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Short Communications

Data that matter: epidemiological realities of HIV in the modern era

SC 23 Characteristics of people living with HIV who were lost to follow-up

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Title: Characteristics of people living with HIV who were lost to follow-up

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Abstract body

Background: Despite the high efficacy and tolerability of modern HIV regimens, people living with HIV (PWH) continue to face various problems related to adherence and retention in care. Discontinuity in care can reduce the overall health and fuel the HIV transmission. The COVID-19 pandemic favoured the disruption to HIV-related services for multiple reasons.

Materials and Methods: This is a retrospective study in an HIV Clinic in northern Italy, investigating the rate and characteristics of PWH who were lost to follow-up (LTFU) during the period immediately following the SARS-CoV-2 pandemic. From January 01, 2022 to December 31, 2024 all patients who did not attend the planned follow-up visits were evaluated. Refill pharmacy reports were checked for consistency. LTFU was defined as those who had not attended any visit for at least two years. Comparison were assessed by Chi-square test.

Results: A total of 2,789 PWH were included in the analysis. Median age was 56 years (IQR 49-61), with 720 (26%) female and 453 (16%) not born in Italy. By the end of 2024, 106 (3.8%) individuals were LTFU. They were classified as follows: Group 1 (deceived): 35 (33%) subjects were identified as dead according to civil registration systems (median age was 61 years, IQR 54-69); Group 2 (movers): 7 (6%) subjects had moved to other HIV centers; Group 3 (persistent collectors): 25 (23%) subjects continued to collect antiretroviral therapy at the hospital's pharmacy, without attending the follow-up visits, and Group 4 (real LFTU): 41 (38%) individuals were untraceable. As far as the Group 4: median age (IQR) was 47 (35-57) years, 12 (29%) were women and 19 (46%) were born outside Italy. The median duration of HIV infection was 15 (IQR 6.75-21) years. Among those born in Italy, 9 (40%) subjects were past/current intravenous drug users (IVDUs). All participants were on ARV during their last visit, 85% had undetectable plasma HIV RNA and median CD4 count were 649 cells/mL. Median (IQR) nadir CD4+ count and treatment duration was 225 (36.5-369.5) cells/mL and 10 (IQR 5.5-18) years, respectively. A total of 16 (40%) subjects had comorbidities, of whom 68% had past/current HCV coinfection. Individuals in Group 4 were more likely to be younger, predominantly of foreign origin and men (70%), but the only factor significantly associated with being LTFU was “born outside Italy” ($p<0.001$).

Conclusions: Our findings confirm a good overall retention in care. The real LTFU persons were more likely to be men, IVDUs, younger and born outside Italy suggesting that targeted projects for people living in marginal situations may help improving retention in care.