

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

Metrics & Monitoring Report: 2022 – Year 1

Welcome to the **2022 - Year 1** 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), and Hepatitis C Prevention and Surveillance
 - 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 2022 data isn't available for these metrics.
- Due to delays in data collection, cleaning, and analysis, there are some metrics that are not yet publicly available to share in our report. When this occurs, we've made a note of it in the plan. We will aim to share an updated report in mid-2024 with the remaining data and metrics that are not yet available to share.
- 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. If you notice a metric is missing, check out our **2021 - Baseline Year** report to see if we previously adjusted or retired that metric.
- 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

133 testing agencies

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

The ADHS HIV Prevention program and the MCDPH RWPA program reported integrated testing, with the HIV Prevention data showing that 60% of tests were integrated

Number of funded testing agencies with free or reduced cost testing

35 funded testing agencies

Number of HIV home test kits distributed

2,649 test kits

Number of HIV tests reported

69,737 tests

Data not yet available at the time of this report:

- Percentage of primary syphilis cases that know their HIV status
- Percentage of secondary syphilis cases that know their HIV status
- Number of hepatitis C antibody tests reported
- Number of hepatitis C RNA tests reported
- Number of hepatitis C reflex tests reported
- Percentage of reported hepatitis C tests that are reflex 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 2022, this type of state-funded activity was not conducted

HIV- Partner Services

Number of newly diagnoses index patients eligible for partner services interview

665 patients

Number of partners named

403 partners

Number of partners notifiable

356 partners

Number of partners notified

286 partners

Number of partners tested

185 partners

Ratio of partners

0.7 (403 partners named/ 567 successfully interviewed)

STI- Partner Services

Number of syphilis cases interviewed

2,498 cases

Number of partners initiated (named)

2,498 partners

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

360 partners

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

302 partners

Number of new cases of syphilis found through partner services

110 new cases

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

136 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

- 1681 clients: Clients who received PrEP navigation services for the first time
- 1878 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

- 296 clients: Clients who received a PrEP prescription for the first time
- 349 clients: Clients who received a PrEP prescription

Number of clients receiving PrEP lab support

Note: service is only available in Maricopa County

220 clients

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

N/A – In 2022, SSPs were not tracked by ADHS

Number of training events on harm reduction or drug user health

4 training events

Number of training events on sex positivity or sexual health

11 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 out 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

169 persons

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

156 persons, 92%

Ratio of prevented/averted congenital syphilis cases

0.51 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

62 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 2022 are:

- STI surveillance systems PRISM and MEDIS were updated to allow for more comprehensive collection of SO/GI data, such as:
 - Added an additional 5 self-reported gender options
 - Added 1 sexual orientation option
- HIV Prevention had 85% of sexual orientation 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: 56% of new HIV diagnoses
- Young persons (13-34): 50% of new HIV diagnoses
- People who use or have use substances: 4.0% 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: 2.0%
- Asian: 2.8%
- Black/ African American: 5.7%
- Hispanic or Latino: 45.3%
- Native Hawaiian/ Pacific Islander: 0%
- White: 32.4%
- Other: 11.8%

Gender Identity:

- Female: 6.4%
- Male: 90.2%
- Genderqueer/ Gender non-conforming: 1.4%
- Transgender Men: 0.3%
- Transgender Women: 1.4%
- Other: 0.3%

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%

79% of clients linked to care

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

Note: due to data collection restrictions, the metric in this report is instead average days from diagnosis to first labs in Maricopa County

Average days from diagnosis to first lab: 20 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 2022

Hepatitis C navigation program initiated

Yes, navigation program was initiated at MCDPH prior to 2022

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 2022

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

2481 persons

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

7.0 days

Data not yet available:

- Number of people engaged in hepatitis C navigation services
- Percentage of hepatitis C diagnoses linked to care
- Number of providers doing hepatitis C treatment

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%

61.3% viral suppression

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

- Young persons (13-24 years old): 61.5%
- Young persons (25-34 years old): 52.8%
- MSM: 65.4%
- People with injection drug use (IDU) as a risk factor for HIV: 48.0%
- People with MSM and IDU as a risk factor for HIV: 57.2%

Persons of color:

- Hispanic: 56.7%
- Black: 51.7%

Percentage of people with HIV retained in care

54.8% retained in care

Reduce number of hepatitis C related deaths

N/A - Data is not available for 2022

Percentage of persons diagnosed with syphilis that were adequately treated

69% adequately treated
88% partially treated

Number of funded agencies using telehealth

22 total agencies

Number of clients who completed skill building programs

HIV Prevention funded programs	119 clients
RWPA funded programs	94 clients

Reduce average time to RW and/ or ADAP approval

N/A- Data is not available for 2022

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 2022	Yes	Yes
STI	Prior to 2022	Yes	No
Hepatitis C	Yes	No	No

Number of HIV clusters investigated

1 cluster

Number of HIV clusters of concern identified

2 clusters

Number of escalated HIV clusters initiated

1 cluster

Number of HIV clusters closed out

2 clusters

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

0 training events

Number CDR awareness events held

N/A – in 2022, ADHS focused on developing the CDR plan and did not host awareness events

Number of partners involved in CDR activities

N/A- No outbreaks occurred

Percentage of HIV molecular labs performed and reported

2482 labs performed and reported (50% of all tests performed)

Number of surveillance projects/ improvements initiated and completed

15 surveillance projects

Number of data sharing agreements or partnerships

30 data sharing agreements

Hepatitis C case investigations initiated

Data not yet available for 2022

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

45 partners

Among these partners, 3 were new partners

Partner analysis undertaken (e.g. crosswalk)

N/A - Integrated Plan was not yet developed during 2022

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

20 training events

Number of training or education events held for community members

3 training events