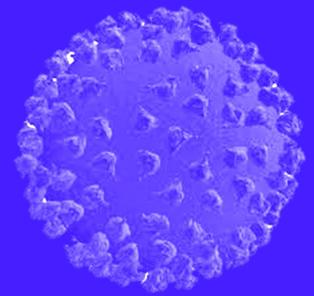
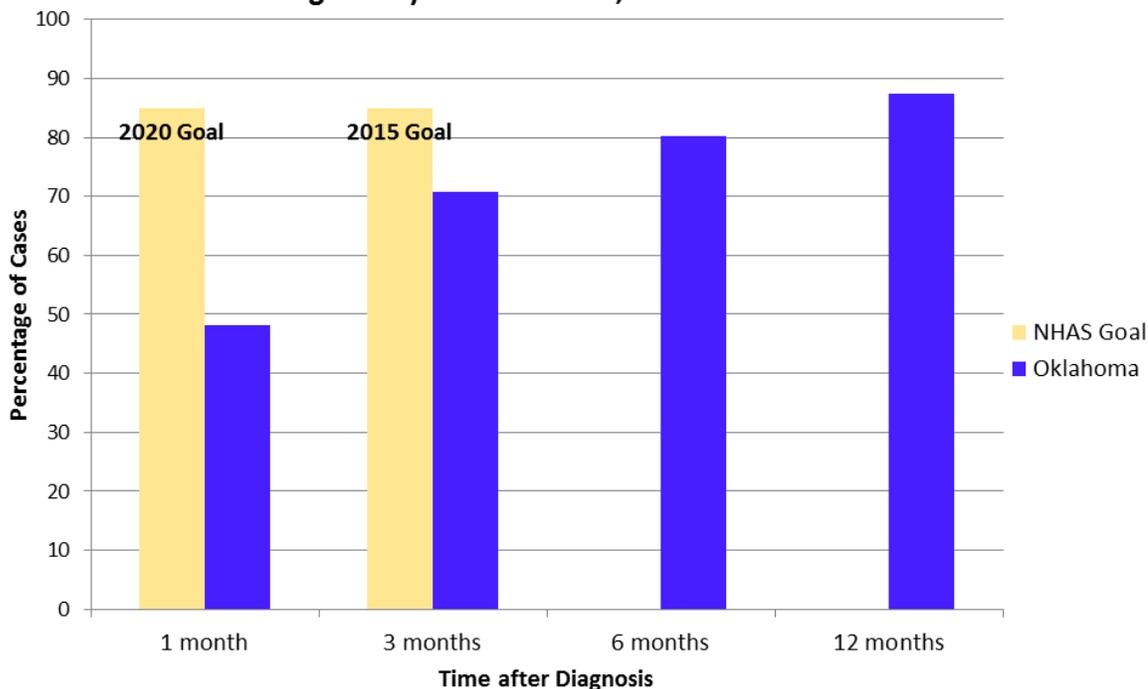


# National HIV/AIDS Strategy 2020 Indicators



Percentage of Newly Diagnosed HIV Cases (Adults 13 years and greater) Linked to Care, Oklahoma 2014



## OVERVIEW

The *National HIV/AIDS Strategy (NHAS) for the United States: Updated to 2020* was released by the White House in July 2015. The first NHAS was released in 2010 and this update is designed to look ahead to 2020. The update highlights the accomplishments since 2010, as well as incorporates scientific advances and lessons learned to plan for future work in the fight to eliminate new HIV infections.

The strategy includes four main goals:

1. Reducing New HIV Infections
2. Increasing Access to Care and Improving Health Outcomes for People Living with HIV
3. Reducing HIV-related Disparities and Health Inequities
4. Achieving a More Coordinated National Response to the HIV Epidemic

In addition to these four main goals, the 2020 Update includes 10 quantitative indicators to monitor progress. This analysis assessed the NHAS indicators related to linkage to care, viral suppression, and retention in care for cases residing in Oklahoma at the time of diagnosis based on Oklahoma HIV surveillance data reported to the Oklahoma State Department of Health by May 2016. The cases included in the analysis were 13 years or older at the time of diagnosis. The linkage to care analysis included 305 cases newly diagnosed with HIV in 2014. The viral suppression and retention in care analyses included 5,488 persons diagnosed with HIV infection through the end of 2013 and living with HIV at the end of 2014.

## For More Information Contact:

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Oklahoma State  
Department of Health

# National HIV/AIDS Strategy 2020 Indicators

**48.2%** of the 2014 new HIV cases were linked to care within 1 month

**46.1%** of persons living with HIV at the end of 2014 were classified as virally suppressed

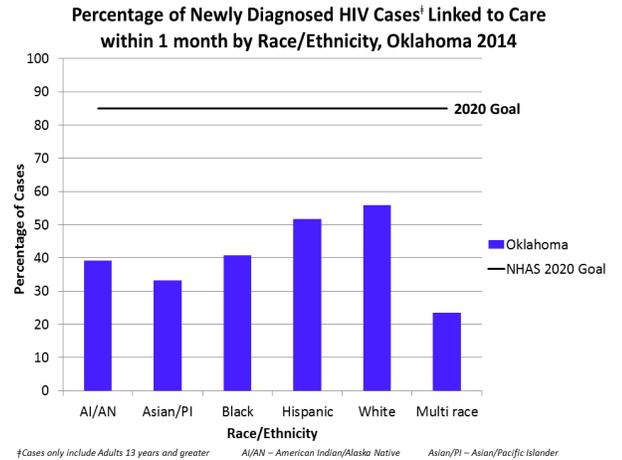
**43.5%** of the persons living with HIV at the end of 2014 were classified as retained in care

## LINKAGE TO CARE

“Linked to care” is defined as the person having at least one CD4, viral load, or HIV genotype test during the specified time period. The NHAS 2020 indicator for linkage to care is to increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least 85%. This represents a change from the NHAS 2015 indicator of linking 85% of new persons within 3 months of diagnosis.

In Oklahoma, 48.2% (147) of the 2014 cases were linked to care within 1 month, 70.8% (216) were linked to care within 3 months, 80.3% (245) were linked within 6 months, and 87.5% (267) were linked to care within 12 months of diagnosis.

A higher percentage of females (52.8%) were linked to care within 1 month than males (47.2%). Whites (55.9%) had a larger percentage of persons linked to care within 1 month, compared to all of the other racial/ethnic groups. Hispanics (51.6%) had the second highest percentage of cases linked to care within 1 month. Blacks (40.8%) and American Indians/Alaska Natives (39.1%) had similar percentages of cases linked to care within a month, followed by Asians/Pacific Islanders (33.3%). Multi race (23.5%) had the lowest percentage of cases linked to care in 1 month. Of the cases classified as injection drug use (IDU), 64.7% were linked to care within a month, which was the highest percentage of any of the risk categories. Cases classified as men who have sex with men (MSM) and IDU (57.7%) had a higher percentage than heterosexual contact (50%) and MSM (43.6%).

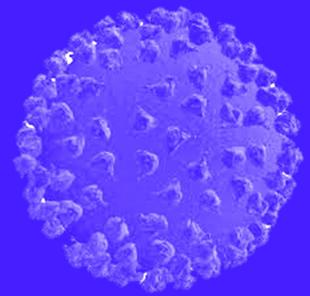


## VIRAL SUPPRESSION

Persons whose most recent viral load test was less than or equal to 200 copies of HIV virus per milliliter of blood are classified as “virally suppressed”. For this analysis, persons who had a viral load test result meeting this criterion in 2014 are considered as having a suppressed viral load. Individuals with viral suppression have a reduced risk of transmitting the infection to others. Viral suppression can be used as an indicator of accessing care and adhering to treatment. The NHAS 2020 indicator related to viral suppression has the goal to increase the percentage of persons with diagnosed HIV infection, who are virally suppressed, to at least 80%.

Overall in Oklahoma, 46.1% of persons living with HIV at the end of 2014 were classified as virally suppressed. However for persons receiving HIV-related medical care in 2014, 80.2% of the persons were virally suppressed, which highlights the importance of linking and retaining persons living with HIV in medical care.

# National HIV/AIDS Strategy 2020 Indicators

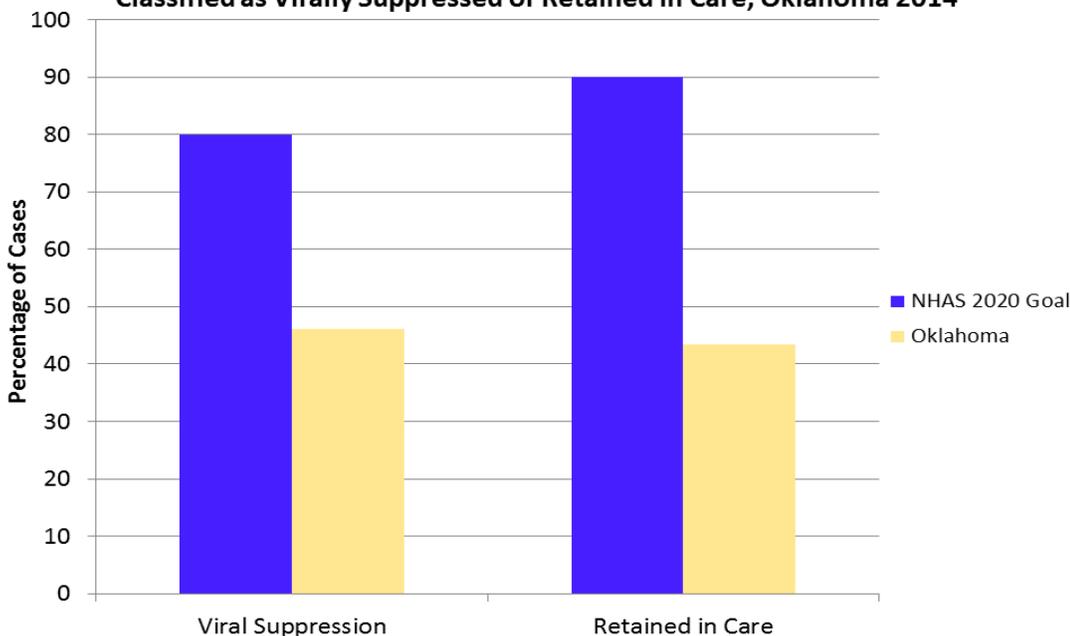


## RETENTION IN CARE

Retention in care is defined as at least 2 visits for routine HIV medical care in 12 months, at least 3 months apart. The NHAS indicator for retention in care is to increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.

For this analysis, persons living with HIV at the end of 2014 who had 2 or more CD4, viral load, or genotype tests at least 3 months apart in the calendar year of 2014 were defined as “retained in care”. Overall, 43.5% of the persons living with HIV in Oklahoma were classified as being retained in care. Of those with at least one care visit in 2014, 73.7% were defined as retained in care.

**Percentage of Living HIV Cases<sup>‡</sup> (Adults 13 years and greater)  
Classified as Virally Suppressed or Retained in Care, Oklahoma 2014**



<sup>‡</sup>Cases only include Adults 13 years and greater

