

HIV Continuum of Care Connecticut, 2015

Heidi Jenkins, Section Chief

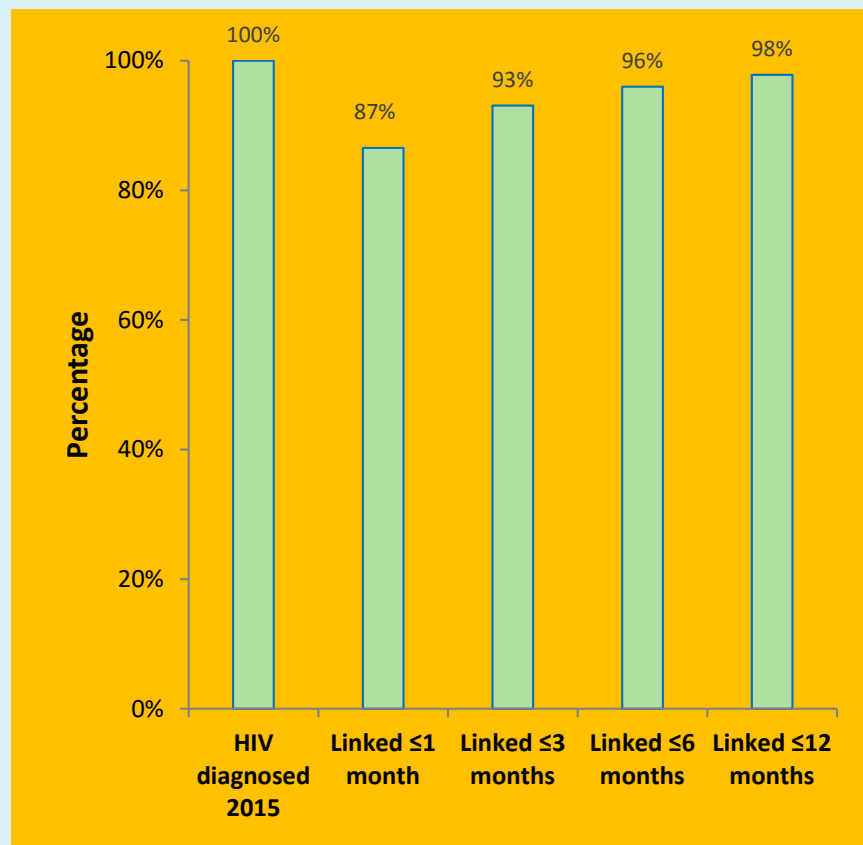
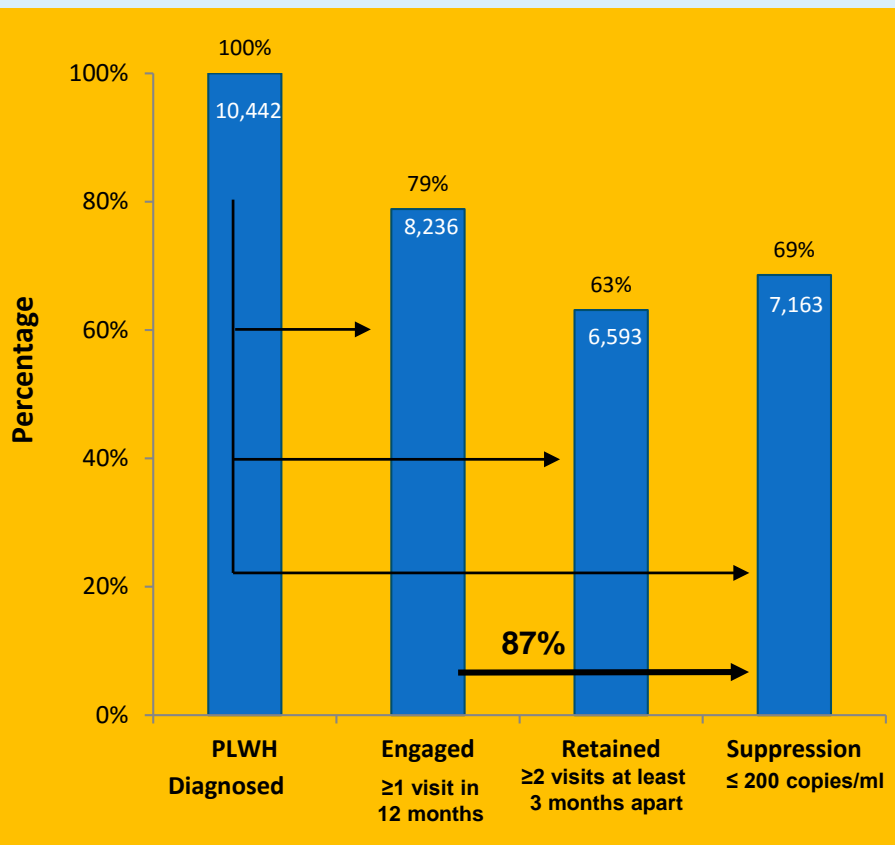
TB, HIV, STD & Viral Hepatitis Section | Public Health Initiatives

State of Connecticut Department of Public Health

05/25/2017



HIV Continuum of Care, Connecticut, 2015



Based on persons receiving HIV care in 2015 among persons ≥13 years old at diagnosis, resided in Connecticut (based on most recent residence) and diagnosed with HIV infection through 2014 and living with HIV on 12/31/2015. A visit is defined as a CD4, viral load, or genotype test result during the evaluation period. The overall HIV population is overestimated because cases are only followed up for 11 months after 12/31/2015. CDC suggests cases should be followed up at least 18 months to collect death certificate information.

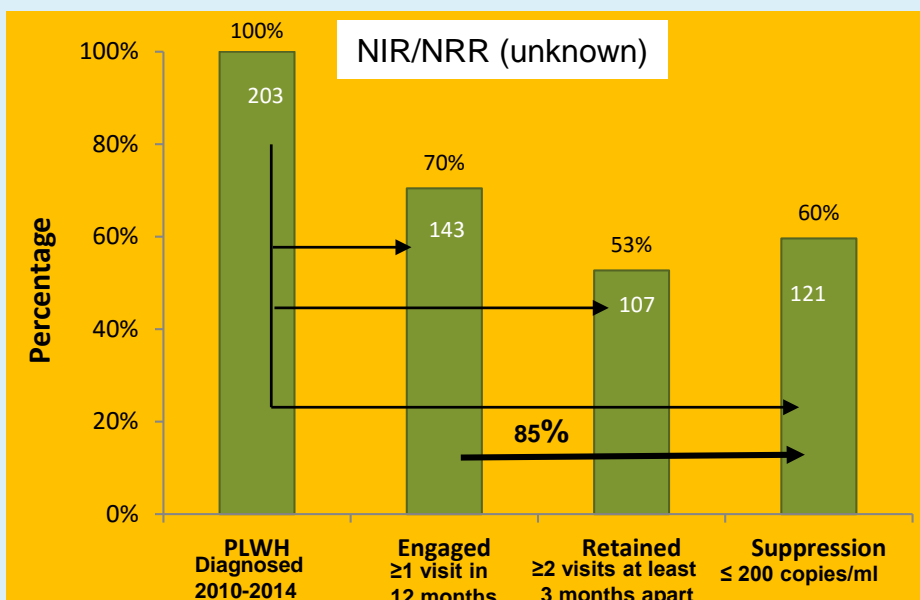
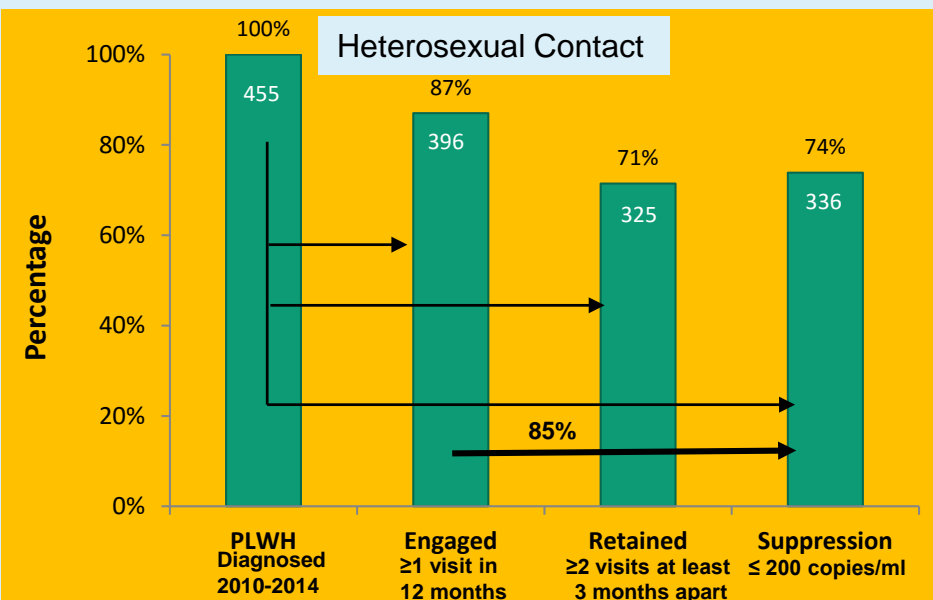
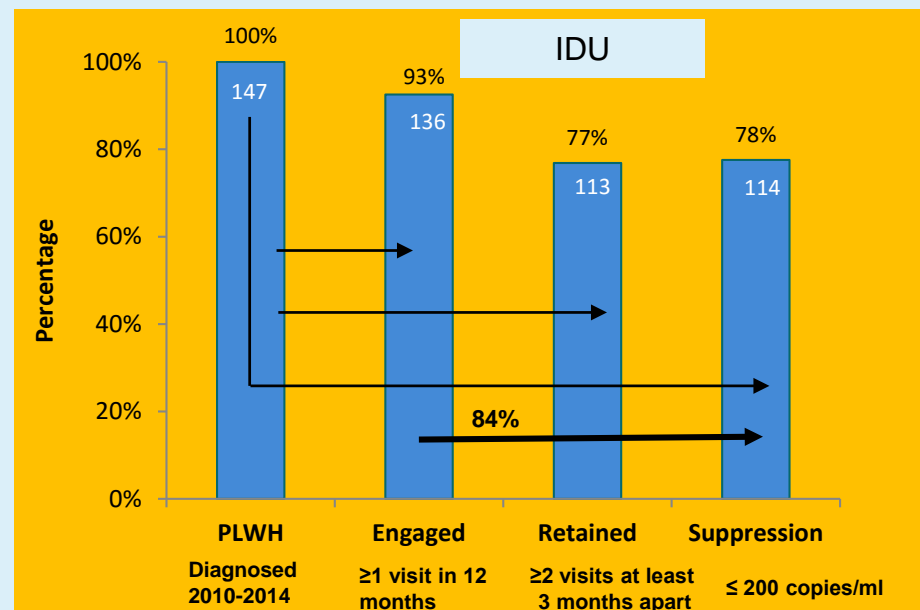
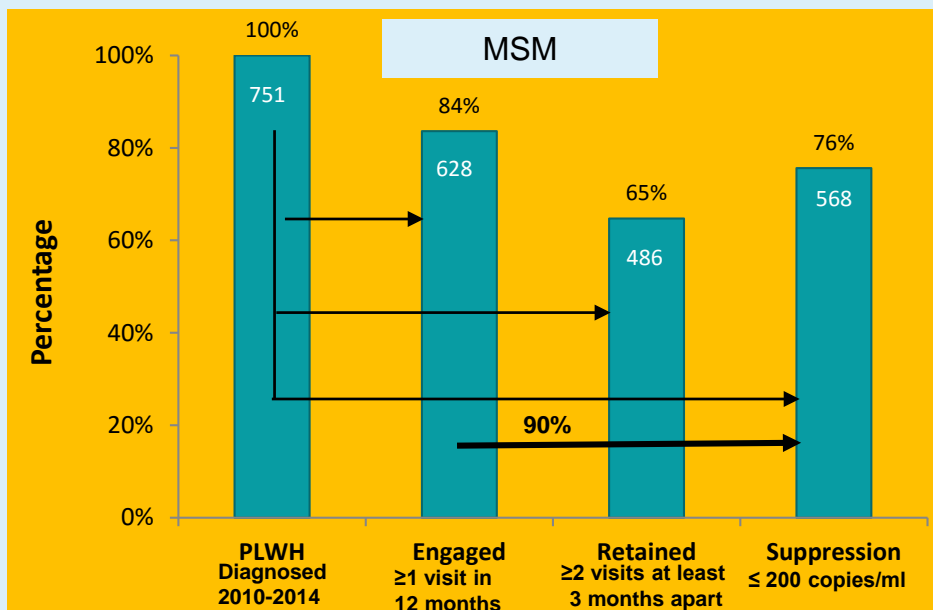
Source: HIV surveillance data through December 2016.

Based on the number of persons ≥13 years old, diagnosed with HIV in 2015, who resided in Connecticut (based on residence of HIV diagnosis) and were linked to care within 1,3,6,12 months after HIV diagnosis.

Source: HIV surveillance data through December 2016.

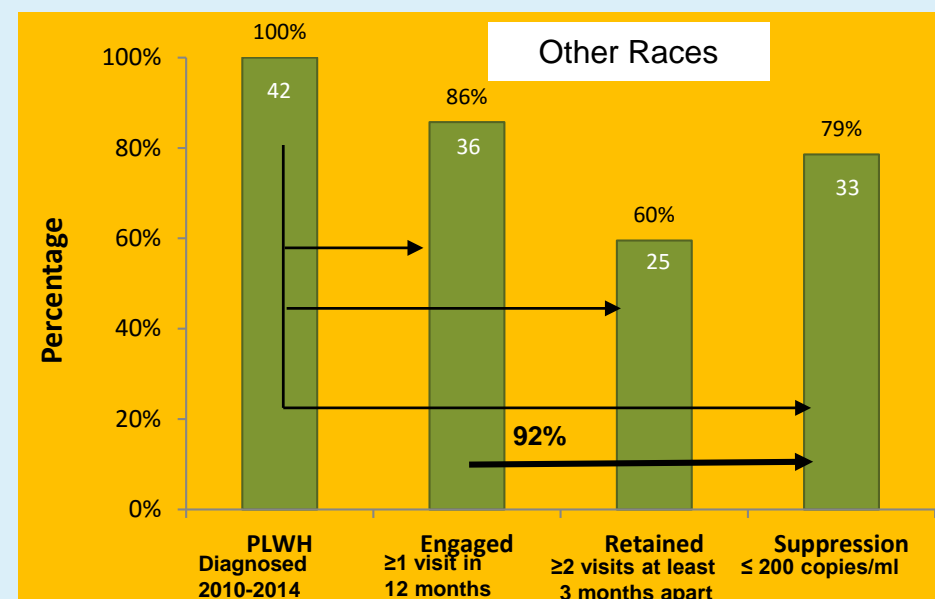
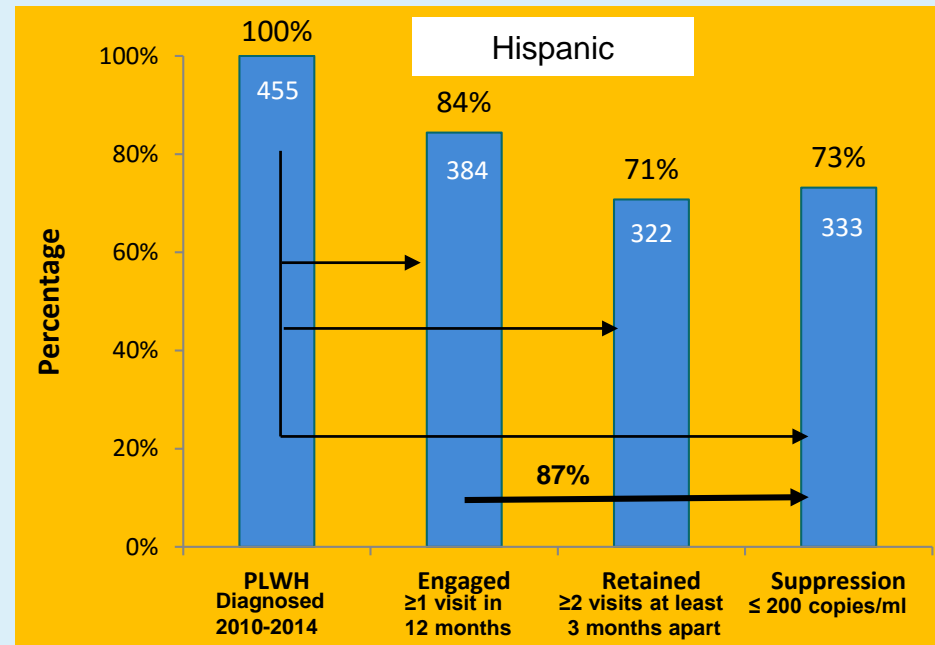
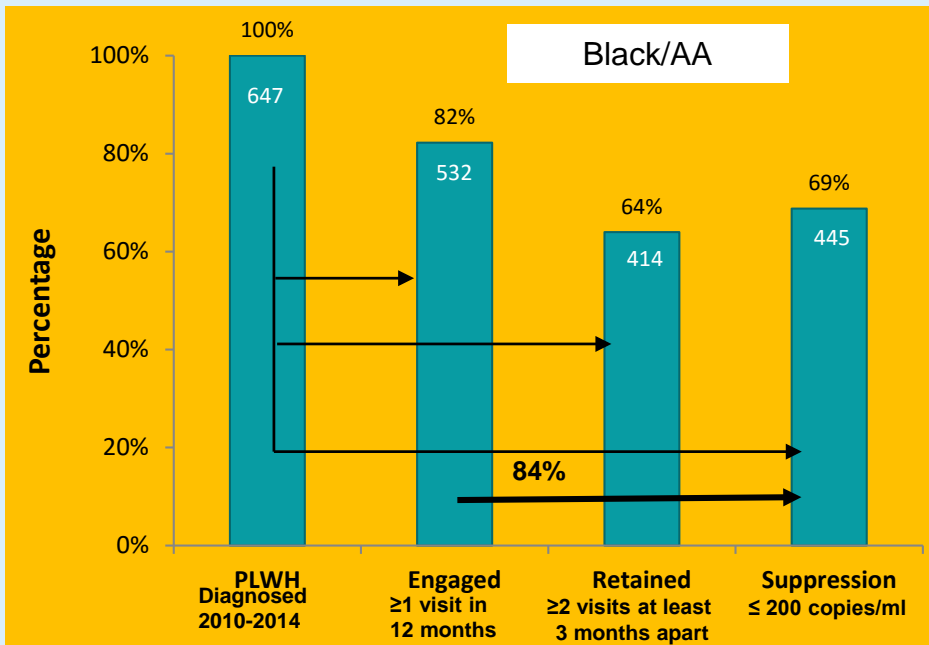


By risk factor, 2015



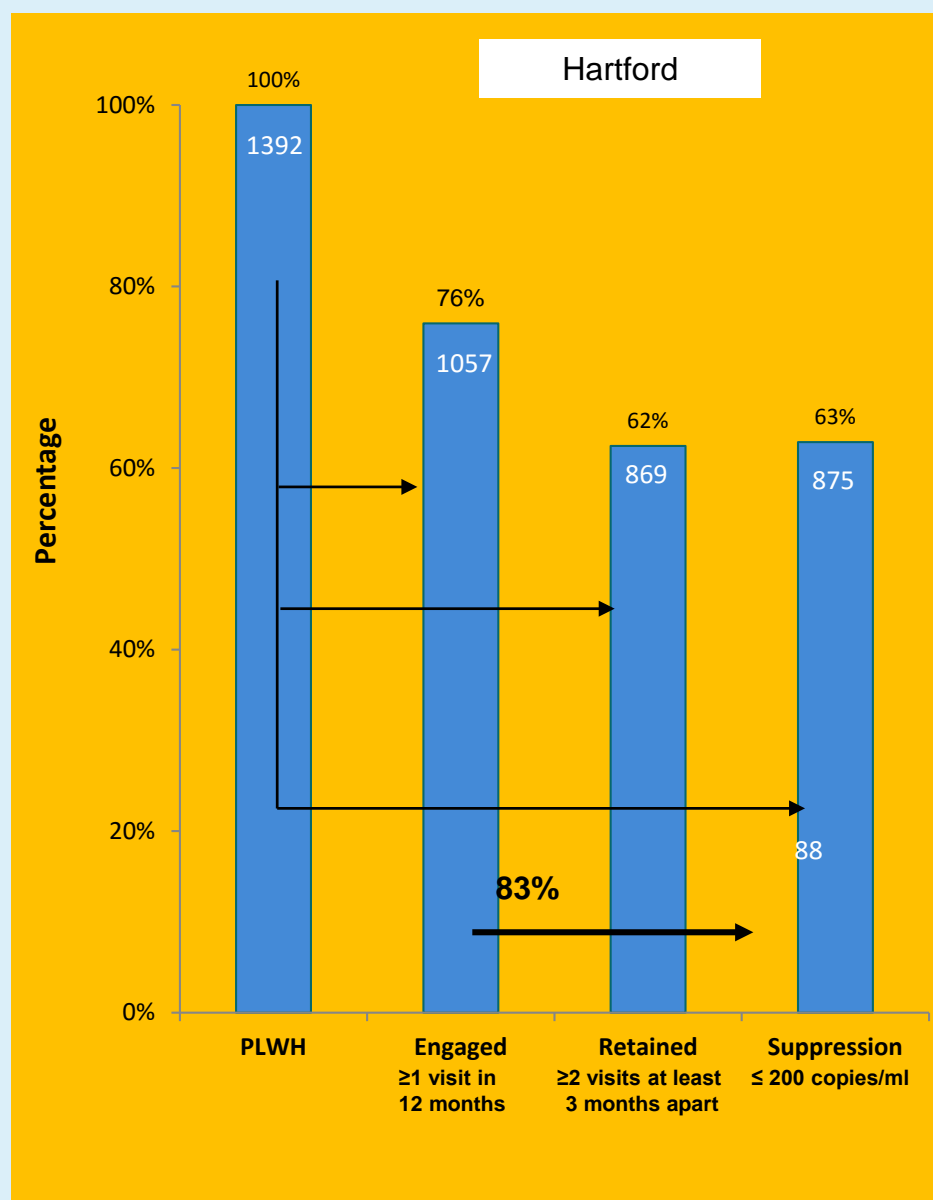
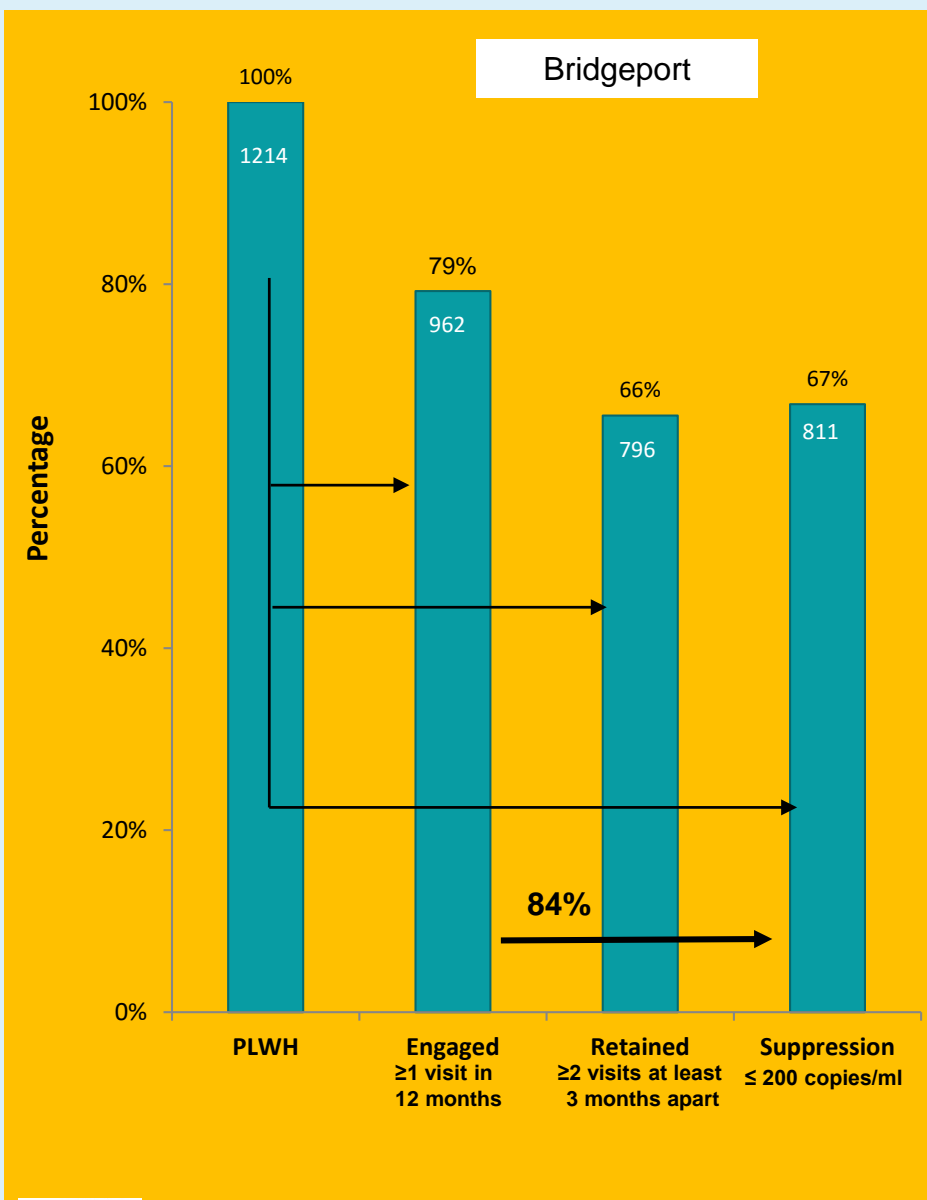
Based on persons receiving HIV care in 2015 among persons ≥13 years old at diagnosis, resided in Connecticut (based on most recent residence) and diagnosed with HIV infection 2010 - 2014 and living with HIV on 12/31/2015. A visit is defined as a CD4, viral load, or genotype test result during the evaluation period. The overall HIV population is overestimated because cases are only followed up for 5 months after 12/31/2015. CDC suggests cases should be followed up at least 18 months to collect death certificate information. **Source:** preliminary HIV surveillance data through June 2016.

By Race/Ethnicity, 2015

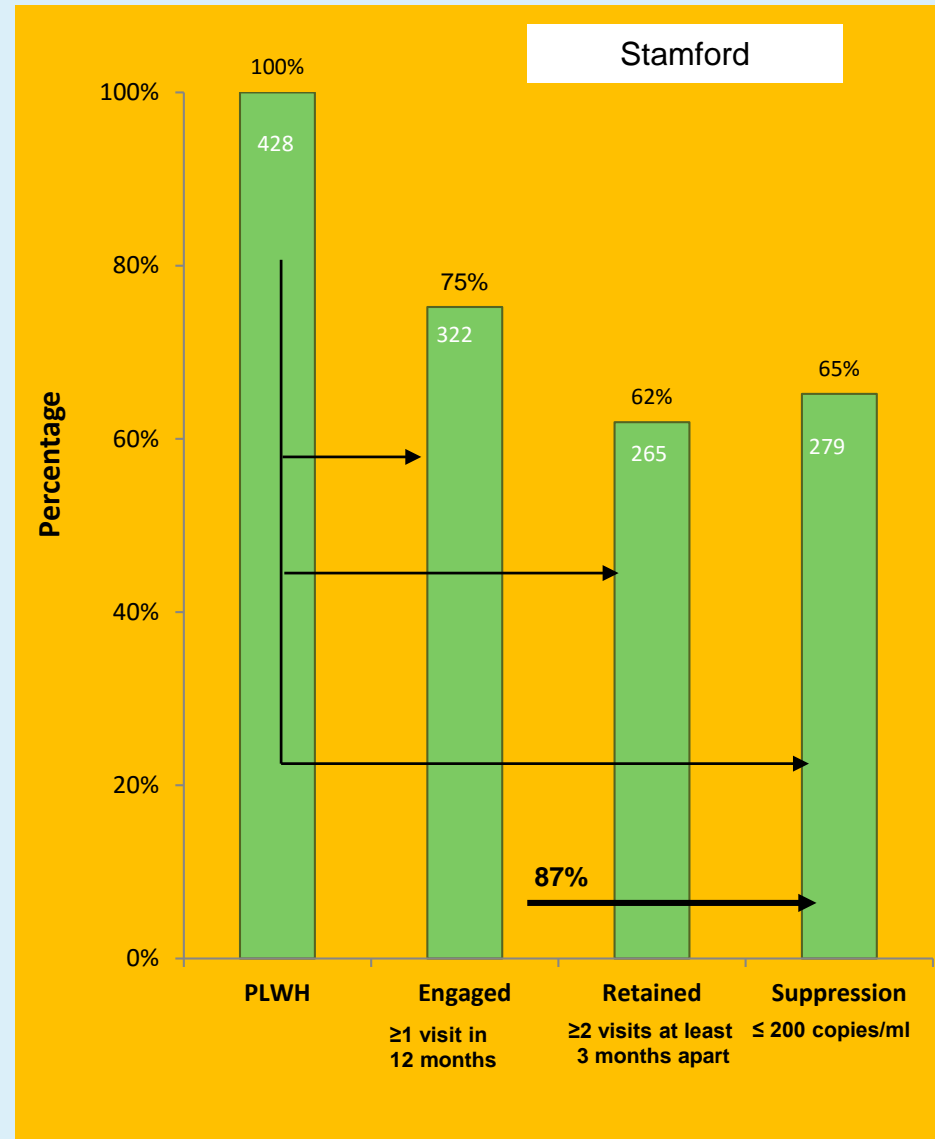
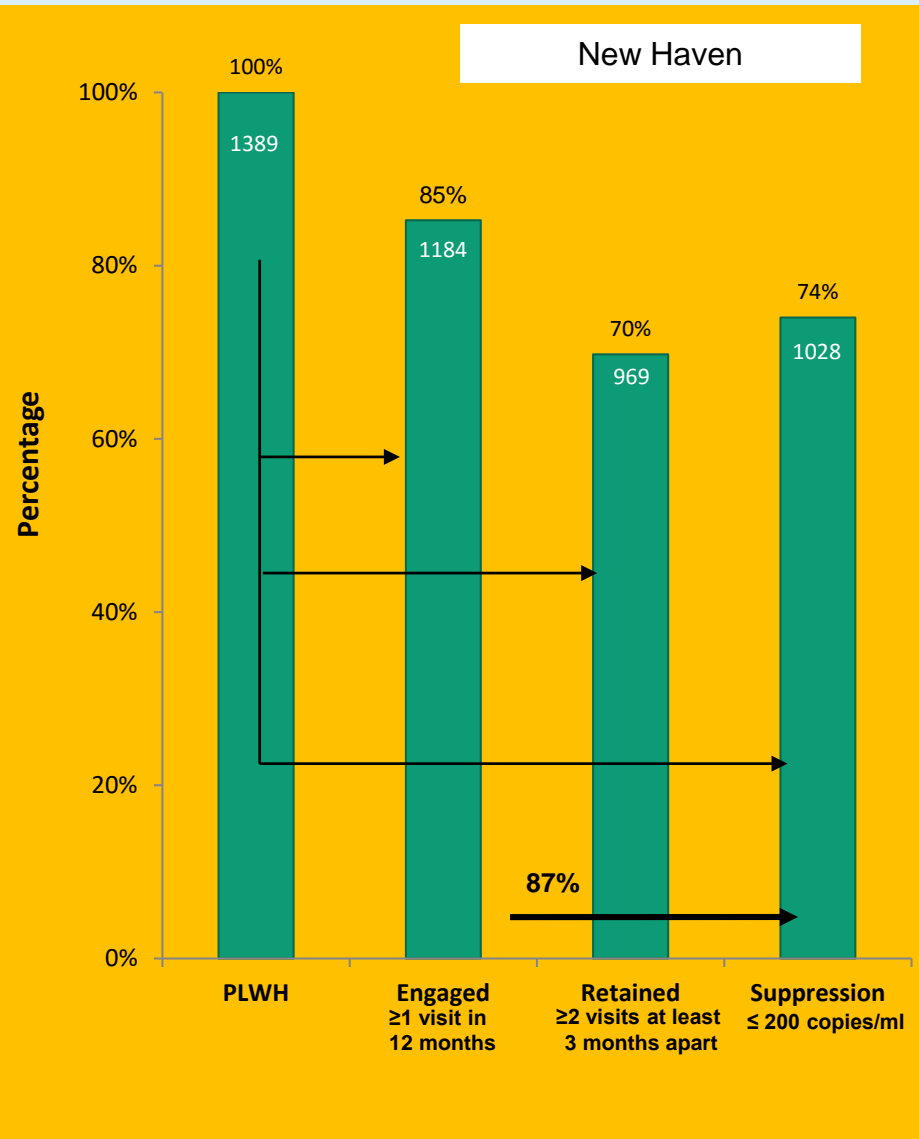


Based on persons receiving HIV care in 2015 among persons ≥13 years old at diagnosis, resided in Connecticut (based on most recent residence) and diagnosed with HIV infection 2010 - 2014 and living with HIV on 12/31/2015. A visit is defined as a CD4, viral load, or genotype test result during the evaluation period. The overall HIV population is overestimated because cases are only followed up for 5 months after 12/31/2015. CDC suggests cases should be followed up at least 18 months to collect death certificate information. **Source:** preliminary HIV surveillance data through June 2016.

By Selected Cities, 2015

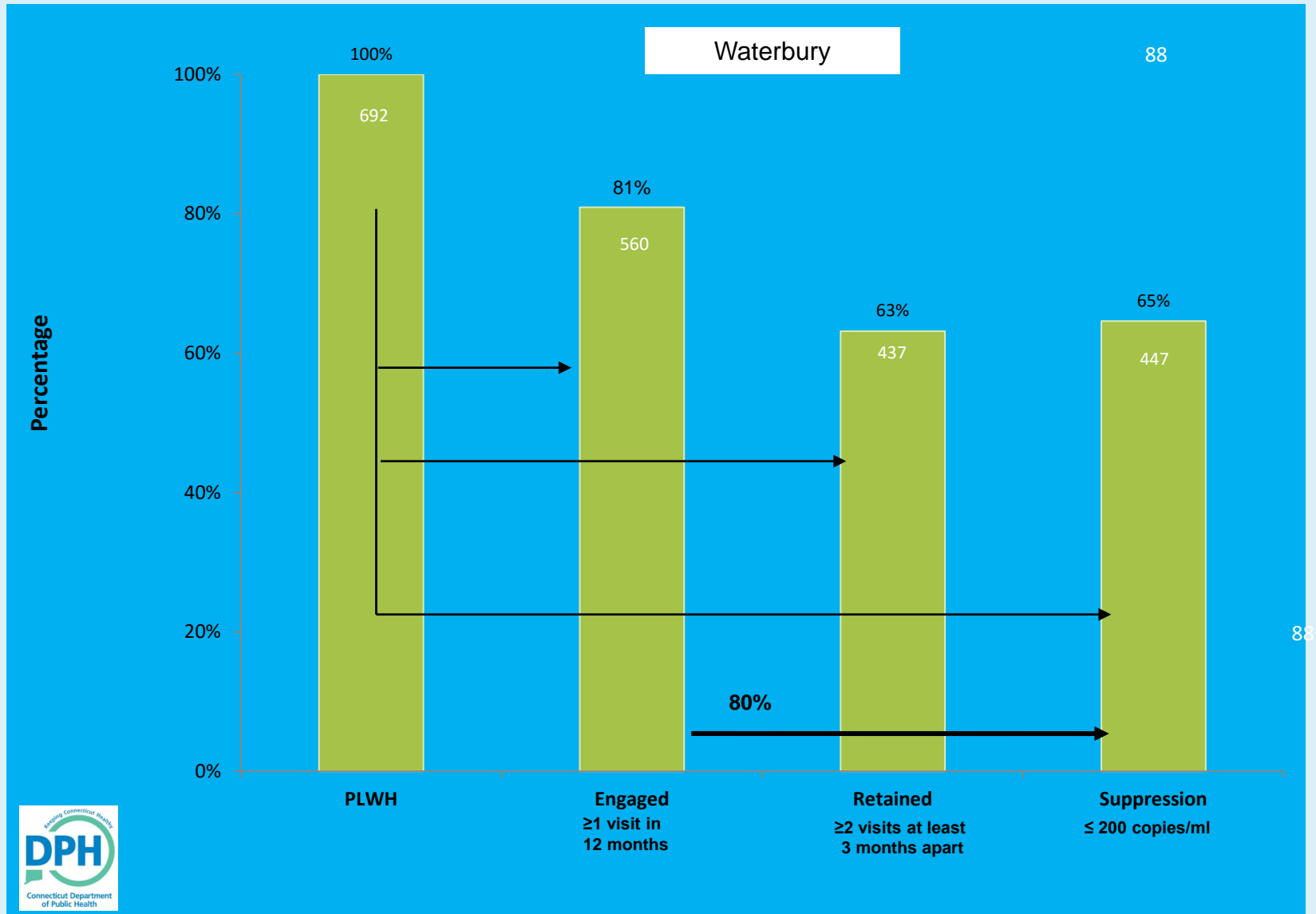


By Selected Cities, 2015



Based on persons receiving HIV care in 2015 among persons ≥13 years old at diagnosis, resided in the designated city (based on most recent residence) and diagnosed with HIV infection through 2014 and living with HIV on 12/31/2015. A visit is defined as a CD4, viral load, or genotype test result during the evaluation period. The overall HIV population is overestimated because cases are only followed up for 11 months after 12/31/2015. CDC suggests cases should be followed up at least 18 months to collect death certificate information. Source: preliminary HIV surveillance data through December 2016.

By Selected Cities, 2015



Based on persons receiving HIV care in 2015 among persons ≥ 13 years old at diagnosis, resided in the designated city (based on most recent residence) and diagnosed with HIV infection through 2014 and living with HIV on 12/31/2015. A visit is defined as a CD4, viral load, or genotype test result during the evaluation period. The overall HIV population is overestimated because cases are only followed up for 11 months after 12/31/2015. CDC suggests cases should be followed up at least 18 months to collect death certificate information. Source: HIV surveillance data through December 2016.

STD Trends, 2016

	No.	% Change
Chlamydia	13,911	(+5%)
Gonorrhea	2,723	(+30%)
P&S Syphilis	110	(-2%)
EL Syphilis	84	(27%)

Getting To Zero Commission

- Representation from the 5 cities with the highest number of cases reported
- Focus on MSM of color, Black females, transgender females
- Local health departments, HIV service organizations, community members
- Also faith based, research, drug user health, DPH, DOC, Planned Parenthood, etc.

CT GtZ Commission

- Commission selected by DPH Commissioner
- Facilitator to work with selected Commission for one year
- Role of the Commission is to develop a G2Z template for CT
- G2Z plan will be provided to the 5 cities to implement
- Local G2Z plans will be shared with other cities for their own development
- Goal is to allow cities to plan their own G2Z initiative to meet local needs

Research ????????

- How can we address stigma in HIV care and prevention?
- How can we engage community partners in the G2Z process?

Heidi Jenkins

Heidi.Jenkins@ct.gov

860-509-7801

