

Factors for delayed linkage to care following HIV diagnosis in the WHO European Region

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Delpech for OptTEST by HIV in Europe

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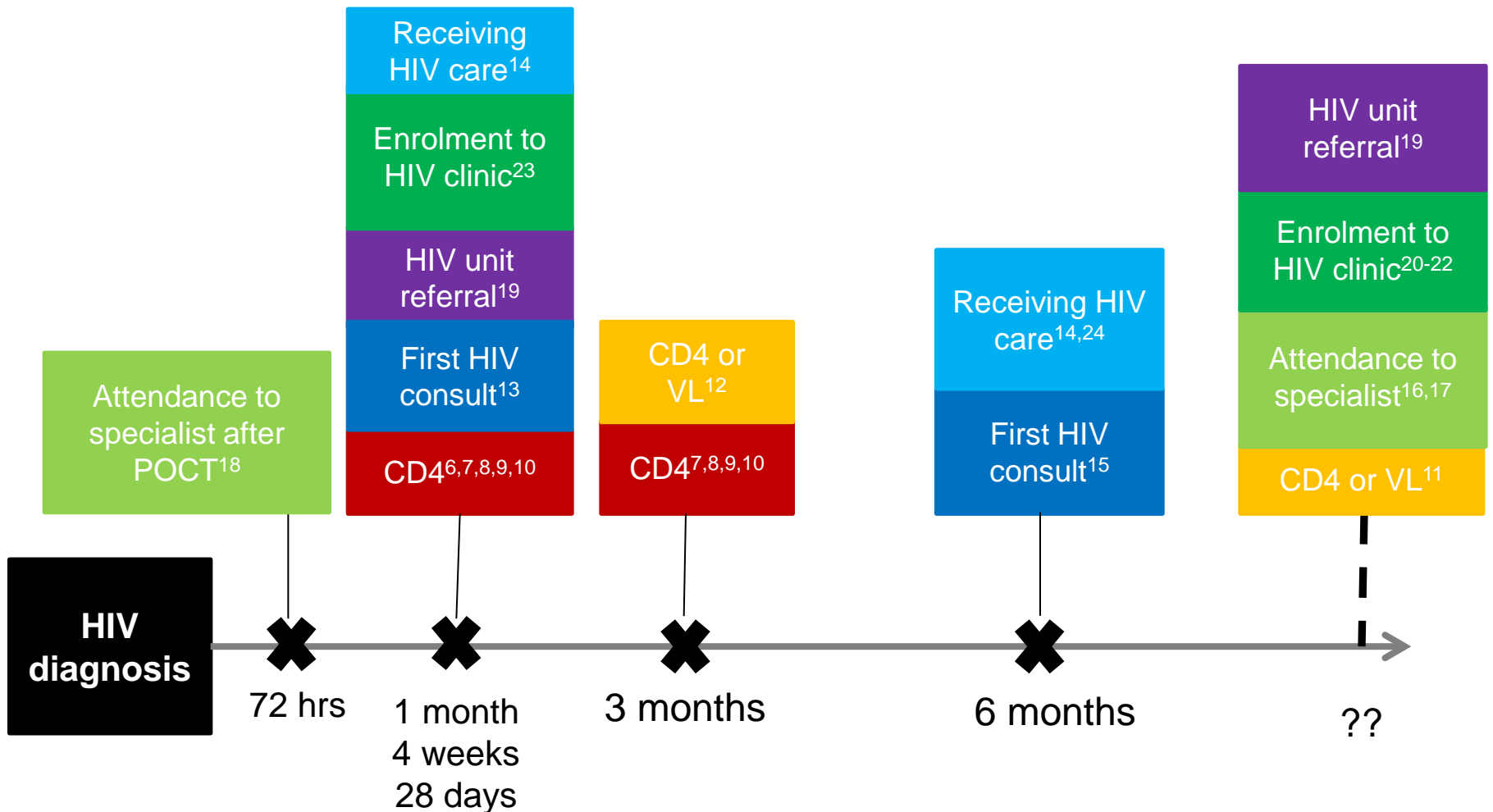
Overview

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Background

- Linking people who test HIV-positive to accessible care and support services is a crucial step in the HIV continuum of care.
- Delayed linkage to HIV care is associated with delayed receipt of antiretroviral medications, faster disease progression and increased mortality.¹⁻⁴
- Little comparable data are available on linkage to care in Europe.⁵

Definitions of linkage to care in the literature



Aim & Objectives

- **Aim:** to utilise an existing surveillance dataset and apply a standardised definition of linkage to care, producing comparable estimates
- **Objectives:**
 - To describe linkage to HIV care following diagnosis in the World Health Organization (WHO) European Region
 - To identify factors associated with delayed linkage

Methods - Data

- **Data source:** The European Surveillance System (TESSy)
- Case reports of new HIV diagnoses submitted to the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe in 2014
- Data were included for countries that reported using the revised submission template (n=33/53).

Methods – Inclusion/Exclusion

- Inclusion criteria:
 - Adults (aged ≥ 15 years) diagnosed with HIV between 2010 and 2014
- Exclusion criteria:
 - Previously diagnosed (HIVStatus=PREVPOS)
 - Previously in care (CD4 count taken >14 days prior to diagnosis date)
 - Died within 3 months of diagnosis
 - Missing diagnosis and/or CD4 information
- All partial dates - only M/Q and YYYY - defaulted to middle of M/Q

Methods – Definitions

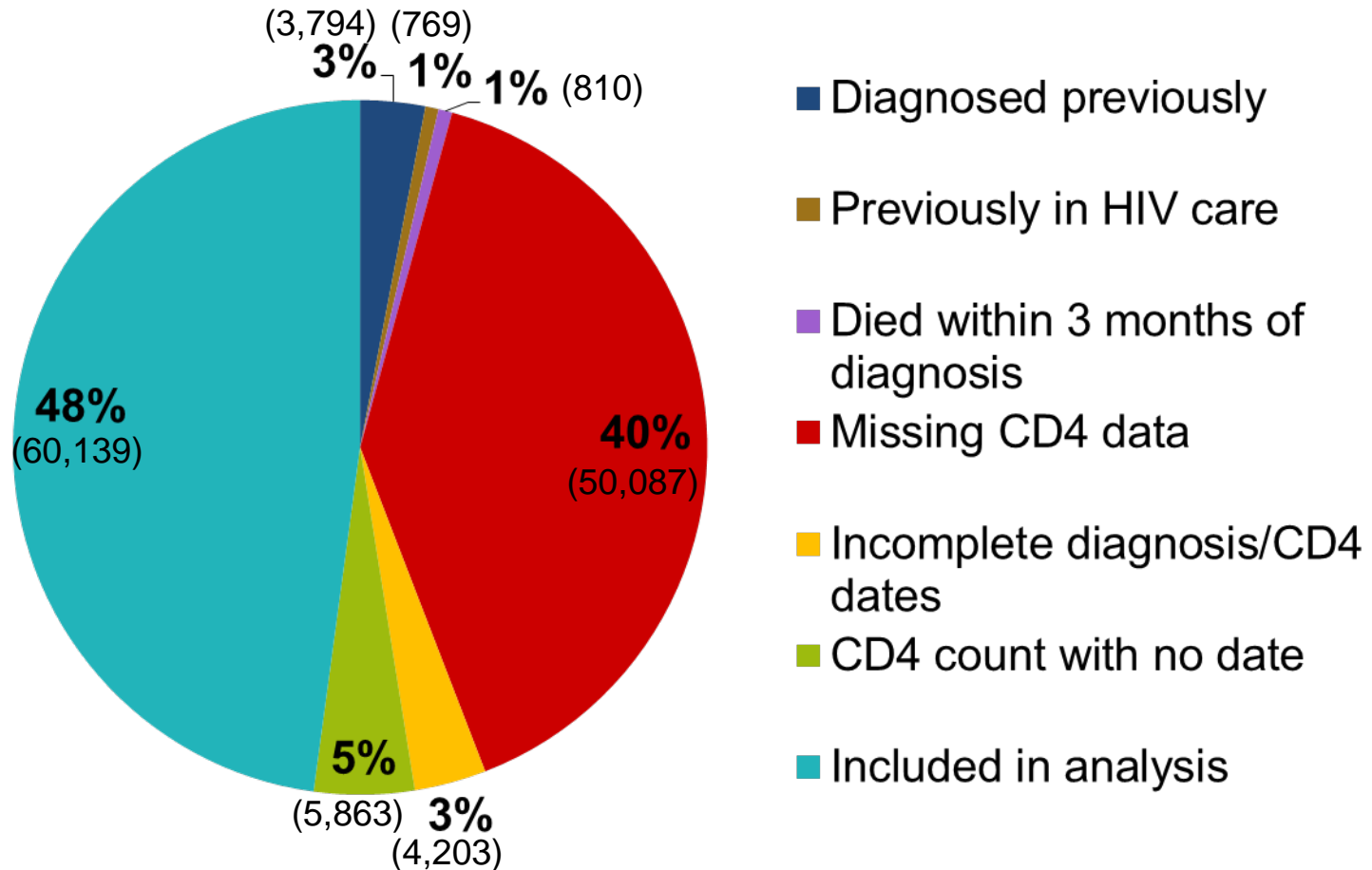
- **Linkage to care:** patient seen for specialist HIV care after diagnosis, measured as the time between the HIV diagnosis date and first CD4 count date (CD4 count taken=proxy for in care)
- **Prompt linkage to care:** patient seen for HIV care in the 3 months (≤ 91 days) following diagnosis
- **Delayed linkage to care:** patient seen for HIV care more than 3 months (>91 days) after diagnosis

Methods – Statistical Analyses

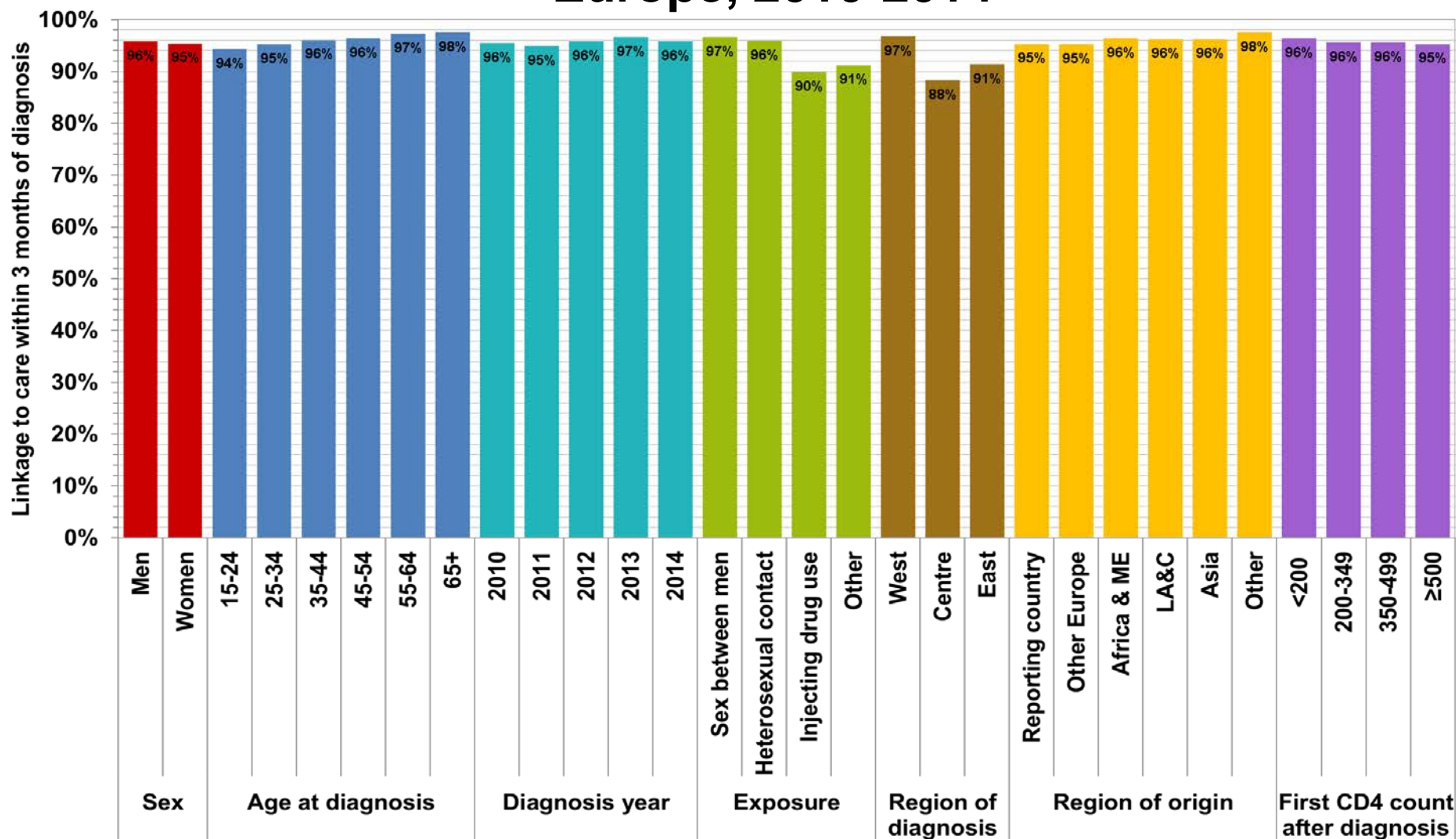
- Factors for delayed linkage to care
 - Logistic regression
 - Factors found to be significant in univariable analyses included in final model
 - Adjustments:
 - ❖ Sex
 - ❖ Age at diagnosis
 - ❖ Diagnosis year
 - ❖ Probable HIV exposure category
 - ❖ European region of diagnosis
 - ❖ Region of origin
 - ❖ First CD4 count after diagnosis

Results

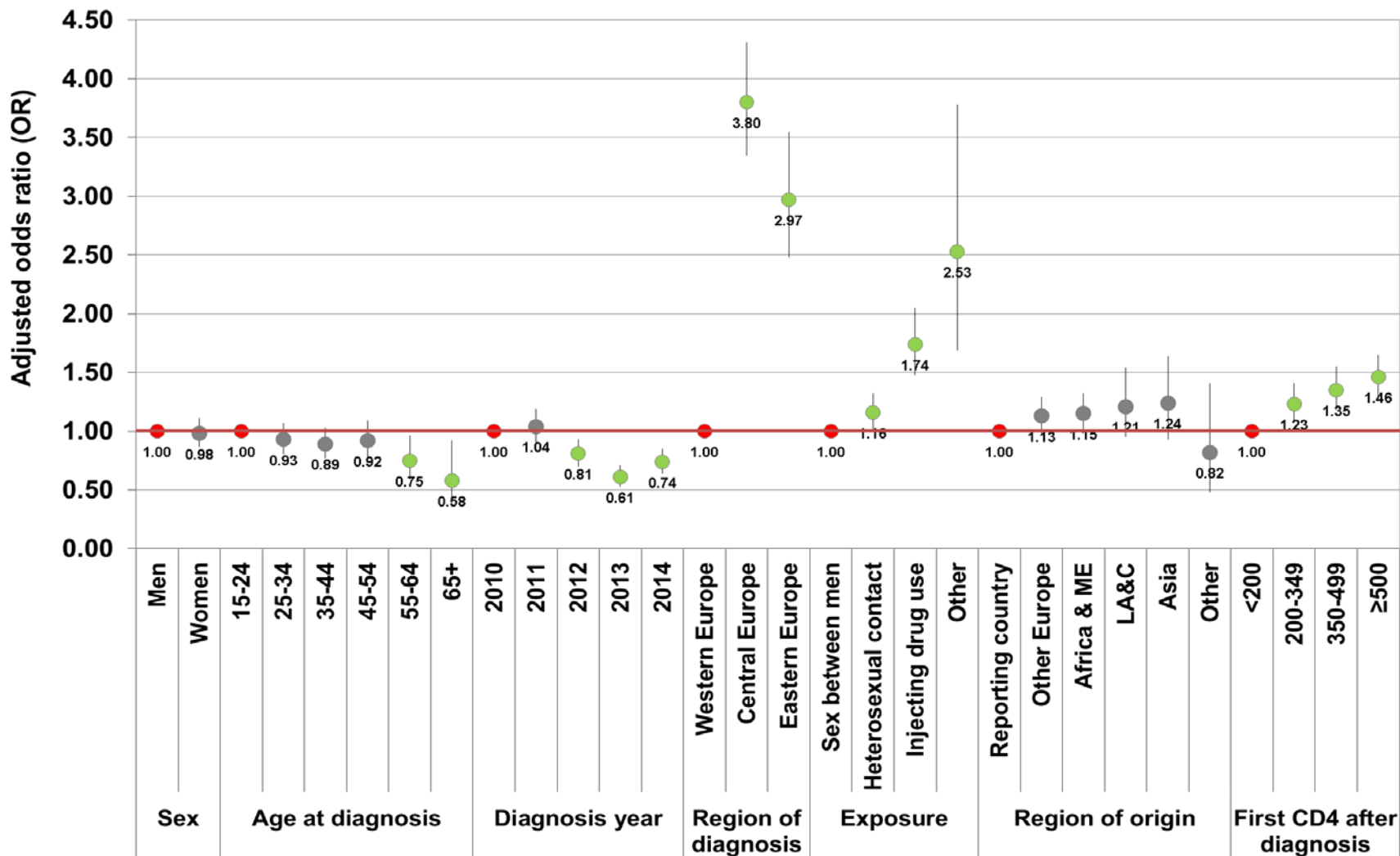
N=125,665 adults diagnosed from 2010-2014



Prompt linkage to HIV care following diagnosis: Europe, 2010-2014



Multivariable analysis of factors associated with delayed linkage to care in Europe



Limitations

- Analysis restricted to people with CD4 data available – unknown as to whether those missing CD4 counts were not linked to care or CD4 data not collected
- Partial dates
- Under-reporting of deaths
- Reliance on CD4 data as proxy for care – no data collected on date of first care attendance

Conclusions

- Overall, linkage to care among adults diagnosed with HIV in Europe is prompt.
- However, given the high number of people with incomplete CD4 data, linkage estimates may be much lower than reported.
- Analyses highlight the importance of complete CD4 data reporting as almost half of patients were excluded due to missing information.
- Findings show improvements are needed in ensuring those diagnosed in Central and Eastern Europe and infected through heterosexual contact and injecting drug use enter care promptly.

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