

Processes of data collection on HIV, viral hepatitis and STI testing and linkage to care at national level in European countries: a review for the Integrate Joint Action



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Background

Why monitor testing?

- Monitor and evaluate the performance of testing programmes at all levels
- Measure coverage and accessibility of testing programmes
- To better interpret trends in disease prevalence
- Evaluation of policies and resource allocation

Why map testing and linkage to care monitoring in Europe now?

- To understand gaps in monitoring
- To identify tools, methods and processes which facilitate integration of data into national surveillance systems

Methods



Desk review of key European reports from: HIV in Europe, EuroHIV-EDAT, COBATEST Network, OptTest



The preliminary results from the Dublin Declaration Monitoring 2018



Baseline Survey of all partners (7 CBVCTs, 14 public health institutes, 7 research centres) in 16 European countries

Results

Review of European data sources: The ECDC are planning to develop a comprehensive monitoring framework for viral hepatitis and HIV testing [1] but its current guidance is based on an expert consultation convened in 2016 [2] which reached a general consensus around four metrics:

- number of tests
- basic demographic data of the tester (e.g. age, sex and population group)
- location/setting of the test
- number of reactive/positive tests

The expert consultation also recommended further metrics to be collected if the monitoring system is capable; linkage to care, setting of first reactive test/diagnosis, reason for test. Community testing was recognised as an area with unique challenges with regards to testing monitoring but its systematic collection and integration into national surveillance is regarded as essential.

At the European level, there are a number of projects promoting the above minimum set of testing variables plus linkage to care; the COBATEST Network [3] (HIV/HCV/syphilis testing in CBVCT settings), OptTEST [4] (HIV testing in healthcare settings), European Testing Week (HIV/viral hepatitis in all settings).

Preliminary results from Dublin Declaration Monitoring 2018: Over half of all EU countries responding to the Dublin Declaration Monitoring 2018 were able to report number of tests and reactivity rate for HIV testing in community settings (Fig.1). More than half of EU countries were also able to report the average length of time between a reactive or confirmatory HIV test and first contact with health provider indicating they are able to monitor linkage to care (Fig.2). The most commonly used metric to report linkage to care was time between HIV diagnosis date and first clinic attendance date (58% of EU countries and 21% of WHO region non-EU countries, not shown).

Results from Integrate Partner Survey 2018: Of the 13 Integrate Partners performing testing, HIV testing was the most comprehensively reported (Table 1). Serbia, Portugal, Croatia, Lithuania, Malta, Spain and Poland report that national surveillance systems collect data from CBVCT services and all use a standardised data collection tool.

Figure 1: Proportion of Countries who Report Number of Tests and Reactivity Rate for HIV Testing in Last 12 Months in Different Settings - Dublin Declaration Monitoring 2018

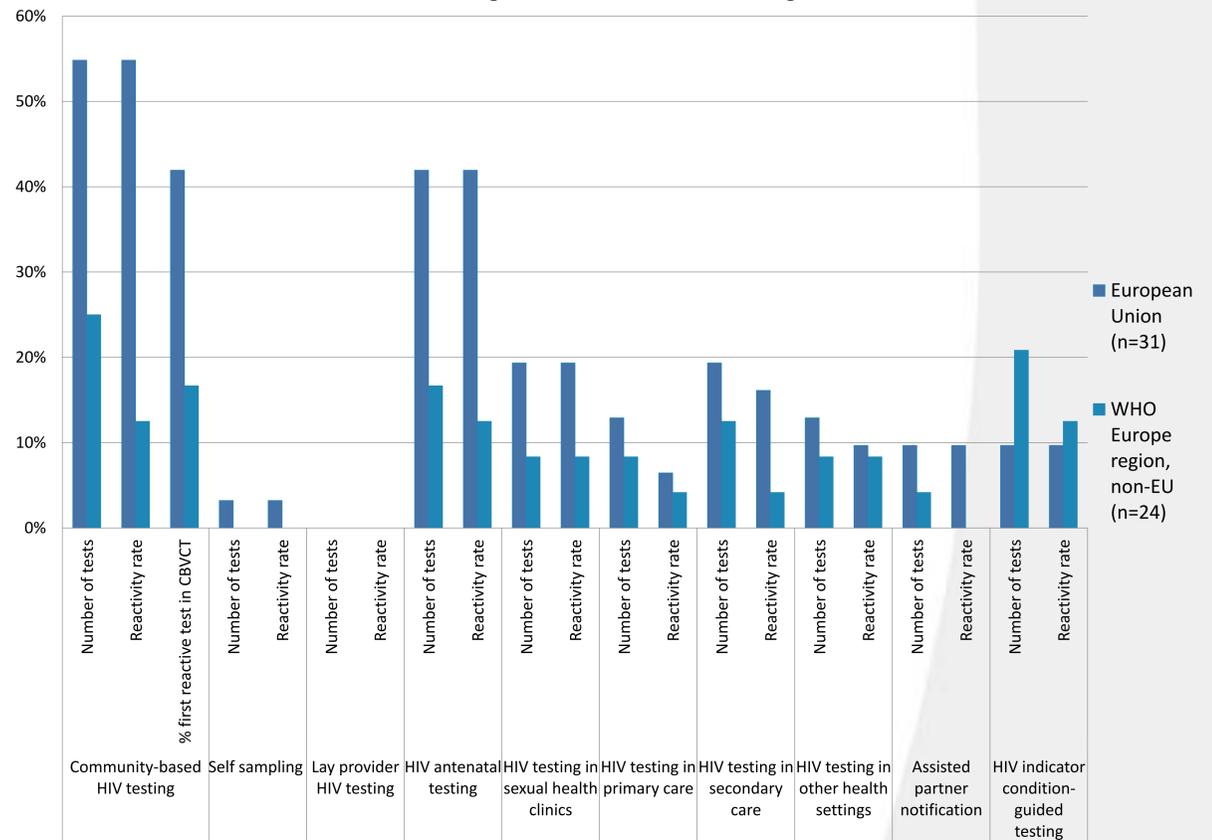
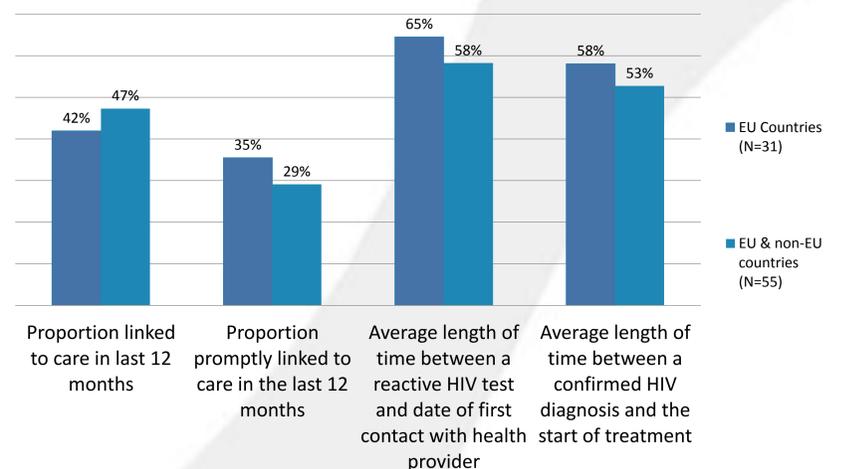


Table 1: Do INTEGRATE partners performing testing submit minimum metrics to the National Surveillance System? Integrate Partner Survey 2018

Disease	Metric	Number of respondents		% of respondents	
		Count	Percentage	Count	Percentage
HIV (n=13)	Number of Tests	10	77%		
	Number of Reactive Tests	12	92%		
	Demographic data of people tested	10	77%		
	All three metrics	7	54%		
Hep C (n=10)	Number of Tests	7	70%		
	Number of Reactive Tests	8	80%		
	Demographic data of people tested	7	70%		
	All three metrics	4	40%		
Syphilis (n=10)	Number of Tests	7	70%		
	Number of Reactive Tests	9	90%		
	Demographic data of people tested	6	60%		
	All three metrics	3	30%		
Chlamydia (n=5)	Number of Tests	2	40%		
	Number of Reactive Tests	5	100%		
	Demographic data of people tested	3	60%		
	All three metrics	0	0%		
Gonorrhoea (n=6)	Number of Tests	3	50%		
	Number of Reactive Tests	5	83%		
	Demographic data of people tested	3	50%		
	All three metrics	0	0%		

Figure 2: Proportion of Countries Who Report the Following Indicators Related to Linkage to Care for HIV Diagnoses - Dublin Declaration Monitoring 2018



Conclusions

Completeness and quality of testing and linkage to care data vary across Europe. A minimum set of metrics agreed for monitoring HIV testing has been deemed appropriate for monitoring viral hepatitis testing, and the majority of countries are also collecting at least one metric for linkage to care for HIV diagnoses. The Integrate partner survey indicates that HIV testing data is more complete than that of other diseases. Monitoring of linkage to care is problematic in the community setting where lack of unique identifier, poor links with health institutions and limited resources all present barriers. Although the Dublin Declaration data should be interpreted with caution (we do not know if countries are able to report 100% of tests performed in each setting), the relatively high proportion of countries able to report some data on community-based testing is promising as it indicates countries are recognising the value of this intervention. Further investigation should be done to understand country-specific barriers to integrating community-based testing into national surveillance systems. European initiatives (COBATEST Network, European Testing Week) are working to standardise testing monitoring processes and indicators and such initiatives represent an opportunity to integrate existing CBVCT service data into national surveillance.

Bibliography

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- [3] Klavs I, Kustec T, Fernández López L, Casabona J, Meulbroek M, Rios L, et al. Guidelines for Data Collection for Monitoring and Evaluation of Community Based Voluntary Counselling and Testing (CBVCT) for HIV in the COBATEST Network. 2014. [4] OptTest. Report: Joint Final Conference Euro HIV EDAT and OptTEST Projects and Launch of INTEGRATE Joint Action. 2017;(September).



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