treatment options. In contrast, those diagnosed since 2005 linked to care promptly and felt they received appropriate medical attention.

Retention in care - Across the generations, once linked to care participants were committed to attending appointments and taking medications. Occasional lapses were explained by external issues such as drug misuse or household disruption, rather than their relationship with the clinic. Some reported concern at the recently reduced frequency of appointments, and the increasing role of primary care.

Viral suppression among those on ART - Most participants on ART had undetectable viral load and good adherence. Actual or anticipated co-morbidities worried them more than HIV, however, wider discussions about NHS cost-cutting have raised patient anxiety about accessing the 'best' treatments.

Conclusion The high standard of UK's HIV treatment cascade reflects strong relationships between patients and staff, which service changes could undermine. Being sensitive to how patients experience different stages of decision-making and the wider influences on their behaviour is vital towards sustaining high retention along the cascade.

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P17.21 FAILURE TO ENGAGE AS KEY FACTOR OF LOSS TO FOLLOW-UP FROM CARE AND TREATMENT AMONG HIV-INFECTED CHILDREN IN BOTSWANA: A CASE-CONTROL STUDY

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Introduction Loss to follow-up (LTFU) is a critical factor in determining clinical outcome in HIV treatment programs. Identifying modifiable factors of LTFU is fundamental for designing effective patient retention interventions. We analysed factors contributing to children LTFU from a treatment program to identify those that can be modified.

Methods A case-control study involving 313 children was used to compare the sociodemographic and clinical characteristics of children LTFU (cases) with those remaining in care (controls) at a large paediatric HIV care setting in Botswana. We traced children through caregiver contacts and those we found, we conducted structured interviews with the patients' caregivers.

Results Children < 5 years were twice as likely as older children to be LTFU (20·6% vs. 7·8% and 79·4% vs. 92·2% respectively, $p < 0·01$). Approximately half (47·6%, n = 51) of LTFU patients failed to further engage in care after just one clinic visit, as compared to less than 1% (n = 2) in the control group ($p < 0·01$). Patients LTFU were more likely than controls to have advanced disease, greater immunosuppression, and not to be receiving Antiretroviral Therapy (ART). Among interviewed patient caregivers, psychosocial factors (e.g. stigma, religious beliefs, child rebellion, disclosure of HIV status) were characteristic of patients LTFU, but not of controls. Socioeconomic factors (e.g. lack of transportation, school-related activities, forgetting appointments) were cited predominantly by the controls.

Conclusion Paediatric patients and their caregivers need to be targeted and engaged at their initial clinic visit, with special attention to children <5 years. Possible interventions include providing psychosocial support for issues that deter patients from engaging with the clinic. Collaboration with community-based organisations focused on reducing stigma may be useful in addressing these complex issues.

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P17.22 PROVIDERS' PERCEPTIONS OF THE CAUSES OF LOSS TO FOLLOW-UP OF HIV-INFECTED CHILDREN IN BOTSWANA

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Introduction Healthcare providers (nurses, physicians, and social workers), by virtue of their experiences in interacting with HIV-infected children and their caregivers, are an important source of information on the causes of loss to follow-up (LTFU). We explored perceptions of healthcare providers regarding factors that lead to paediatric HIV-infected patients becoming lost to follow-up from care and treatment.

Methods The study was conducted at a large paediatric HIV clinic in Gaborone, Botswana and involved conducting in-depth interviews with clinical staff (n = 10). The interviews targeted information about the magnitude of LTFU problems and possible solutions as perceived by the healthcare providers.

Results Respondents perceived factors of LTFU to include issues of HIV-related stigma, caregiver's religious beliefs of being healed, teenage-child rebellion, and concerns about disclosure of their HIV status to others, were characteristic of the patients LTFU. The results also revealed that mental health issues such as depression might not be adequately addressed in HIV clinic settings, perceived as a key underlying factor of LTFU.

Conclusion Our study underscores the psychosocial nature of the issues of LTFU and the need to develop a more holistic approach to treating HIV-infected children.

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P17.23 IMPLEMENTING PRIORITISED HIV LINKAGE-TO-CARE AND CONTACT TRACING AMONG INDIVIDUALS WITH HIGH HIV VIRAL LOAD IN BALTIMORE, MARYLAND, USA: RESULTS FROM A PILOT PROGRAM

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