Late HIV Diagnosis

A late HIV diagnosis is defined as having AIDS at the time of initial HIV disease diagnosis or being diagnosed with AIDS within 12 months of initial diagnosis. Late diagnoses represent multiple missed opportunities to diagnose and treat HIV infection and to prevent transmission (CDC, 2014).

Individuals with a late HIV diagnosis are at increased risk for HIV-related morbidity and mortality and may have poorer response to antiretroviral treatment (Waters and Sabin, 2011). Late diagnosis increases the risk of onward HIV transmission because individuals unaware of their positive HIV status may not reduce transmission risk behaviors. Additionally, because treatment can lower plasma viral load, individuals who are unaware of their positive HIV status can be more infectious and therefore, are at increased risk of transmitting HIV (Anglemyer et al., 2013; Cohen and Gay, 2010).

To reduce late HIV diagnoses, routine HIV screening of adolescents and adults and frequent HIV testing of persons at high risk of contracting HIV is needed (CDC, 2014). In addition, community-based efforts to disseminate information about the advantages of early diagnosis and conducting HIV testing in populations with higher rates of HIV infection will continue to play an important role (CDC, 2014).

HIV Disease Diagnoses

In Illinois, the proportion of new HIV disease diagnoses that were late in 2000 was 41% and by 2012, had declined to 30%. This decline likely reflects increased population HIV testing rates as well as more effective treatment regimens that reduce the progression of HIV disease to AIDS (Michaels, Clark, and Kissinger, 1998).

Figure 1. Late HIV Disease Diagnoses by Year of Diagnosis, Illinois, 2000–2012

In Illinois, from 2008–2012, of the 9,139 reported cases of HIV disease, 32% of cases met the late HIV diagnosis definition with an average of 577 late diagnoses annually. Rates of late diagnosis were similar by sex (32% of males and 31% of females). Rates were also similar across rural (33%) and urban counties (32%).

Age at Diagnosis

The proportion of late HIV diagnoses increased with age of diagnosis. Among cases diagnosed at age ≥50 years, more than 42% had a late HIV disease diagnosis which was more than double the proportion of late diagnoses among cases ≤24 years. These data point to the need for increased HIV testing among older adults (see section, “Adults 50+ and Older”).

Figure 2. Proportion of Late HIV Disease Diagnoses by Age at Diagnosis, Illinois, 2008–2012

Source: Illinois Department of Public Health, June, 2014

Race/Ethnicity

Hispanics had the highest proportion of late HIV diagnoses from 2008–2012 in Illinois. Non-Hispanic (NH) blacks had the lowest proportion of late diagnoses during this time period. Targeted testing in African American communities may have contributed to the lower proportion of late diagnoses in this population.
Transmission Risk Category
The transmission risk category with the highest rates of late diagnoses from 2008–2012 was heterosexuals, followed by intravenous drug users (IDUs), and men who have sex with men (MSM) who were also IDUs. Relative to heterosexuals, MSM had a lower rate of late diagnoses, which may reflect targeted HIV testing in this population. However, with 30% of MSM having late diagnoses, there is significant room for improvement in earlier HIV disease diagnosis and initiation of treatment.

Among children with perinatal transmission as the risk factor for HIV transmission, none were diagnosed with late HIV disease from 2008–2012. This reflects the widespread testing of pregnant women and their infants and is a significant public health achievement (see section, “Perinatal Transmission”).

AIDS Diagnoses
Among AIDS cases diagnosed from 2000–2012, over 50% of cases were late HIV diagnoses. The proportion of AIDS cases that were late diagnoses declined over this time period and in 2012, 59% of AIDS cases were late HIV disease diagnoses compared to 75% in 2000.

REFERENCES


