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Test and link to care: How do we measure our success?

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Early diagnosis and treatment
safes lives and prevents onward
transmission



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Successful implementation

Testing strategies should be delivered using a human rights approach - voluntary, confidential, consent, linkage to care and treatment following diagnosis, and access to prevention services for those who are negative.

FACTS criteria

Feasibility,

Acceptability,

Cost-effectiveness,

Target population reached and

Sustainability of the intervention with regular feedback to key stakeholders. – ECDC testing guidelines



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Scaling up testing and link to care and treatment





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Help
improve
the
lives



PICTURES ARE POSED BY MODELS

Community engagement

- Stigma and discrimination remains major barrier to testing, link and retention in care and prevention efforts
- Need greater engagement of affected communities at every level
- Tailored messages for individuals recognising diverse nature of community
- Support peer-led initiatives and outreach programs
- Sustained funding for NGOs
- Provision of integrated and welcoming, non judging services in partnership with NGOs





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Tackling barriers

Innovate, recycle and share



Laws or policies that authorise/prevent types of HIV testing

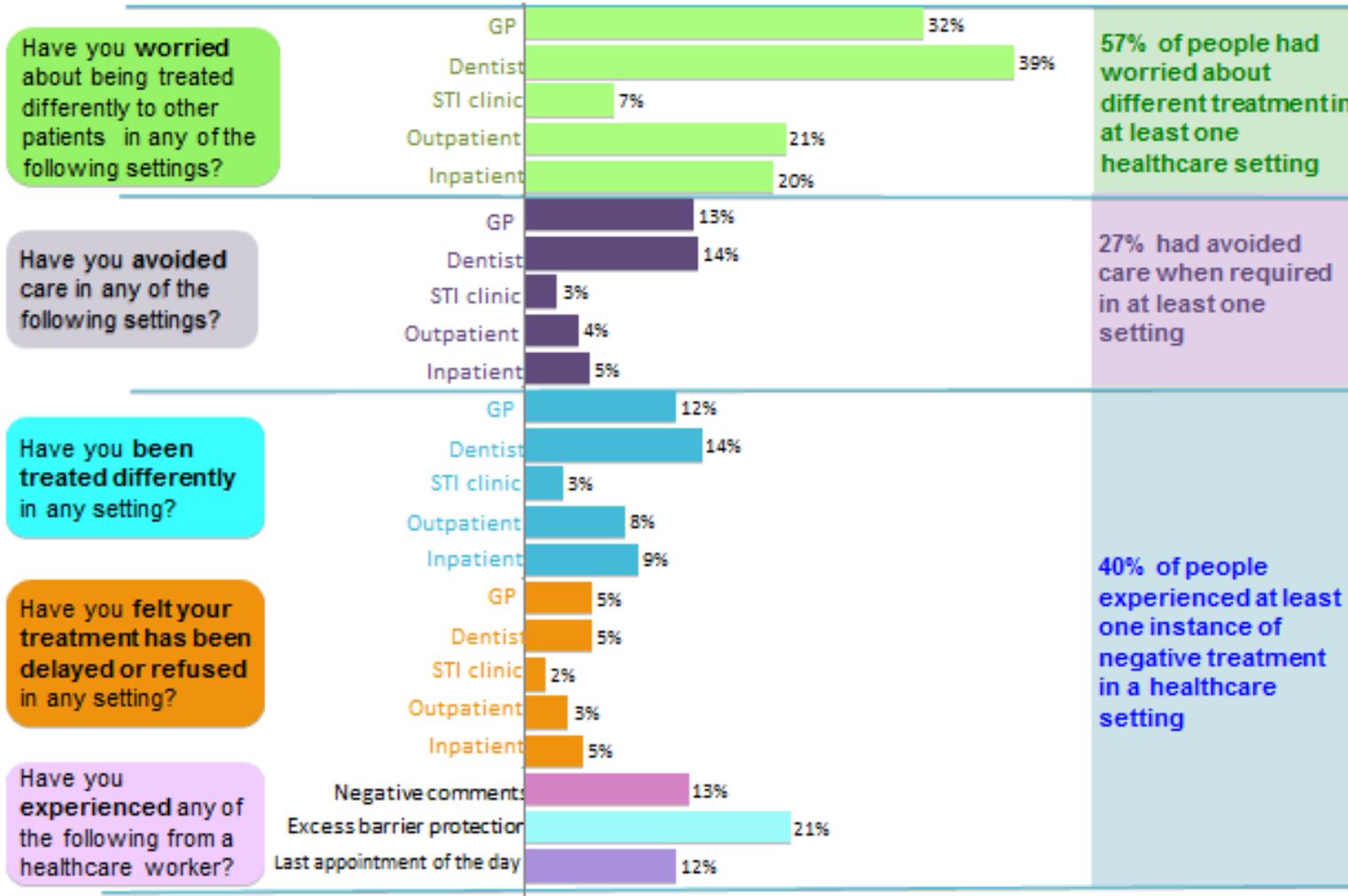


| Laws and policies | Authorise | Prevent | N/A laws or policies |
|---|------------------|----------------|-----------------------------|
| Community-based testing delivered by trained medical staff | 36 | 0 | 10 |
| Community-based testing delivered by non-medical staff (e.g. trained lay people) | 15 | 17 | 14 |
| Home-sampling kits | 8 | 7 | 30 |
| Self-testing kits | 7 | 9 | 30 |



THE PEOPLE LIVING WITH HIV STIGMA SURVEY UK 2015

Reported experiences of stigma and discrimination in the last 12 months in the health care setting, 2015



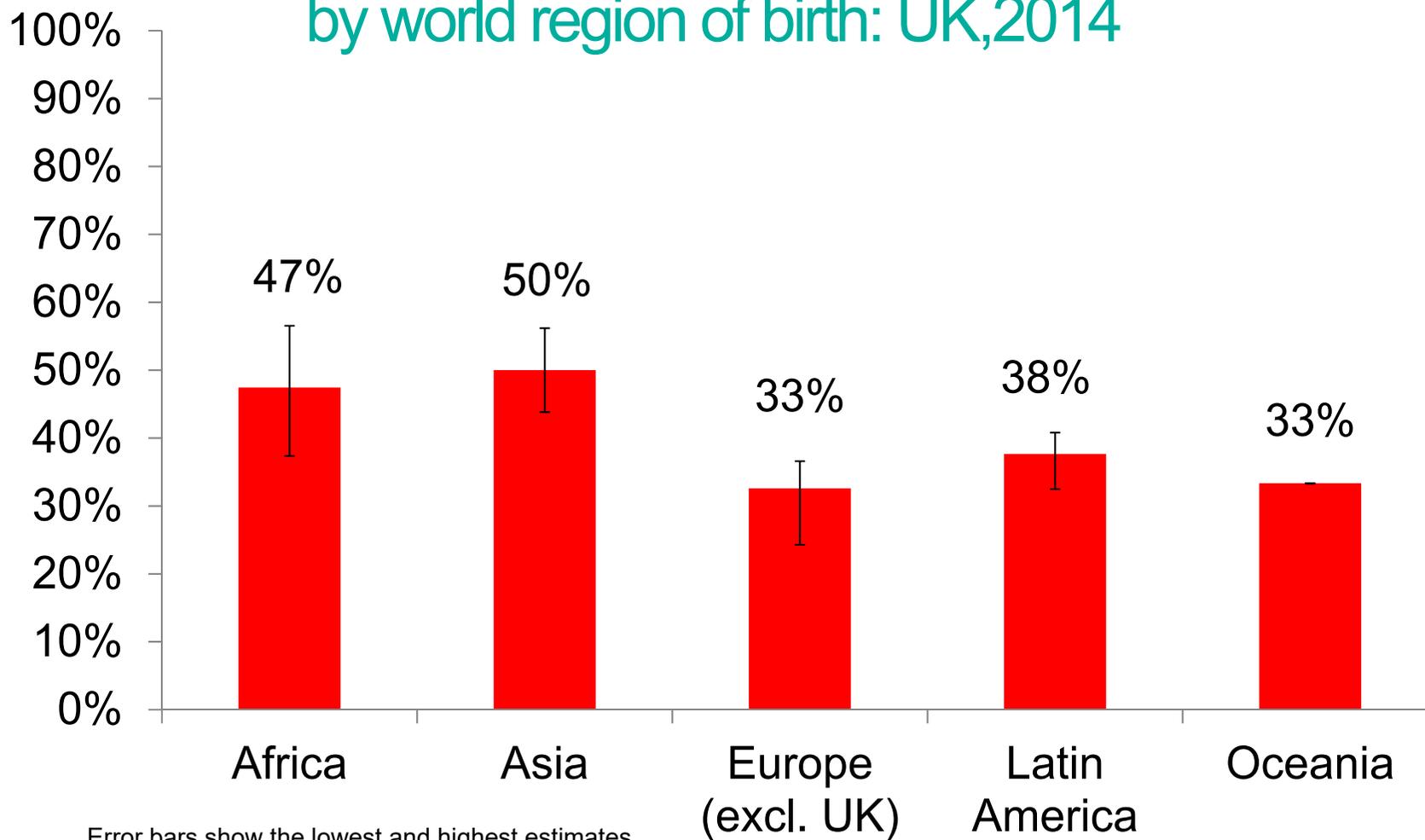
Measuring success: Know your epidemiology

- Undiagnosed and late diagnosed
- AIDS and AIDS deaths
- New diagnoses / incidence
- Testing patterns
- Link to care, Treatment uptake
- ALL by most at risk groups

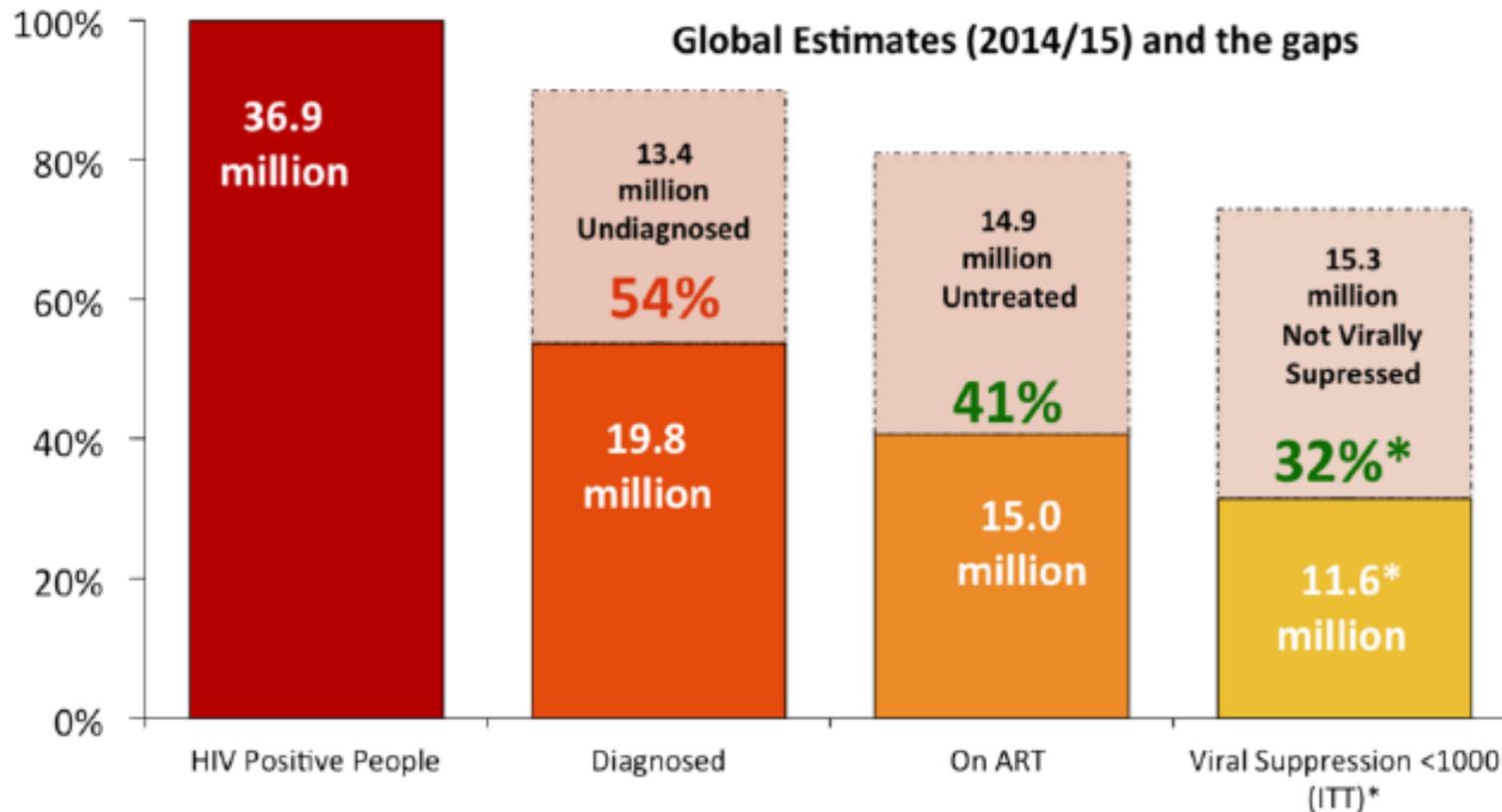
- 90 90 90 is not enough
- Test frequently and reduce time to test and treat



Proportion of heterosexuals born abroad who probably acquired HIV while living in the UK, by world region of birth: UK, 2014



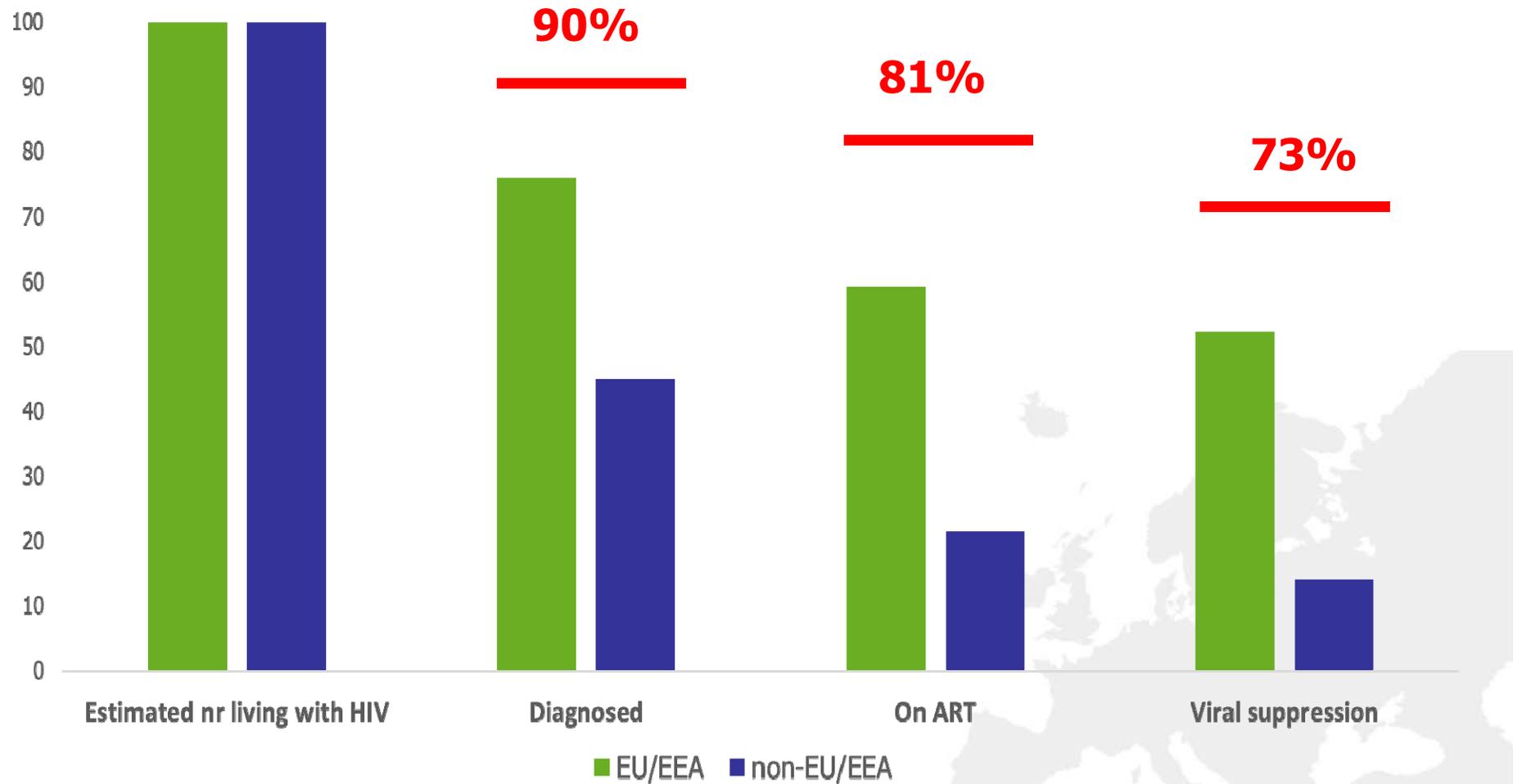
Current global estimates for the care cascade Levi et al 2016*



* Based on 69/196 countries – 32 complete, 37 partial data

Levi J, Raymond A, Pozniak A, Vernazza P, Kohler P, Hill A. Can the UNAIDS 90-90-90 target be achieved? A systematic analysis of national HIV treatment cascades. *BMJ Glob Health* 2016;

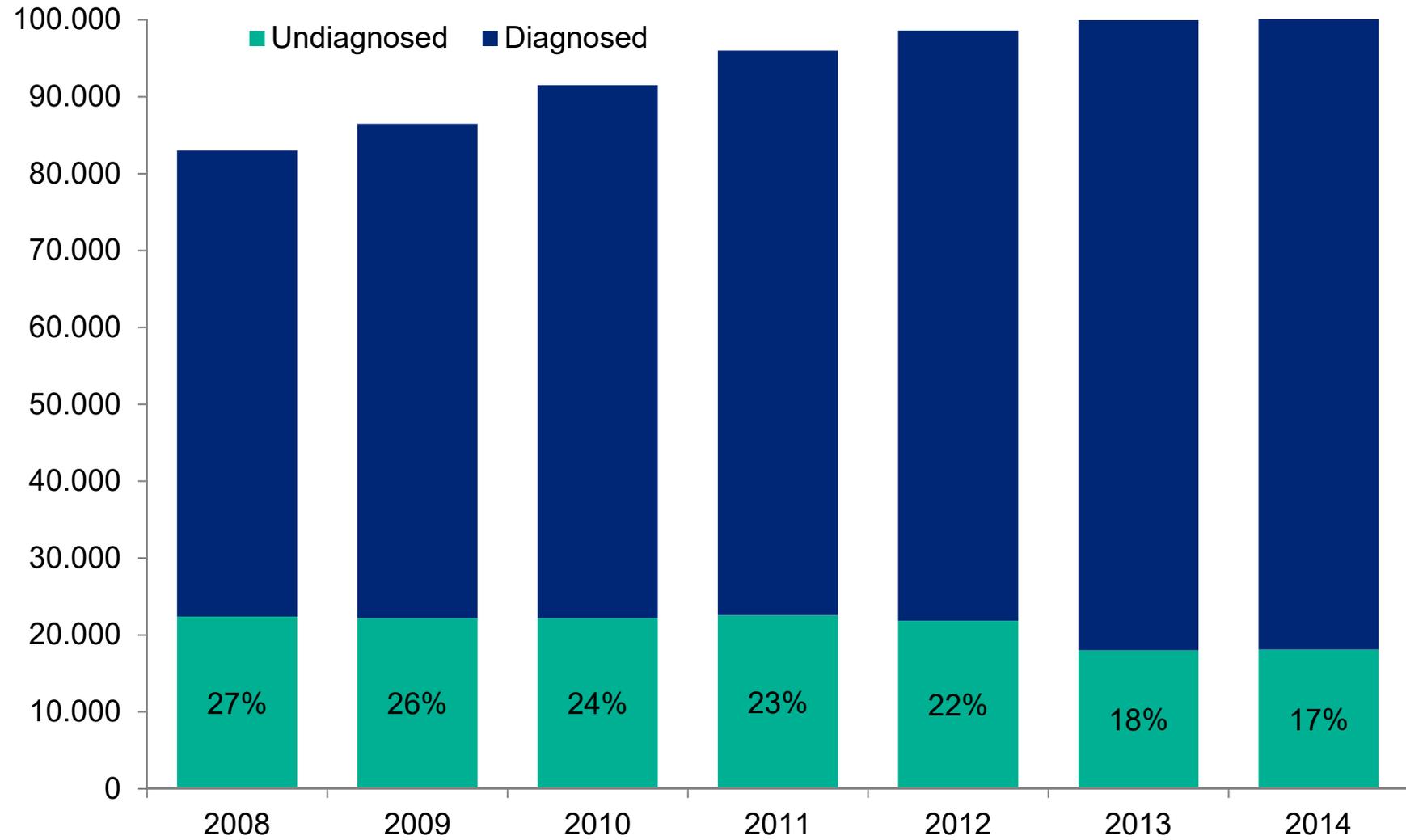
How are countries in Europe performing against the 90-90-90 treatment targets? N=16





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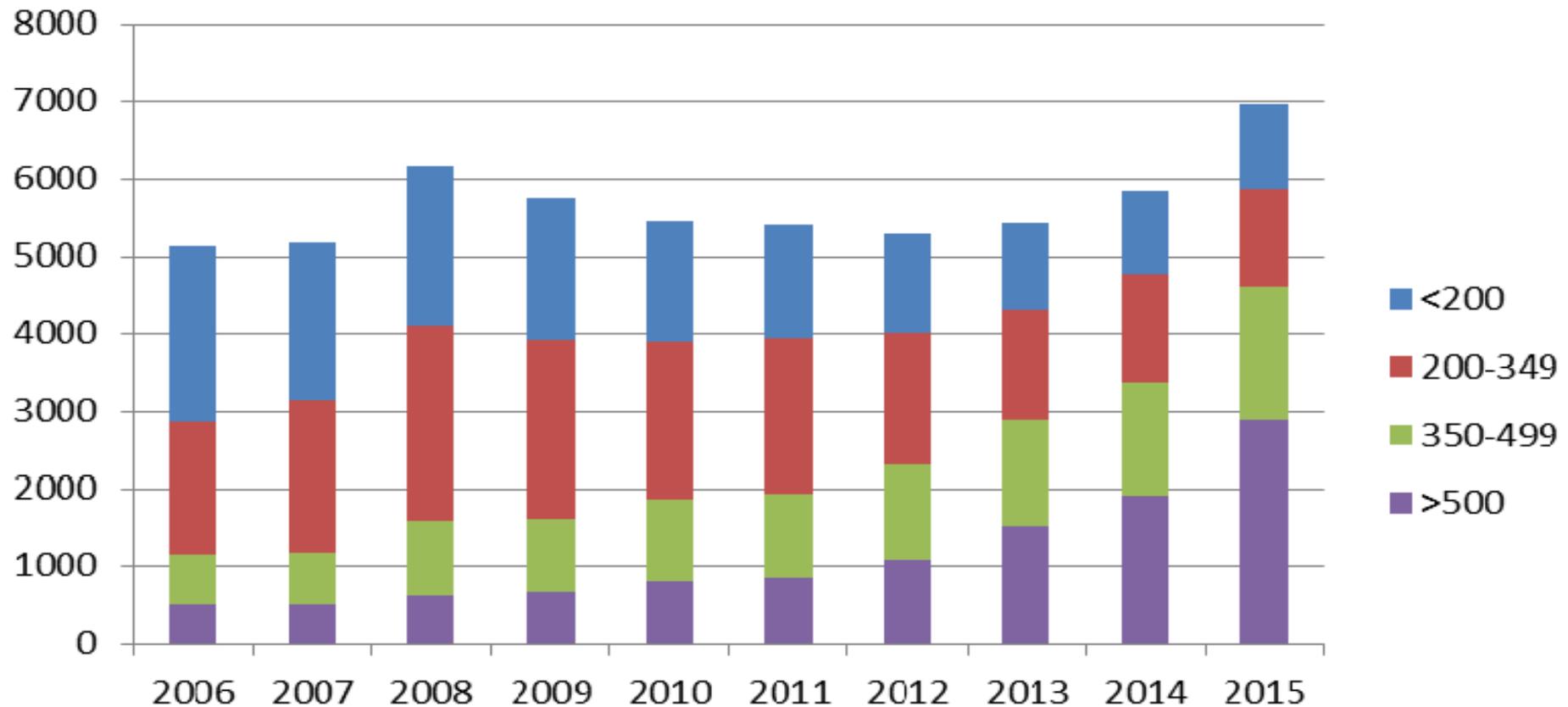
Estimated number persons living with HIV infection (diagnosed and undiagnosed): UK, 2008-2014





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Adjusted* number of adults with diagnosed HIV infection starting treatment, by CD4 count at ART initiation: UK



*Adjusted for missing/inconsistent CD4 count at diagnosis, 24% overall



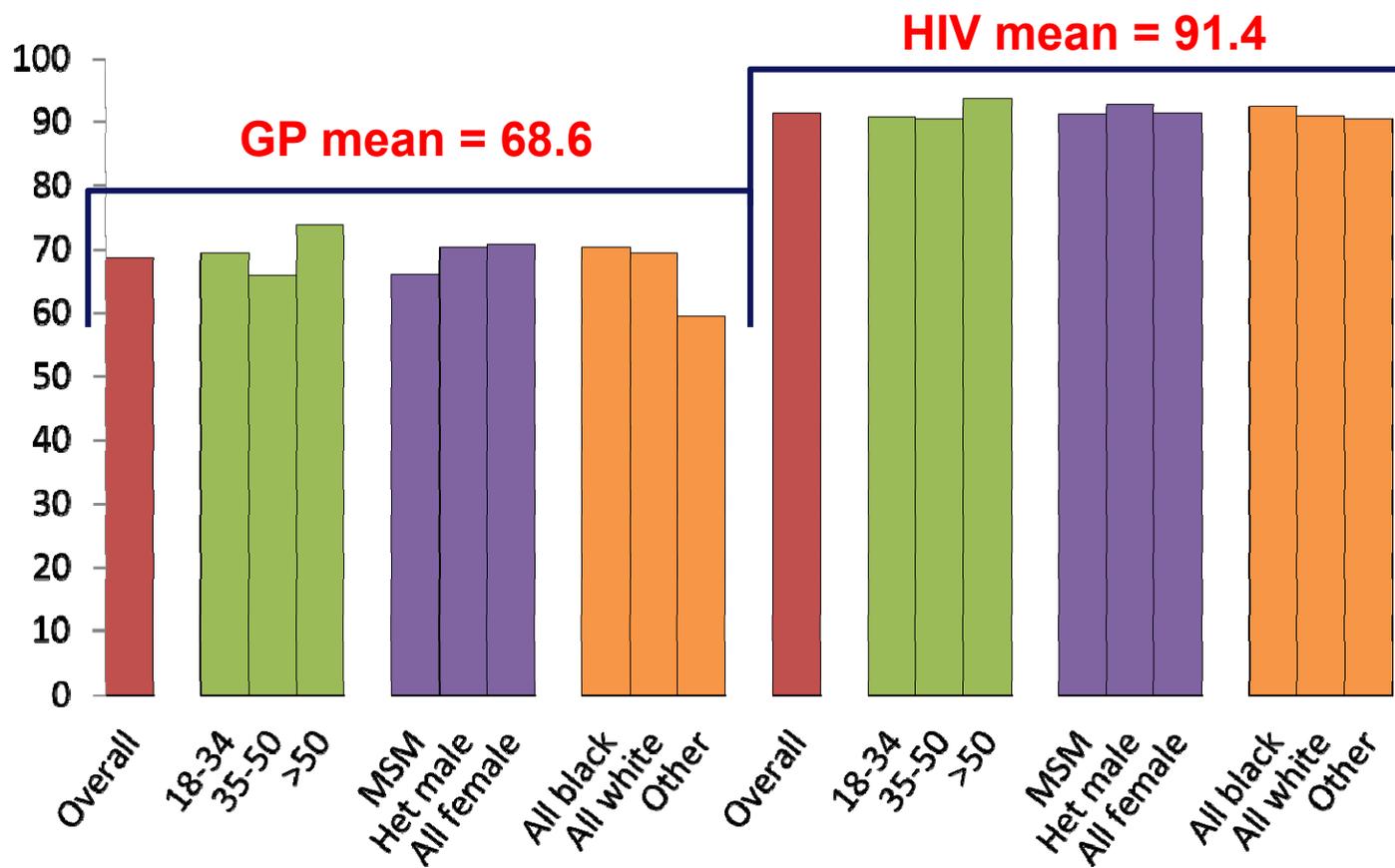
HIV Clinical Dashboard indicators England

| Indicator | Specification | 2012 | 2014 |
|----------------------------------|--|------|------|
| Late diagnosis | To monitor timeliness of diagnosis <i>CD4 cell count <350 cells/mm³ within 3 months of diagnosis</i> | 47% | 40% |
| Link to care | To monitor prompt integration into care following HIV diagnosis: <i>CD4 cell count taken within 1 month of diagnosis</i> | 88% | 93% |
| Retention in care - new patients | To monitor the retention in care among newly-diagnosed adults: <i>New diagnoses seen for care in the next survey year</i> | 86% | 89% |
| Retention in care - all patients | To monitor the retention in care among adults seen for care in the last 12 months <i>Adults seen for HIV care and also seen in the net survey year</i> | 96% | 95% |
| Viral load suppression | To monitor the effectiveness of ART after initiating treatment <i>Viral load <200 copies/ml at 12 months of starting ART (window period 3 – 15 months)</i> | 92% | 95% |
| CD4 response | To monitor immune status of adults regardless of treatment status <i>CD4 cell count ≥350 cells/mm³ after at least 12 months in HIV care</i> | 83% | 86% |



Satisfaction with Care – HIV specialist and GP

“Overall, how would you rate your GP/HIV specialist services?”



*96.5% of respondents reported having a GP



New agreed questions included in the national HIV and STI datasets

Q1 Gender identity

Which of the following options best describes how you think of yourself?

Female (including trans woman)

Male (including trans man)

Non-binary

In another way*

Not stated (PERSON asked but declined to provide a response)

Not known (not recorded)

Q2 Trans status

Is your gender identity the same as the gender you were given at birth?

Yes

No

Not stated (PERSON asked but declined to provide a response)

Not known (not recorded)

- Coded as “Other” in the NHS data dictionary
- Please note that a text field may be added to this field to provide a description of ‘in another way’
- However note there are no text field in the HARS dataset



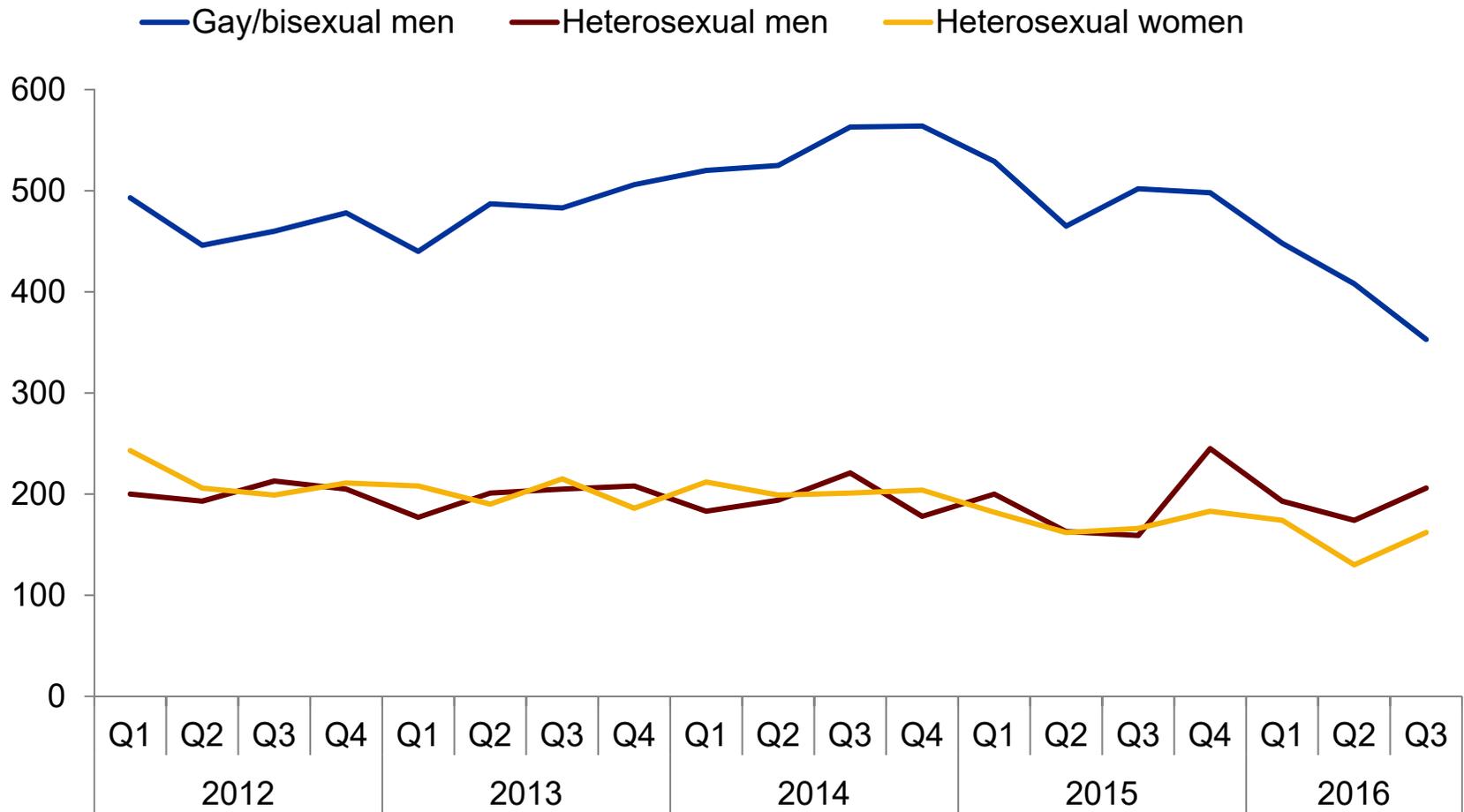
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Protecting and improving the nation's health

Combination approach to prevention



New HIV diagnoses in STI clinics in the UK, the beginning of a downturn in gay/bisexual men?



Situation Jan 2017

- PHE Ongoing investigation
- High rise in number of HIV tests among MSM particu clinics
- Especially high rise in testing and sexual health screens among repeat testers
- Associated with downturn in some STIs and HIV in recent months, decreased late diagnoses
- Improvements in early ART and decrease in the number of men with unsuppressed viral load
- Prep Use increasing
- Most likely decrease in incidence due combination of interventions





4th decade of the HIV epidemic

- We have the tools & know what to do – scientific knowledge
- Need to better contextualise knowledge for communities
- Innovate and re-novate
- Expect constant change and refinement – and big step changes
- Advocate for generics and prevention funding
- Tackle legal barriers and/or creatively circumvent them
- Models can only do so much – timely accurate information for setting policy and monitoring efforts is crucial
- Public health working in partnership with health professionals and community



John Walter, 2015

Thank you & Acknowledgements

Teymur Noori, Anastasia Pharris and Andrew Amato, ECDC
Cary James – Terence Higgins Trust, HIV Prevention England
Andrew Phillips and colleagues at UCL
Andrew Hill and colleagues at Imperial

Colleagues PHE:

Anthony Nardone, Gwenda Hughes, Noel Gill, Kathy Lowndes,
Owen Brigstock-Barron, Luis Guerra, Daniella De Angelis, Anne Presanis, Stefano
Conti

HARS team— Alison Brown, Meaghan Kall, Sara Croxford, Sandra Okala, Peter
Kirwan, Cuong Chau, Matthew Hibbert, Jameel, Amrita Nick Cooper, Rajani Ragu,
Janice Morgan, Adamma Agazhui, Zheng Yin