

HIV testing reasons from 2000 to 2020 in an active cohort of women living with HIV (WLWH) in a tertiary hospital in Barcelona, Spain. A retrospective study

30
YEARS

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1. BACKGROUND

Early diagnosis of HIV is key to prevent disease progression and viral transmission. In some regions WLWH represent a low percentage of PLWH and prevention strategies in women are often scarce.

The present study aimed to analyze the main reasons for HIV testing and to describe the proportions of late and advanced disease stage at diagnosis among WLWH visiting the HIV unit of a tertiary hospital in Barcelona, Spain, between 2000 and 2020.

2. MATERIALS AND METHODS

WLWH in current follow-up and diagnosed from January 2000 to December 2020 for whom the variable "reason for testing" was reported were retrospectively included.

Age at diagnosis, country of origin, period of diagnosis (2000-2009 vs 2010-2020), first viral load and first CD4 count were analyzed. The category "reason for testing" was divided into seven groups: reproductive health (including pregnancy and reproductive health study), AIDS-defining events (ADE), diagnosis in a sexual partner, indicator condition (non-ADE), patient's initiative routine control, physician's initiative routine control and other reasons.

Multinomial logistic regressions were performed with "reason for testing" as the dependent variable. Stata 17 software was used.

3. RESULTS

319 WLWH were included in the study. Overall, the main reason for HIV testing was the presence of an indicator condition (25%), followed by reproductive health (21%), diagnosis in a sexual partner (20%), physician's initiative routine control (18%), ADE (10%), other reasons (4%) and patient's initiative routine control (2%). Comparisons by periods showed similar rate of tests due to an indicator condition and reproductive health. On the other hand, in the period 2010-2020, more HIV tests due to partner diagnosis (25% vs 17%) and less due to an AIDS defining event (14% vs 4%) were performed (**figure 1**). Late diagnosis (CD4 count <350 cells/mm³ at diagnosis) was observed in 58% of the women included in the study. When the reason for testing was the presence of an indicator condition, 71% of women presented with late diagnosis (**figure 2**).

Women diagnosed for causes other than reproductive health had a higher relative risk of being older (**figure 3**).

No differences in the reason for testing were observed depending on the country of origin.

Figure 1. Period of diagnosis

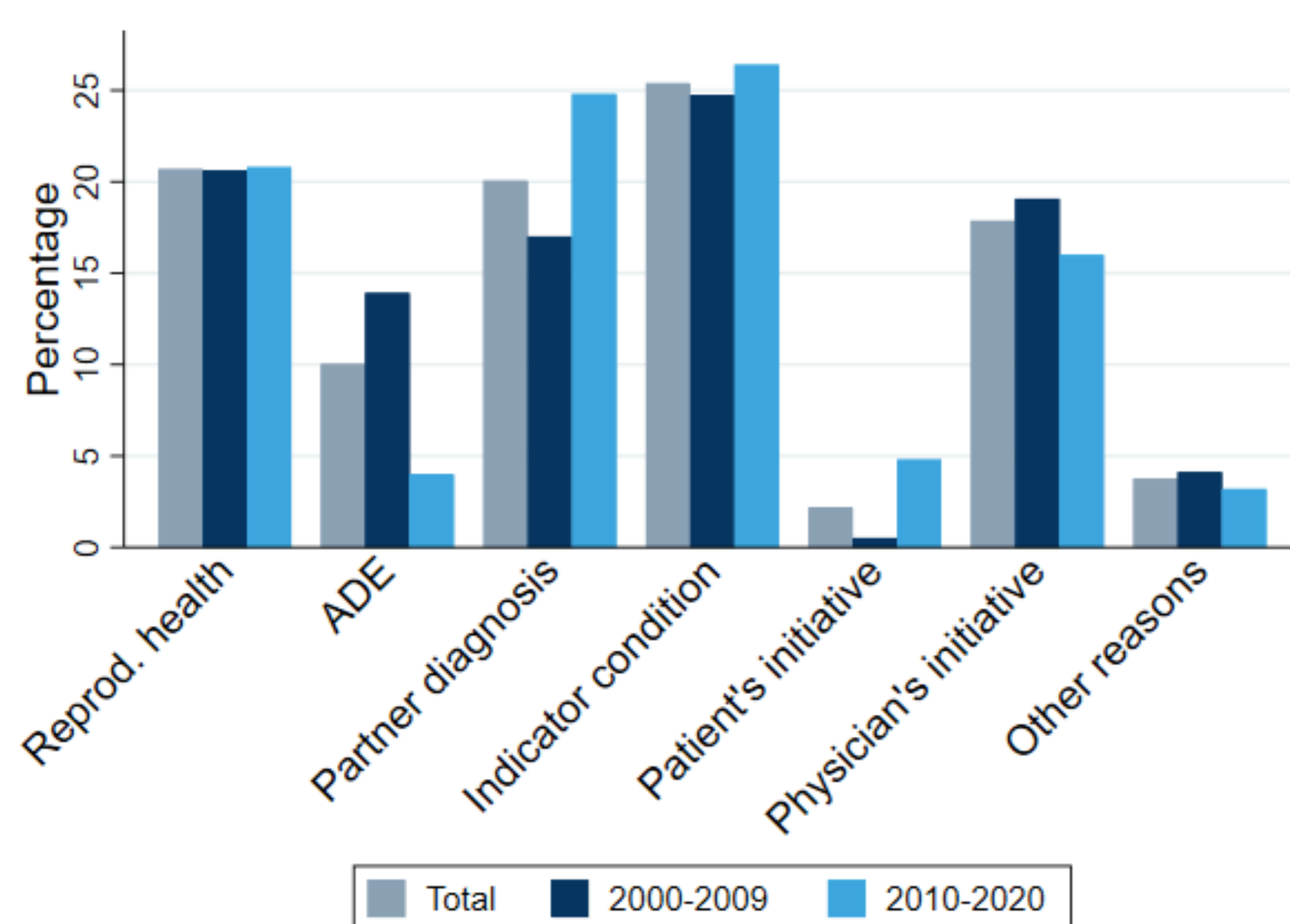


Figure 2. Basal CD4 count

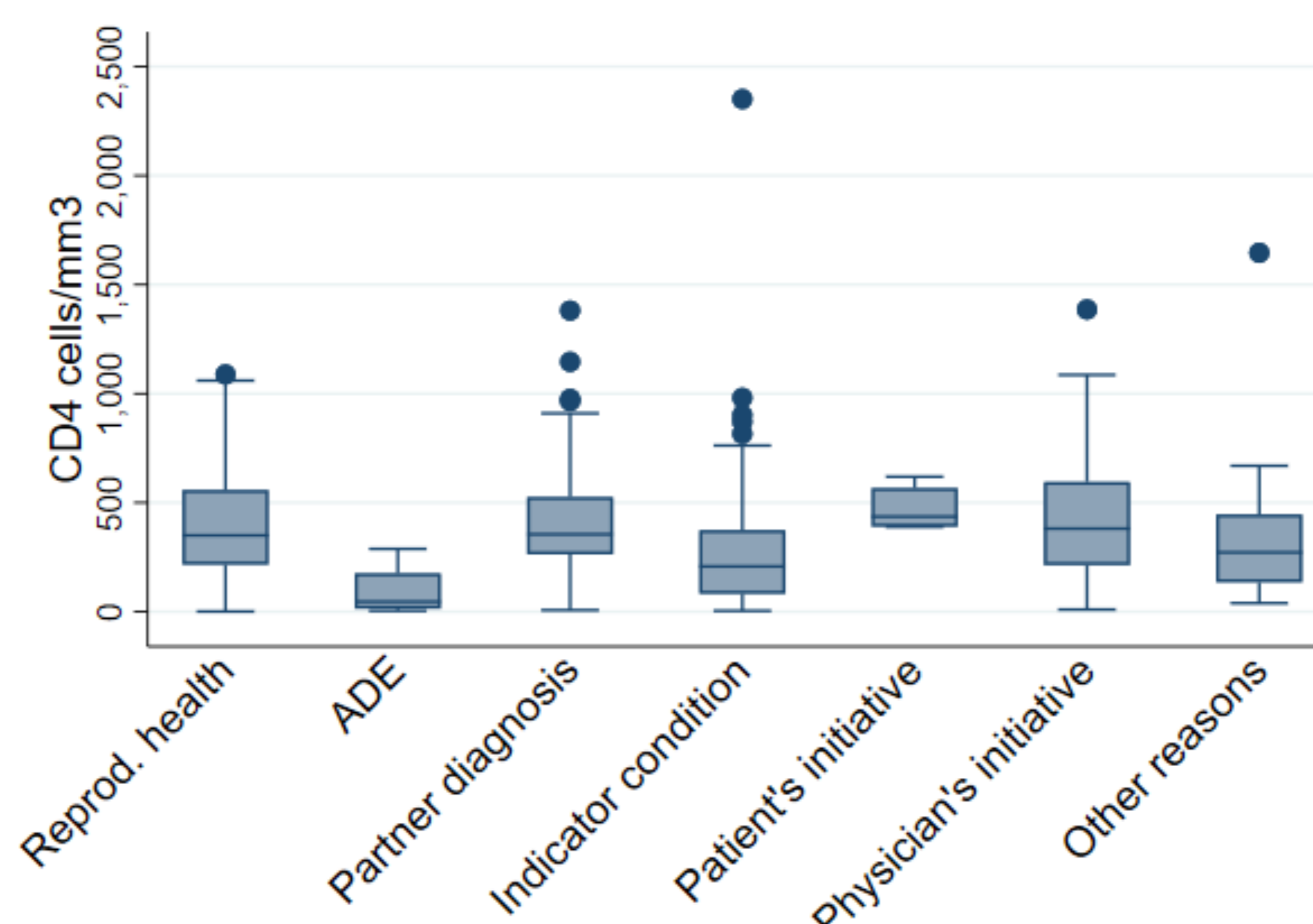
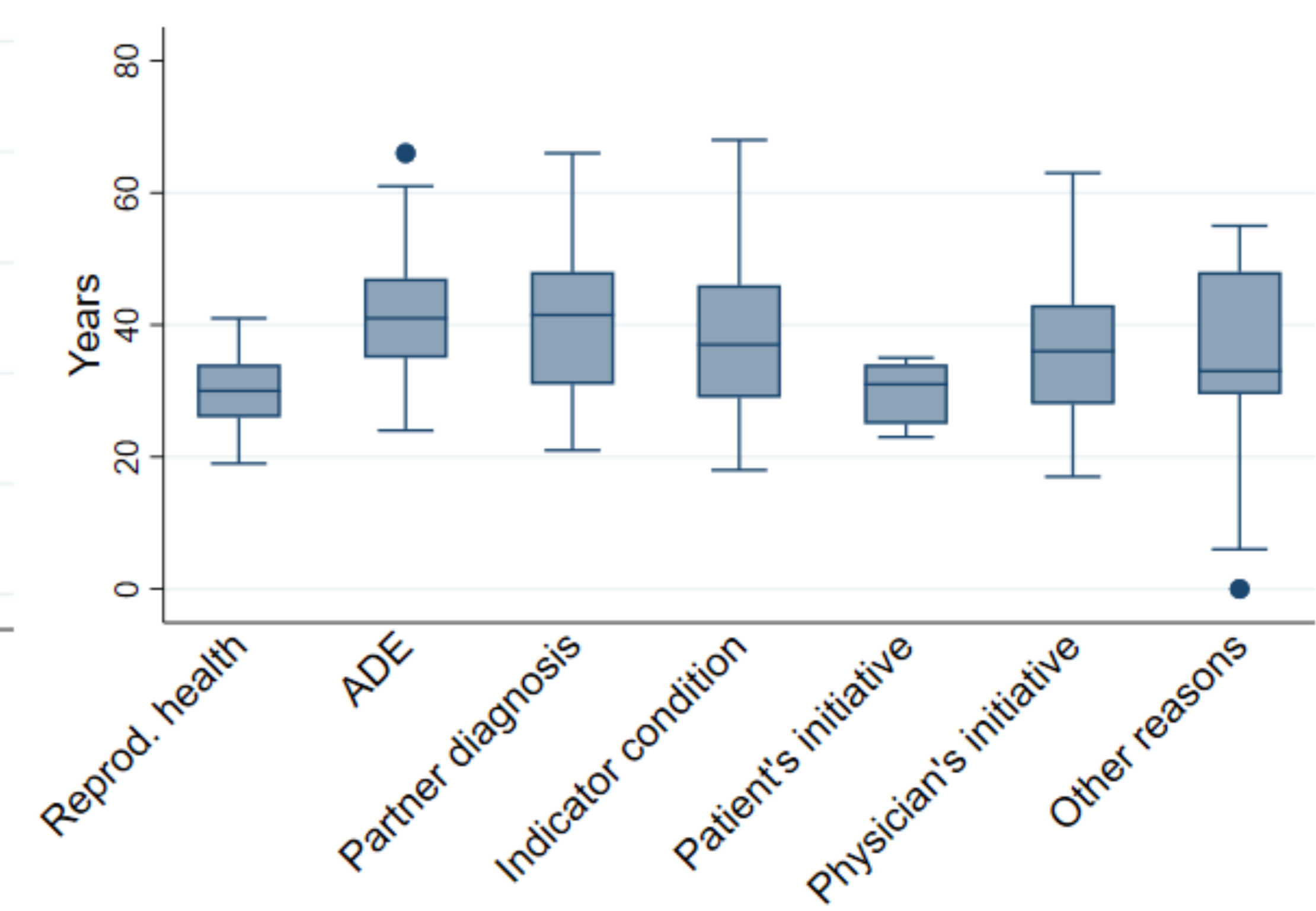


Figure 3. Age at diagnosis



4. CONCLUSIONS

Indicator condition was the main reason leading to diagnosing in WLWH in this study. However, late diagnosis was high in this group. New strategies are required to improve early diagnosis in WLWH, especially in settings where women represent a low percentage of PLWH compared to other population groups.