



INTEGRATED TESTING - pilots in Eastern Europe EU Member States

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**SYMPOSIUM 24 JULY 2018: IMPLEMENTING THE SDG
AGENDA TO LEAVE NO ONE BEHIND - INNOVATIONS IN
EUROPE ON THE FAST TRACK TO ENDING AIDS,
#AIDS2018**



Disclosure

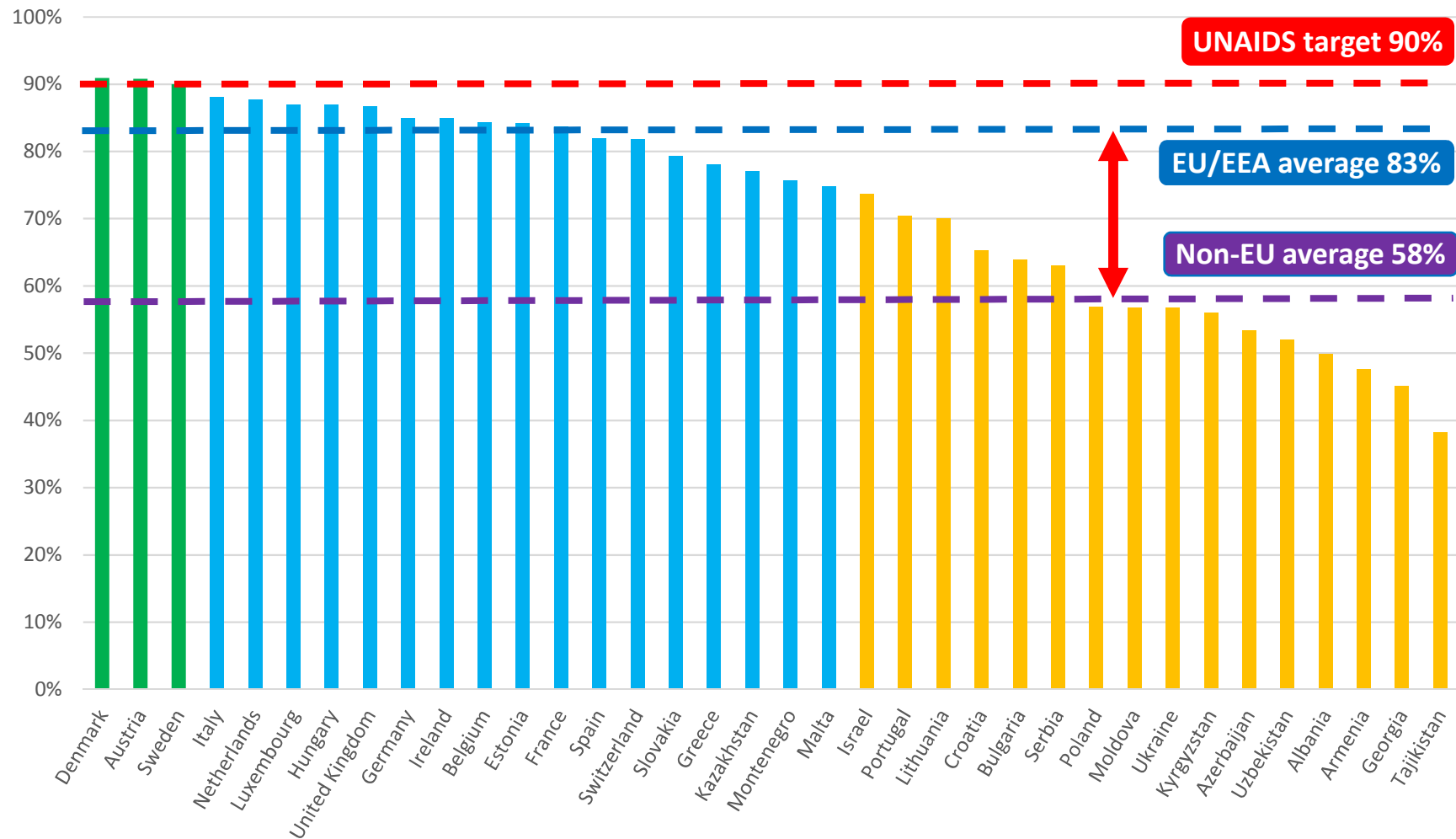
Institution received research funding from ViiV, Gilead, MSD

No personal funding received

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Progress toward achieving the first 90:

Target 1: 90% of all PLHIV who know their status (n=36)



Source: ECDC. Thematic report: HIV continuum of care. Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2017 progress report. Stockholm: ECDC; 2017.

HIV TESTING

WHO RECOMMENDS HIV TESTING BY LAY PROVIDERS

JULY 2015



New Consolidated guidelines on HIV testing services from the WHO recommend that Lay providers who are trained can, using rapid diagnostic tests,

Task sharing: larger role for trained lay providers

Task sharing – that is, rational redistribution of tasks between cadres of health-care providers with longer training and other cadres with shorter training, including trained lay providers – is a pragmatic response to health workforce shortages. It seeks to increase the effectiveness and efficiency of all available

As part of developing the new consolidated guidelines on HTS, the WHO Guideline Development Group reviewed the evidence on HIV testing by lay providers. The Group considered the evidence and made the following recommendation:

New recommendation

Lay providers who are trained can, using rapid diagnostic tests, independently conduct safe and effective HIV testing services. [MODERATE QUALITY OF EVIDENCE, STRONG RECOMMENDATION].

HIV Indicator Conditions:

Guidance for Implementing HIV Testing in Adults in Health Care Settings

ECDC GUIDANCE

HIV testing: Increasing uptake and effectiveness in the European Union

www.ecdc.europa.eu

GUIDELINES

CONSOLIDATED GUIDELINES ON HIV TESTING SERVICES

5Cs: CONSENT, CONFIDENTIALITY, COUNSELLING, CORRECT RESULTS AND CONNECTION

JULY 2015

HIV TESTING SERVICES

Many tests but not in key affected population: country example

Category screened	No (%) screened	% HIV+
Drug users	4,466 (0,4%)	1,5
STI patients	21,347 (2.1%)	0,2
Blood donors	302,131 (30%)	0,007
Pregnant women	231,584 (23%)	0,05
Prisoners	27,583 (2,8%)	0,5
Clinical indication	74,203 (7,4%)	0,5
Other	369,651 (37%)	0,1
Total	1,003,382	0,12

MSM ?



WHO Collaborating Centre
on HIV and Viral Hepatitis

WHO country mission report, Belarus, 2014

INTEGRATE ● Objectives and partners

Overall objective: To increase integrated early diagnosis and linkage to prevention and care of HIV, viral hepatitis, TB and STIs in EU member states by 2020.

- 29 nominated partners from 15 EU countries (+ Serbia) (Public Health institutions (17), Hospitals (Infectious disease and research departments) (4), NGOs (7) and Universities (1))
- September 2017- September 2020
- Overall budget 2,4 mill Euro (80% EU)

www.integrateja.eu



INTEGRATED TESTING: DIVERSIFY - INTENSIFY - OPTIMISE - MONITOR - IN PARTNERSHIPS!

Testing of pregnant women in the health care system – close to 100% across Europe

Country	Year	Number tested	Test rate (%)	Positivity rate (%)
Austria				
Belarus	2010	-	>95%	-
Belgium				
Bosnia Herzegovina	2010	-	5%	-
Denmark	2012	63.876	99,6%	5 undiagnosed 0,008%
Estonia			99%	
Finland	1996	66.170	99%	0.01%
France				
Georgia	2010	-	87%	-
Germany				
Greece				
Hungary	2010	-	8%	-
Ireland	2010	69,292	>99%	undiagnosed 0.02%
Italy				
Latvia	2009	-	88%	-
Liechtenstein				
Netherlands ¹		Not available	91%	Not available
Poland				
Portugal				
Romania	2010	-	51%	-
Russian Federation	2010	-	87%	-
Serbia	2010	-	6%	-
Slovakia	2010	-	>95%	
Spain				
Sweden				13 (N)
Tajikistan	2010	-	62%	-
Macedonia	2010	-	2%	-
Ukraine	2010	-	>95%	-
Uzbekistan	2010	-	88%	-
UK	2011	684.510	97%	0.17% (London 0.39% South West 0.05%)

Implementation of Indicator Condition guided HIV testing

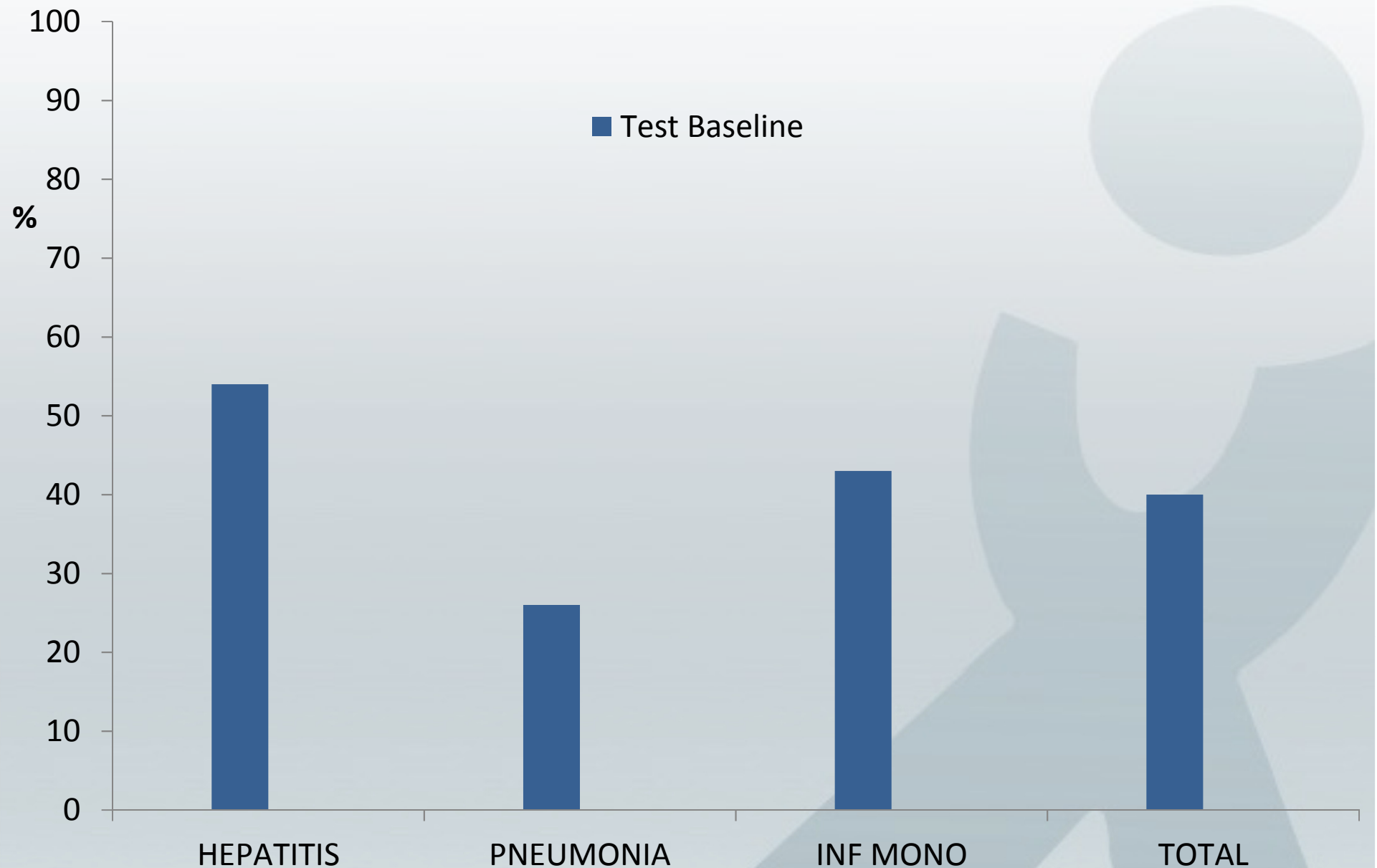
Table 1. Summary of Audit Results.

Region	All		South		Central		North		East	
Audits (number, %)	49	100	11	22.4	11	22.4	14	28.6	13	26.5
	Median	IQR	Median	IQR	Median	IQR	Median	IQR	Median	IQR
Audit period (yr)	1.5	1.0–2.3	1.5	1.0–2.5	1.0	1.0–2.0	2.1	1.0–4.6	1.0	1.0–1.7
N Audits	3	2–4	3	2–4	3	2–3	2	1–5	3	3–4
N HIV-/yr	57	20–140	33	20–78	17	11–58	45	12–155	128	62–344
Offer rate ¹	86	60–100	77	26–98	86	72–91	69	33–70	100	97–100
Uptake rate ²	100	100–100	100	99–100	100	100–100	100	98–100	100	100–100
Test rate	72	32–97	68	21–98	78	30–91	44	22–68	99	86–100
HIV+ rate per1000?	0.9	0.0–4.9	2.9	0.9–6.5	0.0	0.0–4.8	0.4	0.0–5.0	1.2	0.3–2.0
>0.1% HIV+* ³	29	60.4	8	80.0	4	36.4	7	50.0	10	76.9

Offer rates down to 26% of people presenting with certain indicator conditions with a proven high HIV prevalence

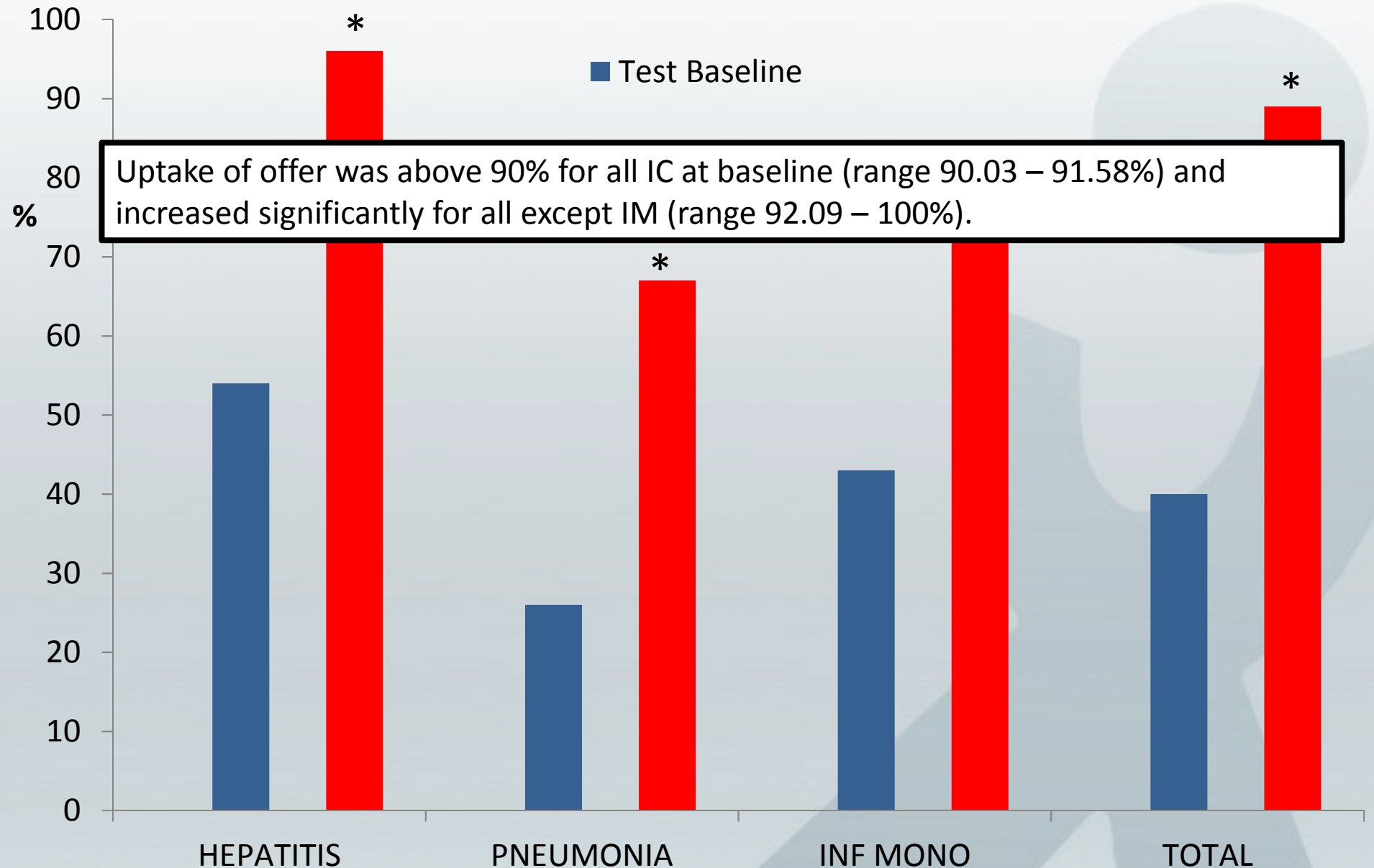
Reference: Raben D, Mocroft A, Rayment M, Mitsura VM, Hadziosmanovic V, Sthoeger ZM, et al. (2015) Auditing HIV Testing Rates across Europe: Results from the HIDES 2 Study. PLoS ONE 10(11):e0140845. doi:10.1371/journal.pone.0140845

Change in HIV testing



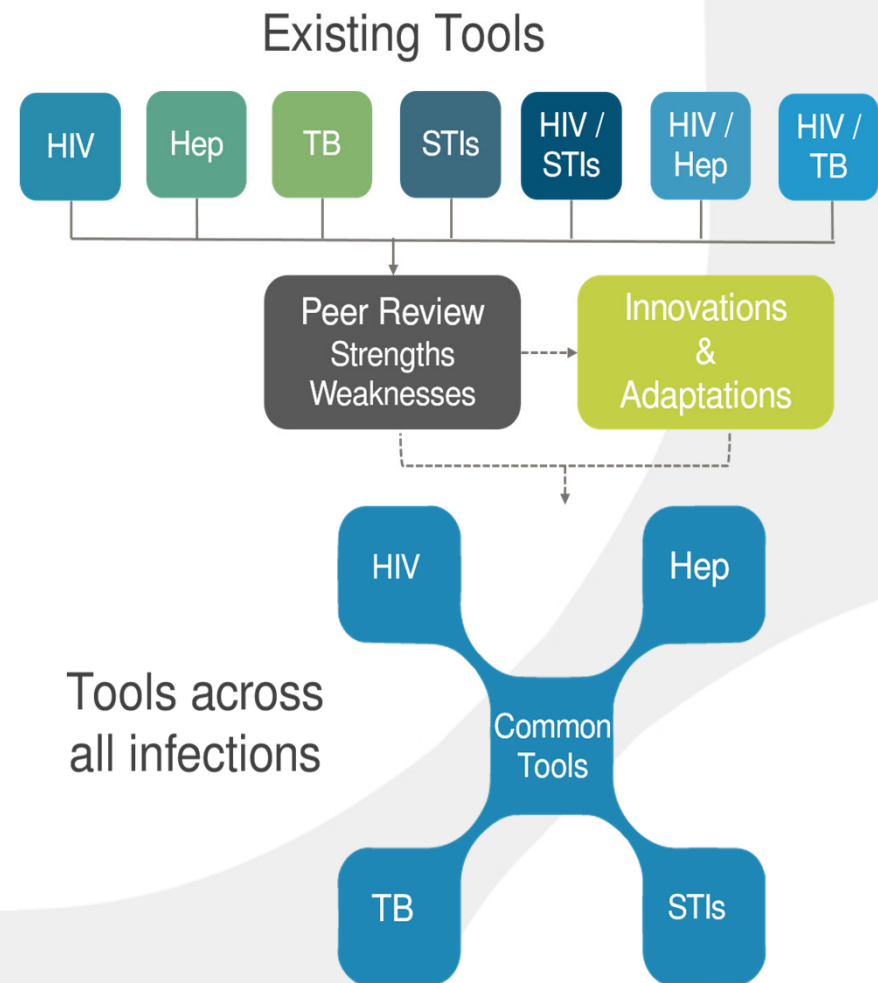
Change in HIV testing

* $p < 0.05$



Pilots in INTEGRATE Joint Action

- How to adapt available tools for hepatitis and other conditions to increase combined testing in the health care system where people present (including GPs and EDs)
- Strategy of IC guided testing and tools already started implementation process in Romania (TB clinics - HIV) and Lithuania (General Medicine and Dermatology (STI and HIV))



Challenges for integrated testing in community settings

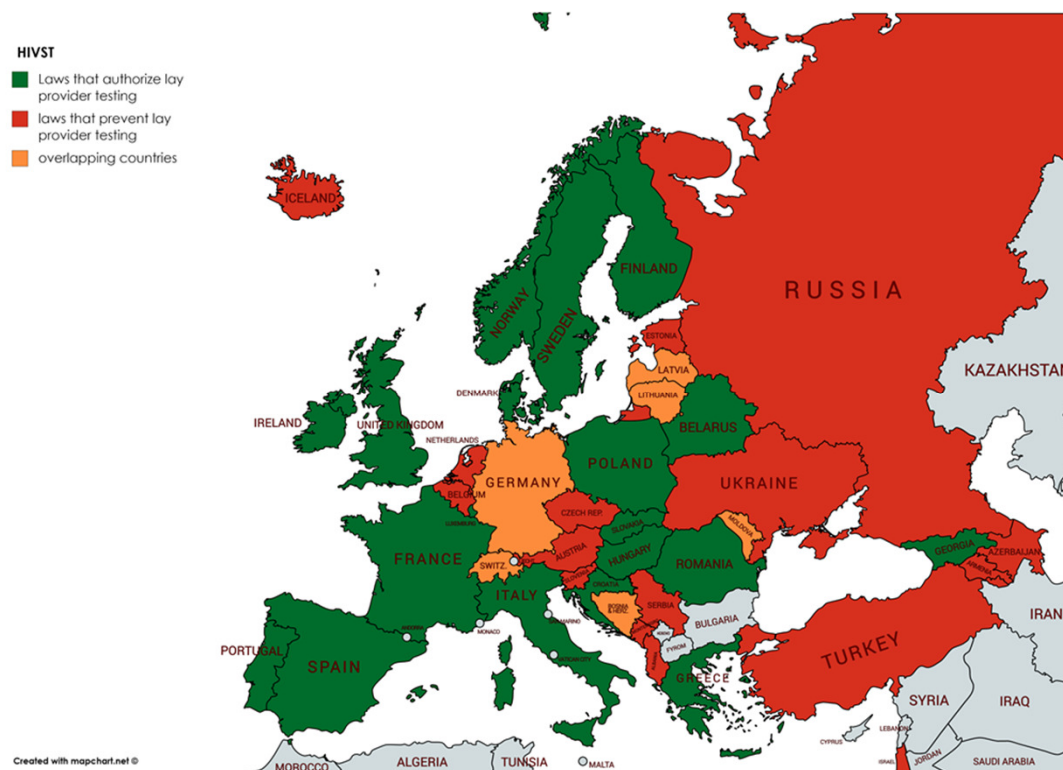
Main challenges for offering testing for more than one condition

- lack of resources (time, staff, funding, not enough space)
- lack of tests - availability of testing kits
- regulatory barriers (lay-provider testing and self-testing) – which are not always the same for the different conditions

INTEGRATE baseline survey, December 2017

Lay provider testing (HIV) WHO African v. European region

16/25 countries (64%)
in the **WHO African region** and
17/50 countries (34%)
in the **European Region**
allow lay providers to
perform HIV RDTs using
fingerstick/whole blood



Survey data - countries with laws that:*

- authorize lay provider testing**
- prevent lay provider testing***
- data is contradictory

*No data for Macedonia, Bulgaria, Kosovo; Malta and Cyprus

Plus Kyrgyzstan; *Plus Tajikistan, Uzbekistan

Sources: ECDC 2017; OptTEST survey legal and regulatory barriers (2016), INTEGRATE partner survey (2017), Flynn et al 2017, WHO testing policy review, 2015

Pilots in INTEGRATE Joint Action

- Pilot activities on self-testing (Ireland, Italy, Lithuania)
- Regulatory barriers for testing:
 - Croatia: NGOs to offer testing for STIs in addition to HIV and hepatitis,
 - Italy: testing for HIV/HCV and in migrant camps, TB testing done on entry to Italy
- The importance of the EU support
- Spring Testing Week: a way to increase focus on PWID and other vulnerable groups

**EUROPEAN
HIV-HEPATITIS
TESTING
WEEK**
TEST.TREAT.PREVENT.
www.testingweek.eu

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Success stories

Read about testing initiatives that took place across Europe to encourage more people to get tested

To share your own success stories, post your initiatives on the European HIV-Hepatitis Testing Week hashtags [#Eurotestweek](#) and [#TestTreatPrevent](#).

Evaluation report 2016

Read the full evaluation report [here](#) or the [one page summary](#).

Get inspiration from our [#EuroTestWeek Success stories](#)

Thank you everyone who helped make
[#EuroTestWeek 2017](#)
such a success.
Stay tuned for results
from the post-Testing Week
evaluation survey!

COMING
SOON

SPRING EUROPEAN TESTING WEEK

18-25 MAY 2018

Test.Treat.Prevent.

Test for hepatitis, HIV and STIs



#SpringTestingWeek

Integrate
Joint Action on integrating prevention, testing and linkage to
care strategies across HIV, viral hepatitis, TB and STIs in Europe

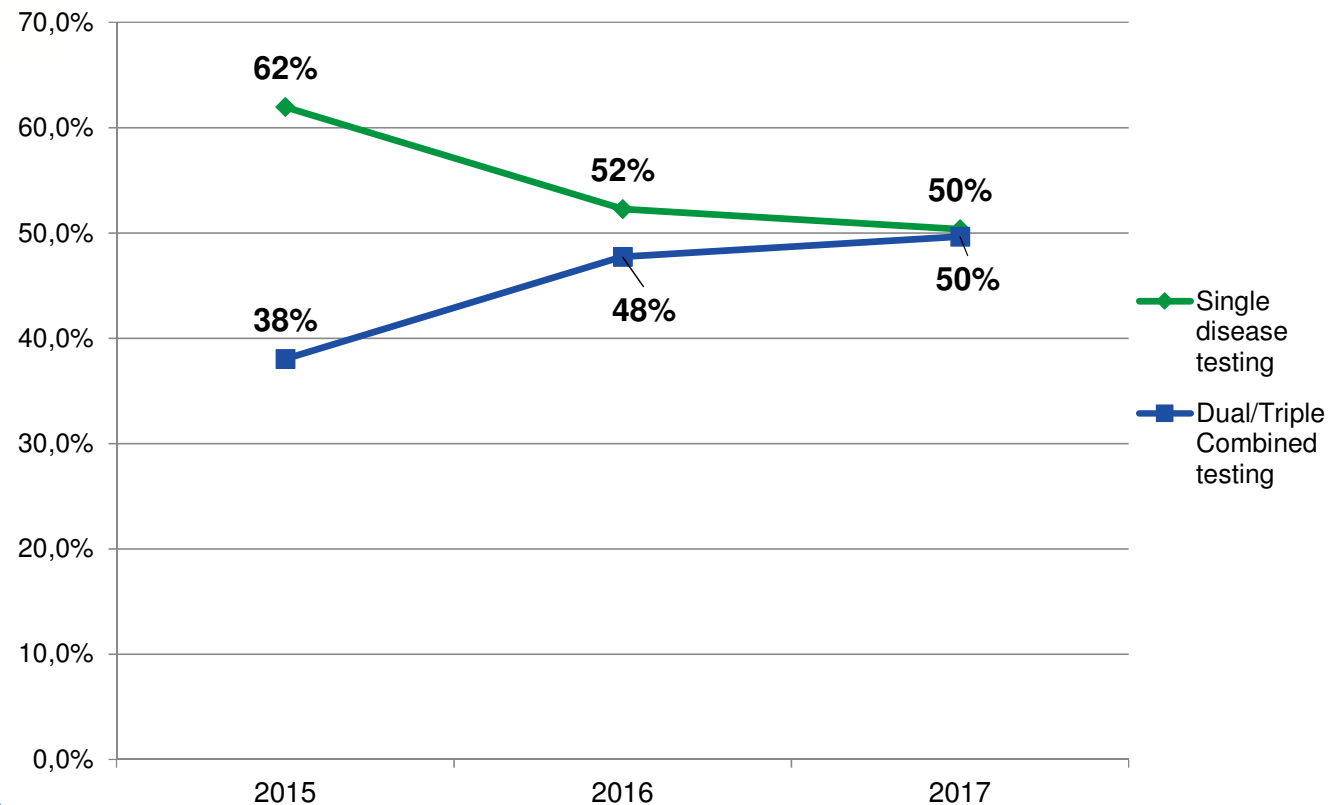
ELPA
European Liver
Patients' Association

spring
EUROPEAN
HEPATITIS-HIV
TESTING
WEEK
18-25 MAY
2018
TEST.TREAT.PREVENT.
www.testingweek.eu

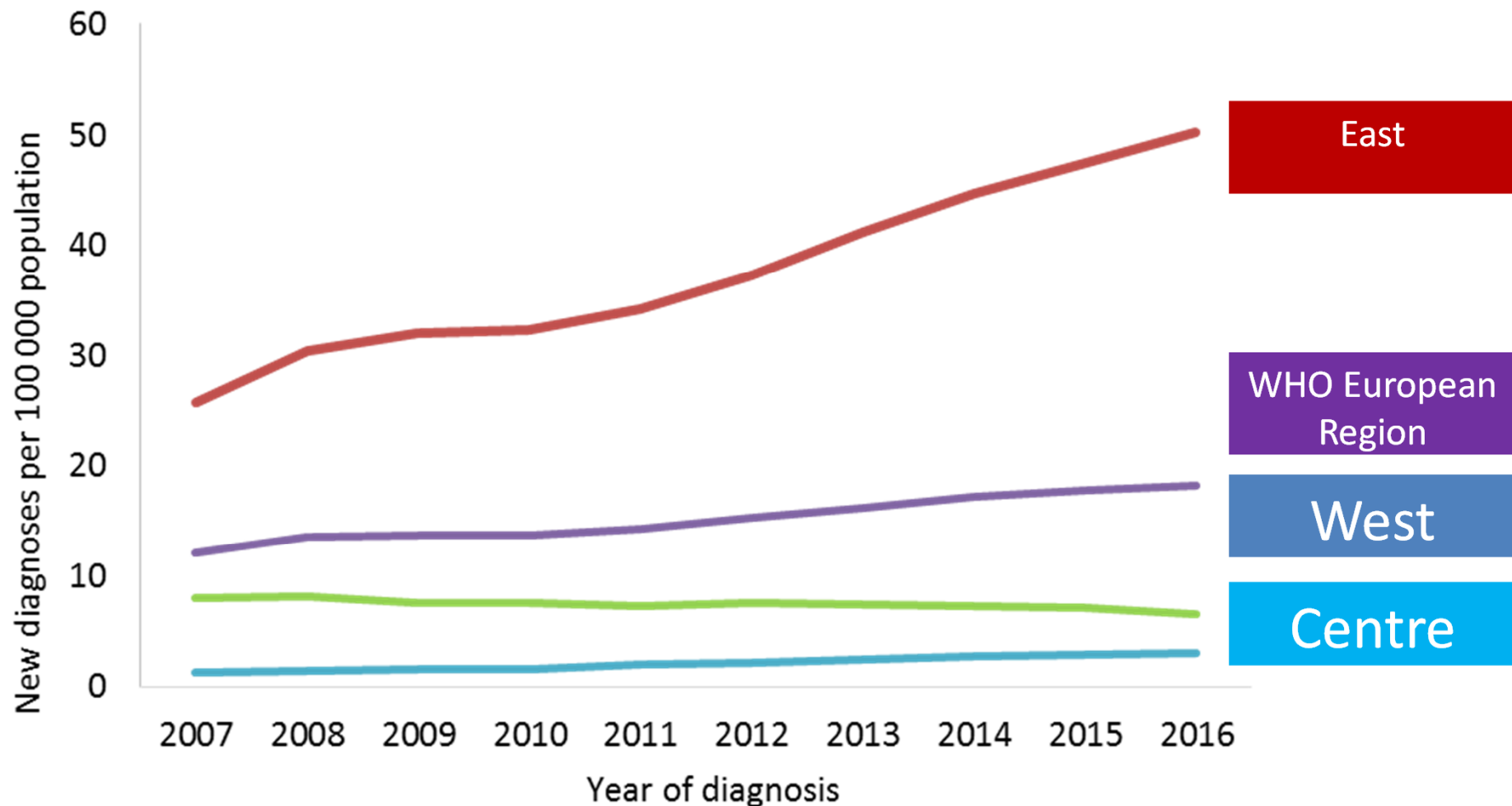
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Increase in combined testing



Rate of new HIV diagnoses, WHO European Region, 2007-2016



Source: ECDC/WHO (2017). HIV/AIDS Surveillance in Europe 2017– 2016 data

Data for Russia were obtained through the Russian Federal Scientific and Methodological Center for Prevention and Control of AIDS; Sprakva; 2017

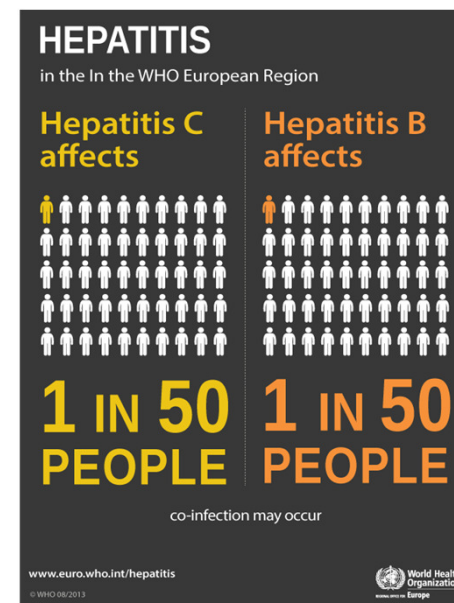
Hepatitis B and C in the WHO European Region

HBV

- Prevalance: 1.6% (1.2–2.6)
- Persons living with HBV: 15 million (2015)
- Estimated number of deaths: 56,000 (2015)

HCV

- Prevalance: 1.5% (1.2–1.5)
- Persons living with HCV: 14 million (2015)
- Estimated number of deaths: 112,500 (2015)



Over 60% of those affected live in eastern Europe and central Asia



HepHIV 2019 Bucharest Conference under the Romanian EU Presidency

Abstract submission opens early September –
deadline 15 October 2018

Registration opens September – www.hiveurope.eu



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