

# POINT OF CARE CD4 COUNT TESTING AND CARE FACILITATION with ARTAS

Evidence-Based for Structural Intervention

Evidence-Based for Linkage to Care

## INTERVENTION DESCRIPTION

### Goal of Intervention

- Increase linkage to 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 and in-person

### Deliverer

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

### Delivery Methods

- Point-of-care CD4 test
- Counseling

### Structural Components

- 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. Hoffman**, Department of Medicine, Johns Hopkins University of Medicine, 1550 Orleans Street, CRBII-1M11, Baltimore, Maryland, 21231.

Email: [choffmann@jhmi.edu](mailto:choffmann@jhmi.edu) for details on intervention materials.

## EVALUATION STUDY AND RESULTS

### Study Location Information

The original evaluation study 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 2,398 patients who tested 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

- ART initiation was defined as both self-reported and verified ART initiation within 180 days, regardless of eligibility criteria
- 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 structural intervention studies, PRS does not evaluate this information.

### Significant Findings on Relevant Outcomes

- 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)
- 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

- 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

United States Agency for International Development (USAID) Cooperative Agreement (AID-OAA-A-12-00028)

\*[ARTAS = Antiretroviral Treatment Access Study](#)

## REFERENCES AND CONTACT INFORMATION

Hoffmann, C. J., Mabuto, T., Ginindza, S., Fielding, K., Kubeka, G., Dowdy, D. W., . . . Charalambous, S. (2017). [Strategies to accelerate HIV care and antiretroviral therapy initiation after HIV diagnosis: A randomized trial.](#) *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 75, 540-547.

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