Latin American prospective cohort of HIV positive adults (LATINA): Factors associated with presenting symptoms at diagnosis

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BACKGROUND

Though an HIV epidemic is not decreasing in most Latin American countries, there is little information about clinical status at diagnosis and therapeutic course of patients initiating follow up. There is little ongoing prospective data collection concerning status at diagnosis and clinical course of infection. Latina is an inception cohort which started as of September 1st 2013.

MATERIAL AND METHODS

LATINA cohort is sponsored by CICAL (Coordinación para la Investigación Clínica en América Latina). There are thirteen centers working in three different countries currently involved in the project: Nine in Argentina, two in México, one in Colombia and one in Peru. Centers are invited to participate if they are part of CICAL sites' network and/or show high commitment to the project and quality performance. Patients inclusion criteria are: being at least 18 years old and having confirmed HIV diagnosis during the year before inclusion. All data is recorded in a web platform. Recruitment started in September 1st 2013. The objective of the present analysis is to detect demographic and socioeconomic variables associated to patients presenting with symptoms at diagnosis. Variables included in the analysis are summarized according to their distribution with their correspondent measure of dispersion Logistic regression analysis was performed using SPSS V16. Crude and adjusted RR of variables studied with symptoms at diagnosis are presented with the pertaining RR and 95% confidence interval (CI).

RESULTS

As of October 2017, LATINA recruited 1866 patients in the cohort. Information on symptoms at diagnosis was available in 1631 subjects (87.16%). Forty-two percent (CI: 40-45) of these, had symptoms at recruitment. Sex, age, race and healthcare coverage system was complete in 100% of cases; level of education in 98.1% of patients, transmission mode in 89% of patients and CD4 in 90% of cases.

Characteristics of patients were: Male 82% (84-86); Latino race 57% (54-59), public healthcare coverage 79% (77-81); 23% of subjects had complete primary education or less. Mean age was 32 years (31.16-32.74); median CD4 count at entry was 398 (IQR 203-574).
Uni and multivariable analysis results are presented in table 1.

Table 1: ***Crude and Adjusted RR for demographic and socioeconomic variables***

	Univariate			Multivariate (N=1477. 79%)		
Variables analyzed	**Crude RR**	**95% CI**	**Sig.**	**Adjusted RR**	**95% CI**	**Sig.**
Male Sex	2.053	1.509-2.794	.000	2.132	1.513-3.005	.000
Public Healthcare system	1.984	1.545-2.547	.000	1.941	1.476-2.553	.000
Primay education or less	1.27	1.025-1.575	0.02	1.047	0.782-1.403	0.757
Age at diagnosis (per year)	1.023	1.014-1.032	.000	1.020	1.010-1.030	.000
CD4 count (quartiles)						
Under 204 (Baseline)	1	NA				
204-398	0.17	0.13-0.24	.000	0.191	0.138-0.265	.000
399-574	0.26	0.19-0.35	.000	0.282	0.206-0.388	.000
Over 574	0.33	0.25-0.45	.000	0.359	0.264-0.488	.000
MSM	1.01	0.815-1.25	0.924	N/I		
Latino	0.89	0.72-1.085	0.24	N/I		

CONCLUSIONS

Results displayed above, show that almost half of the patients included are detected as HIV positive because of symptoms. This situation is linked to worse prognosis, from the individual point of view. As to public health, the late diagnosis allows for further spread of epidemics. Thus, in the current context where vaccines or cure are not expected soon, early diagnosis is key in blocking the epidemics. Strategies should include, not only the routine HIV testing in general population, but also active search in the community. The latter seems to be particularly important in our environment since low level of education is associated with symptoms at diagnosis. This in turn is associated with impaired health care access and consciousness.