



Comparison of Late Diagnosis as a Marker of Care for Aboriginal versus Non-Aboriginal People Living with HIV in Ontario

- Jaworsky D, Monette L, Raboud J, O'Brien-Teengs D, Diong C, Blitz S, Rourke SB, Loufty MR and the OHTN Cohort Study Team
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What research question is addressed by 'Comparison of Late HIV Diagnosis as a Marker of Care for Aboriginal versus Non-Aboriginal People Living with HIV in Ontario'?

This study investigated whether there was a difference in the time of HIV diagnosis (e.g., early or late) between Aboriginal people living with HIV (APHAs) and non-Aboriginal people living with HIV participating in the OHTN Cohort Study (OCS). A late diagnosis was defined by either a CD4 count of less than 200 cells/mL at diagnosis or an AIDS-defining illness before or within three months of HIV diagnosis.

What was the study conclusion?

APHAs were more likely than non-APHAs to be diagnosed with HIV with a cell count less than 200 cells/mL. Time of diagnosis among APHAs and non-APHA did not appear to differ however when compared by AIDS-defining illness.

Why is this question important?

Late diagnosis of HIV can have negative consequences on the health status of an individual living with HIV, including greater likelihood of illness and death. Research has also shown that late HIV diagnosis can contribute to increased health care costs. Other benefits of early diagnosis can include more opportunity to offer HIV treatment and other behavioural interventions, therefore reducing the risk of onward HIV transmission.

How was the study conducted?

Data from participants of the OCS who reported information on their ethnicity were used in this study. Statistical analyses were performed on the results reported by these participants to identify if there were differences in the time of diagnoses between the two populations of PHAs (Aboriginal and non-Aboriginal), and to identify if that difference was significant, and why.

What were the main results of the study?

While there were differences in CD4 counts at diagnosis between APHAs and non-APHAs, the analysis did not show that APHAs were being diagnosed with HIV later than non-APHAs when measured by a diagnosis of an AIDS-defining illness. The difference in these findings may indicate that CD4 count is a more useful measurement for late HIV diagnosis, especially among populations who may be underserved by health services.



This study also addresses important socioeconomic factors that may play a role in limiting access to health services among Aboriginal people in Canada. APHAs in this study were more likely to have lower levels of income, education, and employment than non-Aboriginal participants, and Aboriginal women were particularly affected by these conditions. These socioeconomic factors can make people more vulnerable to poorer health outcomes.

What do the study results mean for the treatment and care of people living with HIV?

This study highlights the importance of HIV testing uptake as well as the importance of good and timely access to care among different populations of PHA.

Where can I find the full-length publication of this study?

This study was published in the Canadian Journal of Infectious Diseases & Medical Microbiology. The full text version is available at:

<http://www.pulsus.com/journals/abstract.jsp?HCtype=Physician&jnlKy=3&atlKy=11407&isuKy=1093&isArt=t&>

The **Ontario HIV Treatment Network Cohort Study (OCS)** is an ongoing research study that collects clinical, social and behavioural information about people living with HIV (PHA) in Ontario. Participation in the study is voluntary, and all personally identifying information of study participants is removed to ensure confidentiality. The OCS was established to improve our understanding of HIV and to inform HIV prevention, care and treatment strategies for people living with HIV and groups at increased risk of HIV infection. For more information about the OCS, please contact the OCS Research Coordinator, Brooke Ellis at: bellis@ohtn.on.ca.