

Meeting report: Improving the early diagnosis of HIV and linkage to care in Catalonia and Europe

Barcelona, Spain, 10 July 2017

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National and regional stakeholder meeting co-organized by OptTEST by HiE, Chelsea and Westminster Hospital NHS Foundation Trust, Centre d'Estudis Epidemiològics sobre la Sida/VIH/ITS de Catalunya (CEEISCAT)/Agència de Salut Pública de Catalunya (ASPCAT) (Departament de Salut) i Unitat VIH Hospital Universitari Clínic de Barcelona – in collaboration with Institut Català de la Salut (ICS), Societat Catalana de Medicina Familiar i Comunitària (CAMFIC), Fundació Bancària La Caixa.

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Generalitat de Catalunya
Agència de Salut Pública de Catalunya



Col·labora:



Obra Social "la Caixa"

Chelsea and Westminster Hospital 
NHS Foundation Trust



Institut Català
de la Salut



European
AIDS Treatment
Group



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Contents

Meeting report: Improving the early diagnosis of HIV and linkage to care in Catalonia and Europe, Barcelona, Spain, 10 July 2017	5
Background: The OptTEST Project.....	5
Introduction	6
Session 1	6
• Welcome	6
• Introduction. Diagnosis and early HIV treatment: current situation and challenges	8
Session 2	9
• OptTEST Project: European initiatives to increase HIV testing and linkage to care.....	9
• Discussion with the audience -facilitated by Bryan Teixeira (EATG):....	10
Session 3	11
• Catalan initiatives in the realization of the HIV test and the link to care: progress and challenges	11
• Discussion with the audience	13
Session 4	13
• Evidence-based primary care: minimize barriers through continuous education and guides	13
• Conclusions.....	14
• Comments from the audience.....	14
• Actions from the meeting.....	14
ANNEX 1 – Agenda	15
ANNEX 2 - List of participants	17

Meeting report: Improving the early diagnosis of HIV and linkage to care in Catalonia and Europe, Barcelona, Spain, 10 July 2017

Background: The OptTEST Project

The HIV in Europe (HiE) OptTEST project (Optimising testing and linkage to care for HIV across Europe) is a three-year project co-funded by the EU Commission under the Second Health Programme, 2013. The project (July 2014 – September 2017) aims to help reduce the number of undiagnosed people with HIV infection in Europe and to promote timely treatment and care. OptTEST will provide tools and assessment methods to analyse and effectively respond to late presentation for HIV care and treatment, with a particular emphasis on priority regions and groups throughout Europe.

The focus of this particular meeting was work package (WP) 5: Development and implementation of tools and strategies for **indicator condition guided HIV testing**. The work is led by the Saint Stephen's AIDS Trust (SSAT) [the United Kingdom] and done in collaboration with the following partners: RegionH [Denmark], MEDFASH [the United Kingdom], INSERM [France], ISCIII [Spain] and NIHD [Estonia]. The WP5 team has, over the past three years developed and tested implementation tools and training packages to establish this novel, evidence-based HIV testing strategy in healthcare settings across Europe, and is now working towards its broader implementation. The focus of the work has been primarily on provider barriers and offer and uptake rates of HIV testing. There are three phases to this work package:

- 1) To identify current guidance, best practice and regional barriers to testing.
- 2) The development of web-based implementation tools, adapted for specific countries/regions and web-based education and training modules, with on-line competency assessments and certification.
- 3) Pilot sites were planned in UK, France, Spain, Estonia, Poland, Greece and Czech Republic to test and develop the country-specific tools/interventions.

Introduction

The OptTEST project, in collaboration with CEEISCAT, Barcelona University Hospital Clinic and the Public Health Agency of Catalonia organised a regional meeting on 10th July 2017 in Barcelona, Spain, on *Improving early diagnosis in primary care in Catalonia and in Europe*. In total there were 57 participants, including representatives of primary care centres, public health and research institutions and private foundations from Catalonia as well as international partners of the OptTEST project.

The objective of the day was to present the initiatives proposed by the OptTEST WP5 and the results of their implementation by the Catalan participants, as well as the current testing situation in Catalonia. The focus was on the existing barriers to testing and linkage to HIV care, especially within primary care.

Session 1

The first part of the programme provided an overview of the HIV situation in Catalonia. The region is known for its innovative initiatives for testing, especially in community settings and among high-risk groups. However, a large proportion of new cases are still diagnosed late. Primary care plays an important role in increasing HIV testing and early diagnosis.

- **Welcome**

Jordi Portabella, Director of l'Àrea de Recerca i Coneixement, Fundació Bancària La Caixa, highlighted that acting early is a key issue in terms of HIV testing and diagnosis and that screening programmes should be implemented by the public health to a greater extent. He acknowledged in Catalonia, CEEISCAT plays a major role in leading research and supporting the Department of Health in these issues.



Joan Colom, Vice director of General de Drogodependències, Departament de Salut de la Generalitat de Catalunya, highlighted that late diagnosis remains a problem in Catalonia, being up to 50% in some groups. He noted that increasing awareness and testing opportunities as well as community-based testing for high-risk groups are important strategies and that Catalonia has been a leading region for promoting both public and non-public options for testing. He reported 12 centres are currently offering rapid tests, which are also being used in some primary care centres, and noted that there are many good examples of research initiatives lead by CEEISCAT, for example the DEVO project, COBATEST etc. He closed by emphasising that the Catalan Regional Health Programme extends to 2020 and includes plans to increase the number of testing facilities for HIV and STIs.

Rosa Morral, Director of Assistencial d'Atenció Primària, Institut Català de la Salut (ICS), outlined the role of her institute of public health, which has have been monitoring STIs since 2005 and see the role of primary care as essential. She explained that as the coverage in regards to patients has increased, it is now easier to focus on high-risk populations. The institute organises seminars twice a year on the national strategy of primary care, and one of the key issues is early diagnosis of HIV.

Joan Lozano, representative of Societat Catalana de Medicina Familiar i Comunitària (CAMFiC), described the work of his organisation, which focuses on family and community medicine; representing general

practitioners, they have accumulated important knowledge in the field. The organisation also has a group specifically working on HIV. One of the ongoing activities is training, both on and offline, and 3000 primary care professionals have been taught about early diagnosis. This is contributing to increasing awareness among the target group.

- **Introduction. Diagnosis and early HIV treatment: current situation and challenges**

Jordi Casabona, Centre d'Estudis Epidemiològics sobre les ITS i Sida de Catalunya (CEEISCAT)/ ASPCAT, presented the importance of and strategies for the early diagnosis of HIV infection. He highlighted that HIV prevention is a complicated issue, but that it has clearly been shown that early diagnosis is a key component as it shortens the period when a person is most infectious and gives them access to effective treatment. He highlighted that using Treatment as Prevention (TasP) can substantially reduce a country's epidemic as demonstrated by a recent Danish study among men who have sex with men (MSM)¹ (Okano JT, *et al.*). He went on to describe the various strategies for improving HIV testing from offering a test to every patient in a primary care setting to targeting key populations with tailored counselling and testing, and emphasised that the key recommendation is to facilitate access to testing, which includes both the implementation of Indicator Condition guided testing and targeting high risk groups; ensuring access to treatment and care. Whilst the current health care model has hospitals as the centre of HIV treatment, the excellent work by the NGOs and outreach programmes must be acknowledged and ways to enhance this should be explored. In addition referral services into HIV care at the primary care level must also be examined.

Josep Mallolas, Servei de Malalties Infeccioses, Hospital Clínic de Barcelona I, gave a presentation on new opportunities in HIV treatment. He highlighted the different aspects of the HIV prevention pyramid, which includes TasP, vaccines and PrEP, PMTCT, STI treatment, male circumcision, microbicides, testing & counselling, education and training etc. He presented the evidence underpinning a number of these strategies: the TasP studies HPTN 052 and Partner and the PrEP studies PROUD and IPERGAY, and concluded that treatment with the goal of achieving an undetectable viral load is key in HIV prevention.

¹ Okano JT, Robbins D, Palk L et al. Testing the hypothesis that treatment can eliminate HIV: a nationwide, population-based study of the Danish HIV epidemic in men who have sex with men. *Lancet Infectious Diseases* 2016 Jul;16(7)

Session 2

The second part of the programme looked at Indicator Condition guided HIV testing within the OptTEST project.



- **OptTEST Project: European initiatives to increase HIV testing and linkage to care**

Ida Sperle from Rigshospitalet, University of Copenhagen CHIP, Denmark, presented an overview of the OptTEST project, explaining its primary goal was to improve testing and linkage to care. The work consists of a number of different work streams including linkage to care, Indicator Condition (IC) guided testing, cost effectiveness and stigma and legal barriers. Work has been undertaken to bring together stakeholders in different countries with a view to improve testing and linkage; for example expert meetings on linkage to care have been held in Greece and Poland, and cost effectiveness meeting in Estonia and Spain. Today's meeting was therefore designed in a similar way with a primary focus of HIV testing. As the OptTEST project is coming to an end in September, the work will continue within the framework of INTEGRATE, a joint action on integrating prevention, testing and link to care strategies, across HIV, hepatitis B and C, tuberculosis (TB) and STIs.

Ann Sullivan, from Chelsea and Westminster Hospital NHS Foundation Trust, United Kingdom, and lead of OptTEST WP5 presented the implementation and education and training tools to support the introduction of indicator condition guided HIV testing that were developed during the project. She described IC guided testing as an opportunistic healthcare focused strategy. She presented the evidence base for such a strategy highlighting the cost-effectiveness of testing when the undiagnosed HIV prevalence is more than 0.1%, and the high rate of missed opportunities in those diagnosed with HIV, where approximately 20% of cases have presented with IC in health care.

settings but have not been tested. This work stream has focussed on three ICs (Hepatitis B and C, infectious mononucleosis-like syndrome and pneumonia) and has collected data on HIV testing in pilot sites in 7 countries. . The tools that are now available include slides sets, a service design guide, an interactive online staff training module and a resource pack; all of which are adaptable for specific countries/regions. . She also discussed the barriers for IC guided testing, the main issues being lack of knowledge about HIV and concerns about having sufficient time to offer tests; which are addressed in the training module.

Vicky Hernando, from *Centro Nacional de Epidemiología, Instituto de Salud Carlos III, Madrid*, presented her work on reviewing HIV testing recommendations within specialty guidelines for the management of Indicator Conditions in Spain. As part of the OptTEST project she reviewed the national guidelines for all diseases that are identified as AIDS defining or ICs (associated with an undiagnosed HIV prevalence >0.1%). There were 25 AIDS defining and 49 ICs included, and a total of 104 guidelines were identified. TB and STIs had the highest number of guidelines. While 87.5% of all guidelines mentioned HIV only 36.5% went on to recommend HIV testing. She concluded that t most of the guidelines for AIDS defining conditions and IC in Spain discuss HIV infection, however the recommendation for HIV testing is less frequent and insufficient.

Rossie Lugo, from *CEE/SCAT/ASPCAT*, gave a presentation on the audits and quality improvement interventions to increase HIV testing in primary care undertaken in Catalonia as part of the OptTEST WP5. Testing in the OptTEST primary care sites in Barcelona started in early 2015 and the project will conclude with a final staff survey to compare with the baseline results. All staff were asked about obstacles, knowledge etc, in relation to HIV testing. The concerns raised were mainly about asking lifestyle-related questions, the language which should be used etc. She showed some encouraging results of the implementation of some of the WP5 tools (slide sets and online resources), translated into Catalan and adapted into the local context, in the local centres. The concept of ‘cyber patients’ in one clinic was described, where the primary care physician can see if such a patient has any existing Indicator Conditions and can then proceed to offer the patient a test.

- **Discussion with the audience -facilitated by Bryan Teixeira (EATG):**
 - Learning from this project could also be applied to testing for hepatitis and STIs. There should be joint screening efforts, with a more integrated approach, in order to be more effective.
 - It is problematic with hepatitis testing, even if the professionals are aware of the co-infection possibility, as whether the HIV test has been done or not gets lost in the referral process, often the different services think others have done/will do the test. More coordination/sharing of data is needed.

- Barriers are more often among the professional staff than among the patients. Staff is concerned that they will be asked questions they have an answer for. Their time is also limited and HIV is not their primary focus, which is the IC.
- Testing in primary care vs. in community-based centres and more general screening – the personal recommendation by the doctor in the primary care who knows the patient and has a personal contact with him/her is still an important aspect.
- Routine screening based on geographical prevalence: UK example, if 2 per 1000, all should be offered a test when blood samples are taken, if 5 per 1000 the patient should be offered a test regardless if blood test is being taken.
- How to reach out to patients? In the case of 'cyber patients', they accepted the test online. Especially men seemed more open to answer questions when it was done online. An informative brochure breaks the ice and makes it easier to bring up when taking the patient's history. It can be given to the patient before they see the doctor.

Session 3

- **Catalan initiatives in the realization of the HIV test and the link to care: progress and challenges**



Cristina Agustí, CEEISCAT/ASPCAT, Barcelona, gave a presentation on the barriers and opportunities for HIV testing in primary care. CEEISCAT participated in the HIDES study which identified ICs in which the HIV prevalence is $>0.1\%$ and therefore cost-effective to test for HIV; they also looked at the acceptability of the strategy to medical staff. It was implemented in 6 centres and involved 388 patients. Indications for testing were unprotected sex, risk behaviour and ICs. The surveyed staff found the list of conditions useful and identified barriers to offering a test included: lack of time, lack of help, and language and cultural issues. She also presented the

SIDIAP study, which showed that it is cost-effective to offer a test to patients with IC, syphilis and Hepatitis C in high prevalence settings. She also highlighted that as there are still a high number of missed opportunities there needs to be more focus on implementation of existing guidelines. A new project is being planned relating to this which will assess the efficacy of online training and introduce an electronic alarm in the computerized medical history.

Rosa Mansilla, from ASPCAT, presented on feasibility and acceptability of rapid HIV testing in primary care in Catalonia. She began by recognising that in aiming to reach the 90-90-90, there is still a long way to go, and the rapid HIV test may be one element to assist in reaching that goal. She presented a study on the rapid test implementation in primary care centres and pharmacies, in which cost-effectiveness was evaluated and recommendations produced. She proposed that family doctors should be advised to use rapid tests when behavioural criteria are met or an IC is present. Professionals should be trained to offer the test, especially when in an area with high prevalence or key populations.

Agathe León, Servei de Malalties Infeccioses, Hospital Clinic de Barcelona, gave two presentations; the first was on the applicability and implementation of electronic alerts to increase the number of HIV tests. She presented the data on IC guided testing from three Hospital units. At baseline (2008) IC testing levels were very low. The study demonstrated that teaching, even after just two sessions, and automatic alerts were both effective in increasing testing levels. The design of the electronic pop-ups is important, and can probably be improved

Her second presentation was on the quality of care and good practices between primary and hospital care in Barcelona. Currently only hospitals are able to provide ART and the standard care model is based on the 'traditional' triangle of a laboratory, day care hospital and the pharmacy. She challenged that maybe this model could be changed and that a one size fits all approach is no longer suitable. Agathe went on to propose a shared care unit; a model based on telemedicine (internet-based service) which can link patients with the hospital and the primary care unit, as all data is online. Her study demonstrated that the number of visits required could be reduced from every 6months to every 18months. Hospital based patient records can be made available online to primary care settings with patient consent. The initiative will be part of the new INTEGRATE project.

Carolina Guiriguat from Sistema d'Informació dels Serveis d'Atenció Primària (SISAP), ICS, gave a presentation on the monitoring of health care quality in primary care, describing the quality indicators for HIV testing and linkage to care through the Khalix platform. SISAR-ICS serves 78% of the Catalan population via the primary care units. It contains patient data and diagnosis data, stored in the ECAP system. The limitations are that some hospitals do not belong to the Catalan hospital network, and also community level data is not included (these issues are currently being addressed). Khalix contains data on STIs and ICs. Medical staff can look for their unit's data directly, for e.g. on HIV prevalence. The system also allows detailed analysis

of IC testing aligned with gender, age etc. Testing has improved in the recent years, but recording of data needs to be improved.

- **Discussion with the audience**

- Guidelines for mononucleosis-like syndrome are unclear and mononucleosis-like illness does not have an official code so data linkage is not possible. Symptoms can be listed and recorded. In the UK, it is possible to link the blood tests e.g. EBV and HIV in some Hospitals.
- Where should rapid tests be available? Recommendations are now being worked on and specific criteria need to be established. The centres which should have these are likely to be those where there are high levels of STIs, where staff are/can be trained, those with longer opening hours etc. After a high risk contact, if a rapid test is available the patient's stress level can be lowered. Whenever tested positive for an STI a rapid test should be offered immediately, otherwise you risk losing the patient. Rapid tests are expensive, and maybe not suitable in all settings, but where indicated they can be very effective. One problem some centres find is that they expire quickly.
- Trans persons: how can data be differentiated to show evidence for this group? They often do not attend primary care centres nor community health. CEEISCAT conducted a project with Stopsida about high risk action intervention among MSM, sex workers, migrants and trans-persons. They usually go to community NGOs, but it should be made easier for them to go to primary care as well.

Session 4

- **Evidence-based primary care: minimize barriers through continuous education and guides**

Ricard Carrillo, from CamFic, Catalonia gave a presentation on continued education of primary health care in Catalonia. Intensive training is being provided on early diagnosis and counselling, and associated benefits. The training is focused on developing the skills required to offer and HIV test. The model is based on 'training the trainers' and is currently offered in 4 sites in Catalonia. The counselling includes pre- and post-test counselling. A CD package, containing videos and power point slides is available. So far, 1,728 persons have been trained and surveyed. The results are encouraging. Next steps include expanding to online training.

David López Heras, from Atenció Primària ICS presented the project: on evidence-based primary care: clinical practice guides in 3 clicks. The 3 clicks project is a website, which provides clinical practice guides, nursing guides

and abstracts of relevant articles. These are translated and adapted for different purposes. There is also a link to the drug-interactions.org website. The project *3 clicks* also addresses other STIs.

- **Conclusions**

Jordi Casabona, CEEISCAT / ASPCAT, concluded that despite the many efforts being made, difficulties and challenges remain, including information availability and sharing, data, resources allocated to HIV testing programmes etc. He highlighted the importance of collaboration and sharing different experiences, as sometimes people tend to work in their own specific fields. Catalonia can contribute to the European efforts, and therefore continued international collaboration is important.

Ann Sullivan, OptTEST, Chelsea and Westminster Hospital NHS Foundation Trust, United Kingdom, re-iterated how impressive the Catalonian programmes and innovative practices are and how much has been done in this area. She highlighted that Catalonian is undoubtedly a leader in the field and emphasised how important it is that this knowledge is shared to ensure that best-practice is implemented more widely. She suggested that meeting attendees should agree one or two actions, e.g. refining the pop-up or revising of the guidelines, to ensure the meeting has a worthwhile outcome

- **Comments from the audience**

- IC guided testing could be included as one of the outcomes clinics need to report on annually.
- People are starting to see the importance of primary care in this context.
- Many barriers depend on professionals themselves, improvement can be made through training and raising awareness.
- There are some new developments and challenges that need to be met, e.g. elderly patients who are growing older with HIV.

- **Actions from the meeting**

- Ensure that pop-ups are implemented as widely as possible and spread and share knowledge and best practice
- Get HIV testing included in specialty guidelines

ANNEX 1 – Agenda

The OptTEST Project: Improving Early diagnosis of HIV in Primary in Catalonia and Europe

10th of July 2017 - Palau Macaya, Barcelona, 10:00-14:30

10: 00h-10: 20h. Welcome

- Jordi Portabella, Director of l'Àrea de Recerca i Coneixement, Fundació Bancària La Caixa
- Joan Colom, Subdirector General de Drogodependències, Departament de Salut de la Generalitat de Catalunya
- Candela Calle, Directora Gerent de l' Institut Català de la Salut (ICS) i Directora General Institut Català d'Oncologia (ICO)
- Dolors Forés, Presidenta de la Societat Catalana de Medicina Familiar i Comunitària (*CAMFiC*)

10: 20h-10: 40h. Introduction: Early HIV diagnosis and treatment: current situation and challenges

- Relevance and strategies for early diagnosis of HIV infection. Jordi Casabona, Centre for Epidemiological Studies on HIV/AIDS and STIs in Catalonia (CEEISCAT)/ ASPCAT
- HIV treatment: new opportunities. Josep Malloles. Service of Infectious Medicine, Clínic Hospital.

10: 40-12: 00h. OptTEST Project: European initiatives for HIV testing and linkage to care

- Optimising testing and linkage to care for HIV across Europe (OptTEST). Ida Sperle, Rigshospitalet, University of Copenhagen CHIP, Denmark
- Tools and strategies for indicator condition guided HIV testing. Ann Sullivan, Chelsea and Westminster Hospital NHS Foundation Trust, United Kingdom
- HIV testing good practices and guidance: Spanish review of HIV testing recommendations in indicator conditions guidelines. Vicky Hernando, Centro Nacional de Epidemiología Instituto de Salud Carlos III, Madrid
- Audits and quality improvement of HIV testing in Primary care: WP5 in Catalonia. Rossie Lugo, Centre for Epidemiological Studies on HIV/AIDS and STIs in Catalonia (CEEISCAT)/ ASPCAT
- Panel discussion

12: 00h-12: 30h. Coffee break

12: 30h-13: 35h. Catalan initiatives for HIV testing and linkage to care: progress and challenges

- Barriers and opportunities for HIV testing in Primary care: current perspective and future initiatives. Cristina Agustí, Centre for Epidemiological Studies on HIV/AIDS and STIs in Catalonia (CEEISCAT)/ ASPCAT
- Feasibility and acceptability of HIV rapid testing in Primary Care in Catalonia. Rosa Mansilla, ASPCAT, Catalonia

- Applications and implementation of electronic prompts to increase indicator conditions guided HIV testing in Primary Care in Barcelona. Agathe León, Service of Infectious Diseases, Clinic Hospital, Barcelona
- Quality of care and good practices between primary care and hospital in Barcelona: early diagnosis, linkage to care and effective management. Agathe León, Service of Infectious Diseases, Clinic Hospital, Barcelona
- Monitoring quality of care in Primary care: quality indicators for HIV testing and linkage to care through the Khalix platform. Carolina Guiriguat, Sistema d'Informació dels Serveis d'Atenció Primària (SISAP), ICS, Catalonia
- Panel discussion

13: 35h-14: 00h. Evidence-based primary care: Minimizing barriers through continuous education and guidelines

- Primary care continuous education on HIV in Catalunya. Ricard Carrillo, CamFic, Catalunya
- Evidence-based primary care: 3 clics guidelines. David López Heras, Atenció Primària ICS, Catalunya
- Questions and answers

14: 00h-14: 20h. General conclusions

- Jordi Casabona
- Ann Sullivan

14: 20h-14: 30h. Closing

ANNEX 2 - List of participants

Alexandra	Montoliu	CEEISCAT
Ana	Muñoz	ViiV Healthcare
Andrea	Larrañaga	CAP La Marina
Andreu	Bruguera	CEEISCAT
Ann	Sullivan	Chelsea and Westminster Hospital NHS Foundation Trust
Anna	Esteve	CEEISCAT
Anna	Jansana	SECRETARIA DE SALUT PÚBLICA
Anna	Rafael	Associació Antisida de Lleida
Antònia	Castillo	Servei Català de la Salut (CatSalut) - Regió Sanitària Barcelona
Aura	Roig	FSYC
Benet	Rifà	Agència de Salut Pública de Catalunya
Bryan	Teixeira	EATG
Carolina	Guiriguat	ICS
Caroline	Roe	SSPT
Cristina	Agustí	CEEISCAT
Cristina	Martínez	Institut Català de la Salut
Dolors	Guix	ASSIR Granollers
Dolors	Carnicer	CEEISCAT
Edgar	Gil	Comitè 1r de Desembre - Plataforma Unitària d'ONG-SIDA de Catalunya
Ester	Duran	CAMFIC
Eva	González	Hospital Clínic
Evelin	López	CEEISCAT
Ida	Sperle	Rigshospitalet, University of Copenhagen CHIP
Jesús	Almeda	ICS
Joan	Mascort	Societat Catalana de Medicina Familiar i Comunitària (CAMFiC)
Joan	Castella	PADS

Jordi	Baroja	Centre Jove d'Anticoncepció i Sexualitat (CJAS)
Jordi	Xandri	Institut Català de la Salut - SAP Esquerra-Litoral de Barcelona
Júlia	de Miguel	Creu Roja a Catalunya
Laia	Ferrer	CEEISCAT
Laura	Moreno	Centre Jove de Salut de Girona
Maria	Garcia	Creu Roja a Catalunya
Maria	Dutarte	EATG Office
Maria	Rodríguez	FSYC
Maria Asunción	Wilke	CAP Bufalà
Maria Julia	Cid	Institut Català de la Salut
Marta	Rossell	ViiV Healthcare
Mireia	Arnedo	IDIBAPS
Mireia	Fàbregas	SISAP, ICS
Montse	López	ViiV Healthcare
Nicolas	Lorente	CEEISCAT
Noemí	Romero	CEEISCAT
Núria	Vives	CEEISCAT
Patricia	Colomera	Creu Roja a Catalunya
Rafa	Muñoz	CEEISCAT
Ricard	Carrillo	CAMFIC
Rosa	Mansilla	ASPCAT
Rosina	Malagrida	IrsiCaixa
Teresa	Casanovas	ASSCAT
Victoria	Hernando	ISCIII
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