

P0019

Paper Poster Session
HIV clinical follow-up

Risk factors for loss to follow-up after a positive HIV test at the emergency department: a case-control study, 2010-2014

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Background: HIV infection is frequently diagnosed in the context of emergency department (ED) visits motivated by acute illness. Successful timely linkage to care following these unplanned events is crucial in preventing adverse outcomes and limiting HIV transmission. The objective of this study was to explore newly diagnosed patients' features associated with loss to follow-up (LTFU).

Material/methods: We retrospectively analyzed data regarding newly diagnosed HIV cases at a major teaching hospital's ED in Lisbon, between 2010 and 2014. Patients' hospital charts and Si.vida data (national electronic registry for HIV patients) were reviewed. Patients who hadn't presented for care in the 6 months before data analysis (October 2015) were considered LTFU (cases). Those who had presented to outpatient appointments and/or were known to be taking anti-retrovirals in the 6 months before the analysis were considered to be in care (controls). Deceased patients were excluded from the study. Demographic, epidemiological and clinical characteristics were evaluated using multivariate logistic regression and expressed as odds ratios (OR), with their respective 95% confidence intervals (CI).

Results: During the study period 161 patients had a newly positive HIV ELISA screen. Among these, 16 (9.9%) are known to have died at the time of study completion and were hence excluded. Independent epidemiological risk factors for LTFU were intravenous drug use (OR 3.7 CI[1.2-11.5] p=0.02) and being migrant (OR 3.0 CI[1.3-7.0] p=0.01). Gender and age were unrelated to LTFU (p>0.05). Patients presenting with dermatological symptoms and those with lower CD4 cell counts were also at higher risk of LTFU (respectively OR 6.3 CI[1.6-24.8] p=0.01; OR 2.5 CI[1.5-4.0] p<0.001). Inpatient admission was associated with lower LTFU (OR 0.4 CI[0.2-1.0] p=0.04).

Conclusions: Understanding risk factors for of LTFU on the moment of HIV infection diagnosis may help to develop focused approaches which can maximize retention in care.