Study Design and Participants
This retrospective cohort study analyzed patient registries from the Infectious Diseases Outpatient Clinic (ID) database: routinely completed by nurses, included PLWH (n = 1384) who were evaluated by Social Work (SW) between 2011 and 2014 who were evaluated by a social worker at Hospital Cayetano Heredia, 2011–2014.

Methodology
In this study, PLWH, we described the nomination of patient-nominated supporters and studied cross-sectional factors associated with not having a supporter. Then, we analyzed the association between having a supporter and retention in care after one year of follow-up.

Method Design and Participants
This retrospective cohort study analyzed patient registries from the largest NHP in Peru enrolled at a referral hospital in northern Lima. We included registries of all patients (≥18 years old) newly identified as PLWH by NHP nurses to schedule an appointment with Social workers. Patients are requested to attend these visits since identification until Dec 31

Study Setting
During enrollment interviews, NHP nurses asked PLWH to schedule an appointment with social workers. Patients are requested to attend these visits since identification until Dec 31

Data Sources and Management
NHP registries were completed by nurses, included PLWH demographics, CD4 counts, and WHO clinical staging.

• SW database: created for this study with variables from SW forms such as patient-nominated supporters, their kinship with PLWH, disclosure to family members and having a domestic partner.

Study Variables and Statistical Analysis
Having a patient-nominated supporter: having the name of a person written under the supporter in the field in the social work form. Disclosure to family: disclosure to 21 family member: non-disclosure. Domestic partner: being married or cohabiting or being unmarried.

Study purpose
1. To evaluate the association between being retained in care and having a patient-nominated supporter during social work evaluations.

RESULTS
Retention in care among 1384 PLWH included in this study. 1238 (89.5%) had supporters: 1172 (84.7%) nominated one supporter and 66 (4.8%) nominated two supporters.

Patient-nominated supporters
Among 1384 PLWH included in this study, 1238 (89.5%) had supporters: 1172 (84.7%) nominated one supporter and 66 (4.8%) nominated two supporters. Patient-nominated supporters were 26.6% (22.4%), parents (20.8%), friends (14.8%), second-degree relatives (11.1%), and offspring (4.3%) of the PLWH.

Table 2 shows models reporting from predictors associated with not having a patient-nominated supporter: having the name of a person written under the supporter in the field in the social work form. Disclosure to family: disclosure to 21 family member: non-disclosure. Domestic partner: being married or cohabiting or being unmarried. Among 1384 PLWH included in this study, 1238 (89.5%) had supporters: 1172 (84.7%) nominated one supporter and 66 (4.8%) nominated two supporters.

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Table 2: Factors associated with not having a patient-nominated supporter among HIV-infected patients evaluated by social work.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Method of disclosure to family</th>
<th>Model adjusted for</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic partner</td>
<td>Presence of patients who were married or cohabiting was reported as a relationship and included as a dependent variable.</td>
<td>-</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Friends</td>
<td>Presence of patients who were friends was reported as a relationship and included as a dependent variable.</td>
<td>-</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Second-degree relatives</td>
<td>Presence of patients who were second-degree relatives was reported as a relationship and included as a dependent variable.</td>
<td>-</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Offspring</td>
<td>Presence of patients who were offspring was reported as a relationship and included as a dependent variable.</td>
<td>-</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Acknowledgements
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References

LIMITATIONS
• Having a supporter in the SW form does not provide a full account of the social support a PLWH actually receives throughout the continuum of care, nor does it account for the quality of support PLWH have.

• Our measure of having a patient-nominated supporter was cross-sectional. Both social support and disclosure are dynamic processes that may change within the first year of follow-up.

• We analyzed operational data and were not able to assess for supporter effects on ART adherence, or measure disclosure to others beyond family.

• Not all PLWH were evaluated by SW. We assessed for differences among PLWH evaluated by SW with those who were not and found that the latter were less likely to ART and stay in care.

CONCLUSIONS
• Most PLWH nominated supporters, primarily among their family members, partners, and friends.

• Non-disclosure of HIV status to family members, not having a domestic partner and being ≥19 years seem to be predictors of not having a supporter.

• Having supporters appears beneficial for long-term retention, however, additional interventions to improve retention in care are needed.