

Previous HIV-testing among people diagnosed with HIV in 2014–2015. Possibilities for earlier diagnosis of HIV.

EXECUTIVE SUMMARY OF THE REPORT

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Tallinn, 2017

Objective

The objective of the study was to find additional possibilities for early diagnosis of HIV in the Estonian health care system.

Material and Methods

Data were collected from the Estonian Health Board information system for infectious diseases and Estonian Health Insurance Fund database for medical bills. The analysis looked at new HIV cases diagnosed in 2014 and 2015 (among 16-year-olds and older) and their contact with health care services in two years preceding the HIV diagnosis. Diagnoses on medical bills were categorised as HIV indicator conditions using ICD-10 codes according to the Copenhagen HIV Programme recommendations.

Results

The final sample consisted of 538 adults with an average age of 36 years. 63% of them were men. 42% of them were diagnosed with HIV in Ida-Viru County and 50% in Harju County. 56% had been infected through heterosexual contact, 4% through homosexual contact and 23% parenterally (injecting drug use).

443 (82%) of all subjects had medical bills (4046 medical bills in total, on average 9.1 medical bills per person) during the study period. 331 (75%) out of those 443 had medical bills from family practitioners and specialist doctors, 56 (13%) only from specialist doctors and 52 (12%) only from family practitioners. 71% of the whole sample **had visited a family practitioner**.

72 (16%) **people** out of 443 had been tested for HIV during the two years preceding HIV diagnosis. Women had been tested more than men (mostly related to gynaecologist and midwife visits) and younger age groups more than older age groups. 3% of people who had visited a family practitioner had also been tested in primary care. 137 (31%) out of 443 had at least one ICD-10 code for HIV indicator conditions on at least one of their medical bills and 12 (8.8%) of them had an HIV test included on that bill.

113 **medical bills** (3% of all medical bills) had an HIV test on it. 5% of specialist care and 0.7% of primary care medical bills included HIV testing. Testing was most prevalent in

the fields of infectious diseases, as well as obstetrics and gynecology (45% and 11% of the given speciality medical bills, respectively). 5% of medical bills with an HIV indicator condition included HIV testing (3% of other medical bills). 356 (80%) of 443 who visited health care services were 20-49 years old at the time of the HIV diagnosis and were diagnosed in Harju or Ida-Viru County. These factors placed them in the **target groups set in the Estonian guidelines for HIV testing**. Their average number of medical bills was 9 (median 7). 65 (18%) of them had been tested for HIV at least once.

Conclusions and Recommendations

HIV testing rate in two years prior to an HIV diagnosis was very low, even in the presence of an HIV indicator conditions or the patient's age and place of residence put them in one of the target groups set in the guidelines for HIV testing. This emphasises the importance of implementing Estonian HIV testing guidelines. Special attention must be paid to testing patients with an HIV indicator condition on every health care level and in every speciality. Family medicine is the most probable speciality for patients to get in contact with health care and where HIV testing should be recommended. Since close to one fifth of the patients had no medical bills (or contact with health care services), it is important to continue offering alternative testing possibilities (anonymous and community-based testing for key populations).

This study was financed by National Institute for Health Development, Estonia, from project OptTEST (*Optimising testing and linkage to care for HIV across Europe*; 2014–2017) (grant no. 20131102) of the European Commission and Estonian National Health Plan 2009–2020.