

Sustained retention in care among People Living with HIV attending Western Sydney Sexual Health Centre: the impact of an Enhanced Follow-up initiative during the Covid-19 pandemic.

Bopage RI¹, Comminos NB^{1,2}, Rix S¹, Mason E¹, Power M¹, Goulding L¹, Varghese S¹, Yu P¹, Lewis DA^{1,2},

¹Western Sydney Sexual Health Centre, Parramatta, New South Wales, Australia; ² Westmead Clinical School and Sydney Institute for Infectious Diseases, University of Sydney, Sydney, New South Wales, Australia

Background: Retention in care of people living with HIV (PLHIV) facilitates improved outcomes in a cohort with increasing health-related complexity and reduces the prevalence of untreated HIV in the community. 'Enhanced Follow-Up' (EFU) was introduced at Western Sydney Sexual Health Centre (WSSHC) in June 2020 to monitor and reduce loss to follow-up (LTFU) during the Covid-19 pandemic. We evaluated retention rates among PLHIV 18 months after implementing this strategy.

Methods: Retrospective record audits for PLHIV attending WSSHC at 'baseline/pre-EFU' (Audit 'A1'-12 months to 30-6-2020), 3 months post-EFU ('A2'-12 months to 30-9-2020) and 18 months post-EFU ('A3'-12 months to 31-12-2021). EFU comprised: a Microsoft Teams workspace integrating data from clinicians, pharmacy (adherence) and social workers (psychosocial retention barriers), dedicated monthly retention meetings and LTFU management at monthly HIV-multidisciplinary meetings. 'Active care' described at least 6-monthly face-to-face/telehealth medical consultations for antiretroviral therapy and/or monitoring/viral load measurement. 'LTFU' described no attendance for >6 months AND documented unsuccessful recall attempts by phone, sms and registered letter. 'Care-entry' described HIV diagnosis at WSSHC/transfer-in referral/self-referral AND subsequent attendance. 'Care-transfer' described transfer-out referral/documentated attendance elsewhere for ongoing care. Target LTFU rate was $\leq 1\%$ of the total cohort.

Results: Demographics and characteristics of 386 PLHIV (A3) were analysed: median age 44 years, 82.7% male, 62.2% overseas-born, 2.6% Aboriginal/Torres Strait Islander, 3.9% injecting drug-use (past year), median 8.7 years since diagnosis, median latest CD4 count 728. The proportion receiving active care was 84.4% (A1), 98.0% (A2) and 97.5% (A3). LTFU occurred in 7.0% (A1), 2.0% (A2) and 0.7% (A3). Care-entry occurred 3.4% (A1), 2.7% (A2) and 9.0% (A3). Care-transfer occurred in 8.3% (A1), 1.1% (A2) and 1.8% (A3).

Conclusion: Retention rates improved 18 months after EFU implementation. Future audits will assess the sustainability of improvements. Follow-up strategies are useful and feasible for services seeking to optimize retention during pandemics.

Disclosure of interest statement: The authors declare no conflicts of interest