



EUROPEAN  
HIV
NURSING
CONFERENCE  

PROGRAM & ABSTRACTS

HOSTED BY:



IN PARTNERSHIP WITH:



19–20 October 2014 • Barcelona

WELCOME

Dear Colleagues:

We are honoured to welcome you to this inaugural European HIV Nursing Conference, sponsored by the International Association of Providers of AIDS Care (IAPAC), in partnership with the European HIV Nursing Network (EHNN).

We are excited to chair this conference, focusing on rapid changes in the context of HIV care across the European region. With the science of HIV fast-evolving (i.e., antiretroviral therapy, treatment as prevention, hepatitis C virus [HCV] and HIV coinfection), and increasing numbers of adolescents and 'older' persons living with HIV, the care and support of affected people presents a range of challenges and hurdles to overcome.

We also see continuing stigmatization of people affected by HIV, complicated by association with marginalized social groups such as people who inject drugs, sex workers, and migrant populations. Many countries in the European region also face continuing structural difficulties, especially in the East where approaches to public health and harm reduction conflict with approaches in the West.

Since the beginning of the HIV epidemic, nurses have been at the front line of care delivery. It is vital our work is up to date and evidence based, underpinned by findings from research that identify best approaches for managing HIV and its comorbid conditions. Nurses are ideally placed to promote and deliver, in all parts of Europe, high quality HIV prevention, care, and treatment that meets the needs of affected people and maximises the prevention of infection for the most at-risk individuals.

As we meet here at the end of 2014, we find ourselves in a moment of great optimism, particularly given the newly announced Joint United Nations Programme on HIV/AIDS (UNAIDS) '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 – all by 2020. Not surprisingly, achieving these ambitious targets will require extraordinary efforts by many stakeholders, including nurses.

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. We will focus also on the role of nursing leadership in ensuring these services are of the highest quality, and ways nurses can be best prepared and informed for their role.

We know you all 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 you all a very productive conference.



Margarita Robau, RN
(Spain)



Ian Hodgson, PhD, RN, MA
(United Kingdom)



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CONFERENCE INFORMATION

PROGRAM OVERVIEW

The 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 conference Co-Chairs are 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 valuable insights into strategies for optimizing the clinical management of HIV-positive patients across the entire continuum of care; and (2) discuss the state-of-the-science in relation to using anti-

retroviral therapy for both therapeutic and preventative effects; and (3) access professional development opportunities focused on enhancing nurse clinical leadership roles in the field of HIV medicine.

DISCLOSURE

Gilead Sciences Europe Ltd. has provided educational grant support for this conference. IAPAC is responsible for control of the conference's content and faculty selection. In awarding educational grant support, Gilead Sciences Europe Ltd. did not have any involvement in the design of the program or the selection of presenters, panelists, and/or moderators.

GENERAL INFORMATION

MEETING VENUE

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

MEALS

Lunch will be provided on both days, in addition to coffee breaks throughout each day.

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 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 #HIVNursing2014.



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 Sophie Dila, MA, IAPAC Senior Program Manager, at sdila@iapac.org.



FACULTY ROSTER

Gary Barker, RGN, BSc
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St Helens, United Kingdom

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Geneva, Switzerland

Nathaniel Brito-Ault, RN, MSc
Barts Health NHS Trust
London, United Kingdom

Margaret Ann Clapson, SRN, RSCN, RHV, MSc
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London, United Kingdom

Michelle Croston, RGN, RHV
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Manchester, United Kingdom

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Brighton and Sussex University Hospitals
Brighton, United Kingdom

Monica Flatow-Schmid, RN
Vivantes-Auguste Viktoria Klinikum
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European HIV Nursing Network
London, United Kingdom

Julian Hows
Global Network of People Living with HIV
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Helsinki, Finland

Valérie Martinez-Pourcher, MD, PhD
Hopital Antoine Béclère
Clamart, France

Caroline Monfort, RN
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European Centre for Disease Prevention and
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Benjamin Young, MD, PhD
International Association of Providers of AIDS Care
Washington, DC, United States



SUNDAY, 19 OCTOBER 2014

Gran Salón		
0900–0915	CONFERENCE WELCOME BY CO-CHAIRS <i>Ian Hodgson, PhD, RN, MA; Margarita Robau, RN</i>	
0915–0945	PLENARY 1: Snapshot of HIV in Europe: One Continent, Divided <i>Anastasia Pharris-Ciurej, PhD, MSN, MPH</i>	
0945–1015	KEYNOTE ADDRESS: Ending AIDS: A Call to Action to Amplify Nurse Clinical Leadership <i>Presenter: David Benton, PhD, MSc, MPhil</i>	
1015–1115	TOP-RATED ORAL ABSTRACTS <i>Moderator: Benjamin Young, MD, PhD</i>	
1115–1130	Coffee Break	
1130–1230	PANEL 1: Evolving HIV Treatment Paradigms - What We Need to Know <i>Presenter: Benjamin Young, MD, PhD</i> <i>Discussants: Helena Makinen, RN; Conny Moons, RN</i>	
1230–1300	PLENARY 2: Healthy Aging with HIV (It's More than Just About Laboratory Values) <i>Margarita Robau, RN</i>	
1300–1400	LUNCH PANEL: Multidisciplinary Care - Putting the Patient First <i>Moderators: Ian Hodgson, PhD, RN, MA; Margarita Robau, RN</i> <i>Panelists: Nathaniel Brito-Ault, RN, MSc; Martin Fisher, MBBS; Monica Flatow-Schmid, RN; Ferran Pujol</i>	
1400–1415	Break	
Gran Salón		Salón Parrilla
1415–1515	ORAL ABSTRACT SESSION 1: Clinical Management	ORAL ABSTRACT SESSION 2: Sexual Health
1515–1530	Coffee Break	
1530–1600	CASE STUDY SESSION 1: Lifestyle Counseling <i>Presenter: Carolien Wylock</i>	CASE STUDY SESSION 2: Liver Disease <i>Presenter: Daniela-Ioana Munteanu, MD</i>
1600–1630	Break	
1630–1700	CASE STUDY SESSION 3: Mental Health <i>Presenter: Shaun Watson, RN</i>	CASE STUDY SESSION 4: Reproductive Health <i>Presenters: Michelle Croston, RGN, RHV; Ian Hodgson, PhD, RN, MA</i>
1700	Adjourn	



MONDAY, 20 OCTOBER 2014

Gran Salón	
0900–1000	PANEL 2: Educating Nurses About Antiretrovirals and HIV Prevention – State of the Science, Uptake Challenges, and Barriers to Scale-Up <i>Moderator: Caroline Monfort, RN</i> <i>Panelists: Nathaniel Brito-Ault, RN, MSc; Valérie Martinez-Pourcher, MD, PhD; Shaun Watson, RN</i>
1000–1030	PLENARY 3: How Well Do You Sell the Adherence Message? <i>Michelle Croston, RGN, RHV</i>
Gran Salón	
1030–1130	ORAL ABSTRACT SESSION 3: Health Workforce
Salón Parrilla	
1030–1130	ORAL ABSTRACT SESSION 4: Clinical Management
1130–1145	Coffee Break
1145–1215	CASE STUDIES SESSION 5: Substance Users <i>Presenter: Monica Flatow-Schmid, RN</i>
1145–1215	CASE STUDIES SESSION 5: Men Who Have Sex with Men <i>Presenter: Gary Barker, RGN, BSc</i>
1215–1230	Break
Gran Salón	
1230–1330	LUNCH PANEL: Optimizing Engagement in HIV Care for Adolescents <i>Moderator: Ian Hodgson, PhD, RN, MA</i> <i>Panelists: Margaret Clapson, SRN, RSCN, RHV, MSc; Evelyne Van Der Kelen, RN</i>
1330–1400	Networking Opportunity
Gran Salón	
1400–1445	INVITED SPEAKER: Health Literacy & Stigma <i>Presenter: Julian V. Hows</i>
Salón Parrilla	
1400–1445	INVITED SPEAKER: Migrants <i>Presenter: Rita Verstraeten, RN</i>
1445–1500	Break
Gran Salón	
1500–1515	CLOSING REMARKS <i>Sophie Dila, MA</i>
1515–1600	CLOSING PANEL: Ending AIDS - “Mission Impossible” Without Nurse Clinical Leadership <i>Moderator: David Benton, PhD, MSc, MPhil</i> <i>Panelists: Michelle Croston, RGN, RHV; Monica Flatow-Schmid, RN; Ian Hodgson, PhD, RN, MA; Margarita Robau, RN</i>
1600	Adjourn



SUNDAY, 19 OCTOBER 2014

TOP-RATED ORAL ABSTRACTS • 10:15AM–11:15AM/Gran Salón

06: Discussing Sexual Risk Behaviour in HIV-Positive MSM: Psychosocial Determinants as a Guide for the HIV Nurse

Suzanne Munnik presenting

07: Tracking Linkage to Care and Support of HIV-Positive Clients Tested in Mobile Testing Units in South Africa

Hanlie Kapp presenting

SESSION 1: Clinical Management

2:15PM–3:15PM/Gran Salón

01: The Effect of Different Intervention Programs on Treatment Adherence of HIV-Infected Children, A Retrospective Study

Atie van der Plas presenting

02: HIV-Infected Adolescents: Adherence to Medication and Transition to Adult Health Care Services

Annouschka Weijsenfeld presenting

03: Preparing Women with HIV for Menopausal Transition

Christina Joosten presenting

10: Club Drugs and STIs: Is our Nurse-Led Annual Review Service Offering Sexual Health Screening to High-Risk Patients?

Breda Patterson presenting

SESSION 2: Sexual Health

2:15PM–3:15PM/Salón Parrilla

08: How to Communicate the First Results from the PARTNER Study in a Clinical Setting – from Nurse to Sero-Different Couples

Tina Bruun presenting

17: The Gap between Knowledge on HIV/AIDS and Sexual Behavior: A Study of Teenagers in Vespasiano, Minas Gerais State, Brazil

Luciana Moura presenting

18: Knowledge and Perceptions Related to HIV/AIDS Research with Adolescents in Vespasiano, Minas Gerais

Luciana Moura presenting

21: From Preston, England, to Lusaka, Zambia: Experiences from a New Sexual Health Project

James Meek and Debbie Brittain presenting

MONDAY, 20 OCTOBER 2014

SESSION 3: Health Workforce

10:30AM–11:30AM/Gran Salón

04: Improving Knowledge and Attitudes of Bachelor Nursing Students Regarding HIV Transmission Risk and Nursing Care for People Living with HIV

Ann Deschamps presenting

12: Technical Assistance for Rapid Implementation of Nurse Initiated Management of Antiretroviral Therapy in Foundation for Professional Development-Supported Districts in South Africa; Mentoring Matters!

Hanlie Kapp presenting

14: HIV Contact Tracing: Nursing Intervention

Antonio Moreno-Martínez presenting

20: Clinical Leadership: Can Nurses Do a Doctors' Job? A 5-Year Survey to Reveal Consequences

Jolanda Schippers presenting

SESSION 4: Clinical Management

10:30AM–11:30AM/Salón Parrilla

11: Predictors and Correlates of Adherence to Combination Antiretroviral Therapy (cART) for Chronic HIV Infection: A Meta-Analysis

Nienke Langebeek presenting

15: Anal Cancer Prevention Program in the HIV-Infected Population

Rodrigo Garcia presenting

16: The Role of HIV Testing and Counselling in Client Care Retention

Gladys Nuamah presenting

19: Disclosure of HIV Status and Retention in Care in HIV-Infected Adolescents on Antiretroviral Therapy at Korle-Bu Teaching Hospital

Gladys Nuamah presenting



1 Effect of Different Intervention Programs on Treatment Adherence of HIV-Infected Children, A Retrospective Study

Atie Plas¹ (presenting), Henriette Scherpbier², Taco Kuijpers², Dasja Pajkrt²

¹ Academic Medical Center, Netherlands

² AMCEKZ, Netherlands

Introduction: In HIV-infected children, long-term adherence to combination antiretroviral therapy (cART) is difficult. In this retrospective study, we evaluated the effect of two different treatment adherence programs on treatment adherence (as indicated by cART failures) and the need for additional supportive care measures in a cohort of 31 HIV-infected children between the ages of 3 and 18 years. In a follow-up period of six years we evaluated treatment adherence at baseline (before introduction of any treatment adherence program in 2004) and compared this to cART failures during two treatment adherence programs (in 2006 and 2009, respectively). The need for additional supportive care measures (the frequency of hospitalizations, daily-observed treatment, use of child protection service, attendance of special schools and placement in foster homes) were also evaluated at these three time points.

Description: The first treatment adherence program focused on increasing patient's compliance by imposing negative measures in case of treatment failure, whereas the second program aimed to increase treatment adherence by rewarding optimal medication intake.

Lessons Learned: Prior to start of any treatment adherence intervention program, cART failures were observed in 29% of the pediatric patients. After introduction of the first treatment adherence program cART failures decreased to 6%. During the second treatment adherence program the cART failures remained equally low (10%), but the need for some specific additional supportive care measures (the frequency of hospitalizations and placement in foster homes) were importantly reduced.

Recommendations: Treatment adherence programs are effective in increasing treatment adherence to cART in HIV-infected children. A novel reward treatment interventional program as an addition to social supportive care programs is a promising new positive enforcement program and can reduce the need for additional supportive care programs. Further prospective studies are needed to evaluate the long-term effect of this new treatment intervention program.

2 HIV-Infected Adolescents: Adherence to Medication and Transition to Adult Health Care Services

Annouschka Weijnsfeld (presenting), Atie Plas

Academic Medical Centre, Netherlands

Introduction: The life expectancy and future perspectives of HIV-infected children have improved drastically over the last 10 years due to combination antiretroviral therapy (cART) and advanced supportive care. HIV-infected children grow up into adulthood and face various age- and HIV-specific challenges on their way throughout adolescence into adulthood.

Description: At our pediatric HIV clinic in Amsterdam, we provide care for a group of perinatally HIV-infected adolescents (usually defined as aged between 12 and 24 years). It is a period in which an adolescent develops independence, self-consciousness and identity. Like any other adolescent with a chronic disease, HIV-infected adolescents have to learn to manage their own illness, but on top of that, HIV-specific issues such as treatment adherence, coping with HIV stigma and sexuality play an important role in the lives of HIV-infected teenagers. Challenges in treatment of and care for these HIV-infected adolescents are adherence, communicating about HIV status, and transitioning into adult health care services.

Lessons Learned: The care for this group of patients not only takes special attention from the health care providers at the pediatric departments, but also at the internal medicine departments. At 18 years of age, most patients leave the pediatric department, and are supposed to be fully competent to manage their own health care at the internal medicine department. Health care providers should be aware of the special needs of this group.

Recommendations: We will share supportive care strategies and methods to support and communicate with HIV-infected adolescents. Furthermore, we will present ongoing research on adherence to medication and transition of HIV-infected adolescents to adult health care services.



3 Preparing Women with HIV for Menopausal Transition

Christina Joosten (presenting)

University Clinic Ghent, Belgium

Introduction: Historically, the HIV epidemics in Europe and the United States started in a very atypical way – a fatal disease mainly affecting young men who have sex with men. Counselling focused on young, terminally ill people, trying to avoid infection and contain symptoms. Growing knowledge about the virus and effective medication slowly transformed HIV into a chronic disease. Patients live longer and dealing with aging and co-morbidities grew important. In this context, menopause came only very recently to the counsellors attention, as an additional complication to an already complex syndrome.

Description: Women living with HIV approaching midlife have specific symptoms and needs. They experience more frequent and more serious vasomotor symptoms, compared to HIV-negative women. Comorbidities like cardiovascular disease, diabetes mellitus type 2 and bone loss become more prominent and ask for special attention in food management and physical exercise. Mental issues, problems with self-esteem due to a changing body shape, and genital atrophy can cause a change in relational and sexual functioning. In addition, problems with memory and more frequent sleep disturbances can hamper activities in daily life and therapy compliance.

Lessons Learned: Being able to inform women (and their partners) about symptoms that announce a natural aging phase instead of yet another unexpected HIV symptom is an effective way to comfort these women. Since adequate information leads to acceptance and health-seeking behavior, being prepared for the possible turbulence of menopause makes it easier to work towards a healthy transition.

Recommendations: Menopause is a difficult passage in life, more so in women with HIV who experience HIV-specific health problems. Targeted counseling can possibly prevent co-morbidities and alleviate a great deal of stress among these women. The time has come to prepare and educate counsellors to provide appropriate care to women living with HIV.

4 Improving Knowledge and Attitudes of Bachelor Nursing Students Regarding HIV Transmission Risk and Nursing Care for People Living with HIV

Ann Deschamps¹ (presenting), Sandra Van den Eynde², Greet Kayaert¹

¹ Leuven University College, Belgium

² Sensoa, Belgium

Introduction: Previous research in a bachelor school in Leuven (a middle-sized Belgian town) indicated that nursing students overestimate the risks of HIV transmission, often worry about contracting HIV, and hold discriminatory attitudes which might hamper equal treatment of people living with HIV in regular care facilities.

Description: We implemented an intervention to decrease fear of HIV-transmission in nursing students, consisting of a two-hour interactive and educational training session that included 1) general information on HIV and HIV transmission during nursing interventions; 2) universal precaution guidelines for dealing with (potentially infectious) bodily substances; and 3) using testimonies of people living with HIV. Knowledge about HIV and attitudes towards people with HIV were assessed using a standardized self-developed questionnaire at three points in time: just before the intervention (T1) (n = 109), right after the intervention (T2) (n = 92) and 4 weeks after the intervention (T3) (n = 55).

Lessons Learned: After the intervention, students were significantly ($p < 0.05$) 1) less worried about contracting HIV by working alongside someone with HIV; and 2) more sensitive towards the rights of people living with HIV. For example, students claimed less that 1) they should know the HIV status of their nursing colleagues even when these are not willing to disclose their status (27% at T1 versus 16% at T3); and 2) HIV positive nurses should be banned from nursing (17% at T1 versus 2% at T3).

Recommendations: This study shows that even a relatively simple two-hour interactive educational intervention 1) results in a more realistic view of the risk of HIV transmission and 2) decreases discriminating attitudes in nursing students towards people living with HIV. We therefore recommend implementing a similar interactive education intervention in nursing curricula in order to optimize nursing care for HIV patients.



6 Discussing Sexual Risk Behavior in HIV-Positive MSM: Psychosocial Determinants as a Guide for the HIV Nurse

Suzanne Munnik (presenting)

Catharina Ziekenhuis, Netherlands

Background: Nearly two thirds of the annual patient population in the Netherlands having a new HIV diagnosis is made up of men who have sex with men (MSM). One or more sexually transmitted diseases (STD) are frequently diagnosed in 30% of HIV-infected MSM. The HIV nurse plays a crucial role regarding information on sexually risky behavior. This study describes the extent to which HIV nurses actually discuss sexually risky behavior and which determinants influence this discussion.

Methods: Qualitative exploratory research was carried out using the theory of planned behavior as a theoretical framework. Data acquisition consisted of semi-structured focus group interviews using an interview guide in which determinants from the theory of planned behavior were included. The interview guide was adapted on the basis of the analysis, which was carried out alternately with the data collection. These focus groups were held with eight, eight and six participants, respectively. All interviews started with the same opening question: "Can you tell us what you do now in the way of information on the sexually risky behavior of HIV-infected MSM?"

Results: The research has clearly demonstrated that, in spite of focused schooling and the importance which they attach to discussing sexuality, a large proportion of HIV nurses find it awkward to discuss sexual risk behavior. The majority of those who responded do not always discuss sexuality, while at the same time they feel that it should be done at that moment. Determinants for this were: 1) not wanting to be pedantic, and 2) embarrassment and the age, gender and sexual orientation of the HIV nurse.

Conclusions: The research shows that HIV nurses think discussing sexuality is important, but sometimes they are reluctant due to embarrassment or because they do not wish to appear pedantic. Further research is necessary in order to establish how the determinants influence each other, which are most important and which are the simplest to influence. This will enable interventions to be set up specifically focused on the HIV nurses group. The goal is to prevent the spread of HIV-infected persons by improving the discussion on sexually risky behavior.

7 Tracking Linkage to Care and Support of HIV-Positive Clients Tested in Mobile Testing Units in South Africa

Hanlie Kapp (presenting), Dawie Olivier, Ryan Martin

Foundation for Professional Development, United States

Background: Tuberculosis (TB) and HIV burden of disease in South Africa is known to be amongst the highest in the world. In response, the Foundation for Professional Development (FPD) provides mobile HIV counseling and testing (HCT) in various settings as an entry point into care and support. HIV-positive clients are referred to public health facilities post testing. Lack of national patient management system in public health environment makes tracking of linkage to care impossible. FPD monitors self-reported linkage to care through a call centre model in its US President's Emergency Plan for AIDS Relief (PEPFAR)-funded mobile HCT program.

Methods: The aim of this descriptive study was to determine whether clients who tested HIV positive accessed health care services (HCS: ART/Wellness) post HIV test. Data were collected via telephone over a three-year period. The primary purpose of the calls was to support mobile unit HIV-positive clients to access care, and the secondary purpose was to collect data. A retrospective review was conducted of the self-reported data.

Results: 60,439 people underwent HCT services with 6,281 (10.4%) identified as HIV positive. Of the HIV-positive individuals, 4,552 were successfully contacted and interviewed. 1,239 (27.2%) of respondents reportedly accessed HCS post-test with 3,313 (72.8%) indicating a failure to access HCS during the study period. Reasons for loss to initiation of HCS included time constraints and discordant retesting as the main factors accounting for 89.2% of all responses.

Conclusions: Structured call center follow up of HIV-positive clients is a reliable way to track loss to initiation in the South African public health environment. It provides insight on reasons why patients do not access healthcare, despite pre- and post-test counseling. Lessons learned from this service have been used to create a mobile phone application, which further improves tracking of patient loss to initiation.



8 How to Communicate the First Results from the PARTNER Study in a Clinical Setting - From Nurse to Sero-Different Couples

Tina Bruun (presenting) on behalf of the PARTNER study group

Rigshospitalet Copenhagen HIV Programme, Denmark

Introduction: The PARTNER study evaluates HIV transmission risk in heterosexual and homosexual couples when condoms are not used and the HIV-positive partner is on suppressive antiretroviral therapy (ART).

Description: PARTNER is the first study to estimate transmission risk in couples having condomless sex, including men who have sex with men (MSM) couples. The first results presented at CROI 2014 showed that the 767 couples followed across Europe overall had condomless sex more than 44,000 times with no linked transmissions observed when the HIV-positive partner had undetectable viral load.

Lessons Learned: The PARTNER results are important for health care staff, MSM couples and the community and need to be discussed among the relevant groups. We do not know how nurses relate to the risk found in the PARTNER results and how these results are being communicated. Feedback from sero-different couples in Denmark has been that data from the PARTNER study have not been discussed with them at clinics and it has been difficult to find lay articles/debates on the topic in the Danish language. Danish MSM counsellors found it very difficult to decide how they should counsel other MSM and expressed the need for more debate in the HIV/MSM organization community and more data.

Recommendations: In a clinical setting it should not only be the nurse's personal view on transmission risk, but should be a discussion among all staff members that are involved in the treatment and care for HIV-positive people. The discussion is likewise important on national and global level to ensure that data is uniformly interpreted and communicated. The PARTNER study continues to enroll only MSM couples to strengthen data on transmission risk through anal sex. If treatment is used "as prevention" in sero-different couples it could be emphasized that the PARTNER study is still studying the transmission risk in anal sex where evidence is still not strong.

10 Club Drugs and STIs: Is our Nurse-Led Annual Review Service Offering Sexual Health Screening to High-Risk Patients?

Jane Rowlands, Heather Keen, Amy Johnson, **Breda Patterson (presenting)**

Chelsea & Westminster Hospital, United Kingdom

Background: Use of recreational drugs is higher in the HIV-infected population, particularly in HIV-infected men who have sex with men (MSM). Recent research has focused on the use of club drugs such as methamphetamine (crystal meth), gamma-butyrolactone (GBL) and mephedrone among MSM and associated behavioral risks. Methamphetamine use among MSM is associated with high rates of sexually transmitted infections (STIs). Nurse-led annual screening was introduced in our clinic in 2012, to identify opportunities for health and social interventions, including disclosed drug use and diagnosed STIs. This service evaluation aimed to evaluate whether high risk patients were offered sexual health screening as appropriate.

Methods: 511 patients were seen for annual review across our service between July 2012 and December 2013. A notes review was conducted, focusing on patient disclosure of drug use and STIs.

Results: The average patient age was 46. Of the 467 (91%) male patients, 420 (90%) were MSM. 132 (26%) patients used recreational drugs, 54 (41%) of these were using club drugs (all of whom were MSM). 23 (43%) of those using club drugs had been diagnosed with an STI in the past year, whereas 14 patients (18%) using other recreational drugs had been diagnosed with an STI in the past year. Of the 54 patients using club drugs with an STI in the last year, 40 (75%) were offered a sexual health screen during the consultation.

Conclusions: STI rates are higher amongst club drug users. Club drug use is common in HIV-infected MSMs and requires identification to facilitate onward referral, support and risk reduction advice as necessary. Annual review is identifying high risk patients needing further intervention or referral, but there is room for improvement to ensure all patients are offered STI screening.



11 Predictors and Correlates of Adherence to Combination Antiretroviral Therapy (cART) for Chronic HIV Infection: A Meta-Analysis

Nienke Langebeek¹ (presenting), Elisabeth Gisolf¹, Peter Reiss², Sigrid Vervoort³, Clemens Richter¹, Mirjam Sprangers³, Pythia Nieuwkerk²

¹ Rijnstate Hospital, Netherlands

² Academic Medical Center, Netherlands

³ University Medical Center, Netherlands

Background: Adherence to combination antiretroviral therapy (ART) is a key predictor of HIV treatment success and potentially amenable to intervention. Insight into predictors or correlates of non-adherence to ART may help to guide targets for the development of adherence-enhancing interventions. Our objective was to review evidence on predictors/correlates of adherence to ART and to aggregate findings into quantitative estimates of their impact on adherence.

Methods: We searched PubMed for original English-language papers, published between 1996 and June 2014 and the reference lists of relevant articles. Studies reporting on predictors/correlates of adherence among adults prescribed ART for chronic HIV-infection were included without restriction to adherence assessment method, study design or geographical location. Two researchers extracted data in duplicate. Random-effect models with inverse variance weights were used to aggregate findings into pooled effect estimates with 95% confidence limits. The standardized mean difference (SMD) was used as common effect size. The impact of study design features (adherence assessment method, study design, countries' United Nations Human Development Index [HDI]) was investigated using categorical mixed-effect meta-regression.

Results: A total of 207 studies were included. The following predictors/correlates were most strongly associated with adherence: adherence self-efficacy (SMD = 0.603, $p = 0.001$), current substance use (SMD = -0.395, $p = 0.001$) concerns about ART (SMD = -0.388, $p = 0.001$), beliefs about the necessity/utility of ART (SMD = 0.357, $p = 0.001$), trust/satisfaction with the HIV care provider (SMD = 0.377, $p = 0.001$), depressive symptoms (SMD = -0.305, $p = 0.001$), HIV stigma (SMD = -0.282, $p = 0.001$), and social support (SMD = 0.237, $p = 0.001$). Smaller but significant associations were observed for: being prescribed a protease inhibitor-containing regimen (SMD = -0.196, $p = 0.001$), daily dosing frequency (SMD = -0.193, $p = 0.001$), financial constraints (SMD = -0.187, $p = 0.001$) and pill burden (SMD = -0.124, $p = 0.001$). Higher trust/satisfaction with the HIV care provider, a lower daily dosing frequency, and less depressive symptoms were more strongly related with higher adherence in low- and medium-HDI than in high-HDI countries.

Conclusions: These findings suggest that adherence enhancing interventions should particularly target psychological factors such as self-efficacy, and concerns/beliefs about efficacy and safety of ART. Moreover, these findings suggest that simplification of regimens may have smaller, albeit significant effects.

12 Technical Assistance for Rapid Implementation of Nurse-Initiated Management of Antiretroviral Therapy in Foundation for Professional Development-Supported Districts in South Africa; Mentoring Matters!

Hanlie Kapp¹ (presenting), Martin Jones²

¹ Foundation for Professional Development, South Africa

² Independent Consultant, United States

Description: The Foundation for Professional Development (FPD) structured a NIMART training and mentoring program for implementation in four supported districts. Department of Health (DoH) nurses were trained on antiretroviral therapy (ART) initiation in children and adults. Previously employed ART clinic nurses were trained and qualified as mentors. Mentors visit facilities on regular scheduled intervals. Schedules are dependent on NIMART-trained DOH staff and newly diagnosed HIV-positive clients. Mentors use the DoH NIMART mentor guidelines and logbook when mentoring facility based nurses. Proficiency is logged in logbook and NIMART certificate is awarded to nurses who have proved proficiency.

Lessons Learned: Scale up of NIMART is possible, can yield increased number of ART initiations. In 2009, 37 facilities initiated ART with reported 26,652 patients on treatment. In January 2014, 378 facilities were initiating ART with reported 238,366 patients on treatment. Nurses feel confident enough to initiate newly diagnosed HIV-positive patients on ART. Nurses appreciate being mentored to become confident, especially with pediatric patients. Nurses could become dependent on mentor support. Mentoring has a positive influence on attitudes of nurses.

Recommendations: Registered nurses can become proficient in initiating ART. The process should be regulated, supported by policy, mentoring programs and a portfolio of evidence proving efficiency. Similar process can be adopted for multidrug resistant tuberculosis management in South Africa and other resource-constrained countries with high tuberculosis (TB)/HIV burden of disease.



14 HIV Contact Tracing: Nursing Intervention

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Background: HIV contact tracing is a challenge for the health system. Our objective was to trace risk contacts of HIV-infected patients recently diagnosed and promote follow up.

Methods: A prospective, descriptive study. In 2012, all persons newly diagnosed with HIV who first visited in the nursing service at the Infections Hospital Clinic of Barcelona were included. We analyzed demographics and sexual behavior characteristics. We searched for risk contacts through a dual referral method and did an HIV serology to all reached contacts. Quantitative variables were described by mean, median and range.

Results: There were 215 new HIV diagnoses. We found at least one risk contact for 82% patients and did follow-up. 49% came to the nursing service accompanied by at least one sexual partner. Of 117 risk contacts identified, 45 already knew their HIV-positive serostatus and 72 (61.5%) indicated they were unaware of their serostatus, 19 (26%) of these patients were diagnosed with HIV infection. This represents an infectivity rate of 26.4%.

Conclusions: Our study demonstrated that dual referral method applied by a specialized HIV nurse for contact tracing is a feasible strategy (applicable and acceptable) given the high number of localized contacts and HIV diagnoses in the context of the study. We recommend applying new strategies in nurse consulting specialized HIV units, as described in our study, involving methods that effectively guaranteed confidentiality.

15 Anal Cancer Prevention Program in the HIV-Infected Population

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Background: In the HIV-infected population, men who have sex with men (MSM) are at a higher risk of anal cancer than the non-infected. The anal cancer prevention program includes an anal cytology (AC) and a high-resolution anoscopy (HRA), both initially performed by the physician. To improve the operation of our program we decide that AC would be performed by the nurse specialist, in order to increase the number of HRA performed by the physician. The aim of this study was to assess the benefits of the “new role” of the nurse’s intervention.

Methods: This is a retrospective study of the prospective cohort. Nurse specialist began to perform AC in January 2014. A nursing intervention protocol – information, health education and solving doubts – was established by the time of the appointment, in order to create a climate of trust at the time of citation, and before and after sample collection. AC (sample quality) from January 2014 to April 2014 were compared with our previous historical data.

Results: During the study period 153 patients were referred to the program. Baseline characteristics were comparable to historical. 96% men, age (mean) of 42 years. 148 out of 153 (97%) were HIV positive, all of them had viral load 3. 131 (88%) were MSM with median previous sexual partners of 172. 100% of the patients were in good preparation for performing AC, which represented an improvement of 15% over the historical data. 153 out of 165 (93%) samples were considered “good quality for analysis,” compared with 90% in the historical data.

Conclusions: Establishing a nursing protocol improves the guarantees a personal attention, helps to create a climate of confidence, gives information about the technique, counseling about high-risk sexual practices and improves the efficacy of anal cytology.



16 The Role of HIV Testing and Counseling in Client Care Retention

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Background: Testing and counseling have been viewed as an entry point to HIV treatment, care and support and an important step in HIV prevention. Programmatic data shows that the number of people counseled, tested and retained in care in 2009 alone was 865,058 and this number is expected to rise to 1,740,000 by 2015. The highest number of people ever tested and counseled per year in the country was achieved in 2011 (1,151,034). This figure represents an 8% increase over the number of people who tested in the previous year. The HIV prevalence among the HIV testing and counselling (HTC) client was 4.9% in 2011 as against 4.7% in 2010. Improving the outcomes of HIV treatment programs in resource-limited settings requires successful linkage of patients testing positive for HIV to pre-antiretroviral therapy (ART) care and retention in pre-ART care until ART initiation. Our objective was to determine whether the existing data would allow us to approximate the proportion of adult patients who tested positive for HIV, were counseling, enrolled, and had been retained in active comprehensive care (pre-ART and or ART care).

Methods: A systematic data review of HTC records for two conservative years (2011 and 2012) at the Fevers unit of Korle-Bu Teaching Hospital was extracted on all those who had both pre and post- test counseling and those who received only post-test counseling. Using Excel software, we calculated the proportion of patients who are still in care and whether they received pre- and post-test counseling or only post-test counseling.

Results: The data represents numbers of clients enrolled after HIV pre- and post-test counseling and currently retained in care at the ART clinic. Out of 1,155 clients registered, 875 clients have been retained in care currently after pre- and post- test counseling indicating 87% in 2011 while the 2012 data equally reveals 78% retention (784) out of 1,050 number of clients in 2012. The number of patients who received only post-test counseling was negligible.

Conclusions: A considerable number of patients were retained in care after counseling and testing at the Fevers unit and this does not take into account those who may have died or lost to follow up within the period, thus the percentages of retention could even have been higher. It is likely that in addition to counseling and testing, the close proximity of the treatment site to the HTC site may have contributed to engagement and retention. However, a much more elaborate longitudinal studies as well as qualitative studies are needed to determine the role of counseling and testing in engagement and retention in care.

17 Gap between Knowledge on HIV/AIDS and Sexual Behavior: A Study of Teenagers in Vespasiano, Minas Gerais State, Brazil

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Background: The aim of this study was to investigate gaps between knowledge on HIV/AIDS and sexual behavior among teenagers. The study used a cross-sectional design with a representative random sample of 1,158 teenagers (14 to 19 years of age) enrolled in nine public secondary schools and who answered validated questionnaires.

Methods: Data analysis included descriptive statistics and tests of hypotheses (chi-square, Mann-Whitney and Kruskal-Wallis, Kendall, and Fisher's exact test).

Results: The vast majority of the teenagers (98.7%) expressed doubt on at least one question. Condom use during first sexual intercourse was significantly associated with condom use in sexual relations in the previous six months. There was no statistical association between knowledge on HIV/AIDS and frequency of condom use or number of sexual partners.

Conclusions: Health actions are needed that link schools to health services, in addition to not only elaborating appropriate information but also valorizing teenagers' individuality in the development of proposals



18 Knowledge and Perceptions Related to HIV/AIDS Research with Adolescents in Vespasiano, Minas Gerais

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Objectives: To assess the knowledge and perceptions related to HIV/AIDS among adolescents in the city of Vespasiano, Minas Gerais, Brazil.

Methods: The sample consisted of 1,158 high school adolescents aged 14-19 years of public education system. The subjects completed a structured and self-applicable questionnaire. Data analysis involved descriptive statistics, hypothesis tests (Chi-square, Mann-Whitney, Kruskal-Wallis).

Results: The mean overall knowledge of HIV/AIDS on a scale of nine questions, was 5.1 points. The highest rates of knowledge were related to HIV transmission through oral sex and condom use. Among adolescents, 61.6% were misinformed about the risk of contamination between heterosexual couples and 59.9% misinformed about coitus interruptus. The girls had better general knowledge about issues related to HIV/AIDS (58.7%). The school grade showed a direct relationship with the level of knowledge among adolescents. Friends and parents were among the main sources of information for issues involving sexuality.

Conclusion: There are gaps in relation to knowledge of adolescents with regard to the ways of HIV transmission, especially for the risk situations. The group approach method is fundamental and parallel to it is essential to consider the uniqueness of the subject, the individuality of each case and gender specifications. Include family and friends, as well as improve participation of the teacher, school and health professionals are ways closer to adolescent issues involving HIV prevention.

19 Disclosure of HIV Status and Retention in Care in HIV-Infected Adolescents on Antiretroviral Therapy at Korle-Bu Teaching Hospital

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Introduction: In Ghana it is estimated that 1.7% of adolescents have been infected with HIV. Disclosure of HIV status has been shown to confer benefits such as better adherence to therapy, good clinical outcomes, psychological adjustment and reduction in the risk of HIV transmission. Yet, the representation of young infected people in most clinics in Ghana is trifling which remains a major challenge. An adolescent club was established with the aim of engaging with young HIV-infected people to solve their peculiar challenges and provide better tailored care and support. A study was conducted to assess the effect of HIV status disclosure on retention in care from initiation of antiretroviral therapy (ART) among HIV-infected adolescents aged between 14 to 24 years at the Fevers unit of Korle-Bu Teaching Hospital.

Methods: A cross-sectional study was conducted among infected HIV adolescents aged 14 to 24 years, on ART and attending an adolescent club meeting. Informed consent and assent were obtained from willing participants. Routine follow-up data were merged with those collected through a standardized ad hoc questionnaire on awareness of HIV status. Probability of retention (no death or loss-to-follow-up) was estimated with Kaplan-Meier method.

Results: A sample of 34 adolescents were available for this analysis. The mean age was $16.9 \pm SD 2.5$ and all were in school. Most, 91%, had heard of HIV, however, 45 % thought that adolescents were not at risk of HIV infection. On modes of HIV transmission, 66.7% knew HIV could be transmitted through sex while 63.6% knew about mother-to-child transmission. Slightly more than half, 18 (52.9%), knew their HIV status, 17 (50%) were on ART and 32% of these admitted to missing ART doses. Characteristics at ART initiation was a median age of 10.4 years. The median follow-up on ART after the age of 14 was 23.3 months. The overall probability of retention at 36 months after ART initiation was 74.6% (95% confidence interval (CI): 70.5–79.0) and was higher for those disclosed compared to those not: adjusted hazard ratio for the risk of being death or loss-to-follow-up = 0.23 (95% CI: 0.13–0.39).

Conclusions: About two-thirds of HIV-infected adolescents on ART were not aware of their HIV status due to poor disclosure even though the retention rate was over 70% in the adolescent ART clinic at Korle-Bu Teaching Hospital. The HIV disclosure process should therefore be systematically encouraged and organized in HIV adolescent populations since it improves retention in care.



20 Clinical Leadership: Can Nurses Do a Doctor's Job? A 5-Year Survey to Reveal Consequences

Jolanda Schippers (presenting)

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Background: To lower percentages of transmission of blood transmissible diseases after occupational exposure in health care workers is an on-going subject. In our clinic many adverse patient occurrences have been reported before 2008. A narrow analysis of these reports has been done. Following this analysis it has been decided that nurse would performed these medical task on treatment after (occupational) exposure.

Aims: Has quality of care after occupational exposure improved by nurse lead medical interventions Long-time follow up of occupational accidents could reveal trends. These trends can submit to targets for improvement.

Methods: A retrospective, observational study has been performed. Trends in numbers and characteristics of accidents have been analyzed. From April 1, 2008, through April 1, 2012, all accidents in the Maastricht University Centre (MUMC) with a risk for transmission of blood transmissible diseases have been registered and analyzed.

Results: Adverse patient occurrences have decreased from 15 to 1 during study period. There is an increase in the absolute numbers of accidents, from 122 to 210 (+72%). This trend is significant ($B = 22.3$; 95%CI 15-29; $p = 0.002$). The increase is mainly due to the number of internal accidents ($p = 0.005$). The number of external accidents remained equal. There is a shift to more low-risk accidents from 26% to 43% of all accidents ($p = 0.003$). No trends were seen in relation to the type of accident or occupation of the victim.

Conclusions: Nurses can take over medical treatment with the same level quality of care as a doctor. There is a clear increase of absolute number of accidents. These accidents are mainly reports from MUMC-affiliated health care workers and accidents with a low risk of transmission. Investigators assume that the increase is caused by better reporting behavior after an accident. The better reporting behavior seems to be a result of a quick and uniform treatment at the emergency room and an increased perceived efficacy of reporting.

21 From Preston, England, to Lusaka, Zambia: Experiences from a New Sexual Health Project

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Introduction: Zambia has a HIV prevalence rate of 13% with approximately 1.1 million people aged between 15 and 49 living with HIV. Each year an estimated 30,000 people die from AIDS-related illnesses. Although ARV's are free and accessible for those who require treatment, current statistics show variations in coverage, with approximately 90% of adults on treatment and 28.1% of children aged under 15 years of age. Age of first penetrative sex for males is 19.5 and 17.5 for females, with nearly half of all females married by 18 years of age. Condoms are freely available in health clinics; however they are inconsistently used within relationships.

Description: A new sexual health volunteering project was set up in May 2014 working alongside Sport in Action. Six undergraduate sexual health students from the University of Central Lancashire, Preston travelled to Lusaka. The project rationale provided community peer leaders with specific knowledge and skills around HIV and sexual health promotion, which they could then deliver within their own communities. The students also worked one to one with vulnerable groups utilising sport and games to deliver sexual health key messages.

Lessons Learned: Young people had varied levels of knowledge of HIV in Lusaka. Common myths included, sexual intercourse with a virgin can cure HIV and toothbrushes can transmit HIV. Young men wanted advice about whether they should be circumcised and the health benefits this may bring.

Recommendations: Valuable project which should be continued annually. Student volunteers require a variety of skills and resources to deliver specific key messages around HIV and sexual health promotion. Training local Sport in Action community peer leaders to deliver sexual health promotion is a positive step in providing long term HIV education within Zambian communities.



The **European HIV Nursing Conference** is sponsored by the **International Association of Providers of AIDS Care (IAPAC)** in partnership with the **European HIV Nursing Network (EHNN)**. We wish to express our gratitude to the institutional and commercial supporters whose generosity has made our 2014 conference possible.

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