HIV in Europe 2007
Working Together for
Optimal Testing and Earlier Care
25 - 27 November 2007, Brussels

Another approach: The case for European guidance

Brian Gazzard
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Targeted testing: The case for European guidance

Brian Gazzard

Ball of wool

Congruence of issues

- **Testing is easier**
- **Counselling is easier**
- **Treatment is available**

- **Rates of HIV are increasing**
  - Prevelance
  - Incidence

Unmet need

- **Treatment access**
- **Treatment of ‘unknowns’**
- **Stigma remains**

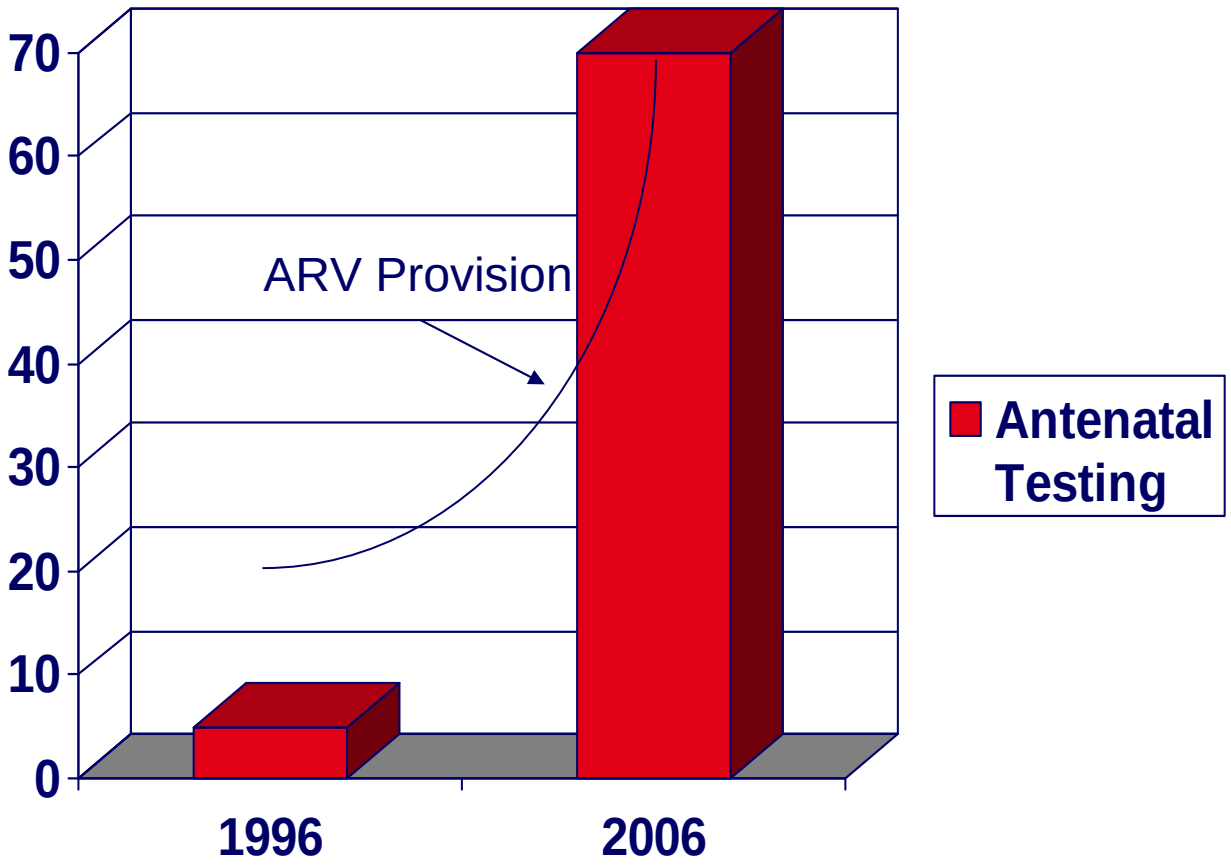
Targeting: considerations

- Care vs Testing
- Human Rights vs the scale of the problem
- OPT in vs OPT out

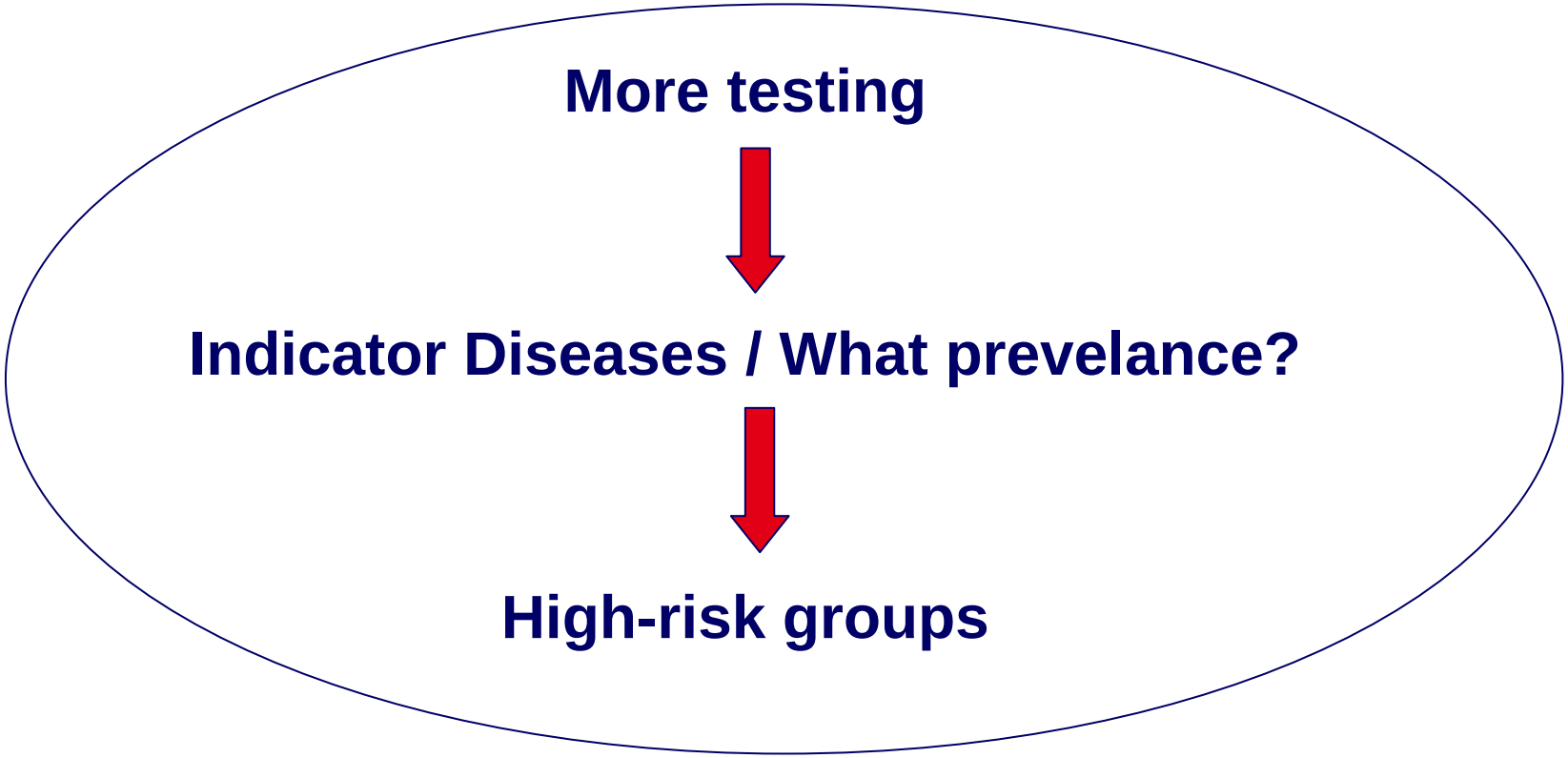
The crucial question

Will accurate knowledge of HIV prevelance increase the access to care, the fight for human rights and a decrease in discrimination?

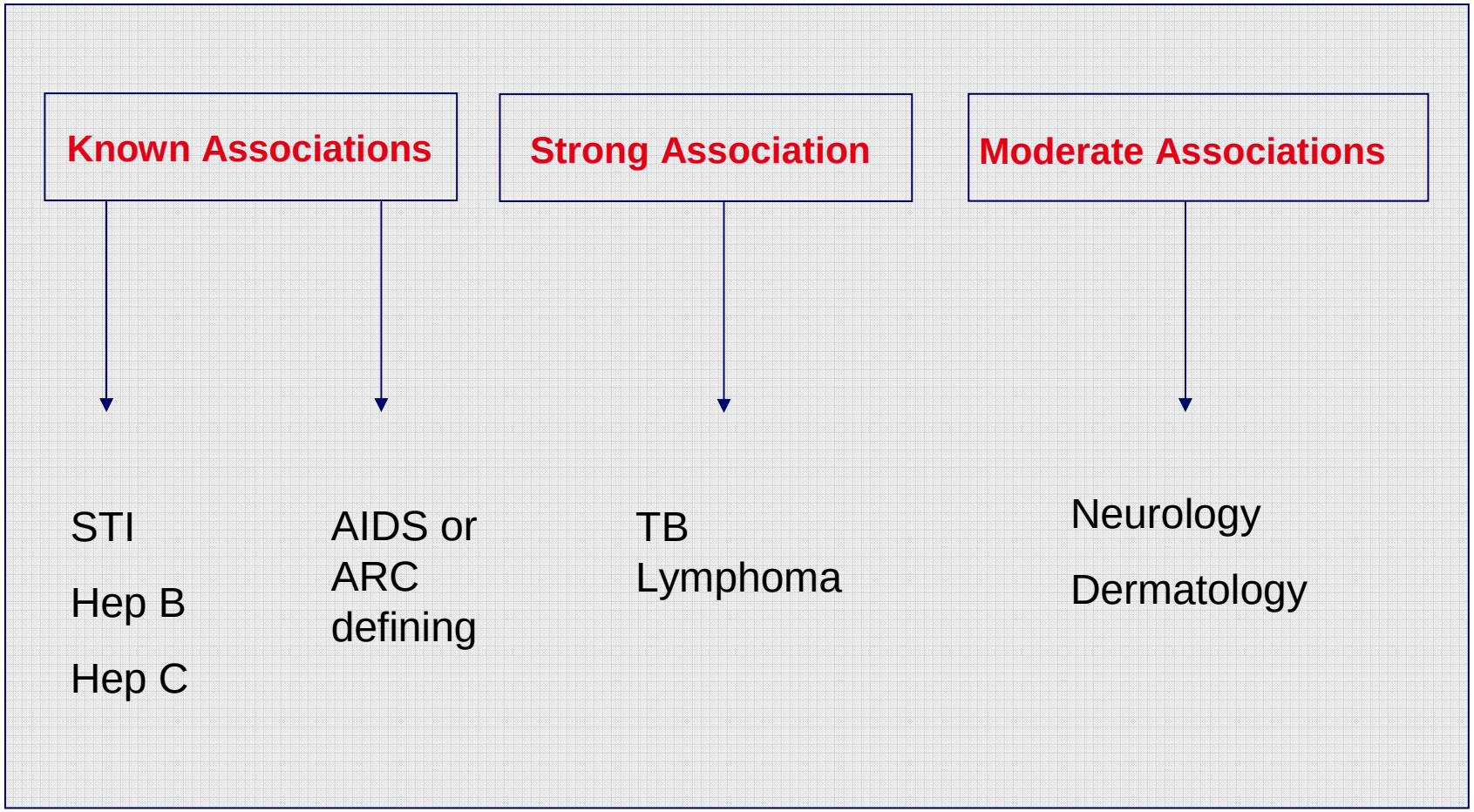
The Botswana Experience



‘What to do?’


More testing
Indicator Diseases / What prevelance?
High-risk groups

Indicator Diseases



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Where we are now: The case for European guidance

Nathan Clumeck

Missed opportunities for diagnosing primary HIV infection

- Between 2003-2205 : 108 cases identified in London
- 76 (70%) reported symptoms of seroconversion
  - **40 (53%) were seen by health care providers**
  - **21 (52%) were diagnosed correctly**

Among the 19 (48%) missed diagnosis :

- 15 were seen by primary care
- 3 in emergency ward
- 1 in genito urinary medicine

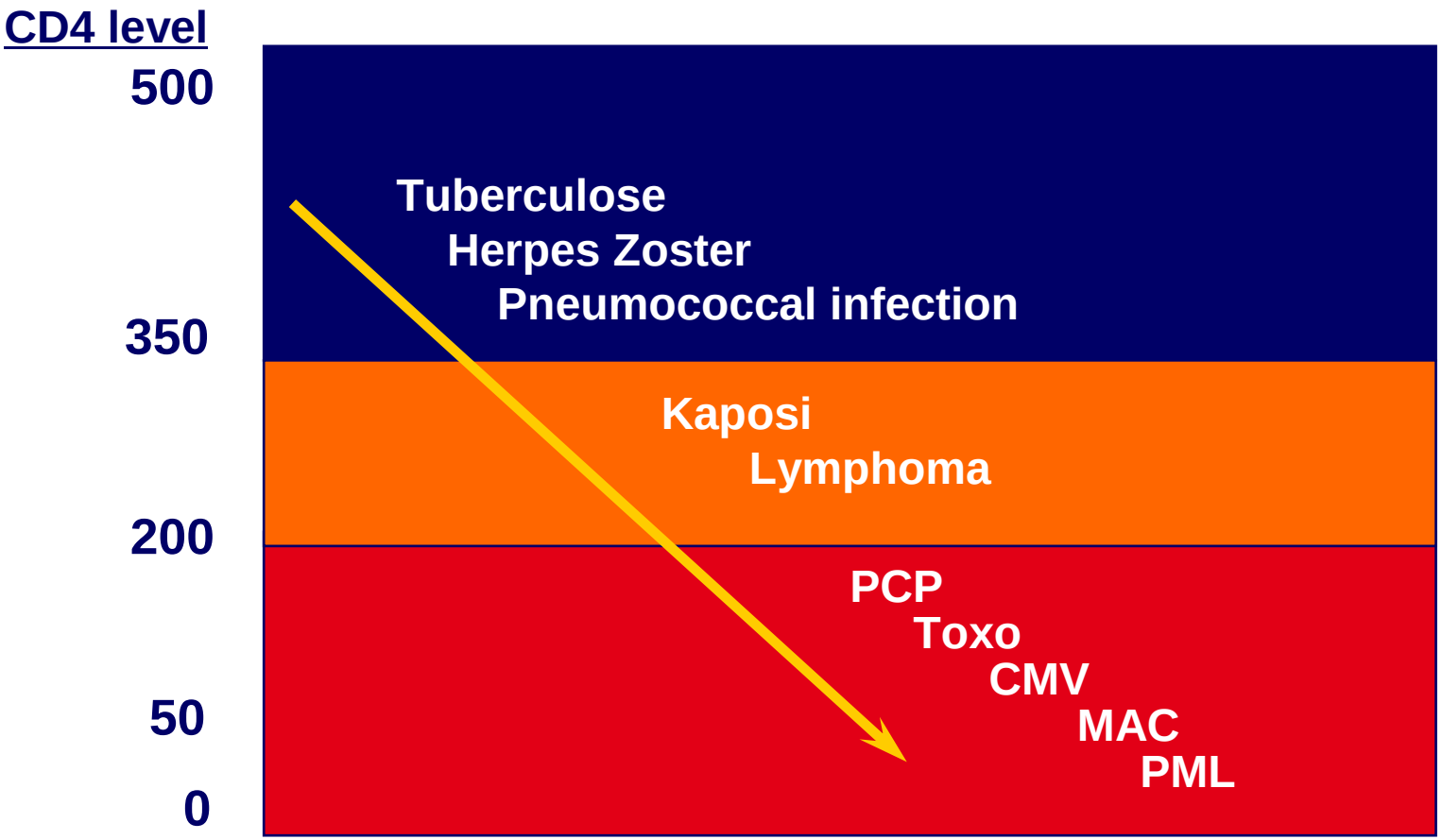
Sudarshi et al Sex Transm Infect Oct 2007

Triggers for HIV Testing

Category 1 Unequivocable Triggers	Category 2 Suggestible Triggers	Category 3 Triggers	Category 4 Borderline Triggers
Men Sex with Men	Tuberculosis	STDs	Alcohol abuse
IDU	Varicella Zoster	Gonorrhea	Alcohol withdrawal
OI	Lymphadenopathy	PID	Homelessness
Oral Thrush	Hepatitis B/C	Chlamydia	Psychiatric diagnosis
•	•	Syphillis	Pregnancy
•	•	Trichomoniasis	Abnormal Pap smear
•	•	Genital Herpes	Candida Vaginalis
•	•	•	Comm acquired pneumonia

Categorized by the Likelihood of Its Clinical Association with an HIV Diagnosis
J. Gen. Intern. Med. 2004

The ordered risk of opportunistic diseases



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How to increase HIV infection recognition in the general population ?

- Increased offer of VCT (Voluntary Counselling and Testing) trough health centers, targeted campaigns etc ...

  No exceptionnalism but :

  - Anonymity/confidentiality
  - Access to therapy (free of charge)
  - No stigma (work place), no rejection (insurance)

- Increased awareness of health care provider of :
  - HIV associted diseases
  - Behavioural risks
  - Travel risk in endemic area etc.

Which healthcare provider should particularly be aware of unrecognised HIV infection ?

- Primary care physicians
- Urgent care clinic
- STD‘s doctors
- Gynecologist/Obstetrician
- Dermatologist
- Dentist
- Pneumologist ...

Some programmes should be linked to HIV recognition

- TB programmes
- STD‘s
- Women‘s health programmes
- Others ?

Conclusions

In European setting, there exists a case for:

- **Targeted testing guidance using indicator diseases or situations**
- **Increased efforts to inform the full range of healthcare providers of validated ‚triggers to test‘**
- **Integrated efforts to ensure stigma/rejection are minimised**

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Panel Discussion

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