

## The High Seroprevalence of Late Presenters among Newly Diagnosed HIV-Infected in Poland 2006-2008

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### ABSTRACT

**Background:** The undiagnosed HIV infection is globally recognized as a serious problem because it may be spread and lead to morbidity decades after HIV infection with either an AIDS-defining illness or HIV-related deaths. In response to sustained high levels of undiagnosed HIV infections across Europe and high number of patients diagnosed with AIDS, we make an assessment of incidence and factors associated with late vs. early HIV diagnosis in Poland.

**Methods:** In present study we retrospectively analyses prevalence of late diagnosis among newly diagnosed patients referred to eight regional HIV treatment centres in Poland in years 2006-2008. The study population consisted of 1132 HIV-infected Caucasian patients newly diagnosed with HIV infection, aged 17 years up.

To describe characteristics of this group of patients in terms of clinical and immunological presentation multivariate regression analysis of demographic and epidemiology data including: sex, age, mode of transmission, CD4 count and viral load at the time of diagnosis was performed.

**Results:** Five hundred four patients (49.8%) were late presenters (LP) according to European consensus definition. The groups with the highest rate of late presentation were IDUs (59.2%) and Hx (60.7%). LP was also more frequent among female patients (55%). In multivariate logistic analysis age (OR=1.06), intravenous drug use (OR=2.17 for IVDU vs. MSM) and heterosexuality (OR=2.07 for Hx vs. MSM) were independent risk factors for late testing. The same factors were predictors of advanced HIV disease, as well as unknown route of infection (OR=1.77;  $p<0.05$ ). Only advanced age was an independent factor influencing lower CD4 count and late presentation (OR=1.02 per 1 year of age,  $p<0.001$ ).

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Median age at HIV diagnosis was 31.3 (IQD 26.8-38.6) years; female patients were younger than male: 30 (IQD 24.6-36.3) and 32 (IQD 27.3-39.1) years respectively and difference was statistically significant ( $p < 0.001$ ). MSM were significantly younger than IDUs and Hx ( $p = 0.002$  for both).

**Conclusion:** These results strongly point out necessity of initiated testing among intravenous drug users, heterosexual women and older patients.

On basis of presented study it seems that the most important task for future seems to be the matter of recognizing indicator conditions and groups not traditionally perceived as high-risk.