



Monitoring linkage to care for people living with HIV/Aids in Alagoas

Monitoramento da vinculação ao cuidado de pessoas vivendo com HIV/Aids em Alagoas
Monitoreo de la vinculación a la atención de personas viviendo con VIH/Sida en Alagoas

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ABSTRACT

Background and Objectives: Linkage to care is a structured process for people newly diagnosed with HIV and aims to ensure rapid and efficient access to health services. From this perspective, the objective of this study was to describe the monitoring of linkage to care for people living with HIV/Aids in Alagoas. **Methods:** This is an ecological, descriptive study, cross-sectional, conducted using the integrated HIV/Aids care monitoring panel in Alagoas from 2014 to 2024. Data collection was conducted between December 2024 and January 2025 and included sociodemographic and clinical variables of people linked to care, as well as the time between linkage to care and initiation of antiretroviral therapy. **Results:** 12.112 people living with HIV/Aids in Alagoas were linked to care, with 90,7% receiving care at services in the state capital. Regarding sociodemographic characteristics, 65,6% were male, 44,3% were between 40 and 59 years old, and 67,1% were of mixed race. It was found that 77% of individuals were undergoing treatment, 84,4% had an undetectable viral load, and 48,2% had started therapy between one and six months after linking to the service. **Conclusion:** The findings reflect advances in linkage, monitoring effectiveness, and clinical follow-up of people living with HIV/Aids, but reinforce the importance of decentralizing care in the state, expanding access, and strengthening equity in health services.

Keywords: *Acquired Immunodeficiency Syndrome. HIV. Highly Active Antiretroviral Therapy. Epidemiology. Effective Access To Health Services.*

RESUMO

Justificativa e Objetivos: A vinculação ao cuidado caracteriza-se como um processo estruturado para pessoas recém-diagnosticadas com HIV e objetiva garantir o acesso rápido e eficiente aos serviços de saúde. Nessa perspectiva, o objetivo deste estudo foi descrever o monitoramento da vinculação ao cuidado de pessoas vivendo com HIV/Aids em Alagoas. **Métodos:** Estudo do tipo ecológico, transversal, descritivo, realizado a partir do painel integrado de monitoramento do cuidado do HIV/Aids em Alagoas no período de 2014 a 2024. A coleta de dados foi conduzida entre os meses de dezembro de 2024 a janeiro de 2025, sendo pesquisadas variáveis sociodemográficas e clínicas de pessoas vinculadas ao cuidado, e o tempo entre a vinculação ao serviço e início da terapia antirretroviral. **Resultados:** Foram vinculadas ao cuidado 12.112 pessoas vivendo com HIV/Aids em Alagoas, sendo 90,7% acompanhadas nos serviços da capital do estado. Quanto às características sociodemográficas, 65,6% pertenciam ao sexo masculino, 44,3% estavam na faixa etária de 40 a 59 anos e 67,1% eram pardos. Verificou-se que 77% dos indivíduos estavam em tratamento, 84,4% com carga viral indetectável e 48,2% com terapêutica iniciada entre um e seis meses após a vinculação ao serviço. **Conclusão:** Os achados refletem avanços na vinculação, efetividade do monitoramento e no seguimento clínico das pessoas vivendo com HIV/Aids, porém reforçam a importância de descentralizar o cuidado no estado, ampliar o acesso e fortalecer a equidade nos serviços de saúde.

Descritores: *Síndrome De Imunodeficiência Adquirida. HIV. Terapia Antirretroviral De Alta Atividade. Epidemiologia. Acesso Efetivo Aos Serviços De Saúde.*

RESUMEN

Justificación y Objetivos: La vinculación a la atención es un proceso estructurado para personas con diagnóstico reciente de VIH y busca garantizar un acceso rápido y eficiente a los servicios de salud. Desde esta perspectiva, el objetivo de este estudio fue describir el seguimiento de la vinculación a la atención para personas con VIH/Sida en Alagoas. **Método:** Se trata de un estudio ecológico, descriptivo y transversal, realizado mediante el panel de seguimiento integrado de la atención al VIH/Sida en Alagoas, entre 2014 y 2024. La recolección de datos se realizó entre diciembre de 2024 y enero de 2025. Se evaluaron las variables sociodemográficas y clínicas de las personas vinculadas a la atención, así como el tiempo transcurrido entre la vinculación a la atención y el inicio del tratamiento antirretroviral. **Resultados:** 12.112 personas con VIH/Sida en Alagoas fueron vinculadas a la atención, de las cuales el 90,7% recibió atención en servicios de la capital del estado. En cuanto a las características sociodemográficas, el 65,6% eran hombres, el 44,3% tenían entre 40 y 59 años, y el 67,1% eran mestizos. Se encontró que el 77% de las personas estaban en tratamiento, el 84,4% tenía una carga viral indetectable y el 48,2% había iniciado la terapia entre uno y seis meses después de ser vinculadas al servicio. **Conclusión:** Los hallazgos reflejan avances en la vinculación, la efectividad del monitoreo y el seguimiento clínico de las personas con VIH/Sida, pero refuerzan la importancia de descentralizar la atención en el estado, ampliar el acceso y fortalecer la equidad en los servicios de salud.

Palabras Clave: *Síndrome De Inmunodeficiencia Adquirida. VIH. Terapia Antirretroviral De Gran Actividad. Epidemiología. Acceso Efectivo A Los Servicios De Salud.*

INTRODUCTION

Human Immunodeficiency Virus (HIV) infection is caused by a retrovirus belonging to the Lentivirus genus. Currently, there are two known subtypes that can trigger Acquired Immunodeficiency Syndrome (Aids): HIV-1 and HIV-2, which differ in terms of pathogenicity, transmissibility, disease progression, and drug susceptibility.¹

In the context of HIV/Aids, Antiretroviral Therapy (ART) is a fundamental strategy for managing the infection, as it inhibits viral replication. This aspect has an impact on reducing morbidity and mortality, reducing opportunistic infections, decreasing the complexity of hospital admissions, and improving the quality of life for people living with HIV.²

Globally, by the end of 2024, there were approximately 40.8 million people living with HIV, of whom 31.6 million had access to ART.³ In Brazil, 541,759 cases of HIV infection were reported between 2007 and June 2024. The Northeast region accounts for 21.9% (118,431) of cases in the country, with 6.01% (7,128) belonging to the state of Alagoas.⁴

Despite different combined HIV prevention strategies, new cases of infection are reported every year. Therefore, health interventions must address the specificities of the HIV continuum of care through timely diagnosis, service linkage, user retention in the segment, initiation of ART, and viral load suppression.⁵

Linkage is defined as a structured process for people newly diagnosed with HIV that aims to ensure rapid and efficient access to specialized health services, especially for initial consultations and tests. This strategy involves welcoming, providing guidance, strengthening the link with the service, and developing autonomy in self-care.^{6,7}

From a clinical point of view, timely and continuous access to HIV-related care contributes to improved health and quality of life, as patients begin to enjoy the benefits of ART, in addition to receiving immunizations and prophylaxis when necessary. However, it should be considered that the health-disease process is determined by demographic, behavioral, and cultural conditions that can affect the individual's perception and adherence.⁷

Knowing the sociodemographic and clinical characteristics of this population can help in monitoring care and developing effective health strategies. These data are important tools for management to identify improvements, strengths, and weaknesses involving care and access to it. The objective of this study was to describe the monitoring of adherence to care among people living with HIV/Aids (PLWHA) in Alagoas.

METHODS

This is an ecological, descriptive, cross-sectional study with a quantitative approach. Ecological studies are characterized by describing and analyzing variables in a population based on aggregate data, which allows for the collection of collective information between the outcome and exposure.⁸ In this sense, it is not possible to establish causal relationships or individual inferences due to the nature of the data.

The data were extracted from the integrated HIV/Aids care monitoring panel for the period 2014 to 2024, available at: <https://www.gov.br/saude/pt-br/composicao/svsa/cnie/monitoramento-do-cuidado-do-hiv>. The panel, launched by the Ministry of Health in 2024, aims to expand access to information involving continuous HIV/Aids care, which makes it possible to understand the profile of PLWHA, indicators, and strategy design.⁹

The study was developed using data related to Alagoas, which is located in the northeast region of the country. Currently, care for PLWHA is provided through seven specialized outpatient services, four of which are located in the capital, Maceió, and the others in the municipalities of Arapiraca, União dos Palmares, and Palmeira dos Índios.

Data collection was conducted from December 2024 to January 2025. To characterize the profile, the sociodemographic variables collected were gender, age group, race/skin color, and years of schooling. Regarding clinical variables, treatment status (on ART, loss to follow-up, and treatment gap), viral load (undetectable and detectable), and antiretroviral regimens were surveyed. Additionally, the number of people linked to care and the time between linking to the service and starting ART were collected.

In this study, people who had undergone CD4+ T-cell count tests, viral load tests, or received ARV dispensing from the Unified Health System (SUS) in the last 10 years were considered linked to care. Regarding treatment status, those with the last dispensation of the year on time or less than 60 days late were considered to be on ART; PLWHA with a delay of more than 60 days in picking up their antiretroviral medication were considered to be lost to follow-up; and those who were linked to care but had never picked up their antiretroviral medication were considered to have a treatment gap. In addition, results lower than 50 copies/ml were considered undetectable viral load.⁹

The data obtained were stored in a spreadsheet created in Excel® software. Descriptive analysis was performed based on absolute and relative frequency, and the data were presented in graphs and tables. This study used publicly available secondary data, extracting only quantitative information. Thus, it was not necessary to

submit it to the Research Ethics Committee (CEP), in accordance with Resolution 466/2012 on ethics in research involving human subjects.

RESULTS

Between 2014 and 2024, 12,112 PLWHA were linked to care in Alagoas, with an average of 745.5 linkages per year. Of these, 90.7% (n=10,991) were linked to the capital Maceió, 6.3% (n=766) to Arapiraca, and 3.0% (n=355) to other municipalities.

There was a gradual increase in the number of people linked to HIV/Aids care per year. However, there was a decline in the number of people linked in 2019 (n=839), 2020 (n=602), and 2024 (n=651), with negative percentage changes compared to the previous year. The largest positive variation was identified in 2018 (Figure 1). The calculation of the number of cases per year was performed from 2015 onwards and the percentage variation from 2016 onwards, since the panel presented the year 2014 without references to the previous period.

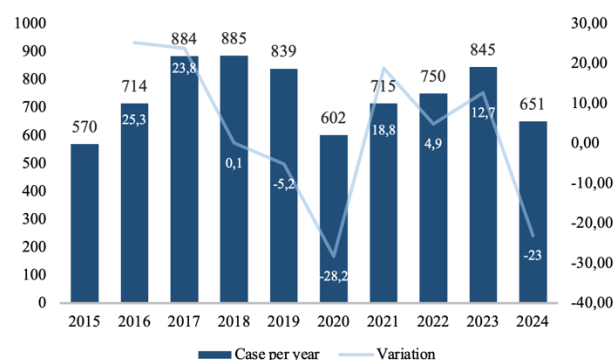


Figure 1. Number of people linked to HIV/Aids care and percentage changes per year. Alagoas, Brazil, 2015 to 2024 (N=7,455).

Regarding sociodemographic characteristics, 65.6% (n=7,942) were male, 44.3% were aged between 40 and 59 years (n=5,366), 67.1% (n=8,122) were brown-skinned, and 24.4% (n=2,962) had up to seven years of schooling. (Table 1).

Table 1. Sociodemographic characteristics of people involved in HIV/Aids care (N=12,112). Alagoas, Brazil, 2014 to 2024.

Variables	N (%)
Sex	
Male	7.942 (65.6)
Female	4.161 (34.4)
Age group	
<13	85 (0.7)
13-17	73 (0.6)
18-24	702 (5.8)
25-39	4.639 (38.3)
40-59	5.366 (44.3)
≥60	1.247 (10.3)
Race/Color	
Brown	8.122 (67.1)
White/Yellow	2.147 (17.7)
Black	711 (5.9)
Indigenous	12 (0.1)
Not reported	1.120 (9.2)
Years of study	
≤7	2.962 (24.4)
8 to 11	2.562 (21.2)
≥12	2.070 (17.1)
Not reported	4.518 (37.3)

Regarding treatment status, over the last 10 years, 77% (n=9,353) of PLWHA were on ART, 19% (n=2,269) were lost to follow-up, and 4% (n=490) had a treatment gap. Regarding ART use, 2014 had the lowest percentage, with 69.1% (n=3,218), and showed that 17.1% (n=798) were in treatment gap. Additionally, there was a predominance of loss to follow-up in 2022, with 19.7% (n=2,094) (Table 2).

Table 2. Treatment status of individuals linked to HIV/Aids care. Alagoas, Brazil, 2014 a 2024 (N=12.112).

Years	Treatment status			Total
	TARV N (%)	Loss of follow-up N (%)	Treatment gap N (%)	
2014	3.218 (69.1)	641 (13.8)	798 (17.1)	4.657
2015	3.685 (70.5)	799 (15.3)	743 (14.2)	5.228
2016	4.343 (73.1)	938 (15.8)	660 (11.1)	5.941
2017	5.146 (75.4)	1.046 (15.3)	633 (9.3)	6.825
2018	5.783 (75.0)	1.257 (16.3)	670 (8.7)	7.710
2019	6.513 (76.2)	1.404 (16.4)	632 (7.4)	8.549
2020	6.862 (75.0)	1.672 (18.3)	617 (6.7)	9.151
2021	7.361 (74.6)	1.900 (19.3)	605 (6.1)	9.866
2022	7.960 (75.0)	2.094 (19.7)	562 (5.3)	10.616
2023	8.752 (76.3)	2.175 (19.0)	534 (4.7)	11.461
2024	9.353 (77.0)	2.269 (19.0)	490 (4.0)	12.112

Of the 9,353 PLWHA who were on ART as of December 2024, 73% (n=6,851) of viral load tests were made possible by the SUS, while 27% (n=2,502) did not collect the test or performed it in private services.

It was found that 84.4% (n=5,780) had an undetectable viral load and 15.6% (n=1,071) had a detectable viral load. Additionally, the year 2021 stood out with 87.4% (n=4,625) of individuals undetectable. On the other hand, 2014 recorded the highest percentage of detectable viral load in the last 10 years, with 28.1% (n=648) (Table 3).

Table 3. Viral load of people linked to HIV/Aids care who were on antiretroviral therapy (ART). Alagoas, Brazil, 2014 to 2024 (N=6.851).

Years	Viral load		Total
	Undetectable N (%)	Detectable N (%)	
2014	1.658 (71.9)	648 (28.1)	2.306
2015	2.119(78.8)	571(21.2)	2.690
2016	2.496 (75.5)	645 (20.5)	3.141
2017	3.026 (82.4)	645 (17.6)	3.671
2018	3.525 (84.0)	670 (16.0)	4.195
2019	4.103 (84.5)	751 (15.5)	4.854
2020	4.116 (86.7)	632 (13.3)	4.748
2021	4.625 (87.4)	666 (12.6)	5.291
2022	4.978 (86.2)	794 (13.8)	5.772
2023	5.570 (85.4)	953 (12.6)	6.523
2024	5.780 (84.4)	1.071 (15.6)	6.851

Regarding the time between PLWHA enrollment in SUS services and the start of ART, 48.2% (n=4,284) began drug treatment within 1 to 6 months, and 5.9% (n=527) began therapy on the same day (Table 4).

Table 4. Time between referral and initiation of ART for people referred for HIV/Aids care. (N=8,887). Alagoas, Brazil, 2014 to 2024.

Period	N (%)
On the same day	527 (5.9)
1 to 30 days	2.864 (32.2)
1 to 6 months	4.284 (48.2)
>6 months	1.212 (13.7)

Regarding antiretroviral regimens, 61.0% (n=5,707) used dual therapy with the single drugs lamivudine, dolutegravir, and tenofovir, and 13.1% (n=1,228) were on a fixed-dose combination of lamivudine and dolutegravir. Additionally, 9.8% (n=916) were being treated with darunavir, ritonavir, and dolutegravir, 6.8% (n=636) with lamivudine, darunavir, ritonavir, and tenofovir, 5.3% (n=490) were on other regimens, and 4.0% (n=376) were using lamivudine, efavirenz, and tenofovir.

DISCUSSION

The data found in this study showed variations in the number of people linked to HIV/Aids care in Alagoas, mainly concentrated in the capital's healthcare services, as well as sociodemographic and clinical characteristics of the population. It should be noted that the period between 2019 and 2020 was marked by the Covid-19 pandemic, which had a global impact on the dynamics of services and access to continuous care, which may have accentuated the individual, social, and programmatic vulnerabilities of PLWHA.¹⁰

Regarding the characterization of the sample, there was a predominance of male and brown individuals. This profile has been described similarly in Brazilian studies with this segment.^{11,12} Men's vulnerability to HIV is accentuated by hegemonic masculinity patterns that increase exposure to behavioral risk factors, such as multiple partners and inconsistent condom use, as well as less frequent visits to health services.¹³

In terms of age group, most of the individuals linked to the program were between 40 and 59 years old. However, it should be noted that most new cases of HIV occur in young adults.⁴ Factors such as early sexual initiation, alcohol and other drug use, and a perception of invulnerability are described in this segment, which may have an impact on the transmission of sexually transmitted infections.¹³

There was a predominance of users with up to seven years of schooling. It is known that the level of schooling can influence access to qualified information as well as health practices and behaviors, such as condom use and adherence to ART. Thus, education is an important factor in reducing the rates of illness in a population.¹⁴

Regarding treatment status, it was found that most PLWHA were on ART. Proper use of antiretrovirals is essential to alter the course of infection to a chronic and manageable condition. Additionally, it can lead to improved immunity, reduced HIV transmission, and increased survival time. However, its effectiveness is directly linked to therapeutic adherence.¹⁵

Different factors can contribute to adherence to ART. It should be considered that the therapeutic process is

permeated by multifactorial aspects involving sociodemographic, economic, cultural, and psychological issues that can accentuate vulnerabilities that determine health. In Brazil, poor adherence to treatment is related to low educational attainment, young age, unfavorable socioeconomic conditions, and drug use.^{15,16}

A study conducted in Ethiopia found that adherence to ART was associated with factors such as living in an urban area and having a CD4 count ≥ 500 cells/mm³.² On the other hand, a cohort study conducted at a referral service in Pernambuco reported that protective factors included good knowledge about antiretrovirals and HIV/Aids, having a high school or college education, and being on a tenofovir regimen. However, poor adherence was associated with nicotine use and depressive symptoms.¹⁴

Despite the challenges to adherence to ART, it was noted that most of those surveyed had had an undetectable viral load in the last 10 years, but still below the target set by the Joint United Nations Programme on HIV/Aids (UNAIDS). In this perspective, the 95-95-95 target is a global strategy to be achieved by 2030 that aims to diagnose 95% of PLWHA, of which 95% are on antiretroviral treatment and 95% of those on treatment have an undetectable viral load.¹⁷

Studies have shown that people living with HIV who are undetectable are untransmittable.^{18,19} This evidence has had a beneficial impact on the relationships of people living with HIV, as it provides greater security and reduces concerns surrounding emotional and sexual relationships. However, there are still recurring reports of social stigma and fear regarding the possibility of virus transmission.²⁰

A study conducted in the northeast region with men who have sex with men (MSM) showed that an undetectable viral load makes people feel more comfortable about resuming sexual relations and reduces fear of transmission, even when faced with the possibility of condom failure.²¹ In addition, a study conducted in Australia showed that an undetectable viral load is perceived as an indicator of good health and facilitates the resumption of relationships.²²

Despite these advances, challenges remain in understanding that undetectable equals untransmittable, especially in healthcare settings. Services, users, and especially professionals need to be receptive to addressing taboos related to sexuality and HIV/Aids. Furthermore, it is important to address combination prevention, considering the particularities of those involved and their vulnerabilities.²⁰

It was found that a small number of PLWHA were linked to the service and started ART on the same day. The Clinical Protocol and Therapeutic Guidelines for the Management of HIV/Aids Infection in Adults

recommends starting therapy as early as possible, regardless of the CD4+ T-cell count. However, in special situations, such as co-infection with tuberculosis and cryptococcal meningitis, treatment is postponed.²³

With regard to antiretrovirals, the preferred regimen for starting treatment was tenofovir, lamivudine, and dolutegravir. These drugs have a favorable virological suppression profile, few adverse events, and good acceptability, which may contribute to therapeutic adherence.²³ A study conducted in France and Canada pointed out that the side effects of some regimens, combined with polypharmacy, constitute an important barrier to ART adherence.¹⁷

In this perspective, it was observed that a significant portion of users used the fixed-dose combination in ART. In Brazil, priority groups for regimen migration were defined, considering comorbidities, cumulative use of tenofovir, and probability of polypharmacy. Criteria were also established to make populations eligible, such as adherence to treatment and maintenance of an undetectable viral load in the last twelve months.²⁴ Thus, it is clear that advances in therapy are fundamental to comprehensive continuous care.

A predominance of people linked to care in the capital's services was identified. It should be noted that shared care involves joint responsibility between specialized services and Primary Health Care (PHC) in defining care flows, effective communication, and intersectoral coordination. These aspects seek to improve access to the therapeutic pathway and strengthen the care network.⁶

However, shared care still represents a challenge in the context of HIV/Aids. Among the main obstacles to the decentralization of care are work overload, high staff turnover, resistance to change, technical insecurity in clinical management, and a lack of training.²⁵

It is known that the decentralization process is also permeated by individual, collective, and managerial barriers. From the user's perspective, low demand for primary care services may be related to fear of diagnostic disclosure to other professionals and stigma. These aspects highlight weaknesses in health care and may have repercussions on clinical outcomes.²⁵

The results point to the need to strengthen the coordination of care by PHC and the articulation with specialized services through the objective definition of flows between levels of care. It is necessary to assist decision-making through training that involves reception, clinical management, particularities, and biopsychosocial aspects of living with HIV in order to reduce stigma.^{6,7} Furthermore, the use of the monitoring panel is an important management tool to support planning and more assertive conduct.

The limitations of the study stem from the use of secondary data, which may underestimate the results presented. In addition, the study design does not allow

for individual assessment of the repercussions of events in the period analyzed. It should be noted that the link to care was listed from an administrative perspective, which includes the tests performed and the dispensing of ART. However, it should be considered that effective linkage also encompasses aspects of continuous care with longitudinal follow-up, sustained retention, and regular virological monitoring.

Despite the limitations listed, it is hoped that the data from this investigation will help to understand the profile of PLWHA linked to care, as well as to design effective strategies that enable improvements in continuous and integrated HIV/Aids care.

The description of the monitoring of adherence to HIV/Aids care showed variations in the number of people adhering to care in Alagoas, with a concentration of males, brown-skinned individuals, and those with up to seven years of schooling. Additionally, it was evident that the percentage of individuals on ART and with undetectable viral loads is still below ideal parameters.

It should be noted that knowledge of the sociodemographic and clinical characteristics of PLWHA can contribute to understanding the current landscape of infection and the challenges involved in caring for this segment, considering aspects that cut across individual, collective, and service access issues. The findings also reflect advances in linkage, monitoring effectiveness, and clinical follow-up of PLWHA. However, they reinforce the importance of decentralizing care in the state with the aim of expanding timely access, mitigating inequalities that affect adherence, and promoting greater equity in health services.

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AUTHORS' CONTRIBUTIONS

Julya Thereza dos Santos Paixão and **Géssyca Cavalcante de Melo** contributed to the conception and design of the study, literature review, writing of the abstract, introduction, methodology, discussion, interpretation and description of results, preparation of tables, conclusions, and critical review of the manuscript. **Alice Nunes de Barros, Maria Andreza Marques da Silva, Cleisla Daniel Siqueira, Lays Nogueira Miranda, Lygia Alves Vieira Antas** and **Rosa Caroline Mata Verçosa de Freitas** contributed to data interpretation and critical review of the manuscript.

All authors approved the final version to be published and are responsible for all aspects of the work, including ensuring its accuracy and integrity.

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