

SNAPSHOT FROM AUCKLAND: CASCADE OF CARE FOR NEW DIAGNOSES OF HIV IN 2015 REFERRED TO AUCKLAND CITY HOSPITAL.

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Background: The UNAIDS/World health Organisation (WHO) 90-90-90 goals propose that by 2020 90% of all people living with HIV (PLHIV) should know their HIV status, 90% of those diagnosed should receive antiretroviral therapy (ART) and 90% of those on ART should be virally suppressed.

Methods: The 'cascade of care' for all people diagnosed with HIV in 2015 and referred to the Auckland City Hospital Infectious Disease Department was audited retrospectively. Linkage to care, retention in care, provision of ART and time to start ART, as well as viral suppression were ascertained.

Results: There were 57 new diagnoses of HIV referred, of whom 53 (93%) were male. The CD4 count was $>500 \times 10^6/L$ for 22 patients (39%) at diagnosis. 55/57 (97%) were linked to care and 53/57 (93%) retained in care. At 6 months from diagnosis 38/57 (67%) were on ART, and by the end of the follow up period 48/57 (84%) had started ART. The median time from diagnosis to start of ART was 70 days (Interquartile range (IQR) 47-156 days). For those eligible for ART in New Zealand (NZ) with a CD4 count $<500 \times 10^6/L$, 38/43 (88%) had started ART by 6 months from diagnosis, and by the end of the follow-up period 48/50 (96%) of those eligible were on treatment. For those on ART, viral suppression (<200 copies/mL) was achieved in 47/48 (98%) of patients, with a median of 180 days (IQR: 125-264 days) from diagnosis to documented viral suppression. Using an estimate from NZ research of 20% undiagnosed infection, overall, 66% of PLHIV within our area are virally suppressed.

Conclusion: The main break points in the cascade are 'diagnosis' and provision of ART. Removal of the CD4 count restriction for starting ART is an essential component to achieving the UNAIDS/WHO 90-90-90 goals in NZ.