HIV-STI

Survival, causes of death, and risk factors associated with mortality in Barcelona HIV new diagnoses. 2001-2013

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Abstract
The antiretroviral treatment has supposed a decrease in HIV-related mortality. We assessed factors related to survival in HIV individuals. Causes of death (CoD) in HIV individuals were described.

Abstract methods
Deaths registered in the Census until 30.06.2013 and 2001-2012 new diagnoses from Barcelona HIV Register were included in the analysis. The CoD were obtained from Death Register. The CoD were classified in external (ICD-10: X), HIV-related (B20-B24, B44.9, C83.7 and C85.9) and non-HIV-related (other codes) causes. Mortality rate was calculated as follow-up person-year per 1000 and its 95% confidence interval (M; 95%CI). Association with mortality of socio-demographic, clinical and epidemiological variables were studied using Cox regression [hazard ratio (HR); 95%CI].

Abstract results
Among 3533 new HIV diagnoses, 168 (5%) died (M:8.2; 95%CI: 6.9-9.4). CoD was available in 93 (55%). Among those, 43% died by non-HIV-related causes (M:1.9; 95%CI:1.3-2.5); 42% by HIV-related causes (M:1.9; 95%CI:1.3-2.5), and 15% by external ones (M:0.7; 95%CI:0.3-1.0). Worse survival was observed in injecting drug users (IDU)(HR:4.7; 95%CI:2.9-7.7) and heterosexual (HTS) men (HR:2.4; 95%CI:1.4-3.9), Spaniards (HR:2.5; 95%CI:1.6-4.0), Gràcia district residents (HR:2.0; 95%CI:1.1-3.7), illiterate/primary education individuals (HR:1.5; IC95%:1.1-2.2), and <200 CD4 subjects (HR:1.8; 95%CI:1.2-3.0). HIV-related CoD were due to infections (48%): most common in men who have sex with men (MSM) (63%), followed by HTS women (60%). Non-HIV-related CoD were cancer (29%): more prevalent in men (32%), people with have secondary/university studies (39%) and HTS men (50%); cardiovascular diseases (22%): in HTS women (57%) and illiterate/primary education individuals (35%) and; liver diseases (19%): in IDU (37%).

Abstract conclusion
Mortality was associated with being IDU, HTS man, Spaniard, with low educational level and damaged immune system. CoD frequencies in HIV-related and non-HIV-related were similar

Keywords: HIV Infections, Viral/epidemiology, Cause of Death, Follow-Up Studies, Registries

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How can we establish routine chlamydia testing in general practice for young adults? Exploring the barriers in 4 European countries.

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Abstract
Testing rates for Chlamydia trachomatis are low in European general practices, despite high rates of infection and European recommendation for active case finding to detect and treat asymptomatic cases. A qualitative study using the Theory of Planned Behaviour sought to identify barriers in personal attitudes, subjective norms and behavioural controls that could influence GP staff in 4 EU countries implementing routine opportunistic testing for chlamydia with young adult patients. The data was gathered to inform development of a European chlamydia training package for GP staff.

Abstract methods
52 GPs and practice nurses were individually interviewed using a semi structured schedule (England 22, Estonia 8, France 14 and Sweden 8). Interviews were transcribed in their original language and a thematic analysis was undertaken in each country to establish barriers regarding routine chlamydia testing of young adults.

Abstract results
Barriers held a high degree of commonality across the 4 countries. They concerned beliefs about young patients not attending general practice and preferring to receive sexual health services elsewhere, beliefs that sexual health had low status among colleagues, low knowledge derived from limited testing culture, and time pressures and forgetting to offer resulting in low testing. Staff supported receiving training in chlamydia testing, preferring in practice delivery.

Abstract conclusion
As the barriers to chlamydia testing are similar across Europe development of a common European training package is appropriate and feasible. The training package should challenge incorrect beliefs, model brief interventions and provide resources to support the normalisation of testing, and be adaptable for inter country differences in policy and culture.

Keywords: Chlamydia, General Practice, Young adult, Education

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