

Estimating the HIV epidemic on a local level: the HIV care continuum in Amsterdam

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Disclosure of speaker's interests

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Introduction

- Amsterdam aims to halt the ongoing HIV epidemic in the city through the HIV Transmission Elimination Amsterdam (H-TEAM) initiative.
- H-TEAM was launched in 2014 and is a unique collaboration between all relevant stakeholders involved in the prevention and care concerning HIV.
- To monitor progress towards achieving this aim, accurate and easily updatable estimates of the HIV care continuum at city level are essential.



5-step continuum of HIV care

X	1	Living with HIV	Step 2 number still undiagnosed
\checkmark	2	Diagnosed and linked to care	diagnosed by the end of 2015 and registered by SHM
\checkmark	3	Retained in care	clinic visit or CD4 or RNA measurement in 2015
\checkmark	4	cART	ever started a combination of 3 or more drugs from at least 2 classes
\checkmark	5	Viral suppression	latest RNA measurement in 2015 <100 copies/ml, irrespective of treatment
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Data ATHENA national observational HIV cohort

- annual data on new HIV diagnoses
 - CD4 count
 - concurrent AIDS diagnosis
- longitudinal data on antiretroviral treatment and HIV RNA
- death and emigration
- Amsterdam-specific data available from 2002 onwards, based on postal code



Back-calculation



Observed HIV diagnoses

Calendar year

HIV Transmissie Eliminatie AMsterdam HIV Transmission Elimination AMsterdam

Available at: http://ecdc.europa.eu/en/healthtopics/aids/Pages/hiv-modelling-tool.aspx





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HIV Transmissie Eliminatie AMsterdam

HIV Transmission Elimination AMsterdam

Newly acquired HIV infections





Undiagnosed HIV infections



 400 (95% CI, 260 – 660) people living with HIV were still undiagnosed by the end of 2015.

 Number undiagnosed consistent with earlier estimates (Op de Coul *et al*, PLoS One 2015).



HIV care continuum in 2015 Total population





HIV care continuum in 2015





Discussion – strengths

Only routine surveillance data on HIV diagnoses.

- No need for extensive historical data.
- Estimates are easily updated.



Discussion – limitations

Underreporting may affect estimates:

- some diagnosed individuals are not in care
- 2% opt out of registration in SHM
- patients no longer in care may have emigrated or died
- Backlog in collecting information on start of treatment and on viral load measurements:
 - need to extend automated import of laboratory measurements to all HIV treatment centres.



Conclusions

- Amsterdam attains high levels of engagement in various stages of the HIV care continuum.
- As our method only uses routinely available data, changes in the care continuum can easily be monitored annually.
- Increased efforts are necessary to reduce the undiagnosed population and the number of individuals not retained in care.





Eliminatie AMsterdam HIV Transmission Elimination AMsterdam

















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