



HIV in Europe

A pilot study to determine the prevalence of HIV in individuals presenting for care with selected conditions:

Preliminary results: the HIV in Europe Indicator Diseases Across Europe Study

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Indicator Diseases Across Europe Study Group

Background

- Of the estimated 2.3 million PLHIV in the European Region, 1 in 3 remain undiagnosed
- Undiagnosed HIV is
 - harmful to the *person* infected as appropriate health interventions are delayed
 - detrimental to *society*, as persons unaware of their HIV infection may transmit to others more frequently
 - late presentation associated with higher medical *cost*
- Need for innovative approaches to better target testing for those at risk of being infected

Purpose of the study

- *'HIV in Europe' Conference (2007)*
 - recommended focused HIV testing in patients presenting with certain clinical conditions and/or diseases
 - estimates that testing is cost-effective if done in populations with an HIV-prevalence $> 0.1\%$
- *A pilot study, initiated Autumn 2009 to*
 - develop and evaluate best methods to estimate HIV prevalence of a condition handled by the health care system
 - estimate which of 8 conditions have an HIV prevalence of $> 0.1\%$ in different settings across Europe

What do we mean by indicator condition ?

Within the health care system

A condition indicating that an HIV test should be considered/performed by the health care provider as part of routine care

AIDS defining illnesses

Conditions associated with high HIV prevalence

Diseases where HIV-status has implications for management of the disease

HIV is part of the differential diagnosis

Methods (1)

Units of care *across Europe* were included if they – as part of their routine care function – handled one or more of 8 conditions

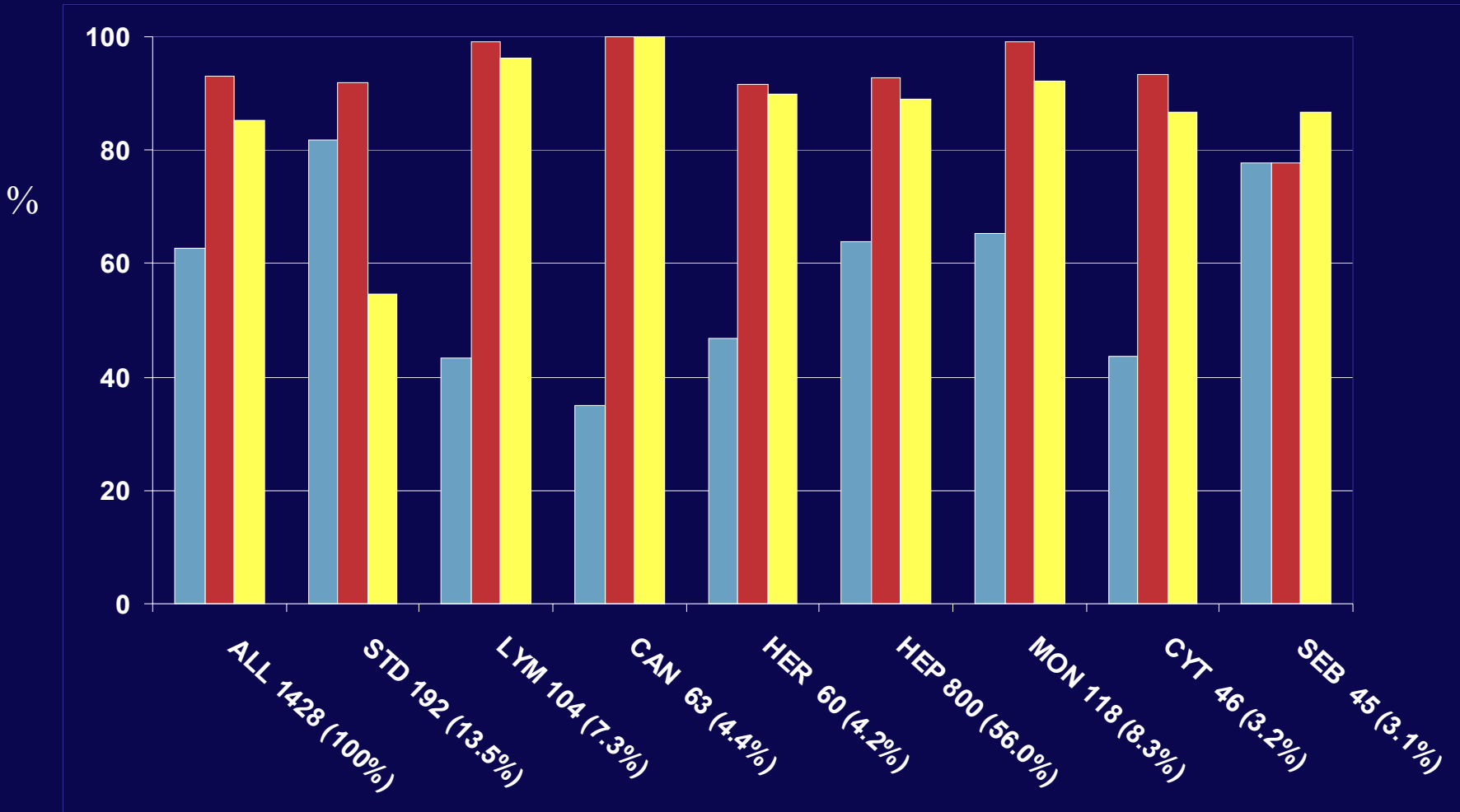
- Sexually transmitted disease (STD)
- Malignant lymphoma (LYM)
- Cervical or anal cancer/dysplasia (CAN)
- Herpes zoster (HER)
- Hepatitis B or C (HEP)
- Ongoing mononucleosis-like illness (MON)
- Unexplained leukocytopenia/thrombocytopenia lasting >4 weeks (CYT)
- Seborrheic dermatitis/exanthema (SEB)

Methods (2)

- Consecutive patients were enrolled if:
 - they presented with the condition in question
 - were not already known to be HIV+
- One survey=one condition at one site
- A detailed questionnaire was completed incl. the HIV test
- Data was transmitted to coordinating centre for data entry and analysis

Demographics of 1,482 individuals enrolled

■ %Male ■ %White ■ %Heterosexual



Median
Age:

42

32

53

38

47

46

24

58

36

Results – preliminary

- Similar frequency of prior testing independent on the history of HIV-related symptoms
 - If prior HIV-related symptoms: 38/104 (36,5%)
 - If no prior HIV-related symptoms: 482/1250 (38,6%)
- Of 1482 patients tested, 26 (1.8%) were HIV+
- STD accounted for 21/26 ($21/192 = 10,9\%$)
 - If prior HIV-test: 16/113 (14,2%)
 - If no prior HIV-test: 5/79 (6,3%)
- Several of the surveys have been difficult to implement due to reluctance by colleagues in other medical specialties to offer the HIV test as part of routine care

Conclusions

- Surveys aimed at estimating HIV prevalence for various conditions managed by the health care system are possible to implement across Europe
 - The result of such surveys can provide evidence for and inform testing guidelines
- Physicians in some specialities appear reluctant to adopt HIV testing as part of routine care
 - Clinicians barriers to HIV testing needs further analysis

Preliminary Specific Conclusions

- A significant proportion of persons had previously had HIV-associated symptoms without being tested for HIV
 - Many missed opportunities for earlier diagnosis exist
- Routine HIV testing of the conditions surveyed appears to fulfil the requirement of having an overall HIV prevalence of $> 0.1\%$
 - The observed overall prevalence was 1.8%
 - STD appears to be an indicator for routine HIV testing
 - It is not at present possible to determine which of the 7 other conditions that are also indicator(s) for routine HIV testing

Plans for finalisation of the pilot surveys and next steps

- The pilot surveys will end 1 March 2011
- 27 October 2010 a total of 2,600 persons have been enrolled
 - Projected total number: 4,000
- Results will be available in May 2011
- Based on findings, additional surveys for other conditions and for the pilot conditions in other settings will be implemented
- Audits aimed at determining the extend of routine testing of AIDS conditions (= automatically defined conditions for routine HIV testing) will be implemented
- A panel incl. representatives from other medical specialities will be convened to develop guidelines for indicator-condition guided HIV testing

The HIV Indicator Diseases Across Europe Study Group

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For more information about the initiative and projects www.hiveurope.eu



HIV in Europe
Working Together for Optimal
Testing and Earlier Care



To identify political, structural, clinical and social barriers to achieving optimal testing and counselling



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Welcome to HIV in Europe

HIV in Europe is a cross European and multidisciplinary initiative working for optimal testing and earlier care for HIV in Europe.

HIV in Europe is led by a group of independent experts representing advocacy, clinical and policy areas of the HIV arena in Europe. The initiative started off in Brussels in 2007 with a pan-European conference entitled "HIV in Europe 2007: Working together for optimal testing and earlier care". The conference gathered more than 300 key European stakeholders in HIV from the Europe WHO region, including advocates, clinicians and public health professionals.

HIV in Europe builds on the Call to Action adopted in Brussels in 2007 with the aim to improve the evidence base to address important issues around earlier testing and optimal care and to find ways to share knowledge and experiences across European borders.

HIV in Europe is planning to hold a follow up meeting in Stockholm in 2009 in association with the Swedish EU Presidency.

News

HIV in Europe 2009 Stockholm

HIV in Europe follow-up meeting, 2nd and 3rd of November 2009 at the Nobel Forum, Karolinska Institute, Stockholm, Sweden

[Application form for participation can be downloaded here](#)

Newsletter - Issue 1, June 2009

[Click here to download Issue No. 1 of the HIV in Europe Newsletter](#)

[Indicator Diseases Survey - Call for Collaboration](#)

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