

PREVALENCE OF HIV INDICATOR CONDITIONS IN PATIENTS WITH LATE DIAGNOSIS OF HIV: 25 YEARS ON, ARE WE STILL MISSING OPPORTUNITIES FOR EARLIER CARE?

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Background: This study aimed to evaluate prior prevalence of HIV Indicator Conditions (HIVIC) in patients with late diagnosis HIV.

Methods: We conducted a retrospective cohort study at a large healthcare network in Melbourne, Australia to evaluate patients diagnosed with HIV between 2015 and 2025. Patients with late diagnosis HIV (defined by CD4<350cells/ μ L) were compared to those with CD4 \geq 350 at presentation. The European AIDS Clinical Society guidelines on indicator guided testing were utilised to identify HIVIC in electronic health records, which may have represented a missed opportunity for earlier diagnosis. Outcome measures included patient demographics, diagnostic setting and presence of HIVIC. Statistical analysis was performed using chi-squared testing and two-proportion z-tests. Results from 2015-2025 were compared to an earlier study performed at the same hospital network between 2000-2014 to investigate patterns of diagnostic practice over a 25-year period.

Results: Of 247 patients with HIV, 114 (48%) met criteria for late diagnosis. More late presenters were born overseas (73% vs 42%, p<0.005), however demographics were otherwise similar; majority male (73% vs 78%, p=0.372) and of similar age (mean 41.9 vs 41.6 years, p=0.864). Of 114 patients with late presentation, 62 (54%) had one or more HIVIC which would have triggered testing according to guidelines; of these, 37 (32%) had at least two and 8 (7%) had three or more. Most common HIVIC included unexplained weight loss (22%), Hepatitis B (14%) and Sexually Transmitted Infection (13%). Twenty-three patients had HIVIC diagnosed \geq 12 months before HIV testing was performed, demonstrating no significant improvement when compared with screening behaviours 10 years prior (20% 2015-2025 vs 25% 2000-2014, p=0.405).

Conclusion: Most individuals presenting with CD4 count <350cells/ μ L had an HIVIC prior to diagnosis, presenting a missed opportunity for earlier care. 25 years on, there is still a need to educate clinicians on indicator-based testing guidelines.

Disclosure of Interest Statement:

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