OptTEST
OPTIMISING TESTING AND LINKAGE TO CARE FOR HIV ACROSS EUROPE

Country Report

Evidence on linkage to care after HIV diagnosis in Europe

Spain

August 2017

Authors:
Sara Croxford, Ifeoluwa Olowoniyi and Valerie Delpech
Public Health England (PHE), UK

This country report is part of OptTEST by HiE Work Package 4 led by Public Health England (PHE), UK.

Acknowledgments
Thanks to the OptTEST project partners and the steering committee, and in particular to the national focal points that answered the survey.

OptTEST is co-funded by the 2nd Health Programme of the European Union.

Disclaimer
The content of this country report represents the views of the author and it is his/her sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or the Executive Agency for Health and Consumers or any other body of the European Union. The European Commission and/or the Executive Agency do(es) not accept responsibility for any use that may be made of the information it contains.

Suggested citation:
Sara Croxford, Ifeoluwa Olowoniyi and Valerie Delpech. Country Report: Evidence on Linkage to care after HIV diagnosis in Europe. Spain. UK, October 2017

OptTEST by HIV in Europe, 2017

Contents

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

In 2015, Spain did not submit CD4 date information to TESSy for people diagnosed between 2010 and 2014.

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

The survey response from Spain was received by a representative from the Instituto de Salud Carlos III.

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	Yes
Community settings	Yes
Self-sampling	No
Home/self-testing	No
Laboratories	Yes
Other setting	No

Local and national surveillance only collect information on HIV confirmatory diagnoses, not on the reactive test.

HIV clinical care pathway

Routine HIV clinical care is provided in infectious disease and internal medicine units in hospitals. Baseline assessments carried out at initial entry into care include: confirmatory HIV test, CD4 count, viral load measurement, a complete sexual history, partner notification and a complete medical history.

HIV data capture:

	Local level	National level
Confirmatory diagnosis date	Yes	Yes
HIV care attendance date	Yes*	No
First CD4 count	Yes	Yes
First CD4 date	Yes	Yes
First viral load	Yes*	No
First viral load date	Yes*	No

HIV treatment start date	Yes*	No

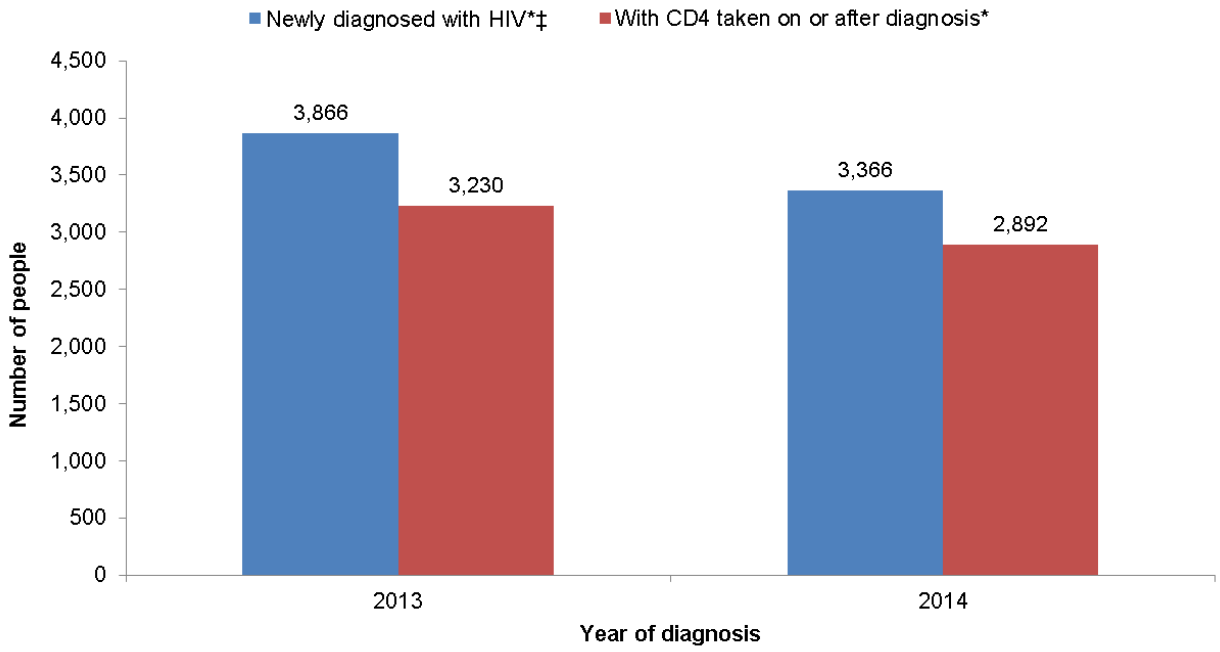
** This information is included in clinical records, but it not collect as part of local surveillance system routinely*

Spain currently has guidelines in place for linkage to care after diagnosis as well as a current definition for linkage to care. Linkage to care is defined as the time between the date of HIV diagnosis and the date of first determination of CD4. The guidelines are available at http://www.sciencedirect.com/science/article/pii/S0213005X10700483

Data and estimates

Figure 1 shows the availability of CD4, viral load and care attendance data after diagnosis using information from the Spanish surveillance system on new HIV diagnoses. Only CD4 data could be used as a proxy for linkage into care. No data were provided on treatment initiation.

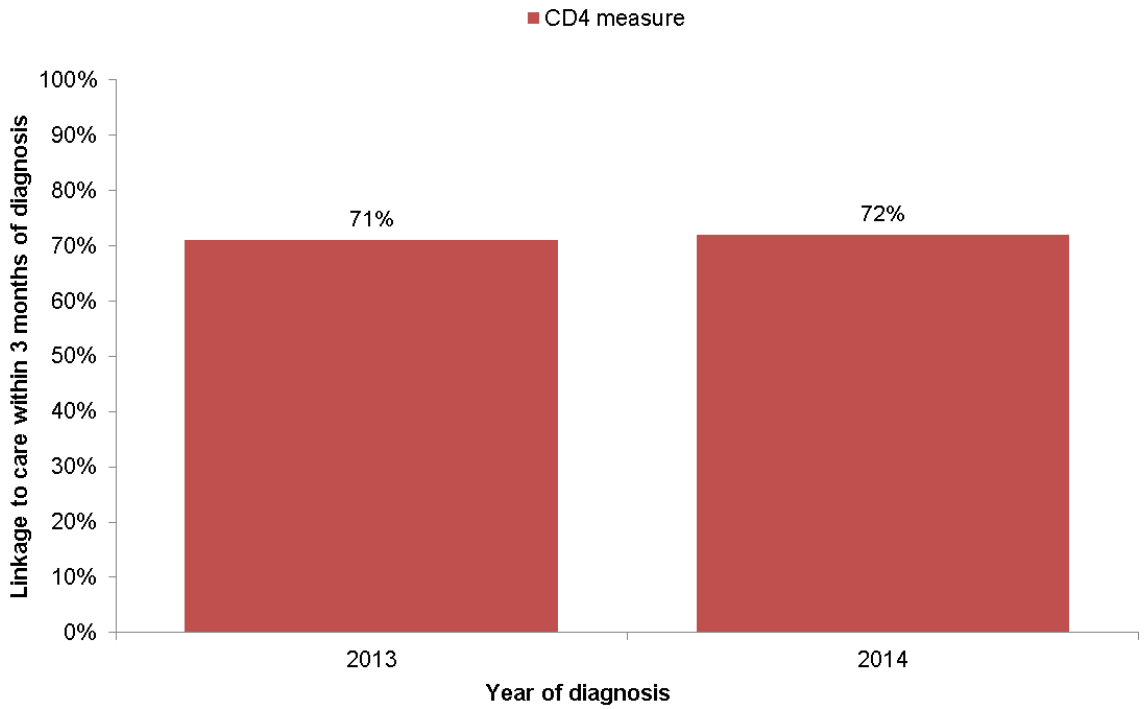
Figure 1: Data availability for people newly diagnosed with HIV, 2010-2014



**Data source: Spanish surveillance system on new HIV diagnoses*
‡ Excluding those who died within three months of diagnosis, were diagnosed previously or previously seen for care

The timeliness of care entry using the different measures for linkage (CD4, viral load, care attendance, treatment initiation) can be seen in Figure 2. Estimates are presented where data are available (e.g. number of people with a CD4 count within 3 months / number of people with a CD4 after diagnosis). Linkage to care within 3 months of diagnosis improved slightly between 2013 and 2014 using the CD4 marker.

Figure 2: Linkage to care within 3 months using different markers of care entry, 2010-2014



Data provision

There were a number of difficulties reported by Spain in providing the data required to measure linkage to care. There are gaps in CD4 data provided and death data are subject to significant reporting delay. Data on viral load, attendance date and treatment start date are not collected, not reported centrally and Spain lacks the legal framework required to collect these variables, which are not included in the national surveillance protocol for HIV. Also in Spain, it is not possible to link national surveillance data to the death registry routinely.

Linkage to care definition and interpretation of estimates

The most appropriate measure used to monitor linkage to care after diagnosis in Spain is CD4 count. Date of first CD4 count after HIV diagnoses is routinely collected in Spanish surveillance information system. Reporting delays need to be considered when interpreting estimates. The HIV surveillance system in Spain achieved complete national coverage in 2013 so trends can only be examined from 2013 onwards.

Prior to this analysis, previous data in 2010 from 9 regions in Spain were published[1]. A total of 76% of HIV new diagnoses in these regions were linked within three months after diagnosis. The figure in 2014 was 72% in the whole country. Due to different population coverage, it's not possible to compare these estimates.

[1] Oliva J et al. Linkage to care among new human immunodeficiency virus diagnoses in Spain.Enferm Infecc Microbiol Clin. 2014 Mar;32(3):170-3

OPTIMAL PARTNERS

chip
Centre for Health & Infectious Disease Research

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
St Stephen's AIDS Trust

Ministerio de Economía y Competitividad

isc Instituto de Salud Carlos III

Co-funded by the 2nd Health Programme of the European Union