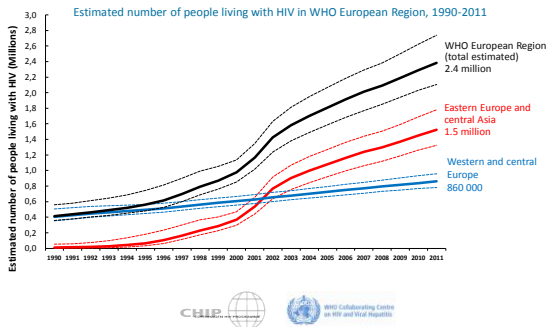




Key findings HIV in Europe projects European HIV Testing Week 22-29 Nov 2013

HIV/AIDS Civil Society Forum, Luxembourg 10 December
Dorthe Raben, HIV in Europe Secretariat, Manager, CHIP,
Rigshospitalet and University of Copenhagen

HIV epidemic in E Europe and C Asia fastest growing in the world



The HIV in Europe Initiative

- Pan-European initiative started in 2007

Aim

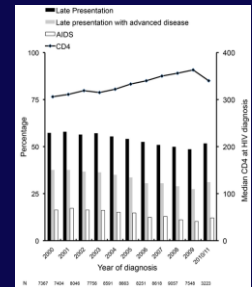
- **Ensure that HIV patients enter care earlier in the course of their infection** than is currently the case and study the decrease in the proportion of PLHIV presenting late for care

How?

- Network of clinicians, civil society and policy organisations – exchange of best practices
- Concrete projects to provide evidence on issues around and barriers to testing and late presentation
- Political Advocacy
- Bi-annual European Conferences

Late diagnosis in Europe

- small downward trend, but very little change in terms of reducing late diagnosis
- LP decreased over time in both Central and Northern Europe among homosexual men, and male and female heterosexuals
- increased for female heterosexuals and male intravenous drug users (IDUs) from Southern Europe and in male and female IDUs from Eastern Europe



Morlat A et al. Risk Factors and Outcomes for Late Presentation for HIV-Positive Persons in Europe: Results from the Collaborative of Observational HIV Epidemiological Research Europe Study (COHERE). PLoS Med. 2011

MSM in the UK

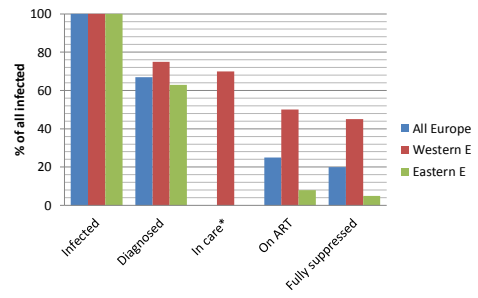
The source of most new infections is from undiagnosed men

- Observed increases in HIV incidence in last 10 years despite an increase in the percentage of MSM on fully suppressive ART
- Increasing trends likely explained by more condom-less sexual behaviour
- Source of new infections in 2010:
 - undiagnosed primary infection 48%
 - undiagnosed not primary infection 34%
 - diagnosed ART naive 10%
 - diagnosed ART experienced 7%
- If testing frequency was increased to 68% of all MSM each year (compared with current rate of 25%), it is predicted that incidence would be reduced by 25%

More testing = less new infections

Philips A et al. Increased HIV Incidence in Men Who Have Sex with Men Despite High Levels of ART: Potential Viral Suppression Analysis of an Extensively Documented Epidemic. PLoS One 2013

Treatment cascade in Europe

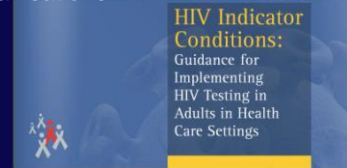


*: no data on number of persons in care in Eastern Europe

Testing strategies

- Existing approach
 - Self referral (client initiated testing)
 - Selected clinics in health system (ID, STD)
- Future approach
 - Community testing (ensure transferral to care)
 - Provider-initiated testing
 - Indicator conditions (in any clinic or general practitioner seeing persons with such conditions)
 - Mononucleose-like illness, TB, viral hepatitis, STD, psoriasis, cervical dysplasia, esophageal candidiasis, malignant lymphoma, etc

Guidance document published October 2012 after extensive consultation process involving representatives from various clinical specialities and European organisations



HIV Indicator Conditions

- Diseases/conditions that can indicate undiagnosed HIV
- Should automatically result in an offer of an HIV test (as in screening of pregnant women)
- Should be part of a national HIV testing strategy to complement other approaches (risk group and behaviour)
- A way to get health care personnel to offer more HIV tests – provider initiated testing
- Indicator conditions have a higher HIV prevalence than in the general population (> 0.1%) – it is therefore cost effective to test everyone
- Missed opportunities for earlier diagnosis
- Normalisation of HIV testing

Table 1: Definitions of indicator conditions and recommendations for HIV testing

Indicator condition	Recommendations for HIV testing
Conditions which are AIDS defining among PLHIV* <ul style="list-style-type: none"> Neoplasms <ul style="list-style-type: none"> Cervical cancer Non-Hodgkin lymphoma Kaposi's sarcoma Bacterial infections <ul style="list-style-type: none"> Mycobacterium tuberculosis, pulmonary or extrapulmonary Mycobacterium avium complex (MAC) or Mycobacterium kansasii, disseminated or extrapulmonary Mycobacterium, other species or unidentified species, disseminated or extrapulmonary Subacute bacterial endocarditis Isosporiasis, recurrent (2 or more episodes in 12 months) Fungal infections <ul style="list-style-type: none"> Cryptosporidiosis, recurrent Cytomegalovirus retinitis Cryptococcosis, other (except meningitis, isolated) Herpes simplex, (labial) > 1 month (recurrent)/pneumocitis Progressive multifocal leukoencephalopathy Parasitic infections <ul style="list-style-type: none"> Cerebral toxoplasmosis Cryptosporidiosis, diarrhoea, > 1 month Isosporiasis, > 1 month Myalgia disseminated (toxoplasmosis) Reactivation of American trypanosomiasis (Chagas disease) or trypanosid Rageal infections <ul style="list-style-type: none"> Pneumocystis carinii pneumonia Candidiasis, oropharyngeal Candidiasis, bronchial/ tracheal/ lungs Cryptosporidiosis, extra pulmonary Mycoplasmata, disseminated/ extra pulmonary Coccidioidomycosis, disseminated/ extra pulmonary Penicilliosis, disseminated 	<ul style="list-style-type: none"> Sexually transmitted infections Malignant lymphoma Acute cervix/leptospira Cervical dysplasia Herpes zoster Hepatitis B or C (acute or chronic) Mononucleosis-like illness Unexplained leukocytopenia/thrombocytopenia lasting > 6 weeks Seborrheic dermatitis/exanthema Isosporia gastrointestinal disease Unexplained fever Candidiasis Visceral leishmaniasis Pregnancy implications for the unborn child <p>Other conditions considered likely to have an undiagnosed HIV prevalence of >= 0.1%</p> <ul style="list-style-type: none"> Primary lung cancer Lymphocytic meningitis Oral hairy leukoplakia Soreth or digital pruritus Guillain-Barre syndrome Mononucleosis Subcutaneous leishmaniasis Multiple sclerosis like disease Peripherical neuropathy Unexplained lymphadenitis Unexplained not candidiasis Unexplained chronic diarrhoea Unexplained chronic anal inflammation Hepatitis A Genitally acquired pneumonia Candidiasis
Conditions where not identifying the presence of HIV infection may have significant adverse implications for the individual's clinical management <ul style="list-style-type: none"> Conditions requiring aggressive immune-suppressive therapy <ul style="list-style-type: none"> Cancer Transplantation Auto-immune disease treated with immunosuppressive therapy Primary immunodeficiency disease of the brain Myeloid/Thrombocytopenic thrombocytopenic purpura 	

Feasibility and Effectiveness of Indicator Condition-Guided Testing for HIV: Results from HIDES I (HIV Indicator Diseases across Europe Study)

Indicator condition	Individuals having HIV test (number)	HIV positive (number)	Prevalence (95% CI)	Number of surveys
Total	3588	66	1.84 (1.42-2.34)	39
Sexually transmitted infection (STI)	764	31	4.06 (2.78-5.71)	4
Malignant lymphoma (LYM)	344	1	0.29 (0.006-1.61)	5
Cervical or anal dysplasia or cancer (CAN)	542	2	0.37 (0.04-1.32)	4
Herpes zoster (HZV)	207	6	2.89 (1.07-6.21)	5
Hepatitis B or C (HEP)	1099	4	0.36 (0.10-0.93)	6
Ongoing mononucleosis-like illness (MON)	441	17	3.85 (2.26-6.10)	7
Unexplained leukocytopenia/thrombocytopenia (CT)	94	3	3.19 (0.66-9.04)	4
Seborrheic dermatitis/exanthema (SEB)	97	2	2.06 (0.25-7.24)	4

Ann K Sullivan et al. Feasibility and Effectiveness of Indicator Condition-Guided Testing for HIV: Results from HIDES I (HIV Indicator Diseases across Europe Study). PLoS ONE, January 2013, Volume 8, Issue 1, e57845

Auditing HIV testing Results from part one of HIDES 2

Auditing HIV testing in already established indicator conditions (tuberculosis, non-Hodgkin lymphoma, anal and cervical cancer, hepatitis B and C and Candida esophagitis)

- Testing rates in well established HIV IDs remain surprisingly low across Europe, despite high prevalence rates, reflecting missed opportunities for earlier diagnosis and care
 - In particular for cancers, esophageal candidiasis and especially in Northern Europe
- Uptake of testing >95%
- Offer/test rates 31%-99%
 - Suggesting barriers on provider level
- The median HIV+ rate was 0.9% (IQR 0.0-5.0), with 28 audits (59.6%) having a HIV+ rate > 0.1%
- 104 HIV+ diagnoses potentially missed

Auditing HIV Testing Rates across Europe: Results from the HIDES 2 Study, Dr. Viktor Mitsura The 14th European AIDS Conference, 18 Oct 2013

HIV screening in antenatal care



- High coverage of HIV screening in ANC: > 90% and close to complete in a number of countries (UK, Ireland, Finland, Denmark, Estonia).
- Low HIV positivity rate in ANC: < 0.1%

Country	Year	Number tested	Test rate (%)	Positivity rate (%)
Belarus	2010	-	>95%	-
Bosnia	2010	-	5%	-
Herzegovina	2010	-	-	-
Denmark	2012	63,876	99.6%	5 undiagnosed 0.008%
Estonia	-	-	99%	-
Finland	1996	66,170	99%	0.01%
Georgia	2010	-	87%	-
Hungary	2010	-	8%	-
Ireland	2010	69,292	>99%	undiagnosed 0.02%
Latvia	2009	-	88%	-
Netherlands	-	Not available	91%	Not available
Romania	2010	-	51%	-
Russian Federation	2010	-	87%	-
Serbia	2010	-	6%	-
Slovakia	2010	-	>95%	-
Sweden	-	-	-	13 (N)
Tajikistan	2010	-	62%	-
Macedonia	2010	-	2%	-
Ukraine	2010	-	>95%	-
Uzbekistan	2010	-	88%	-
UK	2011	684,510	97%	0.17% (London 0.3% South East 0.2%)

SHORT COMMUNICATION

HIV testing of patients diagnosed with tuberculosis increased in Denmark during the period from 2007 to 2009

M Perch,¹ PH Andersen² and A Kok-Jensen³

¹Section of Lung Transplantation, Department of Cardiology, Copenhagen University Hospital, Rigshospitalet and ²Department of Infectious Disease Epidemiology, Statens Serum Institut, Copenhagen, Denmark

We examined the trends of HIV testing among patients notified with TB in Denmark during a 3-year period from 2007 to 2009. We were able to obtain HIV testing status for 2956. There

- Increase in HIV testing of TB patients in Denmark from 43% in 2007 til 63% in 2009
- HIV prevalence in TB in Denmark 3% (40 times higher than in the general Danish population)
- HIV prevalence among pregnant women 0.008% - test rate 99,6%

European HIV testing week 2013

HIV in Europe
Working Together for Optimal Testing and Earlier Care
www.hiveurope.eu

Aim of the European HIV Testing week

Objective
To create and launch a European testing week to **raise further awareness** amongst the community, healthcare professionals and policy makers about the importance of increasing HIV testing for people most at risk across Europe

- **Not a one size fits all model!** Different challenges, strategies and opportunities in each country
- HIV in Europe created the **framework**
 - Compilation of the evidence for scaling up HIV testing
 - Template materials and guidance
 - Platform for 'signing up' to the testing week and sharing experiences (website, facebook, twitter)

www.hivtestingweek.eu
www.hiveurope.eu

Pan-European endorsing/supporting organisations and institutions

- 19 pan-European 'endorsing/supporting' organisations and institutions, including EC and UNAIDS

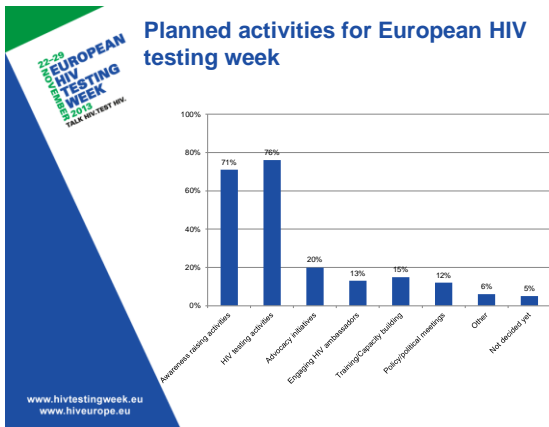
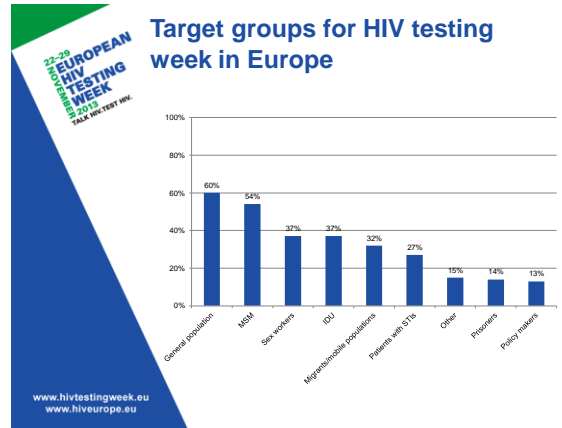
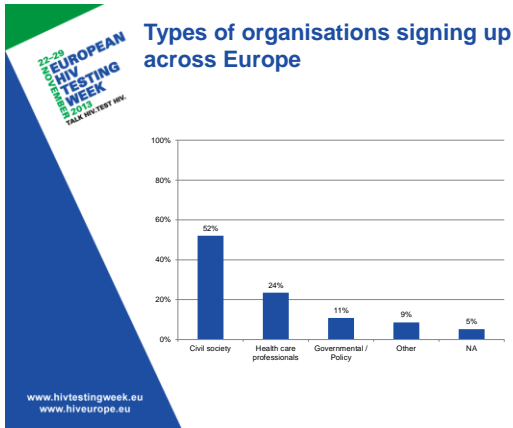
www.hivtestingweek.eu
www.hiveurope.eu

Signed-up organisations

<http://www.hivtestingweek.eu/get-involved/whos-signed-up>

- **475 organisations signed-up** representing **48** different countries

www.hivtestingweek.eu
www.hiveurope.eu



Participating Organisations in Germany

Tajikistan: 11971 people reached with information 4040 people tested – 6 positive – 0,1% prevalence

Preliminary results of European HIV Testing Week in Tajikistan

AIDS Prevention Euro Year (APEY) in collaboration with the Tajikistan AIDS Centre organized one month of European HIV Testing Week in Tajikistan.

11,971 people received essential HIV related information and 4,040 people were tested. 60 individuals underwent HIV testing. A total of 6 HIV positive cases were diagnosed.

The peak of the campaign was to increase the number of people that were able to test and reduce the stigma of HIV disease.

European HIV Testing Week was organized in all regions of Tajikistan (Dushanbe, Gorno-Badkhan, Raion, Khatlon, Sughd, Rongor, Fergana, Tashkent, Khujand, Murghab, Makhambul, Garmy, Gorno-Badkhan Province, Dushanbe).

European AIDS Centers in cooperation with local NGOs (Tajikistan AIDS Centre, "Tajikistan AIDS Centre", "Tajikistan AIDS Centre", "Tajikistan AIDS Centre") organized HIV testing and essential information, books and HIV testing were organized in public in the main parts of cities and towns.

During the campaign people have a chance to get essential information on HIV, AIDS and sexually transmitted infections, and receive free and confidential services. The project is supported by the German Ministry of Foreign Affairs.

www.hivtestingweek.eu
www.hiveurope.eu

BCN Checkpoint: "the biggest mobilization to date in Spain of gay men and other men who have sex with men in favor of HIV testing and early diagnosis"

www.hivtestingweek.eu
www.hiveurope.eu



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HIV Medicine (2013), 14 (Suppl. 3), 1–5

REVIEW

Conclusions from the HIV in Europe Copenhagen 2012 Conference and ways forward: working together for optimal HIV testing and earlier care

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The objective of this article is to set the scene for this supplement by presenting and discussing the overall outcomes of the HIV in Europe Copenhagen 2012 Conference and how the HIV in Europe initiative intends to further address challenges and themes raised during the conference.

HIV Medicine, Special Issue: Outcomes of the HIV in Europe 2012 Copenhagen Conference, October 2013, Volume 14, Issue Supplement S3

Announcement: HIV and Hepatitis in Europe Conference, Barcelona, 5–8 October 2014

Next Steps

- European HIV Testing Week 2014 ?

Research Projects – ongoing

- HIDES phase 2 : Prospective surveys on 14000 patients with 11 potential IDs to be finalised for analysis by mid 2014
- The concept of counselling project
- Hepatitis testing review

Research Projects (2014–2017) – in planning and fundraising process

- Implementation of Guidance on Indicator Condition Guided HIV testing: training and awareness raising
- Linkage to care (the treatment cascade in Europe)
- Criminalisation of HIV
- Cost-effectiveness of testing in different settings