

2017 analysis from the community checkpoint in Cologne: Are we reaching the at risk patient populations for HIV and other sexually transmitted diseases (STIs)?

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Background

The Checkpoint in Cologne is a community based sexual health advice and testing clinic. Testing services are available for low cost on four days a week in the evening hours (see figure 2). At each visit, a visitor is asked to complete a questionnaire before a professional health advisor will assess the risk situation and STI screening is performed.

Methods

In 2017, a total of 6,912 analytical tests were performed on 3,838 visitors. The most frequently performed test was for HIV (n=3,343), secondly for syphilis (n=1,243), then chlamydia and/or gonorrhoea (n=1,039) and finally for hepatitis C (n=259) (see Figure 3).

Results

The Checkpoint cohort comprised individuals aged from 16 to 85 years, born in 89 different countries (Figure 1). The vast majority of visitors was born in Germany (76%), holding either a higher education degree (48%) or a degree that qualifies for a university education (32%). Out of work were only 2% of clients. The largest client group was constituted by men who have sex with men (MSM, n=1,452), followed by men having sex with women (MSW, n=1,049), women having sex with men (WSM, n=761) and bisexual men and women (MSX and WSX, respectively; n=468, M:F=3:1). In 2017 164 clients (4%) received a positive test result, with 20 HIV, 54 syphilis, 27 gonorrhoea and 70 chlamydia infections (see figure 4). In females only chlamydia infections were diagnosed but no other STI. For MSM, syphilis ranked top in terms of infection frequency (n=26), followed by chlamydia (n=22), HIV (n=17) and gonorrhoea (n=13). The characteristics of the individuals with a newly diagnosed HIV-infection are shown in table 1. A huge difference in historical HIV screening rates was observed between the three most represented sexual orientation groups (Figure 5).

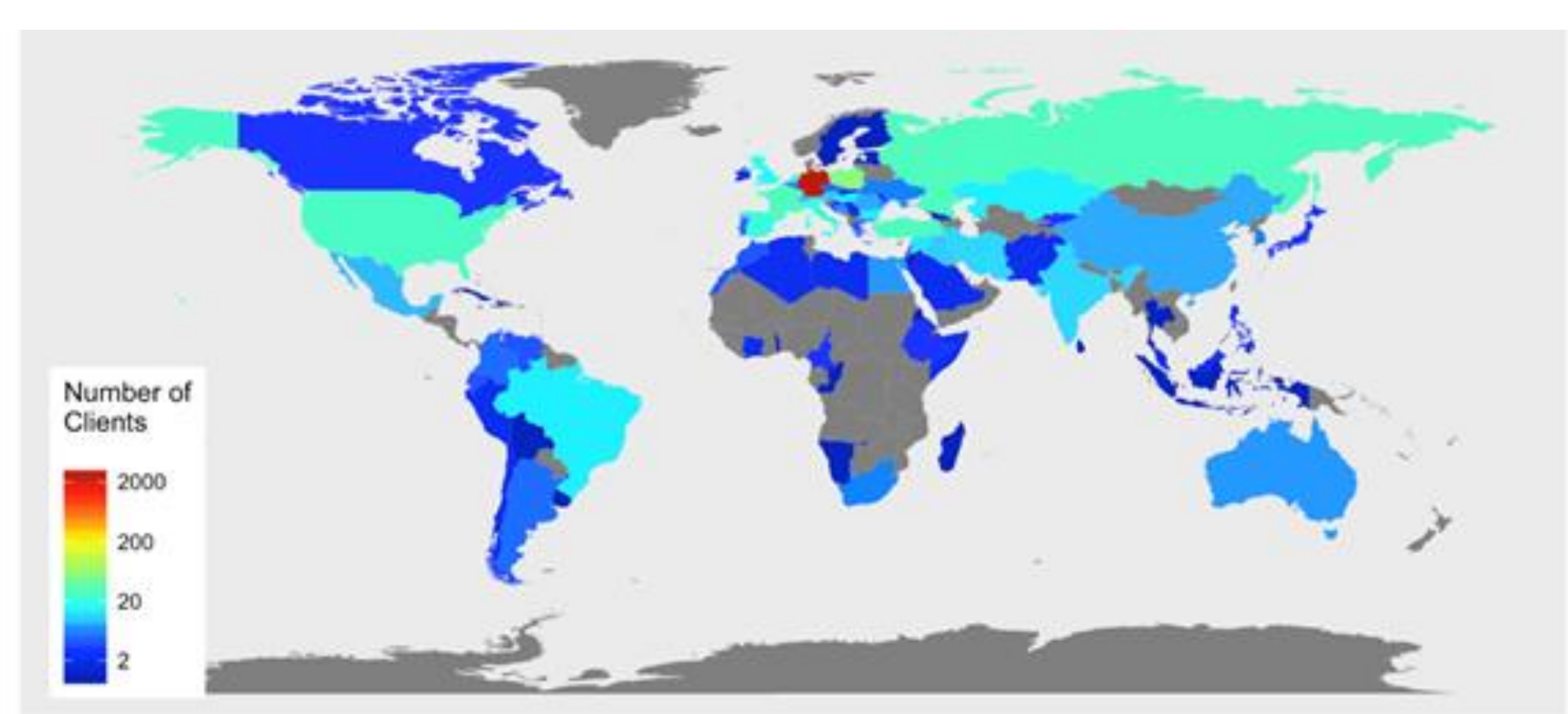


Figure 1 Geographical distribution of the clients' country of births

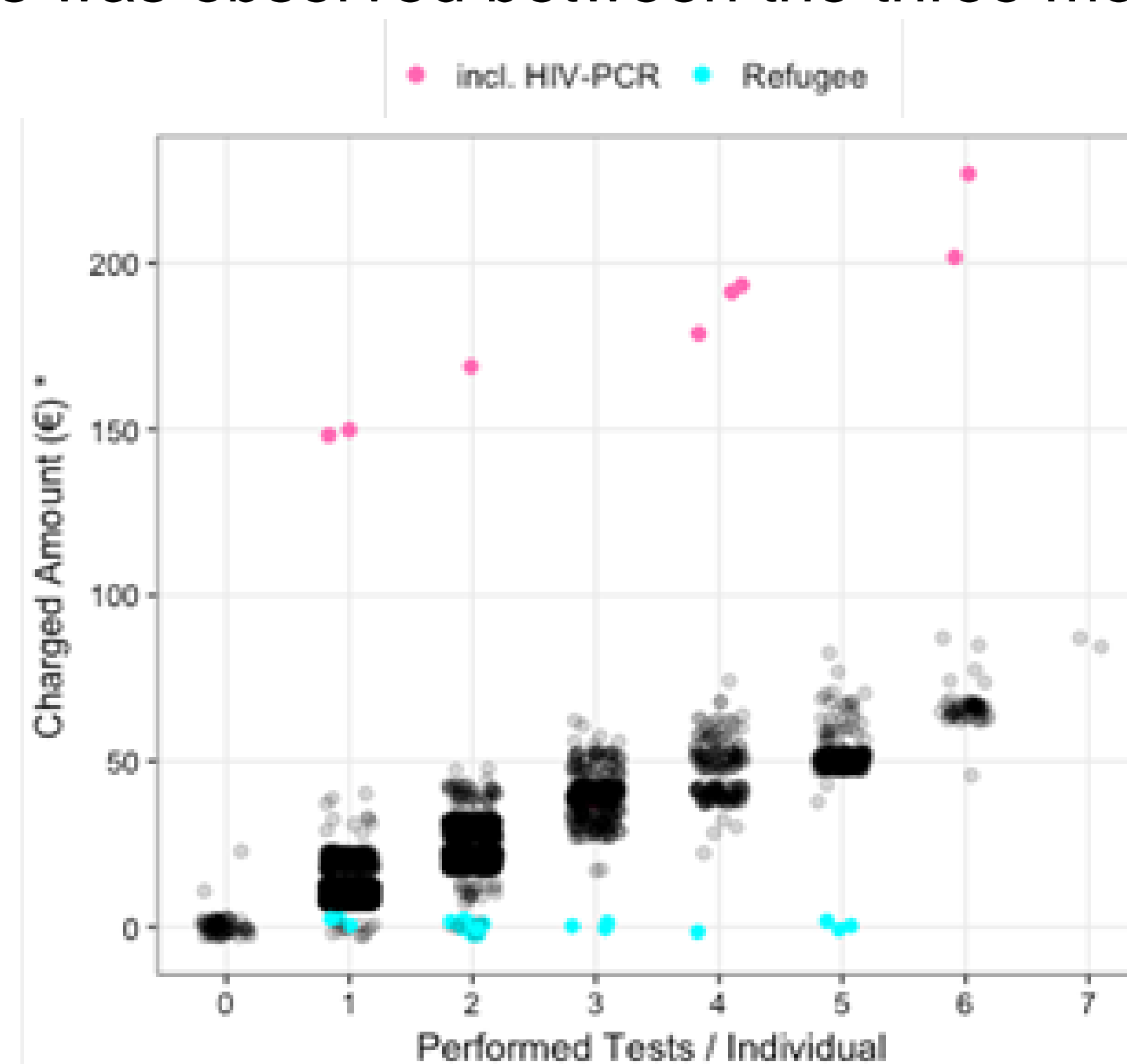


Figure 1 Charges associated with number of screenings

* Small positional variation was added to the data points to reduce overlap.

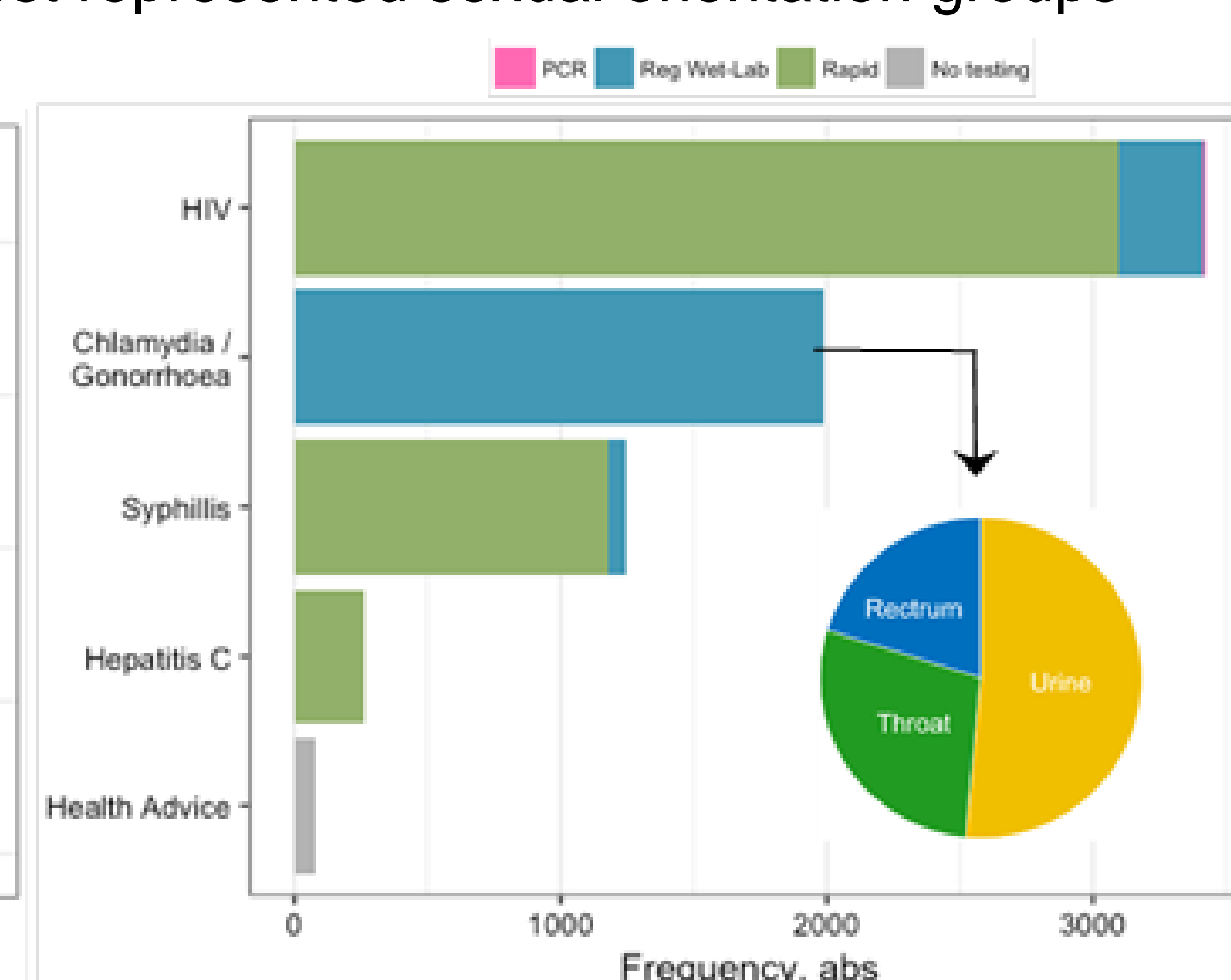


Figure 3 Performed screenings in 2017x

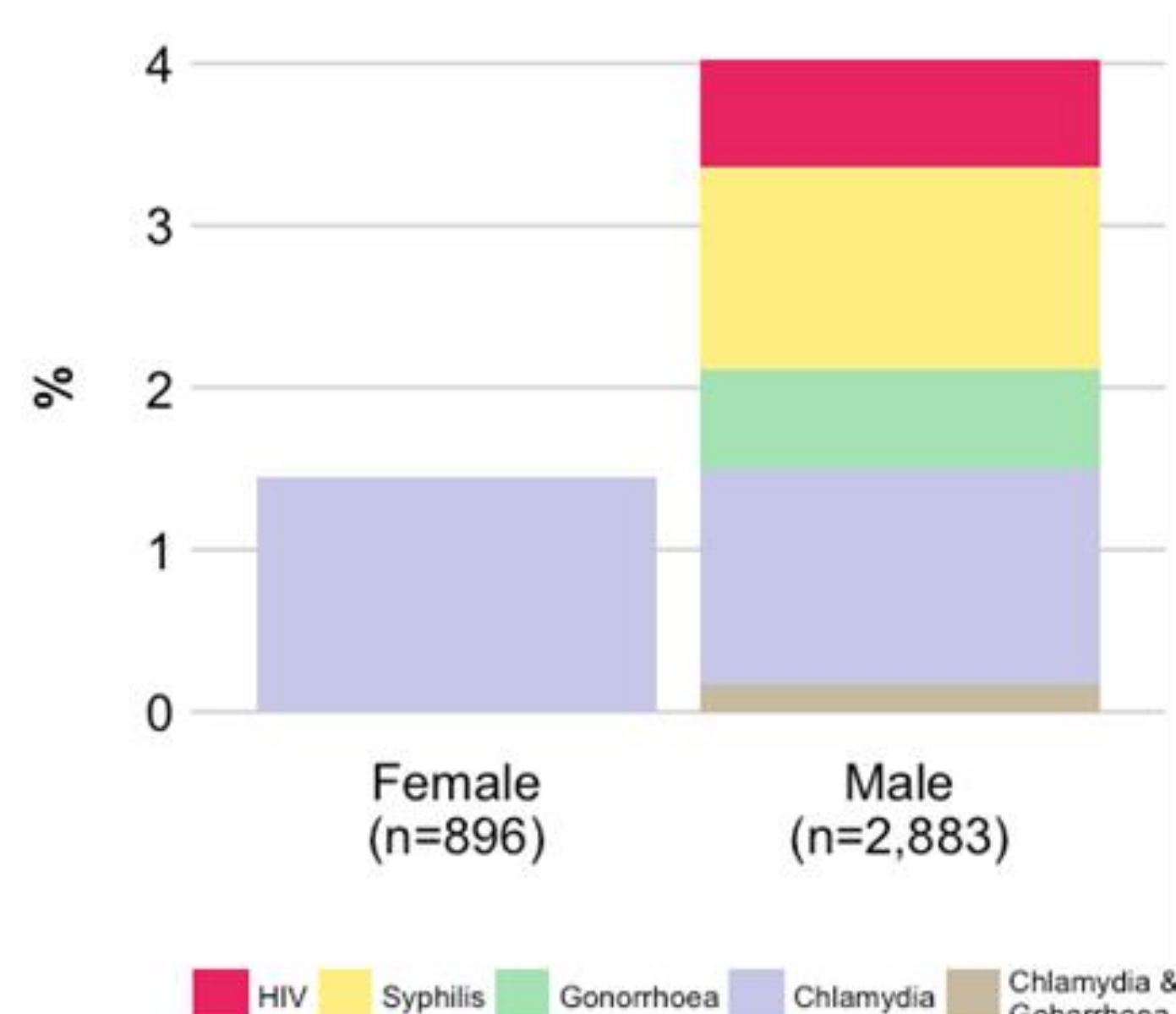


Figure 4: Positive tests for year 2017

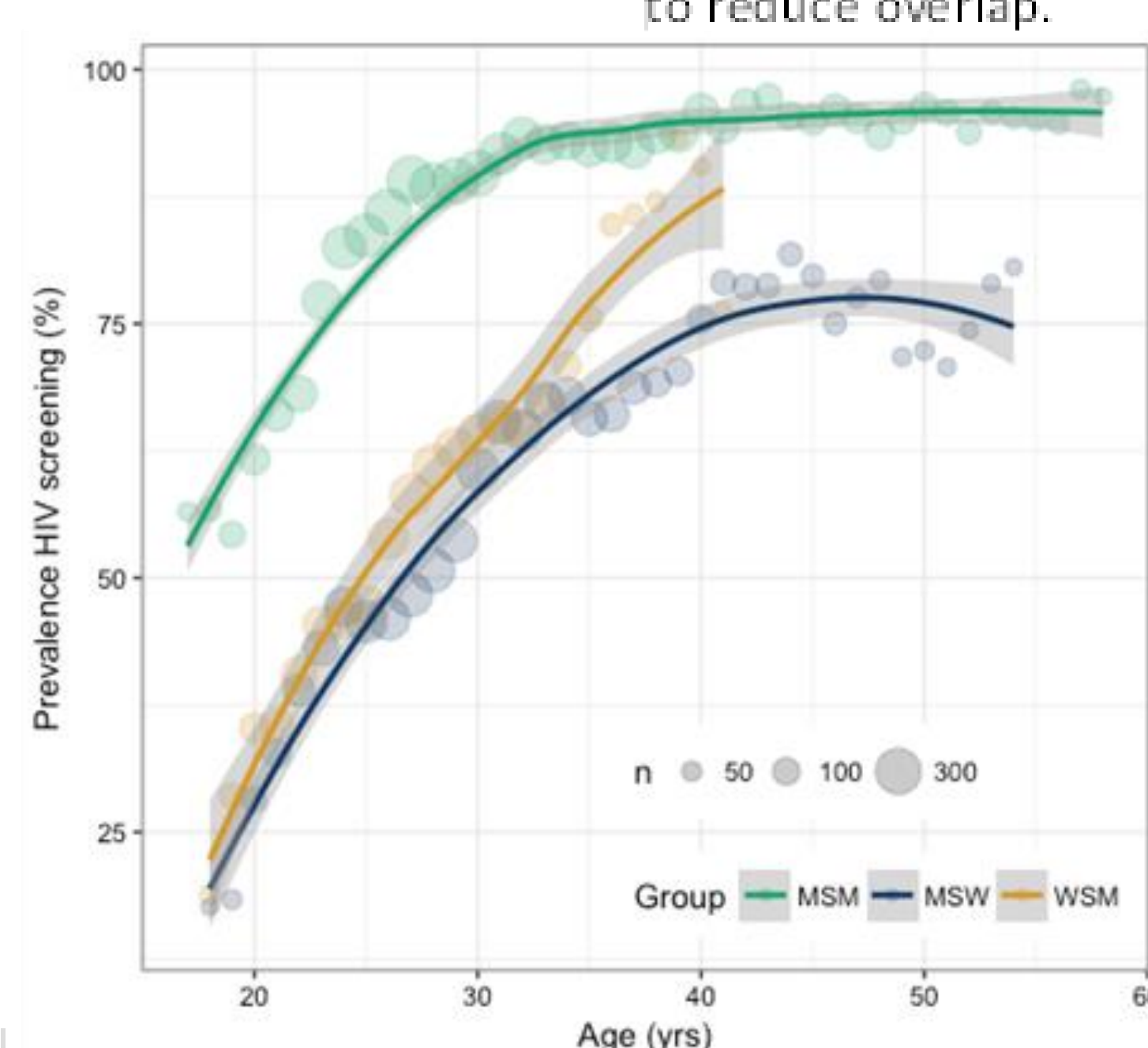


Figure 5: Historical HIV Screening Rates

Table 1 Characteristics of HIV new infected individuals

	n	Age (yrs)	Relationship Status/Form	High-Risk Partners ¹	Drugs ²	Relationship to High-Risk Partner	Last HIV Test
MSM	17	36 (23-57)	10 x Single	78 %	50 %	10 x One time-off	4 x None
MSX	1	33	1 x Exclusive	100 %	100 %	3 x Casual friend	4 x 2017
MSW	1	34	7 x Open ³	50 %	0 %	1 x Partner	6 x 2016
						4 x Combinations	3 x 2015 (or earlier ⁴)

n/a 1 1 2 3 2 2 3
¹ normalised by the total number of sexual encounters, ² Alcohol, THC, volat. Alkyl-Nitrites ³ mutual agreement (i.e., not one-sided), ⁴ most distant test in 2011

Conclusions

The checkpoint was able to detect relevant STIs in 4% of all clients. No HIV infection however, was diagnosed in females suggesting that women at risk are not reached by this service. Albeit low, the costs for STI screening may explain the low number of clients with lower income or no work. Free STI screening appears desirable to reach further key populations.

Acknowledgements

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