



Serving the underserved. An HIV testing program for populations reluctant to attend conventional settings.

Authors; E. Urdaneta, R. Estes, S. Fernández, J. Atienza, J. Hoyos, L. de la Fuente, HIV Rapid Testing group

BACKGROUND- OBJECTIVE

In Spain, HIV testing is offered for free in a wide range of settings: at all levels of the national health system, HIV/STI clinics and community pharmacies and at many rapid testing programs outside the clinical context. Nevertheless, the value added by those latter programs has been rarely studied until now.

Our aim is to assess the contribution of a multi-site rapid-HIV testing program run by Médicos del Mundo (MdM) that is oriented to vulnerable populations reluctant to attend conventional settings.

METHODS

Between 2008-2012, MdM offered, free of charge, rapid HIV testing and counseling in 15 Spanish cities.

We compare the program outcomes with those of a network of 20 HIV/STI clinics located in 19 medium and large size cities throughout Spain (EPIVIH) and the Spanish National HIV Surveillance System (SNHSS).

RESULTS

Of the 3,251 tested, 69.3% were women, most of them immigrants (87.6%), sex workers (87.4%) and had been tested previously (73.4%). The 27.6% were men and 3.1% transsexuals.

Of the new diagnosis, 33.3% were women vs. 8.6% in the EPIVIH and 17.7% in the SNHSS; transsexuals were 6.9% vs. 1.9% in the EPIVIH; female sex workers were 23.6% (vs. 2.0% EPIVIH) and 19.4% Sub-Saharan Africans (vs. 3.8% EPIVIH and 7.8% SNHSS).

HIV prevalence in men was slightly higher than in the EPIVIH (4.8% vs. 4.0%) and almost twice among women (1.1% vs. 0.6%)

Characterization and prevalence of infection of those who tested positive at Médicos del Mundo rapid HIV testing programme (2008-2012); comparison with EPIVIH* and SNHSS**

	Médicos del Mundo (2008-2012)				EPIVIH* (2008-2010)				SNHSS** (2008-2012)	
	N	%	Prevalence		N	%	Prevalence		N	%
			VIH+	(95% IC)			VIH+	(95% IC)		
Total	72	100,0	2,2	(1.7-2.7)	2208	100,0	2,9	(2.8-3.0)	13928	100
Men	43	59,7	4,8	(3.3-6.3)	1780	80,6	4,0	(3.8-4.2)	11472	82,4
Women	24	33,3	1,1	(0.6-1.5)	189	8,6	0,6	(0.5-0.7)	2465	17,7
Transsexuals	5	6,9	5,0	(1.6-11.2)	41	1,9	11,4	(7.9-14.8)		
Age										
≤24	8	11,1	1,2	(0.3-2.1)	350	17,4	2,2	(1.9-2.4)		
25-34	41	56,9	2,7	(1.8-3.5)	916	45,5	2,7	(2.5-2.9)		
35-44	20	27,8	2,7	(1.4-3.9)	517	25,7	2,9	(2.7-3.2)		
≥45	2	2,8	0,7	(0.1-2.6)	230	11,4	2,9	(2.5-3.3)		
Injecting Drug Users	5	6,9	14,7	(4.9-31.0)	104	4,7	10,7	(8.7-12.7)	942	6,8
Female sex workers	17	23,6	0,9	(0.4-1.3)	45	2,0	0,4	(0.3-0.5)		
Place of birth										
Spain	32	44,4	4,4	(2.8-5.9)	1304	67,2	2,6	(2.5-2.8)	8415	60,4
Western Europe	2	2,8	6,5	(0.8-21.4)	52	2,7	2,5	(1.8-3.2)	646	4,6
Eastern Europe	3	4,2	0,7	(0.1-1.9)	87	4,5	2,7	(2.1-3.3)	459	3,3
Latin-America	18	25,0	1,4	(0.7-2.0)	388	20,0	2,2	(2.0-2.5)	3010	21,6
Sub-Saharan Africa	14	19,4	3,1	(1.4-4.8)	74	3,8	3,2	(2.5-4.0)	1091	7,8
Others	0	0,0	0,0	(0.0-1.8)	36	1,8	2,3	(1.5-3.1)	307	2,2

It was not possible to establish a comparison with SNHSS on transsexuals and age

* Network of 20 HIV/STI diagnostic clinics

** Spanish national HIV surveillance system

CONCLUSIONS

This very low threshold program constitutes a clear complement to traditional HIV testing programs. It has proven a great capacity to contribute to the promotion of HIV diagnosis among some of the most vulnerable, socially marginalized and at risk populations such as female sex workers, sub-Saharan Africans and transsexuals. Because financial constraints, migrants with irregular administrative status nowadays only receive emergency medical care, forfeiting free access to regular health services. This makes it even more important the existence of complementary testing programs.

