

Feasibility of joint HIV, HBV and HCV
testing offered routinely by
general practitioners during one week
in two French counties in 2012

C. Fagard

Université de Bordeaux, ISPED,
INSERM U897
Bordeaux, France

Introduction (1)

- Since 2010 French national guidelines on HIV and hepatitis B (HBV) and C (HCV) testing recommend expanding screening opportunities for these diseases.
- Gaps between guidelines and clinical practices remain wide:
 - A third of people are diagnosed with HIV infection at a late stage of the disease.
 - A third of people are unaware of their HBV/HCV status.

Introduction (2)

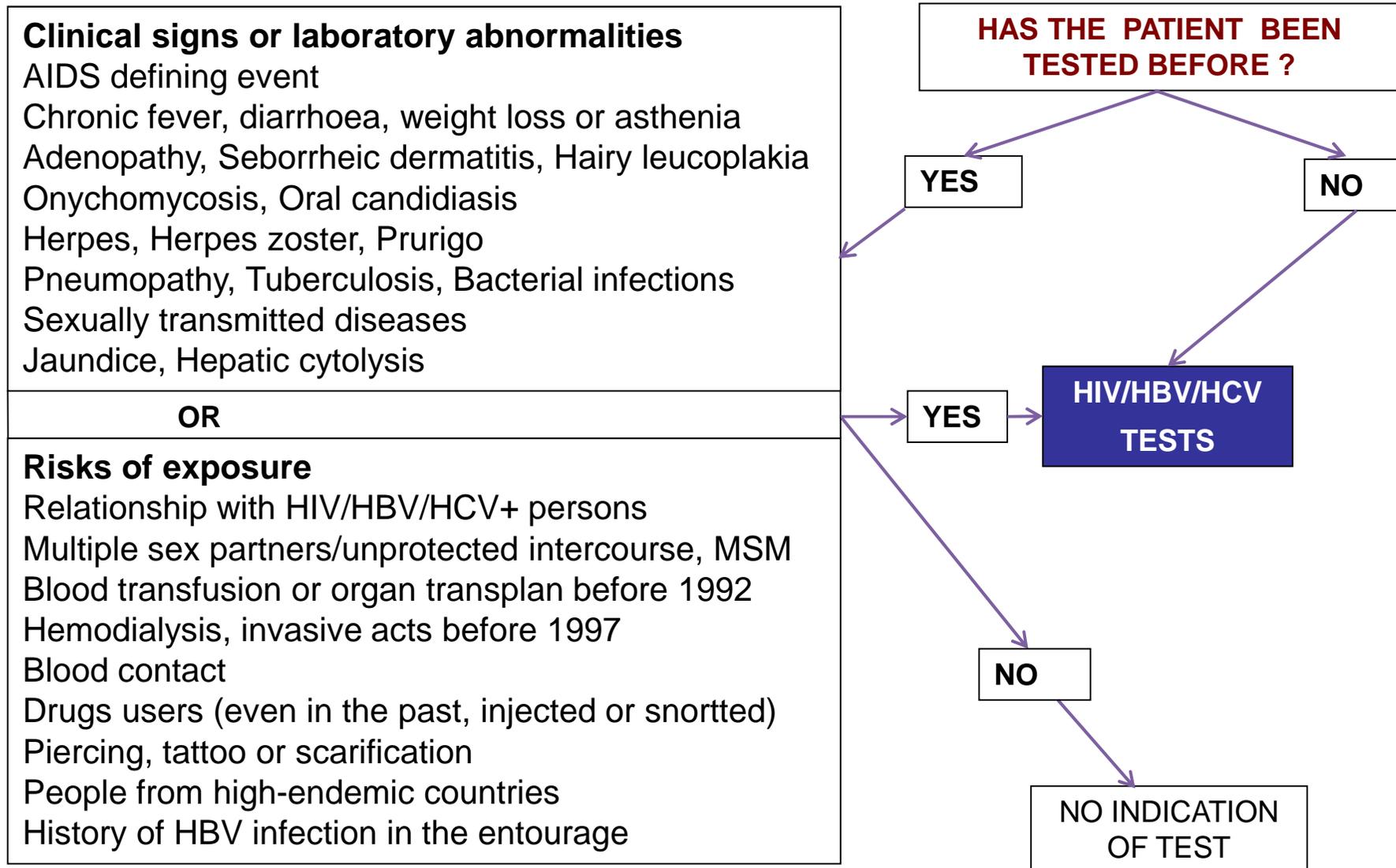
- Primary care providers such as general practitioners (GPs) can take part in the prevention and screening of these diseases.
- The offer of a joint HIV/HBV/HCV testing is justified by their similar modes of transmission and the frequency of co-infections.

 We conducted operational research with the aim of assessing the feasibility of HIV and hepatitis testing offered routinely by GPs in two French counties.

Methods

- Recruitment of motivated GPs from two French counties (Gironde and Nord)
- Training in:
 - HIV and hepatitis prevention and care
 - Current testing guidelines
 - Study methods
- Study intervention:
 - GPs were instructed to offer a joint HIV/HBV/HCV test to any patient aged > 18 years old who had never been tested for at least one of these infections
 - If patients had been tested before, the proposal of a joint test was based on an algorithm
 - Study period : one week in December 2012

Algorithm of Indication of tests



Data collection

- Baseline data on GPs and their clinical and screening practices.
- During the study week period:
 - number and reasons for proposing a joint test
 - number and reasons for prescribing HIV, HBV and HCV tests
- Before and after the study week (3 months):
assessment of GPs testing practices (conditions under which the GP would offer HIV testing)

All data were self-reported by GPs via electronic or paper questionnaires.

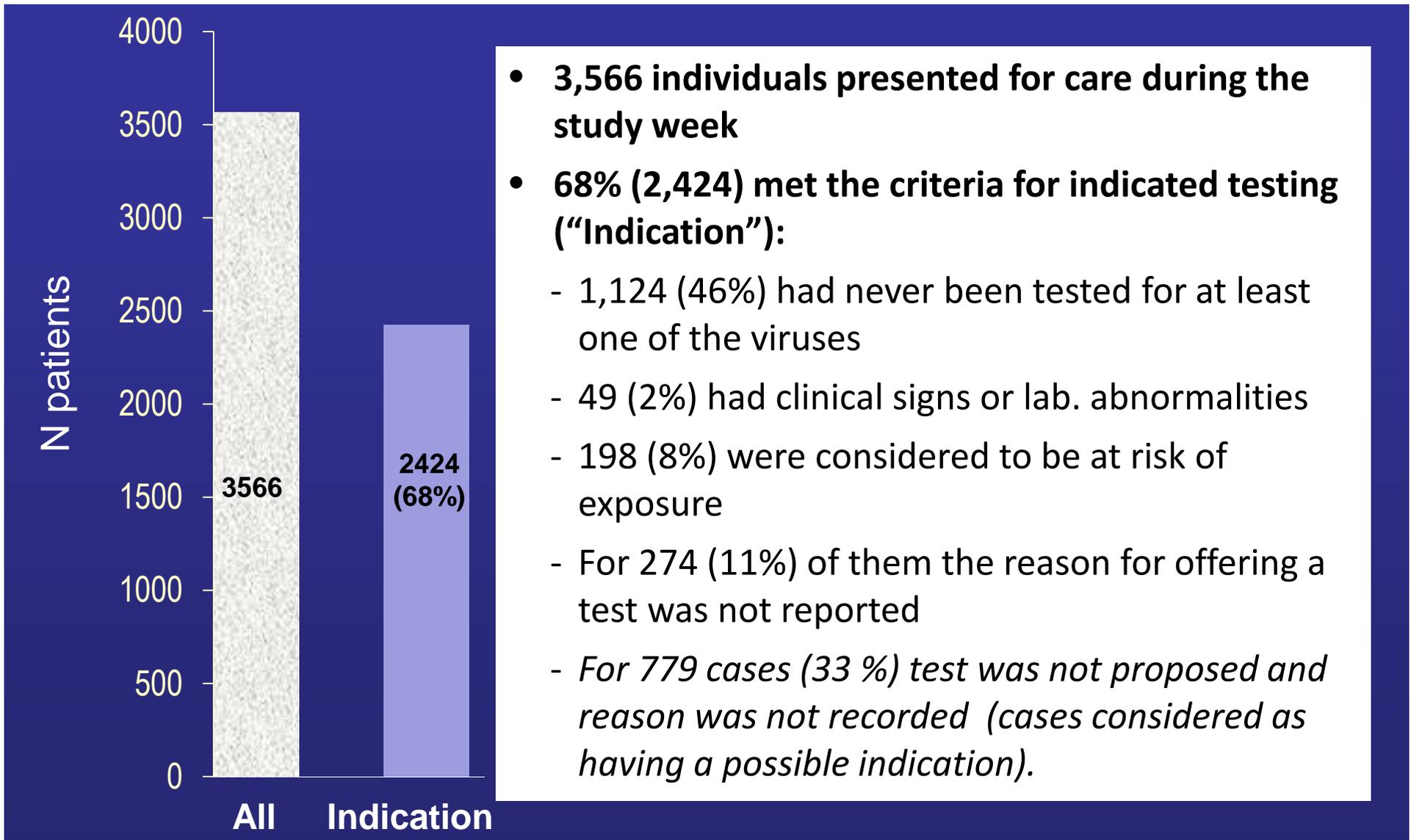
Results: 1. GP's characteristics

	N=66	
Sex (Male), n (%)	45	(66)
Age, median, [min-max]	52	[29-71]
Duration of medical experience, in years median, [min-max]	21	[1-40]
Medical practice location: (%)		
- urban		(32)
- semi-urban		(39)
- rural		(29)
Previous training in HIV/hepatitis, n (%)	23	(35)

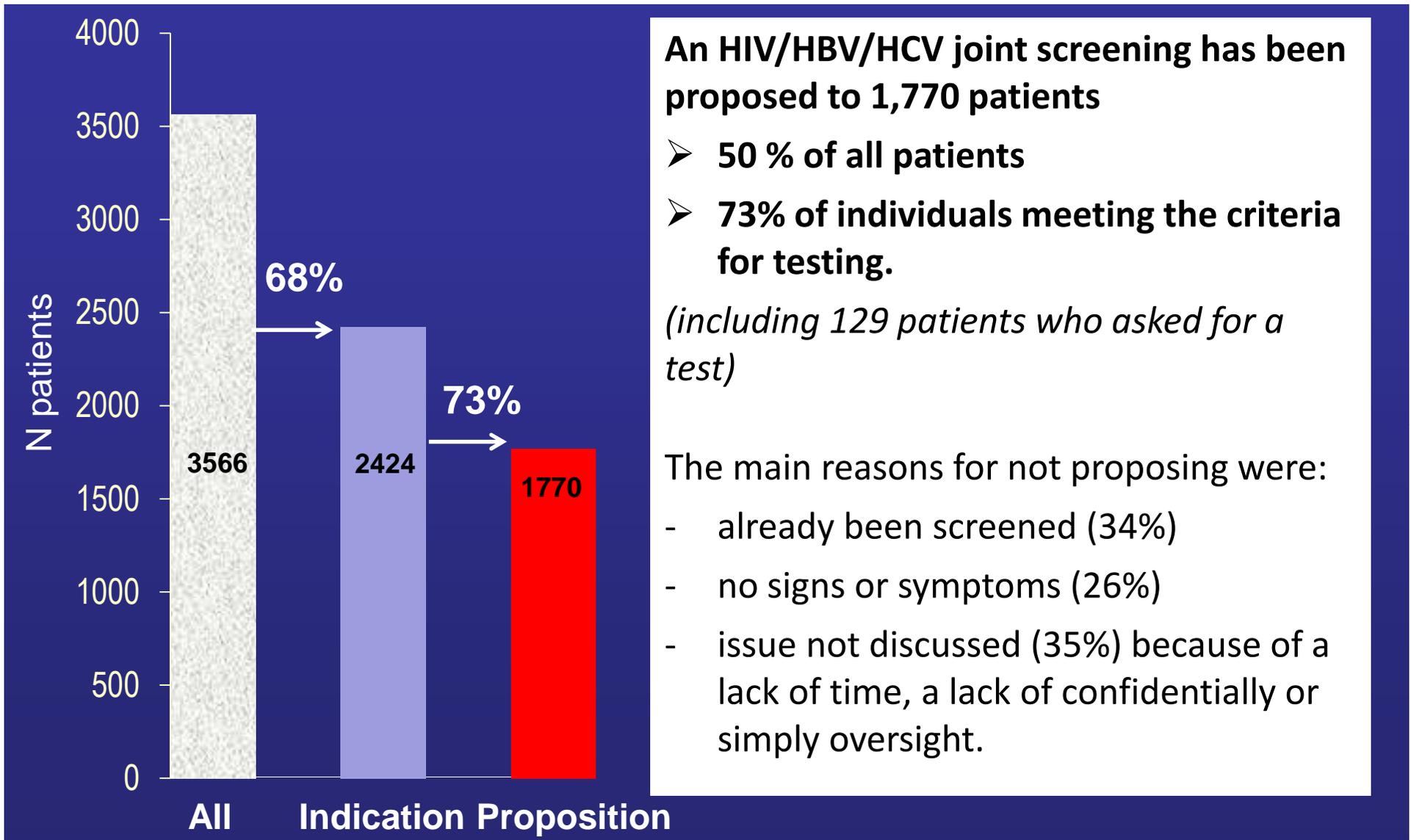
2. GPs' practices

N patients / GP	N=66	
Care of HIV patients, median, [min-max]	2	[0-30]
Care of HBV patients, median, [min-max]	1	[0-15]
Care of HCV patients, median, [min-max]	2	[0-23]

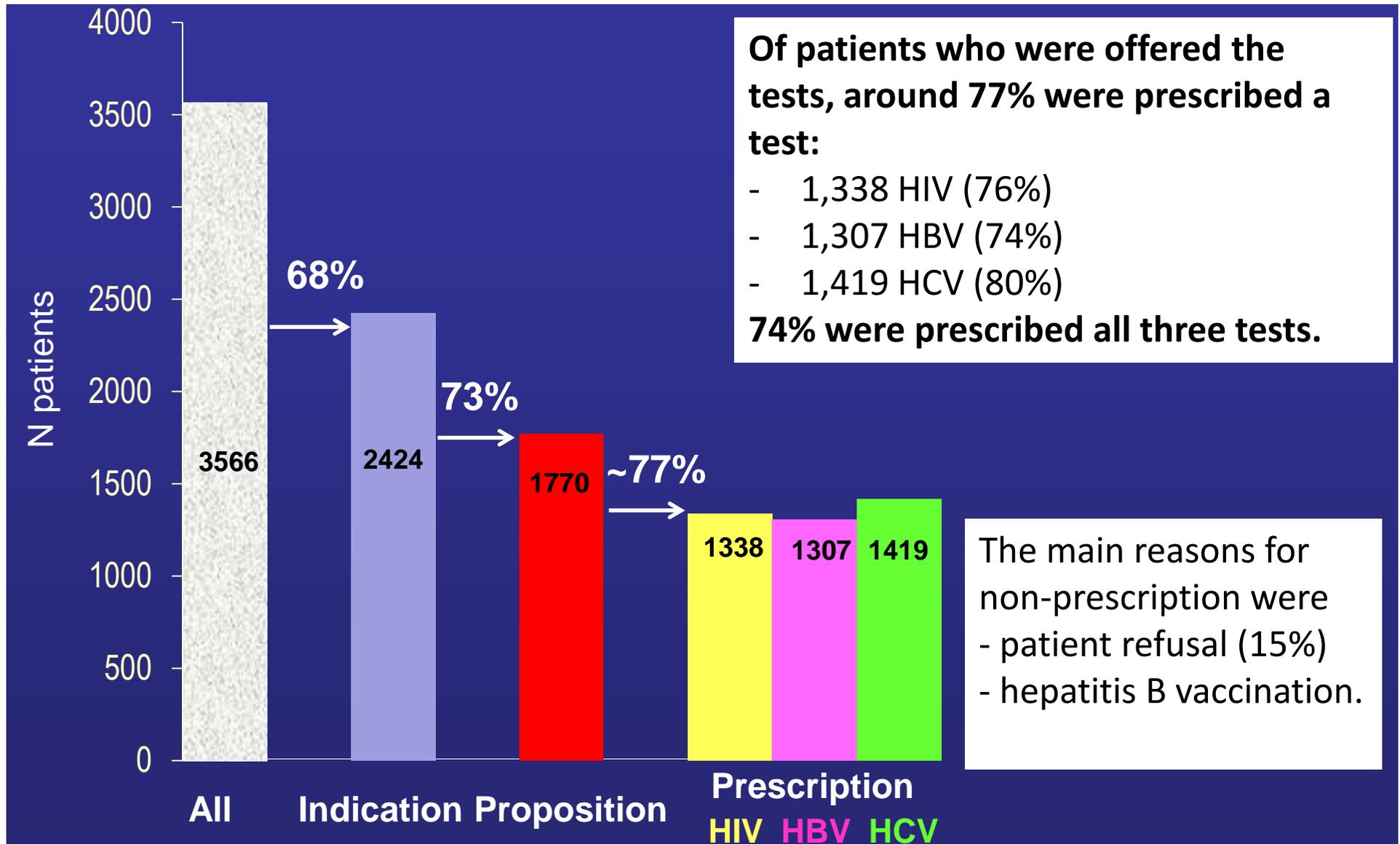
3. Indication for testing



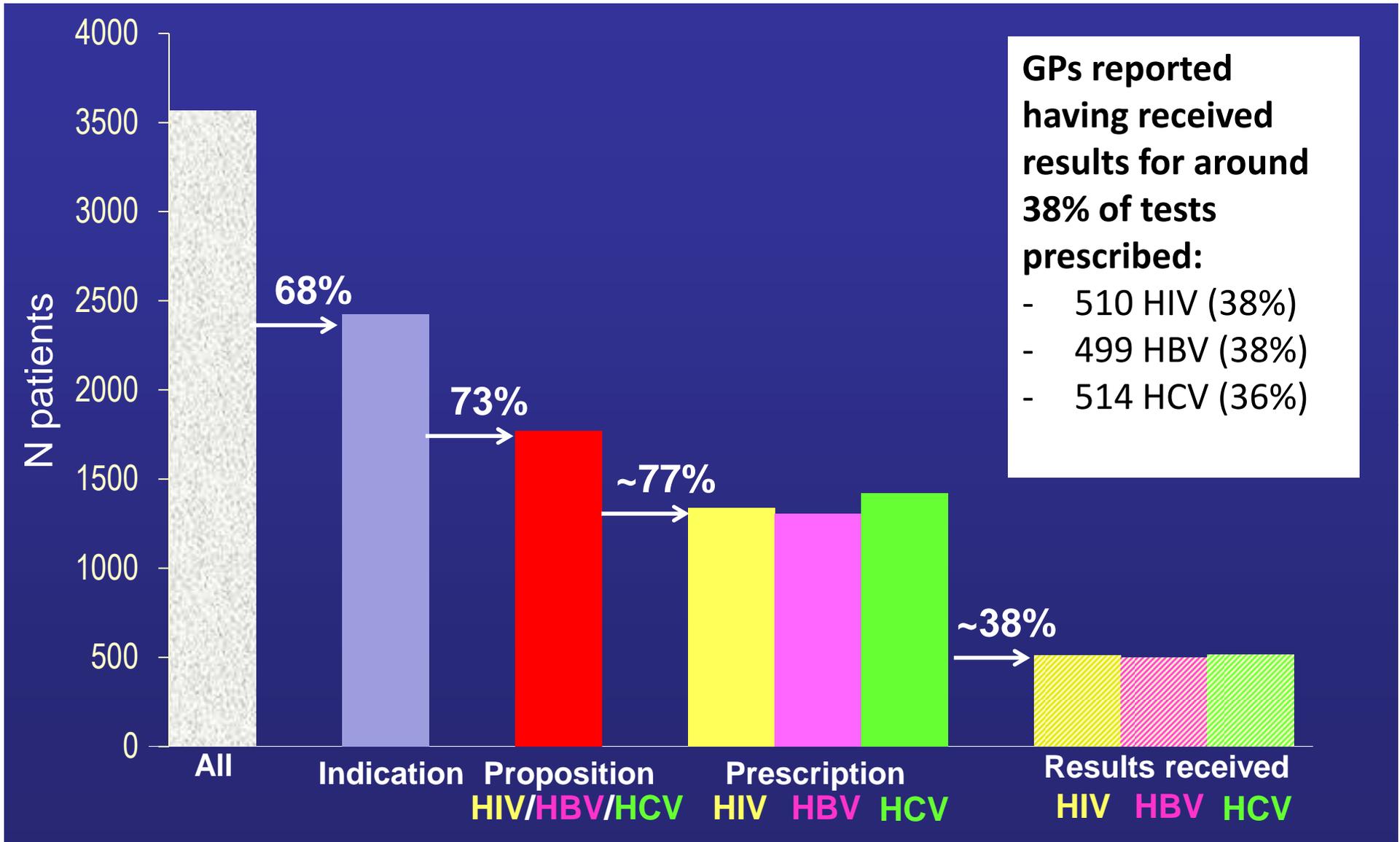
4. Proposition of testing



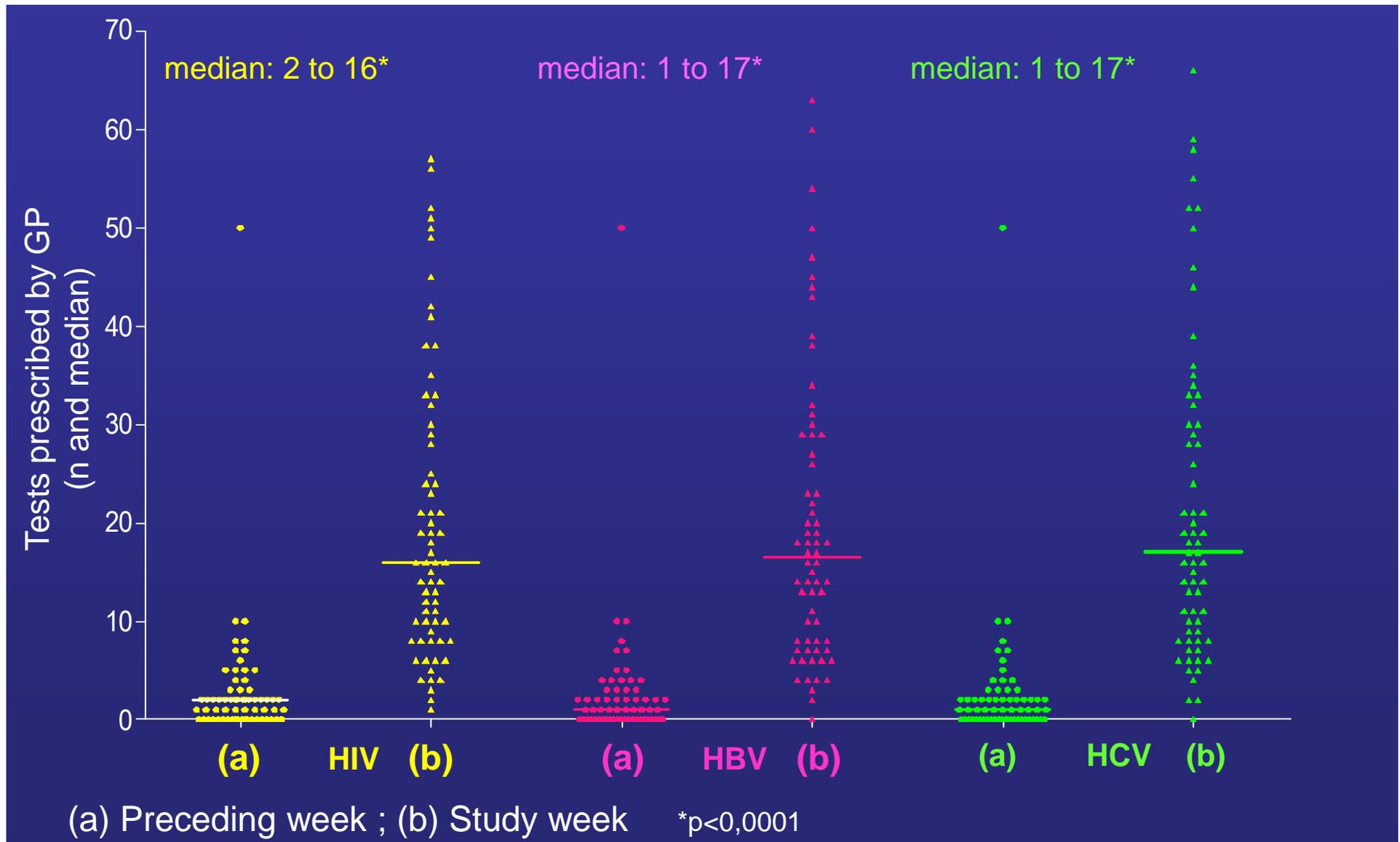
5. Prescription of testing



6. Cascade of HIV/HBV/HCV testing



7. Changes in testing prescription



8. Changes in GPs' testing practices

Conditions where the test was frequently proposed (% of GPs)	Before study	After study	<i>p</i>
People having a change in their personal life (HIV test)	65%	82%	<i>0.02</i>
People from high-endemic countries (HBV and HIV tests)	62-64%	88%	<i>0.002</i>
Surgical or invasive act (HCV test)	34%	58%	<i>0.001</i>
Tattoo, piercing (HCV test)	42%	61%	<i>0.01</i>

Conclusions

- This study performed in a sample of motivated and trained French General Practitioners showed that GPs were able to increase their offering of joint HIV/HBV/HCV testing, at least during a short period.
- Additionally, GPs reported an improvement in their screening practices after the study period.
- However, the gaps between tests prescribed and tests carried out in laboratories highlights ongoing challenges in the final stage of the “Testing Cascade”.
- Operational research involving multiple actors and using new tools and strategies is still needed to optimize HIV and hepatitis testing and reduce the untested population.

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