



European
AIDS Treatment
Group



PrEP Interventional Implementation Study

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Ath Checkpoint**

EATG AVAC PREVENTION SUMMIT 2016
29-31 January 2016, Park Inn Hotel, Brussels

Latest Greek Epidemiological Data

Hellenic Centre for Disease Control and Prevention, 2015



HIV Mandatory Reporting System (1984 – 2015)

- Total HIV cases: 15109 (82,7% Males)
 - Total AIDS cases: 3782
 - Total Death cases: 2562
- Total Patients on ART: ~ 7700

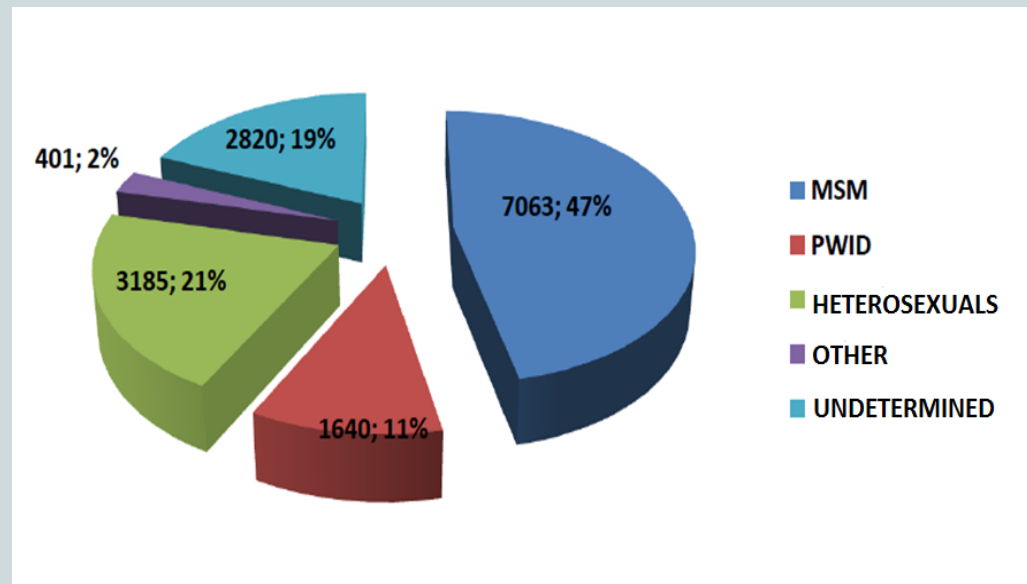
Latest Greek Epidemiological Data

Hellenic Centre for Disease Control and Prevention, 2015



HIV Mandatory Reporting System (1984 – 2015)

Transmission Group



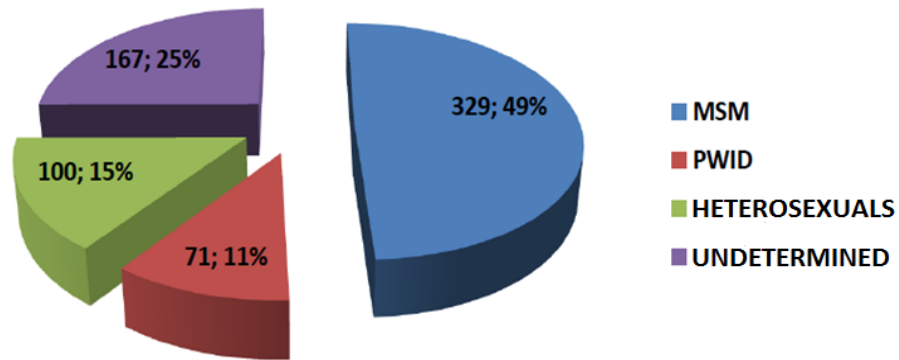
Latest Greek Epidemiological Data

Hellenic Centre for Disease Control and Prevention, 2015



New HIV Cases: 1.1.2015 – 31.10.2015
667 (88,5% Males)

Transmission Group



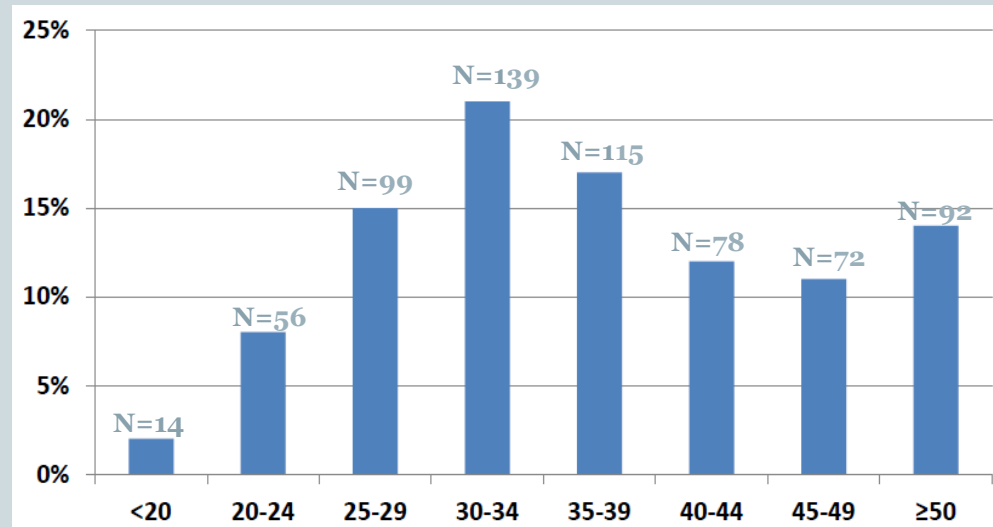
Latest Greek Epidemiological Data

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New HIV Cases: 1.1.2015 – 31.10.2015
667 (88,5% Males)

Age Groups



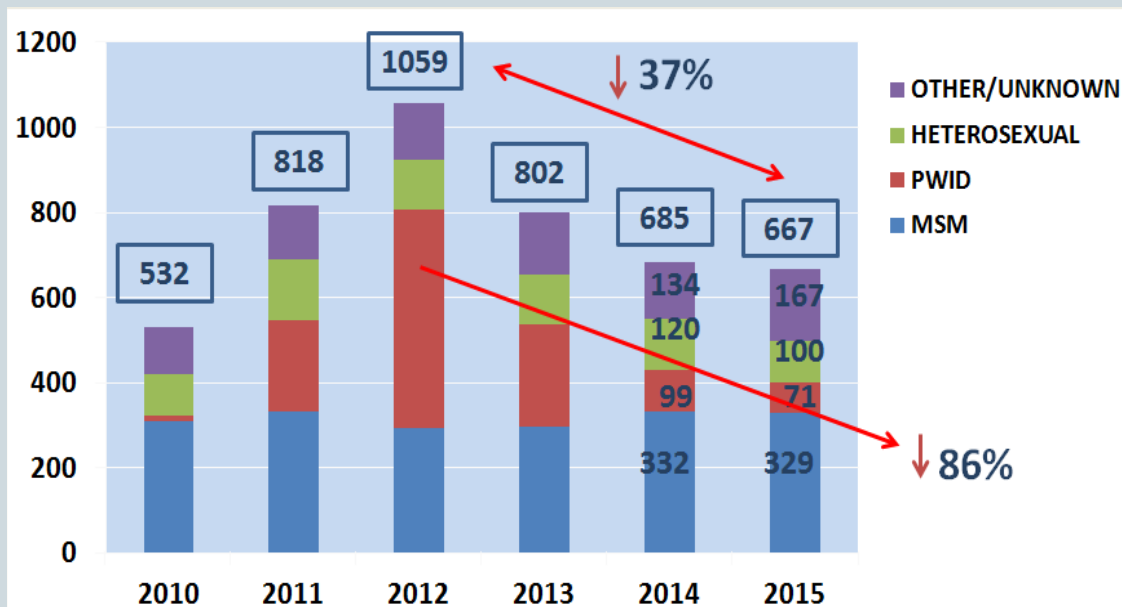
Latest Greek Epidemiological Data

Hellenic Centre for Disease Control and Prevention, 2015



HIV Cases & Transmission Group

1.1.2015 – 31.10.2015



European MSM Internet Survey (EMIS)



Additional Table: Country data on EMIS sample size, number ever tested for HIV, self-reported HIV prevalence, and proportion with reported UAI risk in the previous 12 months among those who have never tested for HIV. Sorting by increasing probability of underestimating prevalence in the EMIS sample by self-reported prevalence (based on proportion ever testing among respondents with UAI-risk in previous 12 months)

		Sample size (N)	Ever tested for HIV	proportion ever tested	Diagnosed HIV+ (N)	Diagnosed HIV+ among tested (%)	UAI reported in previous 12 months among respondents not tested in previous 12 months*	UAI reported in previous 12 months among respondents never tested**
fr	France	11,197	9,299	83.0%	1,180	12.7%	54.5%	28.7%
ch	Switzerland	5,045	3,979	78.9%	456	11.5%	60.9%	30.5%
be	Belgium	4,000	3,210	80.3%	338	10.5%	57.5%	31.8%
dk	Denmark	1,749	1,286	73.5%	154	12.0%	63.4%	32.3%
nl	Netherlands	3,810	2,997	78.7%	595	19.9%	63.1%	34.6%
se	Sweden	3,149	2,343	74.4%	151	6.4%	66.5%	35.1%
lu	Luxemburg	279	218	78.1%	30	13.8%	57.8%	37.8%
es	Spain	13,136	9,612	73.2%	1,170	12.2%	61.0%	38.2%
uk	United Kingdom	17,739	12,647	71.3%	1,847	14.8%	64.6%	38.9%
at	Austria	4,112	3,054	74.3%	221	7.2%	69.4%	43.5%
it	Italy	15,915	11,275	70.8%	1,096	9.7%	66.8%	44.7%
ru	Russia	5,055	3,723	73.6%	321	8.6%	67.0%	44.7%
pt	Portugal	5,193	3,723	71.7%	405	10.9%	64.8%	44.8%
bg	Bulgaria	1,045	650	62.2%	16	2.5%	63.9%	46.1%
no	Norway	2,100	1,373	65.4%	72	5.2%	71.1%	46.2%
cy	Cyprus	267	156	58.4%	3	1.9%	74.7%	47.0%
de	Germany	54,774	37,764	68.9%	4,379	11.6%	73.0%	48.0%
ie	Ireland	2,196	1,379	62.8%	131	9.5%	72.5%	48.2%
mt	Malta	116	80	69.0%	2	2.5%	71.4%	48.6%
ee	Estonia	590	355	60.2%	10	2.8%	75.6%	52.4%
gr	Greece	2,964	1,857	62.7%	239	12.9%	77.0%	53.5%
fi	Finland	2,028	1,265	62.4%	65	5.1%	78.8%	54.1%

Marcus, U., Hickson, F., Weatherburn, P., & Schmidt, A. J. (2012). Prevalence of HIV among MSM in Europe: comparison of self-reported diagnoses from a large scale internet survey and existing national estimates. *BMC Public Health*, 12, 978. <http://doi.org/10.1186/1471-2458-12-978>



Title: Athens Checkpoint: Reducing Undiagnosed HIV Infections in Crisis-Affected Services in Greece

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Text: Objectives-Background

Most HIV infections in Western Europe occur among Men who have Sex with Men (MSM). An estimated 20%-30% of them are unaware of their infection. Interventions to increase testing rates are important to facilitate early HIV diagnosis. Since 2010, Greece has been experiencing an economic crisis that disrupted testing services. Given this, "Athens Checkpoint" started its operation in central Athens in November 2012 offering free rapid HIV testing and counseling while trying to minimize stigma. We present herein results of first-year operation.

Methods

Clients who visited Athens Checkpoint in 2013 were tested by INSTI (Biolytical Laboratories) HIV test. Staff members were collecting information on socio-demographics, sexual orientation, testing history, and sexual behavior. Data was analyzed in SPSS 21.

Results

Totally, 2282 individuals (mean age 31.2 years old) were tested in 2013 and one third of them (n=686) had no previous HIV test. The participants were mostly males (n=1949, 85.1%) and MSM (n=1662, 72.8%) while the service also attracted heterosexual individuals (n=543, 23.8%). Overall, 87 infections (3.8%) were newly diagnosed, especially among MSM (n=83, 5%). Of new diagnoses, 15 (17.2%) were in individuals without previous test while 24 persons (27.6%) had a self-reported negative HIV test less than 6 months ago.

Conclusion

Ath Checkpoint has offered free rapid HIV testing to MSM-the mostly HIV-affected group in Greece-while at the same time avoided stigmatization by also attracting individuals other than MSM. By diagnosing 87 infections including many recent and people who had never been tested before, our novel and friendly facility constitutes a major complement to the disrupted HIV testing structures. We aim at further reducing the HIV undiagnosed fraction by facilitating testing among vulnerable groups who are reluctant to visit public services or unable to pay the recently established fee.

Results



- 2.282 participants were tested in 2013 (mean age 31.2 years old)
- One third of them (n=686) had never been tested before
- Most participants were males (n=1949, 85.1%)
- **MSM: (n=1662, 72.8%)**
- Heterosexual participants: (n=543, 23.8%)

- Diagnosed n=87 (3.8%)
 - MSM n=83 (5%)
 - Heterosexual n=5 (0,9%)
- 15 (17.2%) were participants without previous test
- 43 (49.4%) participants had a self-reported negative HIV test **less than 1 year ago**

In Press: High HIV incidence among MSM at Ath Checkpoint (2013-2015)



Aim: Estimation of HIV incidence among MSM

Method: Analysis of data from repeated testers collected between 2013 and June 2015. The group of repeated testers included adult MSM who were HIV negative at baseline and visited the Ath Checkpoint at least twice. HIV conversion rates were calculated by dividing the number of clients who became reactive by the person-years of observation. All statistical analyses including Poisson regression models were done in STATA 12.

Results: The overall HIV incidence rate among 1243 MSM who repeatedly visited ACP and got tested between 01/2013 and 06/2015 was high (~4%), especially in young groups less than 30 years old and it seems to be alarmingly increasing in the first half of 2015.

Conclusion: Despite the inherent limitations of our analysis, we believe that this work highlights the usefulness of Checkpoints as sources of second generation surveillance, identifies *people with high risk for infection who could benefit from pre-exposure prophylaxis or early treatment* and calls for action against HIV infection in a country that struggles to overcome the socioeconomic turmoil.

ChemSex

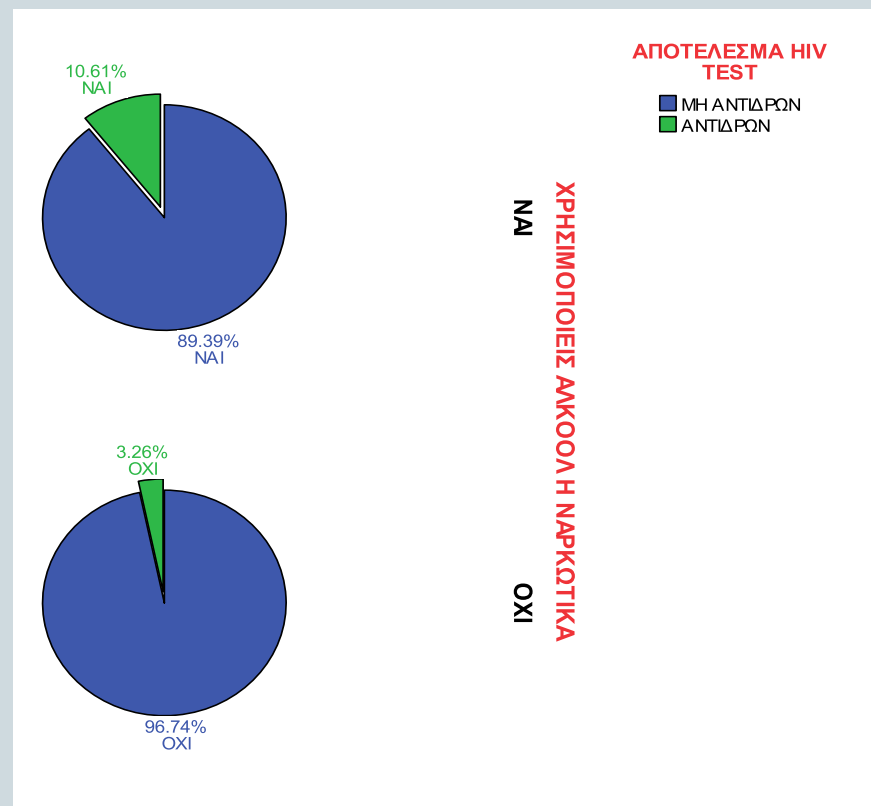


Ath Checkpoint Stats: MSM & ChemSex: 2014 – 06/2015 250 beneficiaries (5,5%)

HIV result

• MSM & ChemSex: **10,61% HIV+**

• MSM & Non ChemSex: **3,26% HIV+**



PrEP in Greece...



**Today, we have no PrEP in Greece.
But what about tomorrow?**



The time for debate on the effectiveness of PrEP is over.

Demand and knowledge of PrEP in the community



- Limited but increasing fast..
- A few cases who use PEP for PrEP (“clinic hopping”)
- As of recently a lot of media attention and articles plus a lot of relevant posts from “Positive Voice” in the social media used by the MSM community
 - Part of every seminar “Positive Voice” organizes
- In-depth interviews to incorporate questions on willingness to take PrEP



“Sophocles” & “P4G”

R21 AI118998 (NIAID) (Schneider) 4/1/15-3/30/17
Public health targeting of PrEP at HIV positives' bridging networks



- **Interventional Implementation Study:** It will explore the feasibility and impact of a public health system PrEP intervention in a recently emerging HIV epidemic in Athens
- *Partners:* Chicago Uni Medical School & Athens Uni Medical School & Positive Voice
- **“Sophocles”:** Already approved by the US NIH & Hellenic Scientific Society for the Study of AIDS and STDs
- **“P4G”:** Still working on it –Issues with Truvada.. & funding
- **Rationale:** Recent phylogenetic and surveillance analysis of the HIV epidemic within PWID demonstrates that the HIV strain from this most recent PWID epidemic (CRF35_AD, CRF14_BG, subtypes A and B) **is now spilling over into MSM**

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- Based upon preliminary data, we propose a targeted public health PrEP intervention in a MSM network that starts with HIV infected “**bridge**” MSM who are phylogenetically linked to the ongoing PWID epidemic in Athens and who then recruit other MSM in their network
- **Purpose:** To gather data on early PrEP cascade metrics (HIV testing, PrEP linkage to care) within a real world context and to model the effects of this targeted public health PrEP intervention on HIV transmission in Athens
- **Aim:** To characterize a bridging MSM network (n=250) by measuring individual-level risk factors, network-level connections and HIV phylogenetic clusters. We will start with HIV-infected bridging MSM “seeds” who have phylogenetic strains originating from PWID and then we will use snowball sampling to refer MSM from their social network
- **Design:** Recruiting a bridging population

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PHASE I: Sampling (0-6 months): Non-probability – Snowball sampling

- Seed and Network recruitment: Who?
- Sample size and Power analysis: The size will consist of HIV infected & uninfected MSM (18-39) regardless of HIV status
- Referral inclusion and exclusion criteria:
(i) identify as male, (ii) are between 18-39, (iii) report sex with a man in the past 12 months, (iv) are willing/able to provide informed consent, (v) are willing to provide biological samples, (vi) are Greek or English speakers and (vii) are able to lucidly respond to interview questions.
- Additional inclusion criteria for **seeds**: to have the PWID phylogenetic strain
- Study center: Ath Checkpoint
- Survey measures: age, income, profession, length of residence, marital status, sex, drug using, risk network partners, depression & anxiety, HIV-related stigma etc..

PrEP access challenges in Greece



- Who is at risk in Greece? MSM but should we also think of SW?
- Is it acceptable by potential users, providers and the state, especially with competing health priorities?
- Negative attitude of (some) Greek MD. Train them?
- Setting of distribution and prescription issues?
 - No GUM clinics in Greece
 - Pharmacies do not distribute ARVs
 - Perhaps from Checkpoints and other CBVCT sexual health structures staffed with properly trained MD?
- Cost ? Cost-effectiveness? Branded (Truvada) VS Generic (FTC / EM) PrEP?

PrEP access challenges in Greece



- Who would pay? Perhaps a “co-payment” is the best option regarding Greece
- **Self-perceived** risk of HIV acquisition VS risk appraisal by an MD?
- Retention to care issues
- Post-PrEP cost of further screening services, eg. HIV and STIs testing and further management, creatinine monitoring, HBV surface antigen testing at baseline
- ENOUGH stock of ARVs: If we can't secure them for treatment, what make us think we can secure ARVs for PrEP?
- Need for regulatory changes. Will they happen without WHO, ECDC, UNAIDS, EACS, EATG, AIDS Action Europe etc.. **support, advocacy, guidance and reach-out to the Greek authorities?**

Good news!



“Positive Voice”, as the PLWHA Association in Greece, was the salient organization which after continuous advocacy efforts, it finally managed to bring up the issue of the newest guidelines regarding PrEP access (at least to MARPs), as an additional preventive measure in the battling of HIV, in the **Standing Committee on Social Affairs** of the Greek Parliament.

Secretary General of the MoH, Mr. Baskozos, admitted and actually referred to all the latest EPI data and testing issues, linkage to care, **immediate treatment initiation, PrEP guidelines** etc. stemming from a variety of International Health Authorities dealing with HIV prevention and subsequently with how to end the epidemic . He also said that they will commit to look further into the issue of PrEP and the VAT reduction of 23% on condoms.

So, at least PrEP is now visible and ON the political agenda. .

Thank you very much for your attention



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