

Short Communication

Behavioral Survey of HIV-Infected Cases with Delayed Diagnosis in Taoyuan District, Taiwan

Na-Lee Sun*, Chien-Yu Cheng and Shu-Hsing Cheng

Department of Infectious Diseases, Comprehensive AIDS Care Center, Taoyuan General Hospital, Taiwan

Abstract

In Taiwan, the number of newly diagnosed HIV cases has been declining since 2018, but about 30% of cases are delayed diagnosis. This study aims to explore the behavioral causes of delayed diagnosis of HIV infections in Taiwan and understand their specific needs in order to improve prevention measures.

Keywords: Delayed Diagnosis; HIV testing; HIV treatment

Methods

This study adopts a mixed methods approach, combining qualitative and quantitative research methodologies. The study conducted a quantitative survey with 31 individuals who were diagnosed late with HIV at the Taoyuan Hospital of the Ministry of Health and Welfare. Additionally, qualitative interviews recruited 5 interviewees of these participants.

Results

The majority of respondents were men who have sex with men (MSM), age from 25 to 34 years old. Among the respondents, 48.39% had never been screened for HIV before testing positive; over 60% were unclear about the available resources for HIV screening, and 33.33% believed that they were not at risk of HIV infection [1-4].

In terms of HIV awareness, 51.61% of respondents thought HIV infection and AIDS were the same, 80.65% had engaged in unsafe sexual behavior, and 61.29% had a history of Sexually Transmitted Infections (STIs). Among STIs, syphilis had the highest infection rate [4-6].

Regarding the use of medicines, 77.42% of the respondents stated that they had not used Pre-Exposure Prophylaxis (PrEP) before being diagnosed with HIV and 74.19% had not used Post-Exposure Prophylaxis (PEP) prior to their HIV diagnosis [7,8].

Reasons for delayed diagnosis include misconceptions about HIV screening, lack of awareness, and underestimating the importance of screening and follow-up care. The study recommends enhancing public awareness of screening and providing patients with time for personal reflection [9,10].

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***Corresponding author:** Na-Lee Sun, Department of Infectious Diseases, Comprehensive AIDS Care Center, Taoyuan General Hospital, Taiwan

Conclusion

This study, through qualitative interviews and quantitative surveys, found that only 51.61% of individuals had undergone HIV screening prior to their diagnosis, indicating a low rate of screening before infection. Many of those infected patients had not received HIV screening before being infected. This study offers five specific recommendations for medical and health policy: early education and HIV advocacy, review of various educational training materials for accuracy, improvement of notification procedures and elimination of discrimination, optimization of health education content with an emphasis on consequences of delay diagnosis, and increasing awareness and convenience of screening to better support HIV patients, thereby reducing the impact of HIV on society [11-14].

References

1. WHO HIV update: global epidemics, progress in scale up and policy uptake. 2018.
2. Palella FJ Jr, Delaney KM, Moorman AC, Loveless MO, Fuhrer J, Satten GA, et al. Declining morbidity and mortality among patients with advanced human immunodeficiency virus infection. *New Engl J Med.* 1998;338(13):853-60.
3. Lederberger B, Eggar M, Erard V, Weber R, Hirschel B, Furrer H, et al. AIDS-related opportunistic illness occurring after initiation of potent antiretroviral therapy: the Swiss HIV cohort study. *JAMA.* 1999;282(23):2220-6.
4. Kaplan JE, Hanson D, Dworkin MS, Frederick T, Bertolli J, Lindegren ML, et al. Epidemiology of human immunodeficiency virus-associated opportunistic infections in the United States in the era of highly active antiretroviral therapy. *Clin Infect Dis.* 2000;30 suppl 1: S5-14.
5. Chen NE, Gallant JE, Page KR. A systematic review of HIV/AIDS survival and delayed diagnosis among hispanics in the United States. *J Immigr Minor Health.* 2012;14(1):65-81.
6. Global HIV & AIDS statistics-Fact sheet. UNAIDS. 2022.
7. HIV testing, new HIV diagnoses, outcomes and quality of care for people accessing HIV services. 2021.
8. HIV/AIDS surveillance in Europe 2021 (2020 data).
9. Centers for Disease Control and Prevention. Monitoring Selected National HIV Prevention and Care Objectives By Using HIV Surveillance Data. United States and 6 Dependent Areas. *HIV Surveillance Supplemental Report.* 2019;25(2):1-104.
10. Ferreira RFG, Neto SCDB, Santana NC, Guimarães DA, Oliveira CDL. Gender Differences in Risk Factors for Delayed Diagnosis of HIV/AIDS in a Midsized City of Brazil. *J Int Assoc Provid AIDS Care.* 2016;15(2):135-40.

11. Rotily M, Bentz L, Pradier C, Obadia Y, Cavailler P. Factors related to delayed diagnosis of HIV infection in southeastern France. *Int J STD AIDS*. 2000;11(8):531-5.
12. USAID. HIV cascade framework for key populations. 2015.
13. Youssef E, Wright J, Delpech V, Davies K, Brown A, Cooper V, et al. Factors associated with testing for HIV in people aged ≥ 50 years: a qualitative study. *BMC Public Health*. 2018;18(1):1204.
14. Lubben J, Blozik E, Gillmann G, Iliffe S, Kruse WVR, Beck JC, et al. Performance of an abbreviated version of the Lubben Social Network Scale among three European community-dwelling older adult populations. *Gerontologist*. 2006;46(4):503-13.