PS5/02 Peer education at infectious diseases units as a mechanism to optimize the left side steps of the HIV treatment cascade

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Abstract

Objectives: Peer education provided in clinical settings improves the efficacy of the right side steps of the treatment cascade: retention in HIV care, treatment adherence, and therefore the proportion of patients on virologic suppression. The aim was to underscore the potential benefits of peer education developed at infectious diseases units upon HIV diagnosis and linkage to care.

Methods: Community-based HIV rapid testing and counseling (HrTC) promoting testing to household members of people with HIV and persons who may have been exposed to HIV -index testing- was performed in two infectious diseases units by HIV+ peer educators. Results were compared to that of community-based HrTC targeting general public at a local NGO and awareness campaigns (street). OraQuick ADVANCE was used in all three strategies. Statistically significance of the results was determined.

Results: Community-based HrTC at infectious diseases units showed higher positivity rates than those developed at NGO and street in all three groups of people tested: i) heterosexual men: 12,9% vs 1,2% (NGO) and 0,0% (street) ($X^2_{(2)}$=26,95 p<0,001); ii) women: 13,1% vs 0,4% (NGO) and 0,0% (street) ($X^2_{(2)}$=61,52, p<0,001); iii) men who have sex with men: 15,3% vs 7,9% (NGO) and 7,9% (street) ($X^2_{(2)}$=9,05, p<0,05). In addition, confirmatory result of HIV infection, by Western Blot or viral load determination, and first visit with an HIV care provider authorized to prescribe ART -linkage to care- was procured for people tested at infectious diseases units the same day of diagnosis or no later than 24 hours (over weekend when unavoidable).

Conclusion: Index testing by peer educators at infectious diseases units is highly effective diagnosing people at higher risk of HIV infection as well as shortening the time for a confirmation result and linkage to care, probably reducing as a consequence the patient attrition in the left side of the treatment cascade.

Methodology and origin of intervention

Rapid HIV testing & counseling service at NGO & street

✓ OraQuick ADVANCE®
✓ By appointment
✓ Written informed consent
✓ COBATEST
✓ Evaluation questionnaire

Peer education at infectious diseases units (hospitals)

✓ Under a collaboration agreement with hospitals
✓ HIV positive educator
✓ Patients derived from doctors & nurses
✓ Written informed consent
✓ Task: those related to IAPAC recommendations (Thompson MA, 2012): 16, 17, 19, 20 & 21

Phenomenon

Spontaneously peer educators were asked by HIV patients' sexual partners and people of its social context to perform rapid HIV testing at hospitals
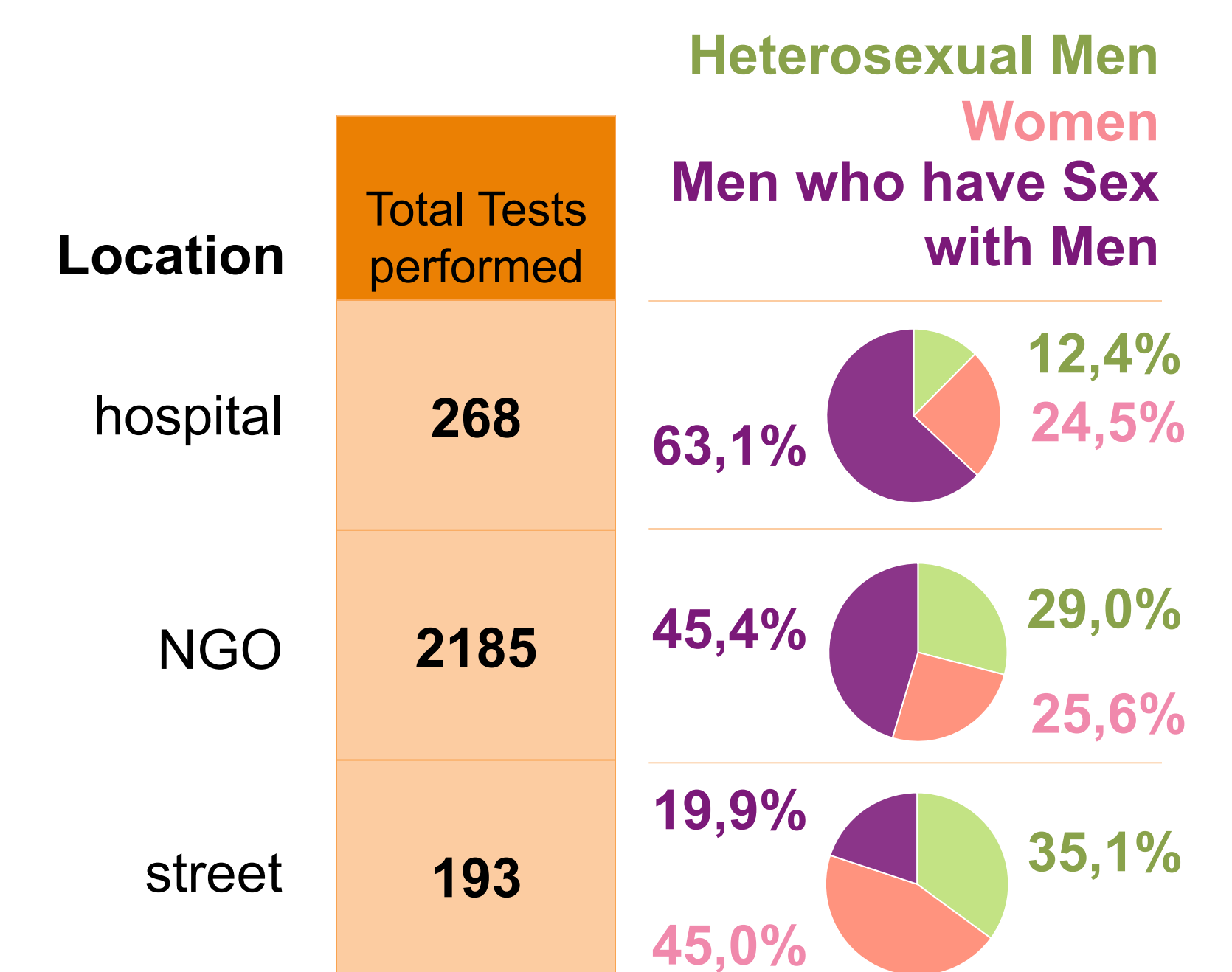
Aim of the study

Analyze the differences between the results obtained in the rapid HIV tests performed by peers educators at hospitals and those performed at NGO and street

Contribution of Adhara to the Andalusian Regional Government rapid HIV testing strategy 2009-2013

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

Adhara's Rapid HIV testing 2009-2013: **Locations & Type of clients**

Heterosexual Men
Women
Men who have Sex with Men

Location	Total Tests performed			
hospital	**268**	63,1%	12,4% / 24,5%	
NGO	**2185**	45,4%	29,0% / 25,6%	
street	**193**	19,9% / 45,0%	35,1%	

Distribution of Adhara's **positive results by type of client**

MSM 82,6% HH 9,1% W 8,3%

Rapid HIV tests performed by peer educators at infectious diseases units showed higher positivity rates than those developed at NGO and street for the three types of clients

	hospital	NGO	street	
HH	**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

What was the behavior of the subpopulation of MSM, those accounting for the vast majority of positive results?

	hospital		NGO		street	
	Never tested	Tested before	Never tested	Tested before	Never tested	Tested before
HH	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

MSM showed bigger proportion of cases ever tested before than HH and W

	Never tested	Tested before	
HH	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%**	

The variable "never tested" vs "ever tested before" did not make any difference in the HIV prevalence of MSM tested at infectious diseases units or NGO
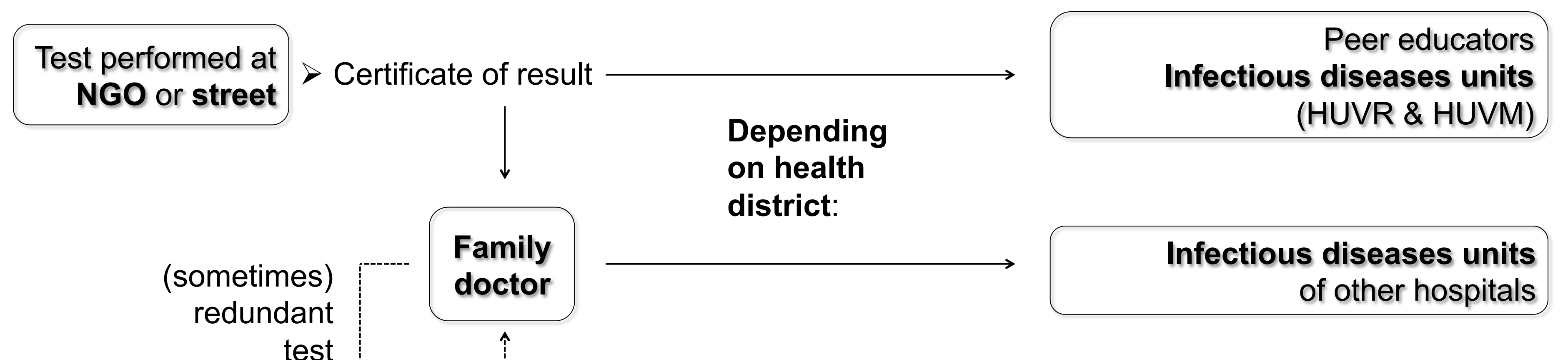
	hospital		NGO	
	Never tested	Tested before	Never tested	Tested before
MSM	12,1%	15,7%	7,9%	7,7%

People tested at infectious diseases units showed bigger proportion of cases ever tested before than people tested at NGO or street
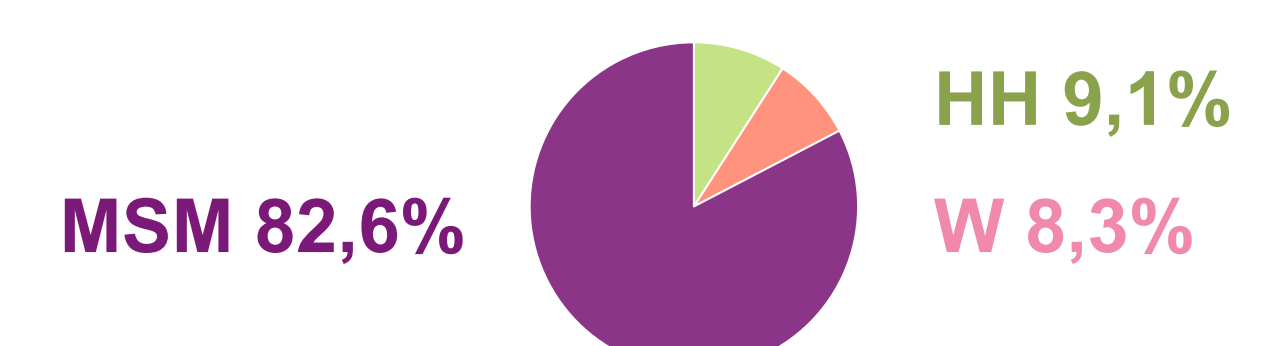
hospital		NGO		street	
Never tested	Tested before	Never tested	Tested before	Never tested	Tested before
33,1%	**66,9%**	47,8%	52,2%	66,0%	34,0%

hospital vs NGO $X^2_{(1)}$=19,16; p<0,001
hospital vs MU $X^2_{(1)}$=46,61; p<0,001

Linkage to care depending on the place where the test is performed:

Test performed at **NGO or street** ➤ Certificate of result ⟶ Peer educators **Infectious diseases units** (HUVR & HUVM)

(sometimes) redundant test ⟶ **Family doctor** ⟶ **Depending on health district:** ⟶ **Infectious diseases units** of other hospitals

Test performed by 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