Characteristics of patients lost-to-care (LTC) prior to initiating ART in iDEA clinics in Central Africa


1. Background

- The International Epidemiological Databases to Evaluate AIDS (iDEA) in Democratic Republic of Congo (DRC), Cameroon and Burundi provides a unique opportunity to examine characteristics and outcomes of patients receiving HIV care and treatment in low-income settings.
- Lost-to-follow-up is a known problem among HIV/AIDS patients. Loss is known about patients who are lost-to-care (LTC) prior to receiving antiretroviral therapy (ART).
- LTC patients are vulnerable to dropping out of care because they are often at risk of dropping out of care due to illness and issues related to ART.

2. Methods

- We evaluated baseline and follow-up data collected 2007–2011 from 10 HIV care and treatment centers in DRC, Cameroon and Burundi.
- Patients were LTC if they were ART naïve at baseline follow-up and did not return within approximately 6 months of their last visit. Patients confirmed dead or transferred were excluded from the LTC group analysis.
- We used chi-square tests to determine if distributions differed between patients LTC vs. patients-in-care.

3. Results

- Off 5,533 ART naïve adults, 931 (17%) were LTC, and 3,981 (74%) were lost-to-care, and 439 (8%) were dead or transferred to another clinic at the end of the data collection period (June 30, 2011).

4. Conclusions

- Data at last follow-up visit noted that the majority of LTC patients were eligible for ART according to WHO clinical stage III or IV.
- LTC patients differ from in-care patients and need close monitoring, especially young men without prior care, patients entering care at more advanced stages, and those with prior TB infection.
- A larger proportion of LTC patients did not know their partner's serostatus, emphasizing the importance of disclosure counseling. Although low refusals for disclosure counseling were made, a greater proportion of in-care patients received a referral.
- Although a greater proportion of LTc patients reported a casual sex partner in the last six months, a greater proportion of in-care patients reported heavy drinking.
- We need more information about the presented here, please contact:

For more information about this study, please refer to:

- iDEA: International Epidemiological Databases to Evaluate AIDS, found at www.idea-aids.org
- STOP (Stopping Transmission of HIV) program of iDEA-LTC patients with and without hypertension and diabetes in Central Africa
- TDFRF (TDFRTF) Project outcomes in LIMBE Cameroon, Democratic Republic of Congo after disruption in HIV care and treatment due to Global Fund appropriation.