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Original article

Rapid HIV test in family practice☆

Tests rapides d'orientation diagnostique pour le VIH (TROD) en médecine générale

C. Poirier[a,*,b], S. Aymeric[b,c,d], L. Grammatico-Guillon[b,c,d], J.P. Lebeau[b,d,e], L. Bernard[a,b], P. Le Bret[f], G. Le Moal[g], G. Gras[a]

[a] *Service de médecine interne et maladies infectieuses, CHRU de Tours, 2, boulevard Tonnellé, 37044 Tours cedex 9, France*
[b] *Université François-Rabelais, 60, rue du Plat-D'Étain, 37020 Tours cedex 1, France*
[c] *Service d'information médicale d'épidémiologie et d'économie de la santé, CHRU de Tours, 2, boulevard Tonnellé, 37044 Tours cedex 9, France*
[d] *Équipe émergente éducation éthique santé, 60, rue du Plat-D'Étain, 37020 Tours cedex 1, France*
[e] *Département universitaire de médecine générale, 60, rue du Plat-D'Étain, 37020 Tours cedex 1, France*
[f] *Réseau ville hôpital VIH 37, CHRU de Tours, 2, boulevard Tonnellé, 37044 Tours cedex 9, France*
[g] *COREVIH centre Poitou-Charentes, service de maladies infectieuses et tropicales, CHRU de Poitiers, 2, rue de la Milétrie, 86021 Poitiers cedex, France*

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Abstract

Background. – The 2010-2014 HIV/AIDS French program recommends using HIV rapid diagnostic tests in family practice. Our aim was to assess the acceptability and feasibility of the RDT in family practice in France.

Methods. – The first part of this study was to determine the opinions of family practitioners (FPs) concerning the news guidelines for screening and the possible use of rapid HIV tests in their practice. The second part was a feasibility study of the actual use of rapid HIV tests given to FPs during six months. The third part was a qualitative analysis of experience feedback to determine the impediments to using rapid HIV tests.

Results. – Seventy-seven percent of the 352 FPs interviewed were favorable to rapid HIV tests use. The three main impediments were: misinterpretation of test result, complexity of quality control, and lack of training: 23 of the 112 FPs having volunteered to evaluate the rapid HIV tests followed the required training session. Sixty-nine tests were handed out, and three rapid HIV tests were used; the qualitative study involved 12 FPs. The participants all agreed on the difficult use of rapid HIV tests in daily practice. The main reasons were: too few opportunities or requests for use, complex handling, difficulties in proposing the test, fear of having to announce seropositivity, significantly longer consultation.

Conclusion. – Although FPs are generally favorable to rapid HIV tests use in daily practice, the feasibility and contribution of rapid HIV tests are limited in family practice.

Keywords: Family practice; HIV screening; Rapid HIV tests

Résumé

Introduction. – Le plan VIH/sida 2010/2014 préconise d'évaluer l'utilisation des tests rapides d'orientation diagnostique (TROD) en médecine générale. L'objectif était de déterminer l'acceptabilité et la faisabilité des TROD en médecine générale, ainsi que les freins limitant leur utilisation.

Méthode. – Le premier volet de cette étude était descriptif de l'opinion des médecins généralistes en région centre vis-à-vis des recommandations de dépistage et de l'utilisation des TROD en médecine générale. Le deuxième volet était une étude de soins primaires interventionnelle avec mise à disposition de TROD auprès des médecins généralistes durant 6 mois. Le troisième volet était une étude qualitative de retour d'expérience, visant à définir les freins à l'utilisation des TROD en médecine générale.

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* Corresponding author.
E-mail addresses: poirier_claire@yahoo.fr (C. Poirier), sandra.aymeric@univ.tours.fr (S. Aymeric).

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Résultats. – Parmi les 352 médecins généralistes interrogés, 77 % étaient favorables aux TROD. Trois principaux freins étaient évoqués : potentielles erreurs d'interprétation, contrôle qualité fastidieux, manque de formation : sur les 112 médecins généralistes de l'étude évaluant les TROD en soins primaires, 23 ont suivi la formation, 69 TROD ont été distribués, trois TROD ont été réalisés ; l'analyse qualitative concernait 12 médecins généralistes. Les TROD ne semblaient pas adaptés à la médecine générale. Les principales raisons évoquées étaient : peu d'occasions et peu de demandes, manipulation du test complexe, difficultés à proposer le test, crainte d'avoir à annoncer une séropositivité sans préparation préalable, rallongement majeur de la durée de consultation.

Conclusion. – Si l'acceptabilité des TROD par les médecins généralistes paraît bonne, la faisabilité et l'intérêt des TROD sont limités en médecine générale.

Mots clés : Dépistage du VIH ; Médecine générale ; TROD

1. Introduction

In France, 150,000 people are infected with the Human Immunodeficiency Virus (HIV), and 6100 new patients are infected every year [1]. Nineteen percent of HIV-positive patients are not diagnosed [2]. The delay before management is a major risk factor for mortality. An average four years was recorded in 2011, between HIV infection and the diagnosis [3] that was made for 29% of patients at an advanced stage (AIDS or CD4 < 200/mm^3).

Five million HIV tests are performed every year in France, 77 serologic tests per 1000 inhabitants, placing the country second in Europe for screening. Seventy-five percent of the tests are performed in private laboratories [4]. The 2010/2014 national HIV/STI (sexually transmitted infections) plan is based on a new proactive strategy of HIV screening [5], with a reinforced screening of at-risk populations, and an accessible screening for the global population (screening proposed at least once in a lifetime for all the population 15 to 70 years of age, when consulting with primary care health professionals, even without any risk exposure).

Family practitioners (FPs) were identified as the key physician and involved. The rapid HIV test, a new tool, was made available to them and paramedics, to complete screening procedures. This test, with immediate results, could help decrease the 30,000 people who ignore their status, and could facilitate access to screening. The November 9, 2010 decree sets the circumstances and determines the target populations for rapid HIV tests use in family practice [6]. Rapid HIV tests are, for the moment, neither available free of charge for FPs or refunded.

Only few authors have assessed the acceptability and feasibility of these tests in primary care. Our objective was to investigate the acceptability and feasibility of rapid HIV tests in family medicine, and to determine the impediment to their use.

2. Materials and methods

We conducted a prospective multicenter, observational, and interventional study of primary care, between May 2012 and July 2013. The method was both quantitative and qualitative.

The first part was a descriptive study of the FPs opinion concerning the new recommendations for screening and use of rapid HIV tests in family practice. The second part was a 6-month interventional study of primary care with provision of rapid HIV tests for FPs. The last part was dedicated to collecting experience data for a qualitative analysis of impediments and potential limitations of rapid HIV tests use in family practice.

2.1. First part: opinion of family practitioners on HIV testing and rapid HIV tests use in daily practice: a descriptive study

The FPs were randomly selected from the computer files of the Regional Union of Healthcare Professionals (URPS) of the region Centre. Physicians with an exclusive practice mode (MEP) and SOS physicians were excluded. The selected FPs were sent a multiple-choice questionnaire on their practice concerning prevention and HIV testing. Comparisons were made with Fisher's exact test. The data was processed with Microsoft Excel®.

2.2. Second part: assessing the feasibility of rapid HIV tests use in family medicine: an interventional study

The FPS who had received the questionnaire were asked to participate in the feasibility study. Each then received three rapid HIV tests and a quality assurance workbook. The primary endpoint was the number of proposals for a rapid HIV test, followed or not by its use. The indications for rapid HIV tests use were those recommended by the High Authority for Health (French acronym HAS): populations considered at "risk" and "emergency" situations [5]. The inclusion criteria were: criteria for offering rapid HIV test met, adult patient 18 years of age or more, and written consent. The exclusion criteria were: known HIV seropositivity, or patient under guardianship. The test used was a qualitative single-use INSTI HIV1/HIV 2® in vitro diagnostic test, allowing the detection of anti-HIV 1 and 2 antibodies in capillary blood. The sensitivity and specificity of this immediate visual reading test were > 99.5% [7].