Delayed entry into care after HIV diagnosis in Curaçao

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Background

- In the Caribbean, late entry into care of HIV-infected patients is a major hurdle for timely starting combination antiretroviral therapy (cART).

- Late start of cART is a combination of
  - late diagnosis.
  - delayed entry into care after diagnosis.
  - delayed start of cART after entry into care.

Objectives

- To investigate factors associated with delayed entry into care in Curaçao.

- To investigate whether patients with delayed entry also have a delayed start of cART.

Methods

Patient population

- All patients with a confirmed HIV-1 diagnosis in Curaçao between January 2000 and August 2010.

Analysis

- In March 2011, diagnosed individuals were matched to patients in the national clinical database based on date of birth, sex, and initials.

- Entry into care: earliest of first hospital visit and first RNA or CD4 measurement.

- Multivariate proportional hazards models to analyse time between diagnosis and entry and between entry and start of cART.

- Delayed entry: entry into care more than 3 months after diagnosis.

Curaçao

- 150,000 inhabitants

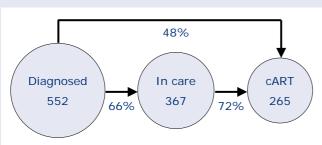- HIV prevalence 0.6% to 1.1%

- 2010: 73 new HIV diagnoses

Figure 1. Number of newly diagnosed patients entering into care and subsequently starting cART.

Results

- 367 (66%) of 552 patients entered into care; 188 (52%) within 3 months (Figure 1 and 2).

- 265 (72%) of 367 started cART (Figure 3).

- Factors associated with more rapid entry into care and start of treatment (apart from disease stage).

	HR	95% CI
Time to entry (for those entering)		
Born in Curaçao	1.54	1.09-2.19
Pregnant	2.92	1.82-4.72
Diagnosed in primary health care setting	0.71	0.50-1.00
Diagnosis <2005	0.41	0.28-0.60
Time to cART		
Diagnosis <2005	0.66	0.51-0.87
Delayed entry	0.70	0.54-0.90

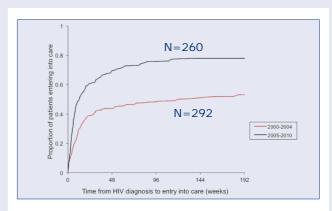HR: hazard ratio; CI: confidence interval

Figure 2. Proportion of newly diagnosed individuals entering HIV care stratified by year of diagnosis.
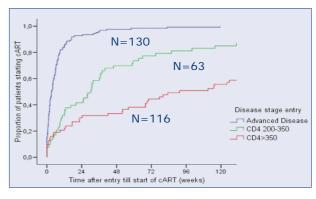

Figure 3. Proportion of patients starting cART stratified by disease stage at entry; advanced disease stage: CD4 <200 cell/mm3 or AIDS.

Conclusions

- A considerable proportion of HIV-infected individuals in Curaçao does not reach clinical care although linkage to care has improved in recent years.

- Patients with delayed entry are also more likely to have a delayed start of treatment.

Contact

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