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## **The HIV epidemic in Eastern Europe is out of control and entering into care late is fuelling an HIV/TB epidemic**

**The HIV epidemic is rapidly expanding in Eastern Europe. In Russia, Ukraine and Belarus the number of people living with HIV has almost tripled since 2000 and mortality is increasing. Poor access to antiretroviral therapy and prevention, serious social stigma and low political priority in some settings facilitate HIV transmission. Increased political action is needed to better manage the epidemic, locally and at the European Union level.**

In spite of improved treatment options, HIV continues to be an increasing problem in Europe. One major issue is the rapidly expanding HIV epidemic in Eastern Europe. The number of people living with HIV increased by 250% from an estimated 410,000 in 2001 to 1.5 million in 2010, according to UNAIDS. The international conference “HIV in Europe Copenhagen 2012 Conference”, co-funded by the EU Health Programme, taking place from 19-20 March at the University of Copenhagen, will have these issues high on the agenda.

“Since the first HIV in Europe conference was held in 2007, Western Europe has experienced constant progress, while Eastern Europe is experiencing an HIV epidemic which is now completely out of control. If you are a person living with HIV in Eastern Europe, it is extremely difficult to get access to treatment and prevention. Today, access to HIV treatment in Malawi is better than access to treatment in St. Petersburg”, says Professor Jens Lundgren from the Copenhagen HIV Programme and co-founder of the HIV in Europe Initiative.

For a large number of the people living with HIV in Eastern Europe, the disease is still a death sentence. The latest report published by UNAIDS/WHO/UNICEF shows a decrease in AIDS-related deaths globally, but an increase in Russia, Ukraine and Belarus. One of the leading causes of death among people living with HIV is tuberculosis, which internationally is the most frequent co-infection striking those people with an impaired immune system. The high mortality rate is also closely related to a growing number of cases of multi-drug resistant TB and a clear result of late presentation of HIV.

The multi-drug resistant bacteria emerges when the treatment of TB is interrupted, if the patient takes the medicine inconsistently or when the prescribed medication is insufficient. These problems often occur in countries with insufficient and uncoordinated treatment of HIV and TB.

“The HIV/TB study showed that 30% of people living with HIV in the Eastern European region also suffering from tuberculosis, died within 12 months after the diagnosis, and most of them died from TB. Presumably, the numbers are much higher, but we still have very few data on HIV in the region. The development of multi-drug resistant tuberculosis is a huge problem not only for the people living with HIV, but also for the rest of the population in the region and in the rest of Europe, just like it was cautioned by WHO last year. The airborne bacteria do not respect frontiers”, emphasizes Jens Lundgren.



“The increase in multi-drug resistant tuberculosis should stir the EU countries into action, but there are more aspects of the HIV boom in Eastern Europe that must lead to action”, underlines Ton Coenen, co-chair of the HIV in Europe Initiative and Executive Director at Aids Fonds and Soa AIDS Nederland.

“Can Europe ignore that sections of the populations are stigmatized and refused access to the medical treatment they require? Solutions must be found in the political system, e.g. legalizing opioid substitution therapy for drug users. Stakeholders have to understand that HIV and its co-infections will continue to spread, and at great cost to individuals and governments. We are very pleased that the EU resolution of 1 December 2011 emphasizes that HIV must be brought into focus. It is time to put more action behind the words and at the conference here in Copenhagen we bring together the most important players,” says Ton Coenen.

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**HIV in Europe Copenhagen 2012 Conference, 19-20 March 2012**

The conference marks five years of the HIV in Europe Initiative, which seeks to ensure that people living with HIV enter care earlier than is currently the case. Today, 30-50% of people in Europe living with HIV are unaware of their status and approximately 50% of them present late for care. Entering early into care increases the quality and duration of life of the person living with HIV, it also reduces the risks of transmission.

The bi-annual conferences of HIV in Europe (Brussels 2007 and Stockholm 2009) have been an important step towards decreasing the number of people presenting late for care by creating a platform for national and innovative best practice initiatives on HIV testing around Europe and sharing knowledge and experiences across borders. The importance of having effective systems for testing in place and to work towards creating a positive perception of testing will be an important focus area of the conference.

**Register for the HIV in Europe conference**

[Register here >](#)

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

## 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

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

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](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](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](http://www.who.int/hiv/topics/idu/care/GuidanceTC_IDUsettings.pdf)
- (UK) New indicator diseases reveal hidden HIV: [http://nyheder.ku.dk/alle\\_nyheder/2012/2012.2/indikatorsygdomme\\_hiv/](http://nyheder.ku.dk/alle_nyheder/2012/2012.2/indikatorsygdomme_hiv/)
- Latest reports from UNAIDS (2010) points out HIV is out control in Eastern European Region: <http://www.unaids.org/en/regionscountries/regions/easterneuropeandcentralasia/>
- Podlekareva D, Mocroft A, Post F, Riekstina V, Miro JM, Furrer H, et al. Mortality from HIV and TB coinfections is higher in Eastern Europe than in Western Europe and Argentina. AIDS 2009; 23:2485–2495