STRADA : Strategy to improve screening of infectious diseases, tuberculosis, HIV, HBV and HCV in the migrant population in France

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EA7334 Research team

• Methodology of patient-reported outcomes and of quality of life measures
• Development and validation of questionnaires measuring quality of life:
  – HIV
  – Hepatitis C
  – Irritable bowel syndrome
• Other projects:
  – Development of an electronic tool to monitor patient-reported outcomes
EA7334 Research team

• Collaborations:
  – Australia (Institute for Immunology and infectious Diseases, Murdoch University, Perth)
  – Canada (Centre hospitalier de l’Université de Montréal- CHUM)
  – Brazil (Centro de Referência e Treinamento DST/Aids, São Paulo)
  – US
    • Northwestern University, Chicago
    • University of Arkansas for Medical Sciences, Little Rock, Arkansas
STRADA Study
Context

• High prevalence of infectious diseases such as Tuberculosis (TB), HIV, Hepatitis B (HBV) and Hepatitis C (HCV) amongst migrants
  – 4536 cases of tuberculosis notified in France in 2015; 2/3 of them are amongst migrants.
  – Almost half the HIV new diagnoses in France concern migrants
Context

• All legal migrants undergo a mandatory medical check-up that includes a tuberculosis screening by chest X-ray
  – An electronic questionnaire has been developed in Switzerland to screen tuberculosis amongst asylum seekers (TB screen). It could detect active tuberculosis and replace systematic chest X-rays.
  – The mandatory medical visit is an opportunity to offer rapid HIV and hepatitis testing.
  – A screening questionnaire for risk factors (TROD screen) has been developed and could help target the screening offered.
Objectives

• To evaluate the efficacy of a screening strategy for infectious diseases based on risk-factor questionnaires amongst migrants during the medical check-up.
  – **HIV, HBV, HCV:** To validate a risk-factor based questionnaire (TROD screen) for the three infections and demonstrate its superiority to target screening compared with a screening based on the prevalence in the country of origin.
  – **TB:** To evaluate the performance of a risk-factors based questionnaire compared with the chest X-ray to screen for TB amongst migrants.
Methods

• Prospective, multicenter, observational study
• **TB:** Development of an extended version of the TB screen with 2 extra questions
  – The questionnaire is administered to all migrants undergoing the medical check-up, alongside the chest X-ray
  – Inclusion of 70,000 migrants to find 100 TB cases
• **HIV, HBV, HCV:** Introduction of rapid testing for HIV, HBV and HCV at OFII during medical check-up
  – Phase 1: A risk score will be validated (10,000 participants)
  – Phase 2: Its performance will be compared with a screening based on the country of origin (5,000 participants)
  – Health economics analysis
• **Participants informed of the independence between study and residence permit.**
Preliminary results

• TB study started in April 2017; 18 centres recruiting
  – 17544 participants included
  – 8 cases of active tuberculosis screened

• HIV, HBV, HCV: study started in December 2017; 16 centres recruiting
  – 2320 participants included
Health Literacy issues
Issues related to health literacy

• Informed consent (Do migrants really understand that the study is voluntary and independent from the issuance of a residence permit?)
• Understanding the questionnaires and replying accurately
• Understanding test results and receiving counselling in case of a positive result
Solutions

• Qualitative study amongst migrants and health professionals
• Development of the questionnaire and other study documentation in several languages with visual and audio aid
• Use of existing documentation in different languages
• Use of interpret services
• Partnerships with community organisations
Qualitative study- Methods

• This qualitative study checked acceptability: perceptions, barriers, motivations for conducting screening tests
• 34 legal migrants and 19 health professionals, in five immigration centers
• Validated methodology
• Team of 8 researchers
• Data saturation
Qualitative study- Results

• Migrants' acceptability of HIV and hepatitis testing was high
• Participants who accepted testing indicated a benefit for:
  - individual health
  - avoiding transmission
  - public health
  - access to healthcare, free access to the treatment
  - care of the Republic as of regular citizens
• Most preferred
  - rapid tests – shorter anxiety
  - to do it onsite – save time and money
  - trust in healthcare providers
Qualitative study- Results

• Reluctance for rapid testing was related to
  - anxiety about the immediate results
  - the perceived reliability of rapid tests

  Few prefer GP they know

• Voluntary testing in the context of a mandatory medical visit did not present an obstacle for acceptability

• Most participants understood the independence between the residence permit and screening test

• Few others expressed concerns if screened HIV+
Translations

• Development of the questionnaire and other study documentation in several languages
  – Information note, questionnaires, negative results explanation note
  – Visual and audio aid
  – Online consent requested at the beginning of the questionnaire (also translated)

• Questionnaires tested for understanding during several pilot visits
您曾经接受过结核病的治疗吗？您曾患过结核病吗？
○ 是
○ 否
○ 不清楚

 هل سبق لك أن سمعت حتى أن تصبح؟
○ نعم
○ لا
○ لست أدرى

 Ваше участие является свободным и добровольным. Вы можете задавать вопросы и в любой момент отказаться от участия в исследовании без объяснения причин.
Use of existing documentation in different languages

• Survey of all existing information and prevention documents about HIV, hepatitis, sometimes unknow to health professionals

• Distributed to health professionnals at OFFI
Use of interpret services

- Advocacy and organisational changes for a more widespread use of phone interprets by health professionals at OFII
- Work with health professionals experimented in providing positive results to migrants
- Use of medical translation applications
- Currently not all tools are being used widespread.
Partnerships with community organisations

• Partnership established with community organisations and HIV fighting organisations working with migrants:
  – Steering committee
  – Training doctors and nurses at OFII
  – Reviewing questionnaire
  – Supporting migrants in case of a positive result (phone counselling, physical accompaniement to hospital, providing information)
Thank you for your attention