

O265

1-hour Oral Session

Challenges in HIV care in 2016

The improving trend in the HIV continuum of care in Croatia in the period 2010-2014

Josip Begovac^{*1}, Tatjana Nemeth-Blazic², Zoran Dominković³, Senad Handanagic⁴, Snjezana Zidovec Lepej⁵, Mirjana Lana Kosanović⁶, Lukas Davorka¹, Ivana Božičević⁴

¹University Hospital of Infectious Diseases, University of Zagreb School of Medicine, Zagreb, Croatia

²Croatian Institute of Public Health, Zagreb, Croatia

³Iskorak, Zagreb, Croatia

⁴Who Collaborating Centre for Hiv Surveillance, Andrija Stampar School of Public Health, School of Medicine, University of Zagreb, Zagreb, Croatia

⁵University Hospital for Infectious Diseases "Dr. F. Mihaljevic", Zagreb, Croatia

⁶Andrija Stampar Teaching Institute of Public Health, Zagreb, Croatia

Background: The HIV continuum of care has been recently introduced as a tool for monitoring delivery of care for people living with HIV. Croatia has a consistent HIV surveillance reporting system from the beginning of the epidemic and all patients are treated at only one treatment centre (University Hospital for Infectious Diseases, UHID) in Zagreb. We describe the evolution of the HIV care cascade in Croatia for the period 2010 to 2014 and assess whether the UNAIDS 90-90-90 targets can be met.

Material/methods: We defined 5 levels of the cascade: 1) HIV infected, 2) diagnosed 3) in care 4) on antiretroviral therapy (ART) and 5) suppressed viral load (<400 copies/ml). The estimated number of HIV-infected persons was determined by the incidence method using the European Center for Disease Control (ECDC) HIV Monitoring tool. We used the Croatian surveillance data on HIV and AIDS diagnoses and deaths among HIV cases from the beginning of the epidemic (1985-2014), and included the available CD4 cell counts data from 1999-2014. The trend over years was assessed using the Cochran-Armitage trend test.

Results: In the period 1985-2014, a total of 1208 persons with HIV were reported to Croatian Institute of Public Health of which 441 had AIDS and 212 died. Of 1208 persons 1042 were males, and sex between men was the major mode of HIV transmission (59,1%). In the period 1999-2014, a total of 927 persons who had a CD4 cell count available entered care at UHID. The distribution of the CD4 cell count per mm³ at the time of HIV diagnosis was as follows: ≥ 500, 182 (20%); 350-499, 166 (18%); 200-349 (21%); and < 200, 384 (41%). The model indicated that the estimated number of undiagnosed persons decreased from 34% in 2010 to 24% in 2014; the proportion of patients in care amongst the diagnosed ones was stable around 85-86%; the proportion on ART of those in care increased from 86% to 94% and the proportion of undetectable (HIV1 RNA < 400 c/ml) amongst those on ART was stable around 90%. When the number of estimated people living with HIV was used as a denominator all parts of the cascade of care showed improvements (P<0.001) (fig. 1.).

Conclusions: The ECDC model suggests that the major improvement in the treatment cascade was the reduction in the undiagnosed population. If the current trend continues, the UNAIDS targets of 90% diagnosed, 90% on ART and 90% undetectable could be achieved in Croatia by 2020. However, the major challenge would still be to further decrease the number of HIV infected persons who do not know their diagnosis.

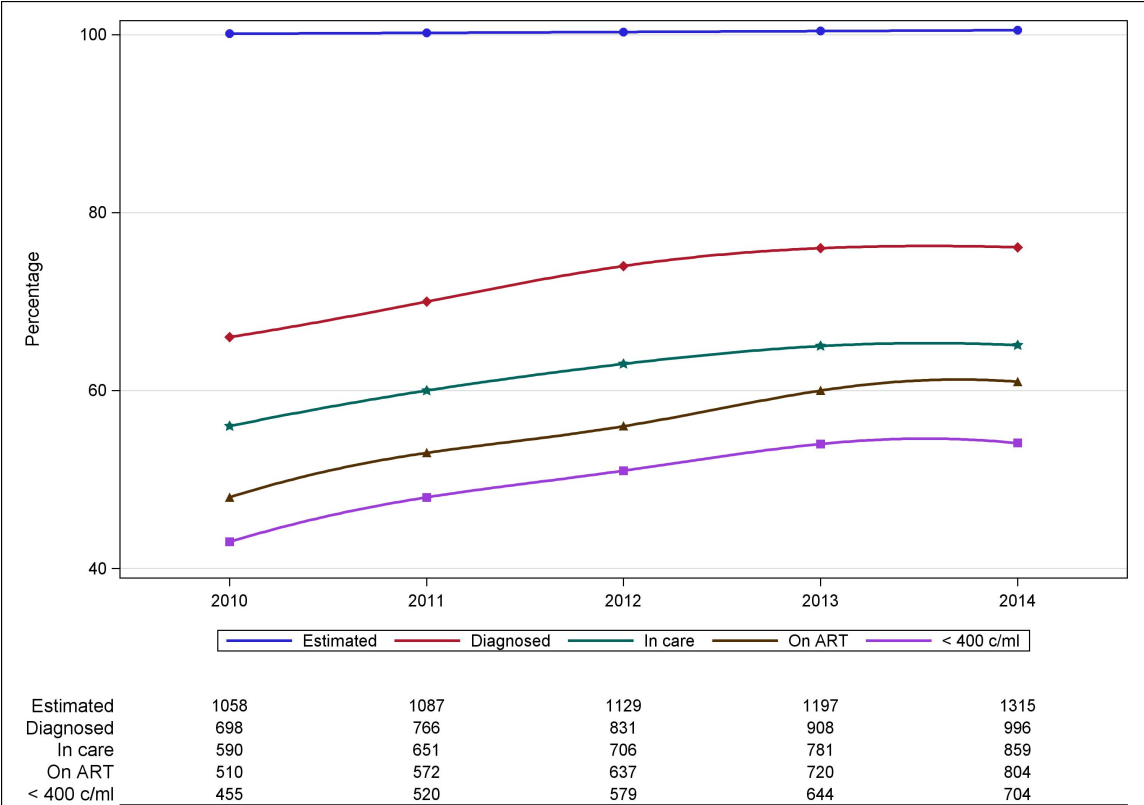


Figure 1. The trend in the cascade of care in Croatia in the period 2010-2014.