

## Factsheet 7

### HIV: Call to Action

Why local clinics/hospitals should promote HIV testing

#### Fast facts

- **2.3 million people** are living with HIV in the WHO European region<sup>1\*\*</sup>
- At least **one in five PLHIV** (People living with HIV) are **unaware** that they are HIV positive<sup>1</sup>
- Over **50% of people living with HIV** are diagnosed late<sup>1,3,4</sup>
- Medical expenses for those diagnosed late are up to **3.7 times higher** than those who are diagnosed early<sup>5</sup>
- Late diagnosis can result in:<sup>3,4</sup>
  - Increased **morbidity** and **mortality**
  - Increased **costs** to the healthcare system
  - Higher chance of **onward transmission**
- More **new HIV infections** and **late diagnoses** occur when **access** to free, confidential and voluntary testing is **limited**

#### Why should free, confidential and voluntary HIV testing including linkage to treatment and care be a priority in your clinic/hospital?

- In [insert country] there are [insert number] people living with HIV; of those it is estimated that [insert number] are unaware of their HIV status [go here to obtain the most recent figures for your country/region](#)
- There are more new HIV infections and late diagnoses when access to free, confidential and voluntary testing is limited
  - It is estimated that **50% of all new HIV infections** derive from people **who are not aware** of their positive HIV status<sup>6</sup>
- HIV testing is cost effective
  - People diagnosed late incur higher HIV treatment expenditures over their lifetime than those who are diagnosed early
  - Medical expenses for late diagnosis are up to **3.7 times higher** than expenses for timely diagnosis and treatment<sup>4</sup>
  - New testing technology offers a variety of cost-effective rapid HIV testing kits that are now available across Europe and should be used to improve access to testing

## How you can make a difference in your clinic/hospital?

### Clinic/Hospital check list

- Ensure you and your teams have up-to-date, accurate knowledge of HIV as a *preventable* and *treatable* disease
- Reduce stigma associated with HIV by communicating the benefits of testing and treatment advances with your staff, ensuring accurate information is subsequently shared with clients
- Put up posters in staff areas as a reminder for staff to offer to test for HIV whenever relevant (you can download a poster from the **Get involved** section of the testing week website)
- Help ensure your teams are **trained, equipped, mandated** and **empowered** to offer HIV tests in the same way they would offer other routine tests
  - Research shows that **95% of people will accept an HIV test** when offered by their healthcare professional<sup>8</sup>
- Help your teams identify who should be offered HIV tests by providing training in indicator condition-guided HIV testing and other risk-factors for HIV
  - Information about indicator condition guided HIV testing can be found in the **Evidence** section of the testing week website
- Ensure that HIV testing in your clinic/hospital is **confidential** and that this is upheld by staff at all times, with respect for the client
- Adopt HIV screening as *part of your routine care*, in high prevalence settings
- Ensure that a positive diagnosis always means that the patient is linked to appropriate care and treatment
- Further information please visit [www.testingweek.eu](http://www.testingweek.eu)

### \*Countries in the WHO European Region

**Western:** Andorra, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, United Kingdom.

**Central:** Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Hungary, the former Yugoslav Republic of Macedonia, Montenegro, Poland, Romania, Serbia, Slovakia, Slovenia, Turkey.

**Eastern:** Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.

### References

1. European Centre for Disease Prevention and Control/ WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2017. Stockholm: ECDC; 2018.
2. European Centre for Disease Prevention and Control. Thematic report: Continuum of HIV care. Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2017 progress report. Stockholm: ECDC; 2017
3. European late presenter working group: Late presentation of HIV infection: A consensus definition, HIV Medicine 2010
4. Mocroft A et al. Risk Factors and Outcomes for Late Presentation for HIV-Positive Persons in Europe: Results from the Collaboration of Observational HIV Epidemiological Research Europe Study (COHERE). PLoS Med, 2013

5. Fleishman JA, Yehia BR, Moore RD, Gebo KA& HIV Research Network . The Economic Burden of Late Entry Into Medical Care for Patients With HIV Infection. Med Care. 2010 December ; 48(12): 1071–1079.
6. Campsmith ML et al. Undiagnosed HIV prevalence among adults and adolescents in the United States at the end of 2006. J Acquir Immune Defic Syndr. 2010;53:619-624.
7. Marks G et al. Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the US AIDS 2006, 20:1447–1450.
8. HIV in Europe. HIV Indicator Conditions: Guidance for implementing HIV testing in adults in health