

Poster presentation

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P15-16. Social factors affecting retention rates in Step study participants in Lima-Peru

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Background

The Step Study started in June 2005 in Lima, Peru. A total of 502 high risk men who have sex with men (MSM) were screened; a high HIV infection rate was detected at screening (11.9%). Two hundred fifty-four HIV non-infected MSM were enrolled during a six month accrual period. By December 2008, 25 participants had become HIV infected reflecting a very high HIV incidence. High participant retention rate is necessary to evaluate study objectives. A retention plan, including reminder phone calls, field or home visits and volunteer participation in community activities, was created to achieve this goal.

Methods

To assess factors affecting discontinuation from the study we collected information documented in the study. Peer educators trained in retention activities implemented the retention plan. Data managers compiled information from the medical charts, the telephone log and the retention activities report.

Results

At the end of the study, 38 (15.0%) enrolled participants were discontinued at the Lima site. The main reason for discontinuation was overseas migration 7.5% (19 participants, mostly transgender or sexual workers, looking for better job options in other countries); followed by incarceration 2.8% (7 participants, mainly for illegal drug trading); unable to attend study visits scheduled during office hours secondary to work conflict 1.2% (4 participants) and in-country migration 1.2% (3 participants). Only 5

participants (2.0%) were unable to be contacted and were declared lost to follow-up.

Conclusion

A very low rate of participants were declared lost to follow-up among Step Study participants in Lima, Peru. Unexpected social factors (migration, incarceration) were higher than lost to follow up decreasing the retention rate overall. These factors need to be better described at screening, in order to improve participant selection and study retention plans for future trials involving high risk MSM.