HIV Testing Among Financially Disadvantaged Women Diagnosed with Cervical Cancer

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ADULTS 40–54 YEARS OLD represented more than half of persons living with human immunodeficiency virus (HIV) infection in the United States at the end of 2010.¹ The prevalence of HIV infection among adults 65+ years old increased 26% from 68.3 per 100,000 in 2008 to 85.7 per 100,000 in 2010.¹ Increased prevalence of HIV infection among middle-aged and older adults is largely attributed to the fact that antiretroviral therapy has increased the number of years and quality of life of persons living with HIV infection.² That means that there is a good likelihood that middle-aged adults who acquired HIV infection in their 30s and 40s will become adults 50+ years old living with HIV/AIDS (AIDS). This phenomenon is referred to as the “graying of the HIV/AIDS epidemic.”³

Despite the Centers for Disease Control and Prevention (CDC)’s revised recommendations for routine HIV testing among all adults 13–64 years old,⁴ a disproportionate number of adults 50+ years old will be diagnosed with HIV infection late (i.e., being diagnosed with AIDS within one year of an initial HIV-positive diagnosis). This is unfortunate because adults who receive timely access to HIV care and treatment are able to live many years before their HIV infection progresses to AIDS. Duffus and colleagues reported in their article “HIV testing in women: Missed opportunities” [J Womens Health (Larchmt) 2012; 21:170–178] that women >44 years old were seven times significantly more likely to be diagnosed with HIV infection late in the disease process compared with their younger counterparts (adjusted odds ratio 7.85, 95% confidence interval 4.49–13.7).⁵

In an effort to reduce late diagnosis of HIV infection, Duffus and colleagues suggested that nontraditional healthcare services such as routine breast and cervical cancer screening be used as opportunities to screen women (especially older, postmenopausal women) for HIV infection.⁵ To this end, we conducted a similar retrospective cohort study in which we linked health claims and disease surveillance databases to examine the prevalence of HIV testing among women diagnosed with cervical cancer. Our study findings revealed that not only was HIV testing underutilized, but that a signifi-

cantly smaller proportion of postmenopausal women 50–64 years old (18%) had been screened for HIV infection compared with premenopausal women <50 years old (82%) ($p=0.04$) (Wigfall LT, Brandt HM, Kirby H, Iyer M, Levkoff SE, Glover SH, unpublished data). These data underscore Duffus and colleagues’ conclusion that more research is needed to examine how routine HIV testing can be promoted as part of other routine health services tests like the Pap test in an effort to reduce late diagnosis of HIV infection, especially among older, postmenopausal women.

References

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