Health Department-Based Intensive Case Management for Pregnant People Living with HIV as a Key Strategy to End the HIV Epidemic in Los Angeles County

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HIV/AIDS Landscape in Los Angeles County

Persons Living with HIV (PLWH)\(^1\), New Infections, HIV Diagnoses\(^2\), Stage 3 HIV Infection (AIDS), and Deaths\(^3\), 1982-2021\(^4\)

**Diagram Description:**
- **Persons living with AIDS:** Blue line
- **Persons living with non-AIDS HIV:** Green line
- **Diagnoses of Stage 3 (AIDS):** Blue bars
- **Diagnoses of HIV infection:** Yellow line
- **Deaths:** Black line

**Source:** HIV Surveillance data as of December 2021

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1. Includes new diagnoses of HIV infection regardless of the disease stage at time of diagnosis.
2. Persons living with non-AIDS HIV and AIDS in Los Angeles County (LAC) are based on last reported address at the end of each calendar year.
3. Includes persons whose residence at death was in LAC or whose most recent known address before death was in LAC, when residence at death is missing.
4. 2020 data for diagnoses of HIV/AIDS and deaths and 2020/2021 persons living with non-AIDS HIV and AIDS are provisional as indicated by the dashed line and pattern bar. 2021 diagnoses of HIV/AIDS and deaths are underreported/unreliable due to significant reporting delay, and therefore are not shown.
Percent of PLWH virally suppressed at year end, LAC 2012-2022

Source: HIV Surveillance data as of May 2023
Number of infants with perinatal HIV exposure and perinatally acquired HIV, LAC 2006-2022

1 Due to reporting delay, 2021 and 2022 HIV data are provisional as indicated by the patterned bar and dashed line.
2 The number of infants with perinatally acquired HIV includes perinatal transmissions among babies born and/or diagnosed in LAC for a given birth year. The number of infants with perinatal HIV exposure was derived from 7 pediatric HIV-specialty sites which serve over 90% of the HIV-exposed children and infected children seeking HIV evaluation and care in Los Angeles County as well as a birth registry match provided by the California Department of Public Health. This is an underestimate of the total number of infants with perinatal HIV exposure in the County since HIV exposure reporting is not mandated.

Source: HIV Surveillance data as of May 2023
Characteristics amongst PLWH who delivered in LAC 2020-2022 (N=203)

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>13-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40+</th>
</tr>
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<tbody>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Black</td>
<td>65</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td>93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-race</td>
<td>17</td>
<td>7</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Asian/PI</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
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<td></td>
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</tr>
<tr>
<td>Unknown</td>
<td></td>
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</tr>
</tbody>
</table>

Source: HIV Surveillance data as of May 2023
Characteristics amongst PLWH who delivered in LAC 2020-2022 (N=203)

- Timing of HIV Diagnosis:
  - At time of delivery: 0.5%
  - Before pregnancy: 1%
  - During pregnancy: 16%
  - Sometime after birth: 82%

- Entry into prenatal care (PNC):
  - 1st trimester: 139
  - 2nd trimester: 27
  - 3rd trimester: 10
  - No PNC received: 10
  - PNC status unknown: 17

Source: HIV Surveillance data as of May 2023
Provider-Focused Resources and Outreach

- TA with high-impact delivery hospitals
- Outreach to EDs and outpatient clinics that diagnose HIV among people assigned female at birth 15-44
- Specialty provider workgroup meetings

http://publichealth.lacounty.gov/dhsp/Perinatal_HIV_Action_Kit.htm
LINKAGE AND RE-ENGAGEMENT PROGRAM FOR PERINATAL PREVENTION
Linkage and Re-engagement Program (LRP)

- Perinatal specialty team formed in 2020
- Services include:
  - Case finding
  - Conducting field/home visits
  - Transportation
  - Insurance and benefits screening
  - Housing ad SUD treatment referrals and linkage
  - Medication adherence (ex: pharmacy coordination, delivery, pill box refills)
  - Accompanying clients to clinic visits
  - Following client cases until they reach undetectable status and are linked with clinic-based, long term case management services
Characteristics amongst pregnant PLWH enrolled in LRP to date (N=70)¹

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>STI Hx</td>
<td>70%</td>
</tr>
<tr>
<td>Psych Hx</td>
<td>56%</td>
</tr>
<tr>
<td>SUD Hx</td>
<td>64%</td>
</tr>
<tr>
<td>Unstable Housing</td>
<td>47%</td>
</tr>
<tr>
<td>Viral Load &gt; 200 c/mL</td>
<td>58%</td>
</tr>
</tbody>
</table>

¹ Clients with no viral load within the past year are considered to be out of care and assumed to be virally unsuppressed (Viral Load > 200 c/mL)

Source: HIV Surveillance data as of May 2023
Case Example

Demographics: 32 y/o African-American female, G3P2
HIV Diagnosis Date: 1/31/2017
Initial OB/ID appt: Linked to care on 12/15/22; late to PNC
Estimate delivery date: 1/15/23
Actual delivery date: 12/29/22 (C/S)
STI Hx: Hx of Syphilis, Gonorrhea, and Chlamydia
Substance use: Active meth use
Housing status: History of homelessness and unstable housing
IPV history: Unknown
Trauma history: PTSD (stillbirth in 2020)
Psych history: Historical dx of mood disorder with psychotic features; had been prescribed antipsychotics in the past
Incarceration history: 1 past incarceration; Quick release (8/3/22-8/4/22)

<table>
<thead>
<tr>
<th>Date</th>
<th>VL</th>
<th>CD4</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/2/22</td>
<td>147000</td>
<td>89</td>
</tr>
<tr>
<td>12/15/22</td>
<td>296</td>
<td>118</td>
</tr>
<tr>
<td>12/29/22</td>
<td>361</td>
<td></td>
</tr>
<tr>
<td>2/27/23</td>
<td>1499</td>
<td>270</td>
</tr>
<tr>
<td>4/18/23</td>
<td>29</td>
<td>253</td>
</tr>
</tbody>
</table>
Timeline of LRP Intervention

- **11/29-12/6/22**: Local hospital notifies DHSP Surveillance that a pregnant client with HIV (33 weeks) was making frequent trips to the ER and not in PNC. LRP locates client, assists with housing (DPSS for motel vouchers).

- **12/7-12/14/22**: Client initially declines linkage to perinatal HIV specialty center but agrees once local hospital staff make same recommendation. Client agrees to go to a substance use treatment facility but does not attend intake. LRP continues to provide client with housing assistance, client accepted at shelter.

- **12/15-12/22/22**: Client attends initial HIV OB appt at a perinatal specialty site, provided transportation and accompanied by LRP SWs. Client sent to OB Triage due to elevated BP after attending antepartum testing. Client attends rescheduled intake at substance use treatment facility but did not feel it was a good fit.

- **12/23-12/29/22**: Client has C/S at perinatal HIV specialty center and delivers healthy newborn (birth DNA PCR test is negative). DCFS called by hospital staff; newborn placed in foster care.

- **2023**: LRP continues to support client with health care needs and other wraparound services.
THANK YOU!