

Questionnaire for diagnostic & treatment of HIV/STI and Co-infections
(for Treatment Centres)

Please send back to:

Stamp or Address of Institution:

Filled in by Mrs. /Mr. _____

Date: _____

Survey: Practice of HIV/STI diagnostic and treatment
(Please refer your answers to the year **2009**)

HIV

Do you perform HIV tests in your centre? Yes No

Who pays for the HIV tests? Public Health insurance Private Health insurance NGO
Government Patient Other _____

What kind of **HIV tests** do you use and how often?

HIV-rapid test Yes No Don't know

↳ if yes, in how many percent of tests? _____ %

HIV-antibody test (ELISA) Yes No Don't know

↳ if yes, in how many percent of tests? _____ %

HIV-antibody test (Western Blot, Immunofluorescence-test)

Yes No Don't know

↳ if yes, in how many percent of tests? _____ %

HIV-PCR quantity Yes No Don't know

↳ if yes, in how many percent of tests? _____ % which method? _____

Which test do you generally use for screening? _____

Which test do you generally use for confirmation? _____

How many new **HIV infections** did you diagnose in 2009? _____

What is the **first-line antiretroviral therapy** for patients with **HIV**? _____

On which **criteria** do you consider **starting antiretroviral therapy**? _____

Hepatitis B

Do you perform Hepatitis B- tests in your centre? Yes No

What kind of **Hepatitis B- tests** do you use and how often?

HBs- AG (antigen) Yes No Don't know

↳ if yes, in how many percent of tests? _____ %

Anti HBc (antibody) Yes No Don't know

↳ if yes, in how many percent of tests? _____ %

HBe-AG (antigen) Yes No Don't know
 ↳ if yes, in how many percent of tests? _____ %

Anti HBe (antibody) Yes No Don't know
 ↳ if yes, in how many percent of tests? _____ %

HBV-DNA quantitative Yes No Don't know
 ↳ if yes, in how many percent of tests? _____ %

How many new **Hepatitis B infections** did you diagnose in 2009? _____

How many **co-infections Hepatitis B and HIV** did you diagnose in 2009? _____

Which drugs for **Hepatitis B- therapy** do you use?

Alpha-Interferon	<input type="checkbox"/>	_____ %	Peg Interferon	<input type="checkbox"/>	_____ %
Lamivudin	<input type="checkbox"/>	_____ %	Adenofovir	<input type="checkbox"/>	_____ %
Telbivudin	<input type="checkbox"/>	_____ %	Entecavir	<input type="checkbox"/>	_____ %
Tenofovir	<input type="checkbox"/>	_____ %			

Hepatitis C

Do you perform Hepatitis C- tests in your centre? Yes No

What kind of **Hepatitis C- tests** do you use and how often?

Anti-HCV (antibody test (ELISA)) Yes No Don't know
 ↳ if yes, in how many percent of tests? _____ %

Anti- HCV (antibody test (Western Blot)) Yes No Don't know
 ↳ if yes, in how many percent of tests? _____ %

HCV RNA qualitative Yes No Don't know
 ↳ if yes, in how many percent of positive tests? _____ %

HCV RNA quantitative Yes No Don't know
 ↳ if yes, in how many percent of positive tests? _____ %

HCV Genotype Yes No Don't know
 ↳ if yes, in how many percent of positive tests? _____ %

How many new **Hepatitis C infections** did you diagnose in 2009? _____

How many **co-infections Hepatitis C and HIV** did you diagnose in 2009? _____

Is **Hepatitis C- therapy** with peg-Interferon and Ribavirin available?

Yes for _____ % of patients No Don't know

Chlamydia

Do you perform chlamydia- tests in your centre? Yes No

What kind of **chlamydia- tests** do you use to diagnose an acute infection?

Antigen detection: DIF Yes No Don't know
 (direct immunofluorescence) ↳ if yes, in how many percent of tests? _____ %

Antigen detection: EIA Yes No Don't know
 (enzyme immunoessay) ↳ if yes, in how many percent of tests? _____ %

Hybridization test Yes No Don't know
 (Using specifically marked DNA/RNA) ↳ if yes, in how many percent of tests? _____ %

Amplification test Yes No Don't know
 (NAAT, PCR, LCR, SDA, TMA) ↳ if yes, in how many percent of tests? _____ %

Antibody test Yes No Don't know
 (Serology) ↳ if yes, in how many percent of tests? _____ % which method? _____

Culture Yes No Don't know
 ↳ if yes, in how many percent of tests? _____ %

Do you perform chlamydia- tests in **asymptomatic patients**? Yes No
 ↳ if yes, in which cases? _____

Please tick which **chlamydia test** you use for each **specimen**

	Rapid test	Hybridization	Amplification test (PCR, LCR, SDA, TMA)	Culture
Cervical smear				
Vaginal smear				
Urine				
Urethral smear				
Anal smear				
Pharyngeal smear				

Gonorrhoea

Do you perform gonorrhoea- tests in your centre? Yes No

What kind of **gonorrhoea- tests** do you use to diagnose an acute infection?

Microscopy Yes No Don't know
 (Methylene blue/Gram-stain) ↳ if yes, in how many percent of tests? _____ %

Hybridization test Yes No Don't know
 (Using specifically marked DNA/RNA) ↳ if yes, in how many percent of tests? _____ %

Amplification test Yes No Don't know
 (NAAT, PCR, LCR, SDA, TMA) ↳ if yes, in how many percent of tests? _____ %

Culture Yes No Don't know
 ↳ if yes, in how many percent of tests? _____ %

Do you perform **antibiotic resistance** checks for gonorrhoea?
 Yes No Don't know
 ↳ if yes, in how many percent of tests? _____ %

Do you perform gonorrhoea- tests in **asymptomatic patients**?

Yes No

↳ if yes, in which cases? _____

Please tick which **gonorrhoea test** you use for each **specimen**

	Microscopy	Hybridization	Amplification test (PCR, LCR, SDA, TMA)	Culture
Cervical smear				
Vaginal smear				
Urine				
Urethral smear				
Anal smear				
Pharyngeal smear				

Syphilis

Do you perform syphilis- tests in your centre? Yes No

What kind of **syphilis- test** do you use and how often?

Darkfield examination Yes No Don't know
 (dark field microscopy, immunofluorescence) ↳ if yes, in how many percent of tests? _____ %

Serological test Yes No Don't know
 ↳ if yes, in how many percent of tests? _____ %

Please further specify:

- Screening test
 - TPHA/TPPA/MHA-TP Yes No Don't know
 - EIA/ELISA Yes No Don't know
 - VDRL/RPR/MPR/Cardiolipin Yes No Don't know
- Confirmation test
 - FTA-Abs Yes No Don't know
 - IgG-Immunoblot Yes No Don't know
 - EIA/ELISA Yes No Don't know
 - TPHA/TPPA/MHA-TP Yes No Don't know
- Test to base decision of therapy on
 - 19-S-IgM-FTA-Abs-test Yes No Don't know
 - IgM-EIA Yes No Don't know
 - IgM-Immunoblot Yes No Don't know
 - VDRL/RPR/ MPR/Cardiolipin Yes No Don't know
- Follow-up test
 - TPHA/TPPA Yes No Don't know
 - 19-S-IgM-FTA-Abs-Test Yes No Don't know
 - IgM-EIA Yes No Don't know
 - VDRL/RPR/Cardiolipin Yes No Don't know

Do you perform syphilis- tests in **asymptomatic patients**?

Yes

No

↳ if yes, in which cases? _____

Thank you for your participation!

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