

Poster presentation

## 23% of newly diagnosed HIV cases in 2007 at Karolinska University Hospital had opportunistic infections

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### Purpose of the study

A major challenge in controlling the HIV epidemic is that a large proportion of infected individuals are unaware of their infection [1]. In Sweden this group is estimated to be 10–20% of the known HIV-infected population [2].

### Methods

The patients were identified in the national databas Inf-care and their medical records has been studied.

### Summary of results

In 2007 almost half of newly diagnosed HIV cases (36 of 82) at Karolinska University Hospital were late testers,

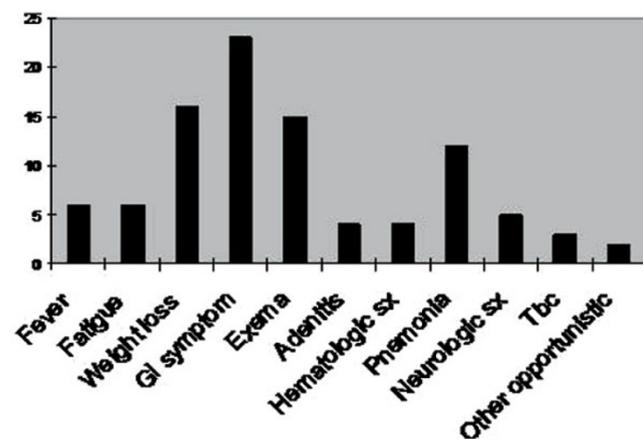
defined as patients with CD4 counts <200. In this group of late testers, immigrants with heterosexual mode of transmission (n = 22) dominated. A smaller number of persons were injecting drug users (IDU; n = 4), and men having sex with men (MSM; n = 3). The group is found to have increased morbidity and mortality: 19 of the patients had AIDS and two of them died shortly after diagnosis. The majority of these late testers have been in contact with the health care system with symptoms months or even years before HIV testing was performed. Both symptoms at earlier contact and test-related symptoms are shown in Figure 1.

### Conclusion

Identifying these symptoms, which were not recognised as HIV-related by health workers, will help us to find these patients earlier. Identifying the pathways that these patients used to get into the health care system, will tell us where to intensify HIV testing.

### References

1. Coenen T, Lundgren J, Lazarus JV, Matic S: **Optimal HIV testing and earlier care: the way forward in Europe.** *HIV Med* 2008, **9**(Suppl 2):1-5.
2. Blaxhult A: **Infected abroad – risk factor for late HIV diagnosis.** *Lakartidningen* [0023-7205]. *Oppenheimer ar* 2008, **105** (5):292.



**Figure 1**  
Test-related symptoms.