

HIV in Europe

Copenhagen 2012 Conference

19-20 March 2012, Copenhagen, Denmark

Venue: Panum Institute, Faculty of Health Sciences, Copenhagen University

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What is HIV in Europe?

The main objective of HIV in Europe is to ensure that people living with HIV enter care earlier in the course of their infection and to monitor if proportion presenting late for care decreases in the years to come through improved testing policies, equitable care provision and the protection of human right.

The initiative works for optimal testing an earlier diagnostic and care by bringing together policies makers, health professional and civil society, as none of the three groups are ables to achieve this on their own.

Background:

The number of people living with HIV in European Union and neighbouring countries increased from 1.5 to 2.2 million from 2002 to 2007. An average of one in three individual in Europe living with HIV are unaware of their infection, and 50 % are diagnosed late in course of their disease and long after they should start treatment.

The impact of late HIV diagnosis on individuals and healthcare systems is an urgent problem in Europe and Central Asia.

The HIV in Europe Copenhagen 2012 objectives are to:

- Provide an overview of EU innovative initiatives and best practices on optimal testing and earlier care-how to get people tested.
- Sustain and fuel the political discussion of the WHO regional Office for Europe testing guideline (2010), ECDC testing guideline (2010) and ECDC-EMCDDA Guidance.
- Increase public awareness of the public health problems associated with late presentation of HIV care.
- Present data available on the temporal trends of late presenters and the undiagnosed population and data on cost effectiveness of HIV testing.

- Discuss HIV testing and linkage to care and testing among key population and the role of new HIV testing diagnostic technology.

Conference overview:

Presentation from the European Centre for Diseases Prevention and Control (ECDC), EU commission, EU Parliament and WHO representative

- The representatives from all organisations attended in the conference had unanimously agreed that a leadership from political is needed to fight with HIV. There were no problems with the availability of the money to support the project but the priorities for spending the money are problems.

The current status of HIV testing in European region

- The amount of people living with HIV is increasing every year. Larger than 50% of these people had late diagnosis.
- There was a big gap between Western and Eastern Europe. Several factors were involve, language, economic and migrations.
- In fact, there are still some area and a group population in Europe that have problem with HIV.
- There was a need to normalize the HIV-testing and also the cost of counselling
- Different models with statistic were presented for estimating HIV population size.
- Routine testing in emergency departments were feasible. An educational tool developed for hospital departments outside of genitourinary medicine proved to be feasible and acceptable-and resulted in more testing.
- Men who have sex with Men (MSM) are a big group that living with HIV but do not have diagnosis.
- The studies of three Western European countries, Lisbon, Spain and Paris described effectiveness community-based testing checkpoint for MSM. These checkpoints were effective because they (1) provide rapid test (2) are based on community (3) offer counselling especially when it is peer counselling and (4) provide a strong link to care.
- Estimations of the size of the infected population remain very unreliable and more comprehensive and concrete approach could help all country to produce more reliable data.

The analytical technique for HIV:

- Up to now-there is no perfect HIV test method. A combination of RNA antibody assays and antibody test is ideal.
- The analysis cost for HIV has decreased due to technologies.
- It seems only from CapHIV project that present the detection of HIV based on the detection of p-24 antigen.
- There were several problems making people living with HIV don't go for diagnostic. These include unaware of the service available in the country and many might lack of clear strategies.
- A study from UK point that about 75% of primary HIV infections were missed at initial primary care consultation.
- Adding an HIV test to standard glandular fever like illness panel of tests would be practical and cost effective.
- There were about 20% of people living with HIV do not know their serostatus and this contribute to 43% of new infections.
- A standard and rapid HIV test was required for early detection. The current technique required time and experienced staff. This is a good opportunity for CapHIV project.
- London proposed non-invasive test for HIV by using saliva. This was simple, high sensitivity and was highly accepted by patients.
- Routine HIV testing proved to be cost effective but still relatively high.
- It was also discussed that most patients presenting late with HIV have been contact with the health system on several occasions prior to being diagnosed. HIV test was therefore should be done with specific diseases.

CapHIV at HIVEurope conference:

- About 80 flyers were distributed to the participants in the conference. Most of the participants that I had talked to are very much interesting in our project. Some participants had already known our project before from our website.
- The schedule of the conference was very compact. There was a short time to interact with other participants.
- It would be very nice if we could present our project in the other form such as oral presentation. This will draw an attraction from the audience much better than flyer.

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