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Short Communication

Paid HIV rapid testing in general medicine private practice in French Guiana: a pilot project



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Methods

Context of private practice in French Guiana

French Guiana is the least medicalized French territory. Modeling studies predict that this will get worse in the future.⁶ Private practitioners thus have little time for more than what the patient comes for.

Context of the project initiation

Between July and November 2011, 12 private practitioners volunteered to start using rapid tests (INSTI, Nephrotek, France) with results available 60 s after collecting the capillary blood drop in a capillary tube. The Health Regional Agency and the Caisse Générale de Sécurité Sociale then agreed to fund the tests and to compensate practitioners for the time taken to test the patient starting in December 2011. Practitioners were trained on the test, on how to break the news of a positive test and on the organization of HIV care for patient referral; practitioners signed a participant's charter, and kept a simple registry to justify payment. A communication campaign was organized with radio, television campaigns, and large posters along major roads; posters were placed in all pharmacies with a message in five local languages, and given to private practitioners to place in their waiting rooms in order to inform patients (Fig. 1).

Introduction

French Guiana has long been the French territory most affected by HIV (Ministry of Health, 2010). Persons unaware of their HIV infection have a preponderant role in the infection of new sexual partners.¹ Too often, HIV-infected persons unaware of their infections repeatedly come in contact with physicians without being offered an HIV test.² In French Guiana, private practitioners perform 70% of all HIV tests and diagnose 45% of new HIV patients.³ Following the national recommendations to do an HIV test each year for every one having sexual relations in French Guiana,^{4,5} a pilot project using rapid HIV tests in the private practice was developed by the Réseau Kikiwi, a network of health professionals involved in HIV care and testing. The objective here is to present this experience and its evaluation.

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Fig. 1 – Posters in physicians waiting rooms.

Quantitative evaluation

The data from the anonymized rapid test registries between December 2011 and May 2013 were analyzed.

Evaluation of acceptability

Between March and April 2012 face to face interviews were conducted with 32 practitioners working in the Cayenne area using a structured questionnaire.

In February 2012, a physician collected the responses of consenting patients waiting for a consultation in a private practice using a questionnaire filled by the patient. When the patient had problems to read and write in French the interview was done face to face by the investigating physician.

Regulatory approval

In accordance with French law the database was declared to the commission nationale informatique et libertés N°1690953.

Results

Quantitative evaluation

In 23 months of this pilot project, 83 private practitioners working in Cayenne Kourou, Saint Georges de l'Oyapock and Saint Laurent du Maroni agreed to participate. There were only two specialists and 81 general practitioners. This amounts to 90% of all general medicine private practitioners in French Guiana. A total of 4868 tests were performed, among which 43 were positive, thus a prevalence of 0.8%. Among the positive tests, two patients were already aware of their HIV infection,

two other patients were never seen again by the private practitioner. Overall, 41 new HIV patients were discovered with rapid tests. There were 14 undetermined tests.

Among the tested patients 48% were foreigners. The median age was 34 years (interquartile range [IQR] = 24–45 years), 65% of tested persons were women. For HIV positive tests, 58% were women. The median age of positive tests was 46.5 years, range (25–76 years), IQR = 36–55 years. Overall, for all of French Guiana, the purchasing of rapid tests, the payment of practitioners, the communication, training cost 191,000 euros between December 2011 and May 2013.

Among the practitioners having agreed to participate, 80% had performed at least one rapid test with an average 3.5 rapid tests per month (range 1–190 tests per month).

Evaluation of acceptability for practitioners

A total of 32 physicians were surveyed: 29/32 declared that using rapid tests was pertinent and feasible. About 28/32 declared feeling at ease to propose the test, to discuss the patient's sexual practices and to give the test result. The practitioners declared they proposed the test in similar situations to those where they prescribe an enzyme-linked immunosorbent assay (ELISA) method (patient request, epidemiologic, or clinical indications). Physicians also declared testing persons that had no medical follow up, were reticent to do the test elsewhere.

Half of surveyed practitioners declared that no patient refused a rapid test. For those reporting patient refusal, in half of the cases it was because the patient had recently had an HIV test.

The surveyed practitioners declared that overall, with pretest, post-test counseling and the test itself, the process took 11 min on average when the test was negative and 40 min when the test was positive. For 53%, the rapid test could be integrated in a standard consultation. Concerning the technical test realization, 54% thought that the capillary blood collection was difficult or very difficult.

Overall, 26/32 practitioners declared that it was difficult for them to propose the test to all patients targeted, mostly because they had too many patients awaiting consultation, and testing them would make them lose time.

Survey of patients

For 62.5% of the 213 patients interrogated, the private practitioner was the first person they would consult to do an HIV test; 85% declared they would accept to do a rapid test if the physician asked them to do it; and 85% of persons found very interesting that private practitioners could propose a rapid test at their practice; 67% of surveyed patients did not know their practitioner could propose a rapid test.

Discussion

The estimated 1000 persons that are infected with HIV and not aware of it should be the main focus of the testing effort in French Guiana.^{7–9} The present pilot study showed the feasibility and acceptability, among patients and

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