

HIV cascade of care: improvements in linkage to care at the STI clinic of the Public Health Service Rotterdam-Rijnmond, The Netherlands

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Background

The HIV cascade of care includes steps from testing to treatment. Once diagnosed, there are several steps determining the time between testing and linkage to care: Algorithm of HIV tests, communication of test results, way of referral to HIV treatment center, and confirmation of being in care. In the course of 2010 - 2015 processes have been changed in the STI clinic to improve linkage to care.

Changes in processes:

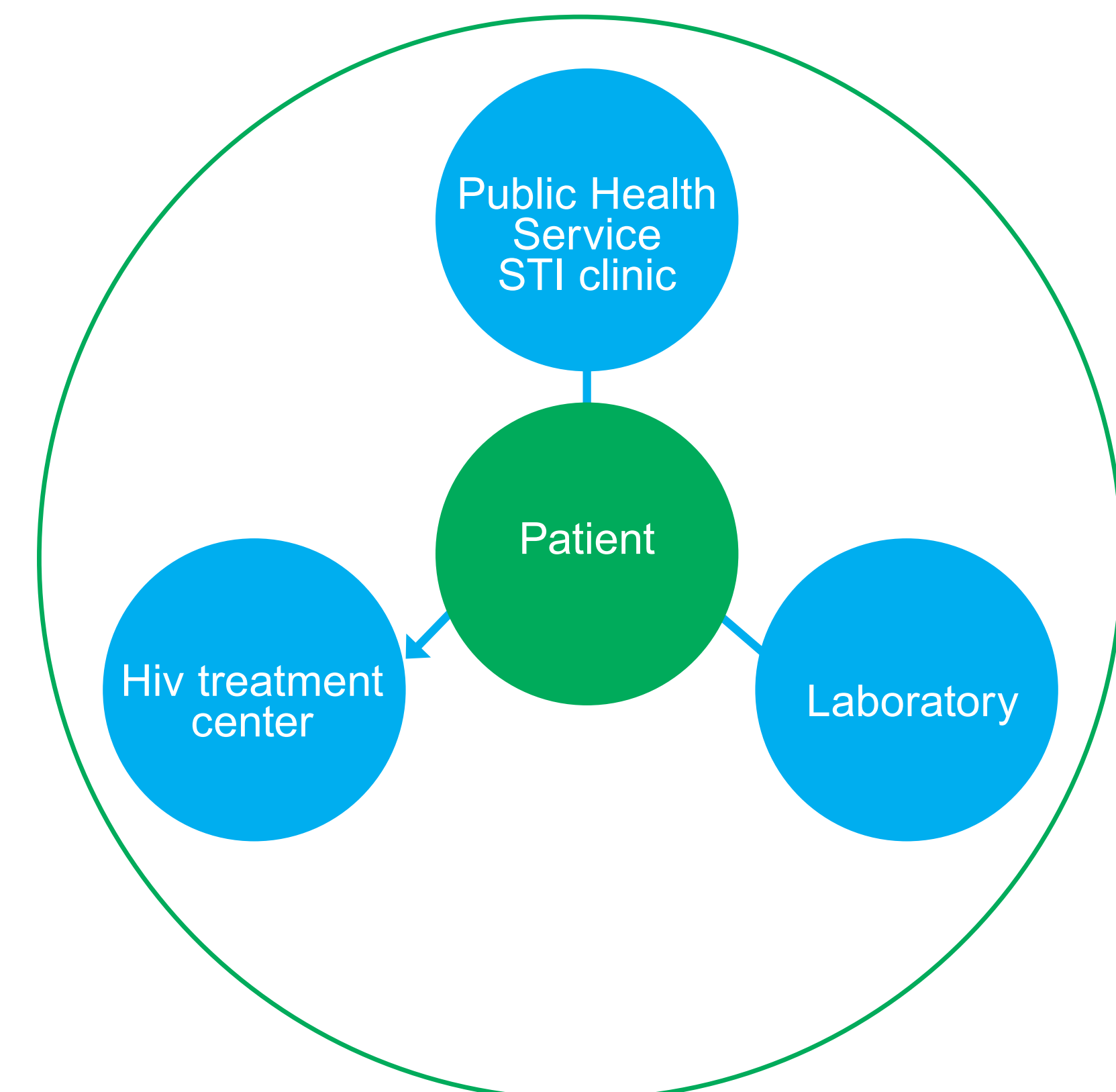
Items of cascade	Activities in 2010	Changes in activities	Year change
Algorithm HIV-testing	Rapid testing anti-HIV in high risk patients (e.g. MSM) offered	Result reactive rapid test communicated to laboratory	2012
	HIV-combo test (anti HIV-p24), followed confirmation by HIV-blot	Both tests performed simultaneously	2012
Communication of test results	- Laboratory – STI clinic postal letter - STI clinic – client: SMS “positive STI” - Results often take 14 days	- Digital connection STI clinic- laboratory & vice versa - Results within 7 days	2012
Appointment STI Clinic for result and partner notification	Patient phones STI clinic for appointment 1 st appointment: discussing diagnosis 2 nd appointment: partner notification	Reactive rapid test: 2 nd consultation at day 7 after primary consultation	2013
Way of referral treatment center	Referral letter after 2 nd appointment Hospital will seek contact with patient by letter	- Referral after 1 st appointment - Additionally: email to specialist nurse including patients' email address; Appointment date is mailed to client at same day	2013
Confirmation of being in care	Not done	a) Contact with HIV clinic/patient after 6 weeks; b) HIV treatment center seeks contact with STI clinic if patient does not attend within 6 weeks	2013

Objectives

To evaluate the efficiency of referral to the HIV treatment centers in Rotterdam we investigated the time between date of HIV test, date of referral to and first consultation at the hospital.

Methods

We followed newly diagnosed patients from January 2010 - March 2015 until linkage to care and collected data on time of HIV testing, discussing diagnosis, referral to and first consultation in care. Median time was calculated between testing, referral and first consultation in care, and regression analysis performed.



Results

We identified 227 newly diagnosed patients, of which six refused referral, nine were referred to hospitals outside Rotterdam, and 212 were referred to an HIV-treatment center in Rotterdam.

	2010-2015	2010-2012	2013-2015	Difference between periods
Patients included	N=212	123	89	
Lost to FU = not in care	41 (19%)	37 (30%)	4 (4%)	
In care	N = 171	86 (70%)	85 (96%)	
Mean time between testing – arrival hospital Median	32 days	2010 34 days	2015 14 days	p = 0.004 (significant improvement)
Mean time between testing – referral letter Median	18 days	2010 22 days	2015 9 days	p < 0.001 (significant improvement)
Mean time between referral letter – arrival hospital Median	14 days	2010 8 days	2015 6 days	Non significant

Conclusion

Time to entry into care can be improved in cooperation between STI clinic, laboratory and HIV treatment center. Active follow-up for those referred is needed to facilitate interventions for entry into care.

Disclosure of Interest Statement:

No grants were received in the development of this study.

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