



1st Live Webinar – Thematic Network

Standards of Care: HIV, VH, and TB
Good Practices and Ensuring Prevention
& Care for People on the move



## Good practices in implementation and cross-border healthcare:

### Access to quality care/prevention for displaced persons

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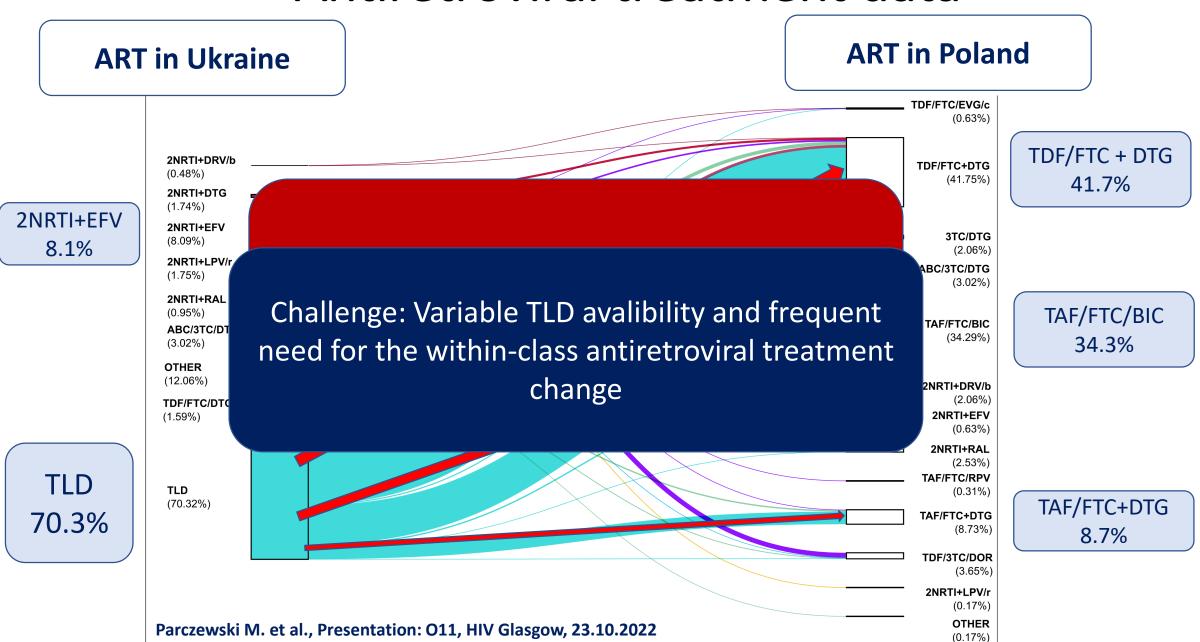
Polish AIDS Society: President

16th February 2023

# Issues in access to quality care and prevention in HIV/Hepatitis/TB/STI

- Maintain high ARV treatment efficacy in displaced persons
- Respond to the needs related to population characteristics change
- Timely diagnosis of HIV/HCV/HBV/TB/STI
- Vaccination programmes (HBV, COVID-19, MMR)
- Access to TB drugs in case of MDR/XDR
- Surveillance and access to HIV drug susceptibility/resistance testing

### Antiretroviral treatment data



## Clinical data for Ukrainian migrants entering HIV care in Poland

Median age: 40 (IQR:34-45) years

70.1% of patients female

89.1% initiated ART in Ukraine 10.9% diagnosed in Poland (underreported)

10.1% self reported previous TB infection

Median lymphocyte CD4 count at care entry: 561 (IQR: 350-755) cells/μl (n=531)

**MODE OF HIV ACQUISITION** 

■ Heterosexual ■ PWID

#### Challenge:

Integrated services especially gynecological and obstetric care, contraception, pregnancy management.

Language barrier of key importance (sensitive care/fear of stigma)

71%

# Ukrainian migrants <u>newly</u> diagnosed with HIV in Poland (n=104)

Median age: 37 (IQR:30-43) years

55.7% female

Median lymphocyte CD4 count at diagnosis: 184 (IQR: 27-389) cells/μl

Median HIV-1 viral load at diagnosis: 5.23 (IQR: 4.49-5.57) log copies/ml

22.1% - Anti-HCV (+), 4.2% HBs Ag (+)

12.4% - VDRL (+)

77.3% diagnosed late

Tuberculosis\*

#### Challenges:

- -expansion of targetted testing services including home based
- non-disclosure of MSM populations
   (stigma) → subptimal STI testing
- Access to TB drugs (reinforcement of national programmes)

Cytomegaloviral retinitis

1 (2.6%)

## Syrian refugees in Turkey: hepatitis

Hepatitis serology (n=473)

Median age 34 (range 17-82) years

Anti Hbc total: 23.9%

Table-4: Distribution of Syrian refugees according to HBsAg, Anti-HBs, Anti-HBc total and Anti-HCV status

|                            | Pos    | itive | Negative |      |  |
|----------------------------|--------|-------|----------|------|--|
|                            | Number | %     | Number   | %    |  |
| HBsAg                      | 8      | 1.7   | 465      | 98.3 |  |
| Anti-HBs                   | 119    | 25.2  | 354      | 74.8 |  |
| Anti-HBc total             | 113    | 23.9  | 360      | 76.1 |  |
| Anti HCV                   | 2      | 0.4   | 471      | 99.6 |  |
| Immunized with the vaccine | 34     | 7.1   | 439      | 92.9 |  |

Syrian Refugees at Risk of Hepatitis Diseases in Turkey, in Şanliurfa?

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## Issues in hepatitis care access

Hepatitis markers among Ukainian migrants with HIV (Poland)

Germany: hepatitis markers in immigrant populations (n=1313)

Hbs Ag (+) 2.9%

Anti-Hbc (+) in 31.6%

Anti-Hbs >10 IU/ml only in 18.2%!

Challenges:

- outreach of HBV vaccination programmes
- Integrated access to HCV/HBV treatment
  - Testing programmes for refugees

any from Eastern a, 12.0% EE patitis B core s. 3% of patients.

d in 2.2% cases

European Journal of Gastroenterology & Hepatology 2014, 26:1090–1097

## Issue of HIV drug resistance

| Patient ID | Age | Gender    | ARV exposure   | Subtype | NRTI DRMs     | NNRI DRMs    | PI DRMs | InI DRMs |
|------------|-----|-----------|--|---------|---------------|--------------|---------|----------|
| 1666       | 44  | Female    | TDF/3TC/EFV  | A6      |               | F4204        | None    | None     |
| 46uk       | 47  | Female    |  | None    | None          |              |         |          |
| 97         | 35  |           | Access to drug                                       | None    | None          |              |         |          |
|            | 48  | Male<br>- | <ul> <li>Small nume</li> <li>Surveillance</li> </ul> | M46I,   |               |              |         |          |
| SV180274   |     |           |  | V82S    | None          |              |         |          |
|            | 48  | Male      |  |         | E138K,Q148R,R |              |         |          |
| 1732       |     |           |  |         | W184V,1215F   | 1905         | None    | 263K     |
| 36uk       | 41  | Female    | TDF/3TC/EFV  | A6      | None          | K101E,E138G  | None    | None     |
| 1601       | 58  | Female    | TLD  | A6      | M184MV        |              |         |          |
| 1715       | 43  | Male      | TLD  | A6      | None          | V106I,Y188YC | None    | None     |
|            |     |           |  |         |               |              |         |          |

### **Action points**

- Maintanence of stable access to inexpensive DTV based regimens
- Expanding specialist Obstetrics & Gynecology care (urgent)
- Developement of the implamentation programmes for HIV/Hepatitis/STI testing and for displaced populations (divergent culture based needs).
- Implementing vaccination access (e.g. HBV, COVID-19, MMR)
- Expansion of TDF/FTC based PreP programmes
- Integration of HIV resistance surveillance capacities at European level
- System capacity assessment in progress (Poland)





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#### **THANK YOU**

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