**Objective:** The aim of this study was to determine the frequency of late HIV presenters and the potential of screening tests for an early diagnosis of HIV infection in the ACTHIV-IST (ACTion against HIV in Istanbul) study group.

**Methods:** A multicentre observational retrospective study has been conducted by ACTHIV-IST study group, including 4 centres following-up HIV patients in Istanbul. Patients followed-up between January 2006-June 2013 were enrolled in this study. Age, gender, stage of presentation and baseline CD4 cell counts upon diagnosis were collected retrospectively from the patients’ files and transferred to an HIV data base system. The European definitions for late presentation and advanced HIV disease were used in this study. Late presentation was defined as presenting for care with a CD4+ lymphocyte counts below 350 cells/mm³ or presenting with an AIDS-defining event, regardless of the cell count.

**Results:** In total, 829 naive patients were included in this study. Seven hundred patients (82%) were males and mean age was 37.51±11.37 years (range 17-79 years). Overall, 441 (53.2%) were late presenters and 252 (30.4%) of these were presented with advanced HIV. There was no significant association between gender, condom usage, transmission route and stage of HIV infection. 74.9% of none-late presenters and 53.2% late presenters were diagnosed by screening tests. The association between early diagnosis and screening tests was statistically significant (p< 0.001).

**Conclusion:** The fraction of late presenters was high. A substantial number of asymptomatic HIV positive individuals were identified by screening test, while the diagnosis of late presentation of the disease was overall mostly based on clinical symptoms. In conclusion, performing screening tests and supporting individuals with high risks to have HIV tests voluntarily can increase the numbers of early diagnosed patients. Thus, spread of the disease and treatment costs can be decreased by an important extent.