

Evolution in the number of tests performed and in the profile of people tested in VCT network of Catalonia, 1995-2010

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Introduction:

Early detection of HIV infection helps to reduce risk behaviours and provide early treatment.¹ Conventional health care can be complemented by community-based services offering free, voluntary and anonymous counselling and HIV testing.^{2,3} In Catalonia, HIV testing is performed free of charge, both through the public health system and, since 1994, through a network of eight voluntary and anonymous counselling and HIV testing sites (Voluntary Counselling and Testing [VCT]) managed by non-government organizations and financed by the Health Department of Catalonia. HIV diagnosis has been routinely monitored since 1992 as part of the Integrated AIDS/HIV/STI Surveillance System, by collecting data from all HIV tests performed at primary health care and hospital laboratories belonging to the public health system, as well as from the VCT sites. The VCT network in Catalonia offers voluntary, free, anonymous and confidential HIV testing, together with pre-test and post-test counselling. Since 1994, data on sociodemographic characteristics, reasons for testing, previous HIV test history, measures of HIV risk, hepatitis B and hepatitis C virus infection history and diagnoses of HIV after testing have been systematically collected. The VCT centres are very heterogeneous in terms of their activity and the populations they serve (Table 1).

Objective:

To analyze the evolution over 15 years in the number of test performed and in the profile of people tested in the VCT network of Catalonia.

Methods:

Descriptive analysis of data collected in VCT network (currently comprising 12 centers) for 15 years.

Results:

The yearly evolution of the number of tests performed in VCT centres was relatively small until 2006, oscillating between 716 in 1995 to 1,849 in 2006. At the end of 2006 rapid HIV test was introduced into VCT centres, increasing the demand for HIV test. Comparing the number of tests performed in 2007 with respect to those performed in 2006, an increase of 102.9% is seen. The number of tests performed has continued increasing yearly, reaching the 7,822 tests in 2010 (an increase of 323.04% over 2006) (Figure 1). Despite this increase in the number of tests performed, the percentage of positive tests detected has not varied significantly. The proportion of MSM tested in these centres has been increasing, and at the same time the proportion of IDU has been decreasing (Figure 2). Regarding positive tests, from 1996 until 2004 the largest group was IDU, but from 2005 the proportion of IDU was decreasing and MSM was increasing, reaching 85% of the total of positives detected in 2010 (Figure 2). The risk group with the highest percentage of positive results over the whole period was IDU.

Conclusions:

Rapid HIV testing can help increase access to testing, but it should be complemented with specific outreach programs aimed at the most vulnerable subgroups.

Table 1. VCT sites and population that attends

VCT SITES	POPULATION THAT ATTENDS
Centre Jove d' Anticoncepció I Sexualitat (CJAS)	Adolescents and young people up to 30 years
SAPS – Creu Roja	IDUs in a situation of social exclusion
Stop-Sida	Collective of gays, lesbians, bisexuals and transgenders
Associació Antisida de Lleida (AASLL)	General population
Associació Anti-Sida de Catalunya (ACASC)	General population
Actua Vallès (AV)	General population
BCN Checkpoint (BCNCP)	MSM
Àmbit prevenció-Àmbit dona (AD)	Commercial sex workers and their customers, IDUs and their partners
ACAS Girona	General population
Gais Positius	MSM
Creu Roja Tarragona	IDU
ASSEXORA TGN	Adolescents and young people up to 30 years

Figure 1. Evolution of the number of tests performed and of the percentage of positive tests detected. 1995-2010

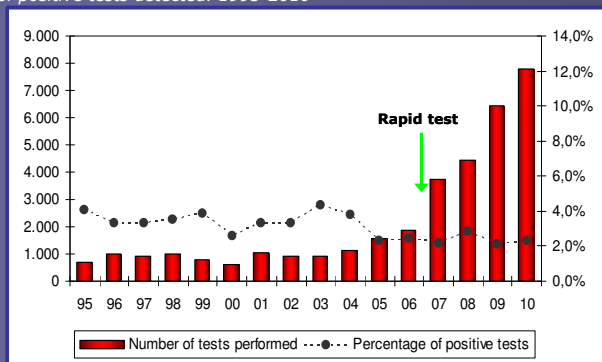


Figure 2. Evolution of the distribution of tests performed and positive tests detected by risk group. 1995-2010.

