

A qualitative study of acceptability of rapid screening for HIV, Hepatitis B, and Hepatitis C among migrants in France (STRADA study)

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Background:

- High prevalence of HIV and hepatitis B and C infections amongst migrants
- Legal migrants in France have to undergo a mandatory medical check-up that includes vaccination history, eyesight test and screening for tuberculosis. It is an opportunity to offer rapid tests for HIV, HBV and HCV.
- There are issues related to the acceptability and feasibility of conducting those tests at the migration centres (OFII):
 - Testing is not mandatory, but the medical check-up is and it should be ensured that the migrants undergoing the visit do not feel compelled to do the test
 - Migrants should understand that in case of a positive result, they will be able to access high quality treatment for free and a positive result is no ground for deportation or ending a residence permit
 - Need to understand what conditions and settings migrants prefer to undertake the screening
- Issues specific to health care professionals (medical doctors (MD) and nurses (RN)): is testing acceptable and feasible?

Objective of the study:

To evaluate the acceptability of introducing rapid testing and a screening questionnaire at migration offices for migrants

- To explore migrants' knowledge of those diseases, their perceptions on testing and rapid testing and their opinions on offering testing at OFII during the medical check-up
- To explore health professionals views on testing at OFII and their experience and barriers to offering a test.



Methods:

We carried out a qualitative study with semi-structured interviews of migrants and health professionals in 7 OFII centers.

- Recruitment of participants with a diverse background.
- Interviews carried out until we reached data saturation (no more information gained from new interviews).
- Analysis with grounded theory.
- Coding with Nvivo software, triangulation of data with the team of researchers.

Results:

Migrants

- 34 interviews of migrants (17♀, 17♂) average age 33.
- Good acceptability of testing in the sample (29/34). Good understanding that the test is not mandatory.
- Offer of a test is perceived positively (care for the migrant's health). Testing at OFII had benefits: saving time and money and gaining quick access to French health care system.
- Causes of potential refusal: discussing sexuality with an unknown professional, bad timing (not linked to OFII).
- HIV testing seen as useful, necessary and not stigmatizing.
- No concerns regarding the place to test, provided it was with a qualified health care professional, confidentiality was respected and they were given prior information and support if needed.
- Discussing sexuality was seen as the role of doctors despite some reluctances.
- Good level of knowledge on HIV, much less on hepatitis.
- Rapid tests not very well known. Perceived benefits: immediate results, reducing anxiety, simple procedure. Perceived disadvantages: doubts about reliability, not having time to get prepared for a positive result, only one analysis possible (compared with blood tests).

Health care professionals

- 19 health professionals (8 RN, 11 MD). Average experience: 24 years (MD), 26 years (RN). Average experience at OFII: 11 years (MD) and 10 years (RN).
- Good level of knowledge on HIV, poorer on hepatitis.
- HIV testing was accepted if associated with prevention and discussion on sexuality.
- Ideal setting for testing: giving culturally-sensitive information prior to the visit, ensuring informed consent, performing test independently of the administrative procedure, providing a confidential place and enough time.
- Announcing a positive result is feasible if professionals are trained and can forward migrants to a hospital service straight away.
- Discussing risky behavior is perceived favorably if the right conditions are met (confidential place, time) and training provided.
- Positive impact of testing on public health understood.
- More barriers to testing than for migrants.

Conclusion:

- Good acceptability of testing at immigration centers, consistent with other studies. Barriers to testing are overestimated by health care professionals.
- Existing literature on migrants: reluctant to ask for a test, screening is better accepted if part of a full check-up.
- Existing literature on health professionals: more discomfort at discussing sexuality than patients, screening possible by RN.
- Results of the qualitative study applied to our STRADA study: we have adapted the conditions of the medical check-up to include testing, we have developed partnership with organizations and work on providing information material beforehand.