

Copenhagen 1 March 2012

New Indicator Diseases reveal hidden HIV

Today, both heterosexuals and homosexuals are at particular risk of carrying HIV for so long that they remain undiagnosed until their immune system starts to fail and they become ill. An international study, under the leadership of the HIV in Europe initiative, has now revealed that a number of diseases, including herpes zoster and certain forms of cancer, should be on the list of indicators for having HIV – and thus serving as a prompt for healthcare professionals to suggest an HIV test to their patients. The new results and guidelines are to be debated at a major international HIV conference in Copenhagen on 19–20 March.

“At the HIV in Europe conference we will discuss how to disseminate knowledge of the new HIV indicator diseases to non-HIV doctors and health care professionals across Europe”, says Jens Lundgren, co-chair of the HIV in Europe initiative, and Professor of Viral Diseases at Rigshospitalet and the Faculty of Health and Medical Sciences at the University of Copenhagen, where he is head of the Copenhagen HIV Programme, one of the leading HIV/AIDS centres in the world.

Too many people with HIV remain undiagnosed

Half of all people living with HIV are diagnosed very late in the course of their chronic HIV infection. People infected through heterosexual transmission now comprise 42 per cent of these late presenters, as a study of 90,000 Europeans who tested HIV positive since 2000 shows. Ton Coenen, co-chair of the HIV in Europe initiative, Executive Director of Aids Fonds and Soa AIDS Nederland suggests that since the HIV/AIDS issue is no longer high on the agenda in many European countries, and patients have to actively choose to be tested, many might not consider going for a test if they have had unsafe sex.

However, the earlier patients receive a diagnosis and start therapy, the greater are their chances of survival and their quality of life, and the lower the risk of passing the infection on to someone else.

“This means we need more effective testing strategies and guidelines”, Ton Coenen continues. “More than 300 doctors, health care professionals, NGOs and health politicians from 40 European countries will be discussing this need at the conference in March, so we have the ideal forum for it.”

Eight new HIV indicator diseases should warrant an HIV-test

“We already have a list of AIDS defining diseases, the vast majority of which indicate a weak immune system. This is a symptom of HIV and should lead to an immediate HIV test”, Professor Lundgren explains. “We need to find people living with HIV sooner than is currently the case, but to do so requires that doctors and other health care professionals offer tests to people presenting with diseases indicative of an undiagnosed HIV infection”.

The HIV in Europe initiative took up this challenge in 2009 and started the HIDES study (HIV Indicator Diseases Across Europe), which investigated eight diseases and how often they proved to be signs of undiagnosed HIV among the 3588 patients in the study.

“We could see that if an adult had a sexually transmitted infection, malignant lymphoma, cervical or anal cancer/dysplasia, herpes zoster, hepatitis B or C, ongoing mononucleosis-like illness, inexplicable, persistent decline in the number of circulating white blood cells, or seborrheic dermatitis/exanthema, the risk of HIV infection was so high that it would be cost-effective for society

to routinely offer them a test”, Professor Lundgren says. He emphasises that the new indicator diseases do not necessarily mean that the patient has HIV.

“But the incidence of HIV is greater for patients of these eight indicator diseases and they should encourage health care professionals to offer the patient an HIV test. Draft guidelines on how to ensure this throughout Europe are one of the topics we need to debate and decide on before they can be implemented”.

Contact:

Project Coordinator, Dorthe Raben
HIV in Europe Secretariat
Copenhagen HIV Programme (CHIP)
University of Copenhagen
Faculty of Health and Medical Sciences
Phone: +45 35 45 57 57
Mobile: +45 61 70 82 60

HIV IN EUROPE COPENHAGEN 2012 CONFERENCE:

A number of other innovative measures for improving HIV testing strategies will also be presented at the conference. This includes the use of mobile testing units, enabling tests to be carried out in environments where there continues to be a risk of active transmission of the virus and tackling stigma as a barrier to testing. Finally, a consensus is emerging that people with a high risk of HIV infection (such as men who have sex with multiple male partners, people who inject drugs and the sexual partners of people living with HIV) should be offered a test at least annually. The ultimate goal of the conference is for health policymakers to welcome these constructive innovations, and the active participation of the two major health authorities in Europe (the European Centre of Disease Control (ECDC) and the WHO Regional Office for Europe), the European Commission, the Danish Acting Minister of Health and the Danish National Board of Health permits great optimism in this regard.

Register for the HIV in Europe conference:

[Register here >](#)

The overall objective of [HIV in Europe](#) is to ensure that HIV positive patients enter care earlier in the course of their infection than is currently the case, as well as to study the decrease in the proportion of HIV positive persons presenting late for care.

[Learn more about the conference, the members of the steering committee, etc. >](#)

FACTS

Late presenters are people who are not diagnosed with HIV until their immune system is already under pressure (the number of white CD4 blood cells is so low that the immune system no longer works properly)

AIDS diseases

Doctors have known for a long time that patients presenting with a range of diseases such as tuberculosis, repeated incidences of pneumonia, infection with cytomegalovirus or another so called [Aids Defining Event](#), should be offered and HIV test. However, this is far from always done, and the HIV in Europe conference will urge health authorities all over Europe to investigate the extent to which patients presenting with these diseases are actually offered an HIV test.

BACKGROUND

The HIV in Europe initiative:

HIV in Europe is a pan-European initiative initiated in Brussels in 2007. The initiative provides a European platform for exchange and activities to improve early diagnosis and earlier care of HIV across Europe. The initiative is directed by an independent group of experts with representation from civil society, policy-makers, health professionals and European public health institutions.

The overall objective of HIV in Europe is to ensure that people living with HIV enter care earlier in the course of their infection than is currently the case, as well as to study the change in the proportion of HIV-positive persons presenting late for care.

HIV in Europe initiative website: <http://www.hiveurope.eu>

Late HIV diagnosis in the EU:

Despite strong evidence that earlier treatment reduces morbidity and mortality, an estimated 50% of the people living with HIV in the EU remain undiagnosed until only late in course of their HIV infection. As they may have almost no symptoms for many years, testing is the only way to achieve early diagnosis, enabling early referral for treatment and care. People diagnosed early may also be less likely to transmit the virus to others because of both lower infectivity when treated as well as changes in sexual and drug injecting behaviour.

Late presenter consensus definition:

The consensus definition of late presentation for HIV care:

“Late presentation”: Persons presenting for care with a CD4 count below 350 cells/mL or presenting with an AIDS-defining event, regardless of the CD4 cell count.

“Presentation with advanced HIV disease”: Persons presenting for care with a CD4 count below 200 cells/mL or presenting with an AIDS-defining event, regardless of the CD4 cell count.

For further background information see:

- European Parliament resolution of 1 December 2011 on the EU response to HIV/AIDS in the EU and neighbouring countries, mid-term review of Commission Communication <http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P7-TA-2011-0544&language=EN&ring=B7-2011-0615>
- ECDC Guidance on HIV testing: increasing uptake and effectiveness in the European Union (2010) http://ecdc.europa.eu/en/publications/Publications/101129_GUI_HIV_testing.pdf
- ECDC Guidance to HIV testing in Brief (2010) http://ecdc.europa.eu/en/publications/Publications/101129_GUI_HIV_testing_inbrief.pdf
- European late presenter working group: Later presentation of HIV infection: A consensus definition, HIV Medicine 2010, Published Online: 17 Jun 2010 <http://onlinelibrary.wiley.com/doi/10.1111/j.1468-1293.2010.00857.x/full>
- Scaling up HIV testing and counseling in the WHO European Region as an essential component of efforts to achieve universal access to HIV prevention, treatment, care and support (WHO 2010) <http://www.euro.who.int/en/what-we-do/health-topics/diseases-and-conditions/hivaids/publications/2010/policy-framework-scaling-up-hiv-testing-and-counselling-in-the-who-european-region>
- Guidelines for testing HIV, viral hepatitis and other infections in injecting drug users (EMCDDA 2010) <http://www.emcdda.europa.eu/publications/manuals/testing-guidelines>
- Guidance on testing and counselling for HIV in settings attended by people who inject drugs (WHO/UNAIDS 2009) http://www.who.int/hiv/topics/idu/care/GuidanceTC_IDUsettings.pdf