

HIV testing training for non-HIV-specialists in a tertiary hospital: change in attitudes and rates of HIV screening

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BACKGROUND

- Many HIV infected patients remain undiagnosed.
- National and international HIV testing guidelines are poorly known by non-HIV specialists.
- Awareness is essential to improve HIV screening.

OBJECTIVES

- Impact of a training session on HIV screening in:
 - Attitudes and knowledge towards screening.
 - Number of serologies ordered, positive and active infections.

METHODS

POPULATION

Prescribers of 31 departments:
17 medical departments (med)
14 surgical departments (surg)

DESIGN AND VARIABLES

Pre and post training, by department:

- Absolute number of HIV tests.
- Screening rate by 1000 attended patients.
- New HIV diagnoses.

INTERVENTION

- 1 hour Training session by HIV and HCV/HBV specialists.
- Between March and November 2019.
- Pre and post training questionnaires.

OUTCOMES

Paired analysis of:

- Questionnaire results
- Rate of HIV tests ordered.
- New diagnosis of active infection

COLLECTED DATA

- Number of HIV serologies.
- Number of positive serologies.
- Number of active HIV infections.
- Number of patients attended per department.

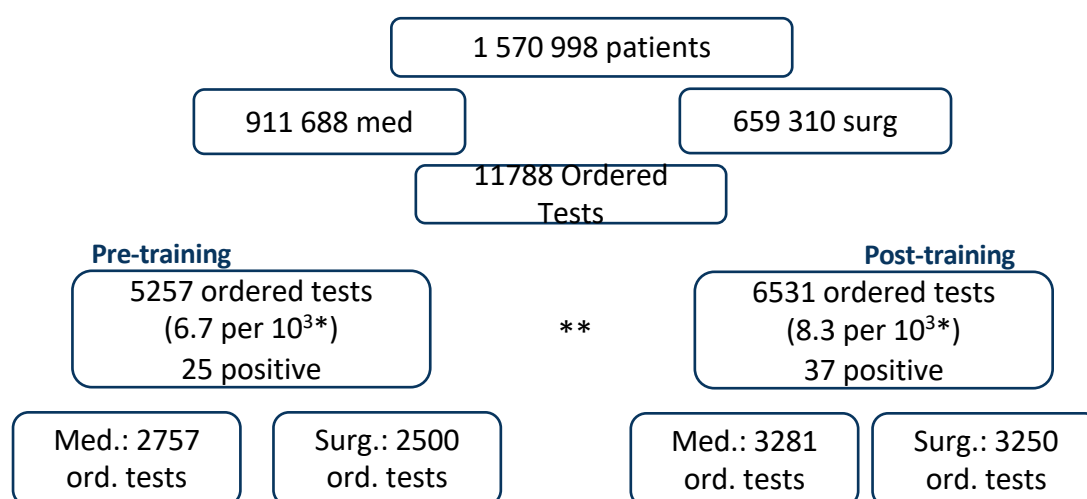
RESULTS

Pre-training questionnaire:

- Knowledge of guidelines: 20% (28% med vs. 8% surg, $p < 0.001$).
- When do you order HCV tests?:
 - 5% routinely, 60% if risk factors, 35% never.

Post-training questionnaire:

- 98% considered the training useful.
- ↑ up to 22% showed positive attitude towards routine screening.
- ↓ down to 2% will never order screening HCV tests.



** $p < 0.001$ (global); $p < 0.001$ (med); $p < 0.001$ (surg)

* Rate per 10³ attended patients

| | HIV tests/10 ³ attended patients | | P | HIV Diagnoses/10 ⁵ attended patients | | P |
|-------------------|---|----------------|--------|---|----------------|-------------|
| | Before-Training | After-Training | | Before-Training | After-Training | |
| Med & Surg | 6.7 | 8.3 | <0.001 | 3.2 | 4.7 | 0.13 |
| All Med | 6.0 | 7.1 | <0.001 | 4.2 | 7.0 | 0.07 |
| Emergency Room | 5.2 | 6.6 | <0.001 | 7.8 | 17.8 | 0.16 |
| Gastroenterology | 7.6 | 9.3 | <0.001 | 1.9 | 1.9 | 1 |
| Endocrinology | 7.3 | 9.6 | <0.001 | 10.2 | 17.09 | 0.48 |
| ICU | 54.3 | 135.8 | <0.001 | 0 | 0 | - |
| Preventive Health | 28.1 | 65.9 | <0.001 | 84.0 | 294.1 | 0.09 |
| Nephrology | 25.4 | 31.6 | <0.001 | 10.7 | 37.5 | 0.09 |
| All Surg | 7.5 | 8.7 | <0.001 | 1.8 | 1.5 | 0.76 |
| Gynecology | 45.2 | 62.1 | <0.001 | 2.4 | 1.2 | 0.31 |

- 24% increase in HIV tests requested after the training ($p < 0.001$).
 - Significant in Medical and Surgical Departments (mainly gynecology).
- 48% increase of HIV diagnosis after the training ($p = 0.128$).
 - Significant only in Medical Departments ($p = 0.07$).
 - Greatest increase in Preventive Health and Nephrology

CONCLUSIONS

- Non-HIV-specialists reported poor knowledge of HIV screening, being worse in surgical departments.
- Directed training was considered useful and significantly improved some attitudes towards HIV testing.
- We observed an increase in HIV testing coverage and its effectiveness, with marked differences between departments.