Disease outcomes and progression to AIDS in people born in MLINC vs AUS and HINC at enrolment into AHOD cohort:

- Similar cumulative incidence clinical endpoint for all-cause mortality and new AIDS incidence in all three groups. (Figure 3)
- Similar prevalence of Hepatitis B or Hepatitis C co-infection.

Figure 3: Cumulative incidence clinical endpoint (all-cause mortality & new AIDS incidence) by time since AHOD cohort enrolment and country of birth World Bank Income grouping.

Clinical characteristics of people born in MLINC vs AUS and HINC at enrolment into AHOD cohort (Table 1):

- Lower mean CD4 count at entry (411mm³ vs 529mm³, 468mm³). (Figure 1)
- Of those on ART, lower mean CD4 count at entry (425mm³ vs 527mm³, 477mm³).
- Similar mean HIV viral load in all three groups.
- Similar ART factors:
  - Regimen at AHOD entry
  - Time from start to change of ART regimen, p-value=0.41 (hazard ratios not shown)
  - Time from start of ART to HIV-RNA viral load undetectable, p-value=0.75 (hazard ratios not shown)
  - Time from first HIV-RNA viral load undetectable to HIV-RNA failure (>1000 copies/ml), p-value=0.18 (hazard ratios not shown)
- Minimal proportional difference in terms of accessing HIV monitoring care (Figure 2) and no difference in time to lost to follow up.

Figure 1: Boxplot of CD4 cell count at various time points since AHOD cohort enrolment stratified by country of birth World Bank Income grouping.

CONCLUSION

These findings reflect the successful outcomes of people born in MLINC once engaged in HIV care in Australia. More work is needed on ensuring timely entry of this population group into the HIV care cascade.