

HIV DETECTION AND LINKAGE TO CARE

BCN Checkpoint: a Community-Based Centre for MSM in Catalonia (Spain) achieves high detection of HIV and 90,5% coefficient of Linkage to Care

BACKGROUND

The Treatment Cascade has been introduced in USA to show that only 25% of PLWHIV maintain an undetectable viral load^{1,2}. The full benefits of HIV screening can only be achieved by equally robust efforts to support programs that improve testing & counseling, linkage, retention, and effective treatment of HIV disease³. Therefore, improvement in every step of the cascade should be achieved.

In 2006, the NGO Projecte dels NOMS-Hispanosida implemented BCN Checkpoint, a Community-Based Centre for Men who have Sex with Men (MSM). This centre offers HIV and other STI testing, peer counseling, support and linkage of the HIV positive cases to medical care. It also introduced for the first time in Spain the use of rapid HIV tests in non-clinical settings.

BCN Checkpoint is located in the heart of Barcelona's gay area and aims to overcome the barriers faced in the public health settings, to facilitate HIV screening and care and to promote regular testing for MSM.

METHODS

Clients are tested for HIV 1/2 through peripheral total blood sample using Determine™ HIV-1/2 Ag/Ab Combo. Clients with an HIV- result receive peer counseling for an effective risk perception and reduction and are invited to repeat the test every 6 or 12 months. Clients with an HIV+ result receive immediate emotional peer support, a confirmatory test and are offered linkage to care, including: 1) medical appointment in an HIV unit; 2) support for obtaining access to public health care, if needed; and 3) peer post-test counseling for further emotional support and treatment issues.

We analyzed for the period 2009 to 2012 the number of tests performed, the number of persons tested, the total HIV prevalence and the HIV prevalence of first visits to the centre. To evaluate efficiency we also compared the number of HIV cases detected in BCN Checkpoint to the total of HIV cases reported annually in MSM in Catalonia.

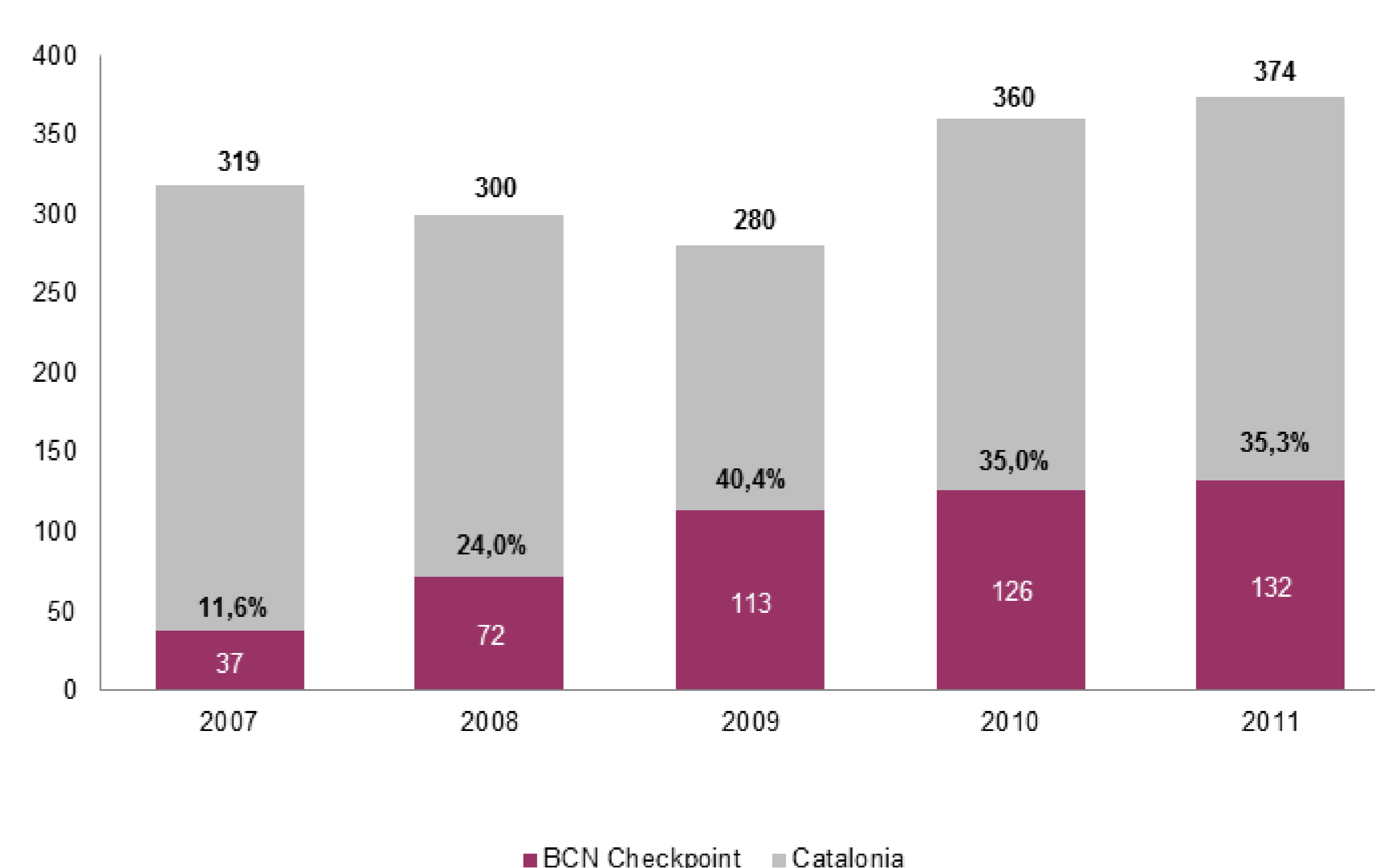
For the Linkage to Care during 2009 to 2012 negative confirmatory tests (false positive cases) were excluded, as well as those who already knew their serostatus at the time of taking the test and were already in care. Newly diagnosed were offered an appointment in an HIV unit. For the period 2011 and 2012 we also analyzed the time between diagnosis and appointment at the hospital.

RESULTS: HIV DETECTION

Table 1: HIV tests, persons tested, HIV positive cases and HIV prevalence (total and at first visits)

	2009	2010	2011	2012	Total
1. Number of tests	2.483	3.453	3.962	5.051	14.949
2. Persons tested (first and follow-up visits)	2.197	2.896	3.198	4.049	12.340
3. Reactive tests	113	127	135	142	517
4. False positive results	0	1	3	4	8
5. HIV positive cases	113	126	132	138	509
6. % HIV positive cases	5,1%	4,4%	4,1%	3,4%	
7. First visits to BCN Checkpoint	1.583	1.722	1.689	1.717	6.711
8. HIV positive cases at first visit	91	100	90	92	373
9. % HIV positive cases at first visit	5,7%	5,8%	5,3%	5,4%	

Proportion of HIV cases detected in BCN Checkpoint compared to the total of cases reported annually in MSM in Catalonia



RESULTS: LINKAGE TO CARE

Linkage to Care (2009 – 2012)

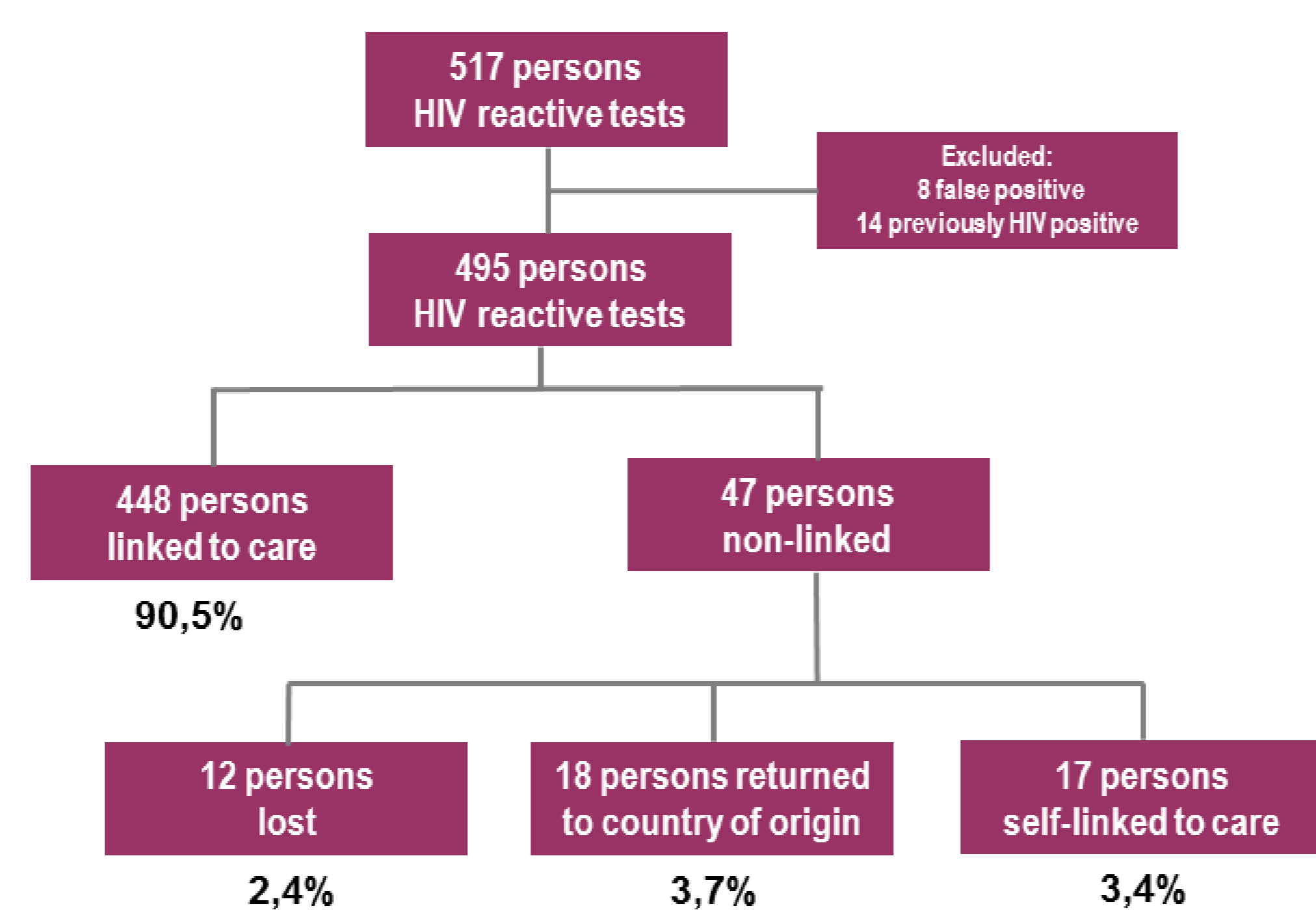


Table 2: Time of linkage to HIV unit (2011 – 2012)

Time from detection to linkage	%
≤ 7 days	32 %
8 – 14 days	20 %
15 – 21 days	17 %
22 – 28 days	16 %
≥ 29 days	15 %
Total: 226 cases	100%

A total of 85% of the cases were linked to care within 4 weeks.

CONCLUSIONS

- The model of intervention of BCN Checkpoint is highly effective in HIV detection. With a small number of tests BCN Checkpoint was able to: 1) obtain an increasing absolute number of HIV cases over the years; 2) achieve high HIV positivity rates; and 3) detect a significant proportion of cases regarding the reported cases among MSM in Catalonia.
- The HIV prevalence rate has maintained high during the years among persons tested for the first time in BCN Checkpoint (Table 1, line 9).
- BCN Checkpoint achieves a high proportion of linkage to care, with direct hospital appointments in 90,5% of the cases, while only 2,4% of cases were lost.
- Appointments in less than 4 weeks were made for 85% of those linked to care (Table 2).

REFERENCES

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