

Continuum of HIV care among Ryan White HIV/AIDS Program clients, United States, 2010

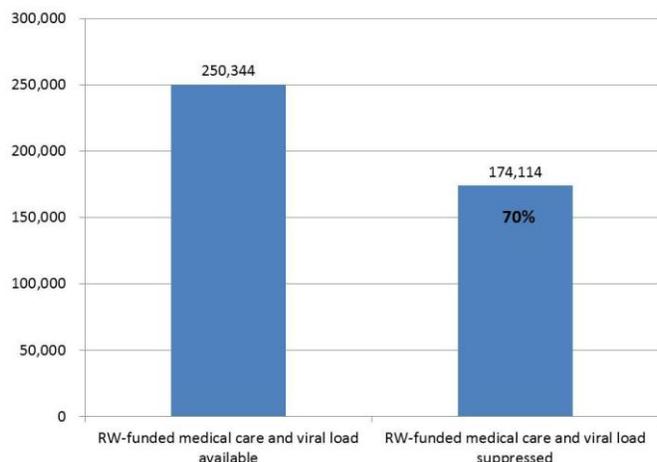
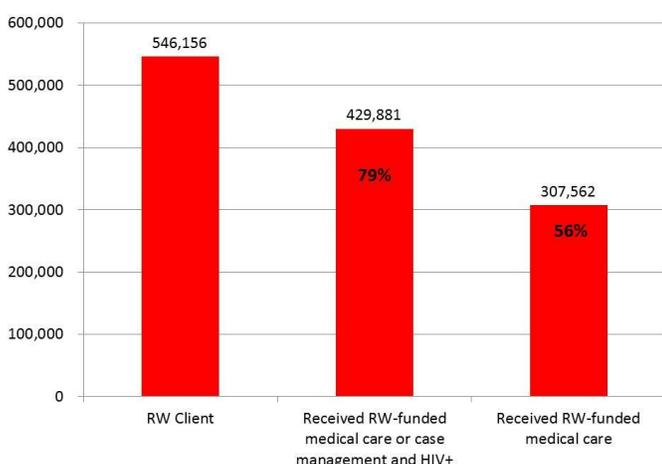
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Background: Engagement in HIV care reduces morbidity and mortality among people living with HIV (PLWH). The continuum of HIV care focuses attention on health care services delivery at critical points in engagement in HIV care, with viral load suppression as a key goal to improve individual health outcomes and reduce HIV transmission. The Ryan White HIV/AIDS Program (RW) has funded HIV care, treatment and support services for underserved PLWH in the United States since 1990. We report the number of RW clients at each point along the continuum of HIV care in 2010.

Methods: Beginning in 2009, RW grantees began annual reporting of demographic, service, and clinical data into the Ryan White Services Report (RSR) using encrypted unique client identifiers. The RSR 2010 data set was cleaned, de-duplicated using probabilistic records linkage techniques and merged to create a single record for each client. We calculated the total number of RW clients served, HIV+ and received RW-funded medical care or case management, received medical care and had visit dates available, retained in medical care (≥2 visits ≥90 days apart), were prescribed antiretroviral therapy (ART), and had viral load suppressed (HIV RNA <200 copies/ml) at the most recent test.

Results: An estimated 546,156 individual clients received RW services in 2010. Of these, 429,881 (79%) had documentation of HIV+ status and received any RW-funded outpatient ambulatory medical care or case management service. 307,562 (56% of RW clients) were seen for at least 1 medical care visit. Of the 291,449 individuals who received RW-funded medical care and had visit dates available, 220,645 were retained in medical care (76%). Among subpopulations, retention was highest in those <13 years, ≥65 years, individuals with multiple health insurance, and females. Of the 261,865 individuals who received RW-funded medical care and had ART data and visit date available, 208,808 were prescribed ART (80%). Of the 250,344 individuals who received RW-funded medical care and had viral load data available, 174,114 had viral load suppressed (70%). Viral load suppression was higher in retained patients (75%) compared with patients who were not retained (50%).

Conclusions: The Ryan White HIV/AIDS Program provides services for over half a million individuals living with or affected by HIV in the United States. Rates of retention, ART prescription, and viral load suppression are high compared to CDC continuum data but demonstrate room for improvement. These improvements will help to achieve the goals of the National HIV/AIDS Strategy and improve individual and public health.



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