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CAUSES OF LOSS TO FOLLOW UP IN PATIENTS TAKING ANTIRETROVIRAL THERAPY IN THE NATIONAL ROLLOUT PROGRAM OF SOUTH AFRICA

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Ive P.¹, Conradie F.¹, Xaba S.², Sanne I.¹

¹Right To Care, Johannesburg, South Africa, ²CARE, Johannesburg, South Africa

INTRODUCTION: To assess the causes of, and factors affecting loss to follow up in a group of patients receiving antiretroviral therapy (ART) at a government hospital rollout site in Johannesburg, South Africa.

METHODS: Rollout of ART has occurred since April 2004 at the Helen Joseph Hospital Themba Lethu clinic. By January 2005, 2400 patients had been initiated on ART. Patients were identified who had stopped attending the antiretroviral clinic during this period. Counselors at the clinic using phone numbers in the patient files attempted communication with these patients or their contacts telephonically. The counselors reporting the findings filled out questionnaires.

RESULTS: Seventy-four questionnaires were completed and the average age of the patients was 35.6 years (range 17-55), 64% were female following the same distribution as the clinic. The average duration on treatment before loss to follow up was 1.5 months (range 1-4). Contact was successful concerning the patient in 65% of cases and in the other 35% of cases phone numbers were incorrect. Of all the questionnaires thirty five percent of patients had died, 30% were still alive and the status of the other 35% was unknown. Of the patients who had died, 15% died of natural causes, 8% of unnatural causes, 31% of unknown causes, and 46% of opportunistic infections. Patients who were alive, did not return to the clinic due to having moved (43%), due to transport or financial reasons (14%), due to employment factors (5%), due to side effects of medication (19%) or unknown (19%).

CONCLUSIONS: Loss to follow up due to death was largely related to the fact that patients initiate ART at very low CD4 counts. Living patients who did not return had logistical problems and a smaller group had side effects. Contact information on patients is often inadequate and this will need to be improved to facilitate patient follow up.

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