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## Background

- ✓ HIV epidemic is not stabilized and almost half of Spanish NHIVC are still late diagnosis (<350 cells/mm<sup>3</sup>)<sup>1</sup>.
- ✓ Recommendation voluntary assisted PN services should be offered as part of a comprehensive package of testing and care to people with HIV (strong recommendation, moderate quality of evidence).
- ✓ **PN** represents an excellent strategy to control the AIDS epidemic, enabling the detection of new cases and decreasing the hidden infections rate<sup>2</sup>.

## Objective

- ✓ To determine the **acceptability and effectiveness of a proactive PN** in NHIVC.

## Methods

- ✓ **Type of study:** longitudinal prospective pilot study.
- ✓ **Patients and period of study:** all new HIV cases that attended our center between October 2017 and May 2018 and agree to participate in the study by signing the informed consent.
- ✓ **Notification to partners** was made through the **index case (IC)** or by the **Physician (Ph)**.
- ✓ **Acceptability** was estimated as the number of IC accepting to participate and the **effectiveness** as the number of NHIVC detected from partners tested.
- ✓ **Demographic and clinical data** as well as **sexual behaviour** in the last 12 months or since last HIV negative test, were collected in both IC and their partners and registered in a questionnaire.
- ✓ A **rapid HIV test** as well as **screening tests** for other sexually transmitted infections (**STIs**) (syphilis, chlamydia, gonococcus, HCV, HAV, HBV) were done in all cases.

## Results

Baseline Characteristics	N (%)
Men	46 (95.8)
MSM	42 (87.5)
Age in years (mean ± SD)	35.3 ± 9.6
Origin	
-Spanish	33 (68.8)
-Latinoamerican	7 (14.6)
-Others	8 (16.7)
Level of studies	
-None or Primary	7 (14.6)
-Secondary	20 (41.7)
-University	21 (43.8)

Toxic habits	N (%)
Tobacco	22 (45.8)
Alcohol > 2-3 days weekly	11 (23)
Recreational drugs ( <b>chemsex</b> )	13 (27.1)

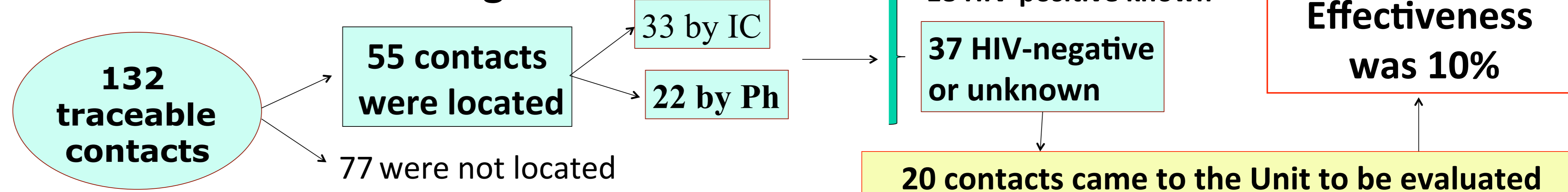
Sex behaviour	N (%)
Stable partner	18 (37.5)
Condom use	
-Always	6 (12.5)
-Nearly always	29 (60.4)
-Sometimes	10 (20.8)
-Never	3 (6.3)
-Have been Sex worker	3 (6.3)
-Have payed for sex	6 (12.5)
Type of sex	
-Insertive anal sex	36 (75)
-Receptive anal sex	37 (77.1)
-Vaginal sex	11 (22.9)
-Oral sex	48 (100)
Previous STI	21 (43.8)

59 NHIV were attended in our hospital during the study period and 48 were offered to participate in PN, accepting all of them. **Acceptability was 100%**

HIV status	N (%)
Previous HIV negative test	36 (75)
Seroconversion time (mean)	30.3 months
VL at diagnosis (median and IQR)	4.68 (4.37-5.30)
CD4 cell count at diagnosis (median and IQR)	428 (245-529)

**20 NHIV (41.7%)** presented another **concomitant STI** and **45% were asymptomatic**: 1 HBV, 1HCV, 15 Syphilis, 5 *Chlamydia* (1 faringeal and 4 anal), 3 *N. Gonorrhoeae* (1 faringeal, 2 anal).

### Partner Notification Program:



## Conclusions

- ✓ The **acceptability** of partner notification in our cohort was **very high**, but the effectiveness moderated.
- ✓ Almost **half** of the new HIV cases included had **previous STIs**, although **25% had never been tested for HIV**.
- ✓ The **PN expands the screening coverage**, reaching a larger high-risk population.