

# Pilot study to analyze the feasibility of introducing rapid HIV testing in primary health care

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## Introduction:

Early detection of HIV infected people has several benefits from the point of view of the individual and from the point of view of public health. Early diagnosis allows an early treatment that improves life quality and survival. Early diagnosis also allows a reduction in behavioural risks from infected people decreasing the HIV transmission to other people. However, many infected individuals are unaware of their HIV-positive status and many of them remain undiagnosed until they present with an AIDS-related condition or a low CD4 cell count, when treatment is less effective and health outcomes less favorable.

General Practitioners (GP), as a first point of contact with health care services, should play a significant role in the early diagnosis prevention of HIV, identifying patients at risk of infection and offering them counseling and testing for HIV. Every consultation is an opportunity to offer counseling and testing and to diagnose HIV infection early. Despite this, several studies have shown that GPs frequently miss testing opportunities.

In Catalonia, rapid tests for diagnosis of HIV are well accepted by users of CBVCT network that offer HIV testing anonymously, free and confidential and after its introduction, the number of test performed increased a 102%. Currently, this technology is not available in almost any primary care centre. Having the rapid HIV test in the GP's consultation could increase the number of tests performed by making easier their realization, increasing the acceptability to the patient, and allowing the patient to know the preliminary result although he doesn't come back for the result.

## Objective:

To analyze feasibility of HIV oral rapid test introduction in Primary Health Care (PHC).

## Methods:

1450 rapid oral tests were distributed among 77 General Practitioners (GP) volunteers of the Catalanian ITS sentinel network. GPs offered HIV rapid oral test (OraQuick ADVANCE) to patients with HIV risk criteria. After the study period, a feasibility questionnaire was distributed among all the participating GPs. The study took place between September and November 2010.

## Results:

665 rapid oral tests were performed and 3 reactivities were found (0.45%). According to the survey distributed after the study period, 100% of GPs found the rapid test performing and interpretation of results easy or very easy, and 86.1% rely plenty on the test results. The main barriers identified to offer rapid test were the cultural and language barriers with the patient and the lack of time to perform the test and the counselling. 86.1% considered that it would be desirable to have this tool in Primary Health care settings. 38.2% consider that the test should be performed by the physician, this percentage increases to 44.4% for the pre-test counselling, and increases to 61.8% for the post-test counselling in the case of a positive result.

Table 1. Main barriers identified to offer rapid test

BARRIERS DETECTED	N	%	% of Cases
Language barriers with patients	17	19,3%	50,0%
Lack of time for the counselling	14	15,9%	41,2%
Cultural barriers with patients	13	14,8%	38,2%
Lack of time for perform the test	13	14,8%	38,2%
The patient is not ready to receive a positive result	7	8,0%	20,6%
The patient does not have time to take the test	7	8,0%	20,6%
I have not found any barrier	6	6,8%	17,6%
Lack of time to prepare myself to give a positive result	5	5,7%	14,7%
The patient doesn't want to be tested	3	3,4%	8,8%
Fear of the reaction of the patient receiving a positive result	2	2,3%	5,9%
Concern for maintaining the confidentiality of patient	1	1,1%	2,9%
<b>TOTAL</b>	<b>88</b>	<b>100,0%</b>	<b>258,8%</b>

## Conclusions:

These results show a high acceptance of GPs to offer rapid HIV tests, and feasibility of rapid testing implementation in PHC. An adaptation of counselling to the different patient needs and more training in rapid testing technologies would help to facilitate the implementation of this test in primary care settings.

Figure 1. Test performance and result interpretation.

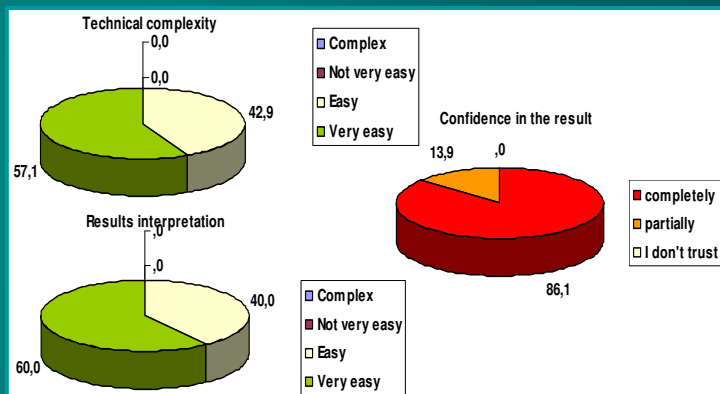


Figure 2. Professional which should perform the test and the counselling.

