POINT OF CARE CD4 COUNT TESTING AND CARE FACILITATION
Evidence-Based for Linkage to HIV Care
Evidence-Based Structural Intervention

INTERVENTION DESCRIPTION

Goal of Intervention
• Increase linkage in HIV care
• Increase antiretroviral treatment (ART) initiation

Target Population
• Adults newly diagnosed with HIV

Brief Description
Point of Care (POC) CD4 Count Testing and Care Facilitation (CF) is an intervention that combines POC CD4 Count testing and strengths-based counseling to engage newly diagnosed adults into HIV care. POC-CD4 testing provides CD4 counts within 20 minutes. Participants receive printed test results and are counseled on health implications. Care facilitators provide strengths-based counseling structured from the Antiretroviral Treatment Access Study (ARTAS) to assist patients with overcoming concerns on HIV stigma, linkage to care and disclosure of their HIV status. Participants receive up to 5 in-person or telephone CF counseling sessions.

Theoretical Basis
None Reported

Intervention Duration
• Up to five counseling sessions

Intervention Setting
• Telephone
• In-person

Deliverer
• Care facilitators who had formal training as a social worker and received 2 days of training in strengths-based case management with ongoing assessments and coaching

Delivery Methods
• Point-of-care CD4 test
• Counseling

Structural Component(s)
• Access
  • Increased access to POC CD4 count testing and HIV counseling
INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact Christopher J. Hoffmann, Department of Medicine, Johns Hopkins University School of Medicine, 1550 Orleans Street, CRBII 1M11, Baltimore, Maryland 21231.

Email: choffmann@jhmi.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location
The original evaluation was conducted in South Africa between 2013 and 2014.

Key Intervention Effects
- Increased linkage to care

Recruitment Settings
Mobile HIV counseling and testing units located in urban, peri-urban, and rural South Africa.

Eligibility Criteria
Participants were eligible if they tested HIV positive, not currently receiving HIV-related care, capable of providing informed consent, 18 years old or older, and planning to remain in South Africa for at least 6 months for follow-up.

Study Sample
The baseline study sample of 2,398 patients who testing HIV positive is characterized by the following:
- 61% female
- Median age of 33 years

Assignment Method
Participants (N = 2,398) were randomized to one of four study arms: POC-CD4 + Care Facilitation (n = 603), POC-CD4 + Transportation (n = 590), POC-CD4 Only (n = 614), or Standard of Care (n = 591).

Comparison
The standard of care comparison group received counseling on the importance of HIV care and were given a referral letter to the nearest clinic to their residence or a clinic of their choice.

Relevant Outcomes Measured
- Linkage to care was defined as receiving HIV-specific care at any medical facility in South Africa:
  - Time to linkage to care within 90 days of enrollment
  - Time to linkage to care within 180 days of enrollment
Participation Retention
Because participation retention is not a criterion for evaluating linkage, retention or re-engagement studies, PRS does not evaluate this information.

Significant Findings on Relevant Outcomes
• POC-CD4+ Care Facilitation participants were significantly more likely to be linked to care (verified HIV-specific care visit) within 90 days of enrollment than standard-of-care comparison participants (HR = 1.4, 95% CI =1.1 - 1.7, p = 0.001).
• POC-CD4+ Care Facilitation participants were significantly more likely to be linked to care (verified HIV-specific care visit) within 180 days of enrollment than standard-of-care comparison participants (HR=1.3, 95% CI=1.1 - 1.6, p = 0.002).

Considerations
• POC-CD4 + Care Facilitation participants were significantly more likely to have initiated ART (verified) within 180 days of enrollment than standard-of-care comparison participants (HR = 1.4, 95% CI [1.1 - 1.9], p = 0.02)
• The two additional interventions tested in this study, POC-CD4 Only and POC-CD4 + Transportation had no significant positive intervention effects for verified linkage to care within 90 days of enrollment or verified ART initiation within 180 days of enrollment when each were compared to the standard of care. These two interventions are not being recommended.

Funding

REFERENCES AND CONTACT INFORMATION

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