



Indicator Condition-Guided HIV Testing in Estonia

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OBJECTIVE

Estonian HIV testing guidelines (2012) recommend testing for HIV in the presence of an HIV indicator condition (IC). We evaluated the extent those recommendations are followed using Estonian Health Insurance Fund's (EHIF) database.

METHODS

EHIF is the core purchaser of health care services in Estonia covering 94% of population. For years 2012 – 2015, cumulative data from EHIF were extracted on people aged 15 - 49 years who were diagnosed with any of the following (based on ICD-10 coding):

- Pneumonia (J12 - J18)
- Infectious mononucleosis (B27)
- Herpes zoster (B02)
- Acute and chronic viral hepatitis (B16 - B18)
- Sexually transmitted infections (STIs): syphilis (A51-A52); gonorrhoea (A54); chlamydia (A56); trichomoniasis (A59); anogenital herpes simplex (A60)

We calculated the proportion of people tested for HIV.

RESULTS

Testing for HIV in STI's has increased from 2012 to 2015, other ICs under study have stayed the same (Fig 1). Men are tested for HIV more than women (absolute number for IC diagnoses is lower for men though) (Fig 2). Younger age groups are more likely to get tested for HIV (Fig 3).

CONCLUSIONS

1. HIV IC based HIV testing rates are low in Estonia and have not changed in the last four years.
2. Testing rates are higher for ICs which are managed mostly in specialist care, among men and younger age groups.
3. More attention is needed in educating health care personnel.
4. Despite several limitations (e.g. no data on uninsured people, possible misclassification of diagnoses and tests), EHIF data can be used to monitor HIV testing trends in patients with HIV ICs.

Figure 1. Proportion of patients aged 15-49y with HIV indicator conditions tested for HIV

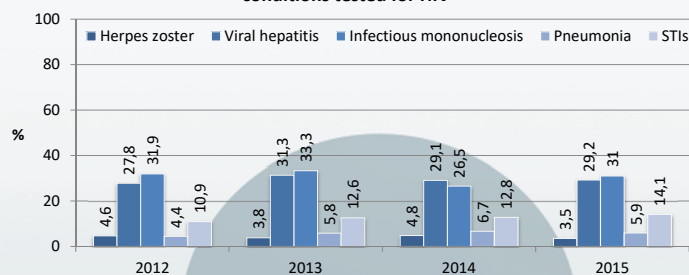


Figure 2. Proportion HIV tested among those diagnosed with ICs in 2015 by gender

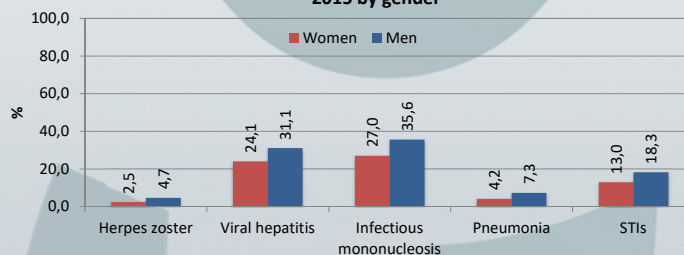
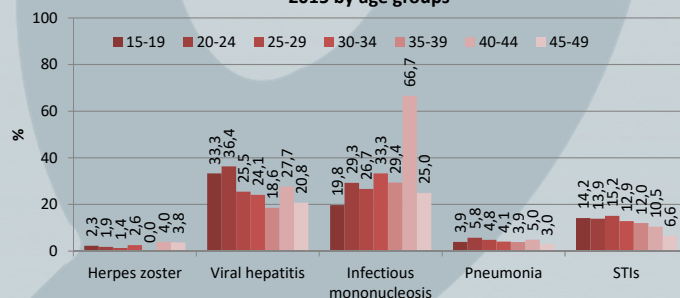


Figure 3. Proportion HIV tested among those diagnosed with ICs in 2015 by age groups



OptTEST PARTNERS



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