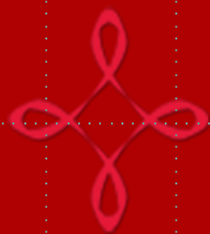


# Testing for syphilis: A survey of physicians providing care to people living with HIV

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HIV and STIs  
3:00pm-4:15, November 19, 2013



OHTN 2013  
RESEARCH  
CONFERENCE

NOVEMBER 17-19, 2013

**CHANGING THE COURSE** OF THE  
**HIV PREVENTION, ENGAGEMENT** AND  
**TREATMENT CASCADE**

# Background

- Syphilis has reappeared as a public health concern in Ontario and other parts of Canada<sup>1,2</sup>
- Urban men who have sex with men (MSM) are largely affected<sup>1-2</sup>
- International guidelines suggest syphilis testing of persons with HIV ~1/year<sup>3</sup>
- Among people with HIV in the OHTN Cohort Study, rates of syphilis testing have increased over time but have plateaued at suboptimal levels<sup>4</sup>

1. PHAC, 2010, STI Guidelines

2. Whalen M & Allen V, 2012, Syphilis in Ontario: Impact of changes in diagnostic testing

3. CDC, 2010, STD Treatment Guidelines

4. Burchell AN et al, 2013, Patterns of syphilis testing in a large cohort of HIV patients in Ontario, Canada, 2000-2009

## Our aims

- Describe physicians' self-reported syphilis testing practices
- Identify barriers to and facilitators of syphilis screening from the health care providers point of view



# What we did

- Contacted Ontario-based physicians providing HIV care and invited them to complete a brief, anonymous, online questionnaire
- Physicians were invited in two rounds:
  1. by email, using routine communication lists at the OHTN (Feb 2013);
  2. by regular mail, using the HIV viral load database at the Public Health Ontario Laboratories (Sept 2013)
- A single reminder was sent to each physician

# Response rate

- Email invitees: 23/71 (32%)
- Postal invitees: 25/223 (1%)
- Total: 44/304 (14%)

# Characteristics of respondents

(n=44)

<b>Sex</b>	
Male	<b>72%</b>
Female	<b>28%</b>
<b>Age</b>	
< 40 years	<b>24%</b>
40-49 years	<b>32%</b>
50 years and older	<b>44%</b>
<b>Mean years since graduation for medical school (SD)</b>	<b>23 (12)</b>
<b>Medical specialty</b>	
Family medicine	<b>44%</b>
Infectious disease	<b>39%</b>
Other	<b>21%</b>

# Characteristics of respondents

(n=44)

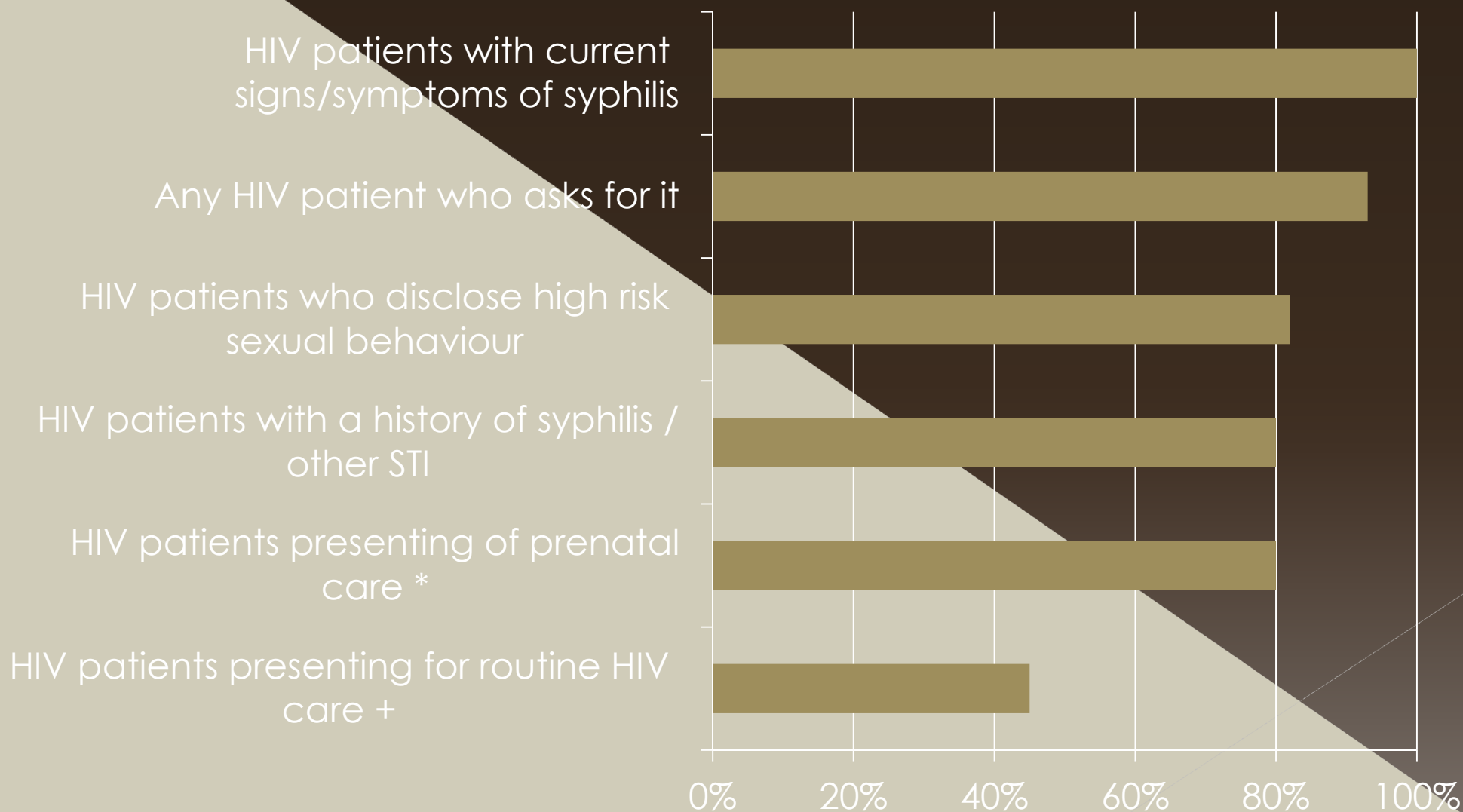
<b>Number of HIV patients in current practice</b>	
< 10	<b>8%</b>
10-49	<b>11%</b>
50-99	<b>20%</b>
100 or more	<b>50%</b>
<b>Practice setting</b> (Note physicians could respond to more than one category)	
Primary care/family practice	<b>43%</b>
Hospital-based HIV outpatient clinic/tertiary care	<b>45%</b>
Other	<b>17%</b>
<b>Population size of city where practice located</b>	
< 1,000,000	<b>33%</b>
1,000,000 or more	<b>67%</b>

## Results (n=44)

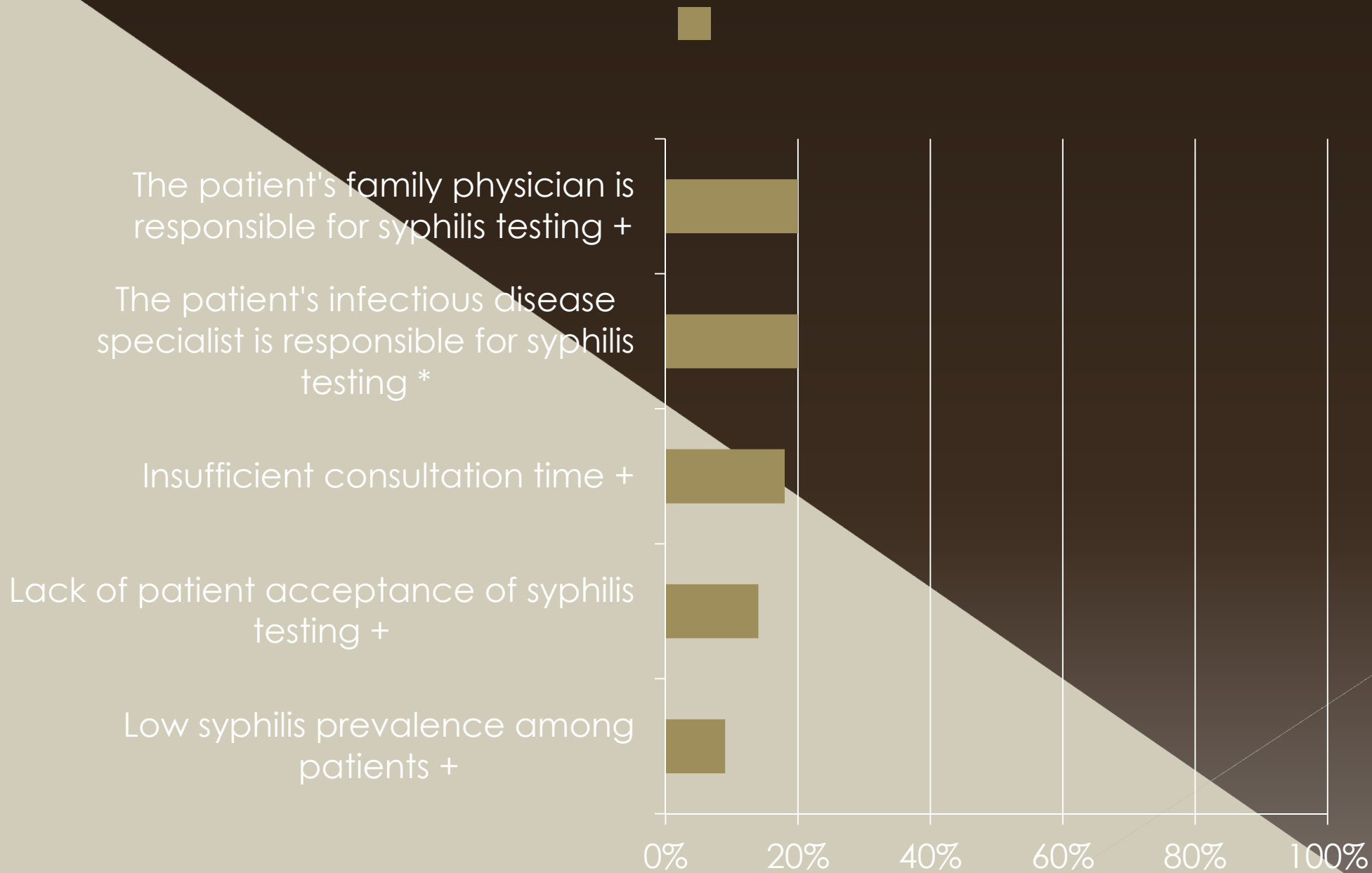
- 84% responded “yes” when asked if they were familiar with the Public Health Agency of Canada’s STI Guidelines



# ■ % of respondents who ALWAYS offered syphilis testing to...

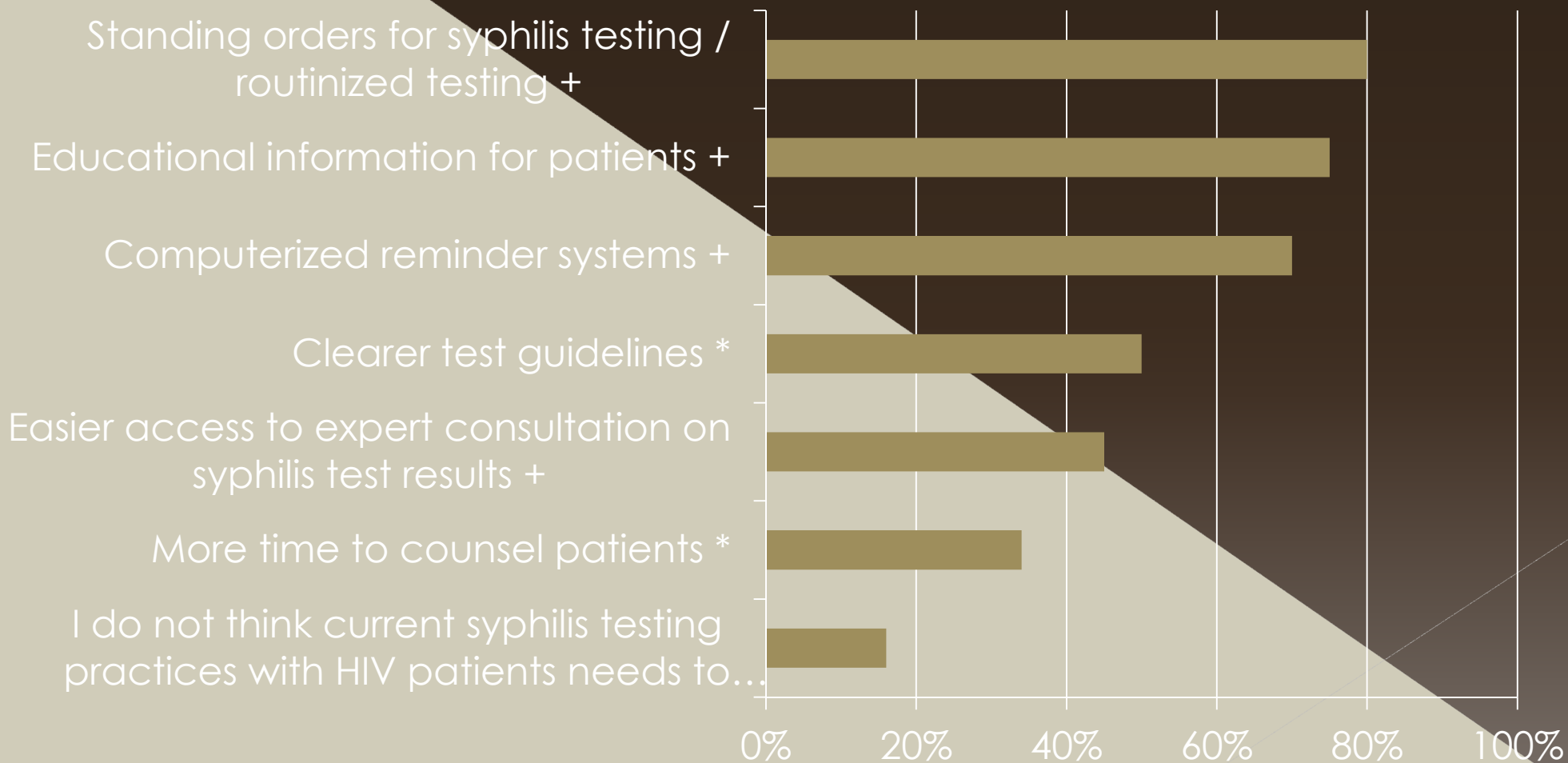


\* Missing 2 responses; + missing 1 response



\* Missing 3 responses; + missing 2 responses

# ■ % of respondents who **AGREED** with the following strategies to facilitate syphilis testing



\* Missing 2 responses; + missing 3 responses

# Conclusions

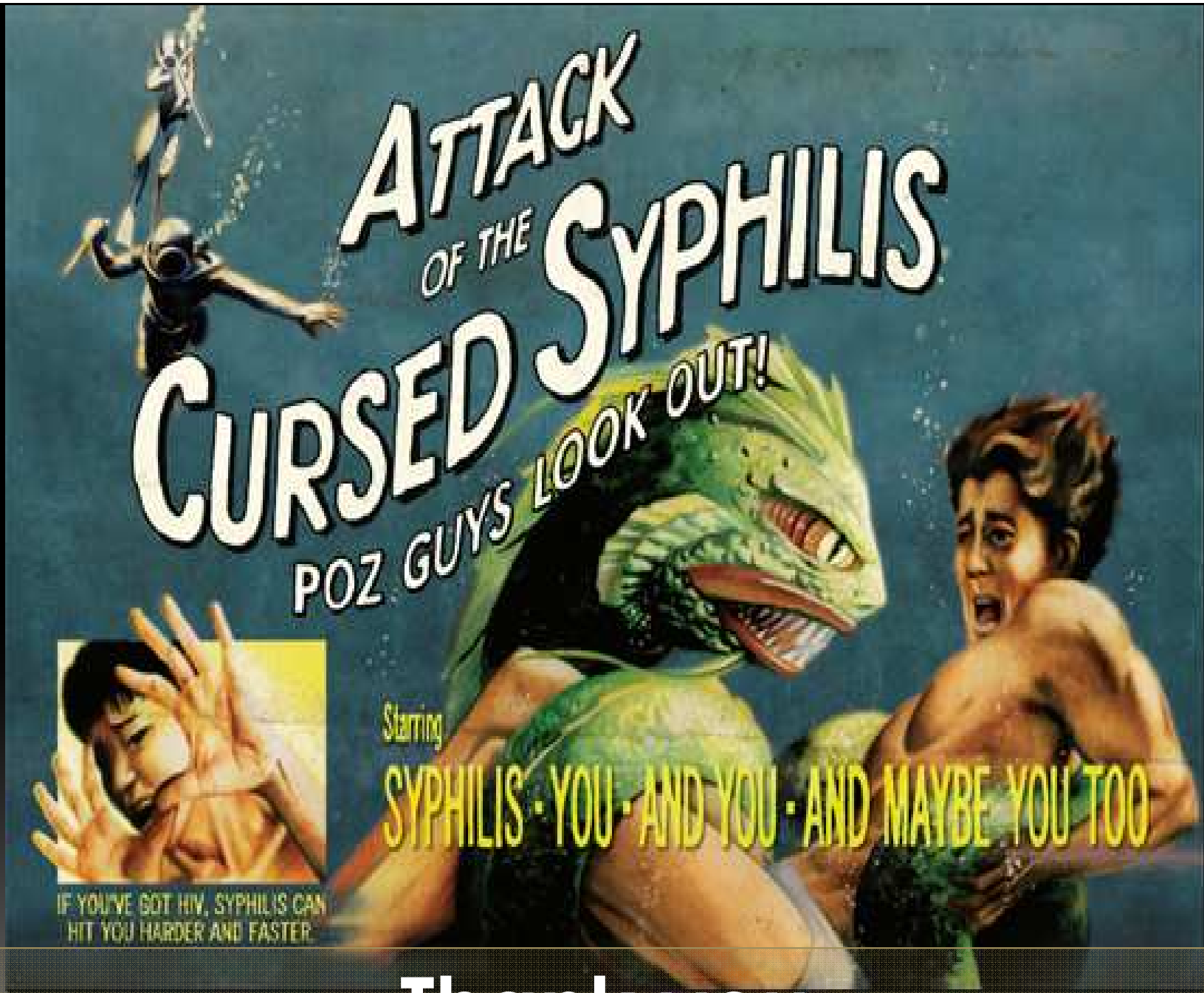
- ⦿ Challenge to obtain a high response rate in physician surveys
- ⦿ Results suggest that physicians believe that syphilis testing is important to their HIV patients
- ⦿ Most physicians did not report significant barriers to syphilis testing
- ⦿ Physicians had many suggestions for practice improvement

# Next steps

- Intervention to enhance syphilis screening among HIV-positive MSM in Ontario by incorporating syphilis testing in routine HIV blood work

# Acknowledgements

- Maria Hatzipantelis, survey developer extraordinaire
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- All survey respondents
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Thank you