Return to Care After Interruption in Treatment in South-Central Uganda

00905

Alice Kisakye[1], Edward Kankaka[1], Joseph Kabanda[2], Bill Elur[2], Rose Bosa[2], Steve Reynolds[3], Mary Kate Grabowski[4], Maria J Wawer[4], Ron Gray[4], Larry Chang[4], Fred Nalugoda[1], Gertrude Nakigozi[1], Joseph Kagayi[1], David Serwadda[1,5]
[1]Rakai Health Sciences Program, Kalisizo, Uganda, [2]PEPFAR/CDC-Uganda, Kampala, Uganda, [3]NIH/NIAID, Betheseda, MD, USA, [4]Johns Hopkins University, Baltimore, MD, USA, [5]Makerere University, Kampala, Uganda

BACKGROUND

- ART reduces HIV-related morbidity and mortality and is essential for epidemic control.
- To prevent interruptions in treatment (IIT), the Masaka Region HIV Program in south-central Uganda, under PEPFAR funding, implemented client-centered care including differentiated service delivery models (DSD), appointment tracking systems, and psychosocial support.
- However, IIT remains a challenge. We studied correlates of return and time to return to care among clients with IIT.

METHODS

- Analyzed clients with IIT during January 1, 2020–March 31, 2021 receiving ART at 95 facilities in 12 districts.
- IIT was defined as no clinical contact for >28 days from missed appointment.
- Follow-up by home visits and/or phone calls commenced the day of missed appointment;
- Outcomes (i.e., returned to care, self-transferred, migrated, died, unknown) were determined up to May 1, 2021
- Used descriptive statistics for group characteristics; mixed effects logistic regression for correlates of overall return to care; and non-parametric tests of medians for time to return among those who returned.

RESULTS

- **Participant Characteristics**
  - 2,356 clients with IIT
  - Sex: 1,381 (59%) female
  - Care model: 2,220 (94%) in facilities, 6% in community
  - Virologic suppression before IIT: 2,128 (90%) suppressed
  - Median ART duration: 3.6 (IQR 1.4, 6.0)
  - Median age: 35 (IQR 27.2 – 41.7)

Higher overall return in facility-based models of care, but slower.

Pre-interruption viral load and ART duration also associated with return to care.

	Overall Return to care				Median time to return (months)	
	Adj.OR	**LL**	**UL**	**p-value**	**median**	**p-value**
sex (Ref = Female)					3.3	
Male	1.09	0.82	1.45	0.562	3.4	0.261
model of care (Ref = Community)					3.0	
Facility	4.34	2.36	7.96	**<0.001**	3.4	**0.032**
VL before missing (Ref = suppressed)					3.2	
Nonsuppressed	4.05	1.64	10.00	**0.002**	5.4	
Missing	0.46	0.22	0.97	0.042	3.5	**<0.001**
ART duration in years (Ref = 0-2)					3.2	
2-3.9 yrs	1.18	0.81	1.72	0.402	3.3	
4-5.9 yrs	1.70	1.13	2.56	**0.011**	3.5	
6-7.9 yrs	0.99	0.64	1.53	0.967	3.7	
8-9.9 yrs	1.40	0.75	2.60	0.29	3.0	
>=10 yrs]	0.69	0.34	1.41	0.314	3.3	
Missing	1.48	0.39	5.63	0.568	3.9	0.126
Age in years (Ref = 0-9.9)					3.0	
10-19.9 yrs	0.52	0.18	1.48	0.22	4.2	
20-29.9 yrs	0.89	0.39	2.07	0.791	3.3	
30-39.9 yrs	0.92	0.40	2.10	0.838	3.4	
40-49.9 yrs	1.09	0.47	2.56	0.838	3.1	
>50 yrs	0.99	0.40	2.46	0.985	3.3	
Missing	0.24	0.03	1.70	0.153	3.4	0.224

RESULTS

- **Outcomes**
  - Returned to care: 1,266 (54%)
  - Self-transferred: 116 (4.9%)
  - Migrated: 35 (1.5%)
  - Died: 20 (0.8 %)
  - Could not be traced: 919 (39%)

- **Time to return (among returned clients)**
  - 75% of returned clients, returned within 6 months (median 3.3 months, IQR 2.1-5.9).

CONCLUSIONS

- **Almost 40% of clients could not be traced.**
- Return to care may be less likely beyond 6 months of active tracking
- There were higher proportions but slower return in facility-based models compared to community-based models.
- Non suppressed clients prior IIT return slower to care

ADDITIONAL KEY INFORMATION

Author Contact Information
Alice Kisakye
akisakye@rhsp.org

Acknowledgements
PEPFAR, CDC-Uganda, MOH-Uganda, RHSP program staff, Facility Health workers, peer supporters, PLHIV