

Ending the HIV epidemic: Advancing equitable approaches to screening and linkage to care

September 25, 2023 / 13:00 - 14:30 CEST

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This meeting has been organized and sponsored by Gilead Sciences



Housekeeping



How to engage
with us today



Asking questions during
the Q&A session

What do we want to achieve today?

1

Reinforce the importance of developing screening and linkage to care (SLTC) strategies to reach and re-engage disproportionately impacted populations into care and advance health equity.

2

Highlight global best practices to reach underserved populations living with HIV or those who could benefit from HIV prevention.

3

Outline key policy recommendations to encourage governments to develop, fund and implement SLTC strategies that advance health equity.

Speakers



Prof. Kevin Fenton

Regional Director,
Office for Health
Improvement and
Disparities, London (UK)



LáDeia Joyce

Founder, The Positive
Experience (US)



Dr. Rageshri Dhairyawan

Consultant in Sexual Health
and HIV Medicine at Barts
Health NHS Trust (UK)



Dr. Inês Vaz Pinto

Head of HIV Unit at Hospital
De Cascais (Portugal)



Dr. Chien Chun Wang

Director, Infectious Disease
Division, Taipei City Hospital
Kunming Branch (Taiwan)

Today's agenda

Ending the HIV epidemic:
Advancing equitable approaches to screening and linkage to care

13:00	Welcome, introductions, and scene setting	Prof. Kevin Fenton
13:15	Breaking barriers: a journey towards equity in HIV care	LáDeia Joyce
13:25	Improving care for marginalized populations, reducing late diagnosis, re-engagement and advancing health equity in London	Dr. Rageshri Dhairyawan
13:35	Increasing HIV early diagnosis in hard-to-reach groups through automated screening in emergency departments	Dr. Inês Vaz Pinto
13:45	Overview of HIV prevention and control strategy in Taipei	Dr. Chien Chun Wang
13:55	Panel discussion and live Q&A	Prof. Kevin Fenton (facilitator) All speakers
14:25	Closing remarks	Prof. Kevin Fenton



Frédérique Ries, MEP

Member of the European Parliament
Renew Europe Vice-President, Belgium

Breaking barriers: a journey towards equity in HIV care



LáDeia Joyce

Founder, The Positive Experience

Improving care for marginalized populations, reducing late diagnosis, re-engagement and advancing health equity in London



Dr. Rageshri Dhairyawan

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Disclaimer

I have no conflicts of interest relevant to this presentation.



LUCKY TIGER
Ed Gray, 2008

CORRESPONDENCE | [VOLUME 383, ISSUE 9927, P1460, APRIL 26, 2014](#)

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Opt-out HIV testing in adult critical care units

[John Thornhill](#) • [Gerlinde Mandersloot](#) • [Rachel Bath](#) • [Chloe Orkin](#) 

Published: April 26, 2014 • DOI: [https://doi.org/10.1016/S0140-6736\(14\)60711-X](https://doi.org/10.1016/S0140-6736(14)60711-X)

REACH: a mixed-methods study to investigate the measurement, prediction and improvement of retention and engagement in outpatient HIV care

This study shows the adverse health impacts of disengaging from outpatient HIV care, the importance of wider context in managing HIV effectively and proposes possible interventions for further evaluation.

Alison Howarth, Vanessa Apea, Susan Michie, Steve Morris, Memory Sachikonye, Catherine Mercer, Amanda Evans, Valerie Delpech, Caroline Sabin & Fiona Burns.

Original Research |  Free Access

Incorporating HIV/hepatitis B virus/hepatitis C virus combined testing into routine blood tests in nine UK Emergency Departments: the “Going Viral” campaign

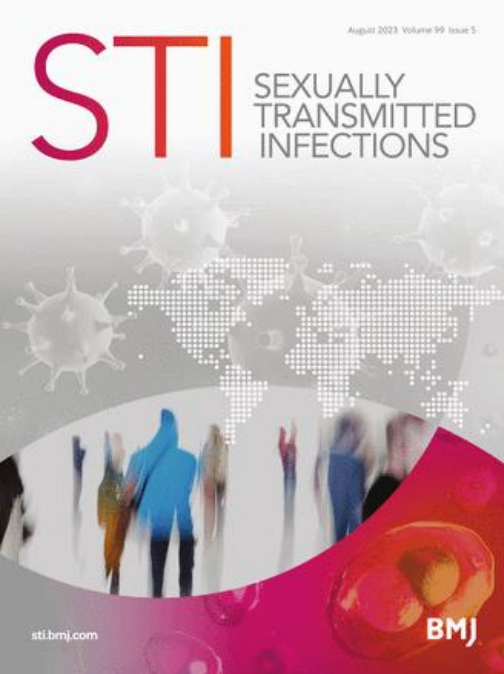
C Orkin , S Flanagan, E Wallis, G Ireland, R Dhairyawan, J Fox, R Nandwani, R O'Connell, M Lascar, J Bulman, I Reeves, A Palfreeman, GR Foster, K Ahmad, J Anderson, CYW Tong, S Lattimore

First published: 25 February 2016 | <https://doi.org/10.1111/hiv.12364> | Citations: 38



- All patients having blood taken at 9 participating hospitals in London were given a ‘3 in 1’ test for HIV, hepatitis B, and hepatitis C
- Of the 7,807 people who had blood tests in the course of the campaign week, 2,118 people received a BBV test
- 71 tests were positive (3.4% BBV prevalence rate) 39 HCV, 17 HIV, 15 HBV
- 32 tests (45.1%) were new diagnoses





Linkage to care after routine HIV, hepatitis B & C testing in the emergency department: the 'Going Viral' campaign

Rageshri Dhairyawan¹, Rebecca O'Connell², Stuart Flanagan², Emma Wallis², Chloe Orkin²

Correspondence to Dr Rageshri Dhairyawan, Department of Outpatients East, Barking, Havering and Redbridge NHS Trust, London, UK; rdhairyawan@doctors.org.uk

<http://dx.doi.org/10.1136/sextrans-2016-052742>

- Using local pathways and without additional staff resource, high rates of linkage into care were achieved.
- Overall, 71.9% of those newly diagnosed were contacted, 65.6% attended for review and 59.4% were engaged in care 6 months later.
- Those newly diagnosed with HIV were most successfully engaged and retained in care at 6 months compared with those with newly diagnosed HBV (36%) or HCV (60%) infections.
- Re-engaging those patients who were not in care (all had either HBV or HCV) was difficult, with only one-fifth retained at 6 months.



Testing for HIV, hepatitis B and hepatitis C

Everyone aged 16 and older who has their blood tested in a London Emergency Department (A&E) now has it tested for HIV, hepatitis B and hepatitis C.

It's important to get diagnosed early as treatment is life-saving and free from the NHS.

Your results are confidential. If you do not wish to be tested, please let a member of staff know.

To find out more visit the Fast Track Cities London website:

fastrackcities.london/testinginae

OR
SCAN
ME



Supported by



A snapshot of our cases

- Person regularly seen by Hepatology for chronic HBV. Had tested HIV negative regularly. ED bloods showed HIV positive – new diagnosis, had acquired this from a casual partner six months earlier.
- Person admitted via ED with shortness of breath. Known lung fibrosis and under care of a Long Covid clinic. Tested HIV positive in ED. Patient had disengaged from HIV care previously and not told Long Covid clinic of diagnosis (and they did not offer them a test). Investigated and treated for PCP with clinical improvement.

Impact of COVID-19 on engagement in HIV care

- First UK national lockdown: 23rd March - 11th May caused significant disruption to delivery of health services.
- HIV services noticed rise in patients re-engaging in care.
- Data collected from Barts Health, St George's, Barking Havering and Redbridge NHS Trust.
- 60 people re-engaged, most patients pro-actively.
- Key factors observed amongst re-engagers
 - 60% were from Black African/Caribbean ethnic minority groups
 - High levels of deprivation
 - High prevalence of mental health diagnoses

Securing best health
outcomes for people
living with HIV
through optimal
engagement with
care: Learning from
Disruptive change

(The SHIELD Study)



Queen Mary
University of London



- How can learning from disruptive change associated with COVID-19 inform the design, provision and use of HIV specialist clinical services for the delivery of best health outcomes?
- Aims to make recommendations on how to better support people living with HIV to stay in care.
- 11 London clinical sites.
- Chief Investigator – Dr Rageshri Dhairyan.

Mixed methods study with three phases

Workstream 1:

- Service provider study using interviews, to establish existing service models across selected London HIV clinics with diverse populations.

Workstream 2:

- Data collection on those that re-engaged and disengaged during the COVID peak from HIV clinics in London, and follow up over 24 months.

Workstream 3:

- Patient experience of re-engagers and dis-engagers using questionnaires and interviews.

The FOCUS Program in Cascais

Increasing HIV early diagnosis in hard-to-reach groups through automated screening in emergency departments



Dr. Inês Vaz Pinto

Head of HIV Unit at Hospital De Cascais

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Disclaimer

We received funding from Gilead Sciences' FOCUS Program to support screening and linkage to a first appointment, regardless of subsequent patient care decisions.



BACKGROUND • Portugal still faces serious challenges in the fight against HIV

Figure 1
HIV diagnoses,
western Europe, 2021^{1,2}

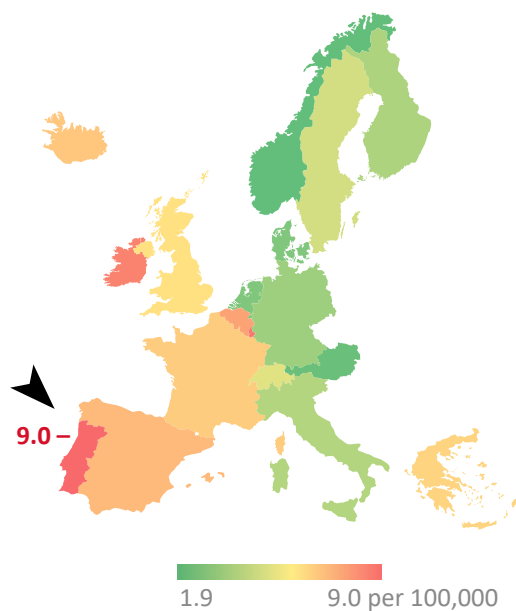


Figure 2
HIV & AIDS mortality,
western Europe, 2019³

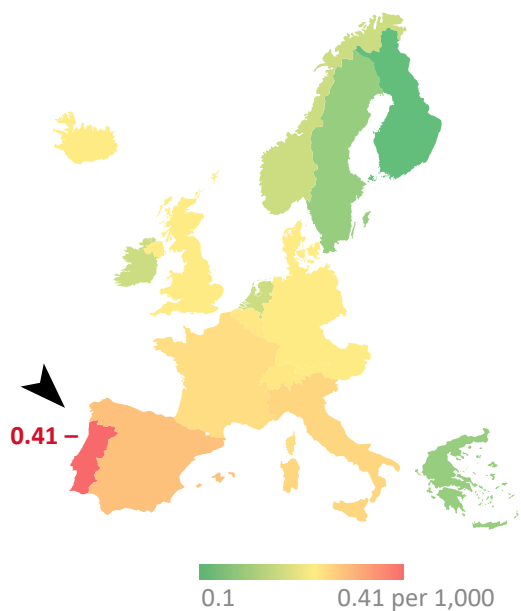
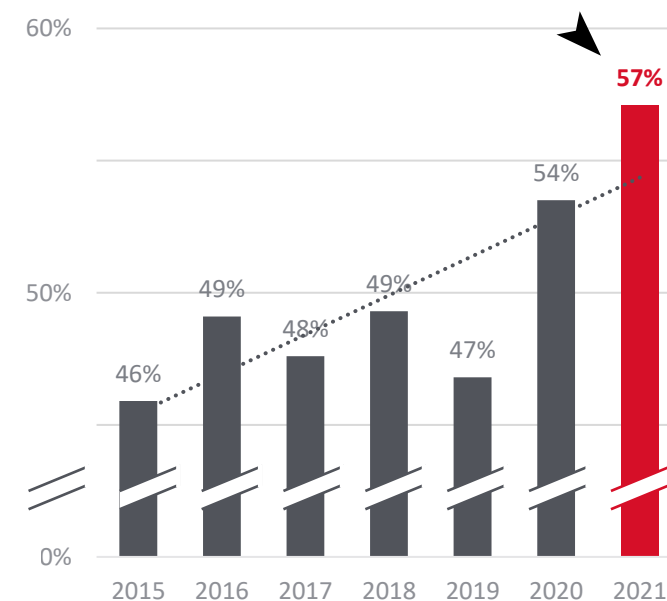


Figure 3
HIV late diagnosis,
Portugal, 2015-2021²



BACKGROUND • Screening Guidelines Exist but Remain Unenforced

Figure 4
ECDC HIV, hepatitis B and C
Screening Guidelines, 2018¹

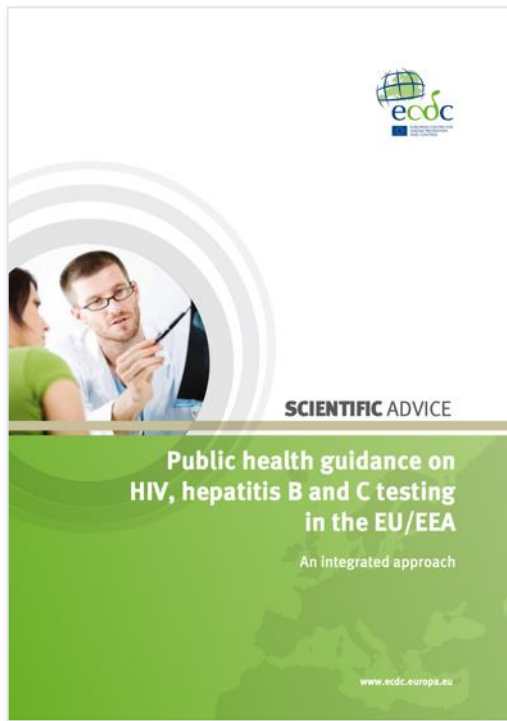
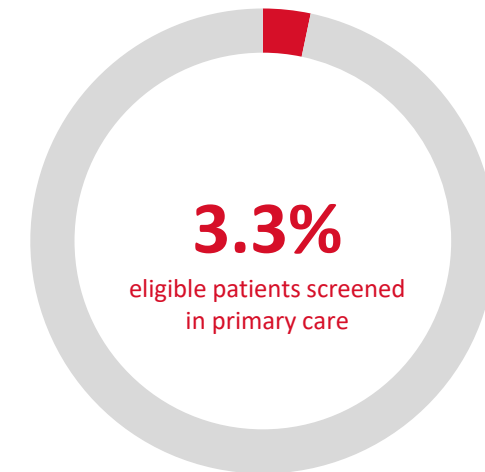


Figure 5
Portuguese HIV
Screening Guidelines, 2011²



Figure 6
HIV Screening Compliance,
Portugal, 2017-2021³



Sources: ¹ ECDC, Public Health Guidance on HIV, hepatitis B and C testing in the EU/EEA, 2018.

² DGS, Norma 058/2011, 2011. ³ Rachadell J et al. Presented at IAPAC FTC Lisbon 2021.



BACKGROUND • The Town of Cascais had Unmet Needs in HIV Prevention

Figure 7
**HIV diagnoses,
mainland Portugal, 2021**

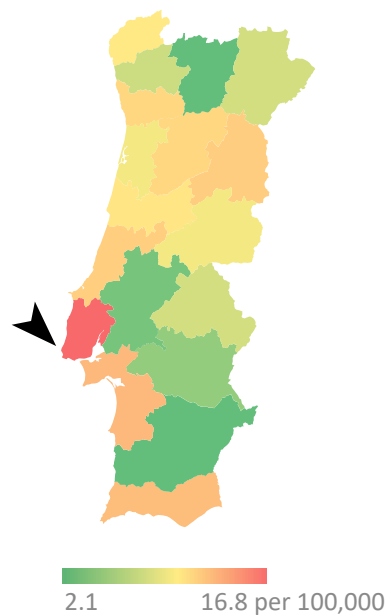


Figure 8
**People living with HIV aware of
their status, Cascais, 2018**

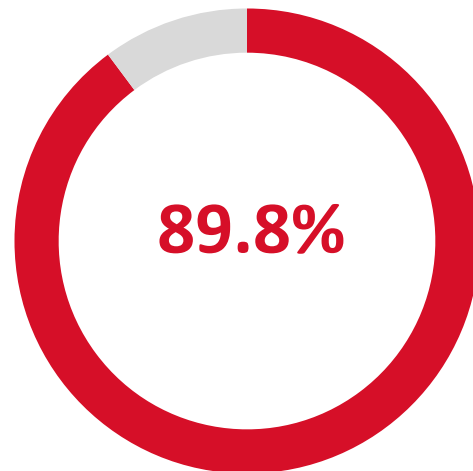
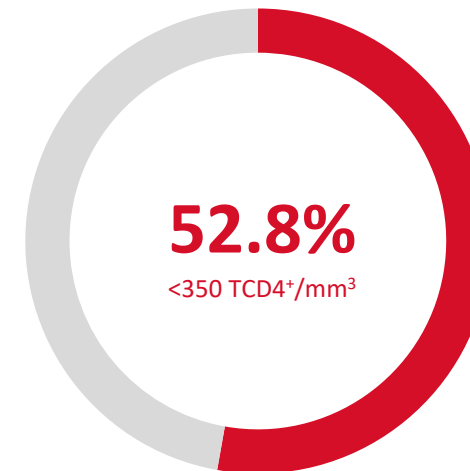


Figure 9
**HIV late diagnosis,
Cascais, 2014-2018**



BACKGROUND • 'Cascais Fast-Track City' was a Catalyst for Change in HIV Care

Figure 10
Cascais Fast-Track City Consortium



Figure 11
HIV diagnosing provider, Cascais, 2013-2015¹

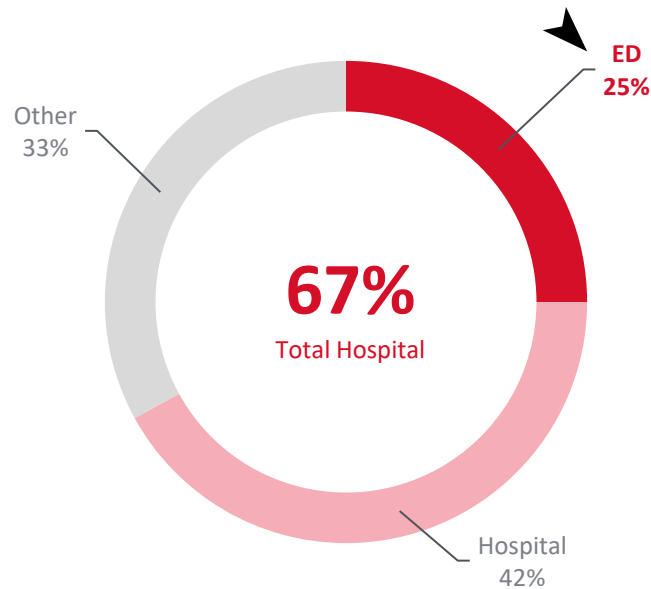
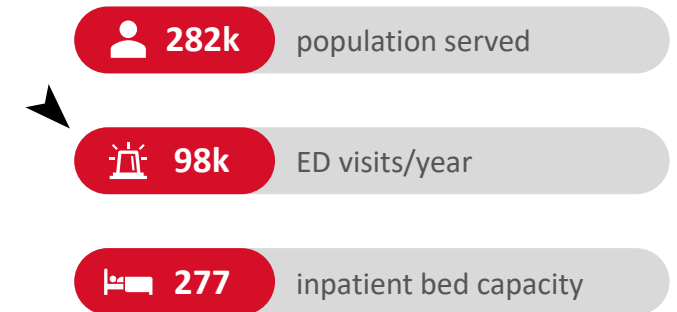


Figure 12
Hospital de Cascais key figures



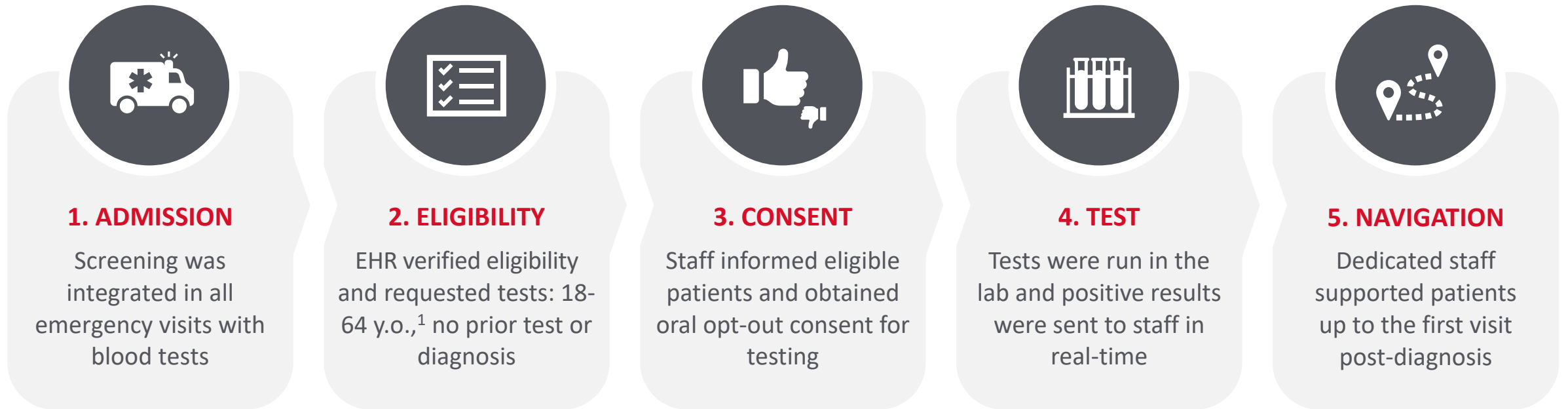
ED = Emergency Department

Source: ¹ Câmara Municipal de Cascais, Workshop Sobre Diagnóstico das Infecções pelo VIH e hepatitis Víricas, 2016

METHODS • We Implemented HIV Screening in the ED with Existing Infrastructure & Staff

Figure 13

Systematic and Technology-based HIV Screening Workflow



EHR = electronic health record

Source: ¹ DGS, Norma 058/2011, 2011

Adapted from: Sanchez, Novel Approach to Routine HIV Screening and Enhancing Linkage to Care, JMIR Res Protoc 2014;3(3):e39

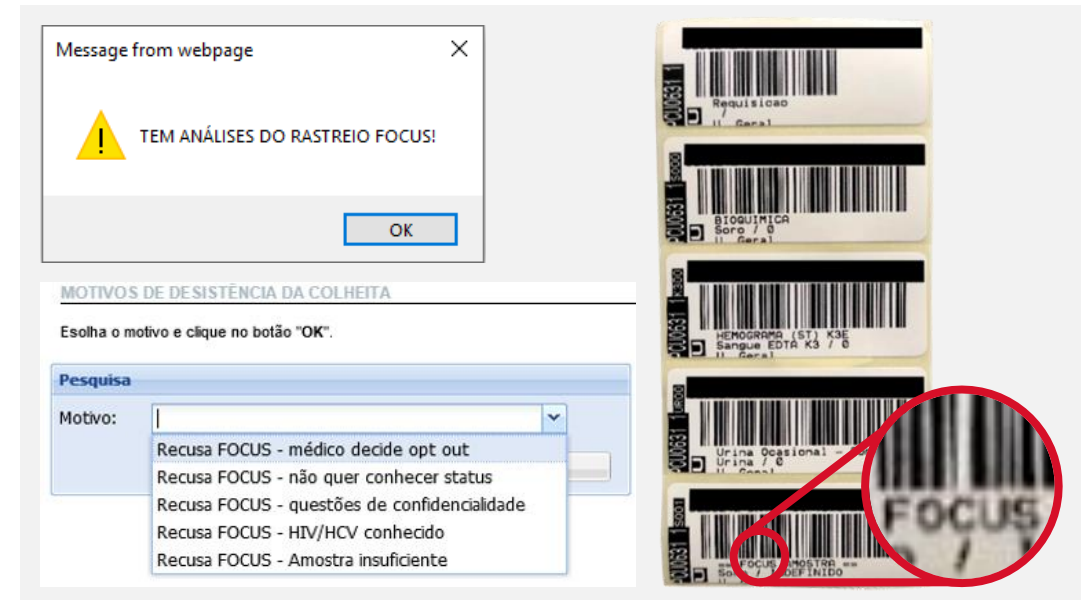


METHODS • Engaged Staff and Electronic Modifications were our Key Success Factors

Figure 14
Core project clinical staff



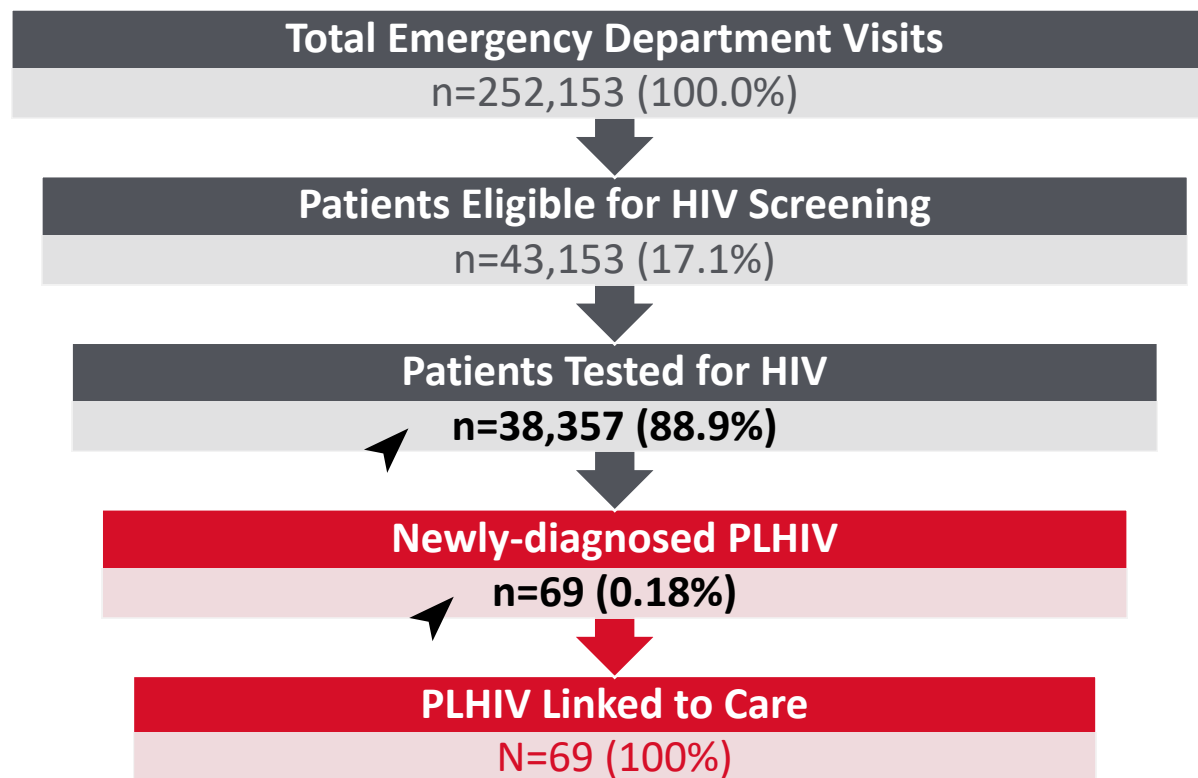
Figure 15
EHR System Modifications and
Dedicated Blood Sample Tube Label



RESULTS • High Provider and Patient Adherence led to more HIV Diagnoses in the ED*

Figure 16

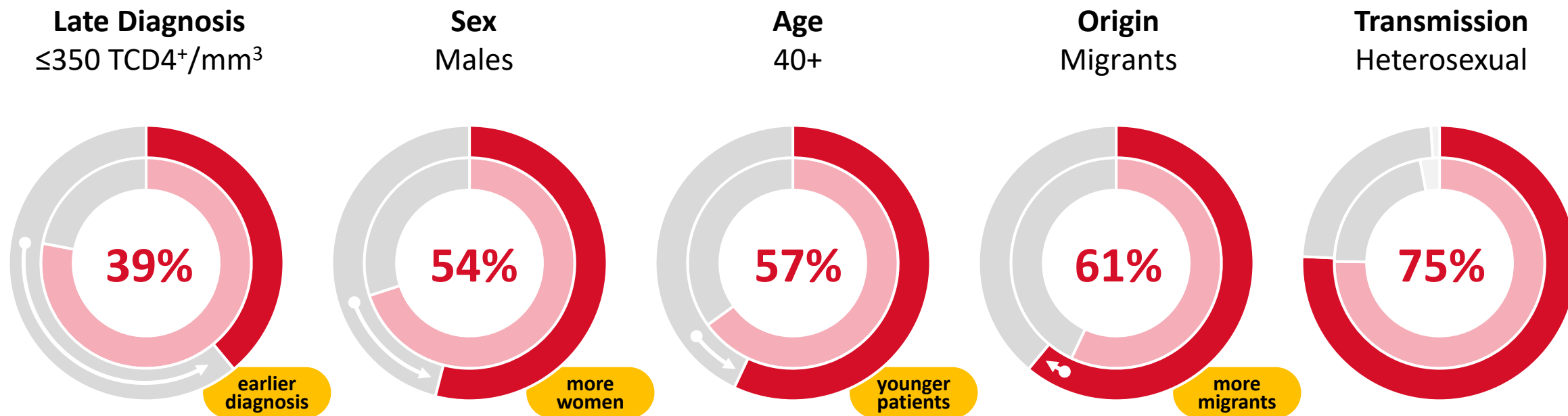
HIV Screening Eligibility, Testing and Results Flowchart, Cascais, September 2018 to September 2021



RESULTS • The Opportunistic Approach was Successful in Addressing Hard-to-reach Groups

Figure 17

Newly-diagnosed People Living with HIV Characteristics, Hospital de Cascais, 2015-2021



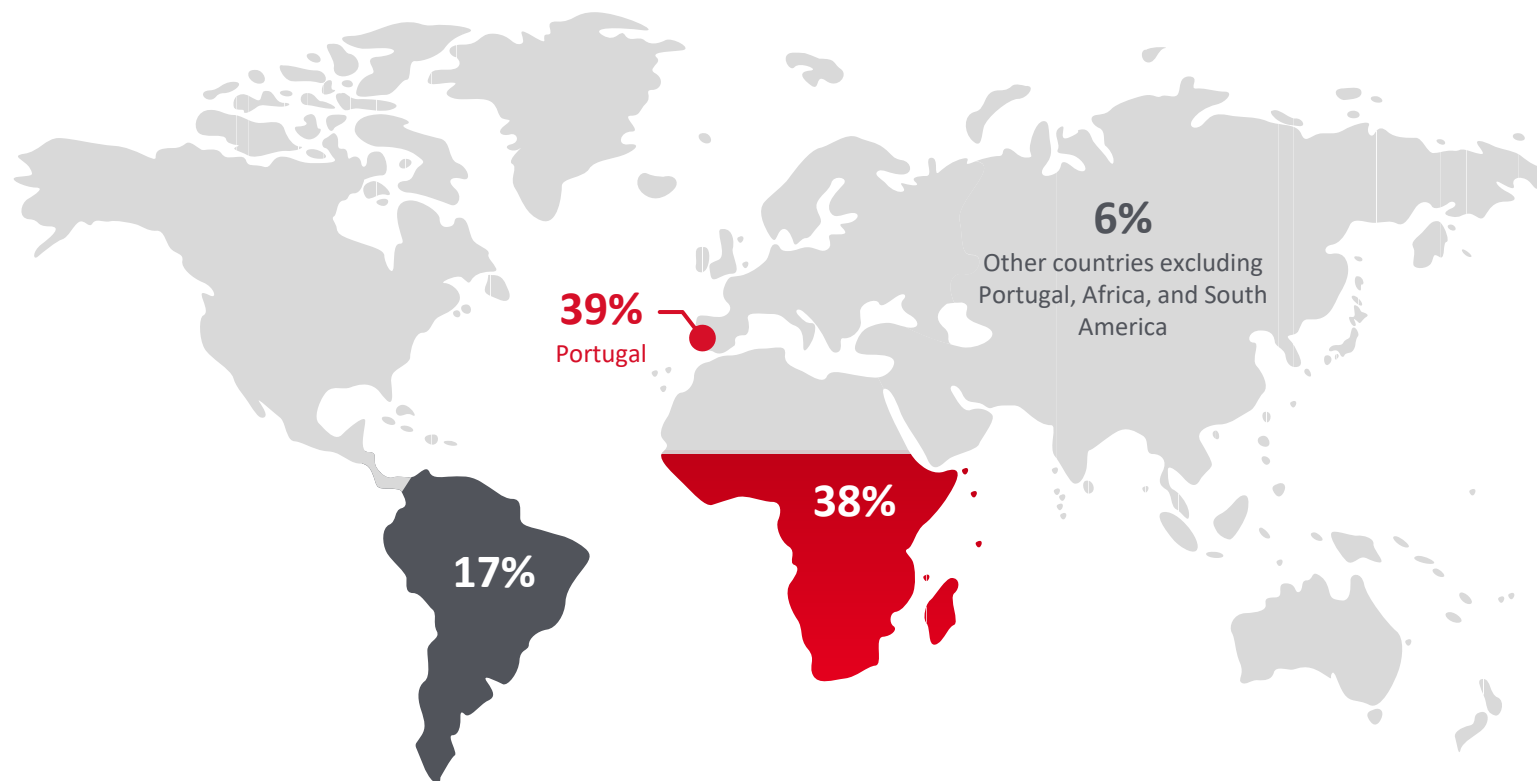
■ 3 years before screening program launch, N=37 ■ 3 years after screening program launch, N=69



RESULTS • Migrant PLHIV Hailed Mostly from Sub-Saharan Africa and South America

Figure 18

Newly-diagnosed People Living with HIV Characteristics, Hospital de Cascais ED



RESULTS • Screening Significantly Reduced Late Diagnosis and Missed Opportunities

Figure 19

HIV Late Diagnosis, Cascais, 2018-2021

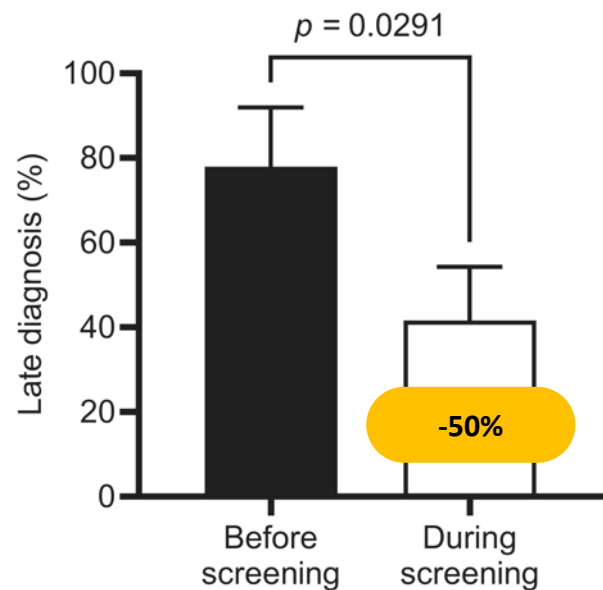


Figure 20

Average TCD4⁺ Count, Cascais, 2018-2021

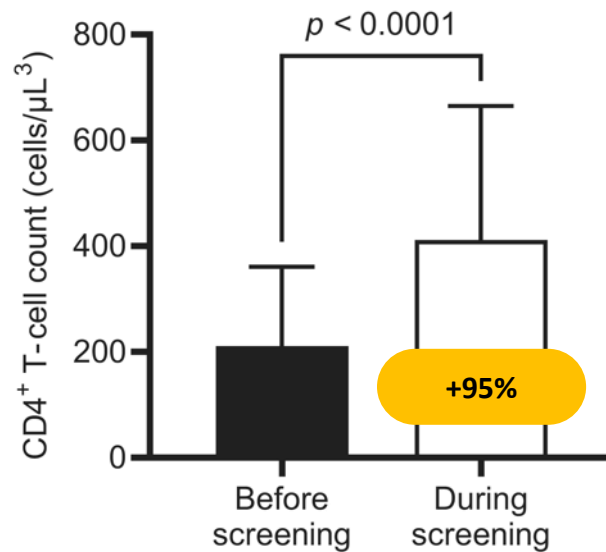
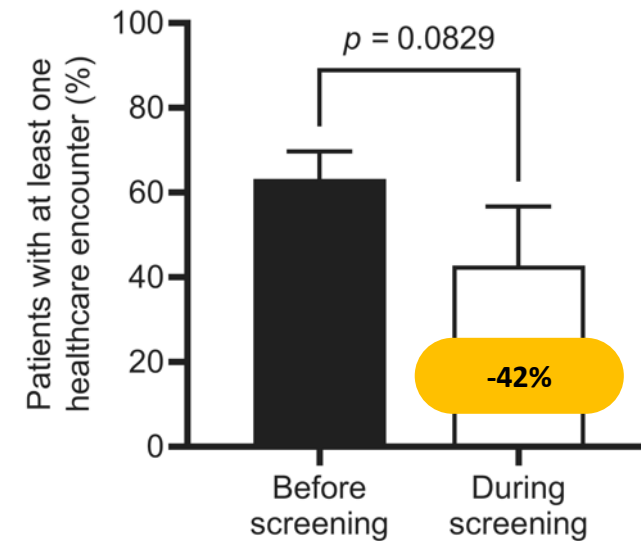


Figure 21

Missed Opportunities, Cascais, 2018-2021



Take-Home Messages

Opportunistic Screening Works

We leveraged patient visits for more efficient testing of often unaware demographics

Automation is a Key Facilitator

We streamlined screening by removing dependency on patient and physician initiative

Inclusive Outreach Achieves Equity

We successfully engaged hard-to-reach groups beyond MSM (e.g., women, migrants)



Overview of HIV prevention and control strategy in Taipei



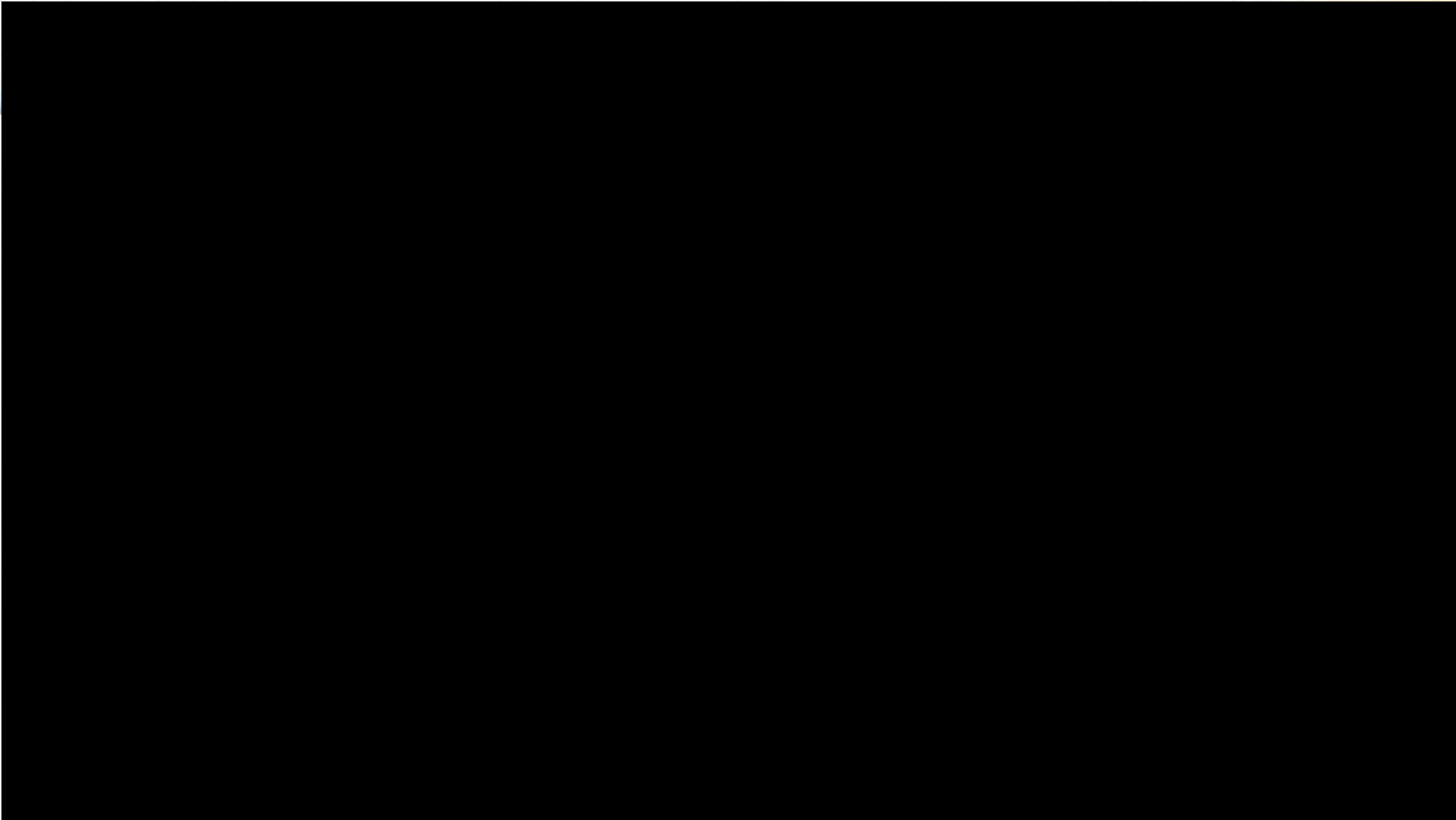
Dr. Chien Chun Wang

Director, Infectious Disease Division, Taipei City Hospital Kunming Branch

Vice Director, Taipei City Hospital Kunming Prevention and Control Center

Disclosure

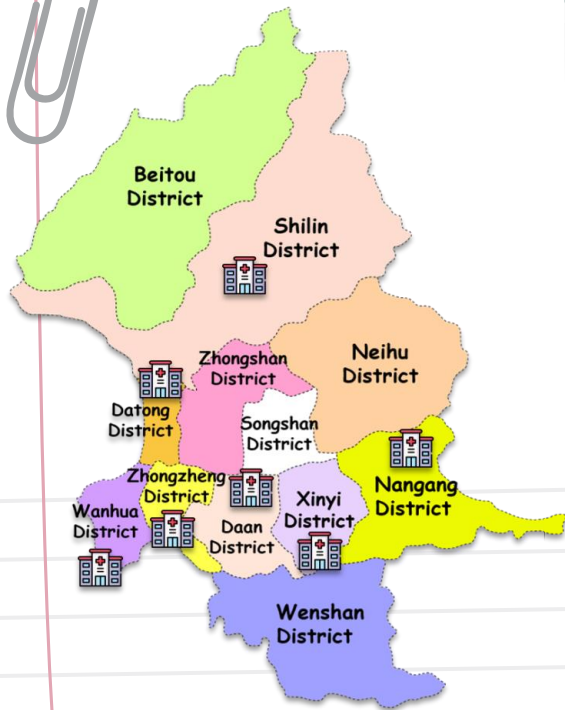
I have no conflicts of interest to disclose.



Wan-An, Chiang

Mayor of Taipei City, Taiwan (R.O.C)

Taipei City and Taipei City Hospital

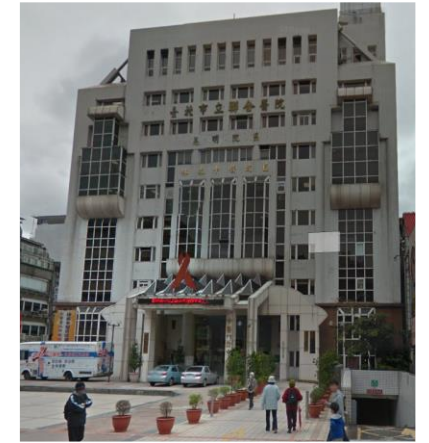


Taipei City

- 12 administrative districts
- Area : 271.8 km²
- Population: 2.48M

Taipei City Hospital

- Regional teaching hospital
- Total bed number: 3,012
- Total staff number: 6,309



First specialized Sexually Transmitted Diseases (STD) clinic (1968) and HIV/STD clinic (1988) in Taipei

Taipei City Government

Taipei City Health Bureau

Taipei City Hospital

Zhongxing Branch

Renai Branch

Yangming Branch

Zhongxiao Branch

Heping Fuyou Branch

Songde Branch

Linsen, Chinese Medicine, Kunming Branch

Kunming Prevention & Control Center

Clinical service
HIV patients about 4000

Public health service

Newly diagnosed HIV cases in Taipei City and Taiwan

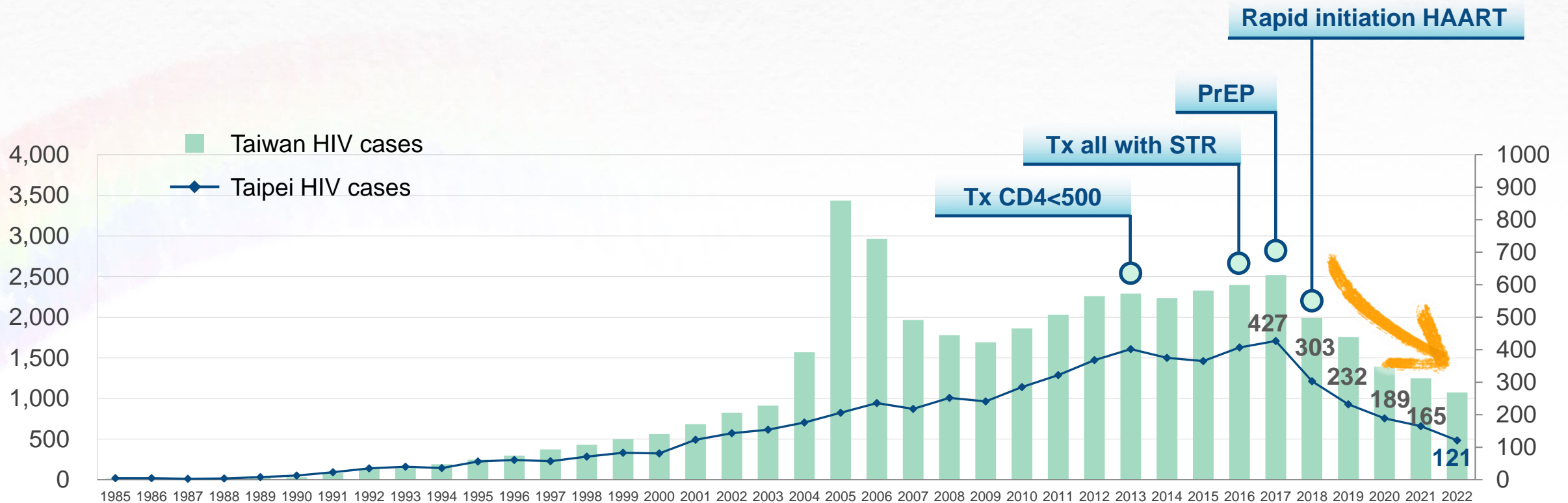
People living with HIV (PLHIV): 35,093
 Accumulated reported cases: 43,327
 (M: 95% F: 5%)

IDU

Harm reduction, methadone maintenance therapy (MMT), clean needle syringe program

MSM

Early Diagnosis, Treatment as prevention, Early HAART, PrEP



Prevention strategy and policy

Vulnerable group

- IDU
- MSM
- Sex worker

Prevention strategy

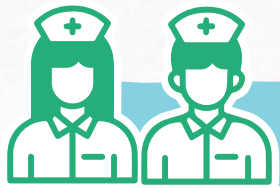
- Methadone maintenance therapy, clean needle syringe exchange
- Outreach screen for special population
- HIV self testing, consultation, link to medical system
- Early HAART with single tablet regimen
- Treatment as Prevention
- PrEP (exp. Chemsex group)



Stigma & discrimination

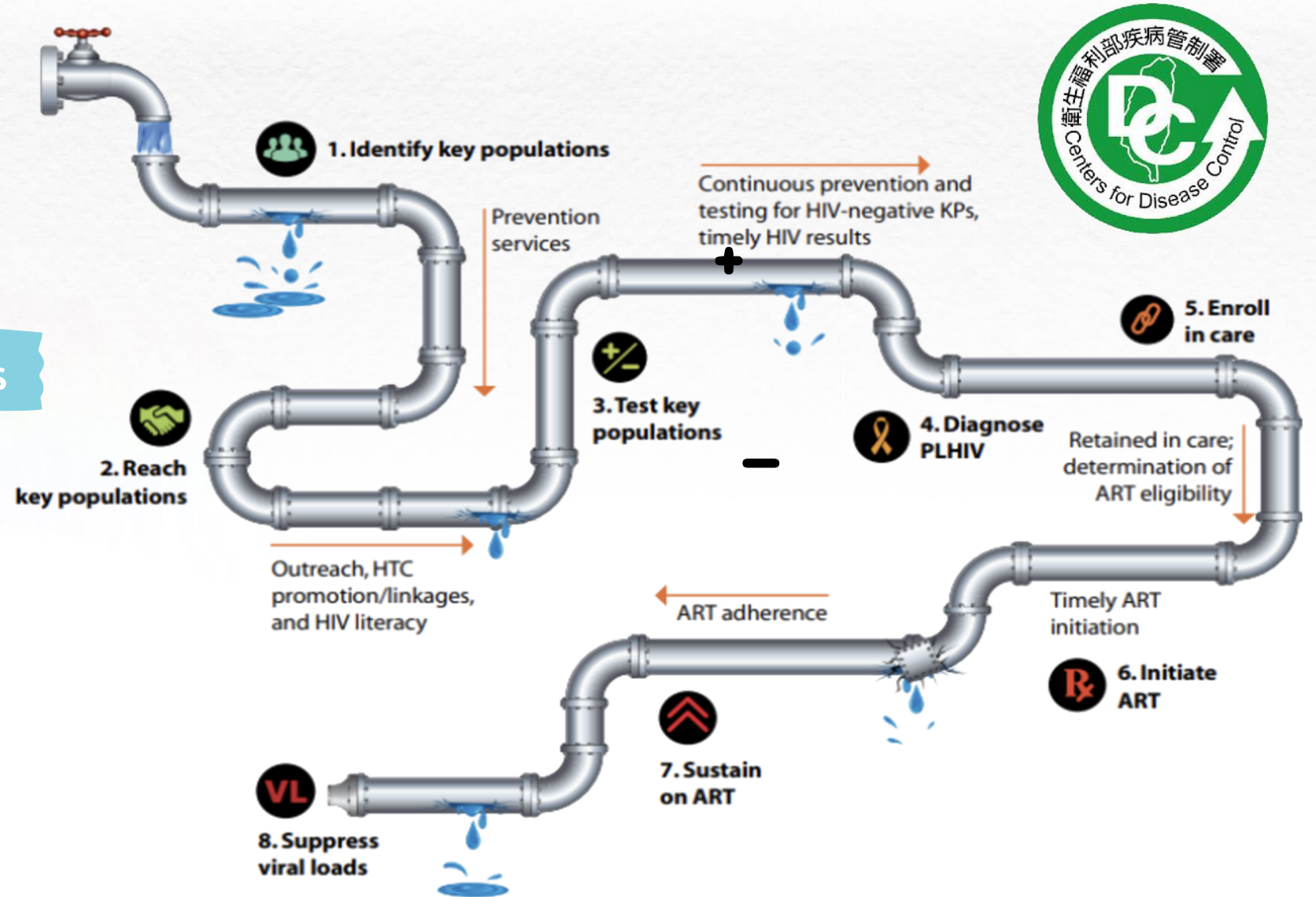
Summary

ID Physician



HIV case managers

- Link to medical system
- Patient Education
- Trace patient's contact history





Panel Q&A



Thank you