

# TRENDS OF LATE HIV DIAGNOSIS AND ASSOCIATED FACTORS IN MIGRANTS IN AUSTRALIA

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ASHM #49

## Background

- Mobile populations include vulnerable populations that ought to be included in HIV prevention and care strategies
- Migrants often experience barriers to health care access and may present with late HIV diagnosis
- Understanding patterns and factors associated with late HIV diagnosis in individuals born overseas (migrants) in Australia may inform HIV testing and treatment approaches.

## Methods

- A serial cross-sectional analysis of individuals newly diagnosed with HIV in Australia from 2007–2016 using National HIV Registry data.
- Analysis was restricted to individuals with country of birth and CD4+ count recorded.
- Annual proportion trends of late HIV diagnosis (CD4 < 350cells/ $\mu$ l) were explored using Poisson regression models with notifications as the outcome and the calendar year as the independent variable.
- Factors associated with late HIV diagnosis were identified using logistic regression to calculate unadjusted/adjusted odds ratios by country of birth (Australian vs. migrant) with adjustment for age, sex, language spoken at home, and exposure category in a multivariate model

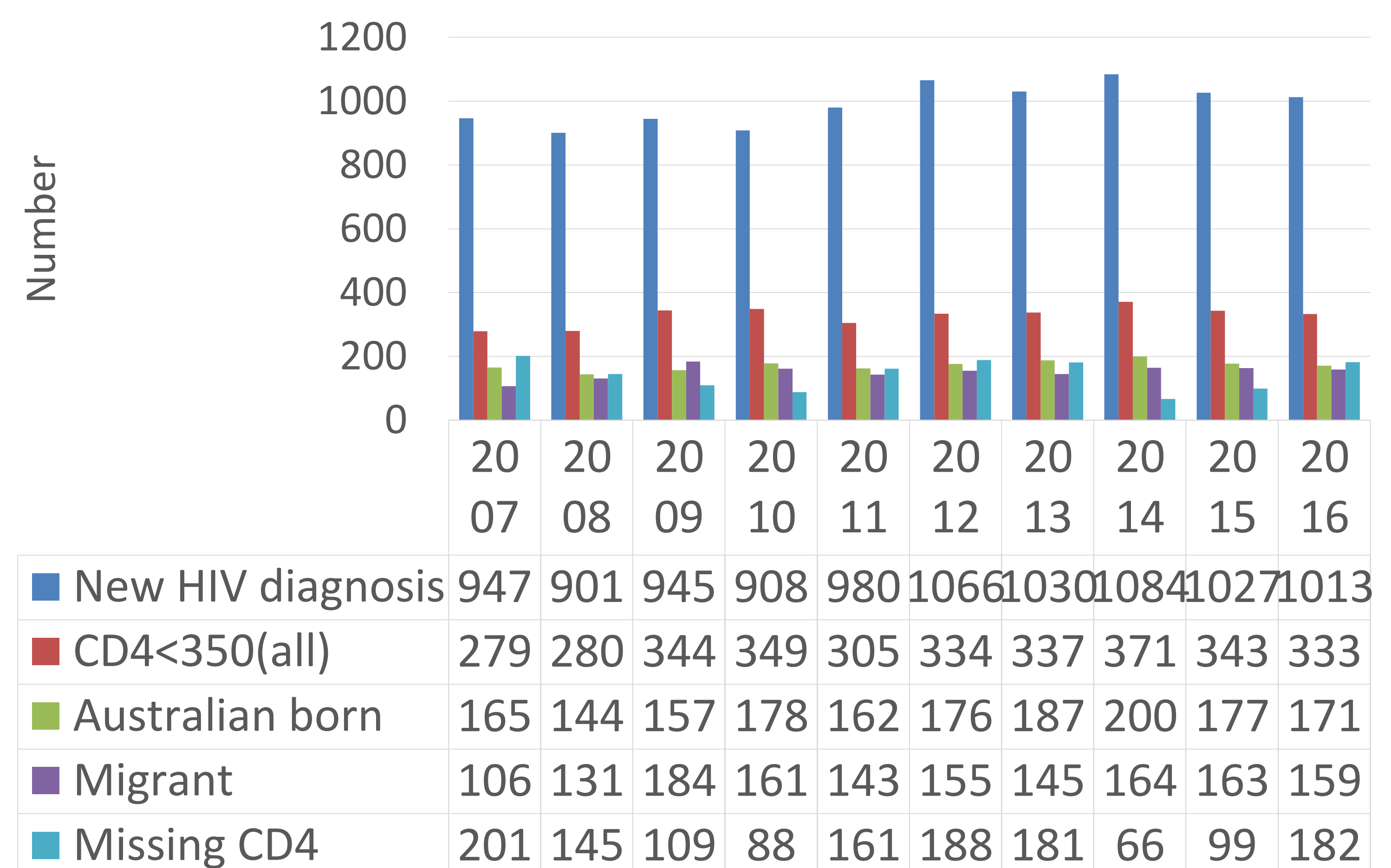
## Bibliography

1. Jane S Hocking, Alison J Rodger, Dennis G Rhodes, Crofts N. Late presentation of HIV infection associated with prolonged survival following AIDS diagnosis characteristics of individuals. *International Journal of STD & AIDS*. 2000;11:503-8.
2. Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2017. Sydney: Kirby Institute, UNSW Sydney; 2017 2017.
3. UNAIDS. Ending AIDS: Progress towards the 90–90–90 targets. 2017

## Results

- Of 9,901 new HIV diagnoses, 39% (n=3,735) were among migrants. Most migrants were from Southeast Asia (14%), Sub-Saharan Africa (8%), North and Western Europe (6%), and Northeast Asia (5%).
- Of all new HIV diagnoses, 39% (n=3,275) were diagnosed late and this remained stable over time [IRR:0.99 (0.98-1.00); p=0.175]. Among those with a late diagnosis, the proportion of migrants and Australian born remained stable over time, (p=0.721 and p=0.959 respectively) (See Figure 1)
- Being born overseas , non-English speaking and older age at diagnosis were associated with late HIV diagnosis and protective if from a low-HIV prevalence country.

Figure 1: Trends of late HIV diagnosis by migration status



## Conclusion

- Despite Australia being close to reaching UNAIDS 90-90-90 targets, the proportion of new HIV cases with a late diagnoses has not declined.
- There is need to develop targeted HIV testing and linkage strategies for non-English speaking

