OptTEST
OPTIMISING TESTING AND LINKAGE TO CARE FOR HIV ACROSS EUROPE

Meeting Report

National Stakeholder's meeting

Optimizing HIV testing and linkage to care in Spain

September 2017

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Disclaimer

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1.- EXECUTIVE SUMMARY

The Spanish National Stakeholders meeting took place in Madrid on the 14th September 2017. It was organized by the Instituto de Salud Carlos III (ISCIII) in the framework of the Optimising Testing and Linkage to Care for HIV in Europe (OptTEST) project.

The main objective of the meeting was to translate into Public Health action the lessons learned from the OptTEST results and how these finding can help curving the HIV epidemic in Spain.

The meeting brought together professionals from different levels of the health care system (policy makers, civil society and researchers), engaged in implementing methods aiming for a normalization of HIV testing in health care systems and optimizing current testing policies.

Data show that in 2015 there were 3.438 new diagnoses in Spain with male/female ratio of 6. By age groups, 11% were among 15-24 years old and 14% among older than 50. The main group is the MSM, followed by heterosexuals, being IDU only a 2.8%. Regarding the region of origin, Spaniards are the wider group (86%) followed by Latin-Americans (16%) with the same transmission pattern as Spaniards. Heterosexual men (63.1%) present the highest rates of late presentation while MSM data show their rate is the lowest, although it is still on 38.4%.

The benefits of early testing and optimal treatment are already recognized among those health professionals and policy makers already involved in HIV. Nevertheless, the Spanish picture of the epidemic highlights that there is still a need to increase awareness to reduce the number of undiagnosed people with HIV infection and late presenters. The combination of intensive prevention programmes with large scale-up and sustainable testing strategy together with quick access to treatment and PrEP use might be the path to HIV transmission eradication.

2.- AGENDA AND MINUTES

The agenda of the meeting was as follows:

1. Elimination of HIV in the UK- we are on the way!
   Valerie Delpech, Public Health England
2. Spanish Data
   Asunción Díaz, National Centre on Epidemiology, Instituto de Salud Carlos III
3. Discussion
4. Spanish Guidelines for HIV testing
   Olivia Castillo, Directorate of Public Health, Quality and Innovation, Ministry of Health, Social services and Equality
5. Cost-effectiveness analyses data from Spain
   Julia del Amo, National Centre on Epidemiology, Instituto de Salud Carlos III
6. Revision of the Spanish specialty guidelines
   Vicky Hernando, National Centre on Epidemiology, Instituto de Salud Carlos III
7. IC-guided testing in Madrid

María Jesús Pérez-Elías, Hospital Ramón y Cajal

8. IC guiding testing and routine offer in Madrid
   Myrian Pichiule, Department of Health, Comunidad de Madrid
9. Discussion

Welcome

Dr. Julia del Amo welcomes participants and thanks the National Programme on AIDS and Scientific societies representatives to join the meeting.

The meeting will focus on how findings from the Opt-test project can help curving the HIV epidemic in Spain. The idea is to translate into Public Health action the lessons learned from the Opt-test results.

The first topic will be presented by Dr. Valerie Delpech, Head of HIV National Surveillance and monitoring at the English Department of Public Health.

1. **Elimination of HIV in the UK- we are on the way! - Valerie Delpech, Public Health England**

Dr. Valerie Delpech begins her presentation by explaining the English context where there is a tolerant society with antidiscrimination laws. Health care is free and accessible through the National Health System. Besides, there are 240 STI/HIV clinics open and accessible to all the public. Effective HIV treatment is accessible in England since the 90s.

It is estimated that more than 100,000 people live with HIV in England, 87% are already diagnosed and, of those, 96% are already on treatment. Diagnosed HIV prevalence is 2.26 per 1.000. The NHS collects data on everybody diagnosed every year. Most of the diagnoses are concentrated in London and its surroundings. About the continuum of care there is little different among the different groups which shows there are no health inequalities although there are special projects targeted to adolescents as it looks they adherence to treatment is not good enough.

Since the beginning of the epidemic there has been a big push for condom use, mainly among gay men. Over the past decade, health authorities increased early testing supporting a wide range of health promotion strategies (since 2012 encouraging gay men to test once a year and every 3 months if engaging in condom less sex with new or casual partners, among others) that together with introduction of new testing modalities (self-test, home-sample, PreP trials) have created a culture on diagnose among gay men.

This new culture of keeping people negative has shown that the rate of gay men undiagnosed is declining since 2016. This approach has also contributed to reduce the time to treatment. To analyse this trend a study was made for the period 2012-2016 (for further details, see attached slides). Its main conclusions were that the combination of prevention strategies is driving MSM to diagnosis declines: scale-up of repeat testing; accelerated time to treatment; PrEP use.

2. Spanish Data - Asunción Díaz, National Centre on Epidemiology, Instituto de Salud Carlos III

Dr. Asunción Díaz works at the National Epidemiology Centre, in Madrid, and together with Vicky Hernando and Marta Ruiz, is in charge of HIV surveillance and epidemiology.

The presentation begins with an introduction to the Spanish surveillance system and its information sources: EPI-VIH sentinel surveillance for STI/HIV at STI clinics (15 in the whole country); AIDS cases, HIV new diagnoses, national statistics of deaths, CoRIS cohort, cross sectional annual survey in public hospitals, etc.

In 2015 there were 3,438 new diagnoses in Spain with male/female ratio of 6. By age groups, 11% were among 15-24 years old and 14% among older than 50. The main group is the MSM, followed by heterosexuals, being IDU only a 2.8%. By region of origin, Spaniards are the wider group (67%) followed by Latin-Americans (16%) with the same transmission pattern as Spaniards. (For further details on epidemiological data, see presentation attached).

Trends analysis for the period 2009-2015 shows a very small decrease in new diagnoses for all groups except among gay men that keeps stable. Data from 2016 aren't still ready and this apparent descend of new diagnoses might be an effect of notification delay. The median of CD4 at diagnose is stable in all groups with slights differences for heterosexuals and UDIs.

The main conclusions are that in Spain:

- HIV is a concentrated epidemic, with several sub-epidemics
- Rate of new HIV diagnoses is similar to other EU countries
- Main transmission route: sexual contact
- Incidence of new HIV diagnoses decreasing in all groups, except MSM
- High percentage of late diagnosis, with different magnitude by transmission mode but same trends
- Linkage to care after HIV diagnosis is good, but it is needed to improve among IDU

3. Discussion

The quality of the Spanish data on testing should be improved as the only available data are collected from the few STI clinics in the country and from those NGOs offering the test. In UK there is also an effort to put all the sources together as some populations as heterosexual black Africans, prefer to test at GPs.

In UK testing is offered to 90% of the gay population, mainly at STI clinics. Of the 800.000 estimated MSM at least 100,000 tests annually in clinics. Although behavioural surveys are not perfect, they show that home-sampling, self-test and general practitioners are the other means for testing among MSM.

A participant would like to ask the representative of the Secretariat of the National Plan on AIDS why self-test requires a medical prescription in Spain. Although in Spain studies show that MSM prefer self-test than any other testing offer, it isn't freely available. The National Plan on AIDS representative informs that they have been negotiating with the sanitary products authorities

to open access to self-test suppressing medical prescription. The new regulation will be approved by the end of the year. Regarding home-samples, it is forbidden in Spain.

On the question about adherence Valerie Depeche explains that in UK adherence seems to be very high, although as already said, there are still special projects focused on those groups, such as adolescents, that present a lower rate. Dr. Díaz informs that in Spain the main problem are the sources of information and how to define adherence. Nowadays the two sources for adherence are CoRIS and the hospital's survey. The adherence rate in Spain is more than 80% among MSM being lower among heterosexuals and IDUS.

4. **Spanish Guidelines for HIV testing -Olivia Castillo, Directorate of Public Health, Quality and Innovation, Ministry of Health, Social services and Equality**

The *Early diagnose Guideline* is intended to provide information to health professionals and the necessary active support for conducting HIV testing, both in the field of primary and specialized care in Spain. The objective is to promote the early diagnosis of HIV and other STI, to reduce the number of non-diagnosed people. Its core principles are verbal consent, confidentiality, linkage to care and early treatment (for details see the attached presentation).

The recommendations of an expert Group on the intensification of the offer of HIV testing in Primary Care were to offer routine HIV testing to all sexually active people (aged 20-59) at least once in life; to adapt the HIV indicator diseases to PC and link a test request alert in medical history; to improve information on sexual behavior in the medical history record; to identify risk practice of targeted population; encourage training for GP.

The VIHAP study results show that routine offer in Primary Care is feasible; it is acceptable 93-95%; prevalence observed is 1.42-1.55 / 1000 tests; mean age 33.5 years, median 30 years; all early diagnosis: CD4> 500 cells / µl; undiagnosed prevalence> 0.1% and the profitability of test 1 positive / 660-700 tests.

Finally, the Directorate of Public Health, Quality and Innovation developed a tool for mapping of test services and a network to monitor HIV testing at Community Programmes.

5. **Cost-effectiveness analyses data from Spain -Julia del Amo, National Centre on Epidemiology, Instituto de Salud Carlos III**

Dr. Del Amo acknowledges the members of the working group involved in this work package, specially Dr. Jesús Martín for his important contributions to the Spanish analysis.

The objectives of the study on cost-effectiveness were to determine the survival benefits, cost and cost-effectiveness of different HIV testing strategies in different settings, regions and priority groups in Europe. The complexity of these studies recommended to focus on 3 countries (France, Estonia and Spain) and to try to extrapolate findings to other European states, to produce region-specific guidance for choosing cost-effective testing strategies. (for details on methodology and results see the attached presentation).

Costs was defined as the costs of HIV testing strategies, related to HIV care, treatment and death (AIDS or non-AIDS) and effectiveness as life expectancy in months / Quality-adjusted life expectancy (QALE). To obtain the incremental cost effectiveness ratio (ICER) the additional costs and additional effectiveness was used.

For these analyses, a strategy was defined as cost-effectiveness if its ICER was below the country Gross Domestic Product (GDP). For Spain, this is 24,000€.

These studies of cost-effectiveness require lots of data with multiples information sources that in Spain, are difficult or impossible to obtain. It was decided to adopt a conservative position when generating the data.

Conclusions of the study were:

- MSM should be tested every 3 to 12 months in France and Estonia, and every 6 to 36 months in Spain.
- PWID should be tested every 3 to 12 months in Spain, and every 12 to 36 months in France. In Estonia, PWID should be tested at least monthly, if not more frequently.
- Current HIV testing in the general population should be maintained in France and Spain, and increased in Estonia with an additional test every three year.
- For optimal value, HIV screening strategies in Europe should be tailored to each country's epidemic.

6. Revision of the Spanish specialty guidelines - Vicky Hernando, National Centre on Epidemiology, Instituto de Salud Carlos III

The objective was to review the Spanish Specialty and Primary Care guidelines for AIDS defining conditions (ADCs) and Indicator Conditions (ICs), regarding their HIV testing recommendations. The revision was based on the HIDES study "HIV indicator disease across Europe Study" that identifies: 25 *AIDS defining conditions (ADCs)* and 48 *indicator conditions (IC).*

The Spanish specialty guidelines were identified using Specialty Societies, Associations, State Agencies or College websites and google and each guideline was reviewed by two independent researchers checking if HIV was mentioned, and if HIV testing was recommended according to "The Spanish Guide Recommendations for early diagnosis of HIV in the Health Sector" Spanish Ministry of Health 2014. (see details on methodology and results in the attached presentation).

A total of 104 guidelines were identified: 21 for ADCs, 75 for ICs and 8 for both; at least one guidelines (range 1-19) was identified for 60% (15) of ADCs and 69% (33) for ICs; and *Pulmonary or extrapulmonary tuberculosis* was the one included in most guidelines (8) and *sexually transmitted infections* (19) were the ICs with the most guidelines. HIV infection was mentioned but was not recommended HIV testing in 51 guidelines**.**

The conclusions of the study are:

- Most of the revised guidelines pertaining AIDS defining conditions and Indicator Conditions in Spain discuss HIV infection but, the recommendation on HIV testing is scarce and insufficient.
- It is necessary to expand and improve the information available in all the sanitary servicies that involve increasing early HIV diagnosis.

- Recommendation HIV testing using indicator conditions strategy must be included in the routine care.
- The specialty guidelines must incorporate this recommendation to improve HIV testing and early diagnosis of HIV infection

7. IC-guided testing in Madrid – María Jesús Pérez-Elías, Hospital Ramón y Cajal

This study was done in the context of the DRIVE 01/02/03 Studies Main Findings. The objectives of this prospective study were to explore the best strategies and settings for a more extended HIV testing in Spain; to evaluate the prevalence of hidden HIV infection and prior health care contact in two medical settings: in a Hospital Emergency Room (HER) and in a Primary Care Center (PCC); to validate an HIV Risk practices and clinical conditions questionnaire (HIV-R-Quest) and to study HIV positive confirmed patients' characteristics and molecular epidemiology. (methodology and results in the attached presentation).

Main findings were:

- With the same work plan, design and resources, HIV routine testing reached higher rate of coverage in Primary Care Center, and patients were diagnosed with higher CD4 cell count.
- The high prevalence of hidden HIV infection found in our routine voluntary study (0.41%) supports the implementation of a more extended HIV screening strategy.
- Missed opportunities for HIV diagnosis were observed in almost one third of our population.
- Half of the population studied reported risk practice and/or indicator conditions when investigated exhaustively.
- Prior HIV testing frequency was higher in those who finally resulted HIV infected.
- HIV RE&IC self-questionnaire accurately discriminated all non- HIV-infected people without missing any HIV diagnoses in a low medium HIV infection prevalence area.
- Guide HIV Testing by a questionnaire of HIV Exposure Risk and Indicator Conditions, saves costs, without missing New HIV Diagnoses.
- In our Health Area, Guide HIV Testing by a questionnaire of HIV Exposure Risk and Indicator Conditions works better than other tools to find NHIVD.

8. IC guiding testing and routine offer in Madrid - Myrian Pichiule, Department of Health, Comunidad de Madrid

The ESTVIH study aimed to assess the implementation in primary care of different strategies to promote early diagnosis of HIV infection. The tested strategies were: universal offer, risk-based offer and Indicator Condition offer. Primary care professionals (320 clinicians and nurses) joined each strategy voluntarily. In Madrid region, 80% of the population attended primary health care settings in the last 12 months. Late diagnose (CD4<350 cell/µl) was up to 41% in 2015 As a support tool, the project implemented a few alerts to guide clinicians working on IC. (methodology and results in attached presentation).

Although Universal Offer was the strategy with the highest number of HIV tests, Indicator Condition Offer has the greatest diagnostic effectiveness, followed by Risk based Offer. 15 new diagnosis were found, 8 of them through the IC offer. These 8 cases were attended at PC before the study for one of the Indicator Condition. Results also show that population have low risk perception of HIV infection despite there are risky practices for HIV.

The results of the ESTVIH study will help to develop recommendations for improving HIV diagnosis in Primary Care.

9. Discussion and next steps

Julia del Amo thanks speakers for their presentation and opens the floor for discussion.

The first topic to arise is the possible eradication of HIV to which Valerie Depeche express her "feeling" that, according to the data on MSM already presented, eradication of HIV transmission could be possible combining intensive prevention programmes; a large scale-up and sustainable testing strategy; quick access to treatment; and PrEP use. The culture of keeping people negative is working in UK among MSM and it could be adapted to other countries or vulnerable groups.

There is a certain consensus about the need to change the Spanish recommendations on routine testing in primary care suppressing the requirement of living in a province with rates of new diagnoses among the age group 20-59 over percentile 75. This requirement only adds confusion to the recommendation. There is also consensus on the need to plan an extensive distribution of the Guidelines among primary care professionals.

There is discussion on which strategy is more efficient for early diagnose: universal offer vs. guided offer. Some participants think that guided offer could work with good training and alerts support. Some others prefer universal offer in primary health care settings.

There is also debate about professional's training with no consensus among participants. There are some who support that formal training programmes would help extending universal offer in primary care. Others think that primary care professionals are already overloaded and these trainings should be short sessions with clear recommendations. There is another group that advocate for introducing universal offer as soon as possible in primary care, even if there is no training offer. As already said, professionals are overloaded and it would be preferable to just inform the patient, as it is done with pregnant women, and extend the test to any sample prescribed for whatever reason to sexually active persons on the age group 20-59.

Olivia Castillo commits to incorporating the evidence generated in Opt-test in the revised HIV testing guidelines and other activities. Maria José Fuster and Pepa Galindo will also follow-up on Opt-test results in the actions to be contemplated within SEISIDA.

Julia del Amo thanks the speakers and all attendants for their positive suggestions to improve testing in Spain, inviting them to continue to work together for HIV eradication.

Note: Some enthusiastic participants continued debating informally for almost another hour after the meeting was officially closed.

3.- LIST OF PARTICIPANTS

Thirty-seven professionals from health services, governmental departments and social organizations were invited to the meeting, of which 14 excused their attendance for agenda reasons. The final list of participants is:

Name	**Institution**
Asunción Díaz Franco	National Centre on Epidemiology – Instituto de Salud Carlos III
Carlos Iniesta	National Centre on Epidemiology – Instituto de Salud Carlos III
Cristina Moreno	National Centre on Epidemiology – Instituto de Salud Carlos III
David Dalmau	Hospital Mutua de Terrassa
Juan Hoyos	National School of Health – Instituto de Salud Carlos III
Julia del Amo	Spanish HIV Network of Excellence - National Centre on Epidemiology – Instituto de Salud Carlos III
Luis de la Fuente	National Centre on Epidemiology – Instituto de Salud Carlos III
Luis Miguel García Sousa	National Centre on Epidemiology – Instituto de Salud Carlos III
Maite Manzanera	Asociación CoRIS
Marco ESpinel	Comunidad de Madrid. Department of Health
María Jesús Pérez Elías	Hospital Universitario Ramón y Cajal
María José Belza	National School of Health – Instituto de Salud Carlos III
María José Fuster	SEISIDA -Spanish Interdisciplinary Society on AIDS
María José Galindo	SEISIDA -Spanish Interdisciplinary Society on AIDS
Marta Ruiz	National Centre on Epidemiology – Instituto de Salud Carlos III
Miriam Pichiule	Comunidad de Madrid. Department of Health
Mónica Morán	Comunidad de Madrid. Department of Health
Montserrat Gamarra	National Centre on Epidemiology – Instituto de Salud Carlos III
Nieves Sanz	Asociación CoRIS
Olivia Castillo	Directorate of Public Health, Quality and Innovation, Ministry of Health, Social services and Equality
Valerie Delpeche	Public Health England
Victoria Hernando	National Centre on Epidemiology – Instituto de Salud Carlos III

The list of those invited who couldn't finally join for agenda difficulties were:

Name	Institution
Amaya Azcoaga	Centro de salud los Pintores - Parla
Antonio Rivero	GESIDA
Begoña Rodríguez	Directorate of Public Health, Quality and Innovation, Ministry of Health, Social services and Equality
Belén Alèjos	National School of Health – Instituto de Salud Carlos III
Dorthe Raben	Region H
Gonzalo Arévalo	European projects office – Instituto de Salud Carlos III
Inmaculada Jarrín	National Centre on Epidemiology – Instituto de Salud Carlos III
J.M. Fernández	Consultorio Villamanta (C.S. Navalcarnero). Gerencia de Atención Primaria de Madrid. Profesor Asociado de Ciencias de la Salud. Universidad Rey Juan Carlos. Red de Investigación en Servicios de Salud en Enfermedades Cónicas (REDISSEC)
José Alcami Pertejo	Instituto de Salud Carlos III
José Pérez Molina	GESIDA
Julián Alexander Portocarrero	Instituto de Salud Carlos III
Marta Ortíz	Instituto de Salud Carlos III
Ramón Aguirre	Comunidad de Madrid. Department of Health
Santiago Moreno	Spanish HIV Research Network – Hospital Ramón y Cajal

ANNEX 1 - PRESENTATIONS