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Abstracts

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Risk factors for late presentation for HIV care in 2019 in Kyiv, Ukraine

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Background: Many people living with HIV (PLHIV) are not aware of their seropositive status and are diagnosed late during the course of HIV infection in Ukraine. This study aims to assess factors associated with late presentation for HIV care among newly diagnosed PLHIV in Kyiv (Ukraine) in 2019.

Materials & Methods: We used data from records of 144 newly diagnosed HIV-positive individuals in Kyiv City HIV Centre in 2019. Descriptive analysis was performed to assess the prevalence and characteristics of late presenters. We analyzed biological and behavioral factors that might increase the risk for late presentation for HIV care: gender (and pregnancy status in women), age, mode of transmission. Multivariate analysis was used to assess the association of each factor with late diagnosis of HIV infection.

Results: 144 patients (54 women and 90 men) aged from 20 to 77 years (mean age 42.8 years) with new diagnosis of HIV-infection were included in the study. 45 (31.3%) acquired HIV by injection drug use, 79 (54.9%) by heterosexual and 20 (13.8%) by homosexual contact. 97 patients (67.4%) were late presenters with CD4 \leq 350 cells/ μ L or AIDS-defining condition regardless of the CD4 cell count at time of diagnosis. 69 patients (47.9%) presented with advanced HIV disease (AHD) having WHO clinical stage IV or CD4 count less than 200 cells/ μ L at the time of diagnosis. In this group there were 43 (62.3%) men and 26 (37.7%) women. The median CD4 cell count in group of late presenters was 45.4 (IQR 1-196) cells/ μ L. 50 patients with AHD (72.5%) sought medical care within 5 years before being diagnosed with HIV, among them 44 (88.0%) were not offered an HIV test and 6 (12.0%) refused to do it before their condition became critical. We analysed biological and behavioral factors that might increase the risk of being diagnosed late: gender (and pregnancy status in women), age, mode of transmission. Increased risk of late presentation at AHD was seen in individuals aged older than 40 years ($\chi^2=6.876$, $p<0.05$), non-pregnant women ($\chi^2=13.155$, $p<0.001$), people who acquired HIV by

injecting drug use ($\chi^2=5.367$, $p<0.05$) or heterosexual contact ($\chi^2=4.737$, $p<0.05$).

Conclusion: The following groups have been identified as groups of increased risk for HIV late presentation: individuals older than 40 years ($\chi^2 = 6.876$, $p < 0.05$), non-pregnant women ($\chi^2 = 13.155$, $p < 0.001$), people who acquired HIV by injecting drug use ($\chi^2 = 5.367$, $p < 0.05$) or heterosexual contact ($\chi^2 = 4.737$, $p < 0.05$). Active offer of HIV testing of these populations is needed to optimize early access to care and treatment. The study highlighted the need for intensification of HIV testing strategy, showing that 88.0% of patients were not offered HIV test while seeking medical care within 5 years before being diagnosed with advanced HIV disease.