

# OptTEST in Poland

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# Our PDSA (Plan, Do, Study, Act)

- Plan:
  - to introduce IC testing in Poland
- Do:
  - Emergency Department HIV testing – mono, pneumonia
- Study:
  - more patients than expected were seen, and the doctors have gotten used to the new practice quite quickly.
  - it is easy to see the improvement, from 0 to over 200 tests.
- Act:
  - From one centre example to all medical centres in Poland

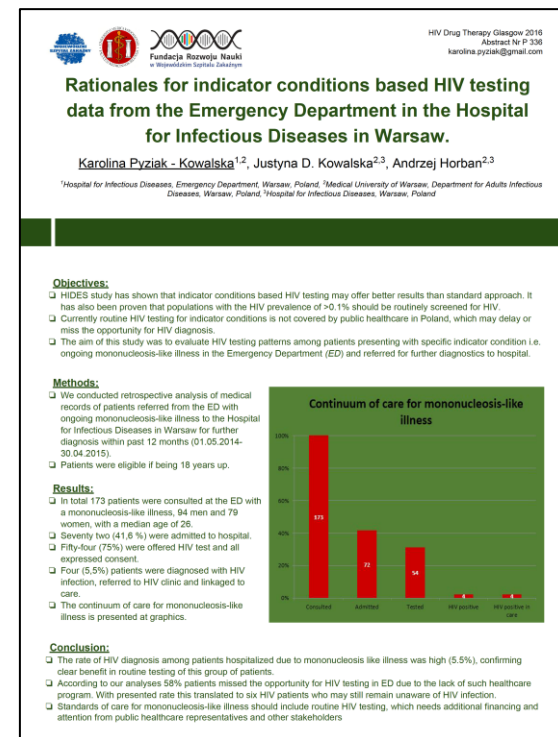
# Act

## Presenting results from OptTEST in Warsaw centre and countrywide

- Internal at Warsaw centre (2 meetings)
- Infectious Diseases Society (2 meetings)
- Poster in Glasgow supporting IC testing in Polish environment
- Presentation at 1st December AIDS Day Conference in Warsaw

## Organizing 1st national workshop on cascade of care

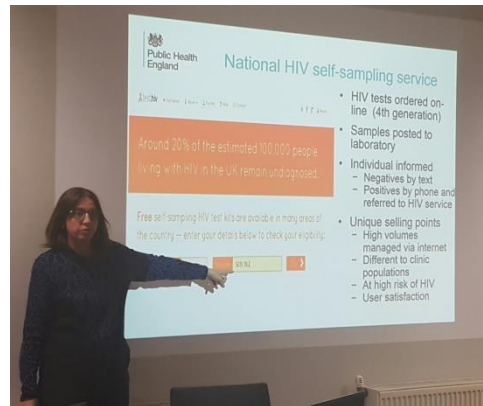
- Gathering all stakeholders together (first time in history of HIV epidemic)
- Presenting national situation by responsible authorities
- To discuss and AGREE action points for future national policy



# Act

## Workshop participants:

- Ministry of Health  
(AIDS Centre)
- Epidemiological surveillance
- VTCs representatives
- Medical University
- ID Clinicians
- Other specialties
- NGOs
- Laboratory personnel
- Health managers
- Faculty (OptTEST)



## **Action points from the meeting**

- Estimating the number of people living with HIV in Poland using mathematical modelling, but based on real data sampling.
- Reporting guidelines underlining the use of current coded identifier in surveillance and development of common identifier acceptable for all stakeholders, allowing data linkage.
- Expanding new testing options in VCT centers, i.e. rapid testing, co-testing (HIV, HCV, STI).
- Strengthening linkage to care after establishing the HIV diagnosis in non-medical settings.
- Expanding HIV testing in medical settings, starting with introducing routine HIV testing for indicator conditions as a standard procedure across different medical specialties.
- Knowing the number of HIV-positive persons already in care and on effective cART.
- Continuing to fight stigma and discrimination through the means of social education and counselling.



# Act

Workshop proceedings and action points were published in the official journal of Polish Scientific AIDS Society

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## WORKSHOP SUMMARY

### Shaping the HIV epidemic in Poland – proceedings from the first Polish workshop on cascade of care in HIV

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#### Abstract

In October 2016, a workshop was held in Warsaw gathering experts and activists involved in different areas of human immunodeficiency virus (HIV) response. The purpose of this meeting was to reassess current needs in controlling the HIV epidemic in Poland in relation to recently launched UNAIDS goal of 90-90-90. During the meeting, several points of action were established to be considered as key factors to improve the response to HIV epidemic in Poland. Those were estimating the number of people living with HIV in Poland using mathematical modelling based on real data sampling, expanding new testing options in non-medical settings, i.e. rapid testing, co-testing (HIV, HCV, STI), strengthening linkage to care after establishing the HIV diagnosis in non-medical settings, expanding HIV testing in medical settings, starting with introducing routine HIV testing for indicator conditions as a standard procedure across different medical specialties, knowing the number of HIV persons already in care, and on effective cART, continuing to fight stigma and discrimination through the means of social education and counselling.

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**Key words:** HIV, Poland, cascade of care, testing, antiretroviral therapy.

#### Introduction

Early diagnosis and initiation of combination antiretroviral therapy (cART) reduce morbidity and mortality of human immunodeficiency virus (HIV)-positive people to a significant degree [1, 2]. It also affects the rates of onward HIV transmission and health care costs related to medical care of new HIV infections [3, 4]. All above can be only as-

sumed if patients, who are aware of their HIV status, are also linked to care and remain under effective cART [5].

Early cART initiation has been linked to better prognosis, in terms of preventing both AIDS and non-AIDS events [6, 7]. However, data presented from a long-term pan-European study show significantly higher proportion of AIDS-related mortality in the eastern European region, indicating clear inequalities in standards of care across Europe [8, 9].

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# Future challenges (PSDA again)

- Major changes in healthcare system in Poland are planned by new government
- It remains uncertain:
  - If AIDS National Centre will continue (responsible for all governmental testing actions)
  - who would take the lead/responsibility in HIV surveillance
- Its good to have action points published by the previous specialists group, but time shows if anybody will listen

# Future challenges (PSDA again)

- To disseminate IC among all departments in Warsaw centre
- To get other specialties involved in HIV IC testing
- Major obstacles are not on physicians side, but in the financing system