

High HIV incidence follows high testing rates in the Rotterdam area, the Netherlands: a cross-sectional population-based study



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No disclosures

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Background

- **HIV testing first step** in HIV care continuum, but **many barriers** to test
- **In the Netherlands:**

Primary providers
HIV test



GP

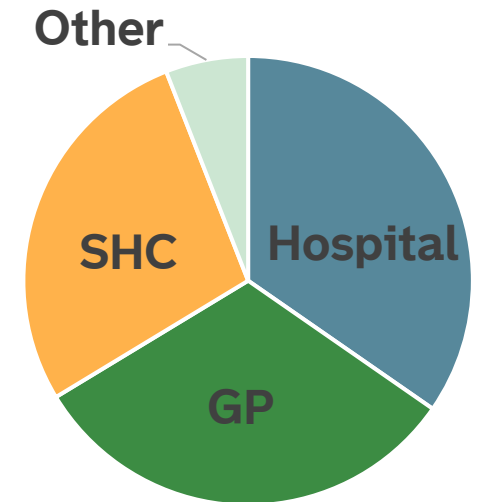


SHC

HIV diagnosis
(2021)

- 6% undiagnosed
- 57% late-stage diagnosis
- Most in Amsterdam and Rotterdam

Location
HIV diagnosis (2021)



- **Limited insight** into people **who undergo HIV testing**

Aim

1

Assess and compare
HIV testing at GP and SHC
in the general population

2

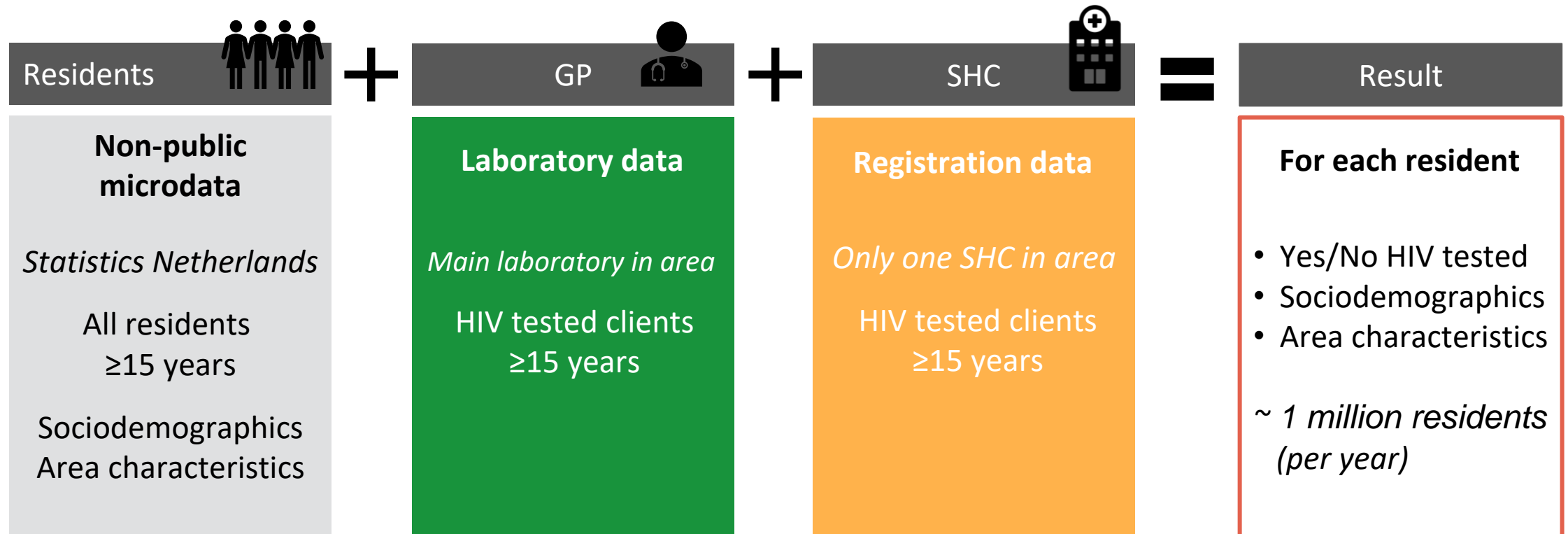
Assess population- and provider-
specific HIV incidence

Focus on greater Rotterdam area, the Netherlands



Methods – data sources

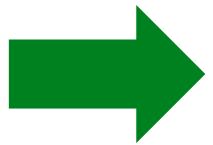
- Individual HIV testing data of GP and SHC linked to population register data



- HIV diagnoses from Dutch HIV Monitoring Foundation to calculate **HIV incidence**

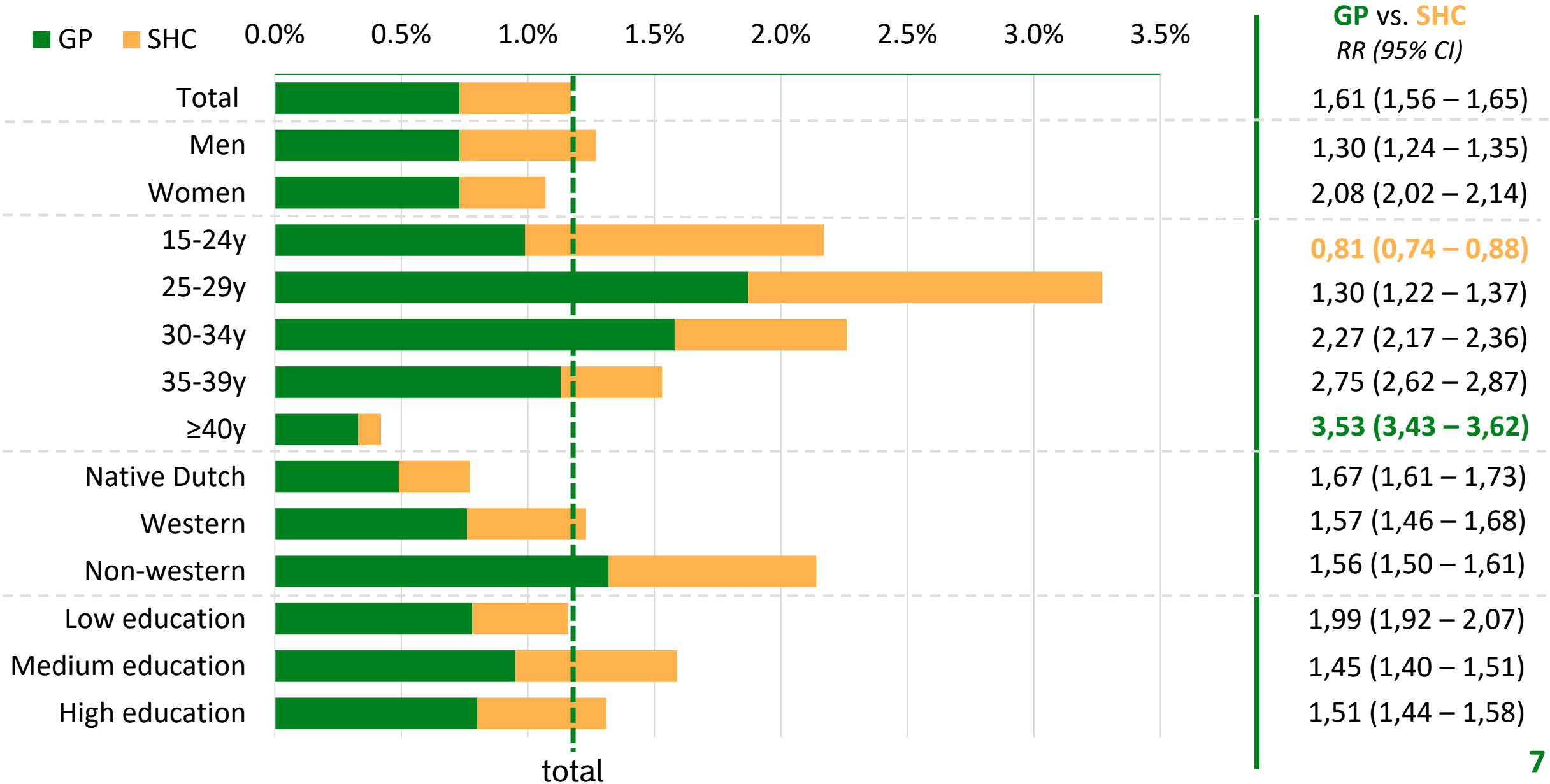
Methods – analysis

- Study years: **2015-2019**
- **Descriptives** to assess:
 - HIV testing (*numerator and denominator sum of years*)
 - HIV incidence (*numerator and denominator sum of years*)
- **Negative binomial generalised additive models** to compare:
 - Mean HIV testing rates between GP and SHC

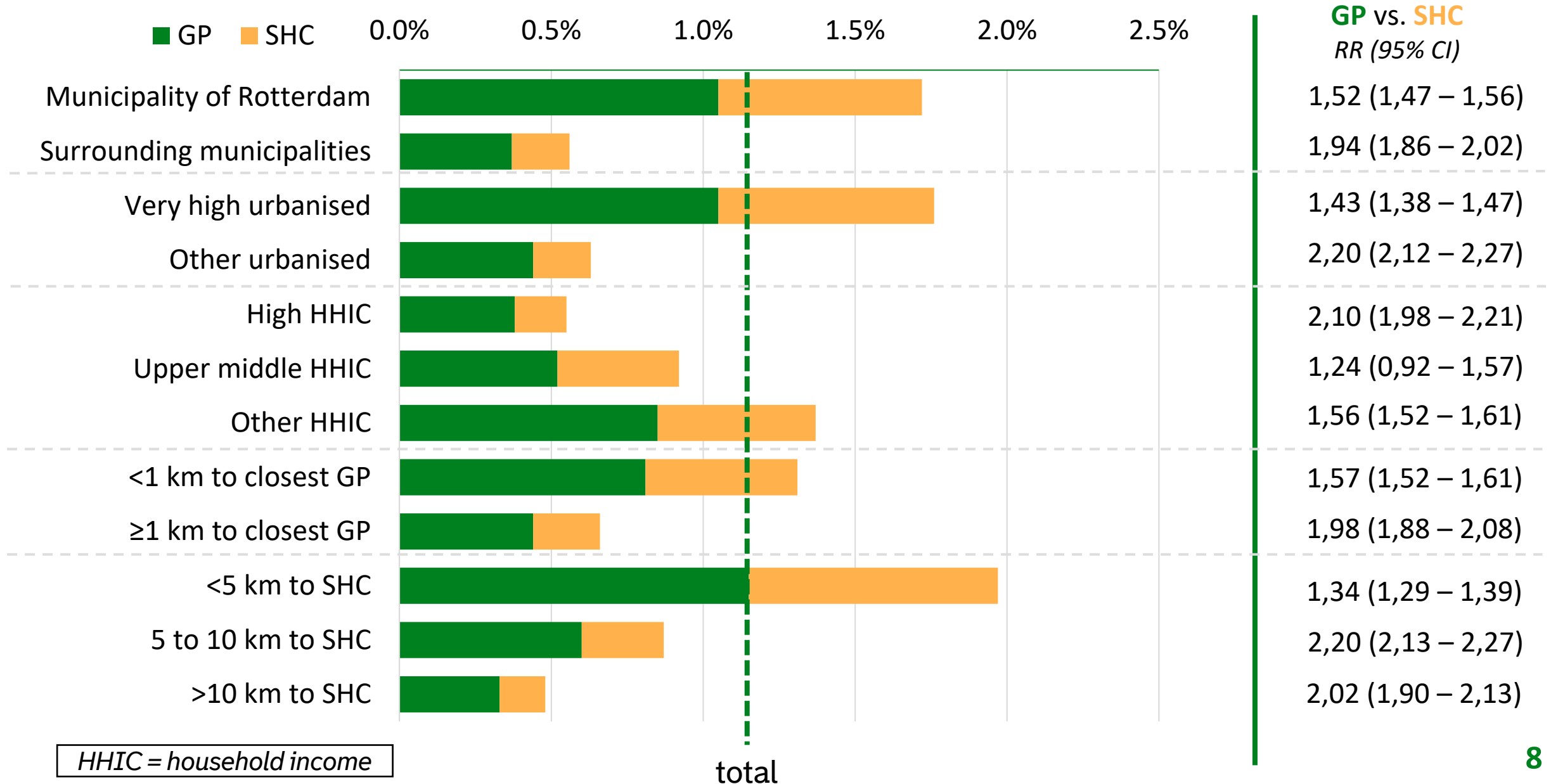


For each available sociodemographic/area characteristic

Results – general population HIV tested and GP vs. SHC (1)



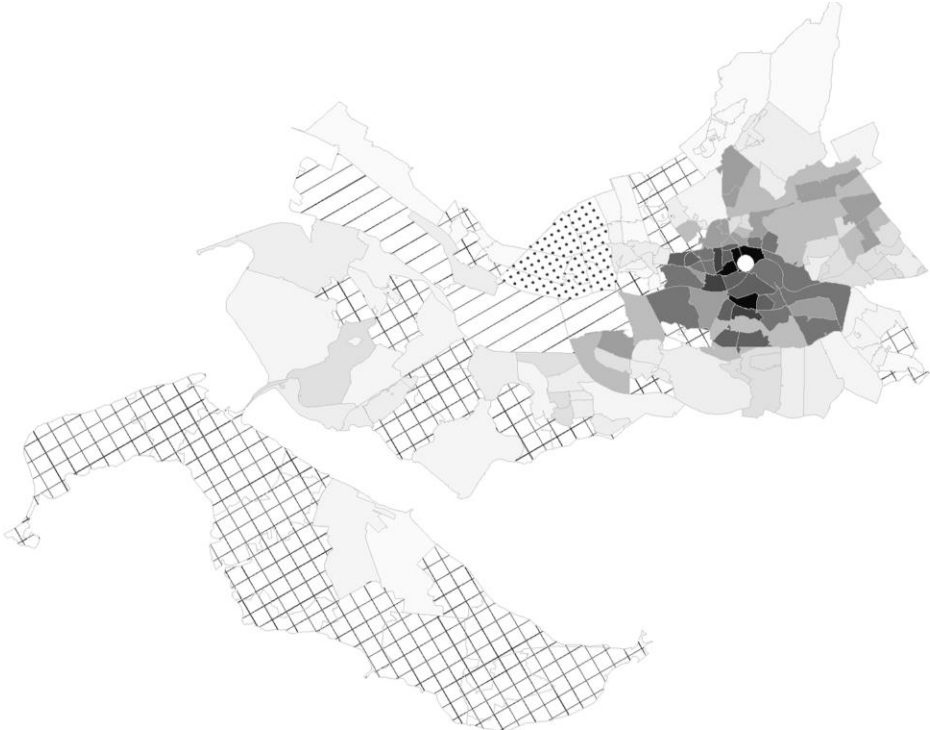
Results – general population HIV tested and GP vs. SHC (2)



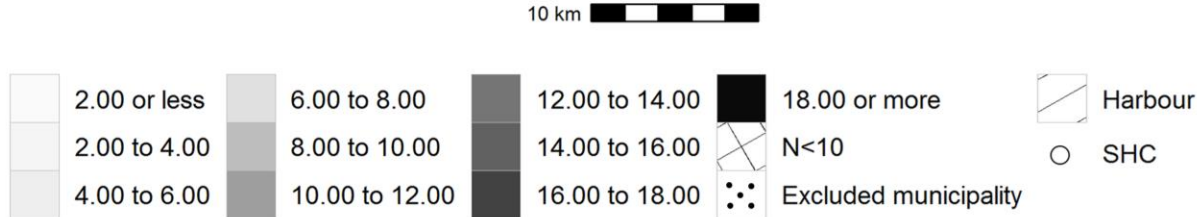
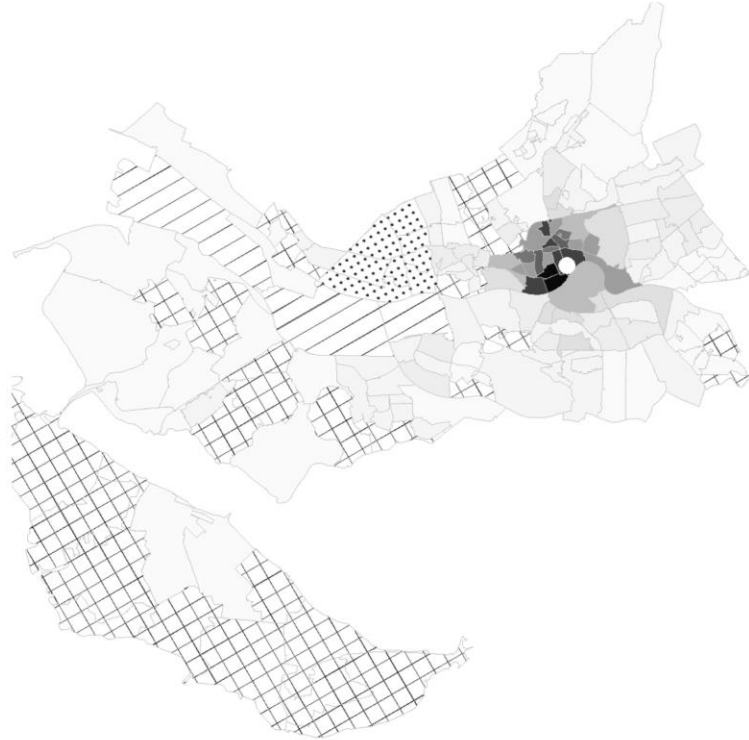
Results – test rate (per 1000 residents) by area

- Large differences in HIV testing rate (1,36 to 39,47 per 1000 residents)
- Darkest spots = highest testing rate

GP

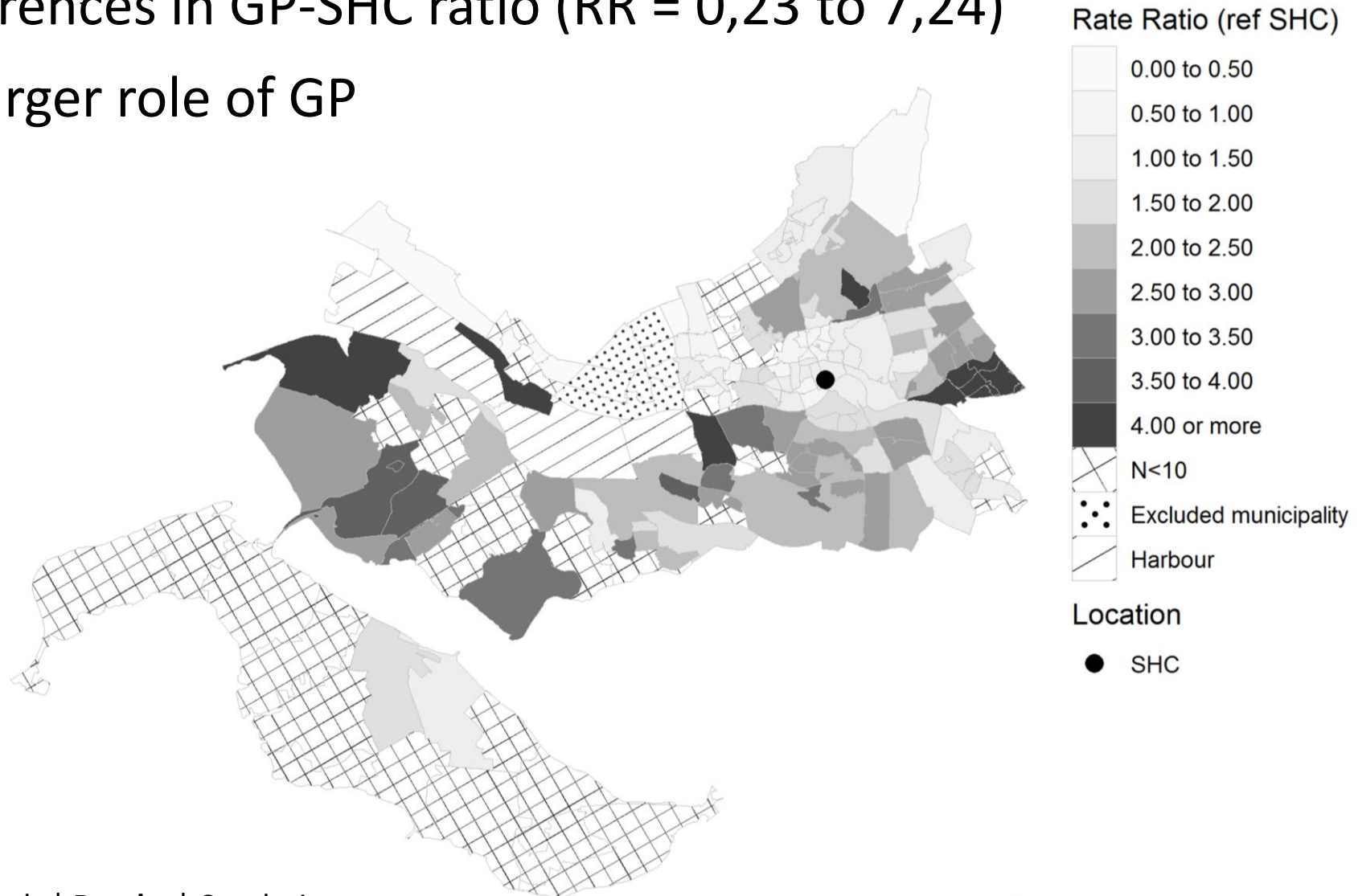


SHC



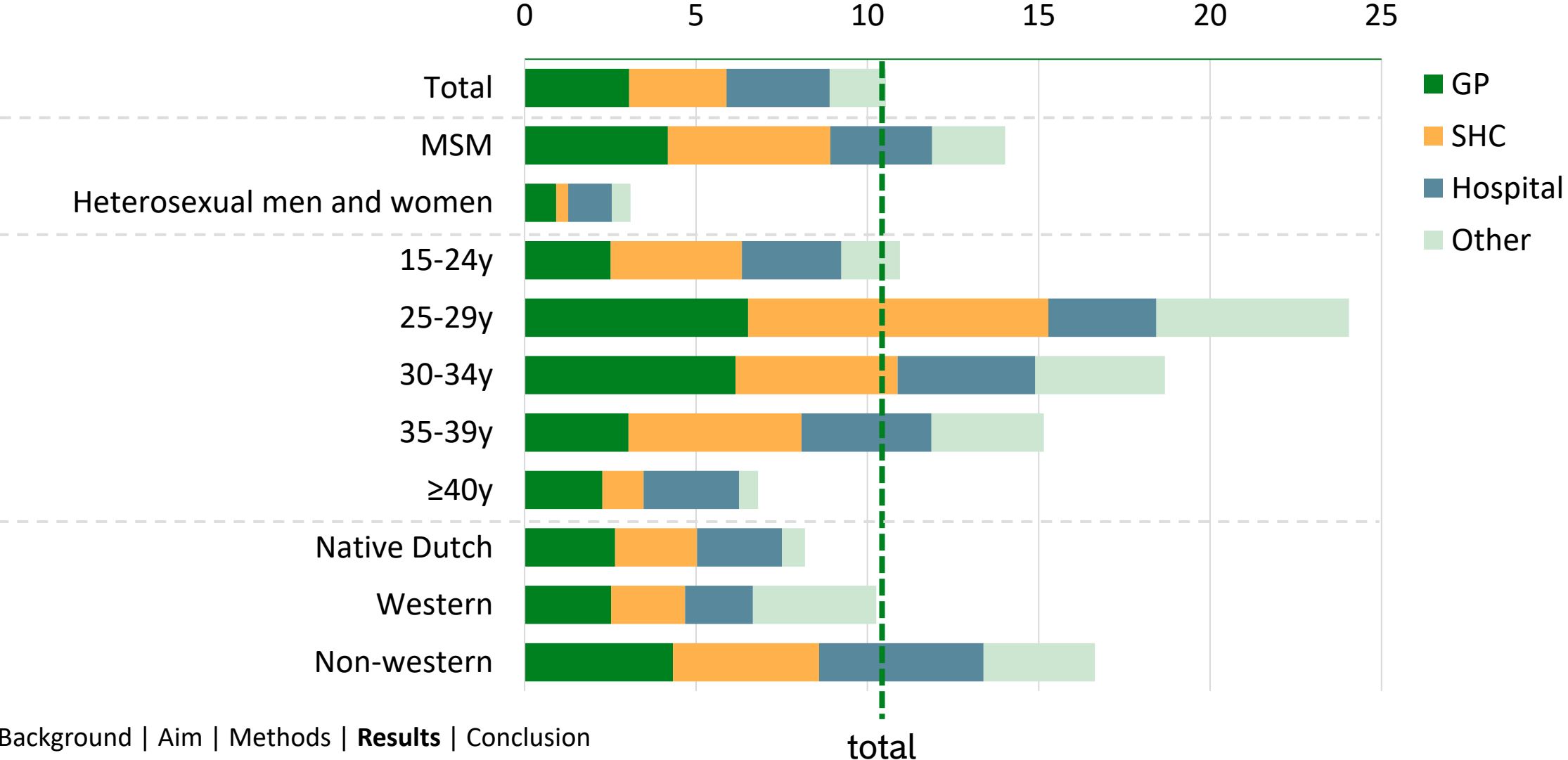
Results – test rate GP vs. SHC by area

- Large differences in GP-SHC ratio (RR = 0,23 to 7,24)
- Darker = larger role of GP



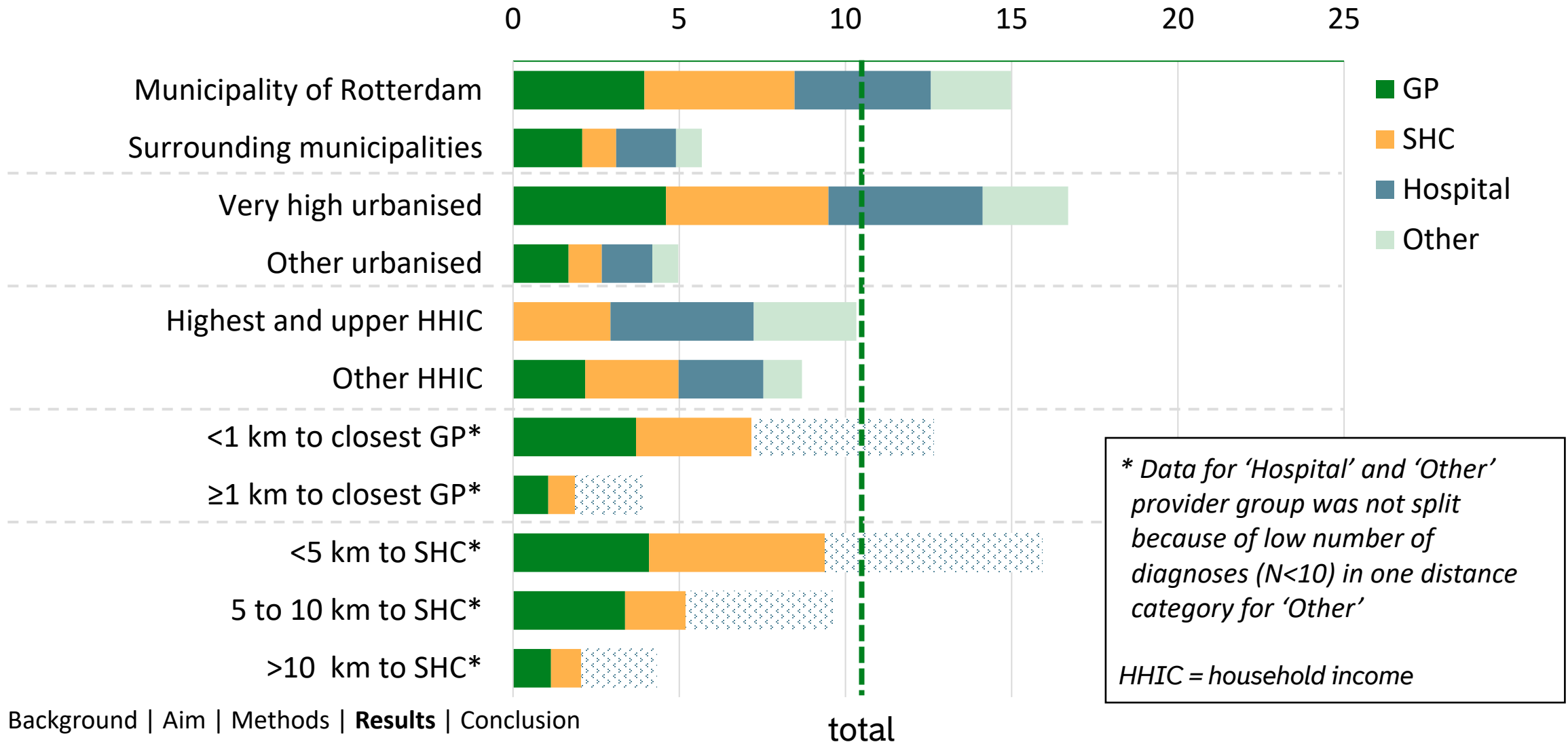
Results – HIV incidence (per 100 000 residents) by demographics

- Varied by demographic and area characteristic (overall incidence: 3,09 to 24,04)



Results – HIV incidence (per 100,000 residents)

- Varied by demographic and area characteristic (overall incidence: 3,09 to 24,04)



Conclusion – Summary of the findings

- 1 Large differences in testing and incidence by population and area
- 2 GP HIV testing exceeds SHC, except for 15-24yr olds and near SHC
- 3 HIV incidence highest among MSM, younger groups, non-westerners and urban residents in proximity of healthcare providers
- 4 High testing rates often lead to high diagnoses (GP and SHC)

Conclusion

- **More HIV testing likely related to access**
 - Priority in guidelines
 - Convenience of proximity
- **Missed opportunities at GP**
 - 1.1% of population HIV tested, but 2.8% for Chlamydia/Gonorrhoea (Twisk et al, 2023)
 - 99% of Dutch population registered at GP; 75% contacts GP once per year
 - Educational meetings about guideline adherence + HIV indicator guided testing
- **Increase access, e.g. outreach/branch locations SHC**

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