



Appendix B: Iowa Ryan White Part B Viral Suppression 2024

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Viral Suppression Background

The Ryan White Part B Program (RWPB) uses viral suppression to monitor the health outcomes of clients. Viral suppression is the reduction of the amount of HIV in the blood and elsewhere in the body to very low levels and is defined as less than 200 copies/mL. Viral suppression is a critical measure for people living with HIV (PLHIV) as it results in the best health outcomes as well as transmission of HIV is not possible through sexual contact. The goal is to have at least 95% of clients achieve viral suppression.

Viral suppression is calculated on a quarterly basis as part of the RWPB Program's Clinical Quality Management Program's performance measures. Data are calculated and monitored for trends by the Ryan White Data Coordinator. Furthermore, the Core Quality Management Committee evaluates viral suppression trends. This Appendix reflects calendar year 2024 viral suppression stratified by different data points. For acronym definitions, please see page 2 of the **2024 Ryan White Part B Annual Report**.

Viral suppression among RWPB Program clients

The measure most-used by the RWPB Program to assess health outcomes is viral suppression. The goal is for at least 95% of clients to achieve viral suppression. The following figures display viral suppression by case management agency, age, race and other characteristics. Clients had to receive one RWPB service during the measurement period to be included in the calculation. Clients who were diagnosed with HIV or died during the measurement period were excluded from the viral suppression calculation.

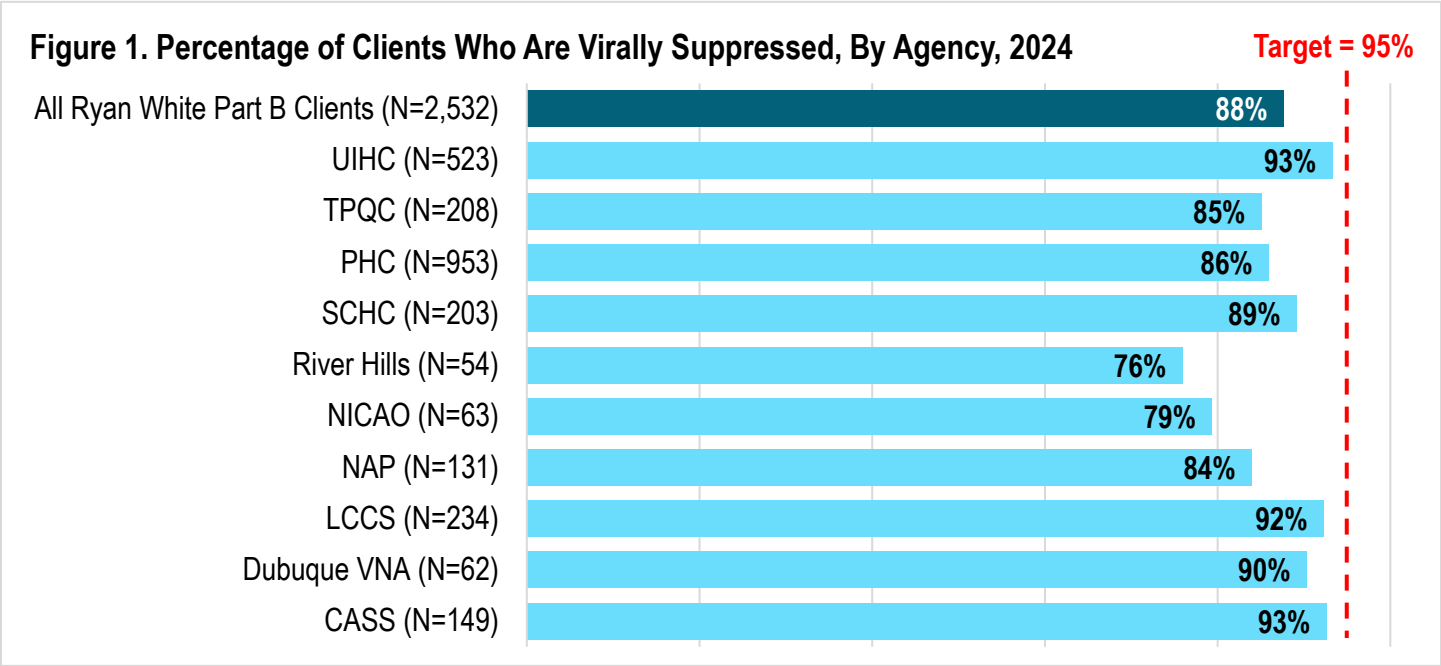


Figure 1. Viral suppression by RWPB agency. It is important to note that clients could be counted in multiple agencies if they transferred during the measurement period. Additionally, each agency is unique and may experience lab reporting issues, or clients may have had labs drawn shortly outside of the measurement period potentially impacting viral suppression data.

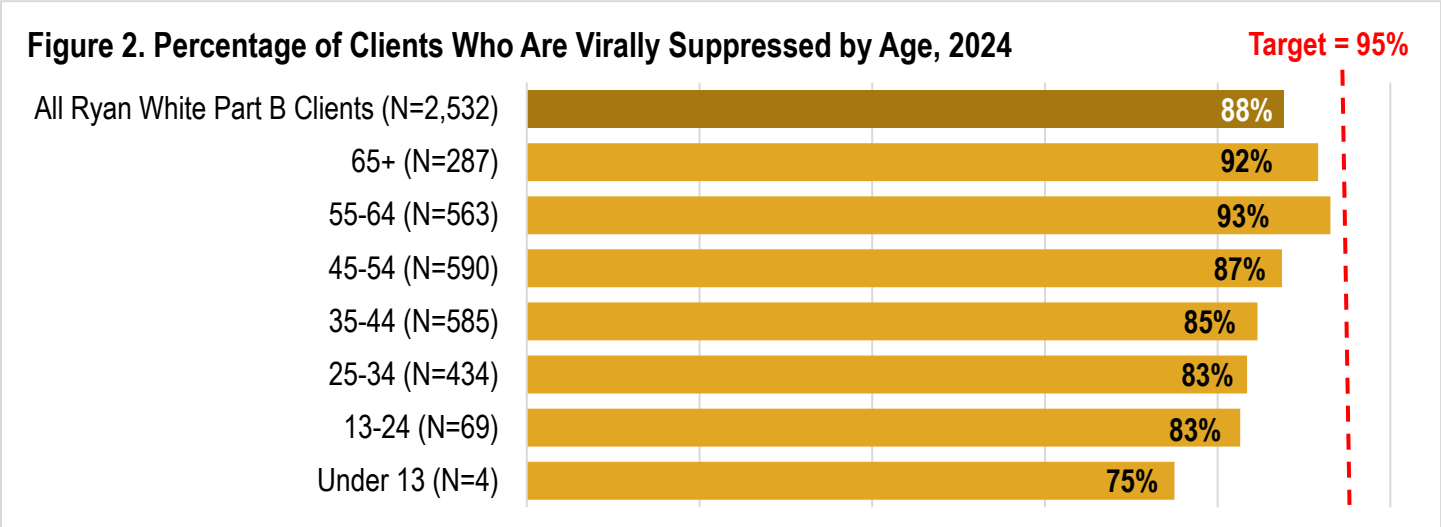


Figure 2. Considering viral suppression by age, older RWPB clients were more likely to achieve viral suppression.

Figure 3. Percentage of Clients Who Are Virally Suppressed by Race & Ethnicity, 2024 Target = 95%

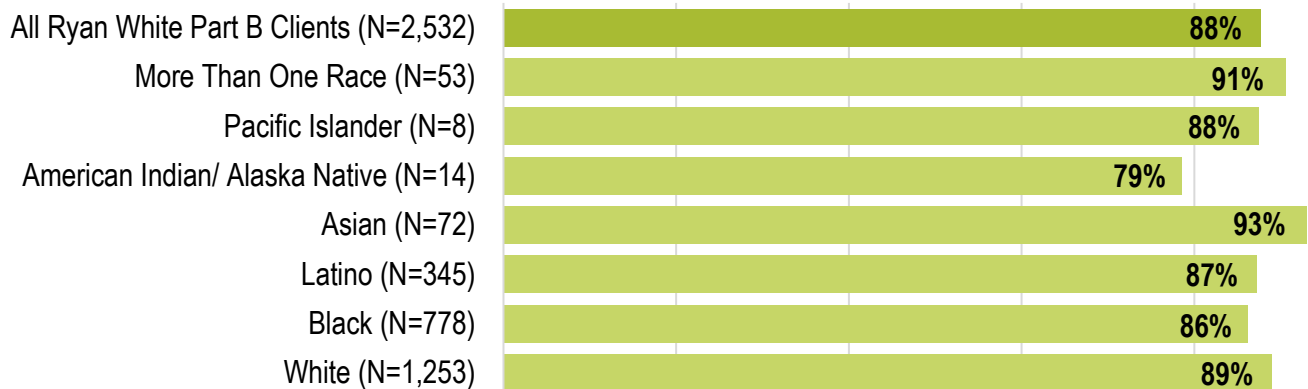


Figure 3. RWPB clients who identified as Asian and More than One Race achieved the highest viral suppression (93% and 91%). There were 9 clients with an unknown racial group that were not virally suppressed.

Figure 4. Percentage of Clients Who Are Virally Suppressed by Income, 2024 Target = 95%

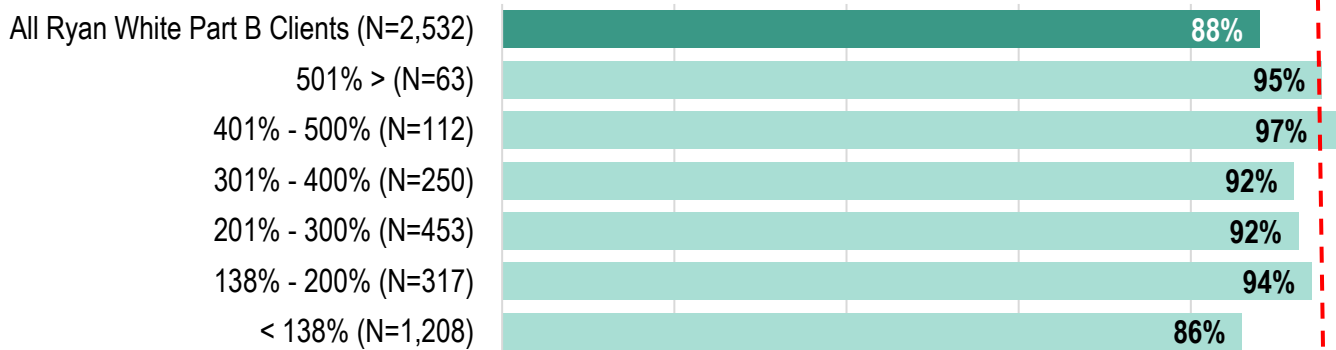


Figure 4. RWPB clients with incomes less than 138% of the Federal Poverty Level (FPL) were the least likely to achieve viral suppression (86%) among clients with known income levels. Viral suppression was 51% (N=129) for clients with an unknown income level.

Figure 5. Percentage of Clients Who Are Virally Suppressed by Housing Status, 2024 Target = 95%

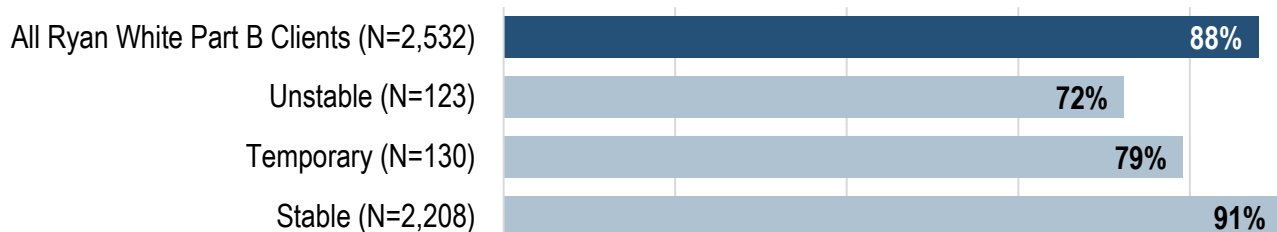


Figure 5. Notable differences emerged from evaluating viral suppression by housing status. Clients with stable housing achieved the highest viral suppression (91%); clients with an unknown housing status had a 34% viral suppression rate (N=71).

Viral suppression among BDAP clients

The RWPB Benefits and Drug Assistance Program (BDAP) also utilizes viral suppression to monitor health outcomes for clients. Figure 6 displays viral suppression by BDAP program. Clients had to receive one BDAP service during the measurement period to be included in the calculation. Furthermore, clients who were diagnosed with HIV or died during the measurement period are excluded from the viral suppression calculation.

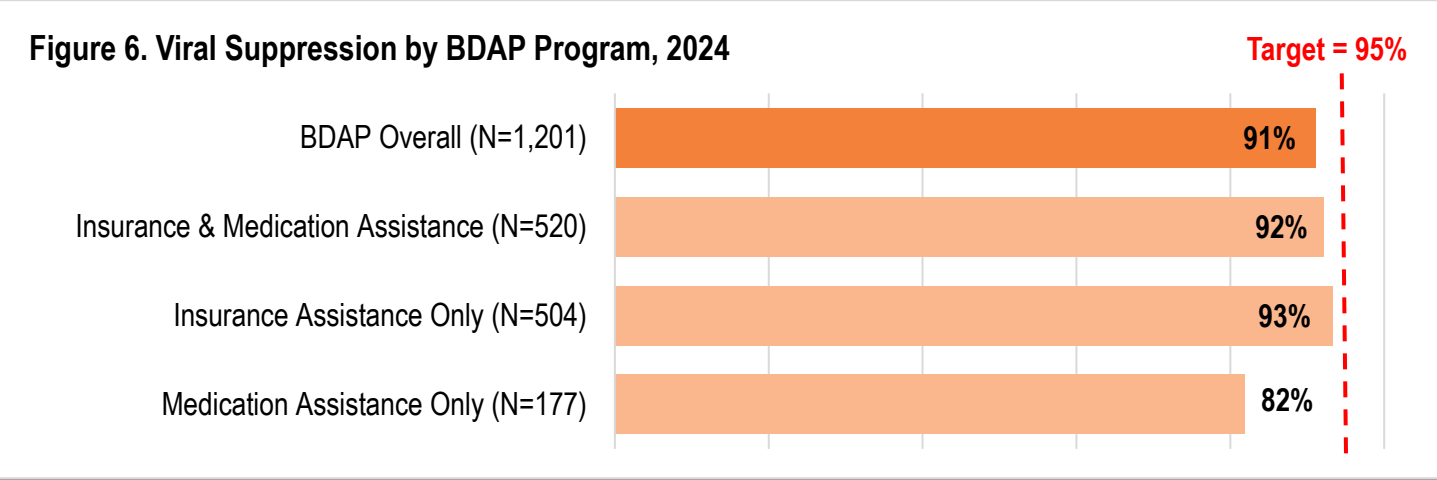


Figure 6. Viral suppression by BDAP program. Medication Assistance Only had a lower viral suppression. This is likely because many jail assistance clients are in this program and labs are not required for enrollment, only proof of diagnosis.