

HIV testing and clinical status upon admission to a specialized health care unit in Pará, Brazil

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ABSTRACT

INTRODUCTION: To analyze the clinical and laboratory characteristics of HIV-infected individuals upon admission to a reference health care center.

RESULTS: In the study group, 62.0% of the patients were assigned to the P3 group. The reason for undergoing HIV testing differed between genders. In the male population, most tests were conducted because of the presence of symptoms suggesting infection.

DISCUSSION: Despite the increased awareness of the number of HIV/AIDS cases, these patients have identified their serological status late and were admitted to health care units with active disease.

DESCRIPTORS: Acquired Immunodeficiency Syndrome, epidemiology; HIV Infections, epidemiology; AIDS Serodiagnosis, trends.

Introduction

The Brazilian AIDS epidemic has developed as a mosaic of different regional epidemics for four decades.⁽³⁾ The detection rate of HIV/AIDS is gradually increasing in the Northern region, in contrast to the Southeast region, where the rate is gradually decreasing. This increased detection rate is observed in cities with more than 500,000 inhabitants, including Belém, in the

inhabitants, where the incidence increased from 1.3 to 6.0 cases/100,000 inhabitants between 1997 and 2007.^b The spread of HIV/AIDS infection in Northern Brazil is a recently identified public health problem. This spread is a cause for concern and a challenge because of social, environmental, cultural, and economic factors that characterize this region and make the population particularly vulnerable on individual, social, and program levels. (2)

Various changes in the socioeconomic scenario have been observed in the region in recent decades. The opening of new agricultural frontiers for soybean production, extensive livestock raising, and the growth of the timber industry caused environmental changes and a significant migration flow to western Pará. (7), (1) Highway BR-163 connects the city of Santarém to Cuiabá. In addition, the Tapajós and Amazon Rivers are important routes between Santarém, the cities located in Western Pará, and other cities in Northern Brazil. These routes are used for the circulation of goods and people and contribute to the spread of infectious diseases within the Brazilian Amazon region. (1)

The influence of these factors in the spread of HIV/AIDS should be considered. The constant assessment of specialized health care centers that assist individuals living with HIV/AIDS may be useful for the planning of health care strategies. The identification of the reasons that have led users of the Brazilian Unified Health System (SUS) in the Santarém region to undergo HIV testing and identify the infection stage can help identify vulnerabilities and clinical status due to HIV infection in the region.

The present study aimed to analyze the clinical and laboratory characteristics of HIV-infected individuals upon admission to a reference health care center.

RESULTS

Between 1999 and 2010, 613 patients considered eligible for the study were enrolled in the Santarém CTA/SAE. Of these, 23 patients aged < 13 years at admission and 63 individuals who were transferred to other health care units were excluded, leaving a total of 527 subjects.

The distribution of the participants according to the period of admission in the health care unit was as follows: 71 patients were assigned to P1 (1999-2002), 127 were assigned to P2 (2003-2006), and 329 were assigned to P3 (2007-2010).

The reason for undergoing HIV testing (Table 1) differed significantly between the genders ($p < 0.002$). Although 57.6% of men and 48.3% of women underwent testing because of the presence of signs and symptoms suggestive of HIV/AIDS infection, 34.2% of women and 18.1% of men were tested because they had a partner who was seropositive for HIV. Testing during prenatal care was excluded from the comparative analysis between the genders because it exclusively applied to women. However, 30.5% of women discovered their seropositive status during prenatal care. This was the second most frequent reason for testing among women, surpassed only by the presence of signs

DISCUSSION

The increase in the number of individuals enrolled in the Santarém CTA/SAE in the study period confirms national epidemiological data related to the growth of the epidemic in the Northern region. ^{(5), (7)} Grangeiro et al⁽⁴⁾ (2011) stated that programmatic interventions such as the opening of CTA, development of the rapid HIV test, and changes in program management involving the decentralization of health care activities contributed to the increased reporting of cases in Northern Brazil. The mean incidence of AIDS was 25 cases/100,000 inhabitants in cities with CTA, compared with 17.5 cases/100,000 in other cities. ⁽⁷⁾ Of the 25 municipalities in the region in which Santarém is a reference health care center for people living with HIV/AIDS, seven had CTA within their borders by 2011, four of which opened between 2007 and 2010.

Few studies have assessed the reasons that have led SUS users to undergo serological testing for HIV. ^{(2), (6)} The acknowledgment of an individual's serological status has a direct impact on prognosis and on the sexual partners' vulnerability to virus acquisition. This study showed that the most frequent reason for testing among men and women in health care units in Santarém was the presentation of signs and symptoms suggestive of HIV/AIDS infection. Other reasons for testing that could lead to earlier access to diagnosis were also investigated and were described independently for both genders. The increased frequency of testing in asymptomatic women with a seropositive partner indicates gender inequalities in the study population and reveals conditions of greater vulnerability among the women assisted in these units. Gender differences associated with the reasons for HIV testing were also found in a cohort of patients monitored in Sao Paulo, SP, Southeastern Brazil. Braga et al⁽²⁾ (2007) analyzed 1,229 patients between 1998 and 2002 and noted that 43.0% of men underwent testing because of the presence of signs and symptoms of HIV/AIDS whereas 36.0% of women were tested because they had an HIV-positive partner. Gender inequalities in health care services in regions with distinct social and programmatic characteristics, such as Sao Paulo and Amazonia, suggest that women's vulnerability to HIV is associated with the way they relate to their partners, their role in society, and how programmatic responses are prepared to confront the issues that affect their health. ⁽¹⁾ Pascom et al⁽³⁾ (2011) investigated sexual behavior in a sample of 8,000 men and women in all regions of Brazil and observed a lower frequency of sexual activity among women, fewer casual partners, and less frequent condom use compared with men.

Programmatic interventions such as the opening of CTA, provision of rapid diagnostic testing, decentralization of activities, and transfer of funds to municipalities, may have increased the access to serological diagnosis of infection in the period evaluated. Consequently, these interventions may have increased the demand for care in reference health care units in Western Pará. Therefore, future second-generation epidemiological surveillance studies should be conducted to assess the impact of these interventions and identify the groups most vulnerable to HIV infection in the region, in terms of viral acquisition of and risk of developing AIDS. This could help establish effective strategies for the early diagnosis, and these strategies should be implemented to improve the quality of life of people living with HIV/AIDS, reduce mortality associated with AIDS, and reduce the transmission of HIV.

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Artigo Original

Testagem anti-HIV e estadió clínico na admissão de indivíduos em serviço de saúde especializado. Pará, Brasil

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RESUMO

INTRODUÇÃO: Analisar as características clínicas e laboratoriais de indivíduos infectados pelo HIV na admissão em serviço de referência em saúde.

RESULTADOS: Do total estudado, 62,0% dos pacientes foram admitidos no grupo P3. O motivo de realização da testagem anti-HIV diferiu entre os sexos.

DISCUSSÃO: Apesar do maior reconhecimento de casos de HIV/aids, os pacientes seguem descobrindo seu status sorológico tardiamente e apresentando-se à admissão no serviço de saúde com doença em atividade.

DESCRITORES: Síndrome de Imunodeficiência Adquirida, epidemiologia; Infecções por HIV, epidemiologia; Sorodiagnóstico da AIDS, tendências.

Introdução

A epidemia brasileira de aids constitui miscelânea de epidemias regionais de diferentes matizes em sua quarta década.⁽³⁾ A região Norte do País apresenta tendência de crescimento das taxas de detecção dessa doença, em contraste à diminuição na região Sudeste.⁽¹⁾ O crescimento na região Norte ocorre em municípios com mais de 500.000 habitantes, como Belém, PA, cuja incidência da doença aumentou de 14,3 para 53,5 casos/100 mil habitantes entre 1997 e 2009.^a Tendência análoga é observada em municípios da região com menos de 50 mil habitantes: a incidência aumentou de 1,3 para 6,0 casos/100 mil habitantes entre 1997 e 2007.^b A dispersão da infecção pelo HIV/aids na região Norte é problema de saúde pública recentemente identificado. Essa dispersão é preocupante e desafiadora devido aos fatores socioambientais, culturais e econômicos característicos dessa região, que conferem à população peculiar vulnerabilidade de base individual, social e programática⁽²⁾.

Diversas transformações foram observadas no cenário socioeconômico da região nas últimas décadas. A abertura de novas fronteiras agrícolas relacionadas à produção de soja, pecuária extensiva e indústria madeireira produziu um reordenamento do ambiente e significativo fluxo migratório para o oeste do Pará.⁽⁷⁾ (1) A rodovia BR-163 liga o município de Santarém ao de Cuiabá e os rios Tapajós e Amazonas constituem importantes eixos de comunicação entre Santarém, municípios da região oeste do Pará e outros centros do Norte do País (1).

A influência desses fatores deve ser considerada quanto à infecção por HIV/aids. O monitoramento evolutivo das demandas assistenciais em serviços especializados de

infecção pode fornecer subsídios para identificar vulnerabilidades e adoecimento pelo HIV nessa região.

O presente estudo teve por objetivo analisar as características clínicas e laboratoriais de indivíduos infectados pelo HIV na admissão em serviço de referência em saúde.

RESULTADOS

Foram matriculados no CTA/SAE de Santarém, de 1999 a 2010, 613 pacientes considerados elegíveis para o estudo. Destes, excluíram-se 23 cuja idade à admissão era inferior a 13 anos e 63 indivíduos por terem sido transferidos de outros serviços de saúde, totalizando os 527 analisados.

A distribuição dos sujeitos avaliados segundo o período de admissão no serviço foi de: 71 pacientes em P1 (1999 a 2002), 127 em P2 (2003 a 2006) e 329 em P3 (2007 a 2010).

O motivo de realização da testagem anti-HIV (Tabela 1) diferiu significativamente entre os sexos ($p < 0,002$). Embora 57,6% dos homens e 48,3% das mulheres tivessem realizado o teste devido à presença de sinais e sintomas sugestivos de infecção por HIV/aids, 34,2% das mulheres e 18,1% dos homens o fizeram por terem parceiro(a) soropositivo(a) para o HIV. A testagem na assistência ao pré-natal, por ser exclusivamente feminina, foi excluída da análise comparativa entre os sexos. Porém, 30,5% das mulheres descobriram a condição de soropositividade no cuidado pré-natal. Esse foi o segundo motivo de testagem mais frequente entre as mulheres, superado apenas pela presença de sinais sugestivos de infecção pelo HIV/aids (33,3%).

DISCUSSÃO

O aumento dos indivíduos matriculados no CTA/SAE de Santarém, ocorrido no período estudado, confirma dados epidemiológicos nacionais com o crescimento da epidemia na região Norte. ^{(5), (7)} Grangeiro et al⁽⁴⁾ (2011) afirmam que intervenções de ordem programática, como abertura de CTA, implantação do teste rápido para o diagnóstico da infecção pelo HIV e descentralização da gestão programática, caracterizada pela municipalização das ações do âmbito da atenção à saúde, contribuem para o aumento do registro de casos no Norte do País. A incidência média de aids é de 25 casos/100 mil habitantes em municípios com CTA, em comparação a de 17,5 casos/100 mil nos demais. ⁽⁷⁾ Dos 25 municípios da região para os quais Santarém é referência na assistência às pessoas que vivem com HIV/ aids, sete possuíam CTA no seu território até 2011, quatro abertos entre 2007 e 2010.

Poucos estudos avaliaram os motivos que levam o usuário do SUS a ser submetido ao teste sorológico anti-HIV. ^{(2), (6)} O momento em que o indivíduo descobre seu status sorológico tem implicação direta no seu prognóstico e na vulnerabilidade de seus parceiros sexuais para a aquisição do vírus. Este estudo mostra que o motivo de testagem mais frequente em homens e

