

Abstract Number: 319

Control Number: 2009-AB-1544-IDSA
Session Type: Poster Session
Session Number: 052
Session Title: HIV
Location: Poster Hall A
Session Time: Friday, October 30, 2009, 12:30 pm - 2:00 pm

Publishing Title: Factors Associated with Late Diagnosis Among African Americans with Heterosexually Transmitted HIV Infection in North Carolina.

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Abstract Body: **Background:** Between 2001 and 2005 the South reported the greatest number of new AIDS cases and more than half (53%) of reported AIDS cases in the South were among non-Hispanic Blacks. African Americans with HIV infection continue to be diagnosed late in the course of infection, leading to delayed entry into care, worsened prognosis, and increased risk of transmission to others. Little data exists on the predictors of late HIV diagnosis, particularly among heterosexual minorities in the South.

Methods: To determine factors associated with late HIV diagnosis, we performed a cross-sectional analysis of a subset of participants (78 men, 128 women) diagnosed between January 1997 and March 2000 with heterosexually transmitted HIV infection in the Rural Health Project (RHP). All 206 cases were African Americans, aged 18 - 61 residing in rural North Carolina counties, who denied male same-sex activity or injection drug use. We used multivariable logistic regression to examine the relationship between several demographic and behavioral variables and CD4 cell counts <200 cells/ μ l at the time of diagnosis.

Results: Among participants, 31% had low CD4+ cell counts (less than 200 cells/ μ l) at the time of diagnosis. Having a low CD4+ count was not significantly associated with socioeconomic status (SES), health insurance status, or history of incarceration. Men had 2.1 times the odds of having a CD4+ count <200 at the time of diagnosis, compared to women (95% confidence interval [CI], 1.04, 4.39), when adjusted for education, SES, health insurance status, and prior incarceration. Unemployed persons had twice the odds of having a low CD4+ count at the time of diagnosis, when adjusted for the same factors (OR 2.01, 95% CI, 0.98, 4.12).

Conclusions: In our analysis, gender was the only variable strongly associated with late diagnosis. The lack of identifiable risk factors supports the policy of universal testing, particularly among heterosexual minorities in the South.

Author Disclosure Y. L. Carter, None..A. A. Adimora, None.
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