

Acknowledgements

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Sexual Health Clinic

Jane Kennedy, SH physician

High case-load GPs

Claire O'Brien
Julian Foster

Community Pharmacies

Newtown Mall & others

HIV team

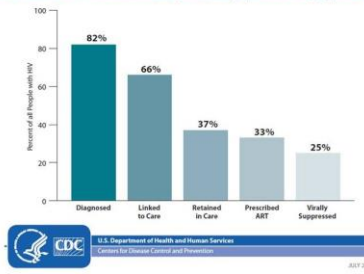
James Rice, ID clinical nurse specialist
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Wellington HIV Cohort Engagement in Care

Nigel Raymond
Infectious Diseases Physician
HIV Service, CCDHB

The HIV Care Cascade in the US

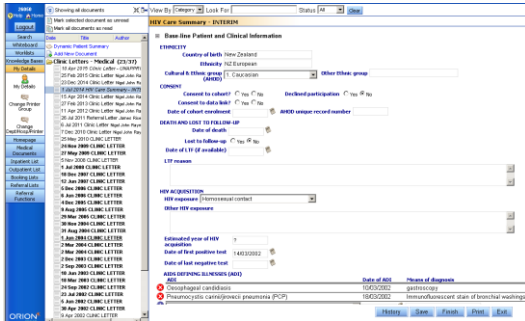
OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.



Methods: People diagnosed with HIV

- Wellington Regional DHBs HIV Service:
 - Secure Excel database (ID nurse & doctors)
 - HIV Care Summary form in Concerto patient record
 - Laboratory IS: query CD4, VL testing
 - Electronic links to Aotea lab & Hutt-Wairarapa
- Information from other providers
 - Sexual Health Service (Compass Health), Awahina NZAF, Body Positive, high case load GPs
 - Community laboratory (NR, MB, RS)
 - Dunedin Epi Ctr (ND)

HIV Care Summary



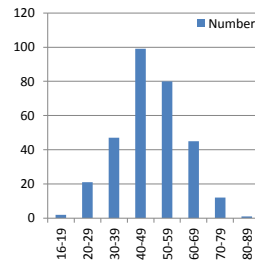
HIV Care Summary Form

- Australian HIV Observational Database (AHOD):
 - Wellington & Waikato, 100+ each
 - Research study: full ethics & consent provisions
- Audit by HIV service (300+ patients)
 - Registered audit, CCDHB Clinical Research Unit
- Features:
 - Still mostly manual data entry
 - Reports to Excel (IT Decision Support Unit)
 - Can link to other electronically collected data eg clinics

Inclusion Criteria

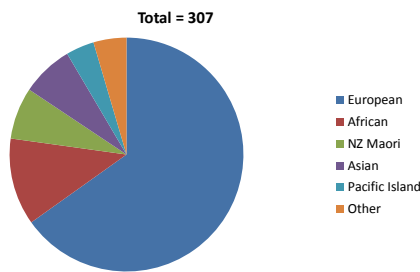
- People with HIV in Wellington:
 - People resident in Wellington Region: defined as Capital & Coast & Hutt Valley DHBs
 - A few others under care of HIV Service e.g. Wairarapa
 - Excluded any in Wellington, under the care in another DHB
- Diagnosed with HIV infection:
 - Could include card test at NZAF/BP

Wellington 2015 People living with HIV (diagnosed)

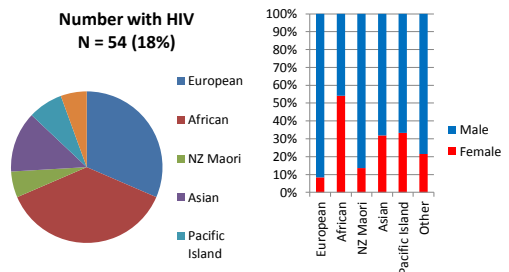


- Total 307 diagnosed
- Median age = 49 years

Diagnosed HIV: Ethnicity



Wellington 2015: Women with HIV



Loss to Follow-up & Moved

	Number	Description
Never linked to care	Nil identified	Close link between labs & HIV services. Can't exclude patients tested outside the region.
Lost from care	Nil identified	Reviewed all possible cases with ID nurse - usually patients who had moved
Moved to another region or country, during the last 2-3 years	25 [~ 10+/year]	Correspondence sent to receiving service

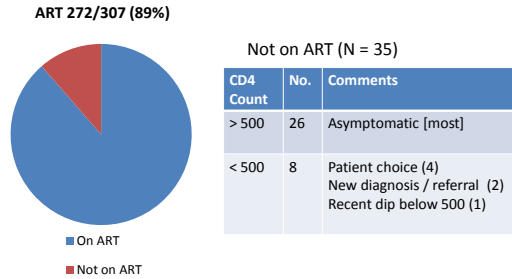
Clinic Attendance 2 years (to 10/4/2015)

Total Clinic Appointments	Clinics Attended														Grand Total
	0	1	2	3	4	5	6	7	8	9	10	11	12	14	
0	4														4
1		7													7
2			25												25
3				3	5	30									38
4					1	5	10	63							79
5						1	8	11	20						40
6							3	5	23						35
7								3	4	2	12				24
8									3	3	2	5			14
9										1	5	5			15
10											2	2	5		6
11												1	1	1	6
12													1	1	6
13														1	3
14														1	2
15														1	2
16														1	1
Grand Total	4	12	45	53	84	39	35	15	9	7	2	2	3	1	307

Poor clinic attender, defined as: "missed >= 4 or half appointments" (11.8%)

Overall clinic appointment non-attendance = 18%

Current Antiretroviral Therapy (ART)



Earlier Treatment (CD4 > 500)

- E.g. offer treatment after diagnosis

Supportive Evidence

- Medications better tolerated, simpler regimens
- Better CD4 count recovery
- ↓ chronic inflammation (?)
- Protect partners
- Cohort studies

Why Hesitate?

- Mostly v good outcome with current start < 500
- Other determinants of future health problems e.g. smoking
- Definitive (START) trial results awaited ?2016
- Possibly more side-effects
- No pills

On Antiretroviral Therapy (ART)

HIV VL Category	Starting (< 6 months)	Established (> 6 months)	Total
100,000 +	4	0	4
10,000-99,999	3	2	5
1,000-9,999	1	1	2
200-999	3	4	7
50-199	2	9	11
20-49	0	21	21
<20 or 'not detected'	0	222	222
Total	13	259	272

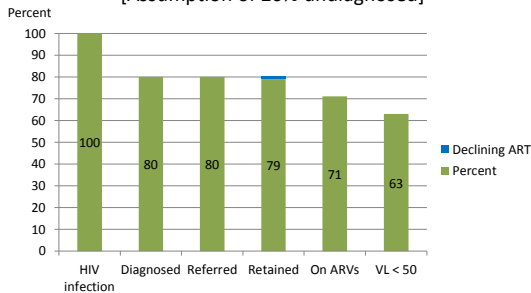
Established on ART: (> 6 months)

Viral load	N=259	Percent
< 200	252	97.3 %
< 50	243	93.8 %
< 20	222	85.7 %

Measures of Engagement & Retention in Care

Measure	Results	Comments
Loss to follow up (lost, un-contactable)	Nil identified	Few known in past
Choosing no ART, (CD4 < 500 persistently)	4 people / 35 not on ART	
Failing ART (VL > 200, on ART > 6 months)	7/ 259 (2.7%)	Excludes those restarting
Clinic poor attendance (>= 4 or half, over 2 years)	36/303 (11.8%) [4 seen elsewhere]	Often still taking ART well

People with HIV infection [Assumption of 20% undiagnosed]



GPs or GP Practices: Number of HIV Patients

HIV Patients per GP or Practice	Number of GPs or Practices
1	99
2	33
3	10
4	3
5-9	3
26	1
41	1
Total Number GPs/Practices	150

Patients with no listed GP = 15 (4.9%)

Conclusions

- Retention in care high
- Undiagnosed group have a substantial effect on overall proportion with VL suppressed
- CD4 > 500 main reason for not being on ART
- Starting treatment (<6 months) a key reason for 'not suppressed' (yet)
- Group with VL detectable and < 200 ?significance
- Clinic appointments: valuable for maintaining engagement & care, but relatively high DNAs
- Maintaining accurate records relatively labour intense