



BCN

checkpoint

MEN · SEX · HEALTH

BCN Checkpoint: Achievements, challenges and future plans of a community centre for MSM

Michael Meulbroek

Projecte dels NOMS-Hispanosida

HepHIV 2017 Conference

Malta, 1 February 2017

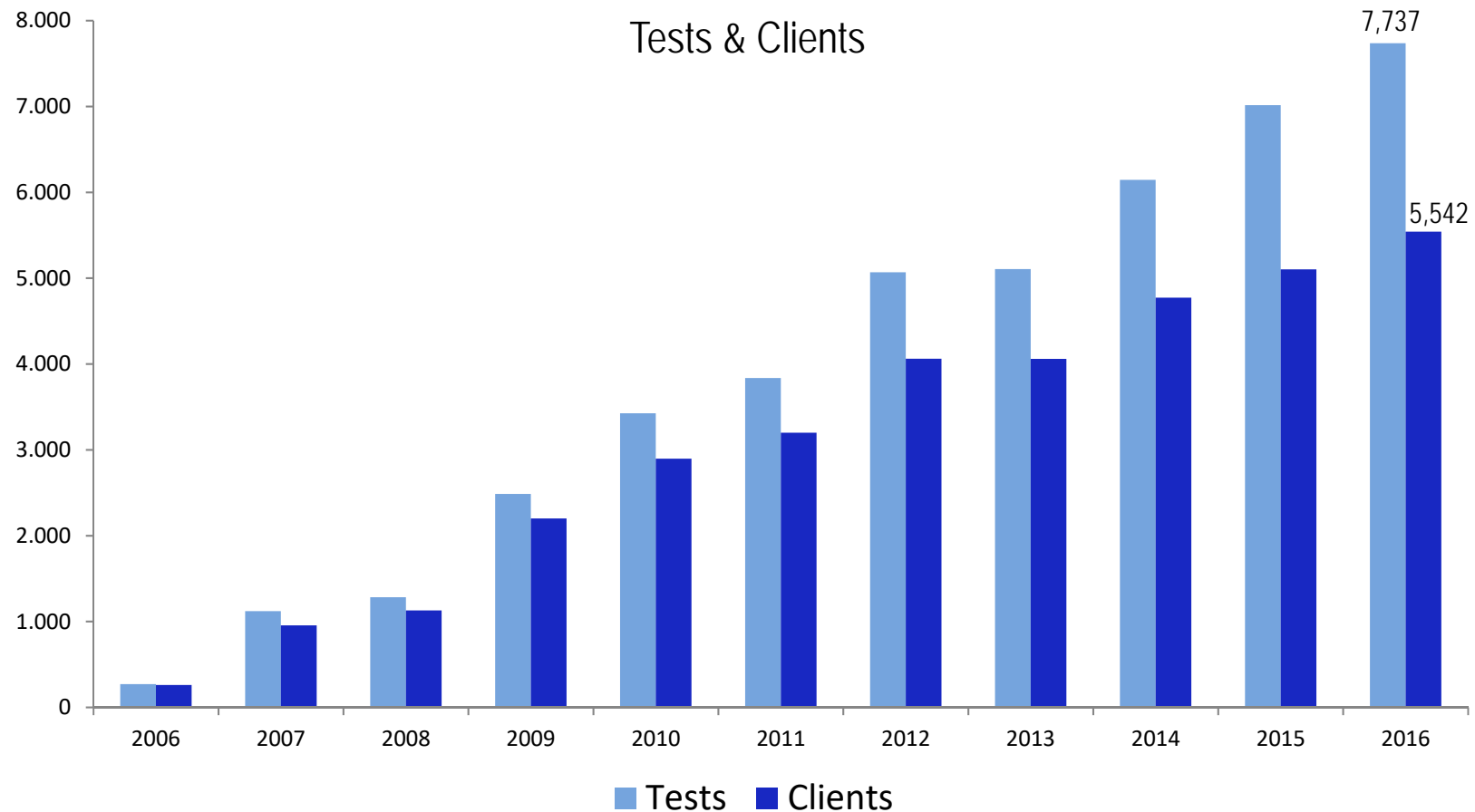


INTRODUCTION

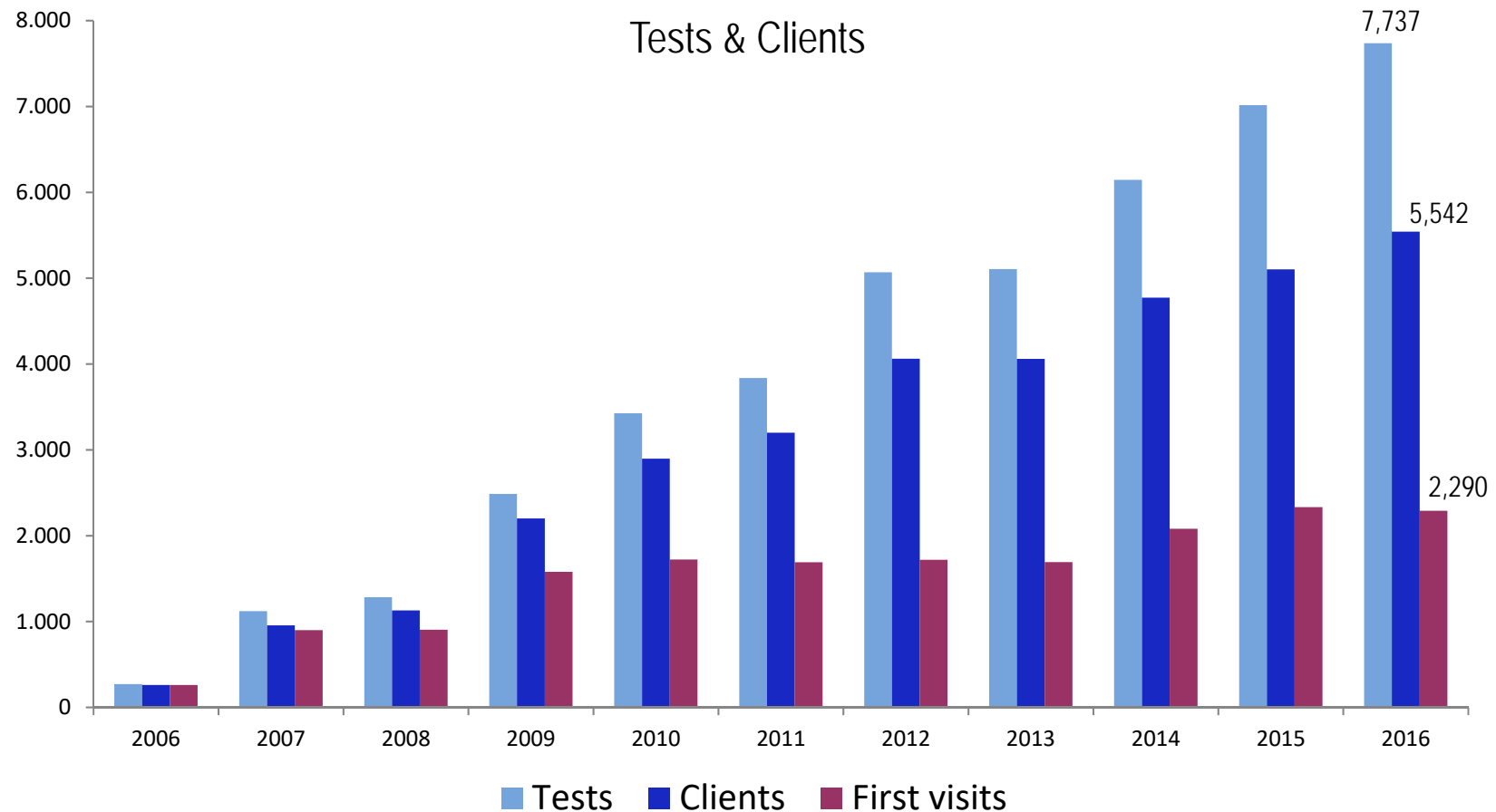
- BCN Checkpoint opened in January 2006
- BCN Checkpoint introduced the use of [HIV rapid tests](#) in community-based centers in Europe in 2006
- BCN Checkpoint serves 40-60 clients per day
- Services:
 - ✓ HIV, HCV and Syphilis rapid testing
 - ✓ Chlamydia and Gonorrhoea
 - ✓ Peer counseling + Referral to HIV clinic
 - ✓ Hepatitis A and B vaccination
 - ✓ Community Research



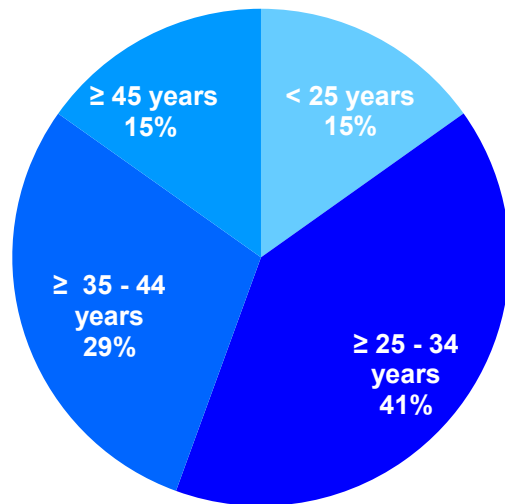
ACHIEVEMENTS



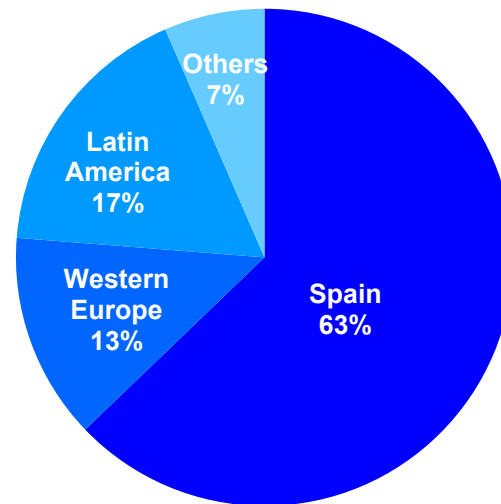
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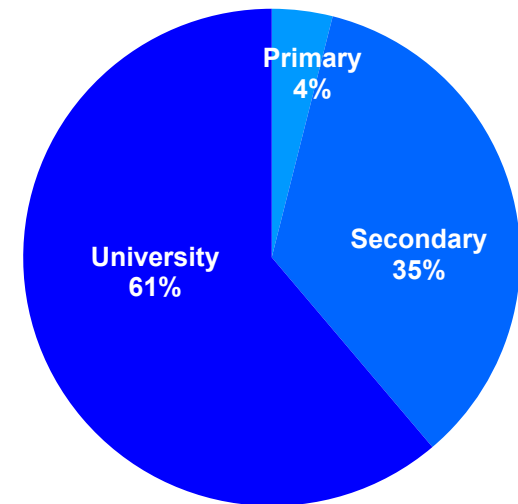
PROFILE



Age

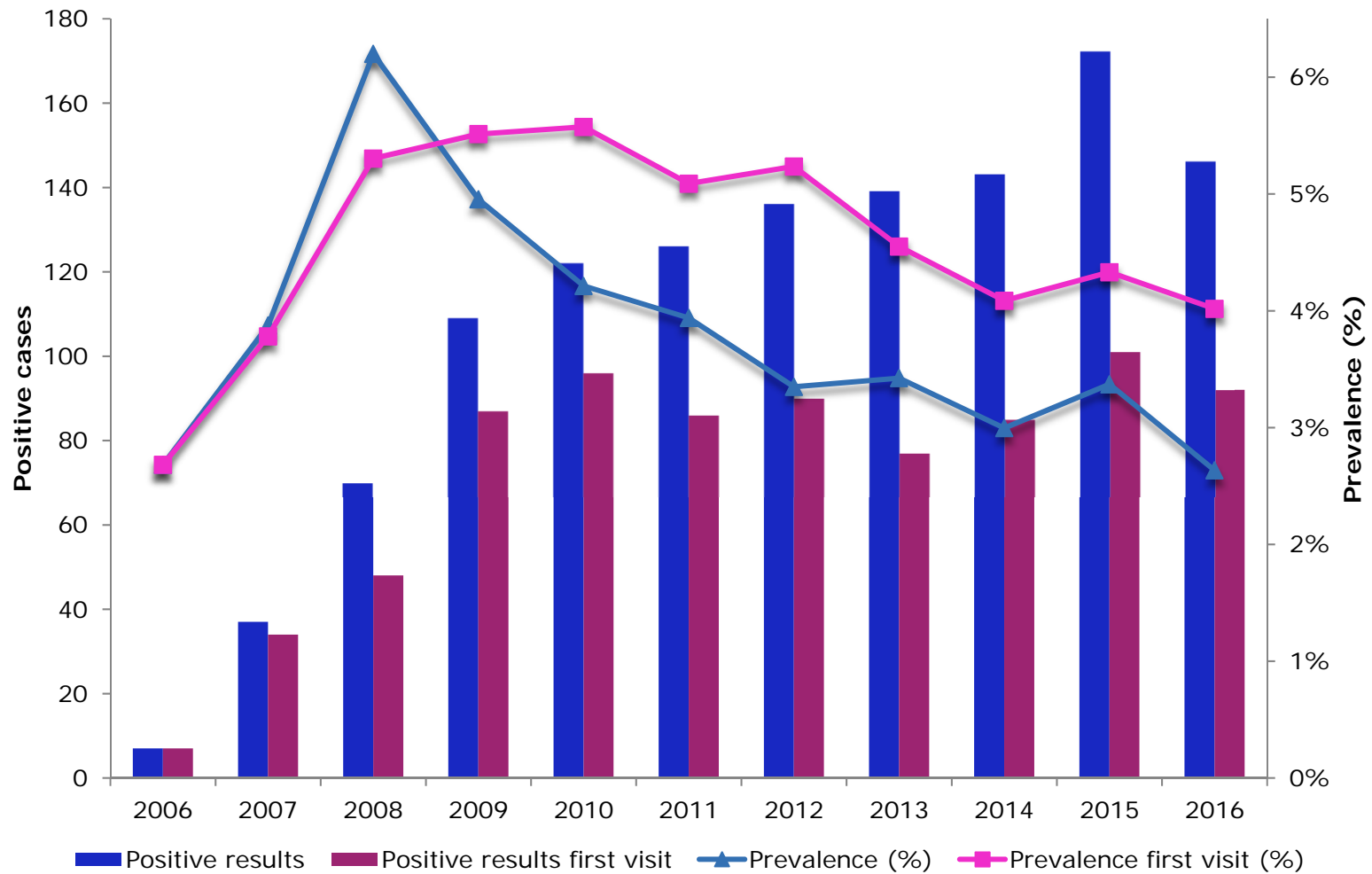


Origin



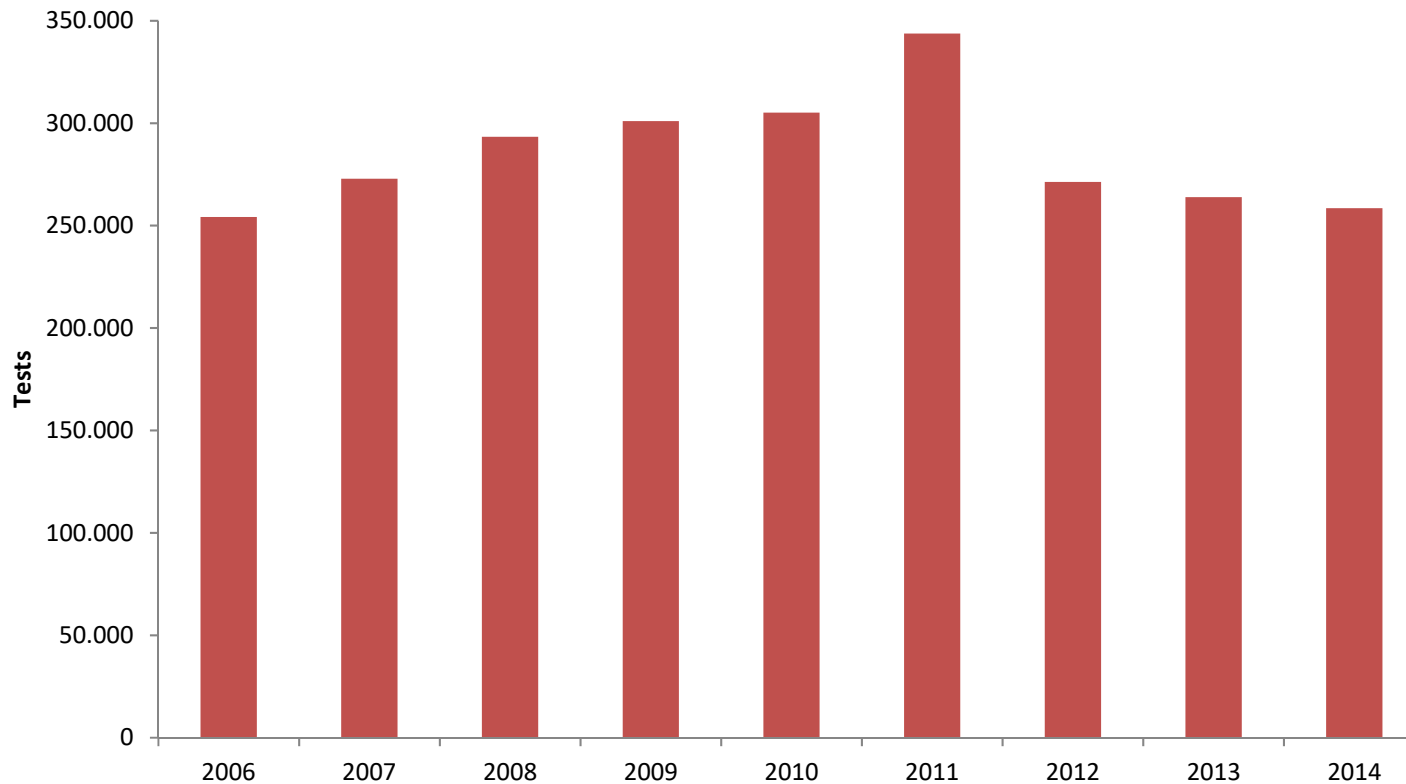
Education

RESULTS

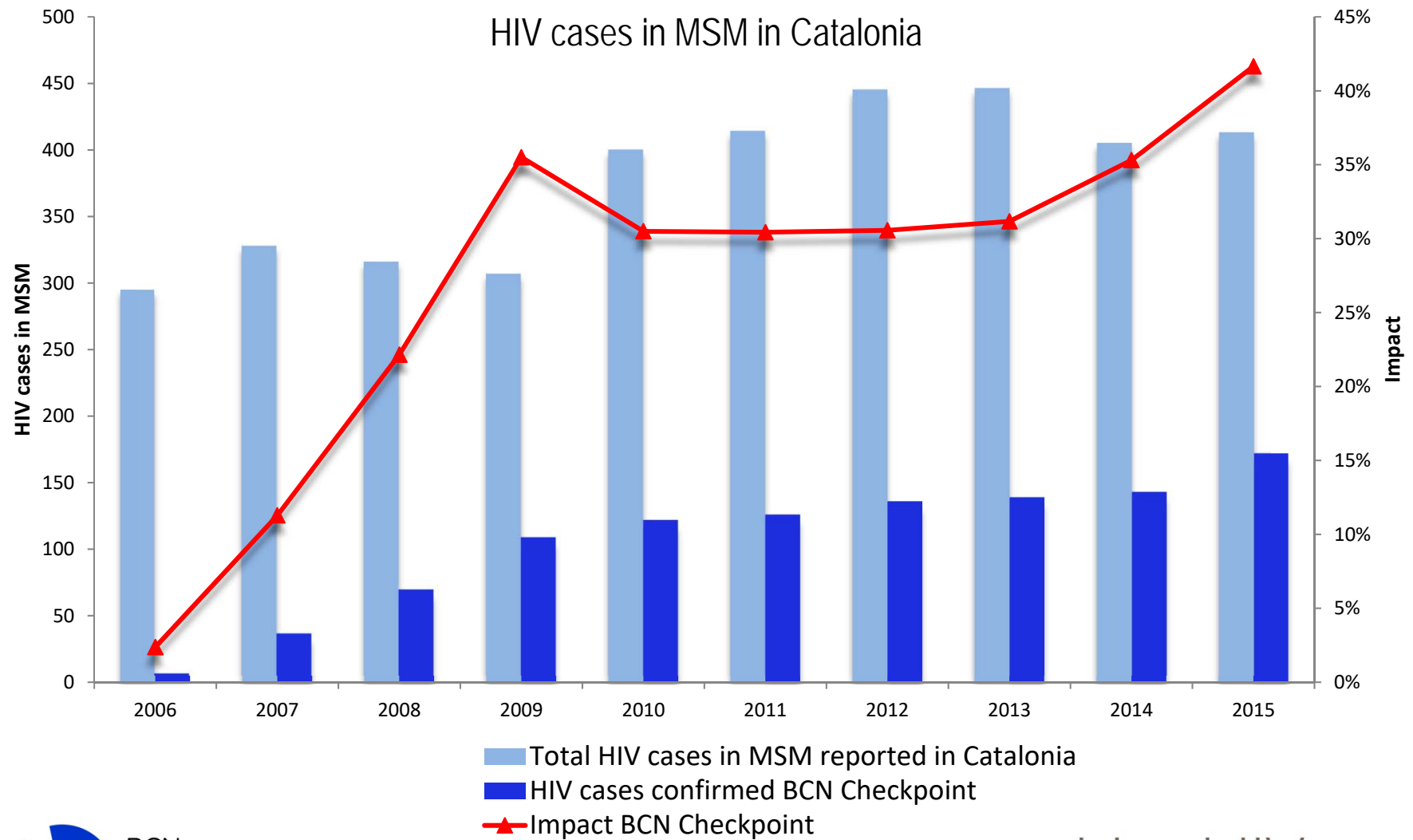


IMPACT OF BCN CHECKPOINT

No increase in total number of HIV tests in Catalonia



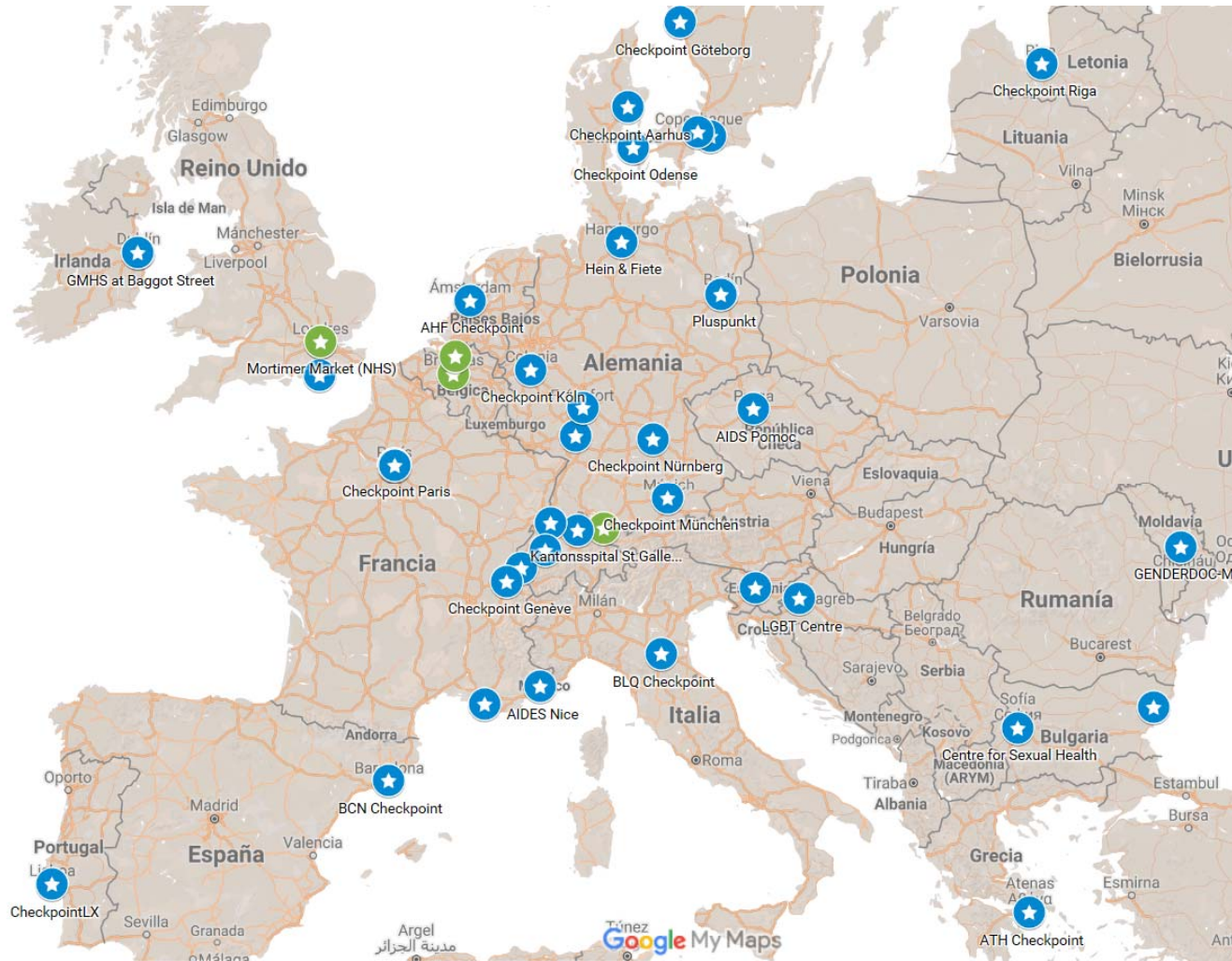
IMPACT OF BCN CHECKPOINT



Source: Actualizació a 06/10/2016. Vigilància epidemiològica de la infecció pel VIH i la SIDA a Catalunya. Ceeiscat. Departament de Salut. Generalitat de Catalunya



CHECKPOINT EUROPE

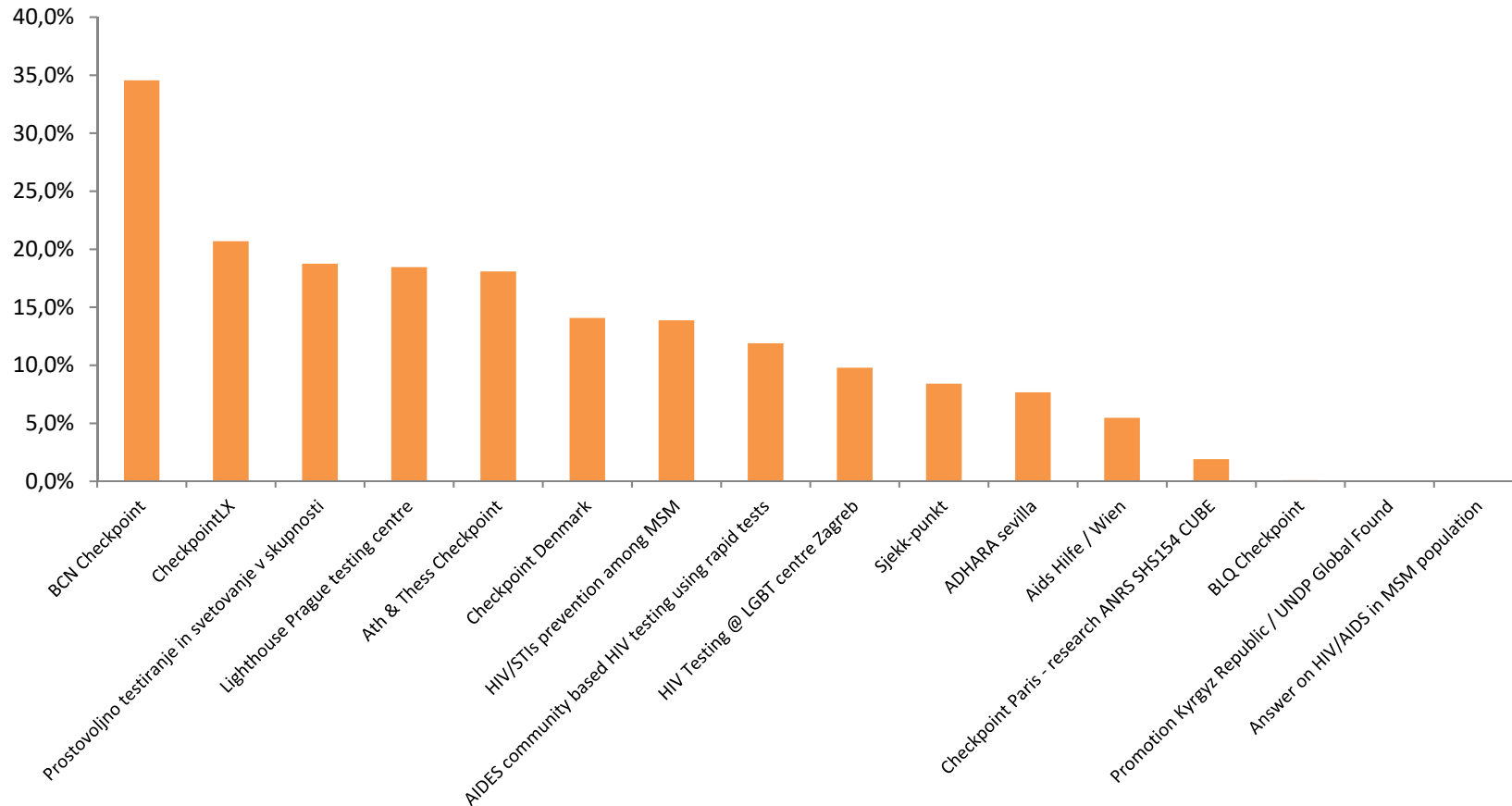


Source: Checkpoint survey. Axel J. Schmidt. Google Maps



CHECKPOINT EUROPE

Positive results in Checkpoints versus Country Reports 2014



CHECKPOINT EUROPE

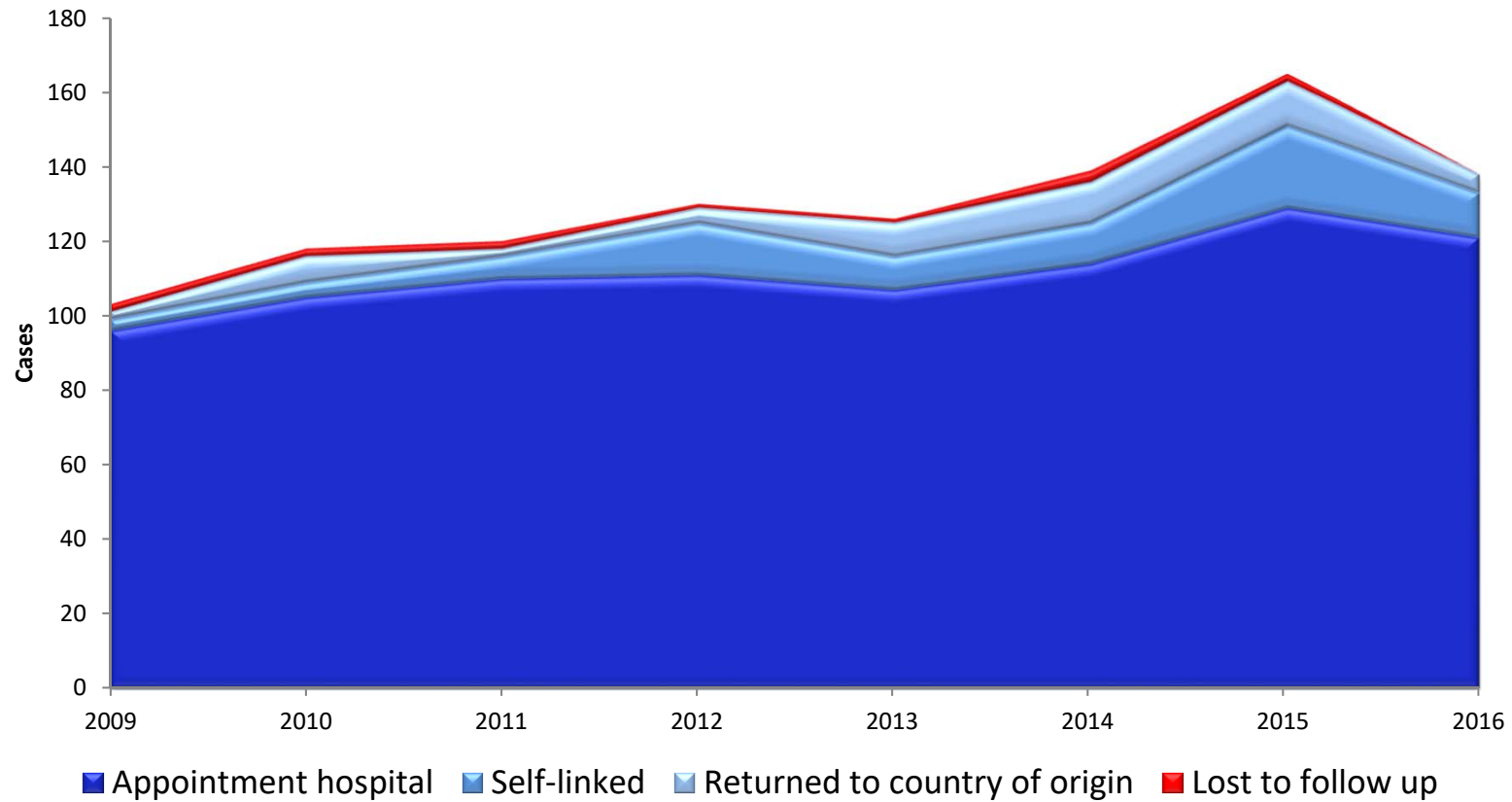
Community centres have shown to be

- effective
- able to monitor their activities
- good uptake from community

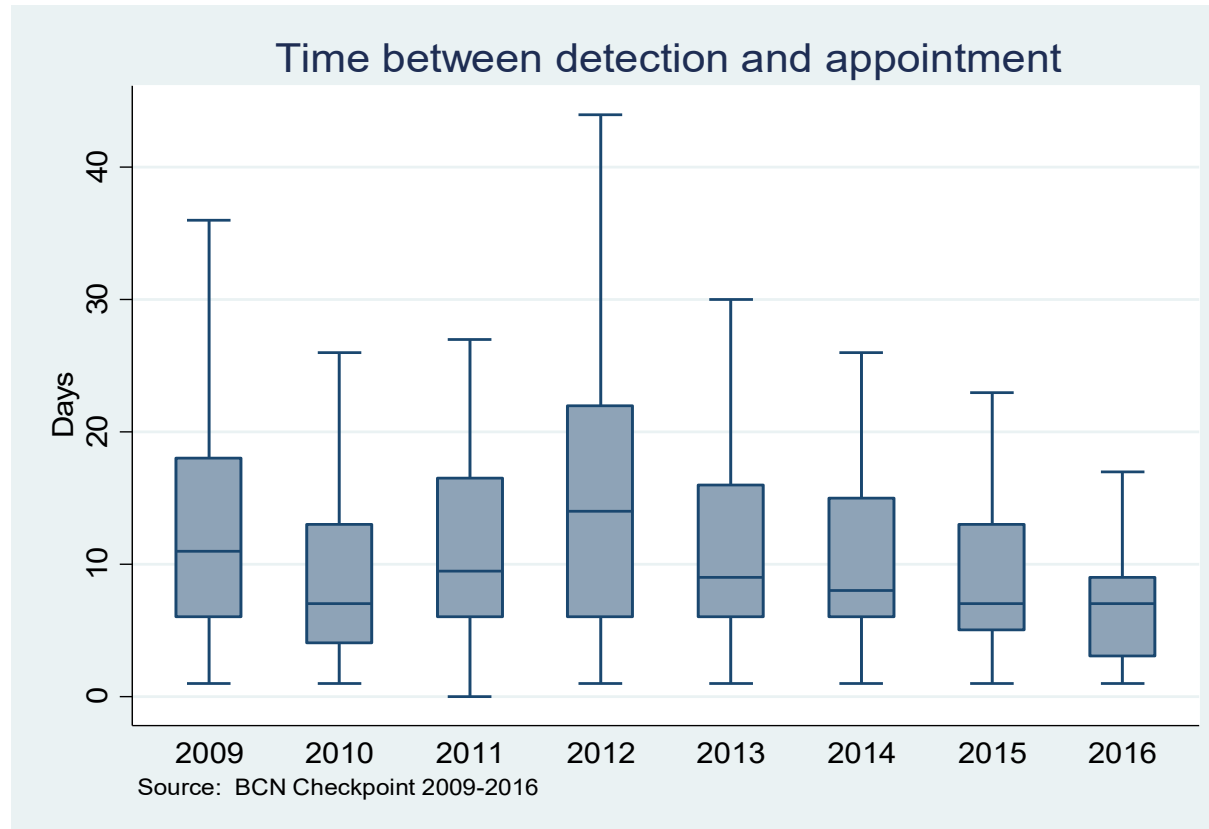
Nevertheless, are not

- taken seriously in budgets of national programs
- able to access European grants

LINKAGE TO CARE



LINKAGE TO CARE



EARLY DETECTION

bcn checkpoint

HIV-AIDS • STI • SEXUALITY • MEN • HEALTH

BCN Checkpoint: 31% of the new HIV cases detected in a
Community-Based Center for MSM are recent infections

M. Meulbroek, F. Pujol, F. Pérez, A. Dalmau, H. Taboada, G. Marazzi,
A. Pérez, A. Carrillo, A. Cabas, J. Miralles, J. Saz

Projecte dels NOMS-Hispanosida - www.bcncheckpoint.com

HepHIV2014 Conference

HIV and Viral Hepatitis: Challenges of Timely Testing and Care

Barcelona, 6 October 2014

EARLY DETECTION

NEW TECHNOLOGIES



P24 ANTIGEN

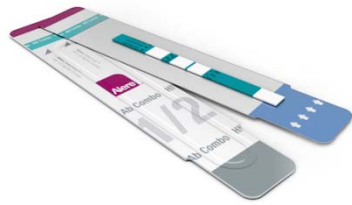


VIRAL LOAD

FIEBIG Phases	Range estimated date of infection
Phase I: Viral RNA+	7-21 days
Phase II: Positive Antigen P24 and negative Antibodies	18-24 days
Phase III: Antibody Elisa + and WB negative	21-25 days
Phase IV: Western Blot incomplete (< 2 envelope bands)	21-29 days
Phase V: Western Blot positive and negative P31 Antigen	30-90days
Phase VI: All tests positive	Open ended

EARLY DETECTION

NEW TECHNOLOGIES



P24 ANTIGEN



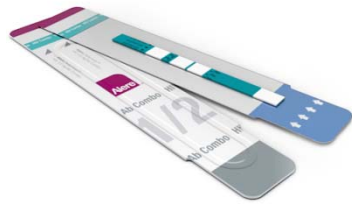
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Acute Infections

EARLY DETECTION

NEW TECHNOLOGIES



P24 ANTIGEN



VIRAL LOAD

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Infections of less than three months

EARLY DETECTION

Confirmed Infections	2015		
	N	%	% acum.
Phase I	6	3,8%	3,8%
Phase II	2	1,3%	5,1%
Phase III	0	0,0%	5,1%
Phase IV	1	0,6%	5,7%
Phase V	78	49,4%	55,1%
Phase VI	71	44,9%	100,0%
TOTAL	158	100,0%	

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55% infections less than 3 months

EARLY DETECTION

Confirmed Infections	2015			2016		
	N	%	% acum.	N	%	% acum.
Phase I	6	3,8%	3,8%	7	5,3%	5,3%
Phase II	2	1,3%	5,1%	7	5,3%	10,6%
Phase III	0	0,0%	5,1%	0	0,0%	10,6%
Phase IV	1	0,6%	5,7%	1	0,8%	11,4%
Phase V	78	49,4%	55,1%	63	47,7%	59,1%
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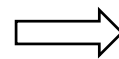
75%
Increase

EARLY DETECTION

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2015: 6 cases
1,061 tests (0,57%)
911 clients (0,66%)



2016: 7 cases
615 tests (1,14%)
514 clients (1,36%)

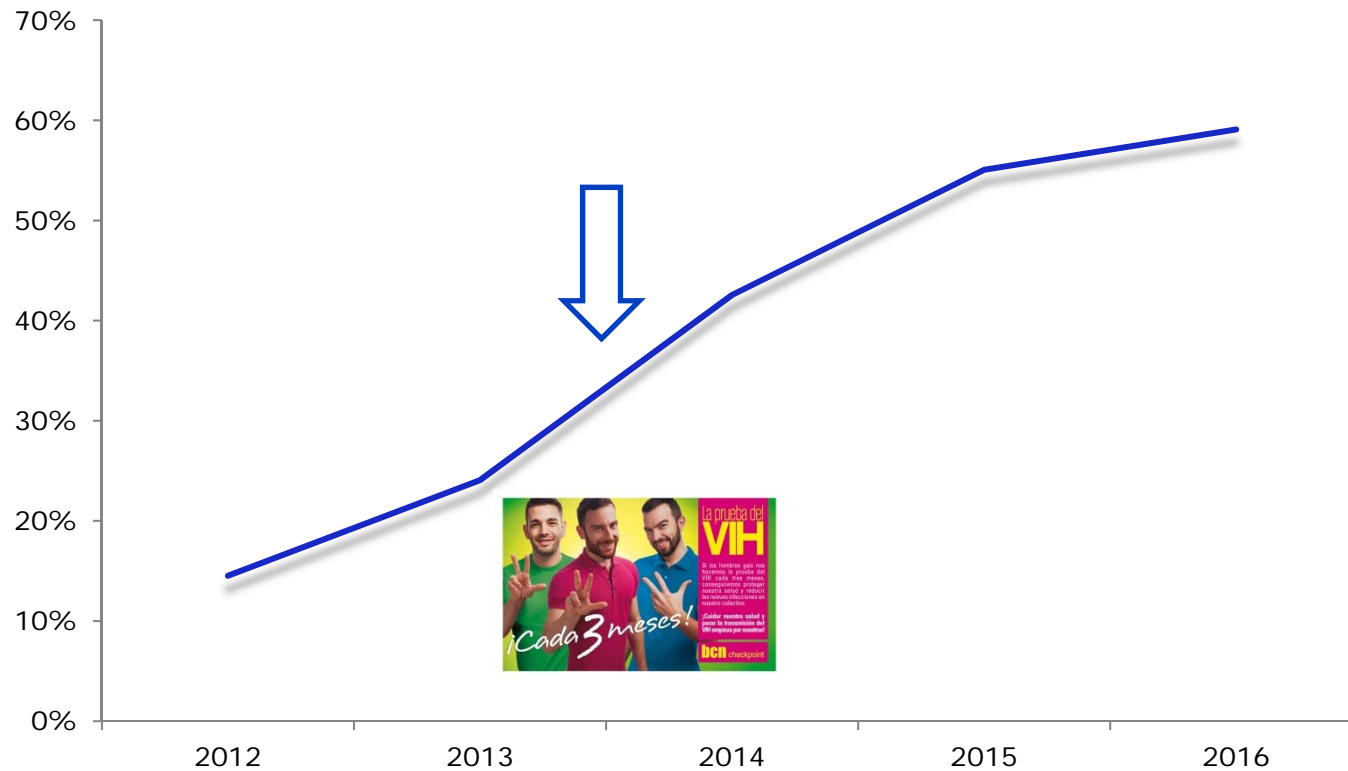
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Infections less than 3 months

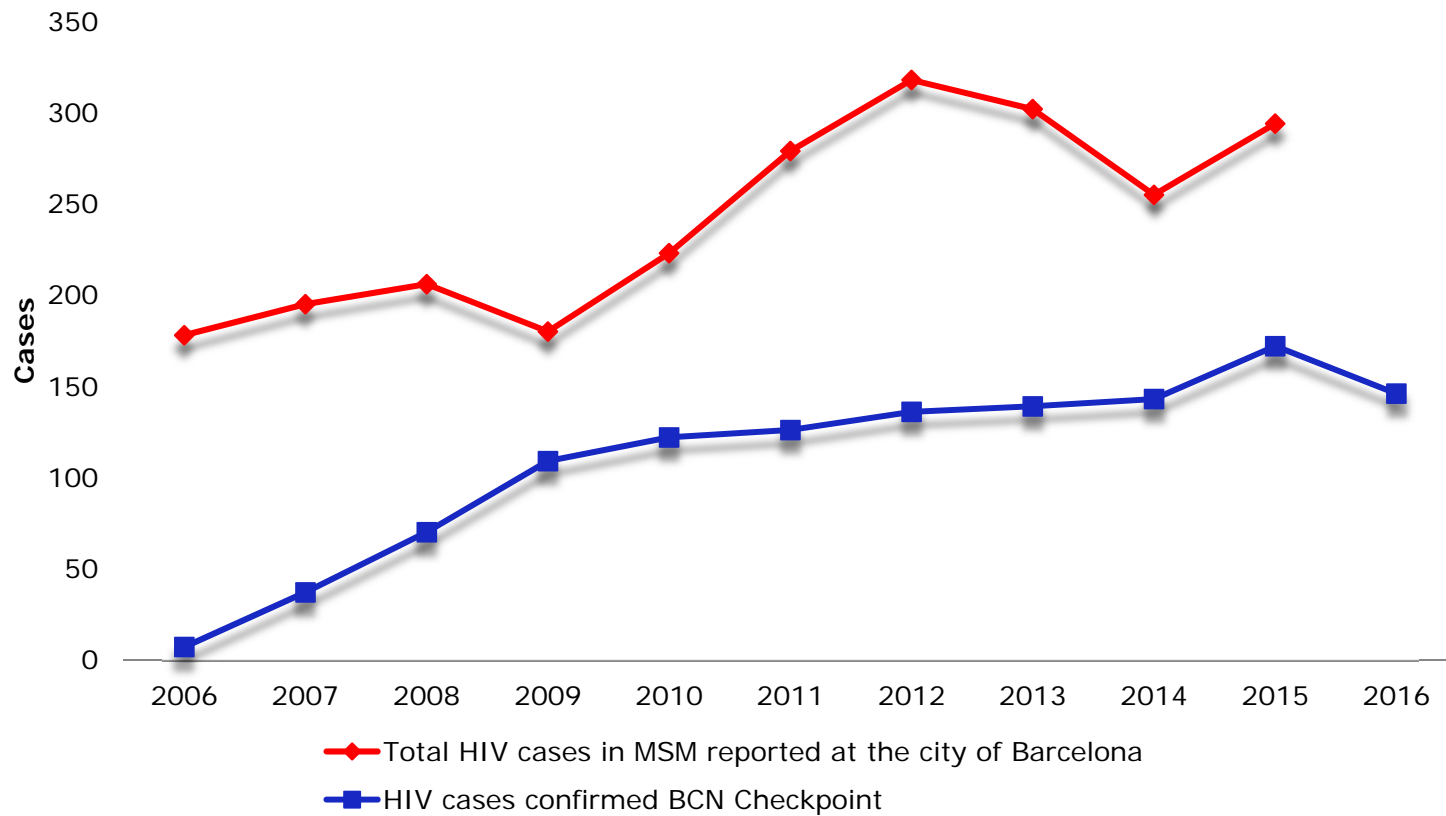
EARLY DETECTION

Infections less than 3 months (phase I-V)



EARLY DETECTION + FAST LINKAGE + TREATMENT

HIV cases in the city of Barcelona



NEW CHALLENGES

Prevalence study of (asymptomatic) STI among Men who have Sex with Men in BCN Checkpoint

Prevalence		2015			2016		
		Individuals	Positive	%	Individuals	Positive	%
Urethral	CT	797	21	2,6%	1.534	28	1,8%
	NG	797	12	1,5%	1.534	19	1,2%
Rectal	CT	792	67	8,5%	1.525	110	7,2%
	NG	792	53	6,7%	1.525	113	7,4%
Pharyngeal	CT	798	25	3,1%	1.530	35	2,3%
	NG	798	74	9,3%	1.530	135	8,8%
LGV		792	12	1,5%	1.525	7	0,5%

2015:
837 samples
188 infections (22,5%)

2016:
1,701 samples
348 infections (20,5%)

NEW CHALLENGES

Prevalence study of (asymptomatic) STI among Men who have Sex with Men in BCN Checkpoint

	2015			2016		
	Individuals with a positive result	Asymptomatic	%	Individuals with a positive result	Asymptomatic	%
Urethral	30	16	53,3%	45	28	62,2%
Rectal	107	83	77,6%	204	188	92,2%
Pharyngeal	94	82	87,2%	164	155	94,5%
LGV	12	0	0,0%	nd	nd	

FUTURE PLANS



HIV Incidence groups				Individuals included	Person-years	Sero-conversion	Incidence Rate	Lower 95%CI	Upper 95%CI
POSITION	CONDOM USE	STI	PARTNERS						
ONLY INSERTIVE	USUALLY	NO STI	>10	250	635,3	6	0,9	0,4	2,1
			>20	112	283,4	4	1,4	0,5	3,8
		STI	>10	14	41,6	2	4,8	1,2	19,2
			>20	10	25,7	2	7,8	2,0	31,1
	SOMETIMES	NO STI	>10	36	91,9	5	5,4	2,3	13,1
			>20	27	55,5	5	9,0	3,8	21,6
		STI	>10	6	11,9	1	8,4	1,2	59,9
			>20	5	6,3	1	15,8	2,2	111,9
ANY RECEPTIVE	USUALLY	NO STI	>10	328	731,4	29	4,0	2,8	5,7
			>20	164	370,7	19	5,1	3,3	8,0
		STI	>10	26	64,4	3	4,7	1,5	14,4
			>20	16	41,8	2	4,8	1,2	19,2
	SOMETIMES	NO STI	>10	71	166,6	15	9,0	5,4	14,9
			>20	43	88,3	10	11,3	6,1	21,1
		STI	>10	8	16,2	4	24,7	9,3	65,8
			>20	6	13,3	3	22,6	7,3	70,0

FUTURE PLANS

REDUCTION OF NEW INFECTIONS: INCLUDE PrEP!



Name a common side effect from taking PrEP.

Peace of mind.

Learn about PrEP – www.myprepexperience.blogspot.com

FUTURE PLANS



FUTURE PLANS



BCN PrEP·Point will open in June 2017

Services:

- ✓ Information on PrEP
- ✓ Clinical trials
- ✓ Guidance and harm reduction on informal PrEP use
- ✓ PrEP delivery + uptake
- ✓ Community Research

SUMMARY

- In Europe the HIV epidemic concentrates mostly in MSM and other key populations and in urban areas.
- MSM need a specific action plan that includes targeting testing and linkage to care, increase testing frequency, screening for acute infections, STI screening programs and PrEP implementation.
- Community groups have an exceptional good position to deliver this action plan to the populations that are disproportionately affected by the epidemic.
- Nevertheless the work done by community groups are not always taken in consideration by Health Care Professionals and Public Health Officers.
- Reasonable outcomes from community initiatives can only be expected if they are adequately funded.

ACKNOWLEDGEMENTS

