Introduction

- Serbia is a low prevalence country, but also a country with poor testing rates of only 7.7 tested per 100000 population.
- Low testing rates cause late presentations and hospitalizations in different clinics before the HIV positive status is established.
- There was a concern that even symptomatic patients go through the Clinical center undiagnosed, and although the number of these patients is probably low, this can be avoided.
- In Serbia there’s a prerequisite for a written consent to test for HIV which might put off some patients and/or physicians to test for HIV.

Objectives

- To find out the most frequent indications for physicians to test their patients for HIV.
- To find out the frequency of testing on different clinics.
- To understand the reasons not to test for HIV in different clinics and in different physicians age groups.

Materials

- The survey was conducted in November 2011.
- The study was in a form of a cross sectional short questionnaire in Clinical center of Vojvodina, Northen provance of Serbia.
- Physicians from six clinics were included: Internal medicine, Neurology, Psychiatry, Dermatology, Infectious diseases and Gynecology and Obstetrics clinic.

Results

A total of 124 physicians were surveyed, medium age 43.5, mostly females (70%); the structure of participants was similar in all six clinics.

- The main indications for offering HIV test is shown on Graph 1.
- Half of the doctors see mandatory patients’ consent as an obstacle to test (48.8%).
- Frequency of testing in it the last 12 months is shown in Graph 2.

Conclusion

Physicians in the Clinical Center of Vojvodina are aware of the indications to test for HIV.

- Prerequisite patients’ consent is a major obstacle to test.
- The frequency of testing is mostly satisfactory, but needs improvement especially in the Gynecology and Obstetrics’ Clinic.
- According to the results of the survey and contrary to previous publications, patients frequently decline HIV testing.
- Risk of discrimination and patients’ sexual orientation are not obstacles to test.
- More education for pretest counseling is needed, especially for young physicians.

References

4. Myers JJ, Koester KA, Dufour MS. Barriers and facilitators to enhancing HIV testing in publicly funded primary care clinics: findings from San Francisco.