HIV and HCV Linkage to Care Indicators

Indicator 19: Number of HIV and HCV positive clients that receive support from CBOs to link to care (i.e. case management)	
Description	• Total number of HIV and HCV positive clients that have received education/support from CBOs about linking to care. This indicator would only be applicable to those that are positive and have not been linked to care, or have been lost to care.
Significance	• Gardner et al. (2005) compared the effectiveness of interventions to link recently diagnosed HIV-infected persons to care. Participants were randomized into: (i) standard of care (passive referral and brochure); or (ii) case management (building a relationship, identifying and addressing clients needs and barriers to health care, encouraging contact with a clinic, and accompanying the client to the clinic). In comparison to standard care, the case manager intervention was associated with a significantly higher rate of successful linkage to HIV care.
Data source	• CBO administrative data
Possible disaggregation	• Type of support provided to client (e.g. information about treatment, accompanying client to clinic, etc.)
Limitations	• CBO tracking issues

Click **here** to download a comprehensive list of indicators in the Indicators Technical Report.

Indicator 20: Number of HIV-positive clients who are referred to HIV primary care services and have not received such services in the past

Description	• Total number of HIV-positive individuals who are referred to HIV primary care services by CBOs and have not received such services in the past.
Significance	• Linkage to care is crucial for successful HIV treatment. Delayed linkage impacts medical outcomes (e.g. longer time to virologic suppression) and increased HIV transmission risk (Dombrowski, 2013).
Data source	• CBO administrative data
Possible disaggregation	• N/A
Limitations	• CBO tracking issues • Lack of standardized manner to track referrals • Difficult to determine if client followed up with referral

Indicator 21: Percentage of newly identified HIV-positive testing events where client was referred to HIV medical care

Description	• Percentage of total newly identified HIV-positive testing events for which clients received a referral to HIV medical care.
Significance	• Linkage to care is crucial for successful HIV treatment. Delayed linkage impacts medical outcomes (e.g. longer time to virologic suppression) and increased HIV transmission risk (Dombrowski, 2013).
Data source	• CBO administrative data
Possible disaggregation	• N/A
Limitations	• CBO tracking issues • Lack of standardized manner to track referrals • Difficult to determine if client followed up with referral

Indicator 22: Number of HCV-positive clients who are referred to HCV primary care services and have not received such services in the past	
Description	• Total number of HCV-positive individuals who are referred to HCV primary care services by CBOs and have not received such services in the past.
Significance	• Linkage to care is crucial for successful HCV treatment. Early treatment for HCV improves viral clearance outcomes (Corey, et al., 2010). Treatment is highly effective when administered within 12 weeks of diagnosis (Corey, et al., 2010).
Data source	• CBO administrative data
Possible disaggregation	• N/A
Limitations	• CBO tracking issues • Lack of standardized manner to track referrals • Difficult to determine if client followed up with referral

Indicator 23: Total number of HIV and HCV post-test counselling and support sessions	
Description	• Total number of post-test counseling and support sessions held for HIV and HCV testing. Multiple sessions with one client should be counted each time.
Significance	• Information provided during post-test counselling sessions can be key to reducing emotional distress, linking positive individuals with care and sharing information about risks.
Data source	• CBO administrative data
Possible disaggregation	• Counselling sessions for HIV vs. HCV • Counselling sessions for those with negative vs. positive result
Limitations	• CBO tracking issues

References

1. Corey, K.E., Mendes, J., Gorospe, E.C., Zheng, H., & Chung, R.T. (2010). Early treatment improves outcomes in acute hepatitis C virus infection: A meta-analysis. J Viral Hepat, 17(3): 201-207.

2. Dumbrowski, K. (2013). Linkage to care. Retrieved from: http://depts.washington.edu/nwaetc/presentations/uploads/109/linkage_to_care.pdf

3. Gardner, L.I., & Metsch, L.R., Anderson-Mahoney, P., Loughlin, A.M., Rio, C., Strathdee, S., … The Antiretroviral Treatement and Access Study (ARTAS) Study Group. (2005). Efficacy of a brief case management intervention to link recently diagnosed HIV-infected persons to care. AIDS, 19: 423-431.