

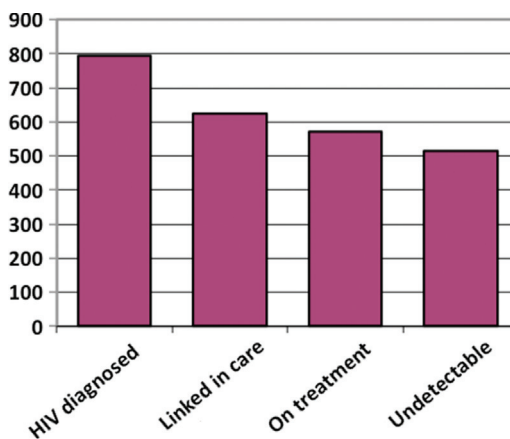
## Poster Abstract – P105

# Engagement and retention in care of patients diagnosed with HIV infection and enrolled in the Modena HIV Surveillance Cohort

Lazzaretti, C; Borghi, V; Franceschini, E; Guaraldi, G and Mussini, C

Policlinico, Infectious Diseases Clinic, Modena, Italy.

Engagement and retention in care is one of the main aspects not only for the prognosis of the single patient, but also for the treatment as prevention strategy. American data showed a percentage of engagement in care ranging between 50 and 59%. Aim of our study was to evaluate the engagement in care after diagnosis and the percentage of viral load suppression in an Italian Public Health System. A retrospective study was conducted in the Modena HIV Surveillance Cohort, which includes all HIV test performed at the Laboratory of Virology of Modena. All new HIV infections diagnosed in subjects older than 17 years and resident in the province of Modena between January 1996 and December 2011 were included. Subjects were classified as currently in care (IC) if followed until June 2011, and lost to follow-up (LF) if their last visit was recorded more than one year before June 2011. 962 subjects, 638 males (66.3%), had an HIV diagnosis during the study period. 71 (7.4%) were not linked to care, 891 were linked to care (92.6%) and 96 (10.8) of them died during the study period. In the 15 years, 625 out of 795 prevalent patients (excluding dead) (78.6%) were IC and 170 (21.4%) were LF. As June 2011, 570 patients were on antiretroviral treatment and 516 (90.5%) of them had an undetectable HIV RNA. At univariate analysis LF were younger than IC (median 32 vs 36 years;  $p < 0.001$ ); more frequently had a foreign origin (49.4% vs 30.6%;  $p < 0.001$ ) and were drug users (17.1% vs 7.0%;  $P < 0.001$ ). Determinants to be a LF, by using a multivariate model, were: age (OR 0.97; 95% CI 0.94-0.99;  $p \leq 0.001$ ), foreign origin (OR 3.45; 95% CI 2.24–5.33;  $p < 0.001$ ); while, being MSM vs drug user ( $p = 0.001$ ), heterosexual vs drug users ( $p < 0.001$ ) and having received an HIV diagnosis in more recent years, i.e. 2006–2011 vs 1996–2000 ( $p < 0.001$ ) were good predictors to be a IC. Considering the all prevalence, 962 subjects, the percentage of subject receiving antiretroviral treatment was 71.7% and that of those with an undetectable HIV RNA was 64.9%.



In conclusion, in a public health system setting, the percentage of patients not engaged in care or lost to follow-up could be lower than in other situations as the American one. Nevertheless, if we consider the strategy of treatment as prevention, there is still a lot to do, especially following the patients for a long period.

Published 11 November 2012

Copyright: © 2012 Lazzaretti C et al; licensee International AIDS Society. This is an open access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.