

Category: D4 Interventions for improving adherence to treatment and its impact on long-term outcomes

Title: **How soon should ART defaulters be traced? - Characteristics and outcomes of defaulters attending an antiretroviral treatment clinic in Vryheid Hospital, South Africa**

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Text:

Background: Tracing patients who miss clinic visits is important to prevent treatment interruption. Vryheid Hospital in KwaZulu-Natal province uses paper-based systems developed with the assistance of EGPAF to monitor and track its 6864 patients currently on antiretroviral therapy (ART). Patients are traced through phone calls and home visits and the outcomes of follow-up are recorded in a register.

Methods: The characteristics and outcomes of defaulters traced between July 2008 and December 2009 were reviewed retrospectively from the register. Patients were considered to have defaulted when they failed to show up for any clinic day. Demographic and clinical characteristics including ART regimens, last CD4 cell count, age at tracing, dates of treatment start and last clinic visit were analyzed using SPSS.

Results: A total 343 defaulters were identified from the register: 265 (77.3%) were adult females; 52 (14.9%) adult males; 6 (1.7%) male children; 3 (0.9%) children and 18 (5.2%) adults with unspecified gender. Mean age of adult defaulters was 36.3 years (range 3-65 years). Average CD4 cell count of defaulters was 137.59 (range 0-677). Most common finding of defaulter tracing was death (38.2%) followed by wrong address (15.74%) and relocation (11.07%). 131 clients were found to have died, death occurring in < 10 days from last clinic visit in 23%, in < 15 days in 38%, and within 31 days in 62%. Mean duration of time between the last clinic visit and death was 51.62 days. Average duration of survival from start of treatment to time of death was 197days (range 0-1343 days).

Conclusion:

We recommend that defaulter tracing be conducted within 7 days from date of default, as our findings indicate death occurs in almost 40% of clients within the first two weeks. Further longitudinal studies would evaluate the effectiveness of early defaulter tracing in preventing death post-default.