

Outcomes of the HIV in Europe Initiative

Annual report 2013

Contents

1. Background.....	3
2. Status 2013 and Next Steps	3
3. Achievements and Project Results 2013	4
3.1. The first European HIV testing week.....	4
3.2. Support for the People Living with HIV Stigma Index: ‘From recommendations to Advocacy’, Phase II	5
3.3. HIDES 2 (HIV Indicator Diseases across Europe Study)	7
3.4. HIV Indicator Conditions: Guidance for Implementing HIV Testing in Adults in Health Care Settings.....	8
3.5. Supplement in <i>HIV Medicine</i> on HIV testing and linkages to care in Europe.....	9
3.6. Presentations, seminars, publications and press.....	9
4. HIV in Europe Policy update.....	10
5. Other on-going projects	11

5.1. An examination of the role of counseling	11
5.2. Hepatitis	12
6. Continuous focus on Eastern Europe	12
7. Next Steps: on-going and approved projects for 2014-2017	13
Financial statement	17
The HIV in Europe Steering Committee and Study Groups	17

1. Background

HIV in Europe is a pan-European initiative which started in Brussels in 2007. The initiative provides a European platform for exchange and activities to improve early diagnosis and care of HIV patients across Europe. Directed by an extensive and independent group of experts with representation from civil society, policy makers, health professionals and European public health institutions, the initiative is truly a multi-disciplinary and pan-European collaboration.

HIV in Europe is not an organisation, but an initiative formed to inform policy-making/implementation, knowledge sharing, and to improve the evidence base on important issues related to earlier HIV testing and care. It is unique in its collaboration between stakeholders from both clinical, advocacy and public health policy levels, who all share the common objective of ensuring that PLHIV enter care earlier in the course of their infection.

2. Status 2013 and Next Steps

After 5 years of research and advocacy activities, the HIV in Europe initiative is recognised as an important platform for moving the agenda on earlier diagnosis and care of HIV forward at a pan-European level. The 3rd HIV in Europe Conference held in Copenhagen in March 2012 was considered a great success, involving more than 300 participants from 46 countries. A special supplement was compiled and published in HIV Medicine (<http://onlinelibrary.wiley.com/doi/10.1111/hiv.2013.14.issue-s3/issuetoc>). This special issue presents some of the results of the many fine abstracts presented at the conference. Abstract submission showed itself to be one of the great successes of the 2012 conference and highlighted the need for a forum to share knowledge and experience in HIV testing projects. Abstract submission will, of course, be part of the next conference, which is to be held in Barcelona in October 2014. The first ever European HIV testing week was launched in the last week of November 2013. This pilot project was heralded a great success, with a large diversity of participating partners signing up from across Europe.

The HIDES study (HIV Indicator Conditions across Europe Study) phase 2 presented its first results at the 14th European AIDS Conference October 2013, highlighting the continuous low offer of HIV testing in certain AIDS defining conditions. The prospective part of the study, investigating HIV prevalence in 11 indicator conditions, is still on-going with results expected to be presented during 2014.

On a strategic level, the HIV in Europe Steering Committee continuously prioritises involvement of Eastern European organisations in its projects and outreach undertaken. Further, a strategic discussion took place to include Hepatitis testing within the agenda of the initiative. A review of Hepatitis testing is currently underway and the Hepatitis B and C Public Policy Association was invited as an observer to the SC; discussions are still on-going with regards to the joint organisation of the next scheduled conference in Barcelona.

Finally, a new Co-chair was elected by the HIV in Europe Steering Committee in November 2013 for the next 4 years. **Brian West, Chair, Board of Directors, European AIDS Treatment Group (EATG)** took over from Ton Coenen, who has acted as Co-chair since the start of the initiative in 2007. Ton Coenen decided to step down, as he was elected to the Global Fund Board. This comes at a good time for transition in the SC. The SC is committed to continue the important and successful work of the initiative and has decided a rotating practice for Co-Chairs, who will be appointed for 4 years. In order to secure continuity, Co-Chairs will shift every second year, and will remain on the SC for another 2 years. A new Co-Chair representing the clinical community will be appointed in 2015 to replace Jens Lundgren.

Fundraising remains key to the initiative and it has been made a priority to seek funding from the European Commission, as well as from other supporting companies. The work of the initiative is based on the voluntary engagement of the SC members and limited funding for the two secretariats (at CHIP in Copenhagen and EATG in Brussels). The SC decides how funding is allocated to the different projects and HiE remains committed to remain as an 'initiative' (not an organisation), which initiates new research and influences processes.

3. Achievements and Project Results 2013

3.1. The first European HIV testing week

Currently, it is estimated that 30-50% of the 2.3 million people living with HIV in Europe are unaware that they are HIV positive. Furthermore, of those who are HIV positive, 50% are diagnosed late. Late diagnosis of HIV and delayed initiation of antiretroviral treatment decreases the clinical benefits to the individual, and reduces the preventive value of knowing your status and receiving treatment in reducing further HIV transmission. Delaying initiation of antiretroviral treatment is also associated with higher medical costs. In response to these concerns, the HIV in Europe initiative coordinated the launch of the first European HIV testing week (22th - 29th November, 2013) and invited all interested organisations and networks in the WHO European Region to participate, support dialogue,

increase awareness and promote HIV testing. By building on existing networks, this pilot aimed to increase the proportion of people who are aware of their HIV status, reduce late HIV diagnosis and reduce HIV-related stigma through normalising testing.

As the overarching aim was to increase HIV testing awareness, the central strategy was to create a public platform, which could act as an 'information hub' to inspire Testing Week activities throughout the European Region. The hub was in the form of a website (www.hivtestingweek.eu), developed specifically to act as a single locale for interested parties to readily obtain information and materials, to help kick-start and support ideas and activities for Testing Week.

Referring to existing European guidelines on HIV testing, the testing week was targeted at three key groups:

- Populations at risk to encourage them to get tested regularly
- Healthcare professionals who should be offering HIV tests as part of routine care in specific settings and conditions
- Policy makers who should be aware of the benefits of HIV testing

By the official start of the testing week, 477 organisations across Europe had signed up to participate. All activities during the testing week were formulated and driven by the implementers, they being most aware of needs in their respective settings.

Though many believe that the testing week pilot was a huge success, a rigorous and objective evaluation will be available by early 2014 and will be used as a basis to direct future pan-European testing weeks.

3.2. Support for the People Living with HIV Stigma Index: 'From recommendations to Advocacy', Phase II

The second stage of support provided by HIV in Europe focused on the development and implementation of advocacy initiatives by PLHIV organisations within each country. This was based upon evidence derived from the five countries in which HIV in Europe supported the implementation of the PLHIV Sigma Index (Belarus, Estonia, Poland, Portugal, and Ukraine).

Belarus

The National Network in Belarus (Belarusian PLHIV Community) undertook three activities:

- A Lobbying and Advocacy Campaign, of which included 2 round-table meeting at CIS, MoH regarding the importance to raise the quality of information on HIV

- A confidence and assertiveness course to raise the resilience of women PLHIV
- Negotiating with National Government and funders of the initial implementation of the Index (UNDP) to address the issues of the validity and ownership of the data and presentation of the results

Estonia

The National Network in Estonia (Estonian Network of PLHIV) undertook three activities using evidence and data from the PLHIV Stigma Index:

- Created an ‘employers’ initiative to make places of employment a more welcoming place for PLHIV- as employees and as potential employees:
- Used the results to advocate with the MoH to adopt new and more patient centered standards of care
- Used the results as part of the advocacy for opening a PLHIV managed clinic

Poland

The National Network in Poland (Ogólnopolska Sieć Osób Żyjących z HIV/AIDS “SIEĆ PLUS”) reported the following activities:

- Production of a leaflet (1000 copies) informing PLHIV of referral pathways, and nationally agreed protocols and standards of care for PLHIV
- A panel workshop and discussion at the National PLHIV Conference (September 2012)
- Meetings with MoH and other agencies to disseminate results and recommendations

Portugal

The Network in Portugal leading on the implementation of the PLHIV Stigma Index (SER+ Associação Portuguesa para a Prevenção e Desafio à Sida) has undertaken the following activities:

- Trained 19 peer researchers
- Worked with 9 hospitals and 11 NGOs as interviewing and partner sites
- Conducted 1050 Interviews
- Done initial analysis and draft report writing

Ukraine

The All-Ukrainian network of PLHIV undertook advocacy activities as a part of this initiative based on four specific findings from the PLHIV Stigma Index. The four findings were:

- PLHIV restrictions in access to health care services
- Testing for HIV without person's knowledge/consent
- Unauthorized status disclosure, especially in governmental medical facilities
- PLHIV restrictions in access to reproductive health services

Conclusions

- All Networks employed a common format to collect and process the data, and followed recommendations of the PLHIV Stigma index to carry out advocacy initiatives within a monitoring and evaluation framework that could show real 'results'.
- The impact of the advocacy activities in three of the countries (Belarus, Estonia, and Ukraine) has been quite self-evident.
- The impact has been far less easy to evaluate in Poland, the capacity of the network there being severely limited in carrying out the intended evaluation activities.
- In the case of Portugal, GNP+ remains committed after the end of this project (as funded by HIV in Europe) to ensure that a similar process of advocacy activities are supported by providing technical assistance for the network to think through the recommendations arising from the Index and any advocacy activities that naturally arise.

3.3. HIDES 2 (HIV Indicator Diseases across Europe Study)

The objective of the HIV Indicator Diseases across Europe Study, part 2 (HIDES 2) is to develop focused HIV testing of patients presenting with certain indicator clinical conditions or diseases (ID). The project has two parts: i) Survey: Screening of 14000 persons not yet diagnosed with HIV presenting for care with 11 predefined indicator conditions: ii) Audit: a retrospective study, implementing and evaluating an audit system across Europe of the performance of HIV testing of persons presenting with already well-established HIV indicator diseases according to contemporary HIV testing guidelines.

In 2013, the audit part was finalized and results were presented at 14th European AIDS (EACS) Conference in October 2013.

A total of 48 audits were completed from 22 centres in 14 countries across Europe. The conclusion was that testing rates in well-established HIV IDs remained surprisingly low across Europe, despite high prevalence rates, reflecting missed opportunities for earlier HIV

diagnosis and care. Significant numbers (>100) of persons may have had an opportunity for HIV diagnosis if all persons included in ID audits had been tested.

The purpose of the surveys is to build enough evidence for each disease to be considered an indicator disease for early HIV infection. Evidence is suggesting HIV testing is cost-effective as long as the undiagnosed HIV-prevalence rate is above 0.1%.

The first patient presenting with an indicator disease was tested and recruited in January 2012 and the recruitment will continue till end of June 2014. A major challenge for recruitment in HIDES 2 has been to convince medical specialties, who are not used to offer an HIV test to implement the HIV indicator disease guided testing. By end of December 2013 the overall enrolment was 5782 patients. For more information see: <http://www.hiveurope.eu/OngoingProjects/HIDES/tabid/72/Default.aspx> and <http://www.hiveurope.eu/LinkClick.aspx?fileticket=bl3hpbOAibo%3d&tabid=37>

3.4. HIV Indicator Conditions: Guidance for Implementing HIV Testing in Adults in Health Care Settings

The "[HIV Indicator Conditions: Guidance for Implementing HIV Testing in Adults in Health Care Settings](#)" was distributed throughout Europe and to relevant European medical societies, and National Champions in various European countries were identified to facilitate the dissemination of the document within their country. The guidance document has been uploaded to websites of several European societies i.e. ESCMID, EATG, EACS.

The guidance document has been posted on official websites of several national infectious disease societies i.e. Italy, SIMIT (Italian Society of Infectious Diseases) and AIPO (Italian Pneumology Association) have uploaded the document on their websites. An article on the guidance document entitled "Indicator condition guided HIV testing in Europe: a step forward to HIV control" was submitted by members of AIPO and accepted by the European Respiratory Journal (ERJ) in December 2012. In Spain, the document has been translated into Spanish and distributed to all members of the SEISIDA (Spanish interdisciplinary HIV Society) and in Denmark it has been adopted by the DSI (Danish Society of Infectious Diseases).

Inspiring work has also been done by several of the national champions in trying to integrate the HIV Indicator disease guided testing strategy in the national testing guidelines. This was successfully achieved in Belgium and in continuation of this process, the requirement of patient informed consent prior to an HIV test was removed, simplifying the HIV testing process. Similar initiatives on advocacy to

integrate the HIV Indicator disease guided testing strategy are also in process in the Netherlands, Poland and Turkey. In many countries throughout Europe i.e. Austria, Germany and the UK the document is frequently used for teaching purposes at medical schools and universities.

Challenges however still exist with many of the non-HIV specialties, who have shown resistance towards the HIV indicator condition guided testing strategy and focus within the initiative will therefore be on developing trainings and training materials in order to ensure a better implementation of this innovative testing strategy which has proven able to identify a high number of PLHIV compared to other screening practices.

3.5. Supplement in *HIV Medicine* on HIV testing and linkages to care in Europe

Based on the abstracts and presentations from the Copenhagen 2012 Conference, a supplement of thirteen short communications and an introductory review article was published through *HIV Medicine* in October 2013 (*HIV Medicine*. Special Issue. October 2013, Volume 14, Issue Supplement S3). [http:// onlinelibrary.wiley.com/doi/10.1111/hiv.2013.14.issue-s3/issuetoc](http://onlinelibrary.wiley.com/doi/10.1111/hiv.2013.14.issue-s3/issuetoc)

3.6. Presentations, seminars, publications and press

- Lazarus JV, Hoekstra M, Raben D, Delpech V, Coenen T, Lundgren JD; HIV in Europe Initiative Steering The case for indicator condition-guided HIV screening. *HIV Med.* 2013; 14 (7) 445-8
<http://www.ncbi.nlm.nih.gov/pubmed/?term=The+case+for+indicator+condition-guided+HIV+screening>
- Mocroft, A., J. D. Lundgren, et al. (2013). "Risk Factors and Outcomes for Late Presentation for HIV- positive Persons in Europe: Results from the Collaboration of Observational HIV Epidemiological Research Europe Study (COHERE)." *Plos Medicine* 10(9).
<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001510>
- Sullivan, A. K., D. Raben, et al. (2013). "Feasibility and Effectiveness of Indicator Condition Guided Testing for HIV: Results from HIDES I (HIV Indicator Diseases across Europe Study)." *Plos One* 8(1).
<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0052845>

- Lisbon 2013 November: the Portuguese National HIV conference acted as a platform to promote and launch the first European HIV testing week pilot, with co-chair Jens Lundgren presenting issues surrounding late presentation in HIV, and co-chair Brian West officially launching the European HIV testing week pilot.
- 14th European Aids Conference (EACS) 16th – 20th October 2013, Brussels
Presentation: Auditing HIV Testing across Europe: results from HIDES2, Friday, 18 October 2013
[EACS Presentation October 18, 2013](#)
- *HIV Medicine*. Special Issue. October 2013, Volume 14, Issue Supplement S3
[http:// onlinelibrary.wiley.com/doi/10.1111/hiv.2013.14.issue-s3/issuetoc](http://onlinelibrary.wiley.com/doi/10.1111/hiv.2013.14.issue-s3/issuetoc)

4. HIV in Europe Policy update

The Advocacy Secretariat of the HIV in Europe initiative is based with The European AIDS Treatment Group (EATG). EATG's mission is to achieve the fastest possible access to state of the art medical products, devices and diagnostic tests that prevent or treat HIV infection. EATG advocates for optimal testing and care for the HIV in Europe initiative and promotes HIV in Europe's specific projects and its achievements.

Objectives pursued, activities and outcomes in 2013

EATG continued to seek putting HIV early testing, diagnosis and early care high on the EU political agenda, in particular via the various networks and platforms. EATG continued encouraging the Commission to give further attention to stigma and discrimination at a European level. In his speech at the European Commission-UNAIDS conference on HIV and human rights on 28 May 2013, the European Commissioner for Health, Tonio Borg, announced that he would see to the adoption of a policy framework on HIV by the end of his term in October 2014. This policy document should recommend the integration of services, including surveillance, prevention, testing and treatment of HIV, HCV and TB; address marginalised population, stigma and discrimination.

EATG organised a satellite session on migrant MSM at an international conference on HIV and hidden populations. They further held a round-table meeting on access to HIV testing, prevention, treatment and care for undocumented migrants. The EATG also became a member of the Platform for International Cooperation on Undocumented Migrants (PICUM) to advance the issue of HIV testing.

EATG published its position paper on prosecutions for HIV non-disclosure, exposure and/or transmission recommending that the criminal law should only be used in extremely rare and unusual cases where HIV is maliciously and intentionally transmitted. Furthermore, EATG together with NAM, facilitated the development of a community consensus statement on the use of antiretroviral therapy in preventing HIV transmission. This was launched on 28th January 2014.

EATG continued to report to the HiE Steering Committee members on developments at an EU level which will continue as an important activity in 2014 and onwards.

5. Other on-going projects

5.1. An examination of the role of counseling

The HiE 2012 Conference spurred discussion on the role of counseling and a project initiated in 2013. The overall objective of the study is to support the development and implementation of best practice service models that contribute to increasing the uptake and frequency of HIV testing, as well as making optimal use of opportunities to promote reductions in the risk of HIV infections. The specific aims are to compare and integrate existing guidelines to promote HIV testing; review and synthesize the evidence regarding HIV testing service models; develop and consult on protocols of best practice HIV testing service models that appropriately address the needs of different individuals/communities in diverse service settings; conduct a demonstration project to gather evidence regarding the appropriateness, feasibility, efficacy and resource requirements of best practice HIV testing service protocols.

Outcomes include presentations, workshops, research reports and papers regarding the comparison of guidelines and recommendations, including an analysis of the underlying evidence; narrative review and synthesis of research evidence regarding HIV testing service models and key components of the HIV testing and counseling process; an overview and analysis of current HIV testing models in

different service settings across Europe; consolidated best practice HIV testing protocols for different service settings and client groups, and; empirical evidence regarding the performance of best practice HIV testing protocols.

5.2. Hepatitis

As hepatitis has been identified a key strategic priority for HiE, a project on hepatitis testing was initiated in 2013. There are two overall objectives of this study: to systematically review the situation with regards to Hepatitis testing, including patient, provider and external barriers, across the WHO European Region, and secondly, to look specifically at HIV/Hepatitis testing linkages based on the initial review and other inputs until the end of 2013. Specific objectives include raising awareness about Hepatitis testing and coinfection with HIV, by leveraging events like World AIDS Day (1st Dec) and World Hepatitis Day (28th July), and to contribute to scientific events and publications on these issues.

Furthermore, to initiate and formalise collaboration with Hepatitis organisations, including the Hepatitis B and C Public Policy Association, the World Hepatitis Alliance, the European Liver Patients Association WHO Europe and WHO HQ.

Expected outcomes

A published review on viral hepatitis testing in the European Region and a study on hepatitis/HIV testing linkages; activities on testing during World AIDS Day and World Hepatitis Day 2013 and 2014; close collaboration with key hepatitis organisations like the Hepatitis Public Policy Association, ELPA and the World Hepatitis Alliance, to ensure that testing-related activities in the region are coordinated and optimised and that guidelines are evidence-based.

6. Continuous focus on Eastern Europe

A continuous focus for the HIV in Europe initiative is the involvement and focus on the Eastern European Region, and in research focusing on possible similarities or differences between regions.

The members of the SC represent also community, clinical and policy representations from Eastern Europe.

The projects of HIV in Europe are to a great extent implemented in Eastern European countries.

- The stigma index project builds on data from Estonia, Moldova, Poland, Turkey and Ukraine.

- 40% of persons enrolled into the pilot phase of the HIV Indicator Diseases across Europe study are from Eastern European countries. In the second phase 1/3 of participating sites are from Eastern Europe, and 13/48 audits reported data from the region.
- The Copenhagen 2012 Conference had around 25% participants from Eastern Europe and an EU grant made possible a scholarship programme directed towards Eastern European participants.

In addition, the Steering Committee in collaboration with WHO Europe has continuously over the years discussed the possibility of arranging a conference in Eastern Europe on testing to discuss barriers to testing from an Eastern European perspective. The process has showed difficult, but will be re-considered in the future.

7. Next Steps: on-going and approved projects for 2014-2017

Project	Description	Expected outcome	Period
Coordination, communication, fundraising and political advocacy	Secretariat (coordination and political), support for steering committee members, travel, website, fundraising, communication, advocacy, planning and development.	Efficient coordination of the initiative's projects and advocacy activities. HIV in Europe agenda widely known.	2014-2017
HIDES – phase 2	Screening of 14000 persons with 11 predefined indicator conditions. Audit of testing in patients with already defined indicator conditions.	2 presentations and publications and update of the guidance document on indicator condition guided HIV testing.	Results by Q3 2014
HIV in Europe 2014 Conference	The HiE conferences in 2007, 2009 and 2012 have been of great success and	A fourth conference, addressing one of the key HIV issues in Europe will ensure	Q4 2014

	<p>important to strengthen collaboration and knowledge sharing across borders. There were more than 750 people at the three events.</p>	<p>that through the presentation of HiE project results and the platform for testing initiatives across Europe, stakeholders (from practitioners at the local level to the top policymakers) are aware of current issues in the field, including achievements and obstacles to success.</p> <p>A special focus will be the inclusion of Hepatitis and collaboration with stakeholders in Hepatitis testing.</p>	
Evidence and practice of HIV counselling	<p>To support the development and implementation of best practice service models that contribute to increasing the uptake and frequency of HIV testing, as well as making optimal use of opportunities to promote reductions in the risk of HIV infections.</p>	<p>Workshops, research reports and papers/ empirical evidence regarding the comparison of guidelines and recommendations; an overview and analysis of current HIV testing models in different service settings across Europe; consolidated best practice HIV testing protocols for different service settings and client groups.</p>	Q3 2013-Q3 2014
Hepatitis with focus on co-infection with HIV	<p>Collaboration with hepatitis organisations on testing. Multidisciplinary research on Hepatitis</p>	<p>A published review on viral hepatitis testing in Europe and a study on hepatitis/HIV</p>	Q2 2013-Q3 2014

	testing in Europe. Studies and advocacy related to HIV/hepatitis co-infection.	testing linkages; collaboration with key Hepatitis organisations to ensure that testing related activities in the region are coordinated and optimised and that guidelines are evidence-based.	
OptTEST by HIV in Europe Project			
The treatment cascade in Europe	To increase knowledge on linkage to and retention in HIV care after diagnosis across geographical and health care settings and target groups by 2016.	Applied model for Europe.	2014-2017
Introduce IC-guided testing in different regions	Create understanding and suggest evidence-based solutions to provider barriers to testing through pilot implementation of a novel HIV testing strategy (Indicator Condition-guided) in selected European healthcare settings and countries by 2016.	Indicator condition guided HIV testing tools and training materials.	2014-2017
Survival benefits, cost and cost-effectiveness of various HIV testing strategies	To assemble and evaluate various existing HIV testing strategies in Europe by 2016.	A paper on outcomes, costs, and cost-effectiveness of different HIV testing strategies in different European settings	2014-2017
Addressing stigma/discrimination/ legal barriers is still essential to	To increase knowledge on the effect stigma and discrimination (as well as structural legal barriers to HIV testing)	Good practice manual on evidence based interventions to reduce HIV related stigma	2014-2017

effectively respond to late presentation for HIV treatment.	has on uptake of HIV testing and treatment particularly in most affected groups and regions by 2016.		
---	--	--	--

Financial statement

Financial support of the initiative provided by: EAHC, Gilead Sciences, Merck, Tibotec, Pfizer, Schering-Plough, Abbott, Boehringer Ingelheim, Bristol-Myers Squibb, GlaxoSmithKline, ViiV Healthcare, UNICEF and the Swedish Research Council.

The HIV in Europe Steering Committee and Study Groups

HIV in Europe Steering Committee:

Co-Chairs: Brian West, Chair, Board of Directors, European AIDS Treatment Group, (EATG). Scotland and Jens Lundgren, Professor & Chief Physician, University of Copenhagen & Rigshospitalet, Director, Copenhagen HIV Programme, Denmark, Members: Ton Coenen, AIDS Action Europe, Executive Director Aids Fonds & Soa Aids Nederland, Netherlands, Jordi Casabona, Scientific Director, Center for HIV/STI Epidemiological Studies of Catalonia, (CEEISCAT), Nikos Dedes, European AIDS Treatment Group (EATG), Greece, Valerie Delpech, Health Protection Agency, London, United Kingdom, José Gatell, Head, Infectious Diseases & AIDS Units, Clinical Institute of Medicine & Dermatology, Hospital Clinic, Professor of Medicine, University of Barcelona, Spain, Brian Gazzard, Professor of Medicine, Imperial College School of Medicine, HIV Research Director, Chelsea & Westminster Hospital, UK, Igor Karpov, Professor, Department of Infectious Diseases, Belarus State Medical University, Jeff Lazarus, Professor of International Health Systems, University of Copenhagen, Denmark, Jürgen Rockstroh, Professor of Medicine University of Bonn and Head of an HIV outpatient clinic, Germany, Anders Sönnnerborg, MD, PhD, Professor, Department of Medicine Karolinska University Hospital, Sweden, Nino Tsereteli, Executive Director of “Center for Information and Counseling on Reproductive Health – Tanadgoma”, Georgia, John de Wit, Professor and Director, National Centre in HIV Social Research, The University of New South Wales, and Visiting Professor of Social Psychology of Health and Sexuality, Utrecht University, Observers: Public Health England (PHE), Represented by Kevin Fenton, WHO Regional Office for Europe, Communicable Disease Unit, Represented by Lali Kottenashvili, European Centre for Disease Prevention and Control (ECDC), represented by Andrew Amato, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Represented by Lucas Wiessing, epidemiologist, principal scientist, UNAIDS Regional Support Team ECA, Represented by Jean-Elie Malkin.

The HIDES (HIV Indicator Diseases Across Europe) Study Group.

Advisory Group: N Clumeck, Saint-Pierre University Hospital, Brussels, Belgium, J Gatell, Hospital Clínic de Barcelona, Barcelona, Spain, B Gazzard, Chelsea and Westminster Hospital, London, England, J Lundgren, University of Copenhagen and Rigshospitalet, Copenhagen,

Denmark, A d'Arminio Monforte, Unit of Infectious Diseases, San Paolo Hospital, University of Milan, Milan, Italy, J Rockstroh, Department of Medicine, University of Bonn, Germany, A Mocroft, University College London Medical School, UK, Y Yazdanpanah, Hopital Bichat Claude Bernard, Paris, France. Centres: Austria: R Zangerle, M Kitchen, University Hospital Innsbruck, Department of Dermatology and Venereology, Innsbruck. Belarus: A Vassilenko, Minsk Municipal Infectious Diseases 12 Hospital, Minsk. VM Mitsura, Gomel State Medical University, Gomel. Belgium: C Necsoi, P Kirkove, Saint-Pierre University Hospital, Brussels. Bosnia: V Hadziosmanovic, Clinical Center, University of Sarajevo, Infectious Diseases Clinic, Sarajevo. Croatia: J Begovac, University Hospital of Infectious Diseases, Zagreb. Denmark: C Pedersen, Henrik Frederiksen, Iorn Hegelund, Odense Universitetshospital, Ulrik Bak Dragsted, Roskilde Sygehus. France: Yazdanpanah, Hopital Bichat Claude Bernard, Paris. Georgia: N Chkhartishvili, Infectious Diseases, AIDS and Clinical Immunology Centre, Tbilisi, Georgia. Germany: U Spengler, Outpatient Clinic for Hepatology, Department of Medicine, University of Bonn. I Schmidt-Wolf, Outpatient Clinic for Hepatology Department of Medicine, University of Bonn. Greece: H Sambatakou, Ippokration General Hospital, Athens. Israel: Z M Sthoeger, Ben Ari Institute of Clinical Immunology, Rehovot. Italy: A d'Arminio Monforte, T Bini, Unit of Infectious Diseases, San Paolo Hospital, Milan, M Celesia, U.O. Mallattie Infettive Università di Catania, Catania, Sicily, G Orofino, Amedeo di Savoia Hospital, Torino. Latvia: P Aldins, Infectology Center of Latvia, Riga. Netherlands: K Brinkman, Onze Lieve Vrouwe Gasthuis, Internal Medicine, Amsterdam. Poland: A Grzeszczuk, Medical University of Bialystok, Department of Infectious Diseases and Hepatology, Bialystok. A Horban, Wojewodzki Szpital Zakazny, Warszawa. Portugal: F Maltez, Hospital Curry Cabral, Lisbon. Spain: M A Goenaga Sánchez, Hospital Donostia, San Sebastian, Spain, A Castro, Hospital Juan Canalejo, Coruña, V P Estrada, Hospital Universitario San Carlos, Madrid, E Ortega Gonzalez, Consorcio Hospital General Univ de Valencia, Valencia, A Ocampo, Complejo Xeral Cies de Vigo, Vigo, M Masiá, Hospital Universitario de Elche, Elche, F Garcia, A Leon, Hospital Clinic Barcelona, Infectious Diseases Unit, Barcelona. I Menacho, Primary Center of les Corts, M Muns, Primary Center of Raval Sur, Barcelona, Agustí, CEEISCAT, Barcelona. Spain. Sweden: A Sönnernborg, Department of Infectious Diseases, Karolinska University Hospital, Stockholm. Switzerland: P Vernazza, Kantonsspital, St Gallen. United Kingdom: A Sullivan, M Rayment, Chelsea and Westminster Hospital, London, S Morris, Western General Hospital, Edinburgh, M Fisher, Royal Sussex Country Hospital, Brighton, A Winston, St. Mary's Hospital, London, M Tenant-Flowers, London, J Anderson, Homerton University Hospital, London, A Palfreeman, Leicester, J Minton, St James's University Hospital, Leeds, M Farazmand, Huddersfield Royal Infirmary, West Yorkshire, ELC Ong, The Newcastle upon Tyne Hospital, Newcastle, UK. Ukraine: G Kutsyna, Luhansk AIDS Center, Luhansk, A Kuznetsova, Kharkov Regional Clinic of Infectious Diseases, Kharkov. Coordinating Centre Staff: D Raben, ML Jakobsen, G Nanfuka, F Marcher, R S Brandt. Statistical Analysis: A Mocroft, University College London, UK

Panel on Guidance on Indicator Condition-Guided HIV testing in Adults: European Centre for Disease Prevention and Control, Sweden, represented by Marita van de Laar; WHO Europe, Denmark, represented by Lali Khotenashvili; Nathan Clumeck, CHU Saint-Pierre, Brussels, Belgium; Jose Gatell, Hospital Clínic –IDIBAPS, University of Barcelona, Spain; Brian Gazzard, Chelsea and Westminster Hospital, London, UK; Jens Lundgren, University of Copenhagen and Rigshospitalet, Copenhagen; Antonella d’Arminio Monforte, Infectious Diseases Unit, San Paolo University Hospital, Milan, Italy; Jürgen Rockstroh, Medizinischen Universitätsklinik, Bonn, Germany; Amanda Mocroft, University College London, UK; Ann Sullivan, Chelsea and Westminster Hospital, London, UK; Valerie Delpuch, Health Protection Agency, UK; Martin Fisher, Royal Sussex County Hospital, Brighton, UK; Francesco Blasi, Alberto Mateelli, European Respiratory Society (ERS); Gabriele Arendt, Universitätsklinikum Neurologische Klinik Düsseldorf, Germany, European Neurological Society (ENS); Keith Radcliffe, European branch of the International Union against Sexually Transmitted Infections (IUSTI), Tallinn, Estonia; Deniz Gokengin, IUSTI Europe, Turkey; José Miro, Hospital Clinic IDIBAPS, University of Barcelona, Barcelona, Spain; Bruno Hoen, Centre Hospitalier Universitaire Hôpital Saint Jacques de Maladies Infectieuses et Tropicales, Besancon, France, on behalf of the European Society of Clinical Mikrobiology and Infectious Diseases (ESCMID); Erwin Tschachler, European Academy of Dermatology and Venereology (EADV); Anne-Françoise Gennotte, GP, Brussels VCT Center, Brussels; Mika Salminen, National Institute of Health and Welfare (THL), Helsinki, Finland (previously European Centre for Disease Prevention and Control).

The people living with HIV Stigma Index Advisory Group: Wojciech Tomczynski on behalf of ECUO (the Eastern European Network for People living with HIV), Henrik Arildsen on behalf of HIV Europe (the European Network for People living with HIV), Jurek Domaradzki on behalf of the European Aids Treatment Group, Julian Hows on behalf of GNP+, Ton Coenen on behalf of the HIV in Europe Steering Committee.

European Late Presenter Consensus working group: A Antinori, National Institute for Infectious Diseases “Lazzaro Spallanzani” IRCCS, Rome, Italy, T Coenen, Aids Fonds & Soa Aids Nederland, Amsterdam, the Netherlands, D Costagiola, INSERM, Paris, France, N Dedes, European AIDS Treatment Group, Brussels, Belgium, M Ellefson, National University Hospital and Univ. of Copenhagen, Copenhagen HIV Programme, Panum Institute, Denmark, J Gatell, Clinical Institute of Medicine & Dermatology, Hospital Clinic, University of Barcelona, Barcelona, Spain, E Girardi, National Institute for Infectious Diseases “Lazzaro Spallanzani” IRCCS, Rome, Italy, M Johnson, Royal Free Hampstead NHS Trust, London, UK, O Kirk, National University Hospital and Univ. of Copenhagen, Copenhagen HIV Programme, Panum Institute, Denmark, J Lundgren, National University Hospital and Univ. of Copenhagen, Copenhagen HIV Programme, Panum Institute,

Denmark, A Mocroft, University College London Medical School, Royal Free Campus, London, UK, A d'Arminio Monforte, Department of Medicine, San Paolo Hospital, Milan, Italy, A Phillips, University College London Medical School, Royal Free Campus, London, UK, D Raben, National University Hospital and Univ.of Copenhagen, Copenhagen HIV Programme, Panum Institute, Denmark, J K Rockstroh, Medizinischen Universitätsklinik, Innere-Rheuma-Tropen Ambulanz, Bonn, Germany, C Sabin, University College London Medical School, Royal Free Campus, London, UK, A Sönnernborg, Department of Infectious Diseases, Karolinska Institutet, Stockholm, Sweden, F de Wolf, HIV Monitoring Foundation, Amsterdam, the Netherlands.

Working Group on Estimation of HIV Prevalence in Europe (conveners: Andrew Phillips and Rebecca Lodwick, University College London Medical School, Royal Free Campus, London, UK)

