

THE INTRODUCTION OF HIV RAPID TEST IN A VOLUNTARY SCREENING HIV SERVICE IN ESCUINTLA, GUATEMALA

Laura Fernàndez ^(1,2), Meritxell Sabidó ^(2,3), Jordi Figuerola ⁽³⁾, Laura Figueroa ⁽⁴⁾, Víctor Hugo Fernández ⁽⁵⁾, Gabriela Hernández ⁽⁵⁾, José Monzón ⁽⁵⁾, Maria Vallès ⁽³⁾, Anabela Batres ⁽⁴⁾, Jordi Casabona ^(1,2,3)

1. Centre d'Estudis Epidemiològics sobre les ITS i SIDA de Catalunya (CEEISCAT), ICO/Health Department, Badalona, Spain. || 2. CIBER Epidemiologia y Salud Pública (CIBERESP), Spain. || 3. Fundació Sida i Societat, Barcelona, Spain. || 4. Primary Health Care Centre, Escuintla, Guatemala. || 5. Fundació Sida i Societat, Escuintla, Guatemala.



Background

Voluntary counseling HIV testing (VCT) sites have been hailed as a breakthrough for the HIV prevention. In June 2006, a VCT service using HIV rapid test was implemented in 3 municipalities of the province of Escuintla, Guatemala. **Our aim** is to evaluate the VCT service after its 18 months of implementation and to assess HIV prevalence.

Methods

Participants from the general population and from vulnerable groups were tested at public health care centers. To facilitate access to men who have sex with men (MSM), a mobile van regularly visited several meeting venue. The HIV rapid test results were ready in 15 minutes. When reactive, subjects were asked to return for the HIV confirmatory result within a week. A descriptive analysis was performed.

Results

A total of 1297 HIV rapid tests were performed (62.1% women), of which 63 (4.86%) were confirmed positives (see table 1). HIV prevalence among participants was greater in men (5.87% vs 4.03%). There was an upward trend of HIV prevalence with increasing age (see figure 1). Among MSM (11.2% overall) the prevalence was 6.38%, and in sex workers (SW) (16.8%) the prevalence was 4.52% (3.57% women, 13.64% men) (see figure 2). A proportion as high as 42.6% of patients with a reactive result in the HIV rapid test, failed to return for HIV confirmatory results (see figure 3).

Figure 1. Test performed and prevalence of HIV positives by age group.

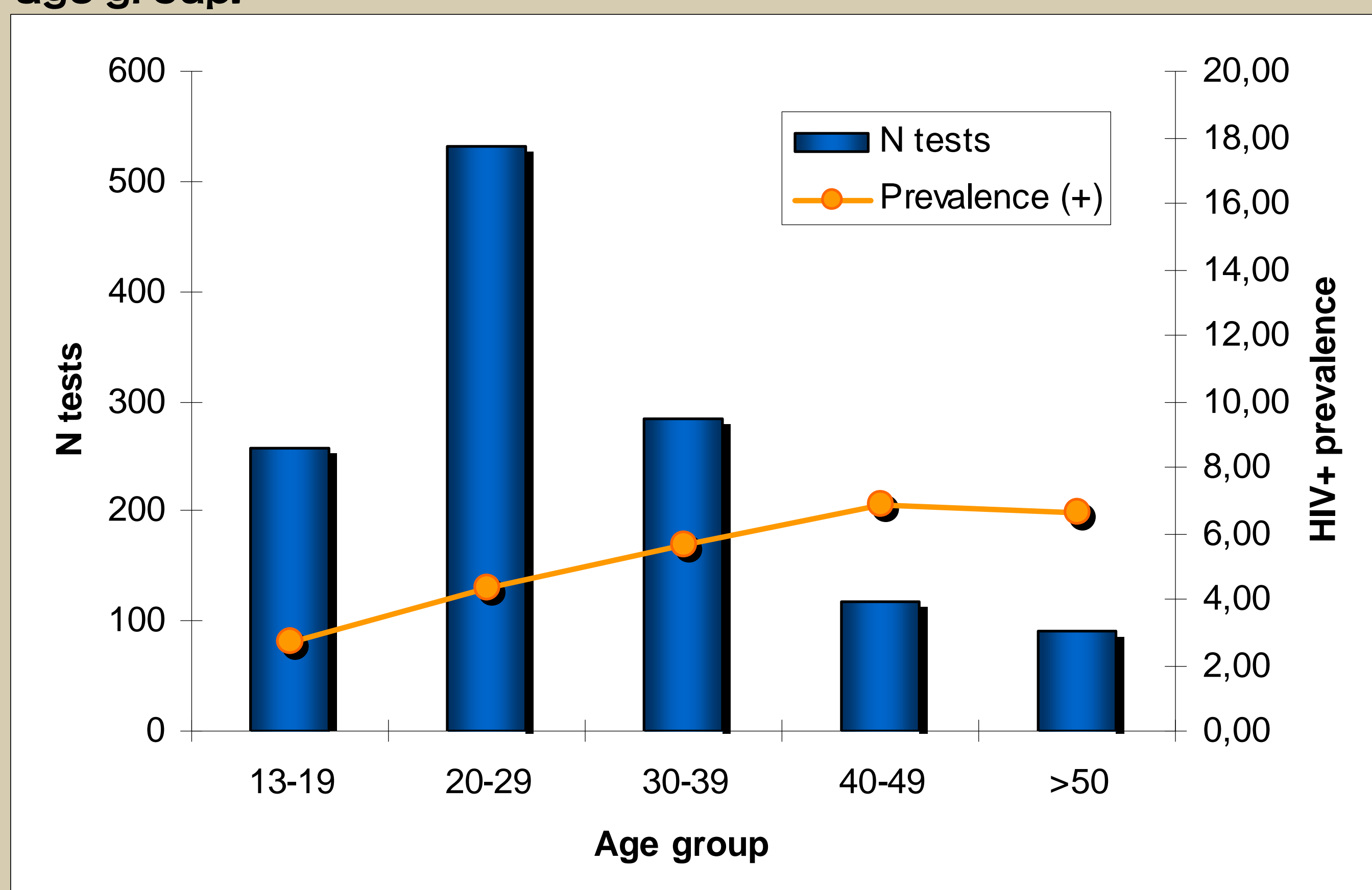
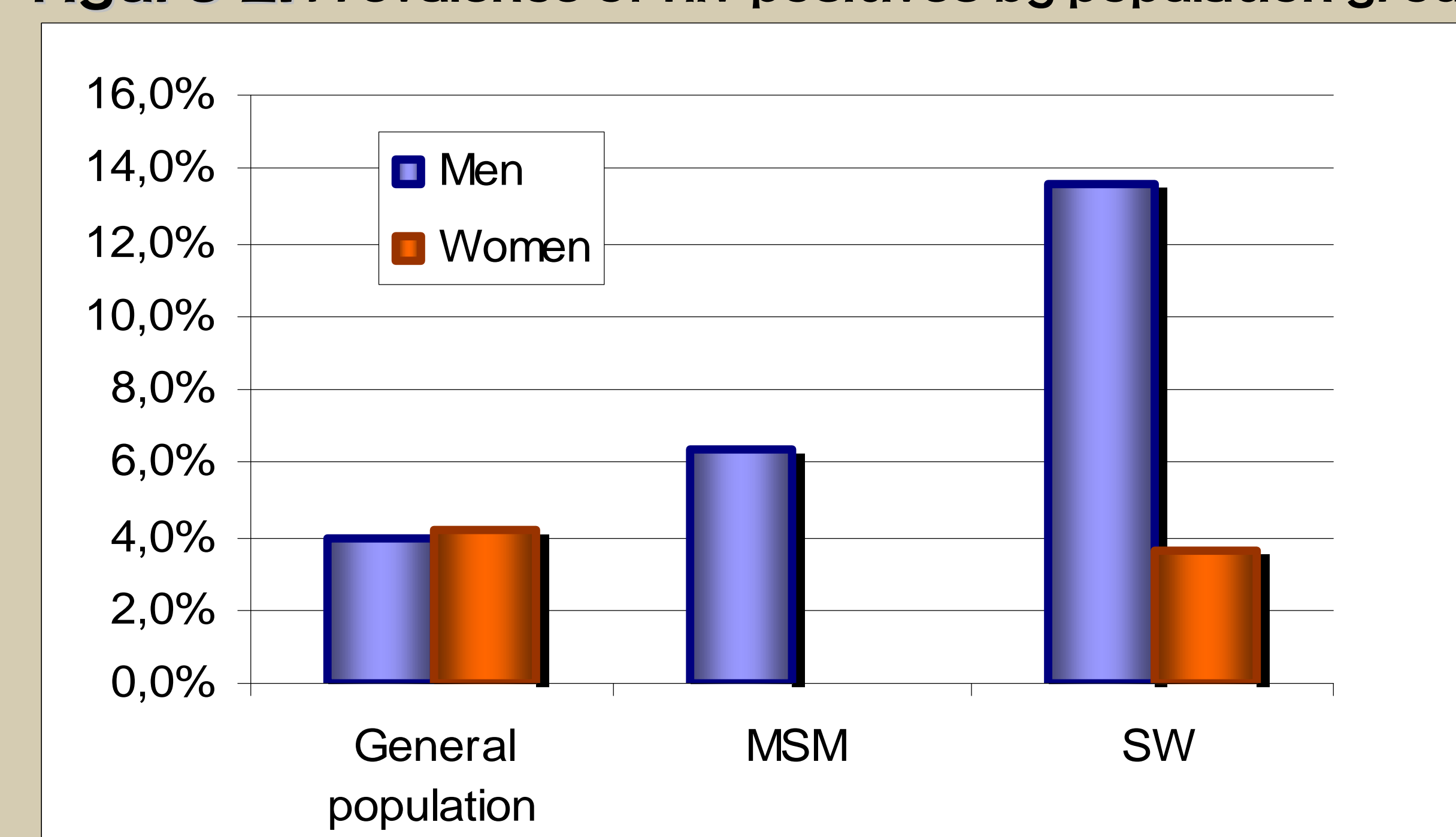


Table 1. Distribution of performed tests, positive tests, and prevalence of positives

	N test	%	HIV+	%	HIV+ prevalence
Sex					
Men	818	62.1%	33	52.4%	4.0%
Women	494	37.5%	29	46.0%	5.9%
Transsexual	5	0.4%	1	1.6%	20.0%
Total	1317	100.0%	63	100.0%	4.8%
Age Group					
<13	36	2.7%	3	4.8%	8.3%
13-20	257	19.5%	7	11.1%	2.7%
21-30	531	40.3%	23	36.5%	4.3%
31-40	284	21.6%	16	25.4%	5.6%
41-50	117	8.9%	8	12.7%	6.8%
>50	91	6.9%	6	9.5%	6.6%
Total	1316	100.0%	63	100.0%	4.8%
Sexual orientation					
Homosexuals	117	9.3%	7	12.5%	6.0%
Bisexuals	24	1.9%	2	3.6%	8.3%
Heterosexuals	1119	88.8%	47	83.9%	4.2%
Total	1260	100.0%	56	100.0%	4.4%
Population groups					
General population	953	72.5%	44	69.8%	4.6%
men	331	34.7%	13	29.5%	3.9%
women	622	65.3%	26	59.1%	4.2%
Men that have sex with men	141	10.7%	9	14.3%	6.4%
Sexual Workers	221	16.8%	10	15.9%	4.5%
men	22	10.0%	3	30.0%	13.6%
women	196	88.7%	7	70.0%	3.6%
Total	1315	100.0%	63	100.0%	4.8%

Figure 2. Prevalence of HIV positives by population group.



Conclusions

The VCT service has shown a HIV prevalence greater than the expected for a concentrated epidemic. The most vulnerable group was MSM and specially men SW. Failure to return for the confirmatory results is a serious problem and intensive efforts should be made during the counseling and to carry on active case finding. The introduction of the rapid test offers the possibility to inform onsite a preliminary positive result to those positive individuals who do not return for the confirmatory result.

