

Late presentation of HIV among adults in Aotearoa New Zealand

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Background:

Early diagnosis of HIV is essential for successful treatment with antiretroviral therapy and controlling the spread of HIV in a population. New Zealand (NZ) aims to be a country where HIV transmission is eliminated. To support this aim, an understanding of populations at highest risk of late diagnosis is essential for developing strategies to ensure people are diagnosed as early as possible. We therefore examined the frequency and characteristics of adults diagnosed late with HIV in NZ in the 10 years from 2011 to 2020.

Methods:

Routine surveillance data from anonymous case reports completed by healthcare providers was analysed. Those previously diagnosed with HIV overseas or as part of immigration screening were excluded. 'Late presentation' was defined as a CD4 count <350 cells/ μ L or an AIDS-defining illness. 'Advanced HIV disease' was defined as a CD4 count <200 cells/ μ L or an AIDS-defining illness. Relative risks (RR) were calculated using Poisson regression.

Results:

A CD4 count was available for 87.5% (1145 of 1308) of newly diagnosed adults. Overall, 40.5% presented late and 24.9% had advanced HIV disease; with no significant decrease in either, over time. Heterosexual men and women were more likely to present late (55.3%) compared to men who have sex with men (MSM) (35.6%). Amongst MSM, those who were older, of an ethnicity other than European, acquired HIV overseas, tested because of symptoms, or had their last negative test >2 years prior were more likely to present late and have advanced disease. Amongst heterosexual men and women, older age, being tested because of symptoms, and Pacific ethnicity were associated with late presentation, and Māori, Pacific and Asian people were more likely to have advanced disease.

Conclusion:

There continues to be a high proportion of people diagnosed late with HIV. A greater focus on testing amongst sub-groups is required.

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