

# The European MSM Internet Survey (EMIS) 2010.

## Individual level and country level predictors for recent HIV-testing and late HIV diagnoses among MSM in Europe – aspects to consider when planning interventions to increase HIV-testing

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MANHUNT

ECDC

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Russia: PSI Russia

Netherlands: SCHORER

Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights

Estonia: National Institute for Health Development

Denmark: Statens Serum Institut

Denmark: stopAIDS

Latvia: The Infectiology Centre

France: Institut de veille sanitaire

France: Collectiv ONG EMIS France

Lithuanian AIDS Center

Poland: National AIDS Centre

Belgium: ExAequo, Sensoa, Arc-en-ciel

EATG

Lambda Warsaw

Ireland: Gay Men's Health Service, Health Services Executive

Belarus: Vstrecha

Ukraine: Gay Alliance  
Ukraine: Nash Mir

Belgium: Institute of Tropical Medicine (Antwerp)  
Facultés Universitaires Saint-Louis (Bruxelles)

Moldova: GenderDoc-M

WHO EUROPE

Portugal: University of Porto, Medical School;  
University of Lisboa, Public Health

Romania: PSI Romania

Portugal: GAT

Hungarian Civil Liberties Union (TASZ)

Slovakia: Odysseus

Spain: National Centre of Epidemiology / Ministry of Health & Social Policy

Queer Bulgaria Foundation

Bulgaria: National Centre of Infectious and Parasitic Diseases

Spain: stopSIDA

Switzerland: Institut universitaire de méd. sociale et préventive

Turkey: Turkish Public Health Assoc.

Croatia: University of Zagreb

Italy: University of Bologna

Czech Republic: Charles University – Institute of Sexology

Missing  
0,30-0,99  
1,00-1,99  
2,00-6,80 / 10.000 inhabitants

Relative distribution of 180,000 respondents (25 language versions of the questionnaire)

UK: City University London, Department for Public Health

UK: THT

Germany: Federal Centre for Health Education, Cologne

Austria: Aids-Hilfe Wien

Slovenia: Institute of Public Health of the Republic of Slovenia

GAYROMEO

FYR Macedonia: EGAL

Germany: Berlin Social Science Research Center (WZB)

Italy: ISS

Turkey: Istanbul LGBTT

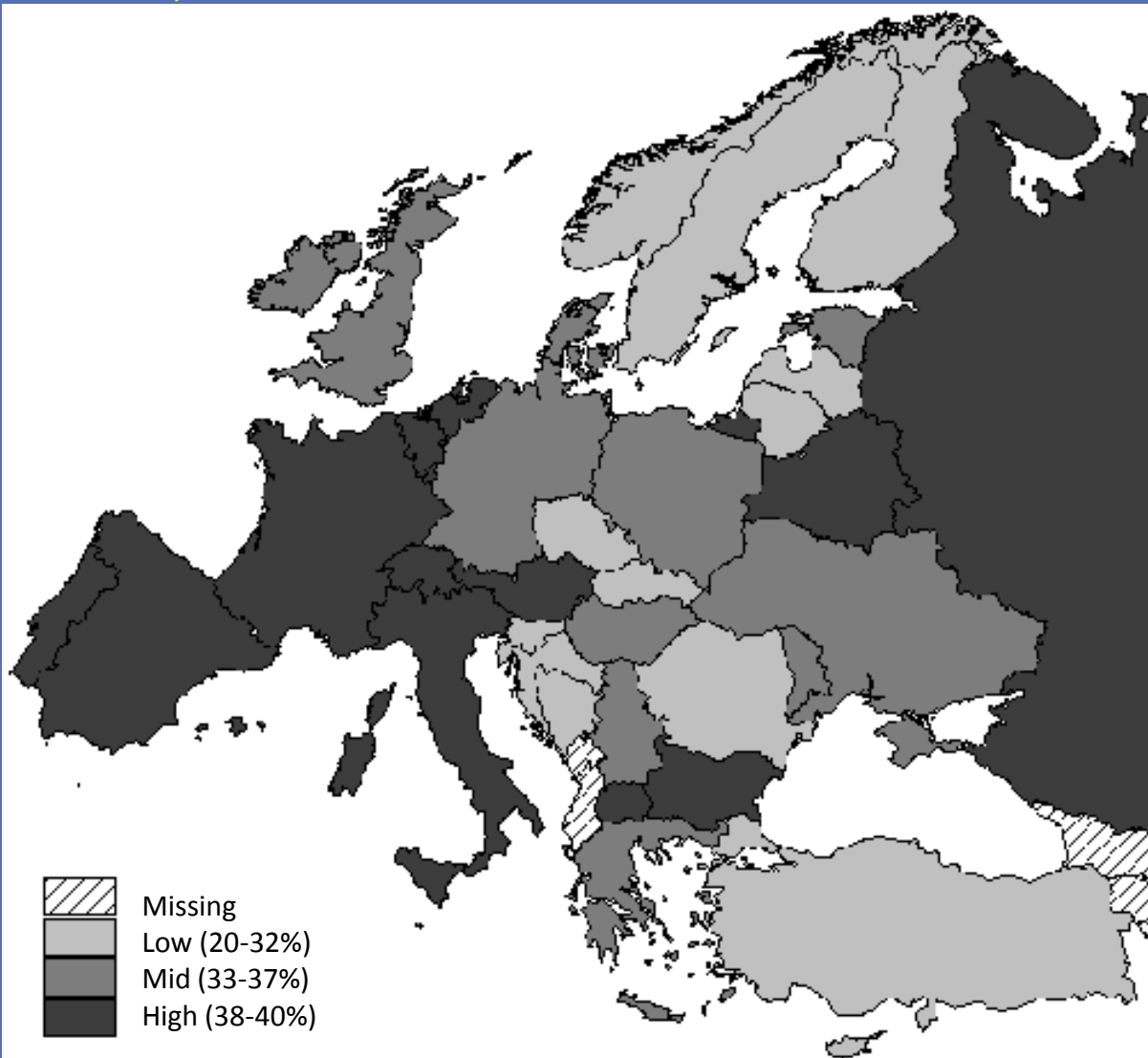
Germany: Deutsche AIDS Hilfe

Serbia: Safe Pulse of Youth

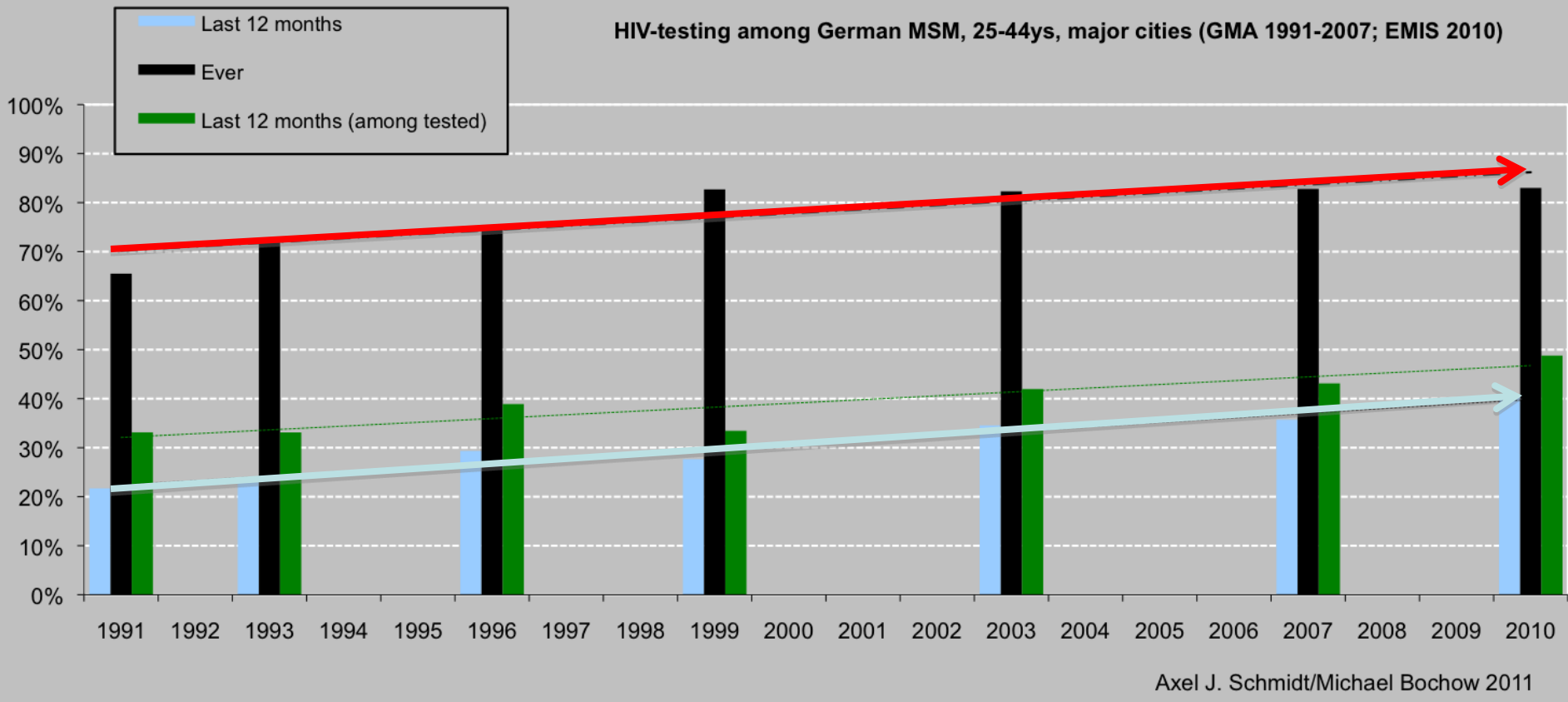
Greece: Positive Voices

# UNGASS 8: Tested for HIV in the last 12 months

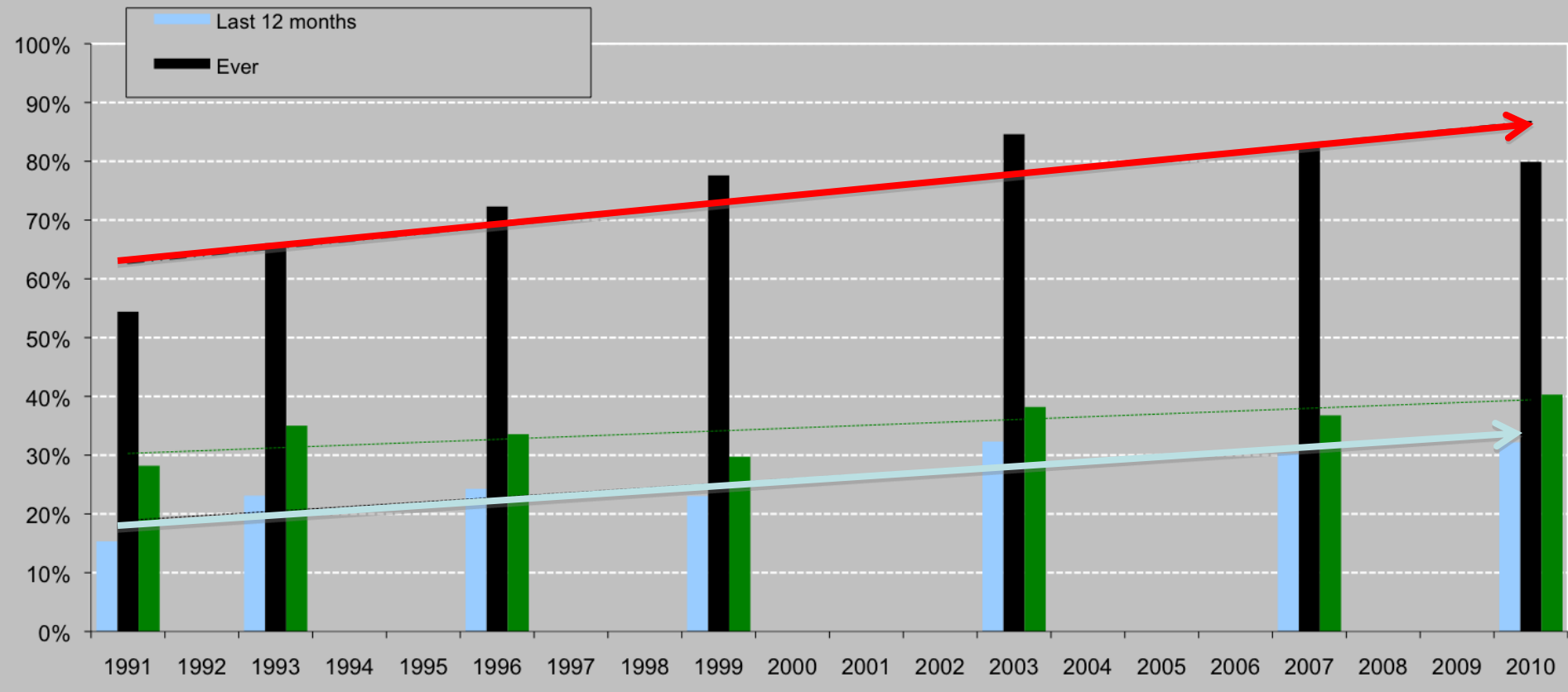
(among men without long-standing HIV infection)



# Trends in HIV-testing: GERMANY (stratified: major cities, 25-44 years)

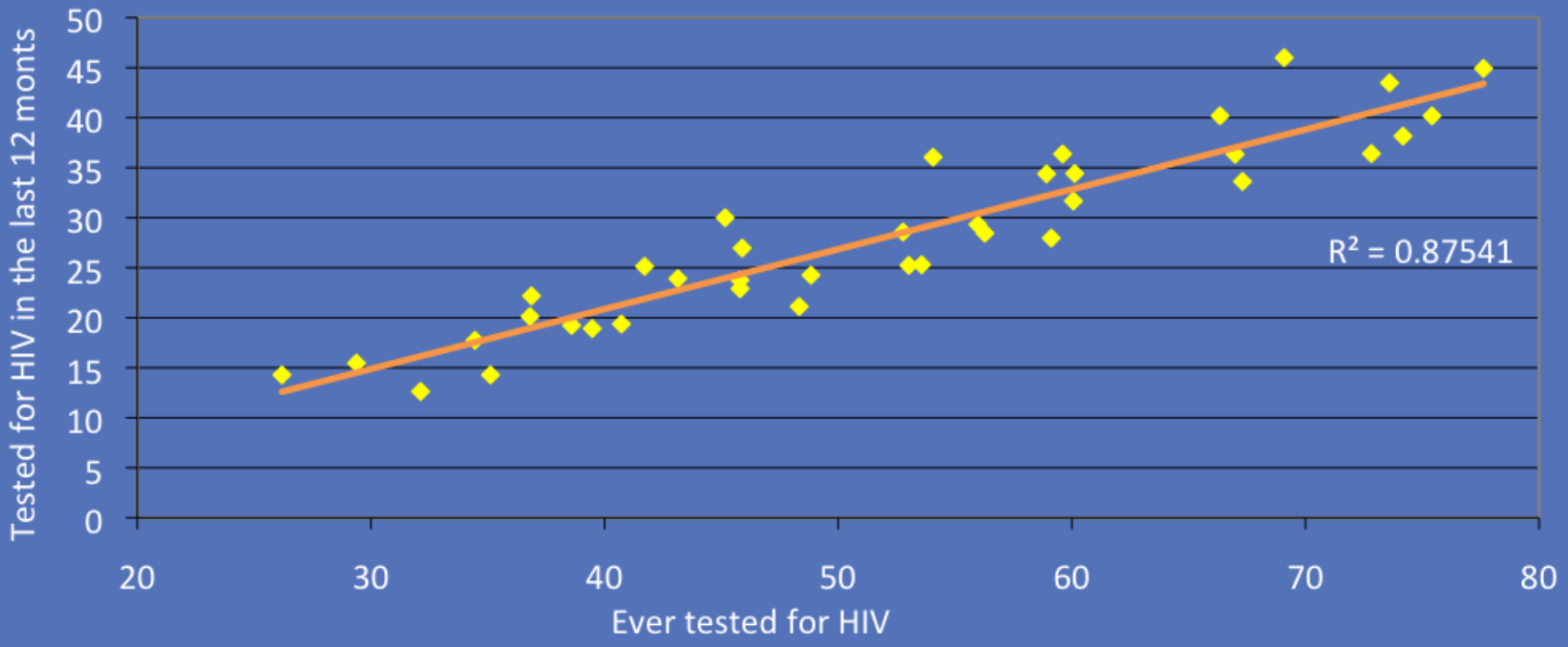


# Trends in HIV-testing: GERMANY (stratified: major cities, 45-60 years)



# Country level analysis

Country level association of ever and recent HIV-testing among MSM with ncUAI

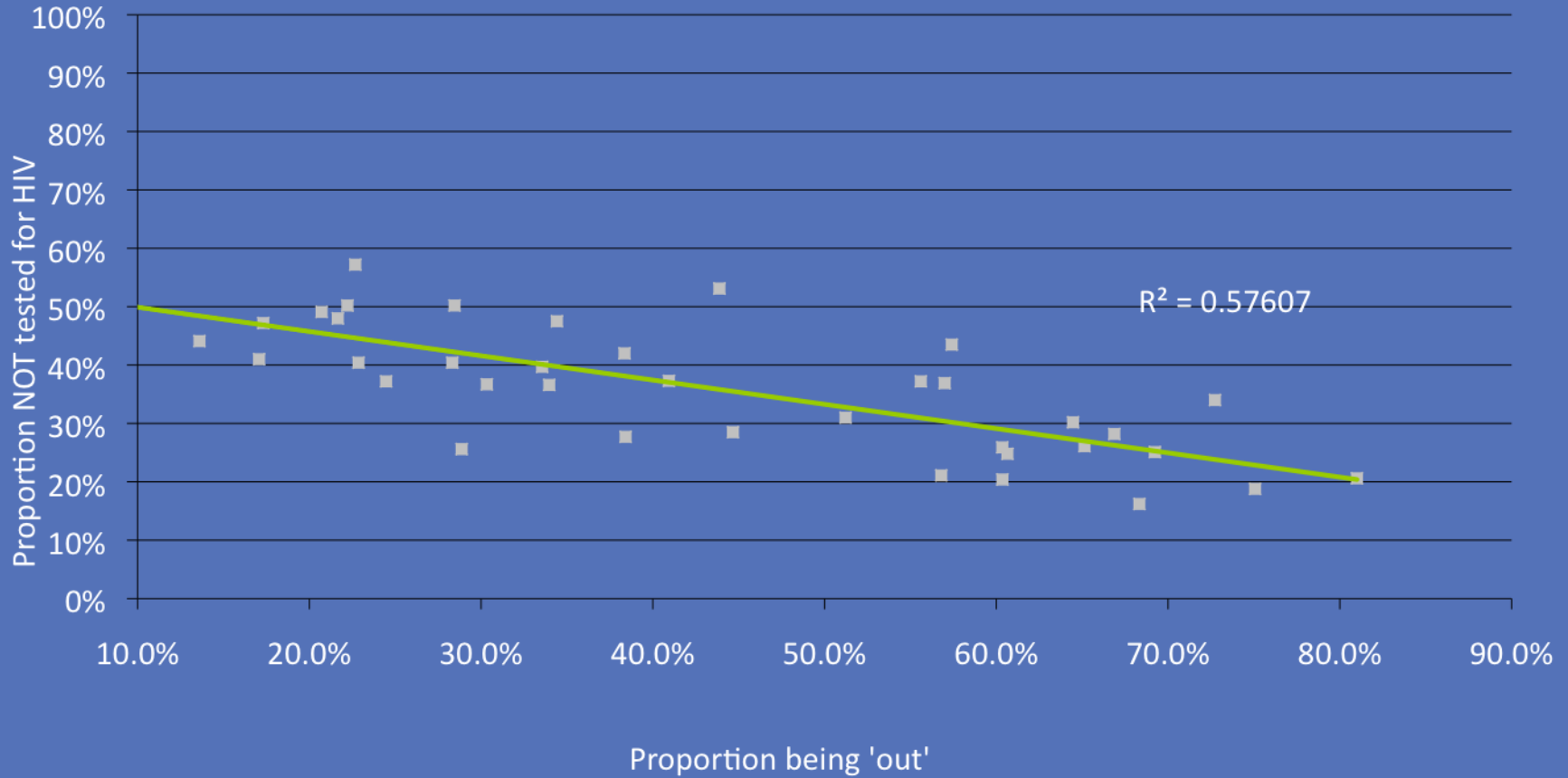




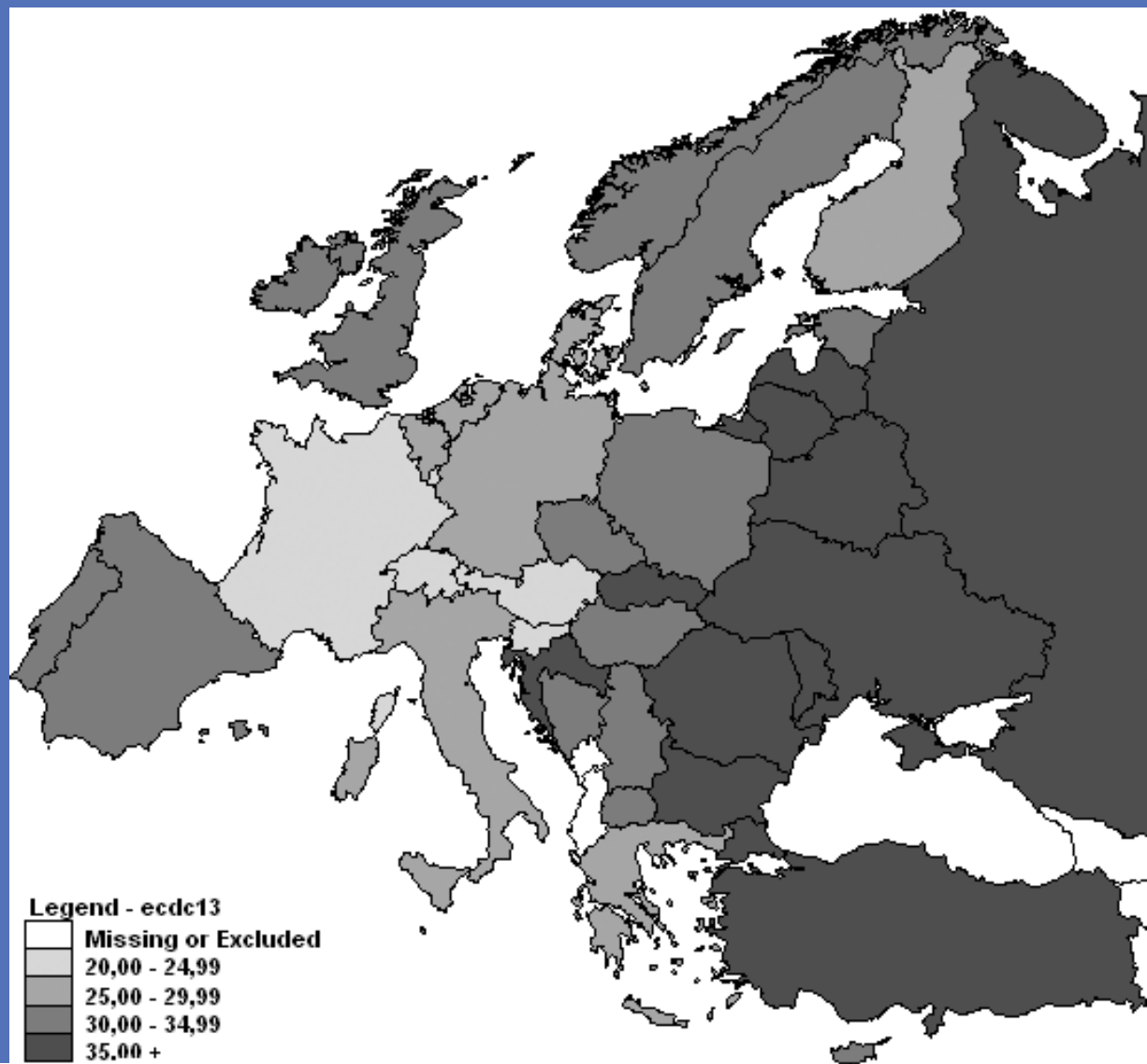
## Unmet prevention needs:

# More men 'out', more men tested

→ **social climate for MSM influences HIV-testing**



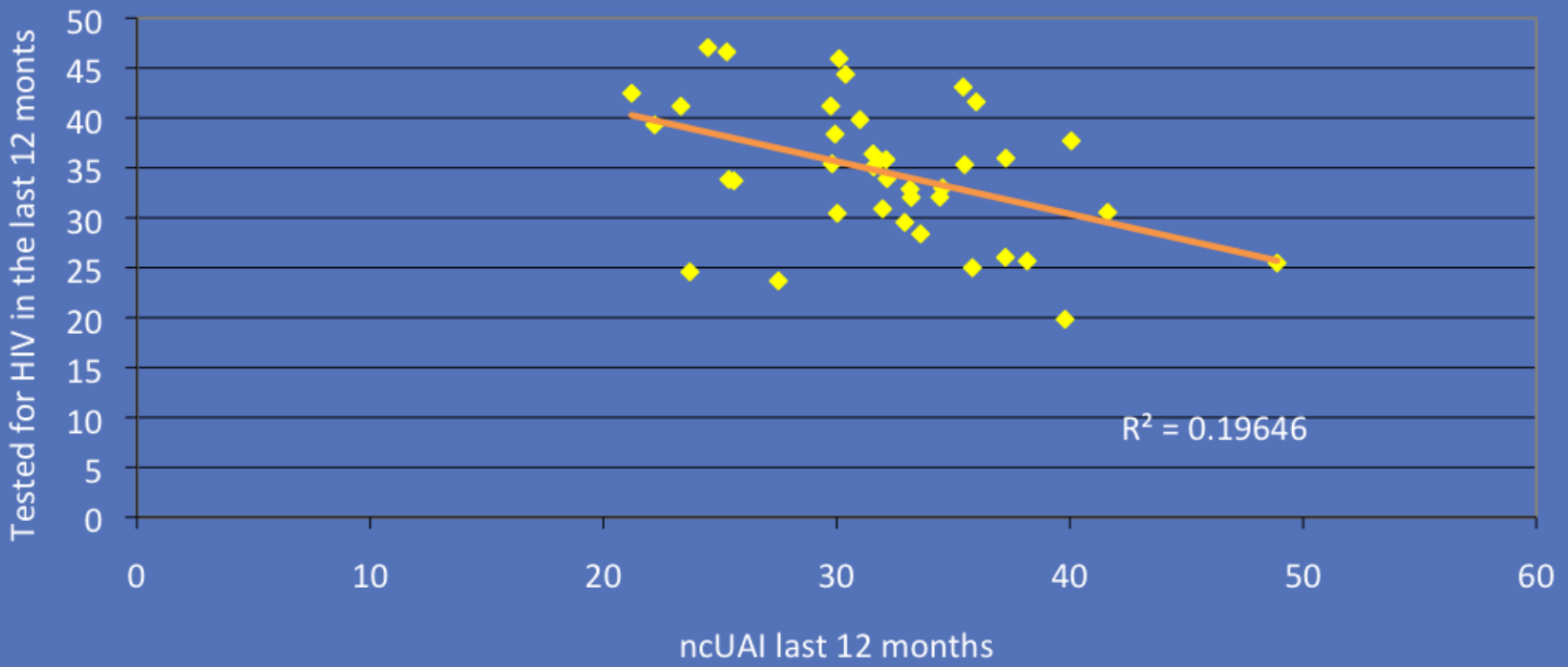
# HIV transmission facilitators: non-concordant UAI (last 12 months)





# Country level analysis

Country level association of recent ncUAI and recent HIV-testing



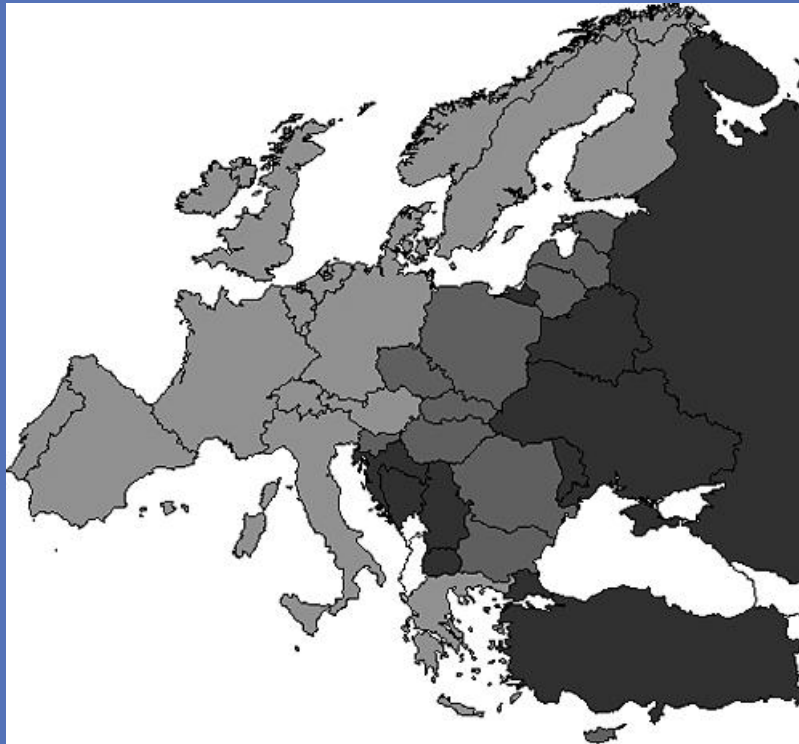
ncUAI = non-concordant unprotected anal intercourse, ie. with a partner of unknown or discordant HIV serostatus

# Grouping European countries

With the exception of counting Greece as a (South-)Western country, EMIS regions are based on the United Nations Group of Experts on Geographical Names, 2006.

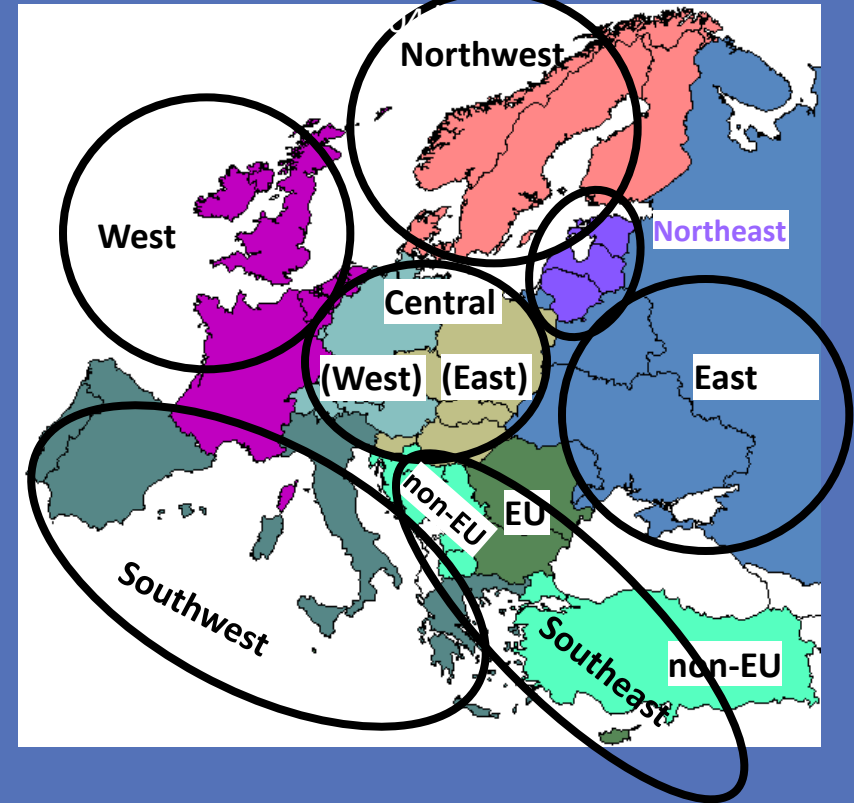
## Regions according to EU

EU/EFTA 1996 ('old') vs. 'new' (EU 2004/07) vs. non-EU



## Regions according to EMIS

EU/EFTA 1996 ('old') vs. 'new' (EU vs. non-EU



# Odds for HIV-testing in the last 12 months according to risk behaviour by European region

	no ncUAI	ncUAI	OR	95%-CI
Northwest	33.4%	30.4%	0.87	0.79-0.97
West	43.9%	38.6%	0.80	0.76-0.84
Central-West	39.1%	29.1%	0.64	0.61-0.67
Southwest	47.2%	36.2%	0.63	0.60-0.67
Southeast (non-EU)	35.7%	21.6%	0.50	0.2-0.59
East	48.8%	31.2%	0.48	0.43-0.53
Southeast (EU)	43.7%	26.0%	0.45	0.39-0.53
Northeast	34.6%	18.5%	0.43	0.34-0.55
Central-East	39.8%	21.7%	0.42	0.38-0.47

ncUAI = non-concordant unprotected anal intercourse, ie. with a partner of unknown or discordant HIV serostatus

# Multivariable regression on recent HIV-testing, individual level, controlling for recruitment and country of residence (N=139,735)

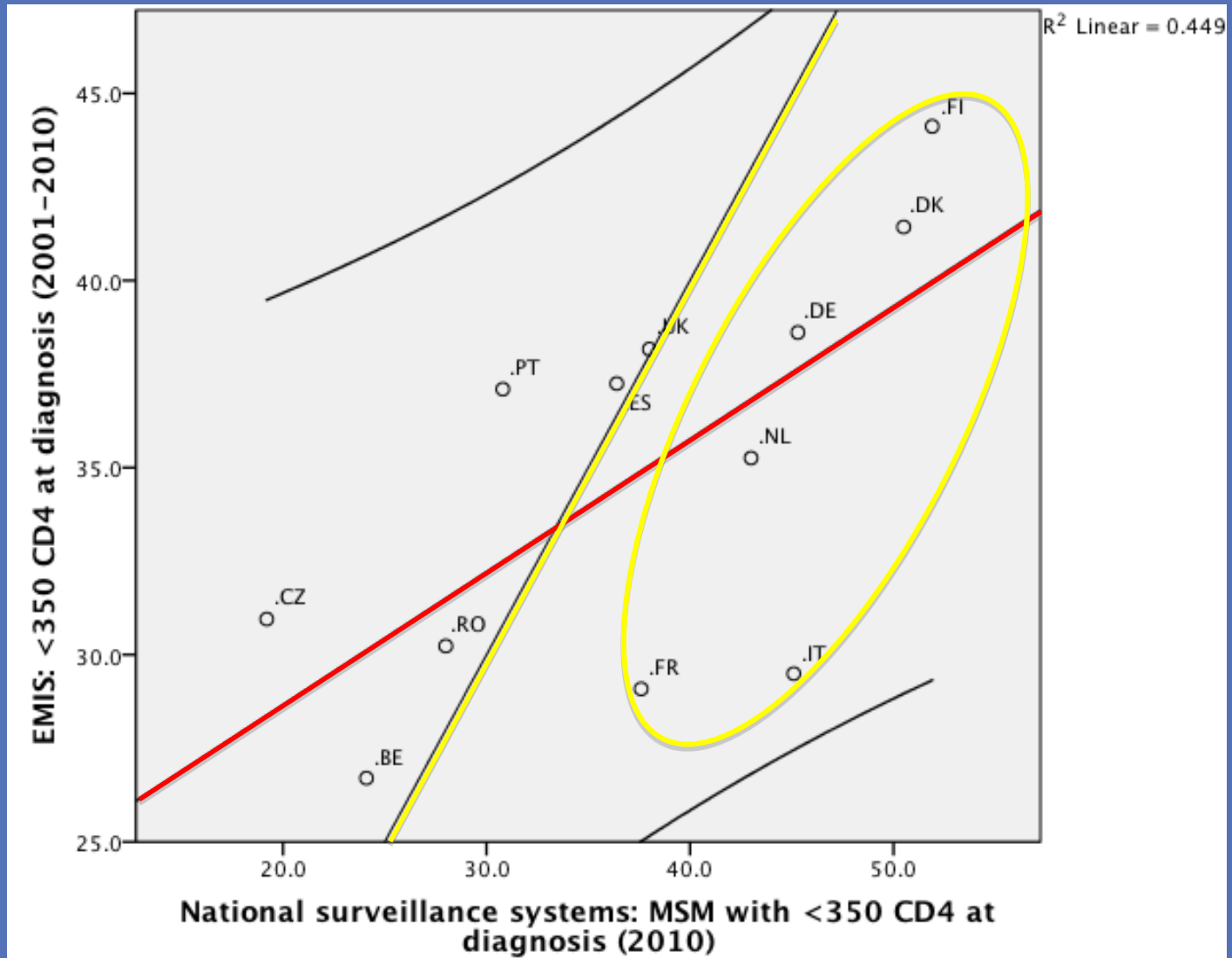
		%	p	adj. OR	Lower	Upper
Age	25-39	48.9	Ref.	1		
	<25	23.3	<0.001	0.93	0.90	0.95
	40+	27.8	<0.001	0.71	0.69	0.73
City size	>500,000	45.6	<0.001	1.18	1.16	1.21
New steady partner		11.8	<0.001	1.73	1.67	1.79
# Sex partners in the last 12 months	None	8.8	Ref.	1		
	1	19.0	0.285	1.04	0.97	1.11
	2-5	30.1	<0.001	1.40	1.31	1.50
	6-10	16.0	<0.001	1.89	1.76	2.02
	>10	26.0	<0.001	2.50	2.34	2.67
Being 'out' to most or all significant others		57.6	<0.001	1.42	1.38	1.46
Non-gay identity		23.8	<0.001	0.82	0.79	0.85
Free/affordable HIV-testing		88.1	<0.001	2.49	2.37	2.60
UAI	None	64.7	Ref.	1		
	with non-steady partners perceived as concordant	6.7	<0.001	1.45	1.38	1.52
	with any partner of unknown or discordant status	28.7	<0.001	0.55	0.54	0.57
Knowing that „HIV infection can be controlled with medicines, so that its impact on health is much less.“		91.9	0.003	1.07	1.02	1.12

# Late presentation CD4 < 350

		%	p	adj. OR	Lower	Upper
Age	20-29	21.1	Ref.	1		
	30-39	38.0	0.004	1.31	1.09	1.57
	40-49	32.6	<0.001	1.71	1.41	2.06
	50+	8.3	<0.001	1.97	1.50	2.58
Education	ISCED 1-4	48.1	0.043	1.15	1.01	1.31
Not being 'out' to most or all significant others		18.1	0.013	1.36	1.02	1.41

*Multivariable logistic regression analysis, adjusting for age, educational attainment, outness, sexual identity, country of residence, country of birth, size of settlement, perceived loneliness, experienced HIV stigma*

# Late presentation





# Late presentation

- It is often believed that a low proportion of late presenters is a good thing, and that a high proportion of late presenters is always bad.
- In a situation with increasing HIV incidence, the proportion of late presenters will consequently fall.
- In a situation with super-effective prevention activities, where everybody uses condoms all the time and close to zero HIV is transmitted, the proportion of late presenters will consequently increase.
- Therefore, comparing those proportions across countries should be done carefully, and always take into account the dynamic of the epidemic.

# Summary

- Men with HIV transmission risk are less likely to test for HIV.
- Men should be encouraged to check and mutually disclose their HIV status with their steady partners before engaging in condom-free anal sex.
- High levels of homophobia and consequent 'closeting' of homosexuality may defer HIV-testing and thus render HIV test promotion less effective
- EMIS findings corroborate results of other studies that for some MSM, being identified as such might be a key barrier to testing for HIV after exposure.
- Targeting MSM with a bisexual identity or who hide their sexual orientation remains a challenge for campaigns promoting HIV-testing.

# Thank you for your attention!

More information @  
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**EMIS Advisory Partners:** Executive Agency for Health and Consumers (EAHC), European Centre for Disease Prevention and Control (ECDC), WHO-Europe



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