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

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).

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

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.

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.