



Georgia Department of Public Health

Metro Atlanta Testing & Linkage Consortium

Presentation to: Metro Atlanta Testing & Linkage Consortium (MATLC)

Presented by: Melanie Gwynn

Facilitated by: Emily Halden Brown, *PRISM Health*

Date: Monday April 21, 2014



We Protect Lives.



What is the purpose of the MATLC?

To coordinate, target, and expand HIV testing to link more individuals to care in high prevalence areas across five-counties in metro Atlanta.

MATLC Objectives

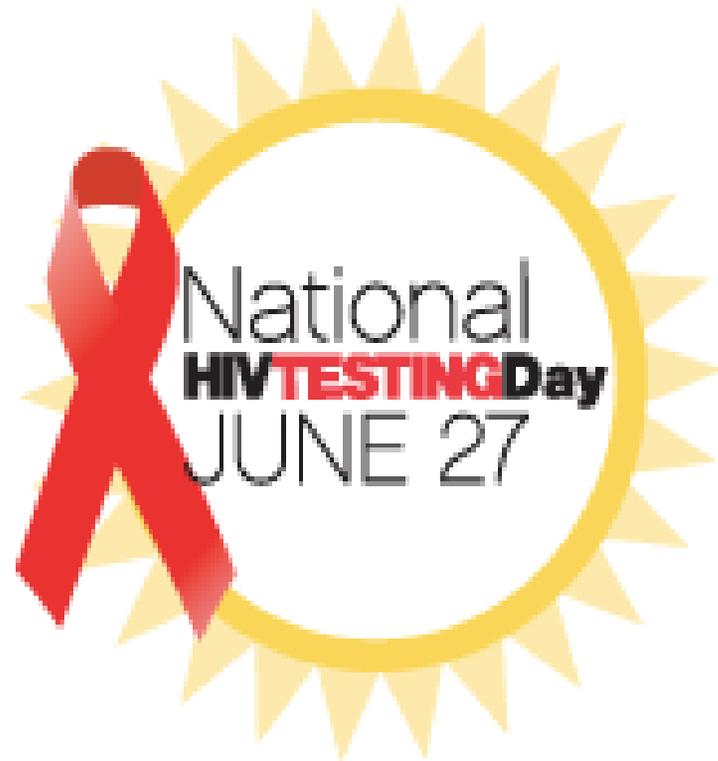
MATLC strives to:

- 1) Develop strategies to hold complimentary services and events to reach target populations, and identify potential venues in areas of high prevalence using geospatial maps and aggregate data;
- 2) provide updates on testing and linkage to care activities, share program successes, evaluate challenges, and identify opportunities for collaboration;
- 3) create strategies to focus existing HIV/STD resources on underserved, predominantly minority populations in high-prevalence census tracts, thus avoiding duplication of efforts.

National HIV Testing Day

Provide details on:

- Funding Source
- Location
- Time
- Partnering Agency
(if applicable)
- Forms will be collected at the end of the meeting.



“Adolescent Linkage to Care”

Meeting Objectives

To provide MATLC members with:

- An epidemiological profile of adolescent HIV in Metro Atlanta
- Information on the legal implications of testing and linking minors to care
- An overview of testing adolescents and young adults in Metro Atlanta and linking them into care
- A forum for developing a city-wide strategy for linking and engaging adolescents in HIV care

Raise Your Hand If...

- Your organization regularly tests youth under 18 for HIV.
- Your organization regularly links youth under 18 to HIV care.
- Your organization has youth-specific HIV programming.
- Your organization has youth-specific HIV case managers.

“Classwork” for today

Before the end of today’s meeting, based on the presentations:

- Use the index card in front of you to write down **one thing** your organization could do to change or improve services to adolescents at risk for or living with HIV.

Adolescent HIV: The Basics

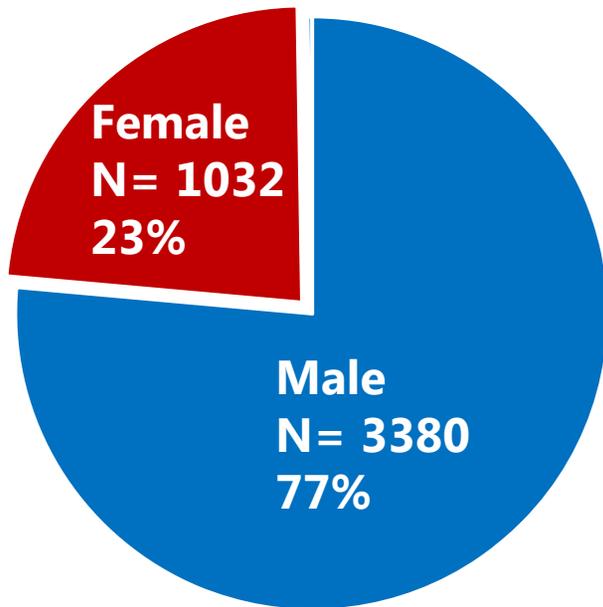
- 17% of the US population is 13-24 years old, but accounts for 26% of new infections.
- Gay, bisexual and other men who have sex with men experience the highest risk in this age group.
 - The *only* age group with an increase in estimated new infections—22% from 2008 (7,200) through 2010 (8,800).

Adolescents Dx with HIV in Metro Atlanta

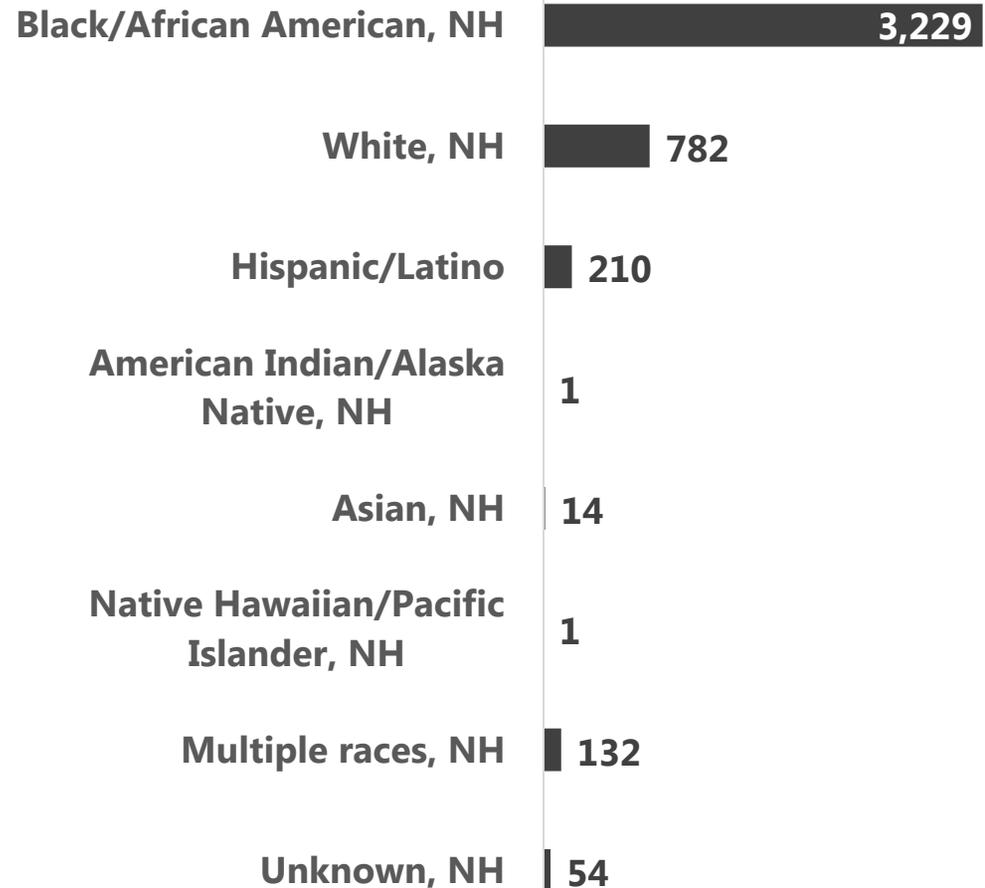
(Est. New Dx 2008-2012- GDPH)

N=4423

Sex at Birth



Race

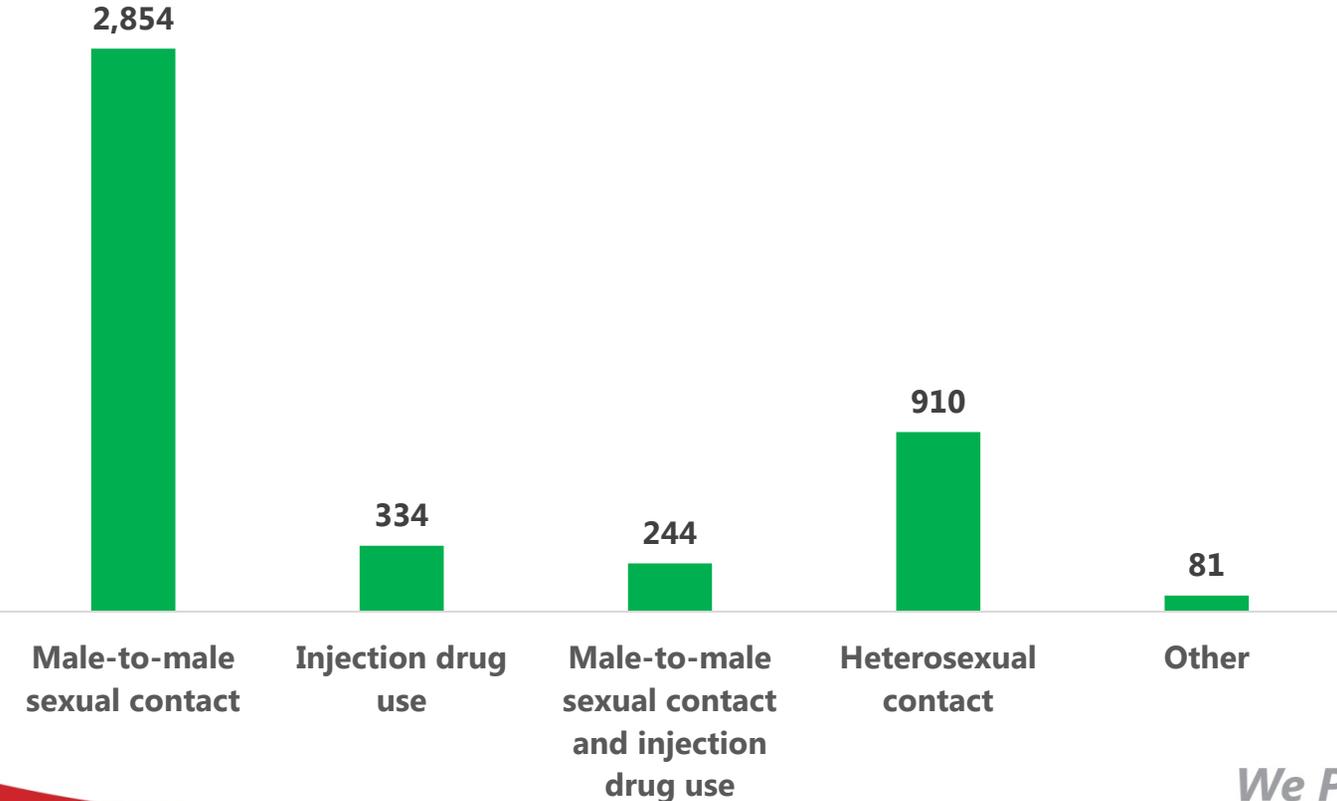


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Adolescents Dx with HIV in Metro Atlanta (Est. New Dx 2008-2012- GDPH)

N=4423

Mode of transmission



Adults and adolescents diagnosed with HIV infection, by age (years), Atlanta EMA 2011

Age at diagnosis (years)	N	Linked		Engaged		Retained		Viral suppression	
		N	(%)	N	(%)	N	(%)	N	(%)
13-24	420	211	50%	255	61%	155	37%	138	33%
25-34	561	326	58%	367	65%	264	47%	239	43%
35-44	442	290	66%	307	69%	218	49%	233	53%
45-54	345	232	67%	245	71%	190	55%	188	54%
55+	155	101	65%	103	66%	77	50%	83	54%

Adults and adolescents \geq age 13, diagnosed 01/01/11 -12/31/11, Atlanta EMA = 1923

Linked to care = CD4 or VL within 3 months of diagnosis

Engaged in care \geq 1 CD4 or VL 4-15 months after diagnosis

Retained in care \geq 2 CD4 or VL at least 3 months apart 4-15 months after diagnosis

Viral suppression (VS) = VL < 200 copies/ml in most recent viral load

Note: all percentages are percent of total number of persons diagnosed with HIV in category

Excludes 26 cases deceased as of 03/31/13

Adult and adolescent Black MSM* diagnosed with HIV infection, by age (years), Atlanta EMA 2011

Age at diagnosis (years)	N**	Linked N (%)	Engaged N (%)	Retained N (%)	Viral suppression N (%)
13-24	254	113 (44%)	152 (60%)	87 (34%)	64 (25%)
25-34	262	139 (53%)	164 (63%)	115 (44%)	92 (35%)
35-44	110	70 (64%)	76 (69%)	52 (47%)	45 (41%)
45-54	72	49 (68%)	50 (69%)	41 (57%)	35 (49%)
55+	27	15 (56%)	13 (48%)	9 (33%)	8 (30%)

Adults and adolescent males \geq age 13, diagnosed 01/01/11 -12/31/11, Atlanta EMA = 725

Linked to care = CD4 or VL within 3 months of diagnosis

Engaged in care \geq 1 CD4 or VL 4-15 months after diagnosis

Retained in care \geq 2 CD4 or VL at least 3 months apart 4-15 months after diagnosis

Viral suppression (VS) = VL < 200 copies/ml in most recent viral load

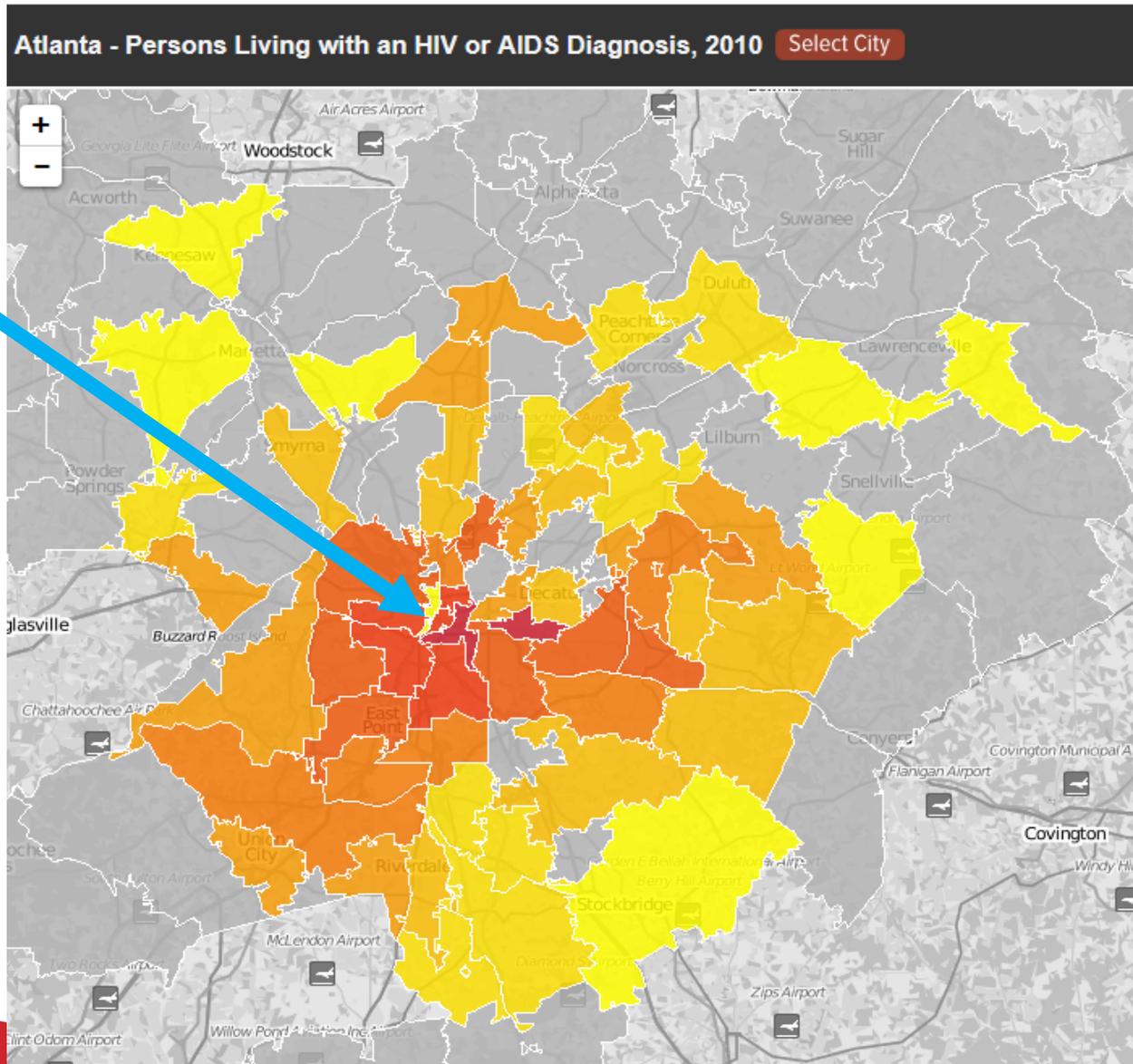
Multiple imputation was used to redistribute transmission category when missing

*MSM = men who have sex with men

**N = estimated number of persons in that category

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Geographic distribution



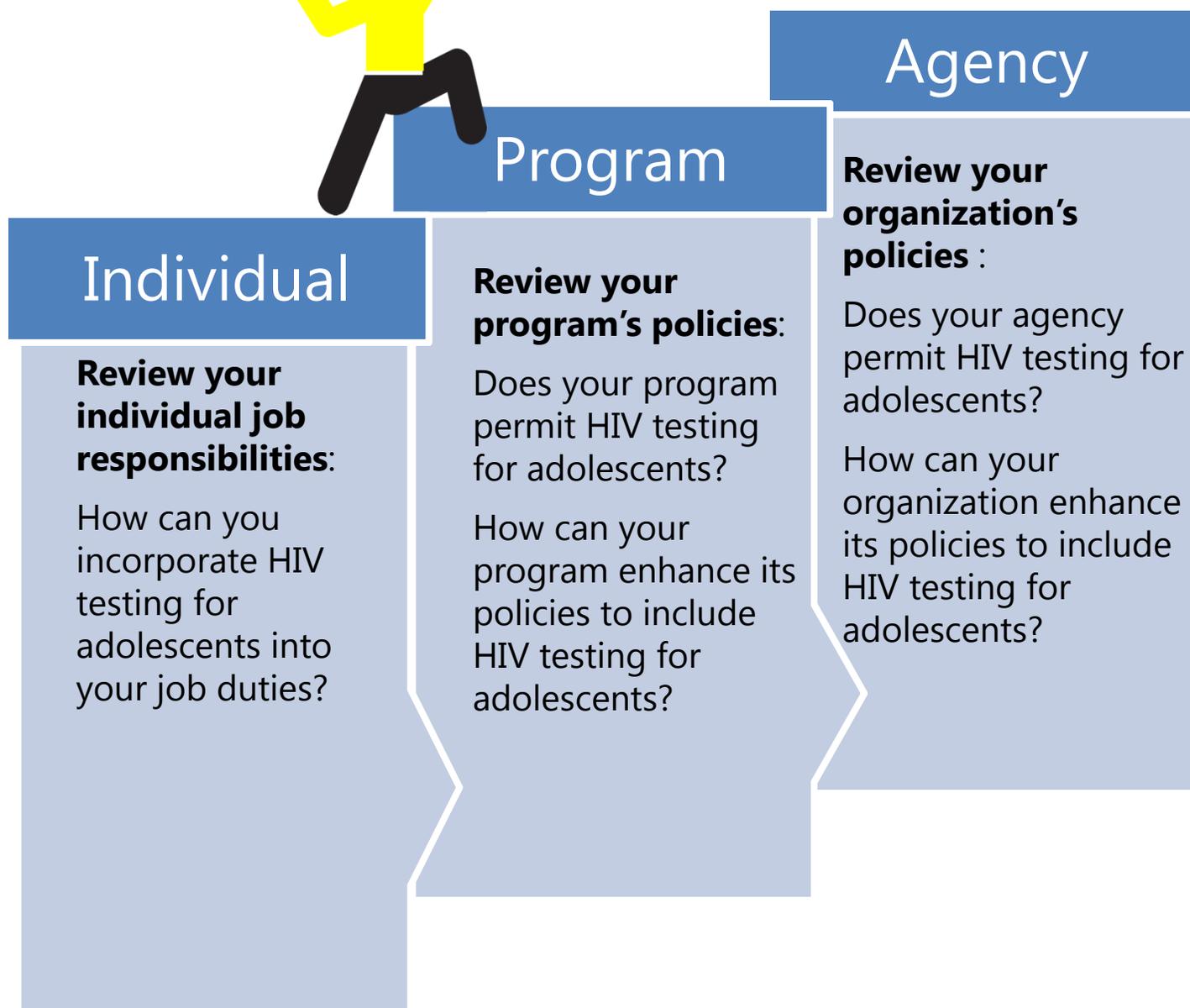
The Bottom Line

- New infections in some groups of adolescents are stable or increasing.
- Adolescents are harder to test, link, engage and retain in care.
- The earlier in life one is infected, the longer they will live with the burden of HIV. More time to transmit infection.
- Adolescent HIV is today *and* tomorrow's public health problem.

Today's Speakers

- John Warchol from Atlanta Legal AID
- Rana Chakraborty from Grady Infectious Disease Clinic
- Jacquell Clemons & Natasha Ray- St. Joseph Mercy Care and South Side Medical Center
- Jane Kelley, Georgia Department of Public Health

Action Steps



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The Next MATLC Meeting

Theme:

**Technology & Social Networking Strategies
Adolescent Linkage to Care Part II**

July 28, 2014

10:00 am-12:30 pm

American Red Cross
1955 Monroe Drive
Atlanta, GA 30324

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For questions or comments, please contact:

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Thank you for attending the meeting today!