HIV in Europe
Working Together for Optimal Testing and Earlier Care
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# Report from Tuesday morning plenary and parallel sessions

Jens Lundgren & Ton Coenen
Co-chairs, HIV in Europe

- No HIV test is perfect. A combination of RNA antibody assays and antibody tests is ideal. Costs per test decreased from $70 to $12 per test due to high throughput and improved technology.
- The HIV Synthesis Model is able to produce results very close to actual observed reality. This important tool should be utilized more widely.

- The Estonian Stigma Index found large numbers of providers were counselling PLHIV to not have children and to be sterilized. Many of those tested were coerced into testing or received the test unknowingly.
- There is no common definition of CBVCT. Focal points were not always aware of services available in their own country/region, and many lacked clear strategies.

# Findings from the parallel sessions

- In Odessa, Ukraine, the main predictor of delay in seeking HIV care is a history of injecting drug use.

  Urban and young PLHIV also took much longer to seek care. So did male PLHIV – largely because female PLHIV were usually diagnosed as part of antenatal care. *[PS5/1, p. 30]*

- A study of French PLHIV who present at an advanced stage of disease found:
  - Doctors do not ask about sexual risk behavior – and even when they know the patient is at risk, they offer few HIV tests.
  - 82% of those who sought care for an HIV symptom in the 3 years before diagnosis were ***not*** offered an HIV test. *[PS5/2, p. 31]*

- In 2009, only 63% of Danish TB patients were tested for HIV. Hospitals often do not follow their own guidelines to test all TB patients. *[PS5/4, p. 32]*
- A London study found 75% of primary HIV infections were missed at initial primary care consultation. Adding an HIV test to standard glandular fever-like illness panel of tests would be practical and cost-effective. *[PS5/5, p. 33]*

- A French study estimated that about 20% of PLHIV do not know their serostatus – and contribute to 43% of new infections. *[PS6/5, p. 36]*
- Studies in Spain and Belgium found that GPs feel positively about both standard and rapid HIV tests. Obstacles to overcome: time constraints, lack of experience and trained staff. *[PS6/2, PS6/3, pp. 34-35]*

- A London study demonstrated the simplicity, high sensitivity, and high patient acceptance of saliva rapid tests. *[PS6/1, p. 34]*
- 50% of Moldovan PLHIV reported that health workers had revealed their serostatus without consent. *[PS6/4, p. 36]*

- Routine HIV testing in high-prevalence London areas has proved cost-effective but still relatively high: £19,000 per new diagnosis *[PS4/1, p. 27]*
- A Portuguese model found that routine national screening would be cost-effective but again somewhat costly – €39,000 per QALY. *[PS4/2, p. 27]*

- A study comparing indicator-based screening to routine screening in Barcelona found that indicator testing was feasible and much cheaper: €129 vs €2001 per new case. *[PS4/3, p. 28]*
- A study of street children in Ukrainian cities found an average HIV prevalence of 6% and syphilis prevalence of 4%. *[PS4/4, p. 28]*
- A computer model of a test & treat strategy for MSM in Switzerland found it had limited effectiveness unless combined with other interventions. *[PS4/5, p. 29]*