






AIDS e strategie di comunicazione

Modena, 27 maggio 2010 - Ore 8.45-13

Programma

Introducer
Stefano Canciani, Direttore Generale AOJ Policlinico di Modena

Interventi
Filippo Ghirelli, Presidente Commissione consultiva tecnico-scientifica regionale AIDS
Giuseppe Guaraldi, HelpAids - Regione Emilia-Romagna
Pina Lelli, Presidente Corso di LM in Scienze della Comunicazione Pubblica e Sociale, Università di Bologna
Maria Luisa De Luca, Dipartimento Cure Primarie - AUSL Modena
Luciano Gastani, Consultorio familiare e Spazio Giovani - AUSL Modena
Simone Marcolullo, Associazione Nadi Onlus
Padre Giuliano Stanico, CEIS - Centro Italiano di Solidarietà
Giuseppe Fabbri, Coordinatore Commissione Intercomunale AIDS Modena
Conclude
Giuseppe Caroli, Direttore Generale AUSL Modena

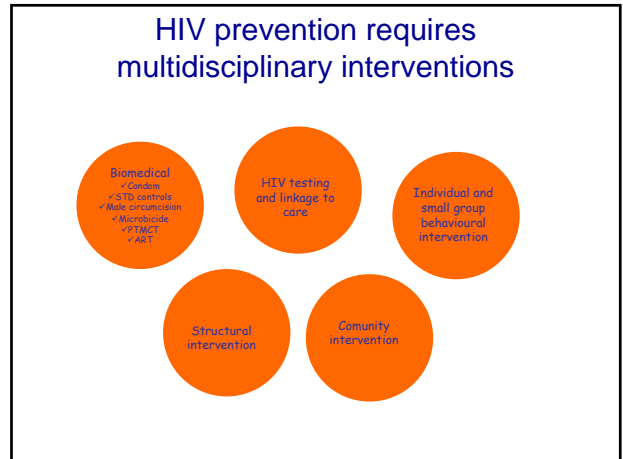
Un incontro per riflettere sulla comunicazione per la salute, organizzato dalle Aziende Sanitarie modenesi in collaborazione con l'Associazione Italiana "Comunicazione Pubblica". Come mantenere viva l'attenzione su un tema quale l'AIDS? Il dibattito si focalizza sulle strategie per prevenire la diffusione del virus HIV, sui messaggi e i loro destinatari, coinvolgimento dei target, linguaggi e toni della comunicazione. Il seminario ha anche l'obiettivo di porre le basi per il Piano di Comunicazione 2010-2014 della Commissione AIDS della provincia di Modena. L'INISativa, che si inserisce nell'ambito del Programma Territoriale "Comunicazione e Promozione della salute" della provincia di Modena, è aperta ai contributi di tutti i soggetti protagonisti nella promozione della salute.

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www.ppamodena.it/comunicaresalute



"Know Your Epidemic, Know Your Response"

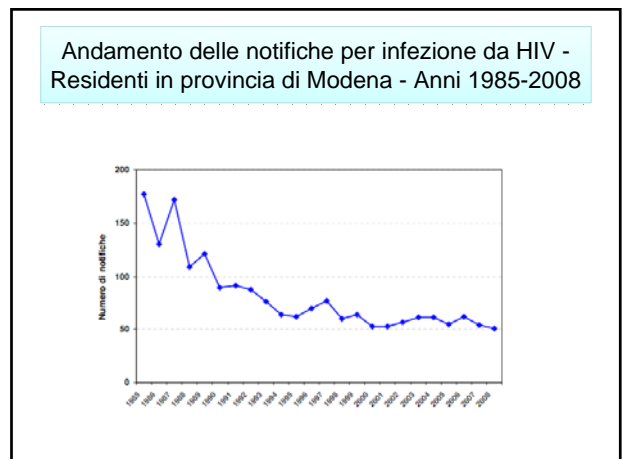
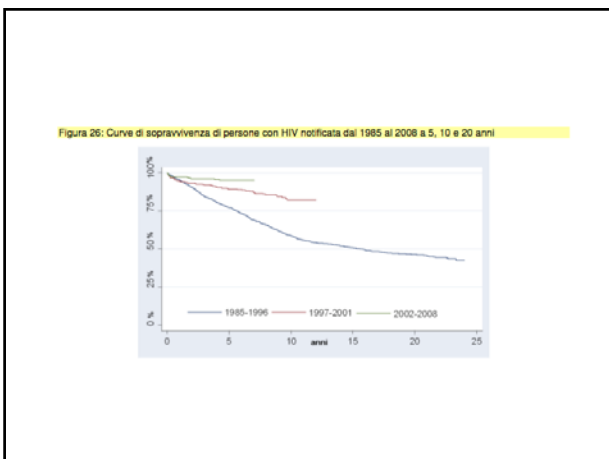


Osservatorio provinciale sull'infezione da HIV

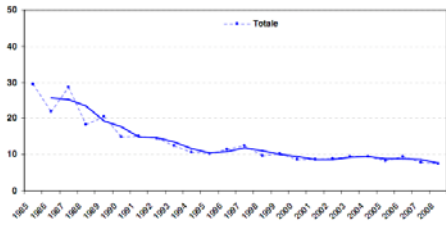
Edizione 2009



Ottobre 2009

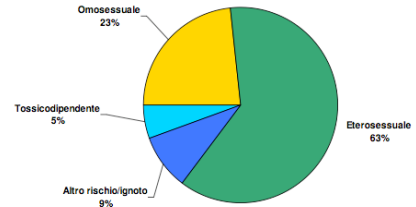


Andamento del tasso grezzo di incidenza (per 100.000 abitanti) - Residenti in provincia di Modena - Anni 1985-2008

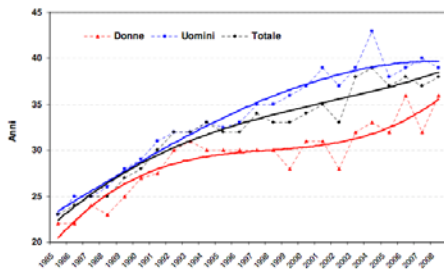


7.5x100.000

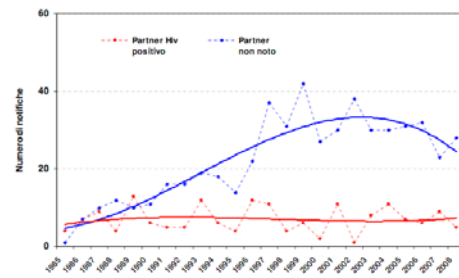
COORDINAMENTO PROVINCIALE AIDS
OSSERVATORIO
PROVINCIALE SULL'INFEZIONE DA HIV



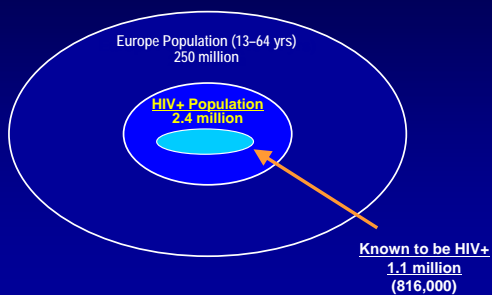
Andamento dell'età mediana alla notifica di infezione da HIV
Residenti in provincia di Modena - Anni 1985-2008



Andamento delle notifiche di infezione da HIV per rapporti eterosessuali: partner HIV positivo noto e partner non noto - Residenti in provincia di Modena - Anni 1985-2008



**The infectious reservoir in Europe 2007:
60% of HIV-infected persons are not currently aware of their HIV status**



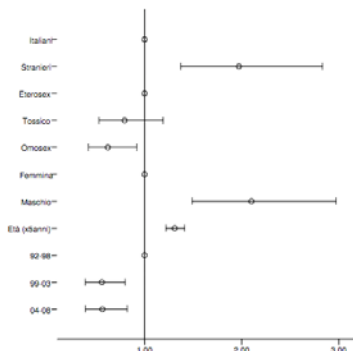
HIV in Europe Steering Committee 2007

Diagnosi tardive nella popolazione studiata nel periodo 1992-2008

Caratteristiche	1992-1998 N=427 (%)	1999-2003 N=263 (%)	2004-2008 N=266 (%)	Tutti N=934 (%)	p value*
Late Testers	181 (42.4)	92 (35.0)	95 (39.1)	368 (39.4)	0.152
Italiani	150 (41.2)	64 (35.4)	54 (35.8)	268 (38.5)	0.329
Stranieri	31 (49.2)	28 (34.1)	41 (44.6)	100 (42.2)	
AIDS Presenters	99 (23.2)	46 (17.5)	57 (23.5)	202 (21.7)	0.154

*Test Chi quadro, confronto tra periodi per ogni categoria; valore inferiore a 0.05 indica la significatività sul piano statistico

Rappresentazione grafica degli odds ratio dell'analisi logistica multivariata sui casi con linfociti CD4+ <=200 e con AIDS presenters (late testers) con i rispettivi intervalli di confidenza al 95%



Riassumendo

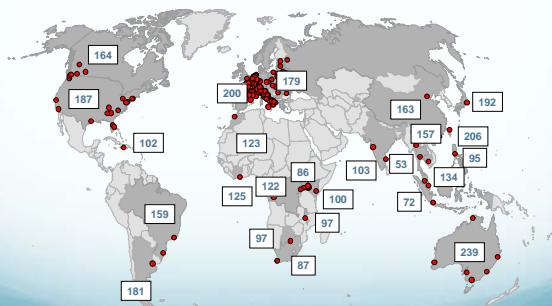
- Trasmissione sessuale, fasce di età differenti
- Incidenza & prevalenza stabili, serbatoio in crescita
- Esiste un sommerso di HIV in Provincia di Modena

Punti Chiave

- Fare emergere il sommerso (test & treat)
- Gruppi ad alto rischio
- Educazione e consapevolezza di rischio
- Cooperazione allo sviluppo

1. Fare emergere il sommerso

CD4 count at start of ART, 2003-2005
42 countries, 176 sites, 33,008 patients



Numbers are median CD4 counts

CROI 2007 - CD4 at start - 10

Late presenters in Europe

- Most patients infected with HIV across the Europe remain undiagnosed; this percentage varies markedly from 15-80% across the continent.
- Undiagnosed HIV is harmful to the person infected as appropriate health interventions are then delayed until the HIV infection is diagnosed.
- It is also detrimental to society as persons unaware of their HIV infection may transmit more frequently to others than persons that are aware of their HIV status.
- Finally, late presentation is associated to increased medical costs

CDC Recommendations for HIV Testing in Healthcare Settings

- ▶ Routine voluntary testing for patients ages 13 to 64 years in healthcare settings
 - Not based on patient risk
- ▶ Opt-out testing
 - No separate consent for HIV
 - Resulting in increases in HIV testing rates
- ▶ Pretest counseling not required
- ▶ Repeat HIV testing left to discretion of provider, based on risk
- ▶ Within the US, 34 states are neutral to supportive of the CDC guidelines while 11 states have taken steps to reduce regulatory barriers
 - 6 states passed legislation (2007)



Branson BM, et al. MMWR Recomm Rep. 2006;55(RR-14):1-17.

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Recommendations for Target HIV Testing in Healthcare Settings (Indicator disease-guided)

- ▶ All individuals with diseases recognized to be associated with HIV (prevalence > 0.1%) should be tested for HIV
- ▶ All HCPs across Europe should be aware of the need to test more individuals for HIV
- ▶ Some healthcare providers such as GPs, OBGYN, dentists, dermatologists, STD clinicians and ER physicians should particularly be targeted because they are likely to be the providers who first encounter HIV-infected patients presenting comorbid conditions
- ▶ All individuals attending STD clinics should be offered an HIV test on an annual basis
- ▶ European governments should consider the utility and cost-effectiveness of adopting opt-out testing for all pregnant women

Gazzard B, et al. HIV Medicine (2008), 9 (Suppl. 2), 34-40

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LISTS OF PROPOSED INDICATOR DISEASES

Respiratory conditions

- Tuberculosis
- Acute Respiratory Infections
- Eosinophilic Respiratory Diseases (e.g. aspergillus)

Conditions Affecting the Upper and Lower Gastrointestinal Tract

- Oral candida
- Recurrent chronic bacterial diarrhoea
- Continued unexplained weight loss

Conditions Causing Neurological Symptoms

- Viral meningitis
- Stroke-like syndrome
- Eosinophilic neurological conditions (e.g. listeria, other fungal infections, cryptococcal infections, peripheral neuropathy, Guillain-Barre Syndrome, mononeuritis multiplex)

Tumours Associated with HIV

- Non-Hodgkin's lymphoma
- Hodgkin's lymphoma
- Castelman's disease
- Primary effusion lymphoma
- Idiopathic thrombocytopenic purpura
- Anaemia
- Other symptomatic carcinomas (e.g. cervical cancer, basal cell carcinoma, Kaposi sarcoma, melanoma, squamous cell carcinoma)

Dermatological Conditions

- Herpes zoster
- Floerid fungal infections
- Other symptomatic dermatological conditions (e.g. seborrheic dermatitis, acne, xerosis, psoriasis, atopic dermatitis, papular pruritic eruption of HIV, erythema nodosum, molluscum contagiosum), human papilloma virus-associated warts, scabies, herpes simplex virus, staphylococcal infections)

Miscellaneous

- Constitutional symptoms
- Persistent mild anaemia
- Persistent raised ESR
- HIV-related nephropathy
- Hepatitis B
- Hepatitis C
- STIs

Indications for HIV testing

Survey initiative to assess HIV prevalence for 8 conditions within a specific segment of the population not yet diagnosed with HIV and that present for care.

1. Sexually transmitted diseases
2. Malignant lymphoma, irrespective of type
3. Cervical or anal dysplasia or cancer,
4. Herpes zoster in a person younger than 65 years,
5. Hepatitis B or C virus infection
6. Ongoing mononucleosis-like illness
7. Unexplained leukocytopenia or thrombocytopenia lasting at least 4 weeks
8. Seborrheic dermatitis / exanthema

ASSESSMENT OF MOTIVATIONAL LEVELS OF ACCEPTABILITY OF HIV TESTING



Giovanni Guaraldi & Krzysztof Szadejko

on behalf of "ask the expert" counselling team of
www.HelpAIDS.it

Self-determination theory

Human motivation concern with the development and functioning of personality within social contexts.

- SDT differentiates types of **behavioral regulation** in terms of the degree to which they represent autonomous or self-determined (versus controlled) functioning.
 - **Intrinsic motivation** is the prototype of autonomous activity; when people are intrinsically motivated, they are by definition self-determined.
 - **Extrinsically motivated activity**, in contrast, is often more controlled (i.e., less autonomous).
 - **No motivation**, which means to be neither intrinsically nor extrinsically motivated--in other words, to be without intention or motivation for a particular behavior

Objective

- To assess acceptability of HIV testing
- To identify predictors of low-motivation vs high-motivation to HIV testing
- To assess the impact of extrinsic vs intrinsic motivations on test acceptability

Self Regulation test HIV web questionnaire: T-SRQ

- Social-demographic characteristics
- Risk behaviour assessment (6 items)
- Test Acceptability (1 item)
- Motivational levels (20 items)
 - No motivation
 - Extrinsic motivation
 - Intrinsic motivation

Cronbach Alfa: No motivation $\alpha=.81$, Extrinsic motivation $\alpha=.78$, Intrinsic motivation $\alpha=.77$

T-SRQ has been posted in the following web sites: www.unibo.it, www.unimore.it, www.subsonica.it, www.ceisformazione.it, www.turistipercaso.it

Self Regulation web questionnaire–test HIV: T-SRQ

- Social-demographic characteristics
- Risk behaviour assessment (6 items)
- Test Acceptability (1 item) Non farei il test HIV:
- Motivational levels (20 items) *perché ho paura di scoprire di essere ammalato*
 - No motivation
 - Extrinsic motivation
 - Intrinsic motivation *perché non mi importa della mia salute: quel che deve succedere, succeda*

Self Regulation web questionnaire–test HIV: T-SRQ

- Social-demographic characteristics
- Risk behaviour assessment (6 items)
- Test Acceptability (1 item) Farei il test HIV
- Motivational levels (20 items) *Se non lo facessi mi sentirei in colpa con il dottore che me lo offre*
 - No motivation
 - Extrinsic motivation
 - Intrinsic motivation *Vorrei che gli altri mi vedessero come una persona attenta alla salute*

Self Regulation web questionnaire–test HIV: T-SRQ

- Social-demographic characteristics
- Risk behaviour assessment (6 items)
- Test Acceptability (1 item) Farei il test HIV perché
- Motivational levels (20 items) *Lo ritengo uno dei normali controlli per la mia salute*
 - No motivation
 - Extrinsic motivation
 - Intrinsic motivation *Sono convinto che facendo il test potrei migliorare la mia salute, se necessario*

Demographics 2768 questionnaires

Female sex	1798 (64.96%)
Age	26 (± 7)
Italians	2688 (97.11%)
High school degree	1500 (54.19%)
Graduation	1115 (40.28%)
Other study degrees	153 (5.53%)
Married	217 (7.84%)
Living partner	245 (8.85%)
Single	2254 (81.43%)
Other	52 (1.88%)
Heterosexual	2535 (91.58%)
Homo/Bisexual	233 (8.42%)

T-SRQ has been posted in the following web sites: www.unibo.it, www.unimore.it,
www.subsonica.it, www.ceisformazione.it, www.turistipercasoli

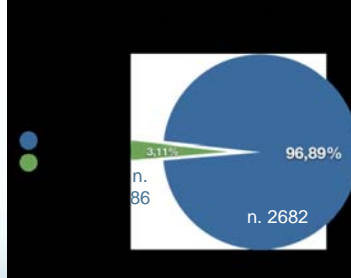
Risk behaviours

Unknown partner	908 (32.80%)
No condom	952 (34.39%)
Sex with seropositive partner?	
No	1893 (69.39%)
Yes	35 (1.26%)
I don't know	840 (30.35%)

n. 2768

Test Acceptability

Se le venisse proposto un test HIV durante un'analisi del



Unknown partner	908 (32.80%)
No condom	952 (34.39%)

n. 2768

Univariate analysis: high-motivated vs. low-motivated

	high-motivated (n = 892)	low-motivated (n = 1976)	p-value
Female sex	567 (63.57%)	1231 (65.62%)	0.290
Age			
< 20	78 (8.74%)	183 (9.75%)	
between 20 and 30	662 (74.22%)	1275 (67.96%)	0.002
between 30 and 40	110 (12.33%)	268 (14.29%)	
≥40	42 (4.71%)	150 (8.00%)	
Elementary	14 (1.57%)	30 (1.60%)	
High school degree	488 (54.71%)	1012 (53.94%)	0.931
Graduation or more	390 (43.72%)	834 (44.46%)	
Married/Living partner	753 (84.42%)	1501 (80.01%)	
Single	130 (14.57%)	332 (17.70%)	0.006
Divorced/Widower	9 (1.01%)	43 (2.29%)	
Unknown partner	329 (36.88%)	579 (30.86%)	0.002
No condom	337 (37.78%)	615 (32.78%)	0.010
Etero	797 (89.35%)	1738 (92.64%)	
MSM/bisexual	95 (10.65%)	138 (7.36%)	0.004

Predictors of low motivation Multivariable analysis

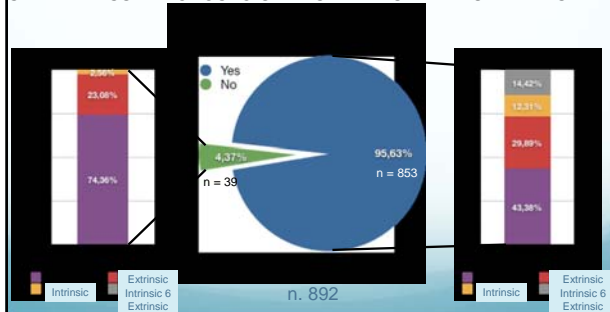
	OR	95% C.I.	p-value
Age			
< 20	1 (Ref.)	-	-
between 20 and 30	1.18	0.89; 1.57	0.243
between 30 and 40	0.95	0.66; 1.37	0.818
≥40	0.72	0.45; 1.15	0.171
Married/Living partner	1 (Ref.)	-	-
Single	1.09	0.85; 1.41	0.454
Divorced/Widower	0.95	0.45; 1.15	0.171
Unknown partner	1.18	0.98; 1.43	0.076
No condom	1.15	0.96; 1.38	0.134
Etero	1 (Ref.)	-	-
MSM/Bisexual	1.40	1.05; 1.85	0.021

Impact of extrinsic vs intrinsic motivations in the high vs low-motivated subgroups

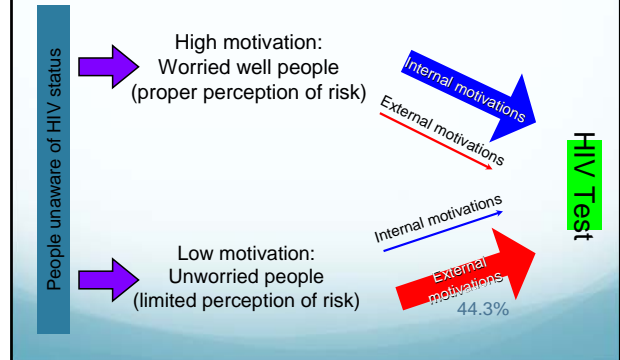


Impact of extrinsic vs intrinsic motivations on test acceptability in the low-motivated subgroup

SE LE VENISSE PROPOSTO UN TEST HIV DURANTE UN'ANALISI DEL



Motivational factors to HIV testing



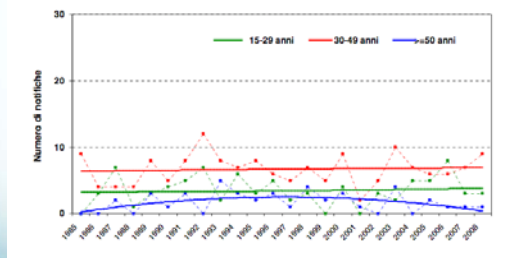
Punti chiave

- Destigmatizzare il test HIV
- L'accesso facilitato (e gratuito) al test HIV integra e non sostituisce la cultura del counselling
- Test rapido e/o accesso rapido

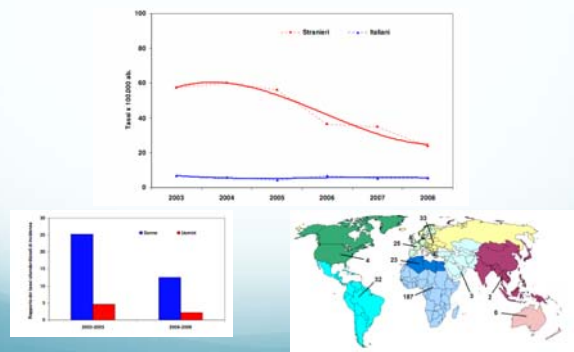
2. Gruppi speciali

Sex workers
Omosessuali/bisessuali
Stranieri

Andamento delle notifiche di infezione da HIV per rapporti omosessuali per classi di età - Residenti in provincia di Modena - Anni 1985-2008



Tassi grezzi di incidenza (per 100.000 abitanti) di notifiche di infezione da HIV nei residenti italiani e stranieri in provincia di Modena - Anni 2003-2008

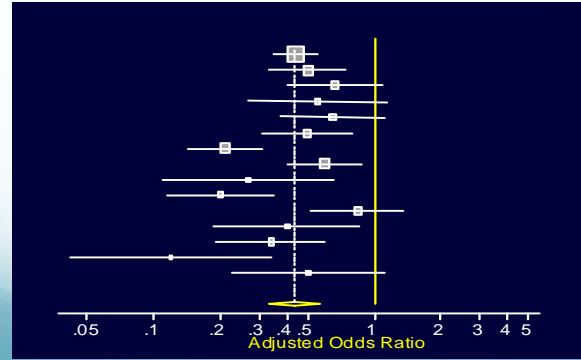


Observational Studies of the Association Between Circumcision and HIV Infection

- 4 ecological studies
- 37 cross-sectional studies
- 15 prospective studies
- The adjusted relative risk of HIV infection for circumcised men found in the prospective studies is 0.52 – 0.14

Meta-analysis

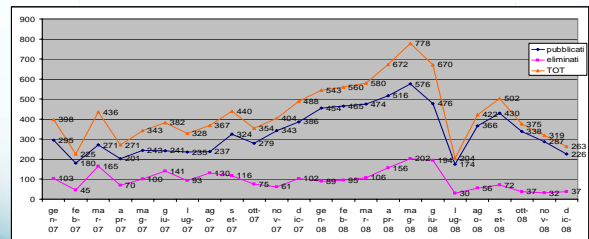
(Weiss et al., AIDS 2000; 14:2261-70)



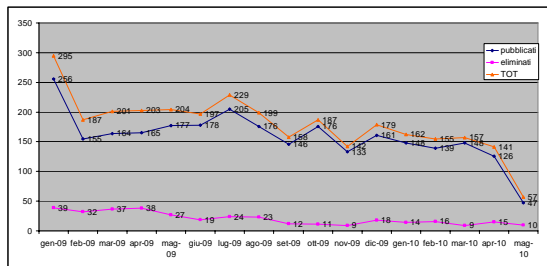
3. Educazione alla consapevolezza del rischio

Scuole
Ambienti di lavoro
internet

Quesiti pubblicati, eliminati e totali da gennaio 2007 a dicembre 2008



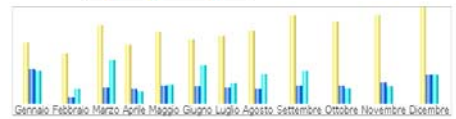
Quesiti pubblicati, eliminati e totali da gennaio 2009



Statistiche per Sesso

Maschio Femmina Non specificato

2007



2008

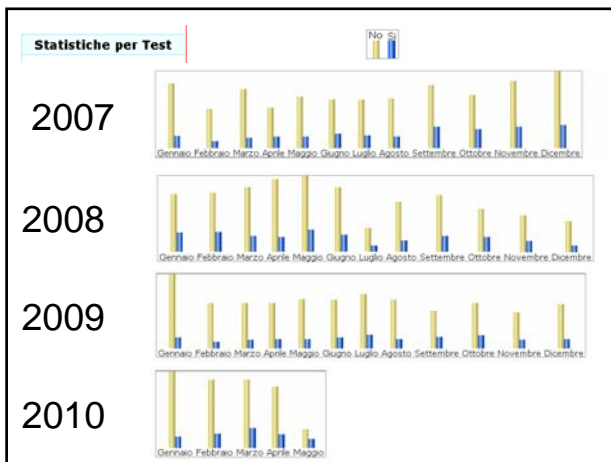
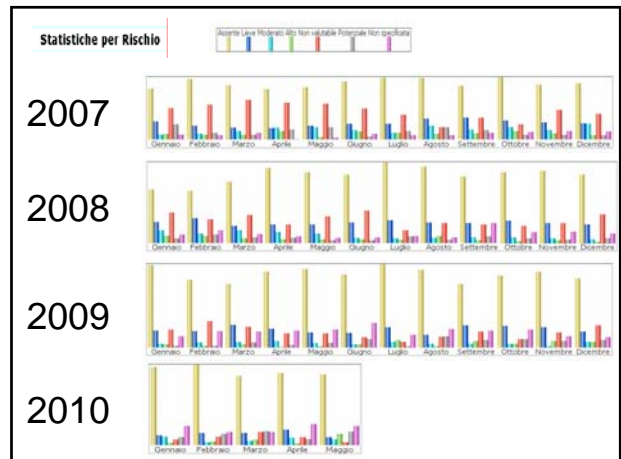
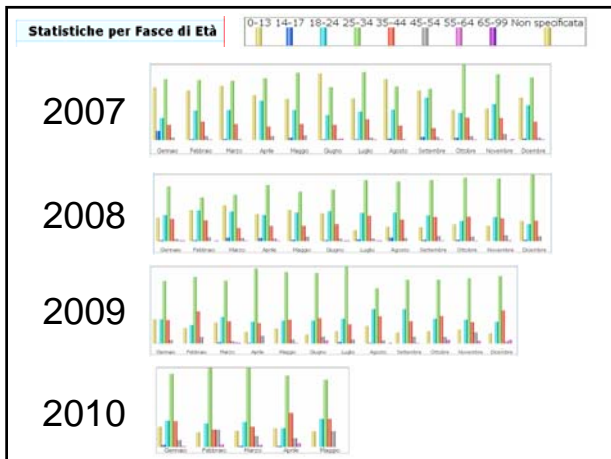


2009



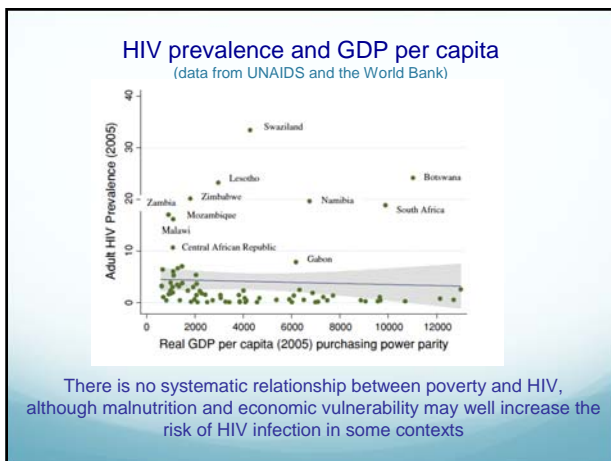
2010





4. Cooperazione allo sviluppo e HIV

Sex workers
Omosessuali/bisessuali
Stranieri



Strategies to alleviate poverty, whilst valuable in themselves, are unlikely to be effective in combating the HIV epidemic.

Nicoli Natrass, AIDS Behav (2009) 13:833-840

The link between extreme poverty and AIDS is mediated by vulnerable group in the community



Community based system in HIV treatment - CoBaSys

Empowering community to support antiretroviral delivery programmes for patients with HIV infection in Southern and Eastern African Countries: a regional network for policy advocacy targeting vulnerable groups.



SPECIFIC OBJECTIVES

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- to empower local communities in their fight against HIV/AIDS through participatory research and action program (PRA) within the identified target areas;
- to generate evidence from target areas with high rates of HIV infection supporting learning on community based and patient centered approaches to HIV treatment from target areas with high endemic HIV infection;

www.cobasys.eu

