

European community concerted action on monitoring HIV seroprevalence in a sentinel population of STD patients (June 1990–December 1991)

The EC concerted action for the monitoring of HIV seroprevalence among STD patients was launched in September 1989. One of its main objectives was to provide a standardized method. A pilot study was carried out from November 1989 to February 1990 in several geographic areas to test the feasibility of the protocol. The definitive study started in June 1990 with a slightly revised protocol. Eighteen networks situated in 16 European countries are currently participating in the project. By the end of 1991, almost 37 000 STD patients had been included.

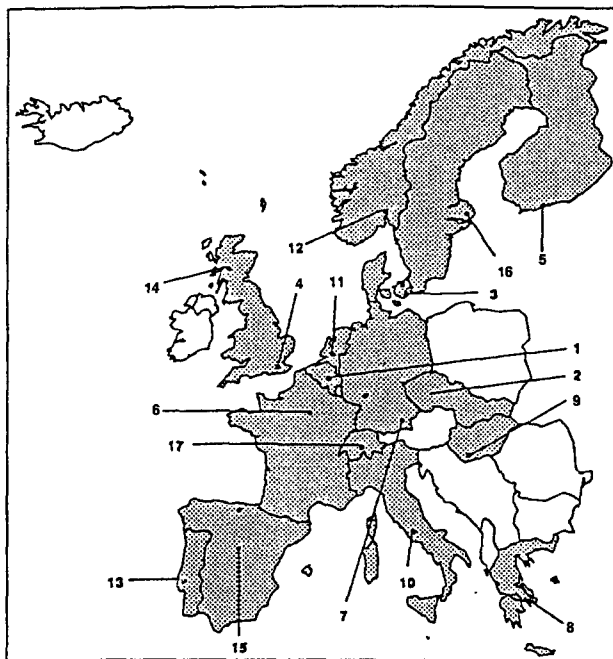
Methods

Selection of recruitment

Each network coordinator is responsible for building up and running the network.

In most countries, the networks consist of STD or dermato-venereology clinics. In Belgium, gynaecologists, urologists, dermatologists, family planning centres and general practitioners also take part in the study.

Since the basic purpose of the study is to detect changes in the proportion of infected individuals,



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Fig. 6. EC concerted action on monitoring HIV prevalence among STD patients: participating networks.

the sentinel population does not need to be representative of specific populations groups. However, the participating centres should remain the same during the study period, to ensure as far as possible that the characteristics of the study population do not vary over time.

Inclusion criteria

Each patient with a new episode of one or more of the selected STDs is eligible, provided he has not consulted for any of these diseases in the previous 90 days. Patients meeting the inclusion criteria whose HIV status is already known are not excluded. The selected STDs are the following: male urethritis; proctitis; mucopurulent cervicitis; chlamydia infections; gonorrhoea; genital HSV infection; chancroid; syphilis; genital warts; *Trichomonas vaginalis* infection; pelvic inflammatory disease; pediculosis pubis. Appropriate methods of diagnosis have been defined for each condition.

Testing modalities

In most networks HIV testing is performed with informed consent. In the English and Welsh, the Scottish and the French networks, unlinked anonymous testing has been adopted, while in Hungary, HIV testing is mandatory for all STD patients. Monitoring is performed on a continuous basis in all networks except in France (a 12-week period 6 weeks twice a year). In each network, the coordinator must try to recruit at least 1000 STD patients per year, so that the confidence intervals around the estimated prevalence rates are not too large.

Data collected

A standard form is filled in for each eligible patient, whether he accepts testing or not. In addition to the HIV test result, information is collected concerning age, sex, level of education, country of birth, country of residence, STD diagnosis, sexual orientation, injecting drug use, and result of any previous HIV test.

Results

Details of the selected populations and the proportion of HIV-positive test results by exposure category are presented in Tables 11, 12 and 13. These results should not be considered as representative of the situation in the respective countries. Their significance is limited to the networks themselves.

The HIV test results can only be interpreted in the light of the distribution of the tested population according to major behavioural characteristics. The proportion of homo/bisexual patients was highest in the Spanish (Madrid), Greek, Dutch and French networks. In both Spanish networks, more than 10% of the tested patients were IDUs; in the French, Portuguese and Dutch networks, more than 10% of the tested patients had no other risk factor than being born or residing in an endemic area (West or Central Africa or Central America).

In most networks, the highest HIV seropositivity rates were observed among the homo/bisexual and/or IDU patients. In 10 of the 18 networks positive results were observed among patients originating from endemic countries. In 14 of the 18 networks, HIV infection was observed among heterosexual patients not belonging to any other exposure category.

These results constitute the baseline for the detection of future trends in HIV seroprevalence rates.

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