

**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  \_\_\_\_\_ %      Peg Interferon  \_\_\_\_\_ %  
 Lamivudin  \_\_\_\_\_ %      Adenofovir  \_\_\_\_\_ %  
 Telbivudin  \_\_\_\_\_ %      Entecavir  \_\_\_\_\_ %  
 Tenofovir  \_\_\_\_\_ %

### 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!**

This questionnaire arises from the project BORDERNETwork which has received funding from the European Union, in the framework of the Health Programme.