
PO1/06

**Characteristics of PLHIV
newly registered in**

**Privolzhsky Federal Okrug
in 2008-2010**

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Introduction

- A measurable proportion of new HIV patients in Privolzhsky Federal Okrug (PFO) is still diagnosed at the late stages of disease.
- Late presentation for care predetermines an increased risk of clinical disease progression and prevents patients from getting full advantage of ART.

Objectives

- The aim of study is to describe population of newly registered HIV-infected patients entered health care in PFO in 2008-2010.

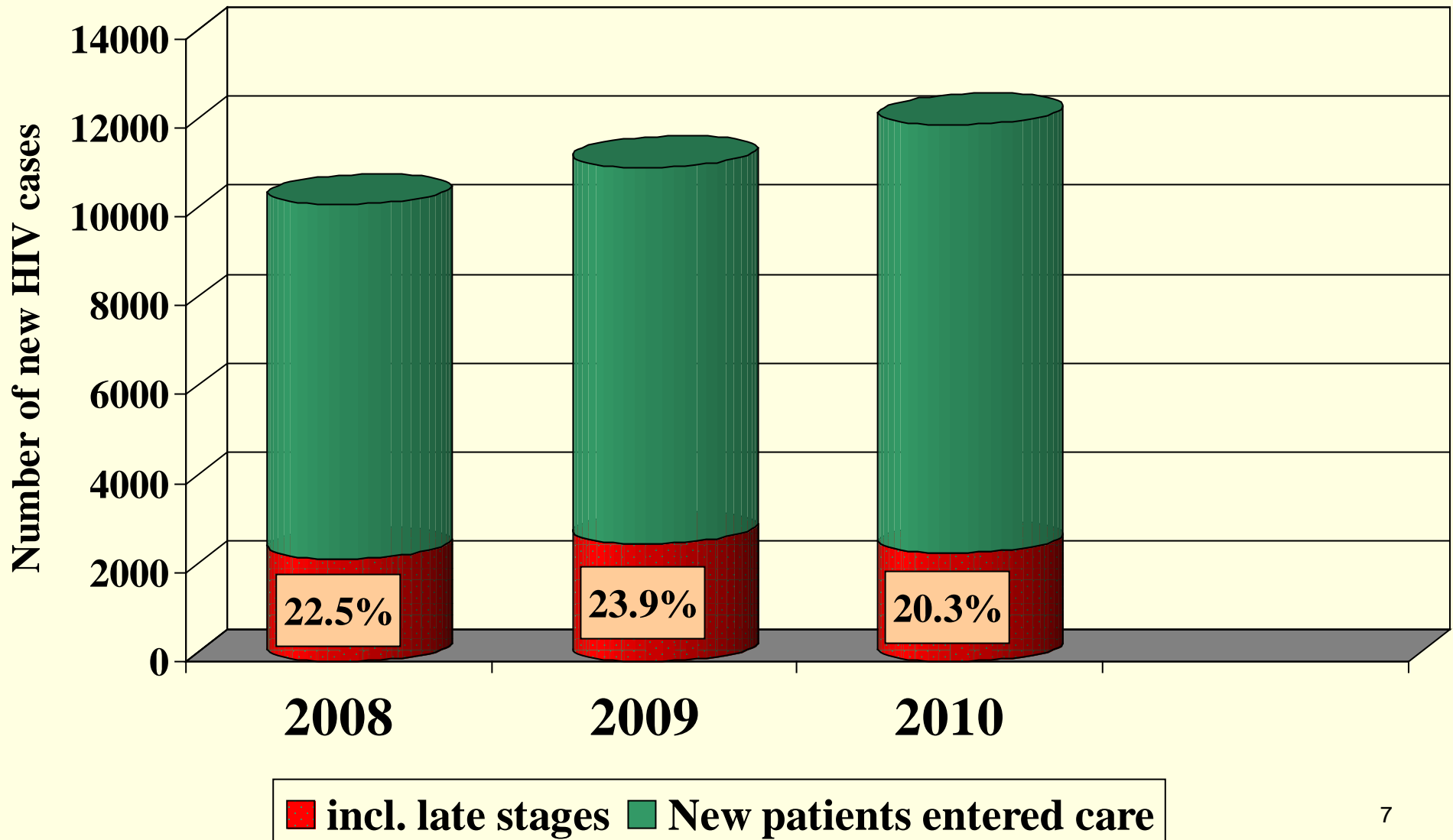
Methods

- Data are obtained from Russian annual statistical form # 61 (“Data about population of HIV-infected patients”) and elaborated mortality form that include number of total and newly registered HIV persons and persons taken under health care, stage of HIV disease, number of lethal cases per particular year along with causes of death, list and number of opportunistic diseases registered. In patients started ART baseline data on CD4 count are additionally collected.

Results

- The number of newly diagnosed HIV cases shows yearly increase with about half of them being IDUs.
- Around 20% of new HIV cases every year enter health care with the late stages of disease (Fig.1).
- At the average 58% of these patients are male.

Figure 1. Rate of patients with late stages of HIV disease among new HIV cases entered health care



Late stages of HIV-infection (according to Russian Classification of HIV-Infection, 2001)

4. Stage of secondary diseases (stages 4A, 4B, 4C are distinguished in relation to the severity of the secondary diseases)

Phases: Progression (in the absence of antiretroviral therapy, or with antiretroviral therapy).

Remission (spontaneous, after previous antiretroviral therapy, against the backdrop of antiretroviral therapy).

5. Terminal stage

Results (2)

- There is an increase in proportion of newly registered patients who require hospitalization with relation to HIV disease in the first year of follow-up (Tab.1).
- Annual lethality rate in patients entered care in 2008-2010 is 3.6%, 3.5%, and 4.2% respectively.

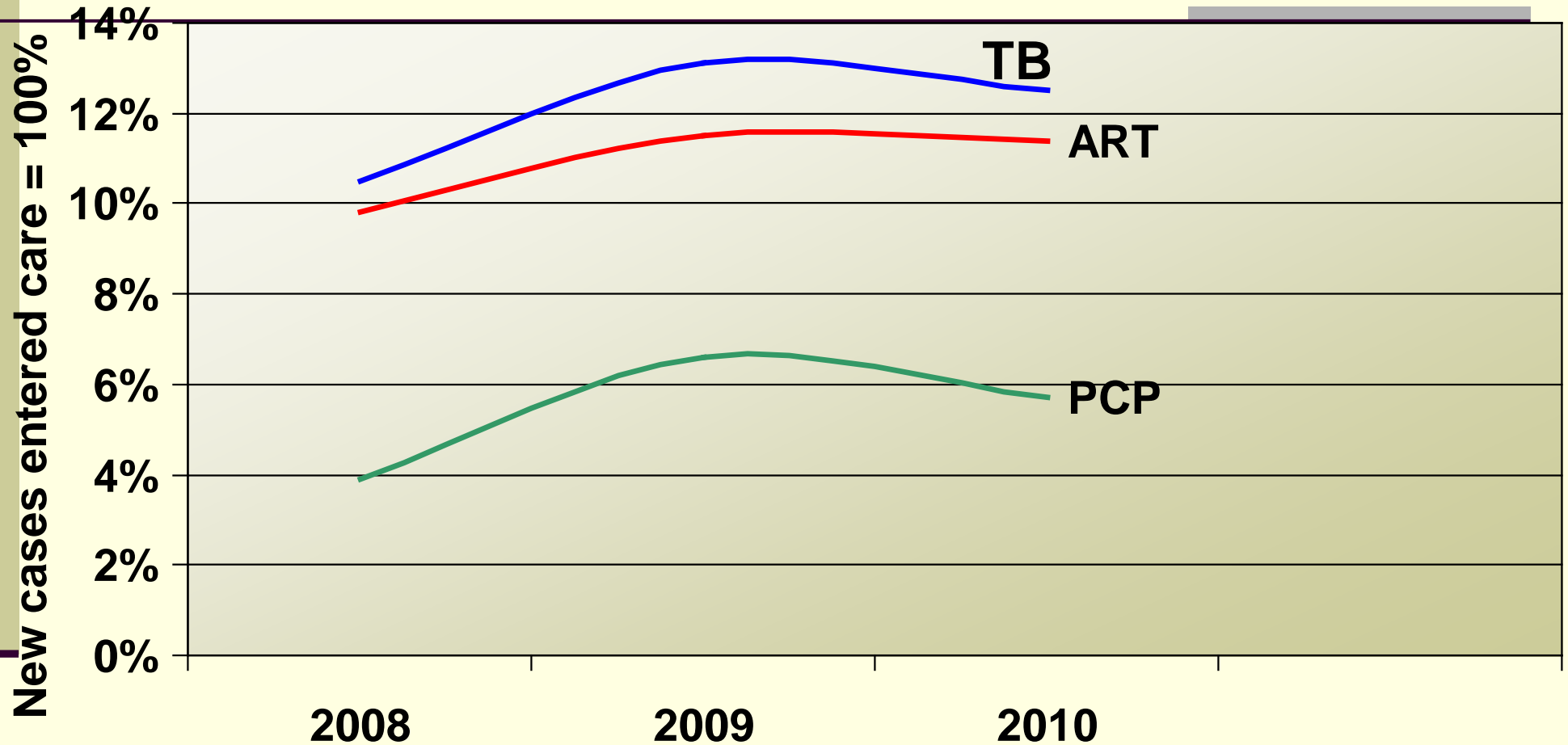
Table 1. Hospitalization rate for newly diagnosed HIV patients in the first year of follow-up

Years	Hospitalized with regard to HIV disease	Among them 2 and more times per year
2008	6.1%	13.7%
2009	7.8%	12.5%
2010	9.1%	10.5%

Results (3)

- About a decile of patients in 2008-2010 started ART in the same year they entered care (CD4 < 350 cells/mL).
- Marked part of first-time diagnosed HIV+ patients taken under care required prophylaxis and treatment of opportunistic infections (Fig.2).

Figure 2. Rate of patients started ART, treatment and/or prophylaxis of opportunistic infections in the year of registration



- ART
- TB chemoprophylaxis and treatment
- PCP chemoprophylaxis

Late presentation and low adherence to HIV care result in late ART start up

All PLHIV started ART in certain year	CD 4 < 200 cells/mL	Among them CD4 < 50 cells/mL	Annual lethality rate
2009	38.8%	28.3%	2.5%
2010	48.6%	23.7%	3.3%

Conclusions

- **1. Late presentation for care results in higher hospitalization rate, delayed start of ART, and poorer outcome for the infected persons.**
- **2. Implementation of new testing strategies along with provision of appropriate access to care especially in main population groups with increased risk of HIV contracting allows improving quality and results of medical care for PLHIV.**

References

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