Objective

The 90-90-90 target set for 2020 is fast approaching and guidelines recommend antiretroviral therapy (ART) for HIV-positive people (HPP), regardless of CD4 count, aiming to improve long-term patient health and to prevent HIV transmission. The objective of this study was to compare the delay between HIV diagnosis and ART initiation across the EU5.

Results

The Scope data set had a total of N=2,026 physicians and Y=1,516 initiating patients with a mean age of 36 (standard deviation = 10.6). 75% of patients were male and 24% female. Overall, the delay between diagnosis and ART initiation is significantly lower (p<0.05) in Germany (3.8 months) than in Italy (11.4 months). In the UK, HPP initiate ART therapy most rapidly (3 months). Across the EU5, 51% of HPP were diagnosed in physician offices (PO) and 15.7% in sexual health/family planning clinics (SH/FPs). HPP initiated therapy most rapidly at POs (7.3 months) followed by SH/FPs (6.6 months). There is also a trend in healthier HPP taking longer to initiate therapy once they receive their diagnosis.

Delay Between HIV Diagnosis and ART Initiation

Across the EU5, 51% of HPP were diagnosed in physician offices (PO) and 15.7% in sexual health/family planning clinics (SH/FPs). POs were the primary location of diagnosis in France (38.1%), Germany (94.1%), Italy (38.8%), and Spain (62.7%). In the UK, significantly more HPP (p<0.05) were diagnosed in SH/FPs (47.9%).

Route of Infection

A significantly higher proportion of women initiate onto therapy three months or more after diagnosis at EU5 level, driven by FR, IT, ES and the UK collectively.

HPP diagnosed in POs have significantly shorter delays in treatment initiation (6.3 months) compared to those diagnosed at non-POs (9.2 months). In the UK, HPP initiate ART therapy most rapidly when diagnosed at a sexual health/family planning clinic. In Italy, HPP initiate ART therapy most rapidly when diagnosed in an emergency room or ‘other’ setting.

Conclusion

HPP in Italy, UK and Spain had the greatest delay in ART initiation compared to Germany. HPP who contracted HIV through homosexual or bisexual contact (a IV drug use) are more likely to start treatment sooner than those who were infected through heterosexual (± IV drug use), or solely IV drug use, giving consideration to the idea of a knowledge gap or a lack of regular HIV screening among that population. There is also a trend in healthier HPP taking longer to initiate therapy once they receive their diagnosis. This delay is contrary to current treatment guidelines and delay in diagnosis to initiation could lead to higher transmission risk, impacting outcomes and targets set for 2020.