

# Lost to follow up; a key minority group

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## Background

The UK has already surpassed the UN's 90-90-90 target which was set for 2020 with 92% of people living with HIV diagnosed; 98% of those on treatment; and 97% of those have an undetectable viral load<sup>1</sup>

However, there are significant numbers of people who are lost to follow-up (LTFU).

Retention in care is vital if treatment outcomes are to be further improved and sustained. There are serious consequences for patients who are LTFU such as discontinuation of ART, drug resistance, increased mortality and onward transmission.

## Results

10 cases were identified ~ 5% of the total cohort :

- 5 were taking ART before disengaging
- 1 was an IVDU with Hepatitis C co-infection. The remaining 9 patients did not have any drug or alcohol issues

Attempts to establish contact were made periodically for all patients through multiple phone calls and letters to the patients and their GPs:

- A Black African married couple, diagnosed by their GP, were successfully contacted and stated that they did not wish to seek care at the present time.
- 2 patients did not have any records of attending GP services

## Discussion

Our numbers were too small to analyse significant associations, however, there was a trend for black heterosexual males to be LTFU. Mental health problems and social factors such as unemployment may have contributed to lack of engagement

5 patients had treatment interruptions; this is concerning as viral rebound will lead to increased morbidity, drug resistance and risk of HIV transmission

The incomplete partner notification process in 5 cases may potentially contribute to the number of people living with undiagnosed HIV

## Method

We reviewed the case notes of all HIV patients who were LTFU.

LTFU was defined as those who had

- Not attended clinic for at least 365 days
- Not transferred their care to another clinic or died

Data was collected on : Demographics, CD4, VL, ART, mental health, social factors and attempts made to contact the patient.

<b>Total LTFU</b>	<b>10</b>
<b>Sex</b>	6 Males 4 Females
<b>Median age (years)</b>	43.5 (range 26-63)
<b>Sexuality</b>	1 MSM 9 Heterosexual
<b>Ethnic origin</b>	5 Black African 4 White British 1 Mixed Heritage
<b>No. born in UK</b>	5
<b>IVDU</b>	1
<b>Mental health issues</b>	4
<b>Unemployed</b>	4
<b>Partner Notification completed</b>	5
<b>On ART at last visit</b>	5
<b>Median CD4</b>	381 (range 159-847)
<b>VL &lt; 40</b>	4

## Conclusion

**There is a strong need to retain all patients in care to achieve better patient outcomes and prevent the transmission of HIV.**

**Our study highlights the need to prioritise further larger studies to increase understanding and develop effective and targeted interventions that may help minimize disengagement from care.**

**We suggest a national audit based on the 2018 BHIVA Standards of Care for People Living with HIV: Access to and retention in care<sup>2</sup> would be of paramount importance.**

### References:

- PHE publications gateway number: 2018607
- BHIVA Standards of Care for People Living with HIV 2018