

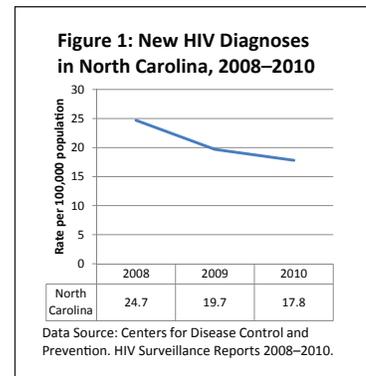


UPDATE

HNC 2020 Objective	Baseline	Current	Target
Reduce the rate of new HIV infection diagnoses (per 100,000 population)	24.7 (2008)	17.8 (2010)	22.2

Reducing the rate of new HIV infection diagnoses is one of the three objectives under the “Sexually Transmitted Disease and Unintended Pregnancy” focus area of Healthy North Carolina 2020. According to Centers for Disease Control and Prevention (CDC) HIV Surveillance reports, North Carolina’s 2010 rate was 17.8 new cases of HIV per 100,000 population (Figure 1). The total number of new HIV diagnoses was 1,487 in 2010, down from a peak of 1,812 new diagnoses in 2008. The substantial reductions mean that the state already has exceeded the 2020 target for this objective.

In 2006, North Carolina developed and began to implement three effective and integrated HIV/AIDS prevention and care strategies, which are: 1) identifying new cases of HIV early; 2) linking newly identified HIV-positive individuals into care and treatment programs; and, 3) keeping HIV-positive individuals in care and treatment.



1) Identifying New Cases of HIV Early

- In 2006, Get Real Get Tested kicked off a series of television PSAs which focused on the importance of getting tested for HIV. The campaign also partners with local health departments and Community Based Organizations (CBO) to conduct HIV testing events across North Carolina.
- Since 2006, North Carolina has worked to standardize and expand HIV testing per CDC guidelines. The result has been a dramatic increase in HIV testing. In 2006, the N.C. State Laboratory of Public Health processed 144,000 HIV tests. By the end of 2010, an estimated 250,000 HIV tests were processed. This is an increase of 73 percent.

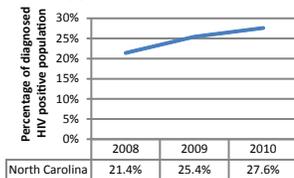


2) Linking Newly Identified HIV-Positive Individuals into Care and Treatment Programs

- Thanks to the action taken by Governor Beverly Perdue and the North Carolina General Assembly, the AIDS Drug Assistance Program (ADAP) provided medication to 6,321 people in 2010; by 2012 over 6,800 people were receiving medication. Access to medication continues to be critical to the survival of HIV patients for whom discontinuing medications or dropping out of HIV care could be devastating.
- Surveillance data from the N.C. Communicable Disease Branch shows that through the hard work and efforts of local health departments and HIV community based organizations, 40 percent of new HIV-positive individuals get into care within three months, 52 percent of new HIV-positive individuals get into care within six months and 58 percent get into care within nine months.

- In 2011, University of North Carolina at Chapel Hill researchers found that treating HIV-infected individuals with antiretroviral therapy when their immune systems are still relatively healthy leads to a 96 percent reduction in HIV transmission to their partners. This new finding would suggest that early treatment of infected individuals can have a major impact on the spread of HIV disease. Figure 2 displays the increase in the percentage of the diagnosed HIV-positive population that has a suppressed viral load, which illustrates improved treatment outcomes.

Figure 2: North Carolina Diagnosed HIV-Positive Population with Suppressed Viral Loads*



Data Source: Communicable Disease Branch, Epidemiology Section, Division of Public Health, N.C. DHHS.

*Considering the treatment as prevention approach, we acknowledge the possibility that the decline in cases observed from 2008–2010 may have resulted in part from the corresponding increase in viral suppression among the diagnosed HIV-positive population. For questions, contact Del Williams with the CDSU at 919-733-9606.

3) Keeping HIV-Positive Individuals in Care and Treatment

- North Carolina has been awarded a prestigious four-year, \$4 million grant through the Health Resources and Services Administration (HRSA) to implement a new initiative which involves HIV testing and linking HIV patients into care. The North Carolina Division of Public Health will partner with the University of North Carolina–Chapel Hill, Duke University Center for Health Policy and Inequalities Research, East Carolina University and Wake Forest University.
- The SPOTLIGHT illustrates how Wake County Human Services with its bridge counseling program has been successful with keeping HIV-positive individuals in care and treatment.

SPOTLIGHT: Wake County Human Services — Bridge Counseling and Retention in Care

The Communicable Disease Branch (CDB) promotes the strategies of HIV testing, linking HIV patients to care and keeping them in care. One stellar model is Wake County Human Services (WCHS). Under the leadership of Health Director Sue Lynn Ledford, WCHS has built a successful bridge counseling program to provide a link between HIV-positive individuals and medical care that has resulted in high levels of patient retention and successful indicators.

Wake County Human Services has been serving HIV-positive individuals for more than 10 years. The county serves over 1,100 HIV-positive clients annually and offers many services including primary medical care, treatment adherence, medical case management, HIV counseling and testing.

In 2003, HIV client tracking began with 187 clients and an appointment no show rate at 55 percent.

The first bridge counselor was hired for this program in 2004. That year, the number of clients increased to 397 and appointment no show rate dropped to 37 percent.

Despite several ups and downs since 2005, including losing a bridge counseling position at the end of 2011, the program boasted a 92.4 percent retention rate for HIV patients in care and a no show rate of less than 25 percent.

Figure 3: Wake County Human Services HIV-Positive Client Retention Rates, 2004–2011

