

The HIV Treatment Cascade: Improving Measurement to Target Interventions

Kimberly Powers, PhD

Assistant Professor of
Epidemiology,
UNC-Chapel Hill

Peter Leone, MD

Professor of Medicine,
UNC-Chapel Hill

Medical Director, NC HIV/STD
Prevention and Control Branch

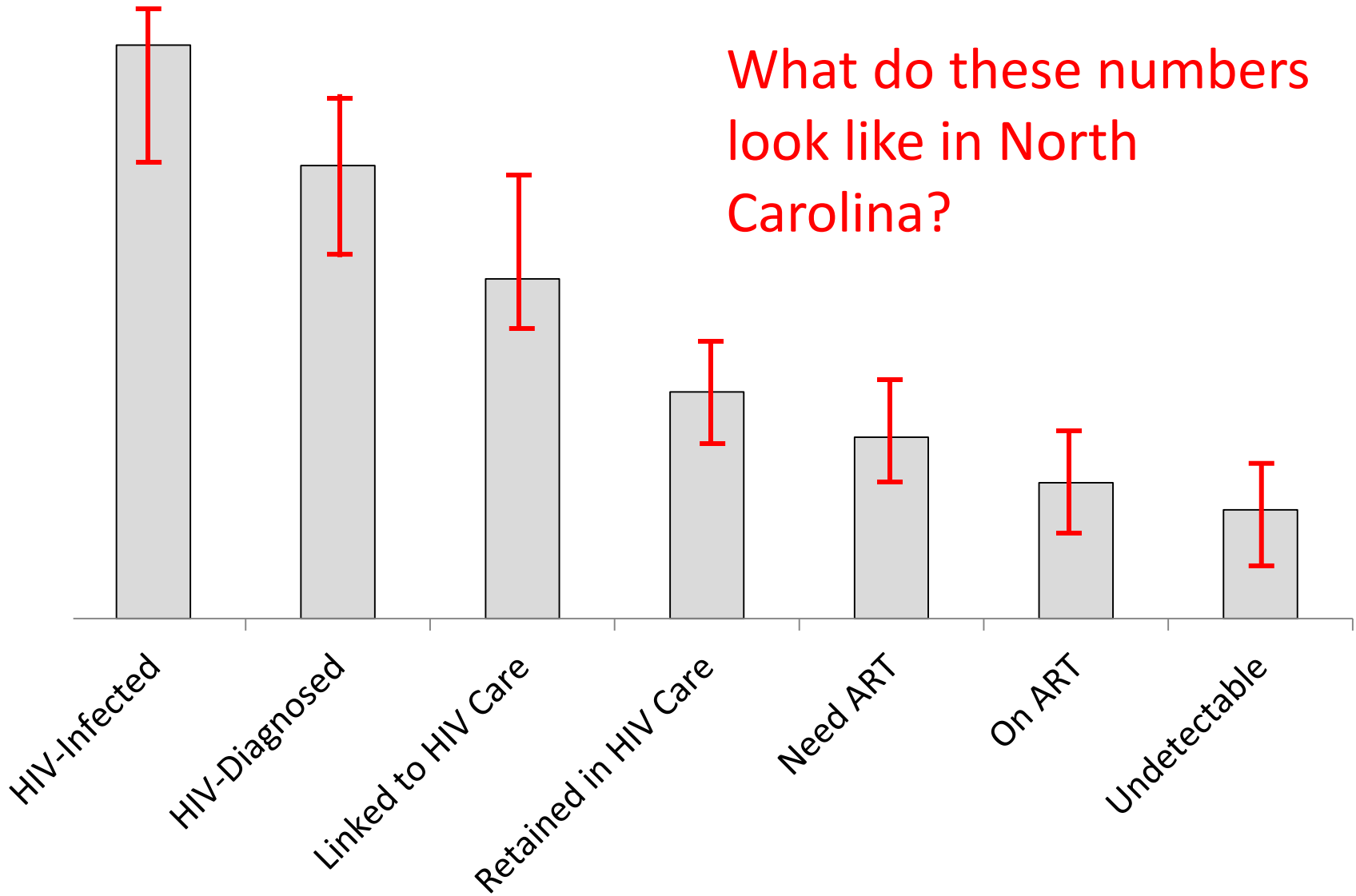
Motivation

Optimization of HIV diagnosis, care, treatment, and prevention requires:

1. Accurate characterization of population sizes at each continuum step and juncture;
2. Understanding of relative contributions of each step/juncture to transmission; and
3. Carefully targeted interventions based on 1 & 2.

Aim 1

What do these numbers look like in North Carolina?



Aim 1 – Methods

Careful, systematic extraction of data from
multiple available databases

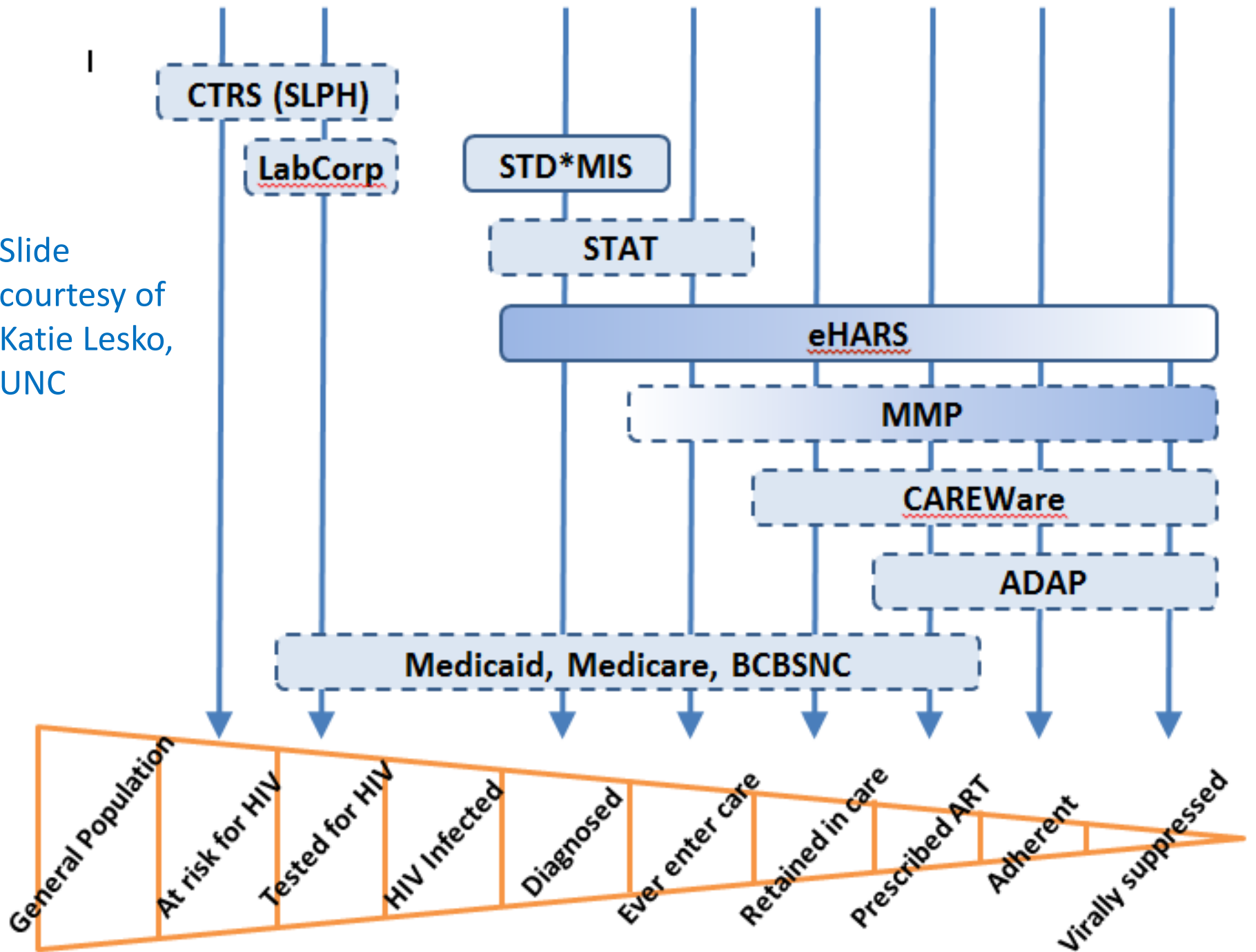


Critical assessment of the potential
biases in each database

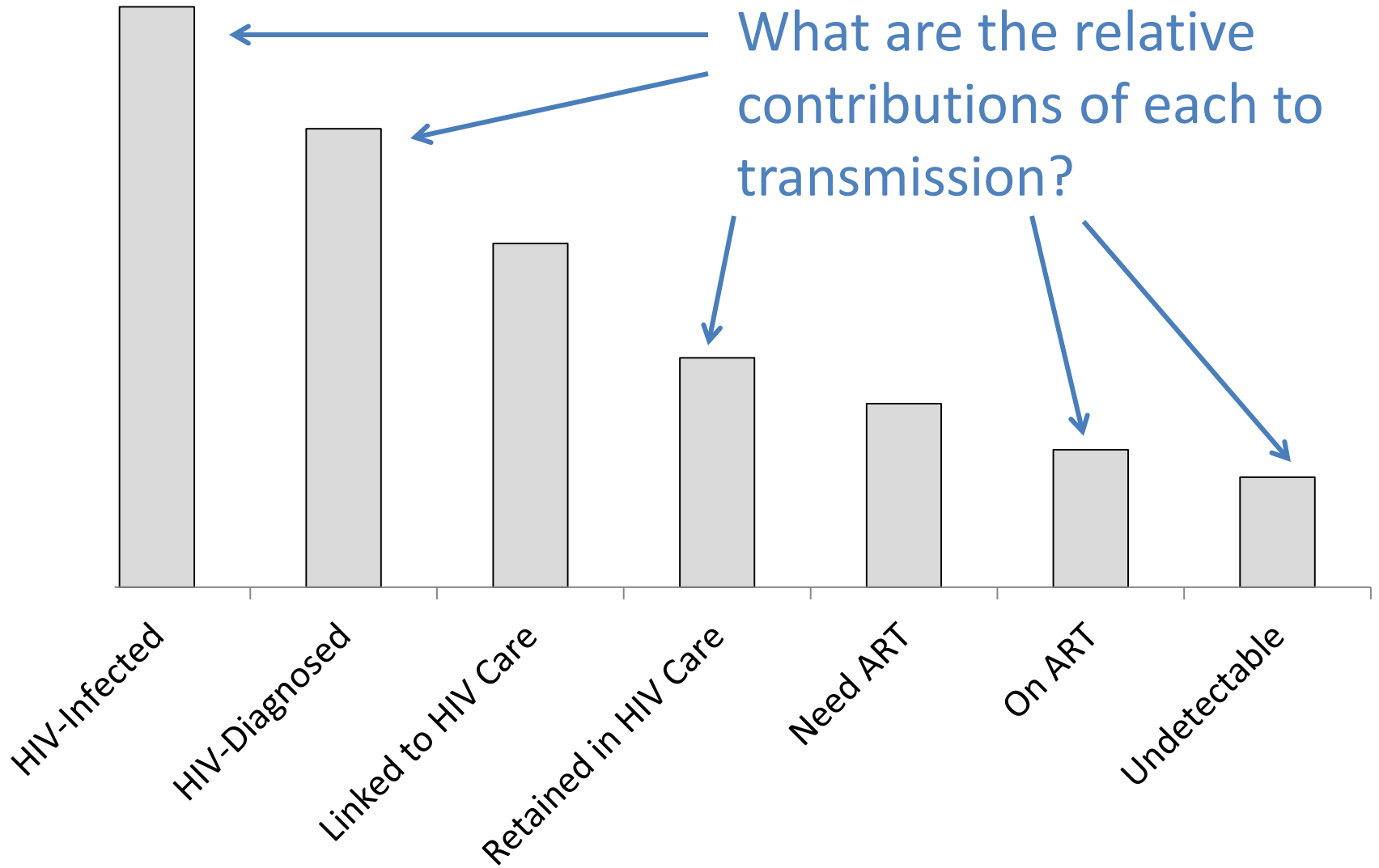


Derivation of triangulated estimates and
plausible ranges for each continuum stage

Slide courtesy of Katie Lesko, UNC



Aim 2



Aim 2 – Methods

- In North Carolina:
 - Testing for acute & recent infection is routine
 - NC STAT program: Partner HIV status, stage, VL, and Dx/care/treatment status collected by DIS

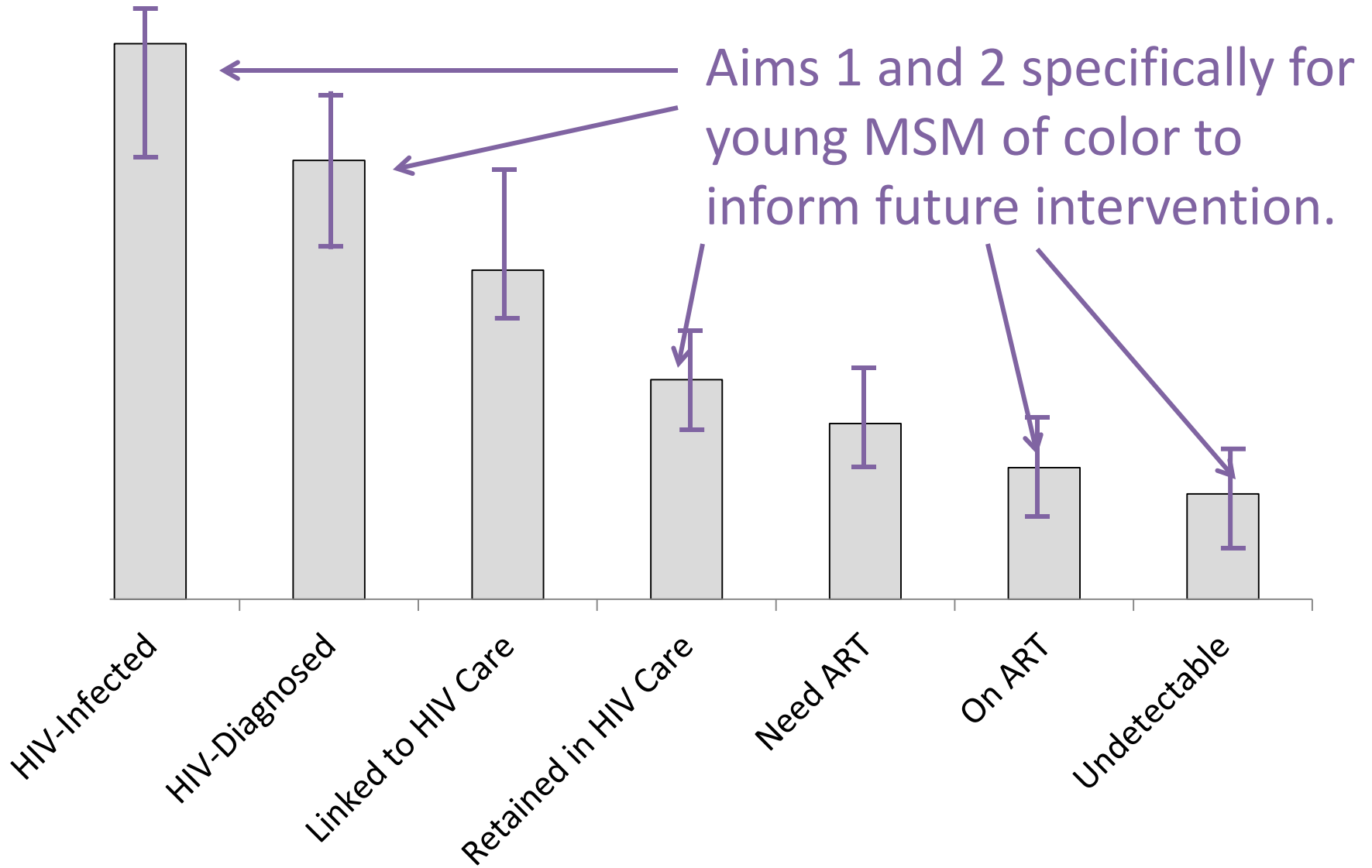
Aim 2 – Methods

- In North Carolina:
 - Testing for acute & recent infection is routine
 - NC STAT program: Partner HIV status, stage, VL, and Dx/care/treatment status collected by DIS
- CHAVI study: acute cases and their partners → ~30 phylogenetically-linked transmission pairs

Aim 2 – Methods

- In North Carolina:
 - Testing for acute & recent infection is routine
 - NC STAT program: Partner HIV status, stage, VL, and Dx/care/treatment status collected by DIS
- CHAVI study: acute cases and their partners → ~30 phylogenetically-linked transmission pairs
- Mapping of incident cases' partner information to continuum → indication of steps' relative transmission contributions

Aim 3



HIV in Young MSM of Color, NC

- Young MSM of color comprise the highest-risk group in our locale.
 - New HIV diagnosis rate among young black men is 5 × the overall NC rate*
 - 72% attributable to sex between men*

* Communicable Disease Surveillance Unit. Epidemiologic Profile for HIV/STD Prevention and Care Planning. Raleigh, NC: Communicable Disease Branch, Epidemiology Section, Division of Public Health, North Carolina Department of Health and Human Services; 2011.

HIV in Young MSM of Color, NC

- Young MSM of color comprise the highest-risk group in our locale.
 - New HIV diagnosis rate among young black men is 5 × the overall NC rate*
 - 72% attributable to sex between men*
- Aim 3 analyses will identify pressure points where a (future) intervention could have the greatest impact on HIV transmission in NC.

* Communicable Disease Surveillance Unit. Epidemiologic Profile for HIV/STD Prevention and Care Planning. Raleigh, NC: Communicable Disease Branch, Epidemiology Section, Division of Public Health, North Carolina Department of Health and Human Services; 2011.

Other Ongoing / Future Directions

- Mathematical model of the continuum
- Model-based evaluation of community viral load and other metrics for monitoring transmission
- Analysis of reported lab data as proxy for visits: UNC clinical cohort vs. state surveillance data

Impact Statement

- This supplement is allowing us to:
 - develop methods for **characterizing the continuum** in NC;
 - identify the **optimal targets** along the continuum for **interventions** in our **most-affected population**;
 - continue to build **research capacity** & strengthen existing **collaborations**; and
 - prioritize **future research** directions.

NC Continuum Team

UNC

Kim Powers

Bill Miller

Mike Cohen

Katie Lesko

Anna Cope

Emily Smith

Sarah Willis

JoAnn Kuruc

Cindy Gay

Lisa Hightow-
Weidman

Kate Muessig

NC DPH

Jacqueline Clymore

Victoria Mobley

Del Williams

Evelyn Foust

UNC/DPH

Peter Leone

Heidi Swygard

Lynne Sampson