

# Lost and Found: Exploring Return to HIV Care and Treatment Continuity in a Fragmented Health Care System. A singlecenter cross-sectional study in Mexico City.





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**Abstract: EP0620** 

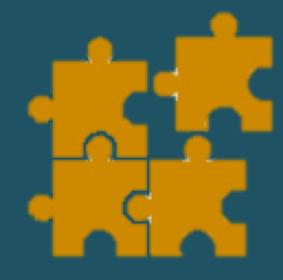
# Key messages



Transition between health care systems increases the probability of ART interruption in Mexico City.



1 in 3 patients who transitioned to another institution suspended or took ART intermittently.



Strategies tailored to facilitate the continuity of antiretroviral treatment across healthcare systems are needed.

# Background

- Disengagement from care is a key barrier to sustained ART success.
- Lost to follow-up (LTFU) often results in ART interruption and the probability of HIV advanced disease.
- In Mexico, there are at least three separate health care systems with limited coordination, which hinders continuity of care for people living with HIV.

### **Objective:**

• To characterize PWH returning to care (RC) after LTFU and explore self-reported reasons for disengagement.

### Methods

Study population

#### Study design



Cross-sectional study at the Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán in Mexico City from January 2023 to December 2024.



PWH re-engaging in care after ≥6 months of missed clinic visits, ARV pickups and/or absence of laboratory tests.



#### Data sources

Medical records (clinical and virological data pre-LTFU and first viral load/CD4 upon return) and a questionnaire reasons on clinical disengagement, events, and ART continuity.

## Results

- 121 patients were readmitted during the study period. 70 patients were included in the analysis
- The median number of days of LTFU was 723 days (IQR 1197-327)

#### Fig 1. Comparison of median CD4 count (cells/mm3) before and after **LTFU**

Fig 2. Comparison of HIV viral load (copies/mL) before and after LTFU

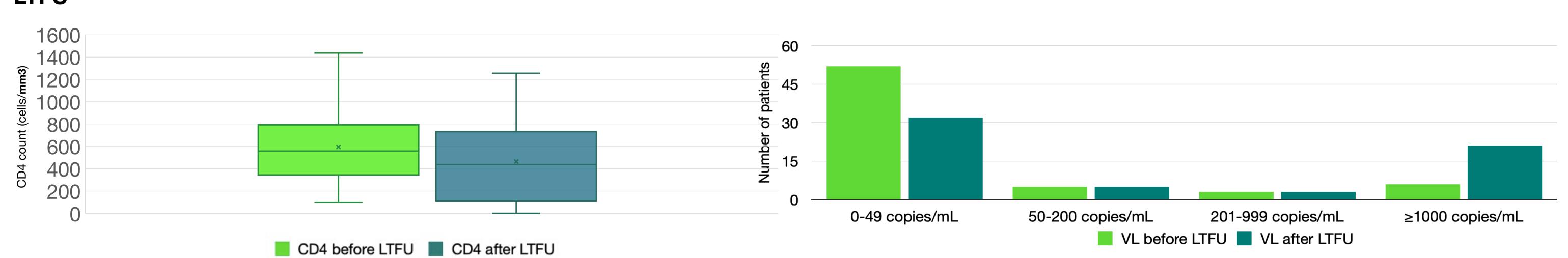
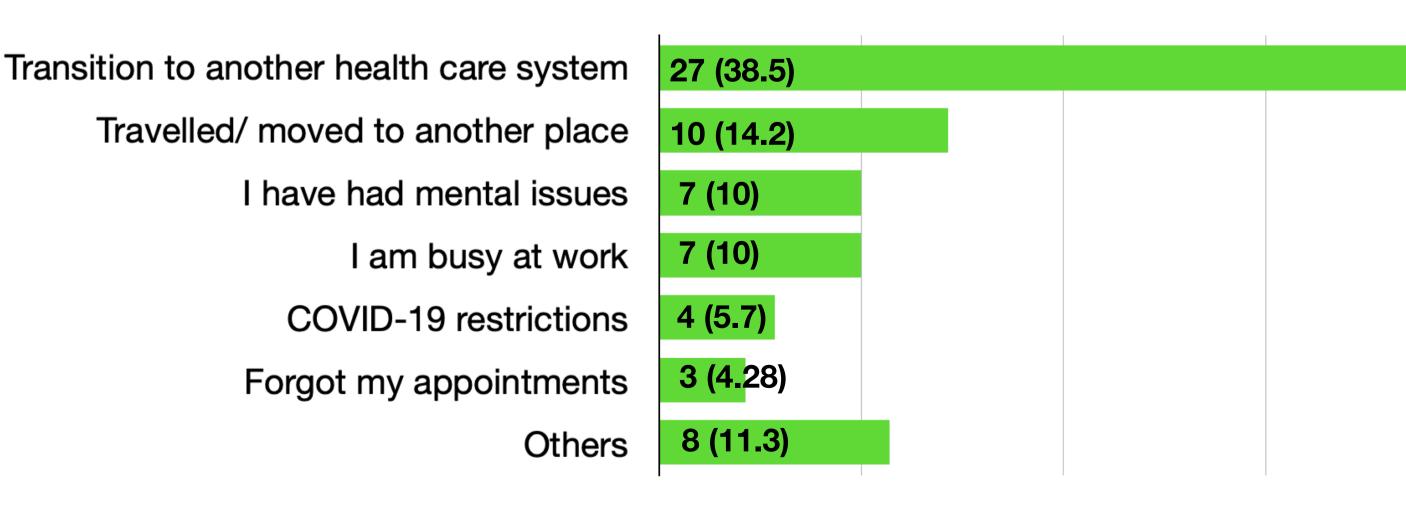


Fig 3. Self- reported reasons for LTFU



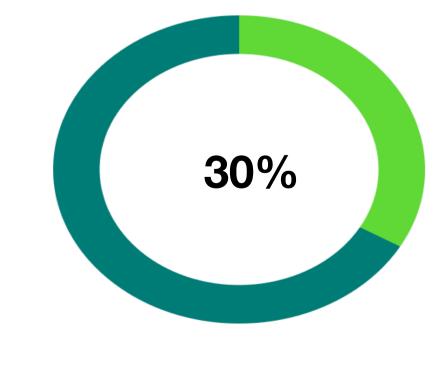
Number of patients (%)

Fig 4. Adverse outcomes after LTFU



Hospitalizations at return to care

CD4+ <200 cells/mm<sup>3</sup> or AIDS-defining illness at RC



People who transitioned and stopped or took intermittent ART

### Conclusions

- In this study, those returning to care commonly presented with AHD and virological failure.
- Fragmented health care systems create barriers to sustained care.

For more information refer to:





