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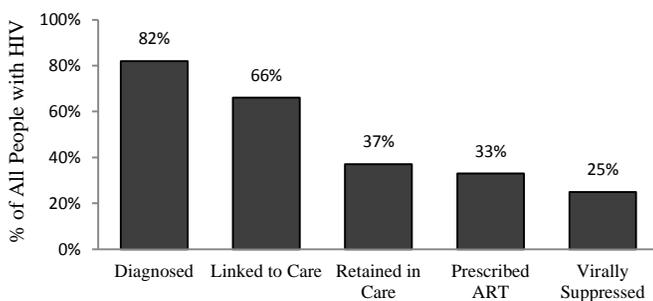
Linkage to Care for People Living with HIV/AIDS in Alaska

Background

Ensuring that persons with human immunodeficiency virus (HIV) infection receive appropriate medical care is critical for preventing disease progression and for preventing HIV transmission within the community.¹ Regular medical visits improve treatment adherence and survival rates, and facilitate viral suppression, which helps reduce the risk of HIV transmission to others.²⁻⁴

Nationally, as of 2012, approximately 25% of the estimated 1.1 million persons infected with HIV are engaged in medical care with a fully suppressed viral load (Figure 1).⁵

Figure 1. National HIV Treatment Cascade, 2012⁵



In 2012, the Alaska HIV/STD Program received funding from the U.S. Centers for Disease Control and Prevention (CDC) for a 3-year demonstration project to increase the proportion of HIV-infected persons living in Alaska who are receiving ongoing medical care. The purpose of this *Bulletin* is to demonstrate why this project is necessary in Alaska and to make information available to health care providers about the new Linkage to Care Program.

Analysis of Alaska HIV Care Data

In Alaska, HIV and Acquired Immunodeficiency Syndrome (AIDS) are reportable by both health care providers and laboratories. Reported results include HIV-positive antibody tests, HIV viral loads, and CD4 levels. Results are recorded in the Enhanced HIV/AIDS Reporting System (eHARS).

We conducted an analysis of HIV/AIDS cases reported through 2010 to determine the number of persons not known to have died and thought to still be living in Alaska. We reviewed laboratory data recorded in eHARS to determine if those persons were in medical care and if they had achieved viral suppression in the subsequent 12 months, through 2011. Per CDC, an HIV-infected person is considered to be *in medical care* if there is evidence of a CD4 or viral load test having been performed in the preceding 12 months; an HIV-infected person is considered to have *achieved viral suppression* if he or she has had a viral load test result of <200 copies per μ L of blood in the preceding 12 months.⁶

Of the 1,349 HIV cases reported in eHARS through 2010, 622 were not known to have died and assumed to be living in Alaska. Of these, 338 (54%) met the CDC case definition of being in medical care; 247/622 (40%) met the case definition of achieving viral suppression.

These data indicate that, in 2011, up to 284 (46%) of HIV-infected persons living in Alaska might have been lost to follow-up with a health care provider.

Linkage to Care Program

Alaska's new Linkage to Care Program staff identify and locate HIV-infected patients who are not engaged in medical care for their disease. When such patients are identified, Program staff contact the health care provider on record to re-engage the

patient into medical care. Patients who do not have a health care provider, or who have never been engaged in HIV care, are contacted by Program staff directly. Providers can also refer patients directly to the Linkage to Care Program.

Patient Eligibility

Persons who are eligible to participate in the Linkage to Care Program include the following:

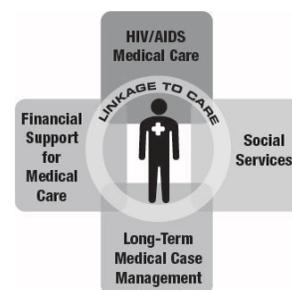
- anyone with a new HIV diagnosis,
- anyone with HIV infection who has never received HIV medical care,
- anyone with HIV infection who has not received HIV medical care in the past year, and
- all pregnant women with HIV infection, regardless of when they last received HIV medical care.

Services Provided

Services are customized to provide comprehensive support in accessing HIV medical care (Figure 2), and include the following:

- assistance in identifying health care providers and accessing HIV care and treatment;
- support in connecting with social service organizations, including long-term medical case management; and
- assistance in identifying and connecting with financial systems to help pay for HIV-related medical appointments and medications.

Figure 2. Linkage to Care Services Offered in Alaska



Recommendations

1. Health care providers should call the Linkage to Care Program at (907) 269-8057 to refer patients for services or to request additional information, or visit the following webpage: <http://www.epi.alaska.gov/hivstd/l2c>
2. Health care providers should collaborate with Linkage to Care Program staff to identify HIV-infected patients who may be eligible for services.
3. Health care providers must report all newly diagnosed or suspected cases of HIV/AIDS to the Section of Epidemiology no more than 5 working days after the condition is first diagnosed or suspected. Reports may be made via confidential fax using the form located at: <http://www.epi.alaska.gov/pubs/conditions/frmSTD.pdf>

References

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4. CDC. *Linkage to and Retention in HIV Medical Care*. Available at: <http://www.cdc.gov/hiv/pwp/linkage.html>
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