OptTEST
OPTIMISING TESTING AND LINKAGE TO CARE FOR HIV ACROSS EUROPE

HIV testing guided by HIV infections conditions: Opt-TEST Project WP5:

opportunities and bstacles to generalization of HIV testing in Primary care

---

Sharing Catalan OptTEST experience

Rossie G. Lugo

5 June 2017, Lisboa

StakeholderS' MEETING

1. Background

2. Objetives Opt-TEST

3. Initiatives WP5

4. Results Catalonia

5. Recomendacions

Background:

Why is it important to implement HIV testing in Primary care?

Direct health benefits for the individual when accessing effective antiretroviral treatment

- Decreases related morbidity and mortality

Reduction of transmission to partners

- Modification of risk behavior
- Effective treatment results in an undetectable viral load, leading to become non-infectious for sexual partners

Reduction of health-related costs

- To avoid complications associated with untreated HIV, thus avoiding the resulting health costs

Primary care gives the opportunity to adress medical and risk assesment

- Some indicators conditions or similar syndromes are being seeing first in primary care
- Early diagnosis and linkage to care

Proportion of HIV cases diagnosed late (CD4 <350) 2014, EU / EEA

< 30%

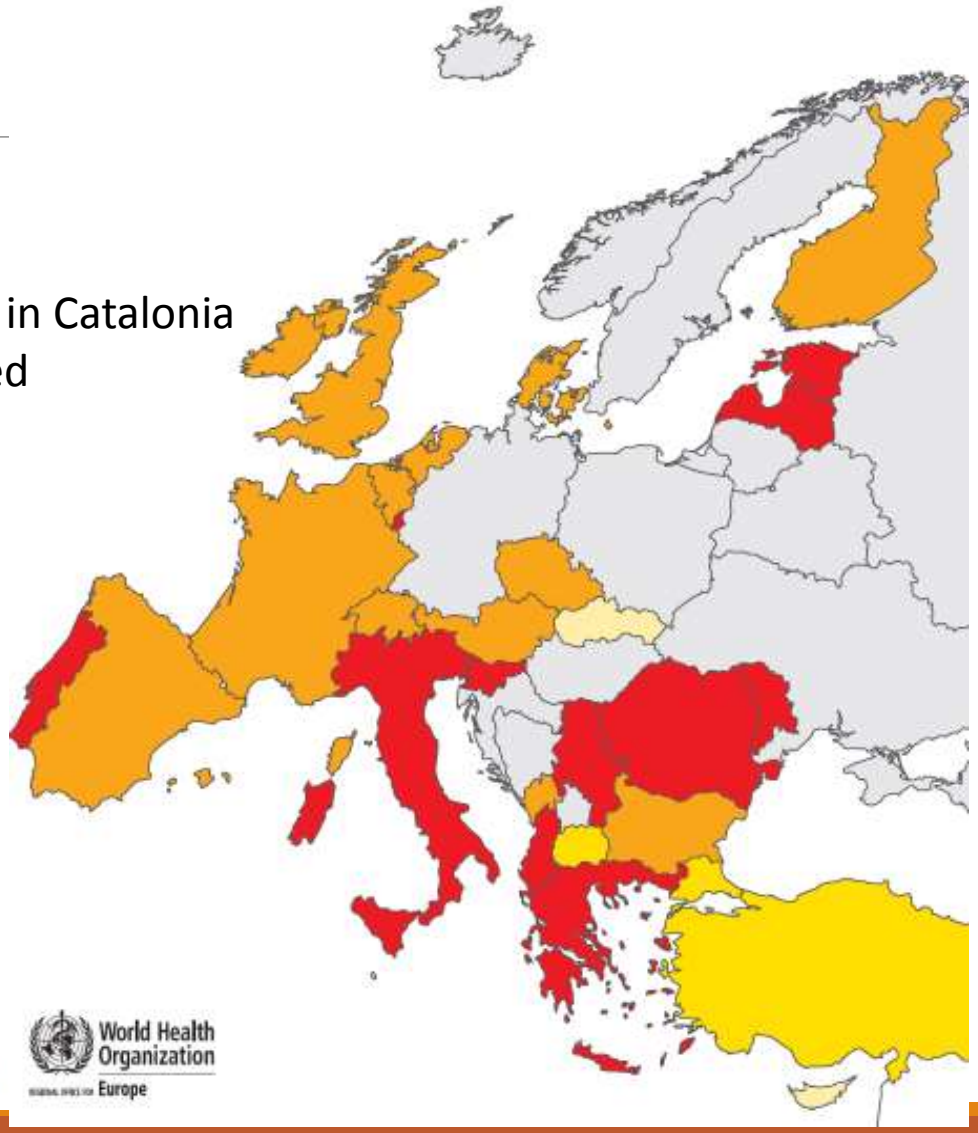
30 to <40%

40 to 50%

> 50%

Not included or not reporting

47% delayed in Catalonia
27% advanced



Non-visible countries

- Liechtenstein
- Luxembourg
- Malta

ecdc

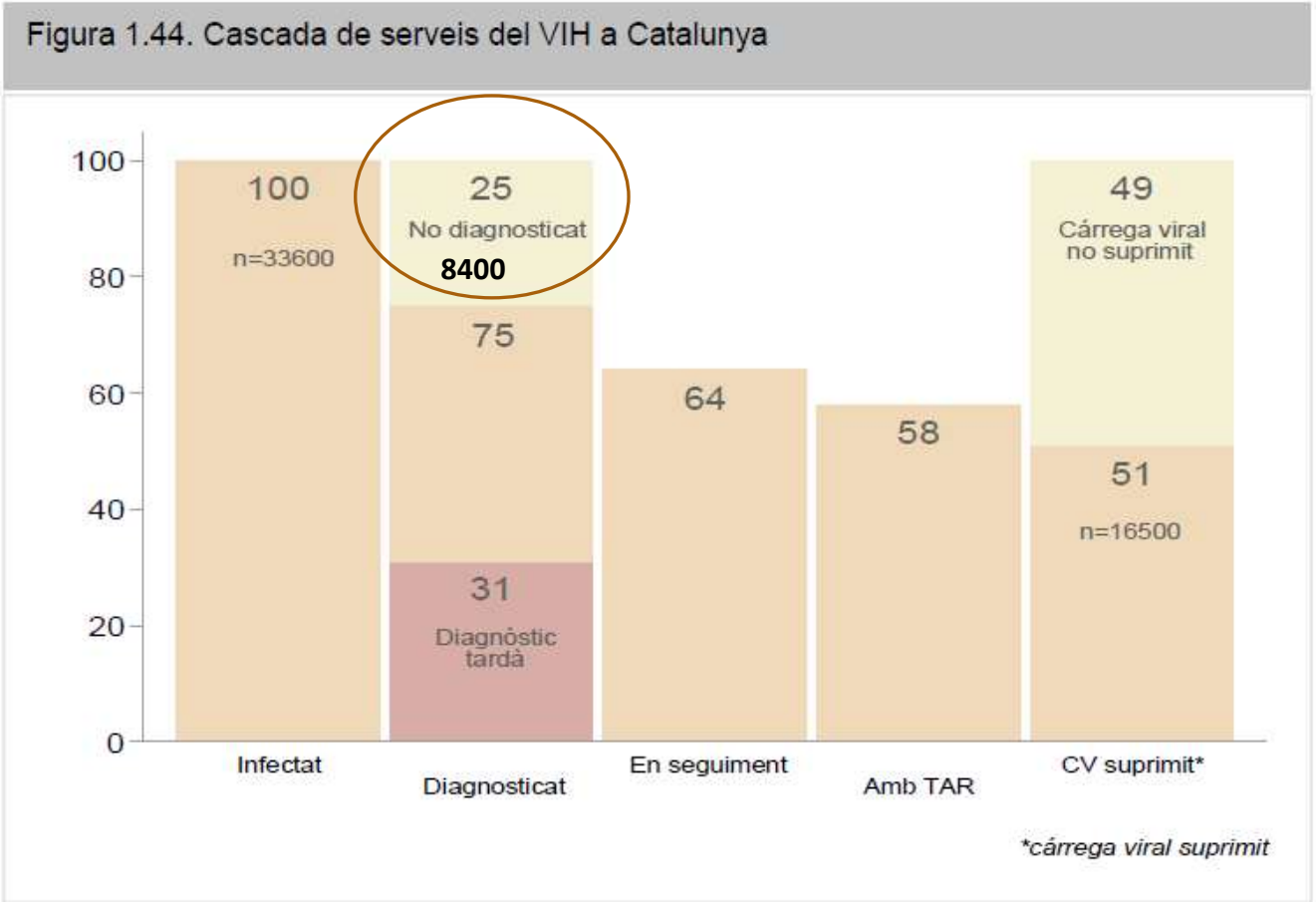
World Health Organization Europe

*Among cases with CD4 count at diagnosis reported

Estimated number of people living with HIV (diagnosed and unknown) and waterfall services, Catalonia 2011

Catalonia

- Living with VIH= 33.600
- Diagnosed= 25.200
- **Estimated without diagnosis= 8.400 (25%)**
- **Delayed diagnosis**= 31% of total PLHIV and 41% of total diagnosed
- Costs 210 millions by year 2017



2007 2009-2011 2012 2012-2014 2014

2007: Identify strategies to overcome obstacles to optimal testing and early care. Guidelines for HIV testing.

2009-2014:

Produce evidence on the prevalence and missed opportunities for conducting HIV testing and finalizing the **HIV Testing Guidelines guided by HIV Indicator Conditions**.

- **HIDES 1**: prevalence of HIV indicators conditions and missed opportunities
- **HIDES 2**: >0,1% and guidelines

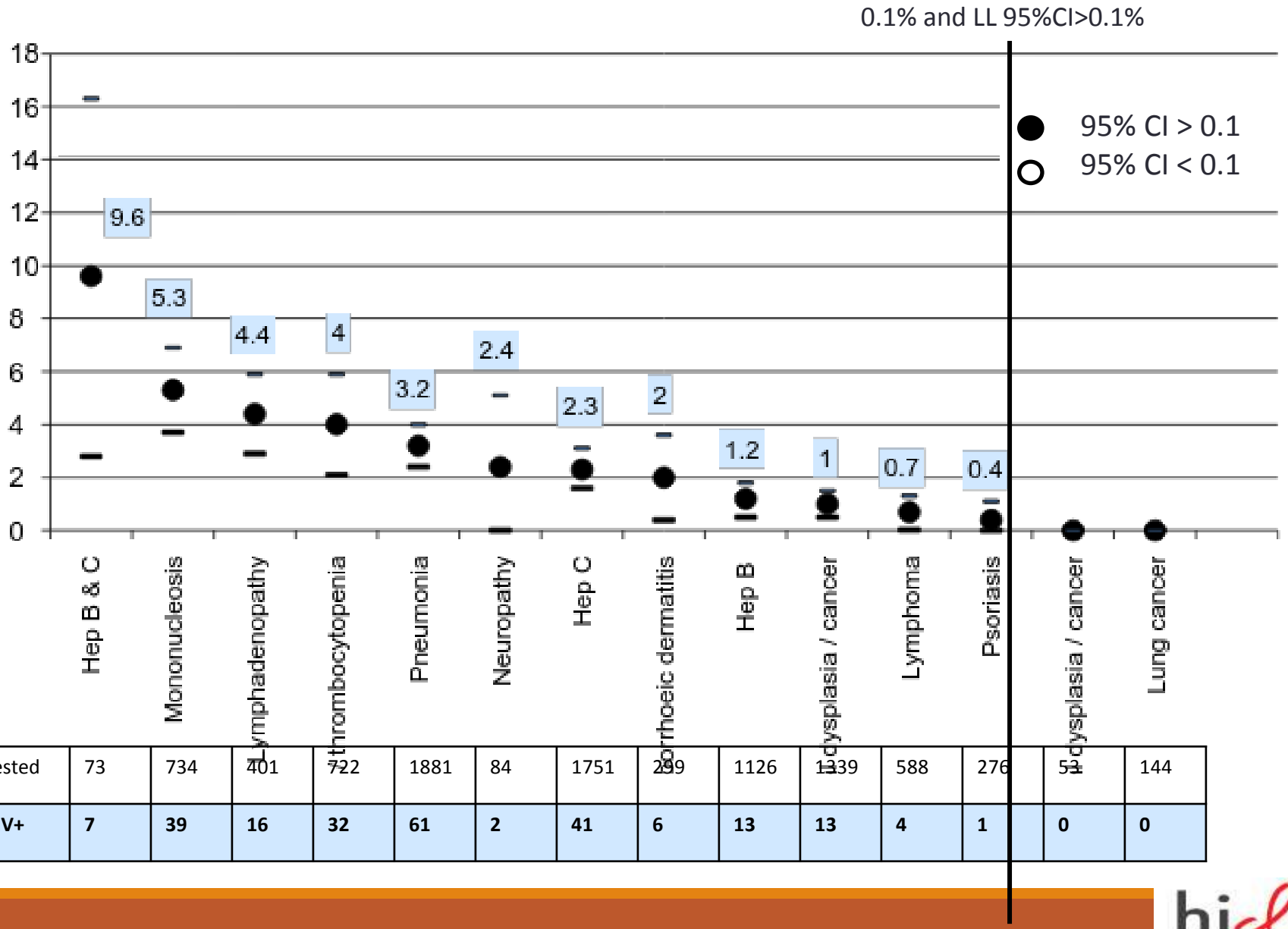
2014: Opt-TEST EU-funded program to increase HIV testing and access to treatment and care.

Background

Offer of HIV testing guided by HIV infections indicators conditions

- Indicator conditions are conditions associated with HIV infection.
- Opportunistic strategy oriented to health care.
- HIV testing is cost-effective when undiagnosed HIV has a prevalence in key populations of more than 0.1%.
- Some guides with recommendation of accomplishment of the test with very variable implementation.

Hide Phase 2 – HIV Prevalence by IC



Tested	73	734	401	722	1881	84	1751	289	1126	1339	588	276	51	144
HIV+	**7**	**39**	**16**	**32**	**61**	**2**	**41**	**6**	**13**	**13**	**4**	**1**	**0**	**0**

CORE

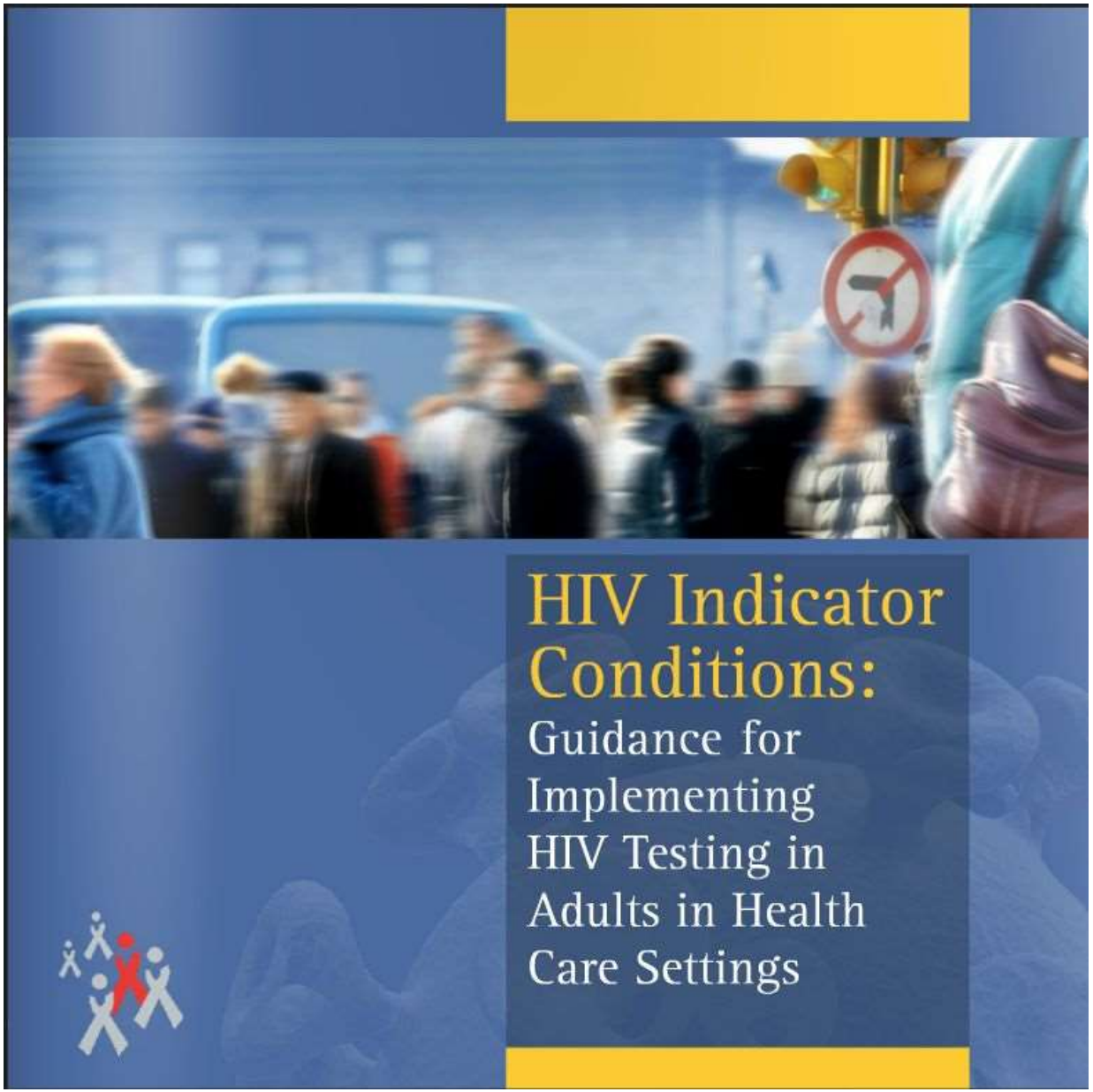

HIV Indicator Conditions:
Guidance for Implementing HIV Testing in Adults in Health Care Settings

Table 1: Definitions of indicator conditions and recommendations for HIV testing

1. Conditions which are AIDS defining among PLHIV*

Strongly recommend testing

Neoplasms:
- Cervical cancer
- Non-Hodgkin lymphoma
- Kaposi's sarcoma

Bacterial infections
- Mycobacterium Tuberculosis, pulmonary or extrapulmonary
- Mycobacterium avium complex (MAC) or Mycobacterium kansasii, disseminated or extrapulmonary
- Mycobacterium, other species or unidentified species, disseminated or extrapulmunary
- Pneumonia, recurrent (2 or more episodes in 12 months)
- Salmonella septicaemia, recurrent

Viral infections
- Cytomegalovirus retinitis
- Cytomegalovirus, other (except liver, spleen, glands)
- Herpes simplex, ulcer(s) >1 month/bronchitis/pneumonitis
- Progressive multifocal leucoencephalopathy

Parasitic infections
- Cerebral toxoplasmosis
- Cryptosporidiosis diarrhoea, >1 month
- Isosporiasis, >1 month
- Atypical disseminated leismaniasis
- Reactivation of American trypanosomiasis (meningoencephalitis or myocarditis)

Fungal infections
- Pneumocystis carinii pneumonia
- Candidiasis, oesophageal
- Candidiasis, bronchial/ tracheal/ lungs
- Cryptococcosis, extra-pulmonary
- Histoplasmosis, disseminated/ extra pulmonary
- Coccidiodomycosis, disseminated/ extra pulmonary
- Penicilliosis, disseminated

2a. Conditions associated with an undiagnosed HIV prevalence of >0.1 %**

Strongly recommend testing
- Sexually transmitted infections
- Malignant lymphoma
- Anal cancer/dysplasia
- Cervical dysplasia
- Herpes zoster
- Hepatitis B or C (acute or chronic)
- Mononucleosis-like illness
- Unexplained leukocytopenia/ thrombocytopenia lasting >4 weeks
- Seborrheic dermatitis/exanthema
- Invasive pneumococcal disease
- Unexplained fever
- Candidaemia
- Visceral leishmaniasis
- Pregnancy (implications for the unborn child)

2b. Other conditions considered likely to have an undiagnosed HIV prevalence of >0.1%

Offer testing
- Primary lung cancer
- Lymphocytic meningitis
- Oral hairy leukoplakia
- Severe or atypical psoriasis
- Guillain-Barré syndrome
- Mononeuritis
- Subcortical dementia
- Multiplesclerosis-like disease
- Peripheral neuropathy
- Unexplained weightloss
- Unexplained lymphadenopathy
- Unexplained oral candidiasis
- Unexplained chronic diarrhoea
- Unexplained chronic renal impairment
- Hepatitis A
- Community-acquired pneumonia
- Candidiasis

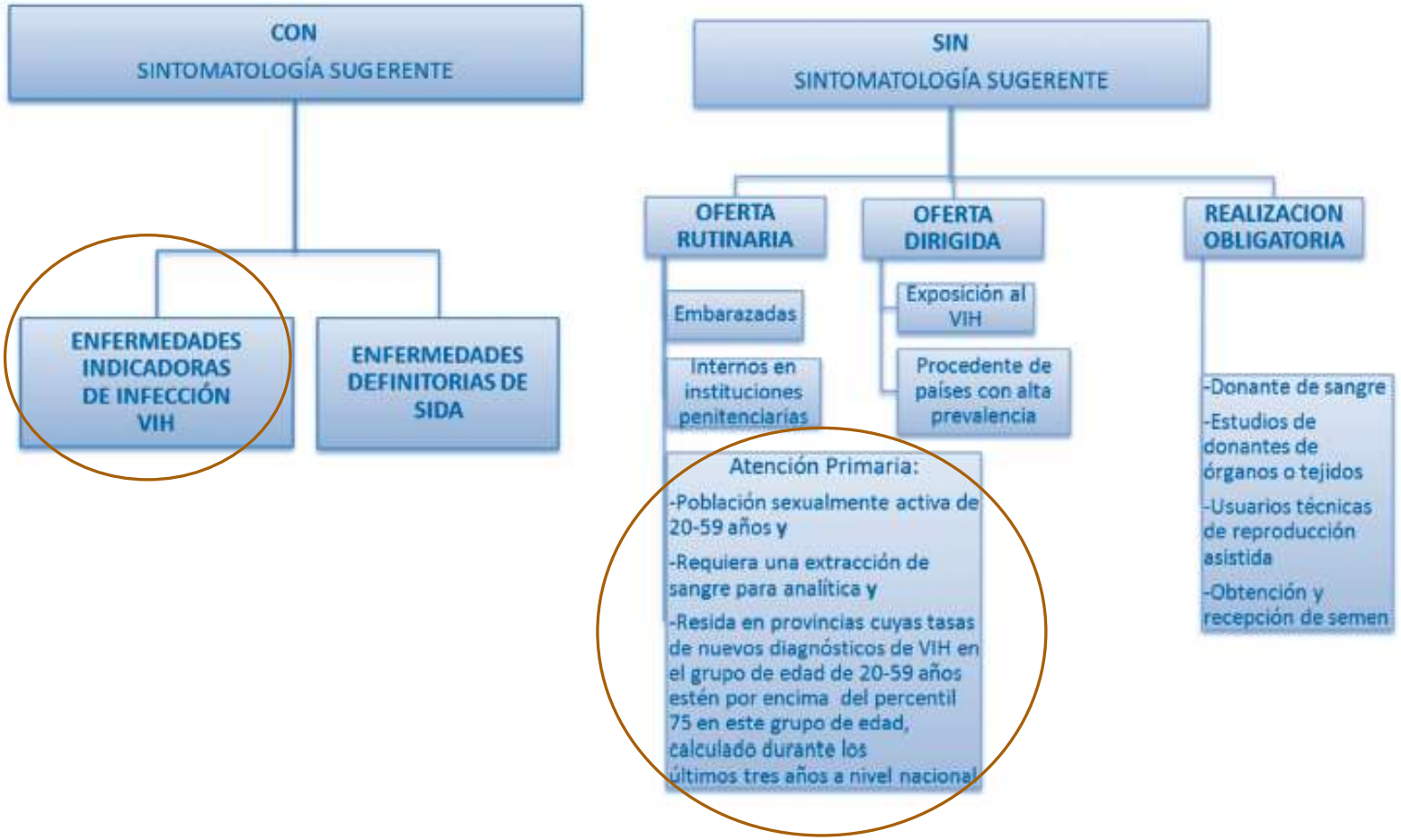
3. Conditions where not identifying the presence of HIV infection may have significant adverse implications for the individual's clinical management despite that the estimated prevalence of HIV is most likely lower than 0.1%

Offer testing
- Conditions requiring aggressive immuno-suppressive therapy:
  - Cancer
  - Transplantation
  - Auto-immune disease treated with immunosuppressive therapy
- Primary space occupying lesion of the brain.
- Idiopatic/ Thrombotic thrombocytopenic purpura

* Based on CDC and WHO classification system [46]
** References in appendix 2

Updates to the table based on future evidence of HIV prevalence in indicator conditions under 2b can be found at www.hiveurope.eu

Guidelines Recommendations for the Early Diagnosis of HIV in the Health Sector, April 2014



Ministerio de Sanidad, Servicios Sociales e Igualdad, Plan Nacional sobre Sida, Guía de recomendaciones para el diagnóstico precoz de VIH en el ámbito sanitario, 2014.
http://www.msssi.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/docs/GuiaRecomendacionesDiagnosticoPrecozVIH.pdf

1. Background

2. Objetives Opt-TEST

3. Initiatives WP5

4. Results Catalonia

5. Recomendacions

Opt-TEST

OptTEST
OPTIMISING TESTING AND LINKAGE TO CARE FOR HIV ACROSS EUROPE

OptTEST

Optimising testing and linkage to care for HIV

Optimización de la prueba y derivación a la asistencia médica para el VIH en toda Europa

Objective:

To **reduce** the number of undiagnosed persons with HIV infection and new late diagnoses in European regions and **promote** treatment and medical care on time and in a timely manner.

Participating countries:

Denmark, Czech Republic, Estonia, France, Greece, Poland, Spain, United Kingdom, Belarus, Georgia, Ukraine Ireland, Netherlands

El proyecto OptTESTP (Optimización de la prueba y derivación a la asistencia médica para el VIH en toda Europa) es un proyecto a tres años cofinanciado por la Agencia Ejecutiva de Consumidores, Salud y Alimentación (CHAFEA) bajo el Programa de Salud Pública de la UE.

Opt-TEST

Work packages:

WP4: Linkage to care and retention in to HIV care after diagnosis.

WP5: Development and implementation of tools and strategies for the detection of HIV based on indicator diseases (Hepatitis B / C, Pneumonia, mononucleosis-like disease).

WP6: The cost-effectiveness of HIV testing strategies in priority groups and regions.

WP7: Stigma and legal barriers to the provision and implementation of HIV testing services.

1. Background

2. Objetives Opt-TEST

3. Initiatives WP5

4. Results Catalonia

5. Recomendacions

Opt-TEST: WP 5 Initiatives

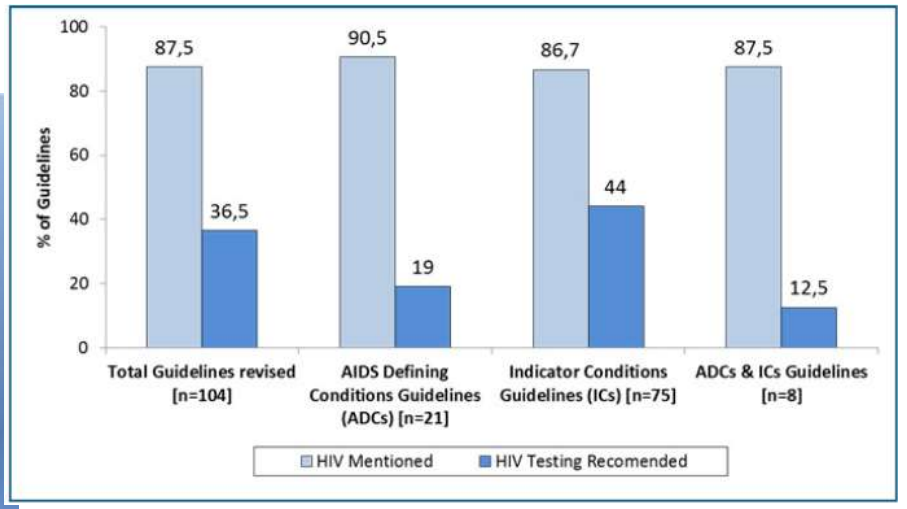
HIV testing guided by HIV indicator conditions

1. **Standardised tools by countries (Opt-TEST web)**
   - **Tool 1: Strategic pack**
   - **Tool 2: Interactive module of services**
   - **Tool 3: Staff training modules**
   - **Tool 4: Online resources package**
2. **Methodology for quality improvement to HIV testing (PDSA, SPC) and thus to increase coverage.**

Opt-TEST- Tools

TOOL1: Strategic package

- Slide sets
- Review of HIV indicator conditions guidelines
- Review of missed opportunities and cost burden analysis

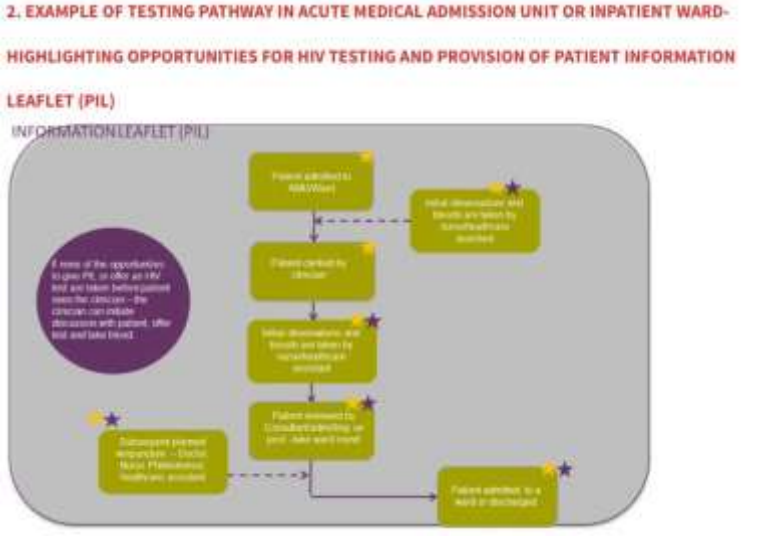


V Hernando et al. Review of specialty guidelines on HIV testing recommendations for HIV indicator conditions in Spain [Poster], HepHIV 2017 Conference, Malta, January 2017

Opt-TEST-Tools

TOOL 2: Interactive module of services

- Roles and responsibilities of staff
- Care circuits (including referral to specialized care)
- Selection of the test
- Governance of results

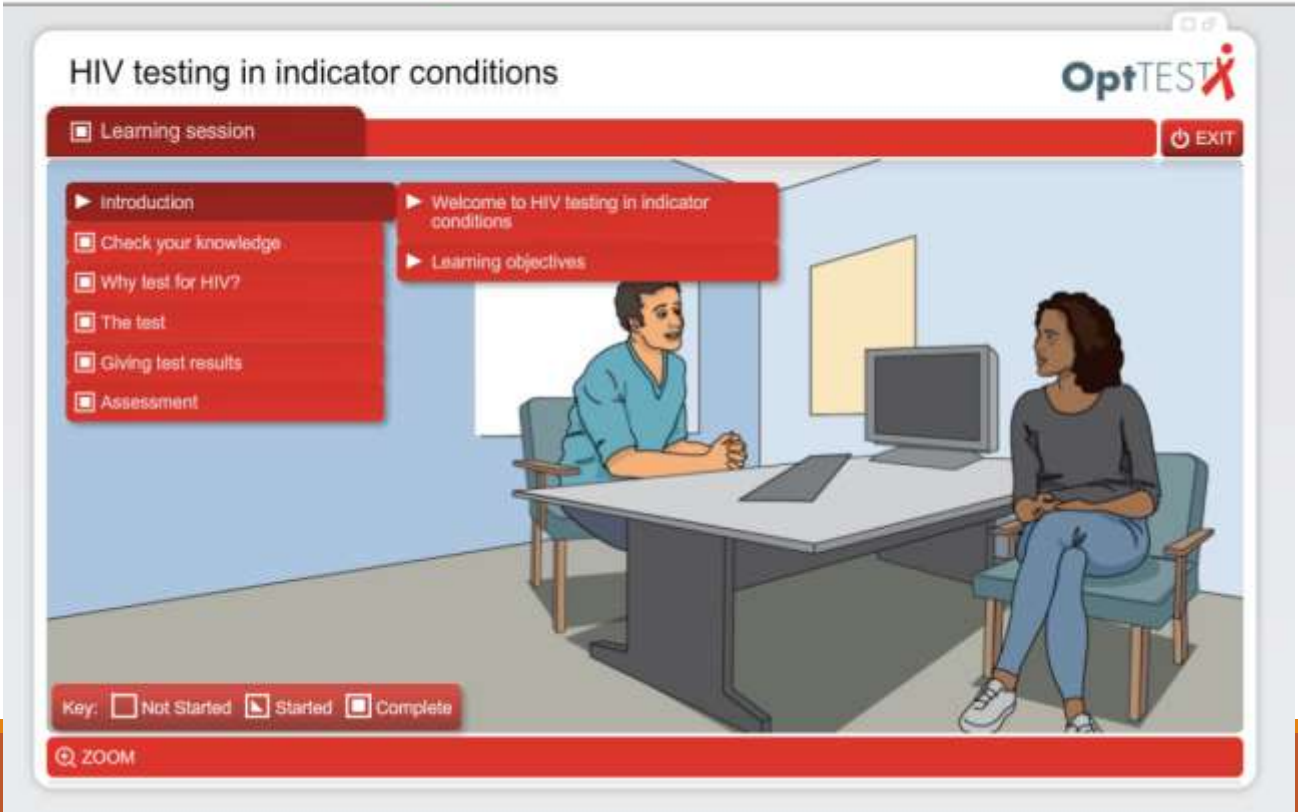


Opt-TEST-Tools

TOOL 3: Staff training modules

- Interactive
- scenarios
- Evaluation

Online Staff Training module



Opt-TEST-Tools

TOOL 4: Online resources package: opttest.eu

- Patient's information
- evidence, guidelines
- Tool kits to address legal & regulatory barriers

Hoja informativa al paciente diseñada en Catalunya

Opt-TEST: Quality

2. Methodology for quality improvement to HIV testing (PDSA, SPC) and thus to increase coverage.

Primary care centres

Intervention initiatives addressed to Primary care

1. Education /informative sessions
2. HIV offer flowchart and availability
3. Patient's leaflet
4. Changes in electronic medical records (prompts, labs)
5. Quality assurance indicators of HIV testing by IC

Girona (5 centres)

Maresme (2 centres)

Castelldefels (2 centres)

Sustainability

Continuing training for professionals

Defined circuits for the offer of HIV testing by IC in primary care

Incorporation of alerts and alternatives to the HC for conducting the HIV test by CI

Monitoring of quality indicators of primary care (Khalix)

1. Background

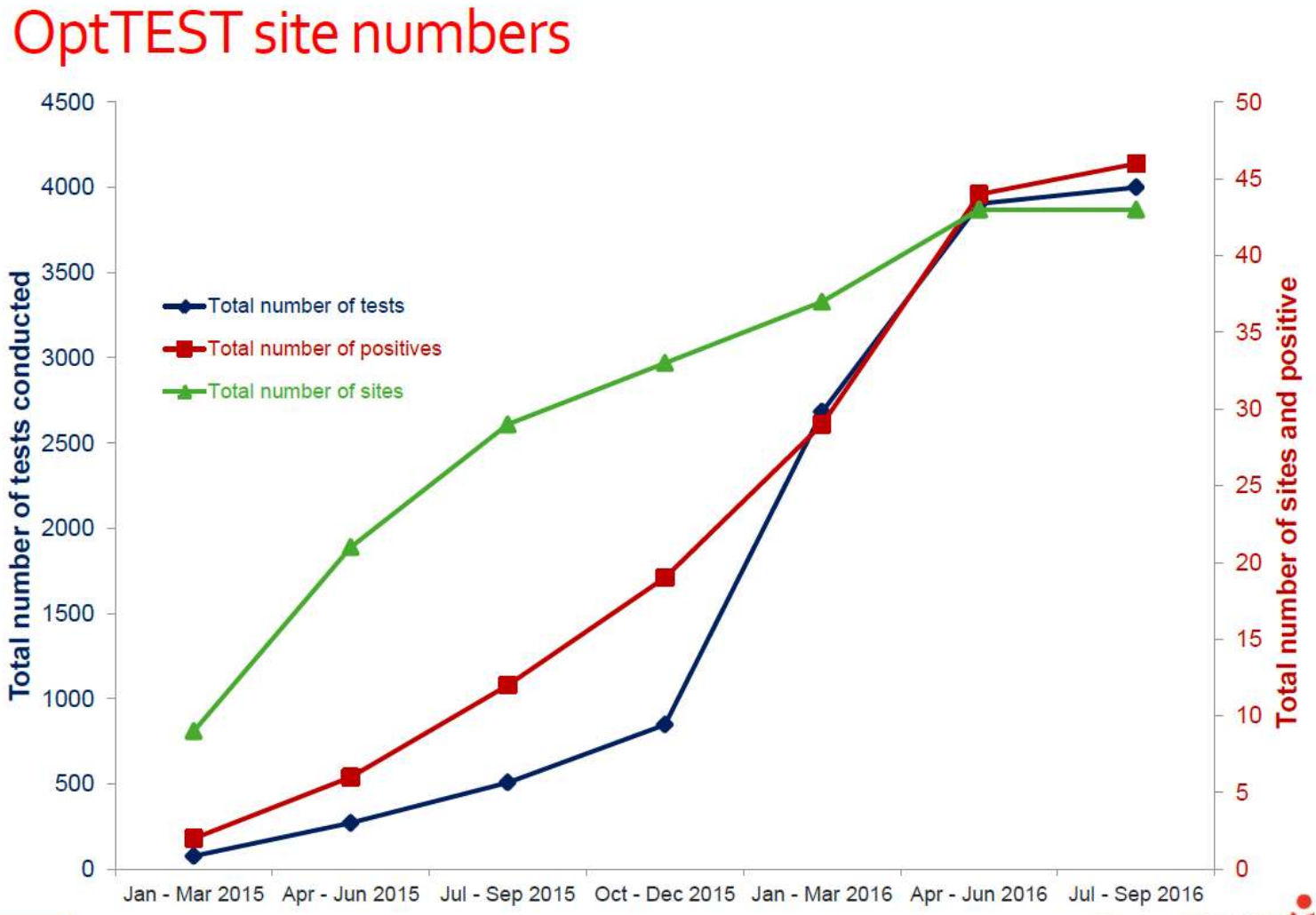
2. Objetives Opt-TEST

3. Initiatives WP5

4. Results Primary care in Catalonia

5. Recomendacions

Opt-TEST-Results



OptTEST
OPTIMISING TESTING AND LINKAGE TO CARE FOR HIV ACROSS EUROPE

Opt-TEST: PC Gran Sol

Intervention 1. To engage health professionals to HIV testing by IC

Tool1: Educational/informative Slide (Staff's session)

From July 2015 to June 2016, the HIV test has been performed:

42.9% of them hepatitis B / C,

40% of them had severe pneumonia,

0% of the SSM.

Results and obstacles:

After **first training session** to the healthcare professionals:

- Increased HIV test performance in patients with mononucleosis-like syndrome at 100% completion (July-September 2016)
- HIV testing other conditions did not change.
- Sessions during continuos education timeframe

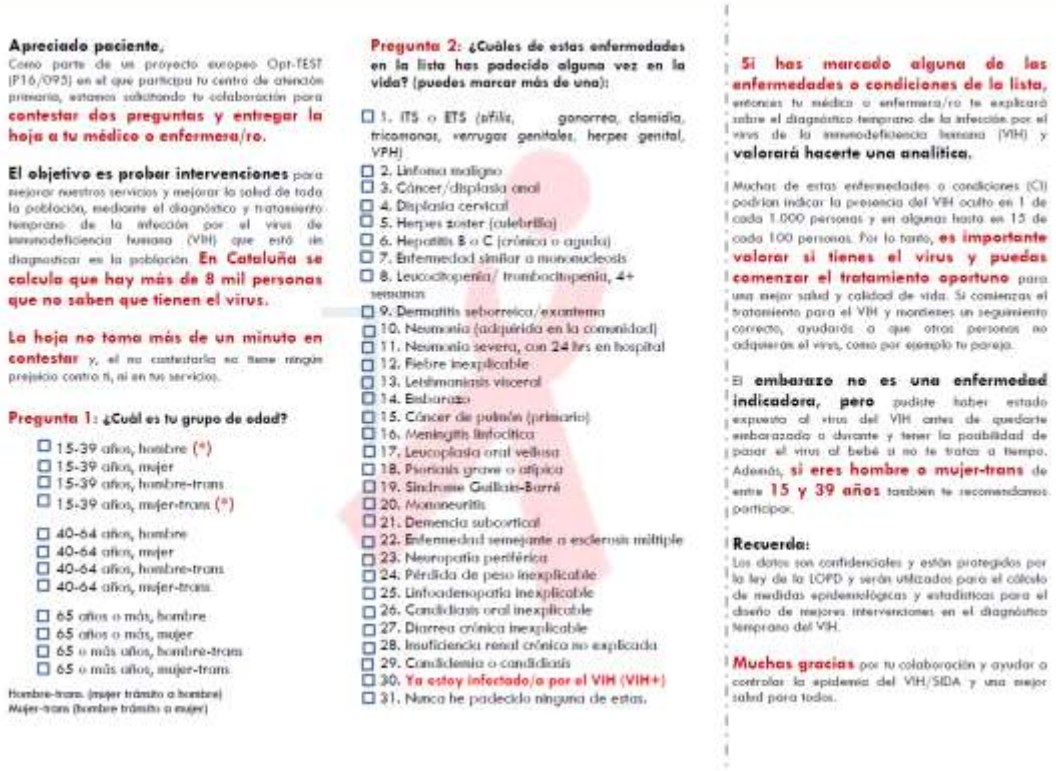
After **second round of training session** to the healthcare professionals:

- It is observed that one training intervention is not enough, but additional and standardized interventions are required.

Opt-TEST: Bufala

Intervention 2: To empower patients and health prodessionals to adress HIV IC history

Tool 4: Patient's informative sheet or leaflet



Apreciado paciente,

Como parte de un proyecto europeo Opt-TEST (P16/093) en el que participa tu centro de atención primaria, estamos solicitando tu colaboración para **contestar dos preguntas y entregar la hoja a tu médico o enfermera/ro.**

El objetivo es probar intervenciones para mejorar nuestros servicios y mejorar la salud de toda la población, mediante el diagnóstico y tratamiento temprano de la infección por el virus de inmunodeficiencia humana (VIH) que está sin diagnosticar en la población. **En Cataluña se calcula que hay más de 8 mil personas que no saben que tienen el virus.**

La hoja no toma más de un minuto en contestar y, si no contestarla no tiene ningún prejuicio contra ti, ni en tus servicios.

Pregunta 1: ¿Cuál es tu grupo de edad?

- ☐ 15-39 años, hombre (*)
- ☐ 15-39 años, mujer
- ☐ 15-39 años, hombre-trans
- ☐ 15-39 años, mujer-trans (*)
- ☐ 40-64 años, hombre
- ☐ 40-64 años, mujer
- ☐ 40-64 años, hombre-trans
- ☐ 40-64 años, mujer-trans
- ☐ 65 años o más, hombre
- ☐ 65 años o más, mujer
- ☐ 65 o más años, hombre-trans
- ☐ 65 o más años, mujer-trans

Hombre-trans. (mujer tránsito a hombre)
Mujer-trans (hombre tránsito a mujer)

Pregunta 2: ¿Cuáles de estas enfermedades en la lista has padecido alguna vez en la vida? (puedes marcar más de una):

- ☐ 1. ITS o ETS (sífilis, gonorrea, clamidia, tricomonas, verrugas genitales, herpes genital, VPH)
- ☐ 2. Linfoma maligno
- ☐ 3. Cáncer/displasia anal
- ☐ 4. Displasia cervical
- ☐ 5. Herpes zoster (culebrilla)
- ☐ 6. Hepatitis B o C (crónica o aguda)
- ☐ 7. Enfermedad similar a mononucleosis
- ☐ 8. Leucocitopenia/ trombocitopenia, 4+ semanas
- ☐ 9. Dermatitis seborreica/exantema
- ☐ 10. Neumonía (adquirida en la comunidad)
- ☐ 11. Neumonía severa, con 24 hrs en hospital
- ☐ 12. Fiebre inexplicable
- ☐ 13. Leishmaniasis visceral
- ☐ 14. Embarazo
- ☐ 15. Cáncer de pulmón (primario)
- ☐ 16. Meningitis linfocítica
- ☐ 17. Leucoplasia oral vellosa
- ☐ 18. Psoriasis grave o atípica
- ☐ 19. Síndrome Guillain-Barré
- ☐ 20. Mononeuritis
- ☐ 21. Demencia subcortical
- ☐ 22. Enfermedad semejante a esclerosis múltiple
- ☐ 23. Neuropatía periférica
- ☐ 24. Pérdida de peso inexplicable
- ☐ 25. Linfoadenopatía inexplicable
- ☐ 26. Candidiasis oral inexplicable
- ☐ 27. Diarrea crónica inexplicable
- ☐ 28. Insuficiencia renal crónica no explicada
- ☐ 29. Candidemia o candidiasis
- ☐ 30. **Ya estoy infectado/a por el VIH (VIH+)**
- ☐ 31. Nunca he padecido ninguna de estas.

Si has marcado alguna de las enfermedades o condiciones de la lista, entonces tu médico o enfermera/ro te explicará sobre el diagnóstico temprano de la infección por el virus de la inmunodeficiencia humana (VIH) y **valorará hacerte una analítica.**

Muchas de estas enfermedades o condiciones (CI) podrían indicar la presencia del VIH oculto en 1 de cada 1.000 personas y en algunas hasta en 15 de cada 100 personas. Por lo tanto, **es importante valorar si tienes el virus y puedas comenzar el tratamiento oportuno** para una mejor salud y calidad de vida. Si comienzas el tratamiento para el VIH y mantienes un seguimiento correcto, ayudarás a que otras personas no adquieran el virus, como por ejemplo tu pareja.

El **embarazo no es una enfermedad indicadora, pero** pudiste haber estado expuesta al virus del VIH antes de quedarte embarazada o durante y tener la posibilidad de pasar el virus al bebé si no te tratas a tiempo. Además, **si eres hombre o mujer-trans** de entre **15 y 39 años** también te recomendamos participar.

Recuerda:

Los datos son confidenciales y están protegidos por la ley de la LOPD y serán utilizados para el cálculo de medidas epidemiológicas y estadísticas para el diseño de mejores intervenciones en el diagnóstico temprano del VIH.

Muchas gracias por tu colaboración y ayudar a controlar la epidemia del VIH/SIDA y una mejor salud para todos.

- **Population**: N = 92 patients between 18 and 65 years old visited in the primary care centre by any consultation (38) or cyberpatients (54).

- **Patient's leaflet**
  - Information relevant to HIV testing
  - History of HIV indicator conditions.

- **Preliminary results and obstcales:**
  - 16% (15/92) presented a history of at least one previous HIV-IC, criteria to provide the HIV test. 47% testing
  - It can serve to address patients and start to talk about HIV.
  - It can be translated to address non native speakers.
  - It can be problematic for the patient to recall the IC

1. Background

2. Objetives Opt-TEST

3. Initiatives WP5

4. Results Primary care in Catalonia

5. Recomendacions

Opt-TEST

What we have learned?

Political compromises:

- Acress to primary care to all
- Acess to free HIV testing in Primary care centres
- Acess to quick linkage to care
- Acess to treatment
- Adress and overcome stigma and legal barriers on key populations

Economical obstacles: effective and efficient strategy within health care settings to expand HIV testing and more timely diagnosis and reduce health costs.

Healthcare education and believes: Although educational interventions have been taken place, **we continue to fail to offer and testing for HIV, increasing the missed opportunities** for early diagnosis in Primary care. Multiple interventions should be done

Identify barriers and take action:

- Missing local guidelines , pathway, availabity of HIV tests, reduced access to primary care, professional knowledge and believes, medical record adaptability to testing, relationship between primary care and hospital HIV clinic, stigma, legal barriers…….
- Evaluate **new ideas of intervention** and sustainability of the implementation of the tools in Primary care. Changes in medical records to assure testing

¡Muito obrigado!