



Understanding outcomes of HIV positive patient tracking following a missed appointment in rural Uganda



Nabaggala Maria Sarah, Kiragga Agnes, Ochaka Ian, Nakakawa Lilian, Assimwe Bena, Rosalind Parkes-Ratanshi

Correspondence: snabaggala@idi.co.ug Phone: +256 783406531 /+256-41 4307000 Fax: +256-414307290

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Background

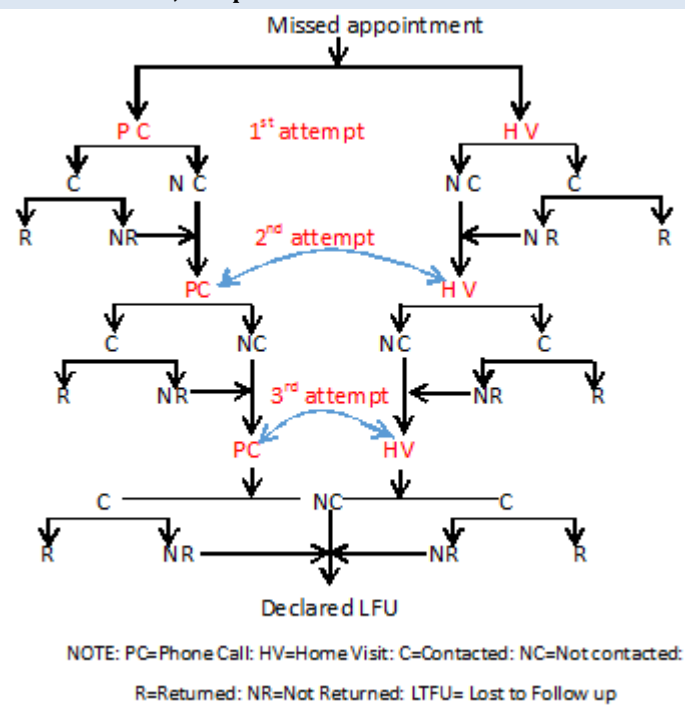
Retention into HIV care has both individual and public health implications since it is associated with HIV viral suppression and survival^{1,2}. Missed scheduled HIV appointments lead to increased mortality, resistance to antiretroviral therapy and suboptimal virological response³. We sought to assess the effect of patient tracking on return to care among HIV positive patients that miss their scheduled visits in a rural resource limited setting.

Methods

Patient tracking involved a monthly phone call and/or home visit for any patient that missed a scheduled appointment visit for three successive months. Retrospectively reviewed patients' information from the Ministry of Health follow-up register for the period January 2014 to August 2015. Using logistic regression; we examined the factors associated with returning to care after a missed appointment. Dead patients at time of contact were excluded from the analysis.

Results

Of the 650 patients in the clinic, 381 patients ever missed a scheduled appointment in the period, of which 259(68%) are female. Overall, 598 phone calls and 472 home visits were made. Among the patients contacted, 267 (70%) returned to care.



Missing and Return rates by gender

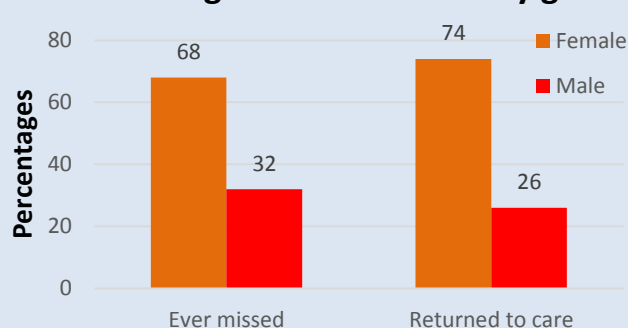


Table 1: Unadjusted and adjusted odds of Returning to Care after a missed appointment

Patient characteristics	Unadjusted OR (95% CI)	P	Adjusted OR (95% CI)	P
Gender				
Male	1.00		1.00	
Female	2.49(1.57-3.94)	0.000	2.31(1.36-3.92)	0.002
Age in years	0.97(0.95-0.99)	0.001	0.98(0.96-1.01)	0.223
Follow up form				
Home visit	1.00		1.00	
Phone call	0.66(0.42-1.04)	0.073	1.05(0.62-1.78)	0.866
Missing reason				
Other	1.00		1.00	
Travelled	0.39(0.23-0.68)	0.001	0.44(0.24-0.79)	0.006
Unavailable	0.09(0.04-0.17)	0.000	0.09(0.04-0.18)	0.000
ART status				
ART naïve	1.00		1.00	
On ART	1.27(0.29-3.67)	0.003	1.81(1.01-3.25)	0.047

Adjusted for gender, age, contact form, ART status and reason for missing appointment. Females (OR=2.31, 95% CI=1.36-3.92) and patients on ART (OR=1.81, 95%CI=1.01-3.25) had increase odds of returning to care. Patients that were unavailable (OR=0.09 95%CI=0.04-0.18) and those that had travelled (OR=0.44, 95%CI=0.24-0.79) at time of tracking had reduced odds of returning to care. There were no differences in return to care by age or contact form used.

Conclusions

Despite high percentages of patients returning to care the findings emphasize the need for additional measures geared towards contacting patients particularly HIV positive males after a missed scheduled appointment as a strategy to retain them into care.

References

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