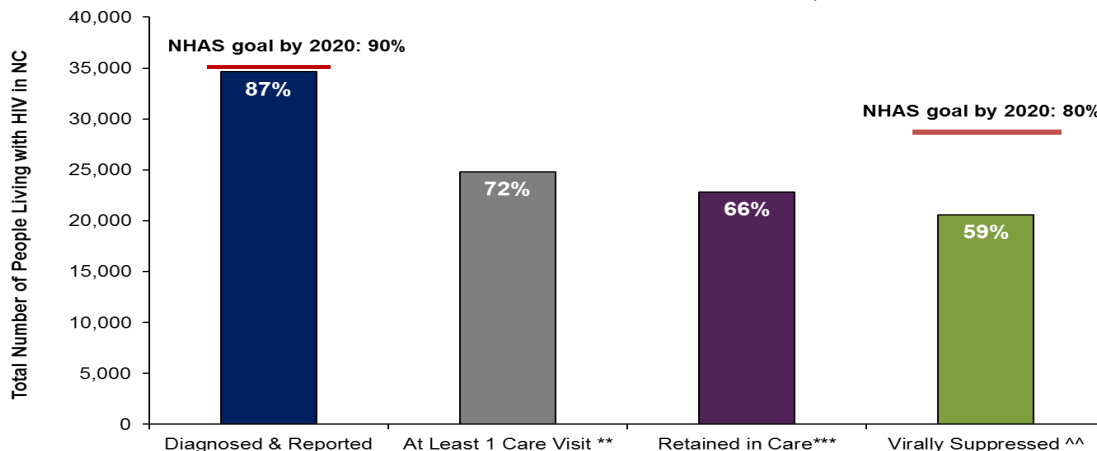


HIV Care Outcomes in North Carolina, 2017

Most people receiving HIV care are virally suppressed.
Some people living with HIV are not receiving regular care.



HIV Continuum of Care in North Carolina, 2017[^]



[^]People over the age of 13 diagnosed with HIV in NC through 2017 and living in NC at the end of 2017. Data are preliminary and is subject to change (does not include 2017 vital statistics information).

**At least 1 indicator of care (lab, Medicaid claim, or ARV dispense) in 2017.

***Retained in care is defined as having 2 or more indicators of care (lab, Medicaid claim, or ARV dispense) at least 90 days apart OR virally suppressed in 2017.

^^Virally suppressed is defined as the last viral load in 2017 with a value of <200 copies/ml.

HIV Continuum of Care Key Results

The National HIV/AIDS Strategy (NHAS) for the United States released 2020 goals (see sidebar). Three of the 10 indicators to monitor progress are listed below:

Indicator 1: Increase the percentage of people living with HIV who know their HIV status to at least 90%.

- The estimated number of people living in North Carolina with HIV infection is 40,000; 34,648 (87%) people over the age of 13 were diagnosed and reported with HIV through 2017. The remaining estimated 13% were undiagnosed and may be unaware of their infection status.

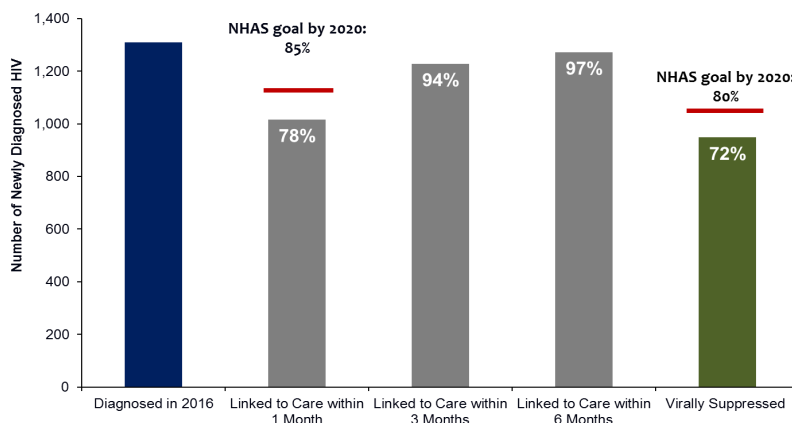
Indicator 6: Increase the percentage of people virally suppressed to at least 80%.

- Among people living with HIV through 2017, 59% were virally suppressed (viral load <200 copies/mL). North Carolina's suppression rate is similar to the national rate: among US areas with complete laboratory reporting, 60% of people living with HIV are virally suppressed ([CDC 2018](#)).
- People living with HIV and receiving medical care in 2017 were more likely to be virally suppressed; 86% were suppressed in 2017. Adding the 27% of people who did not receive annual care lowers the statewide indicator to 59%.
- 82% of people receiving Ryan White Part B services were virally suppressed in 2017.
- Overall, 86% of the HIV Medication Assistance Program (HMAP, formerly ADAP) recipients were virally suppressed in 2017 (see resource in sidebar).

Indicator 4: Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least 85%.

- For people newly diagnosed with HIV in North Carolina in 2017, 78% were linked to care within one month.
- Viral suppression is higher among people newly diagnosed, indicating improved outcomes in recent years.

People newly diagnosed with HIV are rapidly linked to care



Want More Information?

HIV/STD Facts and Figures web site:
<https://epi.publichealth.nc.gov/cd/stds/figures.html>

Centers for Disease Control and Prevention (CDC) Information on HIV Continuum:
<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6347a5.htm>

<https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>

National HIV/AIDS Strategy (NHAS) for the US 2020 Goals:
<https://files.hiv.gov/s3fs-public/nhas-update.pdf>

North Carolina HMAP:
https://epi.publichealth.nc.gov/cd/hiv/docs/HMAPProgramManual_11082018.pdf

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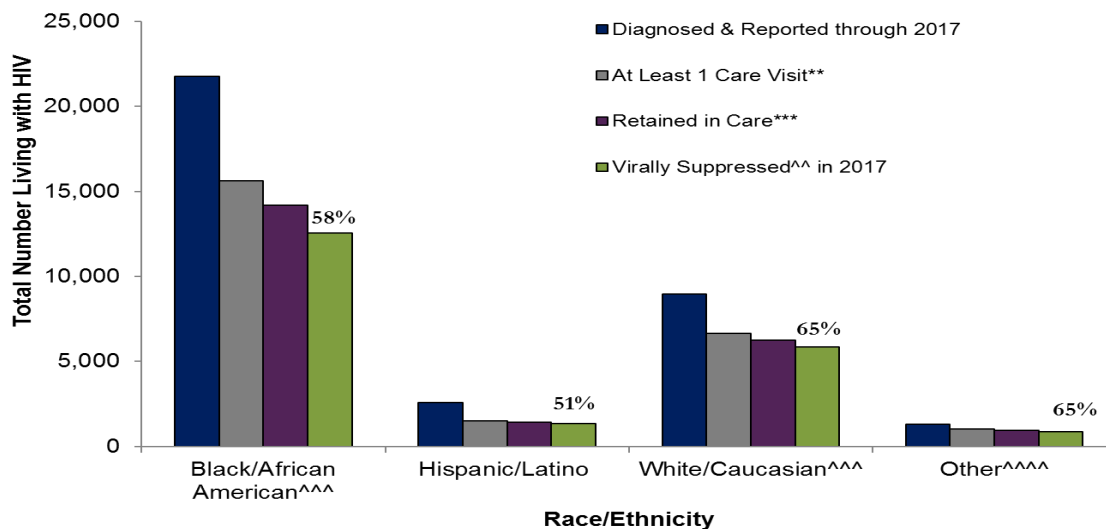
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11/27/2018-Revised

HIV Care Outcomes in North Carolina, 2017



The pattern of HIV care outcomes is similar for all race/ethnicity groups, but disparities exist in viral suppression

HIV Continuum of Care in North Carolina by Race/Ethnicity, 2017[^]



[^]People over the age of 13 diagnosed with HIV in NC through 2017 and living in NC through June 2018. Data is preliminary and is subject to change (does not include vital records and national death matches for 2017 or 2018).

^{**}At least 1 care marker (lab, Medicaid claim, or ARV dispense) in a given year.

^{***}Retained in care is defined as having 2 or indicators of a care visit at least 90 days apart OR virally suppressed between July 2017 and June 2018.

^{^^}Virally suppressed is defined as the last viral load in a 12-month timeframe being <200 copies/ml.

^{^^^}Non-Hispanic/Latino.

^{^^^^}Other includes American Indian/Alaska Native, Asian/Pacific Islander, Multiple Race and Unknown.

National HIV/AIDS Strategy (NHAS) for the US 2020 Goals:

- Goal 1: Reducing new HIV infections
- Goal 2: Increasing access to care and improving health outcomes for people living with HIV
- Goal 3: Reducing HIV-related disparities and health outcomes

Data Source:

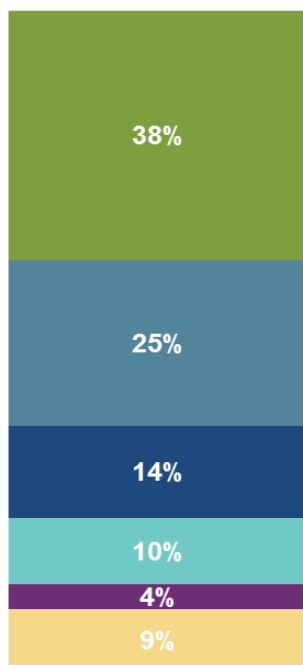
enhanced HIV/AIDS Reporting System (eHARS) (data as of June 27, 2017), and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of August 2018).

State of North Carolina • Roy Cooper, Governor
 Department of Health and Human Services • Mandy Cohen MD, MPH, Secretary
 Division of Public Health • Beth Lovette, Acting Division Director
 HIV/STD/Hepatitis Surveillance Unit • Erika Samoff, MPH, PhD
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 11/27/2018-revised

State bridge counselors attempt to contact people not known to be receiving HIV case to support accessing care and supportive services.



As a result of state-wide efforts by public health and clinical staff, staff attempted to contact 1,349 people not receiving care for HIV in 2017 to offer assistance in linking to care.

- Almost 40% linked to care through state and local clinic efforts.
- 25% were not locatable.
- 14% were found to be living in another state.
- A small proportion were contacted, but refused assistance in accessing care.
- Obstacles to regular care attendance include distrust of the medical or surveillance systems, uncertain access to money, housing, or transportation, and the complexity of accessing insurance and benefits.

*Other includes incarcerated and cases with incomplete information.