

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.

Aim

To illustrate stages of the cascade of HIV care in the Netherlands and to investigate any influence of treatment centre size.

Methods

We included all HIV-1-infected patients enrolled in the ATHENA observational cohort* between 2002 and 2013.

The patients were aged ≥ 18 years at time of HIV diagnosis and known to be alive and residing in the Netherlands at the time of the last database update in June 2013.

The proportions of patients retained in care, on cART, and with an undetectable viral load were calculated. We then stratified by treatment centre size. Treatment centres were classified as either small or large, depending on whether they had ≤ 500 or >500 patients in 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



HIV treatment centres in the Netherlands

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).

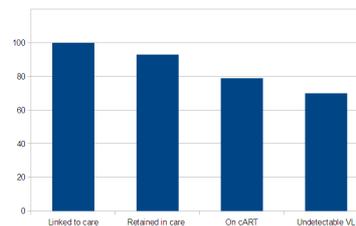


Figure 1: Cascade of care in the Netherlands

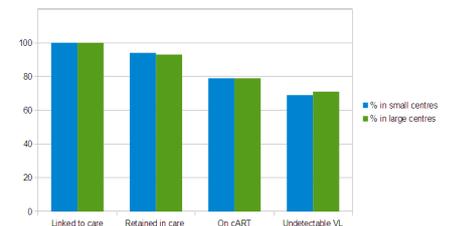


Figure 2: Cascade of care, stratified by treatment centres having ≤ 500 or >500 patients in care

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.

* ATHENA is a national observational cohort that includes all HIV-infected patients followed in one of the 26 designated HIV treatment centres in the Netherlands.