Defining Neoplasias

We define neoplasias as new diseases that affect the cell division process, allowing the formation of new tissues or organs.

Chronic lung infections and opportunistic neoplasias are frequent in people with HIV/AIDS.

Methods:

• Using national death registry data, we identified all registered deaths among HIV-infected people between 2004-2015.
• Early mortality (EM): deaths occurring within the first year after HIV diagnosis.

AIDS related causes of death

- Pneumonia (n=4588, 3%)
- AIDS unspecified (n=5668, 15%)
- Unclassifiable/Unknown (n=12410, 20%)

Using Antiretroviral Therapy (ART) during the first year after HIV diagnosis usually indicates:

- a) delayed or no entry into care and treatment and b) the occurrence of AIDS related complications.

We aimed to describe trends in the causes of death over time and estimate the frequency of HIV/AIDS associated mortality early after diagnosis.

The causes of death were classified as AIDS and non-AIDS.

Logistic models for AIDS and for EM were fitted to evaluate trends of death due to AIDS and factors associated to EM respectively.

Results:

There were 10,853 deaths in women and 48,797 in men. AIDS-related deaths occurred in 74% of all subjects.

Most frequent AIDS-related causes (Figure 1)

- Pneumonia (n=12410, 20%)
- AIDS unspecified (n=5668, 15%)
- Unclassifiable/Unknown (n=12410, 20%)

Most frequent non-AIDS-related causes (Figure 1)

- Infectious Diseases (n=9902, 13%)
- Opportunistic infections (n=5407, 9%)
- Central and peripheral vascular disorders (n=4375, 5%)

Non-significant differences were observed by sex over time.

EM: 53% (n=3,677) among women and 57% (n=17,824) among men.

VEM (2010 vs 2004) was defined by sex (Figure 2).

AIDS explained 76% of EM. Overall, men had a higher risk of EM (OR: 1.24 [95%CI: 1.17-1.31], p<0.001) (Table 1).

Conclusions:

- The frequency of EM, VEM and deaths related to AIDS (all markers of late HIV diagnosis) have persisted or increased along time in Mexico.
- These results provide further evidence of the high impact of late diagnosis over mortality in this population in Mexico.
- The reduction of deaths due to AIDS over time was lower among women, which may reflect gender inequalities and increased vulnerabilities previously reported among Mexican women living with HIV.
- Our results support the need to strengthen policy efforts to expand HIV diagnosis and early linkage to care, particularly among women.