Acceptability and feasibility of provider-initiated HIV testing and counselling in general practitioner practices in Curaçao:

Aiming to reduce HIV transmission and break through taboo and stigma

Irálice Jansen[1], Izzy Gerstenbluth[1,2], Gonneke Hermanides[3], Deesje Doppenberg[4], Sanne Eke Ruiter[4], Homan Jeung[5], Sixta Pablo[5], Alexandra Severing[5], Nicole Bilton-Evertsz[5], Rob Meijer[5], Monique van de Wall Arneman[5], Ashley Duits[2,6]

[1]Ministry of Health, Environment, and Nature, Curaçao, Department of Epidemiology and Research of the Public Health Service of Curaçao, [2]Curaçao Biomedical & Health Research Institute, Curaçao, [3]Red Cross Hospital, Beverwijk, the Netherlands, [4]University Medical Center Groningen, the Netherlands, [5]General practitioner, Curaçao, [6]Red Cross Blood Bank Foundation, Curaçao

Background

The Caribbean region is the region with the second highest adult HIV prevalence in the world. In Curaçao, a small island in the Caribbean where the subject of sexuality remains largely taboo and HIV-related stigma is present, the occurrence of newly diagnosed HIV-infections has been increasing since the beginning of the epidemic.[1]

Objectives

We assessed the acceptability and feasibility of provider-initiated HIV testing and counselling (PITC) in general practitioner (GP) practices in Curaçao; with the final goal to introduce a low entry test-and-treat model to reduce HIV transmission and possibly break through taboo and stigma.

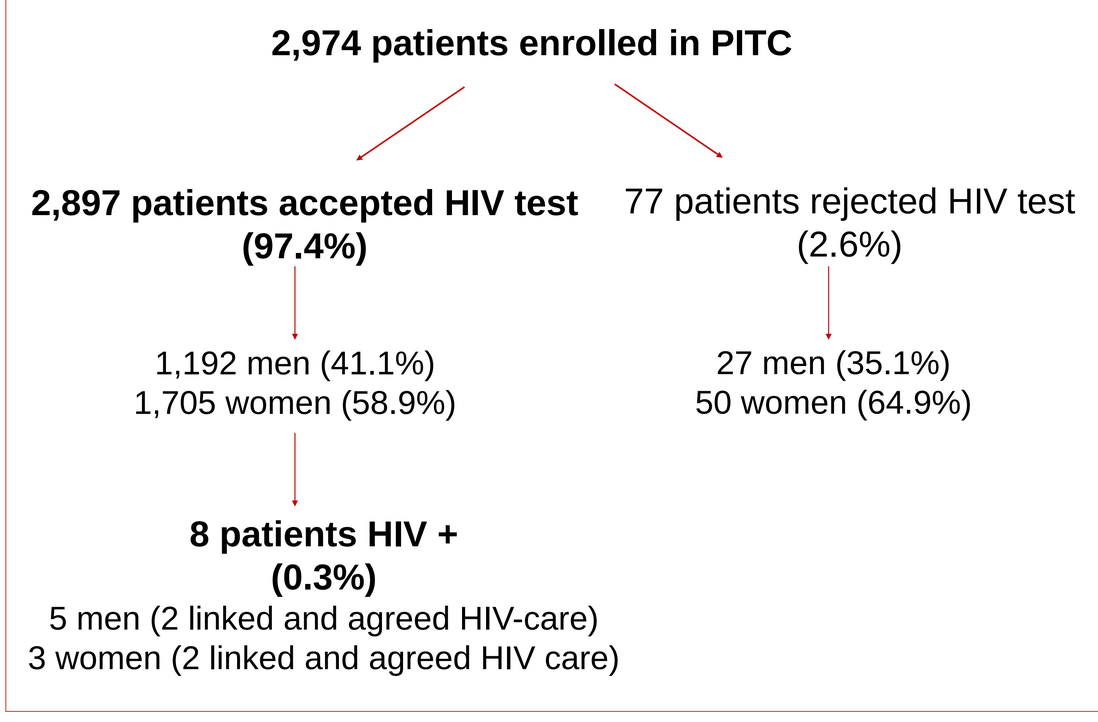
Methods

- Four GP practices were requested to implement the PITC program;
- The study was approved by the medical ethical committee of the St. Elisabeth Hospital in accordance to the principles set out in the Declaration of Helsinki;
- All patients aged 16 years and older presenting themselves for medical care were invited for an oral HIV rapid test;
- Questionnaires and semi-structured interviews were utilized to explore variables or bottlenecks that could influence the acceptability and feasibility of PITC;
- Patients' experiences were examined using structured interviews;
- Patients found to be HIV-positive were linked to HIV care and treatment.

Results

- Between June 2014 and December 2015, PITC was implemented by six GPs;
- GP practices proved to be a feasible point of entry to test a representative group of the population;
- A total of 2,974 patients were enrolled in the PITC program, 97.4% (N=2,897) accepted to be tested for HIV, and 2.6% (N=77) refused to be tested;
- Of those accepting the HIV test; eight patients (0.3%) were found to be HIV-positive (Figure 1).

Figure 1. Schematic overview of patients enrolled in PITC, June 2014–December 2015



- Without PITC seven of them would not have been tested during that consultation;
- Extrapolation of these results to the population of Curaçao showed a three-to-five times higher HIV-prevalence than the current official numbers. Nevertheless, this result needs to be interpreted with caution since influencing factors other than age, sex and socio-economic status were not available for this analyses;
- Of the patients rejecting the HIV test; five were already HIV-positive;
- Motivation and involvement of GPs were major factors affecting the feasibility of PITC;
- Among the participating GPs, concerns persisted regarding manpower, time, and finance to implement PITC on a structural basis (Table 1).

Table 1. Patients' experiences and variables or bottlenecks influencing feasibility of PITC, June 2014–December 2015

Patients' experiences:	Variables or bottlenecks:
- Interest in HIV status / own health (59.5%) - Appreciation for research in Curaçao (28.3%) - Concern about current HIV situation (3.5%) - No specific reason (8.7%)	- ± 6 minutes extra time / patient - Doubts about safeguarding privacy related to the informed consent form → resulted in more information and time - Continuity issues in relation to parttime work by personnel

Conclusion

Acceptability of PITC by patients in GP practices in Curaçao resulted in very high uptake of HIV testing, although concerns over manpower, time and resource cost persist as challenges for feasibility of PITC in GP practices.

Reference

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Contact

Irálice Jansen: iralice.jansen@gobiernu.cw
Izzy Gerstenbluth: izzy.gerstenbluth@gmail.com