







## Nurses' perceptions of receptiveness to people taking the HIV quick test

*Percepção dos enfermeiros quanto ao acolhimento às pessoas que realizam o teste rápido de HIV*

*Percepción de los enfermeros con respecto a la acogida de las personas que realizan la prueba rápida del VIH*

Elcimar dos Reis Caixeta<sup>1</sup> ; Marli Aparecida Reis Coimbra<sup>1</sup> ; Nathalia Silva Gomes<sup>1</sup> ;  
Lucas Carvalho Santana<sup>1</sup> ; Fernanda Araújo de Paula Delfino<sup>1</sup> ; Lúcia Aparecida Ferreira<sup>1</sup> 

<sup>1</sup>Universidade Federal do Triângulo Mineiro, Uberaba, MG, Brazil

### ABSTRACT

**Objective:** to examine nurses' perceptions of receptiveness to people undergoing rapid HIV testing. **Method:** in this qualitative study at primary health care units in southeastern Brazil, data were collected in October 2020 by recorded interviews to a semi-structured script, guided by the question: "Tell me what the nurse's role is in the process of welcoming patients for rapid HIV testing". The information was transcribed and subjected to thematic content analysis. **Results:** from the discourses of the 20 participating nurses, the following categories emerged: the HIV test and its implications for the welcoming process carried out by nurses, and nurses' perceptions of the strategies for improving receptiveness in the service. **Conclusion:** the participants perceived difficulties relating to lack of training. The results alert to the need for continued professional development for nurses. **Descriptors:** HIV; Health Centers; User Embracement; Nurse-Patient Relations.

### RESUMO

**Objetivo:** analisar as percepções dos enfermeiros quanto ao acolhimento às pessoas que realizam o teste rápido de HIV. **Método:** estudo qualitativo realizado nas unidades básicas à saúde, na região sudeste do Brasil. A coleta de dados foi realizada em outubro de 2020, por meio de roteiro semiestruturado e entrevistas gravadas, norteada pela questão: "Conte-me qual é o papel do enfermeiro no processo de acolhimento ao paciente em realização do teste rápido de HIV". As informações foram transcritas e submetidas à análise de conteúdo temática. **Resultados:** participaram 20 enfermeiros. Dos discursos, emergiram as categorias: "O teste de HIV e as implicações no processo de acolhimento realizado pelos enfermeiros" e "As percepções dos enfermeiros quanto às estratégias para a melhoria do acolhimento no serviço". **Conclusão:** os participantes percebiam as dificuldades relacionadas à falta de capacitação profissional. Os resultados alertam para a necessidade de educação permanente na categoria.

**Descritores:** HIV; Centros de Saúde; Acolhimento; Relações Enfermeiro-Paciente.

### RESUMEN

**Objetivo:** analizar la percepción de los enfermeros sobre la acogida de personas que realizan pruebas rápidas de VIH. **Método:** estudio cualitativo realizado en unidades de primarias de salud, en la región sureste de Brasil. La recolección de datos se realizó en octubre de 2020, mediante un guion semiestructurado y entrevistas grabadas, orientado por la pregunta: "Dime cuál es el papel de la enfermera en el proceso de acogida del paciente en la realización de la prueba rápida de VIH". Se transcribieron las informaciones que fueron luego sometidas al análisis de contenido temático. **Resultados:** participaron veinte enfermeros. De los discursos surgieron las siguientes categorías: "La prueba del VIH y las implicaciones en el proceso de acogida que realizan los enfermeros" y "Las percepciones de los enfermeros sobre las estrategias para mejorar la acogida en el servicio". **Conclusión:** los participantes percibieron las dificultades relacionadas con la falta de formación profesional. Los resultados alertan sobre la necesidad de educación permanente en la categoría.

**Descriptor:** VIH; Centros de Salud; Acogimiento; Relaciones Enfermero-Paciente.

## INTRODUCTION

Primary Healthcare (*Atenção Básica à Saúde - ABS*) is responsible for most of the Brazilian population's first access to the Unified Health System (*Sistema Único de Saúde - SUS*) and is an important service with the mission of being an organized service with rational, comprehensive and effective health resources. The Basic Health Units (*Unidades Básicas de Saúde - UBS*) are the physical spaces of PHC, in which the Family Health Strategy (*Estratégia de Saúde da Família - ESF*) teams responsible for contacting the entire healthcare network<sup>1</sup> are inserted.

Nurses play key roles in providing good service to the population among the members of the *ESF* teams, including: care for people linked to the team in all life cycles, nursing consultations, planning actions to be implemented, as well as managing and supervising the work processes of other professionals. Therefore, the importance of the bond that this professional has with the community is highlighted, with a view to promoting comprehensive and timely care according to the demand presented by individuals<sup>1,2</sup>.

Corresponding author: Elcimar dos Reis Caixeta. E-mail: [elcimarrc@yahoo.com.br](mailto:elcimarrc@yahoo.com.br)  
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The decentralization of the Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) service from the Testing and Counseling Centers (*Centros de Testagem e Aconselhamento - CTA*) to *ABS* is recent and has expanded the scope of actions offered by this service. Nursing professionals, especially nurses, have a fundamental role in this process, as they have been presented as a reference at the *UBS* for carrying out rapid tests to detect HIV and other Sexually Transmitted Infections (STIs), as well as for embracing these patients during the process<sup>3</sup>.

User embracement is an important moment during testing for HIV diagnosis and requires the professional to deal with the demands presented, which are relevant in building possibilities for solving the health issues presented through qualified, empathetic and ethical listening<sup>3</sup>.

In line with the guidelines of the National Humanization Policy (NHP), user embracement in the healthcare area must be identified as an ethical/aesthetic/political posture. Ethics, as it sees the other in all its magnitude (pains, joys, and the way of confronting life), aesthetics regarding the invention of possibilities, in relationships and in daily encounters to dignify life and living, and politics, as it implies a commitment to the community in the various meetings to enhance constructive experiences. It should also be understood as a technological tool, being used to enhance listening, strengthening bonds, as well as making everyone involved in problem solving responsible, promoting comprehensive care<sup>4,5</sup>.

Nurses have had difficulties in meeting this demand due to a lack of security in addressing issues related to disease, in dealing with the anxieties and apprehensions of users, both in negative/non-reactive and positive/reactive results<sup>6</sup>, in addition to considering the stigma and shame related to pre-exposure prophylaxis<sup>7</sup>.

User embracement for the rapid HIV test, as well as the result and follow-up, is a public health problem, affected by social stigmas and resulting in a loss of quality of life for the vulnerable population. From this perspective, the importance of analyzing nurses' perceptions in relation to embracing people who come to the *UBS* to perform the rapid HIV test emerges, in addition to discussing strategies which can be outlined to generate better results in this process.

Given the above, this study is based on the following question: How do *ABS* nurses perceive user embracement for people who undergo rapid HIV testing? Therefore, the objective was to analyze the perceptions of nurses regarding user embracement for people who perform the rapid HIV test.

## METHOD

This is a descriptive-exploratory study with a qualitative approach performed in October 2020 with nurses working in *ESFs* of the *ABS* in the intermediate region of Triângulo Mineiro and Alto Paranaíba, southeastern Brazil.

The municipality's *ABS* network is composed of 40 *ESF* teams distributed in 19 *UBS* located in urban and rural areas. It has four teams from the Expanded Family Health and Primary Healthcare Centers (*Núcleos Ampliados de Saúde da Família e Atenção Básica - NASF-AB*); and it has the *CTA* as a reference service for providing care for STIs, hence the choice of these units for research.

Nurses with experience in performing the rapid HIV test for at least six months were established as inclusion criteria for data collection in order to guarantee professional experience for the study purpose. Those who were on leave, away from their professional activities or on vacation at the time of data collection were excluded. Sample loss was considered to be those who refused to participate in the study, those that the researcher was unable to contact after three attempts to schedule the interview, and also those participating in the pilot study.

The participants were individually contacted to perform the research, and an Informed Consent Form (ICF) was presented, read and then signed to give consent. Semi-structured interviews were conducted using a script which was validated by three doctoral judges who work with qualitative research and public health. Contact with the judges, as well as signing the ICF by the judges, sending and returning the evaluated script was all performed by e-mail.

The interviews were performed at the institution in an open and reserved place during the professionals' working hours, according to the availability of each participant. It should be noted that all recommended measures for preventing contamination of Covid-19 were taken, such as the use of a mask by the researcher and the interviewee, a minimum distance of two meters and the use of alcohol gel available in the room.

The interviews were recorded on an audio device, with no established time for completion and conducted by the guiding question: "Tell me what the nurse's role in the embracement process of patients in carrying out the rapid HIV test is". This question was guided and supported by the following questions: "Based on the knowledge already acquired about HIV/AIDS, what is your perception about user embracement for people who undergo rapid HIV testing?"; "For you, what can make it difficult for people who undergo rapid HIV testing and the result is positive?"

And what do you consider as a facilitator?"; "What strategies do you suggest to improve on embracing people who undergo rapid HIV testing?". A form was also filled out with objective questions for the sociodemographic characterization of the workers.

A pilot study was carried out with 10% of the population of nurses being interviewed to ensure that the script met the proposed objective; in doing so, four of the 40 nurses from the *ABS* participated in this first stage. The interviews ended after information saturation occurred, as the researcher observed achievement of the objective established by successive repetition of the informed content. Thus, 20 nurses participated in the study. All content recorded in the interviews was transcribed in full using the Microsoft Office Word® 2019 software program. The analysis comprised three stages operationally: pre-analysis, material exploration, treatment of the results obtained and their subsequent interpretation<sup>8</sup>.

The identity of the participants was preserved. To do so, each participant was coded with the letter "I", meaning "Interviewed", followed by an Arabic number referring to the sequence of interviews, which was used in the data analysis. The research protocol was approved by the Research Ethics Committee of the researchers' institution.

## RESULTS AND DISCUSSION

A total of 20 nurses participated in this study. There was a predominance of females (n=18; 90%) and ages ranged between 30 and 51 years. The time since graduation of nurses ranged from four to 27 years after graduation; most had a specialization course (n=19; 95%); and 17 participants (85%) have been performing rapid HIV testing for more than three years.

There were two thematic categories identified from the data exploration: the HIV test and the relevant aspects in the user embracement process carried out by the nurses; and the perceptions of nurses regarding strategies to improve embracement in the service.

### The HIV test and relevant aspects in the embracement process performed by nurses

The participants reported that the relevant aspects in the embracement process of patients who undergo the rapid HIV test refer to the way in which the patient perceives the exam. Patients are afraid to undergo the exam:

*People are very afraid to know whether or not they have the disease; so this makes embracement difficult at times. (E1)*

*The test itself puts fear in the person, right? The result! (E2)*

*Patients are very scared, right, and when they arrive at the reception, they are sometimes afraid of wanting to say what they want. (E3)*

The feeling of fear is also described in a study with patients and professionals of a *CTA* in Fortaleza/Ceará, in which the participants informed the researchers about the fear of the result not being what was expected, fear of the diagnosis and future consequences in relation to their lives<sup>9</sup>. In another study carried out with 645 pregnant women in India, the factors of reproductive life history, issues of individual and interpersonal culture, community/institutional aspects were significant indicators of stigma and fear related to HIV<sup>10</sup>.

Another issue that interferes in the embracement process related to the nurses' perception is the patients' prejudice. In highlighting the prejudice that people still fear when they are seeking a rapid HIV test, professionals relate to the stigma that society still demonstrates in relation to HIV/AIDS:

*There is still embarrassment, prejudice, insecurity, fear. (E6)*

*What makes it difficult is the fear of prejudice. (E7)*

*People associate the issue of promiscuity, feel uncomfortable looking for the service for this type of care, thinking about the issue of prejudice. (E7)*

Fear of discrimination and social judgment negatively interferes with early diagnosis of the disease, as the population does not seek the *UBS* for testing, affecting both the psychological state and clinical evolution<sup>11</sup>. The stigmas and shame related to pre-exposure prophylaxis still persist in society<sup>7</sup> and affect professional performance, according to the participants.

Participants reported that the relevant aspects in the embracement process also refer to scheduling the rapid HIV test. Carrying out the rapid HIV test at the *UBS* required reorganization of the work process, as nurses are currently the main professional responsible for embracing patients and carrying out the examination. The professionals highlighted a specific schedule with a reserved time to facilitate their embracement, as well as the availability of tests at night:

*What facilitates is the availability of the test, having a reserved time to receive this patient. (E8)*

*We have tests available in the units, we can offer available times for the patient the night they are available. (E1)*

Access to the rapid HIV test should be facilitated so that the patient can have their care performed according to their needs when seeking the *UBS*. As described above, the nurses participating in the study claim that a specific agenda for this purpose enables better access to this service, but it harms those who are afraid or feel discriminated against, as in the following report:

*Sometimes working with an already specific schedule, right, for a certain day, so because these patients are ashamed of someone thinking they might have an STI or HIV, sometimes they don't seek out the unit to be able to make this appointment. (E5)*

In a study conducted with nursing professionals who perform a rapid test at a *UBS* in the Amazon, it revealed that the population's access to the test is limited by times and periods to perform this service due to the functioning restriction of the *UBS*<sup>11</sup>. However, some studies show that this service should be provided on spontaneous demand without the need for prior scheduling, since immediate care reduces suffering and provides early capture to either start treatment or to consolidate disease prevention strategies<sup>12,13</sup>.

Embracing patients who come to the *UBS* to undergo rapid HIV testing requires interaction between all health professionals in the work process organization in order to preserve those who seek this purpose as much as possible. Some complicating aspects mentioned by nurses to carry out this embracement is the difficulty in approaching the patient and not having a suitable place for the care to be provided, as shown in the following report:

*The difficulty, I think, is the proper place for us to welcome this patient, without other people around or the curiosity of others who are at the reception. (E9).*

One study highlights that nurses cited the physical structure as a weakness in the embracement process during the rapid HIV test<sup>13</sup>. Embracement must occur in every encounter between the health professional and the patient. This needs to be based on empathy, bonding, trust and confidentiality. These elements are essential for acceptance of the diagnosis and adherence to treatment for HIV/AIDS. In this sense, nurses participating in another study carried out in Health Centers in Florianópolis/SC<sup>14</sup> highlighted that patient awareness through information and guidance regarding HIV/AIDS is seen as an aid device, capable of enabling it to be active throughout the established care process.

### **Nurses' perceptions of strategies to improve embracement in the service**

Regarding the strategies to improve embracement in the service, the professionals highlighted the importance of publicizing the test performance:

*The strategy would be to be more publicized, publicize the rapid test, publicize it in more detail, really talk about what the rapid test is, right, which diseases will be detectable. (E12)*

*I think it should be more publicized about the test, so that they are more aware... of HIV. (E13)*

*Improve information and disseminate information through community health (ACS) agents and through campaigns and lectures addressing what HIV is. (E14)*

*Campaigning, giving lectures informing what HIV is. (E4)*

Although rapid tests for diagnosing STIs have been available at the *UBS* for some time, this is still not known by the entire population. Many people do not know how it is carried out, there is a lack of information regarding its effectiveness and also regarding the time required for the result to be made available.

Thus, in order to sensitize the population to perform the rapid test and facilitate the embracement by *UBS* professionals, it is necessary to provide guidance on the prevention of HIV/AIDS by expanding educational activities through lectures and campaigns, intensifying these actions in the media and taking advantage of schools as places of permanent action<sup>15</sup>.

Still reinforcing the importance of the media and its influence as a shaper of ideas and opinions, it is necessary to take advantage of advertising campaigns to address condom use, encouraging rapid testing and consequently early diagnosis and treatment of HIV/AIDS<sup>16</sup>. Furthermore, the support of the Local Health Councils is essential.

There are still some weaknesses in carrying out the rapid HIV test at the *UBS*, and according to the nurses interviewed, one issue is the restricted access of the population, and so it is necessary to expand the places where the exam is performed and make it so that patients can undergo the test in any *UBS* in the city:

*Carrying out the quick test outside the UBS, in the neighborhoods, I believe it would make embracing these people a lot easier. (E5)*

*Expand the places and times for the service, to carry out the tests. (E6)*

*This strategy of facilitating its access to other units, I think would help a lot. (E12)*

*I think if you divulge it, say that they can do it in a unit that sometimes they are not as well known, right, that is not your reference, this can also improve this embracement. (E17)*

The low number of visits to the *UBS* to perform the rapid HIV test was related to the stigma and discrimination of patients, causing a reduction in the search for *UBS* close to their residence for fear of being identified by people they know, in addition to the restriction of service hours<sup>11</sup>. However, there is no consensus on the preference for the reference *UBS*.

In a study carried out in the southern region of Brazil, *UBS* users highlighted the ease of access and the proximity of the unit to their homes as a positive factor for carrying out the rapid test with the reference team. In addition, some also reported the link established with health professionals as justification. In the same study, it was identified that some users prefer to attend other *UBS* in order to maintain their anonymity. Therefore, it is essential that the user look for the place they feel most comfortable to perform the exam, which is a positive alternative<sup>12</sup>.

A mobile clinic was organized in a study carried out in Denmark with the aim of reaching gay men in the community. The unit was considered an easy-access strategy for community care and targeted testing in high-risk environments for HIV/AIDS, and with public whose probability of seeking out the established health system would be low<sup>17</sup>.

The proper place to approach the patient is another strategy to improve embracement. Appropriate resources to provide embracement and care are important steps in the care process of people who seek out the *UBS*, whether to perform a rapid HIV test or for other demands of the health service:

*Sometimes our own room, a suitable place where this patient can report this, because sometimes we embrace this patient in a place that has more people, it's more complicated, they won't want to talk about it, right. (E18)*

Ambience is another important factor in the embracement process, referring to the physical, social and professional environment, as described by the NHP, being related to access to a care environment which provides privacy between the health professional and the individual, who is embracing, healthy and allows for harmonious interaction and thus contributes to the process of producing health and healthy spaces<sup>4</sup>.

Professionals also point to prior professional training as a strategy for embracing patients, in addition to providing the necessary information for carrying out the test. Health services must provide training to all professionals who will perform this role at the *UBS*. One of the forms of training is through *Telelab*, which is a remote permanent education program made available by the Ministry of Health in which free courses are offered, whose target audience is health professionals. Such concern is shown in the following reports.:

*It's about having the professional training; updating in relation to the disease, the way to approach comprehensive care, because even us in primary care sometimes don't know how to deal with that situation in order to perform the rapid HIV test. (E11)*

*Greater knowledge on the part of professionals about the test and the disease, better training for user embracement for both the professional nurse, physician, and also health agents and nursing technicians. (E11)*

*A great strategy is health education. (E1)*

*It's really this need to improve yourself and have better conditions to care for this patient here. (E19)*

Thus, adequate training is necessary in order for the *ABS* to have qualified professionals to perform the rapid test with the ability to perform sensitive and embracing listening to the patient<sup>18</sup>. Professionals need to be safe and feel able to perform the exam, there must be a permanent education policy in the health service, which not only covers the technique itself, but which has a broad approach based on psychological, emotional and social concepts and knowledge referring to HIV/Aids<sup>11</sup>.

### Study limitations

This study is limited by the fact that it was carried out only with nurses from the *ESF*, and was not carried out in the *CTA* or with other health professionals. These questions could generate other perceptions and implications for these services.



## CONCLUSION

The results indicate that the *ABS* nurses understand the embracement process for people who undergo the rapid HIV test.

Nurses reported that the main aspects that negatively impact the embracement process for patients who seek the rapid HIV test are related to the patient's feelings, such as fear and prejudice in relation to the test and disease. It was reported that an inadequate place for the service, as well as the lack of availability of time and spontaneous appointments are factors which disadvantage professional practice.

Participants also took a position regarding strategies to improve user embracement at the service, citing the importance of publicizing the test, expanding test locations and having an adequate place for care. In addition, the participants pointed out professional training as the most effective strategy to strengthen the user embracement weaknesses in the services.

This study can contribute to strategic actions for management and assistance of services, contributing to the social and health aspect of the population.

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