

EUROPEAN       

**HIV**

NURSING

CONFERENCE

# PROGRAM & ABSTRACTS

HOSTED BY:



IN PARTNERSHIP WITH:



18–19 November 2016 • Barcelona

# WELCOME

Dear Colleagues:

We are honoured to welcome you to the second European HIV Nursing Conference, sponsored by the International Association of Providers of AIDS Care (IAPAC) in partnership with the European HIV Nursing Network (EHNN), the United Kingdom's National HIV Nurses Association (NHIVNA), and the AIDS Healthcare Foundation (AHF).

We are excited to chair this conference that, in common with the first conference, focuses on HIV care across the European region. Nurses are at the front line of HIV care in all regions, in collaboration with agencies and organisations all committed to improving the health and well being of people affected by HIV. Our work must be evidence-based and of high quality, and it is at conferences such as this that we can gain new insights in the best current practice in providing support for our patients while helping to support and develop nursing leadership.

Since the last conference, the context of HIV care has continued to develop and evolve, including an increased focus on ageing and HIV, calls to increase emphasis on co-infections such as tuberculosis and hepatitis C, passionate debate around the availability of pre-exposure prophylaxis (PrEP), and ongoing challenges facing harm reduction services for people who inject drugs (PWID) in Eastern Europe and Central Asia.

As we discussed in 2014, there is still significant stigmatization of people affected by HIV, especially in the key populations of sex workers, men who have sex with men (MSM), and PWID. There have been successes – since 2014, 2 million more people have access to HIV treatment (including significant increases in the European region). This is still only around 50% of people requiring treatment, but indicates progress is being made.

Our conference in 2016 takes place during an important phase in the evolution of the HIV response, especially following the crucial announcement in 2014, by the Joint United Nations Programme on HIV/AIDS (UNAIDS), of the '90-90-90' targets calling for 90% of people living with HIV knowing their status, 90% of those individuals placed on antiretroviral therapy, and of these, 90% achieving undetectable viral load, by 2020. Nurses will play a key role in achieving these ambitious targets. Now, two years later, robust international initiatives aim to track progress and achieve these goals, only three years away. Indeed, one European nation, Sweden, has already attained the 90-90-90 targets.

These two days in Barcelona offer an excellent opportunity for discussion, debate, and networking, as we collectively work to improve the prevention, care, and treatment services delivered to people affected by HIV. Our continuing focus on the role of nursing leadership will be vital in ensuring services are of the best quality and strengthening the confidence and abilities of nurses working in HIV care in the European region.

We know all of you bring much expertise and experience to enhance the quality of this conference, and we also anticipate that what you take away will help promote and maximise best practices in your own clinical settings.

We wish all of you a very productive conference.



Michelle Croston, RN, MSc<sup>1</sup>  
Co-Chair



Ian Hodgson, PhD, RN, MA<sup>2</sup>  
Co-Chair



Margarita Robau, RN<sup>3</sup>  
Co-Chair

<sup>1</sup> Manchester Metropolitan University, Manchester, England

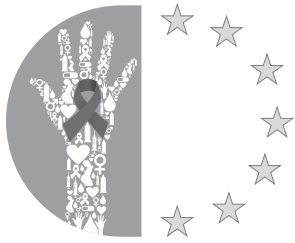
<sup>2</sup> European HIV Nursing Network, London, England

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## CONFERENCE INFORMATION

### PROGRAM OVERVIEW

The 2016 European HIV Nursing Conference is hosted by the International Association of Providers of AIDS Care (IAPAC) in partnership with the European HIV Nursing Network (EHNN), the National HIV Nursing Association (NHIVNA), and the AIDS Healthcare Foundation (AHF). The conference Co-Chairs are Michelle Croston, RN, MSc (Manchester Metropolitan University, Manchester, England); Ian Hodgson, PhD, RN, MA (European HIV Nursing Network, London, England); and Margarita Robau, RN (Hospital Clínic Barcelona, Barcelona, Spain).

The conference aims to provide a venue for nurses from throughout Western and Eastern Europe to: (1) gain insights into strategies for optimizing the clinical management of people affected by and

living with HIV across the prevention and care continuum; (2) discuss the state-of-the-science regarding the use of antiretroviral therapy for both therapeutic and preventative effects; and (3) access professional development opportunities focused on enhancing nurse clinical leadership roles to end AIDS as a public health threat.

### DISCLOSURE

Gilead Sciences Europe Ltd. and ViiV Healthcare have provided sponsorship support for this conference. IAPAC is responsible for control of the conference's content and faculty selection. Neither Gilead Sciences Europe Ltd. nor ViiV Healthcare had any involvement in the design of the program or the selection of presenters, panelists, and/or moderators.

## GENERAL INFORMATION

### MEETING VENUE

The 2016 European HIV Nursing Conference is being held at the Hotel Avenida Palace Barcelona, Spain. Plenary presentations and panel discussions will be held in the Gran Salón, breakout sessions will be held in the Salón Parrilla. Registration, breaks, and poster abstract sessions will be held in the Salón Terraza.

### MEALS

Lunch will be provided on both days, in addition to coffee breaks throughout each day. Please refer to the program for scheduled break and lunch times.

### WIRELESS INTERNET

#### Meeting Rooms

Net: AvPSalones

Password: salones 605

#### Sleeping Rooms

Net: AvPalace

Password: 605605605

### SLIDE PRESENTATIONS

The conference's presentations are being posted at [www.iapac.org](http://www.iapac.org) as they are delivered.

### SOCIAL MEDIA

IAPAC encourages you to use social media to communicate your thoughts about the conference's proceedings. The conference's Twitter hashtag is #HIVNursing2016.



### QUESTIONS

If you have any questions during the conference, please locate an IAPAC staff member in the Registration area. If you have any questions post-conference, please contact Jonathon Hess, IAPAC Conference Manager, at [jhess@iapac.org](mailto:jhess@iapac.org).



**Wilma Brokking**

DC Klinieken  
Amsterdam, NETHERLANDS

**Michelle Croston**

Manchester Metropolitan University  
Manchester, ENGLAND

**Adrián Currán**

Autonomous University of Barcelona  
Barcelona, SPAIN

**Catherine Dodds**

London School of Hygiene and Tropical Medicine  
London, ENGLAND

**Catarina Esteves**

Hospital de Cascais  
Alcabideche, PORTUGAL

**Suzi High**

Bradford Teach Hospitals NHS Foundation Trust  
Bradford, ENGLAND

**Ian Hodgson**

European HIV Nursing Network  
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**Jeffrey Kwong**

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**Nienke Langebeek**

Rijnstate Arnhem  
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**Helena Marianne Mäkinen**

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**Sarah Rutter**

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**Riika Teperi**

Tampereen Yliopistollinen Sairaala  
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**Shaun Watson**

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**Peter Weissner**

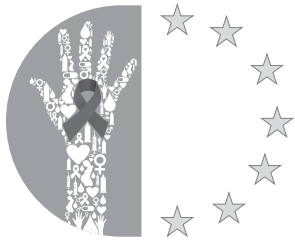
Berlin, GERMANY

**Benjamin Young**

International Association of Providers of AIDS Care  
Washington, DC, USA

**Anna Zakowicz**

AIDS Healthcare Foundation  
Amsterdam, NETHERLANDS



## FRIDAY, 18 NOVEMBER 2016

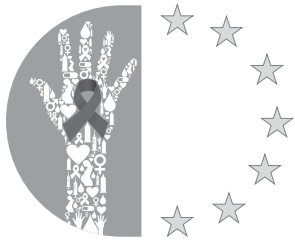
Gran Sal3n		
0900–0915	<b>CONFERENCE WELCOME BY CO-CHAIRS</b> <i>Michelle Croston, Ian Hodgson, Margarita Robau</i>	
0915–0945	<b>PLENARY 1: HIV in Europe: Update on the Pan-European Initiative to Improve Early HIV Diagnosis and Care</b> <i>Anastasia Pharris-Ciurej</i>	
0945–1015	<b>KEYNOTE ADDRESS: Transforming HIV Nursing - Amplifying Nurse Clinical Leadership in the Test and Treat Era</b> <i>Annette Mwansa Nkowane</i>	
1015–1045	<b>PLENARY 2: What Do Advances in HIV Treatment Mean in the Context of Ending AIDS as a Public Health Threat by 2030?</b> <i>Adri3n Curr3n</i>	
1045–1100	Break	
1100–1130	<b>PLENARY 3: PrEP 2016 - The Nurses' Role in Scaling Up PrEP Access within a Combination HIV Prevention Approach</b> <i>Benjamin Young</i>	
1130–1230	<b>PANEL 1: Implementing the IAPAC and WHO "Treat All" and PrEP Guidelines - What Does that Mean across Europe?</b> <i>Moderator: Benjamin Young</i> <i>Panelists: Helena Marianne M3kinen, Catarina Esteves</i>	
1230–1300	<b>Q&amp;A SESSION</b>	
1300–1400	<b>LUNCH PANEL: Long-Term Living with HIV - Shifting HIV Nursing Practice to Meet the Needs of "Older" PLHIV</b> <i>Moderator: Margarita Robau</i> <i>Panelists: Jeffrey Kwong, Caroline Monfort, Jordi Puig</i>	
1400–1415	Break	
Gran Sal3n	Sal3n Parrilla	
1415–1530	<b>ORAL ABSTRACT SESSION 1:</b> Key Populations Interventions	<b>ORAL ABSTRACT SESSION 2:</b> Clinical Management & Treatment Challenges
1530–1615	<b>CASE STUDY SESSION 1:</b> Dealing with Complexity <i>Presenter: Sarah Rutter</i>	<b>CASE STUDY SESSION 2:</b> Liver Disease <i>Presenter: Jeffrey Kwong</i>
1615–1700	<b>CASE STUDY SESSION 3:</b> Mental Health /Psychological Care <i>Presenter: Michelle Croston</i>	<b>CASE STUDY SESSION 4:</b> Reproductive Health <i>Presenter: Riikka Teperi</i>
1700–1800	<b>PROFESSIONAL DEVELOPMENT WORKSHOP 1:</b> Advanced Practice Nurses <i>Presenter: Wilma Brokking</i>	<b>PROFESSIONAL DEVELOPMENT WORKSHOP 2:</b> First-Level Nurses <i>Presenter: Suzi High</i>
1800	Adjourn	





## SATURDAY, 19 NOVEMBER 2016

Gran Salón	
0900–0930	<b>PLENARY 4: Mental Health as a Facilitator and Barrier to Optimal HIV Care - No Room for Failure</b> <i>Shaun Watson</i>
0930–1000	<b>PLENARY 5: Managing HCV: State-of-the Science and Evidence-Based Testing/Cure Interventions</b> <i>Mark R. Nelson</i>
1000–1100	<b>PANEL 3: PLHIV Perspectives on HIV Comorbidities - Exploring Health and Quality of Life Concerns</b> <i>Moderator: Anna Zakowicz</i> <i>Panelists: Michael Meulbroek, Marco Pereira</i>
1100–1130	<b>Q&amp;A SESSION</b>
1130–1145	Break
Gran Salón	
1145–1245	<b>PROFESSIONAL DEVELOPMENT WORKSHOP 3:</b> Advanced Practice Nurses <i>Presenter: Shaun Watson</i>
Salón Parrilla	
1145–1245	<b>PROFESSIONAL DEVELOPMENT WORKSHOP 4:</b> First-Level Nurses <i>Presenter: Nienke Langebeek</i>
Gran Salón	
1245–1345	<b>LUNCH PANEL: Leaving No One Behind - Optimizing Engagement in HIV Care for Children and Adolescents</b> <i>Moderator: Shaun Watson</i> <i>Panelists: Catarina Esteves, Ian Hodgson, Sophie Raghunanan</i>
1345–1445	<b>POSTER SESSION</b>
1445–1545	<b>SPECIAL SESSION: Focus on Eastern Europe - Challenges and Opportunities in Care and Support</b> <i>Moderator: Anna Zakowicz</i> <i>Panelists from Estonia, Russia, Ukraine</i>
1545–1600	Break
Gran Salón	
1600–1630	<b>INVITED SPEAKER</b> Stigma, Discrimination, Criminalization <i>Presenter: Catherine Dodds</i>
Salón Parrilla	
1600–1630	<b>INVITED SPEAKER</b> Migrant and Unstably Housed Populations <i>Presenter: Peter Weissner</i>
Gran Salón	
1630–1730	<b>CLOSING PANEL: Ending AIDS as a Public Health Threat - A Critical Need for Nurse Clinical Leadership</b> <i>Moderator: Sarah Rutter</i> <i>Panelists: Ian Hodgson, Michelle Croston, Benjamin Young</i>
1730	Adjourn



## ORAL ABSTRACT SCHEDULE

# FRIDAY, 18 NOVEMBER 2016

SESSION 1: Key Populations  
Interventions  
1415–1530 / Gran Salón

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- 03: Let's Talk About Sex: Barriers and Facilitators for Discussing Sexual Risk Behavior with HIV-Positive MSM by HIV Nurse Consultants in The Netherlands**  
*Suzanne de Munnik presenting*
- 15: Quality of Life Among Individuals Living in HIV Seroconcordant and Serodiscordant Relationships**  
*Nuno Nobre presenting*
- 16: Stigma in Older Adults Living with HIV/AIDS in Finland: A Qualitative Study**  
*Nuno Nobre presenting*
- 33: Bringing HIV Care Closer to a Patient: Results of the Krasnoyarsk Experience**  
*Irina Tirikova presenting*

SESSION 2: Clinical Management and  
Treatment Challenges  
1415–1530 / Salón Parrilla

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- 04: The Impact of the Number of Comorbidities and Aging on Health-Related Quality of Life (HRQL) in HIV-Infected and -Uninfected Individuals**  
*Nienke Langebeek presenting*
- 05: Does the Use of the Wellness Thermometer Improve Consultations for People Living with HIV?**  
*Michelle Croston presenting*
- 06: A National Nurse-Led Audit of the Standards for Psychological Support for Adults Living with HIV**  
*Sarah Rutter presenting*
- 07: How do HIV Nurses Facilitate Shared Decision-Making in HIV Care?**  
*Michelle Croston presenting*
- 34: Collaboration of HIV Care Services with Primary Healthcare Network Improves HIV Testing and Patient Clinical Outcomes in Rural Ukraine**  
*Larysa Sikailo presenting*





### 3 Let's Talk About Sex: Barriers and Facilitators for Discussing Sexual Risk Behavior with HIV-Positive MSM by HIV Nurse Consultants in The Netherlands

Suzanne de Munnik<sup>1</sup> (presenting), Chantal Daas<sup>2</sup>

<sup>1</sup> Catharina Hospital, Eindhoven, Netherlands

<sup>2</sup> National Institute for Public Health and the Environment, Bilthoven, Netherlands

**Background:** HIV-positive men who have sex with men (MSM) are often diagnosed with sexually transmitted infections. Therefore, HIV nurse consultants communicate about sexual risk behaviour. Using variables from a previous qualitative study and the Theory of Planned Behaviour, we aimed to get more insight into facilitators and barriers for discussing sexual risk behaviour by HIV nurse consultants with HIV-positive MSM.

**Methodology:** Therefore, an online self-reported questionnaire was conducted among the HIV nurse consultants in the Netherlands. We assessed factors from the theory of planned behavior, and factors from a previous qualitative study. Determinants that were assessed included attitudes, subjective norms, self-efficacy, and also shame, attention for prevention, time concerns. Outcomes were self-reported frequency of discussing sexual risk behavior (5-point Likert scale), and intention to discuss sexual risk behavior (sum score 4 items; range 4-24,  $\alpha = .76$ ).

**Results:** Overall, participants reported high intentions ( $M = 13.67$ ,  $SD = 2.46$ ). The variables attitudes, sexual preference, having ways to introduce the topic, and having the time or seeing it as a priority explained 38% of the variance in intention to discuss sexual risk behaviour. In addition, high intenders significantly differed from low intenders in experienced shame, relation with patients, non-verbal communication, subjective norm, and knowledge ( $p$ 's  $< .027$ ).

**Conclusions:** HIV nurse practitioners in the Netherlands report high intentions and high frequency of discussing sexual risk behavior among HIV-positive MSM. However, these MSM increasingly become co-infected with STI. Efforts to improve discussing of sexual risk behavior could focus on getting more insights into what exactly is discussed and what is the effect of what is discussed on sexual risk behavior among MSM. We could also explore whether the self-reported frequency of discussing sexual risk behavior corresponds with practice or are biased. This study offers insights into the factor that influence discussing sexual risk behavior with HIV-positive MSM by HIV nurses, a group that could contribute greatly to their sexual health.

### 4 The Impact of the Number of Comorbidities and Aging on Health-Related Quality of Life (HRQL) in HIV-Infected and -Uninfected Individuals

Nienke Langebeek (presenting)

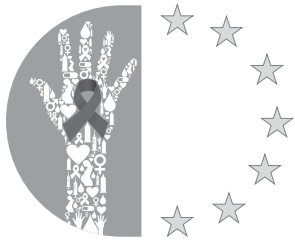
Rijnstate Hospital, Arnhem, Netherlands

**Background:** HIV-infected persons may be at risk for the premature onset of age-associated non-communicable comorbidities (AANCCs) compared to the general population. Such co-morbidities are usually accompanied by declines in patients' physical and mental capacities and might thus have a negative impact on patients' health-related quality of life (HRQL). Previous research has shown that HIV infection itself and aging may also have a negative impact on HRQL. Our objective was to investigate the impact of the number of AANCCs, aging and HIV infection on HRQL.

**Methodology:** The study is conducted among HIV-infected individuals and highly comparable but uninfected controls, aged 45 years or older, participating in the AGEHIV Cohort Study. Participants were screened at enrollment for the presence of AANCCs (including cardiovascular, metabolic, pulmonary, renal, bone and malignant disease). Participants completed the Medical Outcomes Study Short Form 36-item health survey (SF36) to assess their HRQL. We compared HRQL between HIV-infected and uninfected persons using general linear models. Effect sizes for between-group differences were calculated by dividing mean differences by pooled standard deviations. We investigated factors associated with physical- and mental HRQL using linear regression analysis. All models were adjusted for relevant background characteristics (gender, ethnicity, socioeconomic status, marital status, educational level, sexual orientation and life style factors, i.e., smoking, alcohol consumption, and drug use).

**Results:** HIV-infected individuals ( $n = 541$ ) had significantly worse HRQL than HIV-uninfected individuals ( $n = 526$ ) on five out of eight of the SF36 scales, i.e., physical- and social functioning, role-physical, vitality and health perceptions, and on the physical and mental health summary score. However, all differences between HIV-infected and HIV-uninfected individuals were of a small to medium sized magnitude (effect sizes 0.16 to 0.45). A higher number of AANCCs and HIV-positive status were each independently associated with a worse physical HRQL. HIV-positive status and younger age were independently associated with a worse mental HRQL. There was no evidence that the difference in HRQL between HIV-infected and HIV-uninfected individuals became greater with increasing age, or with an increasing number of AANCCs.

**Conclusions:** HIV-infected individuals have a worse physical and mental HRQL than HIV-uninfected individuals albeit differences are of a small to medium sized magnitude. The difference in HRQL between HIV-infected and uninfected individuals does not become greater with increasing age or with an increasing number of co-morbidities. Even HIV-infected individuals without AANCCs have statistically significantly worse physical HRQL than HIV-uninfected individuals without AANCCs.



## 5 Does the Use of the Wellness Thermometer Improve Consultations for People Living with HIV?

Michelle Croston (presenting)

Manchester Metropolitan University, Manchester, England

**Background:** The care paradigm for patients with HIV has changed from managing an infectious condition with a poor prognosis to managing a long-term chronic disease. New challenges arising from this change may include factors that impact on patients' health-related quality of life, such as the burden of lifelong adherence to antiretroviral therapy. Monitoring patients' holistic wellbeing is an important aspect of care.

**Design:** The Wellness Thermometer was developed after consultation with a multidisciplinary team and patient experts. To establish if the Wellness Thermometer improved patient consultations, a service evaluation was developed to explore the benefits of using the tool within clinical practice.

**Methodology:** The wellness thermometer was offered to all patients who attended three UK HIV clinics. Patients were then asked to complete predetermined questions in order to rate their experiences of the wellness thermometer in practice. HCP who took part in the service evaluation were also asked to rate their experiences of using the Wellness Thermometer.

**Results:** 80% of patients (n = 231) felt that the wellness thermometer (WT) helped to identify their concern, 78.8% (n = 182) felt the WT improved their conversation with their healthcare professional (HCP). 81.4% (n = 188) stated that the WT helped them raise their concerns with HCP, 76.2% (n = 176) felt the WT helped them record their concerns between appointments, 80.6% (n = 186) would recommend the WT to a friend or family member with a health problem and 83.1% (n = 192) would recommend the wellness thermometer to other people with their condition. Similarly, over 95% of healthcare professionals (n = 12) strongly agreed that the wellness thermometer is a useful tool. 90% (n = 10) felt that the wellness thermometer helped their patients identify their concerns. The Wellness Thermometer allows for routine and recordable monitoring of patient's wellbeing.

## 6 A National Nurse-Led Audit of the Standards for Psychological Support for Adults Living with HIV

Michelle Croston<sup>1</sup>, Sarah Rutter<sup>2</sup> (presenting)

<sup>1</sup> Manchester Metropolitan University, Manchester, England

<sup>2</sup> National Health Service, Manchester Mental Health and Social Care Trust, Manchester, England

**Background:** Providing psychological care is everybody's business, with good mental health and resilience being fundamental to our physical well-being, relationships and ability to attain potential and achieve goals. As HIV nurses are often on the frontline of clinical care, they are well placed to play an integral role in the provision of psychological support. The audit aimed to assess whether the standards for psychological support are being implemented in clinical practice.

**Methodology:** A working group developed an audit proforma based on the auditable outcomes of the Standards of psychological support for adults living with HIV. A matrix was created to cross reference audit questions with specific standards. Fifty-two sites (1/3 of those invited) participated, submitting data on 1446 patients.

**Results:** Findings indicated that when psychological needs were identified, management of these needs was generally in keeping with the stepped care model promoted in the standards. There appeared to be a distinct lack of documentation of mental health history, risk and psychological well-being needs in general. The rate of cognitive screening was also extremely low. Regarding service 'set up' and processes, there appeared to be a lack of local policy (for psychological support, risk and medication adherence) and variation across services in relation to access to relevant professionals. Psychological and cognitive screening tools also varied considerably across sites, as did the access to psychological support training. The latter was completely absent for almost half the services.

**Conclusion:** There is a need for a psychological training package to assist healthcare professionals to provide support within HIV clinical settings. There is requirement for the development of local policy regarding psychological support, risk and treatment adherence. The national standardisation of psychological and cognitive screening tools was also recommended.



## 7 How do HIV Nurses Facilitate Shared Decision-Making in HIV Care?

Michelle Croston<sup>1</sup> (presenting), Catrin Evans<sup>2</sup>

<sup>1</sup> Manchester Metropolitan University, Manchester, England

<sup>2</sup> Nottingham University, Nottingham, England

**Background:** Shared Decision Making (SDM) is an important part of promoting self-management and empowerment for patients with long term health conditions. There has been little empirical research on the nature and practice of SDM in HIV care.

**Research Aim:** This research project aimed to explore current views and practices amongst UK HIV nurses regarding SDM in order to identify training and support needs.

**Methodology:** This was a mixed methods study. Part 1 was a qualitative study in which 4 focus group discussions (n = 15) were held to explore HIV nurses' views and practises around SDM. These were thematically analysed and the results were used to develop Part 2, an on-line survey that was sent to all members of the National HIV Nurses Association (NHIVNA). The survey sought to identify knowledge, challenges, gaps and training needs in relation to SDM. The survey received 64 responses out of a possible 258 – response rate of 25%.

**Results:** Qualitative data showed that nurses are supportive of SDM and strive to implement it in everyday practice. Nurses understand SDM as a collaborative process but one that must be negotiated not only with the patient but also with the wider MDT. Nurses face several patient-related, organisational and health system challenges in implementing SDM. The survey identified a need for more training on SDM (especially in supporting complex patients) and a need for more resources/decision aids to help facilitate SDM.

**Conclusion:** SDM is an important aspect of nursing care for people living with HIV. Nurses need more training and resources to implement SDM effectively. In order to develop such training and resources and to better understand the meaning of SDM in HIV care, there is a need for research on patient perspectives and experiences in this area.

## 15 Quality of Life Among Individuals Living in HIV Seroconcordant and Serodiscordant Relationships

Nuno Nobre<sup>1</sup> (presenting), Marco Pereira<sup>2</sup>, Risto Roine<sup>1</sup>, Sintonen Harri<sup>1</sup>, Sutinen Jussi<sup>1</sup>

<sup>1</sup> University of Helsinki, Finland

<sup>2</sup> University of Coimbra Faculty of Psychology and Educational Sciences, Coimbra, Portugal

**Background:** With the current effective combination antiretroviral therapy (cART), people living HIV/AIDS (PLWHA) live longer without HIV-related complications. For that reason, quality of life (QoL) has emerged as a significant outcome, both in research and clinical practice. Because close relationships have deep importance throughout the life-span, it is plausible that individuals living in HIV seroconcordant or serodiscordant relationships may face several challenges that impact differently their QoL. Therefore, the aim of this study was to compare the QoL of PLWHA in seroconcordant and serodiscordant relationships.

**Methodology:** The sample consisted of 436 Finnish- infected individuals (Mean age = 46.62 years; SD = 11.23). The majority of the participants were male (75.6%), employed (63.7%), married/cohabiting (45.9%) or single (36.5%). Sexual contact was the main route of transmission (87.82%). Respectively, 86 (19.7%) and 174 participants (39.9%) reported to be in a seroconcordant and serodiscordant relationship. Quality of life was assessed with the Finnish version of the World Health Organization quality of life HIV infection instrument, abbreviated version (WHOQOL-HIV-Bref).

**Results:** The results indicated significant differences in all QoL domains, with the exception of the domain Level of independence. Participants living with a HIV -uninfected partner reported significantly higher scores QoL, particularly when compared with those that reported not having a partner. Participants living in a serodiscordant relationship reported significantly higher QoL ratings in the domains Psychological, Social relationships and Spirituality. No significant differences were found between participants living in seroconcordant and serodiscordant relationships.

**Conclusion:** The differences observed between study groups in QoL, and particularly the higher scores of those living in a relationship, whether HIV seroconcordant or serodiscordant, reinforce the importance of intimate relationships, and support the notion suggesting that living as a couple may be an influential factor that positively affects individuals' well-being.



## 16 Stigma in Older Adults Living with HIV/AIDS in Finland: A Qualitative Study

Nuno Nobre<sup>1</sup> (presenting), Marco Pereira<sup>2</sup>

<sup>1</sup> University of Helsinki, Finland

<sup>2</sup> University of Coimbra Faculty of Psychology and Educational Sciences, Coimbra, Portugal

**Background:** Medical advances have allowed people living with HIV/AIDS (PLWHA) to live longer and healthier. Despite these notable advances and of more than 30 years of the HIV/AIDS epidemic, HIV-related stigma remains a significant problem for many PLWHA. Older adults living with HIV/AIDS, as well as the stigma associated with age and disease itself is however a growing concern in Finland. The aim of this study was to explore how stigma impacts the daily life of older adults living with HIV.

**Methodology:** The sample consisted of nine HIV-infected individuals aged 50 years and older (Mean age = 60.6 years) living in Helsinki, Finland. The majority of the participants were male (n = 7), divorced (n = 5) and reported men sex with men (MSM) as the mode of transmission (n = 5). Data were collected by using a semi-structured in-depth interviews were conducted. The obtained data were analysed by inductive content analysis methodology.

**Results:** From the content analysis emerged four main categories: (1) other's fear of contagion; (2) negative HIV-related self-image; (3) free from all self-stigma; and (4) self-protective behaviours against stigma. Overall, the results indicated that stigma was portrayed as a negative feature in the participants' lives, influencing both their self-esteem and disclosure patterns. Self-protective measures were considered the best way to avoid enacted stigma.

**Conclusions:** HIV infection triggered a chain of reactions from others and from the participants. Whether self-stigma or enacted stigma, both impacted the live of the participants' social relationships and disclosure patterns. Older adults living with HIV/AIDS may not have enough personal resources to cope with all kind of sources of HIV-related stigma. In health and social gerontological interventions, it would be valuable to incorporate a comprehensive stigma assessment as a part of geriatric holistic care for older adults living with HIV.

## 19 Informing Comprehensive Package of Care for Men Who Have Sex with Men (MSM) and Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) Members of Campus Communities in South Africa

Hanlie Kapp<sup>1</sup> (presenting), Ramneek Ahluwalia<sup>2</sup>

<sup>1</sup> Foundation for Professional Development, Pretoria, South Africa

<sup>2</sup> Higher Education HIV/AIDS Programme, Pretoria, South Africa

**Background:** The Higher Education and Training HIV/AIDS Programme (HEAIDS), in partnership with Networking HIV/AIDS Community of South Africa (NACOSA) and funded by the Global Fund to Fight AIDS, TB and Malaria, undertook research among students at higher education institutions (HEIs) in South Africa to explore their knowledge, attitudes and behavior in relation to sexual health and HIV. The study was intended to inform a comprehensive package of care for men who have sex with men (MSM) and lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) members of campus communities.

**Methodology:** The study was cross-sectional in design and registered university students at HEIs invited to participate.

**Results:** A total of 8,869 students on 14 HEIs participated, 896 MSM, and 7,973 non-MSM. Data shows perceptual and confidence level differences between MSM students and non-MSM students on various areas in study.

**Conclusion:** Innovative ways of reaching the diverse male students who engage in sex with men have to be identified. HEIs should not be complacent about the inclusivity of their HIV responses. Interventions must be designed for most at-risk population groups and appropriate services must be provided. The survey revealed differences between and within institutions and showed a need for nuanced, flexible and context-driven interventions, acknowledging particularities and commonalities in youth sexuality.



### 33 Bringing HIV Care Closer to a Patient: Results of Krasnoyarsk Experience

Anatolii Boiko, Tatiana Kondrateva, Veronika Shcheglova Veronika, **Irina Tirikova (presenting)**

Krasnoyarsk Regional AIDS Center, Krasnoyarsk, Russia

**Background:** Krasnoyarsk is a city in the Western Siberia of Russia with a population of more than 1 million people. HIV care is provided by the Regional AIDS Center. Currently there are 6700 active patients, 47% of them are on antiretroviral therapy. 60% of patients acquired HIV infection through intravenous drug use. According to Russian national clinical guidelines antiretroviral therapy should be prescribed to a patient with clinical symptoms of opportunistic diseases or if CD4 count is less than 350 cells/ml.

**Methodology:** In 2013, Regional AIDS Center started a collaboration with AHF and a department of medical and social care was organized to bring HIV and social care closer to those clients who cannot attend AIDS center or need additional assistance, e.g. patients with low adherence, pregnant women, disabled and severely ill patients. The department staff includes 2 doctors, 2 psychologists, 2 nurses and a social worker. Main purposes include provision of emotional, psychological, and medical care to disabled, severely ill patients and patients with late stages of HIV infection, assistance in resolving of socio-economic problems which disabled patient might have, assistance in documents recovery, intensive adherence counselling to those patients who missed their appointment, or not motivated for treatment, or call themselves as "AIDS-denialist."

**Results:** Since 2013, 3,785 patients in different periods of time were clients of the department. Specialists of department visited 5,876 addresses, returned to regular HIV care 2,066 patients, who in other circumstances would be lost-to follow-up. Currently 49% of them are on antiretroviral therapy.

**Conclusion:** In countries, where majority of PLWH acquired HIV infection through intravenous-drug use, current model of HIV care might be not sufficient to maintain patients in care. Krasnoyarsk experience shows positive results in improvement of retention in care in such conditions.

### 34 Collaboration of HIV Care Services with Primary Healthcare Network Improves HIV Testing and Patient Clinical Outcomes in Rural Ukraine

Svitlana Zhmynda, **Larysa Sikailo (presenting)**, Victoriia Zodorozhnia

Bashtanka Hospital, Mikolayiv Region, Ukraine

**Background:** HIV care clinical site in Voznesensk, Mykolaiv Region, Ukraine has been created in 2010. Since opening it has been providing HIV care to the population of Voznesensk region which covers the area of 537 square miles with a total population of 36,000 people. Currently 429 patients are registered at the clinical site, 90% of them are on antiretroviral therapy. Main HIV transmission routes in the region include unprotected sex (64%) and injecting drug use (36%).

**Methodology:** In 2014, site has initiated collaboration with primary healthcare network. Site staff conducted a series of educational trainings for primary healthcare providers (doctors, nurses, feldshers) which improved testing services and retention in care. HIV testing became available not only at HIV care site, but at GPs and feldshers (mid-level care providers) offices. Since November 2014, HIV testing is available in 25 points across Voznesensk region, including local TB, STI and drug addiction clinics.

**Results:** Collaboration with primary providers resulted in more targeting and efficient testing. Number of performed HIV rapid tests decreased from 1,024 in 2014 to 868 in 2015, at the same time seropositivity rate increased from 1.3% in 2014 to 2.3% in 2015. Collaboration with primary network is also beneficial for retention in HIV care and viral load suppression. Since November 2014, patients are reminded about appointment through SMS. If client misses an appointment, social worker calls him several times within a week after the appointment is missed. If it is not successful, social worker contacts patient's GP or feldsher who visits this patient in his/her house and provides an adherence counselling. In 2014, before this system was in place only 5% of clients who missed their appointment returned to HIV care within a month, while in 2016 this number increased to 40%, at the same time viral load suppression in clients on antiretroviral therapy increased from 55% in 2014 to 74% in 2016.

**Conclusion:** Collaboration with primary healthcare network shows positive results in terms of HIV testing efficiency and retention in HIV care. Such model can be recommended for rural areas of Eastern European countries where reaching patients might be challenging without such collaboration.





## 2 Needle Sharing and Risky Sexual Behavior Amongst Injecting Drug Users (IDU) in Lagos, Nigeria

Samuel Nwafor (presenting)

Centre for the Right to Health, Lagos, Nigeria

**Background:** Needle sharing and risky sexual behavior amongst injecting drug users (IDUs) have been reported to be related to high incidence of HIV and other STIs (IBBSS, 2010). About 10% of new HIV infections are as a result of injecting drug use (UNAIDS, 2007). This situation is further worsened by social discrimination and poverty in many developing countries, leading to increase in prevalence of both STI and HIV.

**Objective:** This study aimed at describing the burden and key factors associated with high rate of needle sharing and risky sexual practices among IDU in Lagos State.

**Methodology:** A multistage stratified random sampling method was used to recruit 125 IDU respondents in five selected Local Government Areas (LGAs) of Lagos State. Information on socio-demographic characteristics, risk perception and needle sharing was collected using a semi-structured questionnaire. Analysis was done using Statistical Package for Social Sciences (SPSS) version 16. Description analysis was done for categorical variables to identify prevalence while chi-square tests were used to test for association between variables. A binary logistic regression analysis was also done to identify factors associated with needle sharing and high sexual risk activities by IDU.

**Result:** About 92% of respondents have lived in the drug community for more than 12 months. About 88.8% injected drugs daily, about 50% of IDU shared needles in 5 Local government Areas (LGAs). These 5 LGAs combined contributed about 71.7% of total number of IDU that reported needle sharing in Lagos. Majority (92.4%) said they "hustle" including commercial sex work (78.0%), to get money daily for drug purchase. Condom use was 70.1% and 48.3% among IDU who engage in commercial sex work and multiple sex partnering respectively. Needle sharing was higher among respondents who inject drugs daily (72.6%), compared to those who injected drugs once weekly (33.3%)  $P = 0.045$ . IDUs who are bunk based are 0.029 times more likely to share needle than those who dwell in their own house. IDUs whose risk perception was low is 0.246 times more likely to engage in sexual risk activities than those with high risk perception.

**Conclusion:** There is need for more innovative IDU-targeted interventions to address high prevalence of needle sharing among IDUs.

## 10 #“Live Well” - A Social Media Strategy for Intervention in Antiretroviral Treatment in Adolescents and Young People with HIV in Brazil

Diego Calixto (presenting)

Ministry of Health of Brazil, Brasília, Brazil

**Background:** Many scientific studies show that countries, including Brazil, have changed treatment guidelines for HIV and to promote universal access to antiretroviral treatment to all people diagnosed as HIV-positive, regardless of viral load. But, against all evidence, adolescents and young adults are the population segment with lower adherence to antiretroviral treatment.

**Methodology:** “Live Well” was launched on 12 May 2015 and is a strategy of social media for mobile phone that contributes to better adherence of patients to treatment for HIV/AIDS with antiretrovirals to remind the user when it is necessary to medicate or get your medicine in health services. In addition, the “Live Well” works like a diary where patients can record CD4 data and viral load and thus follow the progress of their treatment. It is important to remember, also, that the app can be used to register any medications, thus benefiting also patients suffering from other diseases, as well as co-infections and opportunistic infections.

**Results:** The “Live Well” functions as an e-device to be accessed by young people living with HIV/AIDS and encourage adherence to antiretroviral treatment. Young are social networks highly connected, so it is important that the mechanisms and social media strategies to work adherence to treatment for HIV are present in these spaces as a way to use the health language and communication to the needs of young people.

**Conclusions:** Was assertive and innovative creation app “Live Well” by the STD, AIDS and Viral Hepatitis of the Ministry of Health of Brazil, through the Technical Group (WG) of Accession, which aims to reflect and discuss mechanisms and innovative strategies to work adherence to antiretroviral treatment. The GT is mixed, composed of representatives of the social movement to combat AIDS, members of the STD department, AIDS and viral hepatitis (DDAHV) and persons linked to universities and research centers related to accession. The creation of the application called “Live Well” has emerged as the demand of the Working Group, because it was the group consensus that strategies that use social networks have an excellent range of young people.



## 11 The Impact of the Program “Transcidadania” in the Social Inclusion of Transgender People in the City of São Paulo

Diego Calixto (presenting)

Ministry of Health of Brazil, Brasília, Brazil

**Background:** The Program implemented in the city of São Paulo aims to promote human rights and citizenship and provide conditions and recovery trajectories of life opportunities for transvestites and transsexuals in socially vulnerable. The program has as a structural dimension to supply conditions for financial autonomy, through conditional cash transfers to the implementation of activities related to the completion of basic education, preparation for the world of work and vocational training, civic education. The sum of these actions is an institutional improvement exercise, with regard to the preparation of public services and equipment for qualified and humanized care.

**Methodology:** This project is proposed to strengthen job placement activities, social reintegration and recovery of citizenship for LGBTTT people in vulnerable situations, served by CADS (Coordination of Sexual Diversity). Partnerships for its execution involving the Municipal Bureau of Human Rights and Citizenship - SMDHC and Municipal Secretary of Development, Labor and Entrepreneurship - SDTE. The program offered a monthly assistance amounting to R \$827.40 (R = reais) to a daily schedule of six hours during the period from 10/21/2015 to 12/20/2015.

**Results:** Of the 100 participants in the first edition of the program, only 10% have left the course, number below the drop-out meda youth and adults in Brazil, which is 36%, according to IBGE - Brazilian Institute of Geography and Statistics. The significant and positive number in relation to joining the program “Transcidadania” made the Secretariat for Human Rights, responsible for project management, expand the same for a new edition, comprising 150 participants, 50% more participants in the previous edition.

**Conclusions:** The program “Transcidadania” is innovative and inclusive as it subsidizes and empowers transgender people in education and employment, generating social inclusion and providing a new future for the participants, since approximately 43% of participants live in hostels and were house expelled. It is also worth noting that 63% of participants are black and brown, aged between 31 and 40 years. Faced with such evidence it is concluded that the program needs to be expanded and offered in all the Brazilian territory.

## 12 Continuum of Care of Children and Adolescents within a European Setting: A Patient-Centered Approach

Ambra Righetti<sup>1</sup> (presenting), Loredana Nulvesu<sup>1</sup>, Lucia Tamarasso<sup>1</sup>, Federica Portunato<sup>1</sup>, Piero Cai<sup>1</sup>, Giovanna Ferrandes<sup>1</sup>, Mauro Giacomini<sup>2</sup>, Barbara Giannini<sup>2</sup>, Claudio Viscoli<sup>1</sup>, Antonio Di Biagio<sup>1</sup>

<sup>1</sup> IRCCS, University Hospital San Martino, National Institute for Cancer Research, Genova, Italy

<sup>2</sup> University of Genoa, Italy

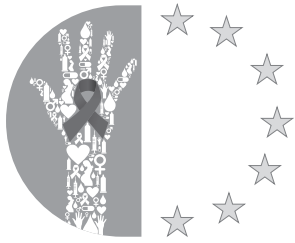
**Background:** Strategies to optimize the retention of children and adolescents living with HIV must face key barriers including individual, institutional and systems barriers. Many interventions to improve the retention in care are defined in literature.

**Methodology:** This is a descriptive study including all HIV-infected paediatric patients in care at the adult unit of Infectious Diseases of IRCCS AOU San Martino-IST in Genoa (Italy). A dedicated day and a patient-customized environment were implemented. A multidisciplinary approach was adopted. Psychological support and counseling were provided. Memory aid as texts and calls were used. Self-management and educational activities were encouraged. Adherence support devices and treatment personalization were carried out. Laboratory and pharmacology data have been automatically updated from Electronic Health Record in a SQL database accessible with a web interface.

**Results:** The study included 48 HIV-infected paediatric and adolescent patients who received care at IRCCS San Martino-IST in Genoa. Four (8.33%) patients were aged <12 years old, 5 (10.41%) between 12 and 18 and 39 (81.25%) >18; mean age was 22.3 years old. Nowadays, 42 (87.5%) are retained in care and 6 (12.5%) lost from follow-up, of whom 4 transferred to another Hospital in Liguria and 2 died. Thirty-seven (88.1%) patients had HIV-RNA viral load <50 copies/ml and 36 (85.72%) CD4+ T-lymphocyte count >500 cells/mm<sup>3</sup>. All patients were on combined antiretroviral therapy and 37 (88.1%) attended regularly to appointments with an average interval of 4/5 months. Thirty-eight (90.47%) of them were aware of their diagnosis and 34 (80.95%) still benefited from the dedicated day.

**Conclusion:** This study describes the experience of retention in care of children and adolescents living with HIV in an adult HIV clinic in Genoa. Motivational intervention through self-interview could be used to further improve the retention in care.





## 14 Lifestyle Counselling of African Women Living with HIV: A Pilot Study in a Danish Context

Nanette Jensen, **Helle Møller (presenting)**

Odense University Hospital, Odense, Denmark

**Background:** Metabolic and cardiovascular complications are frequently seen in patients with HIV and overweight is a risk factor. In our outpatient clinic patients with high Body Mass Index (BMI) are offered lifestyle counselling by nurses. In order to qualify life style counselling a pilot study was carried out. The aim of the study was to gain insights into the challenges of lifestyle changes in everyday life experienced by African women living in Denmark.

**Methodology:** Two qualitative semi-structured interviews were conducted. Two Danish-speaking women who had lifestyle counselling within 12 months participated. They were 40 and 43 years old respectively, diagnosed with HIV 8 and 10 years previously and had BMI >25. Interviews were transcribed and analyzed using systematic text condensation and a self-efficacy perspective.

**Results:** The counselling session made the patients realize the severity of their overweight and this motivated lifestyle changes. Leaflets handed out by the nurse were not read but short and precise verbal advices and diet principles were perceived useful. As result the patients had reduced the use of oil in their daily cooking markedly and had integrated walking and biking as exercises in their daily activities. Both patients lived as single mothers and low income was the primary impediment to implementation of several advices. Still both women had a weight loss and analysis showed that this was due to self-confidence and the support of family and friends.

**Conclusion:** Lifestyle changes can be difficult due to economy but counselling that focuses on precise verbal advices and diet principles may have an effect in patients with high self-efficacy and supportive relations.

## 17 Advocacy to Include Social Mobilization Model for Improved HIV and AIDS Response in Higher Education Policy Framework in South Africa

**Hanlie Kapp (presenting)**

Foundation for Professional Development, Pretoria, South Africa

**Background:** HIV transmission in South Africa is highest amongst females in the higher education sector aged 15-24. The Foundation for Professional Development (FPD), Innovative Medicines South Africa (IMSA) and Higher Education AIDS (HEAIDS) identified the need for HIV Counselling and Testing to become a norm amongst university students in South Africa's Higher Education sector.

**Methodology:** The objective was to develop an HCT campaign model in the higher education sector and to advocate the inclusion of said model into HEAIDS's policy and strategic framework on HIV and AIDS in order to strengthen the higher education sector's response to HIV and AIDS. The First Things First (FTF) campaign, a best practice model was developed and implemented by FPD and IMSA with the support of HEAIDS in 2010. A standard operating document containing tools was developed and published for use by higher education sector. A 26-minute video was produced for use as mass information material. This was awarded best mass media campaign by AfricomNet in 2011. The FTF campaign implementation was handed over to HEAIDS in 2013, who included the campaign in the Higher education policy framework on HIV and AIDS.

**Results:** A small program can be scaled and implemented to become part of policy improvement in South Africa. Collaboration between implementer, funder and government department has led to successful scale up of FTF.

**Conclusions:** The model is included in the policy and strategic framework it has spring-boarded the HEAIDS response to HIV and AIDS to include Women's health-empowerment-, Men's health-empowerment-, LGBTI-, Alcohol and drug-abuse prevention-, Future Beats and Curriculum-development programs into their response. The strategy is implemented on 427 university and college campuses in South Africa. Programs currently in development for future implementation are gender based violence and peer education. Continued advocacy for sustained government funding ongoing.



## 18 Increasing HIV Program-Related Research Output in Private Higher Education Sector in South Africa: A Case Study

Hanlie Kapp (presenting)

Foundation for Professional Development, Pretoria, South Africa

**Background:** The Foundation for Professional Development (FPD) is a private higher education institute (HEI) in South Africa. FPD is required to produce research output as part of the HEI accreditation. Research output is the responsibility of all heads of department.

**Methodology:** While being head (HOD) of Community Based Counselling and Testing department, the author and junior managers contributed significantly to the research output. FPD embraces action research methodology, have created action learning groups where employees support each other's action learning proposals. Junior staff members were invited to an abstract writing workshop where they had the opportunity to use their action learning set portfolios of evidence as the basis for abstract-writing. By the end of the workshop participants had completed the first draft of their abstract which was submitted to the HOD for editing. Abstracts were submitted to 7th SA AIDS and "9th Action Learning Action Research and 13th Participatory Action Research World Congress 2015" (ALARA) conferences. Twelve abstracts were accepted for poster or oral-poster presentations. The research output of the department was exceeded that of all other departments in FPD.

**Results:** Action research and action learning are both accepted as research methodologies in South Africa. One need not be an accomplished scientist to write and submit quality and internationally accepted abstracts. When offered the opportunity to publish their work, junior staff members are very eager and willing to contribute to research output. What we experience as every day ordinary duties, might be viewed as something extraordinary and worth publishing by reviewers of national and international conference abstracts. The sense of achievement and personal development contributes positively to staff morale.

**Conclusions:** It is recommended that FPD maintain its support of action learning and action research, not only as a way to produce research output, but also to actively engage junior staff members in personal growth.

## 20 Over 30 Years' Experience with Prospective Cohort Studies on HIV/AIDS Among Persons Who Use Drugs and Men Who Have Sex with Men: What Can Research Nurses Teach Us?

Wendy Veldt, **Marjolein Martens (presenting)**, Marc Wijk, Laura Grande, Maja Totté, Sandra Moll, Amy Matser, Maarten Schim van der Loeff, Udi Davidovich, Maria Prins

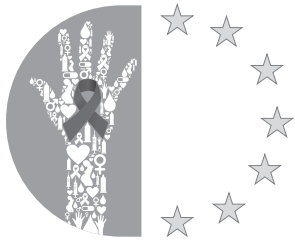
Public Health Service Amsterdam, Netherlands

**Background:** Shortly after the first cases of AIDS had been diagnosed in the Netherlands, the Amsterdam Cohort Studies (ACS) on HIV/AIDS among men who have sex with men (MSM) (1984) and People Who Use Drugs (PWUD)(1985) started operating within the Public Health Service of Amsterdam (PHSA). During 32 years >4,400 participants made >85,000 visits and were always seen by research nurses who coordinate and implement the studies. Participants visit the PHS every 6 months to complete extensive questionnaires about their health, demographic situation, drug use and sexual risk behavior and to give blood for HIV testing. Median follow up is  $\pm 6$  years, but >300 participants have >20 years of follow-up time. Research nurses play a key role in motivating participants to stay committed to long-term follow-up for longitudinal data collection. To secure valuable lessons from over 30 years of experience, insights about building sustainable research relations with participants were collected from research nurses.

**Methodology:** In June 2016, semi-structured interviews were conducted with all research nurses (N = 6) currently working at the ACS studies. Interviews were transcribed and analyzed using the Grounded Theory.

**Results:** According to the nurses' reports, participants' motivation for enrollment is based on receiving information and feedback relevant to their personal wellbeing and their sense of contributing to scientific work that benefits their community. For long-term study follow-up it is important to foster an environment in which participants feel safe, welcome and engaged. Therefore, emphasis should lie on using effective communication techniques and having a supportive, empathic and unbiased attitude towards participants. Also, demonstrating transparency regarding privacy is required to maintain trust.

**Conclusion:** Combined experience of research nurses provide valuable guidelines for sustaining long term relationships with research subjects within cohort settings. This knowledge should be taken into consideration when starting new cohort studies among key populations.



## 23 Using Visual Narratives to Inform Nursing Practice: A Case Study about the Meaning of Antiretroviral Therapy

Juan Leyva-Moral<sup>1</sup> (presenting), Joan Edwards<sup>2</sup>, Patrick Palmieri<sup>3</sup>, Maria Feijoo-Cid<sup>1</sup>

<sup>1</sup> Universitat Autònoma de Barcelona, Spain

<sup>2</sup> Texas Woman's University, Houston, TX, USA

<sup>3</sup> Universidad Privada del Norte, Lima, Peru

**Background:** Adherence to antiretroviral therapy (ART) is strongly influenced by social and cultural issues. Although patient knowledge, beliefs, and experiences directly inform decision-making and treatment adherence strategies, these are understudied and not well understood. For the newly diagnosed person living with HIV, the meaning attributed to ART for shifting HIV from a life-ending to a chronic condition is unknown. To understand the meanings attributed to ART in a newly diagnosed person living with HIV and to explain this connection with ART.

**Methodology:** Qualitative interpretative phenomenology study. Descriptions of the phenomena were collected from artistic sources: Homemade photographs and narrative accounts from April 2011 through February 2013. The participant was a young Spanish male, openly gay, postgraduate prepared, from an upper- middle class family. A simple instruction was given: Represent with images and explain with your own words the meaning you attribute to ART. Data were manually analyzed using van Manen's method and concept of reduction. Monthly online visits were conducted to eliminate researcher subjectivity from the interpretations, finding clear meaning to the whole experience and to its parts.

**Results:** Twenty-eight pictures were produced, accompanied by narrative accounts. A major theme and two sub-themes were identified. "I can't live with or without ART" represents the participant's dual relationship with ART. The primary meaning attributed to ART by the participant was a "personal source of faith" since this represents the continuation of life. However, suffering and feeling different as a result of the ART were responsible for feeling a "loss of identity."

**Conclusion:** Dual feelings and meanings were attributed to the ART, impacting how ART is viewed as a benefit and a hindrance to daily life. Strategies to help patients engage in self-care and to assist care-givers to individualize care in a relevant and humanized manner need to be developed.

## 24 The Role of Religious Beliefs in Reproductive Decision-Making among African-American Women Living with HIV

Juan Leyva-Moral<sup>1</sup> (presenting), Joan Edwards<sup>2</sup>, Patrick Palmieri<sup>3</sup>, Patricia Piscocoy Angeles<sup>3</sup>, Ana Toledo-Chavarri<sup>4</sup>, Sandra Cesario<sup>2</sup>, Marylin Goffman<sup>2</sup>, Nataly Membrillo<sup>5</sup>, Maria Feijoo-Cid<sup>1</sup>

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<sup>4</sup> Canary Islands Foundation of Health Research, Tenerife, Spain

<sup>5</sup> Universidad Maria Auxiliadora, Lima, Peru

**Background:** Women living with HIV are a highly vulnerable population, frequently understudied. Many factors have been identified to explain the higher pregnancy rates among African-American women living with HIV (AWLHIV). Social factors related to AWLHIV are seldomly reported in the research literature. This is the first review of spirituality and religion in AWLHIV. The aim of this study is to describe the impact of religious beliefs and spirituality in the pregnancy decision-making process of AWLHIV.

**Methodology:** The subset of data regarding AWLHIV was extracted from a larger overarching systematic review regarding the reproductive decisions of women living with HIV. The CINAHL, Pubmed, Scopus, ISI Web of Knowledge, Cochrane Library, Embase and Psychinfo, were searched from 1990 through 2016, with the keywords "pregnancy," "reproductive," "decision-making," "HIV," "AIDS," "women." Only articles originally published in English and conducted in the Organization for Economic Cooperation and Development (OECD) were included to maintain the focus on developed countries.

**Results:** Seven studies were included in this review; all conducted in the United States, with either a qualitative or mixed methods design. Mean age of participants was 34.36 years (SD = 6.55). Spirituality and religion play a central role in the lives of AWLHIV, helping them to improve their reproduction self- management and to develop the hope they need for childbearing. A positive association was noted between private religious practice and success in coping in childbearing. For Christians, God is seen as having control over the women's lives; including offering magical healing powers.

**Conclusion:** Religious beliefs and spirituality are significant to AWLHIV and their reproductive decision-making. An assessment of the private religious practices and spirituality of AWLHIV is compulsory for excellent nursing care management. A proper link to AWLHIV to religious community services of their preference appears to be relevant to improve and maintain these women health regarding to reproduction.



## 25 HIV-Positive Migrants' Encounters with the Swedish Health Care System

Manijeh Mehdiyar (presenting)

Department of infectious Diseases, Institute of Biomedicine, The Sahlgrenska Academy, Gothenburg, Sweden

**Background:** There is limited knowledge about human immunodeficiency virus (HIV)-positive migrants and their experiences of the Swedish health care system. It is necessary to increase knowledge in this field in order to improve the quality of care and social support to this vulnerable group of patients.

**Objective:** The aim of this study was to describe the experience of HIV-positive migrants and their encounter with the health care system in Sweden.

**Methodology:** This is a Grounded Theory study based on qualitative interviews with 14 HIV-positive migrants living in Sweden, aged from 29 to 55 years. 'A hybrid of access and adversity' was identified as the core category of the study, followed by three categories: 'Appreciation of free access to treatment,' 'The impact of the Swedish Disease Act on everyday life,' and 'Encountering discrimination in the general health care system.' The main finding shows that the structural limitations due to certain regulations for HIV infection in Swedish Disease Act were related to the participants' experience of frustration and discrimination. It also showed that the attitudes or fear connected to HIV-infection among general health care professionals outside the infectious clinics, caused limitation for HIV-positive's in their access to the general health care system.

**Conclusion:** The findings of this study demonstrate that free access to antiviral therapy was necessary for HIV-positive migrants, but it was not enough for them to be satisfied with the Swedish health care system.

## 26 Clinical Utility of a Nurse-Led Eye Assessment for Early Detection of HIV-Associated Ocular Manifestations in Inpatient Area: A Correlation Study

Akhterun Nisha (presenting), Thin Thin Aung

Tan Tock Seng Hospital, Singapore

**Background:** Serious ophthalmic diseases associated with HIV are common and can lead to irreversible blindness if not detected and treated early. While the eye review is routinely performed for HIV inpatient, it is clinician-driven. The study aims to assess the feasibility and acceptability of a nurse-led eye assessment to early detect ocular diseases associated with HIV. If successful, the doctors can determine the urgency of the review more accurately without the patient making unnecessary trips to the hospital eye clinic.

**Methodology:** This is a six-month observational study where all eligible and willing HIV patients will have their eyes systematically examined by a nurse within 24-48 hours of admission. The examination includes visual acuity, Ishihara test, pupillary response and fundus photography. The research Ophthalmologist will read and determine if the patient has developed ocular abnormalities. This result will be correlated to the routine doctor's direct evaluation using Kappa Statistic. The team will also apply thematic analysis to understand the nurses' and patients' qualitative responses to the nurse-led initiative.

**Results:** The low admission rates of HIV patients during October 2016 saw 10 patients successfully recruited into the study with median age 49.5 (range 35 – 68) years. Overall, the patients' HIV statuses on admission were well controlled with antiretroviral therapy. The median CD4 count 478.5 (range 155-657) cells/mm<sup>3</sup> and viral load undetectable in 5 patients. Nearly all patients reported no eye-related symptoms or showed poor vision on assessment. The fundus photography did not detect any early HIV-associated ocular diseases though one patient was referred to the routine doctor by the research team for further examination. Nine patients supported the nurse-led initiative as they believed it would cut down on their waiting time at the main clinic and promote nursing professionalism.

**Conclusion:** The clinical utility of the nurse-led eye assessment appeared to be limited due to the small numbers of patients as well as ongoing antiretroviral therapy. Their positive responses, however, suggested a wait-and-see response.



## 28 Effectiveness of Sexual Partner Notification in the Control of Sexually Transmitted Infections

**Silvia Martin<sup>1</sup> (presenting)**, Sonia Gil<sup>1</sup>, Anna de Andrés<sup>1</sup>, Ingrid Avellanés<sup>1</sup>, Pilar Gorrindo<sup>1</sup>, Miriam Ros<sup>1</sup>, Neus Jove<sup>2</sup>, Encarnación Arellano<sup>3</sup>, Maria Jesús Barberá<sup>3</sup>, Elia Díaz<sup>1</sup>, Patricia Garcia de Olalla<sup>1</sup>

<sup>1</sup> Public Health Agency of Barcelona, Spain

<sup>2</sup> Hospital del Mar, Barcelona, Spain

<sup>3</sup> Unit for Sexually Transmitted Infections, Drassanes, Barcelona, Spain

**Background:** Sexual partner notification (SPN) is an essential tool in the prevention and control of sexually transmitted infections (STI) and facilitates the early diagnosis and treatment of STI contacts.

**Objectives:** To describe the process of SPN carried out by Public Health Nurses (PHN) from the Public Health Agency of Barcelona and nurses from two STI Units. To determine the effectiveness of SPN detecting new cases of human immunodeficiency virus (HIV), syphilis (TP) and gonorrhoea (NG).

**Methodology:** All cases diagnosed with HIV, TP and NG during 2015 at the two STI Units were included in the study. Two strategies for SPN were offered to the index case (IC): 1) Patient referral, 2) Provider referral. Data collection: ICs completed surveys that included sociodemographic data, clinical and sexual practices and census of sexual partners (SP) before being diagnosed with a STI. All IC received counselling and health education. The effectiveness was calculated by dividing the number of new diagnoses from the SPN by the number of total contacts who performed the test.

**Results:** Among the 62 IC diagnosed with HIV, 10% (172) of the SP were identified. 11% (18) were notified by the IC and 89% (154) by PHN, resulting in an effectiveness of 12%. Among the 118 IC diagnosed of TP, 14% (330) SP were identified. 74% (244) of identified contacts were notified by the IC and 26% (86) by PHN, resulting in an effectiveness of 33%. Among the 101 IC diagnosed with NG, 36% (261) SP were identified. 79% (206) were notified by IC, and 21% (54) by PHN, resulting in an effectiveness of 33%.

**Conclusion:** The SPN has shown to be effective in the diagnosis of new STI. SPN programs should always consider both strategies of notification and should promote that STI Units assess all patient contacts and work together with public health.

## 29 Nurse Reception Visit in People with Newly Diagnosed HIV Infection: An Opportunity for the Active Risk Contacts Search

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**Background:** Over the last few years, several strategies to identify new HIV-infected persons have been implemented, targeting both the risk groups and the general population. Multiple studies have highlighted the role of expert nursing and a multidisciplinary approach in the development of these strategies. Since 2009 reception visits, or first visits, for persons with a recent diagnosis of HIV infection in the HIV Unit at the Infectious Diseases department from the Hospital Clinic of Barcelona, are performed, independently, by specialized nursing staff.

**Methodology:** The visit follows a strategy of counselling, support and acceptance of the new situation for these people, facilitating the integration within the health system and the adherence to the follow-up. Likewise, health care education and risk reduction counseling are performed. Finally, through the complicity with the infected persons, the expert nurse staff starts an active contact trace among exposed sexual partners. In this context, is the nurse who assesses the state of health of the subject, requests the basic screening tests (blood test, x-ray, PPD skin test) and brings up the sexual contact tracing.

**Results:** Between 2012 and 2014 nearly 24.3 % of new cases were identified among the emotionally closer partner of the index case. This study was conducted by using the Patient Referral method and integrating the active search as a usual practice in the reception visit.

**Conclusion:** The empathic attitude and assertive professional relationship during the nurse reception visit in recently diagnosed HIV-infected persons can benefit the future follow-up and adherence of patients. It might as well be an appropriate, and cost effective, moment to initiate the active search of new infected cases among the sexual partners of the index cases.











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