



# ECDC Update to EU Civil Society Forum

## Programme for HIV, STI and viral hepatitis

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ECDC

EU Civil Society Forum meeting 6-7 July, 2015

# ECDC update

- ECDC guidance on HIV/STI among MSM in the EU
- ECDC Modelling project
- Evaluation of HIV testing guidance
- Dublin Declaration
- Continuum of HIV care
- Mobile apps and HIV testing

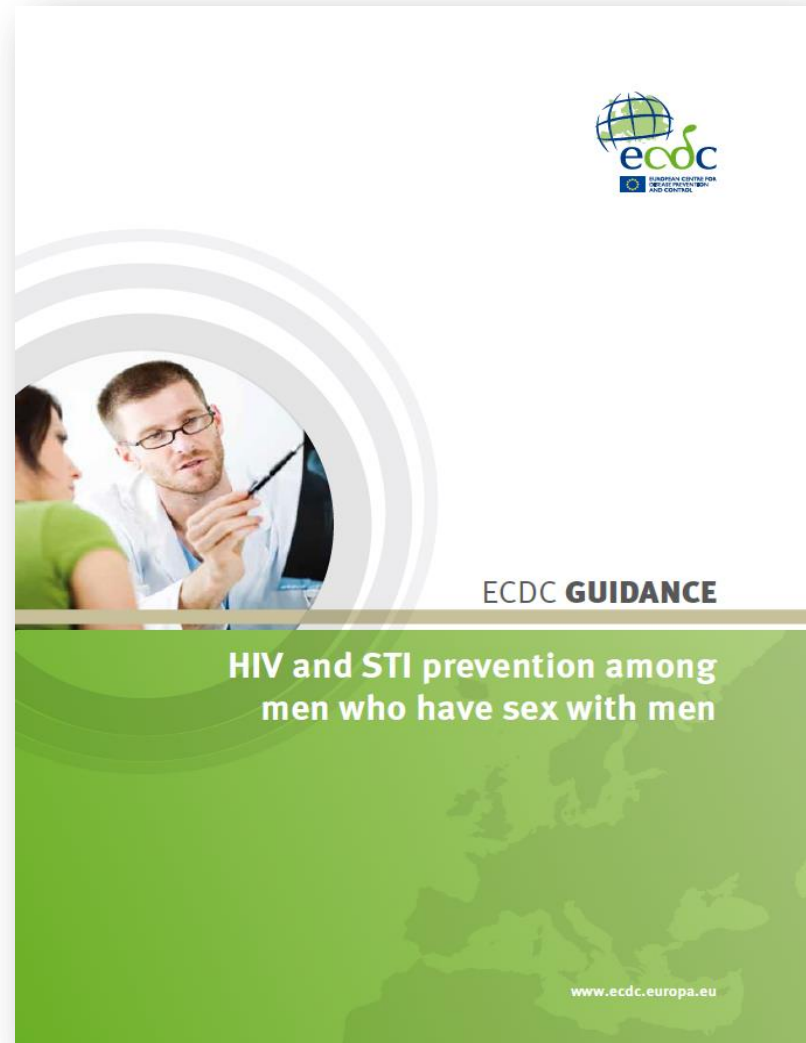


# **ECDC guidance: HIV and STI prevention among men who have sex with men**



# ECDC Guidance on HIV and STI prevention among MSM in the EU/EEA

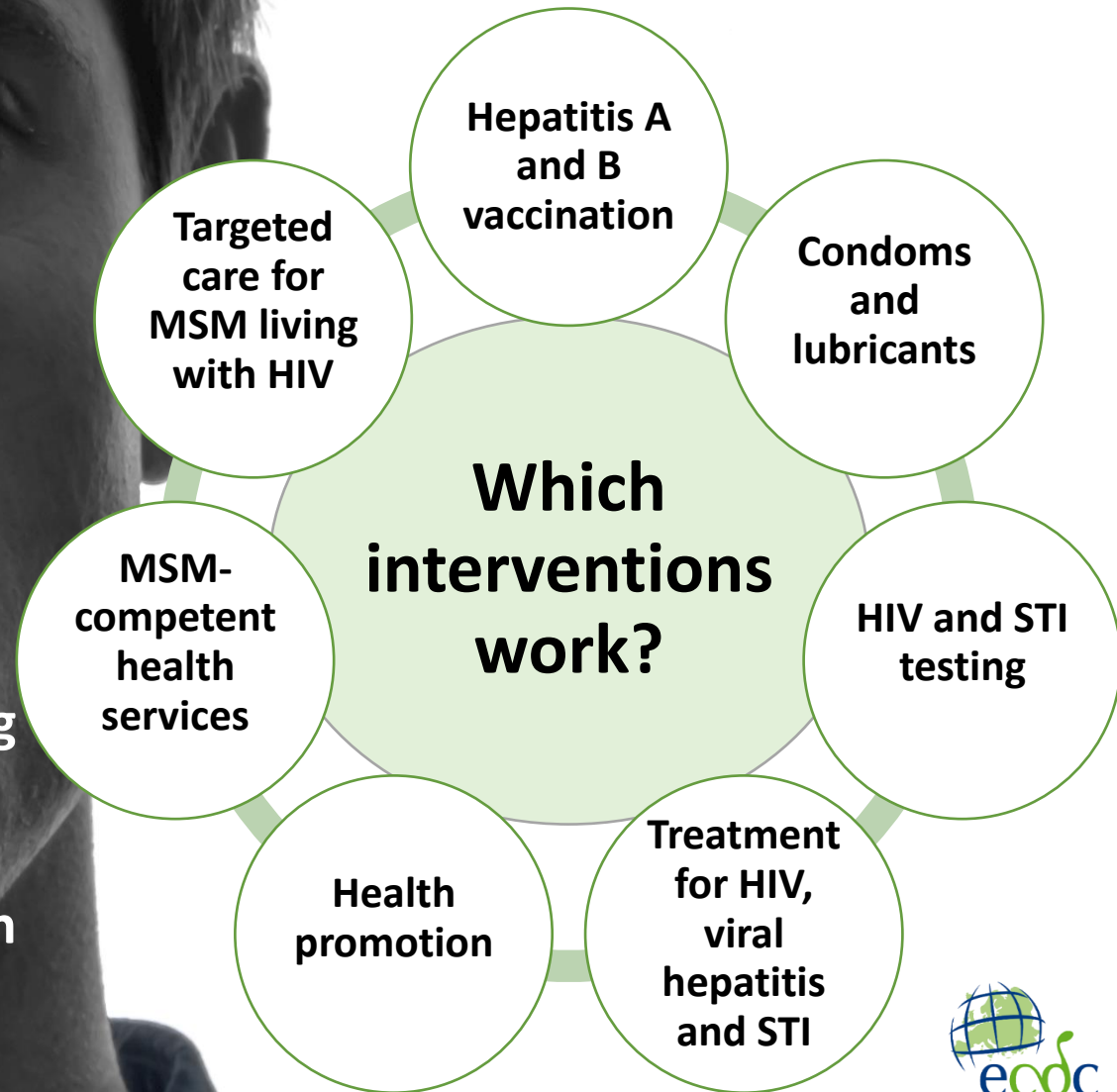
- Published 17 June 2015
- Based on a systematic review plus expert opinion
- Provides evidence-based suggestions for actions by EU/EEA Member States to prevent HIV/STI and hepatitis B/C among MSM



# HIV and STI prevention among men who have sex with men

The evidence indicates that these 7 services and interventions, can:

- Effectively prevent and reduce HIV/STI transmission among MSM
- Address the needs of MSM who are living with HIV
- Promote sexual health among all MSM
- Have synergistic effects when provided in combination



# What about PrEP?

- The review and grading of the evidence was performed prior to the release of the PROUD and Ipergay studies
- The strength of the evidence and recommendation for PrEP would have increased if we would have taken these studies into account (*Limited or paucity of implementation data*)
- The question is if specific EU guidance on PrEP is needed
- If so, ECDC is well placed to develop guidance such guidance. ECDC will need indications from our main stakeholders, including EU/EEA Member States, the EU Commission and civil society organisations on the need for such guidance

# ECDC HIV Modelling Project



# Background: ECDC HIV Modelling Tool



- All EU/EEA countries have surveillance systems for notification of HIV cases
  
- ECDC has adapted/developed and evaluated two tools<sup>(1)</sup> to be able to estimate:
  - Annual number of new infections
  - Time between infection and diagnosis
  - Size of undiagnosed fraction
  - Number of people in need of treatment
  
- The tool only needs **routinely collected** surveillance data on HIV and AIDS

<sup>(1)</sup>Sweeting 2005; Birrell 2013; Supervie 2014; Lodwick & Nakagawa 2015; Van Sighem 2015



welcome models

# Examples of outputs

new open save save as close run model cancel run

INPUTS GOODNESS OF FIT TABLES **GRAPHS**

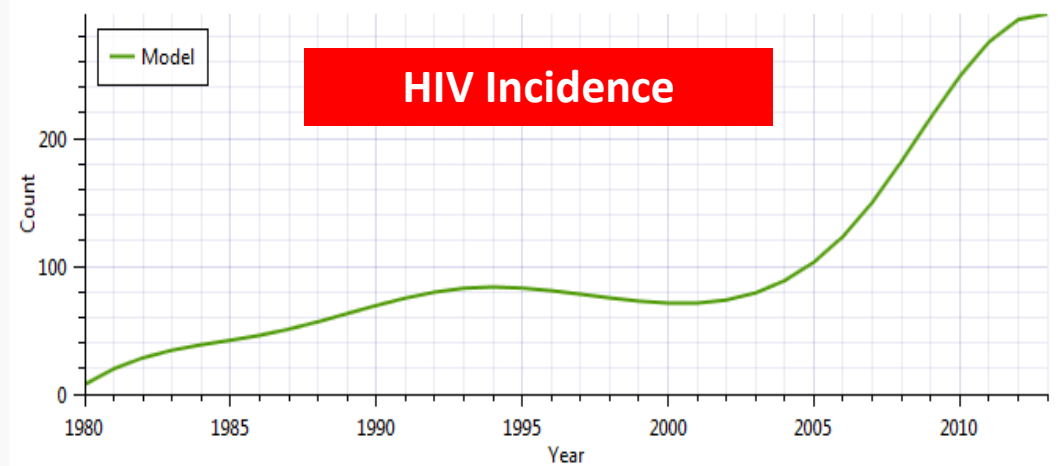
## POPULATION LIST

- Model 1
  - ALL
- Model 2
  - ALL**

### Risk group: ALL

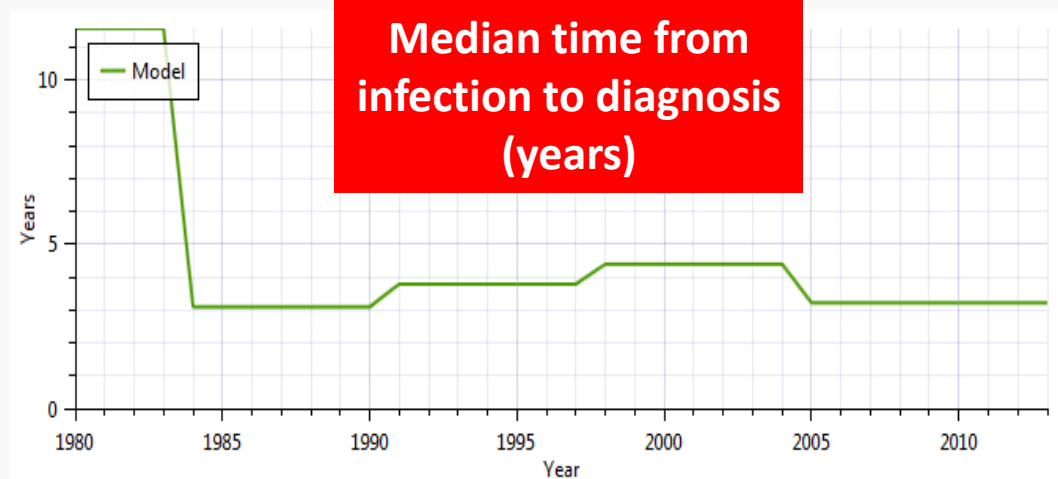
A. HIV infections per year

year	N_Inf_M
1980	7.57
1981	19.82
1982	28.46
1983	34.43
1984	38.71
1985	42.24
1986	46.00
1987	50.80
1988	56.66
1989	63.05
1990	69.42
1991	75.22
1992	79.90
1993	82.90
1994	83.86
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B. Time to diagnosis

year	t_diag
1980	11.57
1981	11.57
1982	11.57
1983	11.57
1984	3.09
1985	3.09
1986	3.09
1987	3.09
1988	3.09
1989	3.09
1990	3.09
1991	3.79
1992	3.79
1993	3.79
1994	3.79



Elapsed time: 00:24

# Examples of outputs

welcome models

new open save save as close run model cancel run

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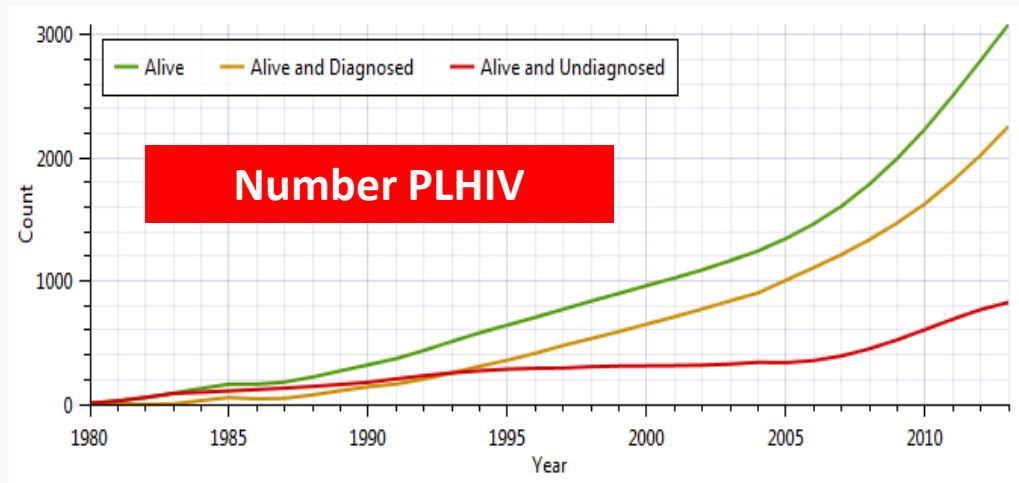
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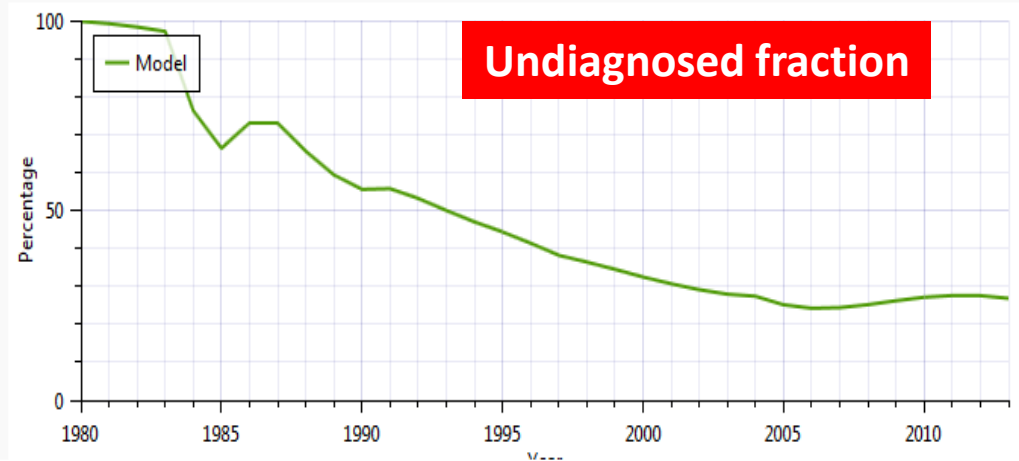
C. Total number of HIV-infected

year	N_Alive	N_Alive_Dia
1980	7.57	
1981	27.38	
1982	55.81	
1983	90.17	
1984	128.76	30
1985	163.87	5
1986	163.70	4
1987	180.32	4
1988	221.78	7
1989	271.60	11
1990	320.77	14
1991	370.71	16
1992	437.27	20
1993	509.79	25



D. Proportion undiagnosed of all those alive

year	N_Und_Alive_p
1980	99.78
1981	99.18
1982	98.29
1983	97.12
1984	76.22
1985	66.35
1986	73.04
1987	72.98
1988	65.59
1989	59.34
1990	55.53
1991	55.70
1992	53.15
1993	49.98
1994	46.96



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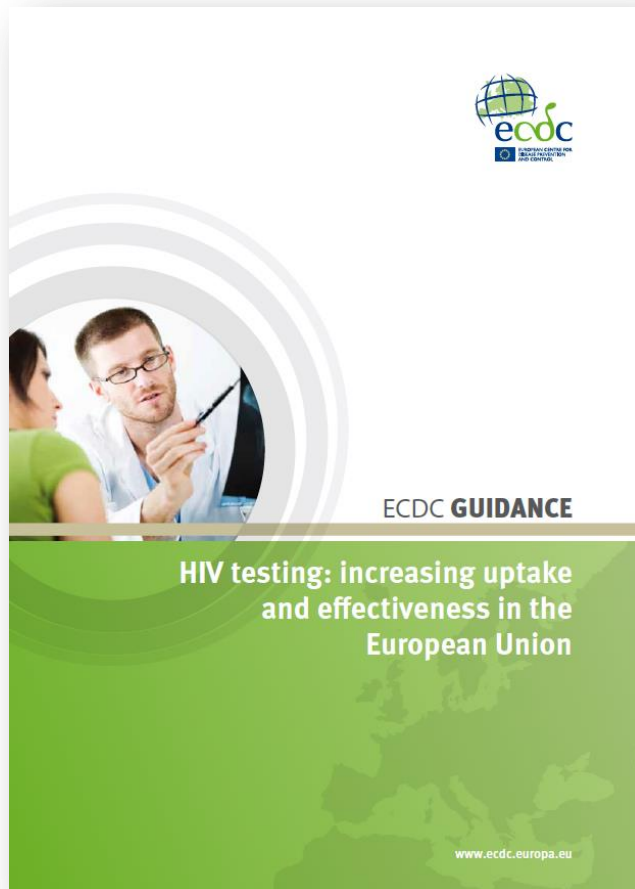
# Timeline: ECDC HIV Modelling Tool

- All HIV surveillance contact points from EU/EEA countries are invited to trainings on the tool (10<sup>th</sup> June & 15<sup>th</sup> September)
- Tool and manual to be published on line for free download during late July 2015
- Ongoing discussions with UNAIDS about how this tool might support/refine their Spectrum estimates
- 2015-2016: Ongoing work to refine the tool and support countries in its use

# **ECDC HIV Testing guidance: impact evaluation and assessment of needs for an update**



# ECDC HIV testing Guidance

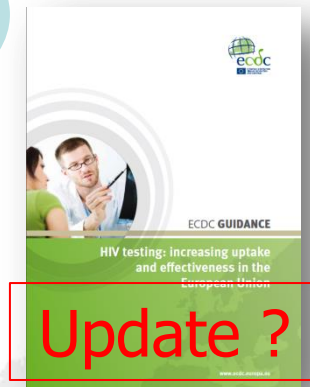
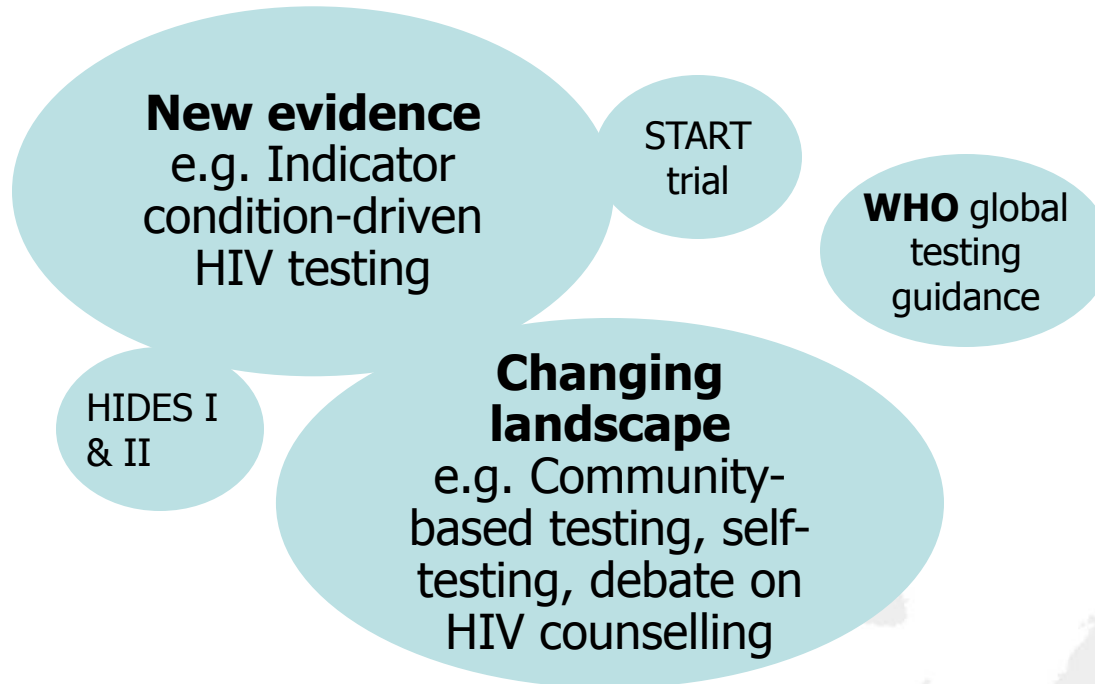
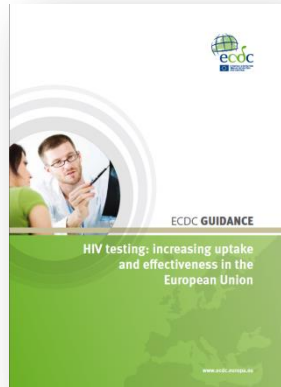


**Published:** 2010

**Scope:** to inform the development of national HIV testing programmes in EU/EEA countries

**Target audience:** policy makers and national programme managers/coordinators

# HIV testing: an evolving landscape

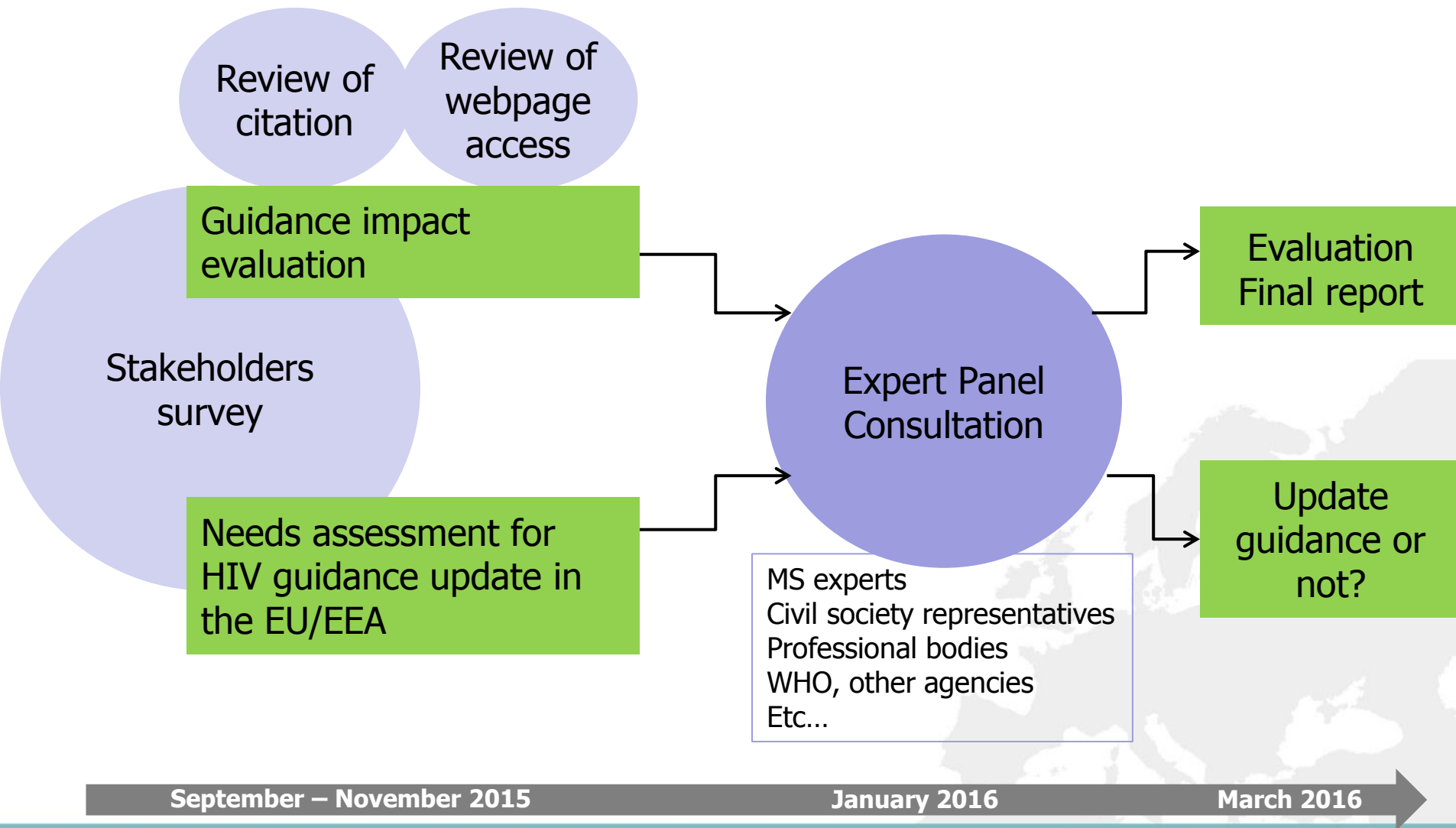


2010

2015

There is still need to increase testing coverage:  
In 2013 47% of all new cases were late presenter  
(CD4<350cell/mm<sup>3</sup>)

# Overview of process of the evaluation of the ECDC testing guidance




# Dublin Declaration 2015





# Dublin outputs 2015 (to be published in July)

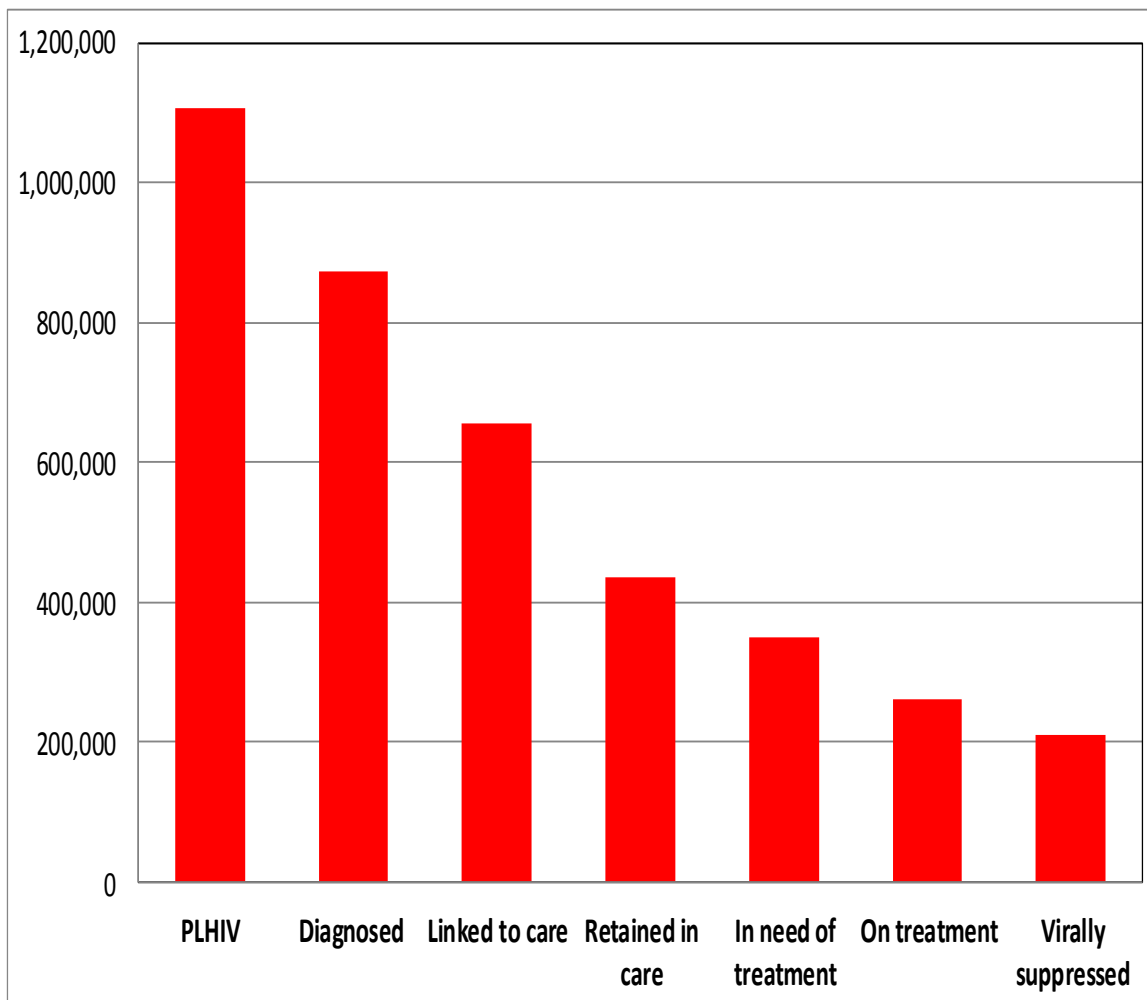
Key population reports	Evidence briefs	Special topic report
Men who have sex with men	HIV testing	10-years of responding to the HIV epidemic in Europe
Migrants	MSM	Continuum of HIV care
People who inject drugs	HIV prevention	
Prisoners	HIV treatment	
Sex workers	Leadership and resources	
	Data gaps	

# Continuum of HIV care

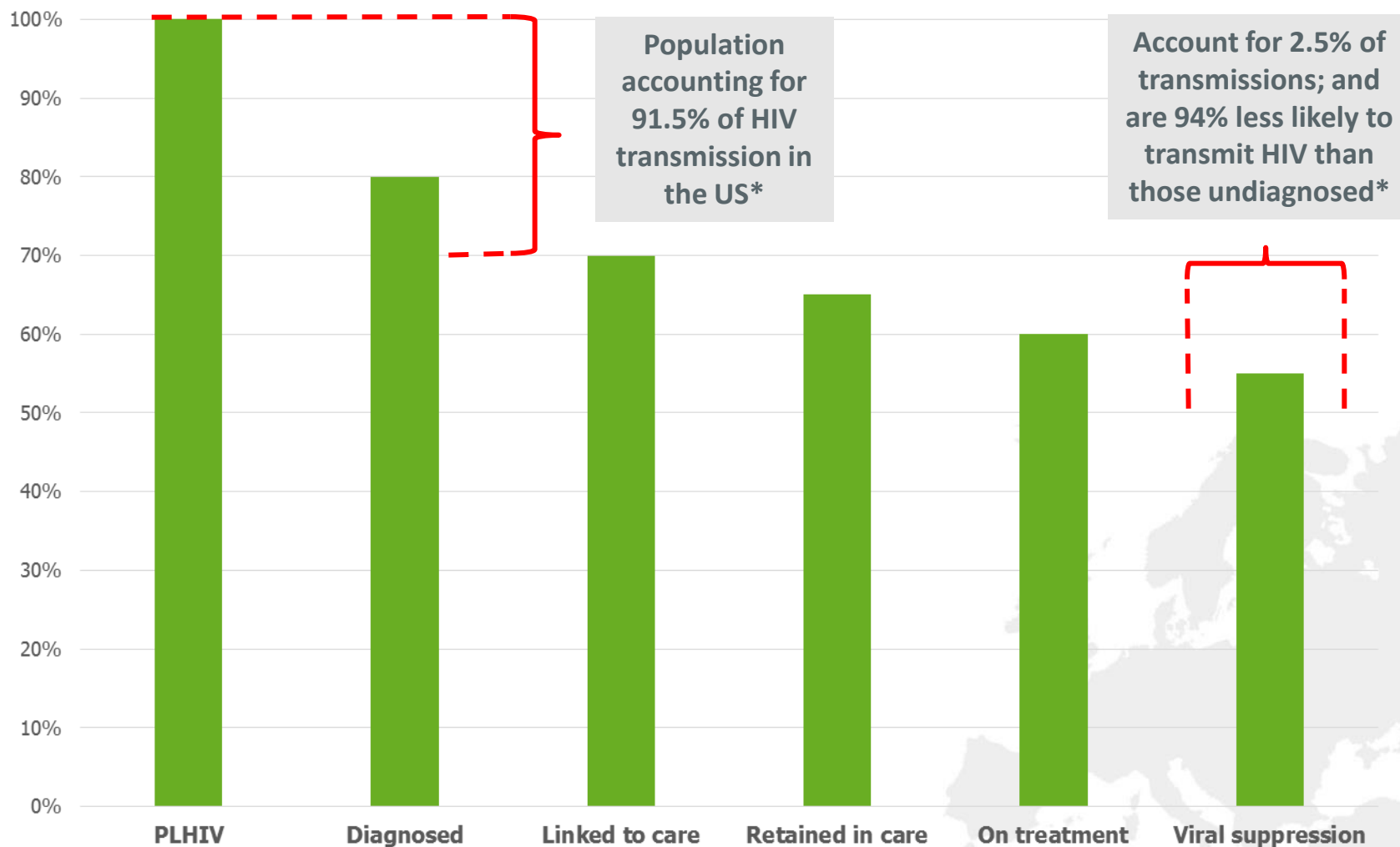


# Monitoring the continuum of HIV care

- HIV Continuum of Care was first described in the United States in 2011
- Utilised as a tool to monitor the quality of HIV care for people living with HIV
- The idea is to assess the extent to which viral suppression is occurring at population level and contributing to efforts to reduce further HIV transmission



# Where is HIV transmission occurring?



\*Skarbinski, J., Rosenberg, E., Paz-Bailey, G., Hall, I., Rose, C.E., Viall, A.H., Fagan, J.L., Lansky, A. and Mermin, J.H. (2015) Human Immunodeficiency Virus Transmission at Each Step of the Care Continuum in the United States JAMA Intern Med doi:10.1001/jamainternmed.2014.8180.

# UNAIDS targets: By 2020...

90%

diagnosed

90%

on treatment

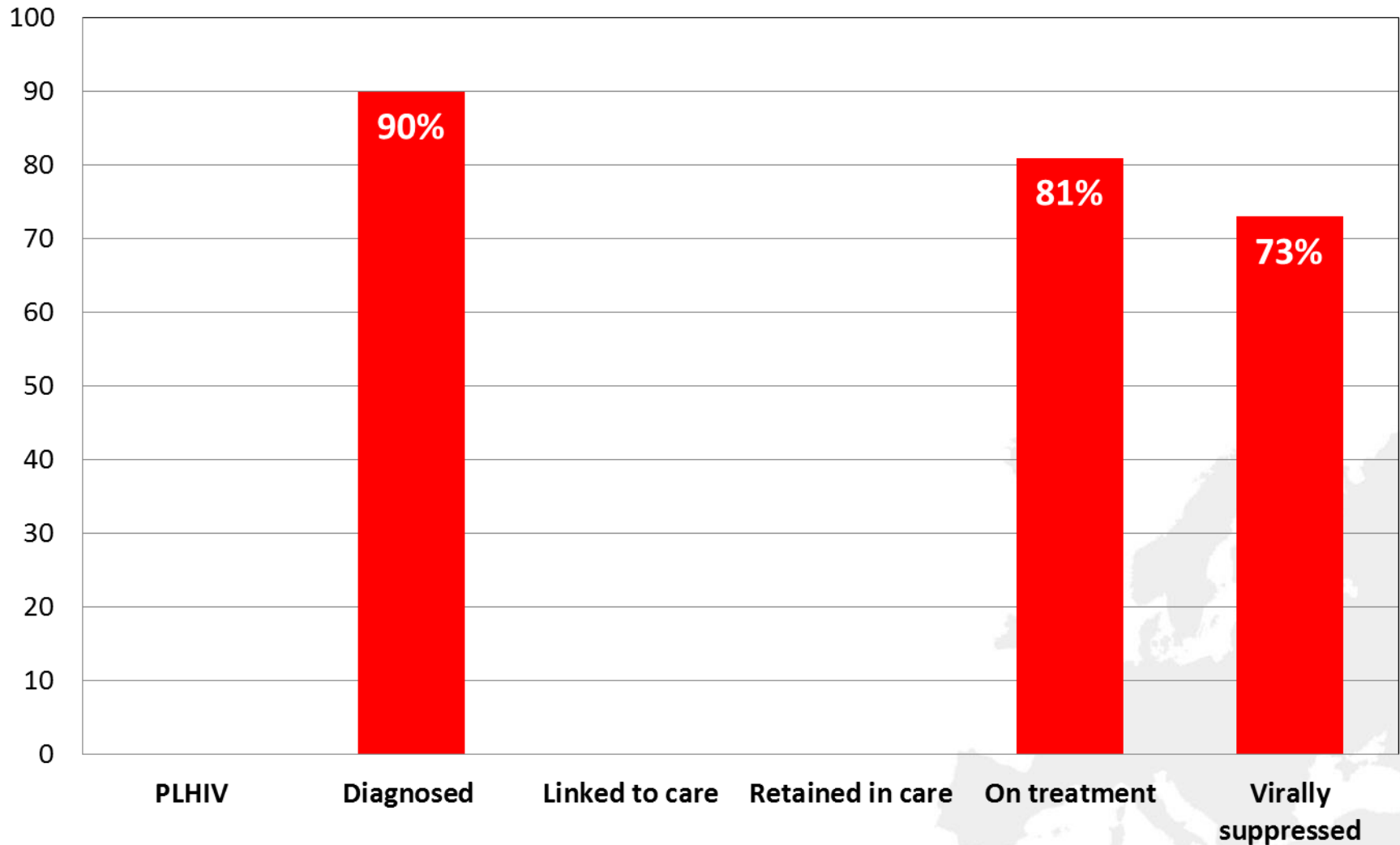
90%

virally suppressed



# Monitoring the continuum of HIV care

## UNAIDS 90-90-90 targets (by 2020)

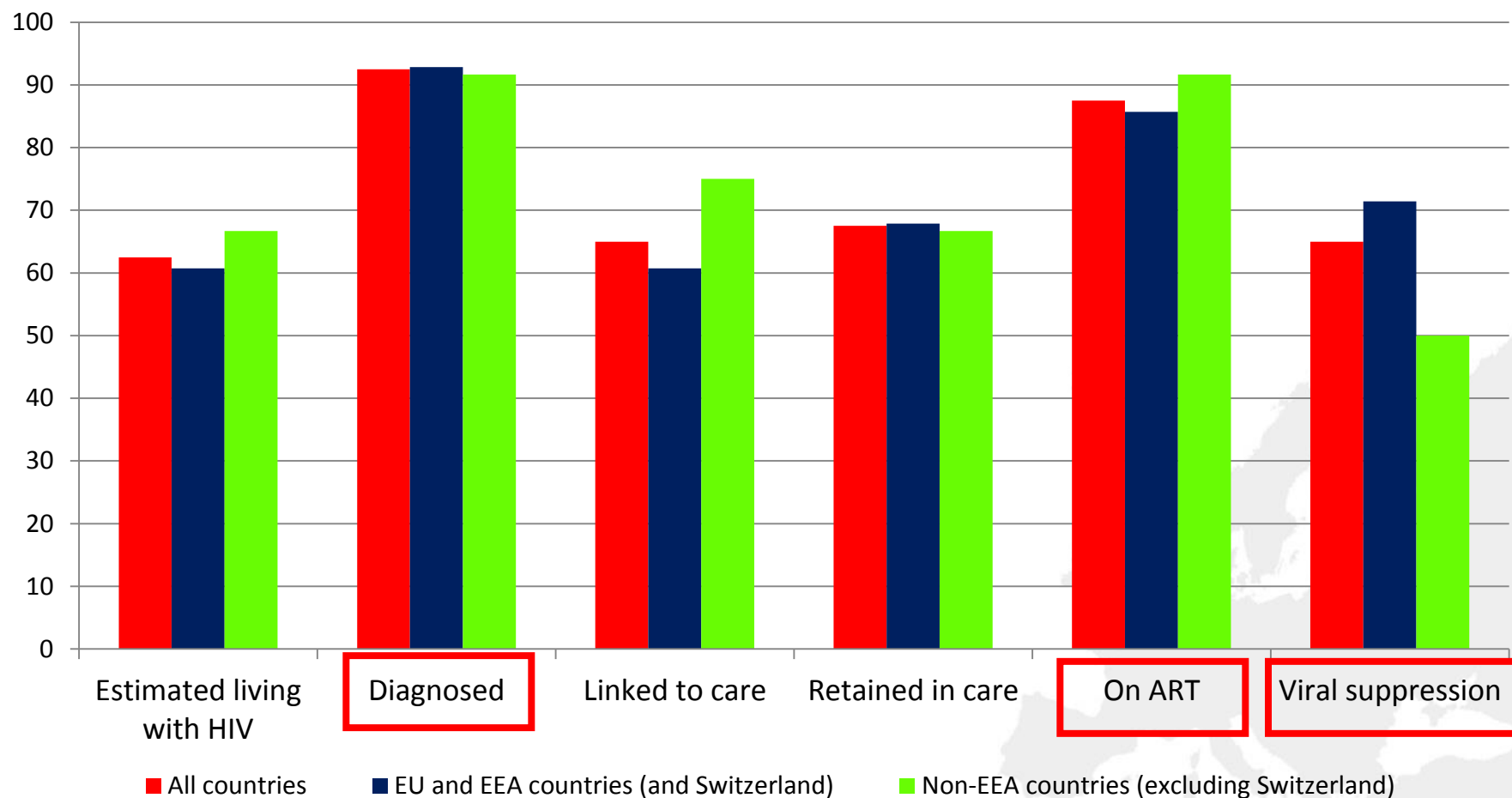


# Policies for when to initiate HIV treatment

Initiation regardless of CD4 cell count	<b>5</b> Austria, Belgium, France, Italy, Romania
500 cells/mm <sup>3</sup>	<b>14</b> Bosnia and Herzegovina, Czech Republic, Estonia, Finland, Georgia, Iceland, Israel, Malta, Netherlands, Poland, Slovakia, Spain, Sweden, Turkey
350 cells/mm <sup>3</sup>	<b>28</b> Albania, Armenia, Azerbaijan, Belarus, Bulgaria, Croatia, Cyprus, Denmark, Germany, Greece, Hungary, Ireland, Kazakhstan, Kosovo, Kyrgyzstan, Lithuania, Luxembourg, Moldova, Montenegro, Norway, Portugal, Serbia, Slovenia, Switzerland, Tajikistan, Ukraine, United Kingdom, Uzbekistan
200 cells/mm <sup>3</sup>	<b>1</b> Latvia
No data reported	<b>7</b> Andorra, The former Yugoslav Republic of Macedonia, Liechtenstein, Monaco, Russia, San Marino, Turkmenistan

# Percentage of countries with some quantitative data for the HIV continuum of care

- 40 countries could provide any data along the continuum
- 13 countries could provide data for all stages of the continuum





# How are countries performing against the 90-90-90 targets?

Country	Diagnosis	ART	Viral suppression
Belgium	Grey	Amber	Amber
France	Amber	Amber	Amber
Netherlands	Amber	Amber	Green
Portugal	Grey	Red	Red
Sweden	Green	Green	Green
Switzerland	Amber	Amber	Green
United Kingdom	Amber	Green	Green

**Colour coding:** **RED** indicates an element was <70% of its predecessor; **AMBER** indicates an element which is 70-89% of its predecessor; **GREEN** indicates an element which is ≥90% of its predecessor (meeting that element of 90-90-90)

# How are countries performing in terms of viral suppression?

Country	Viral suppression (target 73%)
Bulgaria	RED
Luxembourg	AMBER
Netherlands	YELLOW
Portugal	GREY
Sweden	GREEN
Switzerland	YELLOW
United Kingdom	YELLOW

Colour coding: **RED** indicates that <32% of those estimated to have HIV are virally suppressed; **AMBER** indicates that 32-51% of those estimated to have HIV are virally suppressed; **YELLOW** indicates that 52-72% of those estimated to have HIV are virally suppressed; and **GREEN** indicates that  $\geq 73\%$  of those estimated to have HIV are virally suppressed.

# Next steps in monitoring the continuum of HIV care in Europe

- ECDC to release a comprehensive analysis on the continuum of care based on Dublin data
- ECDC has launched a project with EuroCoord to assess the utility of national HIV cohort data in constructing HIV care continuums in 10 EU countries
- ECDC to host an expert meeting in September to discuss common approaches for defining the elements of the continuum

ECDC SPECIAL REPORT

## Thematic report: Continuum of HIV care

Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2014 progress report

# Dublin Declaration: Next steps

- Rome Declaration initiative?
- ECDC to set up a new Dublin Declaration Advisory Group
  - First meeting to be held in October 2015
  - Deadline for next round of reporting March 2016
- Continue to work with UNAIDS, WHO and EMCDDA to harmonise M&E approaches and to reduce reporting burden
- Harmonise more closely with EU-funded projects
  - OptTEST
  - EURO-HIV EDAT
  - Joint Actions: Quality Action, HA-REACT
  - SIALON II
  - Etc.

# Mobile apps and HIV testing



# Mobile applications and HIV testing

- ECDC/THT hosted a meeting in February to discuss the implications of smart phone applications for MSM sexual health and STI/HIV prevention (meeting report available\*)
- ECDC to release a report (August) on the impact on smart phone applications on HIV prevention in Europe (**thank CSF**)
- ECDC to host second meeting in September with NGOs and app owners to discuss opportunities for HIV testing promotion during European HIV Testing Week
- ECDC has initiated a project with AIDSmap to identify all HIV testing services in the EU/EEA. Idea is to link testing sites to app users. ECDC will also make this info widely available to all our stakeholders



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EUROPEAN CENTRE FOR  
DISEASE PREVENTION  
AND CONTROL

MEETING REPORT

UNDERSTANDING THE IMPACT OF SMART PHONE APPLICATIONS  
ON MSM SEXUAL HEALTH AND STI/HIV PREVENTION IN EUROPE

Stockholm, 4-5 February 2015

**Key issues emerging from the meeting**

- There is evidence that use of mobile apps by MSM is common and has increased significantly in recent years.
- There is little quantitative data on the extent to which apps are influencing the source or number of sexual partners or sexual networks.
- Mobile apps have significant reach and offer considerable potential for public health in terms of health promotion and data generation.
- Experience suggests that approached correctly, apps can help promote the uptake of HIV testing and other services when linked to specific events such as testing week or through push messages about nearby services.
- Available evidence suggests that patterns of recreational drug use have changed, although patterns vary between countries.
- There is little data on the link between apps and recreational drug use, although apps do appear to be playing a role in organising and finding group gatherings of MSM for sex which include the use of recreational drugs.
- Existing harm reduction services are generally not well placed to provide services for MSM or to address recreational and sexualised drug use.
- Key actions to be considered include the need to:
  - Improve understanding of how apps are being used and the effects on sexual health, behaviour and networks.
  - Establish a platform for sharing information and experience about smart phone apps and MSM sexual health, recreational drug use and develop practical guidance on effective approaches to using apps for public health interventions.
  - Take coordinated action across Europe and in partnership with organisations in the US to engage with app owners and developers and to identify what works in STI/HIV prevention and health promotion.
  - Identify ways in which apps could be used for public health, for example, testing reminders and messages about local services, and as a data source.

# Acknowledgements

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Thank you

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