

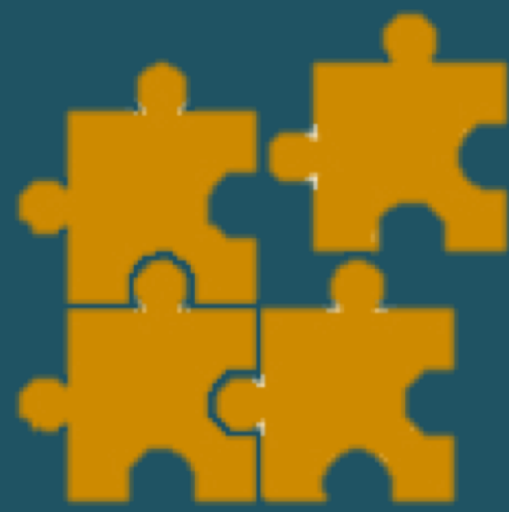
Key messages



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 design



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

Study population



- 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 on reasons for disengagement, clinical 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

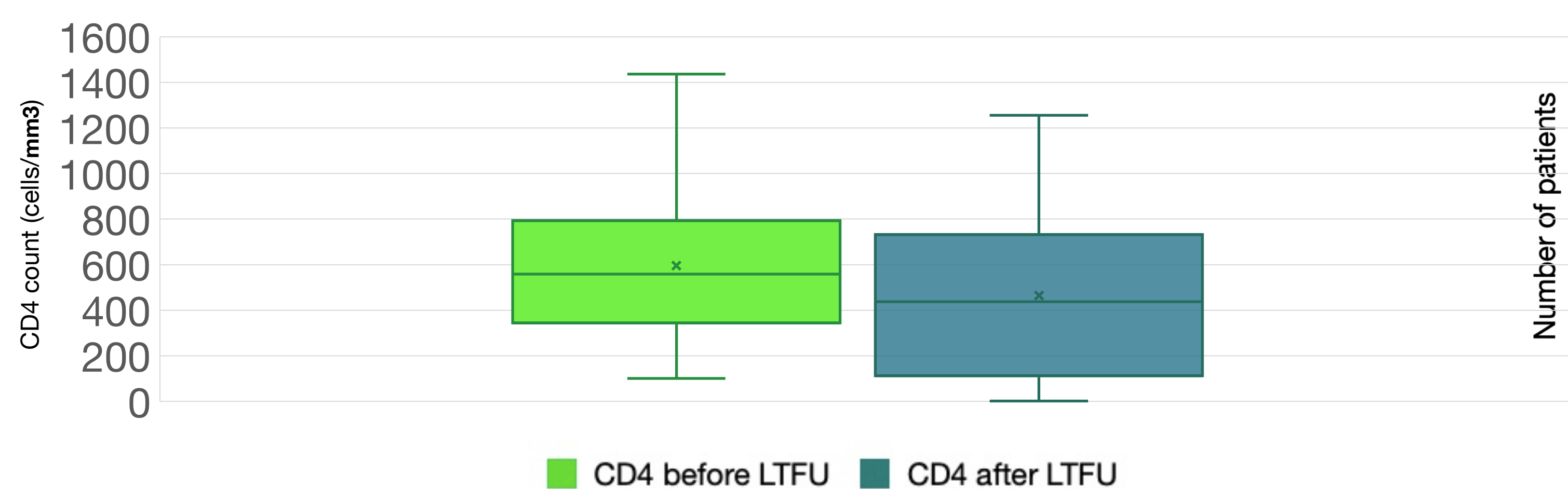


Fig 2. Comparison of HIV viral load (copies/mL) before and after LTFU

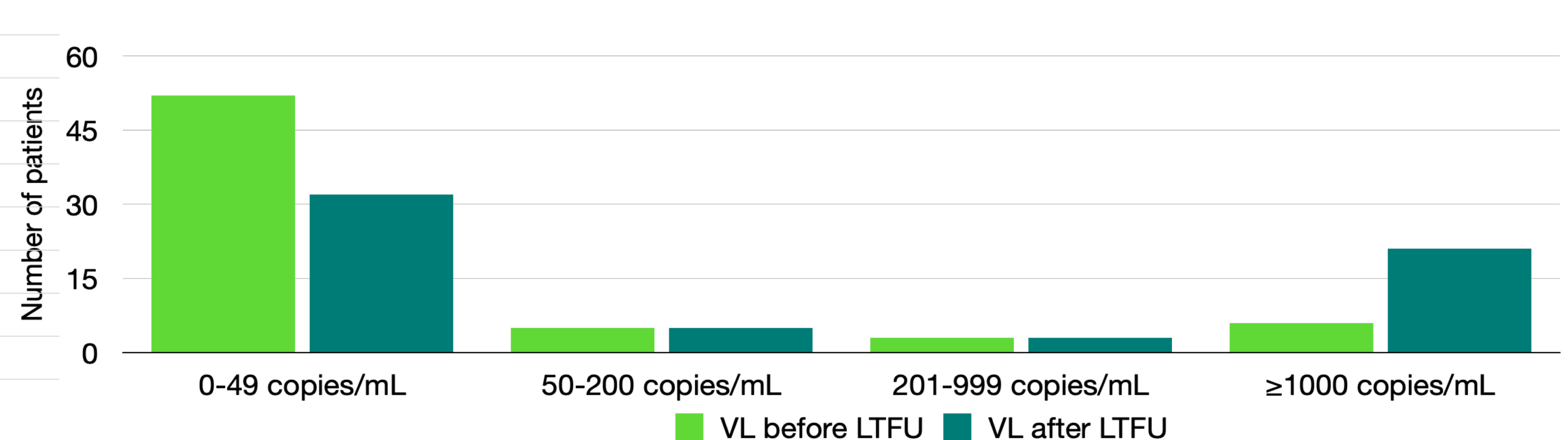


Fig 3. Self-reported reasons for LTFU

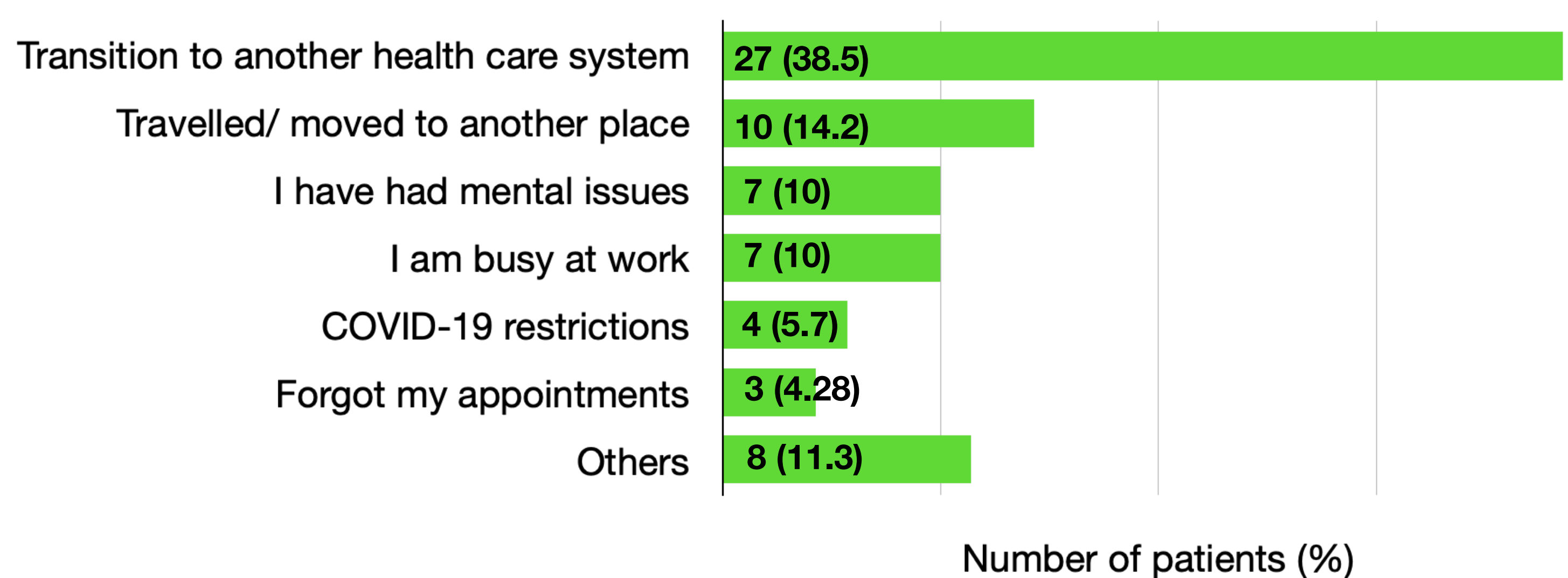
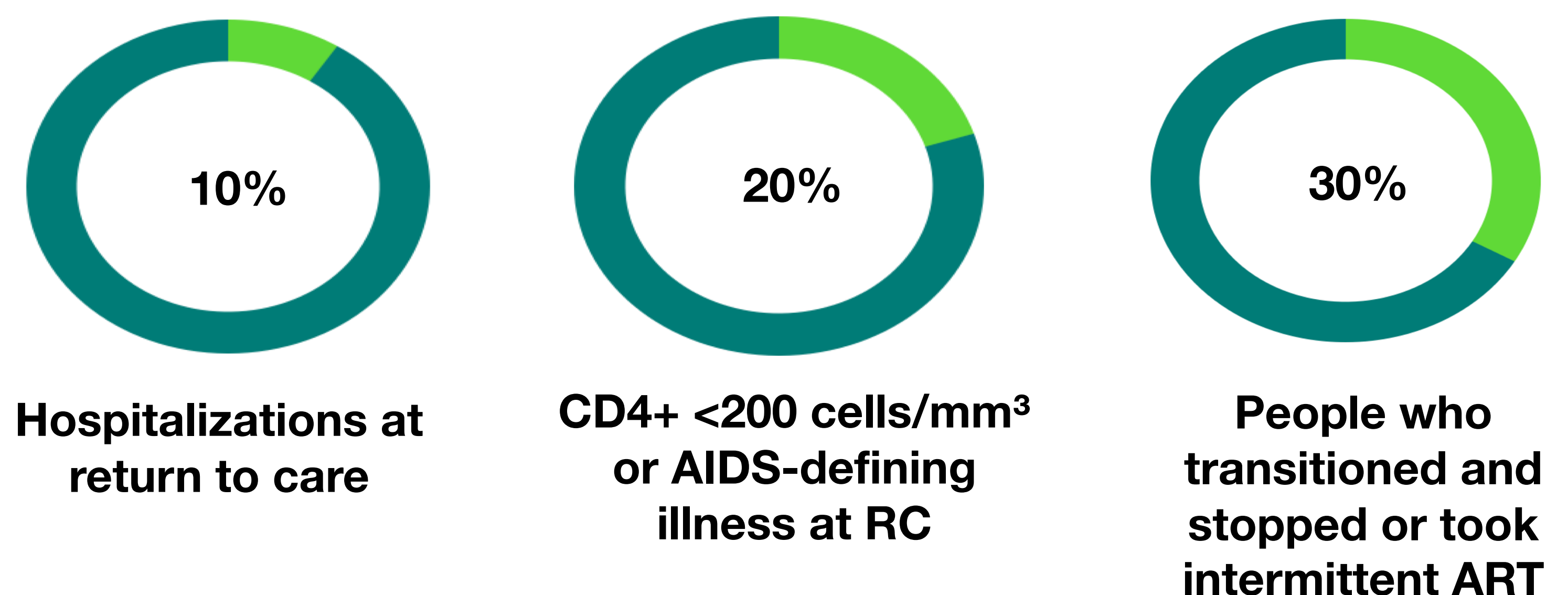


Fig 4. Adverse outcomes after LTFU



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:



anaferm@gmail.com