

Poster Abstract – P87

Late presentation for HIV diagnosis: a single-centre experience

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Purpose of the study

Antiretroviral therapy reduces mortality and morbidity in HIV-infected individuals, most markedly when initiated early, before advanced immunodeficiency has developed. All international guidelines (IAS 2010, EACS 2011, DHHS 2012) tend to recommend starting ART in patients with high CD4 cell count. Some challenges need to be met before reaching this goal, particularly HIV-infected patients with late presentation-diagnosis. The objective of this study was to determine the frequency of and demographic features associated with delayed presentation to care in our centre.

Methods

All patients, newly diagnosed with HIV between January 2007 and December 2011 and on follow-up in our AIDS Reference Centre, were included. 'Late presenter patient' was defined as patient with CD4 count $< 350/\text{mm}^3$ at the time of diagnosis. Demographic (age, sex, ethnicity, migration) and clinical characteristics (transmission, CD4 cell count, viral load, CDC stage) were collected. We then compared these features with those identified in our centre between 1997-2006.

Summary of results

Of the 601 patients diagnosed between 1997–2006, 57.1% were late presenters for HIV diagnosis. Among the 359 patients included between 2007–2011, 42.9% patients were late presenters. Demographic characteristic are summarized in Table 1. In the univariate analysis, patient age > 50 years, female sex, immigrant status and heterosexual contact were associated with late presentation for HIV diagnosis. In the multivariate analysis, patients aged > 50 and migrant women were the only independent risk factors for late presentation. Except gender, other risk factors remain identical to those that were identified in our centre between 1997–2006 [1].

Table 1. Characteristics of patients with late presentation (CD4 $< 350/\text{mm}^3$) for HIV diagnosis between 2007–2011

Total	n total 359	n (%) 154 (42.9)	p value	OR (95% CI)	Adjusted OR (95% CI)
Age, years					
< 30	64	21 (32.8)		1.00	1.00
30–39	135	52 (38.5)		1.28 (0.68–2.40)	1.27 (0.66–2.44)
40–49	95	41 (43.1)		1.55 (0.80–3.01)	1.66 (0.83–3.32)
> 50	65	40 (61.5)	< 0,001	3.27 (1.59–6.74)	2.84 (1.25–6.41)
Sex					
Female	103	54 (52.4)		1.00	1.00
Male	256	100 (39)	0,021	0.58 (0.36–0.92)	0.92 (0.48–1.75)
Origine					
non-migrant	141	45 (31.9)		1.00	1.00
Migrant	218	109 (50)	< 0,001	2.13 (1.37–3.32)	1.70 (1.02–2.83)
HIV transmission					
MSM	164	49 (29.8)		1.00	1.00
Heterosexual	191	102 (53.4)	< 0,001	2.68 (1.73–4.17)	1.84 (0.99–3.41)

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Conclusion

A considerable proportion of patients continue to be diagnosed with advanced HIV disease, despite the fact that risk factors for late presentation have been identified clearly. In order to be able to treat all patient at high CD4 cell counts as recommended in all guidelines, we need to develop policies focused directly to categories of people at high risk of late presentation.

Conflict of interest

None. All co-authors have participated in, and agree with the content and conclusions. This work is original and does not infringe any copyright.

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Reference

1. Ndiaye B, Salleron J, Vincent A, Bataille P, Bonnevie F, Choisy P, et al. Factors associated with presentation to care with advanced HIV disease in Brussels and Northern France: 1997–2007. *BMC Infect Dis.* 2011;11:11.