

MSM HIV TESTING AND LINKAGE TO CARE IN LISBON

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INTRODUCTION

In Portugal the number of asymptomatic HIV infections in men who have sex with men (MSM) doubled in the last decade, a tendency that was not seen in other transmission groups. In 2010, MSM transmission represented 21% of new HIV infections.¹

The Portuguese Group of Activists for the Treatment of HIV/AIDS (GAT) created the project CheckpointLX, a community based centre that offers anonymous, confidential and free rapid HIV screening for MSM. Testing and counseling is offered by a professional team of trained MSM. The centre opened in April 2011 in Lisbon's gay district (Príncipe Real).

OBJECTIVES

The centre aims to increase early detection of HIV, provide specific information on HIV and sexually transmitted infections (STIs), advice, peer support and referral to ensure effective access to the National Health Service of MSM with reactive results. It also aims to increase the knowledge about sexual behavior, HIV testing and transmission among MSM in Portugal.

METHODS

CheckpointLX offers HIV rapid testing (Retrocheck HIV®) and counseling for MSM in a community setting. All procedures are performed by trained peers, according to the needs of the users and with their consent. Opening hours are 5 days/week (12am to 8pm), and one Saturday per month. There is the option to do an appointment or to drop in for a test.

The service is being promoted in gay venues, bars, outdoor cruising areas and gay websites. It is also being promoted in HIV clinics (for serodiscordant partners). The project is being presented in workshops to a broad range of stakeholders, namely MSM, LGBT association's members, gay info/support service providers and health professionals.

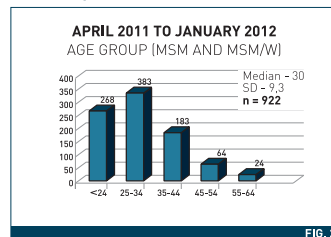
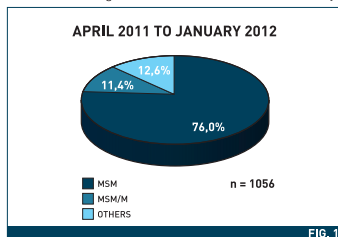
MSM with reactive results are offered active referrals to the infectious disease clinic and a member of the staff is available to physically accompany to the first medical appointment.

MSM who request testing are asked to voluntarily complete a questionnaire collecting socio-demographic data, reasons for testing, and sexual behavior. A cohort is being implemented (Lisbon Cohort). Those who participate in the cohort, receive every 6 months a SMS/email reminder for re-testing.

RESULTS

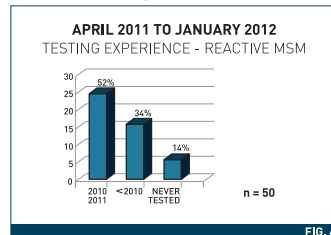
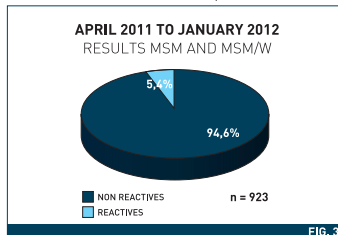
From April 2011 to January 2012, 1056 tests were performed: 76% in MSM, 11,4% in MSM/W and 12,6% in other populations. **Fig. 1**

The median age of MSM and MSM/W was 30 years (SD 9,4). **Fig. 2**



Previous testing was referred by 85,3% of MSM and MSM/W. Approximately 1 in every 10 man had never been tested before (14,7%).

There were 50 (5,4%) reactive results. From these, 54% referred last being tested in 2010/2011, 34% were tested before that period and 14% had never been tested. **Fig. 3 and 4**



¹ INSA 2010

There was no difference regarding median age and previous testing experience between those with a reactive test and the total sample. MSM aged 25 to 34 represented 36% of the reactive results, followed by age groups <24 and 35 to 44 with 26% each.

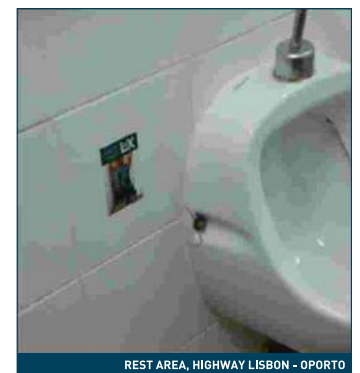
Linkage to care was accepted by 40 MSM and MSM/W with a reactive result, in a median time of 8 days (sd ± 5 days) having 21 been accompanied by a counselor to the first appointment. **Fig. 5**

	MEAN	MEDIAN	SD
CD4 (n=34)	514/mm ³	466/mm ³	249/mm ³
VIRAL LOAD (n=34)	5,32 log ¹⁰	4,74 log ¹⁰	0,74 log ¹⁰

FIG. 5

Anti-retroviral treatment was started in 12 patients (35%).

OUTREACH STRATEGIES AT CRUISING AREAS IN AND AROUND LISBON



CONCLUSIONS

The percentage of reactive results was high - 5,4%.

A large majority (80%) of MSM with a reactive result accepted to be referred and more than half accepted to be accompanied by a member of the team to the first appointment.

Six patients were considered lost of follow up - strategies are planned to reconnect those patients

ART was started on 12 patients (35%) reinforcing the importance of early detection and referral to care.

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