

Peer education at infectious diseases units as a mechanism to optimize the left side steps of the treatment cascade

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Adhara HIV/AIDS Association programs

Rapid HIV testing & counseling service

Rapid syphilis/HBV/HCV testing service

Personal & telephonic attention

HIV/AIDS & HCV intervention in prisons

Information & prevention activities targeting migrant population

Male sex workers specific attention

Peer education at infectious diseases units

Mutual support groups

Psychological attention

Work orientation

Patient information, education & well-being activities

Adhara HIV/AIDS Association programs

Rapid HIV testing & counseling service

- ✓ OraQuick ADVANCE®
- ✓ By appointment

Group of associations: "Prueba de VIHda"

- ✓ Written informed consent
- ✓ COBATEST
- ✓ Evaluation questionnaire

Andalusian Government rapid HIV testing strategy

Peer education at infectious diseases units

- ✓ Under a **collaboration agreement**
- ✓ **HIV positive counselor** / educator
- ✓ Patients derived from doctors & nurses
 - ✓ Written informed consent

- ✓ Tasks: those related to **IAPAC recommendations** (Thompson MA, 2012):
16, 17, 19, 20 & 21

Adhara HIV/AIDS Association programs

Rapid HIV testing & counseling service

- ✓ OraQuick ADVANCE®
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Andalusian Government rapid HIV testing strategy

Peer education at infectious diseases units

➤ Plus HIV rapid test

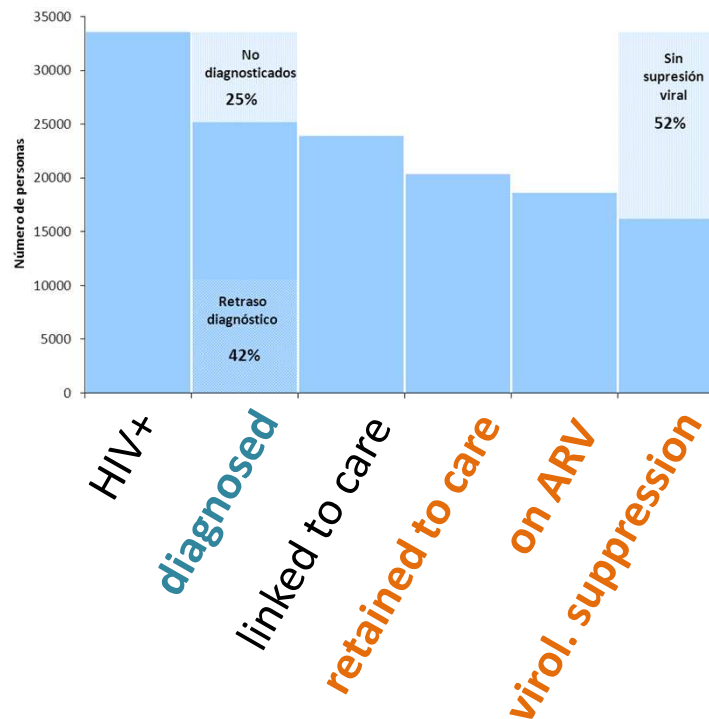
- ✓ Spontaneously and by demand of HIV patients' sexual partners and people of its social context:

Index testing (Suthar AB, 2013)

Aim of the study

Analyze the differences between the results obtained in the rapid HIV tests performed by peers educators at infectious diseases units (hospital) and those performed at other locations (Adhara's premises (NGO) and during awareness campaigns (street))

Rapid HIV testing & counseling service



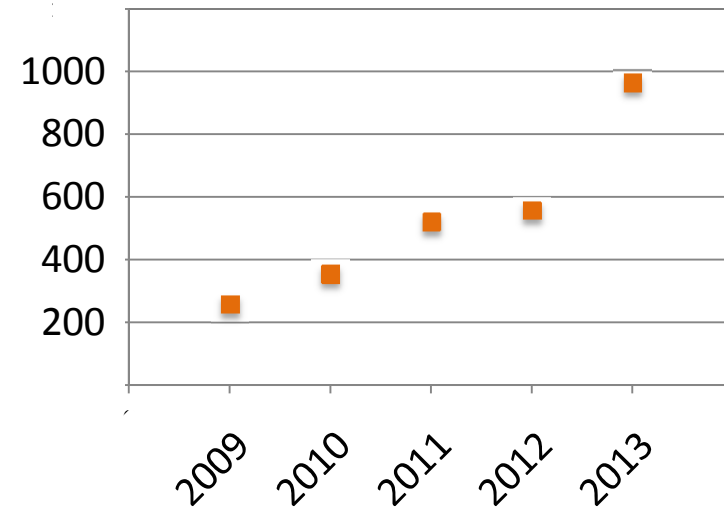
Peer education at infectious diseases units

Rapid HIV testing by Adhara

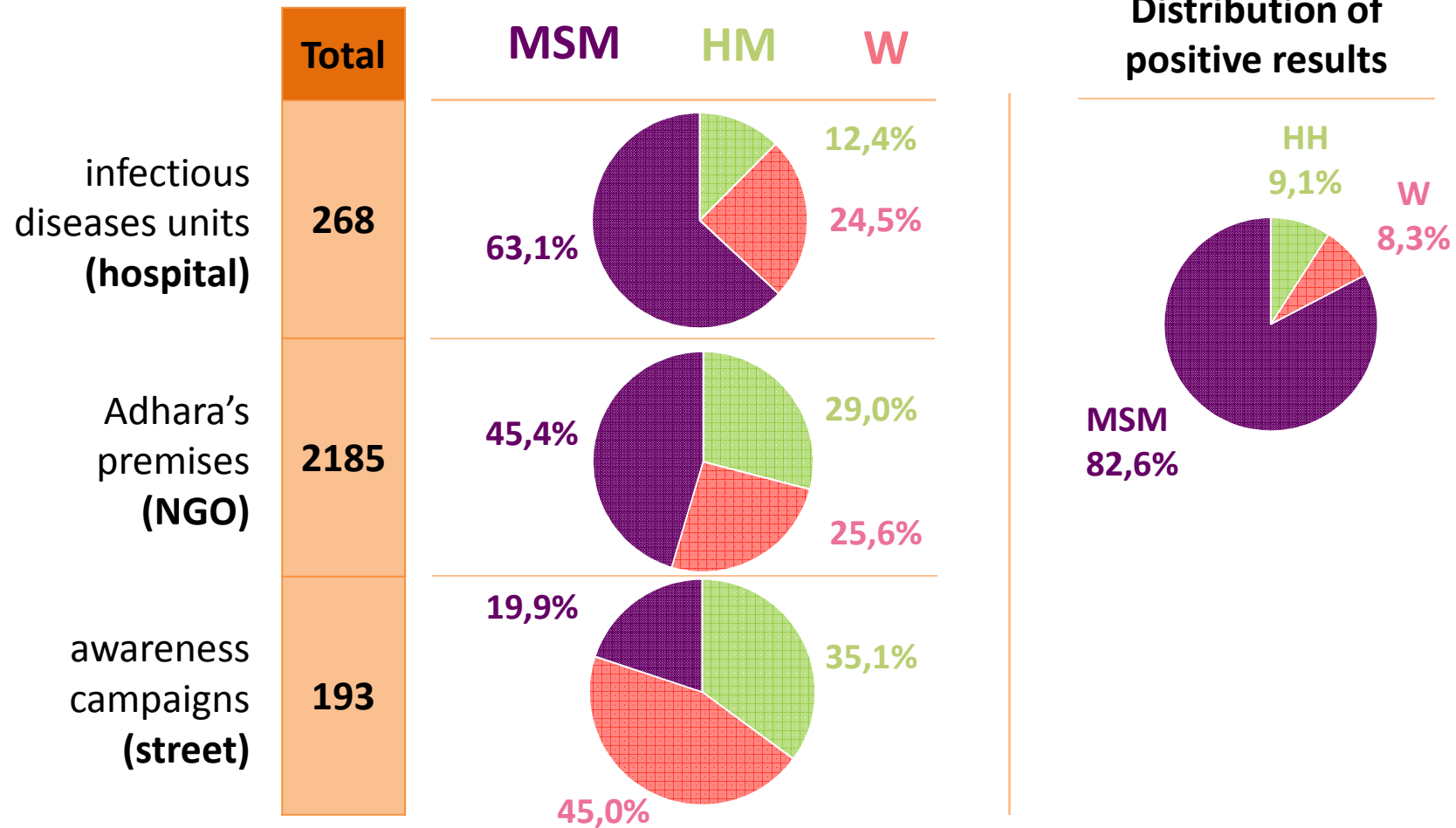
Andalusian Government rapid HIV testing strategy: 2009-2013

	HIV+	Total
Whole strategy	337	14.834
Adhara	126	2.646
	37,4%	17,8%

Evolution of rapid HIV test performed by Adhara: 2009-2013



Rapid HIV testing: **Locations & Type of clients**



Rapid HIV testing: Type of clients at NGO



	2009	2010	2011	2012	2013
HM	30,8%	31,3%	38,2%	27,0%	22,8%
W	53,8%	35,6%	21,4%	23,0%	17,3%
MSM	15,4%	33,1%	40,4%	50,0%	59,9%

Previous HIV test by type of client

	Never tested	Tested before	
HM	63,1%	36,9%	HH vs MSM $X^2_{(1)}=187,15$; $p<0,001$
W	61,3%	38,7%	W vs MSM $X^2_{(1)}=164,05$; $p<0,001$
MSM	30,2%	69,8%	

HIV prevalence by type of client & location

	infectious diseases units (hospital)	Adhara's premises (NGO)	awareness campaigns (street)	
HM	12,9%	1,2%	0,0%	$X^2_{(2)}=26,95; p<0,001$
W	13,1%	0,4%	0,0%	$X^2_{(2)}=61,52; p<0,001$
MSM	15,3%	7,9%	7,9%	$X^2_{(2)}=9,05; p<0,05$

Previous HIV test by location

infectious diseases units (hospital)		Adhara's premises (NGO)		awareness campaigns (street)	
Never tested	Tested before	Never tested	Tested before	Never tested	Tested before
33,1%	66,9%	47,8%	52,2%	66,0%	34,0%

hospital vs NGO $X^2_{(1)}=19,16$; $p<0,001$

hospital vs MU $X^2_{(1)}=46,61$; $p<0,001$

Previous HIV test by type of client & location

	infectious diseases units (hospital)		Adhara's premises (NGO)		awareness campaigns (street)	
	Never tested	Tested before	Never tested	Tested before	Never tested	Tested before
HM	48,4%	51,6%	63,4%	39,6%	67,2%	32,8%
W	55,0%	45,0%	58,5%	41,5%	82,6%	17,4%
MSM	21,4%	78,6%	31,9%	68,1%	26,3%	73,7%

MSM: hospital vs NGO $X^2_{(1)}=6,81$; $p<0,01$

Previous HIV test by type of client & location

		infectious diseases units (hospital)		Adhara's premises (NGO)		awareness campaigns (street)	
		Never tested	Tested before	Never tested	Tested before	Never tested	Tested before
HM		48,4%	51,6%	63,4%	39,6%	67,2%	32,8%
W		55,0%	45,0%	58,5%	41,5%	82,6%	17,4%
MSM		21,4%	78,6%	31,9%	68,1%	26,3%	73,7%
Prevalence		12,1%	15,7%	7,9%	7,7%		

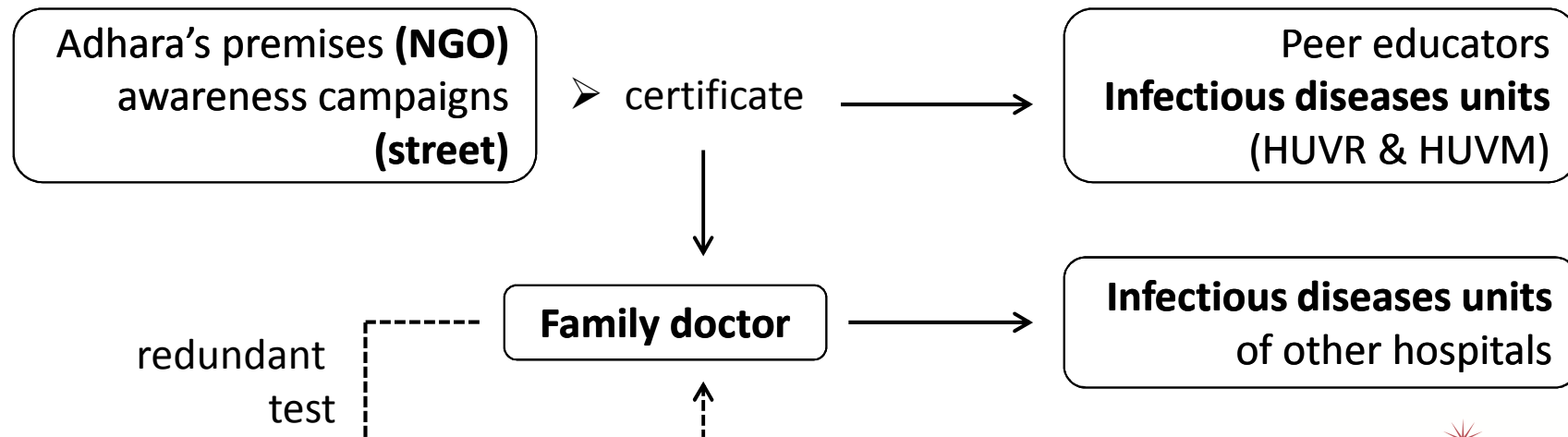
Linkage to care of clients with positive result

Peer educators
Infectious diseases units
(HUVR & HUVM)

Depending on time, same day:
(next day, o/w)

- ✓ Confirmation result (WB or VL)
- ✓ First visit to an infectious diseases unit doctor

Depending on health district:



Conclusions

1. The proportion that MSM represent in the total clients of rapid HIV testing performed by peer educators at infectious diseases units is bigger than that tested at NGO and street.
2. The percentage of MSM tested at NGO has grown year after year from 15,4% in 2009 to 59,9% in 2013.
3. MSM, independently of place tested, show bigger proportion of clients “ever tested before” than HM and W.
4. Rapid HIV tests performed by peer educators at infectious diseases units show higher positivity rates than those developed at NGO and street for the three types of clients (HM, W & MSM).

Conclusions

5. People tested at infectious diseases units show bigger proportion of cases “ever tested before” than people tested at NGO or street. This is also observed in MSM tested at infectious diseases units compared to those tested at NGO.
6. There is no difference in prevalence detected in MSM depending on previous tests performed.

New hypotheses launched

7. Rapid HIV testing service at infectious diseases units may shorten the time for a confirmation result and first visit to a health care provider authorized to prescribe ART (linkage to care).
8. Providing rapid HIV testing service at infectious diseases units improves HIV testing efficacy targeting most at risk populations (index testing) and facilitates confirmation and faster linkage to care, probably reducing patient attrition in the left side steps of the HIV treatment cascade.

Thank you for your attention

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