



**HIV in Europe**

Working Together for Optimal  
Testing and Earlier Care

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Copenhagen 2012 Conference

# Report from Monday's plenary and parallel sessions

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# ECDC, EU Commission, EU Parliament & WHO representatives

... unanimously agree on:

- the need for political leadership
- there's a gap between supporting where we *should* be and where we *are*
- the problem isn't the availability of money – but the priorities for spending it.

# HIV testing in European Region

- More than 50% of PLHIV present late
- More than 90,000 preventable deaths per year
- Gap between East and West
- There are still places & populations in the EU with major problems (e.g. stockouts)

- Normalize HIV testing – even at the cost of counselling [*Valerie Delpech*]
- Endorsement of testing's cost-effectiveness by NICE
- Three models for estimating national HIV population size, building on early HIV in Europe work [*Ard van Sighem*]

# Parallel session findings

- Routine testing in emergency departments is feasible, acceptable and cost-effective. Prevalence is 0.6% in Paris ERs. Acceptance rate is high, but offer rate is low – and thus coverage rate is only about 10% of ER patients in two different studies. *[PS1/1, PS1/2, red pp.14-15]*
- A multimedia informational tool was cost-effective in making testing more acceptable to patients, but actual gain in coverage was modest. *[PS1/3, p. 16]*
- An educational tool developed for hospital departments outside of genitourinary medicine proved to be feasible and acceptable – and resulted in more testing. *[PS1/4, p. 16]*

- Among MSM, a large European survey (EMIS) found associations between being tested and being 25-39 years old, urban, “out”, or having a new steady partner.  
MSM who recently engaged in high-risk behavior were half as likely to be tested. *[PS1/5, p. 17]*
- A Belgian study of testing among sub-Saharan migrants found that health care providers were not in favor of PITC. Reasons included:
  - lack of info on HIV in sub-Saharan migrants
  - worries about stigmatizing patients and testing undocumented migrants
  - language barriers.

A PITC tool developed for use with these migrants made providers much more comfortable about initiating testing. *[PS3/3, p. 25]*

- Three W European studies (Barcelona, Lisbon, Paris) described effectiveness community-based testing checkpoints for MSM. The checkpoints are effective because they:
  - provide rapid tests
  - are community-based
  - offer counselling (esp. when it's peer counselling)
  - provide a strong link to care (95% of those testing positive were linked to care, and only 1-2% were completely lost to follow-up). *[PS2/2, PS2/3, PS2/4, pp. 19-20]*
- A Georgian study found that continuous interventions increase the knowledge of testing availability – but that knowledge does not necessarily increase testing uptake. *[PS3/2, p. 24]*

- A testing program in Ukraine targeted female IDUs. Of those who agreed to be tested, 91% said they were primarily attracted by other offerings – e.g. gynecological checkups and free shampoo, femidoms, hand creams, etc. *[PS3/5, p. 26]*
- The SIALON project found that testing among MSM in southern and eastern Europe is more frequent among MSM who self-identify as gay (esp. if living with a male partner), are older, city-dwelling, educated and/or are exposed to prevention programs. So: MSM testing initiatives should increase focus on other cohorts. *[PS3/6, p. 26]*
- In Belarus, 11% of those testing positive were forced to undergo sterilization, and 47% were advised by health providers not to have children. *[PS2/5, p. 21]*

- Late presentation prevalence has been steadily – but slowly – decreasing.

The decrease is especially notable among MSM; no decline among groups such as migrants or heterosexual men.

- The document on indicator disease guidance is being finalized. Review it online at [hiveurope.eu](http://hiveurope.eu) and email comments to [dra@cphiv.dk](mailto:dra@cphiv.dk) by April 15th.

“We have to remove all legal and practical obstacles standing in the way of early diagnosis and access to treatment. And it should be a joint European and global effort.”

*Pia Olsen Dyhr  
Acting Minister of Health  
Denmark*