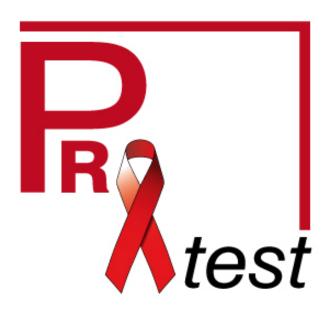
Project PRO-test: Pro-active HIV testing for prevention of late presentation.

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Background

- An estimated total of 25.000 individuals are living with HIV in the Netherlands, 27 % of whom are undiagnosed. In 2012, 43% of the newly diagnosed presented too late in care.
- General practitioners (GPs) play a central role as primary point of access to secondary healthcare and could play an important role in pro-active HIV testing for early case-finding.
- ❖ HIV testing strategies targeting populations at higher risk for HIV have been insufficient in reducing the number of undiagnosed in the Netherlands.
- Recently, two additional HIV testing strategies were introduced to promote an increase in HIV testing in health care settings.
 - 1. European (ECDC) guidelines recommend offering an HIV test to individuals with HIV indicator conditions.
 - 2. UK (NICE) guidelines recommend performing routine testing in primary care settings where HIV prevalence exceeds 0.2% among 15- to 59-year-olds.

Objectives

- To determine the prevalence of HIV in six general practices in the southeast district of Amsterdam, a multicultural low SES area.
- To identify the incidence of HIV indicator conditions in the five years prior to HIV diagnosis, using data from a general practice database.

Methods

- General practice database contains patient records from six general practices.
- A matched case-control (1:3) study was conducted. Data from 102 cases (HIV positive patients) and 299 controls (not known to have HIV) were included (*n*=401).
- Controls were matched for age, sex, practice, year the HIV cases received their diagnosis and years of information in the medical file available prior to HIV diagnosis.
- Exact univariate logistic regression was used, to identify HIV indicator conditions associated with the occurrence of HIV.

Results

- ❖ The average HIV prevalence in six general practices increased (0.4% to 0.9%) among 15- to 59-year-olds in the period 2002-2012 (Figure 1). The southeast district of Amsterdam qualifies as a high prevalence area where routine HIV testing is indicated, according to the UK guidelines.
- ❖ In the year prior to HIV diagnosis 81.3% had seen their GP, in contrast to 42.8% for controls.
- ❖ More than half (58.5%) of cases presented with one or more of the HIV indicator conditions in the five years prior to HIV diagnosis, compared to 7.4% for controls (Table 1).

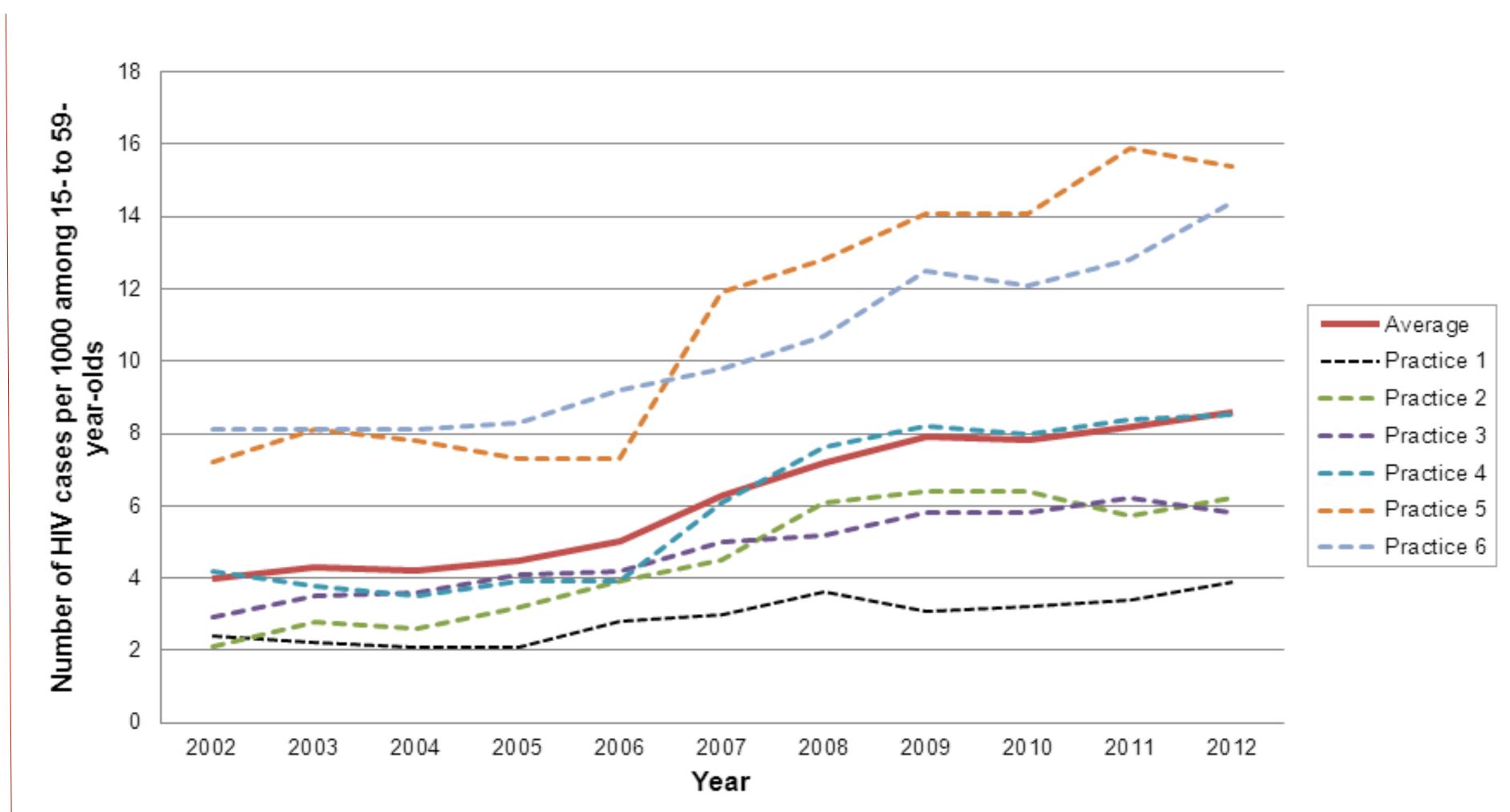


Figure 1. Trends in prevalence of HIV in six general practices in the district of southeast of Amsterdam, a multicultural low SES area, Netherlands, 2002-2012.

			Controls				
	n	Cases %	n Con	trois %	Odds ratio	95% CI	
Total N	11	102	299				
Indicator Conditions							
Weight loss	9	8.8	0	0	39.6	6.2	INF
Syphilis	12	11.7	1	0.3	39.3	5.7	1703.9
Lymphadenopathy	7	6.9	0	0	29.8	4.4	INF
Gonorrhoea	4	3.9	0	0	15.9	2.0	INF
Peripheral neuropathy	4	3.9	0	0	15.9	2.0	INF
Condyloma acuminata	4	3.9	1	0.3	12.1	1.2	600.9
Chlamydia	11	10.8	3	1.0	11.8	3.0	67.5
Hepatitis B	3	2.9	0	0	11.5	1.2	INF
Leukocytopenia	3	2.9	0	0	11.5	1.2	INF
Herpes zoster	7	6.9	2	0.7	10.9	2.0	108.9
Pneumonia	8	7.8	3	1.0	8.3	2.0	49.8
Mononucleosis-like illness	8	7.8	4	1.3	6.2	1.6	29.0
Fever	3	2.9	2	0.7	4.5	0.5	54.3
Diarrhoea	2	2.0	3	1.0	2.0	0.2	17.4
Seborrhoeic dermatitis	1	1.0	3	1.0	1.0	0.0	12.3

Table 1. Number of HIV indicator conditions: Odds Ratio; 95% CI of HIV cases and matched controls; INF = infinity, caused by the empty cells in the control group.

Conclusions

- ❖ The incidence of HIV indicator conditions is substantially higher among HIV cases compared to controls in the five years prior to diagnosis. More than half (58.5%) of HIV cases had an HIV indicator condition in the five years prior to diagnosis.
- The southeast district of Amsterdam qualifies as a high prevalence area where routine testing is indicated, according to the UK guidelines.
- ❖ Further research is needed to explore whether these findings may yield alternative strategies for GPs to detect HIV as early as possible.



