Retaining people in HIV care is central to the NSW Health Strategy which encourages HIV testing for people at risk and early treatment for those testing HIV positive to minimise the risk of onward transmission. Persons who are HIV infected but undiagnosed and persons diagnosed as having HIV but not retained in care accounted for 91.5% of the HIV transmissions estimated to have occurred in the United States in 2009. In contrast those who were in care and prescribed antiretroviral treatment (ART) accounted for 2.5% of transmissions. The Inner West of Sydney has the second highest prevalence of HIV diagnoses in NSW. The Sydney Local Health District Sexual Health Service (SHS) provides HIV and sexual health services for the community. SMS reminders are in place to recall patients for HIV monitoring every 4 months. Loss to follow-up (LTFU) in HIV-positive patients has been associated with poorer outcomes. The early detection of risk of LTFU in patients may facilitate preventive intervention.

Methods

In 2013 a file audit of 162 HIV-positive patients was conducted to identify clients LTFU in the previous 2 years. LTFU was defined as a patient not having attended for more than 4 months since their last appointment. Attempts were made to contact patients LTFU. A personalised approach to follow-up of patients who had withdrawn from HIV care was taken by the social worker. Phone calls, voicemail messages, personalised SMS and email contact were used to locate and invite patients back to HIV care. Additionally, all patients newly diagnosed with HIV in 2013 and 2014 were actively followed up to ensure they were receiving HIV care.

Discussion

In this LTFU group less than half were on ART (48%). 88% of HIV patients at SHS are now on treatment in line with NSW Health guidelines and scientific evidence on the benefits of early treatment and this has been found to be associated with people remaining engaged in HIV care. Vulnerable patients, such as those who are released from prison and people with brain injury and mental illness, are referred to a community allied health team who provide case management.

Conclusion

Given the high rate of retention in HIV care, the model of active follow-up for HIV patients while labour intensive, will continue.

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