



Third Joint Conference
of the
British HIV Association (BHIVA)
with the
British Association for Sexual Health and HIV (BASHH)

1-4 April 2014

Arena and Convention Centre · Liverpool

THIRD JOINT CONFERENCE
OF BHIVA AND BASHH 2014



Dr Zheng Yin
Public Health England



Public Health
England

Patients' referral pathway in the first year of HIV care

Zheng Yin, Alison Brown, Sara Croxford, Meaghan Kall,
Cuong Chau and Valerie Delpech

HIV and AIDS Reporting Section

Public Health England



HIV Standards of Care

Diagnosis settings:

- GUM clinics,
- antenatal clinics, other outpatient, inpatient, A&E, Infectious disease unit,
- primary care (GP),
- blood transfusion service, drug dependency unit, prison, community service, private clinics

Measureable and auditable outcomes (BHIVA 2013)

- The proportion of people newly diagnosed in primary care who are seen in an HIV specialist department within **2 weeks** of diagnosis.
- The proportion of people newly diagnosed in secondary care who are seen in an HIV specialist department within **2 weeks** of diagnosis/discharge from hospital.
- The proportion of people newly diagnosed with HIV who have a CD4 count result in their clinical record **within 1 month** of their HIV diagnosis (**target:>95%**).



Objectives and methods

Describe and assess:

- Current HIV referral pathways
- Characteristics of adults referred through different pathways
- Differences in integration into HIV care across pathways
- Treatment outcomes (ART, CD4 and VL) in the first year across pathways (among patients with a CD4<350 at diagnosis)

Data sources: linked New HIV diagnosis, SOPHID and CD4 surveillance

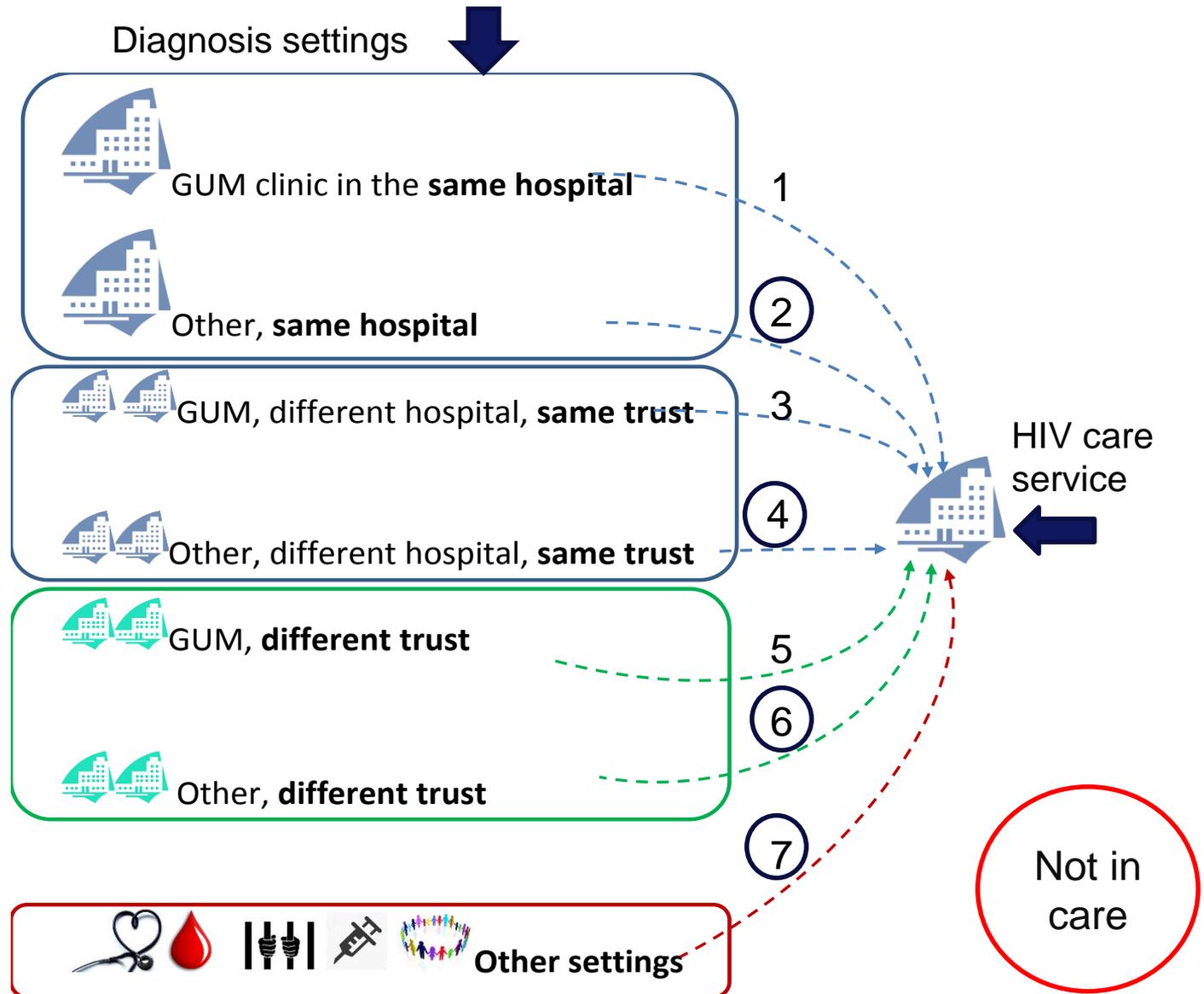
Study population: All 5,441 adults (≥ 15 years) diagnosed with HIV in 2011 in England were followed up till 2012

Integrated into HIV care: at least one SOPHID report to the national cohort by the end of 2012.

Prompt integration : first CD4 test within one month of diagnosis.



7 Referral Pathways (RP): from diagnosis to HIV care





Public Health
England

Results I: integration

94% (5,076/5,441) integrated into care within 12 months

- 2.0% (107) died within 3 months
- 4.4% (258) were not in care by the end of 2012.

Of those integrated into care, 91% (4,637/5,076) had a CD4 report available

88% (4,098/4,637) of whom received a CD4 baseline test within 1 month

81% (4,098/5,076) – using intention to treat analyses



Results II: Referral pathway, 2011



RP1:
GUM in the
same hospital



2. Same
hospital



3. GUM,
same trust



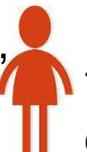
4. Other,
Same trust



5. GUM,
Another
trust



6. Other,
Another
trust



7. GP
community



Results III: Adults more likely to be referred through RP 2-7 vs. 1

		Total (5,076)	% RP 2-7	Adjusted OR (95%CI)	P
Age	15-20	107	15%	0.44 (0.23, 0.84)	0.013
	21-34	2,148	25%	Ref	
	35-49	2,143	27%	1.07 (0.91, 1.25)	0.409
	50+	678	34%	1.40 (1.12, 1.75)	0.003
Sex	Men	3,627	24%	Ref	
	Women	1,449	35%	1.14 (0.94, 1.39)	0.168
Ethnicity	White	2,722	23%	Ref	
	Black African	1,478	35%	1.47 (1.20, 1.82)	<0.001
	Other	741	25%	1.21 (0.97, 1.51)	0.091
Exposure	SBM	2,322	20%	Ref	
	Heterosexual	2,330	34%	1.33 (1.08, 1.65)	0.010
	IDU	100	33%	1.57 (0.96, 2.57)	0.075
	Other	47	23%	1.30 (0.56, 3.01)	0.535
Region of Diagnosis	London	2,322	21%	Ref	
	Rest of England	2,754	32%	1.83 (1.58, 2.12)	<0.001
Late/prompt Diagnosis	Prompt	2,653	22%	Ref	
	Late (CD4<350)	1,838	35%	1.77 (1.54, 2.06)	<0.001



Results IV: Quality of care indicators by pathways

	RP1 (GUM same hospital)	RP2 (other, same hospital)	RP3+RP4 (same trust)	RP5+RP6 (different trust)	RP7 (GP etc)
% Integration in a month (1st CD4 date as a proxy)	91	84	85	76	76
Among late diagnoses (CD4<350 in 91 days of diagnosis)					
Median time between diagnosis and ART start (in days)	38	38	42	40	69
Median CD4 cell increase in 12 months (counts/mm ³)	140	165	141	156	112
% with VL suppression in 12 months (<200 copies/ml)	82	82	85	83	88



Public Health
England

Limitations

Underreporting of diagnosis settings and CD4 cell count/date

Diagnosis settings and HIV care service providing inconsistent information on patient identifiers

Patients may have their CD4 test on the day of HIV test. Is the first CD4 date an appropriate proxy of integration into care for all clinics?

Further development

New HIV and AIDS Reporting System – attendance based



Conclusions

- Referral to HIV care following diagnosis is high and prompt in England
- The large majority (76%) of adults are diagnosed at a GUM clinic and promptly access care within the same hospital – ie integrated service (RP1)
- Patients NOT seen at integrated GUM/HIV services (RP2-7) were more likely to be black Africans heterosexuals, most of whom are late diagnosed
- While efforts to reduce late diagnosis through expanding HIV testing in non-GUM settings is welcome, it is critical to standardise and strengthen the referral processes. This is of particular concern on late presenters
- Close monitoring of RPs and their impact on quality of HIV care is required at the local and national level



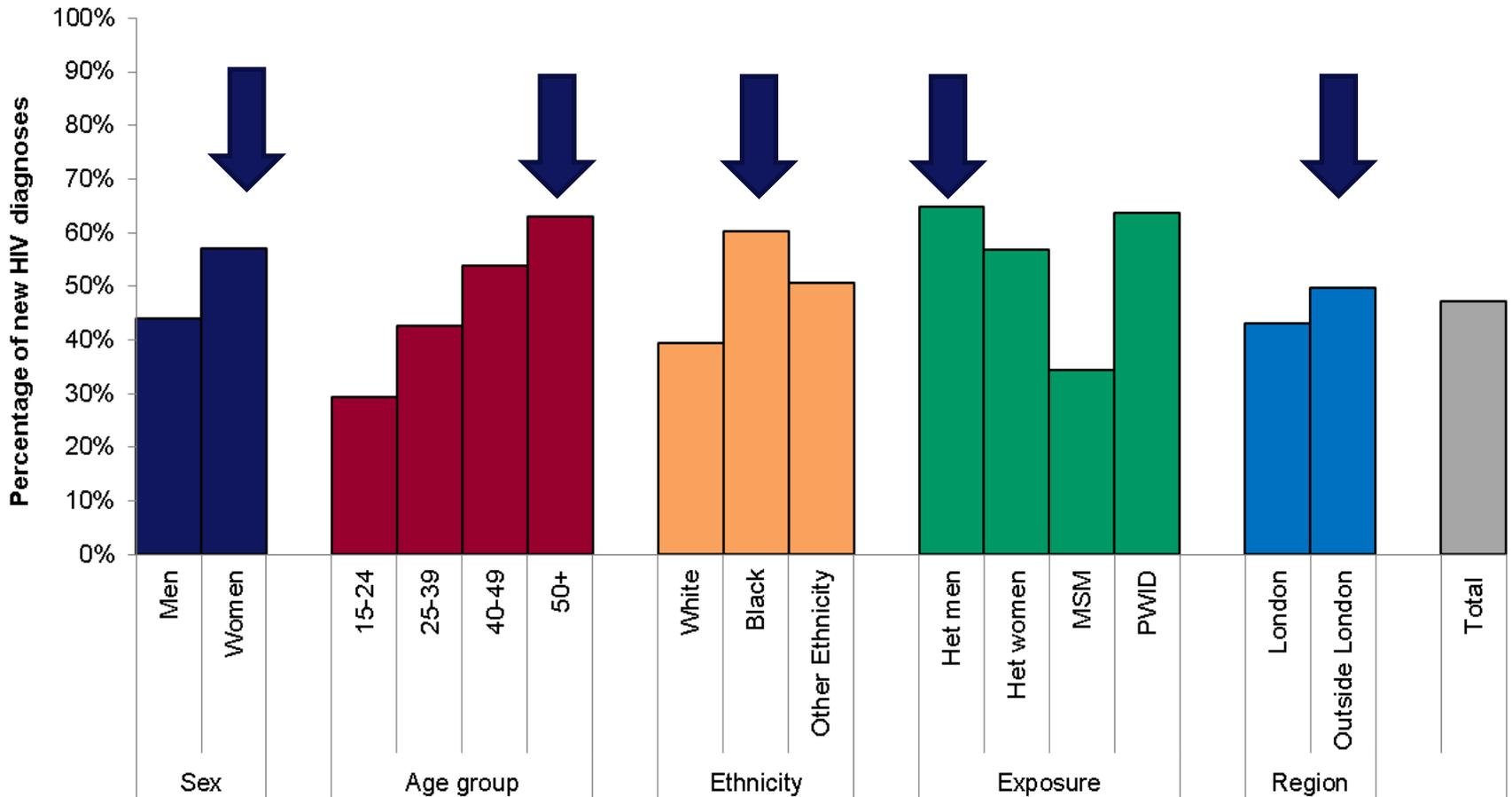
Public Health
England

Acknowledgement

We gratefully acknowledge
all the patients living with HIV as well as
clinicians, health advisors, nurses, microbiologists, public health
practitioners, data managers and other colleagues who contribute to
the surveillance of HIV and STIs in the UK.



Late* HIV diagnosis, UK 2012



* CD4 <350 cells/mm³ within three months of diagnosis



Third Joint Conference
of the
British HIV Association (BHIVA)
with the
British Association for Sexual Health and HIV (BASHH)

1-4 April 2014

Arena and Convention Centre · Liverpool