

Phylogenetic Community/Expert Consultation

September 19, 2016

Sponsored by NYC Department of Health and Mental Hygiene, the HIV Center for Clinical and Behavioral Studies, and TAG – Treatment Action Group

Notes from transcript of discussion section and case studies

- The New York City Department of Health and Mental Hygiene (DOHMH) knows that data will be missing from phylogenetic clusters (people who are undiagnosed, or who have not had a genotype run as part of their HIV care). The data will not be missing at random, and we must work to fill in gaps, including ongoing work to ensure everyone living with HIV in NYC knows their status.
- It is an important distinction that the phylogenetic analysis will be used as an additional piece of information in DOHMH's toolkit, and will be supported by existing Field Services Unit (FSU) and HIV Surveillance infrastructure. This new phylogenetic analysis is in addition to a host of other initiatives undertaken by the DOHMH with a variety of partners, including Care Continuum Dashboards, and PrEP access expansion. This enables the Field Services Unit to refer people for assistance that is increasingly comprehensive and meets more needs of people who interact with FSU.
- DOHMH does not have the capability of mapping the directionality of infection with HIV genotypes using phylogenetic analysis.
- Participants attending the meeting expressed interest in linking phylogenetic clusters to demographic information, which could be another tool used to determine and investigate the main driving forces behind disparities in HIV infection rates.
- There are existing areas of collaboration within DOHMH, with New York State, and with HIV care providers that can be leveraged, along with this additional piece of information of phylogenetic analysis, to provide better, more complete referrals to care for people living with HIV in New York City.
- Ethical considerations were raised during the meeting about what to tell people who are out of care and identified through phylogenetic analysis when they are contacted by FSU. FSU's current protocol is to tell people that they have been identified as being out of care using registry data, and offer assistance in linking back to care. Because phylogenetic analysis is going to be used as one of many tools at FSU's disposal in their work, DOHMH proposed that this specific information not be disclosed to individuals. The pros and cons of this were discussed, but no consensus was reached during the meeting.
- Action items from the meeting:
 - DOHMH HIV surveillance teach-in
 - Follow-up meeting to discuss phylogenetic analysis work