

bcn checkpoint

HIV-AIDS ▪ STI ▪ SEXUALITY ▪ MEN ▪ HEALTH

BCN Checkpoint: High Efficiency in HIV Detection and Linkage to Care

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Projecte dels NOMS-Hispanosida ▪ www.bcncheckpoint.com

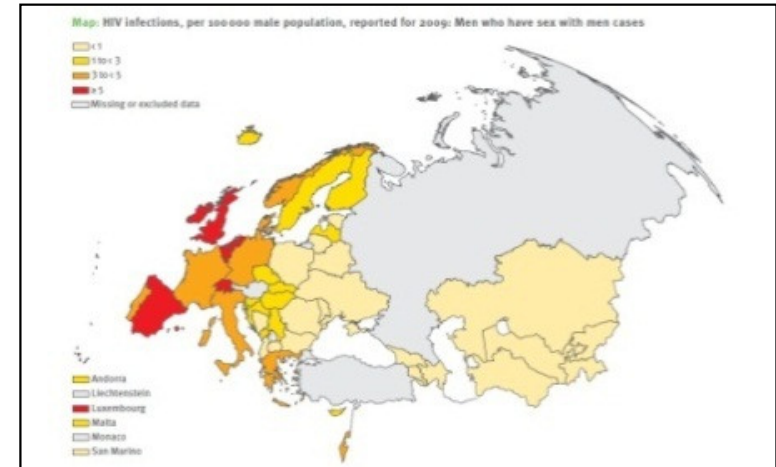
HIV in Europe

Working Together for Optimal Testing and Earlier Care

Copenhagen, March 19th 2012

Background

- Significant MSM community in Barcelona
- High HIV prevalence and incidence in MSM
- High Community Viral Load
- New HIV infections cause more new HIV infections
- Group traditionally oppressed and marginalized
- Denial of sex education
- Lack of adequate health care
- Early detection of HIV (individual & collective impact)
- Peer counseling for MSM



Number & incidence rates in 2008

Group of transmission*	Number of new infections	Incidence rate / 100,000 py
Heterosexual		
French women	810	4
French men	1 140	6
Foreign women	940	54
Foreign men	660	35
IDUs	70	91
MSM	3 320	1 006
All	6 940	17

* Sources for 18-69 years population sizes: Insee (National census); Inserm, Ined (Population-based behavioral study); OFDT (National behavioral study)

History

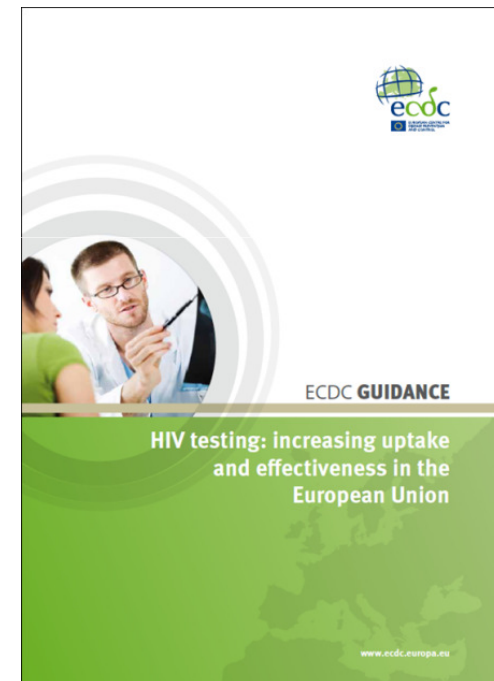
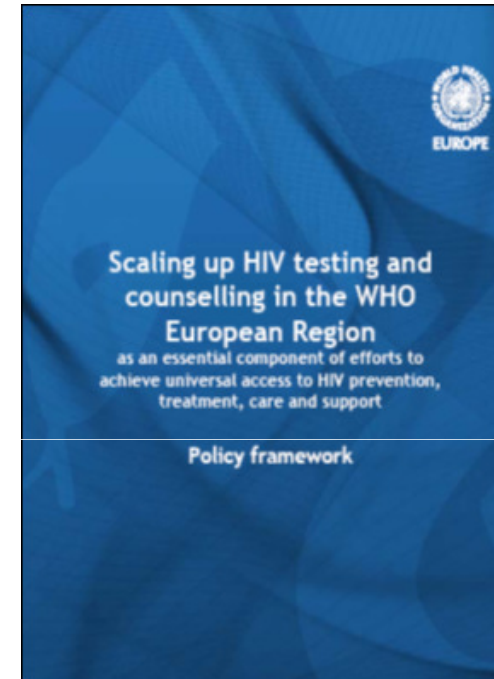
- Hispanosida established in 2004 the 20th of October as the **National HIV Testing Day** in Spain
- **BCN Checkpoint** was created in 2006 by Hispanosida
- BCN Checkpoint introduced the use of HIV rapid tests in **non-clinical settings** for the first time in Spain



Five-year Experience

The experience of BCN Checkpoint has served for:

- The implementation of similar projects in Europe: France, Portugal, Serbia...
- Recommendations of HCT in CBO's in international guidelines of scaling up HIV testing in Europe





Services

- HIV and Syphilis rapid testing
- Peer counseling
- Referral to Public Health Centres (HIV hospital units or STI Clinics)
- Hepatitis A and B vaccination
- Complete STIs screening for MSM (higher risk within a study: HIV, syphilis, chlamydia, gonorrhoea, HAV, HBV, HCV, HPV, anal cytology)

Community Research

- First and only HIV negative MSM cohort in Spain
- The Check-ear Study (commitment with the HIV vaccine research)

it+aca

HIV NEGATIVE MSM COHORT STUDY FOR EARLY DIAGNOSIS OF HIV AND OTHER STIs AND THEIR DETERMINANTS



check-ear* és un projecte que es duu a terme a BCN Checkpoint i que ofereix cribratges periòdics i tractament de les ITS a homes gais i altres homes que tenen relacions sexuals amb homes, amb una vida sexual intensa i amb més probabilitat d'interactuar-se.
informa't acutint personalment a BCN Checkpoint (C/Comte Borrell 164-166, Barcelona) o trucant al telèfon 933 182 056. Podràs beneficiar-te regularment de controls de les ITS de forma gratuïta i amb total confidencialitat.

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Objective

To assess the efficiency of BCN Checkpoint
in HIV detection and linkage to care

Methods

HIV Negative:

- Counseling for risk perception and reduction
- Education to avoid discriminatory attitudes towards HIV positive men within the MSM community
- Invitation to repeat the test at least every 12 months (*and whenever necessary*)

HIV Positive:

- Western Blot test (confirmatory)
- Immediate emotional support
- Linkage to care

Methods

Linkage to care:

- Medical appointment in an HIV unit
- Catalan Health Insurance Card to be able to access the Public Health System; Legal support for obtaining residence in Spain
- Post-test peer counseling for further emotional support and treatment issues

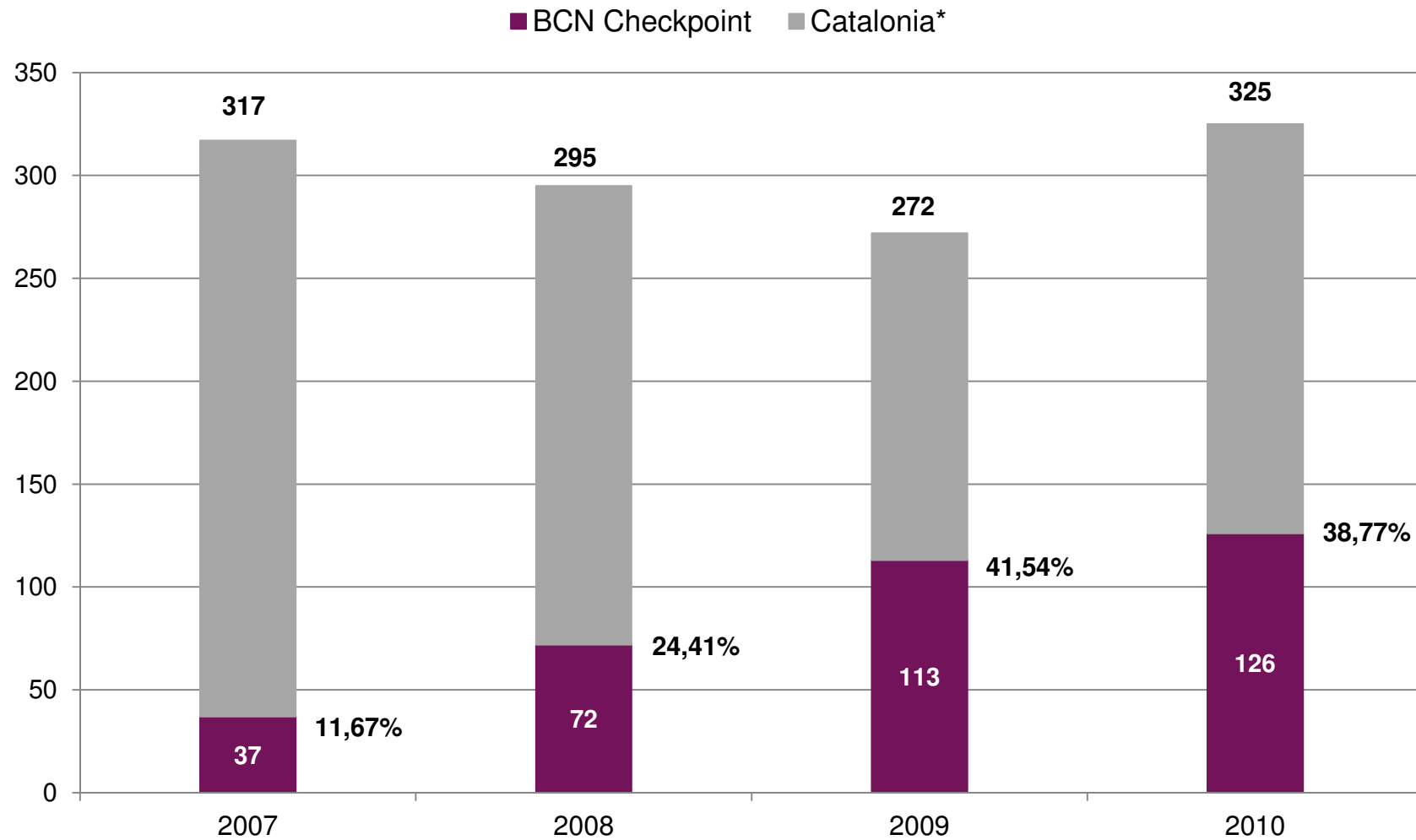
Results

HIV positivity rates (2007–2011)				
Year	Number of tests	Persons tested	HIV reactive*	%
2007	1.098	951	37	3,89%
2008	1.272	1.162	72	6,20%
2009	2.483	2.197	113	5,14%
2010	3.453	2.896	126	4,35%
2011	3.962	3.198	132	4,13%
Total	12.268		480	

* False positives excluded

Impact of BCN Checkpoint

Proportion of HIV Cases reported in MSM in Catalonia

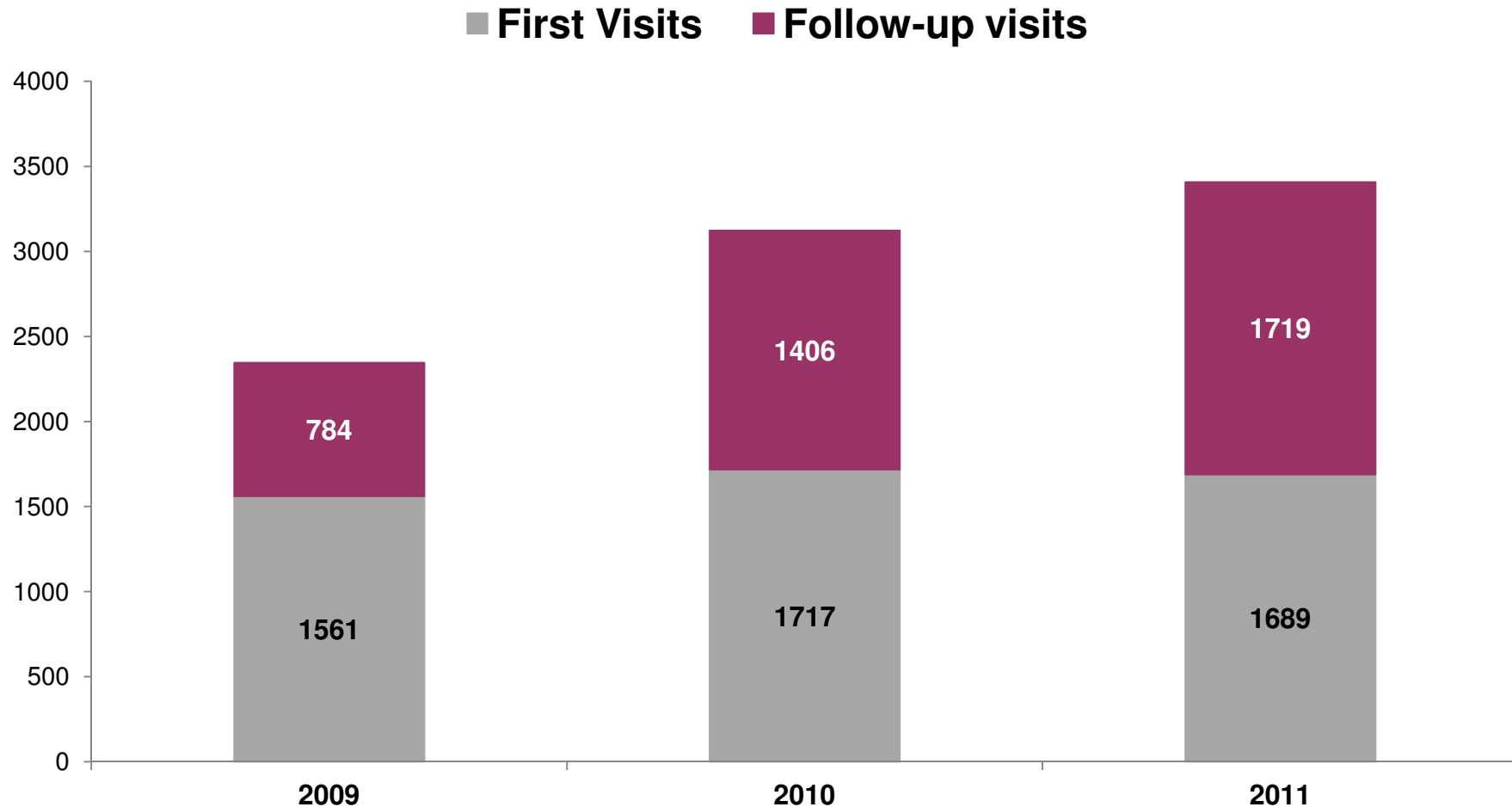


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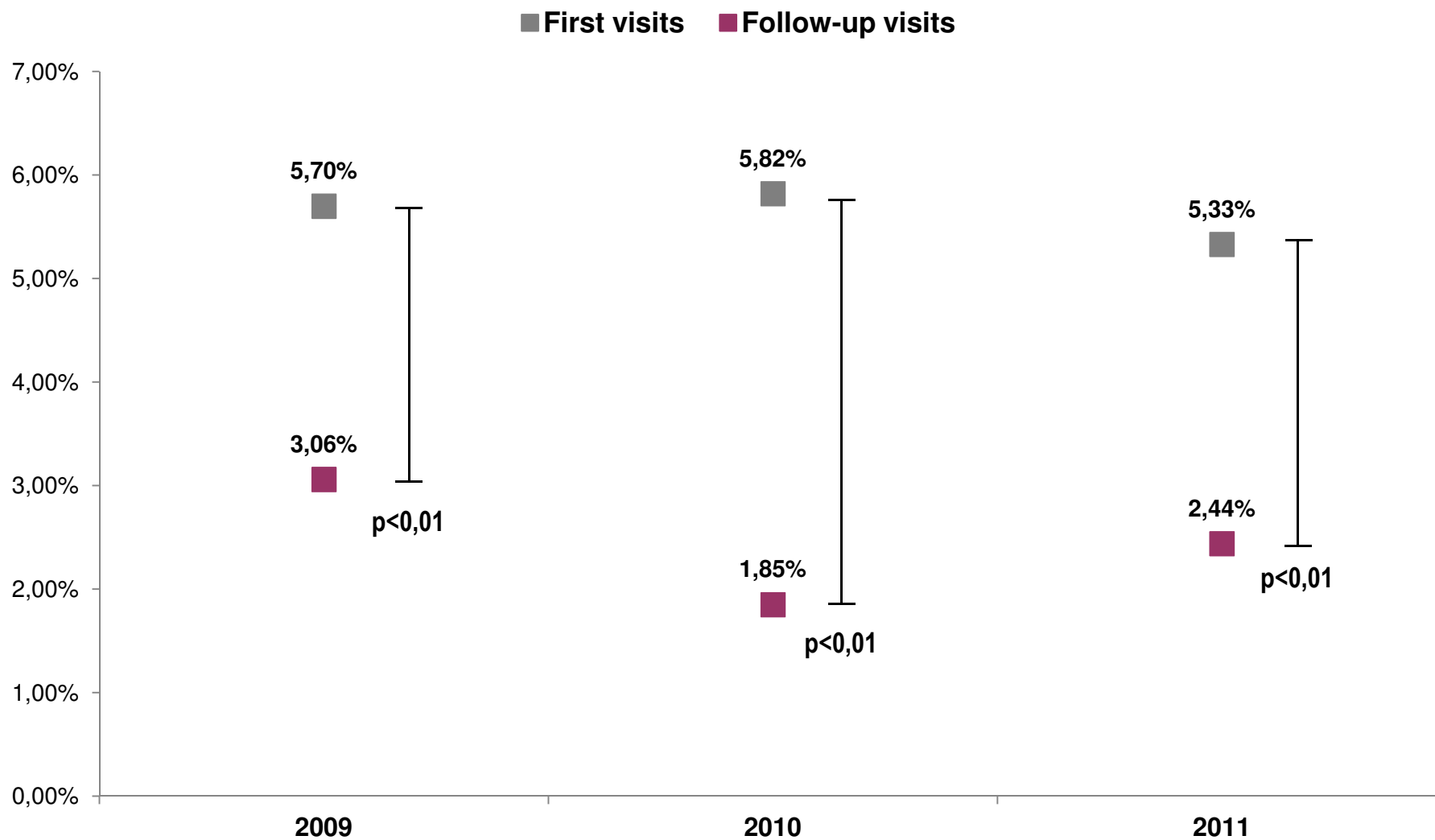
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Population profile (2009–2011)



Follow-up visits: to have been tested & counseled for HIV before in BCN Checkpoint anywhere from 2006 to 2011

Positivity rates in first visits and follow-up visits (2009–2011)



Discussion

Why these differences?

- Having done an HIV test before with negative result?
- Doing regularly an HIV test?
- Receiving counseling with the HIV test?
- Coming to BCN Checkpoint?
- Other factors or a combination of these factors?

Are these differences just a short-term effect?

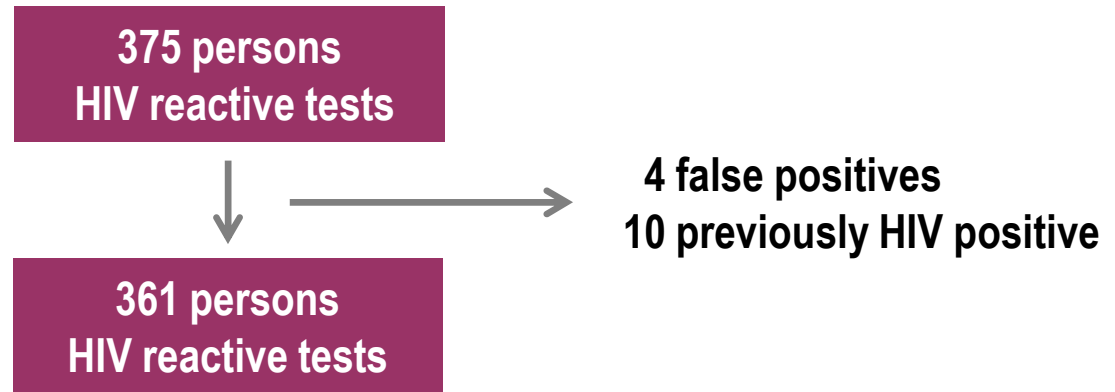
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Linkage to care

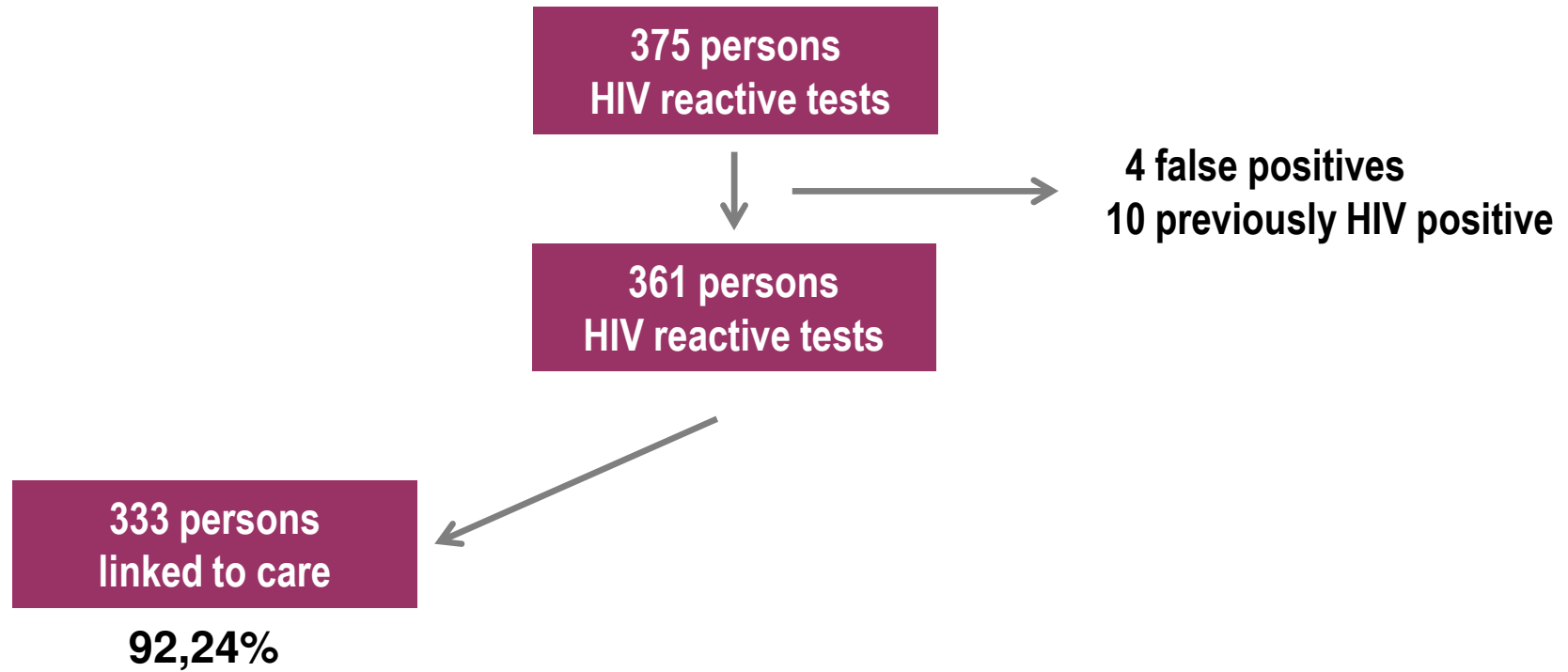
Linkage to HIV Unit (2009-2011)

375 persons
HIV reactive tests

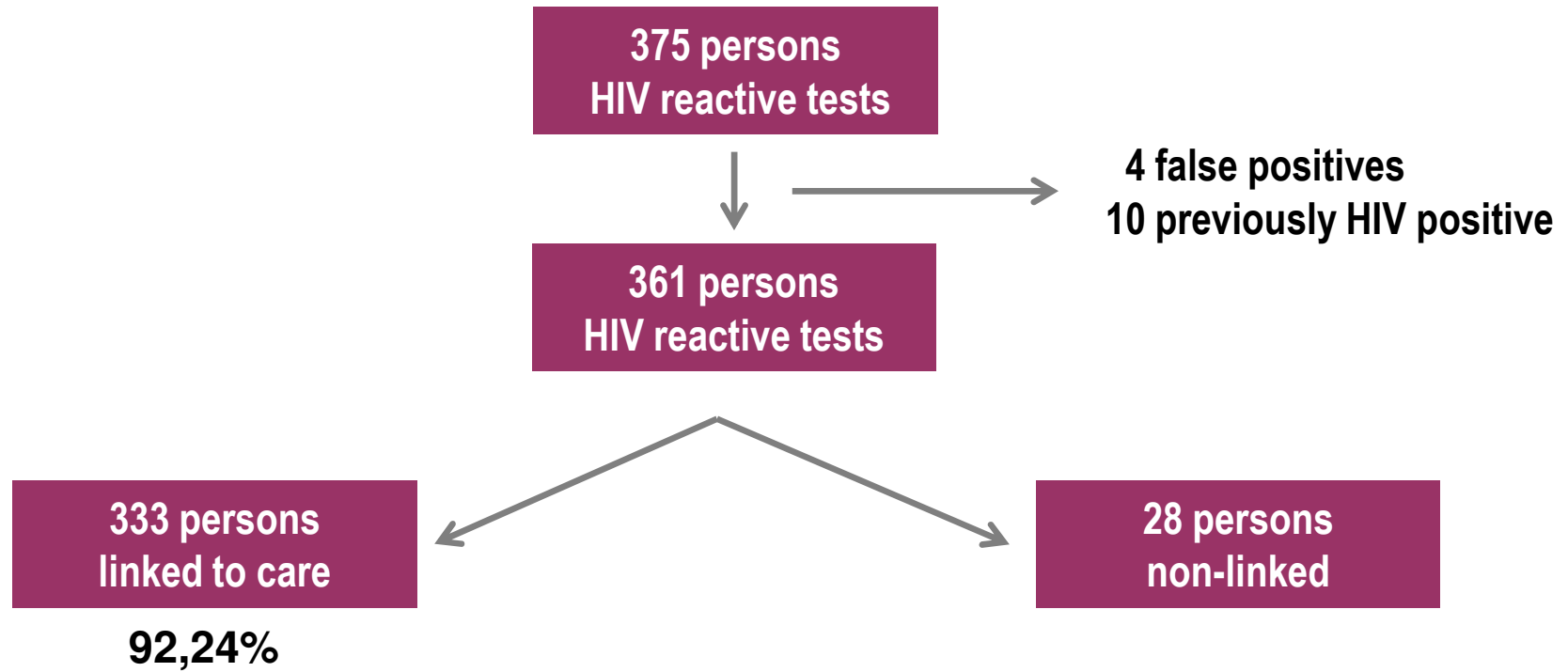
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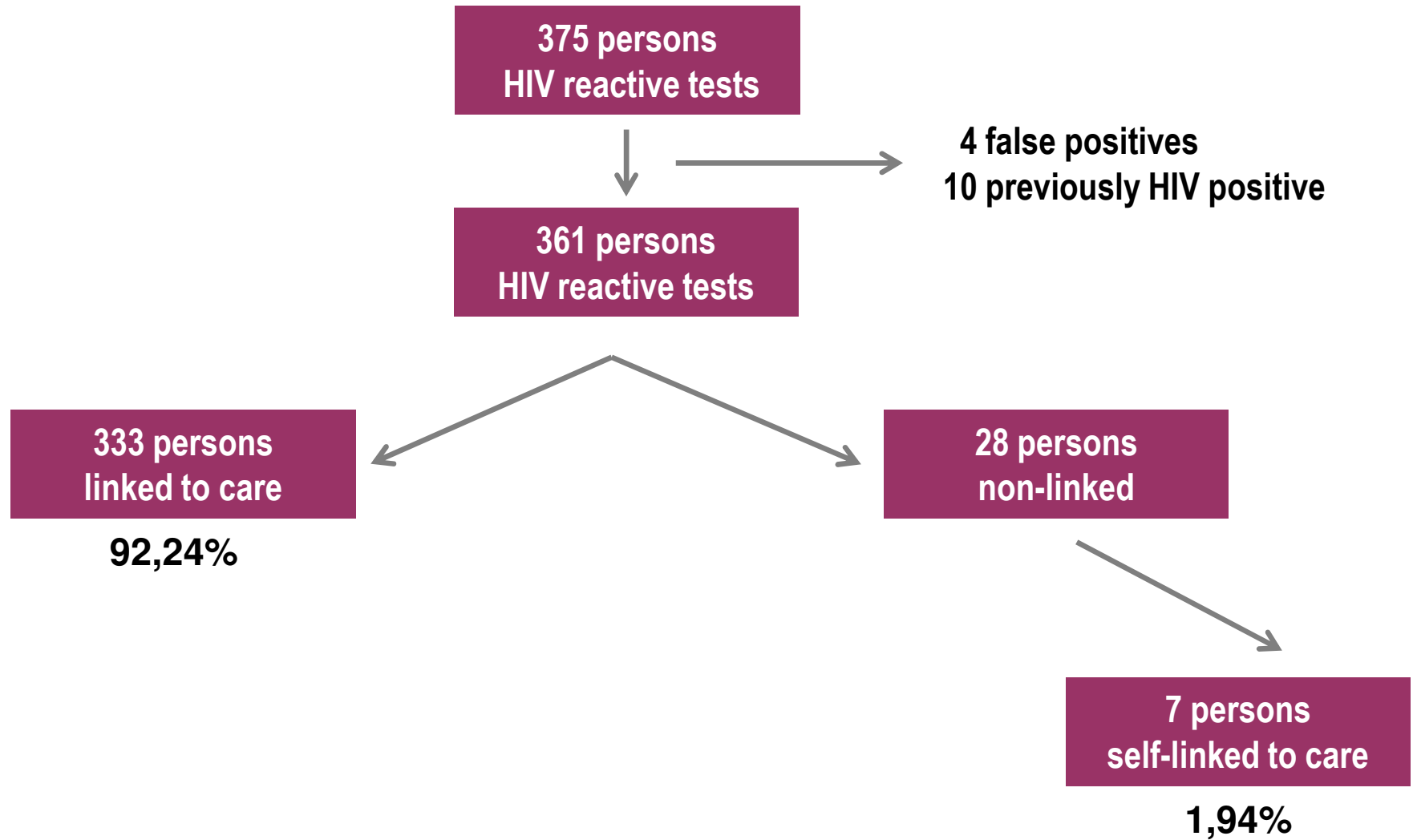
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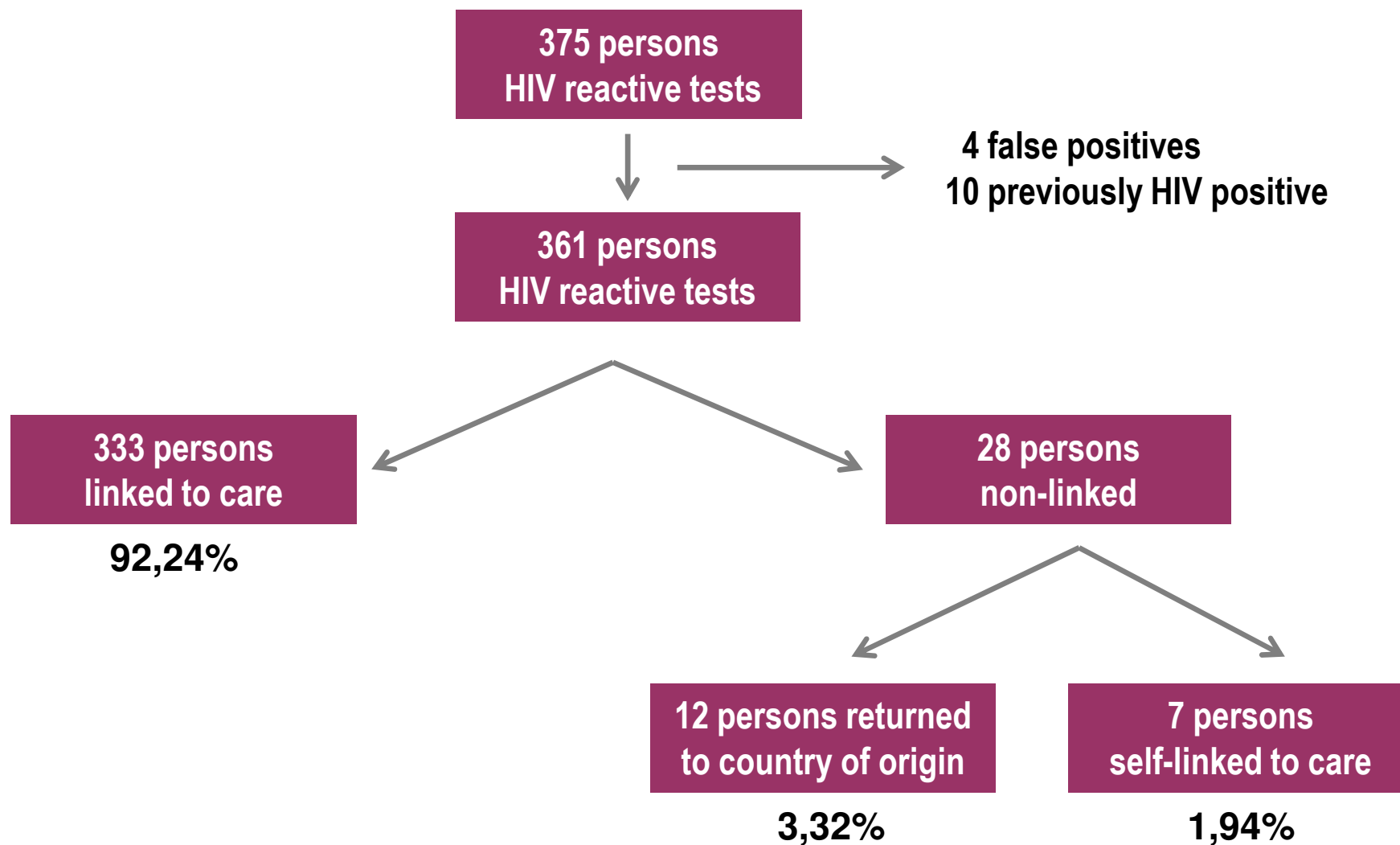
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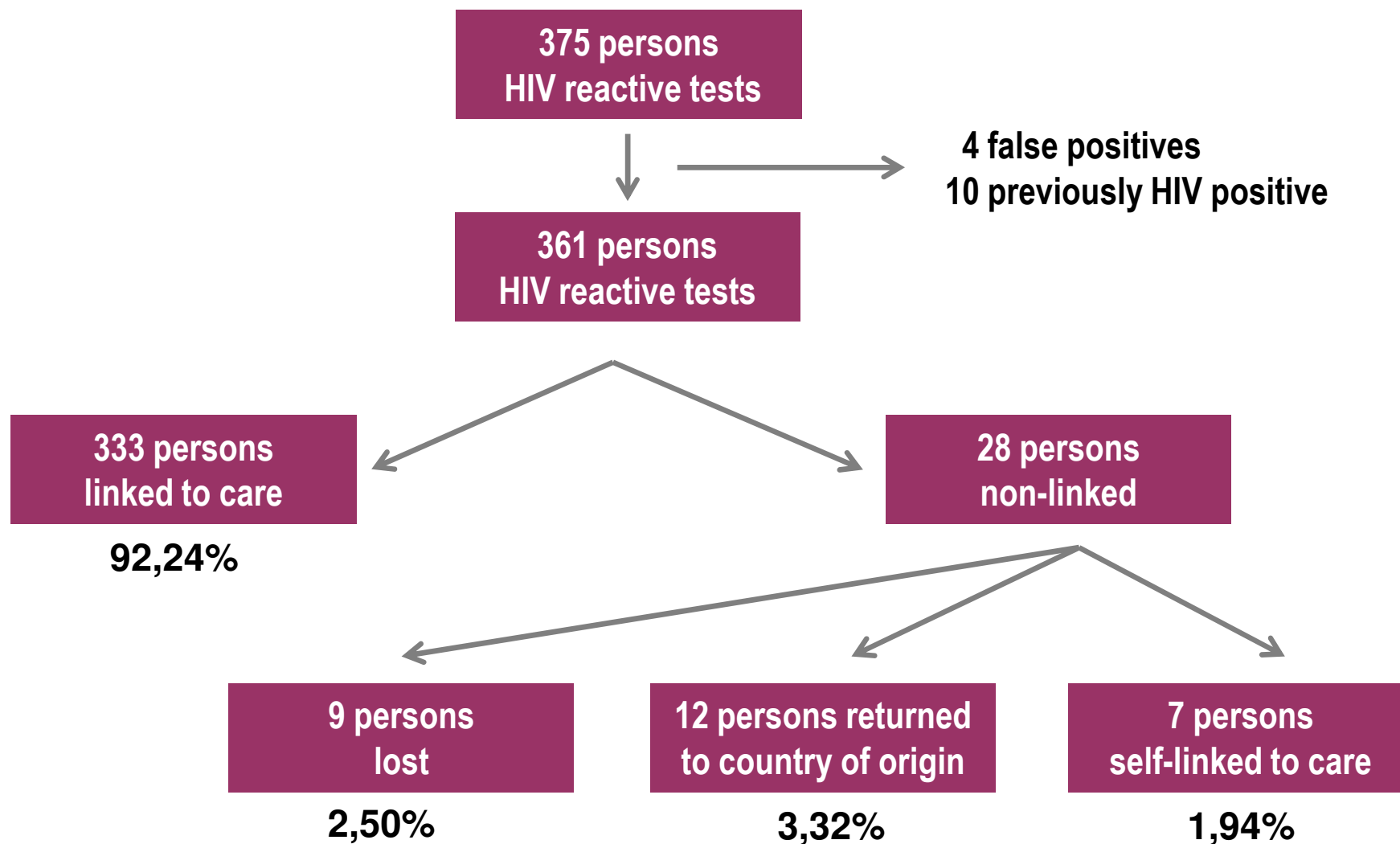


Linkage to HIV Unit (2009-2011)



Australia, Germany, Italy, Mexico,
Norway, Portugal, Switzerland,
United Kingdom

Linkage to HIV Unit (2009-2011)



Australia, Germany, Italy, Mexico,
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United Kingdom

Linkage to HIV unit (2011)

Time from detection to linkage	%
≤ 7 days	31,53%
8 – 14 days	18,92%
15 – 21 days	21,62%
22 – 28 days	11,71%
≥ 29 days	16,22%
Total	100%

Linkage to care of 83,78 % in less than **4 weeks**

Summary

- ▶ BCN Checkpoint shows high efficiency in HIV detection:
 - Small number of tests achieve an high positivity rate
 - Increase in the absolute number of HIV cases over the years
 - Significant proportion of HIV cases in BCN Checkpoint regarding reported cases among MSM in Catalonia

- ▶ Significant higher positivity rate of people coming for the first time to BCN Checkpoint comparing with those who visited the centre before

- ▶ Linkage to care was achieved in 92,2% of the cases detected in BCN Checkpoint; Only 2,5% of the detected cases were lost

- ▶ An appointment within 4 weeks with an HIV unit was made in more than 80% of the cases

Acknowledgements

Ferran Pujol

Eduardo Ditzel

Jorge Saz

Héctor Taboada

Félix Pérez

Gerard Font

Alberto Pérez

Antonio Carrillo

Massimiliano Ingrami

Víctor Giménez

Javier Montilla

Pep Coll

Susana Perez-Alvarez