

challenge to design streamlined and integrated programs that minimally impact operations while balancing other important functions, such as ensuring index-visit result disclosure and referrals for positives. To maximize the proportion of patients whose results are available before discharge, targeting screening to patients receiving care in the main ED, to those who are admitted, or to patients who are having other laboratory tests performed, may be considered.

Douglas A. E. White, MD*

Erik S. Anderson, MD*†

Sarah K. Pfeil, BS*

Tarak K. Trivedi, MD*

*Department of Emergency Medicine,
Alameda Health System,
Highland Hospital,
Oakland, CA

†Department of Emergency Medicine,
Stanford University,
Palo Alto, CA

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Veteran's Administration Care Continuum Uses the Wrong Denominator

To the Editors:

The integrated HIV care provided by the Department of Veterans Affairs (VA) is to be commended, but to compare the proportion of people living with HIV who are in care at the VA and virally suppressed (77%) with the national HIV

Supported by Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention. The authors have no conflicts of interest to disclose.

care continuum, viral suppression (VS) measurement (46%) is inappropriate.¹ The denominator used in the national care continuum includes not only those currently in care but also persons previously and never in care.² Bachus et al¹ use a denominator of "all HIV-infected patients in VA care in 2013... defined as having at least 1 outpatient visit in the year." Thus, a more appropriate comparison with national data would be the proportion of VS among persons engaged in care in 2013. Using the data provided in Figure 1, VS among those engaged in care is 84% (16,641/19,732) for the VA population and 76% (361,764/478,433) for the national population. This measure still reflects the excellent care people living with HIV receive through the VA, with a more appropriate comparison to the national data.

Jane Kelly, MD

Pascale Wortley, MD, MPH

Cherie Drenzek, DVM, MPH

Georgia Department of Public Health,
HIV/AIDS Epidemiology Program,
Atlanta, GA

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Additional Indicators to Measure New HIV Diagnoses: A Response to Chow et al

To the Editors:

The recent letter by Chow et al¹ is a welcomed addition to the discussion about new indicators to measure and understand the HIV epidemic. They propose a new HIV diagnosis rate to put the number of diagnoses each year in the context of the size of the population living with HIV. We agree that it is

The authors have no funding or conflicts of interest to disclose.

important to look beyond the absolute numbers, in this case new HIV diagnoses (or notifications), and understand them in the overall context of increasing HIV prevalence trends. A nuanced understanding of new diagnoses is particularly relevant in light of the updated 2020 National HIV/AIDS Strategy, which sets the goal of serostatus awareness for 90% of all persons living with HIV (PLWH).² In the case of the United States, the number of new HIV diagnoses has remained relatively stable from 2009 to 2012, ranging approximately ranging from 44,000 to 47,000, whereas HIV prevalence has increased from 1,161,800 to 1,218,400 over the same period.^{3,4}

To further understand recent trends in HIV diagnosis, we believe that there is an additional method to analyze new HIV diagnoses that provides useful insight into how effective testing services are in reaching the remaining undiagnosed PLWH. As previously described by Holtgrave,⁵ we propose that dividing the number of new HIV diagnoses in a given year by the number of undiagnosed PLWH in the previous year is a useful previously underused HIV indicator. Using the most recent Centers for Disease Control and Prevention epidemiologic data,^{3,4} we determined the number of new HIV diagnoses in a given year divided by the number of undiagnosed PLWH in the previous year using the formula:

Table 1 displays our input parameters and results. Available data from Centers for Disease Control and Prevention allowed us to examine this measure from 2009 to 2012. We report that the percentage of new HIV diagnoses in a given year to undiagnosed PLWH in the previous year was 26.0% in 2009, 25.9% in 2010, 26.1% in 2011, and 27.7% in 2012.

Our analysis suggests that not only does the number of new HIV diagnoses remain roughly constant over the 4-year study period, but also that approximately 26% of individuals unaware of their serostatus are being newly diagnosed each year (Table 1). When this indicator is approximately constant over time, it signals that we must redouble our efforts to ensure full implementation of existing testing guidelines,^{5,6} as well as innovate new clinical and community testing