HIV INFECTED YOUNG PEOPLE IN AUSTRALIA: DATA FROM THE AUSTRALIAN HIV OBSERVATIONAL DATABASE (AHOD)

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Background: Individuals aged 13-24 years undergo vast physical, cognitive, social and psychological changes. Australasian data regarding clinical outcomes of those diagnosed with HIV early in this age group are sparse.

Methods: Patients diagnosed with HIV after 1997 in the Australian HIV Observational Database were divided into Young Adults (YA), diagnosed at age <25 years (n=201) and Older Adults (OA) (n=1801). Demographic and clinical factors were compared between groups.

Results: YA were more likely to be female (18.6% vs 9.7%, p<0.001) with median (IQR) age at diagnosis of 22 years (20-24) and median (IQR) age at treatment initiation of 24 years (22-26). The most common exposure category among YA was men who have sex with men (MSM) in 136 (67.7%) and this was no different for OAs (p=0.147). CD4 count at diagnosis was significantly higher in YA than OA (median 480 vs 400, p=0.001). HIV viral load at diagnosis was significantly lower in YA (29903 copies/mL vs 56957, p=0.005). The incidence of loss to follow up (LTFU) was significantly higher in YA (8.1 per 100PY vs 4.28 per 100PY; p<0.001). There were far fewer deaths among YA (0.24 per 100PY vs 0.62 per 100PY, p=0.087), but they were more likely to have a treatment interruption (5.81 per 100PY vs 4.23 per 100PY, p=0.015) compared to OA. Rates of treatment switch, time to treatment change, and CD4 and viral load responses to treatment were similar between groups.

Conclusions: YAs in our cohort were diagnosed with HIV at higher CD4 counts than OAs, with similar proportions of both groups reporting the predominant risk exposure of male-to-male sexual contact. LTFU and treatment interruption were more common among YAs highlighting the need for extra efforts directed towards retention in care and education of YAs regarding the risks of treatment interruptions.

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