Baltimore County Department of Health Responses
Questions from June 17, 2014 Data Panel to Planning Council

1. How many young African-American MSMs are adherent to care/in treatment and how many are not currently in care?

Since BCDH does not serve all HIV-positive residents in Baltimore County, we wouldn't have accurate information on specific numbers of clients that are currently in care or not. I would refer to the Gardner cascade and apply some of those formulas to what Colin Flynn at DHMH's HIV Surveillance program provides to the Planning Council. As to those not in care, those who are positive and not aware of status, etc. this method would likely be somewhat accurate for the whole region.

However, young African-American MSMs, like all youth, are less likely to keep their appointments and fill their prescriptions on time. In addition, other factors such as housing instability, concerns over confidentiality and disclosure of HIV or sexual orientation, and limited awareness of Ryan White emergency funds may prevent clients from coming forward and becoming involved in a system of care, including our program. In the past, youth have been more engaged and adherent to care when case managers can offer meaningful assistance in the way of transportation, assistance with eviction and other services that are beneficial to their stability.

2. What is being done to combat the trend of young HIV diagnoses?

There isn't much in the way of research or models of prevention or outreach that would make an immediate impact on this trend. The only proven intervention to reduce infections is an active program of partner notification. That is, whenever someone tests positive or is reported to the State as a new positive, that person's information is sent to local health departments' Partner Services program to interview them for their partners. The majority of new cases of HIV (and syphilis) are young African American MSM and the degree to which new positives will disclose their sexual (or needle sharing) partners determines how successful this process can be.

Widespread testing and outreach haven't effectively reduced the rate of infection among this group and new infections have been steady for years despite prevention efforts in general. There are efforts to engage the youth community using prevention and health education/risk-reduction programs, but I'm not aware of anything that is particularly proven to be more effective than existing efforts.

There is a movement of those who advocate pre-exposure prophylaxis by having those considered high-risk take HIV medication prior to contracting HIV. This has been shown to be effective in clinical trials, but its expensive as a prevention method.