RE-ENGAGEMENT IN CARE LEADS TO SUSTAINED ENGAGEMENT AND VIRAL SUPPRESSION #854

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Background:

The HIV Care Continuum illustrates the importance of full engagement in HIV care and treatment by people livings with HIV in order to achieve viral suppression. Viral suppression has been linked to positive health outcomes for both the individual and the community, if sustained. However, many people cycle in and out of care making it difficult for them to achieve this goal. We sought to use HIV surveillance and clinical data to determine whether identification and subsequent re-engagement of HIV+ out of care people results in sustained retention in care and clinical outcomes.

Methods:

Through the District of Columbia Department of Health (DC DOH) Recapture Blitz, data on 1,015 HIV+ persons were received from 7 Ryan White funded primary care providers who identified persons as being out of care from October 2012 to April 2013. Persons were matched to the DC DOH surveillance and services databases, and those without evidence of receipt of care based on the available data were sent back to clinics for investigation. Figure 1 describes the process through which the Recapture Blitz was conducted. Clinical providers were given 60 days to attempt to re-engage those considered lost to care using a variety of different methodologies. Re-engagement was defined as attending an appointment during the recapture period. Table 1 displays the results of the re-engagement activities at the completion of the timeframe. Persons considered to be re-engaged were included in the analysis and matched to the HIV surveillance system . Median CD4 and viral load, retention in care, and viral suppression at last lab after re-engagement were assessed 12 months following the Recapture Blitz using routinely collected laboratory data. Retention in care was defined as ≥ 2 CD4 or viral load test results and sporadic care was defined as ≥ 1 CD4 or viral load test result reported during the follow-up period. Median CD4 count and viral load before and after re-engagement were then compared for statistical significance.

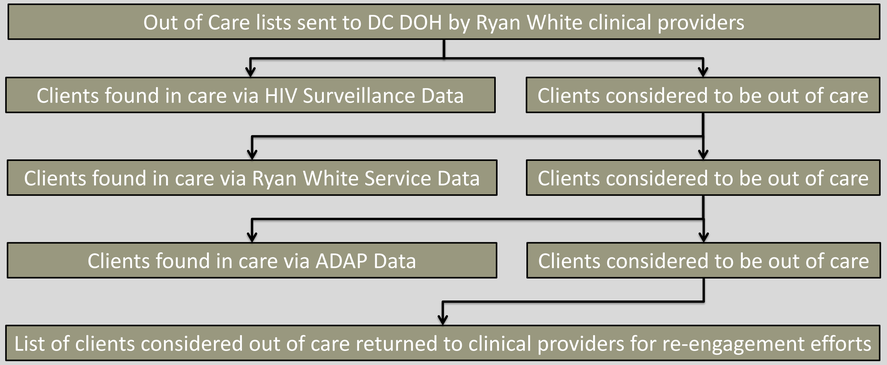

Figure 1. Recapture Blitz Workflow

Table 1. Results of Recapture Blitz	No. (%)
Clients sent to be contacted	**691**
Clients contacted	**573 (82.9)**
• Clients reengaged	59 (10.3)
• Clients found to be in care elsewhere	121 (21.1)
• Clients relocated to another jurisdiction	61 (10.7)
• Clients deceased	19 (3.3)
• Clients unable to re-engage	46 (8.0)
• Clients unable to locate	216 (37.7)
• Clients with other disposition	51 (8.9)

Limitations and Conclusions:

Through the Recapture Blitz, using a combination of surveillance and clinical data allowed not only for successful re-engagement in care but resulted in improved longer term health outcomes post-re-engagement. While providers were able to contact most people, only 10% were re-engaged. However, once re-engaged, the majority of people remained in care and were virally suppressed. A 12 month follow-up period was used for this analysis, future analysis should assess the longer term impact of re-engagement efforts. Additionally, surveillance data do not routinely capture visits however laboratory data were used as a proxy. This analysis underscores the importance of re-engagement to improve overall rates of retention and viral suppression leading to improved individual-level outcomes and reduced disease transmission.

Results:

From October 2012 to April 2013, 691 HIV+ persons had no evidence of being in care and were subsequently investigated. Viral load or CD4 results were available for 390 (56%) of those investigated. At their last known lab, the median viral load and CD4 among out of care persons was 200 copies/ml and 27 cells/µl, respectively. As of April 2014, the majority of re-engaged persons remained in care (n=44, 75%); 32 (54%) were retained in continuous care and 12 (20%) were sporadically engaged in care. Fifteen people (26%) had no evidence of being in care as per surveillance records. Among persons retained in care at 12 months of follow-up, 25 (57%) were virally suppressed at their last reported viral load. The median CD4 results among persons retained in care increased significantly from 26 cells/µl at last known lab to 458 cells/µl after 12 months of follow-up (p<.0001) while the median viral load decreased from 1,800 to 85 copies/ml (p=0.1665).

Figure 2. Retention and Viral Suppression at 12 Months of follow-up (N=44)

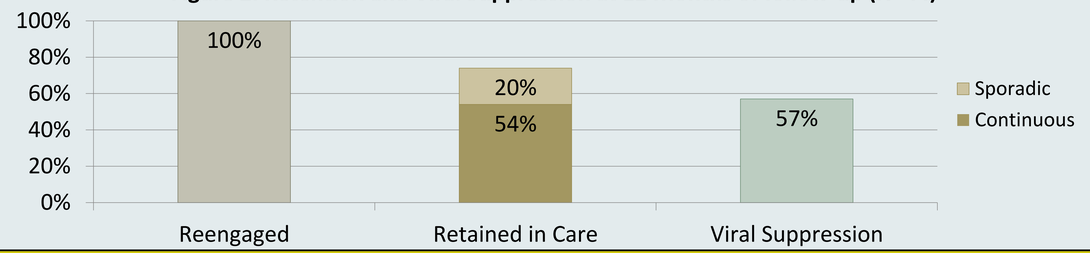

Table 2. Follow-up results among persons re-engaged and retained in care (N=44)	Before	After	P
Median CD4 Count (cells/µl)	26	458	<.0001
Median Viral Load (copies/ml)	1,800	85	0.1665

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