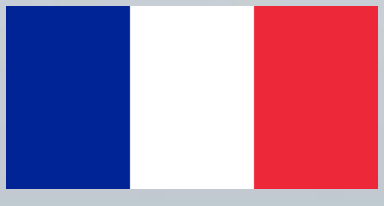
OptTEST
OPTIMISING TESTING AND LINKAGE TO CARE FOR HIV ACROSS EUROPE

Country Report

Evidence on linkage to care after HIV diagnosis in Europe

France



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Background

Published data on linkage to HIV care from the European Union are lacking and few countries routinely monitor HIV quality of care measures locally or nationally. With successful expansion of HIV testing into a variety of settings (including hospital admissions, community testing and self-testing or self-sampling), prompt access to medical care must be ensured as linkage to care impacts subsequent treatment uptake and is essential for optimal patient outcomes. OptTEST is a three-year project, (2014-2017) co-funded by the European Commission and led by HIV in Europe, that aims to optimise HIV testing and linkage to care in Europe. Work package (WP4) of OptTEST looks to explore and document linkage to HIV care and access to therapy across Europe. Pilot countries involved in WP4 include: UK, France, Estonia, Spain, Poland, Portugal, Greece and Czech Republic.

In June 2015, a literature review carried out by WP4 found that a number of definitions of linkage to care following HIV diagnosis had been applied in the literature from Europe. The variety of settings, time periods, populations and definitions made it difficult to compare measurements between countries and studies, highlighting the necessity for a standardised definition to ensure consistent assessment of quality of HIV care and clinical outcomes.

The OptTEST project, in collaboration with the European Centre for Disease Prevention and Control (ECDC), hosted a workshop at an expert meeting in Stockholm in September 2015 at which such a standard definition for defining and measuring linkage to care for surveillance and monitoring purposes was developed. Linkage to care was defined as: the proportion of patients seen for HIV care after diagnosis (measured by first CD4 count and/or viral load and/or clinic attendance date and/or treatment start date), with prompt linkage defined as linkage within 3 months.

To pilot the agreed surveillance definition and explore current linkage to care at national-level, WP4 has undertaken analyses of the 2015 European HIV case-based dataset held at the ECDC. The aim of these analyses was to determine the feasibility of using these data to routinely monitor linkage to care. This report also presents data from an OptTEST WP4 survey of national HIV surveillance contact points to better understand what structural factors influence linkage to care and monitoring linkage to care in countries across Europe.

Methodology

Assessing linkage to care using routinely collected EU/EEA surveillance data

These analyses used case-based European HIV surveillance data held at the ECDC. Laboratory-confirmed cases of HIV are submitted annually by the 53 countries in the WHO European Region to a joint database using The European Surveillance System (TESSy) portal.

People were included if they were newly diagnosed with HIV between 2010 and 2014 and were reported to the ECDC/WHO in 2015 using the revised TESSy data template. Completeness of key variables over time was calculated to determine the appropriateness of using TESSy to monitor linkage to care.

Individuals were excluded if they had been previously diagnosed with HIV (HIVstatus variable=PREVPOS), previously been in HIV care (CD4 more than 14 days prior to diagnosis date) or died within three months of diagnosis. People were also excluded if they had no CD4 data reported, only the year of diagnosis/CD4 count reported or a CD4 count reported with no date. All partial dates, where the only month/quarter and year were provided, were defaulted to the middle of the month/quarter.

Linkage to care was calculated as the time between the HIV diagnosis date and first CD4 count date. Linkage was considered prompt if the first CD4 count was taken up to three months (91 days) after diagnosis. In a sensitivity analysis, to assess the worst case scenario, those with no CD4 count reported after diagnosis were considered not linked to care.

Understanding the linkage to care context: a survey of national HIV surveillance focal points

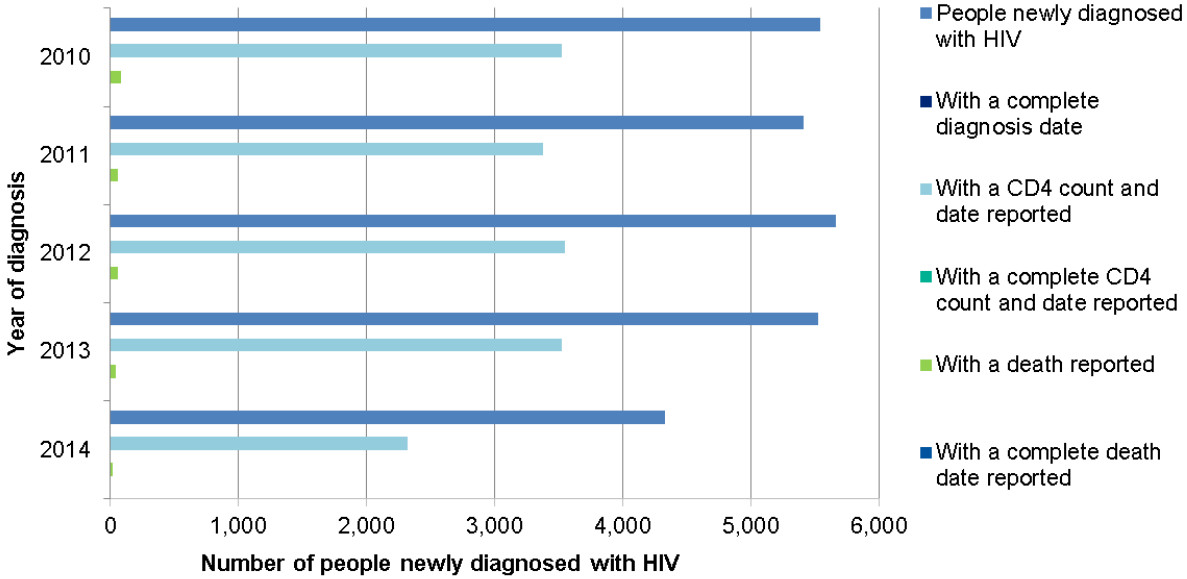
In September 2016, a short survey was sent to the 30 EU/EEA national contact points to better understand what structural factors influence linkage to care and monitoring linkage to care in countries across Europe. In the EU/EEA, competent bodies for surveillance in each Member State nominate a national contact point for HIV/AIDS. These contact points work with the ECDC and WHO Regional Office for Europe on the reporting of new HIV cases to TESSy. The questionnaire was developed in collaboration with international experts, including: the ECDC, the WHO Regional Office for Europe, OptTEST partner organisations, the HIV/AIDS Civil Society Forum, the EURO HIV EDAT project, AIDS Fondet in Denmark and the European AIDS Treatment Group (EATG). Topics covered included: where people can be tested for HIV, HIV care structure, data collection mechanisms, linkage definitions and data caveats. In section two of the survey, respondents were asked to provide data on CD4, viral load, care attendance and treatment initiation after diagnosis to better understand the sensitivity of the linkage to care definition.

Results

Assessing linkage to care using routinely collected surveillance data

There were 26,475 new diagnoses of HIV between 2010 and 2014 in France reported to TESSy. Completeness of diagnosis, CD4 and death data over time can be seen in the graph below (Figure 1). In HIV surveillance in France, all dates are inputted as MM/YYYY so all diagnosis dates and CD4 dates were incomplete. 62% of people had a CD4 count and CD4 date reported.

Figure 1: Trends in completeness of key fields used to calculate linkage to care in TESSy, 2010-2014

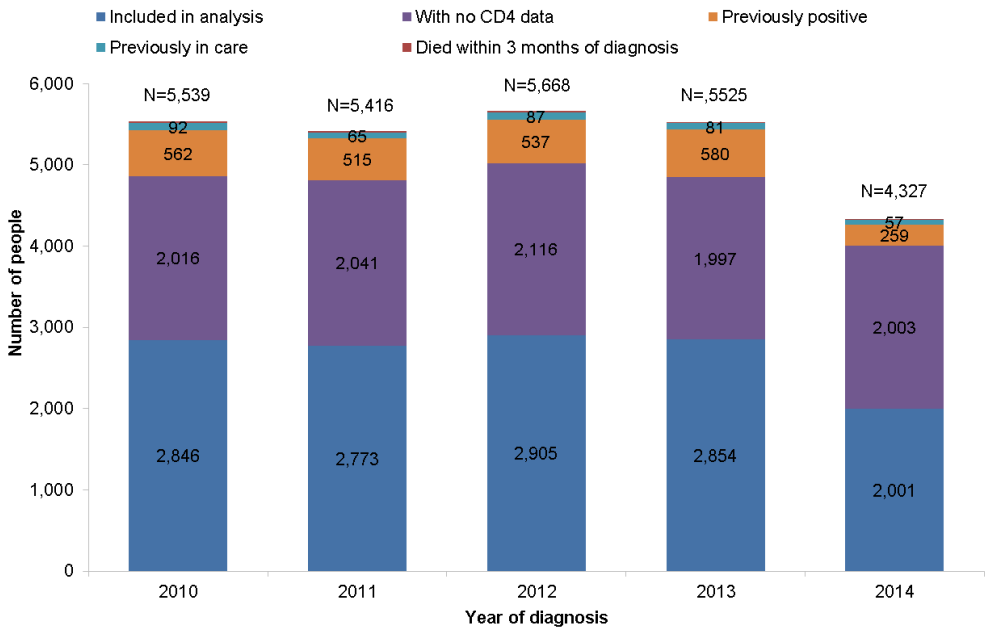


Of the 26,475 new diagnoses in France from 2010-2014, 2,453 people were reported previously positive[1], 382 had evidence of previously being in care, 88 people died within 3 months of diagnosis and 10,173 people had missing CD4 information. The distribution by year can be seen in

Figure 2.

[1] *In France, people are only flagged as previously positive if they have evidence of a previous HIV diagnosis more than 11 months prior to the current diagnosis.*

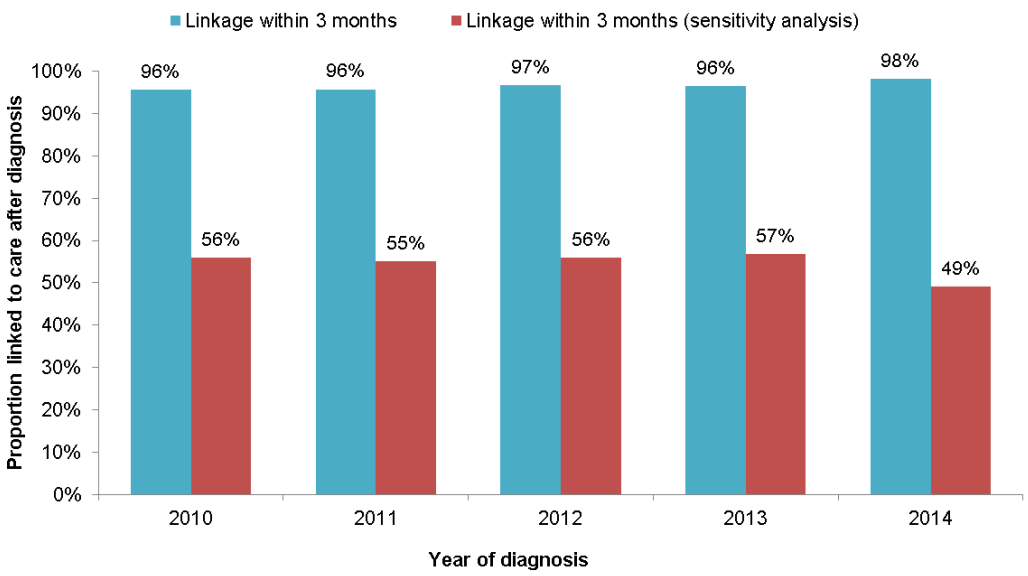
Figure 2: Linkage to care calculation exclusions, 2010-2014



Prompt linkage to care following diagnosis over time can be seen in Figure 3. Over the five years, linkage to care within 3 months was 96% (12,844/13,379). In sensitivity analysis, when those people without a CD4 count taken were included in the denominator and considered not linked to care, linkage within 3 months from 2010-2014 fell to 55% (12,954/23,552).

However, linkage to care for France is probably closer to the higher estimate presented. In France, HIV diagnoses are reported by both laboratories and clinicians. Information on CD4 count is only provided by clinicians and the main reason for CD4 count data not being reported is the diagnosing clinician did not sent his/her part of the report.

Figure 3: Prompt linkage to care and sensitivity analysis, 2010-2014


Linkage within 3 months
Linkage within 3 months (sensitivity analysis)
Proportion linked to care after diagnosis
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
96%
56%
96%
55%
97%
56%
96%
57%
98%
49%
2010
2011
2012
2013
2014
Year of diagnosis

Understanding the linkage to care context: a survey of national HIV surveillance focal points

The survey response from France was received by a representative from Santé Publique France.

HIV testing and diagnosis

Available settings for HIV testing:

STI clinics	Yes
Emergency departments	Yes
Antenatal services	Yes
Labour wards	Yes
Infectious disease unit	Yes
Other inpatient admissions	Yes
Tuberculosis services	Yes
Other outpatient services	Yes
Drug services	Yes
Prisons	Yes
General practice/primary	Yes
Pharmacies	No
Community settings	Yes
Self-sampling	No
Home/self-testing	Yes
Laboratories	Yes
Other setting	No

Data on both negative and positive HIV tests from STI clinics, community settings and laboratories are reported as part of national surveillance, this includes data on reactive tests. The dates of first reactive test and confirmatory HIV test on lab sample are used as the date of diagnosis. In France, Western Blot is performed on the first sample if ELISA is positive (this first date is collected). Validation needs another ELISA on a second sample.

HIV clinical care pathway

Routine HIV clinical care is provided in infectious disease units. Baseline assessments carried out at initial entry into care include: CD4 count, viral load measurement, complete medical history and HIV genotyping drug resistance.

HIV data capture:

	Local level	National level
Date of first reactive test	No	Yes
Site of first reactive test	No	No
Confirmatory diagnosis date	No	Yes
Site of confirmatory diagnosis	No	No
HIV care attendance date	No	No
First CD4 count	No	Yes
First CD4 date	No	Yes
First viral load	No	Yes
First viral load date	No	Yes

HIV treatment start date	No	No

CD4 count and viral load are reported at the time of reported diagnosis; however, this may not necessarily be the first CD4 count or viral load if there has been a previous diagnosis (not reported). The date of a previous diagnosis is collected, but CD4 count and viral load are not collected at this time.

France currently has guidelines in place for linkage to care after diagnosis; however, there is no current working definition for linkage to care. The guidelines are available at http://social-sante.gouv.fr/IMG/pdf/experts-vih_actualisations2014.pdf

Data and estimates

No data were provided on CD4, viral load, care attendance and treatment initiation.

Data provision

There were a number of difficulties reported by France in providing the data used to calculate linkage to care. Dates for care attendance, treatment initiation and death are not collected and are not reported centrally as France lacks a legal framework to link surveillance data and cohort data. There is also no linkage to the national death register and only AIDS deaths are captured.

Linkage to care definition and interpretation of estimates

The most appropriate measure used to monitor linkage to care after diagnosis in France is treatment initiation as treatment is recommended whatever the CD4 count; however, it is not collected in surveillance data. This variable is available in the French hospital cohort and so only for patients who are in care.

In France, data used to calculate linkage should be restricted to first diagnoses of HIV (excluding cases with a previous diagnosis). Using CD4 count as a proxy of entry into care is difficult as CD4 count is only uploaded to TESSy if known in the year after the first diagnosis, and so deducing the denominator is difficult. Currently, dates of previous diagnosis are used to classify cases according to their date of first diagnosis.

OPTIMAL PARTNERS

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REGION H Rigshospitalet

Aids Fonds

EATG European AIDS Treatment Group

GNP+ Global Network of People Living with HIV

MEDFASH

Public Health England

Tervise Arengu Instituut
National Institute for Health Development

Inserm

SSAT
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