

# Determinants of loss to follow-up among pre-exposure prophylaxis users at a portuguese tertiary hospital

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## Background

Pre-exposure prophylaxis approved in Portugal since June 2017, is a safe and effective tool to prevent HIV infection in high risk individuals [1]. Although PrEP prescription and distribution were approved outside hospital settings in December 2023, this has not yet become a reality in Portugal. This presents several barriers to its utilisation. Understanding the factors associated with loss to follow-up in PrEP users stands as fundamental to guide the development of strategies to enhance retention in PrEP care.

## Materials and Methods

In this retrospective observational study, we reviewed the electronic medical records of all referenced individuals who started PrEP between **April 2018** and **May 2024** at an Infectious Diseases Department in a Portuguese tertiary hospital. Loss to follow-up was defined as not having had an office or virtual visit within 6 months prior to data collection.

## Results

### Individuals who started PrEP 1912



Mean age: 34.8 years

Cisgender men: 94.8%

MSM: 86.9%

Country of birth:

Portugal (49.1%)

Brazil (34.1%)

Other country (16.8%)

Chemsex

21.5%

Sex workers

9.8%

Time to the first appointment > 4 weeks in 49.0% of cases

Mean follow-up time: 29 months

### How were the PrEP users referred to the appointment?

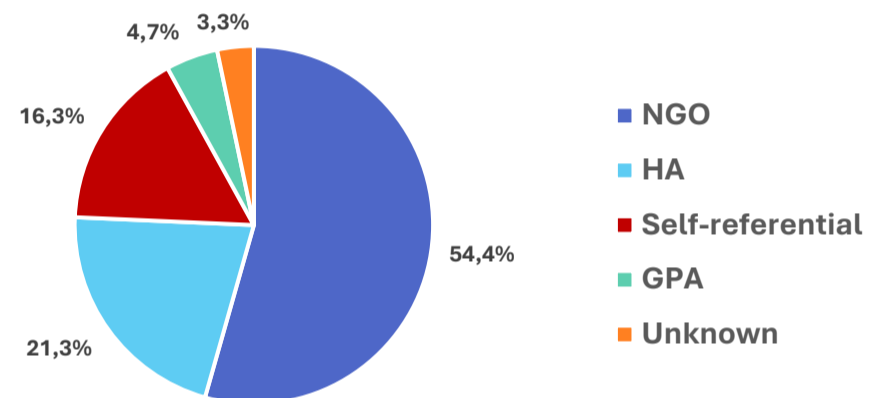


Figure 1: Referral of individuals followed in the PrEP appointment (N=1912)

### Loss to follow-up

Overall cumulative LTFU rate: 22.8%

#### Factors associated with higher risk of LTFU:

- ✓ Individuals of non-Portuguese origin
- ✓ Cisgender women
- ✓ Sex workers
- ✓ Individuals without a STI

Among those were lost to follow-up (N=436)

- 50 (11.5%) had appointments for **STI screening/diagnosis**
- 6 (1.4%) were awaiting a **new PrEP appointment**
- 5 (1.1%) acquired **HIV infection**
- 3 (0.7%) required **post-exposure prophylaxis**

Among those who maintained follow-up (N=1287)

9 (0.7%) acquired **HIV infection**

Table 1: LTFU rates among different cohorts attending PrEP appointment (N = 1912)

	LTFU rate	
	Portugal	Non-Portugal
Country of birth	14.7%	25.8%
Gender	Cisgender men 22.2%	Cisgender women 41.3%
Sex workers	No 21.5%	Yes 34.0%
STI diagnosis	Yes 16.6%	No 30.1%

## Conclusions

Our study is in line with the published evidence [2, 3, 4], indicating that PrEP retention is suboptimal, especially in migrants, sex workers and cisgender women, reinforcing the importance of adopting targeted strategies and community-based PrEP care.

## ABBREVIATIONS

PrEP: pre-exposure prophylaxis; LTFU: loss to follow-up; MSM: men who have sex with men; NGO: non-governmental organization; HA: hospital appointments; GPA: general practitioner appointments; STI: sexually transmitted infection