



# Enfermedades Infecciosas y Microbiología Clínica

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Original article

## Indicator condition based HIV testing: Missed opportunities for earlier diagnosis in men who have sex with men<sup>☆</sup>

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### ARTICLE INFO

#### Article history:

Received 10 April 2017

Accepted 25 July 2017

Available online xxx

#### Keywords:

HIV

HIV indicator conditions

Men who have sex with men

Healthcare services

### ABSTRACT

**Introduction:** Contact with the healthcare system by a sample of seropositive men who have sex with men (MSM) prior to their HIV diagnosis are analysed, and missed opportunities (MO) for an earlier HIV diagnosis are identified.

**Methodology:** Between 2012 and 2013, an online survey was conducted among HIV-positive MSM, mainly recruited from gay websites. Those who were diagnosed with HIV between 2010 and 2013 were analysed. MO were defined as episodes prior to the HIV diagnosis in which the healthcare system was contacted due to an indicator condition of HIV infection and the test was not suggested. The proportion of missed opportunities was compared according to the type of indicator condition, the department consulted and the healthcare professional's knowledge that the patient was MSM.

**Results:** Overall, 639 participants (66% of 966) reported 1145 episodes with some indicator condition, the majority of these being identified in primary care ( $n=527$ ; 46%). The highest percentage of MOs is also observed in primary care (63%). Although the indicator condition with the highest number of MOs was STIs ( $n=124$ ), the highest percentage of MOs was observed in consultations due to diarrhoea with no known cause (69.8%). The percentage of MOs when the doctor knew that the patient was MSM was 40 vs. 70% when the doctor did not know.

**Conclusion:** The majority of HIV-positive MSM analysed in this study went to healthcare services for HIV-infection indicator conditions prior to their HIV diagnosis. Primary care was the most-frequently-visited department and is also where the most opportunities were missed to perform an HIV test, even when it was known that the patient was a MSM.

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## La prueba del VIH orientada por condiciones indicadoras: oportunidades perdidas para adelantar el diagnóstico de la infección en hombres que tienen sexo con hombres

### RESUMEN

**Introducción:** Analizar los contactos con el sistema sanitario de una muestra de hombres seropositivos que tienen relaciones sexuales con otros hombres (HSH) sucedidos con anterioridad a su diagnóstico de infección por VIH e identificar posibles oportunidades perdidas (OP) de haber adelantado su diagnóstico.

**Métodos:** Entre 2012–2013 se realizó una encuesta online a HSH infectados por el VIH que fueron seleccionados, fundamentalmente, en páginas de contacto gays. Se analizaron los diagnosticados de infección por VIH en el periodo 2010–2013. Se consideró OP a los episodios previos al diagnóstico en los que se

#### Palabras clave:

VIH

Condiciones indicadoras de VIH

Hombres que tienen sexo con hombres

Servicios sanitarios

DOI of original article: <https://doi.org/10.1016/j.eimc.2017.07.010>

<sup>☆</sup> Please cite this article as: Espinel M, Belza MJ, Cabeza-de-Vaca C, Arranz B, Guerras JM, Garcia-Soltero J, et al. La prueba del VIH orientada por condiciones indicadoras: oportunidades perdidas para adelantar el diagnóstico de la infección en hombres que tienen sexo con hombres. *Enferm Infecc Microbiol Clin*. 2018. <https://doi.org/10.1016/j.eimc.2017.07.010>

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contactó con el sistema sanitario por alguna condición indicadora de infección por VIH y no se propuso la prueba. Se compararon las proporciones de OP según el tipo de condición indicadora, el servicio consultado y el conocimiento del profesional de que el paciente atendido era HSH.

**Resultados:** En total, 639 participantes (66% de 966) refirieron 1.145 episodios con alguna condición indicadora, identificándose la mayoría en atención primaria (n = 527; 46%). También es en este servicio donde se observó la mayor proporción de OP (63%). Aunque las ITS fue la condición indicadora con mayor número de OP (n = 124), el mayor porcentaje de OP se observó en las consultas por diarreas sin causa clara (69,8%). El porcentaje de OP cuando el médico conocía que el paciente era HSH se elevó al 40% frente al 70% cuando lo desconocía.

**Conclusión:** La mayoría de los HSH positivos para el VIH acudió a los servicios sanitarios antes de su diagnóstico por condiciones indicadoras de infección por VIH. Atención primaria fue el servicio más visitado y también donde se estarían perdiendo más oportunidades para indicar la prueba de VIH, incluso sabiendo que el paciente es HSH.

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## Introduction

In Spain, HIV transmission between men who have sex with men (MSM) accounts for 53.6% of new diagnoses.<sup>1</sup> This means that sex between men is the most common route of transmission of the virus. Although MSM comprise the most commonly tested group,<sup>2,3</sup> 38.4% of MSM diagnosed with HIV in 2015 had a late diagnosis (i.e. had a CD4 count below 350 cells/ $\mu$ l at the time of HIV diagnosis). In countries with an epidemic similar to the one in Spain, it has been estimated that between 20%<sup>4</sup> and 44%<sup>5</sup> of MSM are undiagnosed.

Lack of diagnosis and late diagnosis of HIV are associated with greater morbidity and mortality, increased healthcare expenditure and a higher risk of HIV transmission.<sup>6,7</sup> Hence, reducing the undiagnosed proportion of the epidemic and therefore late diagnosis is a priority in the fight against HIV. To this end, MSM are advised to undergo HIV testing at least once per year.<sup>8,9</sup> Every missed opportunity for HIV testing could amount to an unacceptable contribution to the spread and persistence of the infection.

To improve coverage and reduce time to diagnosis, many countries, including Spain,<sup>7</sup> have implemented various strategies.<sup>8,9</sup> One such strategy is indicator condition-based testing grounded in the recommendations issued by the HIV in Europe (HIE) platform in 2012.<sup>10</sup> This initiative proposes systematic HIV testing in patients who are assessed for a number of indicator conditions, which have a prevalence of HIV infection estimated at, or which can be expected to exceed, 0.1%,<sup>8,11,12</sup> therefore rendering HIV infection screening cost-effective.<sup>13-15</sup>

Some studies have shown that missed opportunities in the healthcare system to advance the diagnosis of HIV are occurring.<sup>16,17</sup> In Spain there are few studies on this subject. A population study conducted in Catalonia reported that HIV testing is not being performed in nearly 80% of diagnoses related to indicator conditions.<sup>6</sup> However, this study focused on a single healthcare context (primary care) and did not offer disaggregated data for the MSM group. Another study, conducted in a hospital setting, reported a much lower percentage of missed opportunities (14.5%). However, it too did not offer figures for missed opportunities for the MSM group.<sup>7</sup>

Even though most new diagnoses are made in MSM,<sup>1</sup> the relationship between awareness on the part of the healthcare professional that the patient is an MSM and suitable application of the recommendations for HIV prevention has scarcely been studied.<sup>18</sup>

The aim of this study was to offer an overview to better understand the types of healthcare department and the conditions in which missed opportunities are occurring in a substantial sample of MSM diagnosed with HIV infection in Spain. To this end, the percentage of contacts with the healthcare system related to HIV infection indicator conditions in which the healthcare professional did not propose HIV testing was estimated. Differences were anal-

ysed based on type of indicator condition, department visited and whether the professional responsible for offering HIV testing knew that the patient was an MSM.

## Methodology

### Process and participants in the study

An online cross-sectional study that enrolled HIV-infected MSM was conducted between September 2012 and April 2013. For the purposes of the study, the main commercial websites in Spain for gay contact; lesbian, gay, bisexual and transgender (LGBT) defence; and the fight against HIV, as well as other websites with information specific to this group or related to HIV infection, were identified. Participants were recruited through banners appearing on websites and emails delivered to the distribution lists of the cooperating sites. The set fee for each commercial website had to be paid in order to reach more potential study participants. Participation in the study was not remunerated.

When an individual clicked on the banner or the link included in the emails, he accessed a screen presenting the study which contained the informed consent form for voluntary participation. This form assured the individual of the anonymity and confidentiality of the information.

The subjects included in this analysis were men  $\geq 18$  years of age who were residents of Spain and reported having sex with other men and having been diagnosed with HIV infection in Spain between 2010 and 2013. The study was approved by the Instituto de Salud Carlos III Ethics Committee (CEI PI 70.2015).

### Data collection tool

The questionnaire included several blocks of questions about sociodemographic characteristics, sexual behaviour and aspects concerning the time of HIV diagnosis.

To assess missed opportunities before HIV diagnosis, the participants were asked whether they visited a physician for any of the following HIV infection indicator conditions:

- Sexually transmitted infection (STI).
- Tuberculosis.
- Candidiasis.
- Herpes zoster.
- Inflamed painful lymph nodes in different parts of the body.
- Weight loss exceeding 10%.
- Frequent repeated bouts of diarrhoea or diarrhoea for more than one month with no clear cause.
- Fever for more than one month with no clear cause.

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