

Arizona 2022-2026 HIV/STI/Hep C Integrated Plan

Metrics & Monitoring Report: 2021 - Baseline Year

Welcome to the **2021 - Baseline Year** Metrics & Monitoring Report for the Arizona 2022-2026 HIV/STI/Hep C Integrated Plan! This Report shares annual data to track progress on the various pillars, goals, and objectives included in the Integrated Plan.

We recognize that even a simple metric may be deceptively complicated. We've added in notes throughout this report to explain our data sources and definitions. There is also a short two-pager with graphics of some data points that we think are exciting, relevant, or high priority. Have a question or concern? You can always contact us at HIVIntegratedPlan@azdhs.gov

A few things to consider while you review this data:

- The Metrics & Monitoring Report only includes publicly available data and data from funded programs. This includes data provided by the organizations listed below. This means that our totals may not be reflective of *EVERYTHING* happening in the state - it may only be reflexive of what *WE* can track!
 - Arizona Department of Health Services Office of HIV & Hepatitis C (OHHS)
 - HIV Surveillance
 - HIV Prevention
 - Ryan White Part B (RWPB)
 - Arizona AIDS Drug Assistance Program (ADAP)
 - Hepatitis C Prevention and Surveillance
 - Ending the Epidemics (*starting for 2023 data*)
 - Arizona Department of Health Services Office of STI Prevention & Control
 - Maricopa County Department of Public Health Ryan White Part A (RWPA)
 - University of Arizona Pacific AIDS Education and Training Center - Arizona (PAETC-AZ)
- The Integrated Plan covers 2022-2026, but was actually written and finalized throughout 2022. This means that some metrics exist in the plan, but weren't "created" until late 2022 and therefore weren't tracked until 2023. We've noted these throughout the plan, to explain why certain 2021 data isn't available for these metrics.
- Even though we would love ALL of the data, sometimes we don't get all of it! For example, when someone tests negative for HIV, the testing agency isn't required to share that information with the state unless we DIRECTLY fund their testing efforts. So, a big hospital that we don't fund will only provide positive results. We've tried to note this throughout the plan when it's relevant, so you're aware when our data is reflective of work funded by our programs versus work that happens from any funding source.
- We'd like to pretend our Integrated Plan is perfect, but it's not! Some of our metrics have been adjusted after further review. We've noted this wherever it is relevant.
- Sometimes, there is data we can't share. Maybe it's too identifiable, maybe it's not yet approved for sharing, or maybe it just doesn't belong to us! Have questions about something you wanted or expected to see, but can't find in the report? Email us at HIVIntegratedPlan@azdhs.gov

Now... enjoy!

Diagnose

Goal 1

Improve and expand testing for HIV, STIs, and hepatitis C

Objective 1

Increase the availability of HIV, STI, and hepatitis C testing, with a focus on integrating HIV/ STI/ hepatitis C testing

Objective 2

Improve access to testing for HIV, STIs, and hepatitis C

Objective 3

Increase the utilization of HIV, STI, and hepatitis C testing to improve the percentage of people who know their HIV status/ or receive a STI or hepatitis C diagnosis

Number of funded testing agencies

49 agencies

Number of integrated testing events at agencies funded for HIV testing (syphilis, gonorrhea, chlamydia, hepatitis C)

The ADHS HIV Prevention program reported 59 events and 60% of HIV tests were integrated

Percentage of primary syphilis cases that know their HIV status

84.5%

Percentage of secondary syphilis cases that know their HIV status

90%

Number of funded testing agencies with free or reduced cost testing

52 funded testing agencies

Number of HIV home test kits distributed

4,767 test kits

Number of HIV tests reported

59,807 tests

Number of hepatitis C antibody tests reported

12,062 tests

Number of hepatitis C RNA tests reported

5,872 tests

Number of hepatitis C reflex tests reported

3,755 tests

Percentage of reported hepatitis C tests that are reflex tests

31% of tests

Diagnose

Goal 2

Decrease stigma for people living with or experiencing risk for HIV, STIs, and hepatitis C

Objective 4

Increase awareness of HIV, STIs, and hepatitis C through social media, marketing and other mechanisms

Objective 5

Increase non-traditional and syndemic partners to improve public awareness of and education about HIV, STIs, and hepatitis C

Objective 6

Improve HIV/STI partner service outcomes

100% of state-funded awareness and marketing activities include persons with lived experience

N/A - In 2021, this type of state-funded activity was not conducted

Number of agencies/partners engaged in HIV, STI, and hepatitis C education and awareness activities

N/A - This metric has been combined with a similar metric for Respond Goal 2, Objective 4. Please see page 10 for more information

HIV – Partner Services

Number of newly diagnoses index patients eligible for partner services interview

624 patients

Number of partners named

340 partners

Number of partners notifiable

299 partners notifiable

Number of partners notified

228 partners

Number of partners tested

141 partners

Ratio of partners

0.7 (340 partners named/ 471 successfully interviewed)

STI – Partner Services

Number of syphilis cases interviewed

2,336 cases

Number of partners initiated (named)

1,546 partners

Number of partners tested within 30 days of index patient’s test

452 partners

Number of partners treated (preventatively or for infection) within 30 days of index patient’s test or treatment index

270 partners

Number of new cases of syphilis found through partner services

144 new cases

Number of syphilis cases interviewed among pregnant females under 45 years old

129 cases

Prevent

Goal 1

Reduce new transmissions of HIV, STIs, and hepatitis C

Objective 1

Improve and expand PrEP coverage

Objective 2

Expand access to syringe service programs (SSPs) and harm reduction services

Objective 3

Improve and expand sexual health prevention mechanisms

Increase the percentage of PrEP linkage after a negative HIV test

N/A - Since this is a newer metric, we do not yet have sufficient data to report on this metric

Number of clients engaged in PrEP navigation services

Note: data is only available for PrEP navigation services funded by the ADHS HIV Prevention program

- 1806 clients: Clients who received PrEP navigation services for the first time
- 2035 clients: Clients who received any PrEP navigation services

Number of clients who received a prescription for PrEP

Note: data is only available for PrEP navigation services funded by the ADHS HIV Prevention program

- 424 clients: Clients who received a PrEP prescription for the first time
- 514 clients: Clients who received a PrEP prescription

Number of clients receiving PrEP lab support

Note: Service is only available in Maricopa County

145 clients

Number of syringe service programs (SSPs)/ harm reduction service locations

N/A - For the majority of 2021, syringe service programs (SSPs) were not legalized by Arizona law, and were therefore not tracked by ADHS.

Number of training events on harm reduction or drug user health

3 training events

Number of training events on sex positivity or sexual health

7 training events

Prevent

Goal 2

Improve prevention efforts among priority populations

Objective 4

Reduce preventable cases or perinatal hepatitis C and syphilis among pregnant persons

Objective 5

Improve collection and use of data to enhance our understanding of who is experiencing risk of HIV, STIs, and hepatitis C

Objective 6

Reduce disparities in new HIV, STI, and hepatitis C transmissions among priority populations

Reduce disparities in rates of STI diagnoses by priority populations

N/A - At this time, STI diagnosis data does not include sufficient demographic information to calculate disparities by priority populations

Number of pregnant females under age 45 with syphilis

164 persons

Number and percentage of females under age 45 with syphilis who were adequately treated

146 persons, 89%

Ratio of prevented/averted congenital syphilis cases

52% of cases prevented

Number cases of perinatal hepatitis C reported

N/A - At this time, perinatal hepatitis C cases are only available for calendar years 2018-2020

Number data projects undertaken

42 data projects were undertaken

Improved sexual orientation and gender identity (SO/GI) data for HIV, STI, and hepatitis C reporting

Improving SO/GI data remains a priority for HIV, STI, and hepatitis C programs. Two successes in 2021 are:

- HIV Prevention and HIV Care needs assessment surveys to inform the Integrated Plan included expanded sexual orientation and gender identity options
- HIV Prevention data on new cases identified by ADHS-funded testing programs had robust SO/GI data, including 87% sexual orientation completeness and 88% gender identity completeness for incident cases

Reduced disparities in rates of new HIV diagnoses by priority populations

Note: At this time, the most appropriate data to review disparities in new HIV diagnoses is percentages. As the Integrated Plan continues in its lifespan (2022-2026), this data will be trended in future reports.

- MSM: 55.5% of new HIV diagnoses
- Young Persons (13-34): 54.8% of new HIV diagnoses
- People who use or have used substances: 3.2% of new HIV diagnoses

Reduced disparities in PrEP coverage by race/ethnicity and gender identity

Note: data is only available for PrEP navigation services funded by the ADHS HIV Prevention Program.

Note: At this time, the most appropriate data to review disparities in PrEP coverage is percentages. As the Integrated Plan continues in its lifespan (2022-2026), this data will be trended in future reports

Race/Ethnicity:

- American Indian/ Alaska Native: 1.4%
- Asian: 4.7%
- Black/ African American: 8.0%
- Hispanic or Latino: 43.9%
- Native Hawaiian/ Pacific Islander: 0.47%
- White: 33.7%
- Other: 7.8%

Gender Identity:

- Female: 3.8%
- Male: 92.5%
- Genderqueer/ Gender non-conforming: 1.4%
- Transgender Women: 1.2%
- Other: 1.1%

Reduced disparities in hepatitis C diagnoses by priority populations

N/A - Due to limitations in demographic information for hepatitis C diagnoses, this data is currently not available.

Treat

Goal 1

Rapidly and effectively link all persons diagnosed with HIV, STIs, or hepatitis C to care/ cure

Objective 1

Improve linkage to care after a new HIV diagnosis or returning to care

Objective 2

Improve the navigation pathway from hepatitis C diagnosis to cure

Objective 3

Improve accessibility and awareness of treatment and navigation options for HIV, STIs, and hepatitis C

Increase linkage to care within 1 month of HIV diagnoses to 95%

80.7% of clients linked to care

95% of Rapid Start clients linked to care within 5 days

Note: due to data collection restrictions, the metric provided in this report is instead average days from diagnosis to intake among Rapid Start clients in Maricopa County

Average days from diagnosis to intake: 4 days

Number or percentage of people with HIV identified as out of care that are re-linked to care

N/A - Data is not available for 2021

Hepatitis C navigation program initiated

Yes, navigation program was initiated at MCDPH

Number of people engaged in hepatitis C navigation services

54 persons

Percentage of hepatitis C diagnoses linked to care

37% of persons engaged in navigation services were linked to care

Number of providers doing hepatitis C treatment

N/A – in 2021, this information was not tracked and is therefore not available

Number of providers trained on treatment best practices (HIV Rapid Start, syphilis treatment, hepatitis C treatment)

N/A – Prior to the implementation of the Integrated Plan in early 2023, this metric was not tracked. Therefore, data is not available for 2021

Among early syphilis cases, percentage treated with the recommended treatment (injection of BPG) within 14 days of specimen collection

66% of early syphilis cases

Median number of days to first dose of treatment (any) for all adult syphilis cases at all stages

7.0 days

Treat

Goal 2

Keep all people with HIV in care, and cure all people diagnoses with STIs and hepatitis C

Objective 4

Increase the percentage of people with HIV who are virally suppressed

Objective 5

Increase the percentage of people with HIV who stay in care, and the percentage of people with STIs and hepatitis C who get to cure

Objective 6

Adjust treatment and care systems to be more client-centered

Increase viral suppression among people with diagnosed HIV to 95%

65.0% viral suppression

Increase viral suppression among people with diagnoses HIV to 95% among priority populations

- Young persons (13-24 years old): 65.5%
- Young persons (25-34 years old): 57.6%
- MSM: 68.8%
- People with injection drug use (IDU) as a risk factor for HIV: 51.8%
- People with MSM and IDU as a risk factor for HIV: 58.9%

Persons of color:

- Hispanic: 59.5%
- Black: 56.3%

Percentage of people with HIV retained in care

54.3% retained in care

Reduce number of hepatitis C related deaths

N/A - Data is not available for 2021

Percentage of persons diagnosed with syphilis that were adequately treated

68% adequately treated
 82% partially treated

Number of funded agencies using telehealth

19 total agencies

Number of clients who completed skill building programs

| | |
|--------------------------------|-------------|
| HIV Prevention funded programs | 119 clients |
| RWPA funded programs | 35 clients |

Reduce average time to RW and/ or ADAP approval

N/A – Data is not available for 2021

Respond

Goal 1

Build capacity for CDR (cluster detection and response) and surveillance

Objective 1

Implement and continue to advance cluster detection and response (CDR) for HIV

Objective 2

Improve awareness of CDR activities for HIV

Objective 3

Improve and update surveillance systems and processes for HIV, STIs, and hepatitis C

HIV/ STI/ Hepatitis C outbreak plan status

| | <i>Initiated</i> | <i>Developed</i> | <i>Maintained</i> |
|-------------|------------------|------------------|-------------------|
| HIV | Prior to 2021 | Yes | Yes |
| STI | Prior to 2021 | Yes | No |
| Hepatitis C | Yes | No | No |

Number of HIV clusters investigated

1 cluster

Number of HIV clusters of concern identified

3 cluster

Number of escalated HIV clusters initiated

0 clusters

Number of HIV clusters closed out

3 clusters

Number of CDR training events held, if available number people hired

1 training event

Number CDR awareness events held

N/A – in 2021, ADHS focused on developing the CDR plan and did not host awareness events

Number of partners involved in CDR activities

N/A - in 2021, ADHS focused on developing the CDR plan but did not engage in CDR activities with partners

Percentage of HIV molecular labs performed and reported

2199 labs performed and reported (50% of all tests performed)

Number of surveillance projects/improvements initiated and completed

9 surveillance projects

Number of data sharing agreements or partnerships

24 data sharing agreements

Hepatitis C case investigations initiated

54 case investigations

Respond

Goal 2

Strengthen statewide HIV, STI, and hepatitis C prevention and care systems

Objective 4

Enhance our syndemic partner network by strengthening existing partnerships and developing new partnerships

Objective 5

Increase development opportunities for the existing HIV/STI/ hepatitis C prevention and care workforce

Objective 6

Enhance the workforce pipeline for people not yet included in the HIV/STI/ hepatitis C prevention and care workforce

Number of partners engaged in HIV, STI, and hepatitis C efforts

42 partners

Among these partners, 4 were new partners

Partner analysis undertaken (e.g. crosswalk)

N/A - Integrated Plan was not yet developed in 2021

Number of organizations funded to do HIV/STI/ hepatitis C care and prevention work

Note: This only reflects organizations funded by ADHS and MCDPH RWPA

32 organizations

Number of training events held for the existing workforce

6 training events

Number of reported new hires at funded agencies with lived experience or from priority populations

N/A - After careful consideration, the ADHS Integrated Plan team has chosen to remove this metric, as it poses concerns of “outing” people’s experiences and identities. The ADHS Integrated Plan team is considering other metrics to more appropriately track these efforts.

Number of training or education events held for community members

3 training events