Feasibility and acceptability of HIV screening through the use of rapid tests by GPs in an area of Brussels with an important African community

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In Belgium in 2010

- Seroprevalence is estimated to be 0.1 to 0.2 %
- 31% of HIV patients who are seeking care are of a Sub-Saharan African origin;
- Late presenters (CD4 count < 350/µl):
  - 32% among Belgians
  - 47% among non Belgians (mainly fom Sub-Saharan Africa)
- Very late presenters(CD4 count < 200/µl)
  - 17% among belgians
  - 26% among non belgians

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ISP-WIV Scientific Institute of Public Health, Brussels,Belgium

Objectives

To assess:

- If HIV screening with rapid tests in areas with an important African community is feasible and acceptable among GPs and among patients (Rapid HIV tests being not available in primary care)
- HIV incidence on 1 year.

The study was intended to include at least 500 patients in a 6 months period starting August 2010

Method

Multicentric prospective study among 10 trained physicians offering standard and rapid HIV tests to consecutive patients presenting in the context of:

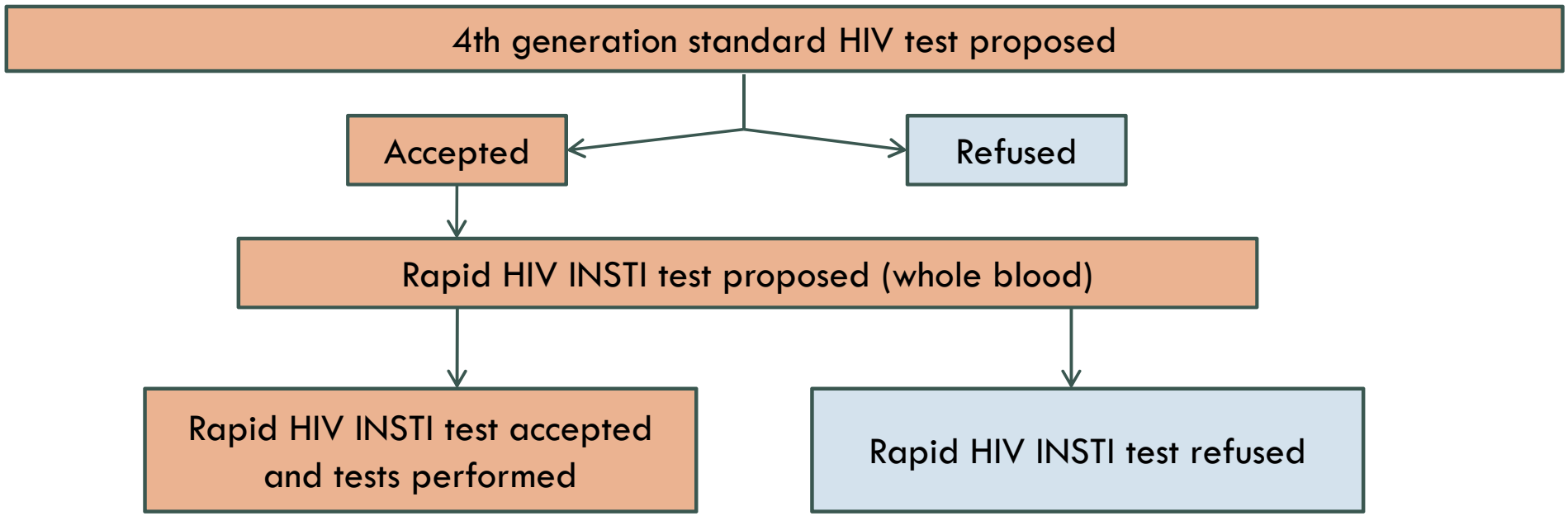
- Multidisciplinary medical centres including a family planning and abortion centre that receive patients of mixed origin (Belgians, Europeans, HIV endemic countries) and a centre that receives patients of Sub-Saharan African origin

- Mental health centre for refugees

Inclusion criteria

Adults with unknown or negative HIV status

- HIV indicator condition as defined by HIV Indicator Diseases Across Europe Study
- Belonging to a high prevalence group: MSM, country of HIV prevalence >1%), sexworker, IV drug-user …
- Returning from a high prevalence country
- Aids defining illness
- Recent pregnancy or abortion
- Other risks :unprotected sexual intercourse under the influence of recreational drugs/alcohol…
- Others: Partner of HIV+patient, possibility of HIV seroconversion, asking for PEP treatment

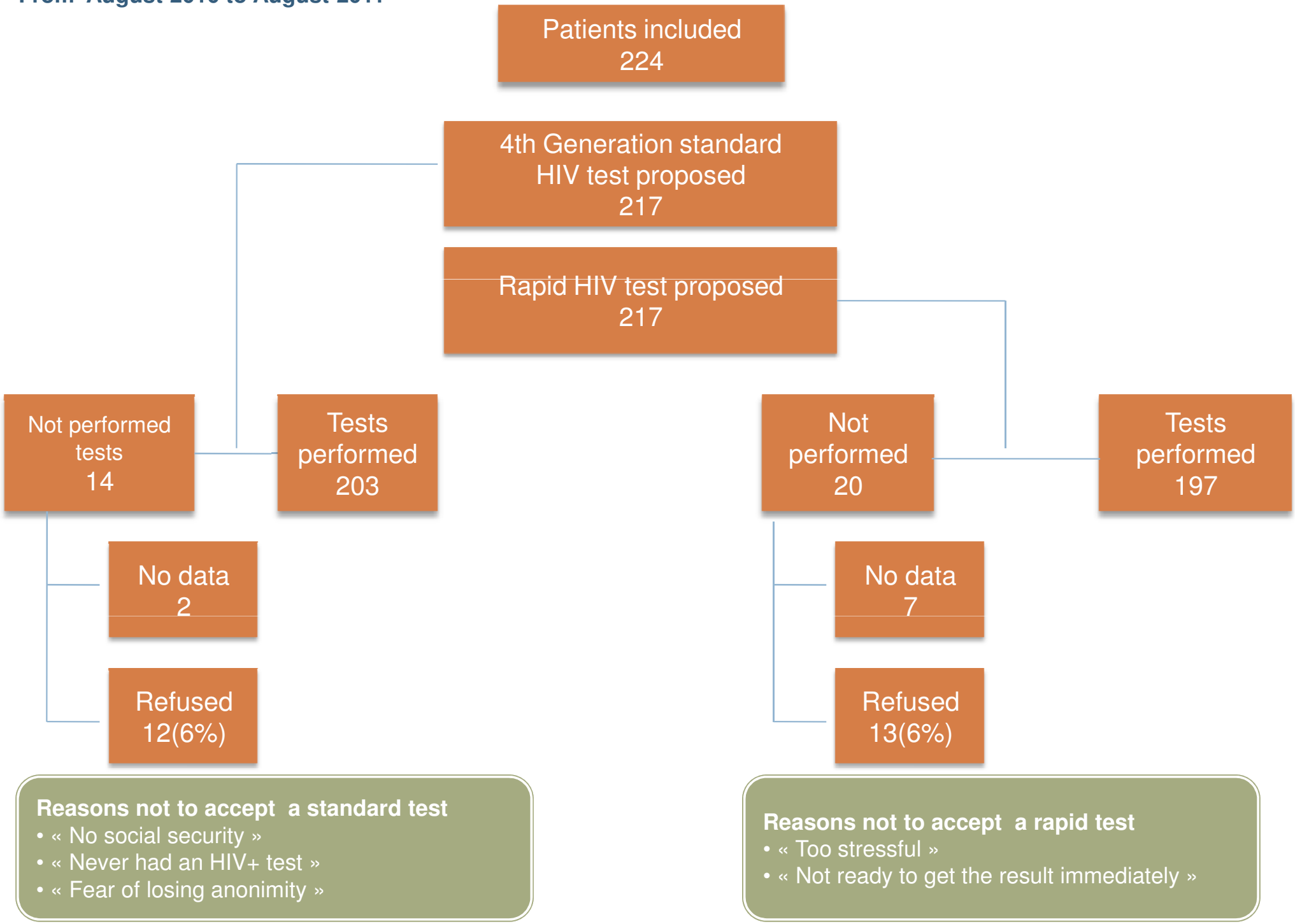


HIV in Europe
Working Together for Optimal Testing and Earlier Care

Indicator conditions - HIV Indicator Diseases Across Europe Study (HIDES 1 - October 2009-March 2011)

- STD :
  - gonorrhea
  - chlamydia
  - syphilis
  - other ulcerative genital conditions
  - unspecified
- Malignant lymphoma
- Cervical/anal dysplasia or cancer
  - cervical dysplasia
  - anal dysplasia
  - cervical cancer cervical
  - anal cancer anal
  - unspecified
- Herpes zooster
- Hepatitis B or C Infection
- Ongoing mononucleosis-like illness
- Unexplained leukocytopenia or thrombocytopenia lasting at least 4 weeks
- Seborrheic dermatitis/exanthema

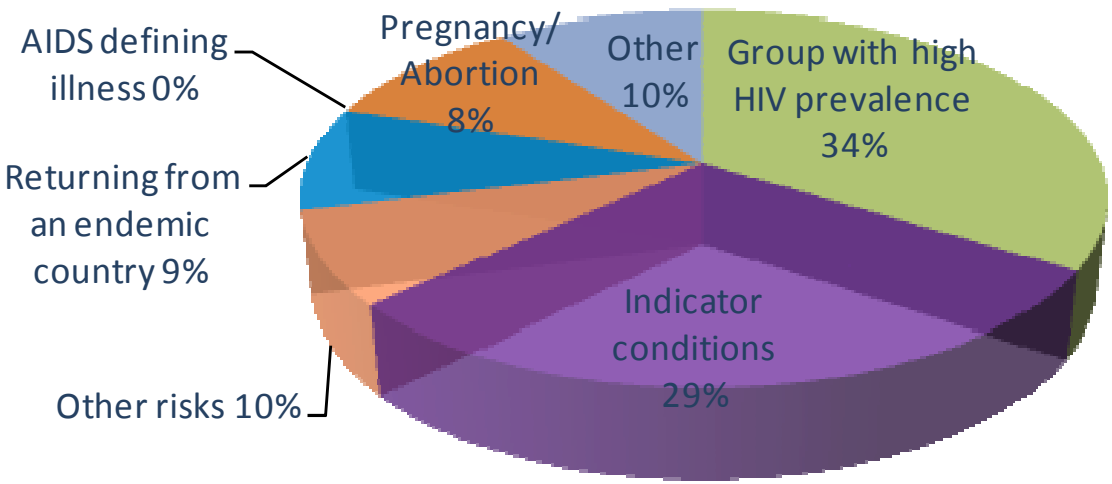
From August 2010 to August 2011



Characteristics of the 224 patients at the time of inclusion

- 51%♀, 48%♂
- 45% Caucasians, 46,5% Africans , 8.5 % others
- age 21% (20-24) , 20%(25-29), 12%(30-34), 8% (>50)

Inclusion criteria *(multiple criteria allowed)*



Belonging to a group with high HIV prevalence 75 patients		
From HIV endemic country	32	14%
Multiple sexual partners	24	11%
MSM	9	4%
IV druguser	4	2%
sexwork	2	0,90%

Indicator conditions 65 patients		
STDs	42	18,70%
Dermatitis	13	6%
Hepatitis	4	2%
Herpes zooster	3	1%
Cervical dysplasia	1	0,50%
Mononucleosis-like illness	1	0,50%
Leukopenia/thrombocytopenia	1	0,50%

2/203 HIV + confirmed by Western Blot

45 years old black man with belgian nationality with dermatitis .

Travel in Mauritania in April 2010.

Never HIV/HBV/HCV tested before the study CD4 =171 at the time of testing.

(=very late presenter)

40 years old black man from RDC.

No recent travel in an HIV endemic country.

Said before being tested that he has never been tested before for HIV/HBV/HCV but when confronted by a positive rapid test result said he knew he was HIV positive.

HIV incidence

1 new HIV+/203 HIV standard tests	**Incidence = 0,49%**
1 new HIV+/197 HIV rapid INSTI tests	Incidence = 0,51%

HIV incidence varies from:

- Type of centres
  - 0 – 0,5% for medical centres that receive a « mixed » population
  - 5,5% for the centre that receives patients coming from Sub-Saharan Africa
- Ethnic origin
  - 0% among Caucasians
  - 2,25% among Africans
- Criteria of inclusion
  - 1.54% among patients with indicator conditions

INSTI™ HIV-1 & HIV-2: Rapid Antibody Test

INSTI Principle: Immunofiltration HIV1 (gp41) and HIV2 (gp36) recombinant proteins

Results : under five minutes

	4th generation ELISA + and WB+	4th generation ELISA -	Total
INSTI HIV +	2	0	2
INSTI HIV -	0	194	194
INSTI HIV indeterminate	0	1	1
INSTI HIV invalid	0	0	0
Total	2	195	197

Sensibility and specificity:100%

Difficulties of enrollment

- Because of doctor's incapacity and/or unwillingness to enroll patients during the first few months of the study, we asked the doctors to record information about a larger number of consultations, this was in order to survey the actual number of proposed HIV tests during that period.

Proposition of HIV test

PROPOSITION OF HIV TEST IN DIFFERENT SITUATIONS

"+"=proposed

« - »= not proposed

"IAP" =Impossible to propose

"NI"= not indicated

msm=homo/bi

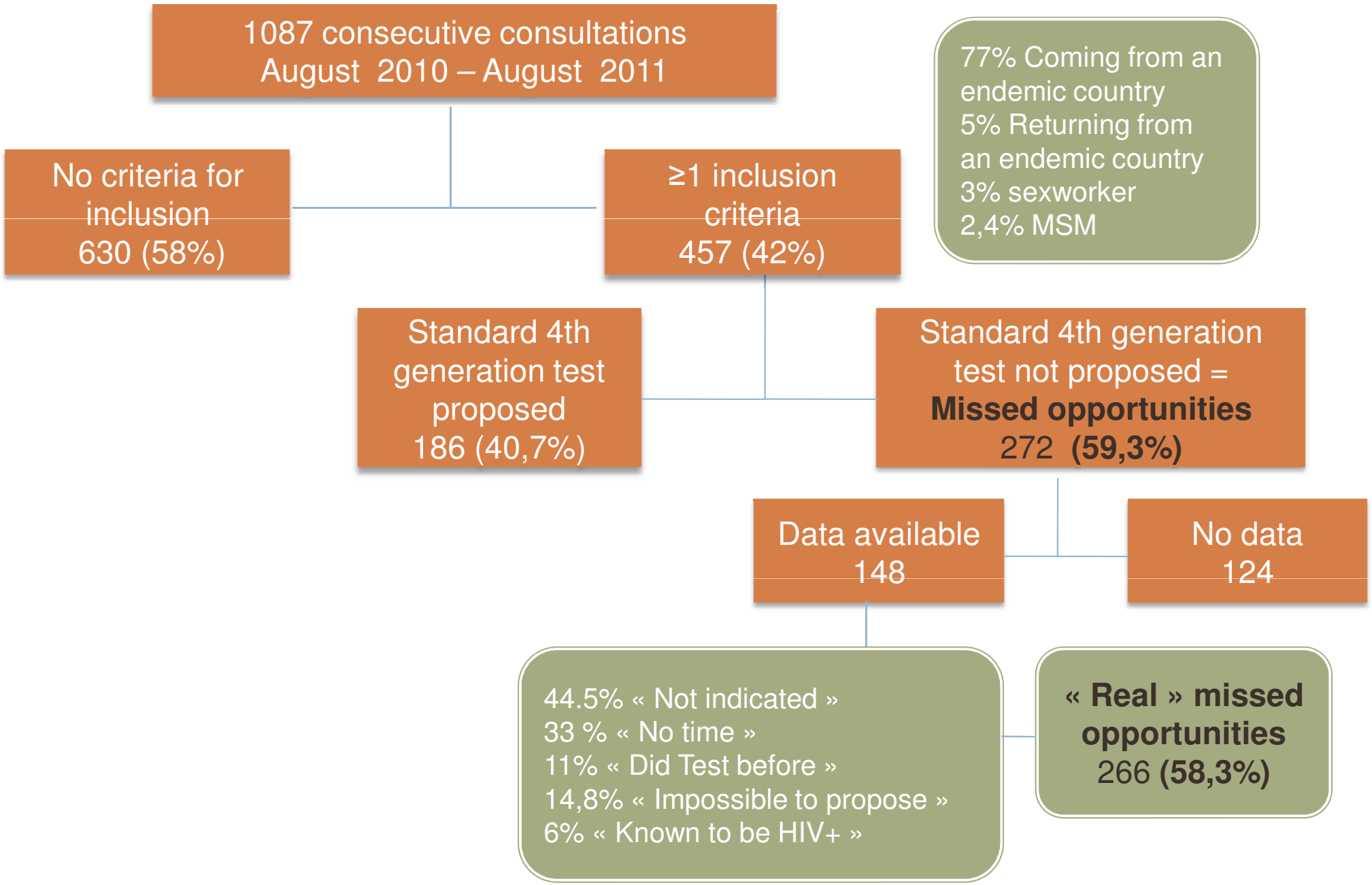
PHP=endemic country Afr. Sub Saharan Africa ,south-East Asia, south Am .Ex Soviet Union

Consultation date …/…./ 2011

Doctor's name : ……

Patient	Reason for consultation	Gender	Age	Indicator conditions					Return from country	High risk group				other, specify	INSTI	Remarks last HIV test
				Dermatitis	IST	cervical dysplasia	H Zoster	other	Endemic	MSM	PHP	multiple sexual partners	other		INSTI	
1																
2																
3																
4																

Proposition of HIV tests among 1087 consecutive consultations



Difficulties encountered by the GPs during the study

- Individual difficulties: lack of time required for pre-test and post-test counselling, perceived lack of skills specially when rapid tests are performed.
- Fear of being perceived as racist or homophobic when proposing an HIV test to migrants or gaymen.
- At the level of institution (scepticism/perplexity/hostility of non participants colleagues or other staff members)
- Administrative difficulties: « overwhelmed by papers », burden of the ethical process (informed consent to be signed)

Encouraging aspects during and after the study

- Felt more comfortable to address risk assessment, sexual practices and to propose an HIV test to new and « old » patients and very interested with the concept of specific medical indicators conditions. Ready to participate to HIDES 2 study.
- +107% (26 to 266%) more tests performed by the doctors in one of the medical centres.
- 94% of patients came back for the result when Rapid test was also performed versus 79% when the standard test was done alone.
- During the first months of the study, doctors needed an extratime of 20 minutes to discuss and perform an HIV test versus 7-10 minutes after 12 months (it was the reason why the use of an « ultrarapid » test was felt to be mandatory).

Conclusions

- Standard and rapid tests are well perceived by patients and doctors but difficult to prescribe by trained doctors mainly because of time constraint and staff barriers.