### **HIV/AIDS CARE CONTINUUM**

### WHAT IS THE HIV CARE CONTINUUM?

The HIV care continuum—sometimes also referred to as the HIV treatment cascade—is a model that is used by Federal, state and local agencies to identify issues and opportunities related to improving the delivery of services to people living with HIV across the entire continuum of care.

This continuum has five main "steps" or stages:

- HIV Diagnosis —The HIV care continuum begins with a diagnosis
  of HIV infection. The only way to know for sure that you are
  infected with the HIV virus is to get an HIV test. People who don't
  know they are infected are not accessing the care and treatment
  they need to stay healthy. They can also unknowingly pass the
  virus on to others.
- Getting linked to care—Once you know you are infected with the HIV virus, it is important to be connected to an HIV healthcare provider who can offer you treatment and counseling to help you stay as healthy as possible and prevent passing HIV on to others.



Learn more about this new Federal initiative launched on the 3rd anniversary of the National HIV/AIDS Strategy (/federal-resources/national-hiv-aids-strategy/implementation-progress/federal-implementation/index.html#continuum)

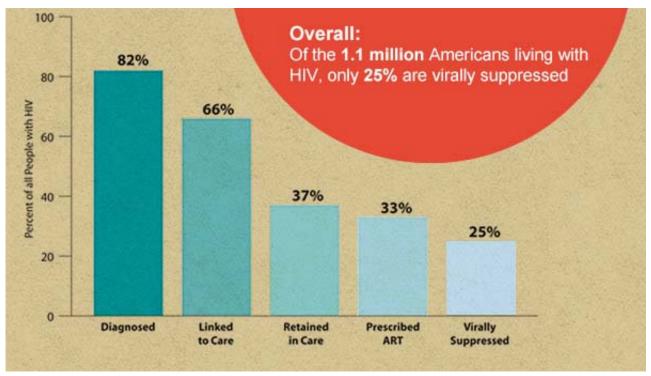
- Staying in care—Because there is no cure for HIV at this time, treatment is a lifelong process. To stay healthy, you need to receive regular HIV medical care.
- **Getting antiretroviral therapy** Antiretrovirals are drugs that are used to prevent a retrovirus, such as HIV, from making more copies of itself. Antiretroviral therapy (ART) is the recommended treatment for HIV infection. It involves uses using a combination of three or more antiretroviral drugs from at least two different HIV drug classes every day to control the virus.
- Achieving a low amount of HIV virus in your body—By taking ART regularly, you can achieve viral suppression,
  meaning a very low level of HIV in your blood. You aren't cured. There is still some HIV in your body. But lowering the
  amount of virus in your body with medicines can keep you healthy, help you live longer, and greatly reduce your chances
  of passing HIV on to others.

### WHAT DOES THE HIV CARE CONTINUUM SHOW?

The HIV care continuum is a way to show, in visual form, the proportion of individuals living with HIV/AIDS who are engaged at each stage of HIV care.

Unfortunately, analysis by <u>CDC (http://www.cdc.gov/nchhstp/newsroom/docs/2012/Stages-of-CareFactSheet-508.pdf)</u> and <u>others (http://cid.oxfordjournals.org/content/52/6/793.short?rss=1)</u> shows that there are significant drop-offs at each stage, as noted in the chart at the top of this page.

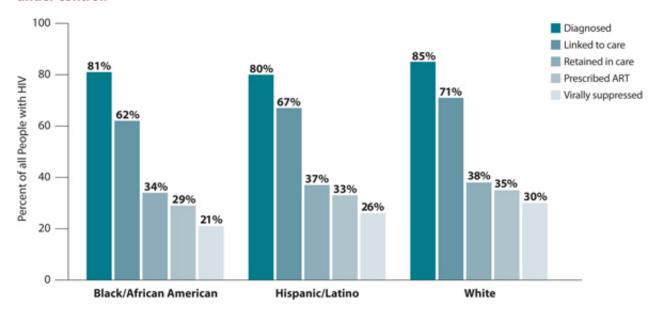
According to CDC, approximately 20 percent of the 1.1 million people living with HIV in the U.S. are undiagnosed. Unaware of their infection, they are not accessing the care and treatment they need to stay healthy and reduce the likelihood of transmitting the virus to their partners. In addition, people living with HIV are dropping off at every subsequent stage in the continuum, with a particularly steep drop-off between those linked to care and those who are retained in care.



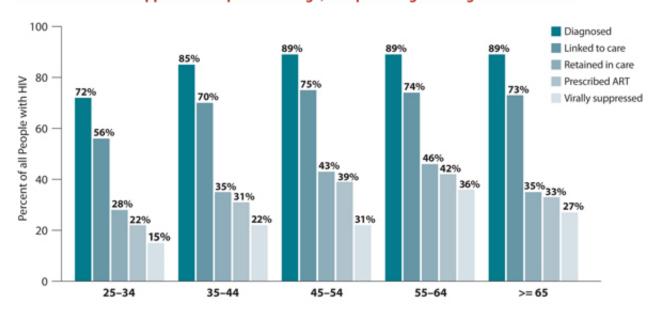
According to the <u>latest CDC data (http://www.cdc.gov/nchhstp/newsroom/docs/2012/Stages-of-CareFactSheet-508.pdf)</u>, only 25 percent of people living with HIV in the U.S. have achieved viral suppression. In other words, three out of four people living with HIV in the United States have not been successfully supported in navigating the entire HIV care continuum.

Deeper analysis of the HIV care continuum by CDC has also shown that there are significant health disparities related to both race and age. Among racial and ethnic groups, African Americans are the least likely to be in ongoing care or to have their virus under control. In addition, younger Americans are least likely to be retained in care or have their virus in check; HIV care and viral suppression improve with age, except among those aged 65 and older.

### BY RACE/ETHNICITY: African Americans are least likely to be in ongoing care or to have their virus under control.



BY AGE: Younger Americans are least likely to be retained in care or have their virus in check; HIV care and viral suppression improve with age, except among those aged 65 and older.



Note: Although national data were not available to provide estimates of viral suppression for those under the age of 25, the data show that 13-24 year-olds are substantially less likely to have been diagnosed with HIV than other age groups (only 41 percent versus more than 70% for all other age groups).

# LEARN MORE ABOUT THE HIV TREATMENT CASCADE WHY IS THE HIV CARE CONTINUUM IMPORTANT?

By closely examining the proportion of people living with HIV engaged in each of the five separate stages of the HIV care continuum, policymakers and service providers are able to pinpoint where gaps may exist in connecting people living with HIV to sustained, quality care, and to implement system improvements and service enhancements that better support individuals as they move from one stage in the continuum to the next. Knowing where the drop-offs are most pronounced, and for what populations, is vital to knowing how, where, and when to intervene to break the cycle of HIV transmission in the United States.

By identifying gaps and implementing improvements, we can increase the proportion of people living with HIV who are prescribed ART and are able to adhere to their treatment so that they can achieve viral load suppression. This will allow them to live healthier, longer lives and reduce the chances that they will transmit HIV to others.

Helping people living with HIV to navigate the HIV care continuum is a shared responsibility of Federal, state, and local governments; healthcare providers; community groups; faith communities; people living with HIV; and others. By working together to engage more people living with HIV along each stage of the continuum, we can achieve the goals of the <a href="https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/">https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/</a>).

## HOW IS THE HIV CARE CONTINUUM BEING USED?

At the Federal level, government agencies use the HIV care continuum to inform discussions about how best to prioritize and target available resources and to monitor national progress in the response to HIV.

At the State and local levels, program planners also examine the HIV care continuum—compiled using local data—to assess where resources are needed and then to target them accordingly. For example, the Los Angeles County Department of Public Health produced a <u>program brief (http://publichealth.lacounty.gov/aids/reports/TLCBrief4-12.pdf)</u> (/external-disclaimer.html) summarizing data on the spectrum of engagement in care and treatment for all persons infected with HIV in LA County. Similar analysis has been done in San Francisco, Chicago, Washington, DC, and other communities, enabling them to take steps to improve engagement at each step in the continuum of HIV care.

## BLOG POSTS FROM AIDS.GOV ABOUT THE HIV/AIDS CA

New Federal Actions Aim to Improve Outcomes Along the HIV Care Continuum: World AIDS Day Update (http://blog.aids.gov/2013/12/new-federal-actions-aim-to-improve-outcomes-along-the-hiv-care-continuum-world-aids-day-update.html)

December 18, 2013

Overview of the HIV Care Continuum (http://blog.aids.gov/2013/11/overview-of-the-hiv-care-continuum.html)
November 21, 2013

Round-up of Items on HIV Care Continuum Initiative

(http://blog.aids.gov/2013/07/roundup-of-items-on-hiv-care-continuum-initiative.html) July 17, 2013

Focusing the National HIV/AIDS Strategy: The HIV Care Continuum Initiative
(http://blog.aids.gov/2013/07/focusing-the-national-hivaids-strategy-the-hiv-care-continuum-initiative.html)
July 16
, 2013

The HIV Care Continuum Initiative: The Next Step of the National HIV/AIDS Strategy (http://blog.aids.gov/2013/07/the-hiv-care-continuum-initiative-the-next-step-of-the-national-hivaids-strategy.html). July 15, 2013

HIV/AIDS Treatment Cascade Helps Identify Gaps in Care, Retention (http://blog.aids.gov/2012/07/hivaids-treat ment-cascade-helps-identify-gaps-in-care-retention.html)

July 18, 2012

Read more <u>blog posts (https://blog.aids.gov/category/policy/hiv-continuum-of-care)</u> about the HIV/AIDS Care C ontinuum.

#### TAKE A CLOSER LOOK

Featured HIV/AIDS Care Continuum resources and videos:

White House - <u>Improving Outcomes: Accelerating Progress Along the HIV Care Continuum (PDF) (http://www.whitehouse.gov/sites/default/files/onap\_nhas\_improving\_outcomes\_dec\_2013.pdf)</u>

White House - <u>Executive Order: HIV Care Continuum Initiative (http://www.whitehouse.gov/the-press-office/2013</u> /07/15/executive-order-hiv-care-continuum-initiative)

White House - <u>HIV Care Continuum Initiative Fact Sheet (PDF) (http://aids.gov/federal-resources/national-hiv-aids-strategy/hiv-care-continuum-initiative-fact-sheet.pdf)</u>

CDC - HIV in the United States: Stages of Care (PDF) (http://www.cdc.gov/hiv/pdf/research\_mmp\_stagesofcare.pdf)

HIV Continuum of Care with Dr. Grant Colfax (https://www.youtube.com/watch?v=GMq7G2fgoIQ) [ (external-displainer.html)

HIV Care Continuum Initiative of the National HIV/AIDS Strategy (http://www.youtube.com/watch?feature=play-er\_embedded&v=ueKeq4W0AFY) & (/external-disclaimer.html)

Conversations at CROI 2012: CDC's Dr. Kevin Fenton (http://www.youtube.com/watch?v=MktwgvQ--n0&feature=share&list=UU5J1dpToOZLI37onLT6qe3g) (vexternal-disclaimer.html)

Conversations at CROI 2013: ONAP's Dr. Grant Colfax (http://www.cdc.gov/vitalsigns/HIVtesting/index.html)

Conversations at CROI 2013: HRSA's Dr. Laura Cheever on the Ryan White Care Continuum (http://blog.aids.-gov/2013/03/conversations-from-croi-2013-hrsas-dr-laura-cheever.html)

Last revised: 12/18/2013