

## Continuum of care of the patients diagnosed with HIV in Belgium according to region of origin

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### INTRODUCTION

In Belgium the HIV epidemic is largely concentrated among men who have sex with men - in majority of Belgian or European nationality - and Sub-Saharan African men and women. Among the patients newly diagnosed with HIV in 2012, 54.9% were of non Belgian nationality. Their specific socio-demographic characteristics such as nationality, migrant status and social situation may influence their access to HIV testing and care.

### OBJECTIVES

To estimate the continuum of HIV care of the patients diagnosed with HIV in Belgium by patient's region of origin.

### METHODS

Data on newly recorded HIV diagnoses (2007-2010) and clinical data of the national cohort of PLWH (2007-2011) were used to estimate the continuum of HIV care. Suppressed viral load (VL) was defined as < 500 copies/ml. Associations between region of origin and each step of the continuum were assessed using logistic regression.

### RESULTS

3108 HIV-diagnosed individuals were included in the analysis of which 44.9% were Belgians, 34.6% Sub-Saharan Africans, 12.4% Europeans and 8.2% from other nationalities.

The proportion having suppressed VL was 77.6% for Belgians, 70.3% among Sub-Saharan Africans, 68.8% among Europeans and 69.3% among other nationalities (Figure 1). These differences are due to significantly lower linkage to and retention in care among non-Belgians ( $p < 0.001$  for both), whilst among the patients retained in care, the proportions of patients on ART ( $p = 0.52$ ) and those with suppressed VL ( $p = 0.08$ ) do not differ by region of origin, with the exception of Sub-Saharan Africans who have a slightly reduced proportion with suppressed VL ( $p = 0.04$ ).

Figure 1: Continuum of HIV care by region of origin

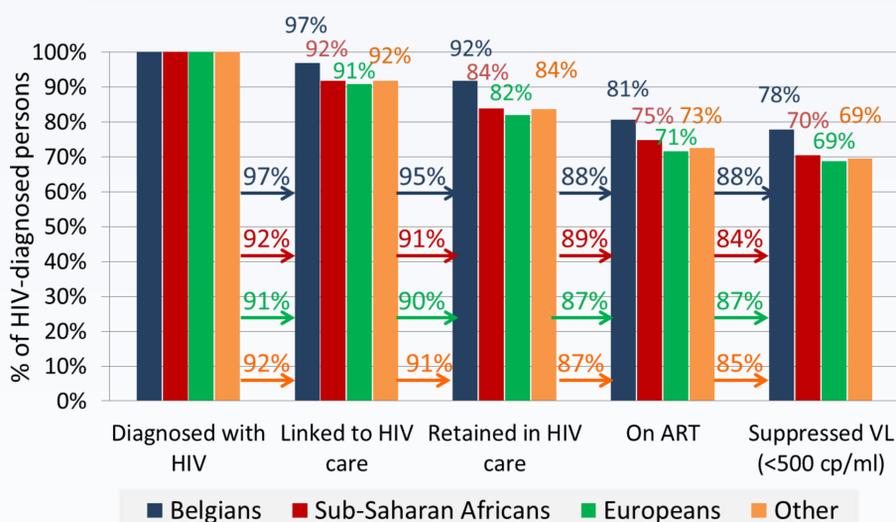
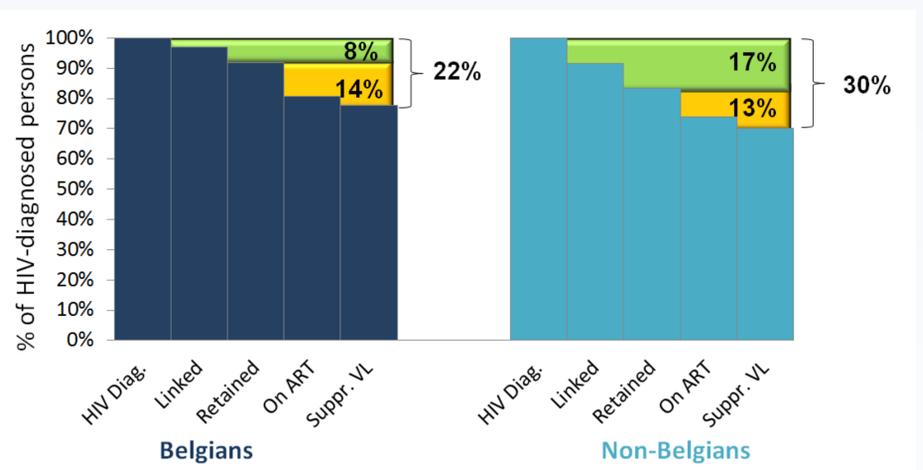


Figure 2: Attrition along the continuum of HIV care among Belgians and non-Belgians



### INTERPRETATION

These results (Figure 2) show that 8% of Belgian patients were not linked/retained in care, whilst 14% were retained in care however presenting non-suppressed VL. This represents 22% of the Belgian patients diagnosed with HIV who present potentially higher risk of onwards transmission. For non-Belgians, 17% were not retained/linked in care and 13% were retained in care with non-suppressed VL. Estimation of the proportion with higher risk for transmission is not straightforward for non-Belgians as there is uncertainty on the presence in the country following HIV diagnosis of those not retained/linked to care.

### CONCLUSION

The main differences between nationals and non-nationals in the continuum of HIV care after HIV diagnosis are the linkage and retention in care. Especially for non-Europeans, it is important to further study reasons for defaulting care: whether it is linked with migration outside Belgium or with lack of access to HIV care in Belgium. If we aim to have a global impact on HIV transmission, it is essential to ensure effective access to care of all HIV-infected patients, whatever their nationality, in Belgium or abroad.

This study should be completed by an estimation of the proportion of PLHIV undiagnosed in order to have a complete picture of the HIV care continuum in Belgium.