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HIDES Study identifies new HIV indicator conditions; normalisation of HIV testing urgently needed to address the hidden epidemic

New data was presented today at the HepHIV2014 Conference in Barcelona confirming the effectiveness of a new HIV testing strategy to identify undiagnosed HIV. Nine new indicator conditions have been confirmed in the HIDES study, demonstrating the cost effectiveness of a strategy where individuals presenting with a specific condition are also tested for HIV. The advantages of such a strategy are that there is no risk assessment required; patients do not feel targeted and staff feel more comfortable offering the test, thereby normalising it. Effective roll out of this approach has the potential to revolutionise HIV testing; reducing the level of those undiagnosed and late presentation.

“The key step will be how to disseminate knowledge of the new HIV indicator diseases to non-HIV doctors and health care professionals across Europe and update guidelines on HIV testing”, says Jens Lundgren, Professor of Viral Diseases at Rigshospitalet and co-chair of the HIV in Europe initiative which led this International study.

Around 1 in 3 of the estimated 2.2 million people living with HIV across the European region are unaware of their HIV status and approximately 50% of those diagnosed are classified as late presenters with CD4 count less than 350 cells/ μ l.

“Relying on people to ask for an HIV test has not been sufficient to identify people with HIV early enough to reduce the number of people presenting late for care. There is a need for the health care system to take on a more pro-active role in offering an HIV test to many more people, who are not at first sight considered to be at risk or consider themselves to be at risk”, says Professor Brian Gazzard, Lead for HIV Research at the Chelsea and Westminster Hospital, London. “Experience shows that most people accept an HIV test when offered by a health care worker and that often the barriers to testing lie with the health care providers who do not feel comfortable offering a test.”

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” continues Professor Gazzard.

Nine new HIV indicator diseases should warrant an HIVtest

Since 2009 the HIDES study (HIV Indicator Diseases Across Europe), has investigated specific conditions and how frequently they proved to be signs of undiagnosed HIV among more than 10000 patients enrolled in the study. The strategy has proven very effective as a high percentage of individuals have tested HIV positive; at the reported 2.5% this far exceeds the 0.1% level required to be identified as an indicator condition.

“We could see that if an adult had hepatitis B or C, ongoing mononucleosis-like illness, lymphadenopathy, leukocytopenia, pneumonia, dermatitis, cervical dysplasia or cancer, 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 indicator diseases and their presence should encourage health care professionals to offer the patient an HIV

test. The strategy has proven very effective in diagnosing people with HIV and the conditions should be adopted into HIV testing and specialty guidelines to normalise testing within these medical specialties that see the patients first.”

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Read more about the conference HepHIV 2014 here:

<http://newsite.hiveurope.eu/Conferences/HepHIV2014-Conference>

Read more about European HIV testing week 2014 here: <http://www.hivtestingweek.eu/>

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.