

ORAL PRESENTATION

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O135. A pilot study to determine the prevalence of HIV in persons presenting for care with selected conditions: preliminary results from the HIV in Europe study

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Purpose of the study

A pilot study was initiated in Autumn 2009 to better define which diseases have a HIV prevalence of >0.1 % as HIV testing of populations with a HIV prevalence above this has shown to be cost-effective. The preliminary results are reported here.

Methods

A detailed questionnaire was completed for persons presenting with 8 different indicator diseases; sexually transmitted disease (STD), malignant lymphoma (LYM), cervical or anal cancer/dysplasia (CAN), herpes zoster (HER), ongoing mononucleosis-like illness (MON),

Characteristics of 1428 persons included in preliminary study of indicator-disease guided HIV testing

	All	STD	LYM	CAN	HER	HEP	MON	CYT	SEB
	1428 (100)	192 (13.5)	104 (7.3)	63 (4.4)	80 (4.2)	800 (56.0)	118 (8.3)	46 (3.2)	45 (3.1)
Gender ¹									
Male	892 (62.7)	196 (81.7)	45 (43.3)	22 (34.9)	28 (46.7)	509 (64.0)	77 (65.3)	20 (43.5)	35 (77.8)
Ethnicity ²									
White	1259 (88.2)	180 (92.0)	103 (98.0)	14 (100.0)	55 (61.7)	734 (92.7)	116 (99.2)	42 (83.3)	35 (77.8)
Sexual Orientation ²									
Hetero	1154 (85.4)	96 (54.8)	100 (96.2)	14 (100.0)	54 (60.0)	706 (88.0)	108 (92.3)	39 (88.7)	39 (88.7)
Homo/Bi	88 (6.6)	72 (41.4)	1 (1.0)			7 (0.9)	5 (4.3)		4 (8.9)
Unknown	108 (8.0)	7 (4.0)	3 (2.9)		8 (10.0)	80 (10.1)	4 (3.4)	6 (13.3)	2 (4.4)
Prev test ³									
Yes	549 (39.3)	112 (59.0)	9 (8.7)	10 (16.1)	16 (26.6)	370 (47.5)	12 (10.3)	1 (2.2)	19 (44.2)
Age ⁴									
Years	42 (31-55)	32 (27-39)	53 (39-81)	38 (33-45)	47 (37-58)	46 (38-58)	24 (21-30)	58 (44-71)	36 (28-50)
Any HIV Symp last 5 yr ⁵	104 (7.7)	4 (2.3)	22 (21.2)		20 (33.3)	34 (4.3)	7 (6.0)	3 (6.7)	14 (31.1)
STD clinic in last 5 yr ⁶	134 (11.7)	98 (58.3)	1 (1.0)		2 (3.6)	28 (4.3)	4 (3.9)		3 (7.0)
Hosp in last 5 yr ⁷	152 (11.5)	2 (1.2)	29 (29.0)	2 (14.3)	16 (27.8)	80 (10.3)	9 (7.8)	7 (15.9)	7 (15.6)

STD, sexually transmitted disease, LYM, malignant lymphoma, CAN, cervical or anal cancer/dysplasia, HER, herpes zoster, MON, ongoing mononucleosis-like illness; CYT, unexplained leukocytopenia / thrombocytopenia lasting ≥4 weeks, SEB, seborrheic dermatitis/exanthema. All data are N (%) or median (interquartile range). Cells are blank for zero (N and %) or where there is insufficient data to calculate the median and IQR. Data available for ¹N=1422, ²N=1351, ³N=1397, ⁴N=1436, ⁵N=1351, ⁶N=1142, ⁷N=1320. All p-values for comparison < 0.0001 using chi-squared test for categorical variables and wilcoxon test for medians.

Figure 1

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unexplained leukocytopenia / thrombocytopenia lasting >4 weeks (CYT), and seborrheic dermatitis/exanthema (SEB).

Results

1482 persons have so far been included in the pilot phase by June 2010 from 29 surveys taking place in Austria, Belarus, Belgium, Bosnia, Croatia, Denmark, Germany, Italy, Poland, Spain, Sweden and Ukraine. Selected characteristics of the patients are shown in Figure 1. Almost 40% reported a previous HIV test; this was highest in the STD (59.0%), HEP (47.5%) and SEB (44.2%) groups. Median age was highest in the LYM group (53 years), and youngest in the MON group (24 years). 104 persons (7.7%) reported one of 5 specific HIV-related symptoms in the previous 5 years (mononucleosis, oral candidiasis, herpes zoster, unexplained leukocytopenia/thrombocytopenia or seborrheic dermatitis); these symptoms were highest in the HER (33.3%), SEB (31.1%) and LYM (21.2%) groups. 134 had visited an STD clinic in the previous 5 years including over half of the STD group (56.3%). 152 had been hospitalised in the previous 5 years; the highest proportion was seen in the HEP group (70.3%). Many of the planned surveys have shown difficult to implement because of reluctance towards introducing routine HIV testing among specialists who are not used to/worried about performing an HIV test. A number of persons have tested HIV-positive.

Conclusions

The first results of this pilot study demonstrates the potential benefit of guided HIV testing of patients with selected indicator diseases, as a number of persons have been identified to be HIV-positive. A significant proportion of the persons had previously been hospitalised or reported HIV-associated symptoms but had not been tested. Physicians in some specialities are however reluctant to adopt this testing strategy.

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