

HIV in Europe

Working Together for Optimal Testing and Earlier Care

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Most patients infected with HIV across the European continent remain undiagnosed. Of the estimated 2.5 million HIV-infected persons, 50% are unaware of their HIV diagnosis, with variations from 15-80% across the continent. Undiagnosed HIV is both harmful to the person infected and detrimental to society, since patients infected with HIV, but not yet diagnosed, may feel healthy for extended periods of time, but have a potentially life-threatening condition and are unaware that they can transmit HIV to others.

Studies show that the probability of AIDS or death rises when starting ART at a lower CD4 cell count. Current guidelines on when to start antiretroviral therapy agree to start treatment when patients present with symptoms or CD4 cell count <200, to consider treatment with a CD4 count between 200-350 and to defer treatment with a CD4 count >350.

A study in the United States indicates that people unaware of their infection (which is 25% in the US) contribute to 54% of new infections (1) which leads to reflections on treatment as prevention. Data from Sullivan P. et al. (2) show that treatment of HIV is an effective way to prevent new infections. While the risk of transmission is not zero, it is significantly reduced, and furthermore has no disinhibiting effect on sexual risk taking.

An important question is then if ART should be used earlier in the course of HIV infection. This will likely benefit society as infectiousness is reduced, but evidence is still lacking on whether earlier initiation will provide benefits to the treated person.

The solution to optimal testing and earlier care is increased HIV testing of subpopulations at risk. However, many factors may serve as obstacles, as;

- Lack of access to care for persons found HIV+
- Persistent stigma associated with HIV infection
- Fear of discrimination
- Criminalisation of HIV infection (government stigmatisation)
- Concern of reduction in counselling for primary HIV prevention

The HIV in Europe Initiative and Priority Projects 2009-2010

HIV in Europe builds on a Call to Action adopted at a pan-European conference in Brussels in 2007 gathering more than 300 key European advocates, clinicians and public health professionals. In November 2008, the European Parliament adopted the Joint Resolution on HIV/AIDS: early diagnosis and early care based on the HIV in Europe call to action. The initiative has developed concrete projects with the aim to improve the evidence base around this priority.

HIV in Europe provides a European platform for exchange and activities to improve early diagnosis and earlier care of HIV/AIDS across Europe. The initiative is directed by a Steering Committee with representation from patient advocacy groups, policy makers, health professionals and European public health institutions (WHO Europe and ECDC).

Presently, 30-50% of patients enter care with CD4 counts below those where ART is recommended (CD4 < 350 cells/ μ L). The aim of the initiative is to reduce the proportion of newly diagnosed being "late presenters".

HIV in Europe has four ongoing projects. The project temporal trends in late presenters over the European continent aims at looking at patients who are presenting late for care and what their characteristics are. One of the priorities is to work towards a consensus around a unified definition of a late presenter. The project will also produce an inventory of existing methodologies with the aim of developing new methodologies in order to better estimate the size of the infected but not yet diagnosed population.

The indicator disease project aims at better defining what diseases and conditions are indicators for a HIV prevalence >0.1% by assessing HIV prevalence for a number of defined indicator diseases. The survey has received an enormous interest and enrolment of patients will begin in autumn 2009. Indicator disease guided testing builds on the facts that testing in settings of >0.1% HIV prevalence is cost effective and that most patients presenting late with HIV have been in contact with the health system on several occasions prior to being diagnosed.

The stigma index project looks at how to quantify stigmatisation in order to reduce barriers to testing. The criminalisation project will analyse the legal aspects across Europe that criminalize persons diagnosed with HIV and its potential impact on testing.

HIV in Europe will have a follow-up meeting the 2nd and 3rd of November at the Nobel Forum in Stockholm under the auspices of the Swedish EU presidency and the Swedish government.

REFERENCES

- 1- Marks G, Crepaz N, Janssen RS. Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. *AIDS* 2006;20:1447-50
- 2 - Sullivan et al. Reduction of HIV Transmission Risk and High Risk Sex while Prescribed ART: Results from Discordant Couples in Rwanda and Zambia. *CROI*. 2009. <http://www.retroconference.org/2009/index.asp?page=310>