

Fact sheet – for media

HepHIV2014 Conference: HIV and Viral Hepatitis: Challenges of Timely Testing and Care 5-7 October 2014, Barcelona

1. Conference overview

Background

Several organisations involved in research on testing and access to care for persons infected with viral hepatitis and HIV have come together to arrange this conference, which shall address topics and issues common to both fields. It is recognized that issues concerning a lack of diagnosis and access to care for persons with viral hepatitis may actually be a larger public health concern than what is currently the situation for HIV.

Conference objectives

The main objectives of the HepHIV2014 Conference are to:

1. Provide the fields of HIV and viral hepatitis with the opportunity to learn from each other and to reflect on their experiences.
2. Provide an overview of European innovative initiatives and best practices on optimal testing and earlier care for HIV and viral hepatitis from different settings across Europe.
3. Highlight and discuss achievements and obstacles experienced in both fields, whilst maintaining focus on the lefthand side of the “treatment cascade,” with regards to undiagnosed cases, testing and initiation of care.
4. Sustain and fuel the political discussion of testing policies with the EU Commission and Parliament, the WHO Regional Office for Europe, ECDC and EMCDDA and the European Union HIV/AIDS Civil Society Forum and Think Tank and the implementation of testing policies at national levels.
5. Provide opportunities for multi-stakeholder dialogue to develop creative solutions to unresolved challenges in research and implementation of HIV and viral hepatitis policies and programmes to improve early diagnosis and care of HIV and hepatitis across Europe.
6. Inform leaders, including key policy makers and donors, as to increase their commitment to ensure that HIV and viral hepatitis infected patients enter care earlier in the course of their infection than is currently the case.
7. Increase public awareness of the public health problems associated with late presentation for HIV and viral hepatitis care.

Partners

The Correlation Network, Hepatitis C Initiative

European Liver Patients Association - ELPA

European Association for the Study of the Liver – EASL

World Hepatitis Alliance

The Hepatitis B & C Public Policy Association - HEPBCPPA

The HEPscreen Project

International HIV/AIDS Alliance in Ukraine
The HIV in Europe Initiative
WHO Regional Office for Europe

Abstract categories

A call for abstracts was sent out in April 2014. 98 abstracts were submitted of which 33 were accepted for oral presentation and 48 for poster presentation.

The conference is focusing specifically on the left hand side of the treatment cascade, meaning testing strategies, and the challenges of earlier diagnosis and care.

The abstract accepted for presentation were based on scores by a panel of scientific reviewers.

Funding

The HepHIV 2014 conference is funded by the HIV in Europe Initiative that has received unrestricted funding from a number of pharmaceutical companies.

Participants

Around 250 participants will attend the conference. There will be representation from both civil society, policy makers, health professionals and European public health institutions, as WHO Europe and ECDC. Participants to the conference will come from all of these groups. Geographical representation is also important and more than 35 countries will be represented at the conference.

Scholarships

81 scholarship applications were received and 12 scholarships have been granted for conference participation. Applications were encouraged from persons working with late presentation for HIV and HBV/HCV care, optimal testing and earlier care. Priority was given to applicants from Central and Eastern European and Central Asian countries, abstract accepted for the conference and applicants under 35 years.

2. Epidemiological overview

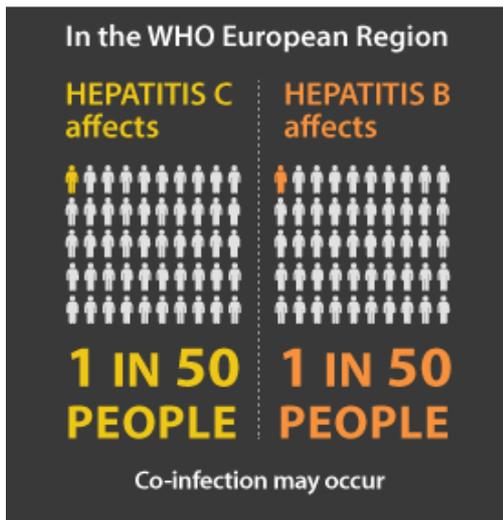
Viral Hepatitis

Hepatitis B and C infect one in fifty adults in European Region (WHO)

Over 13 million adults are living with hepatitis B and 15 million with hepatitis C in the WHO European Region – indicating a huge burden of treatment and care. Most of those infected in the European Region live in eastern European and central Asian countries: 66% of those with hepatitis B and 64% of those with hepatitis C.

Higher rates of hepatitis among vulnerable groups

People who inject drugs are the most affected (15% for hepatitis B and 44% for hepatitis C), but infection is also common in other vulnerable population groups such as men who have sex with men (8.7% and 4.2%, respectively), and sex workers (3.3% and 11%, respectively).



Viral hepatitis in Europe: undiagnosed and under-reported (ECDC)

25 Jul 2014



Viral hepatitis affects millions of people across Europe without them even noticing – as the ‘silent disease’ often does not show any symptoms. But left untreated, hepatitis can cause irreversible liver damage.

Hepatitis is a disease with many faces and World Hepatitis Day on 28 July gives us the opportunity to increase awareness and understanding of it. Viral hepatitis is preventable – but left untreated, chronic infection with hepatitis B and C for example may progress to liver cirrhosis or cancer”, warns ECDC Director Marc Sprenger.

The burden of hepatitis B and C in Europe

As new data from the [ECDC report Hepatitis B and C surveillance in Europe 2012](#) show, hepatitis C causes a greater disease burden in Europe than hepatitis B with numbers and notification rates nearly twice as high as those of hepatitis B: between 2006 and 2012, more than 110 000 cases of hepatitis B and over 206 000 hepatitis C infections were recorded.

“All these numbers have to be understood as an underestimate of the true situation because of under-reporting and the fact that many acute infections are asymptomatic and thus often not diagnosed. This means that the problem is more serious than we thought and we need to strengthen existing prevention and control programmes to reverse these trends”, Sprenger adds. “There is still a lot we can do to help stop the silent disease.”

HIV/AIDS

Approximately 1.6 million children and adults were living with HIV in 2001 in the WHO European Region, and estimations suggest that this number increased to 2.2 million people in 2012 and is still rising. Alarming, around half of those people do not know that they are infected.

- **Unknown HIV status:** Because of low access to and uptake of HIV testing and counselling, especially among the populations most at risk of infection and transmission, all HIV cases in Europe are not diagnosed. No country knows exactly how many infected people it has within its borders, making it difficult for the health system to offer appropriate scale of medical services, including medical treatment and care.
- **Late treatment initiation:** For HIV combination therapy to work, it is best started at a time when the patient is still relatively healthy. Unfortunately, many Europeans with HIV start treatment too late and already show signs of widespread immune system damage, leading to excess morbidity and mortality.
- **Low access to treatment:** Access to life-saving antiretroviral therapy is inadequate in a number of European countries; as a result, patients who need the therapy often do not receive it. Lack of access to treatment reduces the incentive to get tested, as does fear of discrimination and stigmatization. In eastern Europe and central Asia, only 35% of those believed to need antiretroviral treatment were receiving it in 2012.
- **Coinfection with tuberculosis:** TB remains one of the leading causes of death among people who live with HIV. The risk of developing TB is far greater for people living with HIV if the infection is not treated. For this reason, the incidence of TB will likely continue to rise in eastern Europe.
- **Coinfection with hepatitis:** More than half of the estimated 2.2 million people living with HIV are also chronically infected with the hepatitis C virus (HCV). The people most at risk of HIV/HCV coinfection are people who inject drugs and men who have sex with men. Coinfection can lead to life-threatening liver failure. Hepatitis is difficult and costly to treat, and this situation is likely to lead to tens of thousands of unnecessary deaths in the years to come.

3. Literature

[European Centre for Disease Prevention and Control](#). HIV testing: Increasing uptake and effectiveness in the European Union, 2010.

[World Health Organization](#). Scaling up HIV testing and counselling in the WHO European Region - as an essential component of efforts to achieve universal access to HIV prevention, treatment, care and support. Policy framework, 2010.

[World Health Organization/UNAIDS](#). Guidance on testing and counselling for HIV in settings attended by people who inject drugs. Improving access to treatment, care and prevention, 2009.

[HIV in Europe](#). HIV Indicator Conditions: Guidance for implementing HIV testing in adults in Health Care Settings, 2012.

European HIV testing week [Dossier of evidence](#): a summary of the evidence to support free, confidential and voluntary HIV testing

Feasibility and Effectiveness of Indicator Condition-Guided Testing for HIV: Results from HIDES 1 [Article published 15 Jan 2013](#) PLoS ONE, January 2013, Volume 8, Issue 1, e52845

[EU Italian Presidency, Ministerial Conference on "The fight to HIV/AIDS ten years after the Dublin Conference"](#), 27-28

November 2014 Rome.

[Fight against HIV/AIDS: launch of enhanced Action plan in EU and neighbouring countries for 2014-2016](#), published by the European Commission on 14 March 2014.

[EU Council conclusions on the economic crisis and healthcare](#), 20 June 2014: The Health Ministers [known as EPSCO] Council Conclusions call EU member states to ensure access to health services for vulnerable group, strengthening prevention, using EU structural and cohesion for that purpose.

[ECDC surveillance report on HIV/AIDS](#), 27 Novembre 2013

[ECDC surveillance report Hepatitis B and C](#), 25 July 2014

[Call for action for an EU strategy and action plan on HIV and co-infection from 2014](#): In April 2013, 200 stakeholders, including national, European and international NGOs and networks, researchers, doctors, professional associations, medical society, national parliamentarians and members of the European Parliament called for reaffirming **leadership and political commitment on HIV and co-infections** at a time when the epidemic is not receding, when it still claims thousands of lives in Europe each year, when austerity measures are being introduced in all national budget sectors and when financial limitations may make it increasingly difficult to afford treatment for HIV and co-infections.

[WHO European Action Plan for HIV/AIDS 2012-2015](#)