

## Key messages – policy-makers

The following key messages have been developed to support you when communicating the benefits of HIV, hepatitis B and C testing to policy makers/ organisations. The messages can be edited for local use to allow you to communicate HIV and/or hepatitis messages, as relevant according to your individual testing week programme.

### Overarching message

- EuroTEST is calling on the European community to unite for **one week twice a year**, in Spring (**May**) and Autumn (**November**), to increase awareness regarding the benefits of HIV and hepatitis testing, so that more people become knowledgeable about their risks, understand that there is effective treatment available and are aware of their HIV and/or hepatitis status.

### Core messages

- In 2015, the ETW expanded to include not only HIV but also hepatitis due to high prevalence of co-infection and overlaps in key populations and/or common modes of transmission. This is because hepatitis B and C are transmitted in many of the same ways HIV is transmitted – through injection drug use and condomless sex
- It's better to know your status as soon as possible because today people living with HIV and/or hepatitis B can live well with a long-life expectancy when treatment starts early; and those with hepatitis C can be cured.

### Messages for policy-makers/organisations

- Robust data collection and surveillance of HIV and hepatitis transmissions on a country level is key to understanding how to develop cost-effective, targeted testing initiatives and strategies that help to reduce the number of new infections in your country.
- New technology offers a variety of cost-effective rapid testing kits that are now available across Europe and should be used to improve access to testing.
- Increasing access to, and acceptance of, free, confidential and voluntary HIV and hepatitis testing including linkage to treatment and care need to be a priority for governments across Europe.
- The 2015 WHO guidelines on HIV testing services state that lay providers who are trained and supervised can independently conduct safe and effective HIV testing using rapid testing kits to support task sharing in the health sector.
- The 2018 ECDC public health guidance on HIV, hepatitis B and C testing encourages testing programmes that utilise an integrated approach to assess for testing.
- To close various gaps in coverage and quality, more proactive, rights-based HIV/hepatitis testing approaches are needed.
- When people are diagnosed with HIV and/or hepatitis late, they are less likely to respond well to treatment and more likely to have health and/or treatment-related complications.
- Late presentation for HIV and hepatitis care is more costly for the healthcare system.
- Guilt and fear associated with HIV and/or hepatitis, reinforced by societal stigma, can prevent people from getting tested.

**Access to treatment**

- Late diagnosis and delayed access to treatment are the most important factors associated with ongoing transmission of HIV and hepatitis C and/or B, and preventable related illnesses and death. Therefore, in addition to reducing mortality and morbidity for the patients, treatment can also function as prevention.
- Following the results from the START (Strategic Timing of AntiRetroviral Treatment) trial, evidence now exists to support that individuals should enter treatment earlier than when the CD4 count is 350 cells/mm<sup>3</sup>.
- Results from the PARTNER study, in addition to evidence from other studies in serodifferent couples, indicate that the risk of transmission of HIV through condomless sex in the context of virally suppressive ART is effectively zero for both gay men and heterosexual couples. These results support the U=U (Undetectable equals Untransmittable) message, as well as promoting the benefits of early testing and treatment.

**HIV specific**

- Robust data collection and surveillance of HIV transmissions on a country level is key to understanding how to develop cost-effective, targeted testing initiatives and strategies that help to reduce the number of new infections in your country.
- New testing technology offers a variety of cost-effective rapid testing kits that are now available across Europe and should be used to improve access to testing.
- HIV testing guidelines should state that HIV testing can take place in the community or in healthcare settings using blood testing kits or oral swabs.
- Increasing access to, and acceptance of, free, confidential and voluntary HIV testing including linkage to treatment and care need to be a priority for governments across Europe.
- The 2015 WHO guidelines on HIV testing services state that lay providers who are trained and supervised can independently conduct safe and effective HIV testing using Rapid Diagnostic Tests (RDTs) to support task sharing in the health sector.
- The 2018 ECDC public health guidance on HIV, hepatitis B and C testing advocates for an integrated approach when screening and testing for HIV, HBV and HCV to provide more comprehensive services to improve coverage and reach key populations.

**Hepatitis C & B specific**

- Robust data collection and surveillance of hepatitis transmissions on a country level is key to understanding how to develop cost-effective, targeted testing initiatives and strategies that help to reduce the number of new infections in your country.
- New testing technology offers a variety of cost-effective rapid testing kits that are now available across Europe and should be used to improve access to testing.
- Hepatitis testing guidelines should state that hepatitis testing can take place in the community, as well as healthcare settings, using blood testing kits or oral swabs.
- Increasing access to, and acceptance of, free, confidential and voluntary hepatitis testing including linkage to treatment and care need to be a priority for governments across Europe.
- Early diagnosis of hepatitis C can increase the chances of a successful course of treatment and limit cross-infection.
- Routine hepatitis testing is critical for early diagnosis and survival, because people can go without symptoms for decades, making it a silent killer. Worldwide, infections with hepatitis C and B viruses cause an estimated 57% of cases of liver cirrhosis and 78% of cases of primary liver cancer.
- Late presentation for hepatitis care is more costly for the healthcare system.

- To close the various gaps in coverage and quality, more proactive, rights-based HIV testing approaches are needed.
- When people are diagnosed with HIV late, they are less likely to respond well to treatment and more likely to have health and/or treatment-related complications.
- Late presentation for HIV care is more costly for the health care system.
- Guilt and fear associated with HIV reinforced by societal stigma, can prevent people from getting tested.

#### Access to treatment

- Late diagnosis and delayed access to treatment are the most important factors associated with ongoing transmission of HIV, and preventable related illnesses and death.
- National treatment guidelines need to be updated to reflect the results from the START trial, which indicates that starting anti-HIV treatment upon diagnosis of HIV infection protects people's health, instead of waiting for the CD4 count to drop to 350.
- National treatment guidelines need to be updated to reflect the current results from the PROUD study (Examining the impact on gay men of using Pre-Exposure Prophylaxis (PrEP)), which reported that PrEP reduced the risk of HIV infection by 86% for gay and other men who have sex with men when delivered in sexual health clinics in England.
- Results from the PARTNER study, in addition to evidence from other studies in serodifferent couples, indicate that the risk of transmission of HIV through condomless sex in the context of virally suppressive ART is effectively zero for both gay men and heterosexual couples. Therefore, testing is the gateway to treatment and prevention of HIV transmission.

- Guilt and fear associated with hepatitis, reinforced by societal stigma, can prevent people from getting tested, resulting in lost treatment opportunities.

#### Access to treatment

- Late diagnosis and delayed access to treatment are the most important factors associated with ongoing transmission of hepatitis and preventable related illnesses and death.
- Once diagnosed, people living with hepatitis C must have access to treatment. A cure is now possible for 80–100% of people. Early diagnosis and early treatment helps reduce and prevent continued transmission of hepatitis C to others.