

# Change of prevalence, diseases distribution and factors associated with the risk of AIDS presentation in Italy over last decade (2009-2018)

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## BACKGROUND

- Despite universal recommendations about early ART initiation, a consistent proportion of newly diagnosed HIV people continue to be diagnosed and to enter care late.
- In Europe, the annual proportion of patients presenting with AIDS between 2010 and 2013, accounted for 8-20% of all new HIV diagnoses<sup>3</sup>, with a slight prevalence decline in the same period<sup>3,4</sup>.
- A HIV diagnosis at the stage of advanced HIV infection (characterized by a CD4+ count less than 200 cell/mm<sup>3</sup>)<sup>3</sup> is still observed in a 28% of the new HIV diagnoses in Europe and a 37% in Italy<sup>4</sup>.
- In 2016, according to the Italian HIV surveillance data, 76% of new AIDS diagnoses still occurred less than 6 months after the first HIV diagnosis, with an increasing proportion in the last years<sup>5</sup>, and it was estimated that more than 6,000 HIV-positive people with low CD4 counts remained annually undiagnosed between 2012 and 2014 in Italy<sup>6</sup>.
- Previous data from observational cohort in Europe<sup>1,2</sup> and in Italy<sup>7</sup> by 2009-2013, suggested that factors associated to presenting late to care were older age, IDU and heterosexual route of HIV transmission and to be migrant.

## AIMS

The aims of this study were to investigate in ART-naïve patients:

- Prevalence of AIDS presentation over the last decade (2009-2018)
- Temporal trends of AIDS presenters prevalence
- Factors associated with the risk of presenting with an AIDS defining event

## STUDY DESIGN AND METHODS

### STUDY POPULATION

- All consecutive individuals in the Icona Foundation Study cohort firstly HIV diagnosed from January 2009 to December 2018 with chronic infection over three months preceding their enrolment were selected and divided into three groups:

- ART-naïve patients with an AIDS defining event (AIDS presenters);
- ART-naïve asymptomatic patients with chronic HIV infection and a CD4 count  $\leq 200$  cells/mm<sup>3</sup> (asympt CD4 $\leq 200$ );
- ART-naïve asymptomatic patients with chronic HIV infection and a CD4 count  $> 200$  cells/mm<sup>3</sup> (asympt CD4 $> 200$ ).

### STATISTICAL ANALYSIS

- Comparisons of categorical and continuous variables among groups were made using Chi-square and Kruskal Wallis test respectively.
- Multivariable logistic regression was fitted to identify factors associated with the risk of presentation with AIDS.

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## RESULTS

Tab 1. Main characteristics of 7,001 HIV-infected naïve patients, according with grouped definitions at HIV diagnosis

N = 7,001	AIDS presenters			p - value
	n = 959 (13.7%)	n = 1,565 (22.3%)	n = 4,477 (64.0%)	
Female gender, n(%)	246 (25.6%)	335 (21.4%)	778 (17.4%)	<0.001
Age, yrs, median (IQR)	44 (36 - 53)	42 (34 - 51)	36 (28 - 45)	<0.001
Nationality, n(%)				<0.001
	Italian	561 (58.5%)	942 (60.2%)	2882 (64.4%)
	Not Italian	255 (26.6%)	343 (21.9%)	809 (18.0%)
	unknown	143 (14.9%)	280 (17.9%)	786 (17.6%)
Days from first HIV test to enrolment, median (IQR)	9 (3-20)	12 (4 - 23)	16 (6-35)	< 0.001
Mode of HIV transmission				< 0.001
	heterosexual	532 (55.5%)	808 (51.6%)	1515 (33.8%)
	MSM	272 (28.4%)	515 (32.9%)	2474 (55.2%)
	IDU	45 (4.6%)	83 (5.3%)	186 (4.2%)
	other/unknown	110 (11.5%)	159 (10.2%)	302 (6.8%)
HCV Ab				<0.001
	positive	46 (4.8%)	93 (5.9%)	220 (4.9%)
	negative	732 (76.3%)	1223 (78.2%)	3717 (83.0%)
	not tested	181 (18.9%)	249 (15.9%)	540 (12.1%)
HBs Ag				<0.001
	positive	59 (6.2%)	56 (3.6%)	158 (3.5%)
	negative	729 (76.0%)	1244 (79.5%)	3685 (82.3%)
	not tested	171 (17.8%)	265 (16.9%)	634 (14.2%)
CD4 at enrolment, median (IQR)	42 (19 - 115)	94 (40 - 146)	447 (325 - 610)	< 0.001
HIV-RNA, copies/mL				< 0.001
	< 100.000 copies/mL	220 (22.9%)	524 (33.5%)	2972 (66.4%)
	> 100.000 copies/mL	632 (65.9%)	950 (60.7%)	1254 (28.0%)
	not available	107 (11.2%)	91 (5.8%)	251 (5.6%)
eGFR, median (IQR)	96 (75-113)	93 (74 - 110)	90 (76 - 109)	0.005
# of comorbidities				< 0.001
	0	776 (80.9%)	1329 (84.9%)	4051 (90.5%)
	1	151 (15.7%)	190 (12.1%)	329 (7.4%)
	2	26 (2.7%)	43 (2.8%)	75 (1.6%)
	3/4	6 (0.7%)	3 (0.2%)	22 (0.5%)
Employment status				<0.001
	unemployed	143 (14.9%)	204 (13.0%)	577 (12.9%)
	employed	325 (34.0%)	557 (35.6%)	1660 (37.1%)
	self employed	110 (11.5%)	194 (12.4%)	557 (12.4%)
	occasional	47 (4.9%)	48 (3.1%)	120 (2.7%)
	student	9 (0.9%)	18 (1.1%)	234 (5.2%)
	retired	45 (4.7%)	68 (4.4%)	86 (1.9%)
	housewife	33 (3.4%)	29 (1.9%)	62 (1.4%)
	other	38 (3.9%)	54 (3.4%)	146 (3.3%)
	unknown	209 (21.8%)	393 (25.1%)	1035 (23.1%)
Level of education				< 0.001
	primary school	83 (8.7%)	102 (6.5%)	161 (3.6%)
	Junior high school	180 (18.8%)	273 (17.4%)	574 (12.8%)
	high school/university	333 (34.7%)	574 (36.7%)	2041 (45.6%)
	unknown	363 (37.9%)	616 (39.4%)	1701 (38.0%)

Fig 1. Overall prevalence of AIDS presentation (2009-2018)

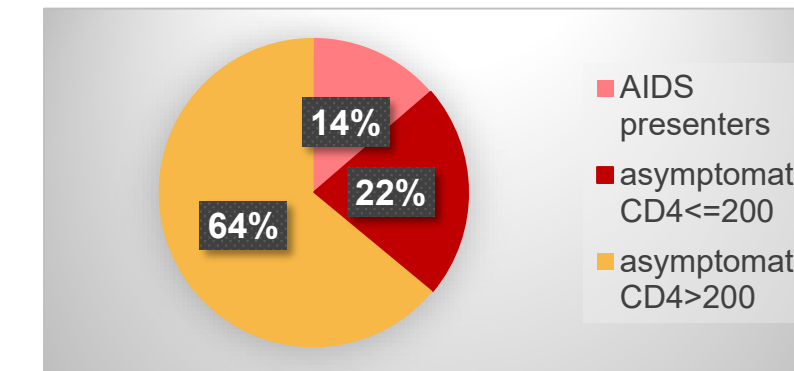
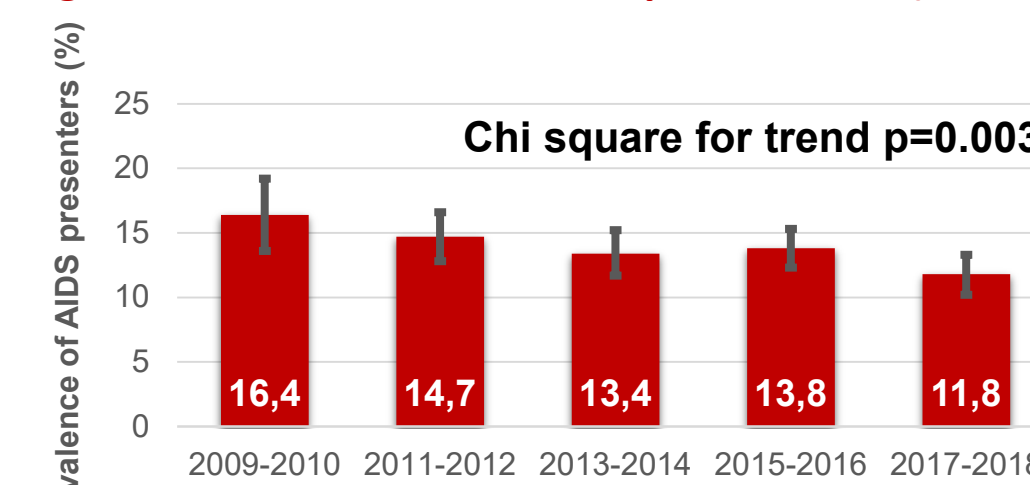


Fig 2. Prevalence trend of AIDS presentation (2009-2018)



Tab 2. Prevalence trend of AIDS presentation (2009-2018)

Years	AIDS pres N (%)	95%CI	Total N
2009 - 2010	113 (16.4%)	13.6%-19.2%	689
2011-2012	198 (14.7%)	12.8%-16.6%	1344
2013-2014	187 (13.4%)	11.6%-15.1%	1400
2015-2016	268 (13.8%)	12.3%-15.3%	1940
2017-2018	193 (11.8%)	10.3%-13.4%	1628
2009 - 2018	959 (13.7%)	12.9%-14.5%	7001

## CONCLUSIONS

- AIDS presentation still occurs in approximately 14% of newly HIV diagnosed individuals in Italy in the last decade, even though a slight reduction trend in the last years was observed.
- Older age, heterosexual route, non-Italian origin, low educational level and casual employment seems to identify a socio-demographic profile of HIV people who presents for care very late (at time of AIDS diagnosis).
- Predictive factors of late presentation are consistent with what reported in previous observation in the Icona cohort by 2009<sup>1</sup>, suggesting a well defined stable characteristics of people presenting late for care in Italy.
- These are key informations for planning focused interventions to discover unknown infections.

## References

<sup>1</sup>Mocroft A, et al. Euro Surveill. 2015;20(47); <sup>2</sup>Mocroft A, et al. PLoS Med, 2013;10(9):e1001510; <sup>3</sup>Antinori A, et al. HIV Medicine 2011;12:61-64; <sup>4</sup>European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2017–2016 data. Stockholm: ECDC; 2017; <sup>5</sup>Regine V, et al. Not Ist Super Sanità 2017;30(9), Suppl. 1):3-51; <sup>6</sup>Regine V, et al. Eurosurveillance 2018;23(15): doi: 10.2807/1560-7917.ES.2018.23.15.17-00240; <sup>7</sup>d'Arminio Monforte A, et al. Antiviral Ther, 2011;16:1103-1112.

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