

# RETAINING HIV-POSITIVE PATIENTS IN HIV CARE: A PERSONALIZED APPROACH FOR THOSE AT RISK OF LOST TO FOLLOW-UP AT AN INNER CITY SEXUAL HEALTH SERVICE



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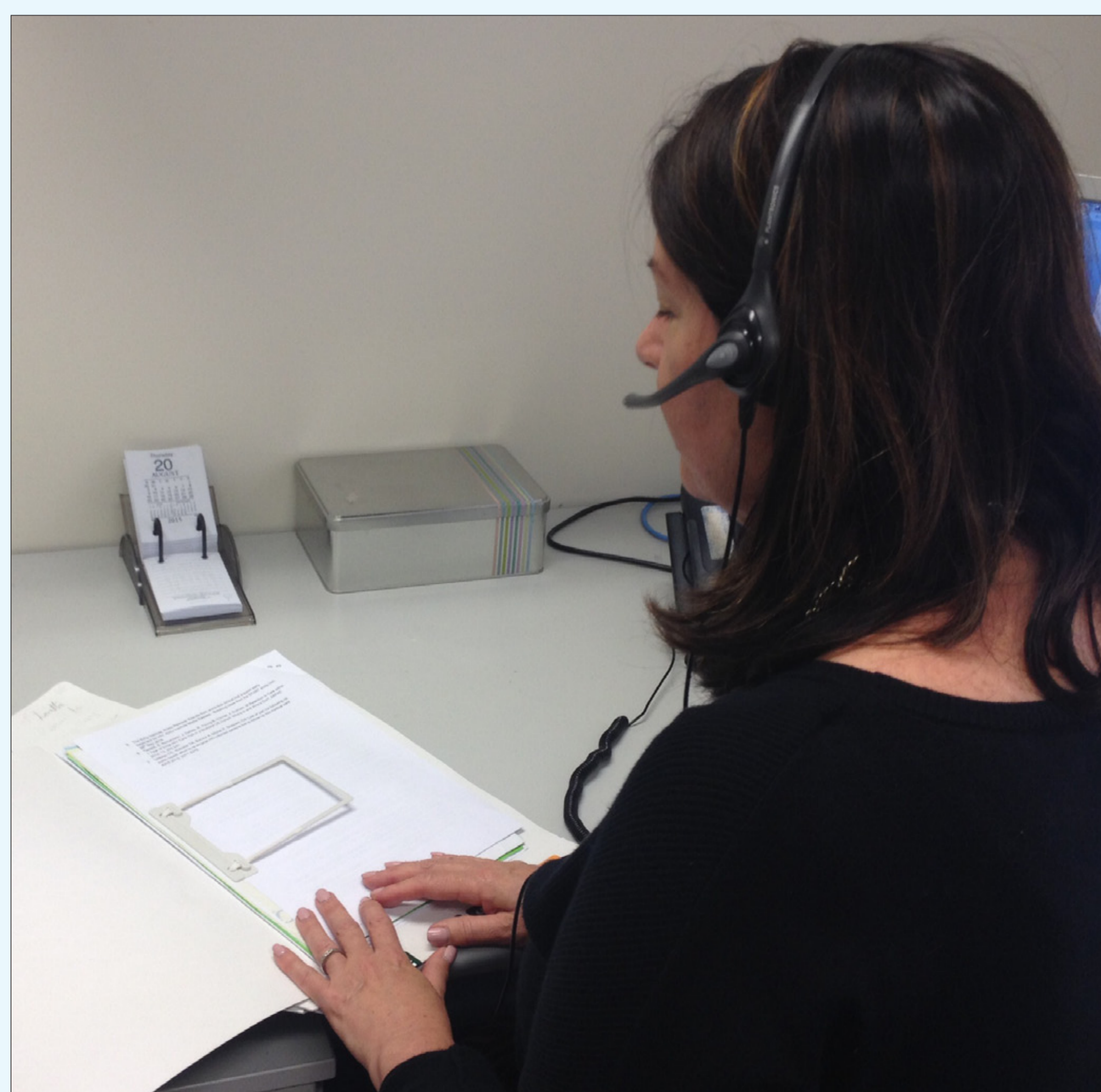


## Background

Retaining people in HIV care is central to the NSW Health Strategy which encourages HIV testing for people at risk and early treatment for those testing HIV positive to minimise the risk of onward transmission<sup>1</sup>. Persons who are HIV infected but undiagnosed and persons diagnosed as having HIV but not retained in care accounted for 91.5% of the HIV transmissions estimated to have occurred in the United States in 2009. In contrast those who were in care and prescribed antiretroviral treatment (ART) accounted for 2.5% of transmissions<sup>2</sup>. The Inner West of Sydney has the second highest prevalence of HIV diagnoses in NSW<sup>3</sup>. The Sydney Local Health District Sexual Health Service (SHS) provides HIV and sexual health services for the community. SMS reminders are in place to recall patients for HIV monitoring every 4 months. Loss to follow-up (LTFU) in HIV-positive patients has been associated with poorer outcomes<sup>4,5</sup>. The early detection of risk of LTFU in patients may facilitate preventive intervention.

## Methods

In 2013 a file audit of 162 HIV-positive patients was conducted to identify clients LTFU in the previous 2 years. LTFU was defined as a patient not having attended for more than 4 months since their last appointment. Attempts were made to contact patients LTFU. A personalised approach to follow-up of patients who had withdrawn from HIV care was taken by the social worker. Phone calls, voicemail messages, personalised SMS and email contact were used to locate and invite patients back to HIV care. Additionally, all patients newly diagnosed with HIV in 2013 and 2014 were actively followed up to ensure they were receiving HIV care.



## Results

44 (27%) HIV patients had not attended between 1st April 2013 and 31 July 2013. 20 (12%) people have since re-engaged in care. 10 (6%) had moved to a service outside Sydney, 9 (6%) had transferred to another Sydney service and 2 (1%) had died. 3 (2%) were not contactable. Additionally 43 of 44 patients (98%) attending SHS who were diagnosed with HIV in 2013 and 2014 are still engaged in HIV care. Attempts are being made to contact the person who has not attended.

**Table 1. Reason for non-attendance for HIV care between 1/4/2013 and 31/7/2013 n=44**

| Reason                                      | n (%)   |
|---|---------|
| Transferred to other service outside Sydney | 10 (23) |
| Transferred to other service within Sydney  | 9 (20)  |
| Died  | 2 (5)   |
| LTFU  | 23 (52) |

**Table 2. Characteristics of HIV patients LTFU n=23**

| Characteristics                   | n (%)            |          |
|-----------------------------------|------------------|----------|
| Gender                            | Male             | 20 (87%) |
|                                   | Female           | 3 (13%)  |
| Age (years)                       | Mean             | 35       |
|                                   | Median           | 33       |
|                                   | Range            | 21-59    |
| Sex of partners (male patients)   | Same sex         | 16 (80%) |
|                                   | Both sexes       | 2 (10%)  |
|                                   | Opposite sex     | 2 (10%)  |
| Sex of partners (female patients) | Opposite sex     | 3 (100%) |
| Country of birth                  | Born in Aust /NZ | 16 (70%) |
|                                   | Born overseas    | 7 (30%)  |
| Employment                        | Employed         | 17 (74%) |
|                                   | Student          | 3 (13%)  |
|                                   | Pension/benefit  | 3 (13%)  |
| HIV Treatment                     | On ART           | 11 (48%) |
|                                   | Not on ART       | 12 (52%) |
| No of years living with HIV       | Mean             | 6        |
|                                   | Median           | 5        |
|                                   | Range            | <1 - 20  |

NZ: New Zealand

ART: Antiretroviral therapy

**Table 3. Number of contacts made and months taken to return to care for those who re-engaged n=20 and LTFU n=3**

| Number of contacts made                         | n=20       |
|---|------------|
| 1 contact to return to care                     | 12 (60%)   |
| >1 contact to return to care (Mean 6; Median 5) | 8 (40%)    |
| <b>Time to return to care</b>                   |            |
| Months  | Mean 8     |
|   | Median 7   |
|   | Range 5-31 |
| <b>LTFU</b>                                     |            |
| Number contacts made                            | n=3        |
|   | Mean 7     |
|   | Median 8   |

## Discussion

20 out of 23 people who were LTFU who were contacted by the social worker re-engaged in care. A limitation of this study is that it is unknown how many people would have re-engaged in medical care without the intervention. The definition used for LTFU is narrow and some people reported being late for monitoring appointments due to being away or being busy at work.

In this LTFU group less than half were on ART (48%). 88% of HIV patients at SHS are now on treatment in line with NSW Health guidelines and scientific evidence on the benefits of early treatment<sup>6</sup> and this has been found to be associated with people remaining engaged in HIV care<sup>7</sup>. Vulnerable patients, such as those who are released from prison and people with brain injury and mental illness, are referred to a community allied health team who provide case management.

For 6 patients who re-engaged in care, mental health concerns were identified as contributing to them being LTFU. Psychosocial counselling was been offered to them as part of their re-engagement.

Compared to a similar intervention in New York City which found that once located 77% of people accepted clinic appointments and 57% returned to care<sup>8</sup>, we have a high success rate. Only 2% of SHS patients have been LTFU since August 2013.

## Conclusion

Given the high rate of retention in HIV care, the model of active follow-up for HIV patients, while labour intensive, will continue.

## References

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