

**PRESS RELEASE EMBARGOED FOR RELEASE until Friday, 23
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The start of European Testing Week marks the release of the new ECDC testing guidance in which both highlight the importance of integrated testing for viral hepatitis and HIV

Earlier testing is key in eliminating viral hepatitis and HIV in the WHO European region. Many people remain unaware of their status and too many are still diagnosed late leading to potential risk of onward transmission, poorer long-term health outcomes due to delays in treatment and increased health care costs. For European Testing Week 2018 (23-30 November) community, health care and policy organisations across Europe unite for one week to increase accessibility and promote awareness on the benefits of earlier testing for hepatitis and HIV. To mark the week, the European Centre for Disease Prevention and Control (ECDC) has published their new public health guidance that integrates testing for viral hepatitis and HIV and supports the efforts of European Testing Week (ETW) and the aim of integrated testing based on the latest scientific evidence.

The [HIV in Europe](#) (soon to be renamed *EuroTEST*) Steering Committee and the [European Testing Week Working Group](#) commends ECDC in recognising the importance of integrated testing for hepatitis B (HBV), hepatitis C (HCV) and HIV. The implementation of the new ECDC guidance can encourage improved synergies among HBV, HCV and HIV prevention, testing and treatment efforts. However, both HIV in Europe/EuroTEST and ETW state that collaborative efforts between technical bodies, healthcare professionals, community and decision makers at national level must now take place to translate the guidelines into national context and implemented policies.

The ECDC guidance employs a setting-based approach covering testing modalities in primary healthcare, hospitals, other healthcare settings, community settings, in addition to self-testing/sampling and partner notification with a focus on key populations including gay men and other men who have sex with men and trans people, people who use drugs, sex workers, migrants and refugees and prisoners. The evidence-based guidance supported by expert consensus can help guide national policy, particularly when developing integrated strategies for the different diseases. However, successful implementation of the guidance requires involvement and support at all levels by decision makers in government institutions, health care and community settings, in order to successfully reach the undiagnosed. Many people, especially among key populations, are not being reached through current prevention, testing and treatment efforts. Integrated efforts including ETW have managed to bring attention to the benefits of combined hepatitis and HIV testing,

however implementation varies significantly throughout Europe, with access and coverage still being concerns in many countries, especially among key populations. Stakeholders throughout Europe need to implement healthcare strategies that adhere to European guidelines.

The ECDC guidance highlights the pivotal importance of healthcare settings in ensuring access to integrated testing, in a variety of settings, and provides evidence-based recommendations for testing implementation in the EU/EEA. Stakeholders in the healthcare setting should recognise the importance of normalising HBV, HCV and HIV testing and to increase coverage. The evidence shows that routine offer of testing can help reduce stigmatisation and improve access for key populations. Different testing strategies, including opportunistic testing and indicator condition-guided testing, have also proven to reduce missed opportunities to test, barriers and stigma among both patients and healthcare providers.

Dr. Jürgen Rockstroh, Professor of Medicine and Head of the HIV Outpatient Clinic at the University of Bonn & HIV in Europe/EuroTEST Steering Committee Co-Chair, reiterates *“We cannot let stigma continue to be a barrier to testing in healthcare settings. The evidence from the different testing strategies provides the clinical rationale for when healthcare providers should be offering routine testing for HBV, HCV and HIV.”*

The large body of evidence in the guidance from community-based settings indicates that this testing strategy is effective in reaching populations at increased risk of infection, contributes to increased testing coverage, especially among groups more distant of formal health services, and has shown success in maintaining high positivity rates. However, evidence on linkage to care after a reactive test from community settings to healthcare services, remains a challenge, and formal collaboration between the two settings must be supported. Therefore, national testing strategies for HBV, HCV and HIV must include community-based responses, especially in concentrated epidemics, and ensure working collaborations between community services and formal health, to ensure swift and barrier-free linkage to care.

Daniel Simões, Board member of Grupo de Ativistas em Tratamentos, HIV in Europe/EuroTEST Steering Committee co-chair, European Testing Week Working Group member and member of the ECDC guidance expert panel), comments *“Community-based testing has clearly demonstrated added value in reaching people who are more distant from formal healthcare services and who could be at risk of infection. If we truly want to achieve the goal of eliminating these infections as public health threats by 2030, it is vital*

that we not only maintain but increase support to the valuable work being done within community services throughout Europe.”

Integrated efforts in Europe, including the EU-funded [INTEGRATE Joint Action](#) and European Testing Week are part of the effort to bring integrated testing for HBV, HCV and HIV to the forefront and this year, more than 700 community, health care and government institutions from 50 countries in the WHO European Region will take part. These organisations are uniting during the last week of November for one shared goal: to increase testing efforts and promote awareness on the benefits of earlier testing for hepatitis and HIV. With increasing focus on joint efforts to encourage integrated testing and prevention efforts, the new ECDC public health guidance on integrated testing for HBV, HCV and HIV provides the evidence to support combined testing efforts to increase testing coverage, reduce late diagnosis and adequately reach key populations.

To read more about European Testing Week, visit www.testingweek.eu

To read the ECDC public health guidance on integrated HBV, HCV and HIV testing in the EU/EEA, [click here](#).

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Notes to editor

WHO Europe

The WHO European Region comprises of 53 countries.

To read more about the WHO European Region, visit <http://www.euro.who.int/en/home>

Key populations

European Testing Week focuses on populations that are at higher risk of HBV, HCV and HIV. These groups include but are not limited to: gay men and other men who have sex with men (MSM), migrants (including persons originating from a high prevalence country) and mobile populations, sex workers, trans people, prisoners and people who inject drugs.

Testing strategies in healthcare settings

In the guidance, opportunistic testing refers to when a healthcare provider offers a test to a patient who presents with another indication or healthcare need and is typically already undergoing venepuncture for another reason.

Indicator condition-guided testing refers to the offer of an HIV test for any person (not already known to be HIV positive) presenting with potentially AIDS defining conditions. These HIV indicator conditions can be divided into three categories:

- an AIDS-defining illness;
- a condition associated with an undiagnosed HIV prevalence of at least 0.1% (individuals presenting with these conditions when tested for HIV have a positive testing rate of at least 1/1000); and
- a condition where not identifying the presence of HIV infection may have significant adverse implications for the individual's clinical management (e.g. for conditions requiring chemotherapy or biologics).

More information about Indicator condition-guided testing can be found: HIV in Europe. HIV Indicator Conditions: Guidance for Implementing HIV Testing in Adults in Health Care Settings. Copenhagen: HIV in Europe, 2012. Available here: <http://hiveurope.eu/HIV-Indicator-Conditions>

Testing in healthcare settings

The guidance specifies healthcare settings into primary healthcare (healthcare provided by general practitioners (GPs) and ancillary healthcare workers) and hospital settings (including all hospital departments, both inpatient and outpatient, including medical admissions units, infectious disease units, hepatology units and emergency departments).

Other healthcare settings are defined in the guidance as formal healthcare services other than hospital departments and primary care practices. They include STI clinics, genitourinary medicine clinics, dermato-venereology clinics, antenatal services, pharmacies, prison health services, drug and harm-reduction services within formal healthcare facilities, tuberculosis (TB) services and low-threshold clinics.

The situation in Europe

The WHO European Region is the only region globally where the rate of new HIV diagnoses is increasing. Of the total diagnosed in the region, over half (51%) of all new HIV diagnoses are diagnosed late which can result in potential risk of onward transmission, poorer health outcomes due to delayed treatment and greater economic costs.

Viral hepatitis B (HBV) and C (HCV) also remain public health challenges in Europe with an estimated 9 million Europeans living with chronic hepatitis B or C not aware that they are infected. Additionally, coinfection with viral hepatitis is common among people at risk of and living with HIV due to common modes of transmission, through condomless sex and sharing of injecting equipment.

About the INTEGRATE Joint Action

The INTEGRATE Joint Action is a three-year EU-funded project that seeks to increase integrated early diagnosis and linkage to prevention and care of HIV, viral hepatitis, TB and STIs in EU Member States by 2020. Integrate offers a platform to disseminate and exchange best practices among Member States and facilitate the discussions on innovations and emerging issues within these four diseases. Existing tools for prevention, testing and linkage to care for HIV, viral hepatitis, TB and STIs will be evaluated, adapted, extended and implemented for one or more of the four diseases in selected pilot countries. It is a shared European effort that aspires to extend beyond the partners to create important synergies across European stakeholders, projects and initiatives.

To read more about the INTEGRATE Joint Action, visit <http://www.integrateja.eu>



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About HIV in Europe/EuroTEST

HIV in Europe/EuroTEST is a pan-European initiative initiated in Brussels in 2007. The initiative provides a European platform for exchange and activities to improve early diagnosis and earlier care of viral hepatitis, HIV, sexually transmitted infections and tuberculosis across Europe. The initiative is directed by an independent group of experts with representation from civil society, policy makers, health professionals and European public health institutions.

HIV in Europe/EuroTEST is not an organisation, but an initiative formed to inform processes, share knowledge and improve the evidence base around important issues of earlier testing and care. It is unique in its collaboration between stakeholders at a clinical, advocacy and public health level.

To read more about HIV in Europe/EuroTEST, visit <http://hiveurope.eu>