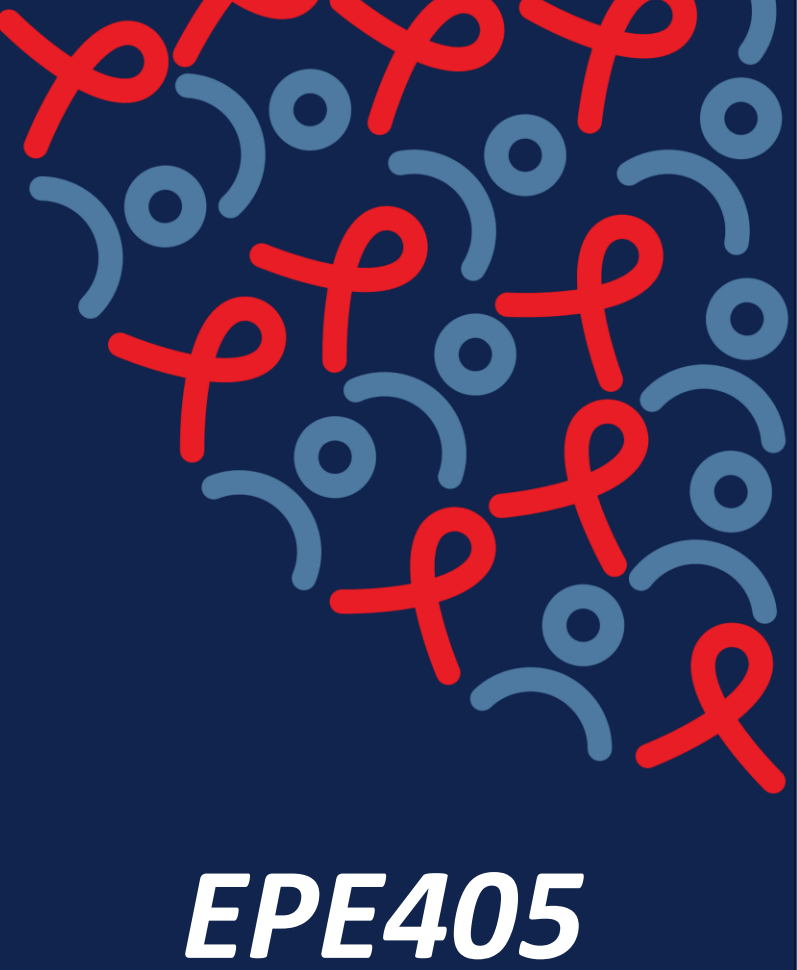


# Assessing loss to follow-up in HIV treatment in Tien Giang province during the COVID-19 pandemic

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EPE405



Patient being counseled on ART retention during COVID-pandemic in Vietnam's Tien Giang province

## BACKGROUND

Local transmission of COVID-19 may threaten continuity of care for people living with HIV (PLHIV) in Tien Giang province, Vietnam. The Meeting Targets and Maintaining Epidemic Control (EpiC) project conducted an analysis of Tien Giang's HIV treatment program focusing on clients no longer in treatment and without a known transfer or death—those considered lost to follow-up (LTFU)—in 2020 and 2021 to evaluate the situation and identify factors associated with LTFU in treatment in the province.

## METHODS

Case management records for all patients on antiretroviral therapy (ART) in Tien Giang's HIV treatment database from January 1, 2020 to September 30, 2021 were reviewed, validated, and analyzed. Appropriate statistical analysis, including univariate and multivariate logistic regression, were used to calculate odds ratios reflecting associations between patient characteristics recorded in patient records and designation as LTFU.

## CONCLUSIONS

**LTFU remained under the program's target threshold** of less than five percent per annum in the observed period.

However, efforts should be made to improve treatment adherence, including through **employment of adherence planning and motivational counseling, to address barriers to continuity in care among PWID and virally unsuppressed patients** for the long-term success of HIV treatment in Tien Giang.

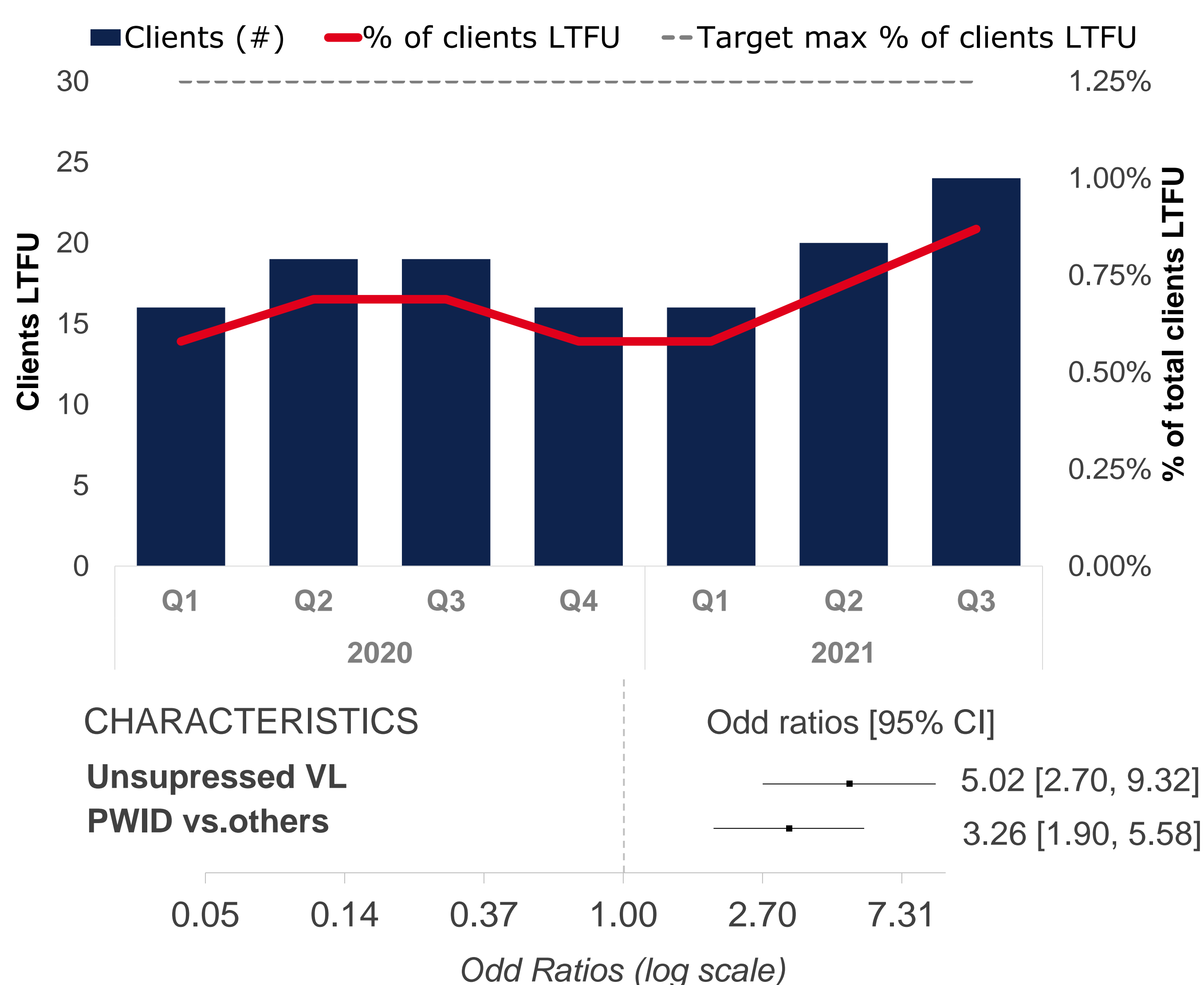
## RESULTS

Among 2,762 ART clients in the observed period (76.2% male, 23.8% female), the mean age was 34.7 ( $\pm 9.9$ ). Of the 75.6% who had had a viral load test, 95.1% were virally suppressed ( $<200$  copies/mL). Key and priority population status at enrollment included people who inject drugs (5.2%), female sex workers (0.4%), men who have sex with men (32.2%), partners of PLHIV (15.0%), and others (47.2%).

By the end of September 2021, 178 patients (6.4%) were transferred to facilities in other provinces, 37 (1.3%) died, and 130 (4.7%) were LTFU. In univariate analysis, we found no statistically significant effect of age, gender, or duration on treatment on LTFU status ( $p$ -value  $> 0.05$ ). However:

- **Unsuppressed viral load was associated with increased likelihood of LTFU** (odds ratio = 5.02, 95% CI: 2.70 to 9.32)
- **PWID at the time of enrollment were also significantly more likely to be LTFU** (odds ratio = 3.26, 95% CI: 1.90 to 5.58).

FIGURE: LTFU by quarter during COVID pandemic



## FOR QUESTIONS CONTACT:

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This work was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the EpiC project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. EpiC is a global cooperative agreement (7200AA19CA00002) led by FHI 360 with core partners Right to Care, Palladium International, and Population Services International (PSI).

