Clinic Transfers and Viral Load Outcomes among Adolescents and Young Adults with HIV in Western Kenya

862

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BACKGROUND

- Retention in HIV care is essential to achieve optimal treatment outcomes among adolescents and young adults living with HIV (AYAH)
- Clinic transfers are common and may disrupt continuity of care
- Evidence is limited on the characteristics of AYAH who transfer clinics and how transfers influence treatment outcomes

OBJECTIVES

- To examine demographic, psychosocial, and clinical factors associated with clinic transfers among AYAH
- To assess the impact of transfers on viral load monitoring and viral suppression

STUDY DESIGN

- This study was nested within the Adapt for Adolescents (A4A) randomized controlled trial:
  - Enrolled 880 AYAH aged 14–24 at three high-volume public health facilities in Kisumu County, Kenya
  - Conducted between April 2021 and March 2022
- Clinic transfers identified through electronic medical records or participant self-report during follow-up

DATA COLLECTION & ANALYSIS

- Baseline sociodemographic, psychosocial, and clinical data collected, and viral load outcomes assessed at 2-year follow-up (±6 months)
- Pearson's chi-square and Mann–Whitney U tests to compare baseline characteristics and viral suppression (<200 copies/ml) between transfers and non-transfers
- Multivariable logistic regression with stepwise adjustment used to identify predictors of clinic transfer

AYAH who transferred clinics comprise a distinct and potentially more vulnerable population than non-transfers

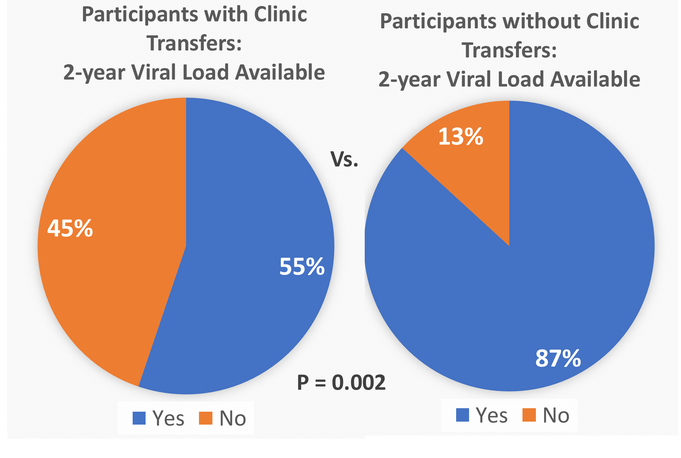
Table 1: Key Baseline Characteristics

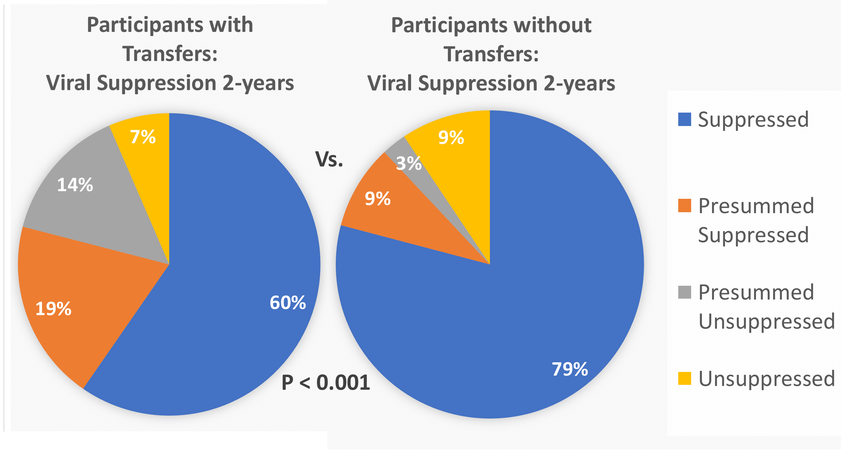
	Participants with clinic transfer N=87	Participants without clinic transfer N =779	p-value
Gender			0.001
Male	15 (17.2)	269 (34.5)	
Female	72 (82.8)	510 (65.5)	
Age Category			<0.001
14-19 years	29 (33.3)	443 (56.9)	
20-24 years	58 (66.7)	336 (43.1)	
Time on ART			<0.001
<5 years	50 (57.5)	263 (33.8)	
>10 years	37 (42.5)	516 (66.2)	

Table 2: Key Psycho-social Characteristics

Psychosocial Characteristics	Participants with clinic transfer N=87	Participants without clinic transfer N =779	p-value
Primary Caretaker			0.013
Self/parent	43 (49.4)	518 (66.5)	
Relative/partner/other	44 (50.6)	216 (33.5)	
Food Insecurity			0.026
None	22 (25.3)	291 (37.4)	
Mild	65 (74.5)	488 (62.6)	
Adverse childhood events			0.002
0-3	44 (50.6)	524 (67.3)	
> 3	43 (49.4)	255 (32.7)	

Clinic transfers were statistically significantly associated with worse HIV care outcomes





RESULTS

- Those who transferred were more likely:
  - To be female (82.8%, vs. 65.5%, p=0.001);
  - To be older (median age 21, vs. 19 years, p<0.001);
  - Have less time on ART (median 4 vs. 7 years, p<0.001);
  - To have someone other than self or a parent as their primary caregiver (50.5% vs. 33.5%, p=0.013);
  - To report food insecurity (74.5% vs. 62.5%, p=0.013);
  - To report >3 adverse childhood events (49.4% vs. 32.7%, p=0.002)
- At 2 years, AYAH that transferred clinics were less likely to have a viral load available (55.2% vs. 86.8%, p=0.002)
- Among those with a viral load, fewer transfers were virally suppressed (79.0% vs. 88.0%, p<0.001)

CONCLUSIONS

- AYAH who transfer clinics
  - represent a distinct and potentially more vulnerable population than non-transfers
  - experience poorer HIV care outcomes
- Targeted interventions to support continuity of care among AYAH with care transfers are needed to improve retention and viral suppression among mobile AYAH populations

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PLAIN LANGUAGE SUMMARY

For adolescents and young adults living with HIV, transferring clinics can worsen HIV outcomes. Programs that assist those most likely to transfer clinics – like females or those without a parent as a primary caregiver – can help to improve retention in care and reduce adverse HIV care outcomes.