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COMMUNITY BASED SCREENING NETWORK: COMBINED HIV, HEPATITIS AND SYPHILIS TESTING AND MONITORING - A COMMUNITY LED PARTNERSHIP IN PORTUGAL

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INTRODUCTION

Since May 2015 community organizations working with key groups in Portugal were contacted to integrate a Community Based Network, promoted by GAT in a partnership with the Institute of Public Health of the University of Porto (ISPUP) and the São João Hospital Center.

The network offers training regarding HIV, HCV, HBV and syphilis infections, application of rapid tests, prevention, referral processes, regulatory processes and integrates a standardized data collection procedure coordinated by ISPUP, that set-up an anonymous, prospective, multi-centric cohort. Testers are trained in questionnaire application, which is available online and in printed versions.

Organizations are also offered centralized laboratorial supervision and in loco quality assessment visits through the Imunohemotherapy Service of São João Hospital Center.

In November 2015, after a pilot phase where feedback from organizations was collected regarding the questionnaires, the final version was implemented.

METHODS

From January to December 2016, over 80 people were trained from 18 organizations throughout the country, representing 28 screening points in the country (Figure 1), all offering HIV, HBV, HCV and syphilis rapid tests, with escorted referral to a Hospital on reactive results.

Data was collected by staff members of the NGO's performing the test (doctors, nurses, psychologists, social workers, peer educators), that all underwent the training program mentioned above.

Data is collected directly online in a specific link, or through paper based questionnaires that are then uploaded into the database.

Participants that accept to answer the questionnaire are asked data to create a unique identifier which allows for follow up in the cohort.

Participants who do not want to give the elements for the code, or do not want to participate in the survey are asked to respond to a minimum set of characterization questions (refusal questionnaire), with socio-demographic information and testing history.

RESULTS

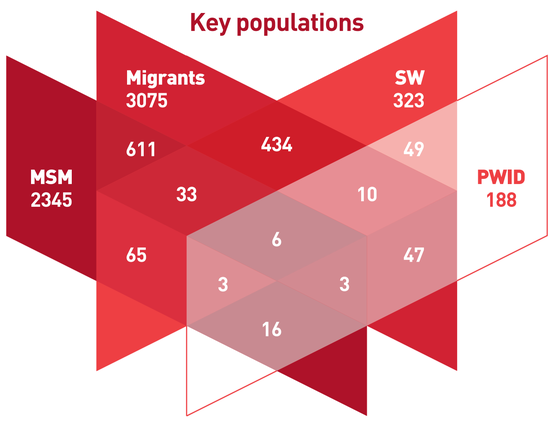
From January to December 2016, a total of 35494 tests were performed, as shown on the following table:

Tests performed **35 494**	HIV tests **12 261**	Users **11 247**	Reactive result **188 (1.7%)** — Accepted referal **148 (78.7%)**
	HCV tests **7 450**	Users **7 025**	Reactive result **207 (2.9%)** — Accepted referal **163 (78.7%)**
	HBV tests **5 765**	Users **5 610**	Reactive result **134 (2.4%)** — Accepted referal **117 (87.3%)**
	Syphilis tests **10 018**	Users **10 018**	Reactive result **298 (3.2%)** — Accepted referal **234 (78.5%)**

The percentage of first time testers for each of the infections is very high, especially for syphilis and viral hepatitis.

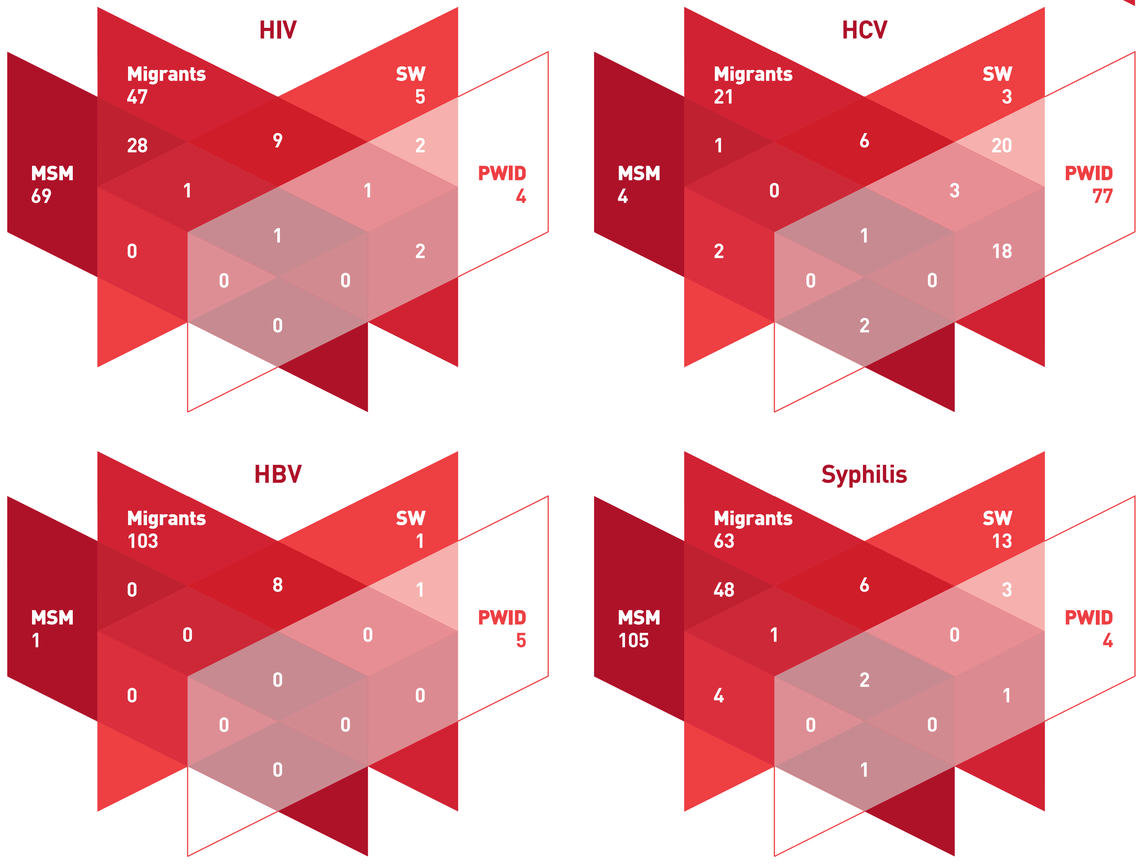
Of all people that responded, only 4279 (48,7%) had done an HIV test. For viral hepatitis and syphilis, this proportion was higher, with only 22,2% of people reporting having been tested before for HCV, 20,6% reporting a previous HBV test, and 15,3% reporting a previous syphilis test.

The network organizations were highly effective in reaching key groups, and even people that identified with more than one of these groups. Data is likely underreported, as some users may not feel comfortable in disclosing certain behaviors, and the questionnaire is optional, hence information is not available regarding part of the sample.



The centralized data collection system allows for more in depth analysis of both national and local data, and reports are sent to all member organizations monthly regarding key indicators of their testing activity.

Overall, the reactive results show very different epidemiological patterns, as expected, of each of the epidemics in the country, with more detailed data being available for analysis.



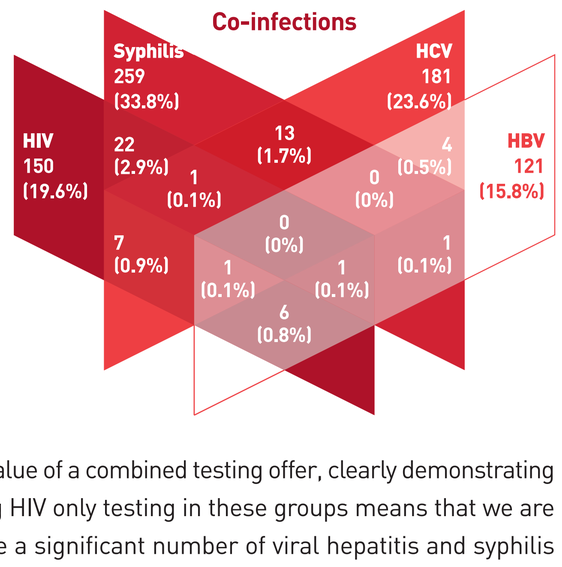
Migrants represent the vast majority of HBsAg reactive results, and the distribution of migrants in the sample clearly shows the most affected communities, and highlights the importance of testing a linkage interventions in the Portuguese speaking African communities, as shown below.

Distribution of test results for HbsAg in non portuguese participants

Region of birth	Non-reactive	Reactive	Total
Western or Central Europe	88 / 3.3%	1 / 0.9%	89 / 3.2%
Eastern Europe and Central Asia	113 / 4.2%	4 / 3.6%	117 / 4.2%
Portuguese speaking African countries	1865 / 69.8%	94 / 84.7%	1959 / 70.4%
Other african countries	95 / 3.6%	6 / 5.4%	101 / 3.6%
USA and Canada	4 / 0.1%	0 / 0%	4 / 0.1%
Brasil	401 / 15.0%	3 / 2.7%	404 / 14.5%
Other Latin America and Caribbean countries	24 / 0.9%	0 / 0%	24 / 0.9%
Asia	76 / 2.8%	3 / 2.7%	79 / 2.8%
Middle East	5 / 0.2%	0 / 0%	5 / 0.2%
Total	2671 / 100%	111 / 100%	2782 / 100%

n / % of total imigrant sample

Co-infection rates are below what was initially expected with a total of only 7,2% of people having more than one reactive test. The biggest slice of people with more than one reactive test had reactive results for HIV and syphilis.



CONCLUSIONS

These results highlight the importance and the added value of a combined testing offer, clearly demonstrating the added value of an integrated strategy. Maintaining HIV only testing in these groups means that we are losing the opportunity of detecting and linking to care a significant number of viral hepatitis and syphilis infections, while having teams in the field already in contact with the key affected groups, and with cheap and effective tests that can be easily made available and used in community settings in a single visit.

The high number of people from key groups reached by these organizations also demonstrate the added value of community structures in reaching the groups and subgroups with the highest rates of infection, demonstrating once again the potential of community based interventions as a critical tool to achieve the international goals of eliminating these epidemics as public health threats by 2030.

Finally, the centralized data collection system makes it possible to analyze both national and granular data (although only national data is shown here) regarding each epidemic and each group, and to identify almost in real time the emergence of outbreaks, and/or changes in infection patterns, and the follow up of participants through time will allow for the analysis of seroconversion determinants in each group, and for each epidemic.

Promoter

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Membro da Coligação Internacional Sida PLUS

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