



Earlier Recognition of HIV: A Pressing Need

Prof. Jens Lundgren, MD DMSc

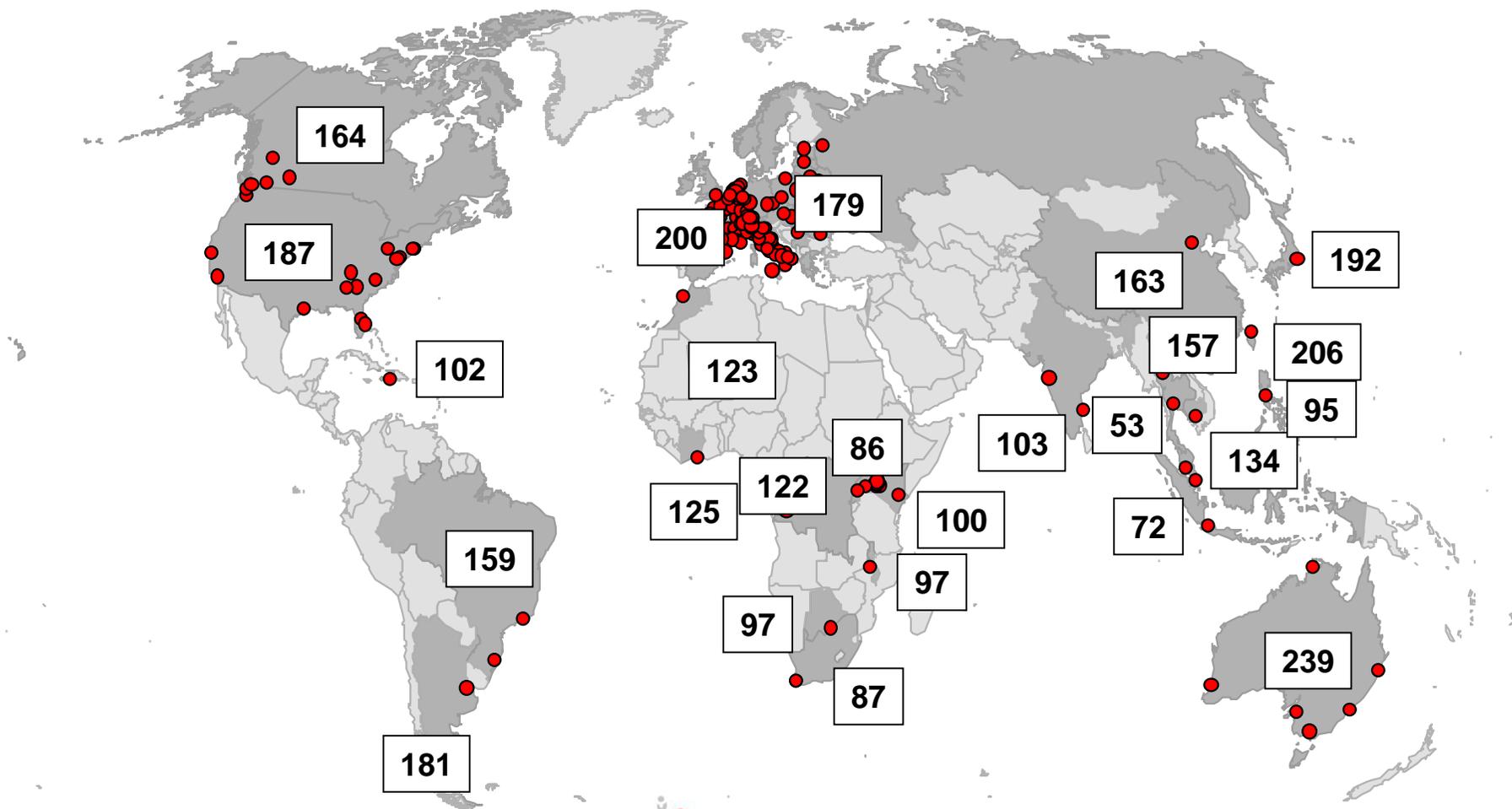
Co-chair “HIV IN EUROPE Initiative” steering committee

University of Copenhagen & State University Hospital, Denmark



CD4 count at start of ART, 2003-2005

42 countries, 176 sites, 33,008 patients

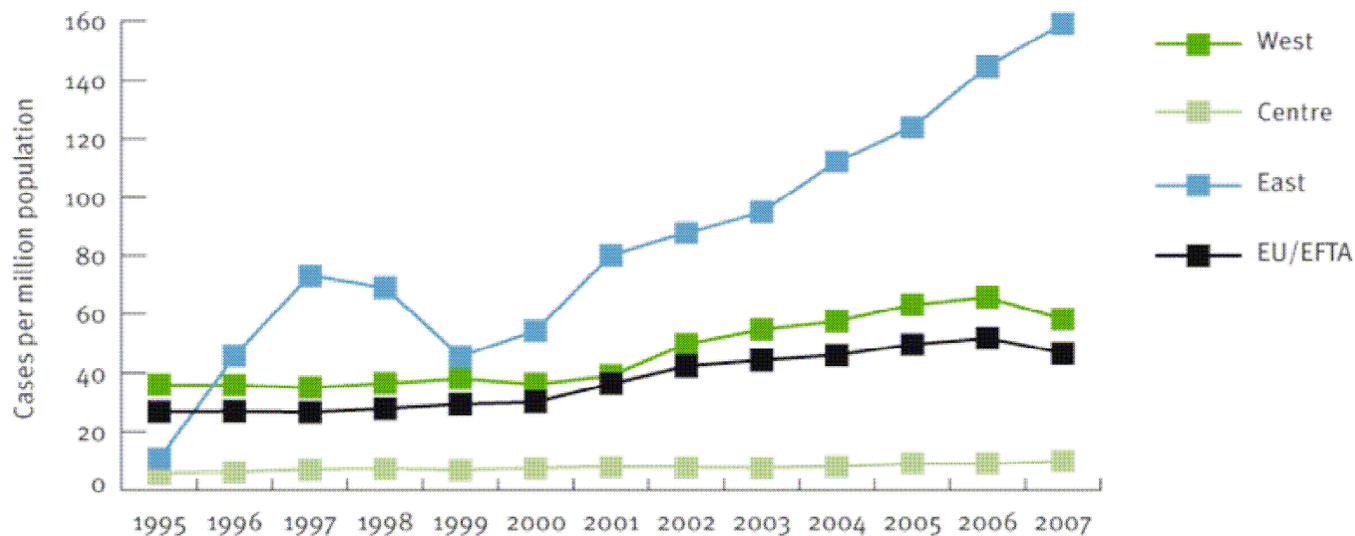


Numbers are median CD4 counts

M Egger, CROI 2007

Number of newly diagnosed HIV infections in the WHO-Europe region

(data missing from several countries incl. I, F, NL, POR, SP + Russia)



ECDC, 2008

Countries excluded (data not reported or not available for the whole period): West: Andorra, Austria (EU), France (EU), Italy (EU), Malta (EU), Monaco, Netherlands (EU), Portugal (EU), Spain (EU); Centre: Serbia; East: Russian Federation.

Total number of persons living with HIV: app. 2.5 million
% of persons living with HIV but not yet diagnosed: 30% in EU and 50-70% Eastern region

Late presenters in Europe

- Most persons infected with HIV across the European region remain undiagnosed
- Undiagnosed HIV is harmful to the person infected as appropriate health interventions are then delayed until the HIV infection is diagnosed
- It is also detrimental to society as persons unaware of their HIV infection may transmit more frequently to others than persons that are aware of their HIV status
 - + patients in care have access to ART that reduces their risk of transmission
- Finally, late presentation is associated to increased medical costs

Many definitions reported

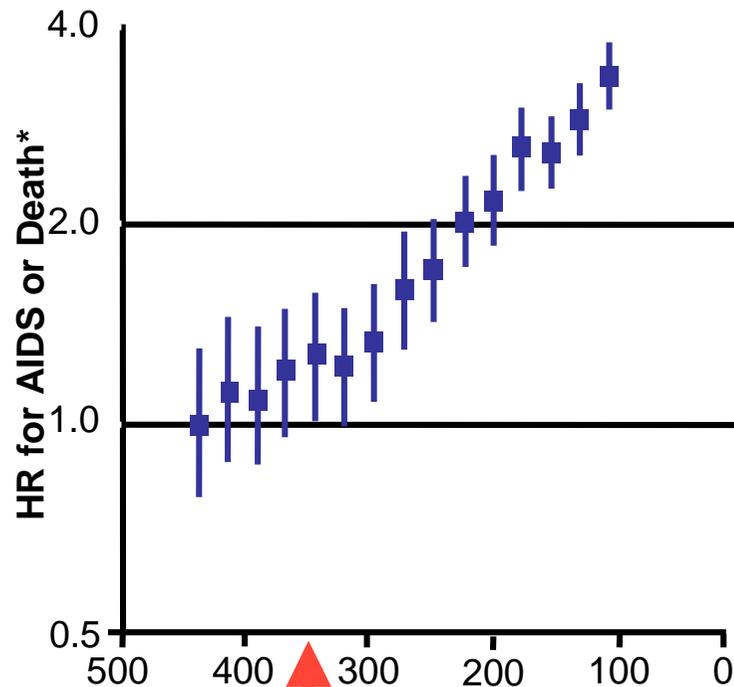
CD4 count	Country and year
CD4 < 350	England, 2000
CD4 < 200	UK 2000, 2005, 2006 France 2006, 2007 Italy, 2004 Spain, 2005
CD4 < 50	UK 2004

Time until first ADE	Country and year
< 1 year	European survey, 2006
< 6 months	England, 2006 France, 1998 Italy, 2005
< 3 months	Sweden, 2005 England, 2000 France, 2004, 2007 Italy, 2000 Poland, 2006
< 8 weeks	Spain, 2002 Denmark, 2005
< 1 month	England, 2001 Italy, 2003
Concurrent AIDS	Poland, 2006 England, 2006 France, 2000



ART CC: Supports Initiating ART at CD4 Threshold of 350 cells/mm³

- N=24,444 (15 cohorts from US and Europe)



Comparison	HR* (95% CI)
1-100 vs 101-200	3.35 (2.99-3.75)
101-200 vs 201-300	2.21 (1.91-2.56)
201-300 vs 301-400	1.34 (1.12-1.61)
251-350 vs 351-450	1.28 (1.04-1.57)
351-450 vs 451-550	0.99 (0.76-1.29)

*Adjusted for lead-time and unobserved events.

Consensus definition of late presentation

Late presentation is defined as persons presenting for care with a CD4 count below 350 cells/ μ L or presenting with an AIDS defining event

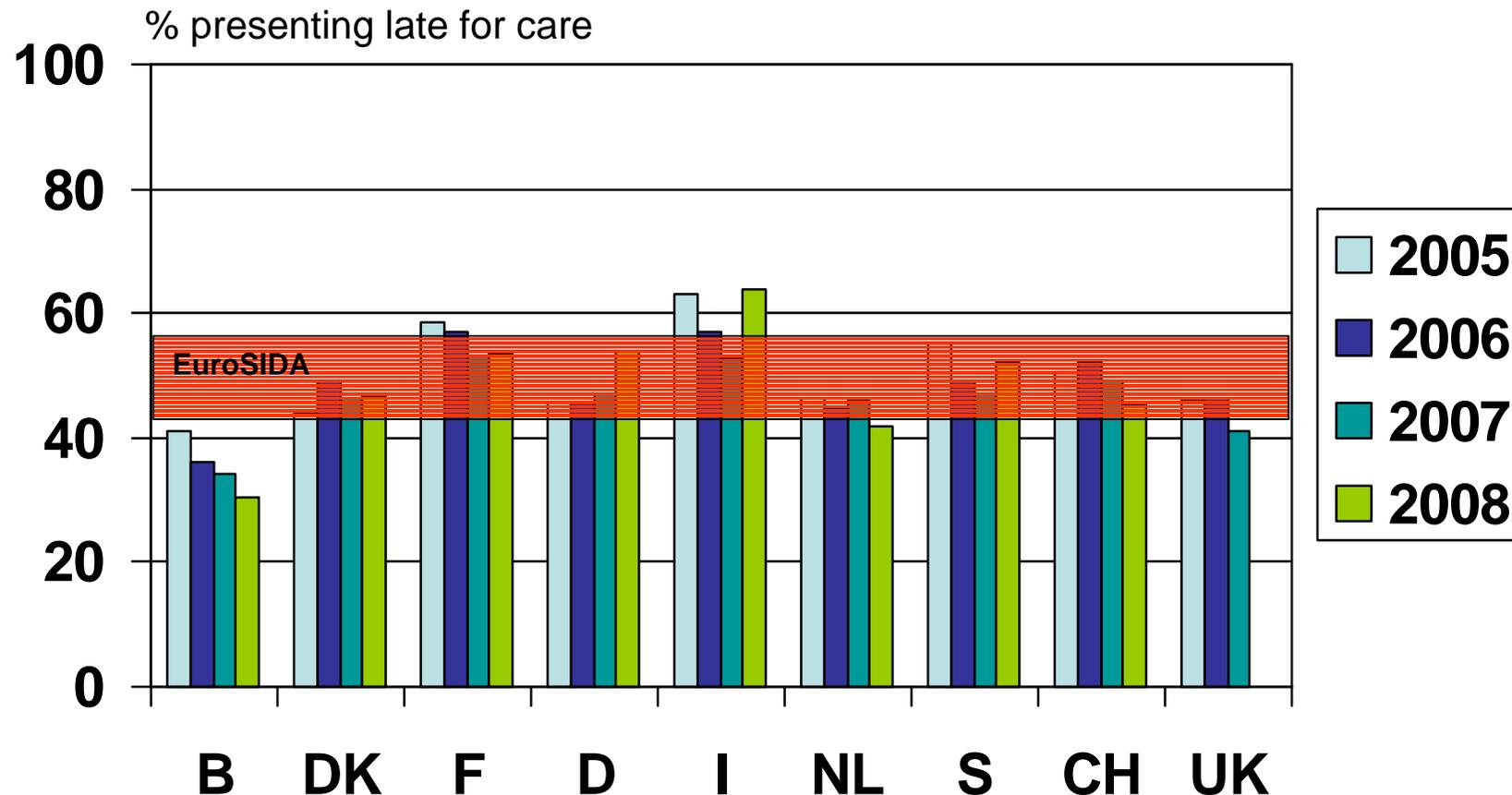
Presentation to facility that can monitor for HIV progression and prescribe ART
Based on current ART guidelines (to be reviewed if changing)
Repeat measure of CD4 counts encouraged



HIV in Europe

2nd HIV In Europe Conference, Stockholm Nov. 2009

Trends in % of HIV-infected persons presenting late for care: 2005-2008



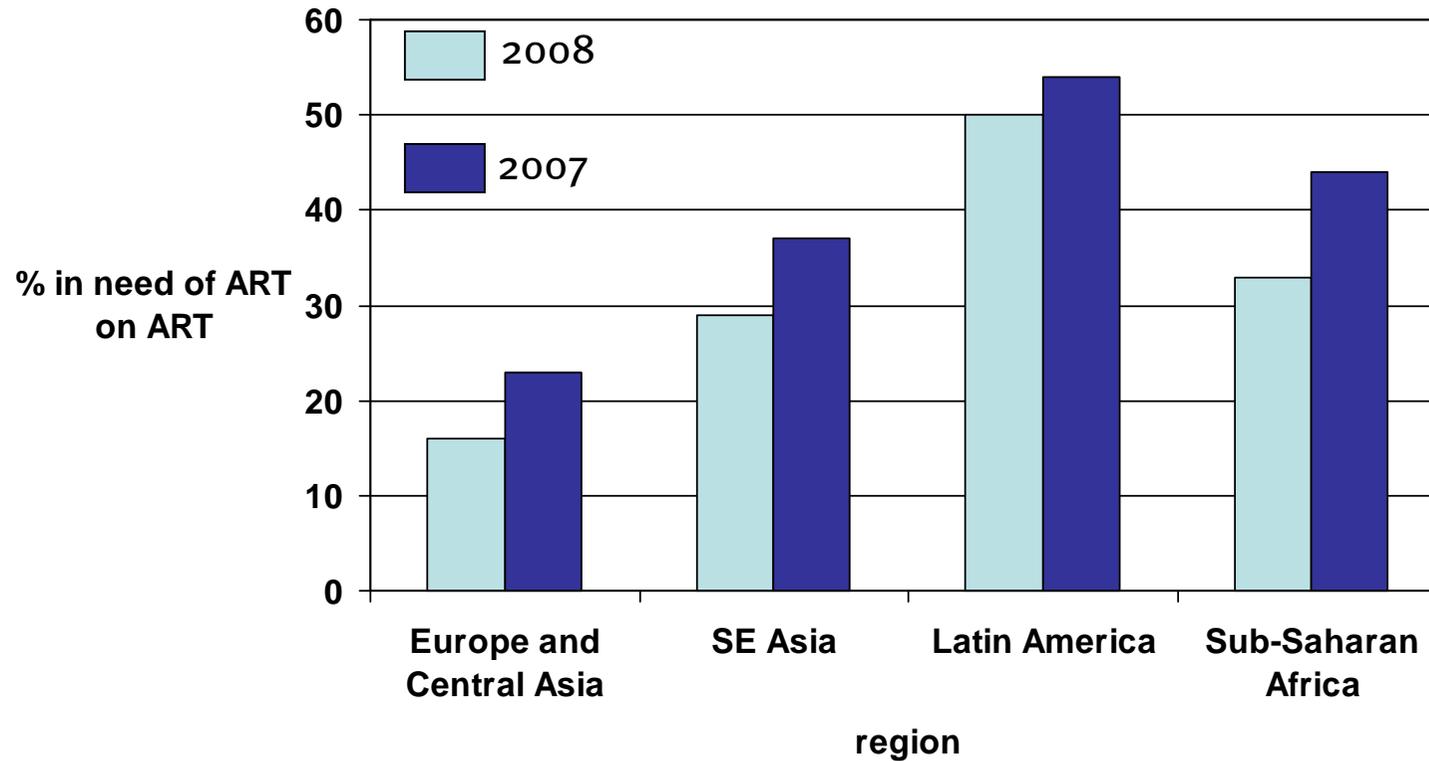
Reasons for late presentation (LPs)

REASON	% of LPs(*)	PRINCIPAL SOLUTION
Not yet diagnosed	80-30%	Increased testing of at-risk populations – incorporate novel evidenced based approaches as part of testing strategy
Previously diagnosed but have not yet accessed care	20-70%	Ensure link from testing facilities to facilities that can provide state-of-the-art care

* Varies by setting, health system functionality and political support

+ targeted information campaigns
(focus: problems, benefits, stigma & discrimination)

ART coverage in low-to-middle income countries in geographical regions in 2007-8



of patients needing ART in 2008 (x1,000)

370

1,500

820

6,700

UNAIDS report, 2009

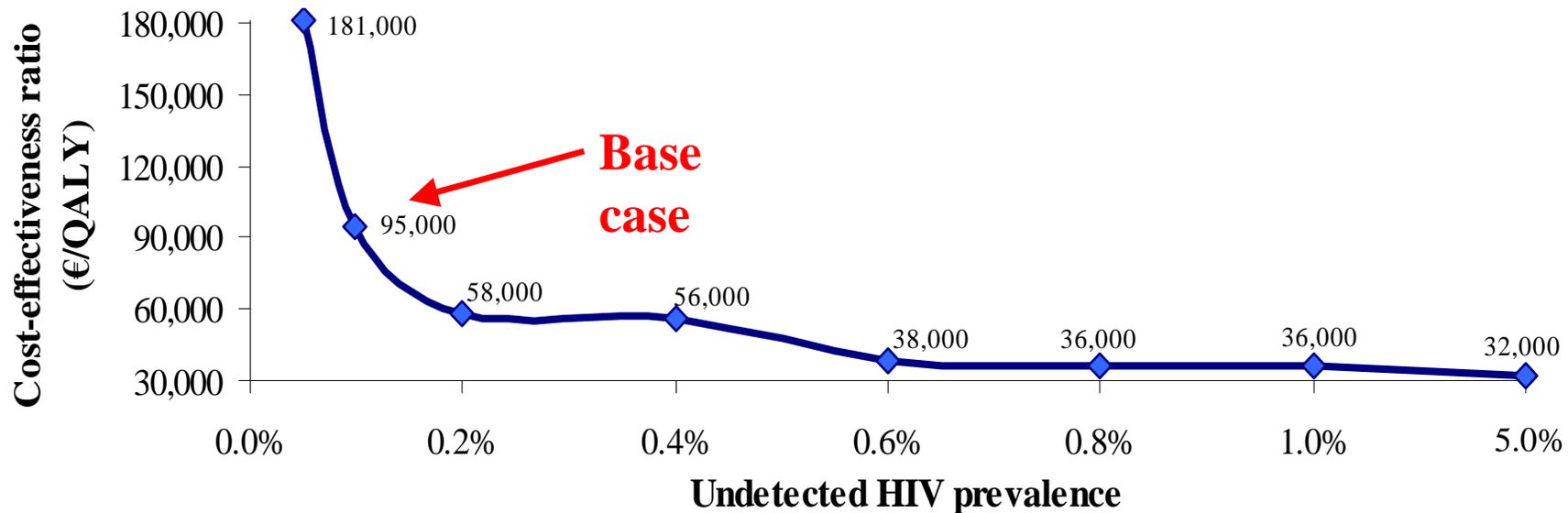
Projected # of lives lost in 2009 in Europe because of late presentation: 100,000
(A Phillips, HIV Medicine 2008)

HIV testing, counselling & referral to care (TCR)

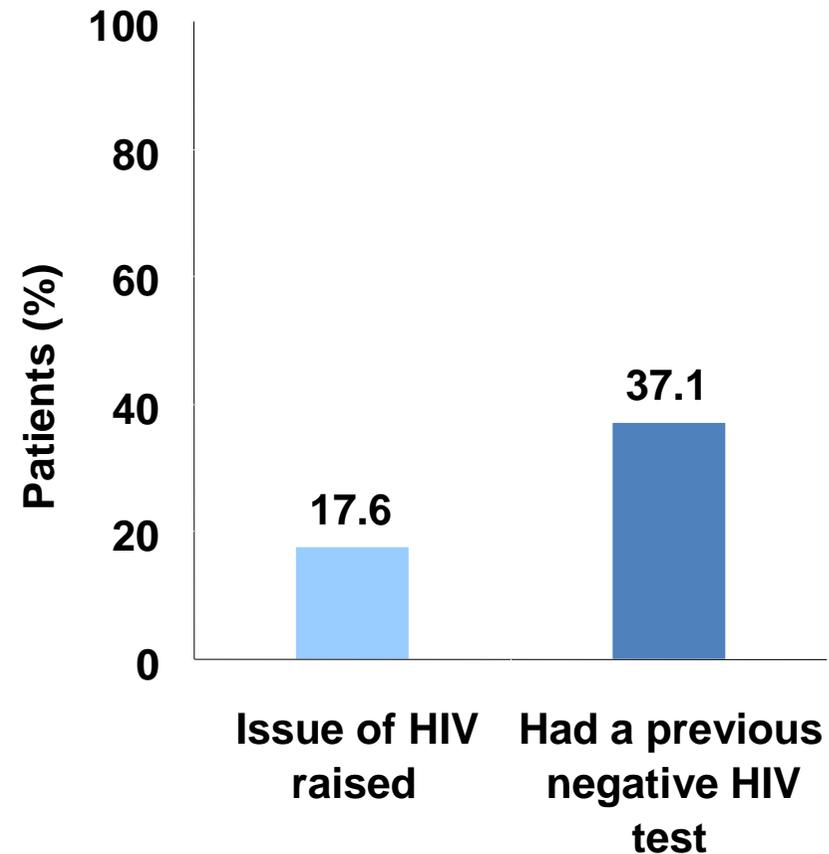
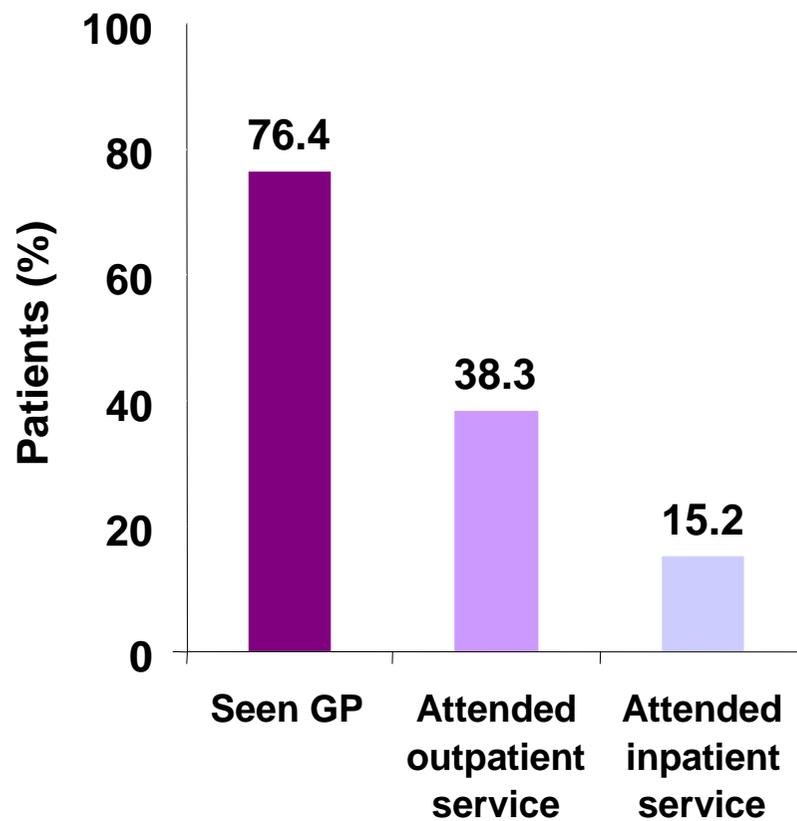
- HIV testing – what can be done (and has been shown to work)
 - improving the quality of TCR services
 - expanding alternatives to traditional on-site, clinical HIV-antibody testing (using rapid tests and in locations/conditions convenient to clients)
 - improving links and access to treatment, care and support, and making the social, legal and policy environment more supportive
 - introducing provider-initiated TCR in prenatal care, STD clinics & in certain other situations
 - using targeted media campaigns to encourage uptake of HIV testing

Effect of HIV prevalence on the cost effectiveness from one-time voluntary HIV TCR (base case):

Cost-effectiveness improves with higher HIV prevalence



Missed opportunities by health care system prior to HIV-diagnosis

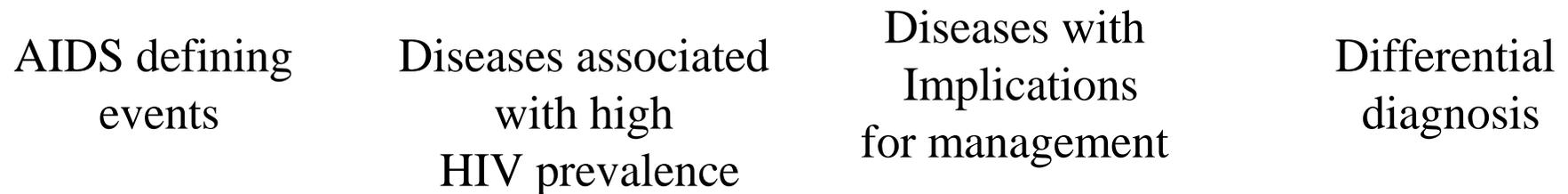


N=263 HIV+ Africans in London



What do we mean by indicator disease?

**A disease indicating that a
HIV test should be considered/performed**



The "HIV in Europe" Initiative: Progress Towards Optimal Testing and Earlier Care

November, 13th 2009 12:45-13:45 – Europasall

Chairs: Nikos Dedes, Greece; José Gatell, Spain

	Mini Lecture: The HIV in Europe Stockholm Conference, 2-3 November 2009: Feedback Anders Sönnnerborg, Sweden	15min
	Mini Lecture: How to Estimate the Size of the Infected Population that is Unaware of their HIV-Infection Status Andrew Phillips, United Kingdom	15min
LS2/1	Controlling the HIV epidemic in the Netherlands Frank de Wolf, Netherlands	15min
LS2/2	Proportion and trend over calendar time of patients with a low CD4 count or AIDS diagnosis at the time of their first contact with clinical care in Italy Antonella d'Arminio Monforte, Italy	15min

Summary

- Consensus that earlier diagnosis and earlier treatment, care & support are essential, both for individuals & for societies
- Progress with access to treatment, but significant challenges remain
 - 40-50% of persons presents late for care
 - There is not sufficient will to change existing approach to testing (although there is a growing realization across Western Europe that something has to happen)
 - ART coverage is unacceptable low in Eastern Europe and Central Asia
 - Also true for opioid replacement therapy
 - Compounded by economic crisis (e.g. the Baltics) – affordability of ART
 - In other countries, ART may be available, but not accessible
- Health care professionals needs to engage and become advocates
 - Not only to improvement management of persons entering care
 - But also to develop strategies that ensures to engage colleagues outside the “HIV milieu” that sees not yet diagnosed persons earlier in the course of their HIV-infection
 - This can only happen if done in consort with the political leadership and with European and national health authorities

Keep yourself updated:

www.hiveurope.eu