



Linkage to HIV care from Sexual Health Center Rotterdam: Timely entrance to care, but worrying loss to follow-up in migrants

Hannelore M Götz^{1,2,3}, Denise E Twisk^{1,2,4}, Jannigje Smit⁵, Jan van Beek⁶, Candace Breman¹, Klaas Ridder¹

Background

Direct treatment after HIV diagnosis reduces further transmission and has individual health benefits. A check of HIV referral is therefore crucial. Approximately one third of HIV-infections in the greater Rotterdam area are diagnosed at the Sexual Health Center (SHC). After notification of HIV-infection and counseling, clients are directly referred to a HIV treatment center (HTC). The HTC informs the SHC if the patient did not attend within 4 weeks.

Methods

Determinants of linkage to care were assessed in patients with HIV diagnosis (2015-2018). For patients in HTCs in Rotterdam, median time was calculated between testing and diagnosis (T1) and diagnosis and 1st consultation at HTC (T2).

Results

Characteristics of HIV infected patients

- HIV-infection was found in 208 patients: Seven women, 14 heterosexual men, 187 MSM (18 of whom bisexual).
- 120 (58%) had a non-Western migratory background: Six women, 12 heterosexual men, 15 bisexual MSM, 87 homosexual MSM.
- Nineteen (9%) turned out to be known HIV-positive:
 - Seventeen of those were in care, two were referred again.
- Of 189 newly diagnosed, one had entered care in meantime.

Referral to HTC and time to care

- 172/188 (91%) were directly referred by the SHC to a HTC of whom 95% (163/172) entered care.
- Median T1 decreased from 9 to 6.5 days and median T2 decreased from 8 to 5.5 days respectively in 2015 and 2018. Median T1 decreased from 9 to 6.5 days and median T2 decreased from 8 to 5.5 days respectively in 2015 and 2018.
- T2 >28 days was usually patient delay, sometimes related with insurance issues.

Conclusion

- By a close collaboration between SHC and HTC we were able to improve linkage to care to 90% of new patients, we also observed a decrease in time to care.
- However, there is a worrisome loss to follow-up, especially in patients with a non-Western migratory background.
- Reasons for loss to follow-up will be investigated. Peer involvement may facilitate linkage to care.

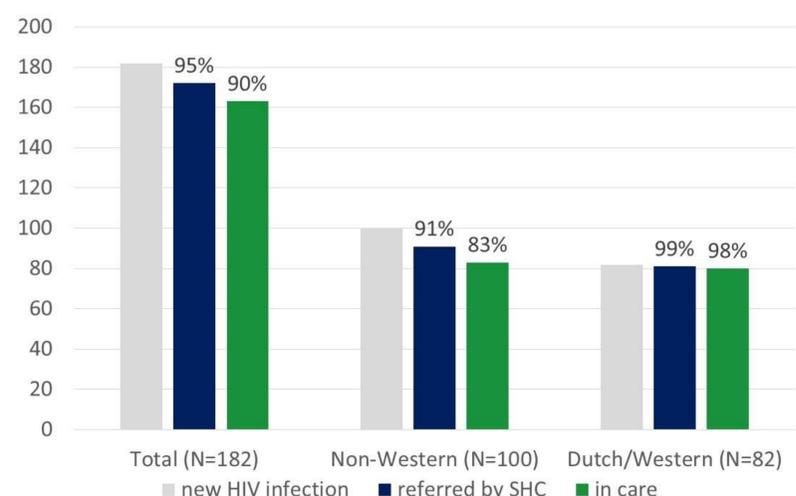


Figure 1: HIV cascade linkage to care from diagnosis to care

Linkage to care

- Six newly diagnosed patients of whom four with non-Western migratory background went abroad to seek care there.
- For the remaining patients, verified linkage to care was 90% (163/182).
- 10% (19/182) were lost to follow-up:
 - 10 were untraceable (5 of those knew their result either by rapid test or a telephone contact), 7 were referred but did not enter care and two were possibly in care elsewhere (unverified).
- Linkage to care was lower for those with a non-Western migratory background compared to Western (83% (83/100) vs 98% (80/82); p=0.002).

Affiliations: 1. Department Public Health, Public Health Service Rotterdam-Rijnmond; 2. Department of Public Health, Erasmus MC—University Medical Center Rotterdam; 3. National Institute of Public Health and the Environment (RIVM), Epidemiology and Surveillance Unit, Centre for Infectious Disease Control, Bilthoven; 4. Research and Business Intelligence section, Municipality of Rotterdam; 5. Department of Infectious Diseases, Maastad Hospital, Rotterdam; 6. Department of Infectious Diseases, Erasmus MC—University Medical Center Rotterdam; 1-6 The Netherlands; CEPHIR Centre for Effective Public Health In the larger Rotterdam area