ENGAGEMENT IN CARE OF PEOPLE LIVING WITH HIV (PLHIV) WHO ARE CONSIDERED LOST TO FOLLOW UP (LTFU) – CLINICAL AUDIT.

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Background/Purpose:

Queensland Health is committed to the virtual elimination of HIV transmission by 2030. An increase in newly diagnosed cases in 2023 (158) prompted a clinical audit to identify people with HIV who appear 'lost to follow up' (LTFU). Data analysed will support Queensland Health to improve public health management of HIV cases, planning and service delivery.

Approach:

Review of 8578 HIV notifications in the Queensland notifiable conditions database (NoCS) identified 3,460 cases who may be LTFU. Four experienced HIV Public Health Nurses are conducting a clinical audit to determine if cases are currently engaged in care, are deceased, have moved interstate/overseas, or are LTFU. Staff review available data sources to determine recent engagement with care or evidence of relocation out of Queensland.

Outcomes/Impact:

After each case review, reportable outcomes are determined. As of 15 April 2024, 53% (1850 cases) of the 3460 cases have been reviewed. Of these, 609 are engaged in care, 74 deceased, 383 moved interstate, 140 moved overseas. Of interest, 132 cases are considered LTFU: 33 – likely overseas: 49 - lost (location unknown); 50 - likely in Queensland and require further investigation. Considered identification of LTFU cases aims to improve individual health outcomes and minimise transmission risks. These cases are referred for follow up (external to audit team) and 11/50 have re-engaged in HIV treatment and care.

Innovation and Significance:

If Queensland is to meet our target for virtual elimination of HIV by 2030, we need to consider routine audit activities to support individuals maintaining care and treatment. This clinical audit has enabled referral of individuals with HIV in Queensland to be reconnected with care, including some who have restarted ART. This approach may also be of interest to other States and Territories.

Disclosure of Interest Statement:

No conflicts of interest to disclose.