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OPPORTUNITIES AND CHALLENGES TO THE RITUALS OF CARE THAT CIRCUMVENT MISDIAGNOSIS AMONGST RAPID HIV TESTERS IN ZIMBABWE

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Background There is uncertainty associated with all medical testing and diagnosis. However, a growing number of studies highlight disconcerting levels of misdiagnosis in the scale-up of HIV rapid testing programmes. Evaluation studies point to user errors as potential sources of misdiagnosis, yet very little has been done to understand the views and experiences of clinicians and primary counsellors who perform rapid HIV testing.

Methods This study draws on interviews with 28 health facility staff who perform rapid HIV tests on a daily basis. The testers were recruited from 11 health facilities across Zimbabwe, eight of which have above average rates of misdiagnosis. Interviews were translated, transcribed and thematically interrogated.

Results Reflecting on their rapid HIV testing practices, potential sources of misdiagnosis included uncertainties associated with new testing algorithms and test kits; reading test results too quickly or too late; misreading of test results if the test produces faint or unclear lines; and failure to record and document test results accurately. Anxiety about potentially making such mistakes and the resulting feelings of guilt and self-blame in the case of a wrong diagnosis being handed out meant that testers found comfort in complying with standard operating procedures and associated quality controls. Misdiagnosis was thus portrayed as a result of deviating from 'rituals of care'. The testers located deviance from the procedures in the wider context of high workloads and growing demands for HIV testing, arguing that distractions, and HIV test kit stock-outs occasionally made it difficult for testers to follow the procedures.

Conclusion Rather than attributing misdiagnosis to malfunctioning test kits or complicated standard operating procedures, testers saw misdiagnosis largely as human error – failure to follow laid out procedures. Their recognition of how a resource-depleted work and HIV testing environment can contribute to misdiagnoses, highlight the need to adequately resource HIV rapid testing programmes.

Disclosure No significant relationships.

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LIVING WITH HIV/AIDS IN ADOLESCENCE: FACTORS FOR ADHERENCE TO THERAPEUTICS

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Background Coelho SJ. Living with HIV/AIDS in adolescence: factors for adherence to therapeutics. Dissertation (Master Degree)– Faculdade Israelita de Ciências da Saúde Albert Einstein – (FICSAE) *Israeli College of Health Sciences Albert Einstein*, São Paulo, 2019. 126f.

Methods Descriptive, qualitative and exploratory research with adolescents (10–19 years old) under treatment for HIV, in the unit that sets the benchmark for the treatment of HIV/AIDS in Salvador-Ba. EI: evaluation of database on adherence and socio-demographic characteristics of adolescents. EII: collection, through electronic chart, of information on sexual awakening, diagnosis and treatment. EIII: interview with the adolescents. For the analysis of data, it was used the technique of Bardin Content Analysis and the Health Beliefs Method.

Results The analysis of reviews resulted in four categories: perception of susceptibility to HIV, perception on the severity of HIV, noticed benefits and barriers for the adherence to treatment. The lack of knowledge on HIV/AIDS, and unsafe sexual practices because of trust in the partner and/or stable relationships, showed low susceptibility to HIV/AIDS. Under the perception on the severity, they related the disease to critical condition and death; and that using illicit drugs and the religious extremism related to the cure, can alter the perception on the severity of AIDS. Support from the family, school, friends and health services, faith and religious practices were reported as fundamental for the treatment. Absence of family support and lack of discussions on the topic in schools, beyond prejudice and discrimination from friends, abusive use of drugs and extreme religiosity were factors that were said to hinder the treatment.

Conclusion There is slack of knowledge regarding HIV/AIDS with low perception of susceptibility in the acquisition of the virus. They highlighted the importance of the family, friends, school, faith and religious practices, and the work of the professionals for the adherence of the treatment.

Disclosure No significant relationships.

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PREVALENCE OF REPRODUCTIVE TRACT INFECTIONS AND HIV ON PREGNANT WOMEN IN SOME AREAS IN INDONESIA, 2016–2017

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Background Control and prevention of Reproductive Tract Infections (RTI), including Sexually Transmitted Infections (STI) and HIV, is principal during pregnancy. The infections prevalence data of Indonesia general population is still rare, while the number of housewives having HIV arising. We conducted research about the prevalence of RTIs and HIV in pregnant women in some parts of Indonesia to understand the circumstances.

Methods The cross-sectional research conducted 2016–2017 in Pekanbaru City, Tangerang District, Bandung City, and Kupang City. There were 170 respondents in each site who were taken from the Mother-Neonatal-Children-Health clinics on chosen Public Health Centers. Data collection accomplished with local team through interview, biomedical sample collection, and laboratory analysis. The microbial pathogen tested were Gonorrhea, Chlamidiasis, Syphilis, Trichomoniasis, Bacterial Vaginosis, Candidiasis, Herpes simplex-2, and HIV. Also, we collected behavior, demographic, and pregnancy checkups

data of the respondents through structured questionnaire. Data analysis was done using SPSS.

Results The respondents were mostly housewives on the age range of 20–34 years and finished Senior High School, officially married, but only half of them that living in Kupang officially married. Their husbands generally worked as non-professional and merchant. The sex behaviors of the pregnant women were categorized as not risky, but 47–78% having sex in the last week without condom. Only 10% were referred to STI clinic for being checked up and receive consultation. Prevalence rates of infections on these pregnant women were: Chlamidiasis 5.9–6.6%; Gonorrhea 0.6–0.7%; Syphilis 0–1.8%; Trichomoniasis 0.6–9.5%; Bacterial Vaginosis 18.8–65.1%; Candidiasis 13–45.6%; Herpes Simplex-2 IgM 0.7–39.2%; Herpes Simplex-2 IgG 0–7.8%; and HIV 0–1.8%.

Conclusion The prevalence rates of RTIs-STIs in pregnant women in this study were high and as high as previous study in 1990s. This is urgent and need strategies to support more of the output of the program in all part of Indonesia as the rising of HIV prevalence in Indonesia.

Disclosure No significant relationships.

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PRACTICAL COGNITIVE SCREENING FOR PATIENTS WITH HIV

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Background In clinical practice it is imperative that patients with HIV, especially those with a concomitant mental illness, be screened for cognitive deficits. Not only is this important to document baseline levels of cognitive function, monitor for onset or progression of HIV-dementia, but to provide tools to improve treatment compliance for patients who demonstrate cognitive deficits. This study endeavored to determine what cognitive screening tools were most practical and effective to assess this population.

Methods HIV-positive participants were recruited from a psychiatric inpatient facility. Participants were administered five cognitive screening tools: Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), Montreal Cognitive Assessment (MoCA), Mini-Mental Status Examination (MMSE), Trail Making Test- Parts A and B (TMT), and Wisconsin Card Sorting Test (WCST). The sample consisted of 21 participants with diagnoses including bipolar disorder (42%), schizophrenia/schizoaffective disorder (25%), depressive and anxiety disorder (17%), psychotic disorder not otherwise specified (8%), delusional disorder (4%), and adjustment disorder (4%). (Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition was utilized.) Fifty-eight percent of the sample had co-occurring substance use disorders.

Results The mean age of participants was 42.08 years with 13.25 years of education. Ninety six percent of the sample were male. Fifty eight percent of the participants were Caucasian and 21% were Hispanic and 21% African American. Fifteen percent of the sample were newly diagnosed HIV-positive. Cognitive deficits were found on most of tools utilized. The RBANS demonstrated the most cognitive deficits consistent with the known literature in this population. The RBANS specifically revealed impairments in domains of

delayed memory and attention. This, in turn, translates into problems retaining verbal and visual information.

Conclusion Development of cognitive assessment tools that can be utilized by non-psychologists to target this high-risk population is necessary as an important prognostic and treatment guide.

Disclosure No significant relationships.

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SELF-ESTEEM, BODY IMAGE, AND SUBCULTURE IDENTIFICATION AMONG GAY, BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN

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Background Previous research shows that low self-esteem may negatively affect self-efficacy, increase substance use, and underlie some patterns of risky sexual behaviour. This suggests low self-esteem may hinder the prevention of HIV and other sexually transmitted infections (STI). Therefore, we explored factors related to self-esteem among gay and bisexual men (gbMSM), including associations with risk behaviour.

Methods Between 2012–2015, we used respondent-driven sampling to recruit sexually-active HIV-positive and HIV-negative gbMSM, aged ≥ 16 in Metro Vancouver. Participants completed visits every 6-month until 2018. Generalized estimating equations identified correlates of self-esteem (study $\alpha = .90$, range = 0–21), including key measures of sexual behaviour, substance use, social embeddedness, body image, and sub-cultural identification.

Results Among 541 participants, 3,497 visits (Median: 7, Q₁–Q₃: [3–9]). In bivariable analyses, self-esteem scores did not differ by HIV-status ($p = 0.59$), and were not associated with seroadaptive behaviour ($p > 0.19$ across 7 strategies). After adjustment, higher self-esteem was associated with older age ($p < 0.001$), more social support ($p < 0.001$), larger social network size ($p < 0.003$), lower emotional and social loneliness (each $p < 0.001$), Asian ($p = 0.002$) or Latin American ($p = 0.001$) identity (vs. White), higher self-report physical attractiveness ($p < 0.005$) and muscularity ($p < 0.001$), and subcultural identification as a Professional (versus not; $p = 0.04$). While higher BMI was not associated with self-esteem ($p = 0.94$), identifying as a bear, cub, or otter (versus not; $p = 0.009$) predicted lower self-esteem scores. Self-esteem was associated with several sexual (e.g., oral sex, masturbation, sex toy use) and substance use (i.e., binge drinking, cannabis, cocaine, methamphetamine) behaviours – but these became non-significant after multivariable adjustment.

Conclusion Subculture identification, self-rated body-image, and social embeddedness are key to gbMSM's self-esteem. Given these factors overshadowed self-esteem's association with sexual and substance use behaviours, holistic HIV and STI interventions should leverage socially-supportive, community-based, and inclusive messaging to address potentially negative effects of low self-esteem on gbMSM's sexual health.

Disclosure No significant relationships.