

Continued Late Presentation for HIV Care across Europe

Amanda Mccroft¹, Jens D Lundgren², Ole Kirk²

On Behalf of the Late Presenters Working Group in COHERE

¹University College London, London, UK; ²Copenhagen HIV Programme, Centre for Health and Infectious Diseases Network, University of Copenhagen, Denmark

INTRODUCTION

Late presentation, defined as a HIV+ diagnosis with a CD4 <350/mm³ or an AIDS diagnosis at any CD4 count¹ has significant consequences both to the individual and to society²⁻³. Previous work from COHERE and others has shown that LP is a significant problem across Europe, and was increasing among some demographic groups⁴⁻⁵.

AIMS

- To describe changes in LP in Europe between 2010-2013
- To determine changes over time in new clinical events following HIV+ diagnosis

PATIENTS AND METHODS

Participants in COHERE, a collaboration of 33 cohorts from 35 countries testing HIV+ ≥1/1/2010 were included if CD4 count measured in the 6 months after HIV diagnosis, aged >16. Seroconverter cohorts were excluded.

Date testing HIV+ was defined as date tested HIV+ve or recruitment to cohort/study enrolment where date HIV+ve missing. LP defined as CD4<350/mm³ in 6 months following HIV+ diagnosis, or AIDS regardless of CD4 count¹. Changes over time in LP assessed using logistic regression and Kaplan-Meier plots and Cox PH models were used to examine changes in clinical outcomes (new AIDS/death).

RESULTS

- 30448 persons were included, 14582 were classified as LP with a median CD4 at LP of 184/mm³. Characteristics are shown in **Table 1**.
- Figure 1** shows the change over time in LP across all persons included, which has stayed stable at just under 48%, with very LP stable at approx 38%, and proportion with AIDS stable at around 11%.
- There have been some changes over time stratified by HIV exposure group, as shown in **Figure 2**, with a small increase in the 'other' group, and a larger increase over time in male IDUs and a non-significant but large increase in female IDUs
- There have been no changes over time in LP when stratified by region of Europe
- 2644 (8.7%) developed a new AIDS event or died after HIV diagnosis; 125 (0.8%) among non-LP and 2519 (17.3%) among LP.
- There were no changes over time in the short term risk of new AIDS/death in either non-LP or LP (**Figure 3**), although extremely large differences in the probability of new AIDS/death following diagnosis comparing non-LP to LP

CONCLUSIONS

LP has not continued the gradual decrease observed in COHERE from 2000-2010, with some evidence to suggest increasing over time in IDUs, and the 'other' exposure groups.

Limitations include that LP may be underestimated as all persons were required to have a CD4+ cell count and have survived long enough to be recruited to a cohort study.

Further efforts to reach those not testing required to reduce LP.

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- HIDES Indicator disease testing (<http://hiveurope.eu/Ongoing-Projects/Guidance-HIV-Indicator-Conditions>).
- HIV European testing week (<http://hiveurope.eu/Ongoing-Projects/European-HIV-Testing-Week>)

Table 1 Patient characteristics

		All (N=30448)		LP (N=14582)	
		N	%	N	%
HIV	MSM	15370	50.5	5992	39.0
Exposure	Male heterosexual	4826	15.9	3011	62.4
	Female heterosexual	5487	18.0	2864	52.2
Group	Male injecting drug user	843	2.8	481	57.1
	Female injecting drug user	321	1.1	126	39.3
	Male other	2548	8.4	1493	58.6
	Female other	1053	3.5	615	58.4
	European	South	6950	22.8	3133
Region of	Central	7621	31.6	4789	49.8
	North	12570	41.3	6135	48.8
Care	East	1307	4.3	525	40.2
		Median	IQR	Median	IQR
Age	Years	37	29-45	39	32-48
CD4	/mm ³	368	193-555	184	73-276

Figure 1 Changes over time in late presentation and CD4 count at HIV-diagnosis : COHERE 2010-2013

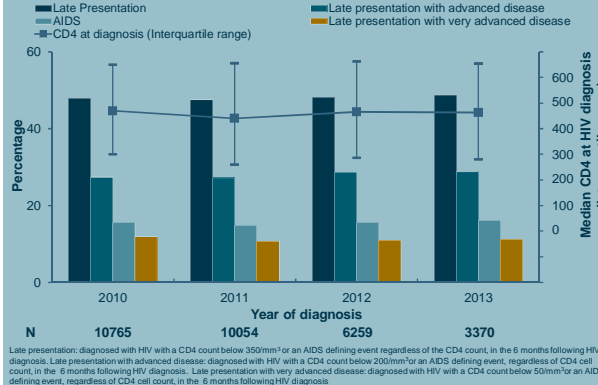


Figure 2 Changes over time in late presentation: HIV exposure group

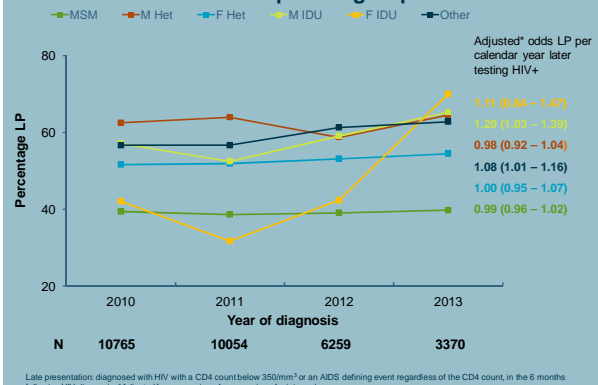
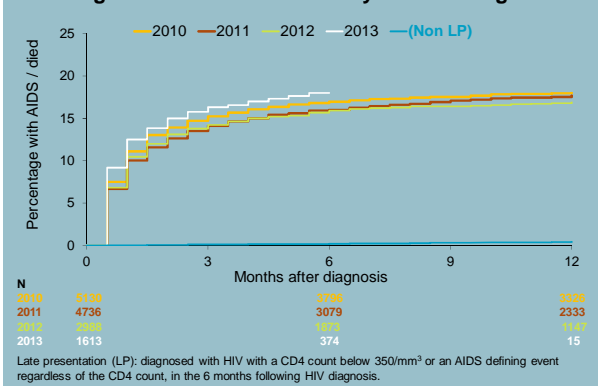


Figure 3 Progression to new AIDS/death up to 1 year after HIV diagnosis in LP and calendar year of testing HIV+



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