



Public Health  
England

# *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



# 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





# 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



PICTURES ARE POSED BY MODELS





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# Tackling barriers

## Innovate, recycle and share



# Laws or policies that authorise/prevent types of HIV testing

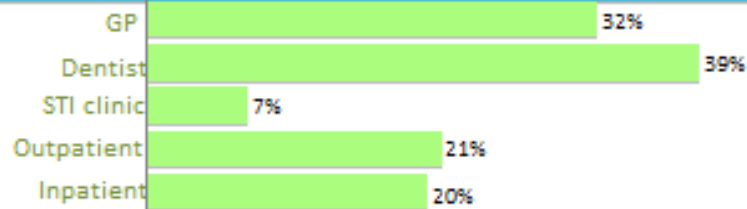
<b>Laws and policies</b>	<b>Authorise</b>	<b>Prevent</b>	<b>N/A laws or policies</b>
<b>Community-based testing delivered by trained medical staff</b>	<b>36</b>	<b>0</b>	<b>10</b>
<b>Community-based testing delivered by non-medical staff (e.g. trained lay people)</b>	<b>15</b>	<b>17</b>	<b>14</b>
<b>Home-sampling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



# THE PEOPLE LIVING WITH HIV STIGMA SURVEY UK 2015

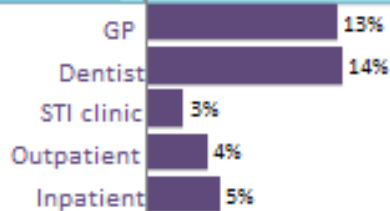
## Reported experiences of stigma and discrimination in the last 12 months in the health care setting, 2015

Have you worried about being treated differently to other patients in any of the following settings?



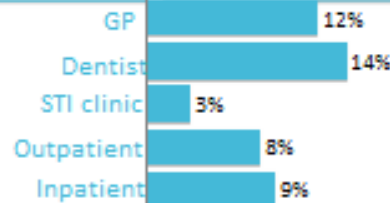
57% of people had worried about different treatment in at least one healthcare setting

Have you avoided care in any of the following settings?



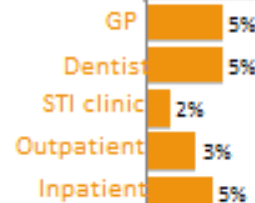
27% had avoided care when required in at least one setting

Have you been treated differently in any setting?

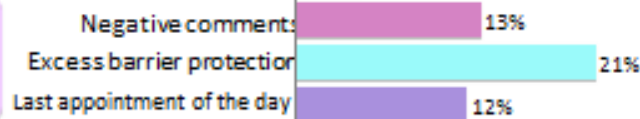


40% of people experienced at least one instance of negative treatment in a healthcare setting

Have you felt your treatment has been delayed or refused in any setting?



Have you experienced any of the following from a healthcare worker?



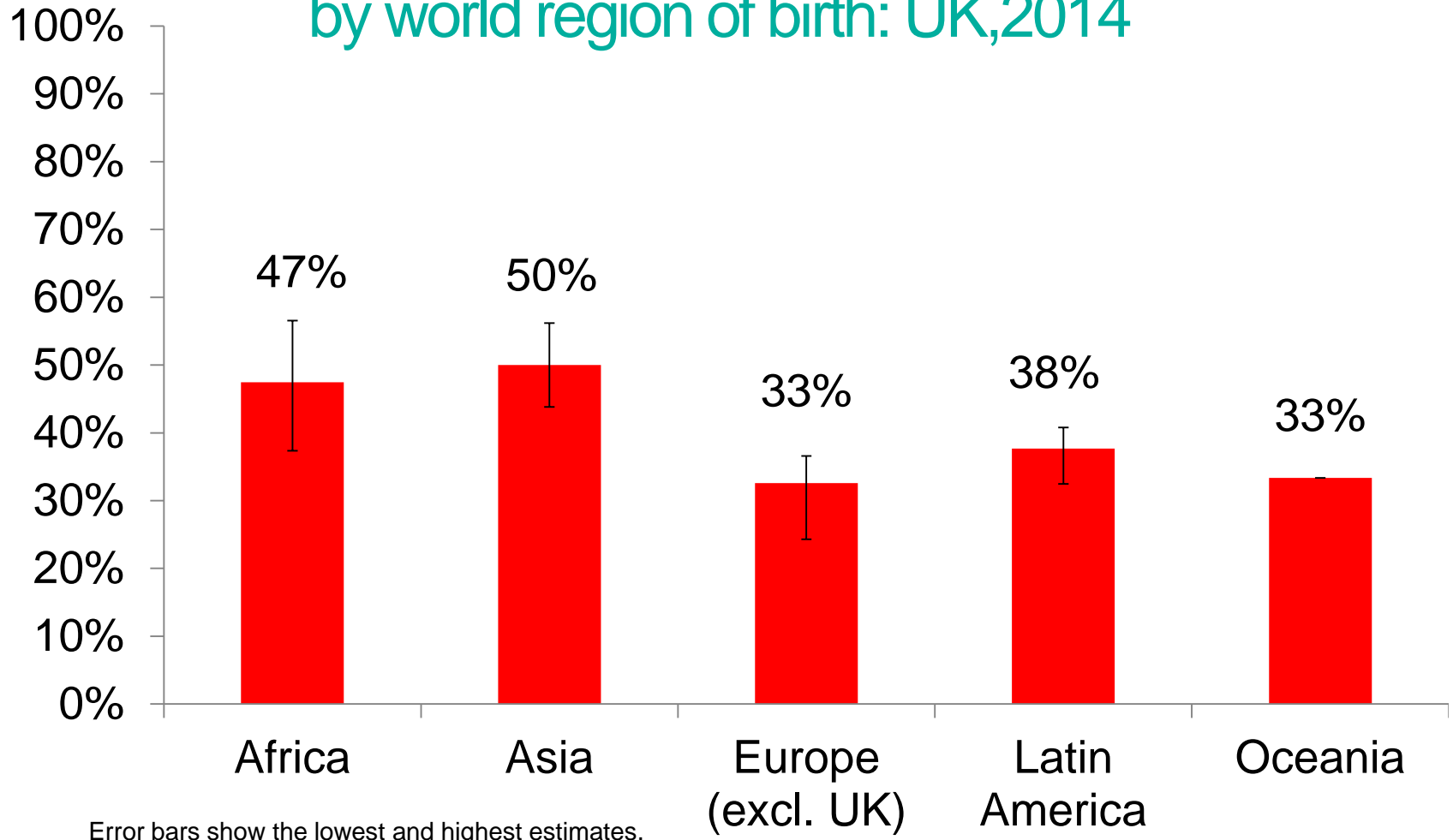


# Measuring success: Know your epidemiology

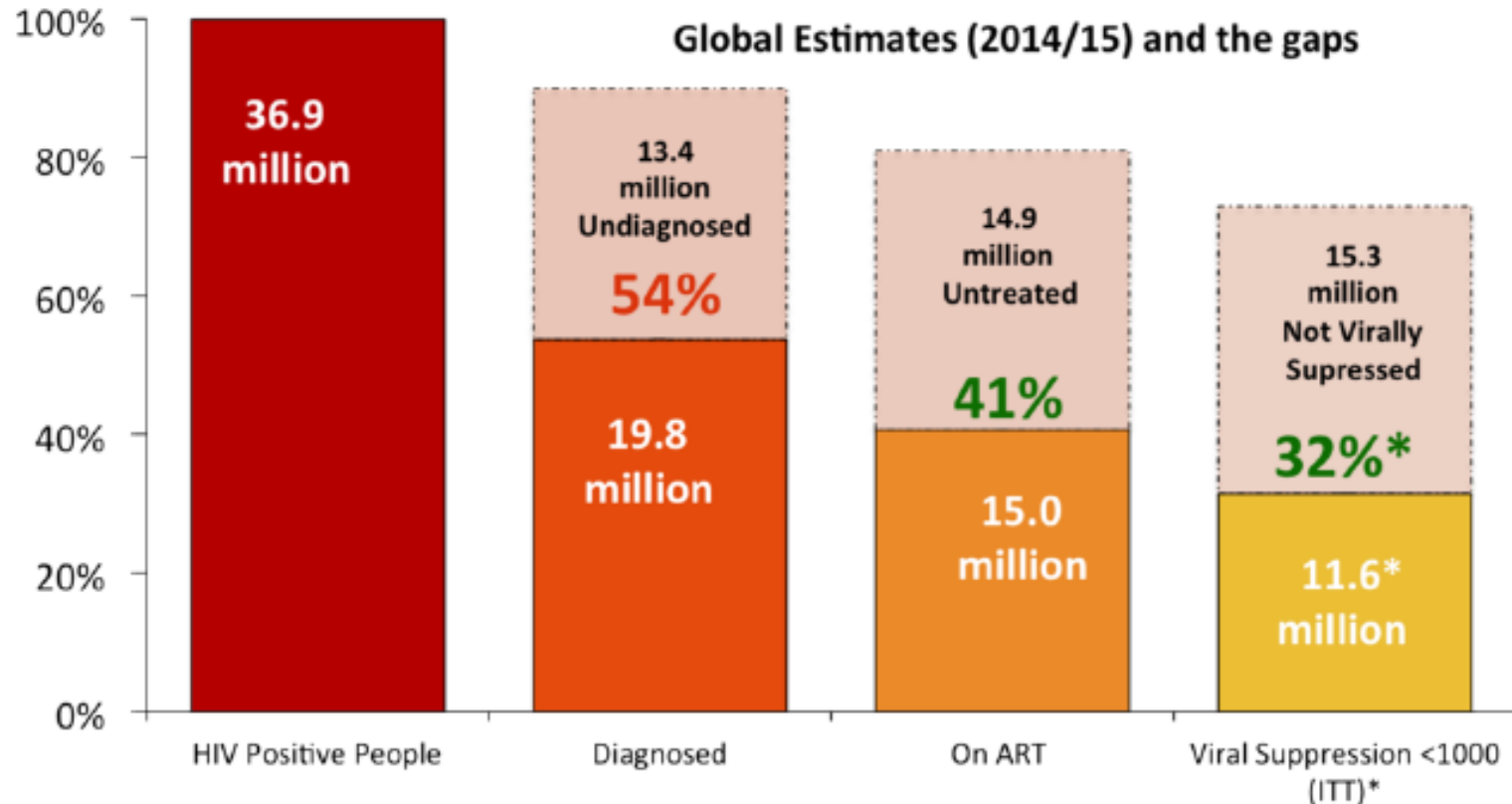
- Undiagnosed and late diagnosed
- AIDS and AIDS deaths
- New diagnoses / incidence
- Testing patterns
- Link to care, Treatment uptake
- ALL by most at risk groups
  
- 90 90 90 is not enough
- Test frequently and reduce time to test and treat



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

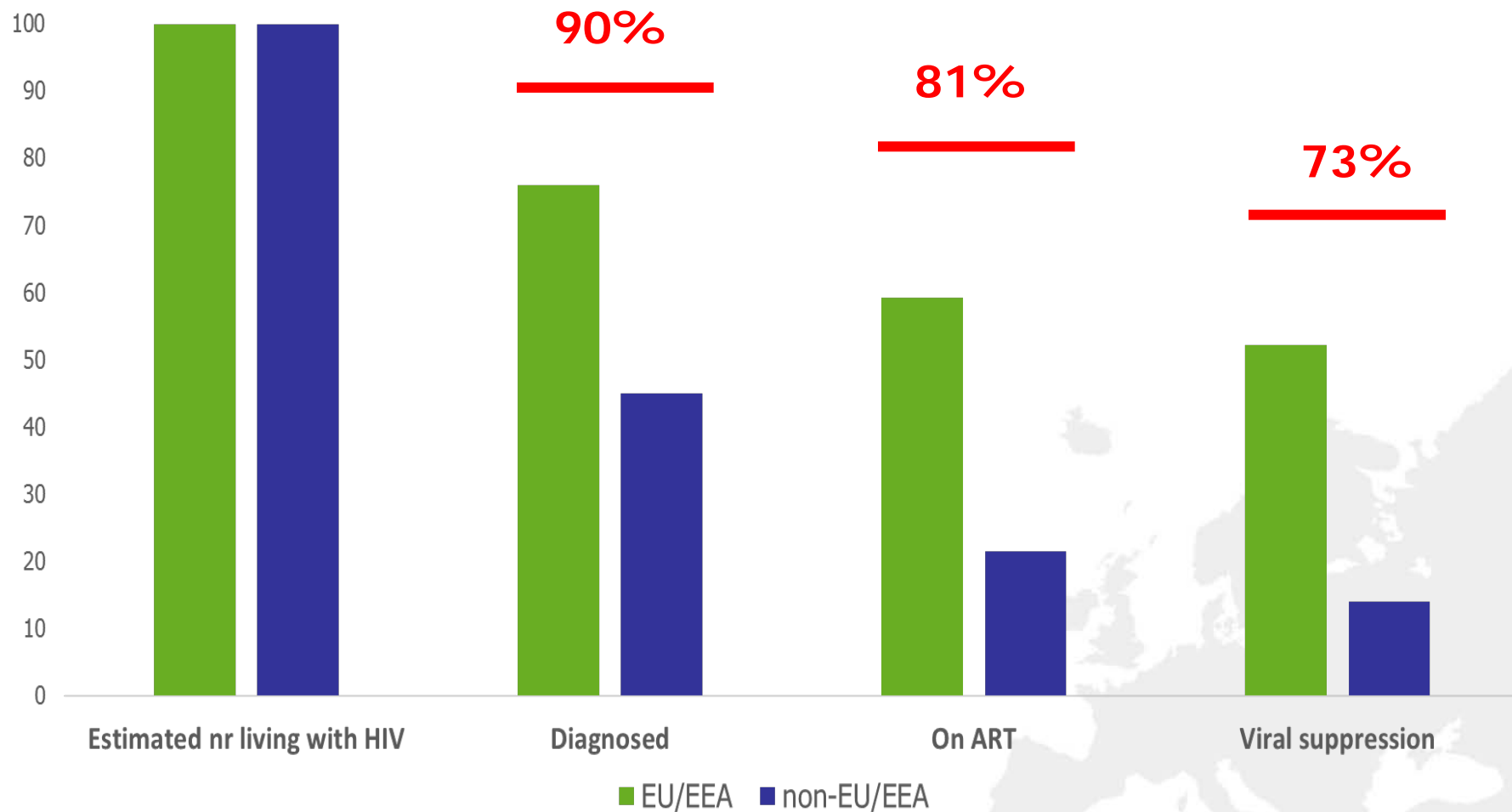


# Current global estimates for the care cascade Levi et al 2016\*



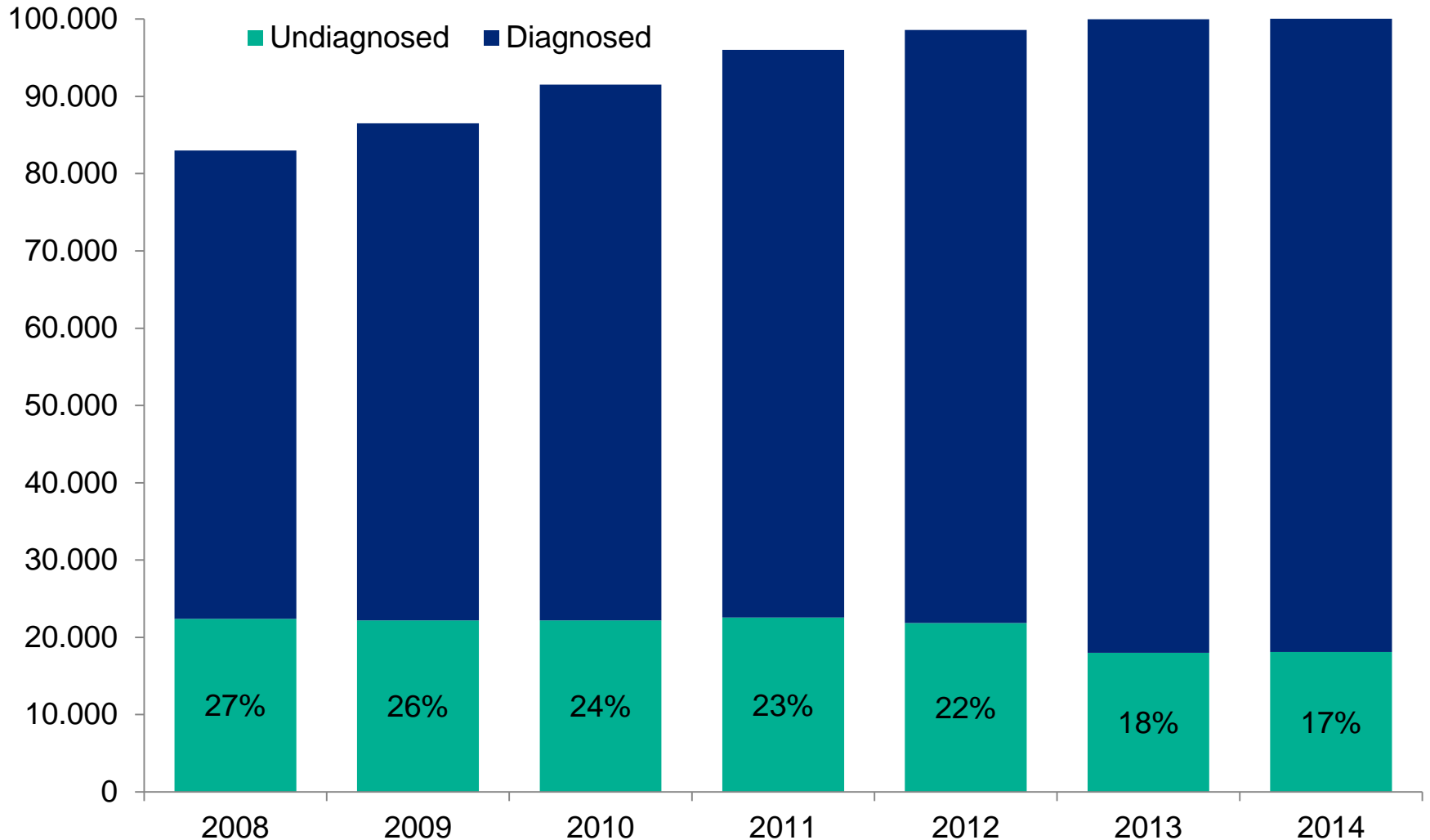
\* Based on 69/196 countries – 32 complete, 37 partial data

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



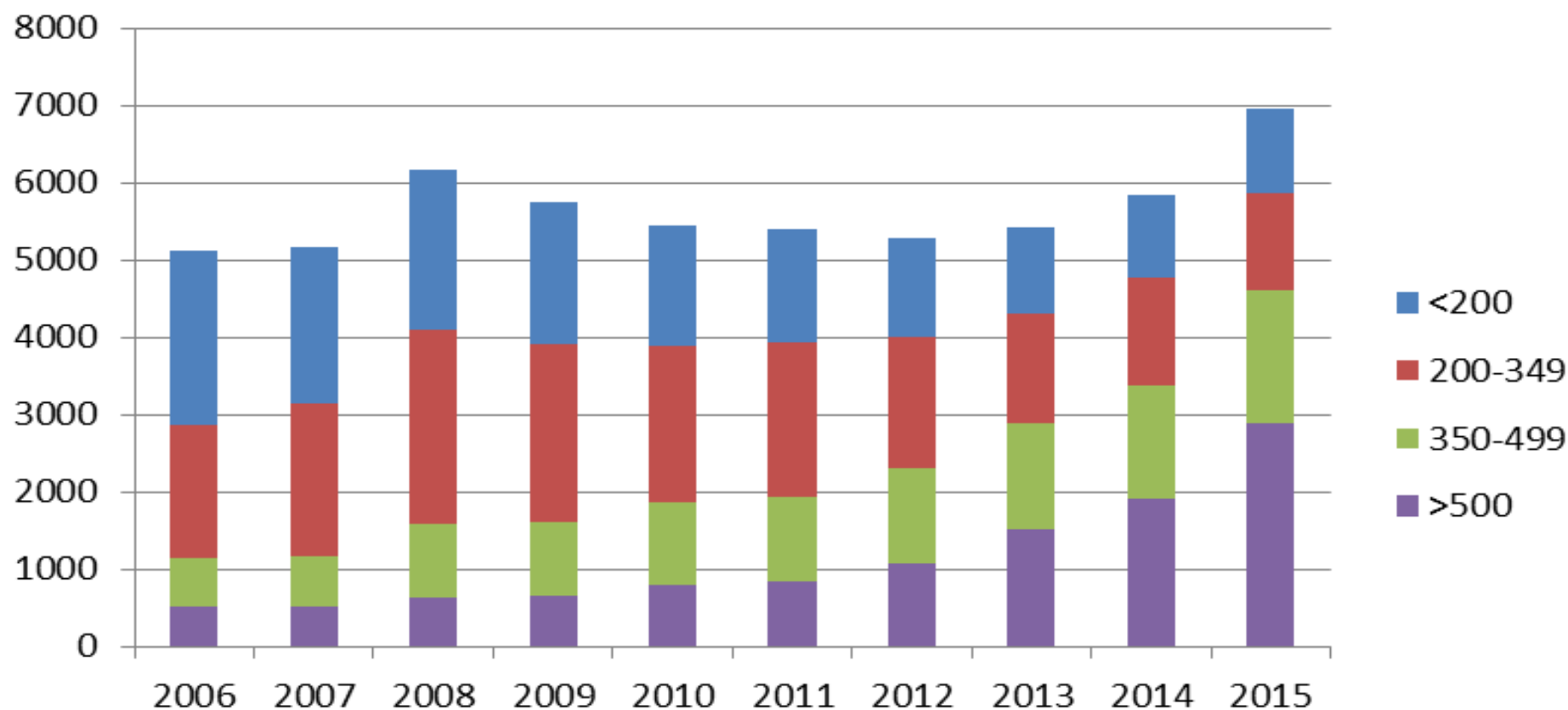


# Estimated number persons living with HIV infection (diagnosed and undiagnosed): UK, 2008-2014





# 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



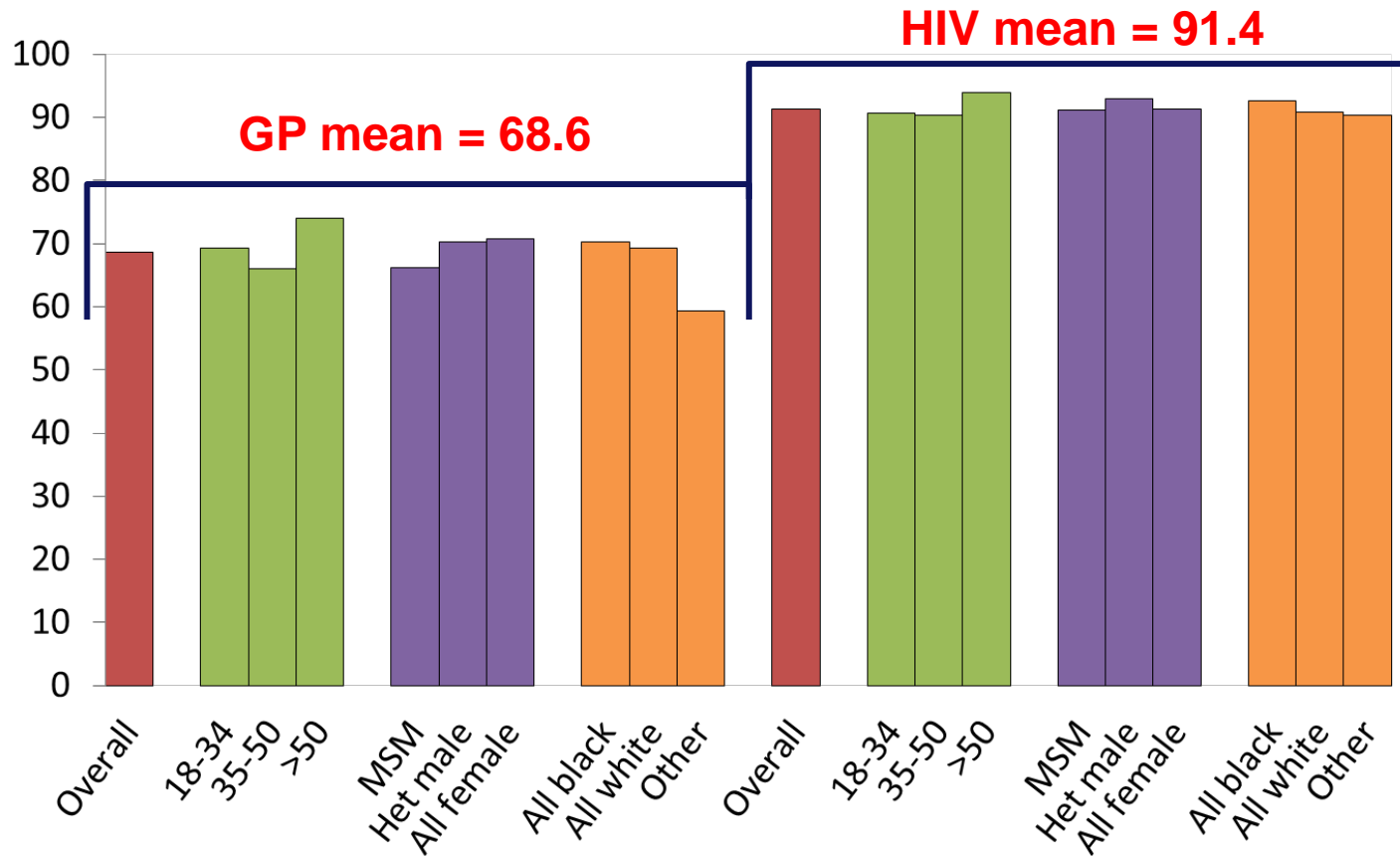
# HIV Clinical Dashboard indicators England

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



## 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

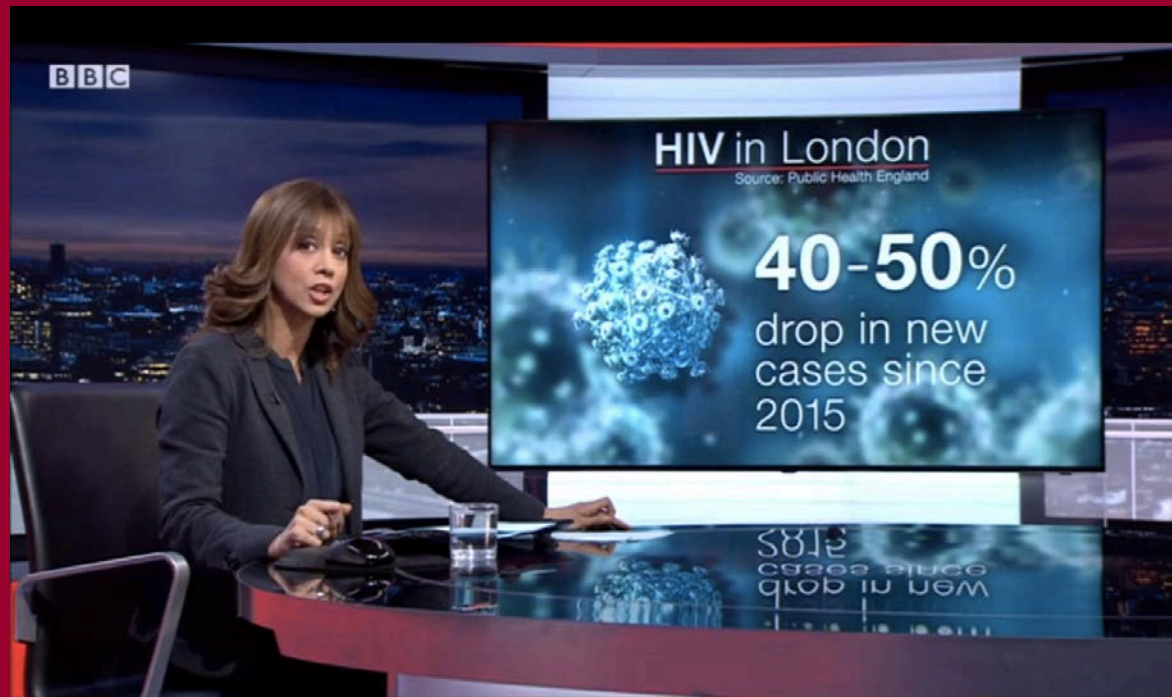
Not stated (PERSON asked but declined to provide a response)

Not known (not recorded)

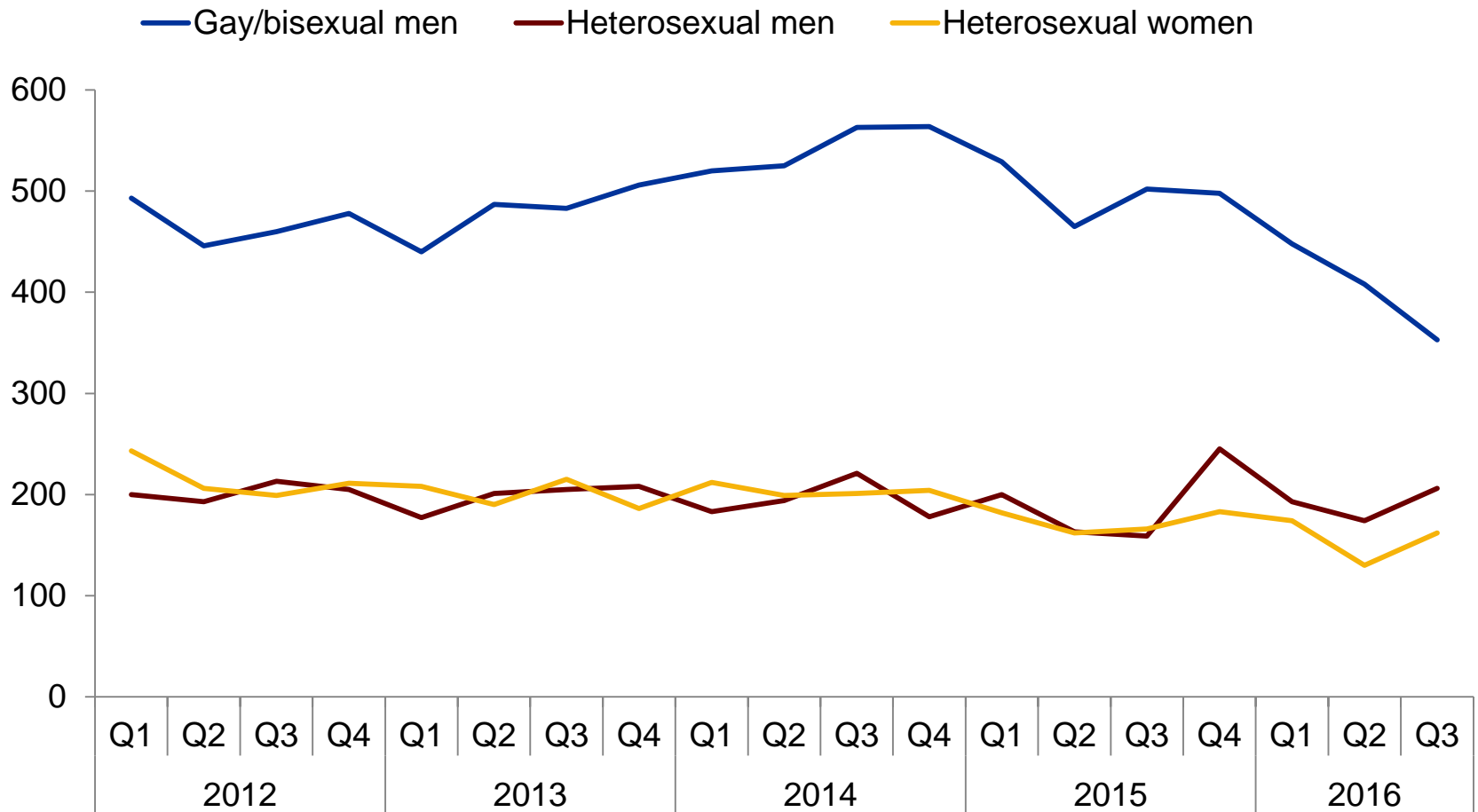
- Coded as “Other” in the NHS data dictionary
- Please note that a text field may be added to this field to provide a description of ‘in another way’
- However note there are no text field in the HARS dataset



# 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





# 4<sup>th</sup> 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

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