

# 3<sup>rd</sup> International Conference on **HIV/AIDS, STDs & STIs**

November 30 - December 02, 2015 Atlanta, USA

## Residents living with HIV/AIDS retained in medical care or virally suppressed, New Jersey, 2009

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**Background:** HIV-infected residents who remain engaged in medical care, receive medications and have a suppressed viral load (VL) should experience decreases in HIV-related morbidity, mortality and potential transmission of infection. This study provides baseline percentages to evaluate progress towards the 2020 indicators of the United States National HIV/AIDS Strategy to retain residents in medical care and suppress HIVVL (90% and 80% respectively).

**Methods:** Data were obtained from the New Jersey electronic HIV/AIDS Reporting System and included residents diagnosed >13 years, alive as of 12/31/2008, with a report of at least one CD4+ count or HIV VL from 2003-2008. Retention in medical care was defined by the presence of at least one CD4+ count or HIVVL in 2009, and a suppressed HIVVL was <200 copies/ul. Patient characteristics were compared using chi-square tests of association.

**Results:** A total of 22,754 residents were included in this study. Overall 15,138 (66.5%) were retained in medical care in 2009, 11,500 (50.5%) had atleast 1 VL available in 2009, and 5,151 (22.6%) had a suppressed HIVVL. Those less likely to be retained in medical care or be virally suppressed included younger residents (aged 13-24, 25-34, and 35-44), those with a non-AIDS diagnosis and diagnosed 0-5 years ago. Males were less likely to be retained in care but females were less likely to be suppressed. Higher percentages of residents less likely to be suppressed included Blacks, Hispanics, injection drug users, heterosexuals and those receiving public funding. There was no difference in retention among residents in an area of high prevalence vs. a lower prevalence area but a lower percentage was virally suppressed in high prevalence areas.

**Conclusions:** Baseline estimates of residents retained in medical care and having a suppressed viral load demonstrate challenges and opportunities in this area. Interventions targeting specific risk groups are needed and can include intensive case management with enhanced personal contact, evidence-based adherence and prevention interventions. The results of this study may not be applicable to other jurisdictions and social determinants of health were not evaluated.

### Biography

Debbie Y Mohammed is an adult nurse practitioner with 15 years experience specializing in the care of HIV infected persons. She completed her Doctorate in Public Health with emphasis on Epidemiology, from Rutgers State University in 2015.

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