

Highlights from side meetings & 1st parallel sessions

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Parallel session 1: Late presentation

- COHERE cohort data show that **rates of late presentation for HIV have remained stable at around 50% across Europe** in 2010-13. Surveillance data back this up. *(PS1/1)*
- **Might some so-called late presenters actually be presenting very early?** In studying late presenters, the possibility needs to be considered that some CD4 counts that are less than 350 might be actually recent infections. *(PS1/2)*
- 31% of those MSM who tested HIV+ had previously tested negative in the past 6 months. This may be associated with a CD4 count < 350 *(PS1/5)*
- A study found no difference in needle-sharing between HIV+ or HCV+ IDUs who knew their disease status and those who didn't. *(PS1/3)*
- A higher proportion of MSM in Southern and Eastern Europe cities who have never been tested for HIV come from Eastern Europe. *(PS1/4)*
- In the UK, HCV tests tend to be offered by younger GPs only, while the public awareness campaign was found too generic without highlighting symptoms. *(PS1/6)*

Parallel session 2: Testing in healthcare settings

- The HIDES 2 study provides more evidence that **indicator condition-guided HIV testing is effective – and cost-effective**. Mononucleosis-like illness is especially promising. *(PS2/6)*
- Among people found to be HIV+ in six Dutch GP clinics, 57% had an indicator condition in the previous 5 years, and 81% saw their GP in the year before diagnosis – showing that **GPs are critical for reducing the proportion of HIV cases that are undiagnosed**. *(PS2/4)*
- An audit of how often GPs offered a HIV test to patients presenting with an indicator condition found a **low offer rate even for obvious HIV-related conditions**. *(PS2/6)*
- A study of medical students showed low awareness of HIV indicator conditions; **the concept should be introduced during medical training** as a matter of course. *(PS2/2)*
- 10% of Catalan MSM diagnosed with STIs were not tested for HIV. Of those who *were* tested, 12% were diagnosed with HIV. *(PS2/3)*
- **A program for tracing and testing contact partners of HIV+ individuals** identified 1 new positive case for every 4 infected people. *(PS2/5)*

Parallel session 3: Key populations #1

- In Greece, health providers no longer test HIV for free, and **NGOs are more crucial than ever in testing vulnerable groups**. Athens Checkpoint has diagnosed 1/3 of Greek MSM with HIV. (PS3/2)
- A survey of experts before France permits HIV self-tests in 2014 found broad agreement on most recommendations. **MSM experts favor blood self-tests** (due to reliability) **while youth experts prefer the oral version** (due to acceptability). (PS3/3)
- Between 2008 and 2012, the proportion of HIV-positive MSM in Brussels reporting recent unprotected sex due to alcohol or drug use soared from 24% to 69%. (PS3/6)
- In Barcelona, HCV incidence in men soared from 1.3 to 4.0/100,000 in 2012-13. Almost all reported risk exposure was sexual, in contrast to previous years. (PS3/4)
- **Despite national policies to offer HBV vaccination to risk groups, many EU health professionals don't**. E.g., only 1/4 of German providers and no Hungarian ones offered it to IDUs regularly. (PS3/5)

Checkpoint side meeting: Toward a network of community testing centers

HepHIV 2014
5-7 OCTOBER BARCELONA

On Sunday, 42 participants from 17 countries:

- **shared learning** on working around restrictions on who can perform tests, developing evidence on risk groups, addressing stigma and discrimination and working with government bodies;
- **built consensus** on key messages and recommendations for health rights in Europe, how to provide testing for key populations, etc.;
- **agreed to create a network** of MSM checkpoints, other testing centers, and those who wish to establish centers to promote best practices, develop common advocacy efforts and collaborate with other networks
- **agreed to develop a statement** to lobby governments to fund community-based testing and support linkage to care for risk populations, esp. MSM; and
- **encouraged participants** to promote European Testing Week.

HEPscreen side meeting: Screening migrants in the EU for hepatitis B and C

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Findings

- Migrants in the EU have a large burden of chronic hepatitis B – yet there's hardly any screening in migrant groups
- Existing pathways for migrant patients are complex and ineffective, and treatment access is often limited
- Screening scale-up is urgently needed
- Critical to provide linkage to care
- HEPscreen has developed a toolkit to facilitate future action – more at hepscreen.eu