INTRODUCTION

Staying in medical care is important for HIV patients to benefit from lifesaving treatment, which leads to better indicators of health status and decreased HIV transmission to communities. A study in the United States of HIV-positive people in the US, only 40% get diagnosed, enter care, and stay in HIV care (Gardner et al., 2012). It was therefore necessary to examine predictors of retention in HIV care in rural areas of Georgia. This study is the first in the Coastal Health District (CHD) to focus on loss to follow-up (LTFU) for HIV care in rural areas of Georgia.

METHODS AND MATERIALS

This study was conducted at the Coastal CARE Centers (CCC), which are HIV outpatient Ryan White clinics in the CHD. We extracted data from CAREWare database, which is a software for managing and supporting HIV clinical and supportive services. We then matched the dataset with Georgia HIV surveillance system. The matching process was done using first name, last name, date of birth, and race/ethnicity to determine those who met the criteria of LTFU. Eligible patients for LTFU were those living with HIV/AIDS, who were aware of their infection, had attended the Coastal CARE Centers from CAREWare database, which is a software for managing and reducing HIV/AIDS related mortality.

CONCEPTUAL FRAMEWORK

The conceptual framework describes biological/environmental factors and their impact on retention in HIV medical care, as well as interventions, which ultimately lead to improvements in health status and reduction HIV/AIDS related mortality. It also outlines strategies tailored to local needs. It also highlights the importance of public health initiatives targeting patients at highest risk of LTFU to improve health outcomes.

OBJECTIVES

The primary purpose of this research study was to evaluate demographic and clinical factors associated with loss to follow-up for HIV primary medical care in the Coastal CARE Centers (Coastal Health District).

DATA ANALYSIS

Comparison of loss to follow-up rates

Patients were more likely to be lost to follow-up if they were male (29.4%), compared to Chatham CARE Center located in Savannah (29.2%).

Factors associated with LTFU in Chatham CARE Center

Factors associated with LTFU in the Glynn CARE Center had higher LTFU rate in the first three years compared to Chatham CARE Center located in Savannah.

DISCUSSION

Our findings provide opportunities for policy development as well as interventions targeting patients at highest risk of LTFU to improve retention in care, improve their health status, and ultimately reduce HIV transmission and control the epidemic in the Coastal Health District.

CONCLUSION

In both Chatham and Glynn CARE centers, Black/African Americans, older patients over 50 years, those with higher CD4 count, and those living in rural locations were more likely to be LTFU. A study at Johns Hopkins University found whites were more likely than other racial groups to have missed care, as whom may lead to less adherence to medical care. Also, the same study shows Whites had higher CD4 counts. A study in South Carolina also shows greater stigma associated with HIV infection in rural areas may lead to less adherence to medical care.

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REFERENCES

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