Session 2A

2.2 Defining re-engagement

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Why do we need to define re-engagement in our context?

To define:

→Who needs routine service delivery, and

→Who needs differentiated re-engagement service delivery

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Is every return after a missed scheduled visit a re-engagement?

Is a treatment interruption required to be defined as re-engaging? How is a treatment interruption determined?

Does a person have to be defined as lost to follow-up first to be defined as re-engaging?

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Key terms in WHO re-engagement brief

A missed visit is a missed appointment either for an antiretroviral refill or a clinical visit. WHO-suggested criteria for initiating tracing and recall interventions includes missing an appointment or visit by more than seven days (1).

WHO defines lost to follow-up as "patients who have not been seen at the facility/community service delivery site for 28 days or more since the last missed appointment (including missed antiretroviral [drug] refills in either facility or community settings)" (2).

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Key terms in WHO re-engagement brief

- not all individuals who miss appointments discontinue or interrupt treatment
- clients may be late, or miss a scheduled visit, but still have access to ART or obtain ART to cover the days they missed

- unknown outcomes of people living with HIV who have not returned
- includes undocumented "silent" transfers, people who have died and those who have interrupted treatment

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Key terms in WHO re-engagement brief

"**Disengagement** refers to individuals who were diagnosed with HIV, initiated ART **and subsequently interrupted treatment.** *Disengagement is distinct from missing a visit and being lost to follow-up*"

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Key terms in WHO re-engagement brief

"Re-engagement …… [is] the return of those that have previously disengaged"

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How does this definition help us?

- If there is **no interruption** (i.e., accumulated buffer stock or sourced ART elsewhere), there is **no re-engagement**.
  - →Transfers (including people without documentation "silent" transfers)
  - →People with accumulated buffer stock from previous dispenses
  - →People who collected ART from a different facility once off while located elsewhere
  - →People who bought (privately) or loaned ART from someone else

- **The person can continue routine care, including in their DSD model.**

- **BUT….how do we determine whether an interruption has taken place?**

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2.4.8 Re-engagement in care

Definition of re-engagement

Re-engagement refers to any RoC who is presenting to HIV services who has:

- Previously tested positive but never linked to treatment
- Previously been on ART but stopped

The RoC may re-engage:

- At HIV testing sites or through HIV self-testing
- At an ART site where they are known or not known

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How much can we rely on client self-report or HCW assessed interruption *without any documentation*?

- **Self-reporting an interruption** is likely a good predictor that an interruption did take place (Thorman et al 2019)
- **Self-reporting good adherence/no interruption** is a **poor** predictor of adherence. Why? clients want to please their healthcare provider (social desirability bias) (Stirratt MJ et al. 2015, Castillo-Mancilla JR et al 2018, Thorman et al 2019 Smith et al 2022)
- **Clinician subjectively assessed good adherence,** also a **poor** predictor of adherence (Bangsberg et al 2001, Smith et al 2022)

*none of the studies looked specifically at self-report when re-engaging in care

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In other words:

Self-reporting is likely good at predicting an interruption

Self-reporting, and HCW worker assessment, is not good at predicting adherence

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What are reliable measures of a treatment interruption?

- **Self-reporting you did interrupt/ran out of medication**
- **While viral load testing is the gold standard**, testing all returning clients self-reporting no interruption would be costly and delays action requiring a client to return for their result.
- **Consider a more practical approach→ define TIME INTERVALS since the person's missed their scheduled appointment that require a differentiated service delivery from routine care**

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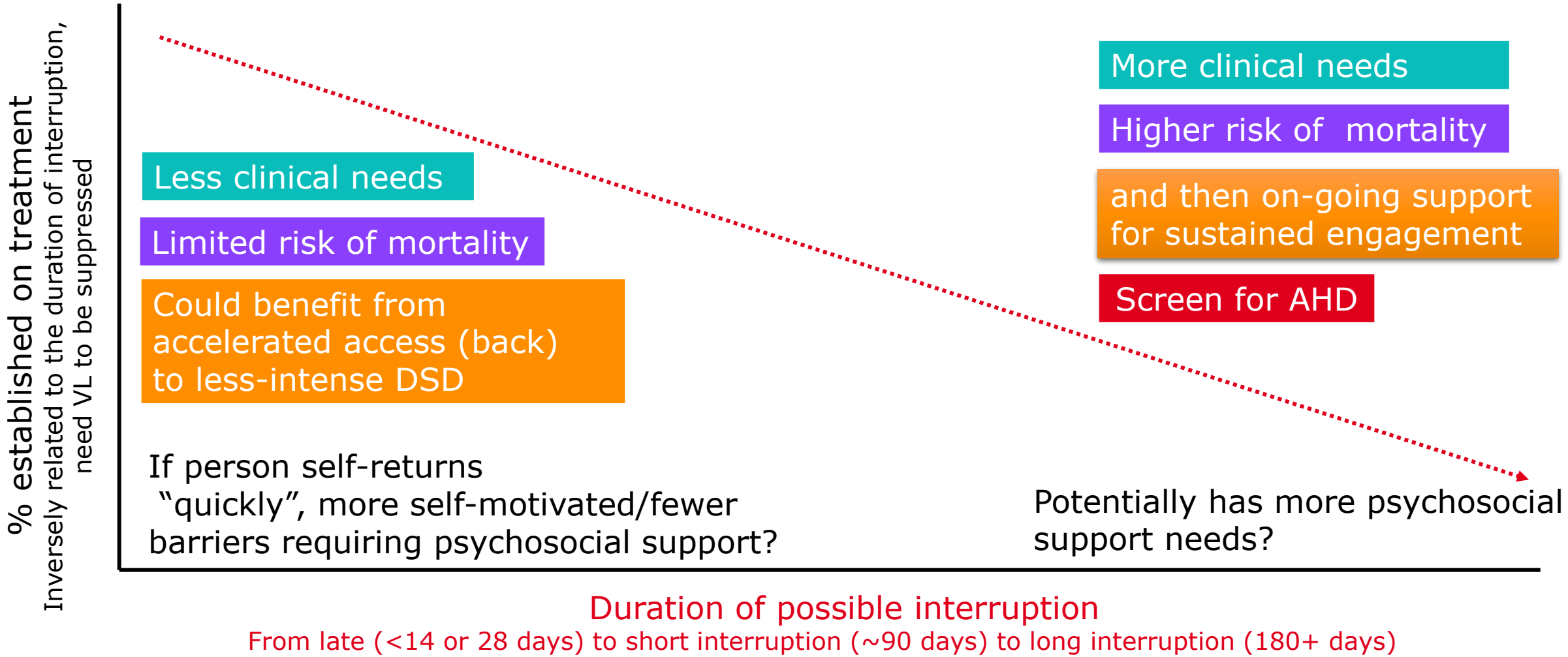
Why define TIME INTERVALS?



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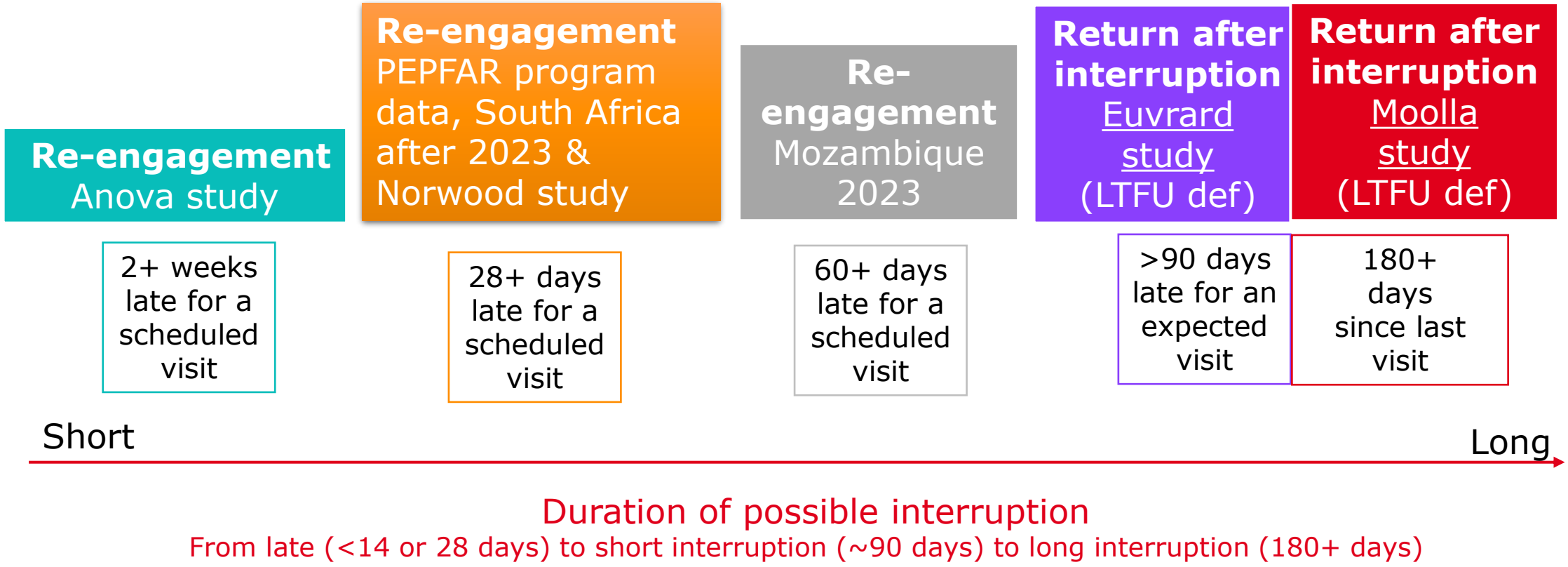
Studies and some guidelines define by differing time intervals:

- Days late for scheduled visit
- Days since last contact (including labs)

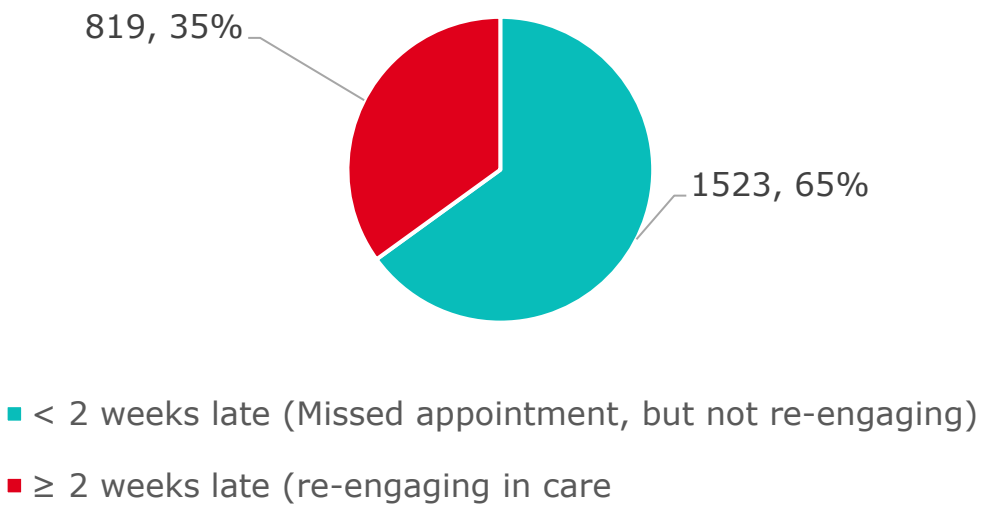


Duration of possible interruption

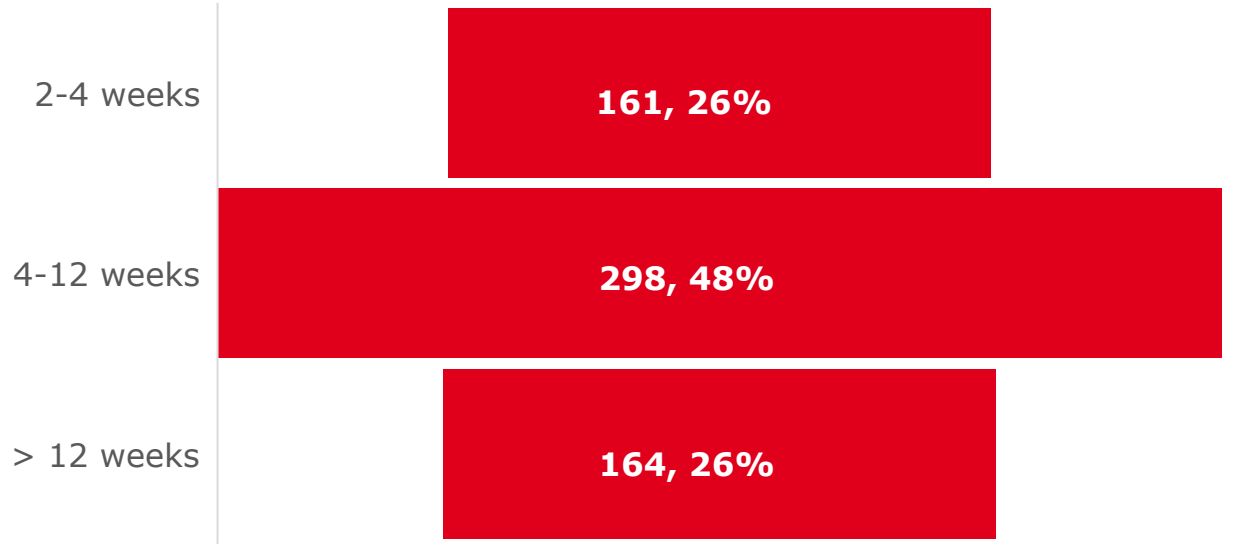
From late (<14 or 28 days) to short interruption (~90 days) to long interruption (180+ days)

Results from a cohort study in Johannesburg, South Africa

Time since scheduled ART appointment (n=2,342)



Time since scheduled ART appointment among re-engaging with further data (n=623)



Close to two thirds of people who had missed their appointment had missed **by less than two weeks.**

Among those re-engaging, **less than a third** have been out of care for **more than three months**.

Mutyambizi et al 2024 JIAS *in press*

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Summary of the results

- Of those re-engaging in care (n=635), 41% (n=263) self-reported a treatment interruption and 48% (n=304) self-reported no interruption.
  Takeaway: Not all people with a missed appointment have interrupted

- Of those re-engaging in care with a pre-interruption viral load (VL) result available (n=504), 73% (n=370) had a VL <50 copies/ml
  Majority previously suppressed
  Takeaway: Majority of those re-engaging have previously been suppressed

- Clinicians identified and noted a clinical concern (including a high VL) in 13% (65/513)
  Takeaway: Few clients re-engaging had clinical concerns

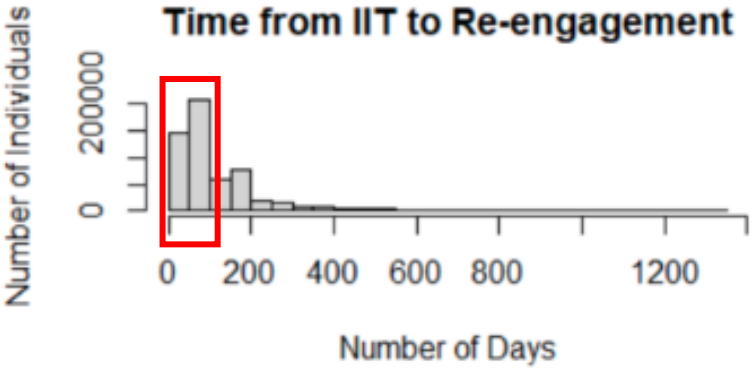
Results from a national data review in Malawi

Objective: Understand frequency and duration of interruptions in treatment (IIT) in Malawi (≥28 days late for ART visit)

Design:
- Review of national data from Jan 2020-Sept 2023
  - N=1,145215 ART clients reviewed

Findings
- 60% of ART clients experienced an interruption
  - 81% re-engagement in care
  - Majority returned within 100 days
  - 82% re-engaged in care within 6 months

Among those with ITT



IIT Time Period	n (%)
> 28 days to ≤ 6 months	463,415 (82.4)
> 6 months to ≤ 1 year	72,452 (12.9)
> 1 year to ≤ 2 years	21,862 (3.9)
> 2 years	4,949 (0.9)

Norwood K et al, AIDS 2024. Abstract 1265

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»These studies show large numbers of returns within 28 and 90 days of missing a scheduled appointment

(A high proportion of those who miss an appointment return 1-3 months later)

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What are reliable measures of a treatment interruption?

- **Consider a more practical approach→define TIME INTERVALS since the person's missed their scheduled appointment that require a differentiated service delivery from routine care**

  → **Short interval ≠ re-engagement**: If there was an interruption, it was short not warranting a change to service delivery with additional burden for the client and the healthcare system.

  → **Longer interval = re-engagement**: Assume there was a treatment interruption unless documented ART access.

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Take-aways

Defining re-engagement is important to decide:

→Who needs routine service delivery

→Who needs differentiated re-engagement service delivery

Definition should:

- Ensure a returning person who needs a clinical assessment gets one
- Aim to reduce unnecessary burden for client + healthcare system
- Be practical and simple to implement