

# Acceptability of Rapid HIV Diagnosis Technology among Primary Health Care Practitioners in Spain

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# Background

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- In Spain in 2009, 2264 new HIV diagnoses were reported, an incidence of 79.3 per million inhabitants per year (Centro Nacional de Epidemiología, 2010).
- In 2009, 50.2% of all new diagnoses were late presenters (defined as CD4 count < 350 cells/ $\mu$ L) and 30.4% of people with a new diagnosis of HIV had advanced disease (defined as CD4 count < 200 cells/ $\mu$ L) (Secretaría del Plan Nacional sobre el Sida & Centro Nacional de Epidemiología, 2011).
- Delayed diagnosis is associated with higher morbidity and mortality (Aldaz et al., 2007).
- Early diagnosis of HIV infection allows the modification of risk behaviours in order to reduce onward transmission. Some studies estimate that 54% of new infections can be attributed to those with undiagnosed HIV infection (Marks, Crepaz, & Janssen, 2006).

# Background

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- General Practitioners (GP), as a first point of contact with health care services, could play a significant role in the early diagnosis and prevention of HIV.
- In Spanish Primary Care centres, the percentage of new diagnoses with recent HIV infection identified is higher than in other facilities. (Romero et al., 2011)
- Identifying patients at risk of infection and offering them counselling and testing for HIV is one of the most important contributions to be made by GPs. Every consultation is an opportunity to offer counselling and testing and to diagnose HIV infection early. Despite this, several studies have shown that GPs frequently miss testing opportunities (Burns et al., 2008; [Read](#) et al., 2005).

# Background

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- Previous studies have demonstrated that, in Spain, rapid tests are acceptable to users of alternative testing centres which offer a free, anonymous and confidential service (de la Fuente et al., 2009; Fernàndez-Lopez et al., 2010).
- These tests are currently available in only a handful of primary care clinics in Spain.
- The availability of rapid HIV testing in GP consulting rooms could increase the number of HIV tests performed:
  - Facilitating their implementation
  - Increasing their acceptance
  - Allowing the patient to know the preliminary result even if he or she does not return to collect the confirmation.

# Objectives

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1. To describe the acceptability to General Practitioners of offering rapid HIV testing in their clinics
2. To identify the perceived needs of GPs and barriers to the implementation of HIV testing in primary care.

# Methods

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- Cross-sectional descriptive study using a convenience sample of GP members of two Spanish scientific medical societies for family and community medicine (semFYC y CAMFiC).
- A self-administered and anonymous online questionnaire was developed.
- The following information was collected: socio-demographic data, knowledge and attitudes to rapid HIV testing, barriers to test uptake, type of test considered feasible, patient groups who would be offered testing and the health professional best placed to carry out testing.
- The questionnaire was piloted among 34 members of both societies.
- At the start of the study all members were sent a link to the questionnaire by email and a reminder a month before the study closed. The questionnaire was available on both society's websites.
- Data were collected between the 15<sup>th</sup> June and the 31<sup>st</sup> October 2010.

# Results

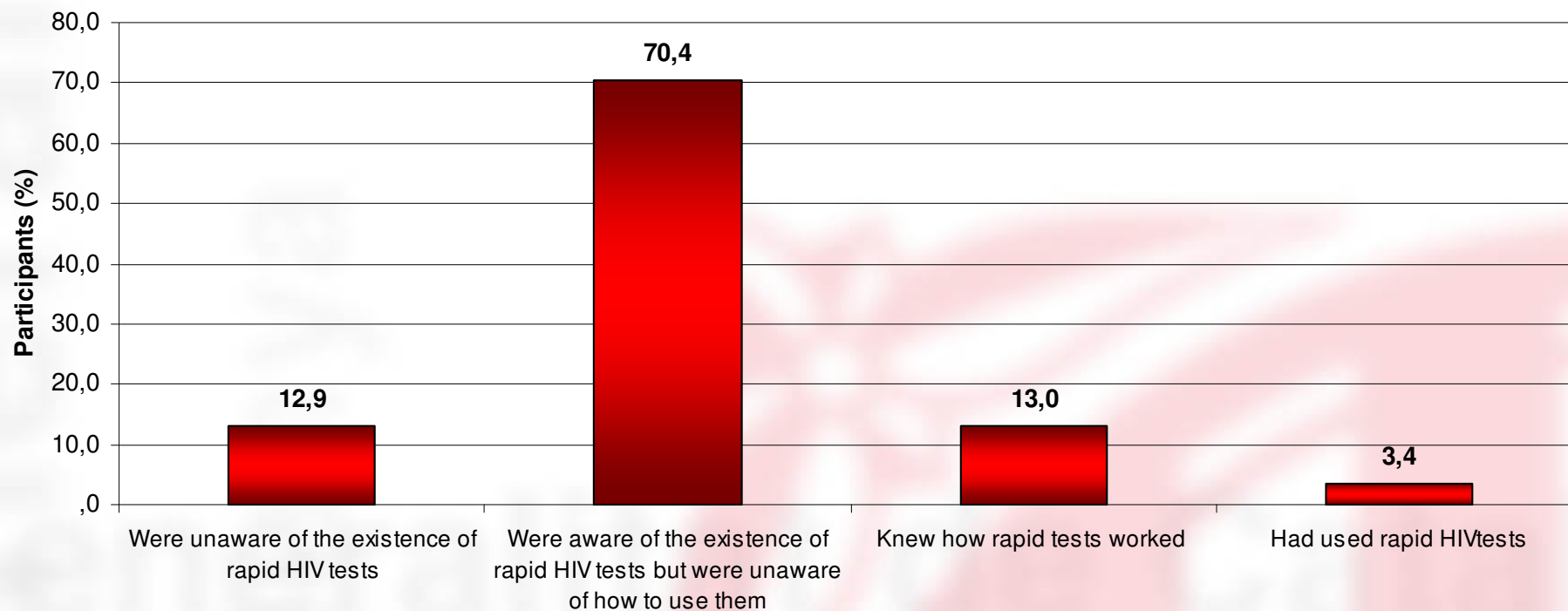
**Table 1.** Characteristics of GPs participating in the survey. Spain, 2010. N:1308

Median Age	40 (IQR: 33,0-47,5)	
Time since qualifying	n	%
Less than 5 years	79	6,0
between 5 and 10 years	323	24,7
More than 10 years	906	69,3
Specialist in family and community medicine (General Practitioner)	n	%
Yes	1188	90,8
No	105	8,0
Not sure/Not answered	15	1,1
Workplace setting	n	%
Urban	836	63,9
Semi-urban	260	19,9
Rural	211	16,1
Not sure/Not answered	1	0,1
Autonomous Region	n	%
Andalusia	142	10,9
Aragon	24	1,8
Canary Islands	36	2,8
Cantabria	13	1,0
Castilla and Leon	48	3,7
Castilla-La Mancha	32	2,4
Catalonia	492	37,6
Ceuta and Melilla	1	,1
Madrid	186	14,2
Navarre	35	2,7
Valencia	89	6,8
Extremadura	15	1,1
Galicia	36	2,8
Balearic Islands	34	2,6
La Rioja	10	,8
Basque Country	47	3,6
Asturias	36	2,8
Murcia	28	2,1
Not sure/Not answered	4	0,3

IQR: Inter-quartile range

# Results

Knowledge of Rapid HIV Testing among GPs Participating in the Survey. Spain, 2010. N:1308



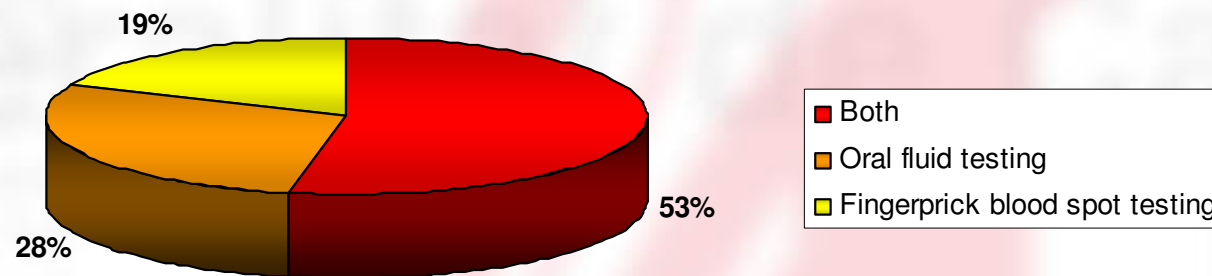


# Results

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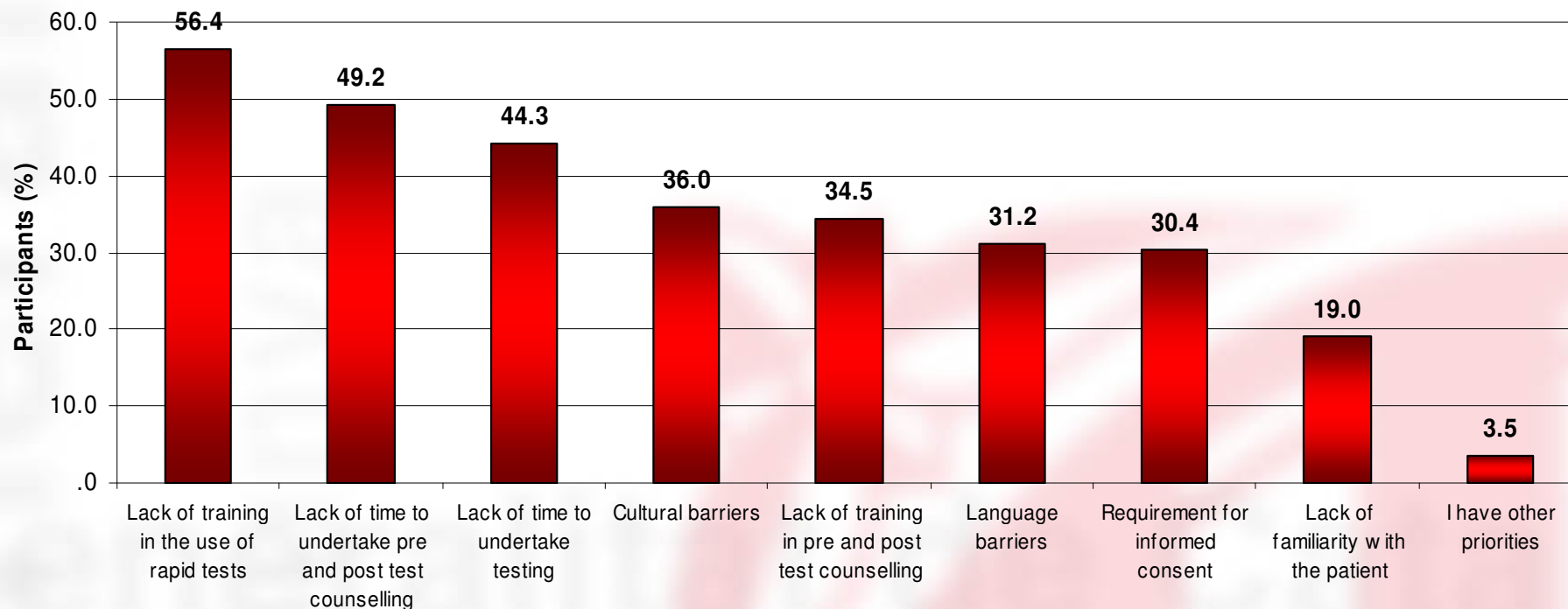
- Most participants (79.8%) strongly agreed with the statement “*I would be willing to offer rapid HIV testing in my practice*”.
- 74.7% of participants strongly agreed with the statement “*I would be confident in the results obtained by rapid HIV testing*”.

Kind of rapid HIV test Identified as Most Feasible and Acceptable in Their Practice by GPs Participating in the Survey. Spain, 2010.  
N:1308



# Results

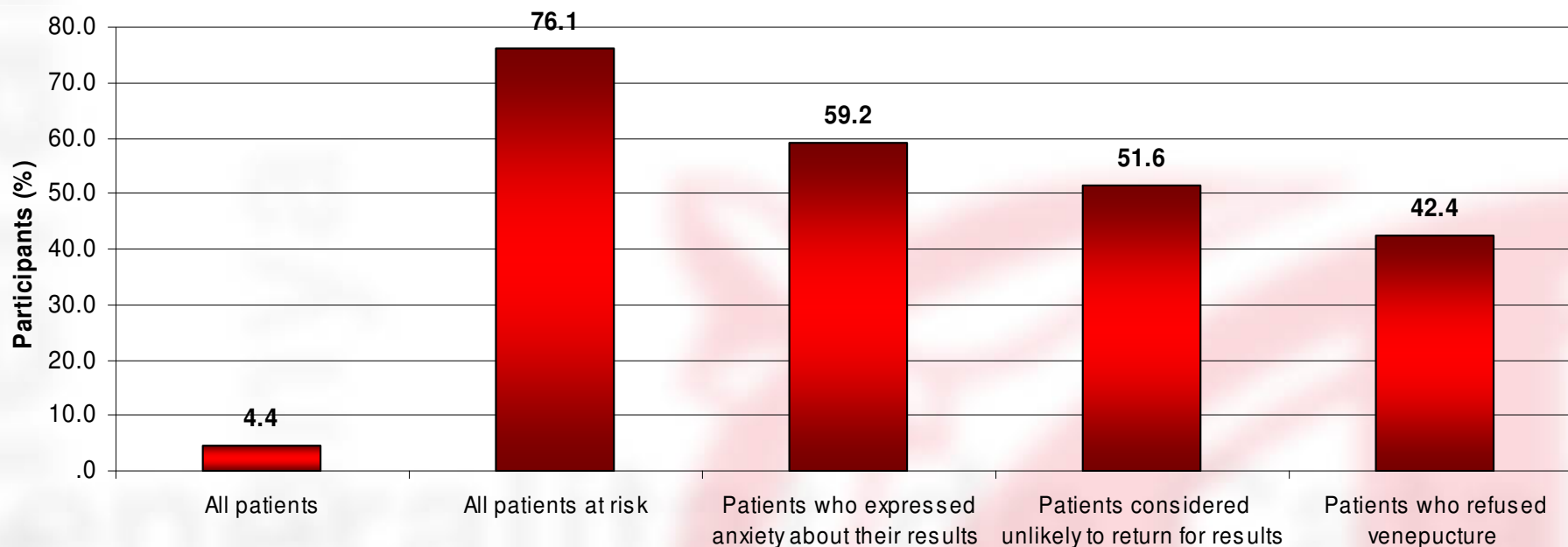
Barriers to Rapid HIV Testing Identified by GPs Participating in the Survey. Spain, 2010. N:1308



# Results

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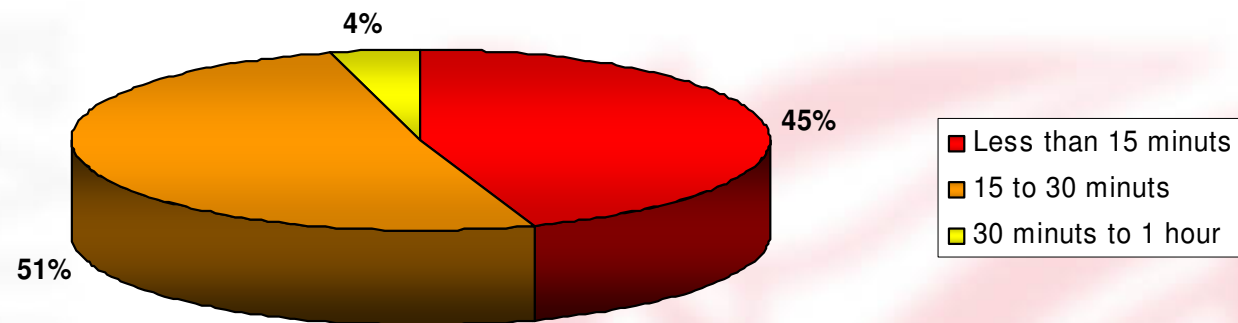
**Patient Groups Who Would Be Offered Rapid HIV Testing by GPs Participating in the Survey.  
Spain, 2010. N:1308**



# Results

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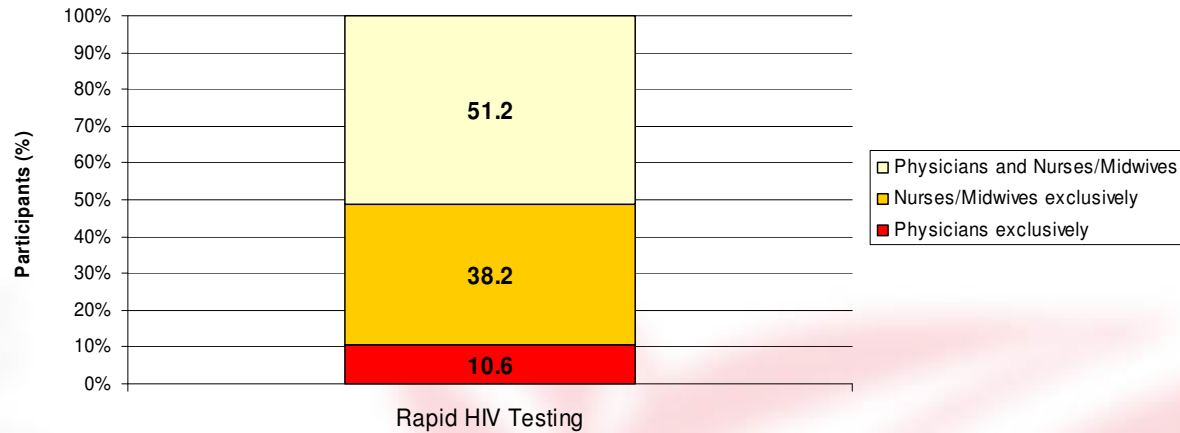
Time which GPs Participating in the Survey felt should be devoted to Pre-test Counselling. Spain, 2010. N:1308



# Results

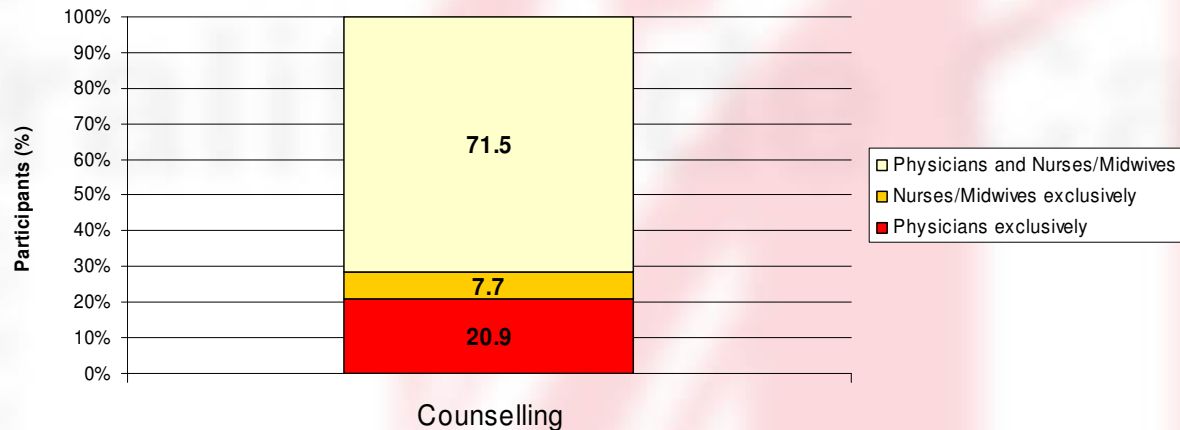
Who should do the test?

Health Professional Identified as Best Placed to Carry Out HIV Rapid Testing by GPs Participating in the Survey. Spain, 2010. N:1308



Who should counsel?

Health Professional Identified as Best Placed to Carry Out Counselling by GPs Participating in the Survey. Spain, 2010. N:1308



# Conclusions

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- Most of the GPs are aware of the existence of rapid HIV tests but were unaware of how to use them.
- The introduction of rapid HIV testing to primary care would be widely accepted in our settings.
- GPs considered that rapid testing (either oral fluid or blood) could be feasibly implemented in their clinics by either medical or nursing staff.
- The two key barriers to HIV testing identified were: lack of time and training.
- Pilot studies are necessary to estimate the feasibility of rapid HIV testing in these settings.

**PO2/01. Pilot study to analyze the feasibility of introducing rapid HIV testing in primary health care.  
Laura Fernàndez (1,2), Cristina Agustí (1,2), Jordi Casabona (1,2) and Rapid testing in Primary Health Care  
Working Group.**

## Recommendations

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- Based on the identified barriers, the main aspects that would facilitate the implementation of rapid HIV tests in the primary care context:
  - A simplification of counselling to reduce the time taken.
  - Further training on the use of rapid tests.
  - Standardisation of behavioural and clinical criteria for determining who should be offered HIV testing.
- To include both medical and nursing staff and to establish task distribution according the organization of each centre.

# Study group

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- **CEEISCAT:**

- Cristina Agustí
- Laura Fernàndez
- Alexandra Montoliu
- Jordi Casabona



- **Scientific Medical Societies (CAMFiC and semFYC):**

- Juanjo Mascort
- Ricard Carrillo
- Xavier Puigdengolas
- Marian de la Poza
- Cristina Aguado



- **Programme for the Prevention and Assistance of AIDS in Catalonia:**

- Albert Giménez
- Benet Rifà

## Acknowledgements:

- The authors would like to thank: The Catalan Health Department, Gilead Sciences, S.L. and Leti SL who financed the study. Also CAMFiC and semFYC and all the family physicians who participated in the study.



Thank you very much for your attention!

Moltes gràcies per la vostra atenció!

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