



Does Timing Matter? Using Multiple Data Sources To Initiate Partner Services For Newly Diagnosed HIV Cases

Annual STI Update

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**Maryland Department of Health and Mental Hygiene
Prevention and Health Promotion Administration**

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Partner Services Goals for Newly Diagnosed HIV Cases

- Effectively connect the original patient to medical care and prevention interventions to improve their health outcomes and reduce the risk for transmission to others
- Maximize number of partners who are notified of their exposure to HIV and other STIs
- Maximize early linkage of partners to testing, medical care, and prevention interventions



Prior to April 2013

- Historically, LHD-delivered Partner Services was generally only offered to HIV positive clients who were:
 - Tested or diagnosed by LHD clinics
 - Referred by other PHPA-supported HIV testing sites
 - Referred to the LHD by private providers
 - Reported directly to the LHD
- We were not able to provide LHD Partner Services to the subset of cases newly diagnosed by private providers who were not referred or reported directly to the LHD



Monthly Line List of New HIV Case Reports

- In April 2013, a new protocol was implemented to allow for cross-center data sharing
- The Center for HIV Surveillance, Epidemiology and Evaluation (CHSEE) began generating monthly lists of newly reported HIV cases for the Center for STI Prevention (CSTIP)
- CSTIP reviews and initiates these cases to the local health departments for Partner Services field investigation
- **GOAL:** To ensure that ALL newly reported HIV cases are investigated by trained LHD staff and offered Partner Services in a timely manner.



Data Analysis Goals

- Examine source of case initiation for Partner Services
- Ascertain new vs. previously diagnosed HIV cases
- Assess timeliness of case initiation and its effect on:
 - Participation in Partner Services Interview
 - Number of partners named
 - Partner outcomes



Evaluation Cohort

DATA SOURCES

- HIV Interview Records from STD*MIS
- Cases identified by PHPA's HIV Testing Programs
- Cases from CHSEE Monthly Line List

TIME PERIOD

- Records initiated between April 1, 2013 – December 31, 2013

EXCLUSIONS

- Out-of-State Residents
 - Baltimore City Residents
 - Duplicate Cases
 - Unconfirmed Cases
- Baltimore City Health Department
- Directly funded by CDC
 - Manages their own STI/HIV Program
 - Receives a separate Line List from CHSEE for investigation

Total Cases in Cohort : 1070

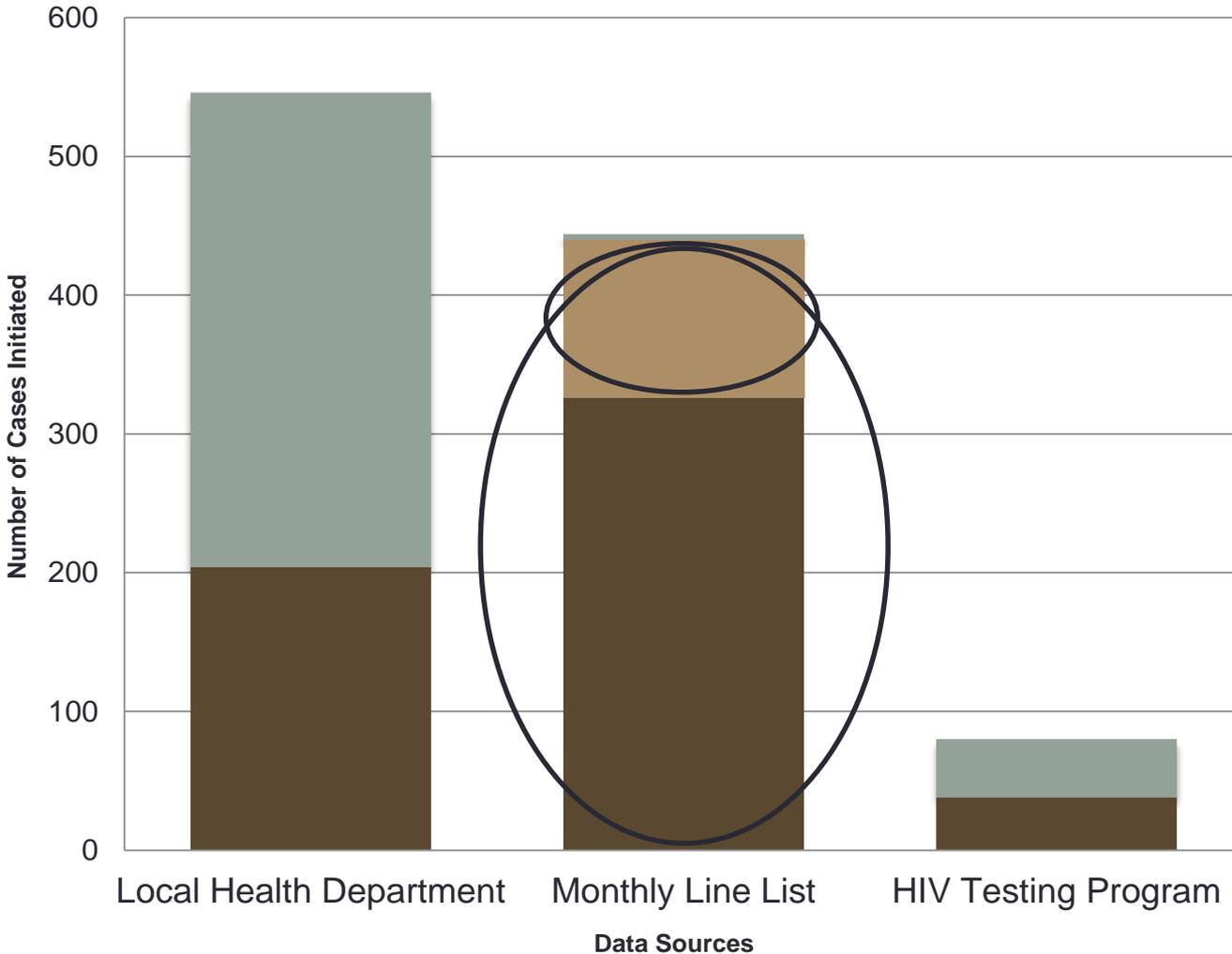


Key Data Analysis Parameter – New vs. Previous

- In the monthly line list protocol, cases are only initiated for Partner Services investigation if they have been diagnosed within the last 6 months
- For the purposes of this analysis, cases are considered “newly diagnosed” if the time from HIV diagnosis date to Partner Services case initiation date was less than 6 months



HIV Cases Initiated for Partner Services between April 1, 2013 - December 31, 2013



Monthly Line List nearly doubled LHD DIS workload since April 2013 implementation!!!

- Previously HIV positive
- Found to be previously HIV positive after Field Investigation
- New HIV Case



Cases from Monthly Line List Found to be Previously HIV Positive after Field Investigation

| | |
|---|------------|
| Total Cases Initiated from Monthly Line List | 440 |
| New Cases | 326 |
| Previous Positives after Field Investigation | 114 |
| Not Interviewed (Refused or Unable to Locate) | 40 (35%) |
| Interviewed | 74 (65%) |
| Total Partners Named | 23 |

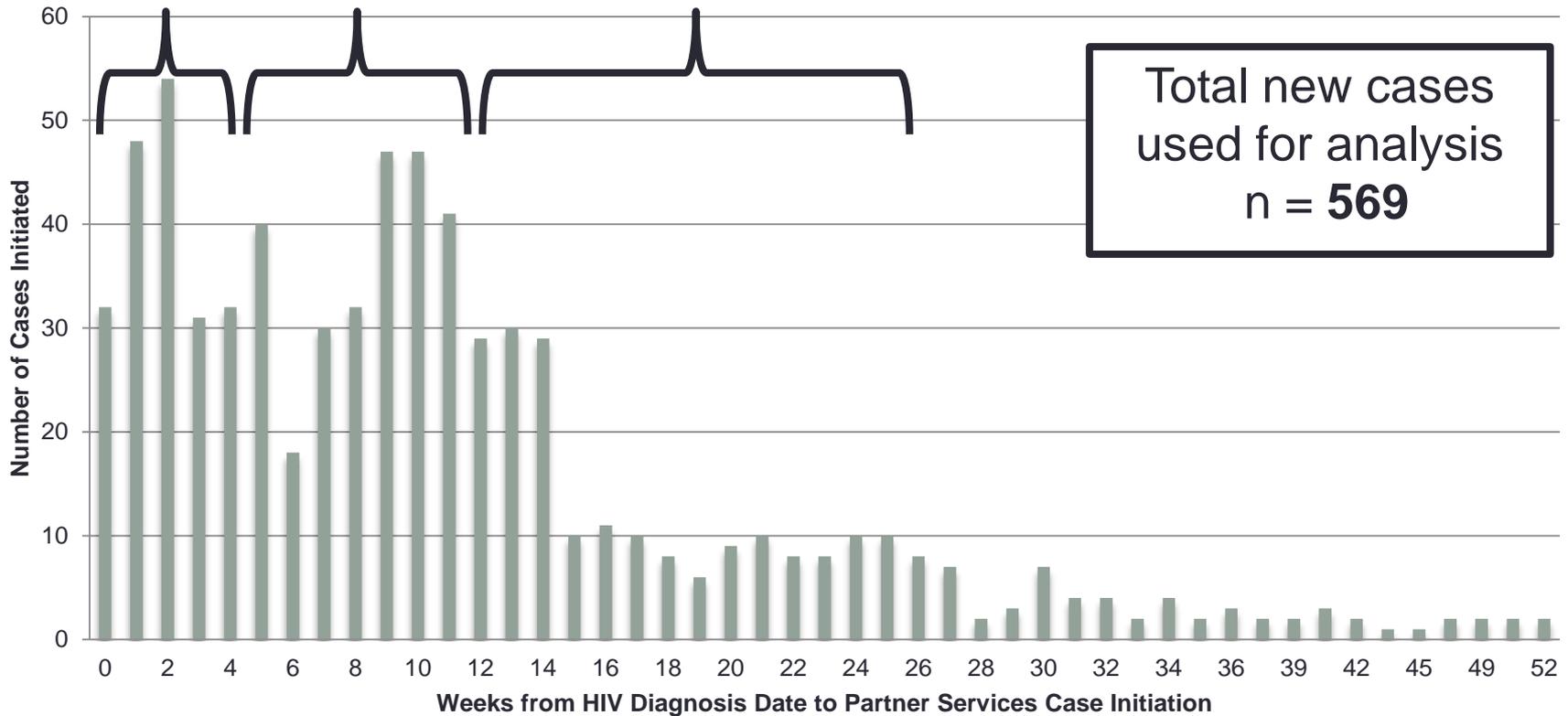
Though few partners were named:

- 7 people were previously HIV positive
- 8 people with unknown HIV status were tested for HIV
 - 5 of whom tested for the first time
 - 4 of whom tested newly HIV positive

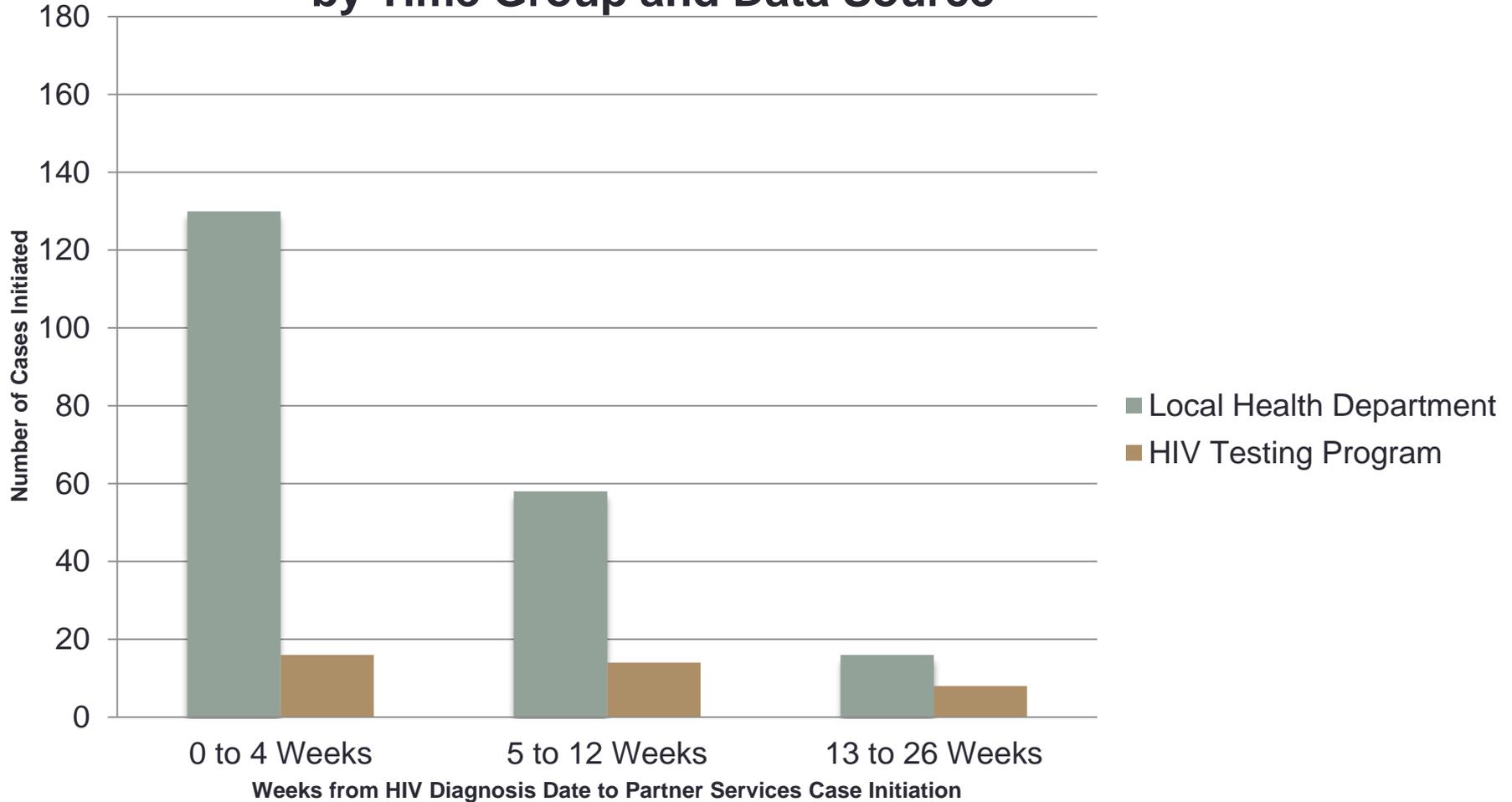
Determine Cohort Time Groups

Number of PS Cases Initiated by Weeks from HIV Diagnosis Date

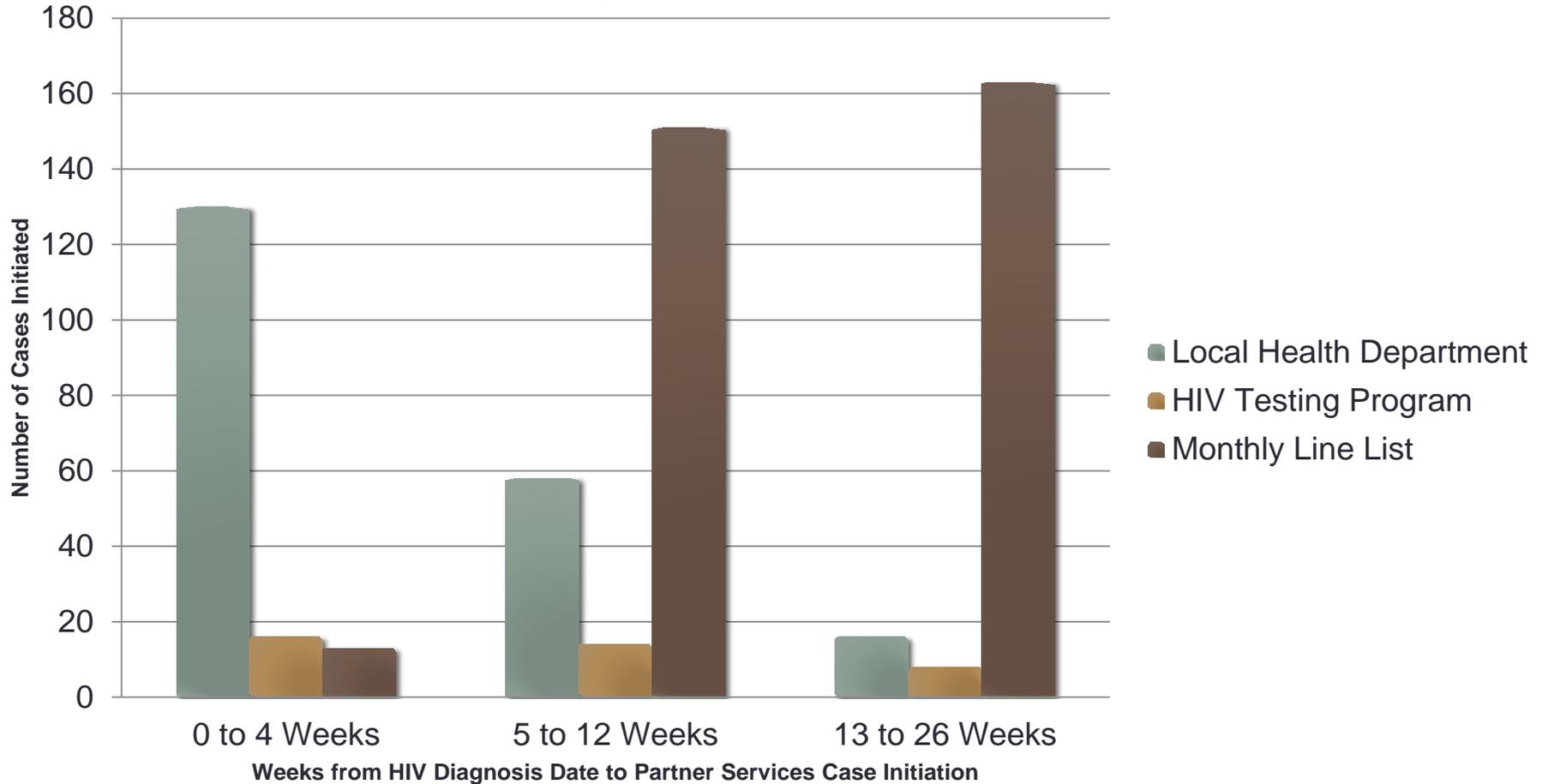
| | | |
|---|--|---|
| <p>Time Group 1 0 to 4 weeks N = 159</p> | <p>Time Group 2 5 to 12 weeks N = 223</p> | <p>Time Group 3 13 to 26 weeks N = 187</p> |
|---|--|---|



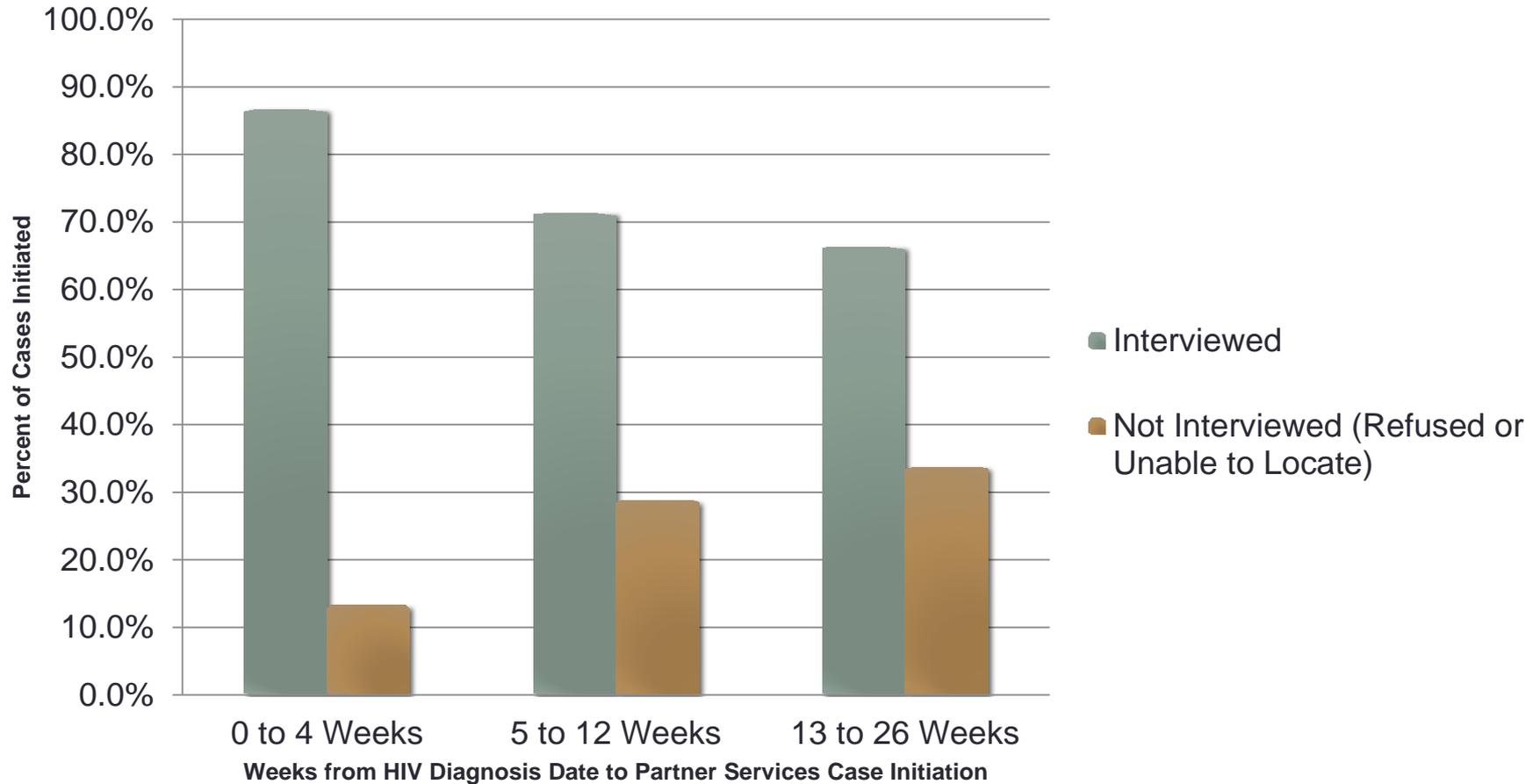
New HIV Diagnoses Initiated for Partner Services by Time Group and Data Source



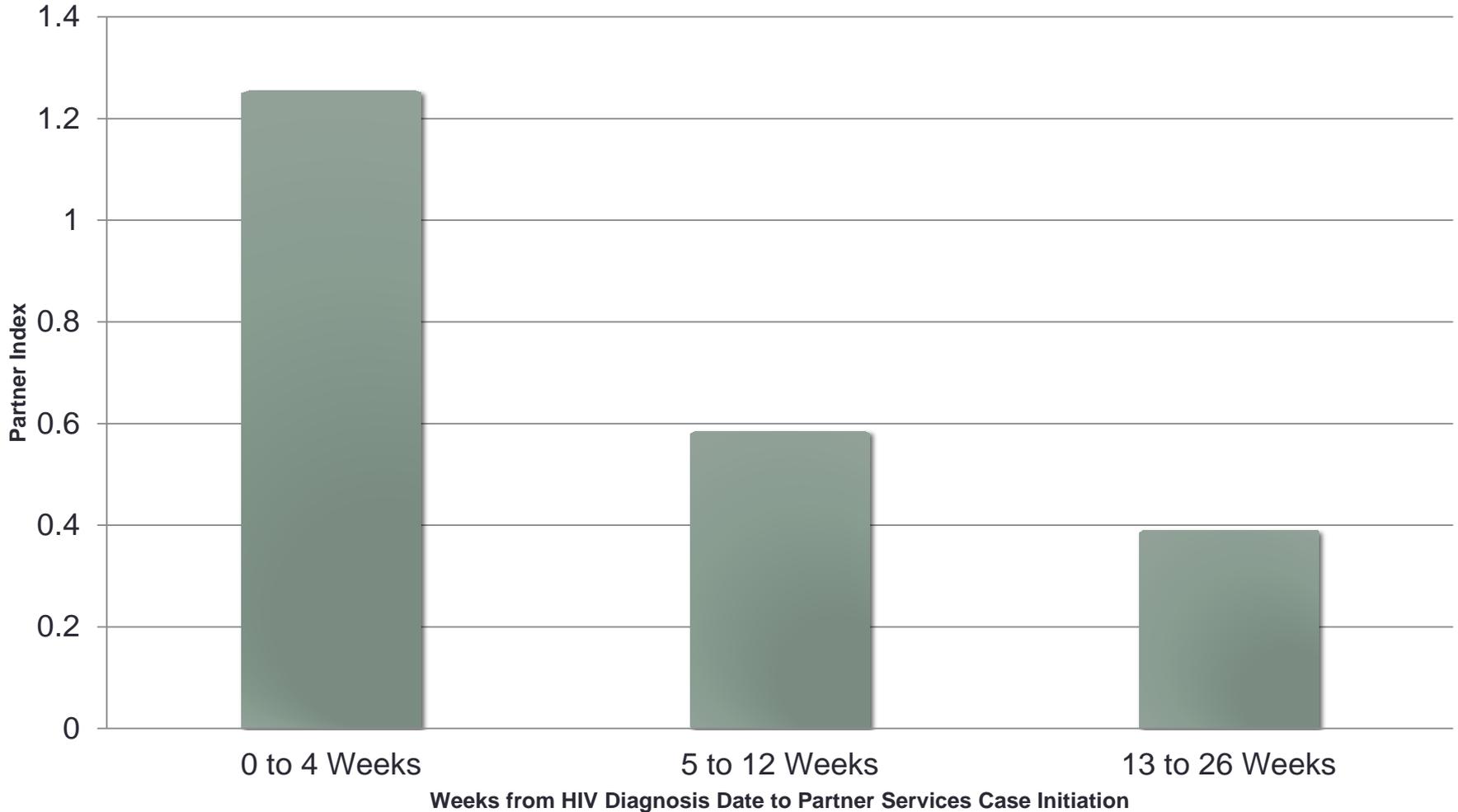
New HIV Diagnoses Initiated for Partner Services by Time Group and Data Source



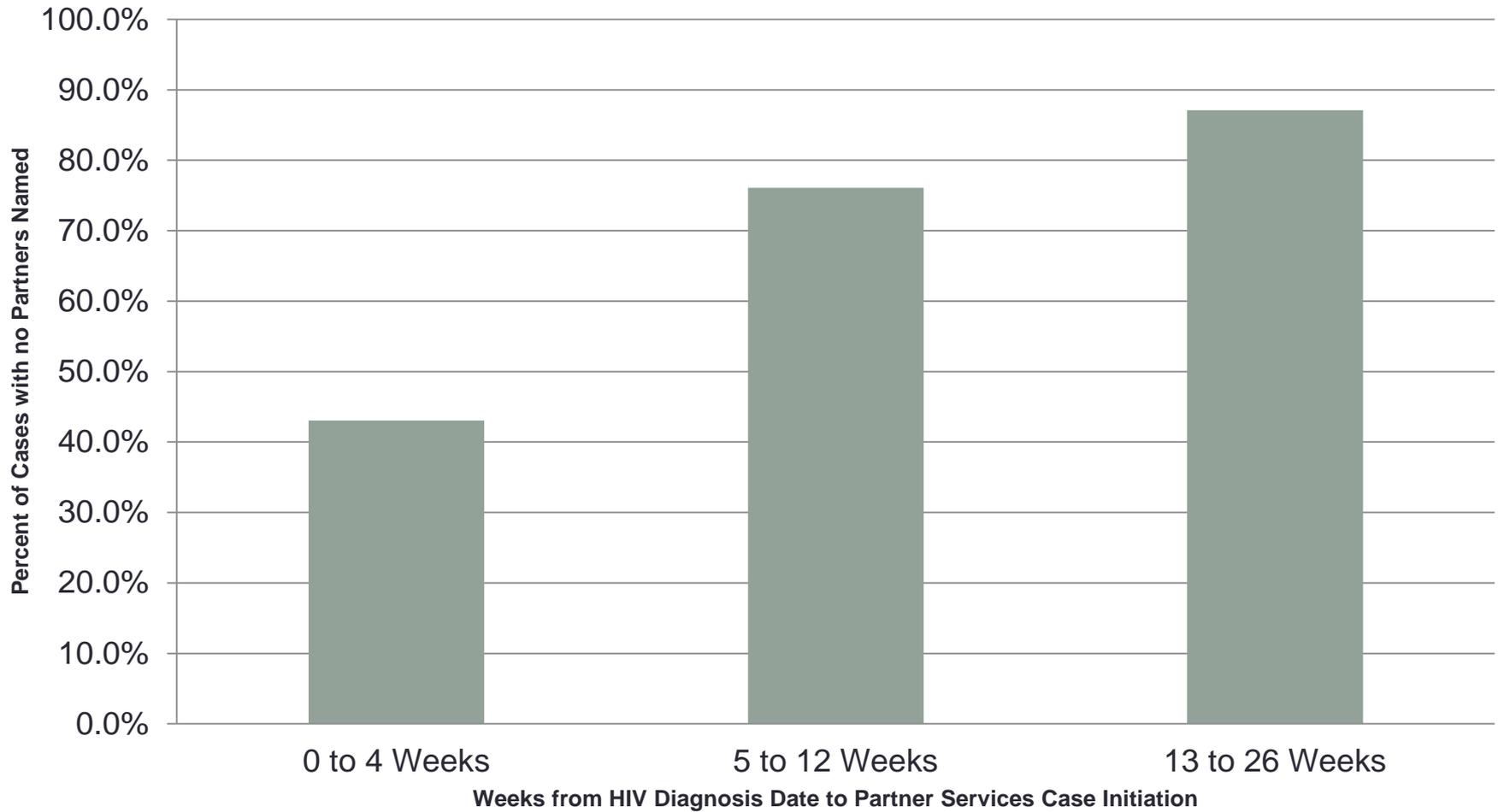
Percent of New HIV Diagnoses Initiated for Partner Services by Time Group and Participation in Partner Services Interview



Partner Index by Time Group



Percent of Interviews with No Partners Named by Time Group





Partner Outcomes – Do not seem affected by time

| Partner Outcomes | 0 to 4 Weeks | 5-12 Weeks | 13-26 Weeks |
|--|--------------|------------|-------------|
| Previous Positive | 23.3% | 24.7% | 28.6% |
| New Positive | 9.9% | 3.2% | 10.2% |
| Still/New Negative | 27.3% | 25.8% | 32.7% |
| Not Tested, Refused, Unable to Locate | 38.4% | 43.0% | 28.6% |

Total Partners Named = **314**

- **77** people were previously HIV positive
- **112** people with unknown HIV status were tested for HIV
 - **77** of whom tested for the first time
 - **25** of whom tested newly HIV positive



Timing Does Matter!

Earlier case initiation leads to:

- More cases participating in Partner Services Interviews
 - Greater number of partners named who are then notified of their exposure and offered testing
 - Greater number of exposed partners tested
 - Greater number of new HIV cases identified
- Fewer Interviews with no named partners



Timing Does Matter But, There are Realities

- Lack of physician reporting and lab reporting lag
 - Despite Maryland law, the vast majority of newly reported HIV cases come from electronic lab reports not the diagnosing physician
 - Most of our major labs report once monthly to CHSEE
- High DIS workload volume at LHDs can lead to delays in case investigations
- Limitations of current data management systems at the state and local level introduce additional time lags into the case review and initiation process



What can you do to help?

- Improve relationships with high volume private providers
 - Encourage direct referral to LHD Partner Services
 - Encourage timely reporting of all HIV and STI cases
- Maintain and improve internal timeliness of reporting, referrals and case initiation
- Maintain and expand data sharing between programs

Hug your DIS!!!



Thanks!

- Thanks to the Local Health Departments and DIS for all of the hard work over the past year!
- Thanks to CHSEE for coordinating with CSTIP to develop the Monthly Line List
- Thanks to all in the Center for STI Prevention for assisting with this project analysis



Questions?

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