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FIRST PRESENTATION OF VERTICALLY ACQUIRED HIV INFECTION IN ADOLESCENCE

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BACKGROUND: We investigated the clinical features and circumstances surrounding diagnosis of HIV in vertically infected adolescents diagnosed late, aged ≥ 13 years, in the United Kingdom (UK) or Ireland.

METHODS: HIV-infected children aged < 16 years at diagnosis are reported to the National Study of HIV in Pregnancy and Childhood and followed up through the Collaborative HIV Paediatric Study. New diagnoses made by adult services are reported to the Health Protection Agency and annual data on patients receiving care are collected by the Survey of Prevalent HIV Infections Diagnosed. Data to the end of 2005 were analysed.

RESULTS: Thirty eight cases were identified; 19 (50%) were male and 36 (95%) were black African. 34 (89%) were born in sub-Saharan Africa, three of whom were diagnosed before arrival in the UK/Ireland. Median age at diagnosis was 14.3 years (IQR: 13.6–15) with a median interval of 1.8 years (IQR: 0.2–5.6) between arrival in the UK and HIV diagnosis. 24 (63%) presented with symptoms; the remainder were tested for HIV as part of STI screening or following diagnosis of a relative. Median CD4 count at diagnosis was 208 cells/ μl (IQR: 23–251) and 11 patients developed AIDS before or within 2 years of diagnosis. Thirty two patients started antiretroviral therapy (ART), most (88%) within a year of diagnosis.

CONCLUSIONS: Young people with vertically acquired HIV infection are surviving childhood without ART and being diagnosed in adolescence. In this cohort a third were asymptomatic, highlighting the importance of testing all children born to HIV-infected women, regardless of age or symptoms. Increased awareness amongst clinicians is urgently required to prevent presentation with advanced

disease and to reduce ongoing transmission as this population become sexually active.

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