



New HIV diagnoses among people aged 50 and older

Lara Tavoschi

Programme for HIV, STI and viral hepatitis

European Centre for Disease Prevention and Control

ECDC: An EU agency dedicated to the prevention and control of communicable diseases

- Operational May 2005
- Located in Stockholm, Sweden
- 28 EU + 3 EEA Member States
- Work with national public health institutes



Mission: Identify, assess and communicate current and emerging health threats from communicable diseases



New HIV diagnoses - overview EU/EEA 2014

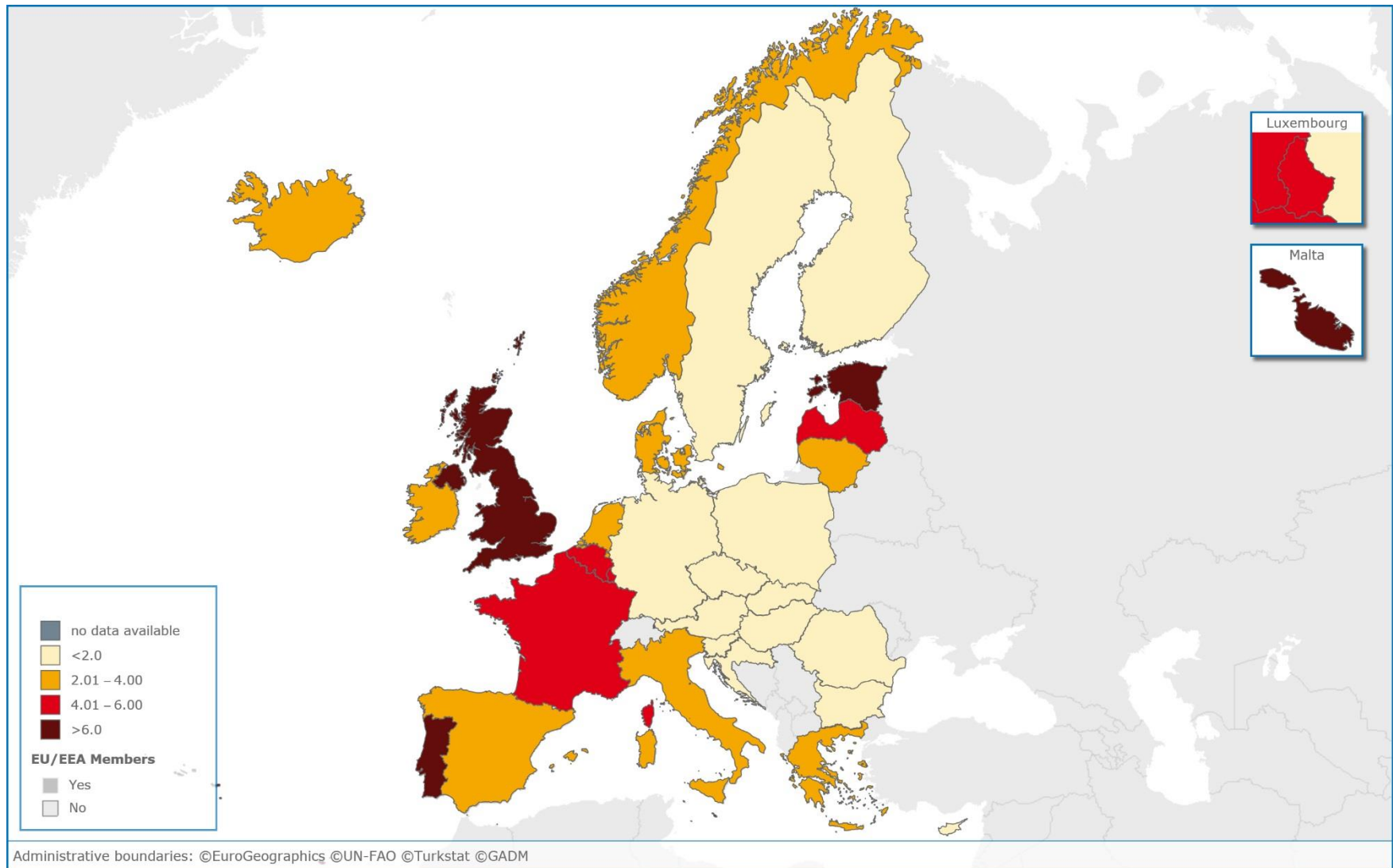
Full report and tables and can be
downloaded at:

www.ecdc.europa.eu

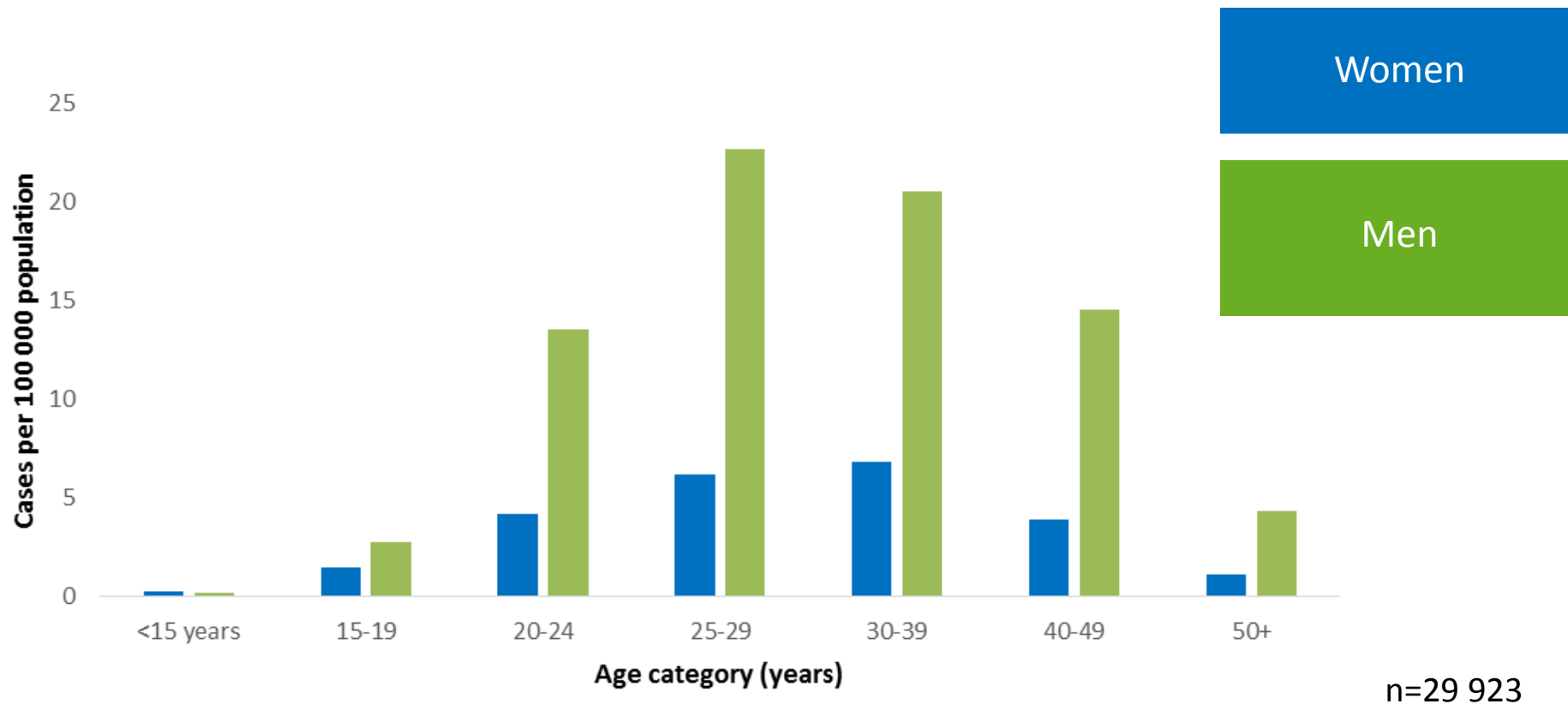
HIV diagnoses in the EU/EEA, 2014

Number of countries	31
Number of HIV diagnoses	29 992
Rate per 100 000 population	5.9
Rate 50+ years per 100 000 population	2.6
Percentage 50+ years	17.1
Male-to-female ratio	3.3
Transmission mode (%)	
Sex between men	42
Heterosexual	33
Injecting drug use	4
Mother to child transmission	<1
Unknown/other	20

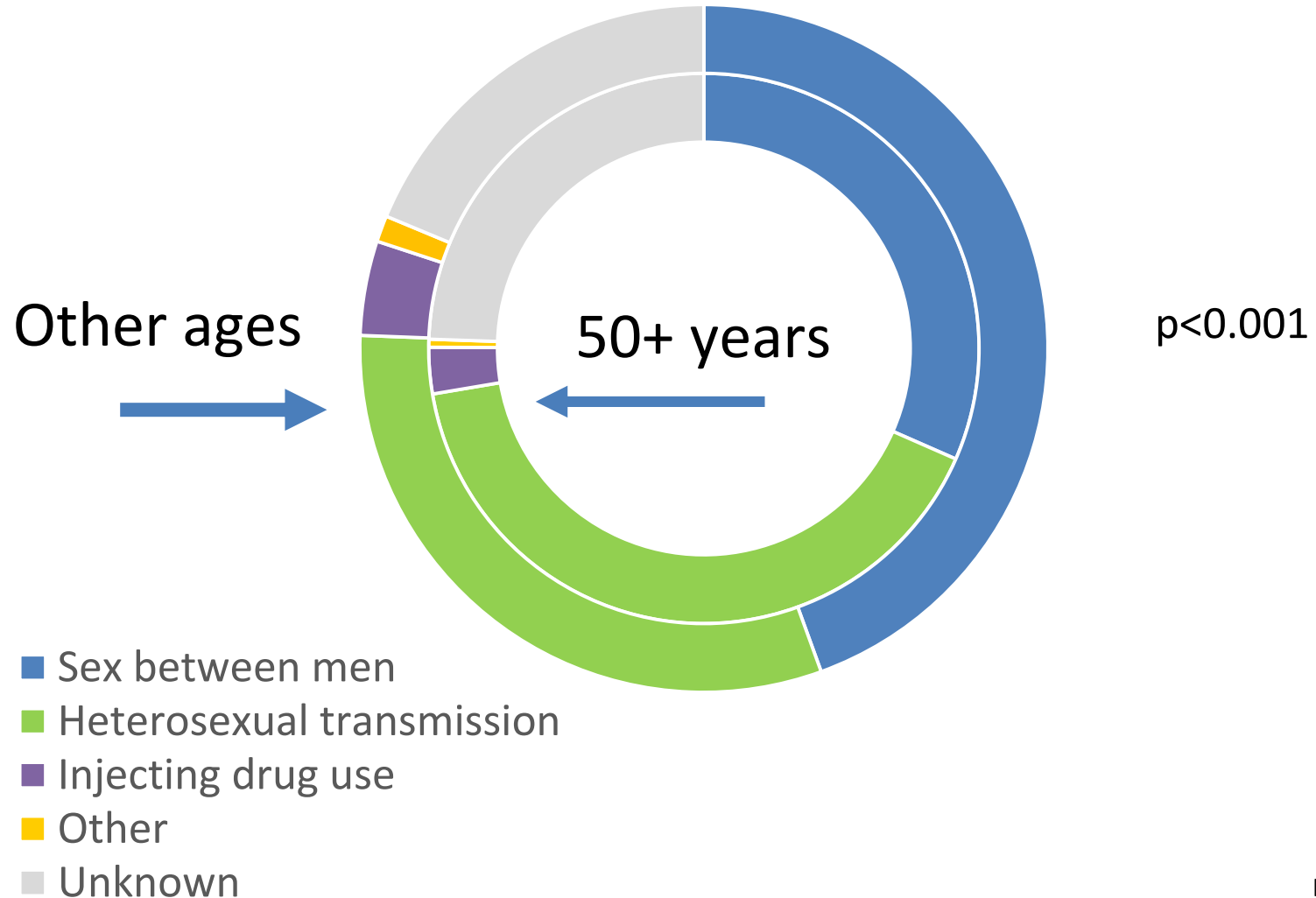
Rate of HIV diagnoses among people aged 50 and older, by country of notification, EU/EEA, 2014



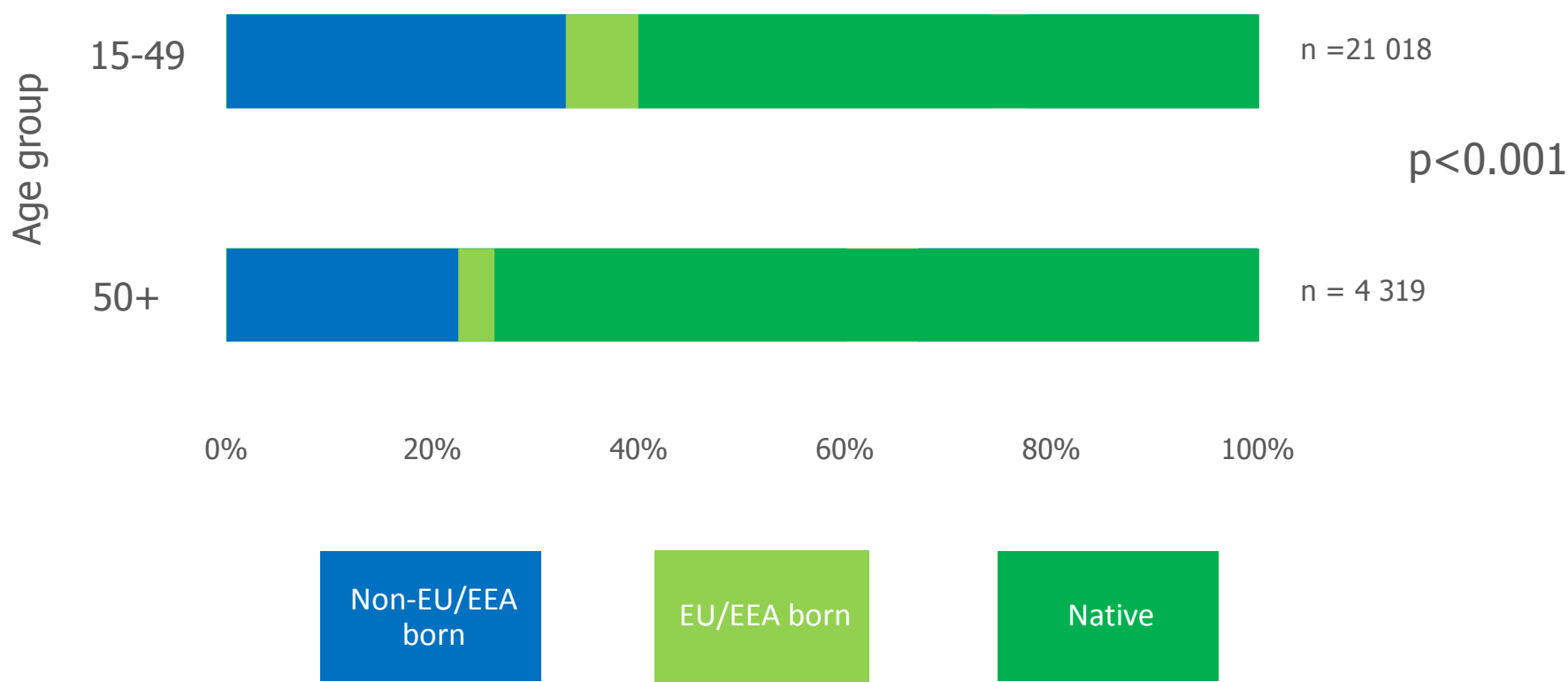
Age- and gender-specific rates of HIV diagnoses, EU/EEA, 2014



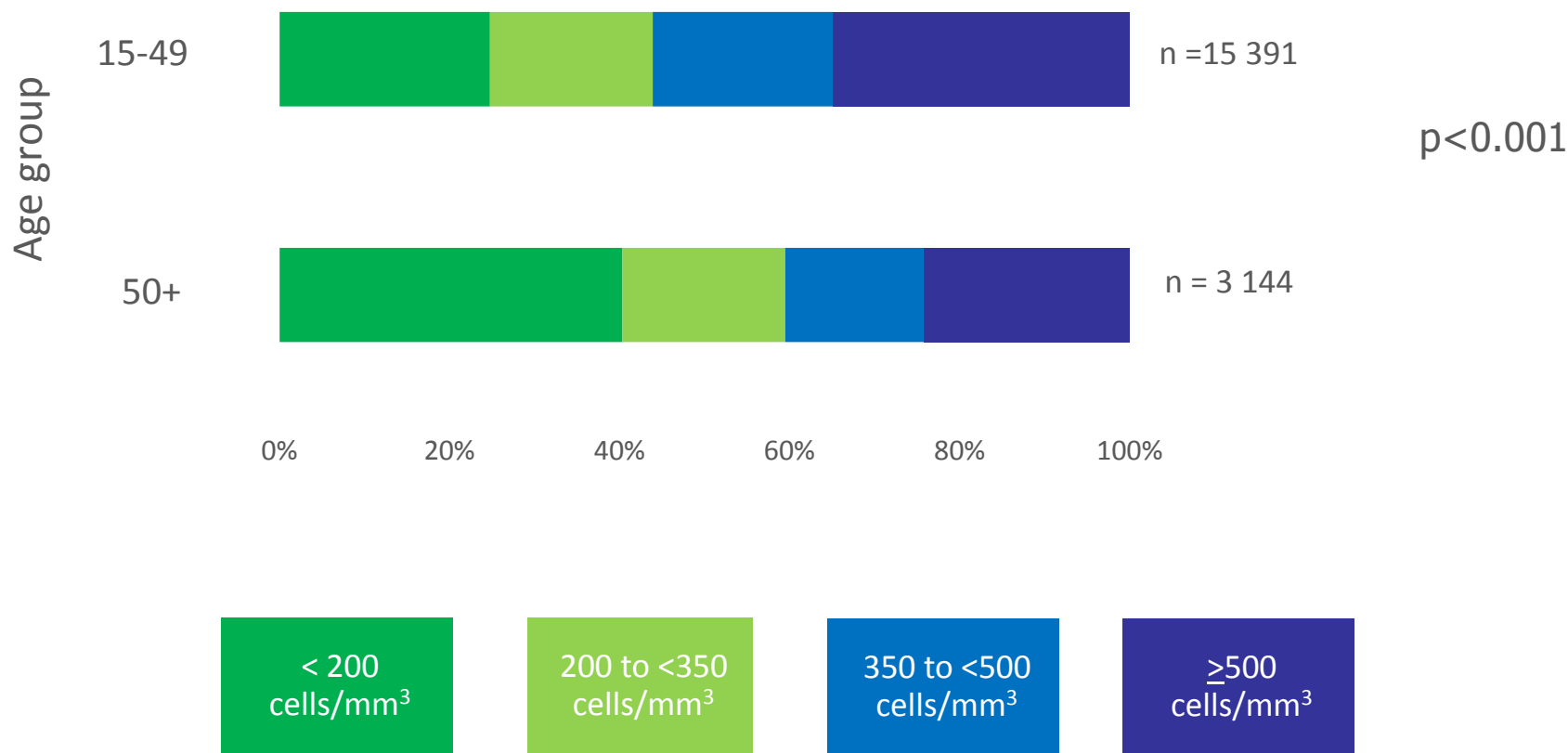
Percentage of HIV diagnoses, by route of transmission, by age group, EU/EEA, 2014



HIV diagnoses, by migration status, by age group, EU/EEA, 2014



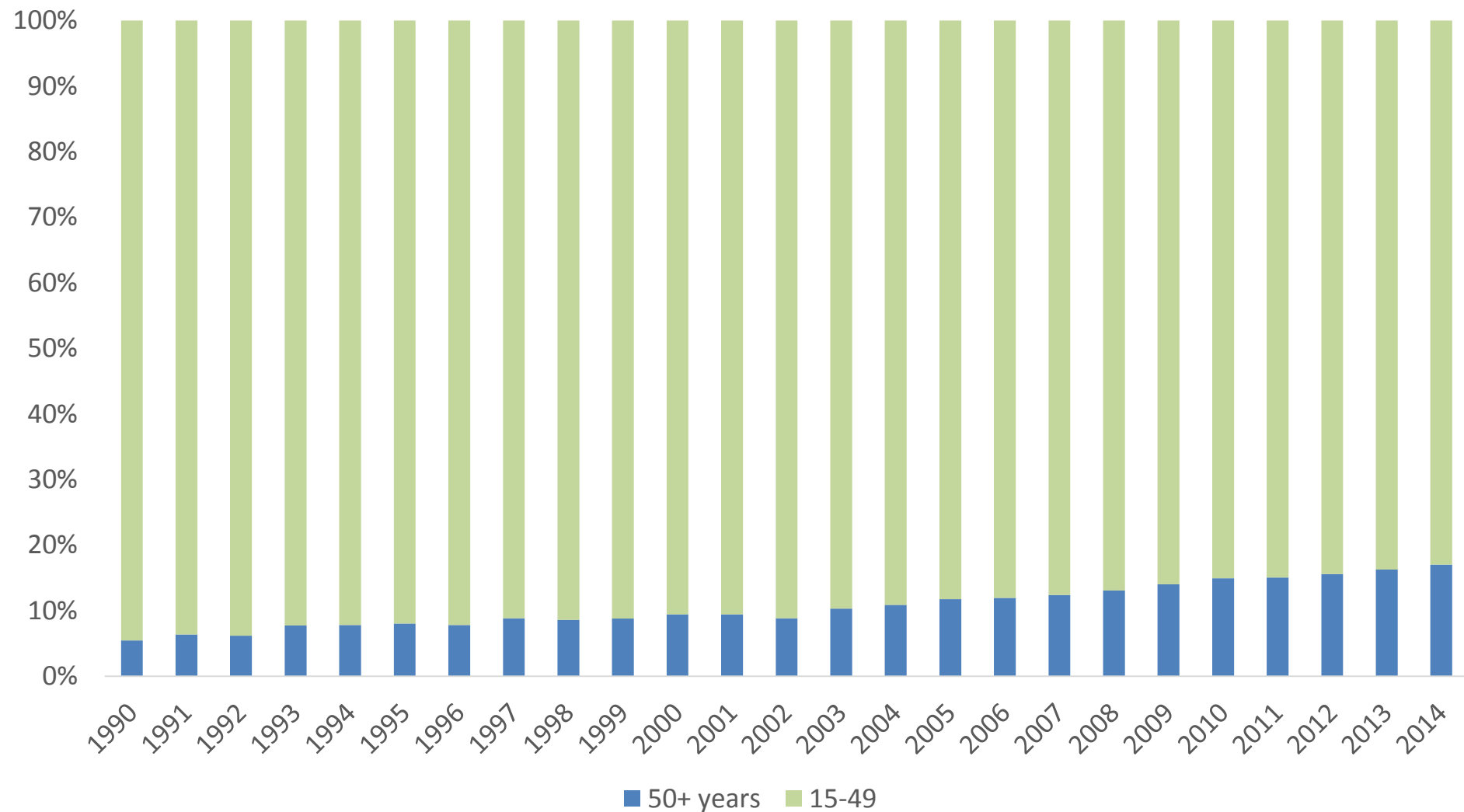
HIV diagnoses, by CD4 cell count per mm³ at diagnosis, by age group, EU/EEA, 2014



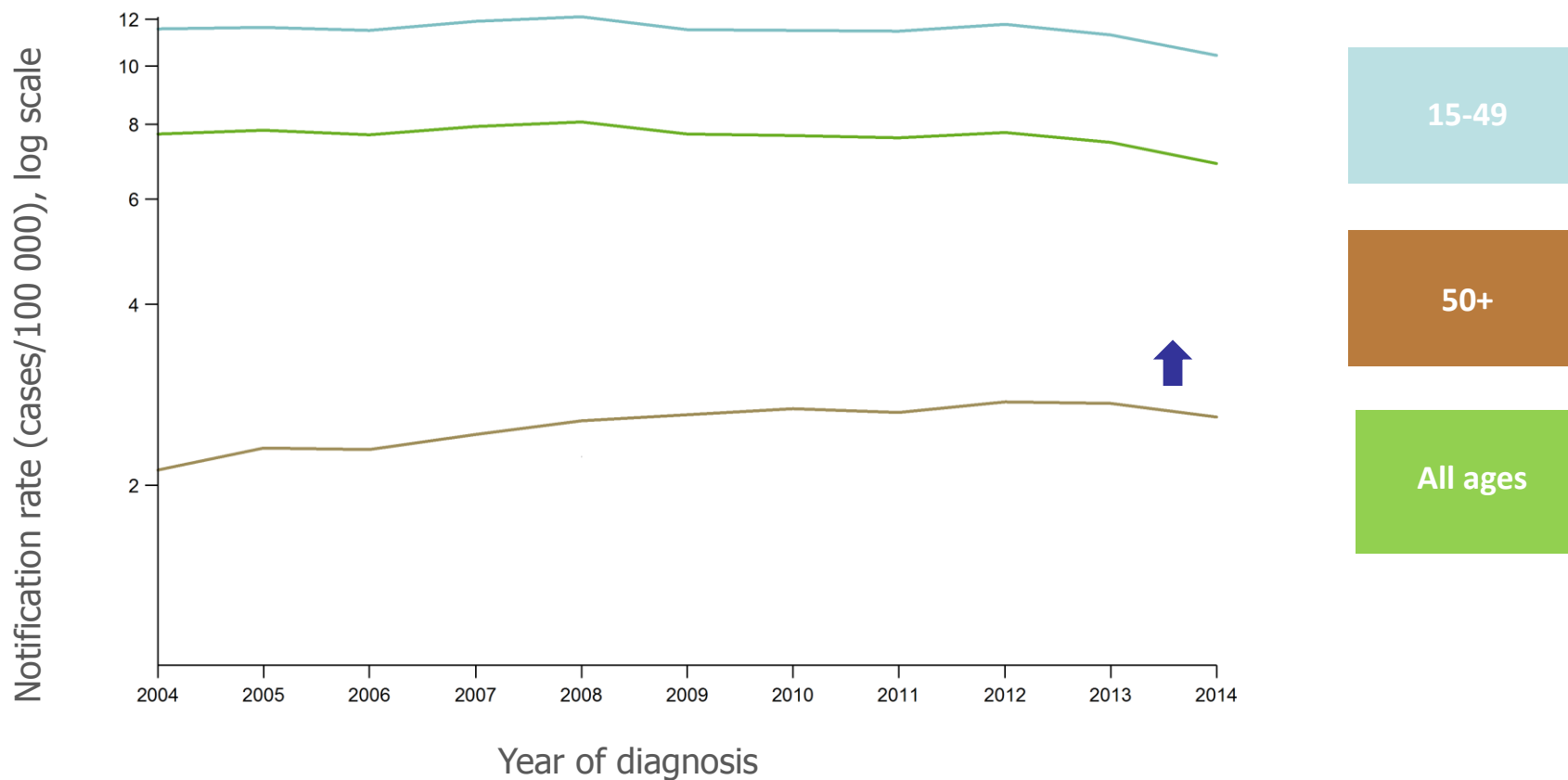
New HIV diagnoses - Trend over time

EU/EEA 2004-2014

Proportion of HIV diagnoses among people aged 50 and older, EU/EEA, 1990-2014

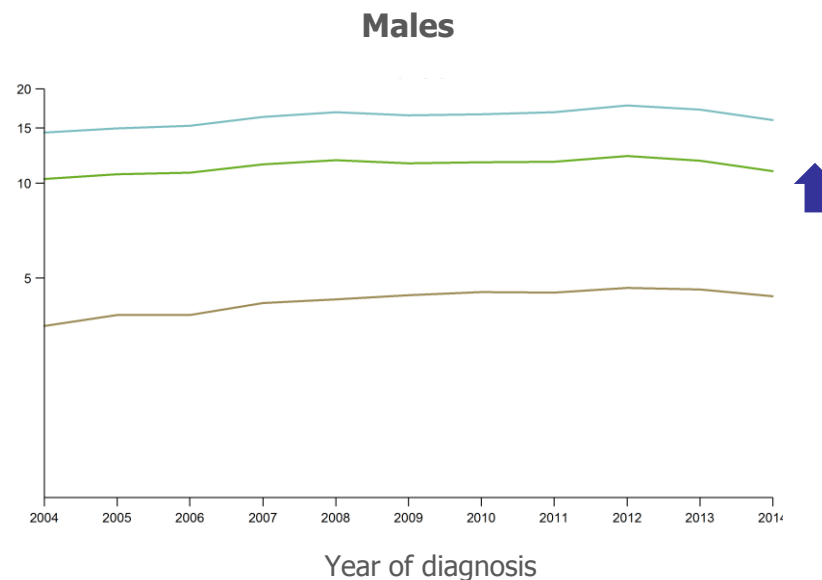
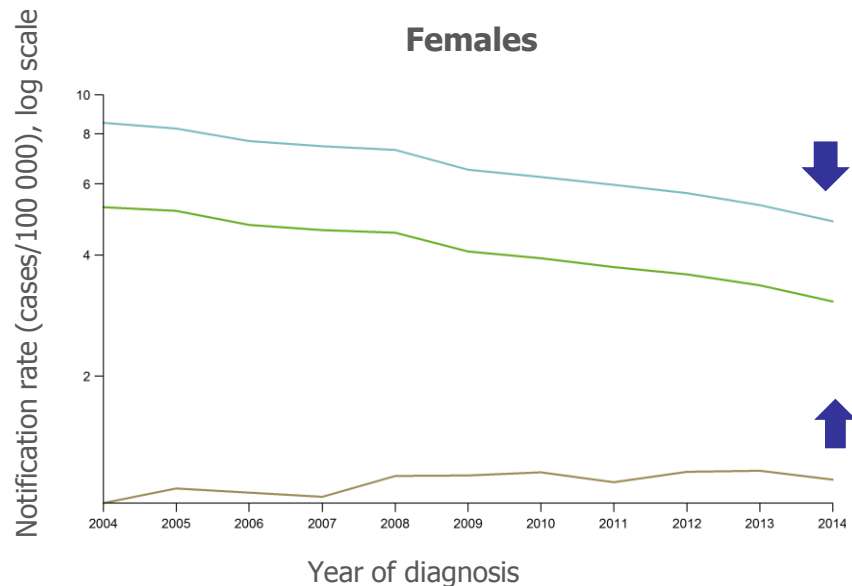


Rate of HIV diagnoses, by age group, EU/EEA, 2004-2014



Data is not adjusted for reporting delay

Rate of HIV diagnoses, by gender and age group, EU/EEA, 2004-2014



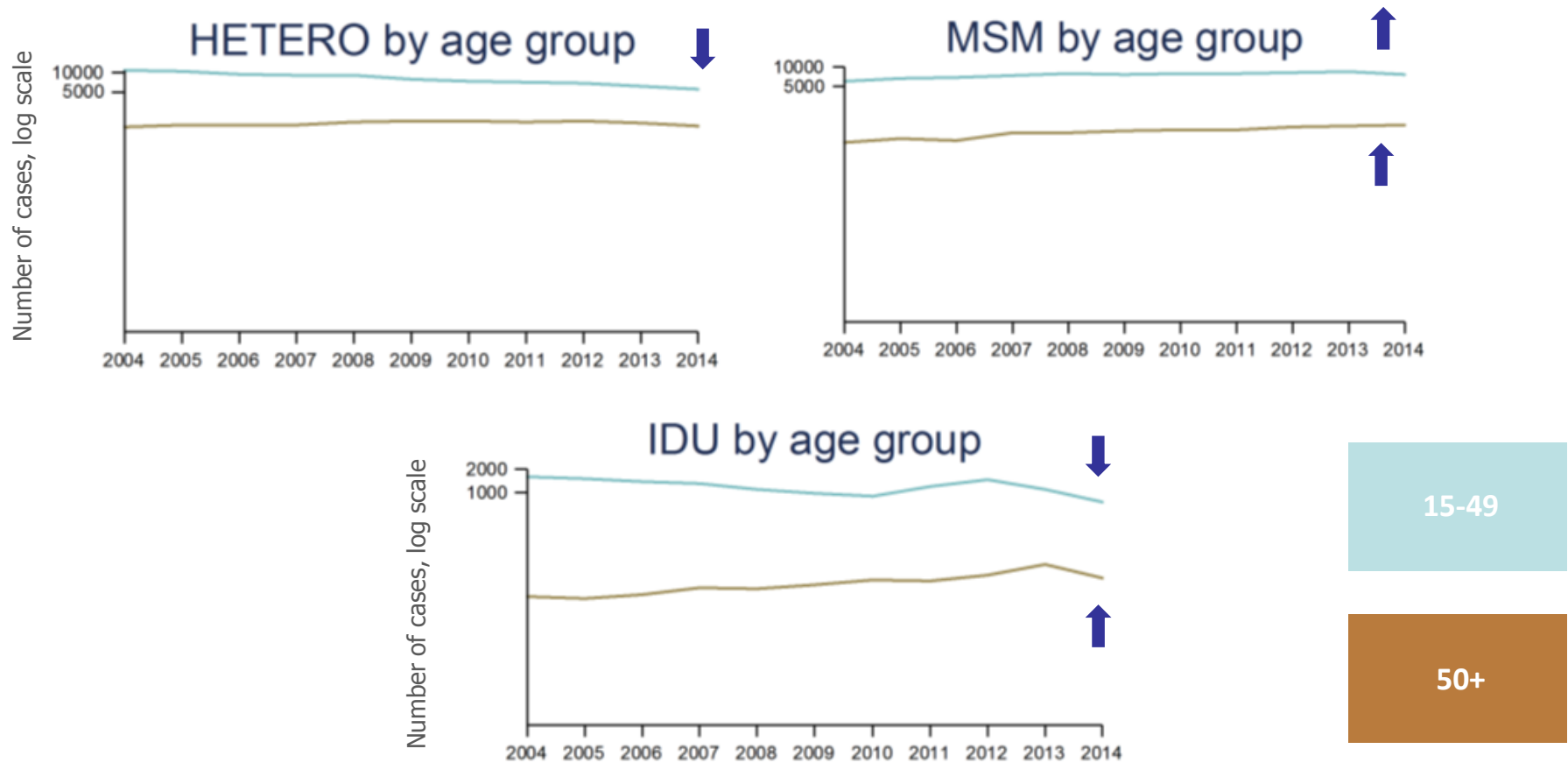
15-49

50+

All ages

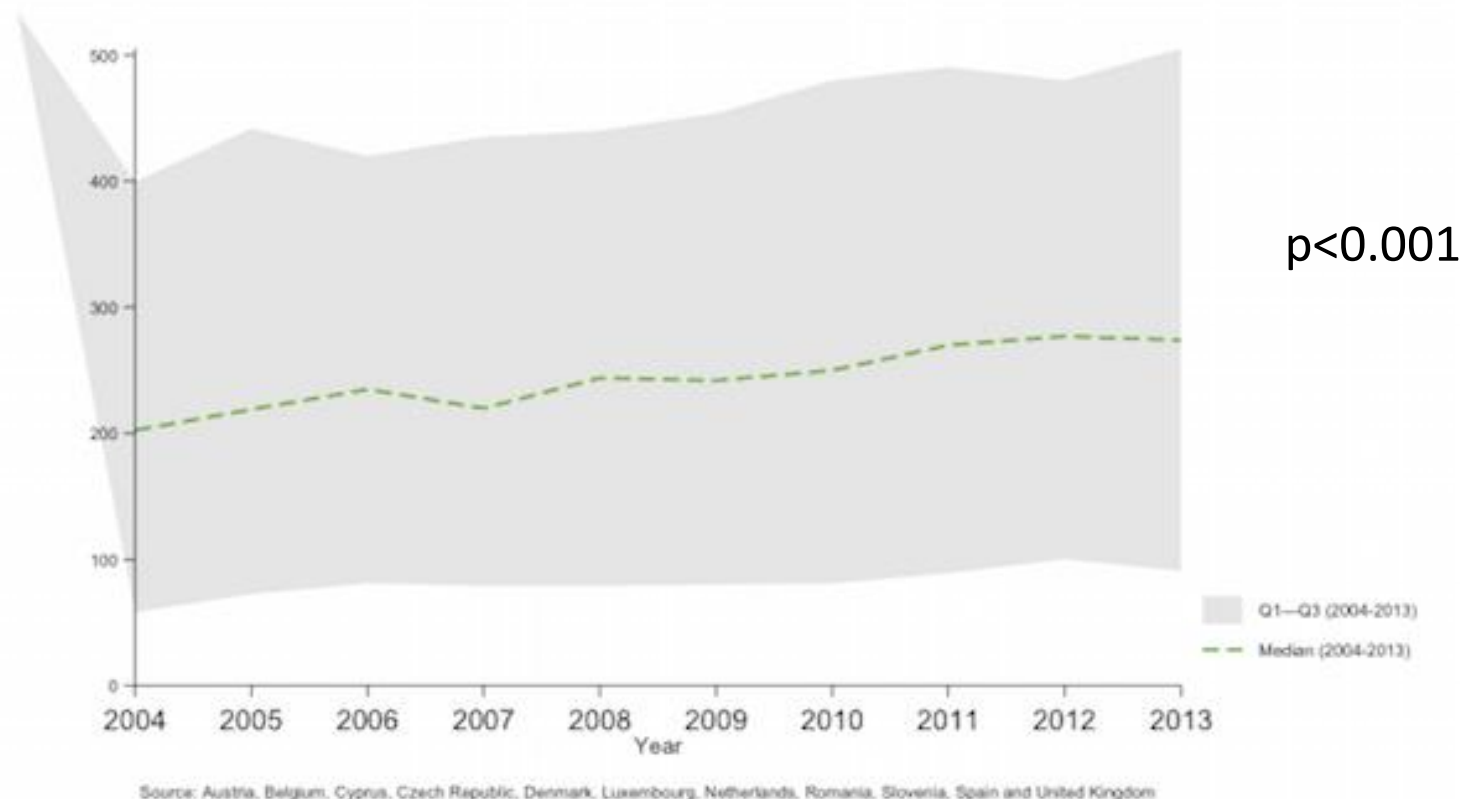
Data is not adjusted for reporting delay

HIV diagnoses, by transmission mode and age group, EU/EEA, 2004-2014



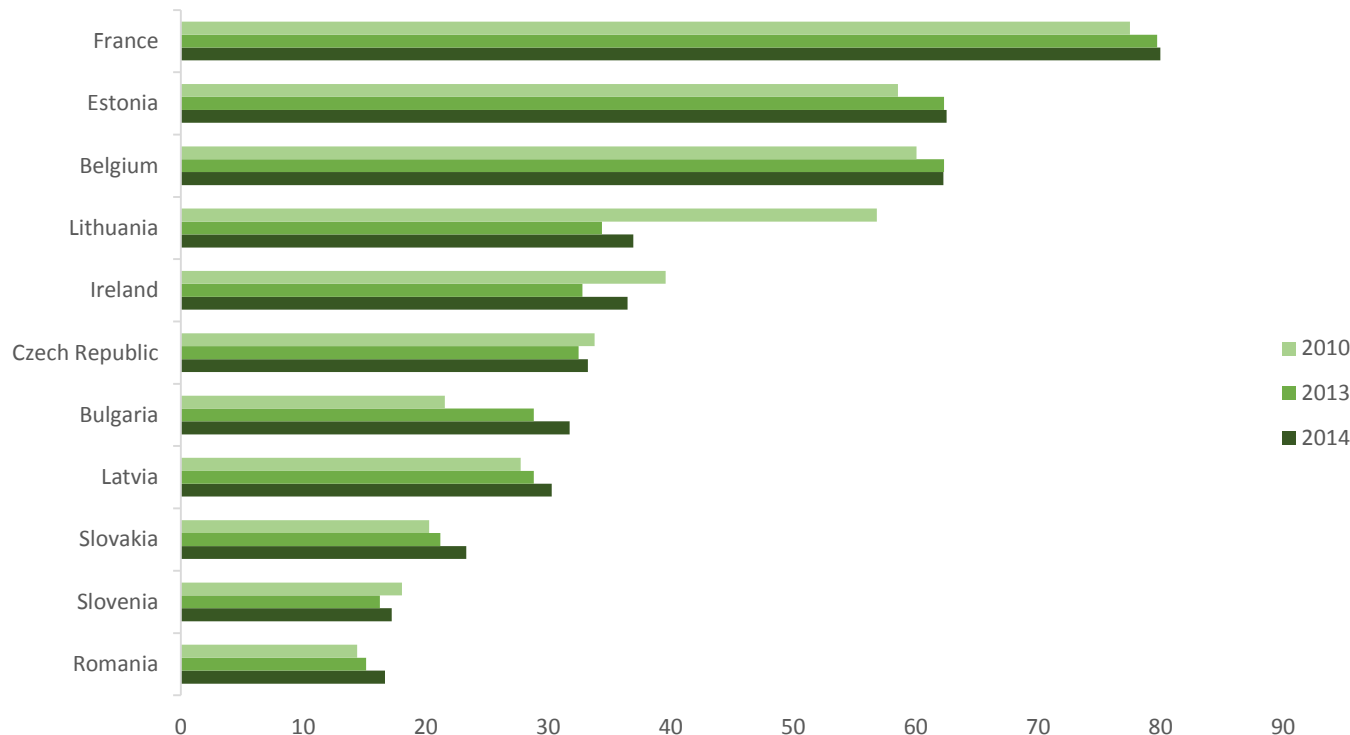
Data is not adjusted for reporting delay. Cases from Estonia and Poland excluded due to incomplete reporting on transmission mode during the period; cases from Bulgaria, Italy and Spain excluded due to increasing national coverage over the period or aggregate reporting.

Median and IQ distribution of CD4 T cell count per mm³ at diagnosis, people aged 50 and older, EU/EEA, 2004-2013



Testing coverage and uptake

Rates of HIV tests performed per 1 000 population*



*excluding unlinked anonymous testing and testing of blood donations

HIV testing among people aged 50 and over

AIDS PATIENT CARE and STDs
Volume 28, Number 10, 2014
© Mary Ann Liebert, Inc.
DOI: 10.1089/apc.2014.0152

A Forgotten Population: Older Adults with Newly Diagnosed HIV

Tanya M. Ellman, MD, MS^{1,2} Mary Elizabeth Sexton, MD,³ Daniel Warshafsky, MD, MPH,¹
Magdalena E. Sobieszczyk, MD, MPH,¹ and Ellen A. B. Morrison, MD, MPH^{1,4}

HIV transmission and high rates of late diagnoses among adults aged 50 years and over

Ruth D. Smith, Valerie C. Delpech, Alison E. Brown and Brian D. Rice

Massari et al. *BMC Infectious Diseases* (2015) 15:278
DOI 10.1186/s12879-015-1006-9

BMC
Infectious Diseases

RESEARCH ARTICLE

Open Access



Which adults in the Paris metropolitan area have never been tested for HIV? A 2010 multilevel, cross-sectional, population-based study

Véronique Massari^{1*}, Annabelle Lapostolle¹, Marie-Catherine Gruposso¹, Rosemary Dray-Spira¹,
Dominique Costagliola² and Pierre Chauvin¹

Ann Ist Super Sanità 2014 | Vol. 50, No. 3: 291-297
DOI: 10.4415/ANN_14_03_12

The continued ageing of people with AIDS in Italy: recent trend from the national AIDS Registry

Laura Camoni, Vincenza Regine, Mariangela Raimondo, Maria Cristina Salfa,
Stefano Boros and Barbara Suligoi

Dipartimento di Malattie Infettive, Parassitarie ed Immunomediate, Istituto Superiore di Sanità, Rome, Italy

291



ARTICLES AND REVIEWS

Indicator Condition guided testing?

RESEARCH ARTICLE

Auditing HIV Testing Rates across Europe: Results from the HIDES 2 Study

D. Raben^{1*}, A. Mocroft², M. Rayment³, V. M. Mitsura⁴, V. Hadziioannidis⁵, Z. M. Sthoeger⁶, A. Palfreeman⁷, S. Morris⁸, G. Kutsyna⁹, A. Vassilenko¹⁰, J. Minton¹¹, C. Necsoi¹², V. P. Estrada¹³, A. Grzeszczuk¹⁴, V. Svedhem Johansson¹⁵, J. Begovac¹⁶, E. L. C. Ong¹⁷, A. Cablé¹⁸, F. Ajana¹⁹, B. M. Celestia²⁰, F. Maltez²¹, M. Kitchen²², L. Comi²³, U. B. Dragsted²⁴, N. Clumeck¹², J. Gatell²⁵, B. Gazzard³, A. d'Arminio Monforte²³, J. Rockstroh²⁶, Y. Yazdanpanah^{27,28,29}, K. Champenois²⁸, M. L. Jakobsen¹, A. Sullivan³, J. D. Lundgren¹, HIDES Audit Study Group[†]



generated as result of the initiative shall be deemed vested in and the property of the Steering Committee, represented by AIDS Fonds Netherlands and OHP, Rigshospitalet. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Competing Interests: The authors have declared that no competing interests exist.

(60.4%) having an HIV+ rate >0.1%. After adjustment, there were no differences between regions of Europe in the proportion with >0.1% testing positive (global $p = 0.14$). A total of 113 patients tested HIV+. Applying the observed rates of testing HIV+ within individual ICs and regions to all persons presenting with an IC suggested that 105 diagnoses were potentially missed. **Testing rates in well-established HIV ICs remained low across Europe, despite high prevalence rates, reflecting missed opportunities for earlier HIV diagnosis and care.** Significant numbers may have had an opportunity for HIV diagnosis if all persons included in IC audits had been tested.

For numbered affiliations see end of article.

Correspondence to
Dr Cristina Agusti, Centre d'Estudis Epidemiològics sobre la sida i les infeccions de transmissió sexual de Catalunya (CEESCAT), Carretera del Canyet s/n, Badalona 08916, Spain; cagusti@iconcologia.net

CA and AM contributed equally.

Received 18 August 2015
Revised 7 January 2016
Accepted 23 January 2016

ORIGINAL ARTICLE

Missed opportunities for HIV testing of patients diagnosed with an indicator condition in primary care in Catalonia, Spain

Cristina Agusti^{1,2}, Alexandra Montoliu^{1,2}, Juanjo Mascort^{3,4,5}, Ricard Carrillo³, Jesús Almeda^{6,7}, Josep Maria Elorza⁷, Maria Aragón⁷, Jordi Casabona^{1,2,8}

ABSTRACT

Objective To estimate the prevalence of HIV testing among patients diagnosed with an indicator condition (IC) for HIV, seen in primary care (PC) in Catalonia, and to estimate the prevalence of HIV infection among those patients.

Design Cross-sectional and population-based study in patients aged between 16 and 65 diagnosed with an IC within PC in Catalonia.

Methods Data used in this study were extracted from a large population-based public health database in Spain, the Information System for the Development of Research in Primary Care (SIDAP). All participants registered in SIDAP from 1 January 2010 to 31 August 2012 and with a diagnosis of an IC were screened to identify those with an HIV test within the following 4 months.

Results 99 426 patients were diagnosed with an IC during the study period. In these patients, there were 102 647 episodes in which at least one IC was diagnosed. An HIV test was performed within 4 months in only 18 515 of the episodes in which an IC was diagnosed (18.5%). The prevalence of HIV infection was 1.46%. Women (OR 1.35, 95% CI 1.30 to 1.39), people aged 50 or over (OR 2.85, 95% CI 2.69 to 3.00) and patients having a single IC (OR 3.59, 95% CI 3.20 to 4.03) had the greatest odds of not having an HIV test.

Conclusions The study highlights the persistence of missed opportunities for HIV testing within PC in Catalonia. Urgent engagement with PC professionals is required in order to increase HIV testing and prevent late HIV diagnoses.

INTRODUCTION

In Catalonia, there were 808 new HIV diagnoses notified during 2013, a notification rate of 11.1 per 100 000 population, similar to that of other countries in Western Europe but higher than the

of HIV infection should be therefore a priority for HIV prevention and control programmes.

The HIDES study (HIV Indicator Diseases across Europe Study), designed by the HIV in Europe initiative, identified key indicator conditions (ICs) for HIV⁸. In addition to AIDS-defining conditions, these ICs include conditions that are associated with a prevalence of undiagnosed HIV in excess of 0.1%. Routine HIV testing in conditions with an HIV prevalence of >0.1% has been reported to be cost-effective at least in the USA.^{9,10} Unlike the USA, which recommends universal testing in all health settings, most European countries only recommend selective testing based for people with selected behavioural characteristics or living in areas of high HIV prevalence or raised prevalence of ICs.^{11,12}

Primary care (PC) offers an excellent opportunity to diagnose HIV infection early, because most people at risk of HIV and those with symptoms almost exclusively attend such services.¹³ In Spain, a previous study showed that the prevalence of previously undiagnosed HIV infection in patients aged 16–80 years who were having venipuncture in PC was 0.35%.¹⁴ Despite this, several studies have shown that general practitioners (GPs) frequently miss opportunities to test for HIV.^{15–19}

Until 2012 when healthcare coverage was restricted to Spanish citizens and documented migrants, the Catalan health system offered universal free healthcare coverage for the entire population. As part of this system, PC is easily accessible and has sufficient resources to deal with common health problems. GPs coordinate prevention, promotion, treatment and community care activities for their patients. Access to specialists is via referral from the patient's GP, via emergency room visits, or through direct patient self-referral to some specialties. Although GPs do not have a 'gatekeeper'

Barriers to testing among people aged 50 and over



Patient-level factors

- Lower HIV-related knowledge; fears and misconceptions (1, 2, 3)
- Self-assessment of risk (1, 4)
- Misattribution of symptoms to other causes: e.g. aging (4, 5)

Provider-level factors

- Discomfort in exploring older patients' sexual behaviour (1, 4)
- Lack of specific training and misattribution of symptoms to aging (1, 4)

Institutional-level factors

- Lack/unawareness of specific guidelines (1)

Societal-level factors

- Stigma-ageism: older adults are not at risk for HIV, older adults are asexual, targeting HIV prevention to older adults is futile (1, 3)

Conclusions

- **New HIV diagnoses** among people aged 50 and older have been **increasing** over the past decade in the EU/EEA
- Older adults newly diagnosed with HIV in the EU/EEA are more likely to be **men, national** and **late tester**
- HIV new diagnoses are **increasing among older women** as opposed to younger age groups
- Older people are less likely to be offered and to test for HIV: **missed opportunities**
- Needs for **tailored interventions** and testing approaches to increase coverage and uptake

Thanks to:

Anastasia Pharris

Joana Gomes Dias

ECDC Library

Andrew Amato

And to all of you!