CASCADE OF HIV CARE IN THE NETHERLANDS FROM 2002 TO 2013.

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Background

Sustained viral suppression in HIV-positive persons is associated with reduced mortality, morbidity and risk of onward HIV transmission.

In order to achieve and maintain a suppressed viral load (VL), patients diagnosed with HIV must be linked to care, retained in care, and prescribed combination antiretroviral therapy (cART).

The proportions of patients meeting the conditions in this care continuum can be illustrated in a cascade of HIV care.

Definitions

- Linked to care: ever linked to care in one of the 26 Dutch HIV treatment centres, still alive and not reported as moved abroad
- Retained in care: having clinical evidence of being in care after 1 January 2012
- On cART: started combination antiretroviral therapy
- Undetectable HIV-RNA: Less than 100 copies/mL

Results

Of the 13,166 HIV-positive individuals linked to care in the Netherlands, 93% were retained in care, 79% were receiving cART, and 70% were virologically suppressed (figure 1).

These proportions did not differ when we stratified by treatment centre size (figure 2).

Conclusion

The observed proportions of HIV patients retained in care and receiving cART are high. This applies to both small and large HIV treatment centres.

Accessibility to health care in the Netherlands in general, and the provision of care by legally acknowledged HIV treatment centres may contribute to the high level of engagement in care, and to the lack of difference between centres with different HIV clinic size.