Does setting of diagnosis impact time to link to HIV care following diagnosis in England, Wales and Northern Ireland?

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INTRODUCTION

- Over the past decade, HIV testing in the United Kingdom (UK) has been scaled up across a variety of settings in an effort to reduce late diagnosis and undiagnosed infection.1
- Non-traditional settings, such as general practice and community testing venues, have played an increasingly important role in diagnosing people with HIV.2
- Attendance to an HIV care provider promptly after testing positive is critical. Care services facilitate access to HIV treatment, which has substantial benefits to the patient, reducing morbidity and mortality.3 Treatment can also have a public health impact, eliminating HIV infectivity (undetectable=untransmissible).4
- We explore national trends in the time to link to HIV outpatient care following diagnosis and investigate the extent to which setting of diagnosis has impacted on the time to linkage in recent years.

METHODS

Data source: National HIV surveillance data held at Public Health England

Population: Adults (aged ≥15 years) diagnosed with HIV between 2005 and 2014 in England, Wales and Northern Ireland. Children were excluded under the assumption that pathways to HIV care are different for people aged <15 years at diagnosis.

Linkage to care definition: Time it takes for a person newly diagnosed to access HIV care, using CD4 count date as a proxy for the date of care entry. Prompt linkage to care was defined as care entry within 3 months (91 days) of diagnosis.

Exclusion criteria: People were excluded if they had a known previous diagnosis (n=511), died within 3 months of diagnosis (n=1,392), had no HIV outpatient clinical record after diagnosis by the end of 2017 (n=1,808) or were missing a first care date (n=926).

Statistical analyses:
- Trends in timeliness of linkage to care were examined overall and by diagnosis setting.
- Logistic regression was used to identify factors associated with delayed linkage to care (care entry ≥3 months after diagnosis) in recent years (2012–2014).

RESULTS

Linkage to HIV care following diagnosis

- Of the 63,599 adults first diagnosed with HIV in England, Wales and Northern Ireland between 2005 and 2014, 58,862 (93%) were included in these analyses.
- Over the decade, linkage to care within two months of diagnosis was 58% (34,331), within 1 month was 73% (42,862), within 3 months was 88% (52,113) and within 1 year was 95% (55,971) (Figure 1).

Linkage to care in recent years

- Overall linkage to care was prompt across all demographic factors in recent years (2012–2014) (~80%) (Figure 3).
- In multivariable analysis (Table 1), delayed linkage to care was associated with:
  - Having a first CD4 count ≥200 cells/µL
  - Being diagnosed outside of healthcare settings, including prisons, drug services, the community and other settings not specified.
  - Gender, age at diagnosis and ethnicity did not significantly impact time to care.

DISCUSSION

- Known barriers to accessing care include: stigma, discrimination, concerns about confidentiality, financial and time pressures and a lack of awareness of available services and the healthcare system.
- Limitations to these analyses:
  - Retrospective study - limited patient information and no data on trans people due to historical data collection mechanisms
  - Linkage described is to outpatient care only; no information on inpatient care
  - CD4 count as a marker of linkage - though CD4 is a well-established proxy for care, this may have underestimated time to link for those who had a CD4 test done on their diagnosis blood sample

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REFERENCES

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