

O0366 **Clinical presentation and factors associated with late presentation among newly HIV-diagnosed patients at a tertiary care hospital in Thailand**

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Background: Despite a widespread use of highly active antiretroviral therapy, a significant number of HIV-infected patients still present late. Late presentation (LP) is associated with high risk of death, poor response to treatment and increased risk of transmission. The objectives of the study were to: 1) evaluate the clinical and immune status of newly HIV-diagnosed patients; 2) assess the prevalence of and factors associated with LP.

Materials/methods: The retrospective study was performed at Nakhonpathom hospital, a 670-bed tertiary care hospital in Thailand during 1 October 2016 and 30 September 2017. LP refers to individuals newly presenting for HIV care with a CD₄ count below 350 cells/mm³ or with an AIDS-defining event (ADE). Clinical manifestations and factors associated with LP were evaluated.

Results: There were 180 newly HIV-diagnosed patients. Mean age was 36.6±12.4 years. Of 121 male patients, 42 (35%) were men who have sex with men. Median CD₄ counts of 173 patients was 111 (range 3-868) cells/mm³, 81% and 62% had CD₄ count below 350 and 200 cells/mm³, respectively. Sixty-four patients (36%) presented with ADE. The most common were TB (36 cases) followed by PCP (17 cases), cryptococcal meningitis (3 cases), salmonella septicemia (3 cases), CMV retinitis (3 cases), cerebral toxoplasmosis (3 cases), disseminated penicillosis (1 case), progressive multifocal encephalopathy (1 case) and lymphoma (1 case). Seven patients had multiple ADE simultaneously (2 had TB+PCP, 2 had TB + cryptococcal meningitis, 2 had TB + CMV retinitis and 1 had TB + salmonella septicemia). The reason of HIV testing among asymptomatic patients was available in 34 patients. Nineteen patients were unaware of their HIV status and 8 of them were pregnant. Overall, 148 (82%) patients presented late. Factors associated with LP were age ≥ 40 years (46% vs 16%, p 0.002) and male heterosexual transmission (49% vs 22%, p 0.0001)

Conclusions: The prevalence of LP in our setting remains high. One-third presented with ADE. Factors associated with LP were those aged 40 years or older and being a male heterosexual. Strategies to reduce late HIV diagnosis are challenging.