

Day 1 and 2 review

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Conference co-chair

Conference Participants

- **268 participants from 42 countries**
 - Clinicians 17%
 - Community representatives 33%
 - Policymakers/Public Health Institutions 17%
 - Social scientists, epidemiologists 16%
 - Media 4%
 - Industry 13%

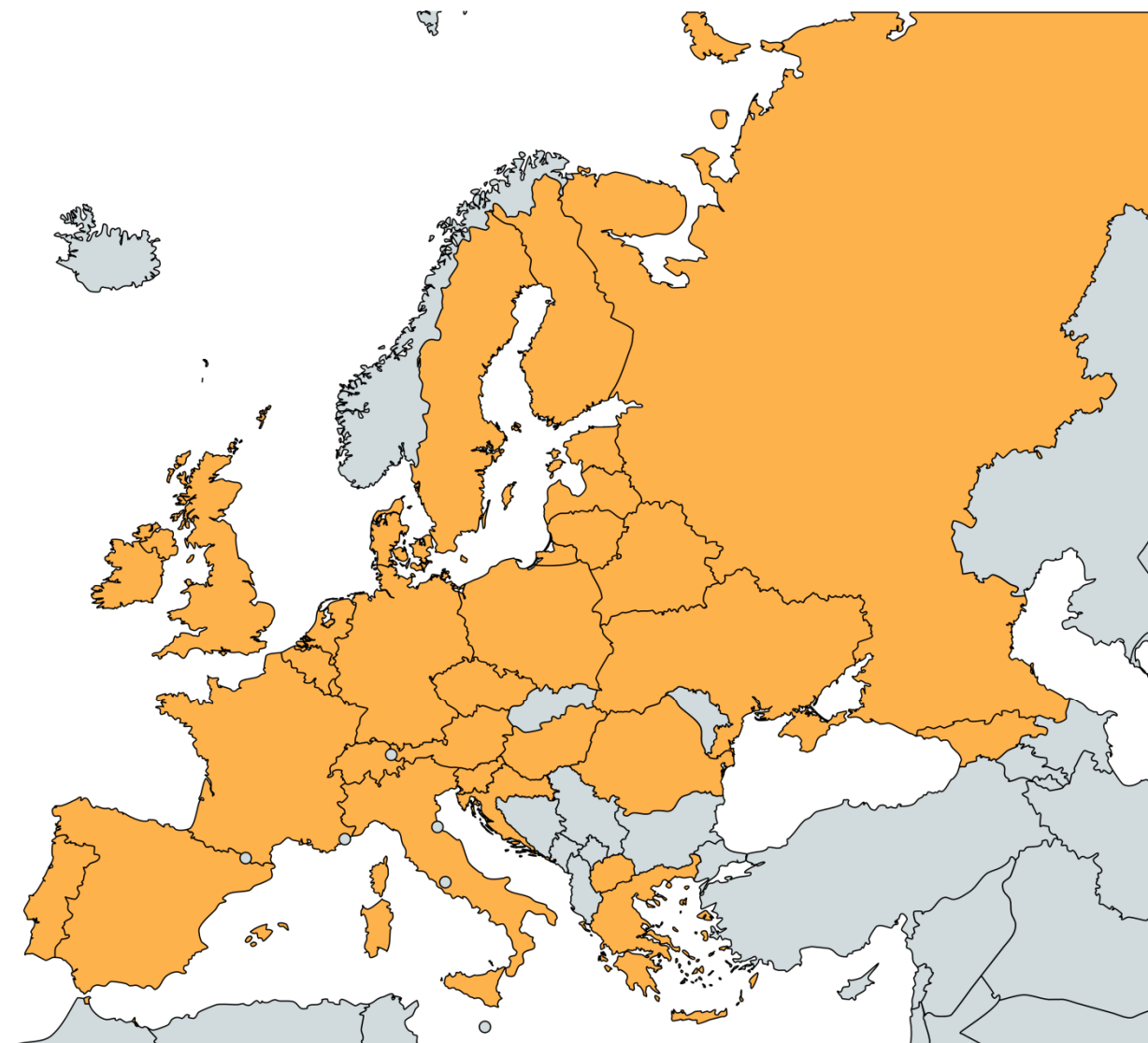
Countries at HepHIV2017

HepHIV **2017**
31 JANUARY - 2 FEBRUARY - MALTA
HIV and Viral Hepatitis: Challenges of Timely Testing and Care

HepHIV 2017 participants

■ Countries represented

+ Australia, Canada
and the United
States



Key points – day 1 which may help to guide our content for our call for action

- Improve surveillance of hepatitis and late presentation of viral hepatitis
- Better data collection, monitoring and sharing best practice around HIV and viral hepatitis testing and linkage to care
- Testing strategies need to be improved:
 - expand and support community based testing and use self-testing as an integral testing toolkit;
 - educate and support GPs and other health care providers in testing strategies and implement indicator condition guided testing

Key points – day 1 which may help to guide our content for our call for action

- Combined hepatitis and HIV testing where indicated
- HCV therapy should be available for all people living with active HCV and independent of clinical criteria and mode of transmission
- Governments need to negotiate effectively to ensure access to DAA HCV therapy for all with the support and involvement of all stakeholders
- Prevention Continuum needs to include PrEP
- Combat stigma for example by telling the 21st century HIV story

Parallel session 1: Monitoring for HIV and viral hepatitis

- An ECDC survey found that in the EU/EEA, **there are widespread gaps in countries' ability to monitor their HCV programmes**. Only Scotland was able to provide data on HCV monitoring across the entire continuum of care. *(PS1/1)*
- UK guidelines recommend an HIV test after a diagnosis of hepatitis B or C. A study of 58 000 adults who tested positive for hepatitis B or C discovered that **only 40% of each cohort were tested for HIV within 6 months of diagnosis**. *(PS1/2)*
- A study of Copenhagen drug centres found that, **compared to social workers, health care workers were much likelier to offer HIV and viral hepatitis tests** to people who use party drugs – and much likelier to get an offer accepted. *(PS1/3)*
- An Estonian study of anonymous HIV testing revealed that as the percentage of positive tests plummeted, the cost of identifying each new HIV case skyrocketed – **due in part to testing campaigns that target the general population**. *(PS1/4)*
- Recent HIV tests performed at 25 community-based testing centres across the European Region resulted in a 1.9% reactive rate. Among confirmed positives, **89% were successfully linked to care**. *(PS1/5)*

Parallel session 2:

Testing strategies in key affected populations

- Two studies of migrant PLHIV in the EU/EEA – from Latin America and the Caribbean, and from other European countries – found **migrants from different subregions have distinct epidemics, each requiring its own response.** (PS2/1)
- A model using CD4 cell count trajectories provided a **much higher estimate of post-migration infection in Swedish migrants than clinical reports.** (PS2/2)
- An online survey of MSM from 8 EU countries found that **24% knew about HIV self-sampling and 19% about self-testing** – but 75% and 69% said they would use such methods if available. (PS2/3)
- MSM sexual health centres and their services were mapped in the European region; 44 of 54 were community-based. **Such a map could be integrated with dating apps to send MSM push-notifications to be tested when nearby.** (PS2/4)
- A study in Greece found that most people starting OST have been tested for HCV, though many not recently. **The high prevalence of HCV among Greek PWID underscores the need to scale up testing and treatment targeting them.** (PS2/5)