Background

- Epidemiologic data from the SC Department of Health and Environmental Control (DHEC) HIV/AIDS Reporting System (eHARS) show that only older African American women were diagnosed late.
- Literature suggests that providers and women, especially women not of reproductive age, may not perceive risk for HIV infection although they may be at risk through their partners’ practices.
- Minimizing missed opportunities to detect HIV infection during routine health-care visits will translate to individual and public health benefits.

Objectives

- To explore the frequency and correlates of missed opportunities for earlier HIV diagnosis in women and not of reproductive age and women who tested early and those who tested late.

Methods

- A retrospective cohort study design linked case reports from the SC eHARS to several statewide health-care databases.
- Medical encounters occurring before the first positive HIV test (missed opportunities) were categorized by diagnosis/procedure codes to distinguish visits that were likely to have prompted an HIV test.
- Women were categorized as late testers (AIDS diagnosis during study period or diagnosis of AIDS >12 months from first HIV test date), early testers (no AIDS diagnosis or AIDS diagnosis ≤12 months from first HIV test date), and women not of reproductive age (>44 years old; not of reproductive age of women who had visited a health-care visit during routine health-care visit).

Results

- Of 3,303 HIV-infected women diagnosed during the study period, 2,408 (73%) had missed opportunity visits.
- The median age at HIV diagnosis for the women was 35 years old.
- There were 928/2,408 (39%) women who were identified as late testers and of these late testers, 79% were diagnosed with AIDS within one month of their HIV diagnosis.
- Late testers were more likely to be black than white (aOR 1.46; 95% CI 1.12–1.90), be older (>44 years old; aOR 7.85; 95% CI 4.49–13.7), and have >10 missed opportunity visits (aOR 2.17; 95% CI 1.62–2.91).
- Late testers and women >44 years old had lower median initial CD4 counts (427 cells/mm³ vs. 723 cells/mm³; p < 0.001).
- Of ~17,000 missed opportunity visits, the top two procedures were the same for all groups of women but mammography was ranked fourth and Papanicolaou smears was ranked seventh for women >44 years old.

Conclusions

- Women with missed opportunities for HIV testing who test late are likely to be not of reproductive age or are not having children.
- Future studies should address the acceptability and feasibility of routine HIV screening in health-care settings which serve older women, such as radiologic imaging centers and at the time of Papanicolaou screening.
- The realization of the full goals of routine screening will necessitate a revised approach to places where health-care providers think patients can and should be HIV tested.

Table 1. Multivariable logistic regression analysis of missed opportunities for early HIV diagnosis in women aged 13-44 by disease stage and reproductive age, South Carolina, January 1996-December 2007.

Table 2. Number and percentage of health-care visits and categories of diagnosis by disease stage and reproductive age of women who had a health-care facility before date of HIV diagnosis.

Table 3. Procedures performed at health-care visits by reproductive age of women who had visited a health-care facility before date of HIV diagnosis ranked by frequency.

References