Kirby Institute

High rates of delayed HIV diagnosis among men who have sex with men attending primary care suggests the need for health promotion strategies

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BACKGROUND

HIV in Australian primary care
- In Australia, many gay, bisexual and other men who have sex with men (GBM) receive HIV and STI testing through their general practitioner
- As such, many GBM are diagnosed for HIV in general practice
- HIV care for GBM is also predominantly managed in primary care

'Delayed' HIV diagnosis
- A delayed HIV diagnosis is typically defined as less than 350 CD4 cells/mm^3 of blood at the time of diagnosis [1]
- Delayed HIV diagnoses are associated with comorbidities and poor prognosis

Delayed diagnosis in primary care
- Although general practice is a significant context for the diagnosis and management of HIV among GBM, very little is known about the rate of delayed diagnoses in primary care

RESEARCH QUESTIONS

1) What is the rate of delayed HIV diagnosis among men attending GBM-focused primary care clinics?
2) Do the demographic or clinical factors of men with delayed HIV diagnoses in primary care differ to those with early diagnoses?

METHODS

1) Data collection
- De-identified patient data were extracted from four Australian general practice clinics that predominantly serve GBM. Clinics were identified through their involvement with a clinical intervention known as 'The eTEST Project'
- eTEST included a surveillance system, which routinely extracted de-identified patient consult and pathology data
- Retrospective data from 1 January 2011 to 31 December 2013 were used for our analysis

2) Defining diagnosis
- Men's HIV diagnosis was categorised as 'early' or 'delayed'
  - ❖ Early diagnosis: ≥350 cells/mm^3 at time of diagnosis
  - ❖ Delayed diagnosis: <350 cells/mm^3 at time of diagnosis
- Patients were excluded if no baseline CD4 cell test data were available

3) Analysis
- Chi-squared tests and ANOVAs were used to compare clinical and demographic factors between patients within each diagnostic category
- The following variables were considered: Age, previous clinic attendance in the year preceding diagnosis, STI and HIV testing history, and the proportion of same-sex couples in patients' home neighbourhoods

CONCLUSIONS

- Nearly one quarter of HIV diagnoses among men in primary care were delayed
- Men with a delayed diagnosis were less likely that early-diagnosed men to attend for any reason in the year leading up to diagnosis
- 40% of men with delayed diagnoses had visited the clinic in the year prior to their diagnosis, suggesting missed opportunities for HIV testing
- Men with delayed diagnoses were generally older than those with early diagnoses and they tended to live in neighbourhoods with lower concentrations of same-sex attracted people
- HIV testing health promotion strategies, particularly among men who live outside traditional gay geographies, may be warranted

REFERENCES

[1] Antinori A, et al. 2011. Late presentation of HIV infection: a consensus definition. HIV Medicine, 12(1): 61-64.

RESULTS

HIV testing 2011 – 2013
- Men tested for HIV: 9025
- HIV diagnoses: 243 (2.7%, 95% CI: 2.4 – 3.1)

Early and delayed diagnoses
- Early diagnoses: 185 (76.1%, 95% CI: 70.3 – 81.3)
- Delayed diagnoses: 58 (23.9%, 95% CI: 18.7 – 29.7)

Clinical attendance among men with 'delayed' diagnoses
- 60% had not attended the clinic in the year prior to diagnosis
- 13% attended once for reasons other than sexual health
- 27% attended two or more times for reasons other than sexual health

Delayed diagnosis 24%

Early diagnosis 76%
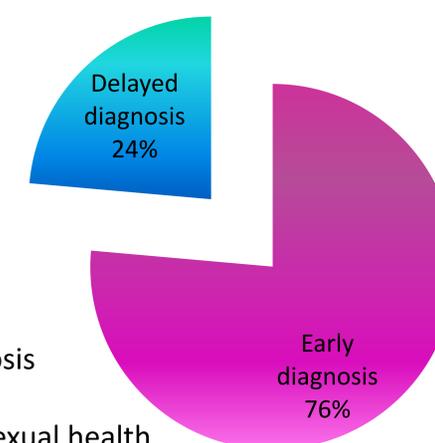
Comparing men with early or delayed diagnoses:

	Early	Delayed
Age (M)	42.0	45.3 (p<0.001)
Same-sex households in home neighborhood (%)	9.0%	7.8% (p=0.04)
Had a consultation in the year leading to diagnosis (%)*	67%	40% (p=0.002)
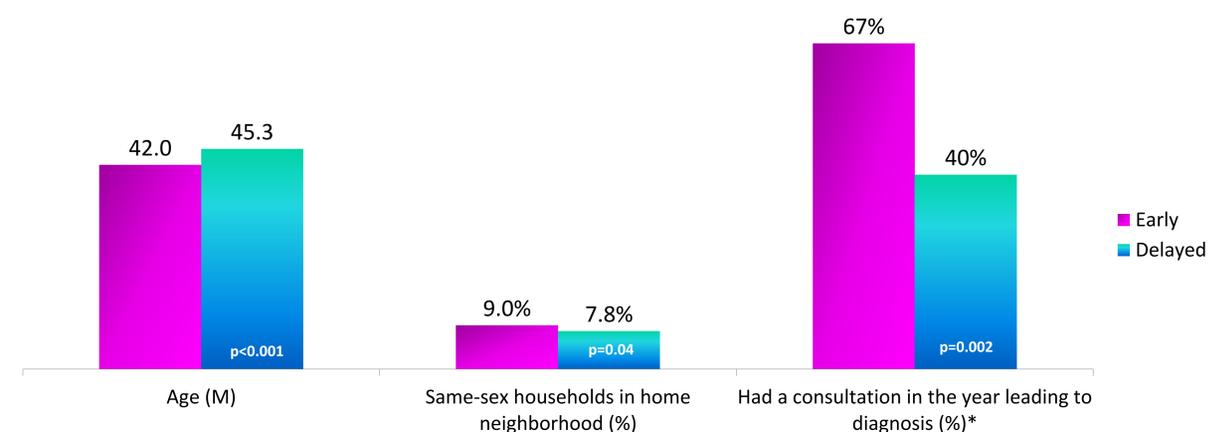
*Restricted to men with at least 1 year available consult data

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