

Table S1. Recent studies examining missed opportunities (MOs) in persons newly-diagnosed with HIV, listed in alphabetical order of the country of study.

Country	Study focus	Setting	Study period	Subjects analysed	Subject number	Data source	MO definition (time period examined)
Germany (12)	Characteristics of LPs & % of MOs	Hospital ID service	2009-2013	Newly-diagnosed adults presenting late (CD4 count < 350 cells/mm ³)	270	Medical records	Presentation with documented HIV IC but testing offered (not stated)
Israel (16)	MOs for earlier diagnosis in patients presenting with advanced HIV disease (AHD, CD4 count < 200 cells/mm ³)	Hospital	2010-2015	Patients with AHD	57 of 356 new HIV diagnoses	Medical insurer electronic data files and patient interviews	Patient presenting 2 out of: -IC -belonging risk group -US(34) or UK(36) indications testing (up to 5 years pre-HIV diagnosis)
Netherlands (13)	HIV testing offered to high risk groups during STI-related GP consultations	Sentinel general practices	2008-2013	STI-related consults with high-risk groups	3209	GP report database & national HIV cohort data	HIV testing indicated in high-risk groups but not offered (study period)
Scotland (14)	Factors associated with late diagnosis	Hospital ID & GUM service	2009-2014	Newly-diagnosed adults	124	National surveillance data & case notes	Failure to diagnose HIV within 3 months of first ID or ADI presentation (up to 5 years pre-HIV diagnosis)
Spain (15)	Frequency of late diagnosis and associated risk factors	Hospital ID service	2007-2014	Newly-diagnosed adults	354	Medical records	Presentation with IC but testing offered or testing performed months after symptom onset (up to 5 years pre-HIV diagnosis)

Abbreviations: LP, late presenter; ID, infectious diseases; IC, indicator condition; STI, sexually transmitted infection; GP, general practitioner; GUM, genitourinary medicine; ADI, AIDS defining illness; AHD, advanced HIV disease; US, United States; UK, United Kingdom.

Table S2. Categories of prior missed opportunities (MOs) and site of eventual diagnostic test among the 94 patients newly presenting to HIV care between 2010 and 2015 in Lausanne, Switzerland and who had presented at least one MO prior to diagnosis.

MO type \ Site of diagnostic test	All sites	Primary care physician	Anonymous testing	LUH OP	LUH IP	ED	Gyn / Ob
HIV indicator condition	32	5	5	9	4	0	2
Epidemiological risk	84	22	10	27	6	0	4
Acute HIV	11	2	2	2	1	0	0
AIDS-defining event	1	0	0	0	0	0	0
Pregnancy	7	2	0	2	1	0	2
Pre-immunosuppressive treatment	1	1	0	0	0	0	0
Total	136	32	17	40	12	0	8

Abbreviations: MO, missed opportunity; LUH, Lausanne University Hospital; OP, outpatient; IP, inpatient

Table S3. Reasons for HIV testing in patients with acute infection newly presenting to HIV care between 2010 and 2015 in Lausanne, Switzerland:

Reasons for doing HIV test	Number of patients with acute infection (%)
Patient initiated	1 (3.33 %)
Suspicion of acute infection	24 (80%)
AIDS defining illness	1 (3,33 %)
HIV indicator condition	3 (10%)
Epidemiological risk	1 (3,33%)