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Original article

Knowledge of HIV and hepatitis B and C status among people living in extreme poverty in France, in 2012

Connaissance des statuts sérologiques VIH, VHB et VHC chez les personnes en situation de grande précarité en France, 2012

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Abstract

Objective. – "Médecins du Monde" healthcare centers receive individuals living in extremely precarious conditions for primary health care; 94% of these are foreigners. These medical consultations are an opportunity to discuss their serological status and to offer them screening tests.

Patients and method. – Two standardized questionnaires were implemented in all healthcare centers in 2000. The medical record covers knowledge of HIV and hepatitis B and C status.

Results. – 41,033 consultations were given in 2012 in the 20 healthcare centers, for 23,181 patients. Only 29% of the patients knew their hepatitis status and 35% their HIV status. 42% of French patients were unaware of their HIV status compared to 67% of foreign patients. The lack of knowledge of foreign patients' HIV status was more frequent among men and in age classes < 20 and > 60 years of age. Patients from non-EU Europe, the Middle East, and Asia were significantly more likely to be unaware of their HIV status compared to people from Sub-Saharan Africa and Oceania/America. The rate of foreigners not having undergone screening remained stable, regardless of the duration of residence in France.

Conclusion. – These results highlight the need to develop specific prevention projects among immigrant populations in precarious situations.

Keywords: Hepatitis; HIV; France; Immigrant; Precariousness

Résumé

Objectifs. – La population reçue dans les centres d'accueil de soins et d'orientations de Médecins du Monde est à 94 % étrangère et vit dans des conditions extrêmement précaires. Les consultations permettent de faire le point sur les statuts sérologiques des patients et de leur proposer une orientation vers un dépistage.

Patients et méthode. – Depuis 2000, un dossier social et un dossier médical standardisés ont été mis en place dans tous les centres. Le dossier médical aborde la connaissance du statut sérologique vis-à-vis du VIH du VHB et du VHC.

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Résultats. – En 2012, les 20 centres ont réalisé 41 033 consultations médicales pour 23 181 patients différents. Parmi les patients, seuls 29 % déclarent connaître leur statut concernant les hépatites et environ 35 % concernant le VIH. Les consultants français étaient 42 % à ignorer leur statut VIH contre 67 % des étrangers. Pour les patients étrangers, la méconnaissance vis-à-vis du VIH était plus répandue parmi les hommes et les classes d'âge < 20 et > 60 ans. Les ressortissants d'Europe (hors Union européenne), du Proche- et Moyen-Orient et d'Asie étaient significativement plus nombreux à méconnaître leur statut sérologique par rapport aux personnes originaires d'Afrique sub-Saharienne et d'Océanie/Amériques. La proportion d'étrangers n'ayant pas réalisé de dépistage restait quasiment stable quelle que soit la durée de résidence en France.

Conclusion. – Ces résultats soulignent toute la nécessité de développer des projets spécifiques de prévention envers les populations migrantes, en situation précaire.

Mots clés : Hépatite ; France ; Migrant ; Précarité ; VIH

1. Introduction

According to the High Council for Public Health (HCPH), there are 1.5 million people living in extreme poverty[6] in France with more than 300,000 people in situations of exclusion[7] [1]. This population often escapes usual surveys because of their rather atypical mode of life and extreme living conditions, making it difficult to estimate the magnitude of the problem and acquire knowledge of this population. However, the authors of studies on populations living in precarious conditions (homeless people, receiving some social benefits, users of specific institutions, etc.), agree that, whatever the definition of the precarious population used, there is a strong relationship between precariousness and the health status of this population: people in precarious situations often have a more deteriorated health [2–4] and a less frequent access to care. Giving up access to care for financial reasons and/or delayed access to care is still frequent in these populations [4,5]. This population does not take prevention into consideration [2]. Thus, precarious living conditions are harmful to human health, prevent the implementation of prevention and access to care. More specifically, people in precarious situations and/or state of exclusion accumulate risk factors for HIV and hepatitis B and C infection [6].

"Médecins du Monde" (MdM) has been working with precarious populations since 1986 in France. People consulting in centers for care and guidance (French acronym CASO) often come from areas highly endemic for hepatitis B and C, HIV, and other sexually transmitted infections (STIs). They, therefore, have a higher risk of exposure and infection when coming from these regions [7]. They are also exposed to multiple risks during their migratory journey, with sometimes a difficult access to care, and often-precarious socio-economic conditions in France [8].

This article deals with the current data on HIV, HBV, and HCV status of people in precarious situations having consulted in MdM CASO in 2012 and identification of socio-demographic factors related to the lack of knowledge of serological status.

2. Patients and methods

MdM has been active since 1986 in France, working with this precarious population with a difficult access to prevention and care. MdM was active in 30 cities in 2012, with 98 programs in centers (CASO) or in outreach units. CASO are managed by multidisciplinary teams that provide medical and social care to anyone with a difficult access to care.

In 2000, the association implemented an Observatory on Access to Care in France to acquire objective data on the difficult access to mainstream health services for the population received. The observatory developed tools for standardized data collection (socio-medical record) used by all CASO.

A social record is completed for every individual received in a CASO, by a reception officer or a social worker, with an interpreter whenever necessary. This record documents the social status of the person the day of his/her first visit to the CASO, the socio-demographic characteristics (age, sex, nationality, etc.) and the social characteristics (marital status, living conditions, administrative situation, etc.).

A physician collects and documents the medical data in a medical record: medical history and vaccination and serological status. A medical re-consultation file is completed at each visit, stating the nature of the complaint(s), the physician's diagnosis, treatment, and complementary examination(s) prescribed.

The CNIL's (French Data Protection Authority) agreement was requested for socio-medical records. Interviews were held in rooms respecting confidentiality. The patient's consent was obtained after information on the purpose and objectives of data collection.

Data was collected with the Sphinx-Plus2 software. Data processing was performed with the Stata statistical software (version 11.2). Variables were compared with Pearson Chi^2 test for qualitative variables and Kruskal-Wallis non-parametric test or variance analysis for quantitative variables. The observed differences were listed in the tables with the following codes:

- ns: non significant at a threshold of 5%;
- *: significant difference at a threshold of 5%;

[6] Extreme poverty is defined by the French National Institute for Statistic and Economic Studies (French acronym INSEE) as a household whose income is less than or equal to one third of the median income.

[7] The HCPH considers as excluded individuals who, despite their state of poverty, do not benefit from assistance best corresponding to their needs – because they do not qualify, or they do not know their rights, or they do not have the energy to initiate the necessary procedures.