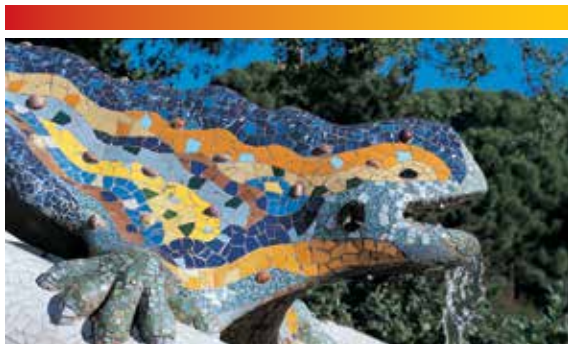


HepHIV 2014

5-7 OCTOBER BARCELONA

Programme and abstract book



HepHIV2014 Conference

HIV and Viral Hepatitis:
Challenges of Timely Testing and Care

Barcelona, 5-7 October, 2014

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Welcome to the HepHIV2014 Conference in Barcelona

Dear Colleagues,

On behalf of the partners of the **HepHIV2014 Conference: HIV and Viral Hepatitis: Challenges of Timely Testing and Care**, we would like to welcome you to this biennial conference on optimal testing and earlier care for HIV and viral hepatitis in Europe, **in Barcelona**.

Over recent years, the need to address the 'hidden' burden of viral hepatitis has become more urgent within the fields of Communicable Diseases and Public Health. This conference will bring together for the first time Stakeholders from the fields of viral hepatitis and HIV/AIDS (ranging from practitioners at the local level to top policymakers). The conference will provide these two fields the opportunity to learn from each other and to reflect on their experiences, to highlight and discuss achievements and obstacles experienced in both fields, whilst maintaining focus on the left-hand side of the treatment cascade.

The major HIV/HBC/HCV issues to be addressed include: the treatment cascade; testing among key populations; late presentation and the undiagnosed; cost effectiveness of testing; diagnostic technologies; combined testing strategies for HIV/HCV; and missed opportunities for earlier diagnosis.

The format of the conference will include a mix of plenary presentations, expert panel sessions, moderated panel sessions, and sessions driven by abstracts submitted from the fields of viral hepatitis and HIV. One of the strengths of the initiative is the joint participation from civil society, policymakers, health professionals and European public health institutions.

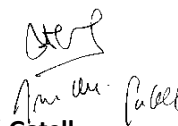
We are very pleased to see the enthusiasm across Europe for the HepHIV2014 Conference. Colleagues from more than 35 countries are present and the abstracts that were submitted (around 100) reflect the extent of the problem across Europe, ongoing scientific research, as well as the willingness and intent to urgently change the situation for the better.

We are confident that the collaboration between partners within the field of HIV and viral hepatitis and across disciplines through the joint participation from civil society, policymakers, health professionals and European public health institutions is urgently needed to address the continued challenge of getting people living with HIV and/or viral hepatitis earlier into the care system, and that the joint work will be able to inform political decision-making in the West and make an impact on early diagnosis and early care in Eastern Europe as well.

We look forward to two days of lively discussion, innovative thinking and a renewed commitment of political action in Barcelona.


On behalf of the partners of the HepHIV2014 Conference,

The Correlation Hepatitis C Initiative
European Liver Patients Association - ELPA
European Association for the Study of the Liver – EASL
World Hepatitis Alliance
The Hepatitis B & C Public Policy Association - HEPBCPPA
The HEPscreen Project
ICF International HIV/AIDS Alliance in Ukraine
The HIV in Europe Initiative
WHO Regional Office for Europe



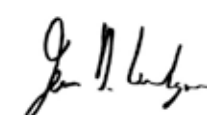
José Gatell

Head, Infectious Diseases & AIDS Units, Clinical Institute of Medicine & Dermatology, Hospital Clinic
Professor of Medicine, University of Barcelona, Spain
Local HepHIV2014
Conference Chair



Brian West

Chair, Board of Directors, European AIDS Treatment group
Co-chair HepHIV2014 and HIV in Europe



Jens Lundgren

MD, DMSc, Professor, Rigshospitalet, University of Copenhagen.
Director, CHIP
WHO Collaborating Centre on HIV and Viral Hepatitis.
Co-chair HepHIV2014 and HIV in Europe

The HepHIV2014 Conference Organising Committee mourns the loss of friends and colleagues on board flight MH17, 18 July 2014 en route to attend the 20th International AIDS Conference in Melbourne, Australia.

Pim de Kuijer, lobbyist Aids Fonds/STOP AIDS NOW!

Joep Lange, co-director of the HIV Netherlands Australia Research Collaboration (HIV-NAT)

Lucie van Mens, Director of Support at The Female Health Company

Martine de Schutter, Program Manager Aids Fonds/STOP AIDS NOW!

Glenn Thomas, World Health Organisation

Jacqueline van Tongeren, Amsterdam Institute for Global Health and Development

The HepHIV2014 Conference - Organising Committee

Andrew Amato	European Centre for Disease Prevention and Control, ECDC
Maria Buti	Hepatitis B & C Public Policy Association, HEPBCPPA
Jordi Casabona	Center for HIV/STI Epidemiological Studies of Catalonia, CEEISCAT
Lilyana Chavdarova	European Liver Patients Association, ELPA
Ton Coenen	AIDS Action Europe, Netherlands; STI AIDS
Jens D. Lundgren	CHIP, Rigshospitalet, University of Copenhagen (co-chair)
Nikos Dedes	European AIDS Treatment Group, EATG
Martin Donoghoe	WHO Regional Office for Europe
José Gatell	University of Barcelona (local chair)
Charles Gore	World Hepatitis Alliance
Jeffrey Lazarus	Health System Global, Rigshospitalet, University of Copenhagen
Ludmila Maistat	ICF, International HIV/AIDS Alliance in Ukraine
Stanislas Pol	European Association for the Study of the Liver, EASL
Ferran Pujol	Projecte dels NOMS-Hispanosida
Eberhard Schatz	Correlation hepatitis C Initiative
Irene Veldhuijzen	Public Health Service Rotterdam, on behalf of the HEPscreen project
Margaret Walker	European Liver Patients Association, ELPA
Brian West	European AIDS Treatment group, EATG (co-chair)

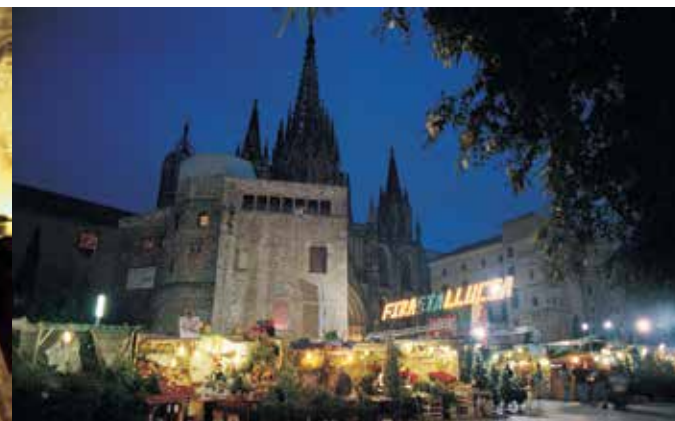
The Conference Chairs

José Gatell	Head, Infectious Diseases & AIDS Units, Clinical Institute of Medicine & Dermatology, Hospital Clinic. Professor of Medicine, University of Barcelona
Jens Lundgren	Professor, Rigshospitalet, University of Copenhagen. Director, CHIP, WHO Collaborating Centre on HIV and Viral Hepatitis
Brian West	Chair, Board of Directors, European AIDS Treatment group (EATG)

HepHIV2014 Barcelona Conference Objectives

The main objectives of the HepHIV2014 Conference are to:

1. Provide the fields of HIV and viral hepatitis with the opportunity to learn from each other and to reflect on their experiences.
2. Provide an overview of innovative initiatives and best practices on optimal testing and earlier care for HIV and viral hepatitis from different settings across Europe.
3. Highlight and discuss achievements and obstacles experienced in both fields, whilst maintaining focus on the left-hand side of the “treatment cascade,” with regards to undiagnosed cases, testing and initiation of care.
4. Sustain and fuel the political discussion of testing policies with the EU Commission and Parliament, the WHO Regional Office for Europe, ECDC and EMCDDA and the European Union HIV/AIDS Civil Society Forum and Think Tank and the implementation of testing policies at national levels.
5. Provide opportunities for multi-stakeholder dialogue to develop creative solutions to unresolved challenges in research and implementation of HIV and viral hepatitis policies and programmes to improve early diagnosis and care of HIV and hepatitis across Europe.
6. Inform leaders, including key policy makers and donors, as to increase their commitment to ensure that HIV and viral hepatitis infected patients enter care earlier in the course of their infection than is currently the case.
7. Increase public awareness of the public health problems associated with late presentation for HIV and viral hepatitis care.



Programme at a glance

Time	Verdi	Vivaldi 1	Rossini 1
Sunday, 5 October 2014			
17.00-19.00	Opening session		
Monday, 6 October 2014			
8.45-10.30	PLE1: What's the status of the continuum of care in HIV and viral hepatitis?		
11.00-12.30	PLE2: Public health challenges of earlier diagnosis of HIV and viral hepatitis		
Parallel sessions			
13.30-15.15	PS1: Late presentation	PS2: Testing in health care settings	PS3: Key populations 1
15.15-16.15	Poster session		
16.15 -18.00	PLE3: Testing strategies in HIV and viral hepatitis: new innovative approaches, including civil society panel debate		
Tuesday, 7 October 2014			
8.30-10.30	PLE4: Linkage to care and economic consequences – bridging lessons learned in viral hepatitis and HIV		
12.30-13.30	Poster session		
Parallel sessions			
11.00 -12.30	PS4: Key populations 2	PS5: The treatment cascade	PS6: Alternative approaches
15.30 -16.30	Closing session and final panel debate: What can we learn from each other?		

HepHIV2014 Conference Programme

Sunday 5th October 2014 Venue: Crown Plaza Barcelona - Fira Center
Side-meetings 13:00-17:00

Time	Meeting	Room
13.00-17.00	Final Conference on the HEPscreen Project (open meeting)	Rossini 1
13.00-15.30	OptTEST for HiE meeting	Cristal
14.30-16.30	HIV in Europe counselling project meeting (open meeting)	Rubi
10.00-16.30	Checkpoint satellite meeting	Diamant
15.00-16.00	Conference Organising committee meeting	Orotava

Programme

Time	Verdi	Moderators and Speakers
16.00-19.00	Preview Room - Orotava	
11.00-17.00	Registration Crown Plaza Barcelona – Fira Center	
17.00-19.00	Opening session	Brian West and Jose Gatell
	Welcome to the HIV and Viral Hepatitis Barcelona 2014 Conference: Objectives and expected outcomes of the conference	Brian West/Jose Gatell/Jens Lundgren Conference Co-Chairs
	Welcome address: Secretary of Public Health of the Catalan Ministry of Health	Antoni Mateu
	Keynote speech: Deputy Director of Health Promotion and Epidemiology at the General Directorate of Public Health, Quality and Innovation of the Spanish Ministry of Health Social Services and Equality The Spanish National HIV and Hepatitis Plan	Elena Andradas
	European Centre for Disease Control and Prevention (ECDC) - Progress on the Dublin Declaration monitoring.	Andrew Amato on behalf of Director Marc Sprenger
	WHO Regional Office for Europe – WHO's response to HIV/AIDS and viral hepatitis in the European region	Gottfried Hirschall on behalf of Regional Director Zsuzsanna Jakab
	The patient perspective on HIV and viral hepatitis testing and linkage to care	Luís Mendão, GAT Checkpoint
19.00-22.00	Opening reception: Caixa Forum Barcelona	

Time	Verdi	Moderators and Speakers
8.30-13.30	Registration	
8.30-18.00	Preview room - Orotava	
8.45-10.30	PLE1: What's the status of the continuum of care in HIV and viral hepatitis?	Moderators: Gottfried Hirschall and Jean-Elie Malkin
	The HIV and viral hepatitis epidemics in Europe: recent trends and regional differences	Jens D.Lundgren, CHIP, Rigshospitalet
	Late presentation for care: the burden of disease in mono- and co-infected patients and who are the late presenters	Jürgen Rockstroh, University of Bonn
	Renewed focus on Hep C – the possibility to cure	Stanislas Pol, EASL
	Linkage to care: what are the challenges?	Oksana Savenko, International HIV/AIDS Alliance in Ukraine ICF
	Key challenges in the cascade of care in the Eastern European region	Michel Kazatchine, UN Secretary-General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia
10.30-11.00 Coffee break		
11.00-12.30	PLE2: Public health challenges of earlier diagnosis of HIV and viral hepatitis	Moderators: Charles Gore and Martin Donoghoe
	Testing policies on HIV and viral hepatitis /Testing for HIV and viral hepatitis: lessons learned and missed opportunities	Kevin Fenton, Public Health England
	Cost-effectiveness of screening strategies in HIV and viral hepatitis	Yazdan Yazdanpanah, INSERM
	Quantifying the impact of increased HIV testing in MSM on future HIV incidence	Andrew Phillips, UCL
	Methods to estimate the number of people with viral hepatitis	Daniela De Angelis, Medical Research Council Biostatistics Unit
12.30-13.30 Lunch		

Time	Verdi	Vivaldi 2	Rossini 1
13.30-15.15	PS1: Late presentation Moderators: Julia del Amo and Yazdan Yazdanpanah	PS2: Testing in health care settings Moderators: Ann Sullivan and Santiago Moreno	PS3: Key populations 1 Moderators: Jeff Lazarus and Nino Tsereteli
	PS1/01 <u>A. Mocroft</u> , J. Lundgren, O. Kirk, on behalf of the Late Presenters Working Group of the Collaboration of Observational HIV Epidemiological Research Europe study (COHERE) in EuroCoord	PS2/01 <u>G. Kutsyna</u> , A. Mocroft, V. Hadziolosmanovic, M. Rayment, A. Vassilenko, N. Chkhartishvili, V.M. Mitsura, C. Pedersen, J. Anderson, J. Begovac, U.B. Dragsted, B. Bertisch, A. Grzeszczuk, J. Minton, C. Necsoi, M. Kitchen, F. Ajana, A. Sokhan, L. Comi, P. Farazmand, D. Pesut, N. Clumeck, J. Gatell, B. Gazzard, A.A. Monforte, J. Rockstroh, Y. Yazdanpanah, A. Sullivan, K. Champenois, M.L. Jakobsen, D. Raben, J.D. Lundgren	PS3/01 <u>M. Fernández Quevedo</u> , A. Esteve, C.N.J. Campbell, N. Vives, J. Casabona i Barbarà, CEEISCAT
	Continued late presentation for HIV care across Europe	Which Conditions are Indicators for HIV Testing across Europe?: Results from the HIDES 2 study	Impact of immigration on diagnosis and prognosis of HIV in Catalonia and the Balearic Islands: The PISCIS Cohort
	PS1/02 <u>A. Sasse</u> , J. Deblonde, M.-L. Delforge, S. De Wit, E. Florence, K. Fransen, J.-C. Goffard, P. Goubau, M.-P. Hayette, P. Lacor, J.-C. Legrand, M. Moutschen, D. Piérard, D. Van Beckhoven, S. Van den Wijngaert, L. Vandekerckhove, B. Vandercam, M. Van Ranst, E. Van Wijngaerden, C. Verhofstede, Belgian Research on AIDS & HIV Consortium (BREACH)	PS2/02 J.D. Kowalska, <u>P.E. Quílez</u> , A. Bednarska, D. Lipowski, A. Horban	PS3/02 <u>S. Chanos</u> , E. Tsiptsias, G. Nikolopoulos, G. Papadopetrakis, N. Dedes
	Challenges in the definition of 'Late presentation to HIV testing'	European students planning to practice internal medicine are more likely to have condition-focused, rather than behaviour-focused approach to HIV testing – data from the English Division Faculty, Medical University of Warsaw	Athens Checkpoint: Reducing Undiagnosed HIV Infections in Crisis-Affected Services in Greece
	PS1/03 <u>C. Folch</u> , J. Casabona, X. Majó, A. Espelt, M. Meroño, V. González, J. Colom, M.T. Brugal, REDAN Study Group	PS2/03 <u>R. Lugo</u> , N. Vives, M. Arando, M. Vall, P. Armengol, M.J. Barberà, A. Vives, M. Alsina, C. Muñoz, J.L. Blanco, J. Sobrino, J. Relat, M.J. Jareño, J. Xandri, V.M. Silvestre, J. Casabona, The Catalan STI Sentinel Surveillance Study Group	PS3/03 T. Greacen, <u>K. Champenois</u> , D. Kersaudy-Rahib, J.-M. Le Gall, N. Lydié, J. Ghosn
	Undiagnosed HIV and Hepatitis C infection among people who inject drugs	HIV diagnosis at time of sexually transmitted infection among men who have sex with men in Catalonia, Spain, 2011-2013	Expert recommendations for the information and support needs of different population groups in preparation for 2014 government approval for HIV self-testing in France
	PS1/04 <u>L. Ferrer</u> , M. Furegato, J.P. Foschia, C. Folch, V. González, D. Ramarli, J. Casabona, M. Miranda	PS2/04 <u>I.K.C.W. Joore</u> , D.L. Arts, M.J.P. Kruijer, J.M. van Es, S.E. Geerlings, J.M. Prins, J.E. van Bergen	PS3/04 <u>S. Manzanares-Laya</u> , P. García de Olalla, C. Garriga, J. Quer, P. Gorrindo, S. Gómez, F. Rodríguez-Frias, V. Plasencia, D. Carcia-Cehic, J. Gregori, R. Solà, M.J. Barberà, J.I. Esteban, J.A. Cayla
	The SIALON Project: Undiagnosed HIV Infection among MSM in Six Southern and European Cities	Project PRO-test: Proactive HIV testing for prevention of late presentation	Increase of sexually transmitted hepatitis C virus in HIV+ men who have sex with men in Barcelona, Spain. A problem linked to HIV infection?
	PS1/05 <u>M. Meulbroek</u> , F. Pujol, F. Pérez, A. Dalmau, H. Taboada, G. Marazzi, A. Pérez, A. Carrillo, A. Cabas, J. Miralles, J. Saz	PS2/05 <u>P. Garcia de Olalla</u> , M. Ema, M.J. Barbera, S. Marti, M. Gosch, E. Arellano, H. Knobel, J.A. Caylà	PS3/05 <u>M. Levi</u> , A. Ahmad, A. Bechini, S. Boccalini, Q.V. Nguyen, I. Veldhuijzen, J.H. Richardus, R. Reintjes, P. Bonanni
	BCN Checkpoint: 31% of the new HIV cases detected in a Community-Based Center for MSM are recent infections	Effectiveness of a pilot partner notification program for newly diagnosed cases of HIV in Barcelona, Spain	Hepatitis B: are at-risk individuals vaccinated if screened and found negative for HBV? Results of an online survey conducted in six EU countries
	PS1/05 <u>M. Harris</u> , E. Ward, C. Gore	PS2/06 <u>C. Agusti</u> , J. Mascort, A. Montoliu, R. Carrillo, J. Almeda, M. Aragón, J.M. Elorza, J. Casabona, Study Group for the Early Diagnosis of HIV in Primary Health Care in Spain	PS3/06 <u>A.-F. Gennotte</u> , C. La Morte, P. Semaille, M. Delforge, A. Van Erck, N. Clumeck, S. De Wit
	Reaching the undiagnosed: a collaborative project	Audit on HIV Testing in patients diagnosed with a defining or related to AIDS illness and/or an indicative condition for HIV in Primary Care in Catalonia, Spain	Socio-demographical and behavioral characteristics of Men who have sex with Men (MSM) attending a voluntary counseling and testing (VCT) centre in Brussels
	Discussion	Discussion	Discussion
15.15-16.15 Coffee Break and posters			

Time	Verdi	Moderators and Speakers
16.15-18.00	PLE3: Testing strategies in HIV and viral hepatitis: new innovative approaches. Including civil society panel debate	Moderators: Ton Coenen and Angelos Hatzakis
	Indicator condition guided HIV testing: what works in HIV and viral hepatitis? Implementation challenges?	Brian Gazzard, Chelsea and Westminster Hospital
	Testing of Hepatitis: Global and European perspectives	Charles Gore, The Hepatitis C Trust; World Hepatitis Alliance
	Panel debate: what is the role of civil society and what are the major challenges in access to testing and care?	
	Eastern Europe HIV/Hepatitis	Andriy Klepikov, HIV/AIDS Alliance Ukraine
	Good Practices MSM	Ferran Pujol, Checkpoint Barcelona
	Financially challenging environment	Sophocles Chanos, Check Points Greece
	Testing in the Balcan states	Nenad Petkovic, Q-Club
	Hep C testing in northern Europe	Danny Morris, Royal College of GPs Hepatitis B and C Part 1 Certificate Clinical Lead
19.30	Conference Dinner: Museu Maritim de Barcelona	

Tuesday 7 October 2014 Venue: Crown Plaza Barcelona - Fira Center

Time	Verdi	Moderators and Speakers
8.30-16.30	Preview room - Orotava	
8.30-10.30	PLE4: Linkage to care and economic consequences – bridging lessons learned in viral hepatitis and HIV	Moderators: Stefan Mauss and Jordi Casabona
	Short report from Day 1	Conference chairs
	Euro Hepatitis Care Index - a project of the European Liver Patients Association (ELPA)	Lilyana Chavdarova, ELPA
	Unaffordable medicines: public health and economic consequences	Sergery Golovin, International Treatment Preparedness Coalition
	UNAIDS 90 90 90 targets - are they likely to reduce AIDS and HIV transmission? Lessons from the UK	Valerie Delpech, Public Health England
	Late presentation of viral hepatitis for medical care: a consensus definition	Maria Buti and Margaret Walker
10.30-11.00	Coffee break	

Time	Verdi	Vivaldi 2	Rossini 1
11.00-12.30	PS4: Key populations 2 Moderators: Lisa Power and Margaret Walker	PS5: The treatment cascade Moderators: Maria Buti and Ricardo Fernandes	PS6: Alternative approaches Moderators: Eberhard Schatz and John de Wit
	PS4/01 <u>Z. Dominkovic</u> HIV testing trends among MSM in Croatia: review of surveys conducted from 2005 to 2012	PS5/01 <u>D. Van Beckhoven</u> , J. Deblonde, M.-L. Delforge, R. Demeester, S. De Wit, E. Florence, K. Fransen, J.-C. Goffard, P. Goubau, P. Lacor, M. Moutschen, D. Piérard, A. Sasse, D. Vaira, S. Van den Wijngaert, B. Vandercam, M. Van Ranst, E. Van Wijngaerden, L. Vandekerckhove, C. Verhofstede, Belgian Research on AIDS & HIV Consortium (BREACH)	PS6/01 <u>P.J. Keel</u> , G. Edwards, G. Nixon, J. Flood, K. Beebeejaun, J. Shute, A. Millar, J. Parry, S. Mandal, M. Ramsay, G. Amirthalingam Home delivered Dried blood spot testing vs conventional follow up - Assessing the impact on screening uptake for Household contacts of Hepatitis B infected pregnant women across two London trusts
	PS4/02 E. Urdaneta, <u>R. Estes</u> , S. Fernández-Balbuena, M.E. Rosales-Statkus, J. Atienza, J. Hoyos, L. de la Fuente, HIV Madrid Rapid Testing group Serving the underserved. An HIV testing program for populations reluctant to attend conventional settings	Continuum of care of the patients diagnosed with HIV in Belgium according to region of origin PS5/02 <u>A.R. G. Susperregui</u> , A.M. López-Jiménez, D. García-Morcillo Peer education at infectious diseases units as a mechanism to optimize the left side steps of the HIV treatment cascade	PS6/02 <u>M. Rocha</u> , M.J. Campos, R. Fuertes, J. Cornejo, J. Brito, J. Esteves, F. Ferreira, H. Machado, N. Pinto, L. Mendão Pilot HCV rapid testing project among men who have sex with men (MSM), CheckList Project, Lisbon, Portugal
	PS4/03 M.C. Mostert, <u>I. Veldhuijzen</u> , R. Wolter, C. Dirksen, M. Berns, C. Schout, A. van Heerwaarden, L. Klaufus, W. Van der Veldt, M. Bosschart, M. Wouters, R. Koenen, C. Rijssel, R. Daemen, E.J.M. van Maaren-Heyligers, J.H. Richardus Results of a disease awareness programme offering Chinese migrants on-site testing for chronic hepatitis B and C virus infection in six urban areas in the Netherlands	PS5/03 <u>J.V. Lazarus</u> , L. Peters, K. Grønborg Laut, J.D. Lundgren, O. Kirk, A. Mocroft, on behalf of the EuroSIDA study group Regional differences in hepatitis testing, vaccination and treatment in the EuroSIDA study	PS6/03 <u>C. Fagard</u> , K. Champenois, J. Arsendaux, J.-P. Joseph, B. Riff, N. Messaadi, S. Esposito, V. Canva, J. Foucher, G. Chêne, Y. Yazdanpanah, F. Dabis, Groupe de travail Dépistage Gironde-Nord Feasibility of joint HIV, HBV and HCV testing offered routinely by general practitioners during one week in two French counties in 2012
	PS4/04 <u>P. Fernández-Dávila</u> , C. Folch, L. Ferrer, R. Soriano, M. Diez, J. Casabona Determinants of having never been tested for HIV amongst migrant men who have sex with men in Spain	PS5/04 <u>M. Levi</u> , A. Falla, C. Taddei, A. Ahmad, I. Veldhuijzen, G. Niccolai, A. Bechini Exploring how Commonly Diagnosing Services Refer Newly Diagnosed Chronic Hepatitis B and C Patients to Specialist Secondary Care: The Views of Hepatologists, Gastroenterologists and Infectious Diseases Specialists in Six EU Countries	PS6/04 <u>M. Fernández Quevedo</u> , S. Manzanares, C. Jacques, J. Ospina, B. Treviño, G. Susana, H. Ouabarab, J. Gómez, T. Clusa, I. Veldhuijzen, J. Caylà, The HEPscreen Project Screening for viral hepatitis among immigrants in Barcelona: Comparison of two recruitment strategies. A pilot study of the HEPscreen Project
	PS4/05 <u>B. Bertisch</u> , F. Giudici, O. Keiser Characteristics of Foreign-Born Patients in the Swiss Hepatitis C Cohort Study: Implications for National Screening Recommendations	PS5/05 I.K. Veldhuijzen, <u>S.J.M. Hahné</u> Evidence for the cost-effectiveness of screening for chronic hepatitis B and C among migrant populations: results from a review of the literature	PS6/05 <u>S.A. Bell</u> , J. de Wit Health service-based HIV testing and counselling: a review of European guidelines
	Discussion	Discussion	Discussion
12.30-13.30	Lunch and Posters		

Time	Verdi	Moderators and Speakers
13.30-15.00	PLE5: Testing and linkages to care in key populations	Moderators: Nikos Dedes and Ludmila Maistat
	The impact of legal barriers/stigma to access to testing and care for key populations	Ramón Estesó, Médecins du Monde
	The specific challenge of testing in the PWID population	Jason Farrell, Correlation hepatitis C Initiative
	Migrants in Europe: a rising epidemic of undiagnosed?	Manuel Carballo, International Centre for Migration, Health and Development
	Increasing incidence of HIV and HCV among MSM across Europe	Ulrich Marcus, Robert Koch Institute
15.00-15.30 Coffee Break		
Time	Verdi	Moderators and Speakers
15.30-16.30	Closing session	Moderators: Jens Lundgren and Andrew Amato
	Short report from Day 2	Conference chairs
	Joint statement on the future collaboration between HIV and viral hepatitis groups on earlier testing and care	
	Debate: What can we learn from each other?	Panel:
	ECDC WHO Regional Office for Europe Correlation hepatitis C Initiative ELPA EASL World Hepatitis Alliance HEPBCCA The HIV in Europe Initiative UNAIDS	Andrew Amato Martin Donoghoe Eberhard Schatz Margaret Walker Stefan Mauss Charles Gore Angelos Hatzakis Brian West Jean-Elie Malkin

Side meetings

Time	Meeting	Room
17.00-19.00	European Commission: Lessons learnt from the EU health programme actions on HIV and Hepatitis prevention	Rossini 1
17.30-18.30	HIV in Europe update meeting with sponsors	Tenerife
18.30-21.00	HIV in Europe Steering Committee: face-to-face meeting	Tenerife

Scientific Programme

Plenary Sessions

Sunday, 5th October 2014 – Verdi room

Opening Session

17:00 – 19:00

The opening plenary will consist of a number of key note speeches by prominent representatives from leading European viral hepatitis and HIV/AIDS organisations. After a short introduction and an outline of the objectives and expected outcomes of the conference, the Secretary of Public Health of the Catalan Ministry of Health will give the welcome address, followed by the Deputy Director of Health Promotion and Epidemiology, presenting the Spanish National HIV and Hepatitis Plan. The European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe will outline lessons learned from the implementation of testing guidelines and the specific challenges in different European regions regarding access to earlier testing, diagnosis, care and treatment. Finally Luís Mendão, GAT Checkpoint Portugal, will give a patient perspective on HIV and viral hepatitis testing and linkage to care.

Moderators:



Brian West, European AIDS Treatment group (EATG) co-chair

I am a 56 year old gay man, who has been living with HIV for over 30 years. I became involved in HIV activism in 1986. I was educated at Edinburgh University and have a BSC and a PGD in Social Development and Health. I am a trustee/director on the board of Waverley Care, Scotland's largest NGO provider of services for people living with HIV. I work predominantly on health promotion materials. I currently live in Edinburgh and am involved with several Scottish HIV

organisations, as well as the UK CAB and the European AIDS Treatment Group. I am Chair of the Board of Directors of the EATG, as well as being co-Chair of the HIV in Europe initiative.



José Gatell, University of Barcelona, local co-chair

Dr. José M. Gatell is Senior Consultant & Head of the Infectious Diseases & AIDS Units at the Hospital Clinic, Professor of Medicine at the University of Barcelona and Co-director of the HIVACAT research programme for development of HIV vaccines. His main research lines in the field of AIDS are clinical investigation of new antivirals and combinations. Since 2006, he has also focused on the development of candidates for HIV therapeutic and preventative vaccines in the

setting of the HIVACAT program. He has coordinated several international studies on antivirals and serves as a member of the Steering Committee of two European Union Programs addressed to analyze the characteristics of AIDS in Europe (EUROSIDA/EUROCOORD) and to perform clinical trials in AIDS patients (NEAT). He is also the coordinator of the Spanish Network for AIDS Research (RIS). Dr. Gatell has been (1997-99) President of the Spanish Society for Infectious Diseases and Clinical Microbiology (SEIMC), is the former president of the European AIDS Clinical Society (EACS) and is Associate Editor of several Spanish and international journals. He has received the Foundation Lilly award (2010) for biomedical research, the Josep Trueta medal (2012) of the Generalitat de Catalunya, the Moreno López award (2014) of the Spanish Society of Infectious Diseases and is the corresponding member of the Royal Academy of Medicine of Catalonia.

Speakers:



Welcome address: Representative from the Health Department of the Autonomous Government of Barcelona

Antoni Mateu, Secretary of Public Health of the Catalan Ministry of Health

Antoni Mateu i Serra is a qualified Medical Doctor. He is a Public Health specialist and has an MSc in Health Economics and Health Management from the Barcelona University. He also has managerial training from the business schools of ESADE and IESE, and has extensive experience as a Hospital manager.

He joined the Catalan Institute of Health in 1989 as head of the contracts unit and immediately became the Director of the High Pyrenees Health Sector. From 1998 to 2003, he was responsible for the Management Control Unit of the Lleida Health Region. Subsequently, he was the Managing Director of this Health Region and became Vice President of the Board of a public company called Management of Health Services. From 2004 to 2007, he was the coordinator of the Catalan Institute of Medical Evaluation in Lleida. In 2007, was appointed as the territorial delegate of the Private Health Insurance Company, ASISA. Since February 2011 to April 2012, he has been the Managing Director of the Lleida Health Region and also part of the Board of Directors of the EGTC (European Grouping of Territorial Cooperation) and the Company SEMSA. Since April 2012, he has held the position of Director of the Catalan Public Health Agency and, from January 2013, the Secretary of Public Health of the Catalan Ministry of Health.



Keynote speech: The Spanish National HIV and Hepatitis Plan

Elena Andradas, Deputy Director of Health Promotion and Epidemiology at the General Directorate of Public Health, Quality and Innovation of the Spanish Ministry of Health Social Services and Equality

Ms Elena Andradas, is Medical Doctor, specialist on Public Health and Epidemiology, and has a large experience working on Public Health, Management and Assessment of Health Technologies. She is Master Degree on Public

Health, Master Degree on Health Economics and Pharmacoeconomics, and Master on International Health Technology Assessment and Management. Currently she is the Deputy Director of Health Promotion and Epidemiology at the General Directorate of Public Health, Quality and Innovation of the Spanish Ministry of Health Social Services and Equality. The main functions as Deputy Director include: The analysis, proposal, and management of public health policies, programs of disease prevention and health promotion, especially those involving Prevention and Control of HIV infection and other STDs, the development of initiatives adopted by the European Union, and their coordination with the 17 regions in Spain.



European Centre for Disease Prevention and Control, ECDC Progress on the Dublin Declaration monitoring

Andrew Amato, Head of the HIV, Sexually Transmitted Infections and viral Hepatitis Programme on behalf of Marc Sprenger, European Centre for Disease Prevention and Control

Dr. Amato-Gauci is an epidemiologist and Family Medicine specialist. He studied Public Health and Epidemiology at the LSHTM and then set up the first national Communicable Disease Surveillance Unit in Malta and went on to become Malta's national Director of Public Health. He developed a keen interest in the prevention and control of Communicable Diseases, especially AIDS and HIV, and in the nineties he worked with the WHO/GPA in Copenhagen and later with UNAIDS in Geneva. Over a period of about 15 years, he has participated in almost a hundred missions in Eastern Europe and Central Asia, mainly focusing on strengthening HIV Programme Management and Planning, Surveillance, Monitoring and Evaluation projects, whilst working for various international agencies. He is currently the head of the HIV, Sexually Transmitted Infections and viral Hepatitis Programme at ECDC.



WHO Regional Office for Europe – WHO's response to HIV/AIDS and viral hepatitis in the European region

Gottfried Hirsenschall, Director of the HIV/AIDS Department of the World Health Organization on behalf of Regional Director Zsuzsanna Jacob

Dr Gottfried Hirsenschall is the Director of the HIV/AIDS Department of the World Health Organization. He leads the organization's work in development and implementation of cutting-edge normative policies and guidance in HIV. As of December 2013, Dr Hirsenschall is also overseeing of the Global Hepatitis Programme (GHP) which coordinates the Organization's response to viral hepatitis across 10 different technical departments at headquarters and through all six regional offices. Dr Hirsenschall holds an MD from the University of Vienna, Austria, and an MPH from the Johns Hopkins School of Public Health.



The patient perspective on HIV and viral hepatitis testing and linkage to care Luís Mendão, GAT Checkpoint

Luís Mendão concluded his studies in biochemistry in 1983 at the University Pierre et Marie Curie, in Paris. He is currently Chair of the Board of GAT - Pedro Santos, an NGO founded in 2001 working in prevention, early diagnosis, treatment and care of HIV/AIDS related diseases and most at-risk groups. He is the founder and members of the Board of Directors for the AntiProhibitionist Association (SOMA-APA). He represents Portugal in the Civil Society Forum on HIV/AIDS at the European Commission, and Luís is also a member and former Vice-Chair of the European AIDS Treatment Group (EATG). Luís Mendão also works with the Steering Committee of the HIVPORTUGAL initiative, which over the last ten years, has been the community consultant to the Regional Office of the World Health Organization Europe (WHO Europe), EMCDDA and ECDC. Luís Mendão was diagnosed with HIV and HCV in 1996.

Monday, 6th October 2014 – Verdi room

**PLE1: What is the status of the continuum of care in HIV and viral hepatitis?
8:45-10:30**

The aim of the session is to set the scene for the conference and look at the two disease areas together, highlighting their similarities and differences. We hope to provide participants with an overview of the situation of the continuum of care in HIV and viral hepatitis, from the infected not yet diagnosed to issues related to linking people into health care systems for treatment. Current challenges will be identified and shall provide the basis for the remainder of the conference.

Moderators:



Gottfried Hirschall, HIV/AIDS Department of the World Health Organization

Dr Gottfried Hirschall is the Director of the HIV/AIDS Department of the World Health Organization. He leads the organization's work in development and implementation of cutting-edge normative policies and guidance in HIV. As of December 2013, Dr Hirschall is also overseeing of the Global Hepatitis Programme (GHP) which coordinates the Organization's response to viral hepatitis across 10 different technical departments at headquarters and through

all six regional offices. Dr Hirschall holds an MD from the University of Vienna, Austria, and an MPH from the Johns Hopkins School of Public Health.



Jean-Elie Malkin, UNAIDS Regional Support Team for Europe and Central Asia

Dr. Malkin, a citizen of France, is Senior Advisor to the Executive Director of UNAIDS and since 2011, the Head of the UNAIDS Regional Support Team for Europe and Central Asia. Dr. Malkin is a Medical Doctor specialised in infectious and tropical diseases, with over 25 years experience in care management of HIV-positive patients, notably at the Medical centre of Pasteur Institute (Paris). Dr. Malkin is a member of several scientific and medical societies and during

his career has been actively contributing to different committees and experts panels. He earned his Post-Master's Diplomas in Public Health in developing countries holds a Master's degree in epidemiological statistics and is a Doctor of Medicine from the University of Paris.

Speakers:



The HIV and viral hepatitis epidemics in Europe: recent trends and regional differences

Jens D. Lundgren, CHIP, Rigshospitalet. University of Copenhagen, WHO Collaborating Centre on HIV and Viral Hepatitis.

Jens Lundgren, MD, DMS.c. is Professor of Viral Diseases at the University of Copenhagen. In 1994 he established CHIP, Centre for Health & Infectious Disease Research. Since, he has been actively involved in international research in the

field of infectious diseases, viral infections and HIV in particular. In 2010 CHIP was announced "Centre of Global Excellence" by the capital Region of Copenhagen. His group runs research activities in more than 35 countries and collaborates on clinical observational cohort studies as well as randomized controlled trials with more than 250 research institutions in Europe, USA, Canada, Australia and Latin America. Jens is author or co-author of more than 480 papers in scientific journals and book chapters and has supervised more than 18 PhD students and 7 D.M.Sc.



Late presentation for care: the burden of disease in mono- and co-infected patients and who are the late presenters

Jürgen Rockstroh, University of Bonn

Jürgen Rockstroh, MD, is Professor of Medicine and Head of the HIV Outpatient Clinic at the University of Bonn in Germany. In addition to his clinical practice, Dr Rockstroh is involved in HIV research on antiretroviral therapy and HIV and hepatitis co-infection. He has been an investigator in multiple clinical trials

of antiretroviral agents and treatments for HIV and hepatitis co-infection. An active member of the HIV/AIDS treatment community, Dr Rockstroh was the Chairman of the German Clinical AIDS Working Group (KAAD) from 1998 to 2007. From 2007 to 2011, he was elected as the president of the German AIDS Society. From 2009, he has been a member of the executive committee of the European AIDS Clinical Society (EACS).



Renewed focus on Hep C – the possibility to cure

Stanislas Pol, European Association for the Study of the Liver (EASL)

Dr. Stanislas Pol is Professor of Hepatology and Gastroenterology at Université Paris Descartes, Paris, France. He is the Head of the Liver department at Cochin Hospital, Paris, France. His career includes a Hepatology and Gastroenterology residency, chief residency at the Necker-Enfants Malades University, and molecular enzymology fellowship in Henri Mondor hospital. Dr Pol completed

his MD thesis on hepatitis B virus occult infections in 1983 and his PhD thesis on the regulation of iso-enzymes of ALT in liver disease in 1992. Dr. Pol's research interests involve: the study of the impact of immune deficiency, including HIV, on the natural history of viral hepatitis; the treatment of viral hepatitis and; the reversal of cirrhosis. He is the head of an INSERM research unit studying the immune pathology of Hepatitis C virus infection (team 38 of Institut Cochin, U-1016). He is the recipient of several research awards and fellowships. He has published more than 300 primary and review articles in the field of liver diseases. He has previously chaired the coordinated action 24 of the French Agency for AIDS and Viral Hepatitis (ANRS: therapeutic trials in viral hepatitis) and he is the head of the French HEPATHER (HBV and HCV hepatitis) cohort.



Linkage to care: what are the challenges?

Oksana Savenko, International HIV/AIDS Alliance in Ukraine ICF

In my work, I use my professional skills (17 years of working experience as a medical doctor and experience as a Chief Doctor) and 6 years of Public Health experience as a manager of realization programs for MARPs for Alliance Ukraine, the biggest international organization leading in the EECA region on providing services for MARPs. My zones of responsibilities include: HIV diagnostics and prevention in MARPs, STI diagnostics and prevention in MARPs, viral hepatitis B and C (viral Hepatitis B and C diagnostic for MARPs; implementation of Hepatitis C treatment services delivery to 100 HIV-positive clients of SMT; participation in advocacy projects on access to Hepatitis C treatment; participation at MoH working group, training programmes).



Key challenges in the cascade of care in the Eastern European region

Michel Kazatchkine, UN Secretary-General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia

Professor Michel Kazatchkine has spent the last 30 years fighting AIDS as a leading physician, researcher, administrator, advocate, policymaker and diplomat. He attended medical school in Paris and has completed postdoctoral fellowships at St Mary's Hospital in London and Harvard Medical School. He is Professor of Immunology at Université René Descartes in Paris and has authored or co-authored over 500 articles focusing on autoimmunity, immuno-intervention and HIV/AIDS.

Professor Kazatchkine has played key roles in various organizations, serving as Director of the National Agency for Research on AIDS (ANRS) in France (1998-2005), Chair of the WHO's Strategic and Technical Committee on HIV/AIDS (2004-2007), Member of the WHO's Scientific and Technical Advisory Group on Tuberculosis (2004-2007), and first Chair of the Global Fund's Technical Review Panel. From 2005 to 2007, he served as French Ambassador on HIV/AIDS, and was Board Member and Vice-Chair of the Board of the Global Fund to fight AIDS, tuberculosis and malaria (2005-2007). In 2007, Professor Kazatchkine was elected Executive Director of the Global Fund, a position in which he served until March 2012. In July 2012, Professor Kazatchkine was appointed as the UN Secretary-General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia. In this position, he focuses on building high-level political support for national and regional responses to the HIV epidemic and advocates for improved access to prevention, treatment and care for the populations most in need. Professor Kazatchkine is also a Senior Fellow with the Global Health Program of the Graduate Institute for International and Development Studies in Geneva, a member of the Global Commission on Drug Policy and serves as Chair of the Board of the Robert Carr Civil Society Networks Fund.

PLE2: Public health challenges of earlier diagnosis of HIV and viral hepatitis 11.00 – 12.30

The aim of the session is to investigate the political and public health challenges of earlier diagnosis of people living with HIV and viral hepatitis?. What have we learned from different public health approaches and political leadership, and what are the tools needed for effectively tackling the hidden epidemic. The session will present both testing policies, methods to evaluate the cost-effectiveness of screening strategies and to estimate the number of people living with HIV and/or viral hepatitis.

Moderators:



Charles Gore, World Hepatitis Alliance

Charles Gore was diagnosed with hepatitis C in 1995 and cirrhosis in 1998 and in 2000, he set up The Hepatitis C Trust. He was closely involved in the creation of the ELPA and was elected its first President from 2004 to 2006. In 2007, he established the World Hepatitis Alliance, which was the driving force behind the WHO's adoption of World Hepatitis Day and the creation of WHO's Global Hepatitis Programme and is serving a second term as President.

The World Hepatitis Alliance works closely with WHO and with individual Member States as they look to develop national hepatitis strategies. Charles is part of the WHO Global Hepatitis Network and the WHO Director-General's STAC on Viral Hepatitis.



Martin Donoghoe, WHO Regional Office for Europe

Martin Donoghoe is the Programme Manager for HIV/AIDS, STIs and Viral Hepatitis at the World Health Organization's Regional Office for Europe based in Copenhagen, Denmark. The programme is committed to responding to public health challenges of HIV/AIDS and viral hepatitis in all 53 Member States of the European Region. Martin led the development and adoption of the European Action Plan on HIV/AIDS 2012-2015; building consensus around priorities for

HIV intervention, including those to reduce the undiagnosed population and late HIV diagnoses, by expanding access to and increasing early uptake of HIV testing and counselling, especially in key populations. He is currently leading WHO efforts to scale-up access to HIV/AIDS and viral hepatitis prevention, treatment and care in the European Region.

Speakers:



Testing policies on HIV and viral hepatitis /Testing for HIV and viral hepatitis: lessons learned and missed opportunities

Kevin Fenton, Public Health England (PHE)

Professor Kevin Fenton, MD, PhD, FFPH, is the Public Health England National Director for Health and Wellbeing. In this role, he oversees PHE's national prevention programmes including screening for cancer and other conditions, Health Checks, national health marketing campaigns, public mental health, and a range of wellbeing programmes for infants, youth, adults and older adults. The Health and Wellbeing Directorate also leads PHE's Health Equity portfolio, with a range of programmes and activities focused on addressing the social determinants of health and promoting settings-based approaches to health improvement. Professor Fenton was previously the director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC), a position he held for seven years from November 2005. He also served as chief of CDC's National Syphilis Elimination Effort and has worked in research, epidemiology, and the prevention of HIV and other STDs since 1995. Previously he was the director of the HIV and STI Department at the United Kingdom's Health Protection Agency. He attended medical school in Jamaica, obtained his Masters in Public Health at the London School of Hygiene and Tropical Medicine, and PhD in Infectious Disease Epidemiology at University College London. He has authored or co-authored more than 250 peer-reviewed scientific articles and policy reports. He is a speaker in great demand and is fluent in Spanish and French



Cost-effectiveness of screening strategies in HIV and viral hepatitis

Yazdan Yazdanpanah, INSERM

Yazdan Yazdanpanah became an MD from the Lille School of Medicine, France in 1996. He qualified from the same institution first as a hepato- gastro-enterologist in 1996, and later as an infectious disease specialist in 2002. He obtained a Master of Science degree in epidemiology from the Harvard School of Public Health, Boston, US in 2000, and a Ph.D in Public Health from the Bordeaux School of Public Health in 2002. In 2006, he became Professor of Infectious Disease. He is currently the head of Infectious Disease Department of Bichat Claude-Bernard Hospital. He is the head of ATIP-Avenir Inserm team (U1137) on decision analysis and cost-effectiveness in infectious disease, at Paris VII Medical School. He is a member of several scientific committees at the French National Agency of Research on HIV and viral hepatitis and the President of Comité Scientifique Sectoriel 3 (CSS3) 'Clinical Research in HIV infection'. His research interests are in HIV, viral hepatitis, and tuberculosis clinical epidemiology, and pharmaco-economics of antimicrobials.



Lessons learned in modelling in HIV and methods to estimate the number of people with HIV

Andrew Phillips, University College London (UCL)

Andrew Phillips is Professor of Epidemiology at UCL and has worked in the HIV field for the past 25 years, including HIV observational cohorts (including the Royal Free Haemophilia Cohort, CASCADE, EuroSIDA, D:A:D, COHERE/PLATO), randomized trials (including INSIGHT SMART and START trials) and simulation modelling (HIV Synthesis model). Particular areas of interest have included describing HIV natural history and effects of ART, including virologic failure, drug resistance, adverse effects of ART, and

the link between HIV and risk of non-AIDS diseases. The HIV Synthesis model of HIV transmission, progression and the effect of ART has been used to address clinical and Public Health questions both in developed and developing country contexts.



Methods to estimate the number of people with viral hepatitis

Daniela De Angelis, Medical Research Council

Daniela De Angelis is programme leader at the Medical Research Council Biostatistics Unit in Cambridge, leading research in "Statistical Methods in Epidemic Modelling" and coordinating the "Evidence Synthesis for Health" Theme. She has a degree in Statistical Science from "la Sapienza" (Rome) and a PhD in Medical Statistics from Cambridge University. Since the 1990s, she has worked at the interface between statistics and epidemiology, devising methods for estimation of natural history, prevalence and incidence for a range of infectious diseases. Current research focuses on the statistical/epidemiological challenges posed by the need to synthesise information from multiple sources. Daniela has a strong track record of memberships of advisory groups and of scientific collaborations with academics and health agencies, nationally and internationally.

PLE3: Testing strategies in HIV and viral hepatitis: new innovative approaches, including civil society panel debate

16:15 – 18:00

On a more operational and practical level, this session will look at different innovative testing and screening approaches and how successful they are in diagnosing people with HIV and viral hepatitis. Part of the session will consist of a panel debate discussing the role of civil society and the major challenges from an NGO perspective in access to testing and care.

Moderators:



Ton Coenen, AIDS Action Europe, Netherlands; STI AIDS

Ton Coenen is the executive director of the Aids Fonds and STI AIDS Netherlands, since 2004. Aids Fonds funds work nationally and internationally on innovation, research and support for People Living with HIV. Aids Fonds manages the Robert Carr civil society Networks Fund. STI AIDS Netherlands is a Dutch implementing organisation for national and European work. Ton has Masters degrees in Public Health and Public Management. He is a Board Member of the Global Fund to Fight Aids, Tuberculosis and Malaria. For several years, he was co-chair of the HIV in Europe Initiative and the EU civil society Forum on HIV/AIDS. He is currently a Board Member of the Medical Credit Fund.



Angelos Hatzakis, Hepatitis B & C Public Policy Association (HEPBCPPA)

Professor of Epidemiology & Preventive Medicine, Athens University Medical School. Director of the Department of Hygiene, Epidemiology & Medical Statistics, Athens University Medical School. Founder and Head of the National Retrovirus Reference Center. Founder and Co-Chair of "Hepatitis B & C Public Policy Association", located in Luxembourg. Participation in many Executive Committees of private and public sector and Presidency of the Hellenic Center for Disease Control & Prevention. His research interests cover Epidemiology, Preventive Medicine and Public Health of infectious diseases, especially HIV/AIDS, hepatitis and other oncogenic viruses.

Speakers:



Indicator condition guided HIV testing: what works in HIV and viral hepatitis? Implementation challenges?

Brian Gazzard, Chelsea and Westminster Hospital

Professor Brian Gazzard started the HIV unit at the Chelsea and Westminster Hospital and is now its Clinical Research Director. This is one of the largest clinical units in Europe concentrating its research mainly on new algorithms of care Immunological and oncological manifestations of HIV disease and antiretroviral therapy. Brian Gazzard qualified at Cambridge and received his MD from that institution in 1983. He was awarded the Department of Health prize for distinguished achievement in 2002 and is the chairman of the Expert Group Advising Chief Medical Officer of Health on matters relating to HIV disease.



Testing of Hepatitis: Global and European perspectives

Charles Gore, World Hepatitis Alliance

Charles Gore was diagnosed with hepatitis C in 1995 and cirrhosis in 1998 and in 2000 he set up The Hepatitis C Trust. He was closely involved in the creation of the ELPA and was elected its first President from 2004 to 2006. In 2007 he established the World Hepatitis Alliance which was the driving force behind the WHO's adoption of World Hepatitis Day and the creation of WHO's Global Hepatitis Programme and is serving a second term as President. The World Hepatitis Alliance works closely with WHO and with individual Member States as they look to develop national hepatitis strategies. Charles is part of the WHO Global Hepatitis Network and the WHO Director-General's STAC on Viral Hepatitis.

Panel debate: what is the role of civil society and what are the major challenges in access to testing and care?

Panel debate: Civil society's perspective in access to testing and care

The aim of this session is to:

- Share experiences from people from Civil Society Organisations that work on testing
- What are positive lessons learned that can be shared?
- What are the major challenges?
- What are domains for further work? – including work to be done by the HIV in Europe Initiative

Civil Society is involved in many different aspects of testing: campaigning, performing community based testing, linking people to care, working on policies, etc. This area is diverse in many ways:

- Working for different communities: MSM, IDUs, sex workers, youth, etc.
- Working in different regions of Europe/Central Asia
- Working on different topics: HIV, STIs, Hepatitis B/C

Panel members:



Eastern Europe HIV/Hepatitis

Andriy Klepikov, HIV/AIDS Alliance Ukraine

Andriy Klepikov is Executive director of the International HIV/AIDS Alliance in Ukraine, the largest health-focused non-governmental organization in the country and one of the largest in Eastern Europe and Central Asia. Since joining the Alliance in 2000, heading the office in Ukraine, now managing a complex and comprehensive HIV/AIDS prevention, treatment and care program implemented as well as programs aimed at fighting TB, HCV and other diseases. Managing portfolio includes several nation-wide projects with the total budget over \$ 30 million per year funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, EU, USG and other donors. He has over 25 years diverse inter-sectorial work experience which includes international and local NGOs, donor and governmental sectors, academia.



Good Practices MSM

Ferran Pujol, Projecte dels NOMS-Hispanosida

Founder and Executive Director of Projecte dels NOMS-Hispanosida Cofounder in 1998 of ATOS (Association for Organ Transplants to Persons Living with HIV), an organization which promoted the access for people with coinfection of HIV and VHC to the Organ Transplant Program, resulting in the first liver transplant in Spain in 2002. In 2006, he promoted the implementation in Barcelona of BCN Checkpoint, a centre for the detection of HIV and other STIs focused on MSM. BCN Checkpoint introduced the use of rapid HIV tests in community-based centres in Spain. Ferran is a Member of the EATG (European AIDS Treatment Group) and is the Spanish representative in the HIV/AIDS Civil Society Forum (CSF)



Financially challenging environment

Sophocles Chanos, Checkpoint Greece

Sophocles Chanos is the Managing Director of the Athens and Thessaloniki Checkpoint. He oversees the testing and counselling processes in both centres and he is responsible for their efficient operation. Sophocles has been working in the area of HIV prevention, diagnosis and linkage to healthcare for more than four years, and has been presenting powerful results in Greece and abroad. His activities include HIV and STIs prevention, psychological support and empowerment to PLHIV and to patients (relating to their overall adjustment and management of their health problems), battling HIV stigma and designing of powerful HIV prevention campaigns. Sophocles holds an MSc in Health Psychology from London City University and a BSc in Psychology from Goldsmith's College, University of London.



Testing in the Balcan states

Nenad Petković, Q-Club

Nenad Petković (35) is a lawyer specializing in International Human Rights Law. He has been a Civil Society activist in the field of HIV/AIDS from 2004. Currently, he is the Executive Director of organization of people living with HIV, Q-Club, in Serbia. He is the Editor in Chief of HIV therapy magazine "HIV Bilten HTB" for Bosnia and Herzegovina, Croatia, Montenegro and Serbia, and the HIV/AIDS resource website "www.aidsresurs.rs". He is involved in various projects and initiatives in response to HIV and support for PLHIV. He is a member of EATG and member of EACB from 2009. Also, he is member of Coordinating committee of Network of HIV Low Prevalence countries, NeLP.



Hep C testing in northern Europe

Danny Morris, Royal College of GPs Hepatitis B and C Part 1 Certificate Clinical Lead

Danny Morris has over twenty-five years of experience working among drug using communities. As an independent consultant, harm reductionist and writer, he advocates for constructive change and the development of progressive, evidence based interventions. His areas of specialization include safer injecting practices and hepatitis C prevention, treatment and care. As RCGP Hepatitis B and C Part 1 Certificate Clinical Lead, he is responsible for developing workforce competency and improving testing, treatment and care for people with hep C. He works part-time as development manager for an NHS drug and alcohol treatment service. Previously a director of the UK Harm Reduction Alliance, he sits on the steering group of UK DrugWatch, a network of organisations promoting harm reduction responses to novel psychoactive drug use.

Tuesday, 7th October 2014 – Verdi room

PLE4: Linkage to care and economic consequences – bridging lessons learned in viral hepatitis and HIV

8:30-10:30

This session will look into the more technical and economic aspects of testing and what effect these aspects have on earlier diagnosis and linkage to care, as well as presenting a proposal for a definition of late presentation for care for viral hepatitis.

Moderators:



Stefan Mauss, Center for HIV and Hepatogastroenterology

Stefan Mauss specialised in internal medicine and gastroenterology at the Heinrich-Heine University in Duesseldorf. In 1990, founded the Center for HIV and Hepatogastroenterology, an outpatient clinic and privately based research centre. His primary research interests are complications of antiviral therapy and their management in HIV, hepatitis B and hepatitis C. In addition he focuses on treatment strategies of viral hepatitis B or C in mono- or HIV-coinfected patients.

He has published more than 120 original articles and reviews in international journals. He has edited numerous books on HIV and viral hepatitis including “Hepatology - a clinical textbook”, which is regularly updated and available free at www.hepatologytextbook.com.



Jordi Casabona, Center for HIV/STI Epidemiological Studies of Catalonia (CEEISCAT)

In 1980, I graduated from the Medical School of the Hospital de la Santa Creu i de Sant Pau and in 1985, I finalized my clinical training in Neurology at Baylor College of Medicine in Houston, Texas (USA) where in 1986, I also undertook a Master in Public Health degree, majoring in Epidemiology. On my return to Spain in 1987, I built up the AIDS Registry for the Catalan Health Department

(CHD), entering into the exciting world of HIV epidemiology. In 1989, I move to Genève for almost 1 year to work with James Chin in the Surveillance, Forecasting and Assessment Unit (Global Program on AIDS, WHO); since then and for a number of years, I have been consulting for WHO and UNAIDS on HIV. In 1990, I accepted the position of Director of the AIDS Prevention and Control

Program of the CHD, until 1994, when I became the Scientific Director of the newly created “Center for Epidemiological Studies on STIs, HIV and AIDS” (CEEISCAT) (www.cerca.cat). The Center, with 18 staff members, is responsible for the regional surveillance activities on HIV and STIs and it also has an applied research component attached to the Institut de Recerca Germans Trias (www.germanstrias.org). In 2002, I was the Co-President of the XIV International AIDS Conference and since 2004, have been the Technical Director of the Fundació Sida i Societat (www.sidaisocietat.org) from which we implement a number of interventions in Guatemala. Finally, I am member of the Executive Committees of COHERE and of the “HIV in Europe” initiative and since 1992, I have been teaching epidemiology and Public Health at the Universitat Autònoma de Barcelona (UAB). I have been the PI of the European Commission COBATEST project (2009-2013) and currently the PI the EUROEDAT project (2014-2017-www.cobatest.org and www.euroedat.org)

Speakers:

Late presentation of viral hepatitis for medical care: a consensus definition

Maria Buti, Stanislas Pol and Margaret Walker

Effective treatments for HBV and HCV are recent developments. Most European countries have a sizable proportion of the population that is chronically infected with either HBV or HCV. Therefore, increased testing of the population and refining referral systems to and structures (including trained staff) of medical sites able to provide comprehensive care are ongoing throughout the continent. Harmonisation of the definitions used in surveillance systems is a critical component of this scale-up process. The development of a consensus definition for late presentation for medical care for viral hepatitis has been an open process with all relevant stakeholders invited to participate, including patient advocacy groups, health policy-makers, international health organisations, surveillance experts and medical experts. The European consensus working group is represented by Maria Buti, Stanislas Pol and Margaret Walker for ELPA.



Euro Hepatitis Care Index - a project of the European Liver Patients Association (ELPA)

Lilyana Chavdarova, European Liver Patients Association (ELPA)

Ms. Lilyana Chavdarova (1987), Bulgarian, Policy Manager of the ELPA (European Liver Patients’ Association), is committed to working in the field of liver disease management. Her primary involvement is in advocacy work on policies of awareness, prevention and treatment. She is also responsible for providing

technical and policy support to the member organizations of ELPA. Lilyana has a Bachelor’s Degree in International Relations (Hons) and a Master’s Degree in Social and Political Theory (Hons).



Public Health and economic consequences

Els Torreele, Open Society Foundation

Els Torreele is the director of the Open Society Public Health Program's Access to Essential Medicines Initiative. Els Torreele graduated as a bioengineer and obtained a PhD in applied biological sciences from the Free University Brussels. At the Flanders Interuniversity Institute for Biotechnology, she worked on policy issues related to biomedical research agenda-setting, patenting of research findings, and the commercialization of biotechnology research. She joined the Médecins Sans Frontières 'Access to Essential Medicines Campaign' as chair of a think tank tasked with fostering needs-driven research and development of treatments for diseases that primarily affect developing countries. She joined OSF in 2009 to lead their Access to Medicines work, focusing on advancing health and human rights through social inclusion, transparency, accountability, and civil society participation to shape access to medicines and biomedical innovation.



The treatment cascade and linkage to care

Valerie Delpech, Public Health England (PHE)

Valerie is a public health physician and epidemiologist leading on the national surveillance of HIV infections at Public Health England. She trained in medicine and public health in Australia and the UK and has extensive experience in communicable disease control and public health. Valerie's research interests have focused on better understanding the epidemiology of HIV and STIs and public health interventions to prevent these infections among vulnerable populations. She serves on a number of national and international committees in relation to HIV surveillance, prevention and policy development and is an executive trustee for the National AIDS Trust

PLE5: Testing and linkages to care in key populations

13:30-15:00

Many studies have shown that access to care poses particular challenges for key populations. The session, as well as two specific parallel sessions, will address these challenges and discuss particular barriers for key populations and lessons learned in addressing these.

Moderators:



Nikos Dedes, European AIDS Treatment Group (EATG)

Nikos Dedes has been involved in the HIV/AIDS field since 1997 as a member of the European AIDS Treatment Group (EATG). He is member of the EACS Treatment Guidelines and of the Steering Committee of the European Clinical Trials Network (NEAT) and of the HIV in Europe initiative. He participates to the advisory boards of the ECDC group to monitor the Dublin Declaration, the Collaborative HIV Resistance Network (CHAIN), the European Coordinating Group of Observational Cohorts (EuroCoord), the DIA Advisory Council of Europe (ACE) and the WHO Strategic and Technical Advisory Committee for HIV/AIDS (STAC-HIV). He has held positions on scientific and organizing committees for international and European conferences, including, the Glasgow International Congress on Drug Therapy in HIV Infection, the European HIV Drug Resistance Workshop, the 12th European AIDS Conference, 5th Conference on Clinical and Social Research on AIDS and Drugs and others. He is former chair of the European AIDS Treatment Group (EATG) and co-chair of the Patients' and Consumers' Working Party (PCWP) at the EMA and co-chair of the EU HIV/AIDS Civil Society Forum of DG Sanco. Nikos advocates for universal access to health services and prevention tools for all and stresses the moral imperative for action to support those most severely affected by the HIV epidemic. He has initiated many projects promoting awareness, prevention and research on HIV in Greece and is a founding member and President of Positive Voice, the PLHIV association of Greece



Ludmila Maistat, ICF International HIV/AIDS Alliance in Ukraine

Ludmila Maistat is Programme Manager: HCV Policy and Advocacy of the International HIV/AIDS Alliance in Ukraine. She joined the Alliance in 2011 and is currently leading the all-Ukrainian "Demand Treatment" mobilization and advocacy campaign launched in 2012 and uniting more than 80 NGOs, over 200 activists, experts, medical doctors and patient groups from all over Ukraine with the aim to scale up access to HCV treatment in the country. She is Member of the WHO Strategic and Technical Advisory Committee on hepatitis and was part of External peer review group for the WHO guidelines for the screening, care and treatment of persons with HCV, participates in the work of UNITAID Civil Society delegation, member of the International Advisory Group on hepatitis, EECA and World CABs. hepatitis, EECA and World CABs.

Speakers:



Barriers to access testing, treatment and care for key population

Dominique Pataut, Médecins du Monde

Dominique Pataut graduated from the Paris 6 University in 1999 as Dermatologist. He holds a Master in Medical Ethics (Paris 7, 2006) and a Master in Public Health (EHESP, 2011). For more than 10 years, Dr Pataut has been working with various vulnerable groups, including migrants, inmates, sex workers, homeless people, and drug users. He currently works as a general practitioner at Gaia-Paris health center (a former harm reduction program set up by Médecins du monde in the early 90's), that pioneered the use of rapid testing for HIV/HCV and liver elastometry measurement among drug users in the Paris Region. He has been volunteering with Médecins du monde France since 2010, where he now supervises the activities in Eastern Europe, the Russian Federation and Central Asia.



The specific challenge of testing in the PWID population

Jason Farrell, Correlation hepatitis C Initiative

Jason Farrell is the founding Executive Director of Positive Health Project, Inc. (PHP), New York City's first multi-service prevention programmes for substance users of all genders and sexual orientations. Under Jason's leadership, PHP became the first one-stop-shop for comprehensive primary/secondary prevention, medical/substance use treatment and various support services, including science-based interventions to minimize risk behaviours among New York's most vulnerable residents. From 1993 to 2006, Mr. Farrell pioneered the design and implementation of truly integrated care - the nation's first medical/dental facility co-located within a needle exchange programme. Jason demonstrated skill and success in coalitions of support for this new model among elected officials, community stakeholders, corporate and government donors. As a result of his leadership and innovative work, Jason was presented with the Travis Jenkins Award at the 17th International Conference of Drug Related Harm. The Travis Jenkins Award is given to an individual who has made outstanding contributions to the provision and development of harm reduction programmes, services and policies. Presently Mr. Farrell lives in Amsterdam and is working with the European Hepatitis C and Drug Use Initiative. His current position utilizes his leadership in designing comprehensive treatment and prevention networks, as well as building support and coordination among the Initiative's member organisations throughout Europe.



Migrants in Europe: a rising epidemic of undiagnosed?

Manuel Carballo, International Centre for Migration, Health and Development

Dr Manuel Carballo is an epidemiologist specialized in HIV/AIDS, viral hepatitis, TB, reproductive health, and psychosocial health of mobile populations. He is Executive Director of the International Centre for Migration Health and Development in Geneva. Prior to joining ICMHD, he was WHO Coordinator of the first International Study on Breastfeeding and Infant and Maternal Child Health, and in 1986, part of the three-person team asked to establish the WHO Global Program on AIDS where he remained until 1992 as Chief of Behavioural Research. At ICMHD, he has coordinated studies on HIV and migration, HIV and uniformed services, the impact of migration on HBV and HCV, and was a founding member of the Hepatitis B and C Public Policy Association. He is an adviser to the ECDC, the Council of Europe, WHO/EURO and UNAIDS.



Increasing incidence of HIV and HCV among MSM across Europe

Ulrich Marcus, Robert Koch Institute

Ulrich Marcus studied Medicine in Berlin from 1977 until 1984. In 1984, he started his professional career at the Robert Koch-Institute (RKI) in Berlin in a working group dealing with the unfolding HIV/AIDS epidemic. He continued working in the HIV/AIDS field in different positions at the RKI or related institutions. Since 2001, he has been employed as a senior epidemiologist in the HIV/STI/Hepatitis unit of the newly created Department for Epidemiology of Infectious Diseases at the Robert Koch-Institute, which is the federal institute responsible for disease surveillance in Germany. He was principal investigator of several large national and international European studies dealing with sexually transmitted infections, HIV, and sexual behaviour among men having sex with men.

Closing session

15:30-16:30

The final plenary session will consist of general feedback from the parallel sessions, including highlights and commitments made during the conference which will be formulated into a joint statement on the future collaboration between the fields of HIV and viral hepatitis. A panel discussion with key stakeholders from across Europe will discuss what the fields of viral hepatitis and HIV can learn from each other, the way forward and political considerations on improving access to testing and care for viral hepatitis and HIV.

Moderators:



Jens D. Lundgren, CHIP, Rigshospitalet, University of Copenhagen, WHO Collaborating Centre on HIV and Viral Hepatitis.

Jens Lundgren, MD, DMS.c. is Professor of Viral Diseases at the University of Copenhagen. In 1994 he established CHIP, Centre for Health & Infectious Disease Research. Since, he has been actively involved in international research in the field of infectious diseases, viral infections and HIV in particular. In 2010 CHIP was announced "Centre of Global Excellence" by the capital Region of Copenhagen. His group runs research activities in more than 35 countries and collaborates on clinical observational cohort studies as well as randomized controlled trials with more than 250 research institutions in Europe, USA, Canada, Australia and Latin America. Jens is author or co-author of more than 480 papers in scientific journals and book chapters and has supervised more than 18 PhD students and 7 D.M.Sc.



Andrew Amato, European Centre for Disease Prevention and Control (ECDC)

Dr. Amato-Gauci is an epidemiologist and Family Medicine specialist. He studied Public Health and Epidemiology at the LSHTM and then set up the first national Communicable Disease Surveillance Unit in Malta and went on to become Malta's national Director of Public Health. He developed a keen interest in the prevention and control of Communicable Diseases, especially AIDS and HIV, and in the nineties he worked with the WHO/GPA in Copenhagen and later with UNAIDS in Geneva. Over a period of about 15 years he has participated in almost a hundred missions in Eastern Europe and Central Asia, mainly focusing on strengthening HIV Programme Management and Planning, Surveillance, Monitoring and Evaluation projects, whilst working for various international agencies. He is currently the head of the HIV, Sexually Transmitted Infections and viral Hepatitis Programme at ECDC.

Panel members:



Martin Donoghoe, WHO Regional Office for Europe

Martin Donoghoe is the Programme Manager for HIV/AIDS, STIs and Viral Hepatitis at the World Health Organization's Regional Office for Europe based in Copenhagen, Denmark. The programme is committed to responding to public health challenges of HIV/AIDS and viral hepatitis in all 53 Member States of the European Region. Martin led the development and adoption of the European Action Plan on HIV/AIDS 2012-2015; building consensus around priorities for HIV intervention, including those to reduce the undiagnosed population and late HIV diagnoses, by expanding access to and increasing early uptake of HIV testing and counselling, especially in key populations. He is currently leading WHO efforts to scale-up access to HIV/AIDS and viral hepatitis prevention, treatment and care in the European Region.



Eberhard Schatz, Correlation hepatitis C initiative

Eberhard Schatz (1955) studied social work in Germany and worked for drug counselling services in Germany and cross-border projects between Germany and the Netherlands. From 1998 to 2004, he coordinated the European project AC Company, a network with 35 partner organisations, targeting mobile drug users in Europe. He is involved in different Advisory Boards at the national and international level. Since 2005, Mr Schatz has been one of the coordinators of

Correlation – EuropeanNetwork Social Inclusion and Health, with more than 150 partners from all over Europe. He is responsible for the overall management of the project, the organisation of seminars and conferences (e.g. 'Social Inclusion and Health', Sofia, 2005 and 'Out of the Margins', Ljubljana, 2011). He presents the network at many conferences and symposia and has published numerous reports and articles. Currently, he is coordinating the Correlation Hepatitis C initiative and is partner in the European Harm Reduction Network. The Correlation Network is member of the Civil Society Forum on Drugs since 2006. Mr Schatz was a coordinator of the Forum from 2010 – 2013 and currently takes part in the HDG working group of the Forum.



Margaret Walker, European Liver Patients Association (ELPA)

Ms. Margaret Walker has spent the last two plus years working to raise awareness with regards to liver disease and the need to ensure that appropriate policies are in place throughout Europe to tackle this growing problem. Margaret has a Postgraduate Certificate in Humanities, a BA (Hons) in Humanities, and a Diploma in Gender and Development. Margaret is a member of the UK's Royal Society of Public Health. Over the years Margaret has worked with both

scientific and patient associations, most recently with the European Association for the Study of the Liver (EASL) where she was Director for EU Public Affairs and, since 1st October 2013, with the European Liver Patients Association (ELPA) where she is Interim CEO.



Stefan Mauss, European Association for the Study of the Liver (EASL)

Stefan Mauss specialised in internal medicine and gastroenterology at the Heinrich-Heine University in Duesseldorf. In 1990, he opened as a founding member the Center for HIV and Hepatogastroenterology, an outpatient clinic and privately based research centre. His primary research interests are complications of antiviral therapy and their management in HIV, hepatitis B and hepatitis C. In addition, he focuses on treatment strategies of viral hepatitis B or C in mono- or HIV-coinfected

patients. He has published more than 120 original articles and reviews in international journals. He has edited numerous books on HIV and viral hepatitis including "Hepatology - a clinical textbook", which is regularly updated and available free at www.hepatologytextbook.com.



Charles Gore, World Hepatitis Alliance

Charles Gore was diagnosed with hepatitis C in 1995 and cirrhosis in 1998 and in 2000 he set up The Hepatitis C Trust. He was closely involved in the creation of the ELPA and was elected its first President from 2004 to 2006. In 2007 he established the World Hepatitis Alliance which was the driving force behind the WHO's adoption of World Hepatitis Day and the creation of WHO's Global Hepatitis Programme and is serving a second term as President. The World

Hepatitis Alliance works closely with WHO and with individual Member States as they look to develop national hepatitis strategies. Charles is part of the WHO Global Hepatitis Network and the WHO Director-General's STAC on Viral Hepatitis.



Angelos Hatzakis, The Hepatitis B & C Public Policy Association (HEPBCPPA)

Professor of Epidemiology & Preventive Medicine, Athens University Medical School.

Director of the Department of Hygiene, Epidemiology & Medical Statistics, Athens University Medical School. Founder and Head of the National Retrovirus Reference Center. Founder and Co-Chair of "Hepatitis B & C Public Policy Association", located in Luxembourg. Participation in many Executive Committees

of private and public sector and Presidency of the Hellenic Center for Disease Control & Prevention. His research interests cover Epidemiology, Preventive Medicine and Public Health of infectious diseases, especially HIV/AIDS, hepatitis and other oncogenic viruses.



Brian West, The HIV in Europe Initiative

I am a 56 year old gay man, who has been living with HIV for over 30 years. I became involved in HIV activism in 1986. I was educated at Edinburgh University and have a BSC and a PGD in Social Development and Health. I am a trustee/director on the board of Waverley Care, Scotland's largest NGO provider of services for people living with HIV. I work predominantly on health promotion materials. I currently live in Edinburgh and am involved with several Scottish HIV

organisations, as well as the UK CAB and the European AIDS Treatment Group. I am Chair of the Board of Directors of the EATG, as well as being co-Chair of the HIV in Europe initiative.



Jean-Elie Malkin, UNAIDS Regional Support Team for Europe and Central Asia

Dr. Malkin, a citizen of France, is Senior Advisor to the Executive Director of UNAIDS and since 2011 the Head of the UNAIDS Regional Support Team for Europe and Central Asia. Dr. Malkin is a Medical Doctor specialised in infectious and tropical diseases, with over 25 years experience in care management of HIV-positive patients, notably at the Medical centre of Pasteur Institute (Paris).

Dr. Malkin is a member of several scientific and medical societies and during his carrier has been actively contributing to different committees and expert panels. He earned Post-Masters Diplomas in Public Health in developing countries. He holds a Masters degree in epidemiological statistics and is a Doctor of Medicine from the University of Paris.

Parallel Sessions

PS1: Late presentation

Monday, 6th October 13:30 –15:15

Room: Verdi

Moderators:



Julia del Amo, Instituto de Salud Carlos III

Julia del Amo is Medical Epidemiologist based at the Spanish National Center of Epidemiology, at the Instituto de Salud Carlos III in Madrid, Spain. Her areas of interest are cohort studies of HIV-positive patients, the study of the impact of delayed HIV diagnoses on health outcomes, and the role of socio-economic determinants in disease progression.



Yazdan Yazdanpanah, INSERM

Yazdan Yazdanpanah became an MD from the Lille School of Medicine, France in 1996. He qualified from the same institution first as a hepato- gastro-enterologist in 1996 and next an infectious disease specialist in 2002. He obtained a Master of Science degree in epidemiology from the Harvard School of Public Health, Boston, US in 2000, and a Ph.D degree in public health from the Bordeaux School of Public Health in 2002. In 2006, he became Professor of Infectious Disease. He is currently

the head of Infectious Disease Department of Bichat Claude-Bernard Hospital. He is the head of ATIP-Avenir Inserm team (U1137) on decision analysis and cost-effectiveness in infectious disease, at Paris VII Medical School. He is a member of several scientific committees at the French national Agency of research on HIV and viral hepatitis and the President of Comité Scientifique Sectoriel 3 (CSS3) « Clinical Research in HIV infection ». His research interests are in HIV, viral hepatitis, and tuberculosis clinical epidemiology, and pharmaco-economics of antimicrobials.

PS1/01 Continued Late Presentation for HIV Care across Europe

A. Mocroft¹, J. Lundgren², O. Kirk², on behalf of the Late Presenters Working Group of the Collaboration of Observational HIV Epidemiological Research Europe Study (COHERE) in EuroCoord
¹University College London, London, United Kingdom, ²Copenhagen HIV Programme, Department of Infectious Diseases, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark

PS1/02 Challenges in the Definition of 'Late Presentation to HIV Testing'

A. Sasse¹, J. Deblonde¹, M.-L. Delforge², S. De Wit³, E. Florence⁴, K. Fransen⁴, J.-C. Goffard², P. Goubau⁵, M.-P. Hayette⁶, P. Lacor⁷, J.-C. Legrand⁸, M. Moutschen⁹, D. Piérard⁷, D. Van Beckhoven¹, S. Van den Wijngaert³, L. Vandekerckhove¹⁰, B. Vandercam¹¹, M. Van Ranst¹², E. Van Wijngaerden¹², C. Verhofstede¹⁰, Belgian Research on AIDS & HIV Consortium (BREACH)
¹Scientific Institute of Public Health, Brussels, Belgium, ²Hôpital Erasme, Brussels, Belgium, ³CHU Saint-Pierre, Brussels, Belgium, ⁴Instituut Tropische Geneeskunde, Antwerp, Belgium, ⁵Université Catholique de Louvain, Brussels, Belgium, ⁶Université de Liège, Liege, Belgium, ⁷Universitair Ziekenhuis Brussel, Brussels, Belgium, ⁸CHU de Charleroi, Charleroi, Belgium, ⁹CHU de Liège, Liege, Belgium, ¹⁰UZ Gent, Ghent, Belgium, ¹¹Cliniques Universitaires Saint-Luc, Brussels, Belgium, ¹²KULeuven, Leuven, Belgium

PS1/03 Undiagnosed HIV and Hepatitis C Infection among People who Inject Drugs

C. Folch¹, J. Casabona¹, X. Majó², A. Espelt³, M. Meroño⁴, V. González⁵, J. Colom², M.T. Brugal³, REDAN Study Group

¹Agència de Salut Pública de Catalunya, CEEISCAT, Badalona, Spain, ²Agència de Salut Pública de Catalunya, Programme on Substance Abuse, Barcelona, Spain, ³Agència de Salut Pública de Barcelona, Barcelona, Spain, ⁴Fundació Àmbit Prevenció, Barcelona, Spain, ⁵Microbiology Service - HUGTiP, Badalona, Spain

PS1/04 The SIALON Project: Undiagnosed HIV Infection among MSM in Six Southern and European Cities

L. Ferrer¹, M. Furegato², J.P. Foschia², C. Folch^{1,3}, V. González^{1,4}, D. Ramarli⁵, J. Casabona^{1,3}, M. Mirandola⁶

¹Centre de Estudis Epidemiològics sobre les ITS i SIDA de Catalunya, Badalona, Spain, ²Regional Center for Health Promotion, Veneto Region, Verona, Italy, ³Universitat Autònoma de Barcelona, Bellaterra, Spain, ⁴Microbiology Service - HUGTiP, Badalona, Spain, ⁵Immunology-Verona University Hospital, Verona, Italy, ⁶Infectious Diseases Section, Department of Pathology, Verona University Hospital, Verona, Italy

PS1/05 BCN Checkpoint: 31% of the New HIV Cases Detected in a Community-based Center for MSM Are Recent Infections

M. Meulbroek¹, F. Pujol¹, F. Pérez¹, A. Dalmau², H. Taboada¹, G. Marazzi¹, A. Pérez¹, A. Carrillo¹, A. Cabas¹, J. Miralles², J. Saz¹

¹Projecte dels NOMS-Hispanosida, Barcelona, Spain, ²BCN Checkpoint, Barcelona, Spain

PS1/06 Reaching the undiagnosed: a collaborative project

M. Harris¹, E. Ward², C. Gore^{2,3}

¹London School of Hygiene and Tropical Medicine, Social and Environmental Health Research, London, United Kingdom, ²The Hepatitis C Trust, London, United Kingdom, ³The World Hepatitis Alliance, London, United Kingdom

PS2: Testing in health care settings

Monday, 6th October 13:30 –15:15

Room: Vivaldi 2

Moderators:



Ann Sullivan, Chelsea and Westminster Hospital

Dr Ann Sullivan is a Consultant Physician at Chelsea and Westminster Hospital, London, and the Lead Clinician for HIV Outpatients. She trained in Australia and London; gaining her MD in HIV immunology. More recently her research focus has been on expanding HIV testing in different settings, utilising different technologies and strategies.



Santiago Moreno, MD. Department of Infectious Diseases. Hospital Ramón y Cajal. Madrid, Spain

Santiago Moreno, MD is the Chief of the Department of Infectious Diseases at the Hospital Ramón y Cajal, a large referral hospital in Madrid that treats approximately 2,000 HIV-infected patients (more than 1,600 are undergoing antiretroviral therapy). Dr. Moreno graduated in Medicine at the Medical School of the University of Murcia, Spain, in 1982. He completed his fellowship in Infectious Diseases at the Department of Infectious Diseases, Hospital Ramón

y Cajal, Madrid, in 1987. In 1990, he had a training period at the AIDS Clinical Research Centre at UCLA. Dr. Moreno has been involved with HIV-infected patients since the very beginning of the AIDS epidemic in Spain. He has collaborated with the Spanish Ministry of Health in setting recommendations related to clinical aspects of HIV infection/AIDS, regarding antiretroviral therapy, resistance testing and opportunistic infections. Dr. Moreno has developed intensive scientific activity. He has been speaker at multiple national and international meetings, symposia and conferences and is the author of more than 200 peer-reviewed national and international papers. The main areas of HIV infection on which Dr. Moreno has focused are different aspects of antiretroviral therapy, HIV-related tuberculosis, and, more recently, on HIV latency, reservoirs and eradication strategies.

PS2/01 Which Conditions are Indicators for HIV Testing across Europe?: Results from the HIDES 2 study

G. Kutsyna¹, A. Mocroft², V. Hadziosmanovic³, M. Rayment⁴, A. Vassilenko⁵, N. Chkhartishvili⁶, V.M. Mitsura⁷, C. Pedersen⁸, J. Anderson⁹, J. Begovac¹⁰, U.B. Dragsted¹¹, B. Bertisch¹², A. Grzeszczuk¹³, J. Minton¹⁴, C. Necsoi¹⁵, M. Kitchen¹⁶, F. Ajana¹⁷, A. Sokhan¹⁸, L. Comi¹⁹, P. Farazmand²⁰, D. Pesut²¹, N. Clumeck¹⁵, J. Gatell²², B. Gazzard⁴, A.A. Monforte¹⁹, J. Rockstroh²³, Y. Yazdanpanah²⁴, A. Sullivan⁴, K. Champenois²⁴, M.L. Jakobsen²⁵, D. Raben²⁵, J.D. Lundgren²⁵

¹Luhansk AIDS Center, Luhansk, Ukraine, ²University College London, London, United Kingdom, ³Clinical Center University of Sarajevo, Sarajevo, Bosnia and Herzegovina, ⁴Chelsea and Westminster NHS Foundation Trust, London, United Kingdom, ⁵Belarusian State Medical University, Minsk, Belarus, ⁶Infectious Diseases, AIDS and Clinical Immunology Research Center, Tbilisi, Georgia, ⁷Gomel State Medical University, Gomel, Belarus, ⁸Odense University Hospital, Odense, Denmark, ⁹Homerton University Hospital, London, United Kingdom, ¹⁰University Hospital of Infectious Diseases, Zagreb, Croatia, ¹¹Roskilde Hospital, Roskilde, Denmark, ¹²Kantonsspital, St. Gallen, Switzerland, ¹³Medical University of Bialystok, Bialystok, Poland, ¹⁴St. James University Hospital, Leeds, United Kingdom, ¹⁵Saint-Pierre University Hospital, Brussels, Belgium, ¹⁶Dept of Dermatology and Venerology, Innsbruck, Austria, ¹⁷Centre Hospitalier de Tourcoing, Tourcoing, France, ¹⁸Kharkov State Medical Hospital, Kharkov, Ukraine, ¹⁹San Paolo Hospital, Milan, Italy, ²⁰Huddersfield Royal Infirmary, Huddersfield, United Kingdom, ²¹Clinical Center of Serbia, Belgrade, Serbia, ²²Hospital Clinic de Barcelona, Barcelona, Spain, ²³University of Bonn, Bonn, Germany, ²⁴IAME, Inserm UMR 1137; hôpital Bichât - Claude Bernard, Paris, France, ²⁵Rigshospitalet, Centre for Health and Infectious Disease Research, Copenhagen, Denmark

PS2/02 European students planning to practice internal medicine are more likely to have condition-focused, rather than behaviour-focused approach to HIV testing - data from the English Division Faculty, Medical University of Warsaw.

J.D. Kowalska¹, P.E. Quílez², A. Bednarska¹, D. Lipowski¹, A. Horban¹

¹Medical University of Warsaw, Department of Adult's Infectious Diseases, Warsaw, Poland,

²Universidad de Murcia, Facultad de Medicina, Murcia, Spain

PS2/03 HIV Diagnosis at Time of Sexually Transmitted Infection among Men who Have Sex with Men in Catalonia, Spain, 2011-2013

R. Lugo^{1,2}, N. Vives^{1,2}, M. Arando³, M. Vall³, P. Armengol³, M.J. Barberà³, A. Vives⁴, M. Alsina⁵, C. Muñoz⁵, J.L. Blanco⁵, J. Sobrino⁶, J. Relat⁷, M.J. Jareño⁸, J. Xandri⁹, V.M. Silvestre⁸, J. Casabona^{1,2}, The Catalan STI Sentinel Surveillance Study Group

¹Centre for Epidemiological Studies on STI/HIV/AIDS in Catalonia (CEEISCAT)-ICO-Agència de Salut Pública de Catalunya, Badalona, Spain, ²CIBER of Epidemiology and Public Health (CIBERESP), Badalona, Spain, ³Hospital Universitari Vall d'Hebron, Programa Especial de Malalties Infeccioses Vall d'Hebron-Drassanes, Barcelona, Spain, ⁴Fundació Puigvert, Servei d'Andrologia, Barcelona, Spain, ⁵Hospital Universitari Clínic de Barcelona, Servei Dermatologia, Barcelona, Spain, ⁶Institut Català de la Salut (ICS), Programa a la Atenció de la Salut Sexual i Reproductiva (ASSIR), Sabadell, Spain, ⁷Institut Català de la Salut (ICS), Programa a la Atenció de la Salut Sexual i Reproductiva (ASSIR), Granollers, Spain, ⁸Consorti Castelldefels Agents de Salut (CASAP), Equip d'Atenció Primària Can Bou, Castelldefels, Spain, ⁹Institut Català de la Salut (ICS), Programa a la Atenció de la Salut Sexual i Reproductiva (ASSIR), Barcelona, Spain

PS2/04 Project PRO-test: Proactive HIV Testing for Prevention of Late Presentation

I.K.C.W. Joore¹, D.L. Arts¹, M.J.P. Kruijer¹, J.M. van Es¹, S.E. Geerlings², J.M. Prins², J.E. van Bergen^{1,3,4}

¹Academic Medical Centre-University of Amsterdam (AMC-UVA), Department of General Practice, Amsterdam, Netherlands, ²Academic Medical Centre-University of Amsterdam (AMC-UVA), Department of Internal Medicine, Division of Infectious Diseases, Amsterdam, Netherlands, ³STI AIDS Netherlands (SOA AIDS Nederland), Amsterdam, Netherlands, ⁴Epidemiology & Surveillance Unit, Centre for Infectious Disease Control, National Institute of Public Health and the Environment (RIVM), Amsterdam, Netherlands

PS2/05 Effectiveness of a Pilot Partner Notification Program for Newly Diagnosed Cases of HIV in Barcelona, Spain

P. Garcia de Olalla¹, M. Ema², M.J. Barbera³, S. Martí⁴, M. Gosch³, E. Arellano³, H. Knobel², J.A. Caylà¹

¹Public Health Agency of Barcelona, Epidemiology, Barcelona, Spain, ²University Hospital del Mar, Internal Medicine-Infectious Diseases, Barcelona, Spain, ³University Hospital Vall d'Hebron, Sexually Transmitted Infections Unit, Centre Drassanes, Barcelona, Spain, ⁴Public Health Agency of Barcelona, Preventive Intervention and Programs, Barcelona, Spain

PS2/06 Audit on HIV Testing in Patients Diagnosed with a Defining or Related to AIDS Illness and/or an Indicative Condition for HIV in Primary Care in Catalonia, Spain

C. Agustí¹, J. Mascort², A. Montoliu¹, R. Carrillo³, J. Almeda⁴, M. Aragón⁴, J.M. Elorza⁴, J. Casabona¹, Study Group for the Early Diagnosis of HIV in Primary Health Care in Spain

¹Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya (CEEISCAT)-Agència de Salut Pública de Catalunya, Badalona, Spain, ²Sociedad Española de Medicina de Familia y Comunitaria (semFYC), Barcelona, Spain, ³Societat Catalana de Medicina Familiar i Comunitària (CAMFIC), Barcelona, Spain, ⁴IDIAP Gol i Gurina, Barcelona, Spain

PS3: Key populations 1

Monday, 6th October 13:30 –15:15

Room: Rossini 1

Moderators:



Jeffrey Lazarus, Health Systems Global, Rigshospitalet, University of Copenhagen

Jeffrey Lazarus is the Secretariat Director of Health Systems Global and a Senior Researcher at CHIP, the Centre for Health and Infectious Disease Research, University of Copenhagen. He is also an Affiliated Professor at the Medical School, Porto University. He previously worked at the Global Fund and WHO Europe. He is co-editor of the BMC Infectious Diseases supplement Viral Hepatitis in Europe (2014), a part of the Correlation Network HCV Initiative.



Nino Tsereteli, Center for Information and Counseling on Reproductive Health – Tanadgoma

Ms. Nino Tsereteli has been working in the field of HIV/AIDS for more than 14 years already. Psychologist by background, in 2000, together with the group of young professionals, she founded a Non-Governmental Organization “Center for Information and Counseling on Reproductive Health – Tanadgoma”, aiming at prevention of HIV/STIs and promoting reproductive health issues among Georgian population, especially among Most at Risk Populations. In 2007 Ms. Tsereteli was appointed as Executive Director of “Tanadgoma”. Ms. Tsereteli has been involved in different initiatives both at the country and regional levels; she is Steering Committee co-chair of the Eurasian Harm Reduction Network and member of HIV in Europe Steering Committee.

PS3/01 :Impact of Immigration on Diagnosis and Prognosis of HIV in Catalonia and the Balearic Islands The PISCIS Cohort

M. Fernández Quevedo^{1,2}, A. Esteve³, C.N.J. Campbell³, N. Vives³, J. Casabona i Barbarà³, CEEISCAT¹ Pompeu Fabra University (UPF) / Autonomous University of Barcelona (UAB), Master in Public Health, Barcelona, Spain, ²Agència de Salut Pública de Barcelona (ASPB), Barcelona, Spain, ³Centre d’Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya (CEEISCAT), Barcelona, Spain

PS3/02 Athens Checkpoint: Reducing Undiagnosed HIV Infections in Crisis-Affected Services in Greece

S. Chanos¹, E. Tsiopias², G. Nikolopoulos³, G. Papadopetrakis⁴, N. Dedes⁴

¹Athens Checkpoint, Athens, Greece, ²University of The Aegean, Department of Shipping, Trade and Transport, Chios, Greece, ³Hellenic Centre for Disease Control and Prevention, HIV, Athens, Greece, ⁴Positive Voice, Greek association of PLHIV, Athens, Greece

PS3/03 Expert Recommendations for the Information and Support Needs of Different Population Groups in Preparation for 2014 Government Approval for HIV Self-testing in France

T. Greacen¹, K. Champenois², D. Kersaudy-Rahib³, J.-M. Le Gall⁴, N. Lydié³, J. Ghosn^{5,6}

¹EPS Maison Blanche, Paris, France, ²Inserm U1018, CESP - Epidemiology of HIV and STIs, Le Kremlin Bicêtre, France, ³INPES, Saint-Denis, France, ⁴AIDES, Pantin, France, ⁵AP-HP Hôpital Hôtel-Dieu, Paris, France, ⁶Université Paris Descartes, EA 3620, Paris, France

PS3/04 Increase of Sexually Transmitted Hepatitis C Virus in HIV+ Men who Have Sex with Men in Barcelona, Spain. A Problem Linked to HIV Infection?

S. Manzaneres-Laya¹, P. García de Olalla^{1,2}, C. Garriga^{1,3}, J. Quer^{4,5}, P. Gorrindo¹, S. Gómez¹, F. Rodríguez-Frias^{5,6}, V. Plasencia⁷, D. Carcia-Cehic^{4,5}, J. Gregori^{4,5}, R. Solà⁸, M.J. Barberà⁹, J.I. Esteban^{4,5}, J.A. Cayla^{1,2}

¹Public Health Agency of Barcelona, Barcelona, Spain, ²CIBER Epidemiology and Public Health (CIBERESP), Madrid, Spain, ³Field Epidemiology Training Program, National Center for Epidemiology, Carlos III Health Institute, Madrid, Spain, ⁴Liver Unit, Vall d’Hebron Institut de Recerca-Hospital Universitari Vall d’Hebron, Universitat Autònoma de Barcelona (UAB), Barcelona, Spain, ⁵Research Centre Network of Hepatic and Digestive Diseases (CIBERehd), Health Institute Carlos III, Madrid, Spain, ⁶Biochemistry and Microbiology Unit. Hospital Universitari Vall d’Hebron, Universitat Autònoma de Barcelona (UAB), Barcelona, Spain, ⁷Catalunya Reference Laboratory, Barcelona, Spain, ⁸Hospital del Mar, Digestive System Service, Barcelona, Spain, ⁹Sexually Transmitted Infections Unit. Vall d’Hebron-Drassanes Infectious Diseases Special Program, Vall d’Hebron University Hospital, Barcelona, Spain

PS3/05 Hepatitis B: Are At-risk Individuals Vaccinated if Screened and Found Negative for HBV? Results of an Online Survey Conducted in Six EU Countries

M. Levi¹, A. Ahmad², A. Bechini¹, S. Boccia¹, Q.V. Nguyen², I. Veldhuijzen³, J.H. Richardus⁴, R. Reintjes², P. Bonanni¹

¹University of Florence, Department of Health Sciences, Firenze, Italy, ²Hamburg University of Applied Sciences, Department of Health Sciences, Hamburg, Germany, ³Public Health Service Rotterdam-Rijnmond, Division of Infectious Disease Control, Rotterdam, Netherlands, ⁴Erasmus MC, University Medical Center Rotterdam, Department of Public Health, Rotterdam, Netherlands

PS3/06 Socio-demographical and Behavioral Characteristics of Men who Have Sex with Men (MSM) Attending a Voluntary Counseling and Testing (VCT) Centre in Brussels

A.-F. Gennotte¹, C. La Morte¹, P. Semaille^{1,2}, M. Delforge¹, A. Van Erck¹, N. Clumeck¹, S. De Wit¹

¹CHU Saint-Pierre, Infectious Diseases, Brussels, Belgium, ²Université Libre de Bruxelles, General Medicine, Brussels, Belgium

PS4: Key populations 2

Tuesday, 7th October 2014 11:00–12:30

Room: Verdi

Moderators:



Lisa Power

Lisa Power has been involved in the fight against HIV and for LGBT rights for over 30 years. From 1996-2014 she worked for Terrence Higgins Trust, the UK's largest and most diverse HIV NGO, ending as Policy Director. Most recently she has been a Key Populations Consultant to IAS and is currently working with OptTEST to improve HIV testing access and uptake across Europe. She is also a previous Secretary General of the International Lesbian & Gay Association and was one of the founders of Stonewall, the UK's highly-regarded LGB lobby group.



Margaret Walker, European Liver Patients Association (ELPA)

Ms. Margaret Walker has spent the last two plus years working to raise awareness with regards to liver disease and the need to ensure that appropriate policies are in place throughout Europe to tackle this growing problem. Margaret has a Postgraduate Certificate in Humanities, a BA (Hons) in Humanities, and a Diploma in Gender and Development. Margaret is a member of the UK's Royal Society of Public Health. Over the years Margaret has worked with both

scientific and patient associations, most recently with the European Association for the Study of the Liver (EASL) where she was Director for EU Public Affairs and, since 1st October 2013, with the European Liver Patients Association (ELPA) where she is Interim CEO.

PS4/01 HIV Testing Trends among MSM in Croatia: Review of Surveys Conducted from 2005 to 2012

Z. Dominkovic¹

¹Iskorak, Zagreb, Croatia

PS4/2 Serving the Underserved. An HIV Testing Program for Populations Reluctant to Attend Conventional Settings

E. Urdaneta¹, R. Esteso¹, S. Fernández-Balbuena^{2,3}, M.E. Rosales-Statkus^{2,3}, J. Atienza¹, J. Hoyos^{2,3}, L. de la Fuente^{2,3}, HIV Madrid Rapid Testing Group

¹Médicos del Mundo, Madrid, Spain, ²Health Institute Carlos III, Madrid, Spain, ³CIBER of Epidemiology and Public Health (CIBERESP), Madrid, Spain

PS4/03 Results of a Disease Awareness Programme Offering Chinese Migrants On-site Testing for Chronic Hepatitis B and C Virus Infection in Six Urban Areas in the Netherlands

M.C. Mostert¹, I. Veldhuijzen², R. Wolter², C. Dirksen³, M. Berns³, C. Schout⁴, A. van Heerwaarden⁴, L. Klaufus⁵, W. Van der Veldt⁵, M. Bosschart⁶, M. Wouters⁶, R. Koenen⁷, C. Rijssel⁷, R. Daemen⁸, E.J.M. van Maaren-Heyligers⁸, J.H. Richardus¹

¹Erasmus University Medical Center, Public Health, Rotterdam, Netherlands, ²Municipal Public Health Service Rotterdam-Rijnmond, Infectious Disease Control, Rotterdam, Netherlands, ³The Hague Public Health Department, Infectious Disease Control and Hygiene, The Hague, Netherlands, ⁴Public Health Service of Utrecht, Section Infectious Disease, Utrecht, Netherlands, ⁵Public Health Service of Amsterdam, Cluster of Infectious Diseases, Amsterdam, Netherlands, ⁶Municipal Health Service Gelderland-Midden, Department of Infectious Disease Control, Arnhem, Netherlands,

⁷Municipal Health Service Region Nijmegen, Department of Infectious Disease, Nijmegen, Netherlands, ⁸Municipal Health Service Brabant- Zuidoost, Department of Infectious Disease Control, Eindhoven, Netherlands

PS4/04 Determinants of Having Never Been Tested for HIV amongst Migrant Men who Have Sex with Men in Spain

P. Fernández-Dávila^{1,2}, C. Folch², L. Ferrer², R. Soriano³, M. Diez⁴, J. Casabona²

¹Stop Sida, Research Department, Barcelona, Spain, ²Centre de Estudis Epidemiològics sobre les ITS i SIDA de Catalunya, Barcelona, Spain, ³Secretaria del Plan Nacional sobre el Sida, Madrid, Spain, ⁴Plan Nacional del Sida-DGSPCI/Centro Nacional de Epidemiología, Madrid, Spain

PS4/05 Characteristics of Foreign-Born Patients in the Swiss Hepatitis C Cohort Study: Implications for National Screening Recommendations

B. Bertisch¹, F. Giudici¹, O. Keiser¹

¹Institute of Social and Preventive Medicine, University of Bern, Bern, Switzerland

PS5: The treatment cascade

Tuesday, 7th October 2014 11:00–12:30

Room: Vivaldi 2

Moderators:



Maria Buti, Hepatitis B & C Public Policy Association, (HEPBCPPA)

Maria Buti earned her medical degree at the University of Barcelona and her PhD in Internal Medicine at the University "Autónoma" de Barcelona, Spain. She is currently Professor of Medicine and Chief of Internal Medicine and Hepatology at the Hospital General Universitari Valle Hebron, Barcelona. Dr Buti has worked in viral hepatitis for the last 25 years, particularly in diagnosis and therapy of hepatitis B and C. She has been published widely in the field of liver disease,

with numerous papers and contributions to books. Dr Buti is the former Secretary of the Spanish Association for the Study of Liver Diseases, and an active member of the EASL, and the AASLD and various professional societies



Ricardo Fernandes, Portuguese Group Treatment Activist on HIV/AIDS (GAT)

Ricardo Fernandes is working in HIV field for more than a decade. He has a degree in Modern Languages and Literature from the Faculty of Arts, University of Lisbon. His been working in several Portuguese NGO in the HIV field since 2000 mainly in project and services coordination. He is the vice-chair of GAT - Portuguese Group Treatment Activist on HIV / AIDS (GAT) - www.gatportugal.org. We highlight his involvement in coordinating the PCAB (Portuguese Community Advisory Board).

He is also a member of the European AIDS Treatment Group (EATG - www.eatg.org), participating in the European Community Advisory Board (ECAB). Co-organiser of several Portuguese conferences and co-author of studies and articles mainly in stigma, diagnose and late presenting.

PS5/01 Continuum of Care of the Patients Diagnosed with HIV in Belgium According to Region of Origin

D. Van Beckhoven¹, J. Deblonde¹, M.-L. Delforge², R. Demeester³, S. De Wit⁴, E. Florence⁵, K. Franssen⁵, J.-C. Goffard², P. Goubau⁶, P. Lacor⁷, M. Moutschen⁸, D. Piérard⁷, A. Sasse¹, D. Vaira⁹, S. Van den Wijngaert⁴, B. Vandercam¹⁰, M. Van Ranst¹¹, E. Van Wijngaerden¹¹, L. Vandekerckhove¹², C. Verhofstede¹², Belgian Research on AIDS & HIV Consortium (BREACH) ¹Scientific Institute of Public Health, Brussels, Belgium, ²Hôpital Erasme, Brussels, Belgium, ³CHU de Charleroi, Charleroi, Belgium, ⁴CHU Saint-Pierre, Brussels, Belgium, ⁵Instituut Tropische Geneeskunde, Antwerp, Belgium, ⁶Université Catholique de Louvain, Brussels, Belgium, ⁷Universitair Ziekenhuis Brussel, Brussels, Belgium, ⁸CHU de Liège, Liege, Belgium, ⁹Université de Liège, Liege, Belgium, ¹⁰Cliniques Universitaires Saint-Luc, Brussels, Belgium, ¹¹KU Leuven, Leuven, Belgium, ¹²UZ Gent, Ghent, Belgium

PS5/02 Peer education at infectious diseases units as a mechanism to optimize the left side steps of the HIV treatment cascade

A.R. G. Susperregui¹, A.M. López-Jiménez², D. García-Morcillo¹

¹Adhara HIV/AIDS Association, Sevilla, Spain, ²Sevilla University, Experimental Psychology Department, Sevilla, Spain

PS5/03 Regional differences in hepatitis testing, vaccination and treatment in the EuroSIDA study

J.V. Lazarus¹, L. Peters¹, K. Grønborg Laut¹, J.D. Lundgren¹, O. Kirk¹, A. Mocroft², on behalf of the EuroSIDA study group

¹University of Copenhagen, CHIP, Rigshospitalet, Copenhagen Oe, Denmark, ²University College London, Department Infection and Population Health, London, United Kingdom

PS5/04 Exploring how Commonly Diagnosing Services Refer Newly Diagnosed Chronic Hepatitis B and C Patients to Specialist Secondary Care: The Views of Hepatologists, Gastroenterologists and Infectious Diseases Specialists in Six EU Countries

M. Levi¹, A. Falla², C. Taddei¹, A. Ahmad³, I. Veldhuijzen⁴, G. Niccolai¹, A. Bechini¹

¹University of Florence, Department of Health Sciences, Florence, Italy, ²University Medical Center Rotterdam, Department of Public Health, Erasmus MC, Rotterdam, Netherlands, ³Hamburg University of Applied Sciences, Department of Health Sciences, Hamburg, Germany, ⁴Public Health Service Rotterdam-Rijnmond, Division of Infectious Disease Control, Rotterdam, Netherlands

PS5/05 Evidence for the Cost-effectiveness of Screening for Chronic Hepatitis B and C among Migrant Populations: Results from a Review of the Literature

I.K. Veldhuijzen^{1,2}, S.J.M. Hahné³

¹Public Health Service Rotterdam-Rijnmond, Department of Infectious Disease Control, Rotterdam, Netherlands, ²Erasmus MC, University Medical Center Rotterdam, Department of Public Health, Rotterdam, Netherlands, ³National Institute for Public Health and the Environment, Centre for Infectious Disease Control, Bilthoven, Netherlands

PS6: Alternative approaches

Tuesday, 7th October 2014 11:00–12:30

Room: Rossini 1

Moderators:



Eberhard Schatz, Correlation hepatitis C Initiative

Eberhard Schatz (1955) studied social work in Germany and worked for drug counselling services in Germany and cross-border projects between Germany and the Netherlands. From 1998 to 2004, he coordinated the European project AC Company, a network with 35 partner organisations, targeting mobile drug users in Europe. He is involved in different advisory boards at the national and international level. Since 2005, Mr Schatz has been one of the coordinators of

Correlation – European Network Social Inclusion and Health, with more than 150 partners from all over Europe. He is responsible for the overall management of the project, the organisation of seminars and conferences (e.g. 'Social Inclusion and Health', Sofia, 2005 and 'Out of the Margins', Ljubljana, 2011). He presents the network at many conferences and symposia and published numerous reports and articles. Currently, he is coordinating the Correlation Hepatitis C initiative and is partner in the European Harm Reduction Network. The Correlation Network is member of the Civil Society Forum on Drugs since 2006. Mr Schatz was a coordinator of the Forum between 2010 – 2013 and currently takes part in the HDG working group of the Forum.



John de Wit, Centre for Social Research in Health, UNSW Australia

John de Wit (MSc, PhD) is professor and director of the Centre for Social Research in Health, UNSW Australia (Sydney), Sydney, and visiting professor in social psychology of health and sexuality at Utrecht University, The Netherlands. John has been undertaking and leading behavioral and social research regarding HIV, STI and sexual health for over 20 years, and his expertise and interest is especially with theory-informed research into the individual, social and structural

factors that shape effective prevention, diagnosis and treatment. John has published widely across a range of topics and in esteemed peer-reviewed journals. He also is actively involved in various national and international advisory and organizing committees, including the HIV in Europe Steering Committee.

PS6/01 Home delivered Dried blood spot testing vs conventional follow up - Assessing the impact on screening uptake for Household contacts of Hepatitis B infected pregnant women across two London trusts

P.J. Keel¹, G. Edwards¹, G. Nixon², J. Flood¹, K. Beebeejaun¹, J. Shute³, A. Millar⁴, J. Parry³, S. Mandal¹, M. Ramsay¹, G. Amirthalingam¹

¹Public Health England, Immunisation, Hepatitis and Blood Safety, London, United Kingdom, ²Public Health England, North East and North Central Health Protection Team, London, United Kingdom, ³Public Health England, Microbiological Services, London, United Kingdom, ⁴North Middlesex University Hospital, Gastroenterology, London, United Kingdom

PS6/02 Pilot HCV Rapid Testing Project among Men who Have Sex with Men (MSM), Checklist Project, Lisbon, Portugal

M. Rocha¹, M.J. Campos¹, R. Fuertes¹, J. Cornejo¹, J. Brito¹, J. Esteves¹, F. Ferreira¹, H. Machado¹, N. Pinto¹, L. Mendão¹

¹GAT - Grupo Português de Activistas sobre Tratamentos de VIH/SIDA, CheckpointLX, Lisbon, Portugal

PS6/03 Feasibility of Joint HIV, HBV and HCV Testing Offered Routinely by General Practitioners during One Week in Two French Counties in 2012

C. Fagard^{1,2}, K. Champenois³, J. Arsandaux^{1,2}, J.-P. Joseph⁴, B. Riff⁵, N. Messaadi⁶, S. Esposito⁷, V. Canva⁸, J. Foucher⁹, G. Chêne^{1,2,10}, Y. Yazdanpanah^{11,12}, F. Dabis^{1,2}, Groupe de Travail Dépistage Gironde-Nord

¹Univ Bordeaux ISPED, Centre INSERM U897, Bordeaux, France, ²INSERM U897, ISPED, Bordeaux, France, ³INSERM, IAME, UMR 1137, Paris, France, ⁴Département de Médecine Générale, Université de Bordeaux, Bordeaux, France, ⁵Maison Dispersée de Santé, Lille, France, ⁶Département de Médecine Générale, Faculté de Médecine, Université Lille Nord de France, Lille, France, ⁷COREVIH Aquitaine, Bordeaux, France, ⁸Service des Maladies du Foie et de l'Appareil Digestif, CHRU, Lille, France, ⁹CHU Bordeaux, Hôpital Haut-Lévêque, Bordeaux, France, ¹⁰CHU de Bordeaux, Pole de Sante Publique, Bordeaux, France, ¹¹Univ Paris Diderot, IAME, UMR 1137, Sorbonne Paris Cité, Paris, France, ¹²AP-HP, Hôpital Bichat, Service des Maladies Infectieuses, Paris, France

PS6/04 Screening for Viral Hepatitis among Immigrants in Barcelona: Comparison of Two Recruitment Strategies. A Pilot Study of the HEPscreen Project

M. Fernández Quevedo¹, S. Manzanares¹, C. Jacques¹, J. Ospina¹, B. Treviño², G. Susana³, H. Ouaraab², J. Gómez², T. Clusa³, I. Veldhuijzen^{4,5}, J. Caylà¹, The HEPscreen Project

¹Agència de Salut Pública de Barcelona (ASPB), Barcelona, Spain, ²International Health Centre of Drassanes, Barcelona, Spain, ³ABS RAVAL SUD, Barcelona, Spain, ⁴Division of Infectious Disease Control, Public Health Service, Rotterdam-Rijnmond, Netherlands, ⁵Erasmus MC, University Medical Center Rotterdam, Department of Public Health, Rotterdam, Netherlands

PS6/05 Health Service-based HIV Testing and Counselling: A Review of European Guidelines

S.A. Bell¹, J. de Wit¹

¹UNSW Australia, Centre for Social Research in Health, Sydney, Australia

Poster sessions

Monday, 6th October from 15:15-16:15 and Tuesday, 7th October from 12:30-13:30

Poster category 1: Late presentation

PO1/01 HCV Infection in HIV-infected Individuals in Ukraine

T. Koval¹, G. Dubynska¹, O. Marchenko¹, O. Danilenko², T. Kirichenko², K. Mihajlova², O. Sabinina², V. Korshenko²

¹Ukrainian Medical and Dental Academy, Infectious Diseases, Poltava, Ukraine, ²Poltava Regional HIV/AIDS Prevention and Control Center, Poltava, Ukraine

PO1/02 Previous Sexually Transmitted Infection among Young Men who Have Sex with Men as a Determinant for Earlier HIV Diagnosis in Catalonia

N. Vives^{1,2,3}, R. Lugo^{1,2,3}, P. Garcia de Olalla^{2,4}, M. Company⁵, P. Pons⁶, J. Casabona^{1,2,3}, the Catalonia HIV and STI Surveillance Group

¹Centre for Epidemiological Studies on STI/HIV/AIDS in Catalonia (CEEISCAT)-ICO-Agència de Salut Pública de Catalunya, Badalona, Spain, ²CIBER Epidemiología y Salud Pública (CIBERESP), Madrid, Spain, ³Institut d'Investigació Germans Trias i Pujol, Badalona, Spain, ⁴Public Health Agency of Barcelona, Epidemiological Service, Barcelona, Spain, ⁵Regional Service of Catalan Public Health Agency in Girona, Epidemiological Surveillance Unit, Girona, Spain, ⁶Regional Service of Catalan Public Health Agency in Tarragona, Epidemiological Surveillance Unit, Tarragona, Spain

PS1/01 Continued Late Presentation for HIV Care across Europe

A. Mocroft¹, J. Lundgren², O. Kirk², on behalf of the Late Presenters Working Group of the Collaboration of Observational HIV Epidemiological Research Europe Study (COHERE) in EuroCoord

¹University College London, London, United Kingdom, ²Copenhagen HIV Programme, Department of Infectious Diseases, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark

PS1/02 Challenges in the Definition of 'Late Presentation to HIV Testing'

A. Sasse¹, J. Deblonde¹, M.-L. Delforge², S. De Wit³, E. Florence⁴, K. Fransen⁴, J.-C. Goffard², P. Goubau⁵, M.-P. Hayette⁶, P. Lacor⁷, J.-C. Legrand⁸, M. Moutschen⁹, D. Piérard⁷, D. Van Beckhoven¹, S. Van den Wijngaert³, L. Vandekerckhove¹⁰, B. Vandercam¹¹, M. Van Ranst¹², E. Van Wijngaerden¹², C. Verhofstede¹⁰, Belgian Research on AIDS & HIV Consortium (BREACH)

¹Scientific Institute of Public Health, Brussels, Belgium, ²Hôpital Erasme, Brussels, Belgium, ³CHU Saint-Pierre, Brussels, Belgium, ⁴Instituut Tropische Geneeskunde, Antwerp, Belgium, ⁵Université Catholique de Louvain, Brussels, Belgium, ⁶Université de Liège, Liege, Belgium, ⁷Universitair Ziekenhuis Brussel, Brussels, Belgium, ⁸CHU de Charleroi, Charleroi, Belgium, ⁹CHU de Liège, Liege, Belgium, ¹⁰UZ Gent, Ghent, Belgium, ¹¹Cliniques Universitaires Saint-Luc, Brussels, Belgium, ¹²KULeuven, Leuven, Belgium

PS1/03 Undiagnosed HIV and Hepatitis C Infection among People who Inject Drugs

C. Folch¹, J. Casabona¹, X. Majó², A. Espelt³, M. Meroño⁴, V. González⁵, J. Colom², M.T. Brugal³, REDAN Study Group

¹Agència de Salut Pública de Catalunya, CEEISCAT, Badalona, Spain, ²Agència de Salut Pública de Catalunya, Programme on Substance Abuse, Barcelona, Spain, ³Agència de Salut Pública de Barcelona, Barcelona, Spain, ⁴Fundació Àmbit Prevenció, Barcelona, Spain, ⁵Microbiology Service - HUGTiP, Badalona, Spain

PS1/04 The SIALON Project: Undiagnosed HIV Infection among MSM in Six Southern and European Cities

L. Ferrer¹, M. Furegato², J.P. Foschia², C. Folch^{1,3}, V. González^{1,4}, D. Ramarli⁵, J. Casabona^{1,3}, M. Mirandola⁶

¹Centre de Estudis Epidemiològics sobre les ITS i SIDA de Catalunya, Badalona, Spain, ²Regional Center for Health Promotion, Veneto Region, Verona, Italy, ³Universitat Autònoma de Barcelona, Bellaterra, Spain, ⁴Microbiology Service - HUGTiP, Badalona, Spain, ⁵Immunology-Verona University Hospital, Verona, Italy, ⁶Infectious Diseases Section, Department of Pathology, Verona University Hospital, Verona, Italy

PS1/05 BCN Checkpoint: 31% of the New HIV Cases Detected in a Community-based Center for MSM Are Recent Infections

M. Meulbroek¹, F. Pujol¹, F. Pérez¹, A. Dalmau², H. Taboada¹, G. Marazzi¹, A. Pérez¹, A. Carrillo¹, A. Cabas¹, J. Miralles², J. Saz¹

¹Projecte dels NOMS-Hispanosida, Barcelona, Spain, ²BCN Checkpoint, Barcelona, Spain

PS1/06 Reaching the undiagnosed: a collaborative project

M. Harris¹, E. Ward², C. Gore^{2,3}

¹London School of Hygiene and Tropical Medicine, Social and Environmental Health Research, London, United Kingdom, ²The Hepatitis C Trust, London, United Kingdom, ³The World Hepatitis Alliance, London, United Kingdom

Poster category 2: Testing in health care settings

PO2/01 HIV Testing in the Emergency Department Is Sustainable and Low Cost

C. Liegeois¹, C. Rae¹, A. Sullivan¹, S. Finlay¹, K. Lim¹, E. Lacey¹, M. Burns¹, A. Crauford¹, J. Hardie¹, M. Rayment¹

¹Chelsea and Westminster NHS Foundation Trust, London, United Kingdom

PO2/02 Investigating Barriers in HIV-testing Oncology Patients. The IBITOP Study: Phase I

K. Darling¹, L. Merz¹, S. Zimmermann¹, S. Peters¹, M. Cavassini¹

¹Lausanne University Hospital, Lausanne, Switzerland

PO2/03 Prevalence of HIV Infection and Acceptability of Rapid HIV Testing in Patients Attending Emergency Services

L. Fernàndez^{1,2}, C. Agustí^{1,2}, L. Force³, M. Daza³, J. Casabona^{1,2}

¹Centre for Epidemiological Studies on STI/HIV/AIDS in Catalonia (CEEISCAT)-ICO-Agència de Salut Pública de Catalunya, Badalona, Spain, ²CIBERESP, Madrid, Spain, ³Hospital de Mataró, Mataró, Spain

PO2/04 HIV Testing Uptake and Associated Factors among Sex Workers in Portugal

S. Dias¹, A. Gama¹, D. Simões², R. Fuertes², L. Mendão²

¹Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa, Lisboa, Portugal, ²GAT - Grupo Português de Ativistas sobre Tratamentos de VIH/SIDA, Lisboa, Portugal

PO2/05 Effectiveness of Increasing HIV Testing in Primary Health Care Based on Behavioural Criteria and Indicator Conditions

C. Agustí¹, J. Mascort², M. Martín Rabadán³, J. Zarco⁴, C. Aguado⁵, A. Montoliu¹, J. Casabona¹, R. Carrillo⁶, Study Group for the Early Diagnosis of HIV in Primary Health Care in Spain

¹Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya (CEEISCAT)-Agència de Salut Pública de Catalunya, Badalona, Spain, ²Sociedad Española de Medicina de Familia y Comunitaria (semFYC), Barcelona, Spain, ³Centro de Salud Can Misses, Ibiza, Spain, ⁴Centro de Salud Ibiza, SERMAS, Madrid, Spain, ⁵Centro de Salud Santa Rosa, Córdoba, Spain, Córdoba, Spain, ⁶Societat Catalana de Medicina Familiar i Comunitària (CAMFiC), Barcelona, Spain

PO2/06 Management of Routine HIV Testing through Voluntary Counseling and Testing Services among TB-positive Patients in Ukraine

S. Soloviov¹, I. Dzyublyk¹, A. Symchuk^{1,2}, T. Stepchenkova¹

¹PL Shupyk National Medical Academy of Postgraduate Education, Department of Virology, Kiev, Ukraine, ²Kyiv Municipal Addiction Clinical Hospital "Socioterapiya", Kiev, Ukraine

PO2/07 Human Immunodeficiency Virus (HIV) Testing among Childbearing Aged Women: who is at risk?

A. Dehghanifirouzabadi¹, M. Qobadi¹

¹Mississippi State Department of Health, Jackson, United States

PS2/01 Which Conditions are Indicators for HIV Testing across Europe?: Results from the HIDES 2 study

G. Kutsyna¹, A. Mocroft², V. Hadziosmanovic³, M. Rayment⁴, A. Vassilenko⁵, N. Chkhartishvili⁶, V.M. Mitsura⁷, C. Pedersen⁸, J. Anderson⁹, J. Begovac¹⁰, U.B. Dragsted¹¹, B. Bertisch¹², A. Grzeszczuk¹³, J. Minton¹⁴, C. Necsoi¹⁵, M. Kitchen¹⁶, F. Ajana¹⁷, A. Sokhan¹⁸, L. Comi¹⁹, P. Farazmand²⁰, D. Pesut²¹, N. Clumeck¹⁵, J. Gatell²², B. Gazzard⁴, A.A. Monforte¹⁹, J. Rockstroh²³, Y. Yazdanpanah²⁴, A. Sullivan⁴, K. Champenois²⁴, M.L. Jakobsen²⁵, D. Raben²⁵, J.D. Lundgren²⁵

¹Luhansk AIDS Center, Luhansk, Ukraine, ²University College London, London, United Kingdom, ³Clinical Center University of Sarajevo, Sarajevo, Bosnia and Herzegovina, ⁴Chelsea and Westminster NHS Foundation Trust, London, United Kingdom, ⁵Belarusian State Medical University, Minsk, Belarus, ⁶Infectious Diseases, AIDS and Clinical Immunology Research Center, Tbilisi, Georgia, ⁷Gomel State Medical University, Gomel, Belarus, ⁸Odense University Hospital, Odense, Denmark, ⁹Homerton University Hospital, London, United Kingdom, ¹⁰University Hospital of Infectious Diseases, Zagreb, Croatia, ¹¹Roskilde Hospital, Roskilde, Denmark, ¹²Kantonsspital, St. Gallen, Switzerland, ¹³Medical University of Bialystok, Bialystok, Poland, ¹⁴St. James University Hospital, Leeds, United Kingdom, ¹⁵Saint-Pierre University Hospital, Brussels, Belgium, ¹⁶Dept of Dermatology and Venerology, Innsbruck, Austria, ¹⁷Centre Hospitalier de Tourcoing, Tourcoing, France, ¹⁸Kharkov State Medical Hospital, Kharkov, Ukraine, ¹⁹San Paolo Hospital, Milan, Italy, ²⁰Huddersfield Royal Infirmary, Huddersfield, United Kingdom, ²¹Clinical Center of Serbia, Belgrade, Serbia, ²²Hospital

Clinic de Barcelona, Barcelona, Spain, ²³University of Bonn, Bonn, Germany, ²⁴IAME, Inserm UMR 1137; hôpital Bichât - Claude Bernard, Paris, France, ²⁵Rigshospitalet, Centre for Health and Infectious Disease Research, Copenhagen, Denmark

PS2/02 European students planning to practice internal medicine are more likely to have condition-focused, rather than behaviour-focused approach to HIV testing - data from the English Division Faculty, Medical University of Warsaw.

J.D. Kowalska¹, P.E. Quílez², A. Bednarska¹, D. Lipowski¹, A. Horban¹

¹Medical University of Warsaw, Department of Adult's Infectious Diseases, Warsaw, Poland,

²Universidad de Murcia, Facultad de Medicina, Murcia, Spain

PS2/03 HIV Diagnosis at Time of Sexually Transmitted Infection among Men who Have Sex with Men in Catalonia, Spain, 2011-2013

R. Lugo^{1,2}, N. Vives^{1,2}, M. Arando³, M. Vall³, P. Armengol³, M.J. Barberà³, A. Vives⁴, M. Alsina⁵, C. Muñoz⁵, J.L. Blanco⁵, J. Sobrino⁶, J. Relat⁷, M.J. Jareño⁸, J. Xandri⁹, V.M. Silvestre⁸, J. Casabona^{1,2}, The Catalan STI Sentinel Surveillance Study Group

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PS2/04 Project PRO-test: Proactive HIV Testing for Prevention of Late Presentation

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PS2/05 Effectiveness of a Pilot Partner Notification Program for Newly Diagnosed Cases of HIV in Barcelona, Spain

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PS2/06 Audit on HIV Testing in Patients Diagnosed with a Defining or Related to AIDS Illness and/or an Indicative Condition for HIV in Primary Care in Catalonia, Spain

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Poster category 3: Key populations

PO3/01 IDU Access to Testing and Hepatitis B Vaccination, Odessa, Ukraine

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PO3/02 Migrant Screening for Viral Hepatitis: Two Feasible Strategies in Universities and Workplaces in Grampian, Scotland

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PO3/03 Checkpoint Zagreb: A Successful Start of a Community Based HIV and HCV Testing Site in Zagreb, Croatia

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PO3/04 Socio-demographical and Behavioral Characteristics of Sub-Saharan Africans (SSA) Attending a Voluntary Counseling and Testing (VCT) Centre in Brussels

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PO3/05 Localities Councils Increase Access for Key Populations to HIV Services in Central Asia

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PO3/06 Access to Chronic Viral Hepatitis Treatment across Europe: Differences in Availability of Options and between Vulnerable Population Groups

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PO3/07 HIV Test: Which Is your Best? A National Survey on Testing Preferences among MSM in Italy

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PO3/08 Overview of HEPHIV Screening Diagnostics among Commercial Sex Workers and Drug Users in Lviv Region (Ukraine) Using Mobile Clinic in 2009-2014

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PO3/09 Current Hepatitis B and C Screening Practices for First Generation Migrants and Barriers to Screening: Results from an Online Questionnaire Survey of Experts in Germany, Hungary, Italy, The Netherlands, Spain and UK

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PO3/10 Operative Medical Examination of Refugees Under Military Activities

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PO3/11 Scaling up of MARPs access to HCV diagnostics and treatment in Ukraine

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PO3/12 The results of the research on availability of hepatitis C testing among IDUs which was made by Non-Profit Partnership ESVERO under the Program «Sustaining access to HIV prevention and treatment services for IDUs in the RF» with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria

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PO3/13 Scaling up the HCV response: Community testing, linkage/re-linkage to care among people who ever used drugs

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PS3/01 Impact of Immigration on Diagnosis and Prognosis of HIV in Catalonia and the Balearic Islands: The PISCIS Cohort

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PS3/02 Athens Checkpoint: Reducing Undiagnosed HIV Infections in Crisis-Affected Services in Greece

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PS3/03 Expert Recommendations for the Information and Support Needs of Different Population Groups in Preparation for 2014 Government Approval for HIV Self-testing in France

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PS3/04 Increase of Sexually Transmitted Hepatitis C Virus in HIV+ Men who Have Sex with Men in Barcelona, Spain. A Problem Linked to HIV Infection?

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PS3/05 Hepatitis B: Are At-risk Individuals Vaccinated if Screened and Found Negative for HBV? Results of an Online Survey Conducted in Six EU Countries

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PS3/06 Socio-demographical and Behavioral Characteristics of Men who Have Sex with Men (MSM) Attending a Voluntary Counseling and Testing (VCT) Centre in Brussels

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PS4/01 HIV Testing Trends among MSM in Croatia: Review of Surveys Conducted from 2005 to 2012

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PS4/02 Serving the Underserved. An HIV Testing Program for Populations Reluctant to Attend Conventional Settings

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PS4/03 Results of a Disease Awareness Programme Offering Chinese Migrants On-site Testing for Chronic Hepatitis B and C Virus Infection in Six Urban Areas in the Netherlands

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PS4/04 Determinants of Having Never Been Tested for HIV amongst Migrant Men who Have Sex with Men in Spain

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PS4/05 Characteristics of Foreign-Born Patients in the Swiss Hepatitis C Cohort Study: Implications for National Screening Recommendations

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Poster category 4: The treatment cascade

PO4/01 Changes in the Epidemiology of Hepatitis C Virus Co-infection in Recent Years in the PISCIS HIV Cohort, 1998-2012

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Spain, ³Agència de Salut Pública de Catalunya (ASPC)-Institut Català d'Oncologia (ICO), Centre d'Estudis Epidemiològics sobre les Infeccions, Badalona, Spain

PO4/02 Prevalence, Risk Factors and Genotype Distribution of HCV Infection among Patients Living with HIV in North-eastern Poland

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PO4/03 Sexual Orientation and High Risk Behaviors Are Not Associated with Being Lost-to-Care after HIV Diagnosis: Data from Test and Keep in Care (TAK) Project

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PO4/04 Incidence of Hepatitis C Virus (HCV) in a Multicenter Cohort of HIV-Positive Patients in Spain 2004-2011: Increasing Rates of HCV Diagnosis but Not of HCV Seroconversions

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PO4/05 Treatment Outcome of HART-treated Patients in a Resource-limited Setting: The Belgrade Cohort Study

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PO4/06 NGO-based Voluntary Counseling and Rapid Testing (VCRT) Improves Access to Testing and Linkage to Care by Key Populations in Kyrgyzstan

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PO4/07 Treatment and Care in Resource Limited Settings vs. High Income Settings

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PO4/08 HIV Testing in an Acute Assessment Unit Is Feasible and Cost-effective

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PO4/09 Vulnerability assessment of people living with HIV (PLHIV) in Lithuania

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PO4/10 Gender Aspects of Situation with Diagnostics of Hepatitis among People Living with HIV in Pavlodar Region, Kazakhstan

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PO4/11 HIV cascade of care in Luhansk region of Ukraine

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PO4/12 Factor associated with HIV viral suppression in patients with HIV-HCV co-infection in Spain, 2004-2013

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PS5/01 Continuum of Care of the Patients Diagnosed with HIV in Belgium According to Region of Origin

D. Van Beckhoven¹, J. Deblonde¹, M.-L. Delforge², R. Demeester³, S. De Wit⁴, E. Florence⁵, K. Franssen⁵, J.-C. Goffard², P. Goubau⁶, P. Lacor⁷, M. Moutschen⁸, D. Piérard⁷, A. Sasse¹, D. Vaira⁹, S. Van den Wijngaert⁴, B. Vandercam¹⁰, M. Van Ranst¹¹, E. Van Wijngaerden¹¹, L. Vandekerckhove¹², C. Verhofstede¹², Belgian Research on AIDS & HIV Consortium (BREACH)

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PS5/02 Peer education at infectious diseases units as a mechanism to optimize the left side steps of the HIV treatment cascade

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PS5/03 Regional differences in hepatitis testing, vaccination and treatment in the EuroSIDA study

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PS5/04 Exploring how Commonly Diagnosing Services Refer Newly Diagnosed Chronic Hepatitis B and C Patients to Specialist Secondary Care: The Views of Hepatologists, Gastroenterologists and Infectious Diseases Specialists in Six EU Countries

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PS5/05 Evidence for the Cost-effectiveness of Screening for Chronic Hepatitis B and C among Migrant Populations: Results from a Review of the Literature

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Poster category 5: Alternative approaches

PO5/01 Targeted Outreach during European HIV Testing Week in London, UK: Did it Work?

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PO5/02 Successes in Conducting Rapid Testing, Early Detection of HIV and Provision Treatment for HIV/AIDS among Men who Have Sex with Men (MSM) in Kiev, Ukraine

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PO5/03 The COBATEST Network: A Platform to Perform Monitoring and Evaluation of HIV Community-based Testing Practices in Europe as Well as Operational Research

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PO5/04 The European HIV Testing Week in Italy: An Opportunity for Diagnosis and Prevention

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PO5/05 Preferred HIV Testing Settings and Characteristics among Attendees to Madrid Gay Pride, 2011-2012

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PO5/06 Pilot Study for the Implementation of Rapid HCV and HIV Tests in Harm Reduction Programmes for Intravenous Drug Users in Catalonia

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PO5/07 The Impact of Rapid HIV Testing for Couples

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¹LASS, Leicester, United Kingdom

PO5/08 Translation of a Successful HIV Testing Research Programme in to Policy. Key Lessons in the Implementation Science Process

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PO5/09 Assessment of HBV Vaccine-induced Immunity in HIV-positive Orphans of Yekaterinburg

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PO5/10 Early HIV Detection through Tapid Testing

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PO5/11 When Effective Post-exposure Prophylaxis of HIV Infection Fails - Data from Clinical Practice

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PO5/12 Portuguese community based screening network

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PO5/13 European HIV Testing Week

B.I. Ibragimov¹

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PS6/01 Home delivered Dried blood spot testing vs conventional follow up - Assessing the impact on screening uptake for Household contacts of Hepatitis B infected pregnant women across two London trusts

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PS6/02 Pilot HCV Rapid Testing Project among Men who Have Sex with Men (MSM), CheckList Project, Lisbon, Portugal

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¹GAT - Grupo Português de Ativistas sobre Tratamentos de VIH/SIDA, CheckpointLX, Lisbon, Portugal

PS6/03 Feasibility of Joint HIV, HBV and HCV Testing Offered Routinely by General Practitioners during One Week in Two French Counties in 2012

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PS6/04 Screening for Viral Hepatitis among Immigrants in Barcelona: Comparison of Two Recruitment Strategies. A Pilot Study of the HEPscreen Project

M. Fernández Quevedo¹, S. Manzanares¹, C. Jacques¹, J. Ospina¹, B. Treviño², G. Susana³, H. Ouaarab², J. Gómez², T. Clusa³, I. Veldhuijzen^{4,5}, J. Caylà¹, The HEPscreen Project

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PS6/05 Health Service-based HIV Testing and Counselling: A Review of European Guidelines

S.A. Bell¹, J. de Wit¹

¹UNSW Australia, Centre for Social Research in Health, Sydney, Australia



Side Events

Final Conference on the HEPscreen Project

Conference venue, Room: Rossini 1, Sunday, 5th October 13:00-17:00



Final Conference HEPscreen project

Date: 5 October 2014, 13:30-16:30 (lunch from 13:00-13:30)
Venue: Fira Palace Hotel, meeting room Rossini
Registration: Free for participants to the HepHIV 2014 conference, please indicate you are attending when registering for the HepHIV conference.

People born in hepatitis B and C endemic areas are at particular risk of chronic viral hepatitis-related liver disease. Demographic change and migration now means that there is a substantial and increasing health burden related to viral hepatitis among nearly all migrant groups in Europe. Effective treatment options are available and there is an urgent need for early identification of patients.

HEPscreen is an EU funded project that aims to facilitate the development and implementation of screening programmes for hepatitis B and C among migrants to EU Member States. HEPscreen partners have been working for three years to identify, appraise and pilot test best practices in screening for viral hepatitis among migrant communities. At this final conference, HEPscreen will share the findings of this work and introduce the HEPscreen toolkit. The toolkit is a comprehensive, well designed and easy to navigate online repository produced to assist public health planners and health care professionals to develop screening programmes in their areas.

You will learn about:

- The main migrant groups affected and how to assess the burden of chronic viral hepatitis in migrant populations in your country
- Different screening strategies and their appraisal, including cost effectiveness
- The results and lessons learned from four pilot screening programmes in Spain, England, Scotland and Hungary using systematic, opportunistic and outreach approaches for case detection of chronic hepatitis B and C
- Tools for health professionals including recommendations on pre- and post test counselling and a tool to create information leaflets in different languages

HIV in Europe counselling project meeting

Conference venue, Room: Rubi, Sunday, 5th October 14:30-16:30

HIV in Europe has been working with the University of New South Wales in Sydney, Australia to conduct a survey examining policy and practice relating to HIV testing and counselling in different European country contexts. The survey has been sent out to policy makers, health service providers and NGOs working in the area of HIV testing in the 53 WHO Europe countries. The aim of this Sunday session is to undertake an interactive expert consultation, where the findings will be presented and debated, with a focus on discussing the implications of the survey results for current HIV testing and counselling across the region. The survey is part of a larger research project with the overall objective of contributing to the evidence base that guides the development and implementation of pre-test discussion, obtaining informed consent, delivering test results, post-test counselling and referral to specialist services.

**European Commission:
Lessons learnt from the EU health programme actions on HIV and Hepatitis prevention**

Conference venue, Room: Rossini 1, Tuesday, 7th October 17:00-19:00



HepHIV 2014 Conference

5-7 October 2014

Lessons learnt from the EU health programme actions on HIV and Hepatitis prevention

Crown Plaza Hotel - Fira Center
(Rossini 1 room)

Meeting agenda for the 7 October 2014 17-19 o'clock

Priority groups:

17.00 - 19:00 Special session on lessons learnt from the HIV and hepatitis projects funded under EU programme 2008-2013 and the way to strengthen the collaboration between the existing networks, chaired by Matthias Wentzlaff-Eggebert, BZgA (DE)

Each project will give a 15 minutes presentations showing the main results.

1. Health Programme 2014-2020 and annual work plan 2014 – Cinthia Menel Lemos (Chafea)
2. EU HEP SCREEN – Screening for Hepatitis B and C among migrants in the European Union, Irene Veldhuijzen, Erasmus medical center (NL)
3. Correlation network – Hepatitis C project - Eberhard Schatz, Correlation network (NL)
4. SIALON II – Capacity building in combining targeted prevention with meaningful HIV surveillance among MSM, Massimo Mirandola, Regione del Veneto (IT)

Short break

5. QUALITY ACTION Joint Action - Improving Quality in HIV Prevention Matthias Wentzlaff-Eggebert, BZgA (DE)
6. COBATEST/EURO-EDAT - Operational knowledge to improve HIV early diagnosis and treatment among vulnerable groups in Europe, Jordi Casabona, CEEISCAT, Catalonia (ES)
7. OPTEST by HIE – Optimising testing and linkage to care for HIV across Europe

Followed by a discussion session

- (1) The projects will present their main results and discuss ways of collaboration between the networks and how their results can be used for strengthen the new and on-going actions.

Scholarship grants for the HepHIV2014 Conference

Name	Country	Organisation
Jurgis Andriuska	Lithuania	Baltic Positive Network
Aisuluu Bolotbaeva	Kyrgyzstan	NGO "Central Asian HIV foundation" (CAHF)
Andrii Chernyshev	Ukraine	Kiev city public organization "Gay Alliance"
Otar Chokoshvili	Georgia	AIDS & Clinical Immunology Research Center, Tbilisi.
Lyubov Chubukova	Kazakhstan	HIV/AIDS foundation "You are not alone"; Network of women with HIV
Zoran Dominkovic	Croatia	LGBT organisation, Iskorak
Gordana Dragovic Lukic	Serbia and Montenegro	School of Medicine, University of Belgrade
Nataliia Kitsenko	Ukraine	Odessa charity fund "The Way Home"
Tetiana Koval	Ukraine	Poltava Regional HIV AIDS Prevention and Control center
Tetyana Loginova	Ukraine	Kiev Narcological Hospital "Sociotherapy"
Serheii Soloviov	Ukraine	PL Shupyk National Medical Academy of Postgraduate Education, Kyiv
Marta Vasylyev	Ukraine	Charitable Salus Foundation

Social Events

Welcome reception

Sunday, 5th October 19-22 pm

Caixa Forum Barcelona

Av. Ferrer i Guàrdia, 6-8, 08038 Barcelona, Spain

Tel: 934 768 600

Web site: www.laCaixa.es/ObraSocial

CaixaForum, the Museum and Cultural Centre of “La Caixa” Community Projects, is housed in one of Barcelona’s landmark buildings, the Casaramona textile mill, a jewel of industrial modernista architecture designed by **Josep Puig i Cadafalch**.



Conference dinner

Monday, 6th October 19.30 pm

Museu Maritim de Barcelona

Av. de les Drassanes s/n, 08001 Barcelona, Spain

Tel. 933 429 920 - Fax 933 187 876

Web site: <http://www.mmb.cat/>



Transportation and Directions

Welcome reception – Caixa Forum

The Caixa Forum is located within walking distance (10 min.) from the conference venue.

Conference dinner - Transportation from the Crowne Plaza to the Museu Maritimo

By metro: From the hotel, walk to Plaça Espanya (5 -8 minutes) to the metro station Espanya. Take Line 3 (Green line) towards Trinitat Nova. Get off at 3rd stop: Drassanes. The exit is 120 meters from the museum. The price is 2,15€/person.

If you wish to take a taxi to the conference dinner the fare is less than €10

Barcelona map



- 1 Hotel Crowne Plaza Barcelona-Fira Center, Conference Venue
- 2 Maritime Museum, Conference Dinner
- 3 CaixaForum Barcelona, Welcome Reception

Conference venue

Crown Plaza Barcelona – Fira Center

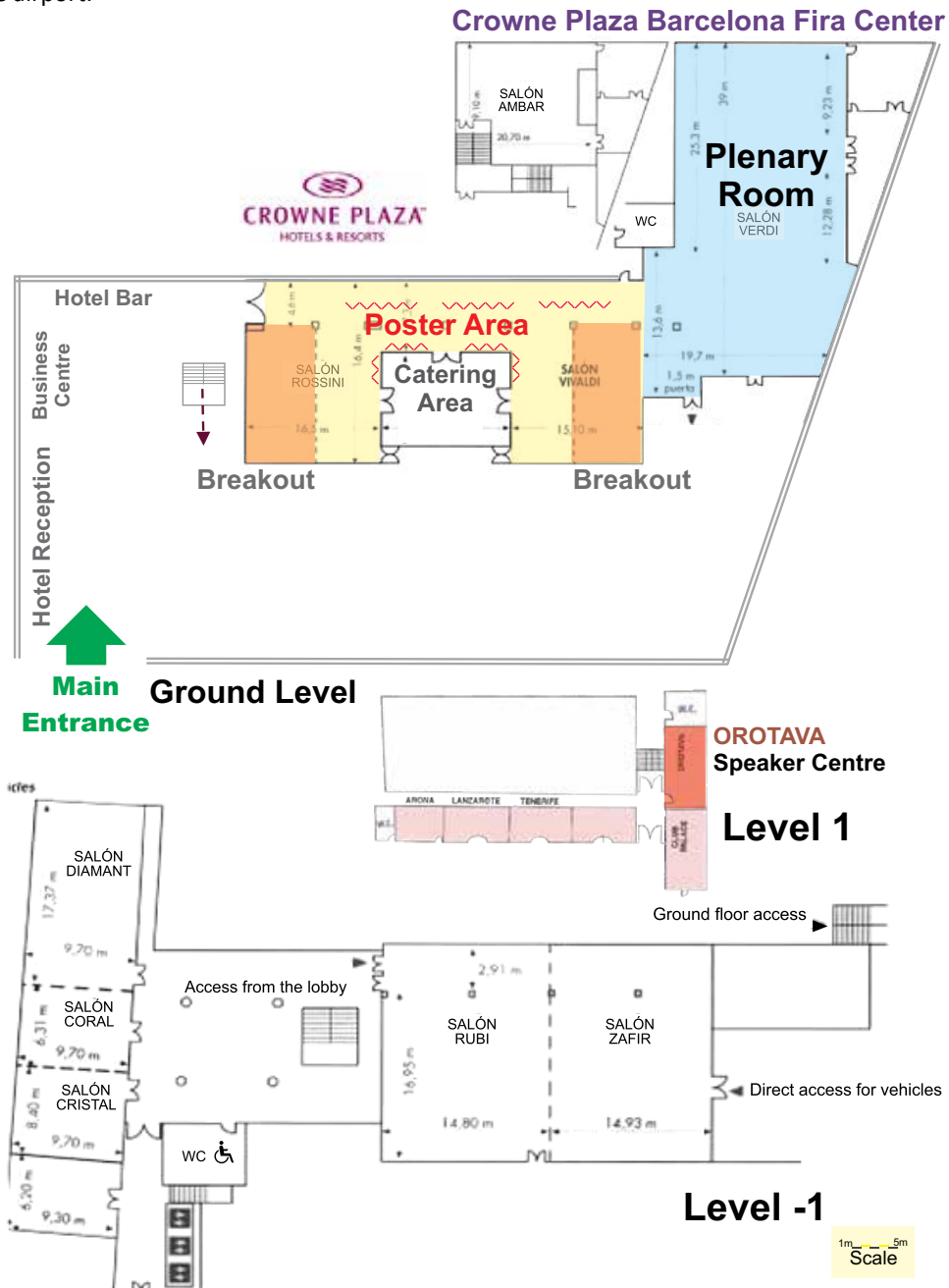
Avda Rius I Taulet, 1-3. Barcelona 08004, Spain

Tel: +34 934 262 223 - Fax: +34 934 248 679

Web site: <http://www.fira-palace.com/>

Situated between the famous Plaza de España and Gran Via Avenue, in the heart of Barcelona, in an area with a wide cultural offer and excellent communications service to anywhere in the city and the airport.

Notes

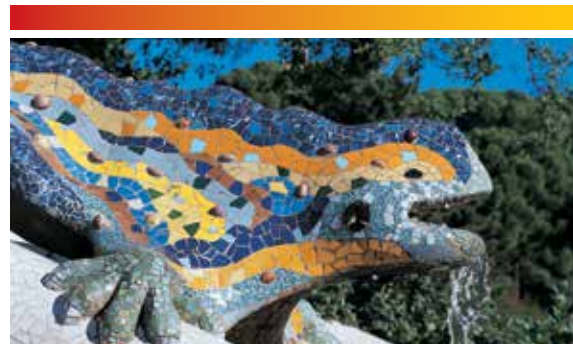




HepHIV 2014

5-7 OCTOBER BARCELONA

Abstract book



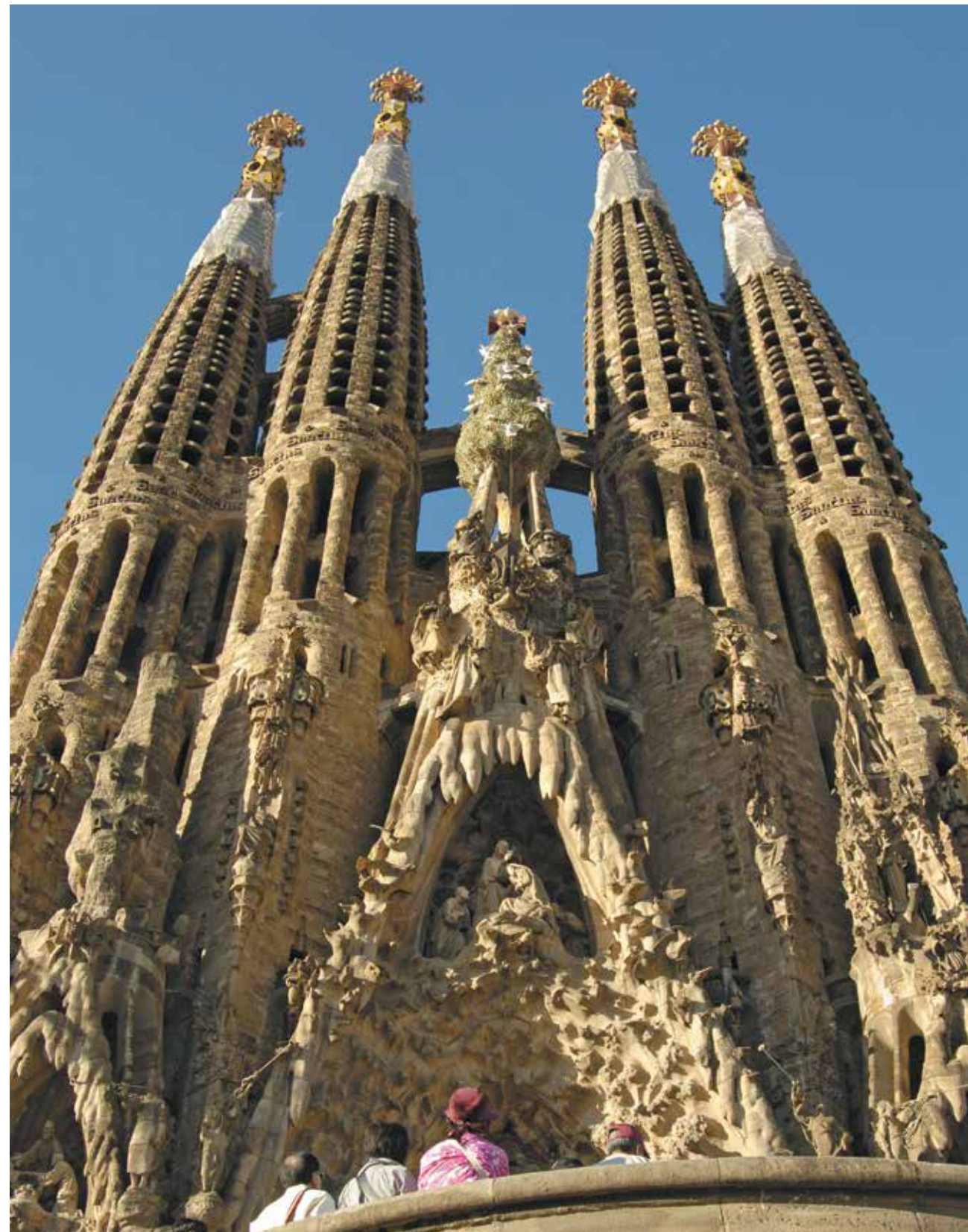
HepHIV2014 Conference

HIV and Viral Hepatitis:
Challenges of Timely Testing and Care

Barcelona, 5-7 October, 2014

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Plenary Sessions

PLE1: What's the status of the continuum of care in HIV and viral hepatitis?

Jens D. Lundgren, Rigshospitalet, University of Copenhagen, CHIP, WHO

Collaborating Centre on HIV and Viral Hepatitis: The HIV and viral hepatitis epidemics in Europe: recent trends and regional differences.

Although transmission routes are shared, there are also distinct patterns of differences in risk groups overall and according to geographical region affected by HIV, HBV and HCV, respectively. The main driver of continued HIV transmission in Western Europe is men who have sex with men (MSM). The contribution from immigration from high-endemic areas of the world has been declining. In the eastern parts of Europe, the epidemic is driven by transmission via injecting drug use (IDU) although there is now emerging trends of secondary heterosexual transmission within the injecting drug user community. Number of new transmissions of HIV per year is 10-fold higher in Eastern Europe compared with Western Europe. Several recent outbreaks of HIV among IDU communities in Greece and Romania, however, underline that this community remains vulnerable, and if effective harm reduction interventions are not consistently applied outbreaks can quickly occur. The main driver of HCV remains IDU throughout the continent. On-going smaller size transmission in MSM communities that has emerged in the last decade, is linked with other sexually transmitted diseases and is still not under control. Asian immigrants infected perinatally constitutes a large proportion of the HBV infected, although sexual transmission remains an important secondary route. ECDC and WHO-Europe is now collaborating on a comprehensive surveillance structure for all three types of infections, and the number of countries contributing with quality surveillance data is improving but not yet complete. A sizable proportion of those infected by one or several of these three infections remains unlinked to care, in part due to poor linkage and retention in care for those diagnosed and in part due to still suboptimal testing strategies. Further improved strategies for population testing to diagnose those infected would minimise unintended forward transmission, ensure early access to care, and reduce cost linked with late presentation.

Jürgen Rockstroh, University of Bonn: Late presentation for care: the burden of disease in mono- and co-infected patients and who are the late presenters

The estimated prevalence of adult HIV-infection varies from below 0.2% in Central Europe to above 1% in parts of Eastern Europe whereas prevalence of chronic hepatitis B (HBV) and C (HCV) infection ranges from 0.1% to 6% across the EU and neighbouring countries, with major differences between countries and between population sub-groups. As a result of shared modes of transmission around 6% of the European HIV patients also have HBV coinfection and more than 25% HCV coinfection. Across Europe, almost a third of individuals infected with HIV do not enter health care until late in the course of their infection. The consensus definition of late presentation in HIV is persons presenting for care with a CD4 count below 350 cells/ μ L or presenting with an AIDS-defining event, regardless of the CD4 cell count. Late presenters for care are often older, more often heterosexuals from low-prevalence countries or migrants, whereas the probability of LP for care has decreased in MSM in recent years. LP has been associated with an increased rate of AIDS/deaths. Earlier and more widespread testing, timely referrals after testing positive, and improved retention in care strategies are required to further reduce the incidence of LP. The definition of late presentation in viral hepatitis is under current discussion and will be presented at this conference. Effective treatments for HBV and HCV are recent developments. Most European countries have a sizable proportion of the population that is chronically infected with either HBV or HCV and is still unaware of their infection. Therefore, increased testing of the population and refining referral systems to and structures of medical sites able to provide comprehensive care are ongoing throughout the continent. Harmonisation of the definitions used in surveillance systems is a critical component of this scale-up process.

Stanislas Pol, EASL: Renewed focus on Hep C – the possibility to cure

The treatment of hepatitis C virus (HCV) infection has significantly improved in the last 2 decades. The association of pegylated interferon alfa and ribavirin (PR) has allowed a sustained virologic response (SVR) for nearly 15 years i.e. a viral cure of the infection for 45% of genotype 1-, 65% of genotype 4-, 70% of genotype 3- and around 85% of genotype 2-infected patients. A better understanding of the HCV life-cycle has led to the development of direct-acting antiviral drugs (DAAs) targeted against viral proteins (NS3/4A protease, NS5B polymerase with nucleotide and non-nucleotide inhibitors, NS5A viral replication complex). The combination of first-generation protease inhibitors with PR demonstrated a high antiviral effectiveness (75% of SVR but restricted to genotypes 1) with substantial adverse effects for the first-generation protease inhibitors, which obtained market approval in 2011 (Telaprevir and Boceprevir), recommendations for use in HCV mono-infected patients in 2012, and in HCV/HIV co-infected in 2013. Then, the combination of second-generation protease inhibitors with PR increased SVR rates from 75 to 90%, while reducing treatment duration, adverse effects, and the number of pills. The next step will be using an interferon and ribavirin-free combination of DAAs; it should become the standard of care in 2015. These excellent results in “easy-to-treat” patients and in small populations in the first studies were confirmed in phase III studies and in “difficult-to-treat” patients (treatment – especially protease inhibitors- previously treated patients, cirrhotic patients, liver and renal transplant patients, HIV co-infected patients, and multi-drug treated patients, at increased risk of drug interaction). The high antiviral potency of these new combinations has changed the definition of “difficult-to-treat patients”. These unique achievements in drug history make any previous publication on hepatitis C treatment obsolete.

Keywords: Hepatitis C virus, direct-acting antiviral drugs, protease inhibitor, polymerase inhibitor, replication complex inhibitor

Oksana Savenko, International HIV/AIDS Alliance in Ukraine ICF: Linkage to care: what are the challenges?

Main challenges for access to viral Hepatitis C (HCV) treatment are common for all post-Soviet countries. Challenges can be divided into 3 categories: national, regional, and personal. National level: lack of trustworthy epidemiological data on situation with HCV (among general population and most-at-risk populations (MARPs); lack of unified register of patients; lack of collection of statistical data from various healthcare facilities that provide HCV treatment (liver diseases clinics, AIDS centers, private clinics); high price for laboratory and diagnostics examinations and treatment; poor coordination between medical, civil and public sectors in dealing with HCV issues; absence of national HCV program and lack of allocation of funds from state budget; lack of clinical HCV treatment guidelines; absence of new drugs at Ukrainian market, problems with their registration and lobbying of certain pharmaceutical companies. Regional level: poor coordination between private and public agencies, AIDS centers and liver diseases clinics; lack of regional HCV programs, and allocation of funds from local budgets. Personal level: high level of dropout (non-admission to HCV treatment) by medical indications; poor adherence to treatment; incompliance with laboratory monitoring of treatment; fear of possible complications, especially psychoemotional. Ukraine can demonstrate ways to solve these issues: introduction of screening testing for HCV into harm reduction programs; social projects on laboratory diagnostics for MARPs; advocacy work; mobilization of community; social programs on treatment of co-infected patients and MARPs; social support of HCV treatment by NGOs. Outcomes: adoption of national and regional HCV programs; allocation of funds for HCV treatment; reduction of price for treatment and diagnostics by 2.5 fold; adoption of national clinical HCV diagnostic and treatment guidelines; introduction of new drugs; adoption of treatment programs for patients with co-infection and MARPs.

Michel Kazatchine, UN Secretary-General’s Special Envoy on HIV/AIDS in Eastern Europe and Central Asia: Key challenges in the cascade of care in the Eastern European region

Eastern Europe and Central Asia has the fastest expanding HIV epidemic globally and one of the lowest treatment coverage (only 35% vs. 61% globally). From 2001 to 2010, the number of people living with HIV (PLHIV) has risen by 250%. The epidemic in the region is largely driven by unsafe injecting drug use. This has also led to high prevalence levels (up to 90%) of HCV infection in people who inject drugs (PWID). The region faces many structural, cultural, societal and political obstacles in responding to these epidemics that affect the cascade of care. Insufficient and unreliable data gathering, as well as stigmatization and taboos around key affected populations are all contributing to services that are poorly targeted to the real need of the populations. Harsh policies that criminalize PWIDs, sex workers and MSM are accentuating this phenomenon - with prisons in the region clearly becoming high-risk environments for HIV and HCV. Access to prevention is limited with low coverage of needle exchange programs, and very low or inexistent access to opioid substitutive therapy. In addition, these services are mostly financed by international donors which are henceforth withdrawing from the region. Without a strong commitment to address political barriers and significantly expand and strengthen the response, these epidemics will remain major causes of illness and premature deaths in the region.

PLE2: Public health challenges of earlier diagnosis of HIV and viral hepatitis

Kevin Fenton, Public Health England: Testing policies on HIV and viral hepatitis /Testing for HIV and viral hepatitis: lessons learned and missed opportunities

The HIV, HBV and HCV epidemics are heterogeneous, distinguished by different routes of transmission and different at-risk populations. The epidemics of these diseases are also at different phases in their evolution. In the fourth decade of HIV, populations across many European countries benefit from robust surveillance systems and research, effective treatments, well developed testing guidelines and a good understanding of the cascade of care. These are features which are not generally in place for HBV or HCV. This presentation will first review the testing policies across Europe and the UK for HIV, HBV and HCV, and consider what lessons can be learned from the shift in UK policy on HIV testing towards greater normalisation – expanding HIV testing in general medical services in areas of higher prevalence.

Second, the presentation will reflect on the implementation of testing policies, their monitoring and their real-world impact – including issues of linkage into care and integrating testing with the broader health and wellbeing agenda. Third, the presentation will highlight instances of innovation in testing policies and practice across HIV, HCV and HBV. Examples of these include opt-out blood-borne virus testing in English prisons, and home sampling for HIV testing. These innovations are likely to have implications for how we adapt surveillance systems, as testing moves beyond more traditional testing facilities.

The presentation will conclude by considering the lessons learned from operationalizing HIV testing guidelines and the opportunities for applying some of these lessons to the HBV and HCV epidemics.

Yazdan Yazdanpanah, INSERM: Cost-effectiveness of screening strategies in HIV and viral hepatitis
Cost-effectiveness of screening strategies in HIV and Viral Hepatitis

The number of undiagnosed HIV infection when compared to overall HIV-infected patients is not negligible in Europe, attesting to the fact that HIV testing efforts remain a public priority in this region. Likewise, the number of undiagnosed HCV and HBV infections are also important in Western Europe. Persons living with undiagnosed HIV, HCV and HBV infection, do not have timely access to treatment. They are therefore at higher risk of morbidity and mortality. In addition, undiagnosed persons constitute the principal fraction of the community viral load reservoir, driving transmission and contributing to sustaining the epidemic. Recommendations for these viral infections screening target only people at high risk of infection. The current situation is in favor of a reassessment of the screening strategy. Early detection can allow earlier introduction of antiviral treatment leading to, at the individual level, a reduction in morbidity and mortality. It can also allow a reduction in the cost of care as an effective and early treatment may prevent progression to the costly complications.

It is therefore important to consider the effectiveness, cost, and cost-effectiveness of strategies designed to decrease the number of patients with undiagnosed infections. Cost-effectiveness is the “value for money” of any health care intervention, compared to the current standard of care, and defined as the ratio of additional cost (in currency) of a new intervention, divided by the additional benefit of the new intervention, generally measured in years of life saved or quality-adjusted life years (QALYs) saved. It is also important to evaluate strategies initiated by the healthcare provider, with the goal of intensifying testing in number such as routine HIV testing in a general population, routine HIV testing for men, or systematic HCV screening of birth cohorts. It is also important to consider strategies designed to intensify HIV and/or HCV and HBV testing frequency among persons at highest risk of new infections. Finally, community testing in non-clinical settings has become one opportunity for diagnosing viral infections among individuals who may not have contact with health services, especially in hard-to-reach groups such as migrants. Community testing may also allow us to test more frequently at risk population such as MSM or PWID. It is important to evaluate their effectiveness, cost, and cost-effectiveness. Identifying the most cost-effective strategies of screening for HIV and HBV/HCV will assist decision makers in developing new recommendations which may be different in different settings:

Andrew Phillips, UCL : Quantifying the impact of increased HIV testing in MSM on future HIV incidence

Transmission of HIV in MSM in Europe remains at high levels. Greater rates of HIV testing and earlier ART initiation are proposed as one means to help to reduce future HIV incidence, by decreasing the number of MSM living with unsuppressed HIV viral load. Estimates of the “cascade of care” suggest that the current situation is that testing rates and ART initiation policies are such that around 60% of MSM under care in western European countries with HIV have viral suppression on ART, although there is likely to be variation by country. Taking the epidemic in the UK as an example, we present estimates of what would be required, in terms of early diagnosis and ART initiation, to achieve the aim of reducing HIV incidence to a very low level, below 1 per 1000 person years. This was done using an individual-based simulation model calibrated to multiple surveillance data sources, and for which outcomes were projected to 2030. Potential changes in levels of ART retention/adherence, and in levels of condomless sex are also considered. The work allows setting of targets for coverage and intensity of testing, and provides a framework for assessing the cost effectiveness of new initiatives to increase testing.

Daniela De Angelis, Medical Research Council Biostatistics Unit: Methods to estimate the number of people with viral hepatitis

Reliable estimates of the number of people with HCV infection are needed to plan current and future need for treatment services, to support and assess public health interventions aiming to

reduce transmission, and to consider priorities between primary and secondary prevention. However, estimation of the magnitude of the HCV burden is complex, as the disease is asymptomatic for most of its long incubation period. We review the main approaches taken to address this problem, with particular reference to the experience in the UK, where estimates have been obtained by combining fragmented information on HCV prevalence and sizes of relevant at risk populations from a variety of sources.

PLE3: Testing strategies in HIV and viral hepatitis: new innovative approaches. Including civil society panel debate

Brian Gazzard, Chelsea and Westminster Hospital: Indicator condition guided HIV testing: what works in HIV and viral hepatitis? Implementation challenges?

Increasing HIV testing is important both for the personal health of the patient and attempting to reduce the size of the epidemic as successfully treated patients will not transmit infection. Two alternative policies can be employed to increase testing either universal testing of all patients with very reduced counselling with regard to consent or targeted testing of high risk groups. Universal testing has a low efficiency indeed almost half the UK population have been tested in this way because of antenatal and blood screening, the other disadvantage of universal testing is that because of the extremely low prevalence false positives are likely to be commoner than true positives, with attendance additional costs and stress. Targeted testing is likely to be much more successful, thus in the UK men having sex with men are tested annually in sexually transmitted disease clinics and results would suggest that in some clinics even more testing would be cost effective. The HIDES study sponsored by the European commission has looked at the prevalence of HIV in a number of common conditions and feel that the best way forward would be to encourage testing in these groups. This includes not only AIDS associated conditions but also things like mononucleosis, various skin conditions and community acquired pneumonia. Testing in alternative venues is also a potentially important avenue which might reduce the stigma associated with “medical testing” The analysis of such data is dependent upon seeing what proportion of individuals would not have tested in more conventional venues. These matters will all be discussed during my presentation.

Charles Gore, The Hepatitis C Trust; World Hepatitis Alliance: Testing of Hepatitis: Global and European perspectives

The great majority, probably more than 80%, of those infected with chronic viral hepatitis remain undiagnosed. Lack of awareness and the largely asymptomatic nature of early stage hepatitis B and C infection has not led to enough demand for testing either from those at risk or from healthcare workers. Attempts to engage primary care in case-finding have been patchy. Significantly increasing diagnosis may therefore require screening strategies. In Europe there are important questions about the cost-effectiveness of screening still to be answered. In the developing world there are also questions about the ethics of screening if there is no access to treatment, although the ability both to make lifestyle changes that may delay liver damage and to prevent transmission to those they care about may offer significant benefits to those who test positive. Around 40-50% of countries, both globally and in Europe, have screening policies but these are largely to exclude people (e.g. from giving blood or from certain jobs), not to refer them for care. However, some countries have introduced screening of at-risk groups such as people who inject drugs, prisoners and migrants and the US has introduced cohort screening for ‘baby-boomers’. There is also an increased emphasis on diagnosis in the 2014 WHO hepatitis resolution and WHO are about to develop hepatitis screening guidelines. With hepatitis B and C infections frequently only becoming obviously symptomatic after the development of End Stage Liver Disease or Hepatocellular Carcinoma, it is essential to improve diagnosis rates to reduce an annual mortality rate now similar to that from HIV/AIDS.

PLE4: Linkage to care and economic consequences - bridging lessons learned in viral hepatitis and HIV

Lilyana Chavdarova, ELPA: Euro Hepatitis Care Index - a project of the European Liver Patients Association (ELPA)

In 2012, the European Liver Patients' Association launched the "Euro Hepatitis Care Index" – a comprehensive diagnosis of 30 European countries with regard to their capacity to handle the hepatitis threat. The Euro Hepatitis Care Index 2012 collects data on 27 healthcare performance indicators, structured in a framework of five sub-disciplines: prevention, screening/case finding, access to treatment/process, government strategy and patient involvement and rights, outcomes. The overall results demonstrated that not only are the detection rates low or almost non-existent; but also highlighted the fact that identified chronic hepatitis is often left untreated, with less than 20% of the patients receiving treatment. Despite the numerous guidelines and medical treatment advancement, the situation with HCV transmission remains a major problem. Although one of the main transmission channels remains within the IV drug users risk group (67% of the HCV prevalence in Europe of more than 16 million people), there are other major risk groups which account for the spread of HCV such as healthcare workers, MSM, commercial sex workers and prison inmates. The Euro Hepatitis Care Index 2012 provides not only an assessment but also recommendations for improving diagnosis in key populations. More specifically, the category "case finding/screening" provides data of the performance of the countries according to key measures that will improve the linkage to care such as free anonymous hepatitis testing and counseling, hepatitis C testing in the community, annual screening for infectious diseases to all IDU, annual HCV antibody testing for HIV- infected persons, routine testing of ALT (Alanine AminoTransferase) by GPs and funding for screening

Els Torreele, Open Society Foundation: Unaffordable medicines: public health and economic consequences

The unprecedented high price at which drug companies are marketing the new generation of hepatitis C medicines has brought home the battle for affordable access to medicines from an issue facing primarily poor people in developing countries to a global societal challenge that concerns us all. People living with HIV/AIDS have long known that patent monopolies and high prices on medicines can make the difference between life and death, and have successfully fought for affordable access to life-saving antiretroviral (ARV) drugs as a human right. However, while first line ARVs are now widely available at affordable prices, the meanwhile globalized patent regime and an increasingly aggressive pricing approach adopted by drug companies have meant that newer medicines are routinely priced at levels where even wealthy health systems are struggling to cope. But at what serves medical innovation if it remains unaffordable for the majority who could benefit from it? A consensus is growing among experts around the need to adopt alternative models for financing and incentivizing medical R&D that prioritizes critical public health needs and delivers medicines as public or social goods instead of luxury items.

Valerie Delpuch, Public Health England: UNAIDS 90 90 90 targets - are they likely to reduce AIDS and HIV transmission? Lessons from the UK

UNAIDS has set ambitious targets to end AIDS. By 2020, it calls for 90% of all people living with HIV (PLWH) to know their HIV status, for 90% of all those diagnosed to receive sustained antiretroviral therapy (ART) and for 90% of treated persons to have durable viral suppression. If these targets were met, would this result in the end of AIDS by 2020 as predicted? In the UK, the 90 90 90 targets are not far from sight; we review the clinical, epidemiological and modelling evidence in this setting to assess their impact focusing on AIDS deaths and HIV transmission. HIV testing, treatment and care is free and accessible in the UK. A national cohort of persons diagnosed with HIV infection and accessing care provides a comprehensive surveillance system that can monitor the continuum of care. In 2012, an estimated 78% of PLWH were diagnosed; 97% of those diagnosed were linked to care

within 3 months, 95% were retained in care annually, 92% of those requiring ART received treatment (87% of all persons diagnosed) and 95% of persons on treatment achieve viral suppression within a year of initiation. Despite excellent clinical care outcomes, the biggest challenge in the UK is reducing the number of PLWH who remain undiagnosed. While the proportion unaware of their infection has reduced from 27% in 2008 to 22% 2012, the number has remained stable at around 22,000. This indicates HIV testing uptake remains too low. The stability of the size of the undiagnosed population has meant deaths within a year of HIV diagnosis, among late presenters (CD4<350), while declining, remains high (>2%). HIV transmissions among MSM, the group most affected in the UK, are high with >2500 new infections per year. We predict that over two-thirds of infections are acquired from those undiagnosed and over half from persons in primary infection. The 90 90 90 targets are aspirational and ambitious. Evidence from the UK suggests that reducing the number of people unaware of their infection is likely to be the most challenging, yet potentially most effective, target to meet. Primary prevention, including addressing social, legal and structural factors associated with transmission, remains key to curbing the HIV epidemic

PLE5: Testing and linkages to care in key populations

Dominique Pataut, Médecins du Monde: Barriers to access testing, treatment and care for key populations

Despite the obvious benefits of access to early testing, care and treatment for individual and public health, several groups facing multiple vulnerability factors across Europe are excluded from this possibility. They are excluded from healthcare coverage due to legal, administrative and financial barriers. People's lack of knowledge and / or understanding of the healthcare system and their rights are also an important factor. Furthermore, the stigmatization of sex workers, drug users, homeless people, migrants, etc. also represents a major barrier to effective testing, care and treatment. Several recent examples of scapegoating show how alienating discourse concerning infectious diseases has contributed – ironically – to exposing these groups to even more to health risks.

MdM demands free, voluntary and anonymous screening and access to treatment for all, especially for the most stigmatized populations who are therefore also the most at risk of HIV, HBV and HCV infection. We ask for more resources for innovative approaches that have proven their effectiveness: rapid testing for HIV/HCV, rapid non-invasive liver elastometry measurement, safe drug consumption rooms, mobile units and active outreach, working with peer educators, education to safe injection practices, etc. and the adoption of harm reduction attitude. Access to treatment also depends on affordable drugs, in Europe and elsewhere.

Jason Farrell, Correlation hepatitis C Initiative: The specific challenge of testing in the PWID population

Challenges of HCV Testing People Who Inject Drugs

Hepatitis C (HCV) testing of people who inject drugs (PWID) consist of a broad range of challenges. This presentation will highlight some of the most significant and alarming issues that prevent the provision of wide scale low-threshold HCV testing, and the numerous barriers PWID encounter when seeking HCV testing. Participants will gain an understanding of how poor HCV surveillance systems prevent accurate data collection, and how unreasonable policies based upon stigma continue perpetuating barriers to establish community based HCV rapid testing services. Research shows it is not necessarily the individual who does not wish to be tested, it is more likely the lack of national screening initiatives, and lack of community based venues offering a safe anonymous environment, free of cost. As well as the required use of medical staff, when trained, non-medical personnel like peers can offer rapid testing just as safely and effectively. Unless recommended solutions are accepted to overcome many of the documented barriers that include uninformed health policies; lack of funding; insufficient capacity of NGOs working with PWID to provide HCV testing and support interventions; and lack of PWID involvement, accessing HCV testing across Europe will remain a challenge for everyone.

Manuel Carballo, International Centre for Migration, Health and Development : Migrants in Europe: a rising epidemic of undiagnosed?

There is evidence that much of the emerging HIV, HBV and HCV burden is migrant related. More people are arriving in Europe from regions with medium to high prevalence rates and certainly rates that are higher than in the communities they move into. In the case of HIV the prevalence of the infection appears to be linked to ethnic minority communities where pre-migration risky behaviour continues to be cultured and where acculturation into mainstream society is limited. Much of the evidence concerning HIV, HBV and HCV in these groups nevertheless comes from small surveys whose representativeness of the larger populations of concern is not always clear. For a variety of reasons migrants and members of ethnic minorities tend to escape or be neglected by national health statistics and surveillance is limited to small convenience studies. Other factors at work include the fact that for linguistic, social, and legal reasons many migrants and members of ethnic minorities do not participate actively in local public healthcare services and remain relatively invisible to whatever outreach programs, including prevention and testing, might otherwise be available.

Ulrich Marcus, Robert Koch Institute: Increasing incidence of HIV and HCV among MSM across Europe

Among men having sex with men (MSM) in Western Europe (WHO definition), HIV incidence first peaked in the mid-1980ies. Incidence declined and leveled off during the 1990ies and increased again from the late 1990ies until the middle of the 2000s (2004-2006), leveling off since then. In Central and Eastern Europe the MSM epidemic started later than in Western Europe during the 1990ies. HIV incidence has been constantly increasing, in some countries this increase seems to accelerate in recent years. The most plausible explanation for the increase of HIV incidence at around 2000 are expanding sexual networks facilitated by new means of communication (internet), leading to an increase of the epidemiologically connected MSM population. Connectedness of the MSM population in many countries in Central and Eastern Europe is still lower than in Western Europe, but catching up due to increasing internet access and smartphone diffusion. Beginning in 2000, clusters of HCV infections were detected among HIV-positive MSM in large European cities with established gay communities, such as Amsterdam, London, Paris and Berlin. Outbreaks in other European cities and cities in North America and Australia followed. Risk factors for HCV other than intravenous drug use among HIV-positive MSM identified in case-control studies include rectal STIs, rectal trauma with bleeding, fisting, group sex, and the nasal use of party drugs, explaining the several-fold higher HCV incidence among HIV-positive compared to HIV-negative MSM. On a European level HCV incidence increases were observed up to 2011. More recent data are inconclusive or not yet available. In several large cities routine HCV screening among HIV-positive MSM has been introduced, facilitating early detection and effective treatment. Also knowledge about HCV risk factors has improved in affected communities.

Parallel Sessions

Parallel Session 1: Late presentation

PS1/01 Continued Late Presentation for HIV Care across Europe

A. Mocroft¹, J. Lundgren², O. Kirk², on behalf of the Late Presenters Working Group of the Collaboration of Observational HIV Epidemiological Research Europe Study (COHERE) in EuroCoord
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Background: Late presentation (LP) for HIV care remains a significant issue; previous work from COHERE (>85,000 HIV-positive persons), showed LP generally decreased between 2000-2010. We aimed to provide a cross-European update on the prevalence and risk factors of LP from 2010-2012. Methods: Persons aged ≥16 years presenting for first HIV care (earliest of HIV-diagnosis, first clinic visit or cohort enrolment) after 1st January 2010, and with a CD4 count within 6 months of presentation, were included. LP was defined as presentation with a CD4 count < 350/mm³ or an AIDS defining event (at any CD4), in the 6 months following HIV-diagnosis. Logistic regression was used to investigate changes over time in LP. Results: 19421 persons were included; LP increased from 4461/9352 in 2010 (47.7%) to 1560/3123 (50.0%) in 2012, an unadjusted increase of 4%/year (odds ratio [OR] 1.04; 95% CI 1.00-1.08, p=0.041). LP was most common in Eastern Europe (174/324, 53.7%), followed by Central (3459/6907; 50.1%), Northern (3565/7558; 47.2%) and Southern Europe (2172/4632; 46.9%). The median CD4 count at presentation decreased from 370 (interquartile range [IQR] 198-551/mm³) to 353 (IQR 172-537/mm³) over the same period (p=0.0050). After adjustment for age, HIV exposure group, European region of presentation and region of origin, the odds of LP were unchanged but marginally significant (aOR 1.04/year later; 95% CI 1.00-1.09, p=0.052). The increase over time was greatest in female heterosexuals and male IDUs, and was significantly increasing by 9% per year in Southern Europe and 11% per year in Central Europe.

Adjusted odds ratio of LP per calendar year later of presentation
 Stratified by European region of care and HIV exposure group

		N	LP (%)	aOR*	95% CI	p
All		19421	7370 (48.3)	1.04	1.00 – 1.09	0.052
European Region of Care	South	4632	2172 (46.9)	1.09	1.00 – 1.19	0.042
	Central	6907	3459 (50.1)	1.11	1.03 – 1.20	0.0043
	North	7558	3565 (47.2)	0.95	0.89 – 1.02	0.16
	East	324	174 (53.7)	0.91	0.66 – 1.25	0.56
HIV Exposure Group	MSM	9999	3941 (39.4)	1.04	0.98 – 1.10	0.19
	M Het	3286	2032 (61.8)	1.03	0.93 – 1.14	0.60
	F Het	3163	1751 (55.4)	1.08	0.97 – 1.20	0.14
	M IDU	558	314 (56.3)	1.13	0.90 – 1.43	0.29
	F IDU	148	61 (42.1)	0.83	0.50 – 1.37	0.46
	Other	2270	1271 (56.0)	1.05	0.93 – 1.18	0.45

aOR represent the change in LP per calendar year later of presentation

Model also adjusted for age and region of origin. aOR; adjusted odds ratio. CI; confidence interval. MSM; men having sex with men. M; male. F; female. Het; heterosexual. IDU; intravenous drug user.

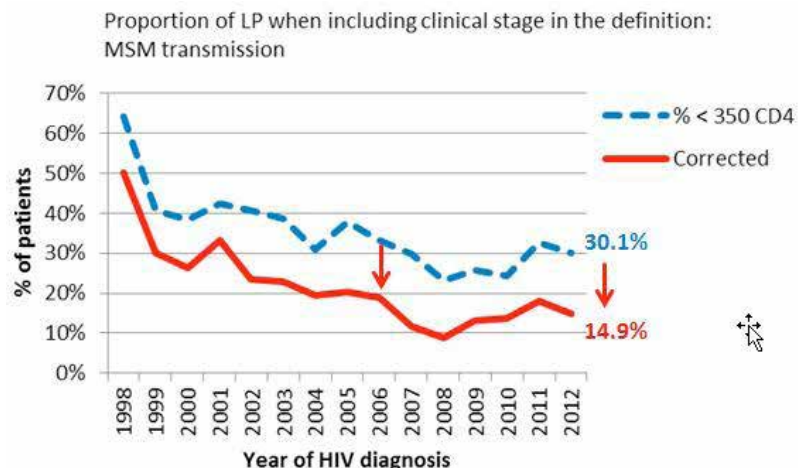
Conclusions: Despite concerted efforts and public health campaigns to increase HIV testing, we found no evidence of a recent decrease in LP across Europe. Further follow-up is required to confirm whether the increase in LP continues, and in which demographic groups, for better targeted interventions.

PS1/02 Challenges in the Definition of 'Late Presentation to HIV Testing'

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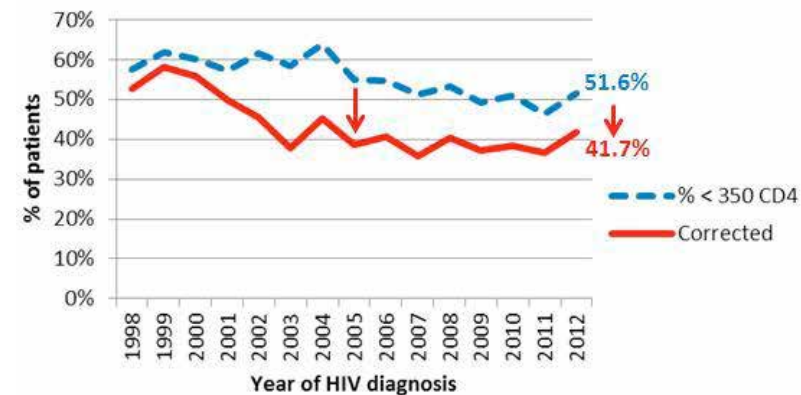
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Objectives: In 2011 a consensus was reached defining 'late presenters' (LP) as individuals presenting for care with a CD4 count < 350 cells/mm³ or presenting with an AIDS-defining event, regardless of the CD4 count. This definition is broadly used in HIV surveillance to evaluate prevalence and determinants of LP. However, it has been shown that a transient low CD4 count is not uncommon in recent infections. The objective of this study is to estimate how measurements of 'LP' change if the clinical stage at the time of diagnosis is taken into account. **Methods:** Case surveillance data of newly diagnosed patients in Belgium in 2002-2012 were analysed, including CD4 at diagnosis, presence of AIDS-defining events and recent infections (< 6 months) reported by clinicians in case of acute illness or recent negative test. First, proportions of LP were calculated according to the common definition. Secondly, LP based on CD4 count < 350 cells/mm³ were recoded as 'non-late' if recent infection was reported by clinicians. **Results:** Recent infections were increasingly reported over time, accounting for 23.8% of all new infections in 2002 and 37.5% in 2012; among MSM: 33.8% and 56.3% respectively. The inclusion of clinical stage in the definition significantly decreased the proportion of LP: 14.9% of MSM diagnosed in 2012 would be considered as LP vs 30.1% using the common definition (p< 0.001), 41.7% vs 51.6% among heterosexuals (p< 0.01), and 28.6% vs 41.3% in all patients (p< 0.001). **Figures:**



[LP in MSM]

Proportion of LP when including clinical stage in the definition: Heterosexual transmission



[LP in Hetero.]

Conclusion: This study suggests that the possible drop in CD4 count in recent infections may lead to overestimating LP when applying the common definition. The impact of transient CD4 count on LP estimates should be assessed, and, if relevant, the introduction of clinical stage in the LP definition should be considered.

PS1/03 Undiagnosed HIV and Hepatitis C Infection among People who Inject Drugs

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Objectives: To describe the proportion of persons who inject drugs (PWID) who are not aware of their HIV and Hepatitis C (HCV) infection and to assess factors associated with undiagnosed HIV/HCV infections among them. **Methods:** Cross-sectional study among 734 PWID who attended harm reduction centers (HRC) in Catalonia in 2012-13. Anonymous questionnaires and oral fluid samples to determine HIV/HCV prevalences were collected. Those that report "unknown" or "negative" status but test positive on the oral fluid test represent the HIV and HCV undiagnosed groups. Poisson regression models were applied to assess factors associated with undiagnosed HIV/HCV infection. **Results:** The prevalence of HIV and HCV was 30.6% and 64.9%, respectively. Undiagnosed infection among HIV positive was 25.9% (89.5% reported negative status and 10.5% did not know their status), and among HCV positive was 22.7% (76.4% reported negative status and 23.6% did not know their status). Undiagnosed HIV infection was associated with being male (PR=3.42), having never been in prison (PR=2.31), not having accessed a primary health center in the last 6 months (PR=1.58), and not having used (or used with a low frequency) a drug consumption room in the last 6 months (PR=1.74). Undiagnosed HCV infection was associated with being younger than 30 (PR=1.55), being a migrant (PR=1.66), and having never been in treatment (PR=1.47). Both undiagnosed HIV and HCV infection was higher among those who had never shared syringes (PR=2.90 and 2.09, respectively). **Conclusions:** A significant proportion of PWID in Catalonia who attended HRC are unaware of their HIV and/or HCV infection. Counseling and testing programs are specially needed for young injectors and migrants. Rapid HIV and HCV tests can play an important role in order to increase the rate of early diagnosis, especially in populations who do not seek conventional medical care.

PS1/04 The SIALON Project: Undiagnosed HIV Infection among MSM in Six Southern and European Cities

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Objectives: To assess the distribution of undiagnosed HIV infection in MSM in Southern and Eastern European countries, to describe the differences in epidemiology and behaviour between undiagnosed, diagnosed HIV-positive and HIV-negative MSM, and to identify factors associated with undiagnosed HIV infection in the study population. Methods: A multi-centre biological and behavioural cross-sectional study was conducted. Time-location sampling was used to recruit men attending different venues. A self-administered questionnaire was completed and oral fluid samples were collected to estimate HIV prevalence. Results: Undiagnosed HIV infection was the highest in Bucharest (85%) and Ljubljana (83%) and lowest in Barcelona (47%) ($p < 0.05$). Diagnosed HIV-positive men reported more casual partners than HIV-negative MSM (mean: 19 and 9 respectively) ($p < 0.001$) and they were more likely to self-reported condyloma in the last year than undiagnosed HIV-positive and HIV-negative men (15%, 1% and 3% respectively) ($p < 0.001$). Factors associated with undiagnosed HIV infection included: attending sex-focused venues (OR=2.49), reporting syphilis in the previous 12 months (OR=2.56), using poppers at last sexual intercourse (OR=3.36) and having had an HIV test in the previous year (OR=2.00). Conclusions: Many HIV infections remain undiagnosed and there is evidence of the persistence of frequent risk behaviours and STI despite knowledge of HIV-positive status, which indicates the need for a multidimensional approach to HIV/STI prevention. Despite the limitations of the study it is clear that access to HIV testing should be considered a priority in prevention programs targeting MSM, especially in Eastern Europe. *The Capacity building in HIV/Syphilis prevalence estimation using non-invasive methods among MSM in Southern and Eastern Europe - SIALON project was funded by the European Commission under the European Commission Public Health Programme 2003-2008*

PS1/05 BCN Checkpoint: 31% of the New HIV Cases Detected in a Community-based Center for MSM Are Recent Infections

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Objective: To assess the percentage of recent HIV infections detected in BCN Checkpoint, a Community-Based Center for MSM in Barcelona. Methods: Recent HIV infection is defined as the phase up to 6 months after infection during which anti-HIV antibodies are detectable. We analyzed all reactive tests (Determine™ HIV-1/2 Ag/Ab Combo) as from 2006 until the first quarter of 2014. False positive tests and cases without a confirmatory result were excluded and we determined the proportion of cases with a previous negative HIV test within the last 6 months. Prior test date was determined by last visit in the center or self-reported in case of first visit. Results: During the study period 24.220 tests were performed to 10.973 different subjects with 871 reactive tests. 23 false positive tests and 20 cases without a confirmatory test were excluded. Total of confirmed HIV cases therefore were 828, with median age at seroconversion of 32 years (IQR: 27-38), of which 760 subjects (91.8%) confirmed having had a previous HIV test, 63 (7.6%) never had been tested before, and 5 didn't answer (0.6%). The date of the previous test was recorded in 636 cases (83.7%). In the study period the percentage of recent infections was 31.1%, with variations across completed years

(16.7%-38.0%) and a 35.3% of recent infections were observed in the first quarter of 2014. Conclusion: Almost one out of every three detections in BCN Checkpoint are recent infections, which contribute to better care and quality of life for people diagnosed with HIV and to break the cycle of HIV transmission. These findings lead us to the next step forward to detecting acute infections through the use of HIV RNA assay, and the promotion of HIV testing every three months for MSM.

PS1/06 Reaching the undiagnosed: a collaborative project

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Hepatitis C virus (HCV) related morbidity and mortality will continue to rise unless HCV testing and treatment uptake increases. In the European region an estimated nine million people live with HCV, yet only 10-40% of cases have been diagnosed. There are over 100,000 undiagnosed people living with HCV in the UK, with implications for onward transmission and end stage liver disease progression. For some, a late diagnosis can come too late. This paper presents findings from a collaborative project, between the London School of Hygiene & Tropical Medicine and the Hepatitis C Trust, exploring the issue of late diagnosis. Ongoing data collection comprises qualitative interviews and focus groups with people who report a recent HCV diagnosis, with transmission occurring at least 15 years prior to first HCV testing. To date, 18 participants report diagnosis delays ranging from 16 to 38 years, five diagnosed with cirrhosis. The project explores reasons for testing delay in order to inform effective awareness and testing interventions. Participants attributed testing delays to lack of HCV awareness, felt wellness, GP inaction, injecting-related stigma and a perceived lack of HCV relevance to their situation. Focus group participants provided feedback on extant awareness campaign materials, with the majority deemed to lack relevance and impact. We provide recommendations for campaign materials and testing interventions to reach this hidden population of people living with HCV who might not identify as current PWID or be in touch with drug and alcohol services.

Parallel Session 2: Testing in health care settings

PS2/01 Which Conditions are Indicators for HIV Testing across Europe?: Results from the HIDES 2 study

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Objective: It is cost-effective to perform an HIV test in people with a specific indicator condition (IC) that has an HIV prevalence exceeding 0.1%. Our aim was to determine the HIV prevalence for 14 different diseases across 42 clinics in 20 European countries, grouped into 4 regions (table 1). **Methods:** Individuals aged 18-65 presenting with one of 14 conditions (table 2) between January 2012 and June 2014 were included. Logistic regression assessed factors associated with testing HIV+.

Regions of Europe

South	Central	North	East
Greece	Belgium	Denmark	Georgia
Italy	France	UK	Belarus
Spain	Germany	Netherlands	Serbia
Israel	Switzerland		Poland
	Austria		Romania
			Ukraine
			Croatia
			Bosnia/Herzegovina

Results: There were 9471 persons; 500 (5%) from South, 942 (10%) from Central, 2297 (24%) from North and 5732 (61%) from East. Approximately half were male (n=5119, 54.1%) with median age 37 years (IQR 29-49). Of these 235 persons tested HIV+ (2.5%[95%CI 2.2-2.8]); HIV+ varied according to the presenting IC (Table). The rate of testing HIV+ was highest in South (n=25, 5.0%[3.1-6.9]), followed by East (n=169, 3.0%[2.5-3.4]), North (n=31, 1.3%[0.9-1.8]) and Central (n=10, 1.1%[0.4-1.7]). After adjustment, females had lower odds of testing HIV+ compared to males (aOR 0.53[0.39-0.73]), as did those from Central and North (aOR 0.28[0.12-0.62];0.35[0.20-0.59], resp) compared to East Europe. The median presenting CD4 count (n=200), was 200 cells/mm³ (IQR 65-390 cells/mm³) and did not differ significantly across regions (p=0.15).

Percentage testing HIV+ and adjusted odds ratio (aOR)* of testing HIV+ in different indicator conditions

ID	N	N HIV +	Rate	95% CI	aOR	95% CI
1	588	4	0.7	0.02 – 1.3	Other	
2	1339	13	1.0	0.5 – 1.5	0.48	0.24 – 0.95
3	53	0	0.0	n/a	Other	
4	1126	13	1.2	0.5 – 1.8	0.43	0.22 – 0.85
5	1751	41	2.3	1.6 – 3.1	0.81	0.50 – 1.30
6	73	7	9.6	2.8 – 16.3	Other	
7	734	39	5.3	3.7 – 6.9	1.90	1.20 – 3.01
8	401	16	4.0	2.1 – 5.9	1.84	1.00 – 3.36
9	299	6	2.0	0.4 – 3.6	Other	
10	1881	61	3.2	2.4 – 4.0	1.00	-
11	722	32	4.4	2.9 – 5.9	1.52	0.88 – 2.63
12	84	2	2.4	0.0 – 5.1	Other	
13	144	0	0	n/a	Other	
14	276	1	0.4	0.0 – 1.1	Other	
Total	9471	235	2.5	2.2-2.8	Other	
'Other'	1517	20	1.3	0.7 – 1.9	0.50	0.29 – 0.87

*adjusted for gender, ethnicity, prior HIV test, region of Europe, setting, age, date seen and number of patients included in analysis. Other includes all individual ICs with < 10 events.

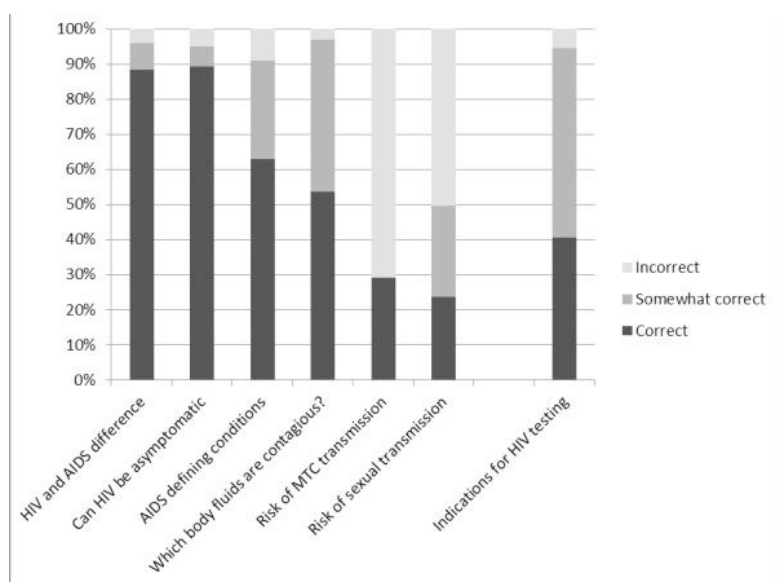
Conclusions: Cost effectiveness was established for HIV testing at presentation in the 10 conditions in which an HIV prevalence of > 0.1% was demonstrated. For the remaining 4 conditions relatively low numbers of patients were tested and there were few events. As infectious mononucleosis-like presentation can mimic acute HIV sero-conversion and has the highest positivity rate, this IC in particular affords opportunities for earlier diagnosis. These ICs should be adopted into HIV testing and IC specialty guidelines. Further work is required to expand this list and support implementation of IC driven HIV testing.

PS2/02 European students planning to practice internal medicine are more likely to have condition-focused, rather than behaviour-focused approach to HIV testing - data from the English Division Faculty, Medical University of Warsaw.

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Objectives: Expanding HIV testing is major tool in halting the epidemic, yet HIV test is too rarely recommended by physicians. To better understand this situation we have investigated medical students' knowledge in this area. **Methods:** Fifth year students were pre-tested when entering the infectious diseases course. Questionnaires were anonymous and covering three areas: medical practice, transmission risk and indications for HIV testing. Answers were scored as incorrect, somewhat correct and correct according to a pre-defined scoring system. Logistic regression models were used to identify factors associated with incorrect indications for HIV testing. **Results:** In total 224 students were included. The majority were from Europe (64.3%; 38.8% from Poland), followed by Asia (24.5%), North Africa (6.3%) and North America (4.9%); 72.8% were from high income countries. Only 91 (41%) students provided correct indications for HIV testing i.e. including sexual contacts, STDs or pregnancy in addition to medical condition. Over half (54%) listed only conditions suggesting immunodeficiency, as indications for HIV testing and 5% provided no valid answer. Only 12% of students listed pregnancy and 39% sexual contacts/STD as indication for testing. (Figure 1).



[Crude percentage of scoring in all question]

In a multivariate model the odds of incorrect testing indications increased with each 5% increase in risk of MTC estimation (OR 1.16 [95%CI:1.07-1.25]; $p < 0.001$), for students from Europe (2.36 [0.97-5.76]; $p < 0.001$). A trend for increase in the odds was observed for students planning to practice internal medicine (3.33 [1.09-10.2]; $p = 0.18$). The odds decreased with each 5% increase in risk of MSM contacts estimation (0.90 [0.84-0.96]; $p = 0.001$) and for those who understood the asymptomatic nature of HIV infection (0.07 [0.01-0.69]; $p = 0.023$). (Table 1)

Parameter	Univariate OR	95% CI	P Value	Multivariate OR	95% CI	P Value
Region North America vs Asia	0.36	0.09-1.51	0.05	0.22	0.03-1.37	0.056
Region North Africa vs Asia	1.74	0.51-5.85	0.25	0.77	0.15-3.84	0.95
Europe vs Asia	1.76	0.94-3.3	0.041	2.36	0.97-5.76	0.001
Specialty Obstetrics/Pediatrics vs Unknown	0.75	0.31-1.77	0.30	2.65	0.76-9.24	0.67
Specialty Surgical vs Unknown	1.00	0.41-2.41	0.86	3.17	0.88-11.46	0.35
Specialty Internal Medicine vs Unknown	1.12	0.50-2.52	0.45	3.33	1.09-10.15	0.18
MTC transmission risk per 5% increase	1.06	1.01-1.13	0.018	1.16	1.07-1.25	<0.001
MSM transmission risk per 5% increase	0.96	0.92-1.01	0.12	0.90	0.84-0.96	0.001
Can HIV be asymptomatic? per 1 scoring unit increase	0.30	0.12-0.76	0.01	0.07	0.01-0.69	0.023

[OR of incorrect indications for HIV testing]

Conclusion: Students tend to represent condition-focused HIV testing approach, underscoring the importance of behaviour-related indications, as well as the asymptomatic character of HIV infection. This observation is especially relevant for students originating from Europe and planning to practice internal medicine.

PS2/03 HIV Diagnosis at Time of Sexually Transmitted Infection among Men who Have Sex with Men in Catalonia, Spain, 2011-2013

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Background: Control of sexually transmitted infection (STI) gives the opportunity for HIV screening and early diagnosis for linkage-to-care. In Catalonia, STI among men who have sex with men (MSM) continues on the rise and the determinants for HIV detection at STI diagnosis are unknown. Objective: The aim of this study was to calculate HIV prevalence and determinant factors for HIV diagnosis concomitant to STI among MSM in Catalonia during years 2011 to 2013. Methods: Analysis included MSM older than 13 years of age, notified to the STI Sentinel Surveillance System during 2011 to 2013. Concomitant HIV was defined as any HIV diagnosis within previous 3 months or 6 months after STI. Variables included were: age, origin, sexual orientation, STI, previous STI disclosure < =12 months and year of diagnosis. Factors associated with concomitant HIV were assessed using a multivariate logistic regression model, assuming a 95% confidence interval. Results: A total of 2612 MSM cases were reported to the STI Sentinel Surveillance System during 2011-2013. HIV prevalence was 39% overall, 55% herpes, 41% Chlamydia, 31% genital warts and 25% latent syphilis. Out of 1013 HIV-positive, 12% were diagnosed concomitant to STI. Concomitant HIV diagnosis was independently associated with younger age (OR 20-24 years: 17.7; 95%CI: 5.8-53.8; OR 25-34 years: 3.9; 95%CI: 1.5-10, 2; OR 35-44 years: 3.2; 95%CI: 1.2-8.3), latent syphilis (OR: 3.3; 95%CI: 1.2-9.3) and no previous STI disclosure (OR: 3.2; 95%CI: 1.8-5.6). Conclusions: Data from STI Sentinel Surveillance improve the knowledge of determinants factors, increasing the opportunity for early detection in settings where STI are diagnosed. High HIV co-infection among MSM and low risk perception among the youngest, who does not disclose previous STI, brings the need for HIV/STI-assessment and awareness of STI symptoms. Further analysis is needed to address testing and risk behaviour among MSM aged < 25.

PS2/04 Project PRO-test: Proactive HIV Testing for Prevention of Late Presentation

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Objectives: An estimated total of 25.000 individuals are living with HIV in the Netherlands, 27% are likely to be unaware of their infection. In 2012, 1100 HIV patients were diagnosed and 43% of them presented too late (CD4 count < 350 cells/mm³). In 2001, 76.6% of the Dutch population had contact one or more times with their general practitioner (GP). In these contacts there might be oppor-

tunities for a proactive HIV testing policy. Recently, there is more attention for offering an HIV test to individuals presenting with HIV indicator conditions and performing routine testing in settings where HIV prevalence exceeds 2 in 1000 among 15- to 59-year-olds. The aims of this study: 1) to identify HIV indicator conditions and the number of consultations with the GP prior to HIV diagnosis, and 2) to determine the prevalence of HIV in general practices in the southeast district of Amsterdam, an area with a high percentage of persons originating from HIV endemic countries. Methods: All patients in the database who were diagnosed with HIV between 2002-2012 were retrieved and matched with controls. Results: Data from 102 cases and 299 controls were included (n=401). The majority of HIV cases (56.9%) had one or more of the HIV indicator conditions in the five years prior to diagnosis and 81.3% of the HIV cases visited the GP one year prior to diagnosis. In 2012, the overall HIV prevalence in the southeast district of Amsterdam exceeded 8 in 1000 among 15- to 59-year-olds. HIV indicator conditions (sexually transmitted infections, herpes zoster, pneumonia, mononucleosis-like illness, weight loss and lymphadenopathy) were observed more frequently in the cases than in the controls. Conclusion: In the southeast district of Amsterdam detection of HIV indicator conditions should trigger proactive HIV testing. Given the high HIV prevalence, also more routine testing is indicated.

PS2/05 Effectiveness of a Pilot Partner Notification Program for Newly Diagnosed Cases of HIV in Barcelona, Spain

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Background and objective: Little research on the effectiveness of HIV partner notification (PN) for getting people with undiagnosed HIV is available in Spain. This study aims to assess the effectiveness of a pilot HIV PN program. Methods: New HIV cases diagnosed between January 2012 and June 2013 at two healthcare (hospital and non hospital) settings in Barcelona were invited to participate in a prospective survey. We identified process and outcome measures to evaluate PN, including the number of partners identified per interviewed index case, the number of index cases needed to be interviewed (NNTI) to identify one unknown HIV-infected person. The case-finding effectiveness of the study was calculated by dividing the total number of newly diagnosed partners by the total number of partners tested for HIV as result of the PN program. Results: Of the 125 index cases contacted, 108 (86.4%) agreed to provide information about partners. A total of 199 sexual partners were identified (1.8 partners per interviewed index case). The HIV outcome were already known for 58 partners (70.7% of whom were previously HIV-positive), 141 partners were tested as result of PN, 26 of whom were newly diagnosed with HIV. The case-finding effectiveness of the program was 18.4%, and the NNTI per new HIV infection detected was 4.8. Conclusions: This study provides evidence of the effectiveness of a PN program implemented in an HIV unit and STI service. This active PN program was feasible, acceptable to the user, and able to identify a high proportion of HIV-infected patients who were unaware of their status.

PS2/06 Audit on HIV Testing in Patients Diagnosed with a Defining or Related to AIDS Illness and/or an Indicative Condition for HIV in Primary Care in Catalonia, Spain

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Objectives: To estimate the prevalence of HIV testing among patients diagnosed with defining or related to AIDS illness and/or indicative conditions for HIV, attending to Primary Care in Catalonia, and to estimate the prevalence of HIV infection among those patients. Methods and means: Cross-sectional study in all patients between 16 and 65 visited in Primary Care in Catalonia between 2010 and 2012 diagnosed with AIDS-defining illness or a related illness. We estimated the proportion of patients that were tested for HIV and the prevalence of HIV infection. The Primary Care Teams study participants were all centers managed by the Catalan Health Institute (ICS) with a single record of clinical history (ECAP) of the System Information Services Primary Care (SISAP) in Catalonia. Results: A preliminary data analysis showed that 73.546 patients (median age 39 years old, 50,99% women) were diagnosed with a defining or related to AIDS illness and/or an indicative condition for HIV, being the most common: Herpes zoster (19.053, 25,91%), HPV infection (12.591, 17,12%), Hepatitis C (9.419, 12,81%), Hepatitis B (9.298, 12,64%) and mononucleosis (8.606, 11,70%). Sixteen thousand six hundred and thirty-six patients were tested for HIV during the study period (22,62%). Two hundred and thirty-four patients were diagnosed with HIV (1,41%), 191 (81,62%) were men and 43 (18,38%) women, 81 (34,62%) had hepatitis C, 28 (11,97%) hepatitis B, 69 (29,49%) syphilis and 18 (7,69%) mononucleosis. The higher proportion of HIV testing performance was detected in patients diagnosed with syphilis (2.499, 72,58%), *Chlamydia trachomatis* (373, 39,94%), gonorrhoea (313, 39,37%), Hepatitis B and C (2.667, 28,68% and 2652, 28,16% respectively) and mononucleosis (2.246, 26,10%). Conclusions: The study showed that there are important missed opportunities for HIV testing in Primary Care in Catalonia. Urgent engagement of Primary Care professionals to increase HIV testing and prevent late-stage diagnoses is required.

Parallel Session 3: Key populations 1

PS3/01 Impact of Immigration on Diagnosis and Prognosis of HIV in Catalonia and the Balearic Islands: The PISCIS Cohort

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In Catalonia there has been an increase in the number of migrants diagnosed with HIV. Migration is a risk factor for late presentation, what causes concern due to clinical and epidemiological consequences. This study aims to describe trends in the distribution and characteristics of migrants among new HIV diagnosis, identify differences in presentation stage and clinical outcomes between migrants and non-migrants and determinate factors for late and advanced presentation in migrants. All new HIV diagnosis enrolled into the PISCIS Cohort between 2004-2011 were included. Socio-demographic, clinical, and epidemiological variables were analysed and compared by region of origin. Logistic regression models were used to identify factors associated with late presentation and Cox regression models were used for progression to AIDS/death. Migrants tended to be younger($p < 0.001$), have a lower percentage of males($p < 0.001$) and poorer educational level($p <$

0.001). Heterosexual transmission was more prevalent in migrants($p < 0.001$). Sero-prevalence of HBV was higher and HCV lower in migrants but varied by region of origin. Although migrants had a higher probability of late presentation($p < 0.001$), the only differences in advanced HIV disease were in Sub-Saharan Africans($p < 0.001$). Factors associated with late presentation among migrants included older age, IDU, heterosexual transmission and poor educational level. Migrants were less likely to progress to AIDS/death($p = 0.001$). Factors associated with poorer prognosis were older age, poor educational level, being from Sub-Saharan Africa and diagnosed more recently(2008-2011). This is one of few studies on migration and new HIV diagnosis which considers factors associated with both late presentation and prognosis. Although most results are similar to other studies, the better outcomes reported for migrants in this study may be attributable to bias in the differential loss to follow-up and under-ascertainment of deaths in migrants. This highlights the key importance of access to data sources beyond those used in traditional surveillance systems.

PS3/02 Athens Checkpoint: Reducing Undiagnosed HIV Infections in Crisis-Affected Services in Greece

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Objectives-Background: Most HIV infections in Western Europe occur among Men who have Sex with Men (MSM). An estimated 20%-30% of them are unaware of their infection. Interventions to increase testing rates are important to facilitate early HIV diagnosis. Since 2010, Greece has been experiencing an economic crisis that disrupted testing services. Given this, "Athens Checkpoint" started its operation in central Athens in November 2012 offering free rapid HIV testing and counseling while trying to minimize stigma. We present herein results of first-year operation. Methods: Clients who visited Athens Checkpoint in 2013 were tested by INSTI (Biolytical Laboratories) HIV test. Staff members were collecting information on socio-demographics, sexual orientation, testing history, and sexual behavior. Data was analyzed in SPSS 21. Results: Totally, 2282 individuals (mean age 31.2 years old) were tested in 2013 and one third of them ($n = 686$) had no previous HIV test. The participants were mostly males ($n = 1949$, 85.1%) and MSM ($n = 1662$, 72.8%) while the service also attracted heterosexual individuals ($n = 543$, 23.8%). Overall, 87 infections (3.8%) were newly diagnosed, especially among MSM ($n = 83$, 5%). Of new diagnoses, 15 (17.2%) were in individuals without previous test while 24 persons (27.6%) had a self-reported negative HIV test less than 6 months ago. Conclusion: Ath Checkpoint has offered free rapid HIV testing to MSM-the mostly HIV-affected group in Greece-while at the same time avoided stigmatization by also attracting individuals other than MSM. By diagnosing 87 infections including many recent and people who had never been tested before, our novel and friendly facility constitutes a major complement to the disrupted HIV testing structures. We aim at further reducing the HIV undiagnosed fraction by facilitating testing among vulnerable groups who are reluctant to visit public services or unable to pay the recently established fee.

PS3/03 Expert Recommendations for the Information and Support Needs of Different Population Groups in Preparation for 2014 Government Approval for HIV Self-testing in France

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Background: HIV self-tests should be approved in France in 2014 with the aim of facilitating screening. This study aimed to identify and compare the information and support needs of the general population and different higher risk groups concerning the use of HIV self-tests. Methods: From February to May 2014, 72 experts working in seven parallel groups participated in a three-round Delphi process. Each group developed recommendations for a specific population: five high HIV prevalence populations in France (men who have sex with men; transgender people; drug users; migrants from Sub-Saharan Africa; French West Indies/Guyana) and two low prevalence populations (young people < 25; general population). Each group included expertise from four areas: policy-making, research, community groups, screening and care. Results: 271 recommendations were aggregated into eight themes: defending self-test users' legal rights; commercializing high quality self-tests; preparing community healthcare and existing screening support and information systems before marketing self-tests; communicating at national, community and population-specific levels concerning the self-test; providing users with reliable, user-friendly and population-specific information on using the self-test; making self-tests available to different population groups in terms of accessibility and cost; providing quality support to users; evaluating self-test use. Although high levels of consensus were reached for most recommendations, significant disagreement occurred concerning providing access to self-tests for minors. Conclusion: These results should make a significant contribution to policy decisions concerning catering for the specific access, information and support needs of potential HIV self-test user groups when these tests become available in France at the end of 2014. Providing adapted access, information and support will contribute to facilitating screening for people both from high and low risk groups, as well as potentially making an inroad into the hidden epidemic in France by bringing in vulnerable populations that have until now been reticent to use standard testing options.

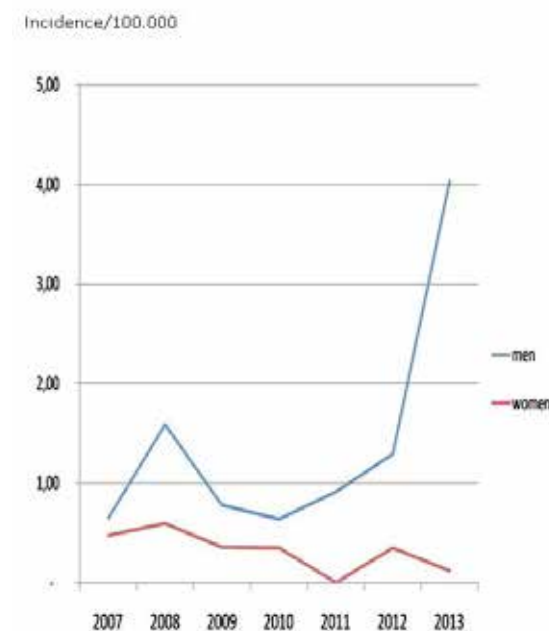
PS3/04 Increase of Sexually Transmitted Hepatitis C Virus in HIV+ Men who Have Sex with Men in Barcelona, Spain. A Problem Linked to HIV Infection?

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¹Public Health Agency of Barcelona, Barcelona, Spain, ²CIBER Epidemiology and Public Health (CIBERESP), Madrid, Spain, ³Field Epidemiology Training Program, National Center for Epidemiology, Carlos III Health Institute, Madrid, Spain, ⁴Liver Unit, Vall d'Hebron Institut de Recerca-Hospital Universitari Vall d'Hebron, Universitat Autònoma de Barcelona (UAB), Barcelona, Spain, ⁵Research Centre Network of Hepatic and Digestive Diseases (CIBERehd), Health Institute Carlos III, Madrid, Spain, ⁶Biochemistry and Microbiology Unit. Hospital Universitari Vall d'Hebron, Universitat Autònoma de Barcelona (UAB), Barcelona, Spain, ⁷Catalunya Reference Laboratory, Barcelona, Spain, ⁸Hospital del Mar, Digestive System Service, Barcelona, Spain, ⁹Sexually Transmitted Infections Unit. Vall d'Hebron-Drassanes Infectious Diseases Special Program, Vall d'Hebron University Hospital, Barcelona, Spain. Objectives: During the last decade, outbreaks of acute hepatitis C virus (HCV) have been reported amongst men who have sex with men (MSM) across Europe. Our aim is to describe the HCV incidence from 2007 to 2013, and to analyse risk exposures amongst HCV cases in 18-59 old men in Barcelona. Methods: We calculated the incidence of new HCV cases notified to the Public Health Agency of Barcelona, 2007-2013. Demographic variables, HIV status and risk exposure, that was classified as sexual and non-sexual (e.g. undergoing surgery, invasive treatments or diagnostic

tests, drug use or tattoos) were analysed. Sex orientation and other interesting variables were also collected. HCV was subtyped using a high-resolution HCV method based on massive sequencing by using 454/GS-Junior platform. Preliminary phylogenetic analyses were performed studying E2PePhD highly variable region and NS5B to assess any associations amongst cases. Results: A significant increase in HCV incidence was observed in men, from 0.65 cases/100,000 in 2007 to 4.03 in 2013, whereas a decrease for women was observed (Figure 1). During 2007-2011 amongst men aged 18-59, 22/29 (75.9%) referred having a non-sexual exposure, while in 2012-2013 34/39 (87.2%) HCV cases referred having sexual relations with other men as the only exposure. Of the identified 34 MSM HCV cases, 27 (79.4%) were HIV+. At least, 14 (37.8%) referred anonymous sex, 19 (51.4%) unprotected sex, 8 (21.6%) fisting and 8 (21.6%) having sex in private parties. 14 blood samples were analysed and two different clusters were found, for genotypes 1a and 4d. Conclusion: We detected an increase of HCV in men, the majority without other risk exposures than sexual, and many were HIV-infected patients that were being followed-up. Different genotype clusters were identified in this ongoing study, suggesting simultaneous outbreaks. Preventive measures to decrease transmission, targeted screening and improved surveillance are urgently needed. [Figure 1]

Figure 1. Incidence evolution of new hepatitis C cases in Barcelona according to sex, 2007 to 2013.



PS3/05 Hepatitis B: Are At-risk Individuals Vaccinated if Screened and Found Negative for HBV? Results of an Online Survey Conducted in Six EU Countries

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Objectives: Vaccination is recognized as the best way to prevent hepatitis B infection and its consequences. As part of the European project "HEPSCREEN", the aim of the present study is to analyse the current vaccination practices within various groups of at-risk individuals and pregnant women who are offered screening for hepatitis B, when found negative, in six European countries: Germany, Hungary, Italy, the Netherlands, Spain and the UK. Methods: Online questionnaires were conducted. In total, 1181 experts from six different health professions were invited to participate. Descriptive analyses of collected data were performed. Results: The results show that not always vaccination is offered commonly to at-risk groups prioritized by national policies: some gaps between current practices and the policies in place were observed. In particular, less than half of the respondents in the Netherlands, only about 1/4 in Germany and none in Hungary reported that the vaccine is commonly offered to people who inject drugs. Less than half of the respondents in Germany reported vaccinating sex workers or HIV positive patients against hepatitis B as common practice. None in Hungary stated that vaccinating sex workers is common practice, and only a minority (17%) reported that HIV patients are commonly vaccinated. 1/4 to 1/3 of respondents in Germany, the Netherlands, Italy, Hungary and the UK, indicated that HCV positive patients are only sporadically immunized. Only in Spain almost half of the respondents reported that migrants from hepatitis B endemic areas who are screened and found negative are commonly vaccinated. Widespread uncertainty about vaccination practices for asylum seekers was reported. Conclusions: Standardized vaccination protocols are needed to make elimination of hepatitis B a foreseeable, realistic objective. By showing the gaps between current practices and policies in place, our findings can help to increase the success of future vaccination programmes.

PS3/06 Socio-demographical and Behavioral Characteristics of Men who Have Sex with Men (MSM) Attending a Voluntary Counseling and Testing (VCT) Centre in Brussels

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In 2012, Belgium had the highest rate of new HIV diagnoses in Western Europe and 44% were MSM. Objectives: To analyse, over a 5 years period, HIV / SDT prevalence, socio-demographical and behavioral characteristics of MSM attending a VCT. Methods: Calculation of prevalence and analysis of venue-based home-made questionnaires with SAS 9.2. Results: Between 2008 and 2012, 3326 MSM were tested and completed a questionnaire. Overall, HIV prevalence was 3.5% (6.5% non Europeans), it increased to reach 4% in 2012 (8.5% among non Europeans). 6 primary infections were diagnosed, all symptomatic, only 2 listed symptoms as a reason for testing. Overall STD prevalence was 8% for Syphilis, 4.8% Chlamydia, 2.8% Gonorrhoea, 0.8% Hepatitis C. *Socio demographical characteristics remaining stable are:* 32% bisexuals, median age 30 years, 68% with high education, 37% unemployed among whom 8% illegal immigrants. *Main changes observed:* increase of non Belgians from 47% to 56% and MSM with no health insurance from 7% to 12%. *Stable behavioral characteristics:* 16% never been tested, 35% with multiple concurrent sexual partners and 38% with unprotected sexual penetrations in the last 3 months. In the last 12 months: 31% with 10 or more partners, 3% with consistent use of condom for oral sex. 66% of MSM who have a general practitioner (GP)

never mentioned their sexual orientation. *Main behavioral changes:* unprotected sex in the last 12 months because use of alcohol and/or drugs increased from 24% to 69%, use of more than 2 illegal drugs from 12% to 16% and never used condom for oral sex decreased from 75% to 67%. Conclusion: Over the last 5 years, HIV prevalence among MSM increased with high proportion of unprotected sex because of substance use, paucity of condom use for oral sex and missed opportunities to disclose sexual orientation to their GP.

Parallel Session 4: Key populations 2

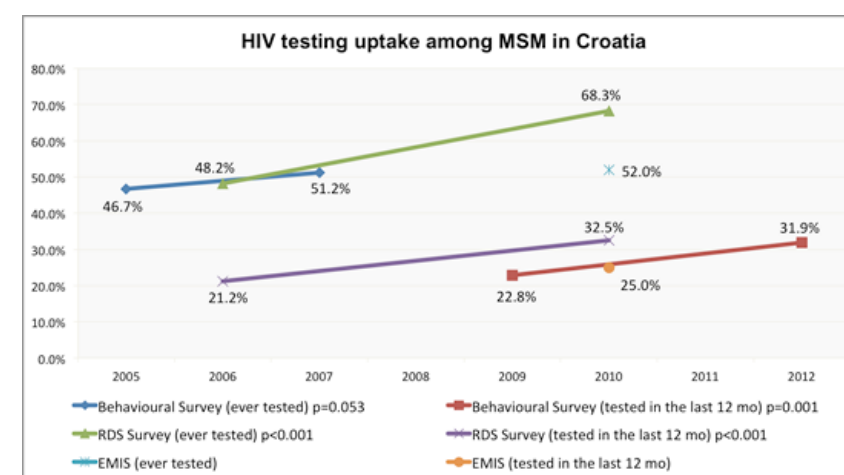
PS4/01 HIV Testing Trends among MSM in Croatia: Review of Surveys Conducted from 2005 to 2012

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Background: Men who have sex with men (MSM) are the population most affected by HIV in Croatia. In 2012, 84% of newly reported HIV cases were MSM. A key objective of prevention programmes is timely detection of HIV infections. This review aims to describe the trend of HIV testing uptake in period when prevention programmes were conducted. Methodology: Literature review and direct contacts with organisations were used to collect surveys containing data about HIV testing uptake and about prevention programmes. Only data points with the same sampling technique and survey question wording were used to detect trends. As all comparable data points were pairs, a Pearson's chi-squared test was used for significance testing in Stata. Results: Six surveys were found that had at least two comparable data points: behavioural surveillance surveys using convenience sampling conducted in 2005, 2007, 2009 and 2012; bio-behavioural surveys using respondent-driven sampling (RDS) in 2006 and 2010; and one with a single data point: EMIS in 2010. In these surveys two type of questions were asked about HIV testing uptake: having had a test and having taken a test in the previous 12 months. The testing rates are shown in the graph below. All data pairs show an increase; three show a significant difference and one is borderline significant. The main recurring reason for not testing is the perception of no risk of HIV infection.

[Testing Trends among MSM in Croatia]



Conclusion: The surveys conducted among MSM in Croatia show an upward trend in HIV testing uptake, providing some evidence of successful prevention programmes. However, it is still lower than the European median testing rate for MSM. The main obstacle to testing is perception of low risk. A health promotion message highlighting the importance of regular testing, and further research to gain a better understanding of non-testing are recommended.

PS4/02 Serving the Underserved. An HIV Testing Program for Populations Reluctant to Attend Conventional Settings

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Background: In Spain, HIV testing is offered for free in a wide range of settings: at all levels of the national health system, HIV/STI clinics and community pharmacies and at many rapid testing programs outside the clinical context. Nevertheless, the value added by those latter programs has been rarely studied until now. Our aim is to assess the contribution of a multi-site rapid-HIV testing program run by Médicos del Mundo (MdM) that is oriented to vulnerable populations reluctant to attend conventional settings. Methods: Between 2008-2012, MdM offered, free of charge, rapid HIV testing and counseling in 15 Spanish cities. We compare the program outcomes with those of a network of 20 HIV/STI clinics located in 19 medium and large size cities throughout Spain (EPIVIH) and the Spanish National HIV Surveillance System (SNHSS). Results: Of the 3251 tested, 69.3% were women, most of them immigrants (87.6%), sex workers (87.4%) and had been tested previously (73.4%). The 27.6% were men and 3.1% transsexuals. Of the new diagnosis, 33.3% were women vs. 8.6% in the EPIVIH and 17.7% in the SNHSS; transsexuals were 6.9% vs. 1.9% in the EPIVIH; female sex workers were 23.6% (vs. 2.0% EPIVIH) and 19.4% Sub-Saharan Africans (vs. 3.8% EPIVIH and 7.8% SNHSS). HIV prevalence in men was slightly higher than in the EPIVIH (4.8% vs. 4.0%) and almost twice among women (1.1% vs. 0.6%) Conclusion: This very low threshold program constitutes a clear complement to traditional HIV testing programs. It has proven a great capacity to contribute to the promotion of HIV diagnosis among some of the most vulnerable, socially marginalized and at risk populations such as female sex workers, sub-Saharan Africans and transsexuals. Because financial constraints, migrants with irregular administrative status nowadays only receive emergency medical care, forfeiting free access to regular health services. This makes it even more important the existence of complementary testing programs. Financial support: FIPSE 240961/10

PS4/03 Results of a Disease Awareness Programme Offering Chinese Migrants On-site Testing for Chronic Hepatitis B and C Virus Infection in Six Urban Areas in the Netherlands

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Background: People with chronic hepatitis B or C virus (HBV/HCV) infection are at risk of serious liver disease such as cirrhosis or liver cancer later in life. China is a high endemic country for HBV and Chinese migrants, who form the sixth largest non-Western migrant population in The Netherlands, are expected to have a high prevalence of chronic HBV infection. Treatment options have improved but due to the asymptomatic nature of chronic HBV and HCV the majority of patients remain unidentified. Innovative methods to engage with populations at risk and offer viral hepatitis testing are needed. Methods: Between 2009 and 2013, 6 community based campaigns targeting Chinese migrants were held in different urban areas in the Netherlands. The campaigns combined disease awareness activities with free HBV and HCV testing at outreach locations. Patients with a chronic infection were referred to specialist care. Before and after the campaign, knowledge of chronic viral hepatitis was measured through questionnaires in convenience samples of the target population. Results: In total 5159 Chinese migrants were screened (range 616-1,296 (per urban region)). 302 people (5.9%, range 3.9%-8.6%) had a chronic HBV infection. Chronic HBV prevalence was higher in men than women, and in first generation migrants compared to second generation migrants. HCV prevalence was 0.3% (range 0.1%-0.4%). Data from five urban regions showed 137 of the 158 (87%) patients referred to hospital were seen by the specialist. Knowledge had increased after the campaign in participants with low levels of education. Conclusions: Chinese migrants can be effectively reached with an outreach campaign which is organised in close collaboration with the Chinese community. The prevalence of chronic HBV was 6%, much higher than the prevalence in the general Dutch population (0.2-0.5%). The prevalence of HCV was 0.3%, and comparable to the prevalence in the general Dutch population.

PS4/04 Determinants of Having Never Been Tested for HIV amongst Migrant Men who Have Sex with Men in Spain

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Objective: To analyse factors associated with never get tested for HIV among migrant men who have sex with men (MSM) in Spain. Methods: The European MSM Internet Survey (EMIS) was implemented in 2010 in 38 European countries on websites for MSM and collected data on socio-demographics, sexual behaviour, and other sexual health variables. Migrants were defined as men who were not born in Spain. A logistic regression analysis was conducted to assess variables associated with never testing for HIV. Final model was adjusted for region of origin, settlement size, age, and educational level. Results: Out of the 13,111 respondents living in Spain, 22% were migrants. Most migrants were from Latin-America (54%) and Western Europe (15%). Amongst migrant MSM, 17% (n=489) had never been tested for HIV. In the multivariate analysis, to have never been tested for HIV was associated with being younger than 25 years old (aOR: 1.99; 95%CI: 1.31-3.04), being out to no one or only few people (aOR: 1.81; 95% CI: 1.35-2.44), having less than 3 non-steady partners in last 12 months (aOR: 2.18; 95%CI: 1.10-4.30 for none partner, and aOR: 2.21; 95%CI: 1.09-4.48 for 1-2 partners), having had unprotected anal intercourse (UAI) with a steady partner of unknown or discordant HIV serostatus (aOR: 8.35; 95%CI: 5.84-11.93), not having ever been tested for any STI (aOR: 7.34; 95%CI: 5.45-9.88), amongst others factors. Conclusions: The profile of the migrant MSM who had never been tested for HIV indicates that they are men hard to reach (young, "being in the closet") and they expose high-risk for HIV infection by having UAI with a steady partner of unknown or discordant HIV serostatus. Interventions should promote *negotiated security* strategies amongst men couples.

PS4/05 Characteristics of Migrants in the Swiss Hepatitis C Cohort Study: Implications for National Screening Recommendations

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Objectives: Hepatitis C (HCV) screening in Switzerland focused mainly on patients infected by intravenous drug use (IVDU). However, unsafe healthcare practices caused >50% of all HCV infections globally. In Europe, such exposures occurred extensively in Italy in the 50s-70s, less frequently mostly in Romania and Spain. In Switzerland about 750-850 HCV diagnoses/year are traced back to migration. We analysed characteristics of healthcare-associated transmissions among foreign-born patients in the Swiss Hepatitis C Cohort Study (SCCS). Methods: All patients registered in the SCCS since 2000 were included. Characteristics of patients born in Switzerland or other countries of birth representing at least 1% of SCCS patients were compared by history of IVDU and age. Results: Of 4'252 patients, 67.3% were Swiss-born, 9.3% Italian-born and 23.4% originated from other countries. Only Italian-born patients were overrepresented in the SCCS compared to the general Swiss population where 2.1% are Italian-born ($p < 0.001$). Choosing age-cutoff above or below 60 years (following Italian literature on IVDU and HCV-transmissions), 48% of the Italian-born patients were non-IVDUs aged ≥ 60 years whereas in patients of other countries older non-IVDUs were infrequent (on average 15%, $p < 0.001$). Italian-born non-IVDUs aged ≥ 60 years compared to Italian-born IVDUs were more likely to be female (42% vs 18%, $p < 0.001$), had less co-infections with hepatitis B (anti-HBc pos 34% vs 57%, $p < 0.001$) or HIV (0.8% vs 12%, $p < 0.001$), had more frequent cirrhosis [(33% vs 14%, $p < 0.001$ (with Child A cirrhosis in 92%)] and a different HCV genotype distribution [Genotype (GT) 1 in 64% (aged ≥ 60 non-IVDU) vs 42% (IVDU), GT 2 in 30% vs 3%, GT 3 in 2% vs 44%]. Conclusion: Our findings are in-line with published literature from Italy on healthcare-associated HCV infections. Screening for HCV in Switzerland should focus more on older Italians without history of IVDU.

Parallel Session 5: The treatment cascade

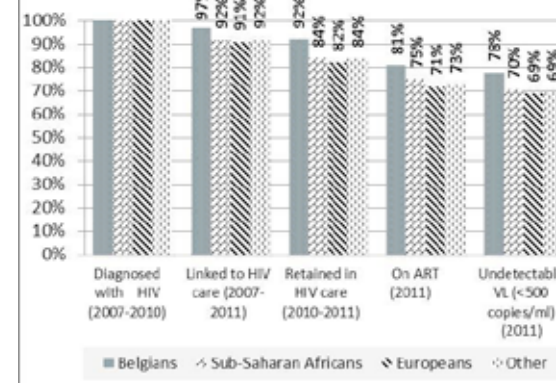
PS5/01 Continuum of Care of the Patients Diagnosed with HIV in Belgium According to Region of Origin

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Objectives: To estimate the continuum of HIV care of the patients diagnosed with HIV by region of origin. Methods: Data on newly recorded HIV diagnoses (2007-2010) and clinical data of the national cohort of PLWH (2007-2011) were used to estimate the continuum of HIV care. Suppressed viral load (VL) was defined as < 500 copies/ml. Associations between region of origin and each step of the continuum were assessed using logistic regression. Results: 3108 HIV-diagnosed individuals were included in the analysis of which 44.9% were Belgians, 34.6% Sub-Saharan Africans, 12.4% Europeans, 8.2% from other nationalities. The proportion having suppressed VL was 77.6% for Belgians, 70.3% among Sub-Saharan Africans, 68.8% among Europeans and 69.3% among other nationalities. These differences are due to significantly lower linkage to and retention in care among non-Belgians ($p < 0.001$ for both), whilst among the patients retained in care, the proportions of

patients on ART and those with suppressed VL do not differ by region of origin. [Continuum of care by region of origin]



These results show that 8% of Belgian patients were not linked/retained in care, whilst 14% were retained in care however presenting non-suppressed VL. This represents 22% of the Belgian patients diagnosed with HIV presenting potentially higher risk of onwards transmission. For non-Belgians, ~17% were not retained/linked in care and ~13% were retained in care with non-suppressed VL. Estimation of the proportion with higher risk for transmission is not straightforward for non-Belgians given the unknown presence in the country after diagnosis of those not retained/linked to care. Conclusion: The main differences between nationals and non-nationals in the continuum of HIV care are the linkage and retention in care. Especially for non-Europeans, it is important to identify reasons for defaulting care and ensure an effective access to care in Belgium or abroad if we aim to have a global impact on HIV transmission.

PS5/02 Peer education at infectious diseases units as a mechanism to optimize the left side steps of the HIV treatment cascade

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Objectives: Peer education provided in clinical settings improves the efficacy of the right side steps of the treatment cascade: retention in HIV care, treatment adherence, and therefore the proportion of patients on virologic suppression. The aim was to underscore the potential benefits of peer education developed at infectious diseases units upon HIV diagnosis and linkage to care. Methods: Community-based HIV rapid testing and counseling (HrTC) promoting testing to household members of people with HIV and persons who may have been exposed to HIV -index testing- was performed in two infectious diseases units by HIV+ peer educators. Results were compared to that of community-based HrTC targeting general public at a local NGO and mobile units (MU). OraQuick ADVANCE was used in all three strategies. Statistical significance of the results was determined. Results: Community-based HrTC at infectious diseases units showed higher positivity rates than those developed at NGO and MU in all three groups of people tested: i) heterosexual men: 12,9% vs 1,2% (NGO) and 0,0% (MU) ($X^2_{(2)}=26,95$ $p < 0,001$); ii) women: 13,1% vs 0,4% (NGO) and 0,0% (MU) ($X^2_{(2)}=61,52$, $p < 0,001$); iii) men who have sex with men: 15,3% vs 7,9% (NGO) and 7,9% (MU) ($X^2_{(2)}=9,05$, $p < 0,05$). In addition, confirmatory result of HIV infection, Western Blot or viral load determination, and first visit with an HIV care provider authorized to prescribe ART -linkage to care- was procured for people tested at infectious diseases units the same day of diagnosis or no later than 24 hours (over weekend when unavoidable). Conclusion: Index testing by peer educators at infectious diseases units is highly effective diagnosing people at higher risk of HIV infection as well as shortening the time for a confirmation result and linkage to care, probably reducing as a consequence the patient attrition in the left side of the treatment cascade.

PS5/03 Regional differences in hepatitis testing, vaccination and treatment in the EuroSIDA study

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Background: Hepatitis screening is a crucial step to timely care. We explored regional variability in self-reported hepatitis B and C management and linked it to liver fibrosis across Europe. Methods: A survey was conducted in 2014 in active EuroSIDA clinics. Separate HBV and HCV scores were developed based on screening, vaccination and treatment and linked to the clinical database to determine the odds of HBV or HCV score of 3 and of liver fibrosis (\geq F2) (Fig 1).

Figure 1. Odds of liver fibrosis (\geq F2), according to the EuroSIDA clinic's HBV score and HCV score*

*The score from the clinic survey was derived as follows:

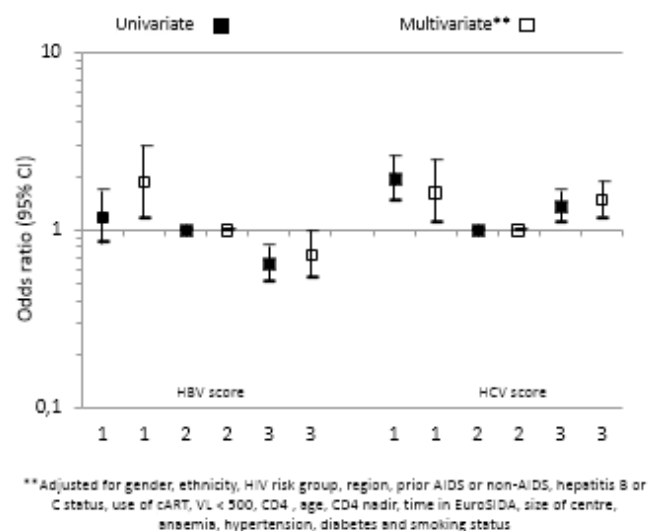
HBV

- Add 1 if routinely screened for HBV (yes or sometimes);
- Add 1 if routinely vaccinated for HBV (yes or sometimes);
- Add 1 if perform fibroscan or biopsy (yes or sometimes for either).

HCV

- Add 1 if routinely screened for HCV (yes or sometimes);
- Add 1 if it performs a fibroscan or biopsy (yes or sometimes for either);
- Maximum 1 point from 3 treatment components, weighted equally (1/3 of a point each):
 - Add 1/3 if treated for HCV (sometimes or yes);
 - Add 1/3 if treatment is free;
 - Add 1/3 if access to and use DAAs.

Both HBV and HCV can therefore have a score of between 0 and 3. Due to small numbers, the score for both HBV and HCV was categorised as 1, 2 or 3.



** Adjusted for gender, ethnicity, HIV risk group, region, prior AIDS or non-AIDS, hepatitis B or C status, use of cART, VL < 500, CD4, age, CD4 nadir, time in EuroSIDA, size of centre, anaemia, hypertension, diabetes and smoking status

Results: 80/97 (82%) clinics completed the survey. There were no differences between eastern European (EE) and non-EE for routine screening of HBV or HCV but HBV vaccination and HCV treatment with DAAs varied significantly (Table 1). 9,304 patients were enrolled in EuroSIDA from clinics participating in the survey. Among these, those from EE had lower odds of an HBV or HCV score of 3 (aOR 0.21 [95% CI 0.18-0.56 and 0.65; 0.55-0.77 respectively]). Patients from larger clinics (n>200) were more likely to have an HBV score of 3 (aOR 1.38 [1.23-1.55]) but less likely to have an HCV score of 3 (aOR 0.86 [0.79-0.94]). Among 7,976 patients with fibrosis data, 498 (6.2%) had \geq F2 fibrosis. Gradually lower HBV scores related to a gradually higher risk of \geq F2 fibrosis (Fig); this trend was not observed for HCV. The relationship between HBV or HCV score for developing $>$ F2 fibrosis was similar between regions. [Table 1]

Table 1. Summary of HBV and HCV screening, vaccination and treatment questions from the EuroSIDA clinic survey

		All of Europe		Non-East Europe ²		East Europe ³		p-value
		N centres	%	N centres	%	N centres	%	
N		80	100	68	85.0	12	15.0	
N patients	Total	133,532	100	102,794	77.0	30,738	23.0	
HBV routine screening	No	5	6.2	5	7.4	0	0	0.99
	Yes/sometimes	75	93.8	63	92.7	12	100	
HCV routine screening	No	12	15.0	10	14.7	2	16.7	0.99
	Yes	67	83.8	57	83.8	10	83.3	
	Do not know	1	1.2	1	1.5	0	0	
HBV vaccination	No	16	20.0	8	11.8	8	66.7	<0.0001
	Yes/sometimes	64	80.0	60	88.2	4	33.3	
HCV treatment	No	4	5.0	2	2.9	2	16.7	0.10
	Yes/sometimes	76	95.0	66	97.1	10	83.3	
HCV treatment with direct acting antivirals ¹	No	14	18.0	8	12.1	6	50.0	0.0090
	Yes/sometimes	63	80.8	57	86.4	6	50.0	
	Don't know	1	1.3	1	1.5	0	0	

1. N=78 responses; 66 from non-east Europe and 12 from east Europe.

2. Austria, Belgium, Croatia, the Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Luxembourg, the Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Spain, Sweden, Switzerland, the United Kingdom.

3. Belarus, Estonia, Lithuania, Ukraine, the Russian Federation.

Conclusions: This study found that EuroSIDA clinics outside of EE were more likely to vaccinate for HBV than those in EE and to use DAAs to treat HCV. Also, a novel simple measure of quality of HBV care at the clinics was found to be inversely correlated with fibrosis-staging among patients followed in the clinic, suggesting concrete steps to improve care in clinics with a low HBV score.

PS5/04 Exploring how Commonly Diagnosing Services Refer Newly Diagnosed Chronic Hepatitis B and C Patients to Specialist Secondary Care: The Views of Hepatologists, Gastroenterologists and Infectious Diseases Specialists in Six EU Countries

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Objectives: To explore referral of hepatitis B/C patients to secondary care from health services most involved in screening. Methods: An online survey was sent to specialists based in Germany, Hungary, Italy, the Netherlands, Spain and the UK. We measured, using a four-point ordinal scale, how frequently specialists receive patients from GPs, IDU clinics, antenatal care (ANC) and sexual health services (SHS). Results: 64 responses were received. Most were gastroenterologists, hepatologists or infectious disease specialists involved in treating viral hepatitis patients on a weekly basis. Referral from GPs was very common for 90% in the UK, most in Germany (78%), the Netherlands (68%), Hungary (60%), and around half in Italy (44%) and Spain (50%). Referral from ANC and IDU clinics was most common in the UK and Spain but not routine in the other study countries. Referral from SHS was reported to be 'very common' in the UK (60%) but 'rare' in the Netherlands (73%), Hungary (60%) and Germany (56%). Responses in Italy were often divergent with no majority opinion. In Germany, over half (56%) indicated rarely/never receiving patients from IDU clinics, SHS and ANC. Conclusion: Despite some clear common practices, we observed significant disagreement on how frequently patients are received from services most involved in screening for viral hepatitis. Specialists in some countries report rarely/never receiving patients from ANC, SHS or IDU clinics. This suggests complex or ineffective referral practices, that not all patients reach secondary care and that services most able to offer screening miss opportunities to screen risk groups. The observed discrepancies could be partially explained by health system context i.e. regional/local referral mechanisms or differences in the role of SHS or IDU clinics. The increased scope for secondary prevention of viral hepatitis can only be achieved with effective screening programmes that successfully link patients to specialist care.

PS5/05 Evidence for the Cost-effectiveness of Screening for Chronic Hepatitis B and C among Migrant Populations: Results from a Review of the Literature

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Background: Migrants born in endemic countries are an important risk group for chronic viral hepatitis infection. Treatment for chronic hepatitis B virus (HBV) and hepatitis C virus (HCV) infection is improving but not benefiting individuals unaware to be infected. To inform screening policies we assessed the cost-effectiveness of screening migrant populations for chronic HBV and HCV infection. Methods: Peer-reviewed literature was systematically searched for data on cost-effectiveness of screening of migrants for the period 2000-2012, and updated with studies published in 2013. The costs per quality-adjusted life year (QALY) were converted to 2010 euros for comparison. The results of the sensitivity analyses of the individual studies were summarized. Results: Seven papers on the cost-effectiveness of migrant screening were included, 5 on HBV and 2 on HCV. Different screening strategies were modelled and the costs per QALY ranged from about 9,000 to 46,000 euro for HBV screening and was 27,000 and 47,000 euro per QALY for HCV screening. Sensitivity analyses identified the following factors as most affecting the cost effectiveness result (number of studies): prevalence (4), disease progression rates (4), treatment costs (3), effectiveness of treat-

ment (3), proportion of patients visiting the specialist (3), treatment uptake (3), participation rate (2), screening age (2) and the probability of leaving the country (1). Conclusion: The cost-effectiveness of screening migrants for chronic HBV and HCV infection varies between studies and is most influenced by the assumptions related to the prevalence of infection, disease progression rates, costs and effectiveness of treatment and successful referral and treatment uptake. There is evidence that screening of migrants for chronic viral hepatitis could be cost-effective. Future cost-effectiveness analyses may need to take the effect of combining screening for HBV, HCV, and HIV infection, as well as the effect of antiviral treatment on preventing further transmission into account.

Parallel Session 6: Alternative approaches

PS6/01 Home delivered Dried blood spot testing vs conventional follow up - Assessing the impact on screening uptake for Household contacts of Hepatitis B infected pregnant women across two London trusts

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Objectives - Despite national recommendations to screen household contacts of Hepatitis B infected pregnant women, rates have previously been demonstrated to be low. Alternative methods to increase screening and vaccination of these contacts are needed. The use of home collected capillary blood as dried blood spots (DBS) offers one alternative approach to conventional follow-up in primary care. Methods - A baseline retrospective review of GP records was undertaken across two London maternity units (Newham and North Middlesex) during 2009. This was compared with prospective data for the same centres collected from November 2010 to December 2011, with one centre (North Middlesex) replacing the existing service with a nurse delivered in-home DBS test for household contacts (with first dose vaccination for contacts under 16 years of age). Results - Provisional data show that the proportion of households where at least one contact was screened was significantly higher in the North Middlesex DBS group ($p < 0.001$), compared with both retrospective groups and the Newham contemporaneous control. The North Middlesex DBS service identified significantly more households with resolved or current HBV infection than all other groups ($p < 0.001$). Immunisation rates varied by relationship but were found to be highest in children for all groups. Conclusions - These findings support the effectiveness of home DBS testing as a means of improving uptake of screening among household contacts of hepatitis B infected pregnant women. This approach may be considered by commissioners looking to improve engagement and outcomes with "hard to reach" populations. Good communication and coordinated care between primary and secondary health services are important for the continued care of infected women and their families.

PS6/02 Pilot HCV Rapid Testing Project among Men who Have Sex with Men (MSM), Checklist Project, Lisbon, Portugal

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Objectives: Although hepatitis C is prevalent in people who inject drugs, outbreaks also in MSM with or without HIV infection have been reported, being sexual practices the only risk factor for transmission. For this reason sexual practices such as group sex or fisting should also be included as criteria for screening. This study describes HCV testing results in MSM attending the Checklist project, an STI testing service provided by CheckpointLX. Methods: During pre test counseling for HIV/STI's a list of criteria for HCV antibodies rapid testing was presented. Men could report eligibility for testing with or without specifying the behavior. HCV rapid test was performed if at least one of the following criteria had ever occurred: - sharing drug preparation or injecting equipment; - Sharing drug-snorting paraphernalia; - Unprotected anal group sex; - Fisting; - Having had sex with presence of blood. Results: From September 2012 to June 2013, 258 MSM were tested for HCV antibodies, 5 of them had a reactive result. Three of these men were seronegative for HIV, one was HIV positive and aware of his status, and one had reactive results for both HCV and HIV. All men reported unprotected anal intercourse, group sex was mentioned by 3 men, and 3 reported sharing material for sniffing drugs. One of the men reported criteria for testing but did not want to specify which. Men with reactive results were referred to an infectious disease clinic to confirm the results. Conclusion: Community based centers are in good position to identify men who are at increased risk to HCV infection, including HIV negative men. MSM should be able to confirm criteria without having to disclose behaviors that are stigmatized. Research should be promoted to identify prevalence and incidence of HCV, and criteria for testing should be clarified.

PS6/03 Feasibility of Joint HIV, HBV and HCV Testing Offered Routinely by General Practitioners during One Week in Two French Counties in 2012

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Introduction: The gap between HIV and hepatitis B/C (HBV/HCV) testing guidelines and clinical practice contributes to the late diagnosis of these infections. The aim of the study was to assess a new approach of screening promoting routine testing proposal in primary care providers. Methods: We recruited motivated general practitioners (GPs) and trained them to routinely propose joint HIV/ HBV/HCV testing during a one week period to any patient aged ≥ 18 years meeting one of these criteria: (i) never been tested for at least one virus, (ii) already tested but clinical signs or symptoms, or (iii) potential exposure. A specific algorithm was developed and applied for the last two criteria. Results: We enrolled 66 GPs, 68% male, median age 52 years. During the testing week (December, 2012), GPs offered joint HIV/ HBV/HCV testing to 68% patients who met at least one of the criteria (half of the 3,566 patients seen). Tests (in most cases screening of the 3 viruses) were prescribed to

77% of patients having received a test proposal (38% of the 3,566 patients seen). The median number of tests prescribed by GPs increased significantly between the preceding week and the testing week: from 2 to 16 HIV tests, from 1 to 17 HBV and HCV tests ($p < 0.0001$). However, only 37% of the patients with a test prescription got testing in laboratories. The GPs reported improvements in their screening practices, particularly with regard to at-risk populations such as patients from high-endemic countries or those exposed to HCV via surgical or invasive procedures. Conclusions: Motivated and trained GPs can increase their offer of a joint HIV/ HBV/HCV testing at least during a short period. Interventional studies involving other actors not only GPs using new tools and strategies would help to optimize HIV and hepatitis testing in order to reduce the untested population.

PS6/04 Screening for Viral Hepatitis among Immigrants in Barcelona: Comparison of Two Recruitment Strategies. A Pilot Study of the HEPscreen Project

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In Europe, about 14 and 9 million people have chronic hepatitis B (HBV) and hepatitis C (HCV) respectively. The burden is especially high among migrants from endemic areas. How migrants should be approached for screening is an issue that should be addressed. This ongoing study aims to explore two different approaches for viral hepatitis screening among migrants as part of the EU-funded HEPscreen project. Two recruitment strategies offering testing for HBV and HCV are compared: an active strategy (AS) through awareness sessions provided by outreach community health workers; and a passive strategy (PS), based in opportunistic screening in two health centres. Inclusion criteria were being aged 18 or more, being Latin-American (LA) or Eastern European (CEE). In AS, 360 individuals were invited for testing, and in PS testing was offered to 300 patients. Demographic variables, risk factors and laboratory results were analyzed. Preliminary results show that 256 (71,1%) and 203 (67,7%) have been included through AS and PS so far. In AS, 87 (34,0%) reported having a job whereas in PS 127 (62,6%) reported so ($p < 0,01$). As for the recruitment process, in AS 238 (93,0%) accepted to participate, 169 (71,0%) of them visited the doctor and 123 (72,8%) already got tested. In PS, 177 (87,2%) got tested so far. Four participants from PS (2 from LA and 2 from CEE) and one from AS (1LA) have been diagnosed with chronic HBV (1,7%). Five participants were HCV positive (1,7%), two from PS (1LA, 1ECC) and three from AS (CEE). Each strategy has its own strengths and limitations. The active strategy reaches some migrants that have limited access to the health care system due to a more vulnerable situation, like being jobless. The opportunistic approach gives the migrant population the opportunity to get tested with less extra resources.

PS6/05 Health Service-based HIV Testing and Counselling: A Review of European Guidelines

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Objectives: HIV testing and counselling is a critical gateway to further services, and is essential for effective HIV prevention and treatment. Regional and global HIV testing and counselling guidelines are systematically designed to support and promote HIV testing and counselling best practice amongst European service providers and policy makers. To date, little work has examined the evidence used to support guidelines, and the extent to which guidance available to practitioners, policy makers and patients is consistent across guidelines. Methods: This paper reports on a comparative content analysis of five regional and two global HIV testing and counselling guideline documents. Results: Analysis highlights conflicting guidelines relating to the provision of pre-test information and post-test counselling. Guidelines do not consistently address post-test counselling or referral pathways to specialist treatment. Gaps were identified in relation to the different aspects of post-test counselling that are recommended on receipt of either negative or positive HIV test results, as well as which specialist services should be available to patients receiving a positive test result. For many of these guidelines gaps and inconsistencies, there is limited reference to a published evidence base. Instead there is heavy reliance on expert opinion and consultation in the development of current guidelines. There are numerous instances where supporting evidence behind guidelines is self-referential (i.e. other existing HIV guidelines are used as evidence). A large proportion of evidence referenced is now over ten years old, and is based predominantly on US/UK research. Conclusions: In order to enhance the utility of guidelines in supporting and promoting best practice amongst service providers and policy makers across Europe, an up-to-date review of more current evidence from wider European settings is required to support the process of expert consultation.

Poster sessions

Poster category 1: Late presentation

PO1/01 HCV Infection in HIV-infected Individuals in Ukraine

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Objectives: Approximately 40- 75% of PLHIV in Ukraine are coinfecting with HCV. HCV impacts the course and treatment of HIV infection. Unlike the introduction of ART the number of reported deaths due to AIDS-related and non-related diseases continues to rise in Ukraine. Methods: In study were analyzed the epidemiological reports of 2003-2012 and enrolment data of 1575 HIV-infected patients, whom observed in Poltava Regional HIV/AIDS Prevention and Control Center (central region of Ukraine). Factors of risk HCV-infection were conducted with case-control study. Results: A total 766/1575 HIV-infected patients were HCV+ (prevalence 48,3%). HCV-coinfection was associated with injection of intravenous drugs (OR= 104.1; 95% CI [66.8-162.1]), male sex (OR= 4.4; 95% CI [3.5-5.5]), number of sexual partners >7 (OR= 2.1; 95% CI [1.7-2.6]) ; duration of HIV-infection >5 years (OR= 1.5; 95% CI [1.2-1.9]). At the time of their first visit to a health facility, 62.6% of HIV/HCV infected patients presented the CD4 level < 350 cells/ml (especially among IDUs) compared with 49.1% patients without HCV (OR=1,5; 95% CI [1.2-1.9]). In addition, HCV-coinfection was associated with more frequent development of opportunistic diseases, such as tuberculosis (OR=1,7; 95% CI [1.5-1.8]).The rate of mortality HIV/HCV co-infected patients due non AIDS-related diseases (23.5%) was higher than patients without HCV (12.8%). Conclusions: The highest prevalence HCV and mortality due non AIDS-related diseases predominantly among IDUs explains limited access to antiviral therapy of chronic hepatitis C, late diagnosis and initiation of ART. This study suggests a greater risk of developing of active tuberculosis and other opportunistic infections in patients with HIV/HCV co-infection.

PO1/02 Previous Sexually Transmitted Infection among Young Men who Have Sex with Men as a Determinant for Earlier HIV Diagnosis in Catalonia

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logistic regression models. Results: A total of 1274 MSM HIV cases were reported during 2011-2013, from which 1130 (89%) had complete CD4 T cell counts data and 63% were early presenters of HIV infection, without changes over time. Early HIV presentation was independently associated with younger age at diagnosis (OR: 4.56; 95%CI: 1.92-10.80), being born in Spain (OR: 1.41; 95%CI: 1.06-1.89), and being diagnosed with an STI in the previous 12 months of diagnosis (OR: 1.48; 95%CI: 1.06-2.06). Conclusions: In Catalonia, having a STI in the previous 12 months to HIV is a determinant for early HIV presentation, increasing the chance of earlier diagnosis and care among younger native MSM. Risk assessment, HIV screening and link to care must be a priority in settings where STI are diagnosed or screened. Further analysis should be performed to address preferred HIV testing scenarios by MSM

Poster category 2: Testing in health care settings

PO2/01 HIV Testing in the Emergency Department Is Sustainable and Low Cost

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Background: UK guidelines recommend routine HIV testing in areas with diagnosed HIV prevalence $\geq 2/1000$. However there is little UK data on the effectiveness, sustainability and cost of such programmes. In 2011, we introduced routine HIV testing for patients aged 16-65 attending the Emergency Department (ED). We evaluated the effectiveness of quality improvement (QI) interventions to increase testing rates, sustainability and evaluated costs. Methods: We report data collected since November 2012; ED activity, HIV testing rates and results and details of transfers of care. A multidisciplinary team met weekly to implement plan-do-study-act (PDSA) QI interventions. Interventions included operational changes, incentives, education, training and sustainability models. The local sexual health team managed results governance, patient notifications and transfer to care. Results: Testing rates increased significantly from 16% to 45% (peak at 50%), sustained $>40\%$ since February 2014. Statistical process control showed sustained increases following several interventions, i.e. changing from saliva to serology specimen, identifying HIV test departmental 'champions'. Of 52 reactive tests, 22 were confirmed new diagnosis (2.2/1000). The median CD4 count was 353 cells/uL (range 13 to 1161), 14 underwent RITA testing and nine were likely to have acquired the infection recently (64%). Testing rates were unaffected by ED activity, however, staff issues had a clear impact. The cost per new HIV diagnosis was estimated at £2229,26. Conclusion: Routine HIV testing in ED is feasible and effective. QI methodology was successful in producing a sustained increase in testing, however, our goal of 50% testing is still challenged by staff related issues. The high level of recent infection suggests this may be an ideal setting to detect recent infection. The very low costs per new HIV infection detected via this embedded programme are likely to prove to be highly cost effective.

PO2/02 Investigating Barriers in HIV-testing Oncology Patients. The IBITOP Study: Phase I

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Aims: Since the advent of combined antiretroviral therapy, the incidence of non-AIDS-defining cancers (non-ADCs) among HIV-positive patients is rising. We previously described HIV testing rates of $< 5\%$ in our oncology centre, against a local HIV prevalence of 0.4%. The present study is the resulting collaboration with the Service of Oncology, investigating barriers in HIV-testing oncology patients (IBITOP). Methods: After an initial 2-month pilot study¹, the IBITOP study Phase I took place between 1st July and 31st October 2013. Patients of unknown HIV status, newly diagnosed

with solid-organ non-AIDS-defining cancer (non-ADC), and treated at Lausanne University Hospital were invited to participate. Patients were offered HIV testing as part of their initial oncology work-up. Oncologist testing proposals and patient acceptance were the primary endpoints. Results: Of 235 patients with a new oncology diagnosis, ten were excluded (seven with ADCs; three of known HIV-positive status). Mean age 62 years; 48% men and 71% Swiss. Of 225 patients, 75 (33%) were offered HIV testing and 56 (of 75, 75%) accepted. Of those accepting, 52 (of 56, 93%) were tested and 10 patients were tested independently, giving a total testing rate of 28% (62/225). Of 19 patients declining testing (25%), half gave reasons, citing self-perceived absence of risk, previous testing and palliative care. Of 62 patients HIV tested, no test was reactive. Conclusion: In this study, the HIV testing rate was over 5-fold higher than previous rates observed in this service. Most patients accepted testing when offered. As HIV-positive status impacts on the medical management of cancer patients, we recommend that HIV screening be performed in settings where HIV prevalence is $>0.1\%$. Phase II of the IBITOP study is now underway, following the updated national HIV testing guidelines which recommend testing in non-ADC patients undergoing chemotherapy.

PO2/03 Prevalence of HIV Infection and Acceptability of Rapid HIV Testing in Patients Attending Emergency Services

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Objective: To study the acceptability of rapid testing among patients attending emergency services and to estimate the HIV infection prevalence in that population. Methods: This interventional study was conducted in the Emergency Department (ED) of the Hospital of Mataró (Barcelona), from July 2010 to March 2013. Two nurses offered oral rapid HIV test to patients aged 18 to 64 years attending the ED, who were able to provide consent for HIV testing. Exclusion criteria were self-reported HIV infection and inability to provide consent. The recruitment of participants was performed by a nurse after the patient triage. The sample calculated was 3,000 patients tested. Results: During the study period 2140 patients were offered the test. Of those, 107 refused (5%) and 2033 were tested. 3 of them obtained a reactive result. One patient, who was in the window period at the moment of testing, repeated the test 3 months later in the hospital HIV service, obtaining a positive result. Taking into account also this positive result, the percentage of reactive results was 0.2%. Almost the half of people tested was men (49.2%), the median age was 37.51 (S.D. 13.8), 14.5% were immigrants and 31.6% had a previous HIV test. 80.5% thought rapid test is more comfortable than conventional test, and 74.4% preferred rapid test with oral fluid than with finger stick. 91.7% would recommend the test to a friend, and 96.0% thought that offer HIV testing in ED is appropriate. Those who not accepted the HIV test were older and with a lower studies level than those who accepted ($p < 0.005$). Conclusions: The results obtained show that rapid HIV screening in ED is acceptable and feasible, but the benefit of non-targeted screening was only modest. Therefore, these results do not support the implementation of HIV screening in emergency services.

PO2/04 HIV Testing Uptake and Associated Factors among Sex Workers in Portugal

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Increasing the uptake of HIV testing is a priority for HIV prevention, particularly among especially vulnerable populations as sex workers (SW). SW play a critical role in HIV epidemic worldwide; yet, limited data are available regarding this at-risk population. We aimed to investigate the uptake of HIV testing and its associated factors among SW in Portugal. A participatory cross-sectional survey was conducted with 1040 SW purposefully sampled: 82% females, 10.2% males, 7.8% transgender; 60% outdoor; 43.3% foreigners. Participants were recruited in sex-work locations and community-based organizations. Multivariate logistic regression analysis was performed to identify factors associated with no HIV testing in previous year. In total, 61.5% of SW had been tested for HIV in previous year and 80.0% ever (no significant differences across gender). Among those ever tested, 8.0% reported being HIV positive: 17.4% transgenders, 7.4% females and 4.9% males. Overall, 7.8% admitted having a STI, 2.3% HBV and 7.0% HCV (mostly injecting drug users). A significantly higher proportion of HIV-positive SW reported having a STI, HBV or HCV compared to those HIV-negatives. In multivariate analysis, SW not tested were more likely to be foreigners (OR:1.70, 95%CI:1.18-2.43), non-employed (OR:1.72, 95%CI:1.16-2.58), unaware of HIV testing confidentiality and gratuity (OR:3.34, 95%CI:2.01-5.57), not reached with HIV prevention campaigns (OR:1.98, 95%CI:1.43-2.73), and to report inconsistent condom use with clients (OR:1.75, 95%CI:1.06-2.89). Around 24% had their last test in outreach structures and 19.2% in VCT centres. The main reasons for never been tested were perception that HIV testing isn't important (29.5%), fear of result (16.8%) and unknowing where to test (15.8%). Compared to those tested, SW not tested reported higher inconsistent condom use with clients ($p=0.005$) and non-paying partners ($p=0.008$). Community-based integrated strategies aimed at increasing HIV/STI testing uptake and intensifying promotion of consistent condom use in SW should be supported, especially in most-at-risk subgroups.

PO2/05 Effectiveness of Increasing HIV Testing in Primary Health Care Based on Behavioural Criteria and Indicator Conditions

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Objective: To estimate the effectiveness of HIV testing in patients in Primary Health Care (PHC) based on behavioural criteria and indicator conditions. Methods: We undertook a cross-sectional study in which HIV testing was offered to a convenience sample of patients attending PHC who had at least one indicator condition and/or one of the proposed behavioural criteria. The indicator conditions were: malignant lymphoma, anal or cervical dysplasia/cancer, hepatitis B/C, infectious mononucleosis, unexplained leukopenia or thrombocytopenia, seborrhoeic dermatitis/exanthema, pneumonia, unexplained lymphadenopathy, peripheral neuropathy, primary lung cancer, severe or recalcitrant psoriasis, any sexually transmitted infection, herpes zoster and candida in the oral cavity. Behavioural criteria included: Unprotected sex with people of unknown HIV serostatus, among others. Results: Between August 2012 and January 2014, 248 patients were recruited, 130 were men (52.4%) and 95 (38.3%) were migrants. One hundred and two patients had an indicator condition, the most common being STIs (31, 30.4%), seborrhoeic dermatitis/exanthema (15, 14.7%), hepatitis B (11, 10.8%) and cervical dysplasia or cancer (9, 8.8%). The most common behavioural criteria

for HIV testing were: having had unprotected sex with someone of unknown HIV serostatus (182, 73.4%), having concurrent sexual relationships (80, 32.4%), requesting emergency contraception (50, 20.6%), a history of incarceration or having tattoos without universal precautions (40, 16, 1%) and being a man who has sex with men (MSM) (30, 12.1%). Three patients were diagnosed with HIV infection (1.2%); all were MSM and two of them had an indicator condition: syphilis and ongoing mononucleosis-like illness. Conclusion: The HIV diagnosis rate of 1.2% reported is well above the cost-effectiveness threshold of 0.1% suggested for HIV diagnosis in the general population and suggests that the behavioural criteria and indicator conditions employed in this study would improve early diagnosis of HIV in Primary Health care in Spain.

PO2/06 Management of Routine HIV Testing through Voluntary Counseling and Testing Services among TB-positive Patients in Ukraine

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Objectives: Tuberculosis (TB) has been a major public health problem for centuries and is the leading cause of morbidity and mortality of patients with human immunodeficiency virus (HIV)/acquired immune-deficiency syndrome (AIDS). Experts associated the worsening of epidemic situation with TB in the world with the rapid growth of HIV prevalence. TB has been ranked among the AIDS-indicator diseases (58.4%) and is the leading cause of mortality among people living with HIV/AIDS in Ukraine. Methods: Ministry of Healthcare of Ukraine is introducing the services for voluntary counseling and testing for HIV (VCT) among risky groups (injecting drug users, homeless and others) and TB-positive patients among them. It was developed and approved strategy of increasing access to VCT services through the use of rapid HIV tests, but the question of training for the physicians, dealing with HIV/TB positive patients. Results: Implementation of VCT training of the physicians, provides sufficient information about the danger prognosis for delayed implementation of preventive and therapeutic measures for each patient in case of HIV/TB co-infection. and, conversely, a positive result in case of timely implementation of appropriate appointments. It is necessary to motivate each patient regarding the advisability of testing for HIV for making informed and voluntary decisions about HIV testing, provide necessary advice of appropriate medical specialist psychologist after the test result. The main goal of VCT training is the development of patient adherence to TB treatment or HIV/TB co-infection, taking into account that TB refers to a curable disease, and the efficiency of its treatment depends on the course of HIV infection. Conclusions: Accessibility of VCT could help in further motivating TB-positive patients to undergo testing for HIV and the efficiency of practical VCT training of physicians, working with such patients, is likely to play crucial role as entry point for HIV care and support.

PO2/07 Human Immunodeficiency Virus (HIV) Testing among Childbearing Aged Women: who is at risk?

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Objective: Although prenatal HIV infections are declining, many women of childbearing age are unaware of their HIV status. The aim of this study was to estimate prevalence of unknown HIV status and to explore its associated risk factors among childbearing aged women. Methods: Responses were analyzed from 74,607 adult women of childbearing age (18-44) who participated in the 2012 Behavioral Risk Factor Surveillance System (BRFSS). Women who answered "No" to the BRFSS question: "Have you ever been tested for HIV?" were classified as women with unknown HIV status. Descriptive statistics, Chi-square tests and logistic regression were done using SAS Proc Survey, to account for BRFSS's multistage complex survey design and sample weights. Results: Overall, 45% (95% Confidence Interval [CI]: 44.4-45.8) of women have never been tested for HIV. Of these women, 37% were 18-24 years old, 69% non-Hispanic White, 31% un-employed, 21.8% had no health coverage, 3.5% high risk behavior, 43.2% income more than \$50,000 and 38.9% of them had less than high school diploma. After controlling for cofounders, those with no health coverage (OR=0.87, 95% CI: 0.8-0.9), less education (OR=0.84, 95% CI: 0.77-0.92), more income (OR=0.65, 95%CI= 0.57-0.73) as well as those who were non-Hispanic White (OR=0.8, 95% CI: 0.73-0.88) and younger (OR=0.41, 95%CI: 0.37-0.46) were significantly less likely to take HIV test. Conclusion: Having no insurance, less education, more income, being non-Hispanic White, and younger are significantly associated with unknown HIV status among women of childbearing age. Our findings highlight the need to continue provider and consumer education to provide access to routine HIV screening to all women, regardless of age, race and socio-economic status.

Poster category 3: Key populations

PO3/01 IDU Access to Testing and Hepatitis B Vaccination, Odessa, Ukraine

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Objectives: Approbation of activity on Prophylaxis of virus hepatitis B among IDUs in the framework of harm reduction project. Methods: 7066 tests were conducted on hepatitis B (HBsAg) among IDUs in conditions of outreach. Criteria of selection: were not tested earlier or were tested and got negative result. 1333 IDUs were provided with social service for three vaccinations. Test of hepatitis B (HBcAb) were made before vaccination. The vaccination is held in medical authority. The conduction of an interview was made before the 1st vaccination and after 3rd revaccination; an interview with IDUs who rejected revaccination. Results: 94% of IDUs had a full course of vaccination (1257 of IDUs out of 1333). The reasons of not going through a full course of vaccination are myths, prison, change of accommodation place, death. Side effects were present for 5% of IDUs and were not the reason for revaccination reject. IDUs with long term of drug usage 32% (7-9 years), 30% (10-15 years) and high behavior risks are involved into vaccination. During last 6 months only 42% of IDUs used sterile syringes; only 38% of IDUs didn't use injection drugs which earlier were held in the plates of common use. 34% of IDUs had more than 1 sex partner and only 13% of them used condoms. Conclusion: IDUs didn't have the excess to the programs of hepatitis B prophylaxis. Only 5% of IDUs had tests of hepatitis B earlier. Nobody had vaccination. Social service helps to reach high involvement of IDUs into vaccination (94%). Prophylaxis of virus hepatitis B is one of key elements of medical help for injection drug users and should be dealt with as an essential component of harm reduction program.

PO3/02 Migrant Screening for Viral Hepatitis: Two Feasible Strategies in Universities and Workplaces in Grampian, Scotland

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Background and objectives: World-wide, key causes of liver cancer and cirrhosis are chronic viral hepatitis B and C infections. Early case-finding is challenging for these conditions which are usually asymptomatic. The EU-funded HEP-SCREEN Project explores models for viral hepatitis screening among migrant populations. In Grampian, Scotland this involved university and workplace settings. No publications had been identified of viral hepatitis screening models in such settings prior to this. Methods: Two models were piloted for viral hepatitis case-finding. One through university settings, piggy-backed onto a migrant tuberculosis screening programme. The second model offered screening at food-processing businesses with a high proportion of migrant workers. Short briefings, posters, translated written information and consented blood-testing were offered to the target populations on-site. Non-migrant workers were similarly offered screening in order to minimise stigma at the sessions. Confidential screening was provided with the assistance of interpreters, when required. Written results were communicated to each individual by post or email and to their general practitioner. Results: Overall uptake of screening was 32% (518 individuals of 1632 offered screening) for hepatitis B, hepatitis C (and HIV), implemented in 17 sessions in two university and seven workplace sites, involving eight businesses in total. Sub-Saharan African and Eastern European migrants were the main proponents of the university and workplace settings, respectively. Eight cases of chronic hepatitis B and five chronic hepatitis C were identified, most of which were new diagnoses. Further 45 and two individuals presented evidence of past exposure, respectively. All chronic cases were promptly referred to the local Liver Service for further assessment and treatment when indicated. Conclusions: Screening on-site at university or in the workplace is a feasible model for case-finding viral hepatitis among migrants. Further investigation is required regarding variation in screening uptake amongst workers across different sites.

PO3/03 Checkpoint Zagreb: A Successful Start of a Community Based HIV and HCV Testing Site in Zagreb, Croatia

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The first community-based center for HIV and HCV testing (Checkpoint-Zagreb) in Croatia was established in May 2013. It targets primarily young people and offers rapid oral fluid tests for HIV and HCV with linkage to care. Objective: To describe the main characteristics of the clients of Checkpoint-Zagreb (CPZ) and assess the prevalence of HIV and HCV infection as well as linkage to care. Methods: We describe our data with frequencies, rates and medians. Included into the analysis were all clients seen at Checkpoint-Zagreb in the period May 2013 to April 2014. Results: During the one year period there were 115 working days with a total of 460 working hours. A total of 1781 persons (males, 60%) contacted CPZ, and 1706 had been tested. The median age was 28 years (p25-p75, 24-35). Of 1781 persons 50% were employed, 30% were university students and 20% were unemployed; 305 (19%) reported having had a sexually transmitted infection. Of 1641 HIV tests performed, 17 were positive (1.04%, 95% CI 0.63 to 1.67%). There were 346 (21.1%) men who had sex with men of whom 10 (2.9, 95% CI, 1.5 to 5.3%) were HIV infected and 126 (36.4%) had never been tested before (4 of 126 were positive). Of 1413 HCV tests performed, 12 were positive (0.85%, 95% CI 0.47 to 1.50); two of 12 HCV infected persons reported injection drug use. Of 17 HIV infected persons, 14 (82.4%) were linked to care; median time to integration to care was 4.5 days and the median CD4 cell count was 370.5 per mm³. Of 94 persons who entered care in Croatia in the period May 2013 to April 2014, 15% were linked from CPZ. Conclusion: CPZ attracted a considerable number of gay men and contributed significantly to detection of new HIV infections in Croatia.

PO3/04 Socio-demographical and Behavioral Characteristics of Sub-Saharan Africans (SSA) Attending a Voluntary Counseling and Testing (VCT) Centre in Brussels

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In 2012, Belgium had the highest rate of new HIV diagnoses in Western Europe, 55% were non Belgians, among whom 62% came from Sub-Saharan Africa. Objectives: To analyse, over a 5 years period, HIV prevalence, socio-demographical and behavioral characteristics of SSA attending a VCT centre that offers anonymous and non anonymous testing. Methods: Calculation of prevalence and analysis of venue-based homemade questionnaires with SAS 9.2. Results: Between 2008-2012, 13.839 persons were tested, 15% were SSA. Overall, new HIV infections per 100 tests were 1,3% (0,2% in Belgium). In SSA, HIV prevalence was 3.2% (max: 4% in 2012), 4,9%♀ (6,8%♀ anonymously tested), 1,8% nonMSM, 3,9% MSM. *Socio demographical characteristics of SSA:* 38% women, 62% men (10% MSM), median age 30 years, 43% high education and 51% unemployed. Increase of SSA illegal immigrants to 17% and had no health insurance to 20%. *Behavioral characteristics:* 46% practiced oral sex (50%♀, 48%♂, 84%MSM), 16% anal sex (9%, 30%♂, 12%nonMSM), 18% with multiple concurrent partners (12%♀, 22%♂), 15%♂ clients of prostitutes, 1,7% transactional sex (1,2%♀, 2%♂). In the last 12 months, 56% had 2 to 9 partners (47%♀, 62%♂) and 17%♀ always used condom for penetration, for men it decreased from 28% to 22%, 3%♀ always used condom for oral sex, 5%♂. Unprotected sex because of substance use increased from 14 to 69% (9 to 71%♀) and used >2 illegal drugs from 1,0% to 3,6% (cocaine: +2,3%, cannabis: +1,7% and speed: +1,5%). *Other findings:* "never been tested" decreased from 32% to 28%, 76% were unaware of post-exposure prophylaxis treatment and 58%♂ had no general practitioner (43%♀). Conclusion: Over the last 5 years, among SSA tested: 10% were MSM. HIV prevalence increased with high proportion of social vulnerability, multiple partners, unprotected sex because of substance use and low condom use.

PO3/05 Localities Councils Increase Access for Key Populations to HIV Services in Central Asia

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HIV epidemics in the Central Asian countries mostly affect the key populations (KPs) of PWID, MSM and sex workers. Outreach, funded by donors, can reach some of these key populations, but access to HIV and other necessary health care services - funded mostly by governments in these countries - remains limited for KPs. Localities Coordination Councils (LCC) - committees comprising government health centres and outreach NGOs - have been established in pilot sites in three countries to help link outreach and clinical services, reduce barriers to access and increase the range of services accessed by KPs. Through focus groups with KPs in each pilot site and use of a metric scale of the range of services available in each geographic areas, we compared access by KPs to specific HIV and related services in 2013 against the results of a similar baseline study in 2011. Major findings included: · The regular meetings of LCC improved collaboration between governmental and non-governmental health service providers, which resulted in increased access to services by KPs in all localities. · Large majority of KPs in all localities reported having improved access to health care services at primary health care level. · Higher client satisfaction rates were found, particularly in relation to HIV testing and treatment, ART, OST, gynecological and TB diagnostics and treatment services. · Across all localities, KPs reported positive changes in the attitudes of the health care providers towards them. LCC Scaling can assist in increasing access by KPs to HIV testing and care and to related health care services. The specific characteristics of the Councils established in Central Asia may be of use to HIV programs in other parts of the EE/CA region, and the metrics used to measure ranges of services for KPs may be useful globally.

PO3/06 Access to Chronic Viral Hepatitis Treatment across Europe: Differences in Availability of Options and between Vulnerable Population Groups

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Europe is still 'behind the curve' of chronic viral hepatitis-related mortality; getting ahead requires both screening among higher risk groups and access to antiviral treatment. This study, part of the EU-funded HEPscreen project, investigated availability of approved treatment options across six EU countries as well as whether restrictions in treatment entitlement exist among vulnerable risk populations. An online survey was developed, translated, and sent to experts in gastroenterology, hepatology and infectious disease in six European countries: the UK, Germany, the Netherlands, Hungary, Italy and Spain, in mid-2012. We aimed to reach between 5-10 secondary care clinical specialists. For each country, we measured (using ordinal scales) whether treatment restrictions exist for each antiviral approved for treatment of chronic viral hepatitis in Europe. Further, we explored whether restrictions in entitlement to treatment exist for marginalised populations. We received 61 responses; all but three have a clinical role and 95% see chronic hepatitis patients weekly. All but three (of the 58 clinicians) are specialists in gastroenterology, hepatology or infectious disease. Hepatitis B treatment is generally available for use with few restrictions. Interestingly, Boceprevir/Telaprevir are more restricted, especially in Hungary where all specialists indicated these cannot be prescribed. The least restrictions among population groups are reported in Italy and the most restrictions are reported in Hungary. We found discordance of opinion among professionals within countries about which patients are entitled to what care among undocumented migrants, people without health insurance, asylum seekers and PWID. We expected differences between

countries, due to health system organisation, but not such differences within countries. Our findings suggest that health care entitlement guidance is unclear, unavailable or unknown to clinicians most involved in treating patients. Restrictions in treatment entitlement partly explain and maintain the lack of screening among at-risk migrant groups and the large undiagnosed burden of viral hepatitis.

PO3/07 HIV Test: Which Is your Best? A National Survey on Testing Preferences among MSM in Italy

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Methods: An internet-based survey was conducted between March 10 and April 3, 2014. The survey was promoted on Plus onlus social networks (Facebook, Twitter) and gay websites (plus-onlus.it, gay.it). Results: 348 questionnaires were collected. Responders were 88% male, aged 25-34 (35%) and 35-44 (25%), living in Lombardia (20%), Emilia-Romagna (16%), Lazio (12%), Toscana (10%) and Veneto (10%). Most identify themselves as homosexual (81%) or bisexual (9%). 56% had an HIV test within 2 years, 18% never tested for HIV: among them, 39% had more than 2 sexual partners in the past year and 44% never or only sometimes used condoms. Most known places to have an HIV test are hospital (95%), STI clinic (58%) and chemical analysis laboratory (54%); most used places are hospital (73%), STI clinic (30%), laboratory (22%) while 5 reported having had a self-test at home though not allowed in Italy. Preferred places is self-testing at home (53%), hospital (36%), pharmacy (32%) and headquarter of an organization (31%). Most known testing method is draw blood from vein (97%), which is also most used (80%) but the least preferred (31%) against saliva (65%) and finger prick (56%). HIV test is known to be performed by physicians (84%) and nurses (77%), most had an HIV test with them (60% and 65% respectively). Physicians are the preferred operator (54%) followed by self-testing (46%), nurses (46%) peer-volunteers (39%). The ideal HIV test should be: reliable (86%), with no medical prescription (75%), free (63%), rapid (55%), with no personal information collected (45%), with the opportunity to speak with a peer-counselor (36%). Conclusions: Changing HIV testing policies in Italy is urgently needed. Home-testing and community-based testing seem to be among the best ways to offer new opportunities though they may require a change in the legal, social and cultural context to be implemented.

PO3/08 Overview of HEPHIV Screening Diagnostics among Commercial Sex Workers and Drug Users in Lviv Region (Ukraine) Using Mobile Clinic in 2009-2014

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Background: Since October 2010 till present time Charitable Salus Foundation and Lviv Regional AIDS Center implement project " HIVHEPATITIS prevention by increasing access to HIV, B and C hepatitis VCT(voluntary testing and counseling), among drug users (DU) and commercial sex workers (CSW) in Lviv region" using mobile clinic (MC).The initiative is supported by International HIV/AIDS Alliance in Ukraine. Methods: Specially equipped bus - MC is used for this intervention. MC works daily except Saturday and Sunday visiting highest HIVHEP rate places all over Lviv region (2,5 million population) providing DU and CSW with syringes, condoms, information materials and rapid testing for HIV, hepatitis B and C. Shampoos, lipsticks, hand creams medications are distributed among DU and CSW as a motivation for those clients who passed HIVHEP test. Results: During October 2010 - May 2014 8198 rapid HIV test were made (302 positive results), 4452 Hepatitis B rapid tests (335 positive results) 4470 Hepatitis C rapid tests (674 positive results). Conclusions: Taking into consideration obtained data such intervention is very needed and welcomed by key population representatives. Hepatitis C is dominant diagnosis among MC visitors. There are a lot of patients with HIVHEP coinfection and this is big challenge for the patients because hepatitis treatment in most cases is not available. In great importance continuation of performed services and development of hepatitis treatment opportunities for key population representatives in local and national levels.

PO3/09 Current Hepatitis B and C Screening Practices for First Generation Migrants and Barriers to Screening: Results from an Online Questionnaire Survey of Experts in Germany, Hungary, Italy, The Netherlands, Spain and UK

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Objectives: First generation migrants (FGM) from just five countries, all with intermediate or high Hepatitis B endemicity, contribute an estimated 25%-45% of the total Chronic Hepatitis B burden in Spain, UK, Germany and the Netherlands. Similarly, epidemiologic studies also estimate a high burden of Chronic Hepatitis C among migrants residing in the study countries. Highly effective antivirals are available, however early detection is crucial. As part of the EU-funded 'Hepscreen' project, our study aimed to explore among health professionals in Germany, the Netherlands, Hungary, Italy, UK and Spain current Hepatitis B/C screening practices (among FGM) as well as perceived barriers to screening. Methods: An online survey in the national languages of the six EU countries was conducted in mid-2012 among expert healthcare professionals. We investigated how common it is to screen new/resident migrants and asylum seekers for Hepatitis B/C. A five-point Likert scale was used to explore agreement with potential barrier statements as explanations of the limited existence/uptake of migrant screening. Results: Responses (n=135) to current Hepatitis B/C screening practices were highly divergent but show that, in most cases, screening of both new and resident migrants is not commonly practised in the six countries. Respondents also indicated that asylum seekers are only rarely screened. A subjective feeling of being healthy, low awareness of the disease, available screening, treatment options, and of the high rates of infection in countries of origin were barriers that explain the low screening uptake among migrants. The lack of trans-

lated information materials and interpreters were identified as healthcare service-level barriers. Conclusion: Sporadic screening among migrants both explains and maintains the large undetected burden of disease and further exacerbates health inequalities between migrants and non-migrants. Preventing the predicted hepatitis-related mortality peak in the EU urgently requires standardized, resourced and effective screening protocols and practices among migrant populations.

PO3/10 Operative Medical Examination of Refugees Under Military Activities

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Introduction: Due to the war situation caused by annexation of Autonomy Republic of Crimea by Russian Federation, which practices its repressive laws and nonhuman treatment towards people who use drugs, the Opiate Substitution Therapy (OST) has been closed there. As a result, 806 patients remained without vital treatment. In connection with the 'International HIV/AIDS Alliance in Ukraine' with the financial support of the Renaissance Foundation, support is to the OST patients. Objectives: Ministry of Health (MOH) of Ukraine has approved the decision to organize medical help of this category for Crimean refugees. Crimean OST patients are provided with an opportunity to continue treatment in the healthcare facilities on the inland Ukraine territory. About 30 OST patients came to live in Kiev, the capital of Ukraine, during April/May 2014. They have temporary accommodation and meals, as well as OST, funded by the project. Methods: Patients were directed to two sites - buprenorphine and methadone. Before including to OST Program, patients have had medical examination, as well as questionnaire survey. Medical Commission included narcologist, infection-diseases doctor, and therapist. At the same time, laboratory tests for each patient were performed, namely, blood and urine tests, biochemical tests, rapid tests for HIV antibodies, viral hepatitis B and C, and syphilis. Samples of sputum were collected and directed to tuberculosis (TB) dispensary for GeneXpert investigation of TB. Results: This kind of energetic work allowed revealing patients, who is in need of urgent hospitalization in the hospital (AIDS hospital or TB dispensary). During medical examination, we revealed two TB patients and 25 with chronic viral hepatitis C. All positive rapid tests were confirmed in the Reference Laboratory. Conclusion: Using rapid diagnostic tests and methods allowed us to identify patients for adequate medical treatment and care and improve their quality of life. Such methods are especially useful in extreme conditions on territories involved in the military conflicts.

PO3/11 Scaling up of MARPs access to HCV diagnostics and treatment in Ukraine

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Objectives: Ukraine has the highest rate of viral hepatitis C (HCV) infection within the European region. The peculiarity of epidemiological situation in Ukraine is significant prevalence of HCV in MARPs. The prevalence of HCV in IDUs is up to 60%; this number reached the most crucial point in HIV-positive IDUs (83.7%) and in patients with HIV/TB co-infection (87.2%). In Ukraine before 2010 access to HCV diagnostics and treatment for MARPs was very limited due to high price for diagnostics and treatment, absence of National Hepatitis Program and discoordination among the regions. National register of HCV patients was created only in 2009. Methods: In 2010-2012 Alliance Ukraine started providing large-scale HCV screening in MARPs and HCV integration into harm reduction programs. In 2011-2013 community mobilization, advocacy, trainings, and negotiations with commercial laboratories on harm reduction for lab diagnostics for MARPs were organized. In 2014 Alliance Ukraine started HCV treatment in 100 HIV-positive SMT patients. Results: Since 2010 till 2014 cumulatively 136,890 HCV tests for MARPs have been conducted, 87 NGOs involved, HCV rapid testing in 25 regions of Ukraine was delivered; the price for HCV laboratory diagnostics was decreased by 50% for MARPs. With support from the Global Fund, Alliance was able to negotiate the procurement of drugs for the 48-week course (pegylated interferon and ribavirin) with price reduced by 2.5 fold, which has become an incentive to decrease prices at national level. State National Program and HCV Guidelines were developed and approved. Conclusions: The next steps will be launching of new HCV drugs at Ukrainian market and their integration into national treatment guidelines. This year we plan to start treatment for 1,500 HCV patients from most vulnerable groups with DAA once negotiations on price reduction are completed and try to allocate more funds from national and local budgets.

PO3/12 The results of the research on availability of hepatitis C testing among IDUs which was made by Non-Profit Partnership ESVERO under the Program «Sustaining access to HIV prevention and treatment services for IDUs in the RF» with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria

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Introduction: The research was made in 31 Russian cities in the period from April till May among IDUs who are clients of low-threshold projects and also among IDUs who are not clients of this projects. The research was carried out by formal interviews. The research covered 5221 IDUs, of which 2483 IDUs were projects' clients and 2738 IDUs - non-clients. Results: As a result, it was revealed that 33.1% surveyed IDUs passed testing for hepatitis C during the year, 51.3% - ever, 15.6% IDUs - had never been tested for hepatitis C. The experience of testing for hepatitis C among IDU clients and IDU non-clients varies considerably: almost every second IDU client had been tested for hepatitis C either within one year (42.0%) or ever (48.1%), non-clients: 23.3% - during the year, 54.8% - ever before. 32.6% male IDUs and 34.1% female IDUs were tested for hepatitis C during the year; testing experience ever is slightly more common among male IDUs than among female IDUs: 52.7% versus 48.7%. Every second of IDUs (46.4%) reported that he was diagnosed with hepatitis C. Among IDU clients it was 49.1%, non-clients - 43.4% (the difference is statistically significant: $2 \leq 0,001$). Conclusion: The problem of hepatitis C is relevant for IDUs (2405 IDUs from 5221 indicated the presence of hepatitis C). However, the testing for HIV and tuberculosis is free of charge but the hepatitis C testing is less accessible and is carried out on a fee basis. Accessibility to testing is significantly different for IDUs who are clients of low-threshold projects and IDUs who do not use the services of the projects due to the close interaction of low-threshold projects and trusted specialists. The data presented indicates systematic testing IDU clients as one of the results of the low-threshold projects in Russia.

PO3/13 Scaling up the HCV response: Community testing, linkage/re-linkage to care among people who ever used drugs

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Objectives: Increase HCV knowledge among former PWID/PUD; provide HCV and HIV screening and linkage of reactive to results to care or re-linkage of those lost to follow-up by the health services. Methods: Outreach collective sessions conducted in therapeutic communities, shelters and settings with high prevalence of former PWID consisting of learning about hepatitis C: transmission, disease progression and treatments. Anonymous questionnaires (socio-demographic, condom and drug use, previous testing and diagnosis questions) with anonymous oral fluid HCV and HIV rapid tests offered at point of contact. Participants with reactive result are offered confidential active referral to specialized care. A member's team offers to accompany to first medical appointment. The same procedure is proposed to people previously tested/diagnosed but lost to follow-up. Results: In 3 pilot sessions, 62 people (58 men, 4 women; 75% Portuguese; average age 46) filled the questionnaire; Sixteen (26%) were aware of their hepatitis infection, in 15 associated with drug injection, but only one was under regular medical care. Five HCV cases were HIV positive. In the sample, 23 reported injecting drugs. We performed 32 HCV and 27 HIV tests, excluding those with HCV infection; among drug injectors, 5 were tested and all had reactive results while 3 did not agree to be tested. One additional reactive result did not report ID. There were no HIV reactive results. All reactive results or having a previous HCV diagnosis but not in healthcare accepted to be linked to care (n= 21). Conclusion: This pilot showed unacceptable rates of people lost to follow up and a reasonable number of new HCV reactive results, favoring combined interventions.

Poster category 4: The treatment cascade

PO4/01 Changes in the Epidemiology of Hepatitis C Virus Co-infection in Recent Years in the PISCIS HIV Cohort, 1998-2012

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Objectives: Co-infection with hepatitis C virus (HCV) is a pressing problem for people living with HIV (PLWH). Recent changes in HCV epidemiology and transmission routes and treatment options highlight the need to strengthen current surveillance systems to allow detection of significant changes in incidence. Our objectives are to describe the incidence of HCV infection in the PISCIS Cohort of HIV positive persons to determine whether anecdotal reports of acute HCV infections in MSM in Catalonia are captured. Methods: The PISCIS Cohort is a multi-centre, observational study of HIV infected individuals aged >16 first followed up at fourteen participating hospitals in Catalonia and the Balearic Islands after Jan 1998. Between Jan 1998-Dec 2012, 14673 HIV seropositive patients were included (73726 person-years of follow-up [PY]). All HCV seronegative patients who had >1 follow-up measurement were included in this analysis. HCV incidence rates per 100 PY were calculated. Results: Of 4258 patients included, transmission group distribution was: IDU 176 (4.15%); 2179 (51.3%), MSM; 1113 (25.9%) heterosexual and 376 (8.7%) unclassified. Over a total of 16480 PY, 271 (6.4%) patients seroconverted, the incidence highest being in IDU, followed by MSM and heterosexuals: 8.1, 4.3 and 4.0 per 100 PY, respectively. Incidence declined from 2.6 (95% CI: 1.3-4.6) in 1998-1999 to 1.3 (95% CI: 0.7-2.4) per 100 PY in 2003, thereafter rising steadily to a peak incidence of 2.2 PY (95% CI: 1.4-2.3) in 2012, when most incident cases were in MSM. Conclusion: HCV incidence in the PISCIS Cohort is primarily driven by IDU, although the steepest rise in incidence in recent years is in MSM, consistent with recent reports of acute HCV infections. This study provides further evidence to support improved prevention against HCV infection in PLWH and access to new therapies for HCV infection.

PO4/02 Prevalence, Risk Factors and Genotype Distribution of HCV Infection among Patients Living with HIV in North-eastern Poland

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HCV infection is responsible for liver damage and both liver-related and unrelated morbidity and mortality in patients living with HIV. The aim of the study was to evaluate the prevalence of HCV infection among HIV positive patients treated in Białystok center, along with seropositivity risk factors and genotype evaluation. Materials and methods: Patients with confirmed HIV infection treated in one of 17 HIV/AIDS referral centers in Poland who had HCV serological results available were enrolled. Demographic data, serological and molecular results regarding the HCV and HBV infections were analyzed using Statistica PI software. Results: Anti-HCV antibodies were detected in 325 out of 457 patients enrolled (71.1%). The highest seroprevalence was found in 30-40 years old group - 81%. The HCV RNA was detected in 195 out of 233 samples tested. The HCV genotype analysis (n=193) showed genotype 1 predomination -37.3%, followed by genotypes 3 - 32.1% and 4 -30.6%. In multivariate regression analysis ivdu way of HIV infection (OR 125.1; 95% CI 10.75-1453.6), incarceration (OR 4.45; 95% CL 1.141-17.39) and younger age at the HIV diagnosis (OR 0.857; 95% CL 0.749-0.981) were identified as risk factors of HCV infection. Concluding, HIV/HCV coinfection remains an important medical problem in North-Eastern Poland, affecting over 70% of patients with HIV-infection. Intravenous drug use, incarceration and young age are significant risk factors of co-infection underlying the necessity anti-HCV testing in this population. In contrast to HCV-monoinfection the distribution of HCV-genotypes in HIV-HCV coinfection shows higher diversity.

PO4/03 Sexual Orientation and High Risk Behaviors Are Not Associated with Being Lost-to-Care after HIV Diagnosis: Data from Test and Keep in Care (TAK) Project

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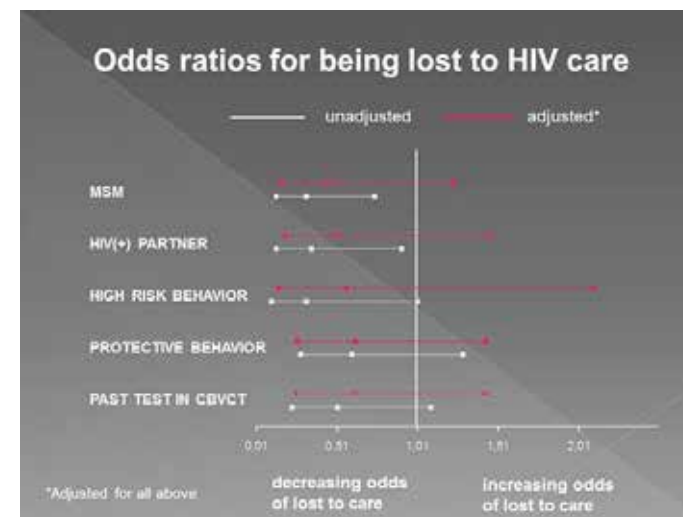
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Background: Linkage to professional healthcare after HIV diagnosis needs improvement world-wide. TAK project aims to identify factors related to being lost to care after HIV diagnosis in central region of Poland. Methods: Data from community-based voluntary counselling and testing (CBVCT) and HIV clinics (HCS) were linked using Western-Blot number. Persons not registered in HCS were considered lost to care (LTC). High risk sexual behavior included 5 of : alcohol, drugs use during sex, receptive sex, bisexual partner, >20 partners, being diagnosed with STI and not using condom in occasional sex. Protective sexual behavior included using condom in stable or occasional relation, partner testing. In statistical analysis Chi-squared and Kruskal-Wallis tests were used for group comparison (MSM vs. other). A multivariable logistic regression model investigated factors associated with being LTC including variables with p< 0.1 in univariable models. 95% confidence interval was accepted. Results: 110 persons were diagnosed HIV-positive in 2010 and 2011. Until 15/08/13 47 (42.3%) persons were (LTC). 90.9% living in central Poland, 4.6% female, 78 (70.9%) MSM. Median age was 26.7 (IQR: 23.1-32.3) years. Baseline characteristics comparing MSM to other sexual orientations are shown in Figure1.

	MSM N=78	Other N=32	P value
Age in years median, IQR	27.8 (23.7-32.2)	29 (22.5-34.8)	0.60
Higher education n%	62 (79.5)	25 (78.1)	0.87
HIV (+) partner n%	26 (33.3)	2 (6.25)	0.03
High risk behaviors n%	61 (78.2)	17 (53.1)	0.01
Protective behaviors n%	15 (19.2)	6 (18.75)	0.95
Test in past n, IQR	2 (1-4)	1 (0-1)	0.0005
Test in CBVCT n%	50 (64.1)	12 (37.5)	0.01
Lost to care n%	27 (34.6)	20 (62.5)	0.01
For persons integrated into HIV care			
Months to registration n%	17 (14-36)	12 (8-14)	0.004
Late to care (>15 days) n%	25 (49)	2 (16.7)	0.05
CD4 at diagnosis median, IQR	397 (306-496)	484 (395-599)	0.08
Latest CD4 median, IQR	457 (339-550)	540 (431-624)	0.14
HIV RNA at diagnosis median, IQR	44154 (9148-110463)	25710 (5859-62447)	0.30
Latest HIV RNA median, IQR	3716 (76-34355)	452 (40-5813)	0.11

[Baseline characteristics]

In univariable logistic regression MSM, having HIV-positive partner, history of CBVCT testing and high risk sexual behavior decreased the odds of being lost to care, however none of this factors remained statistically significant in multivariable model (Figure 2).



[Odds ratios for LTC]

Conclusion: Sexual orientation and high risk behaviors had no significant effect on linkage to care, however our data suggest that persons at higher risk of HIV infection might be less likely to be LTC. Educational interventions during HIV testing may improve future linkage to professional healthcare.

PO4/04 Incidence of Hepatitis C Virus (HCV) in a Multicenter Cohort of HIV-Positive Patients in Spain 2004-2011: Increasing Rates of HCV Diagnosis but Not of HCV Seroconversions

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Objetives: We aim to describe rates and risk factors of Hepatitis C Virus (HCV) diagnoses, follow-up HCV testing and HCV seroconversion from 2004 - 2011 in a cohort of HIV-positive persons in Spain. Methods: CoRIS is a multicentre, open and prospective cohort recruiting adult HIV-positive patients naïve to antiretroviral therapy. We analysed patients with at least one negative and one follow-up HCV serology. Incidence Rates (IR) were calculated and multivariate Poisson regression was used to estimate adjusted Rates Ratios (aIRR). Results: Of 2112 subjects, 53 HCV diagnoses were observed, IR=0.93/100 p-y (95%CI: 0.7-1.2). IR increased from 0.88 in 2004-05 to 1.36 in 2010-11 (aIRR=1.55; 95%CI: 0.37-6.55). In men who have sex with men (MSM) from 0.76 to 1.10 (aIRR=1.45; 95%CI: 0.31-6.82); in heterosexual (HTX) subjects from 1.19 to 1.28 (aIRR=1.08; 95%CI: 0.11-10.24). HCV seroconversion rates decreased from 1.77 to 0.65 (aIRR=0.37; 95%CI: 0.12-1.11); in MSM from 1.06 to 0.49 (aIRR=0.46; 95%CI: 0.09-2.31); in HTX from 2.55 to 0.59 (aIRR=0.23; 95%CI: 0.06-0.98). Rate of follow-up tests increased from 34 to 85 per 100 p-y; in MSM from 31 to 89 per 100 p-y; in HTX from 38 to 78 per 100 p-y. HCV infection risk was higher for injecting drug users (IDU) compared to HTX (aIRR=9.63; 95%CI: 2.9-32.2); among MSM, for subjects aged 40-50 compared to 30 or less (IRR=3.21; 95%CI: 1.7-6.2); and among HTX, for female sex (aIRR=2.35; 95%CI: 1.03-5.34) and < 200 CD4-count (aIRR=2.39; 95%CI: 0.83-6.89). Conclusions: We report increases in HCV diagnoses rates which seem secondary to intensification of HCV follow-up testing but not to rises in HCV infection rates. HCV IR is higher in IDU. In MSM, HCV IR increases with age. Among HTX, HCV IR is higher in women and in subjects with impaired immunological situation.

PO4/05 Treatment Outcome of HART-treated Patients in a Resource-limited Setting: The Belgrade Cohort Study

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Introduction: We evaluated the effects of highly-active-antiviral-therapy (HAART) in a resource-limited settings. Methods: A cross-sectional study was performed in patients who had initiated HAART at the HIV/AIDS-Center, Belgrade, Serbia. Treatment response was considered favorable in case of the achievement of undetectable HIV RNA plasma-viral-load (pVL < 50 copies/mL), and with the CD4+ T-cell counts increased above 350 cells/mL. The treatment failure was defined as pVL over 1.7 log₁₀ copies/mL, regardless of immunological improvement. Results: Eight hundred and forty HIV infected patients were followed-up for 8.2-3.4 years. Out of 697 patients available for follow-up, 113 (16.2%) patients died, 44 (6.3%) experienced treatment failure, while 540 (77.5%) had sustained undetectable viremia. In 419 (60.1%) favorable treatment response was achieved, while the dissociation between immunological and virological responses to HAART occurred in 121 (14.4%). A baseline CD4+ T-cell counts above 200 cells/mL was the single independent predictor of a favorable treatment response (HR = 2, 95%CI = 1.69-2.61, P = 0.001), while pre-treatment with ART, HCV co-infection and AIDS at the time of treatment initiation, were all factors preventing a favorable response (HR = 0.27, 95%CI = 0.19-0.36, P = 0.001; HR = 0.75, 95%CI = 0.56-0.95, P = 0.02; HR = 0.73, 95%CI = 0.17-0.95, P = 0.018, respectively). A sustained viral suppression was an independent predictor of survival (HR = 0.2, 95% CI 0.07-0.61, P = 0.004). HAART treated HIV-infected patients who reach and maintain undetectable viremia, have an 80% probability of a 14-years survival (P = 0.08, log-rank). Conclusion: If patient with advanced HIV-related immunodeficiency reach and maintain optimal viral suppression during HAART, regardless of the level of immune recovery, and if they continue to maintain this, their prognosis may be fairly good even in the resource-limited settings.

PO4/06 NGO-based Voluntary Counseling and Rapid Testing (VCRT) Improves Access to Testing and Linkage to Care by Key Populations in Kyrgyzstan

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Background: HIV epidemic in Kyrgyzstan mostly affect the key populations (KPs) of PWID, MSM and sex workers. However, prior to introduction of NGO-based VCRT services about 300,000 people were tested for HIV annually and KPs represented less than 4% of all tested. Some of the main barriers faced by KPs in accessing HIV testing and counseling (HTC) included lack of ID, and stigma (real or perceived) from health care workers based on their socio-economic status. In November 2012, within the Global Fund's financial support twelve NGOs started to provide VCRT services for KPs in Kyrgyzstan. Methods: Through focus groups with KPs, NGOs involved in the pilot project and AIDS Center staff and using, we collected quantitative and qualitative data to evaluate the achievements and opportunities for improvement. Methodologically, the evaluation drew on such approaches as appreciative inquiry and rich qualitative description. Major findings included: · Introduction of the pilot led to improved collaboration between local AIDS Centers and HIV service NGOs involved in the project. · Thanks to NGO-based VCRT services coverage of KPs by HCT services increased significantly. · Almost all KPs who were provided NGO-based VCRT services were highly satisfied by their experience of using this new HTC model. The fact that no ID and blood sample from vein was needed, the results were ready within 20 minutes, and provision of the service by NGOs KPs trusted, availability of motivation packages were viewed as most attractive parts of the NGO-based VCRT. · The unexpected bonus of the pilot was that it resulted in linking to treatment and care some lost to follow-up patients. Conclusions: The pilot NGO-based VCRT program in Kyrgyzstan has been suc-

cessful to date, and resulted in increased availability and accessibility of HCT testing for KPs, reducing the number of PLHIV unaware of their status.

PO4/07 Treatment and Care in Resource Limited Settings vs. High Income Settings

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Background: Antiretroviral (ARV) treatment available in low-middle income countries differs from international HIV-treatment guidelines. We compared antiretroviral regimens introduced as a first line therapy in a low-middle income country, e.g. HIV Centre in Belgrade, Serbia (HCB), and a high-income country e.g. Royal Free Centre for HIV Medicine at the Royal Free Hospital London, United Kingdom (RFH), frequency of making cART switches and frequency of viral and immunological monitoring. Methods: ARV naïve patients starting cART from 2003 to 2012 were included. Antiretroviral regimens were compared between two settings. Kaplan-Meier estimates of the proportion of patients making switches and percentage of patients who died after cART initiation were used. Results: Of 597 patients from HCB 361 (61%) initiated cART with prior AIDS diagnosed, while 337 (19%) of 1763 patients from RFH. Average baseline CD4+ T cell counts were significantly lower in Serbia than in UK (177 vs. 238), but in both settings immune reconstitution was achieved after cART initiation. Virologic-immunological monitoring frequency was below recommended in HCB, while significantly higher in RFH. Frequency of cART switch was similar. In RFH it appeared due to patient's preference or toxicity, while lack of supply was the important reason for treatment change in HCB. Mortality rates were higher in HCB than in RFH (p < 0.0001). Conclusion: In low-middle income countries, as a consequence of low testing rate, antiretroviral treatment is introduced at an advanced stage of disease which is connected to higher mortality rates. Switch within antiretroviral drugs appears often due to lack of drug supplies, while in high-income settings due to patients' preferences or drug-related toxicity.

PO4/08 HIV Testing in an Acute Assessment Unit Is Feasible and Cost-effective

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National UK Guidelines recommend expanding HIV testing to all general medical admissions in areas where the local diagnosed HIV prevalence exceeds 2 in 1000. However, there is little UK evidence to underpin these recommendations. We aimed to implement this guidance in an Acute Assessment Unit in London in an area with a local HIV prevalence of 9 per 1000.

From April 2013 to April 2014, data was collected on AAU activity, HIV testing uptake and results and transfer to care information (including CD4 and RITA). Various interventions to improve coverage are being tested including introduction of HIV oral fluid testing kits; electronic and paper HIV testing prompts; delivery of education and training to medical staff from January 2014. Costs of the programme were calculated including laboratory, equipment and staff time. During this period, 609 HIV tests were performed giving an average coverage of 11% of patients aged 16-65. There were four confirmed new diagnoses of HIV (positivity rate of 7.7/1000) with one RITA test indicating recent infection; all transferred to care. Three were very late presentations with CD4 cell counts below 200 cells/uL. All presented with symptoms which would separately indicate the clinical need for an HIV test suggesting there is a degree of targeted testing. Total cost estimated per new diagnosis is £762. HIV testing in an AAU setting is feasible and effective. However, current testing rates are low and in practice there appears to be a targeted approach. In line with UK guidelines, it is imperative to increase HIV testing rates to capture greater number of new diagnoses and at an earlier stage of infection. Despite interventions, obstacles remain to achieving universal testing, including changing work force and time pressures; however the low cost for a new HIV diagnosis suggests this is a highly cost effective intervention.

PO4/09 Vulnerability assessment of people living with HIV (PLWH) in Lithuania

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Background: The main purpose of the assessment was to reveal existing barriers that impede full social integration of people living with HIV (PLWH). The research had a particular focus on documenting PLWH's strategies to getting quality medical services, education and employment services. This research is the first and so far the only attempt to understand PLWH vulnerability in Lithuania, and its results are particularly valuable. Methods: Assessment covered four towns of Lithuania: Vilnius, Klaipeda, Siauliai and Alytus. *Target groups*: 20 PLWH, including 4 women and 16 men. Average age: of women was 32, of men 36.5. Three other target groups: medical personnel, private sector representatives, education system specialists. *Activities*: 20 in-depth individual interviews, 3 focus group discussions, and a roundtable with representatives of private sector, medical and educational establishments, and civil society. Results: *During the assessment, the following findings were made*: -Lack of a system to provide the full range of services required by PLWH, in appropriate quality; -Insufficient awareness raising in medical and educational systems and in the private sector; -Lack of government support to PLWH organizations to implement activities on peer counseling, adherence to treatment, and HIV prevention. Conclusions: Based on the findings of the assessment, research team concludes that: 1. A multi-sectoral approach is missing, and therefore should be undertaken in ensuring universal access; 2. Professional level of specialists, who work with PLWH, should be raised, including in terms of HIV literacy; 3. Full involvement of PLWH in decision-making and programming on HIV/AIDS; 4. Particular attention and resources should be drawn to fighting stigma and discrimination using such approaches as "Celebrations of tolerance", which are more socially acceptable and create a feeling of compassion and unity. In order to reach, and to teach, young people about HIV, more stars and celebrities should be involved.

PO4/10 Gender Aspects of Situation with Diagnostics of Hepatitis among People Living with HIV in Pavlodar Region, Kazakhstan

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Situation: According to Kazakhstan Republican AIDS Centre 22 750 people with HIV were registered in April 2014. Pavlodar region is the second on HIV prevalence. For four months 2014 32.9 per cent of HIV-positive people were injecting drug users (IDUs), sexual way of transmission was 62.4 per cent. Surveillance in 2013 revealed 501 cases of hepatitis C among IDUs, including 65 women. Description: Among 120 women-IDUs, receiving services in the frames of the GFATM-funded project "Gender-specific activities for women IDUs" 82 per cent had HCV, 43 per cent had co-infection HIV/HCV. All these women are of reproductive age and need prevention of infectious diseases transmission from mother-to-child. In Pavlodar AIDS Centre people with HIV annually are diagnosed by ELISA on HBsAg, anti-HBsAg and anti-HBVAg. By the beginning of 2014 among 508 women with HIV 35 per cent had positive anti-HBVAg. Majority of these women had drug use experience or sexual partners-IDUs. Pavlodar AIDS Centre strongly recommends women with HIV with negative HBsAg to have HBV vaccination, which is made free in policlinics. In Pavlodar AIDS Centre there is no material basis for qualitative HCV diagnostics and treatment, though by 2014 23 people with co-infection HIV/HBV/HCV died from cirrhosis. None of the women who participated in the 42 "School of hepatitis C patients," held in several cities in Kazakhstan, were not sure they have hepatitis C or not. Conclusions: Due to the fact that women with HIV are recommended natural childbirth now, but HCV is a reason for cesarean, so women have to know HCV status to prevent infection of the baby. People with HIV must have access to HCV and HBV diagnostics and treatment on the basis of equipped AIDS Centers (by staff, blood sampling room and day hospital).

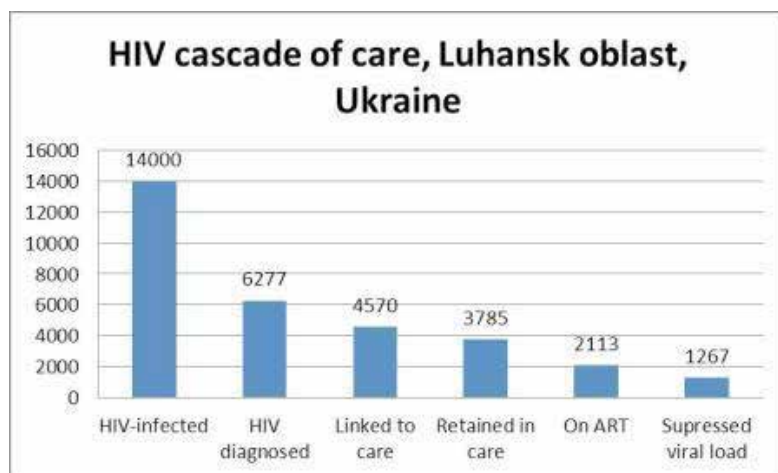
PO4/11 HIV cascade of care in Luhansk region of Ukraine

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Introduction: Decrease of HIV transmission depends on successful engagement and retention of HIV-positive people in care. The aim of this research was to investigate the HIV cascade of care in Luhansk region of Ukraine and find gaps in current decentralized model of care. Methods: AHF Europe Bureau team together with Luhansk AIDS Center performed a retrospective analysis of medical records of HIV positive patients. Data was extracted from Luhansk Regional AIDS Center database as of April 1, 2014. We have assessed the following stages of cascade of care: number of HIV positive patients linked to care, number of HIV positive people retained in care, number of patients on ART, number of patients with suppressed viral load. Number of HIV diagnosed in Luhansk region has been taken from bulletin no. 41 of Ukrainian Center for Disease Control and number of estimated HIV positive people was calculated by local department of health. Results: The estimated number of HIV positive people in Luhansk region was 14000 as of April 1, 2014. 4570 patients were linked to care in Luhansk region, which represent 78,9% of all HIV diagnosed in the region (6277 people). Out of 3785 patients retained in care 2113 were on ART and 1267 had an undetectable viral load. Conclusion: Luhansk region cascade of care shows that only 45% of HIV positive people are diagnosed and only 20% of those who were diagnosed have undetectable viral load. It shows AHF and Luhansk AIDS Center teams that HIV testing activities need to be expanded and ART coverage should be increased.

[HIV cascade of care, Luhansk region, Ukraine]



PO4/12 Factor associated with HIV viral suppression in patients with HIV-HCV co-infection in Spain, 2004-2013

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Objectives: To analyze factors associated with HIV viral suppression in patients with HIV-HCV co-infection in Spain, using data collected through a second-generation surveillance system for HIV.

Methods: Epidemiological/behavioral/clinical data were collected, through a one-day, cross-sectional survey carried out in public hospitals, in standard questionnaires filled out by clinical staff. All HIV inpatients and outpatients receiving HIV-related care on the survey day from 2004 to 2013 and co-infected with HCV were included. HIV- HCV co-infection was defined as having a positive PCR for HCV in the last determination, and HIV viral suppression as having less than 200 copies/ml also in the last determination. Descriptive, bivariate and multivariate analyses (logistic regression) were performed; the odds ratio and its 95% confidence interval (OR; 95%CI) were used as the measure of association. Results: During 2004-2013, 2348 patients with HIV-HCV co-infection were included in the study. The majority was male (69.6%), Spanish (96.9%), in the age group 40-49 years (56.9%), was/had been drug injector (82.9%) and received antiretroviral treatment (ART) for HIV (86.7%). In co-infected patients on ART, the multivariate analysis showed that HIV viral suppression was less likely among homeless people (OR: 0.19; 95%CI 0.07-0.51), those living alone (OR: 0.60; 95%CI: 0.42-0.87), the unemployed (OR: 0.50; IC95%:0.36-0.71) and those who injected illegal drugs in the last month (OR: 0.50; 95%CI: 0.32-0.79). On the contrary, HIV viral suppression was much more likely in participants receiving HCV treatment (OR:1.94; 95%CI:0.11-0.52) and those who were included in the study in years 2009 to 2013, as compared with those included in 2004. Conclusion: Surveillance data show that among patients with HIV-HCV co-infection, HCV treatment has a very positive effect on HIV viral suppression, and that social factors play an important role on the outcome of ART for HIV.

Poster category 5: Alternative approaches

PO5/01 Targeted Outreach during European HIV Testing Week in London, UK: Did it Work?

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Objectives: An estimated 1:4 individuals living with HIV are unaware of their status. The greatest burden of undiagnosed infection lies in BME (black minority & ethnic) and MSM (men who have sex with men) populations. During National HIV testing week 2013, we designed a series of health-bus outreach ventures designed to target these vulnerable cohorts in association with various HIV charitable organizations. Method: Data were collected from participants attending the outreach events including gender, ethnicity, sexual orientation, postcode, screening/service provision and patient satisfaction. We compared these with individuals attending mainstream GUM clinics in the same timeframe. Results: 698 individuals attended 10 outreach clinics in inner London, 533(89%) were male of whom 185/533(35%) were MSM and 224/533(42%) unstated orientation (42%), 520 (87%) were < 30 y age. A higher proportion of attendees were BME in outreach compared with GUM clinic (21% v. 15%). We conducted 660 HIV tests, 154 screens for chlamydia (CT) & gonorrhoea (NG), resulting in one new HIV positive diagnosis who has since entered care. Positivity rates were: NG (6/154, 3.9%), CT (9/154, 5.8%). 332 (48%) patient feedback forms were completed: 298/332(90%) rated the service excellent and 132/332(40%) stated they had not previously tested and 132/332(40%) stated they wouldn't have tested otherwise. Conclusion: Linking sexual health screening with National HIV testing week by outreach clinic in inner London is popular, well-received and increases testing of BME and MSM populations compared with standard GUM clinic services.

PO5/02 Successes in Conducting Rapid Testing, Early Detection of HIV and Provision Treatment for HIV/AIDS among Men who Have Sex with Men (MSM) in Kiev, Ukraine

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Public organization "Gay-alliance", since 2003, implementing projects on HIV among MSM in Kiev. One of the most important medical services provided by our organization is to provide rapid testing for HIV, STI and hepatitis. One of the main goals set by our NGO is to increase the number of MSM who underwent HIV diagnosis and the increasing number of cases of early detection of HIV infection among MSM. Over the last year, about 80% of customers who have received a positive rapid test for HIV testing on the basis of the organization (community-center for MSM in a mobile clinic in the gay clubs & saunas, participation in European HIV Testing Week-2013) were registered in Kyiv City AIDS Center. Currently, the highest percentage of detection of new cases of HIV infection in our organization is through online job consultants who carry on dating sites for MSM in social networks, special gay applications for smartphones. In our work with MSM in Kiev in January-May 2014, in such a way was found 70% of all new cases of HIV, due to a large enclosed and a high level of stigma this subgroup of MSM, often dangerous sex and lack of awareness about HIV. Every year the number of identified and formally delivered to the dispensary registration MSM in Kiev increased due to greater confidence to doctors and public organizations that work with MSM. According to the Kiev AIDS Center in 2011 were registered 42 MSM, in 2012-67, in 2013-131, January-April 2014-40. Also increases the percentage of early detection of HIV infection (I-II stage of HIV, CD4 > 350). In our NGO in 2013 of MSM+ was approximately 90%. The main objectives for future developments is to increase access to diagnosis difficult to access MSM subgroups (including through the introduction of innovative approaches to attract customers), the search for new donors to provide financial support prevention programs, increase % of early detection of HIV infection and timely statement on the clinical account.

PO5/03 The COBATEST Network: A Platform to Perform Monitoring and Evaluation of HIV Community-based Testing Practices in Europe as Well as Operational Research

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Objectives: The European project co-funded by the Executive Agency for Health and Consumers (EAHC), "HIV community based testing practices in Europe" (HIV-COBATEST) (Grant Agreement N° 20091211) has contributed to the establishment of a network of CBVCTs that monitors and evaluate HIV testing activity, and allows conducting operational research. The objectives of the COBATEST network are: 1) To develop and implement standardized questionnaires and procedures for monitoring and evaluation of CBVCT activity; 2) To evaluate the potential impact of CBVCTs in the improvement of HIV early diagnosis and access to treatment; 3) To consolidate a network of CBVCTs in which to perform operational research. Methods: 59 CBVCTs of 15 European countries participate in the network. A standardised protocol to monitor HIV testing activities in the network has been defined. The Core Indicators to monitor Voluntary Counselling and Testing for HIV developed by the HIV-COBATEST project are being used to monitor and evaluate the CBVCT screening activity in the network. Results: CBVCTs members of the network share a common data collection instrument and data base that allow the analysis of global data. Alternatively, those participating CBVCTs that are not able to use the consensus data collection form, and use their own data entry system, submit a minimum common data or, send the CBVCT core indicators to monitor and evaluate CBVCT testing activity. CBVCTs participating in the network use a unique Client Identification Code that ensures the anonymity of the client and allows the identification of repeat testers. First data analysis is planned by September 2014. Discussion: The COBATEST network will contribute to standardise information on the activity, process and results from CBVCTs across Europe. This information and tools will contribute to the improvement of these services and will inform policy makers to better contextualize these interventions within their national HIV Prevention Programs

PO5/04 The European HIV Testing Week in Italy: An Opportunity for Diagnosis and Prevention

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Background: We collected data from 9 organizations that offered rapid HIV testing in Italy as part of the first European HIV Testing Week, to evaluate characteristics of users, testing attitudes and way to improve HIV test opportunities. Results: 10 organizations (Omphalos Arcigay Arcilesbica Perugia and Anlaid AA, Arcobaleno Aids AR, INMI "L. Spallanzani" Roma IS, LILA Milano LM, LILA Trentino LT, LILA Catania LC, Circolo di Cultura Omosessuale Mario Mieli MM, Plus PL, Università Sapienza/Ospedale SM Goretti SG, Fondazione Villa Maraini VM) held testing initiatives in 40 days corresponding to 165.5 hours, in 5 organizations headquarters (AA, LC, LM, LT, PL), 4 public places (AR, SM), 3 schools (SM), 2 gay venues (MM), 1 university (VM), 1 hospital (IS). The initiatives were directed to the general population (AR, SM, IS, LC, LT), LGBT people (MM, LM, AA, PL), youth (LM, VM) and sex workers (LT). A total number of 866 HIV tests were performed: users were mostly men (60.5%, range 39.0%-88.9%), aged 20-29 (46.1%, range 32.9%-71.9%) or 30-39 (26.1%, range 13.4%-39.0%); 61.1% (22.2%-100.0%) was heterosexual, 25.7% (0.0%-79.4%) MSM; 89.3% (65.7%-100.0%) was Italian. 38.0% of them was occupied, 30.8% students. 50.3% (24.3%-82.9%) never had an HIV test before. Overall 11 people (1.3%, range 0.0%-6.1%) had a reactive result. All of them received a positive result from the confirmation essays and all of them were linked to care. Conclusions: The events were seen as useful and successful from all the organizations. The use of rapid tests confirms to be an opportunity to give informations and test in a single session. A more coordinated effort will be needed in future similar events to get better quality data and to better focus on the most important objectives.

PO5/05 Preferred HIV Testing Settings and Characteristics among Attendees to Madrid Gay Pride, 2011-2012

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Background: In a context where HIV testing is feasible in a wide range of settings, user's perspective has been barely studied. Our aim is to analyze people's preferences on testing settings and characteristics, in order to make testing more appealing to those at risk. Methods: We analyzed data on 2601 attendants to Madrid gay pride 2011 and 2012 who completed a self-administered anonymous questionnaire and whose serostatus is negative or unknown.

Results: The 72.2% were men (52.6% MSM). The 79.2% were Spanish and 15% Latin-Americans. 78.8% of the MSM had been tested for HIV, vs. 31% of the MSW and 37% of women ($p < 0.001$). Approximately one third (32%) had their last test at Primary Care. Overall, Primary care was the most valued setting (42.4%) followed by Sexual Health Clinics (SHC) (30.0%) and self-testing (17.7%). Other options such as NGOs (5.1%), in-pharmacy testing (2.9%) or emergency departments (2.0%) were less valued. The 62.2% of those who received their last test at primary care chose it as their preferred setting for being tested. Also, the 70.1% of those tested at SHC ranked them on first place, and the same happened with 66.7% of those who tested at pharmacies. This percentage was 47.1% in the case of those tested at NGOs premises. Most valued aspects were that testing be free

(74.9%), not needing a previous appointment (61.7%) and having immediate test results (61.5%). Anonymity and not being recognized by anyone were the less valued aspects (34.1% and 34.5%). Conclusion: Primary care is the most used and most valued setting for testing, followed by SHC. New testing strategies such as in-pharmacy tests and self-testing are highly valued but barely used. Free rapid testing without appointment were the most ranked, in contrast with what traditionally has been defended. Financial support: MSSSI EC11-279

PO5/06 Pilot Study for the Implementation of Rapid HCV and HIV Tests in Harm Reduction Programmes for Intravenous Drug Users in Catalonia

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Objectives: To assess acceptability and feasibility of rapid HIV and HCV tests in Harm Reduction Programmes (HRP) of Catalonia. To describe the percentage of intravenous drug users (IDU) with a reactive test who would attend hospital for test confirmation and follow up. Methods: Rapid oral test for HCV and HIV were offered to users of 13 HRP (5 street or mobile units, 6 fixed units and 2 mixed). Epidemiological data was collected and test performed and their results were monitored. Period study was between April and December of 2011. A short questionnaire was administered to staff at the end of the study period. Results: 172 HCV and 198 HIV tests were performed, with a percentage of rejection of 1.7% and 10.4% respectively. 29.4% were exclusively IDU, 35.5% were IDU and drug consumers in other ways and 35% weren't IDU. Global percentage of HCV reactive tests was 20.3% (11.3% in fixed HRP, 44.8% in mobile HRP and 32.1% in fixed centres with a mobile unit). Global percentage of HIV reactive tests was 2.5% (0.8% in fixed HRP, 4.3% in mobile HRP and 6.1 in fixed HRP with a mobile unit). From the 35 reactive HCV cases only 24 could be confirmed (68.6%), with 1 case of false negative. From the 5 HIV reactive cases only 2 could be confirmed (40%) with 1 false positive case. 100% of the staff found test performance and interpretation of the results easy or very easy and trusted the test result. Conclusions: Acceptability of rapid HIV and HCV tests among HRP users was high. 24 HCV and 2 HIV cases were confirmed, with the highest percentage in mobile HRP. Usefulness of oral rapid tests in HRP was shown, especially in mobile HRP, wherein full blood tests are almost impossible to be carried out

PO5/07 The Impact of Rapid HIV Testing for Couples

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This paper will present data and information about an innovative development to the HIV testing service delivered by LASS in community and outreach settings [i] for which LASS won a King's Fund Impact Award in 2013. HIV testing specifically for couples /intimate partners is now part of the service - proving an effective approach to building mutual trust, responsibility and mutual disclosure. This has developed organically - due to confidence in LASS from individuals and communities. This was especially promoted and emphasised during HIV Testing week in 2013 to increase the numbers of individuals who would test together with their partners and to encourage people to think about testing this way. Couples' testing at LASS means that the 2 people are involved in their own and each other's pre-test discussions, tests and results with both partners staying in the room for the whole procedure with both partners consent. In the year from April 2013 - March 2014 10% of the Rapid HIV tests delivered by LASS were for couples or intimate partners - a significant increase on the previous year. A significant proportion (45%) of people requesting testing as couples / partners stated that this is something they had wanted to do (for some time). The data shows couples' testing for younger African men & women is more acceptable than testing as an individual. This paper will highlight the benefits of mutual disclosure of HIV status and how this is enhanced with couples testing - enabling sero concordant and sero discordant couples to discuss and address issues raised by their HIV results. The paper will discuss recommendations for moving this approach forward. [i] Inegbenebor, D & Fisher, C (2012) The Influence of Community Testing HIV Programme for the African Communities in Leicester: A Research Report

PO5/08 Translation of a Successful HIV Testing Research Programme in to Policy. Key Lessons in the Implementation Science Process

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Objectives: The Mater-Bronx Rapid HIV testing (M-BRiHT) project represents a successful Emergency Department based HIV testing programme. We undertook a number of social media and conventional media activities to highlight this programme for European HIV Testing week 2013. Methods: Activities were pre-planned around the European HIV testing week and World AIDS day. The Lord Mayor of Dublin was approached and agreed to endorse the project. A targeted campaign of engagement of conventional and social media yielded objective metrics in terms of coverage and exposure of the HIV testing message. Results: Conventional TV involved headline interviews on the two primary national news programmes with a combined per-programme audience of 704,000 and 666,200. Further coverage on radio new bulletins resulted in audience exposure of 241,000 (RTE Drivetime), 336,000 (RTE News at One) and 130,000 (Newstalk). Follow-up radio based current affairs programming resulted in an estimated 120,000 (Today FM) and 80,000 (Kildare FM) listenership being exposed to the message of HIV testing. Pure web based coverage resulted in an estimated 415,808 exposures (rte.ie) and 15,196 individual views (journal.ie). In the aftermath of this specific event combined with a more sustained awareness of social media platforms, we were also able to measure aspects such as followers and social media accounts reached. Despite a low absolute number of followers, there is a multiplication effect where over 8,000 accounts are reached and 10,500 impressions generated for individual tweets in dissemination updates. Test completion rates in the six months prior to and six months after European HIV testing week were 93.9% and 95.3% respectively ($p < 0.026$). Conclusion: We coupled our activities with the full array of modern

media, and used metrics around audience exposure that are more usually utilised in business environments. These comprise reproducible and important steps in the implementation science bridge between research and practice.

PO5/09 Assessment of HBV Vaccine-induced Immunity in HIV-positive Orphans of Yekaterinburg

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Background: According to current pediatric vaccination calendar in Russia, HBV vaccination should be completed at the age of 6 months with further revaccinations every 5 years. However, data on HBV vaccination in HIV-positive children is quite limited. Methods: This study included all orphans living at orphanage No.25 of Yekaterinburg - 27 HIV positive orphans (all on ART with average CD4 1230 cell/microliter(825-1423) at the age of 4 years old), and 22 healthy controls (orphans born by HIV-positive mothers). All of them received triple anti-HBV vaccination during first 6 months of life. The concentration of anti-HBs antibodies were measured in all participants within 1 month of their fourth birthday to determine sufficiency of anti-HBV immunity. A concentration of anti-HBs lower than 10 mIU/ml has been considered as insufficient. Results: 8 HIV-positive children (29.6%) and only 1 healthy child (4.5%) had insufficient concentrations of anti-HBs antibodies ($p < 0.05$). The mean antibody titer was found significantly-lower ($p < 0.05$) in HIV positive children than healthy controls. Conclusions: Our study has shown significant difference in sufficiency of HBV vaccine-induced immunity between HIV-positive and HIV-negative children. The study suggests that HIV positive children may require more frequent HBV vaccinations, and yearly evaluation of anti-HBs concentration in HIV-positive children should be introduced into clinical practice.

PO5/10 Early HIV Detection through Tapid Testing

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Objectives: Around 42% of HIV infections in Catalonia are being diagnosed late. Thus it is essential to facilitate and promote detection of HIV infection among population, particularly among most vulnerable groups, who are reluctant to access the public health system through rapid testing. Methods: HIV rapid testing is provided in 12 community centres, 60 pharmacies, and 5 MSM sauna, following an action protocol, professional training and referral mechanisms, while guaranteeing user's confidentiality. Results: HIV testing, positive tests, and rates of detection for period 2009-2013 are: 1) Community centres: 42,683 tests; 1,039 positive (2.43%). 2) Pharmacies: 8,174 tests; 81 positive (1%). 3) Sauna: 2,479 tests; 101 positive (4.07%). Conclusions: This initiative, diversifying and complementing classical strategies, obtains higher detection rates than those reached in primary health centres and hospitals using conventional testing. A large detection rates variability among different kind of detection centres is observed. Thus detection rates increase where most vulnerable groups are concentrated. Last term of 2014 this strategy will be extended to selected primary health centres to carry out a pilot test.

PO5/11 When Effective Post-exposure Prophylaxis of HIV Infection Fails - Data from Clinical Practice

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Background: HIV prophylaxis with antiretroviral treatment after sexual exposure (sPEP) is effective and safe approach, however its effect on individuals' HIV status in future remains underinvestigated. Methods: We have evaluated medical records of persons who received ARVs as sPEP in years 2009-2013. Cox proportional hazard models were used to identify predictors of having sexual exposure after finalizing sPEP. Results: In total 98 persons received sPEP, 37 (38%) after unprotected MSM intercourse, 38 (39%) after sexual assault and 23 (23%) after unprotected vaginal intercourse. In 40 (41%) cases partner was HIV positive. Twelve persons (12%) repeated the same pattern of exposure; 5 vaginal and 7 MSM anal intercourse. Eight exposures were with occasional partner (2 with HIV-positive partner), 4 in serodiscordant couples. Median time to next exposure was 1.55 (IQR 0.78-2.43) months. Six persons (6%) received sPEP again. There were no HIV infections after completing sPEP, but 3 (3%) persons had occasional sexual contacts afterwards resulting in HIV infection. Median time from last negative exposure till HIV infection was 1.85 (IQR 1.79-2.43) months. In multivariate Cox model older age was increasing and heterosexual orientation decreasing the risk of having another sexual exposure (HR=1.06 [95% CI:1.00-1.12; p=0.033] and HR=0.14 [95% CI: 0.02-1.06; p=0.057], respectively), table1

		Univariate			Multivariate		
		Hazard Ratio	95% CI	P value	Hazard Ratio	95% CI	P value
Gender	female	1.00	-	-	1.00	-	-
	male	2.18	0.59-8.14	0.244	0.74	0.11-4.88	0.755
Age	per 1 year older	1.04	0.99-1.09	0.116	1.06	1.00-1.12	0.033
	per 10 years older	1.46	0.91-2.35	0.116	1.84	1.05-3.22	0.033
Adverse reaction to PEP in past	No	1.00	-	-	1.00	-	-
	Yes	0.63	0.17-2.33	0.484	0.50	0.12-2.00	0.327
Risk group	MSM	1.00	-	-	1.00	-	-
	Heterosexual	0.40	0.12-1.26	0.118	0.14	0.02-1.06	0.057
Source patient HIV status	Unknown	1.00	-	-	1.00	-	-
	HIV (+) or IDU	0.838	0.22-3.17	0.794	0.33	0.07-1.61	0.170

[Table1].

Conclusions: In substantial proportion of persons sPEP had no effect on behavioral patterns, mostly in those having occasional contacts. The risk of having another sexual exposure was higher with age and for MSM patients. For this group of persons pre-exposure prophylaxis may be more viable method of HIV infection prophylaxis. There was no HIV infection observed in serodiscordant couples.

PO5/12 Portuguese community based screening network

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Objectives: To implement a national NGO community based network program to provide screening for HIV and other sexually transmitted infections, as part of a global approach considering monitoring and linkage to appropriate care. Methods: Program providers (professionals or lay workers) were offered specific training comprising information on HIV, Hepatitis B, C and syphilis, testing procedures, pre information and post counseling, referral protocols, data collection, report and monitoring. Information result in a set of standard epidemiological indicators to describe sites, population groups and geographical areas. Adapted information, condoms/lube for all and safe consumption material to PUD are distributed. Results: Six NGOs operating at 8 sites (three additional NGOs will join in September, 2014) compose the network targeting sex workers, drug users, migrants and MSM although tests are also offered to the so called general population, on demand but without active search or directed awareness campaigns. From January to June, 2185 HIV tests were performed and 73 (3.3%) reactive results were found, 70 corresponding to new diagnosis; 63 reactive results were successfully linked to a first hospital appointment (86%). We intend to expand medical feedback mechanism for anonymous CD4 and viral load anonymized reporting from Hospitals, after informed consent. Conclusion: This initiative successfully challenged the traditional disconnection of community based HIV, STIs and viral hepatitis screening services provided to key populations. Data shows that these are critical settings to detect HIV infection and that it is possible a high rate of linkage to healthcare system.

PO5/13 European HIV Testing Week

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Background: Young people constitute one of the main risk groups in the AIDS pandemic. As of April 1, 2014 the number of HIV-infected people in Tajikistan made up 5843 people. A significant number of HIV-positives are young people aged 15 to 29 years (the proportion of more than 25%). Youth are in high risks of infectious diseases because of unsafe sexual contacts, drug use through non-sterile equipment (syringe and needles) and low level of awareness. Methodology: In November 22-29, 2013 in the framework of the "European HIV Testing Week" a plan of joint preventive measures aimed at awareness-raising activities among the youth of the capital city was developed by the partner organizations of Dushanbe city. During this campaign, mobile teams consisting of employees of the AIDSCenter, NGOs and volunteers conducted individual interviews and quizzes with young people on healthy lifestyle, handed out information leaflets and provided voluntary Counseling and Testing for HIV (VCT). Results: In the framework of AIDS campaign Service organizations providing medical and social assistance to vulnerable groups of population, informed the participants about their activities, about 2 thousand people received basic information about prevention and treatment of HIV, tuberculosis and hepatitis, 385 people have gone through voluntary counseling and testing for HIV (VCT). Conclusions: The strategy of interaction of government and public sectors plays an important role in preventing the spread of HIV. With the help of such campaigns among young people the skills and knowledge is spread that contribute to change their behavior and failure of risky practices. While implementing policies on raising awareness about HIV the other sections of the population must be covered. Public education should not be limited only to raising awareness; it should also foster a tolerant attitude towards people living with HIV, as full citizens of the Republic.

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