Figure 1. Trend for the proportion of late diagnosis of HIV-infected individuals stratified by reason for HIV testing (2003-2007). (a) Public Health Centers, including health check-ups (general health check-up, medical certificate, prenatal check-up, prisoner status, P=0.096), knowledge of status (voluntary test with identification, anonymous testing*, P=0.017) and risky behaviors* (STI risk groups, STD patients, and HIV-infected partners, P=0.166). (b) Hospital, including health check-ups (general health check-up, medical certificate, prenatal check-up, medical operation, P=0.001), knowledge of status (voluntary test with identification, P=0.063), and clinical manifestation of HIV infection (symptom, physician’s referral, tuberculosis, P=0.584).

*Risky behaviors (STI risk groups, STD patients, and HIV-infected partners), prisoner status, and anonymous HIV testing performed at PHCs.

Late diagnosis was defined by CD4+ T cell counts <200 cells/mm³ at the time of HIV diagnosis.

Knowledge of status: Testing performed because individuals wanted to know their HIV status.

A trend identifying the clinical manifestations of HIV infection in PHCs was not identified. This may have been due to the small number of cases (n=30).