

Original article

Feasibility and acceptability of rapid HIV test screening (DEPIVIH) by French family physicians[☆]

DEPIVIH : faisabilité et acceptabilité de la pratique du test rapide d'orientation diagnostique du VIH en médecine générale en France

R. Gauthier^a, J.-M. Livrozet^{b,e}, F. PrevotEAU du Clary^{b,d}, O. Taulera^{b,c}, S. Bouée^b,
J.-P. Aubert^{a,*,b}, A.M. Py^b, J.M. Peter^b, C. Majerholc^b, S. Héber Suffrin^b,
C. Compagnon^b, A. Wajsbrot^b

^a Département de médecine générale, université Paris Diderot, 16, rue Henri-Huchard, 75018 Paris, France

^b Groupe d'étude et de recherche Ville-Hôpital (GERVIH), 59, rue du Ruisseau, 75018 Paris, France

^c Hôpital Saint-Louis, 75010 Paris, France

^d Hôpital La Grave, hôpitaux de Toulouse, 31000 Toulouse, France

^e Hospices civils de Lyon, 69003 Lyon, France

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Abstract

Background. – In France, around 50,000 people were unaware of their HIV positivity at the end of 2008. The latest guidelines recommend routine screening of all adults. Family physicians have been identified as key persons for this new policy. Rapid HIV tests (RHT) have been proposed as an alternative to conventional blood tests.

Objectives. – The authors assessed the feasibility and acceptability of RHT test based screening in French community practice.

Method. – We made a prospective interventional study of the BioMérieux VIKIA[®] HIV 1/2 RHT among French family physicians. Data on the RHT was posted in the physician's waiting room.

Results. – Sixty-two French physicians, mostly family practitioners, included 383 patients with a mean age of 36.2 years, from June to October 2010. Twenty-two percent (83) of these patients had never been tested for HIV. The RHT was proposed and 382 tests were accepted and performed (acceptability rate of 99.7%). Sixty-five percent of the tests were made on the patient's request. The tested population represented 1.5% of consulting patients during the study period (feasibility rate). Patients were quite satisfied but physicians less so. Test steps and capillary blood sampling were the main source of difficulty mentioned. At the end of the study, 59% of physicians were ready to continue using RHT in their daily practice.

Conclusion. – Routine RHT screening in community practice is feasible and well accepted by patients. It was the first screening test for 22% of our patients. Its feasibility was limited by capillary blood sampling technique and time constraints during consultation.

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Keywords: HIV; Primary care; Rapid diagnostic test; Screening

Résumé

Contexte. – Cinquante mille personnes ignoraient en France leur séropositivité VIH. Les dernières recommandations envisagent un dépistage généralisé de tous les adultes. Les médecins généralistes sont des acteurs centraux de cette stratégie. Le test rapide d'orientation diagnostique (TROD) VIH est proposé comme alternative à la sérologie.

Objectifs. – Mesurer les taux de réalisation et l'acceptabilité du dépistage par TROD VIH en médecine de ville.

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* Corresponding author.

E-mail address: docteur.aubert@gmail.com (J.-P. Aubert).

Méthode. – Étude prospective interventionnelle d'évaluation du TROD VIKIA® HIV 1/2 de BioMérieux en consultation. L'information sur le TROD VIH est affichée en salle d'attente.

Résultats. – De juin à octobre 2010, 62 médecins, en majorité généraliste, ont inclus 383 adultes âgés en moyenne de 36,2 ans. Parmi eux 22 % (83) n'avaient jamais été dépistés. Le TROD a été proposé avec une acceptabilité excellente à 99,7 %, un seul l'a refusé. Le TROD est demandé par les patients dans 65 % des cas. Le taux de réalisation (faisabilité) atteint 1,5 % des patients adultes qui consultent ignorant leur statut pour le VIH. Les patients sont très satisfaits de la procédure. Pour les médecins moins satisfaits, étapes du test et technique de recueil du sang capillaire constituent les principales difficultés. En fin d'étude, 59 % d'entre eux se disent prêts à continuer d'utiliser le TROD VIH dans leur pratique.

Conclusion. – Le dépistage par TROD VIH en médecine de ville est réalisable et bien accepté par les patients. Premier test pour 22 % de nos patients, sa faisabilité est limitée par les difficultés de prélèvement et sa chronophagie dans la consultation.

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Mots clés : Dépistage ; Soins primaires ; Test rapide ; VIH

1. Introduction

In France, at the end of 2008 it was estimated that 152,000 people lived with HIV (135,000 to 170,000). Among these, 50,000 (31,000 to 68,000) ignored their seropositivity or were not followed-up medically [1,2]. Seven thousand HIV infections have been identified every year since 2006. Among the 6500 discovered in 2008, 29% were late ($CD4 < 200/mm^3$ and/or AIDS stage AIDS on diagnosis of HIV infection) [2]. In March 2012, this data was reviewed. In 2010 it was estimated that between 24,000 to 29,000 people living with HIV were non-diagnosed (i.e. 20% of people living with HIV). This would be the cause for 43% of new infections [24].

Responsibility, volunteering, accessibility, and anonymity have ruled screening since the beginning of the epidemic. The risk taken remains the trigger for requiring screening, and counselling.

Five million tests are performed every year in France, giving a screening rate of 77 for 1000 inhabitants [3] placing France at the second rank in Europe [4]. Seventy-five percent of HIV blood tests in France are performed by community laboratories [5].

In 2006, the National Council for AIDS (French acronym = CNS) broadened its proposition for tests and limited counselling when it was an obstacle to screening [4]. Its report supported a routine use of rapid diagnosis tests for HIV (RHT). The French National Authority for Health (French acronym = HAS) recommended in 2008 and 2009 [6,7] to broaden screening opportunities in France by systematically proposing a test to all people from 15 to 70 years of age, even without risk behavior. The objectives were an earlier detection of the infection, decreasing delay before medical management, and hopefully decreasing a person's risk behavior by letting him know about his serologic status [6,7]. The authors of a recent French study reported the cost-benefit effectiveness of such a policy [8]. RHT were proposed as a new tool for this strategy. These rapid tests should facilitate access to screening for populations with an inadequate access to the current system because of overexposure to risk or because of a limited local offer, and should improve access to screening results [7]. Their use in community practice is considered.

An RHT is a single test for the detection of antibodies (Ab) anti-HIV 1 and anti-HIV 2, easy to use, with result available

immediately. It may be used with whole blood, plasma, serum, or saliva.

Several authors answered the CNS and HAS call for evaluation, by assessing the pertinence of RHT use in community practice [9–11] and in hospital emergency units [12]. We decided to make a survey on community practitioners in France.

1.1. Objective

The authors of the rapid HIV test screening (French acronym = DEPIVIH) study had for objective to assess the acceptability and the rate of use (feasibility) of a new screening procedure for HIV in an adult population using the RHT, in community practice, during a consultation.

2. Material and method

The survey was proposed to 95 physicians practicing in their own office or in a healthcare center, belonging to eight non-specialized networks, two specialized HIV networks, and one group created for this study in Toulouse. Ten French subdivisions and 34 cities were covered.

The members of the French Community and Hospital HIV Research group (French acronym GERVH), promoting the study, initiated and coordinated the DEPIVIH until the end. They trained physician investigators in their region to perform the RHT and how to react according to the test results. The physician investigators were not chosen randomly or by panel for pragmatic, and financial reasons. The data collected by the coordinators cross-matched with consultation of the site <http://ameli-direct.ameli.fr> revealed that 21 of the physicians also practiced in a hospital (22.1%). The investigators posted a DEPIVIH sheet in the waiting room informing patients about the RHT and left flyers edited by the National Institute of Prevention and Education in Healthcare (French acronym = INPES) [13].

Adult patients asking for the RHT were asked to be included in the study as well as those for whom the physician thought there was an indication for the RHT, according to current recommendations [7].

Age below 18 years, absence of healthcare insurance coverage, impossibility to obtain a written consent, being under guardianship were criteria of exclusion.

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